National Cancer Institute CARCINOGENESIS Technical Report Series No. 51 1978

BIOASSAY OF

TOLAZAMIDE

FOR POSSIBLE CARCINOGENICITY

CAS No. 1156-19-0

NCI-CG-TR-51

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Public Health Service National Institutes of Health



Institutes of Health

BIOASSAY OF

TOLAZAMIDE

FOR POSSIBLE CARCINOGENICITY

Carcinogenesis Testing Program Division of Cancer Cause and Prevention National Cancer Institute National Institutes of Health Bethesda, Maryland 20014

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Public Health Service National Institutes of Health

٤

DHEW Publication No. (NIH) 78-1301

BIOASSAY OF TOLAZAMIDE FOR POSSIBLE CARCINOGENICITY

Carcinogenesis Testing Program Division of Cancer Cause and Prevention National Cancer Institute National Institutes of Health

<u>CONTRIBUTORS</u>: This report presents the results of the bioassay of tolazamide conducted for the Carcinogenesis Testing Program, Division of Cancer Cause and Prevention, National Cancer Institute (NCI), Bethesda, Maryland. The bioassay was conducted by Southern Research Institute, Birmingham, Alabama, initially under direct contract to NCI and currently under a subcontract to Tracor Jitco, Inc., prime contractor for the NCI Carcinogenesis Testing Program.

The experimental design and doses were determined by Drs. D. P. Griswold¹, J. D. Prejean¹, E. K. Weisburger², and J. H. Weisburger²,³. Ms. J. Belzer¹ and Mr. I. Brown¹ were responsible for the care and feeding of the laboratory animals. Data management and retrieval were performed by Ms. C. A. Dominick¹. Histopathologic examinations were performed by Drs. J. C. Peckham¹, and R. B. Thompson¹, and the diagnoses included in this report represent their interpretation.

Animal pathology tables and survival tables were compiled at EG&G Mason Research Institute⁴. The statistical analyses were performed by Dr. J. R. Joiner⁵, using methods selected for the bioassay program by Dr. J. J. Gart⁶. Chemicals used in this bioassay were analyzed under the direction of Dr. E. Murrill⁷, and the analytical results were reviewed by Dr. C. W. Jameson⁵.

This report was prepared at Tracor Jitco⁵ under the direction of NCI. Those responsible for the report at Tracor Jitco were Dr. Marshall Steinberg, Director of the Bioassay Program; Dr. L. A. Campbell, Deputy Director for Science; Drs. J. F. Robens and C. H. Williams, toxicologists; Dr. R. L. Schueler, pathologist;

Dr. G. L. Miller, Ms. L. A. Waitz, and Mr. W. D. Reichardt, bioscience writers; and Dr. E. W. Gunberg, technical editor, assisted by Ms. Y. E. Presley.

The statistical analysis was reviewed by members of the Mathematical Statistics and Applied Mathematics Section of NCI⁶: Dr. John J. Gart, Mr. Jun-mo Nam, Dr. Hugh M. Pettigrew, and Dr. Robert E. Tarone.

The following other scientists at the National Cancer Institute were responsible for evaluating the bioassay experiment, interpreting the results, and reporting the findings:

> Dr. Kenneth C. Chu Dr. Cipriano Cueto, Jr. Dr. J. Fielding Douglas Dr. Dawn G. Goodman Dr. Richard A. Griesemer Dr. Harry A. Milman Dr. Thomas W. Orme Dr. Robert A. Squire⁸ Dr. Jerrold M. Ward

¹Southern Research Institute, 2000 Ninth Avenue South, Birmingham, Alabama.

²Carcinogenesis Testing Program, Division of Cancer Cause and Prevention, National Cancer Institute, National Institutes of Health, Bethesda, Maryland.

³Now with the Naylor Dana Institute for Disease Prevention, American Health Foundation, Hammond House Road, Valhalla, New York.

⁴EG&G Mason Research Institute, 1530 East Jefferson Street, Rockville, Maryland.

⁵Tracor Jitco, Inc., 1776 East Jefferson Street, Rockville, Maryland.

- ⁶Mathematical Statistics and Applied Mathematics Section, Biometry Branch, Field Studies and Statistics, Division of Cancer Cause and Prevention, National Cancer Institute, National Institutes of Health, Bethesda, Maryland.
- ⁷Midwest Research Institute, 425 Volker Boulevard, Kansas City, Missouri.
- ⁸Now with the Division of Comparative Medicine, Johns Hopkins University, School of Medicine, Traylor Building, Baltimore, Maryland.

SUMMARY

A bioassay of the hypoglycemic drug tolazamide for possible carcinogenicity was conducted by administering the test chemical in feed to Fischer 344 rats and B6C3F1 mice.

Groups of 35 rats and 35 mice of each sex were administered tolazamide at one of two doses, either 5,000 or 10,000 ppm, for 103 weeks. Matched controls consisted of 15 rats and 15 mice of each sex. All surviving rats and mice were killed at 104 or 105 weeks.

Survival rates for the dosed rats of each sex were higher than those for the matched controls, and were adequate for the development of late-appearing tumors. Survival rates for the mice were lower than those for the rats, particularly for the dosed females (matched controls 67%, low-dose 34%, high-dose 32%). However, a large number of these deaths in the dosed females occurred after 90 weeks on study, and survival of both males and females was adequate for the development of lateappearing tumors.

All observed tumors were of types commonly found in the strains of animals used, and there were no statistically significant increases in the incidence of tumors in the dosed animals as compared with controls.

It is concluded that under the conditions of this bioassay, tolazamide was not carcinogenic for Fischer 344 rats or B6C3F1 mice.

vii

TABLE OF CONTENTS

	Page		
I. Introduction	. 1		
II. Materials and Methods	. 3		
A. Chemical	. 3		
B. Dietary Preparation	. 3		
C. Animals			
D. Animal Maintenance			
E. Subchronic Studies			
F. Designs of Chronic Studies			
G. Clinical and Pathologic Examinations			
H. Data Recording and Statistical Analyses	. 12		
III. Results - Rats	. 19		
A. Body Weights and Clinical Signs (Rats)	. 19		
B. Survival (Rats)			
C. Pathology (Rats)	. 22		
D. Statistical Analyses of Results (Rats)			
IV. Results - Mice	25		
A. Body Weights and Clinical Signs (Mice)	. 25		
B. Survival (Mice)	. 25		
C. Pathology (Mice)	. 28		
D. Statistical Analyses of Results (Mice)	. 29		
V. Discussion	. 31		
VI. Bibliography	. 33		
APPENDIXES			
Appendix A Summary of the Incidence of Neoplasms in Rats Fed Tolazamide in the Diet	. 35		
Table Al Summary of the Incidence of Neoplasms in			

Table A2	Summary of the Incidence of Neoplasms in	
	Female Rats Fed Tolazamide in the Diet	41

.

Page

Appendix B	Summary of the Incidence of Neoplasms in Mice Fed Tolazamide in the Diet	45
Table Bl	Summary of the Incidence of Neoplasms in Male Mice Fed Tolazamide in the Diet	47
Table B2	Summary of the Incidence of Neoplasms in Female Mice Fed Tolazamide in the Diet	50
Appendix C	Summary of the Incidence of Nonneoplastic Lesions in Rats Fed Tolazamide in the Diet	53
Table Cl	Summary of the Incidence of Nonneoplastic Lesions in Male Rats Fed Tolazamide in the Diet	55
Table C2	Summary of the Incidence of Nonneoplastic Lesions in Female Rats Fed Tolazamide in the Diet	58
Appendix D	Summary of the Incidence of Nonneoplastic Lesions in Mice Fed Tolazamide in the Diet	61
Table Dl	Summary of the Incidence of Nonneoplastic Lesions in Male Mice Fed Tolazamide in the Diet	63
Table D2	Summary of the Incidence of Nonneoplastic Lesions in Female Mice Fed Tolazamide in the Diet	66
Appendix E	Analyses of the Incidence of Primary Tumors in Rats Fed Tolazamide in the Diet	69
Table El	Analyses of the Incidence of Primary Tumors in Male Rats Fed Tolazamide in the Diet	71
Table E2	Analyses of the Incidence of Primary Tumors in Female Rats Fed Tolazamide in the Diet	77

Page

Appendix F	Analyses of the Incidence of Primary Tumors in Mice Fed Tolazamide in the Diet	85
Table Fl	Analyses of the Incidence of Primary Tumors in Male Mice Fed Tolazamide in the Diet	87
Table F2	Analyses of the Incidence of Primary Tumors in Female Mice Fed Tolazamide in the Diet	90
	TABLES	
Table l	Design of Tolazamide Chronic Feeding Studies in Rats	10
Table 2	Design of Tolazamide Chronic Feeding Studies in Mice	11
	FIGURES	
Figure l	Growth Curves for Rats Fed Tolazamide in the Diet	20
Figure 2	Survival Curves for Rats Fed Tolazamide in the Diet	21
Figure 3	Growth Curves for Mice Fed Tolazamide in the Diet	26
Figure 4	Survival Curves for Mice Fed Tolazamide in the Diet	27

I. INTRODUCTION

Tolazamide (CAS 1156-19-0; NCI CO3327) is an oral hypoglycemic agent of the arylsulfonylurea type, similar to tolbutamide, chlorpropamide, and acetohexamide. It is approximately five times more potent than tolbutamide in the human diabetic and was developed in an effort to achieve secondary responses in patients who relapsed following initial control by tolbutamide (The Upjohn Co., 1977). The hypoglycemic effects of the arylsulfonylureas are due to their ability to stimulate pancreatic secretion of insulin and are used, therefore, only in patients with at least minimal pancreatic function, as in maturity-onset diabetics (Larner and Haynes, 1975). Controlled studies have shown that the oral hypoglycemics may be no more effective than dietary modifications in controlling the symptoms of maturity-onset diabetes on a long-term basis and may be associated with an increase in cardiovascular mortality (Shen and Bressler, 1977).

Tolazamide was selected for testing in the carcinogenesis program in an attempt to evaluate the carcinogenicity of certain drugs that are used extensively and for prolonged periods in humans.

A. Chemical

Tolazamide (N-(p-toluenesulfonyl)-N'-hexamethyleniminourea) was obtained in two batches (Lot Nos. 555BD and 824BK) from the Upjohn Company, North Haven, Connecticut. Lot No. 555BD was used in the prechronic study; Lot No. 824BK was used in the chronic study. The purity and identity of Lot No. 824BK were established by analyses at Midwest Research Institute. The melting point was $171-172^{\circ}C$ (literature: $170-173^{\circ}C$). Elemental analyses (C, H, N, S) were correct for $C_{14}H_{21}N_{2}O_{3}S$, the molecular formula of tolazamide. Nuclear magnetic resonance, infrared, and ultraviolet spectra were in agreement with the structure.

Lot No. 824BK was stored in the original cardboard container at 5° C; Lot No. 555BK was stored in the original container at 22° C.

B. Dietary Preparation

Test diets containing tolazamide were prepared every 2 weeks by mixing a known amount of sifted tolazamide with a small amount of Wayne[®] Lab Blox animal meal (Allied Mills, Inc., Chicago, Ill.) in a portable mixer, then adding this mixture to the required amount of animal meal and mixing in a twin-shell blender for 10 minutes. The prepared diets were stored at room temperature in sealed plastic containers.

The stability of tolazamide in feed was tested at Midwest Research Institute by determining the concentrations of tolazamide in formulated diets stored at room temperature (25°C) for 2 weeks. The results of these analyses indicated that tolazamide mixed with animal meal is stable for 2 weeks at room temperature.

C. Animals

For the subchronic study, female Fischer 344 rats were obtained from Harlan Industries, Cumberland, Indiana, and female B6C3F1 mice from Charles River Breeding Laboratories, Inc., Wilmington, Massachusetts.

In the chronic study, male and female Fischer 344 rats were obtained from Charles River Breeding Laboratories and male and female B6C3F1 mice from A. R. Schmidt, Madison, Wisconsin, through a contract with the Division of Cancer Treatment, National Cancer Institute. On arrival at the laboratory, the animals were 30 days of age. All animals were quarantined (rats for 24 days, mice for 26 days). Animals with no visible signs of disease were assigned to control or treated groups, and then earmarked for individual identification.

D. Animal Maintenance

All animals were housed in temperature- and humidity-controlled rooms. The temperature range was 20-24°C, and the relative humidity was maintained at 40-60%. The room air was changed 15 times per hour and passed through both intake and exhaust fiberglass roughing filters. In addition to natural light, illumination was provided by fluorescent light for 9 hours per day. Food and water were supplied daily and were available <u>ad</u> <u>libitum</u>.

Rats and mice were housed five per cage in solid-bottom stainless steel cages (Hahn Roofing and Sheet Metal Co., Birmingham, Ala.). The bottoms of the rat cages were lined with Iso-Dri[®] hardwood chips (Carworth, Edison, N.J.), and cage tops were covered with disposable filter bonnets; mouse cages were provided with Sterolit[®] clay bedding (Englehard Mineral and Chemical Co., New York, N.Y.) and covered with filter bonnets during the second year of the study. Bedding was replaced once per week; cages, water bottles, and feeders were sanitized at 80°C once per week for the first year of the study and twice per week for the second year; and racks were cleaned once per week.

The rats and mice were housed in separate rooms. Control animals

were housed with respective treated animals. Animals treated with tolazamide were maintained in the same rooms as animals of the same species being treated with the following chemicals:

RATS

Feed Studies

```
4-acetyl-N-((cyclohexylamino)carbonyl)benzenesulfonamide
  (acetohexamide) (CAS 968-81-0)
anthranilic acid (CAS 118-92-3)
1-buty1-3-(p-toly1sulfony1)urea (tolbutamide) (CAS 64-77-7)
4-chloro-N-((propylamino)carbonyl)benzenesulfonamide
  (chlorpropamide) (CAS 94-20-2)
5-(4-chlorophenyl)-6-ethyl-2,4-pyrimidinediamine
  (pyrimethamine) (CAS 58-14-0)
2,6-diamino-3-(phenylazo)pyridine hydrochloride (phenazopyridine
  hydrochloride) (CAS 136-40-3)
L-tryptophan (CAS 73-22-3)
N-9H-fluoren-2-vlacetamide (CAS 53-96-3)
1-phenethylbiguanide hydrochloride (phenformin) (CAS 114-86-3)
pyrazinecarboxamide (pyrazinamide) (CAS 98-96-4)
4,4'-sulfonyldianiline (dapsone) (CAS 80-08-0)
4,4'-thiodianiline (CAS 139-65-1)
ethionamide (CAS 536-33-4)
reserpine (CAS 50-55-66)
```

MICE

Feed Studies

```
4-acetyl-N-((cyclohexylamino)carbonyl)benzenesulfonamide
(acetohexamide) (CAS 968-81-0)
anthranilic acid (CAS 118-92-3)
1-butyl-3-(p-tolylsulfonyl)urea (tolbutamide) (CAS 64-77-7)
4-chloro-N-((propylamino)carbonyl)benzenesulfonamide
(chlorpropamide) (CAS 94-20-2)
5-(4-chlorophenyl)-6-ethyl-2,4-pyrimidinediamine
(pyrimethamine) (CAS 58-14-0)
2,6-diamino-3-(phenylazo)pyridine hydrochloride (phenazopyridine
hydrochloride) (CAS 136-40-3)
L-tryptophan (CAS 73-22-3)
N-9H-fluoren-2-ylacetamide (CAS 53-96-3)
1-phenethylbiguanide hydrochloride (phenformin) (CAS 114-86-3)
```

```
pyrazinecarboxamide (pyrazinamide) (CAS 98-96-4)
4,4'-sulfonyldianiline (dapsone) (CAS 80-08-0)
4,4'-thiodianiline (CAS 139-65-1)
ethionamide (CAS 536-33-4)
reserpine (CAS 50-55-6)
```

Gavage Studies

cholesterol (p-(bis(2-chloroethyl)amino)phenyl)acetate
 (phenesterin) (CAS 3546-10-9)
estradiol bis((p-(bis(2-chloroethyl)amino)phenyl)acetate)
 (estradiol mustard) (CAS 22966-79-6)

Intraperitoneal Injection Studies

```
4'-(9-acridinylamino)methansulfon-m-aniside monohydrochloride
  (MAAM) (NSC 141549)
acronycine (CAS 7008-42-6)
5-azacytidine (CAS 320-67-2)
beta-2'-deoxy-6-thioguanosine monohydrate (beta-TGdR)
  (CAS 789-61-7)
1,4-butanediol dimethanesulfonate (busulfan) (CAS 55-98-1)
emetine dihydrochloride tetrahydrate (CAS 316-42-7)
3,3'-iminobis-l-propanol dimethanesulfonate (ester)
  hydrochloride [IPD] (CAS 3458-22-8)
(+)-4,4'-(1-methyl-1,2-ethanediyl)bis-2,6-piperazinedione
  (ICRF-159) (CAS 21416-87-5)
N, 3-bis(2-chloroethy1)tetrahydro-2H-1, 3, 2-oxazaphosphorin-2-
  amine-2-oxide (isophosphamide) (CAS 3778-73-2)
N-(2-chloroethyl)-N-(1-methyl-2-phenoxyethyl)benzylamine
  hydrochloride (phenoxybenzamine) (CAS 63-92-3)
N-(1-methylethyl)-4-((2-methylhydrazino)methyl)benzamide
  monohydrochloride (procarbazine) (CAS 366-70-1)
tris(l-aziridinyl)phosphine sulfide (thio-TEPA) (CAS 52-24-4)
2,4,6-tris(dimethylamino)-s-triazine (CAS 645-05-6)
adriamycin (CAS 23214-92-8)
```

E. <u>Subchronic Studies</u>

Subchronic studies were conducted to estimate the maximum tolerated doses of tolazamide, on the basis of which low and high concentrations (hereinafter referred to as "low doses" and "high doses") were determined for use in the chronic study. Tolazamide was administered in the diet at doses of 2,500, 5,000, 10,000, 20,000, or 40,000 ppm to female Fischer 344 rats and at doses of 2,000, 6,000, 12,000, 25,000, or 50,000 ppm to female B6C3F1 mice. Five animals were tested at each concentration, and 10 animals were maintained as untreated controls. Treated animals received the test diets 7 days per week for 45 days and were then observed for an additional 45 days.

In rats, 2/5 animals treated at 40,000 ppm died by week 3. No deaths occurred in any of the other groups. By the end of the period of treatment, the mean body weight of animals treated at 2,500 ppm was 81% of that of the controls, while weights of animals treated at 5,000 and 10,000 ppm were comparable to those of the controls. In animals treated at 20,000 ppm, the mean body weight was 91% of that of the controls, and in animals treated at 40,000 ppm, 67% of that of the controls. By the end of the study, weights of treated groups of animals were generally comparable to those of the controls, except at 2,500 ppm, where the final weight was low (81% of that of controls), and at 40,000 ppm, where the final weight was 90% of that of the controls. No gross abnormalities were noted at necropsy. The low and high doses were set at 5,000 and 10,000 ppm for the chronic study in both male and female rats.

In mice, death occurred during the final week of the study in one animal at 50,000 ppm and in one animal at 25,000 ppm. Mean body weights of the mice were essentially unaffected by the treatment with tolazamide. No gross abnormalities were detected at necropsy. The low and high doses were set at 5,000 and 10,000 ppm for the chronic study in both male and female mice.

F. Designs of Chronic Studies

The designs of the chronic studies are shown in tables 1 and 2.

G. Clinical and Pathologic Examinations

All animals were observed twice daily for signs of toxicity and animals that were moribund were killed and necropsied. Rats and mice were weighed individually every 2 weeks for about 47 weeks and once monthly for the remainder of the study. Palpation for masses was carried out at each weighing.

The pathologic evaluation consisted of gross and microscopic examination of major tissues, major organs, and all gross lesions from killed animals and from animals found dead. The following tissues were examined microscopically: skin, muscle, lungs and bronchi, trachea, bone and bone marrow, spleen, lymph nodes, thymus, heart, salivary gland, liver, gallbladder and bile duct (mice), pancreas, esophagus, stomach, small intestine, large

Sex and Test Group	Initial No. of Animals ^a	Tolazamide in Diet ^b (ppm)	Time_c Treated ^C (weeks)	n Study Untreated ^d (weeks)
Male				
Matched-Control	15	0		105
Low-Dose	35	5,000	103	2
High-Dose	35	10,000	103	1
Female				
Matched-Control	15	0		105
Low-Dose	35	5,000	103	2
High-Dose	35	10,000	103	1

Table 1. Design of Tolazamide Chronic Feeding Studies in Rats

^aAll animals were 54 days of age when placed on study.

^bThe treated animals were fed test diets 5 days per week and control diets 2 days per week.

^CTest diets were withdrawn for 3 days during week 25 and discontinued for 5 days during week 58.

 $d_{\mathrm{Observation}}$ period following the administration of the chemical.

Sex and Test Group	Initial No. of <u>Animals</u> a	Tolazamide in Diet ^b (ppm)	Time c Treated ^C (weeks)	on Study Untreated ^d (weeks)
Male				
Matched-Control	15	0		104-105
Low-Dose	35	5,000	103	2
High-Dose	35	10,000	103	1
Female				
Matched-Control	15	0		105
Low-Dose	35	5,000	103	2
High-Dose	35	10,000	103	1

Table 2. Design of Tolazamide Chronic Feeding Studies in Mice

^aAll animals were 56 days of age when placed on study.

^bThe treated animals were fed test diets 5 days per week and control diets 2 days per week.

^CTest diets were withdrawn 3 days during week 27 and discontinued entirely during weeks 28 and 29, while animals were being treated with oxytetracycline for respiratory disease. They were also discontinued for 5 days during week 60 following a decrease in mean weights of both treated and control animals.

^dObservation period following the administration of the chemical.

intestine, kidney, urinary bladder, pituitary, adrenal, thyroid, parathyroid, mammary gland, prostate or uterus, testis or ovary, brain, and sensory organs. Peripheral blood smears were prepared from each animal. Occasionally, additional tissues were also examined microscopically. The different tissues were preserved in 10% buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. Special staining techniques were utilized when indicated for more definitive diagnosis.

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

H. Data Recording and Statistical Analyses

Pertinent data on this experiment have been recorded in an automatic data processing system, the Carcinogenesis Bioassay Data System (Linhart et al., 1974). The data elements include descriptive information on the chemicals, animals, experimental design, clinical observations, survival, body 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.

These data were analyzed using the statistical techniques described in this section. Those analyses of the experimental results that bear on the possibility of carcinogenicity are discussed in the statistical narrative sections.

Probabilities of survival were estimated by the product-limit procedure of Kaplan and Meier (1958) and are presented in this report in the form of graphs. Animals were statistically censored as of the time that they died of other than natural causes or were found to be missing; animals dying from natural causes were not statistically censored. Statistical analyses for a possible dose-related effect on survival used the method of Cox (1972) for testing two groups for equality and Tarone's (1975) extensions of Cox's methods for testing for a dose-related trend. One-tailed P values have been reported for all tests except the departure from linearity test, which is only reported when its two-tailed P value is less than 0.05.

The incidence of neoplastic or nonneoplastic lesions has been given as the ratio of the number of animals bearing such lesions at a specific anatomic site (numerator) to the number of animals

in which that site is examined (denominator). In most instances, the denominators included only those animals for which that site was examined histologically. However, when macroscopic examination was required to detect lesions prior to histologic sampling (e.g., skin or mammary tumors), or when lesions. could have appeared at multiple sites (e.g., lymphomas), the denominators consist of the numbers of animals necropsied.

The purpose of the statistical analyses of tumor incidence is to determine whether animals receiving the test chemical developed a significantly higher proportion of tumors than did the control As a part of these analyses, the one-tailed Fisher animals. exact test (Cox, 1970) was used to compare the tumor incidence of a control group with that of a group of treated animals at each dose level. When results for a number of treated groups (k) are compared simultaneously with those for a control group, a correction to ensure an overall significance level of 0.05 may be The Bonferroni inequality (Miller, 1966) requires that the made. P value for any comparison be less than or equal to 0.05/k. In cases where this correction was used, it is discussed in the narrative section. It is not, however, presented in the tables, where the Fisher exact P values are shown.

The Cochran-Armitage test for linear trend in proportions, with continuity correction (Armitage, 1971), was also used. Under the

assumption of a linear trend, this test determines if the slope of the dose-response curve is different from zero at the onetailed 0.05 level of significance. Unless otherwise noted, the direction of the significant trend is a positive dose relationship. This method also provides a two-tailed test of departure from linear trend.

A time-adjusted analysis was applied when numerous early deaths resulted from causes that were not associated with the formation of tumors. In this analysis, deaths that occurred before the first tumor was observed were excluded by basing the statistical tests on animals that survived at least 52 weeks, unless a tumor was found at the anatomic site of interest before week 52. When such an early tumor was found, comparisons were based exclusively on animals that survived at least as long as the animal in which the first tumor was found. Once this reduced set of data was obtained, the standard procedures for analyses of the incidence of tumors (Fisher exact tests, Cochran-Armitage tests, etc.) were followed.

When appropriate, life-table methods were used to analyze the incidence of tumors. Curves of the proportions surviving without an observed tumor were computed as in Saffiotti et al. (1972). The week during which an animal died naturally or was sacrificed was entered as the time point of tumor observation. Cox's

methods of comparing these curves were used for two groups; Tarone's extension to testing for linear trend was used for three groups. The statistical tests for the incidence of tumors which used life-table methods were one-tailed and, unless otherwise noted, in the direction of a positive dose relationship. Significant departures from linearity (P < 0.05, two-tailed test) were also noted.

The approximate 95 percent confidence interval for the relative risk of each treated group compared to its control was calculated from the exact interval on the odds ratio (Gart, 1971). The relative risk is defined as p_t/p_c where p_t is the true binomial probability of the incidence of a specific type of tumor in a treated group of animals and p_c is the true probability of the spontaneous incidence of the same type of tumor in a control group. The hypothesis of equality between the true proportion of a specific tumor in a treated group and the proportion in a control group corresponds to a relative risk of unity. Values in excess of unity represent the condition of a larger proportion in the treated group than in the control.

The lower and upper limits of the confidence interval of the relative risk have been included in the tables of statistical analyses. The interpretation of the limits is that in approximately 95% of a large number of identical experiments, the true

ratio of the risk in a treated group of animals to that in a control group would be within the interval calculated from the experiment. When the lower limit of the confidence interval is greater than one, it can be inferred that a statistically significant result (P < 0.025 one-tailed test when the control incidence is not zero, P < 0.050 when the control incidence is zero) has occurred. When the lower limit is less than unity, but the upper limit is greater than unity, the lower limit indicates the absence of a significant result while the upper limit indicates that there is a theoretical possibility of the induction of tumors by the test chemical, which could not be detected under the conditions of this test.

.

III. <u>RESULTS - RATS</u>

A. Body Weights and Clinical Signs (Rats)

Mean body weights of the tolazamide-treated rats were lower than those of the controls (figure 1). Body weights of the females were depressed more than those of the males during the second year on study. Fluctuations in the growth curve may have been due to mortality; as the size of a group diminishes, the mean body weight may be subject to variation. No other signs of drug-related toxicity were recorded in the rats. Rales were noted in several animals of both treated and control groups particularly during the second year of the study.

B. Survival (Rats)

The Kaplan and Meier curves estimating the probabilities of survival for male and female rats fed tolazamide in the diet at the doses of this experiment, together with those of the matched controls, are shown in figure 2.

In each sex, the Tarone test result for positive dose-related trend in mortality is not significat. In male rats, 31/35 (89%) of the high-dose group, 34/35 (97%) of the low-dose group, and 9/15 (60%) of the matched-control group lived to the end of the study. In females, the respective percentages of survival were



Figure 1. Growth Curves for Rats Fed Tolazamide in the Diet



Figure 2. Survival Curves for Rats Fed Tolazamide in the Diet

28/35 (80%), 28/35 (80%), and 9/15 (60%). A sufficient number of rats of each sex was at risk for development of late-appearing tumors.

C. Pathology (Rats)

Histopathologic findings on neoplasms in rats are summarized in Appendix A, tables Al and A2; findings on nonneoplastic lesions are summarized in Appendix C, tables Cl and C2.

A variety of neoplasms occurred both in the matched-control groups and in the treated groups. The neoplasms listed in Appendix A appeared with approximately equal frequency in treated and control rats, or appeared in insignificant numbers. These lesions are not uncommon in this strain of rat independent of any treatment. There was a slight increase in the number of thyroid tumors in the treated male and female rats. Although they occurred mainly in treated animals, the incidence of these neoplasms is within the range of that commonly observed among untreated Fischer 344 rats. The pancreas was examined, and no chemical-related lesions were observed.

In addition to the neoplastic lesions, a number of degenerative, proliferative, and inflammatory changes were also encountered in animals of the treated and control groups (Appendix C). These nonneoplastic lesions are commonly seen in aged rats.
In the judgment of the pathologists, tolazamide fed in the diet did not appear to be carcinogenic in Fischer 344 rats under the conditions of this bioassay.

D. <u>Statistical Analyses of Results (Rats)</u>

Tables El and E2 in Appendix E contain the statistical analyses of the incidences of those primary tumors that were observed in at least two animals and with an incidence of at least 5% in one or more of the groups.

The results of the Cochran-Armitage test for positive doserelated trend and of the Fisher exact test for direct comparison of incidences between the matched-control group and each of the treated groups in the positive direction are not significant. In each of the 95% confidence intervals of relative risk, shown in the tables, a value of one or of less than one is included, indicating the absence of positive significant results. It should also be noted that each of the intervals (except that for the incidence of fibroadenoma of the mammary gland in high-dose female rats) has an upper limit greater than one, indicating the theoretical possibility of the induction of tumors by tolazamide, which could not be detected under the conditions of this test. Significant results in the negative direction were observed in

the incidence of fibroadenoma of the mammary gland and in the incidence of lymphoma or leukemia in the hematopoietic system in female rats.

IV. <u>RESULTS - MICE</u>

A. Body Weights and Clinical Signs (Mice)

Mean body weights of both male and female treated mice, when compared with those of the controls, were markedly depressed starting at approximately week 40 (figure 3). Fluctuations in the growth curve may be due to mortality; as the size of a group diminishes, the mean body weight may be subject to variation. No other signs of drug-related toxicity were noted in the mice. Since there was evidence of respiratory disease in some animals, oxytetracycline was administered in the drinking water at a dose of 0.6 mg/ml during week 28 and at 0.3 mg/ml during the following week. In an effort to decrease the transmission of bacteria, propylene glycol was vaporized in the animal rooms for about 2 months beginning at week 28.

B. <u>Survival (Mice)</u>

The Kaplan and Meier curves estimating the probabilities of survival for male and female mice fed tolazamide in the diet at the doses of this experiment, together with those of the matched controls, are shown in figure 4.

In each sex, the Tarone test result for positive dose-related trend in mortality is not significant. In male mice, 25/35 (71%)



Figure 3. Growth Curves for Mice Fed Tolazamide in the Diet





of the high-dose group, 22/35 (63%) of the low-dose group, and 9/15 (60%) of the matched-control group lived to the end of the study, providing an adequate number of male mice at risk for development of late-appearing tumors. In females, although only 11/34 (32%) of the high-dose group and 12/35 (34%) of the low-dose group survived to termination of the study, all treated females lived beyond week 52 on study, and no tumor was found before this time. The percentage of survival in the matched-control group was 10/15 (67%).

C. Pathology (Mice)

Histopathologic findings on neoplasms in mice are summarized in Appendix B, tables Bl and B2; findings on nonneoplastic lesions are summarized in Appendix D, tables Dl and D2.

A variety of neoplasms occurred both in matched-control groups and in treated groups. As shown in Appendix B, some types of neoplasms occurred only, or with a greater frequency, in mice of treated groups compared with controls. These lesions, however, are not uncommon in this strain of mouse independent of any treatment. The pancreas was examined, and no chemical-related lesions were observed.

In addition to the neoplastic lesions, a number of degenerative, proliferative, and inflammatory changes were also encountered in

animals of the treated and control groups (Appendix D). Most of these nonneoplastic lesions are commonly seen in aged mice. The suppurative lesions involving the middle ear (otitis media) were associated with increased deaths or decreased life spans in the treated groups of female mice (matched controls 3/15 [20%], low-dose 11/33 [33%], high-dose 19/34 [56%]).

In the judgment of the pathologists, tolazamide fed in the diet did not appear to induce tumors in B6C3F1 mice under the conditions of this bioassay.

D. Statistical Analyses of Results (Mice)

Tables Fl and F2 in Appendix F contain the statistical analyses of the incidences of those primary tumors that were observed in at least two animals and with an incidence of at least 5% in one or more of the groups.

The results of the Cochran-Armitage test for positive doserelated trend and of the Fisher exact test for direct comparison of incidences between the matched-control group and each of the treated groups in the positive direction are not significant. In each of the 95% confidence intervals of relative risk, shown in the tables, the value of one or of less than one is included, indicating the absence of positive significant results. It should also be noted that each of the intervals (except those for

the incidence of lymphoma in low-dose female mice and in highdose male mice) has an upper limit greater than one, indicating the theoretical possibility of the induction of tumors by tolazamide, which could not be detected under the conditions of this test. In mice, a significant result in the negative direction occurs in the incidence of lymphoma, which was observed in 4/14 (29%) of the male control animals and 6/15 (40%) of the female control animals.

V. DISCUSSION

The dietary administration of tolazamide resulted in depression of the mean body weights of both rats and mice. No other clinical signs related to administration of the chemical were observed.

Survival rates for the dosed rats of both sexes were higher than those for the matched controls, and were adequate for the development of late-appearing tumors. Survival rates for the mice were lower than those for the rats, particularly for the dosed females (matched controls 67%, low-dose 34%, high-dose 32%). However, a large number of these deaths in the dosed females occurred after 90 weeks on study, and survival of both males and females was adequate for the development of lateappearing tumors.

In rats, the numbers of C-cell adenomas and carcinomas of the thyroid were slightly higher in the dosed male rats than in the matched controls (matched controls 1/15 [7%], low-dose 5/34 [15%], high-dose 6/35 [17%]). This incidence of tumors, however, was not statistically significant.

All observed tumors were of types commonly found in the strains of animals used and there were no statistically significant

increases in the incidence of tumors in the dosed animals as compared with controls.

Tolazamide is an oral hypoglycemic agent of the sulfonylurea type in common use in the United States. Long-term feeding studies conducted at the Upjohn Company in rats and dogs have been reported by Beckett and Donovan (1965). Rats administered tolazamide orally at 25 to 100 mg/kg for 1 year developed pancreatic islet cell hyperplasia, and dogs similarly administered with 12.5 to 50 mg/kg body weight for 6 months developed hypertrophy of the pancreatic islets.

It is concluded that under the conditions of this bioassay, tolazamide was not carcinogenic for Fischer 344 rats or B6C3F1 mice.

VI. BIBLIOGRAPHY

- Armitage, P., <u>Statistical Methods in Medical Research</u>, John Wiley & Sons, Inc., New York, 1971, pp. 362-365.
- Beckett, A. G. and Donovan, R. J., Tolazamide (Tolanase) A new sulphonylurea. <u>Brit. J. Clin. Pract. 19</u>(5):275-279, 1965.
- Berenblum, I., ed., <u>Carcinogenicity Testing</u>: <u>A Report of the</u> <u>Panel on Carcinogenicity of the Cancer Research Commission</u> <u>of the UICC, Vol. 2</u>, International Union Against Cancer, Geneva, 1969.
- Cox, D. R., Regression models and life tables. <u>J. R. Statist.</u> <u>Soc. B</u> <u>34</u>(2):187-220, 1972, pp. 48-52.
- Cox, D. R., <u>Analysis of Binary Data</u>, Methuen & Co., Ltd., London, 1970.
- Gart, J. J., The comparison of proportions: a review of significance tests, confidence limits and adjustments for stratification. Rev. Int. Statist. Inst. 39:148-169, 1971.
- Kaplan, E. L. and Meier, P., Nonparametric estimation from incomplete observations. <u>J. Amer. Statist. Assoc.</u> <u>53</u>:457-481, 1958.
- Larner, J. and Haynes, R. C., Jr., Insulin and oral hypoglycemic drugs; glucagon. In: <u>The Pharmacological Basis of</u> <u>Therapeutics</u>, Goodman, L. S. and Gilman, A., eds., Macmillan Publishing Co., Inc., New York, 1975, pp. 1507 and 1520-1523.
- Linhart, M. S., Cooper, J. A., Martin, R. L., Page, N. P., and Peters, J. A., Carcinogenesis bioassay data system. <u>Comp.</u> <u>and Biomed. Res. 7</u>:230-248, 1974.
- Miller, R. G., Jr., <u>Simultaneous</u> <u>Statistical</u> <u>Inference</u>, McGraw-Hill Book Co., New York, 1966, pp. 6-10.
- Saffiotti, U., Montesano, R., Sellakumar, A. R., Cefis, F., and Kaufman, D. G., Respiratory tract carcinogenesis in hamsters induced by different numbers of administrations of benzo (a) pyrene and ferric oxide. <u>Cancer Res.</u> 32:1073-1081, 1972.

- Shen, S. W. and Bressler, R., Medical Intelligence: Clinical pharmacology of oral antidiabetic agents (second of two parts). <u>N. Engl. J. Med. 296(14):787-793.</u>
- Tarone, R. E., Tests for trend in life table analysis. <u>Biometrika</u> 62:679-682, 1975.
- The Upjohn Company, Tolanase[®] tablets. <u>Physicians'</u> <u>Desk</u> <u>Reference</u>, Medical Economics Co., Oradell, N. J., 1977, pp. 1652-1654.

APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN

RATS FED TOLAZAMIDE IN THE DIET

TABLE A1.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS FED TOLAZAMIDE IN THE DIET

	CONTROL	LOW DOSE	HIGH DOSE
NIMALS INITIALLY IN STUDY NIMAIS NECROPSIED NIMALS EXAMINED HISTOPATHOLOGICALLY	15 15 15	35 35 35 35	35 35 35 35
NTEGUMENTARY SYSTEM			
*SKIN SQUAMOUS CELL PAPILLOMA	(15)	(35)	(35) 1 (3%)
*SUBCUT TISSUE BASAL-CELL CARCINOMA FIBROMA	(15)	(35)	(35) 1 (3%) 1 (3%)
		1 (3%)	
ESPIRATORY SYSTEM			
TRACHBA PAPILLOMA, NOS	(15)	(35) 1 (3%)	(35)
#LUNG ALVEOLAR/BRONCHIOLAR ADENONA ALVEOLAB/BRONCHIOLAR CARCINOMA	(15)	(35)	(35) 1 (3%) 1 (3%)
EMATOPOIETIC SYSTEM			
*NERVOUS SYSTEM MALIGNANT LYMPHOMA, MIXED TYPE	(15)	(35)	(35) 1 (3%)
*MULTIPLE ORGANS HALIG.LYMPHONA, HISTIOCYTIC TYPE	(15)	(35)	(35) 1 (3%)
UNDIFFERENTIATED LEUKEMIA	2 (13%)	1 (3%)	3 (9%)
#MANDIBULAR L. NODE SQUAMOUS CELL CARCINONA, METASTA	(15) 1 (7%)	(35)	(35)
#CERVICAL LYNPH NODE	(15)	(35) 1 (3%)	(35)

NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY * NUMBER OF ANIMALS NECROPSIED

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
DIGESTIVE SYSTEM			
#PANCREAS SARCOMA, NOS	(15)	(35) 1 (3%)	(35)
#STOMACH SQUAMOUS CELL PAPILLOMA	(15)	(34)	(35) 1 (3%)
*SMALL INTESTINE SARCOMA, NOS	(15)	(35)	(35) 1 (3%)
*ANUS FIBROSARCOMA	(15) 1 (7%)	(35)	(35)
URINARY SYSTEM			
NONE			
ENDOCRINE SYSTEM			
*PITUITARY CHROMOPHOBE ADENOMA	(15) 1 (7%)	(33) 6 (18 %)	(30) 4 (13%)
#ADRENAL PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT	(15) 1 (7%)	(35) 2 (6%)	(35) 2 (6%) 1 (3%)
#THYROID FOLLICULAR-CELL ADENOMA FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA	(15) 1 (7%)	(34) 2 (6%) 2 (6%) 3 (9%) 2 (6%)	(35) 1 (3%) 3 (9%) 3 (9%)
<pre>#PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA </pre>	(15) 1 (7%)	(35) 1 (3%) 1 (3%)	(35) 1 (3%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND FIBROADENOMA	(15) <u>1_(7\$)</u>	(35)	(35)

NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY * NUMBER OF ANIMALS NECROPSIED

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

		LOW DOSE	HIGH DOSE
TESIIS INTERSTITIAL-CELL TUMOR	(15) 13 (87 %)	(35) 32 (91%)	(35) 31 (89%
ERVOUS SYSTEM			
NC N E			
PECIAL SENSE ORGANS			
*EAR CANAL SQUAMOUS CELL CARCINOMA	(15) 1 (7%)	(35)	(35) 1 (3%)
USCULOSKEIETAL SYSTEM			
NON E			
DDY CAVITIES			
*PERITONEUM MESOTHELIOMA, NOS	(15) 1 (7%)	(35)	(35)
MESENTERY SARCCMA, NOS	(15) 1 (7%)	(35)	(35)
LIPOMA		1 (3%)	
LL OTHER SYSTEMS			
MULTIPLE ORGANS	(15) 1 (75)	(35)	(35)
SARCOMA, NOS MESOTHELIOMA, NUS	1 (7%) 1 (7%)		
NIMAL DISFOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ	15	35 1	35 1
MORIEUND SACRIFICE SCHEDULED SACRIFICE	6	•	3
ACCIDENTALLY KILLED TERMINAL SACRIFICE	9	34	31
ANIMAL MISSING INCLUDES_AUTOLYZED_ANIMALS			

	CONTROL	LOW DOSE	HIGH DOSE
MOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	14 26	35 56	35 59
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	13 17	35 49	33 45
TOTAL ANIMALS WITH MALIGNANT TUMORS TCTAL MALIGNANT TUMORS	5 7	6 7	10 14
TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS	1 1	1 1	
TOTAL ANIMALS WITH TUMORS UNCERTAIN- BENIGN OR MALIGNANT TOTAL UNCERTAIN TUMORS	2 2		
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS			
PRIMARY TUMORS: ALL TUMORS EXCEPT SE SECONDARY TUMORS: METASTATIC TUMORS			ADJACENT ORGA

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

TABLE A2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS FED TOLAZAMIDE IN THE DIET

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	15 15 15	35 33 33	35 35 35
NTEGUMENTARY SYSTEM			
*SKIN SQUAMOUS CELL PAPILLOMA	(15) 1 (7%)	(33)	(35)
RESPIRATORY SYSTEM			
*LUNG ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	(15) 1 (7%)	(33) 1 (3%) 2 (6%)	(35)
HEMATOPOIETIC SYSTEM			
*MUITIPLE ORGANS UNCIPFERENTIATED LEUKEMIA	(15) 4 (27%)	(33) 3 (9 %)	(35) 2 (6%)
CIRCULATORY SYSTEM			
NON E			
DIGESTIVE SYSTEM			
#LIVER HEPATOCELLULAR ADENOMA	(15)	(33) 1 (3%)	(34)
URINARY SYSTEM			
NONE			
NDOCRINE SYSTEM			
#PITUITARY CHROMOPHOBE_ADENOMA	(14) <u>8 (57%)</u>	(31) <u>13 (42%)</u>	(29) 12 (419

* NUMEER OF ANIMALS NECROPSIED

	CONTROL	LOW DOSE	HIGH DOSE
#ADRENAL PHEOCHROMOCYTOMA	(15)	(33) 1 (3%)	(35) 1 (3%
#THYROID FOLIICULAR-CELL ADENOMA FOLIICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA	(15) 1 (7%) 1 (7%)	(33) 3 (9%) 2 (6%)	(35) 1 (3% 2 (6% 2 (6%
#PANCREATIC ISLETS ISLET-CELL ADENOMA	(15)	(33)	(35) 1 (3%
EPRODUCTIVE SYSTEM			
*MAMMARY GLAND FIBROADENCMA	(15) 4 (27%)	(33) 4 (12%)	(35) 1 (3%
*PREFUTIAL GLAND ACNEXAL ADENOMA	(15)	(33) 1 (3%)	(35)
#UTERUS ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA	(15) 2 (13%)	(33) 1 (3%) 2 (6%)	(34) 2 (6% 2 (6%
#UTERUS/ENDOMETRIUM ADENOCARCINOMA, NOS PAPILLARY ADENOMA	(15) 1 (7%)	(33) 1 (3%)	(34)
#OVARY Adenocarcinoma, Nos Lipoma	(15)	(33) 1 (3%) 1 (3%)	(34)
ERVOUS SYSTEM			
NUNE			
PECIAL SENSE ORGANS			
*HARDERIAN GLAND ACENCMA, NOS	(15)	(33)	(35) 1 (3%)
*EAR CANAL Souamous <u>cell</u> carcinoma	(15)	(33)	(35)

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
NUSCULOSKELETAL SYSTEM			
NCNE			
BODY CAVITIES			
NCNE			
LL OTHER SYSTEMS			
ADIPOSE TISSUE LIPOMA			1
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	15	35	35
NATURAL DEATHD	2	2	1
MORIEUND SACRIFICE	4	5	6
SCHEDULED SACRIFICE			
ACCIDENTALLY KILLED			
IERMINAL SACRIFICE Animal Missing	9	28	28
RUTURT DISSING			
D INCLUDES AUTOLYZED ANIMALS			

* NUMBER OF ANIMALS NECROPSIED

	CONTROL	LOW DOSE	HIGH DOSE
JMCR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS*	13	23	20
TCTAL PRIMARY TUMORS	23	37	29
TOTAL ANIMALS WITH BENIGN TUMORS	10	17	17
TCTAL EENIGN TUMORS	16	25	22
TOTAL ANIMALS WITH MALIGNANT TUMORS	7	10	7
TOTAL MALIGNANT TUMORS	7	12	7
TOTAL ANIMALS WITH SECONDARY TUMORS#	ŧ		
TOTAL SECONDARY TUMORS			
TOTAL ANIMALS WITH TUMORS UNCERTAIN-			
EENIGN OR MALIGNANT			
TCTAL UNCERTAIN TUMORS			
TOTAL ANIMALS WITH TUMORS UNCERTAIN-			
PRIMARY OR METASTATIC			
TOTAL UNCERTAIN TUMORS			
PRIMARY TUMORS: ALL TUMORS EXCEPT SE	CONDARY TUN	ORS	
SECCNDARY TUMORS: METASTATIC TUMORS	OR TUMORS I	NVASIVE INTO AN	ADJACENT ORG

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

APPENDIX B

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN

MICE FED TOLAZAMIDE IN THE DIET

TABLE B1.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE FED TOLAZAMIDE IN THE DIET

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	15 14 14	35 35 35 35	35 34 34
INTEGUMENTARY SYSIEM			
N O N E			
RESFIRATORY SYSTEM			
#LUNG ALVEOLAR/BRONCHIOLAR ADENOMA AIVEOLAR/BRONCHIOLAR CARCINOMA	(14)	(35) 1 (3%) 1 (3%)	(34) 1 (3%)
HEMATOPOIETIC SYSTEN			
*NERVOUS SYSTEM MALIG.LYMPHOMA, HISTIOCYTIC TYPF	(14) 2 (14%)		(34)
*MULTIPLE ORGANS MAIIG.IYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE	(14) 1 (7%) 1 (7%)	(35) 1 (3%)	(34) 1 (3%)
*PEYERS PATCH MALIGNANT LYMPHOMA, MIXED TYPE	(14)	(35) 1 (3%)	(34)
CIRCULATORY SYSTEM			
N Ə N E			
DIGESTIVE SYSTEM			
#1IVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	(14) 3 (21%)	(35) 1 (3%) 1 (3%)	(34) 3 (9%)
URINARY SYSTEM			
<u>NONE</u>			
 NUMBER OF ANIMALS WITH TISSUE EXAMI NUMBER OF ANIMALS NECROPSIED 	NED MICROSCOP	PICALLY	

	CONTROL	LOW DOŚE	HIGH DOSE
ENDCCHINE SYSTEM			
#PITUITARY CARCINOMA,NOS CHROMOFHOBE ADENOMA	(13)	(28) 1 (4%)	(26) 1 (4%)
#THYROID FOLLICULAR-CELL ADENOMA	(14) 1 (7%)	(34)	(31) 1 (3%)
REPRODUCTIVE SYSTEM			
NON E			
NERVCUS SYSTEM			
*TRIGEMINAL GANGLION SARCCMA, NOS	(14)	(35) 1 (3%)	(34)
SPECIAL SENSE ORGANS			
*HARDERIAN GLAND ADENCMA, NOS	(14) 1 (7%)	(35) 2 (6%)	(34)
MUSCULOSKELETAL SYSTEM			
NON E			
BODY CAVITIES			
NJNE			
ALL CTHER SYSTEMS			
NCNE			

-

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
NIMAL DISFOSITICN SUMMARY			
ANIMALS INITIALLY IN STUDY	15	35	35
NATURAL DEATH@	3	4	2
MORIBUND SACRIFICE	3	9	8
SCHEDULED SACRIFICE			
ACCIDENTALLY KILLED			
TERMINAL SACRIFICE	9	22	25
ANIMAL MISSING			•
INCLUDES AUTOLYZED ANIMALS			
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS*	8	11	5
TOTAL PRIMARY TUMORS	9	13	7
TOTAL ANIMALS WITH BENIGN TUMORS	5	5	4
TCTAL EENIGN TUMORS	5	ັ5	5
TOTAL ANIMALS WITH MALIGNANT TUMOES	4	8	2
TOTAL MALIGNANT TUMORS	4	8	2
TOTHE MALLOWART TOHOND	•	Ũ	-
TOTAL ANIMALS WITH SECONDARY TUMORS#			
TOTAL SECONDARY TUMORS			
TOTAL ANIMALS WITH TUMORS UNCERTAIN-			
EENIGN OR MALIGNANT			
TOTAL UNCERTAIN TUMORS			
TOTAL ANIMALS WITH TUMORS UNCERTAIN-			
PRIMARY OR METASTATIC			
TOTAL UNCERTAIN TUMORS			

TABLE B2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE FED TOLAZAMIDE IN THE DIET

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	15 15 15	35 33 33	035 34 34
INTEGUMENTARY SYSTEM			
N C N E			
RESPIRATORY SYSTEM			
#LUNG ALVEOLAR/BRONCHIOLAR ADENOMA	(15) 1 (7%)	(32)	(34) 1 (3%
IEMATOPOIETIC SYSTEM			
<pre># BRAIN MALIG.LYMPHOMA, HISTIOCYTIC TYPE</pre>	(14)	(32)	(33) 1 (3%
*MULTIPLE ORGANS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	(15)	(33) 2 (6%)	(34)
MALIG.LYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE			1 (3% 2 (6%
# SPLEEN HEMANGIOMA	(15)	(31)	(34) 1 (3%
#OVARY MALIG.LYMPHONA, HISTIOCYTIC TYPE	(15) 1 (7%)	(33)	(34)
CIRCUIATORY SYSTEM			
NO N E			
DIG estive sys tem			
#LIVER	(15) <u> </u>	(33)	(34)

@ 35 ANIMALS WERE INITIALLY IN THE STUDY, BUT ONE ANIMAL WAS FOUND TO BE A MALE IN A FEMALE GROUP.

	CONTROL	LOW DOSE	HIGH DOSE
HEPATOCELLULAR CARCINOMA		1 (3%)	
JRINABY SYSTEM			
NO N E			
ENDCCRINE SYSTEM			
*PITUITARY CHROMOPHOBE ADENONA	(13) 1 (8%)	(27)	(26)
*THYROID FOLLICULAR-CELL CARCINONA	(14) 1 (7%)	(31)	(32)
*PANCREATIC ISLETS ISLFT-CELL CARCINOMA	(15)	(33) 1 (3%)	(34)
REPRODUCTIVE SYSTEM			
*VAGINA SQUAMOUS CELL CARCINOMA	(15)	(33) 1 (3%)	(34)
#UTERUS ENDOMETRIAL STROMAL POLYP	(15)	(33) 1 (3%)	(34)
NERVOUS SYSTEM			
N C N E			
SPECIAL SENSE ORGANS			
*HARDERIAN GLAND ADENCMA, NOS	(15) 1 (7%)	(33)	(34) 2 (69
MUSCULOSKEIETAL SYSTEM			
N) N E			
BODY CAVITIES			
<u>NONE</u>			

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
ALL CTHER SYSTEMS			
NC N E			
ANIMAL DISFCSITICN SUMMARY			
ANIMALS INITIALLY IN STUDY	15	35	35
NATURAL DEATH@	1	8	10
MORIBUND SACRIFICE	4	15	13
SCHEDULED SACRIFICE			
ACCIDENTALLY KILLED TERMINAL SACRIFICE	10	12	11
ANIMAL MISSING	10	12	
ANIMAL DELETED (WRONG SEX)			1
Ð INCLUDES AUTOLYZED ANIMALS			
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	8 11	6 6	ð ð
TOTAL ANIMALS WITE BENIGN TUMORS TOTAL FENIGN TUMORS	4 4	1 1	5 5
TCTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	7 7	5 5	4 4
TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL S&CONDARY TUMORS			
TOTAL ANIMALS WITH TUMORS UNCERTAIN-			
EFNIGN OF MALIGNANT			
TOTAL UNCERTAIN TUMORS			
TOTAL ANIMALS WITH TUMORS UNCERTAIN-			
PRIMARY OR METASTATIC			
TOTAL UNCERTAIN TUMORS			
PRIMARY TUMORS: ALL TUMORS EXCEPT SE	CONDARY TH	IORS	

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

APPENDIX C

.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS

IN RATS FED TOLAZAMIDE IN THE DIET

TABLE C1.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS FED TOLAZAMIDE IN THE DIET

		LOW DOSE	
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED	15 15	35 35 35	35 35
ANIMALS EXAMINED HISTOPATHOLOGICALLY	15	35	35
INTEGUMENTARY SYSTEM			
*SKIN FPIDERMAL INCLUSION CYST	(15)	(35) 1 (3%)	(35)
RESPIRATORY SYSTEM			
#LUNG	(15)	(35) 3 (9%)	(35)
PNEUMONIA, CHRONIC MURINE HYPERPLASIA, ALVEOLAR EPITHELIUM	1 (7%)	3 (9%)	2 (6%)
HEMATOPOIEIIC SYSTEM			
NON E			
CIRCULATORY SYSTEM			
#MYOCARDIUM INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC FOCAL		(35) 4 (11%)	(35) 1 (3%)
DIGESTIVE SYSTEM			
<pre>\$LIVER/CENTRILOBULAR CYTOPLASMIC VACUOLIZATION</pre>	(14)	(34) 1 (3%)	(35)
*BILF DUCT HYPERPIASIA, NOS	(15) 1 (7%)	(35)	(35)
*PANCREAS INFLAMMATION, CHRONIC	(15)	(35) 4 (11 %)	(35) 5 (14 %

NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY # NUMBER OF ANIMALS NECROPSIED

.

	CONTROL	LOW DOSE	HIGH DOSE
IRINARY SYSTEM			
#KIDNEY	(15)	(35)	(35)
INFLAMMATION, DIFFUSE INFLAMMATION, SUPPURATIVE	1 (7%)		1 (3%)
INFLAMMATION, CHRONIC		4 (11%)	3 (9%)
INFLAMMATION, CHRONIC FOCAL INFLAMMATION, CHRONIC DIFFUSE	11 (73%)	2 (6%) 11 (31%)	5 (14%
#UFINARY ELADDER	(14)	(33)	(32)
ULCER, NOS	1 (7%)		
NDOCRINE SYSTEM			
#THYROID	(15)	(34) 2 (6%)	(35)
HYPERPLASIA, C-CELL		2 (6%)	4 (11%
*PARATHYROID	(14)	(29)	(29)
HYPERPLASIA, NOS	1 (7%)		
EPRODUCTIVE SYSTEM			
#PROSTATE	(13)	(34)	(33)
INFLAMMATION, SUPPURATIVE	1 (8%)		
IERVOUS SYSTEM			
NONE			
PECIAL SENSE ORGANS			
*EYE/RETINA	(15)	(35)	(35)
ATROPHY, NOS		1 (3%)	
*MIDDLE EAR INFLAMMATION, SUPPURATIVE	(15)	(35)	(35) 1 (3 %)
USCULOSKELETAL SYSTEM			
NONE			

TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY * NUMBER OF ANIMALS NECROPSIED

TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE	
BODY CAVITIES				
*PERITONBUM INFLAMMATION, CHRONIC SUPPURATIV	(15) 1 (7%)	(35)	(35)	
ALL OTHER SYSTEMS				
NONE				
SPECIAL MCRPHOLOGY SUMMARY				
NONE				
 NUMBER OF ANIMALS WITH TISSUE EXAMINATION NUMBER OF ANIMALS NECROPSIED 	NEC MICROSCOP	PICALLY		

TABLE C2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS FED TOLAZAMIDE IN THE DIET

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	15 15 15 15	35 33 33	35 35 35
NTEGUMENTARY SYSTEM			
NC N E			
ESPIFATORY SYSTEM			
<pre>#LUNG/BRONCHUS HYPERPLASIA, LYMPHOID</pre>	. (15)	(33)	(35) 1 (3%)
HEMATOPOIETIC SYSTEM			
#SPLEEN HYPERPLASIA, RETICULUM CELL HEMATOPOIESIS	(15) 1 (7%) 2 (13%)	(33)	(35)
IRCULATCRY SYSTEM			
NONE			
DIGESTIVE SYSTEM			
#LIVER NECROSIS, COAGULATIVE	(15) 1 (7%)	(33)	(34)
CYTOFLASMIC VACUOLIZATION			2 (6%)
#PANCREAS INFLAMMATION, CHRONIC	(15) 1 (7%)	(33) 2 (6%)	(35) 3 (9%)
IRINARY SYSTEM			
#KIDNEY 	(15) 1 (7%)	(33)	(35)

* NUMBER OF ANIMALS NECROPSIED
| | CONTROL | LOW DOSE | HIGH DOSE |
|--|----------------------------|-------------------------------------|--------------------------|
| #UFINARY BLADDER
HYPERPLASIA, EPITHELIAL | (15)
1 (7%) | (33) | (35) |
| NDCCRINE SYSTEM | | | |
| <pre>#PITUITARY HYPERPLASIA, CHROMOPHOBE-CELL</pre> | (14) | (31) | (29)
1 (3%) |
| #THYROID
HYPERPLASIA, C-CELL | (15) | (33)
1 (3%) | (35)
1 (3%) |
| EPRODUCTIVE SYSTEM | | | |
| #UTERUS/ENDOMETRIUM
INFLAMMATION, SUPPURATIVE
HYPERPLASIA, EPITHELIAL
HYPERPLASIA, CYSTIC | (15)
2 (13%)
2 (13%) | (33)
2 (6%)
1 (3%)
5 (15%) | (34)
2 (6%)
3 (9%) |
| *OVARY/OVIDUCT
INFLAMMATION, SUPPURATIVE | (15) | (33)
1 (3%) | (34) |
| #OVARY
INFLAMMATION, SUPPURATIVE
INFLAMMATION, CHRONIC SUPPURATIV | (15) | (33)
1 (3%) | (34)
1 (3%)
1 (3%) |
| ERVOUS SYSTEM | | | |
| NON E | | | |
| PECIAL SENSE ORGANS | | | |
| *EYE/RETINA
AIROPHY, NOS | (15) | (33) | (35)
1 (3%) |
| *MIDDLE EAR
INFLAMMATION, SUPPURATIVE | (15) | (33) | (35)
1 (3 %) |
| USCULOSKEIETAL SYSTEM | | | |
| NONE | | | |

TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
BODY CAVITIES			
NO N E			
ALI CTHER SYSTEMS			
*MULTIPLE OEGANS HYPERPLASIA, RETICULUM CELL	(15)	(33)	(35) 1 (3%
SPECIAL MORPHOLOGY SUMMARY			
NC LESICN REPORTED AUTOLYSIS/NO NECROPSY		6 2	12

TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

APPENDIX D

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS

IN MICE FED TOLAZAMIDE IN THE DIET

TABLE D1.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE FED TOLAZAMIDE IN THE DIET

	CONTROL	LOW DOSE	HIGH DOSE
NNIMALS INITIALLY IN STUDY NNIMALS NECROPSIED NNIMALS EXAMINED HISTOPATHOLOGICALLY	15 14 14	35 35 35 35	35 34 34
NTEGUMENTARY SYSTEM			
*SKIN INFLAMMATION, CHRONIC NECROTIZIN	(14) 1 (7%)	(35)	(34)
ESFIFATORY SYSTEM			
#TRACHEA INFLAMMATION, CHRONIC SUPPURATIV	(14)	(35)	(34) 2 (6%)
#LUNG ERONCHOPNEUMONIA SUPPURATIVE ERCNCHOFNEUMONIA CHRONIC SUPPURA HYPERPLASIA, ALVEOLAR EPITHELIUM	(14) 1 (7%) 1 (7%)	(35) 12 (34%) 1 (3%)	(34) 4 (12%) 2 (6%)
EMATOPOIETIC SYSTEM			
#MESENTERIC L. NODE Hyperplasia, Lymphoid	(14)	(34)	(34) 1 (3%)
IRCUIATORY SYSTEM			
NUN E			
IGESTIVE SYSTEM			
*LIVER NECROSIS, COAGULATIVE HYPERPLASIA, FOCAL	(14) 1 (7%)	(35) 1 (3%) 2 (6%)	(34)
RINARY SYSTEM			
#KIDNEY INFLAMMATION, CHRONIC	(14)	(35) <u>1 (3%)</u>	(34)

TABLE D1. MALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

LOW DOSE CONTROL HIGH DOSE INFLAMMATICN, CHRONIC FOCAL 1 (3%) -----ENDOCRINE SYSTEM NONE ------, REPRODUCTIVE SYSTEM (14) 1 (7%) #PROSTATE (35) (34) INFLAMMATION, CHRONIC SUPPURATIV ____ NERVOUS SYSTEM NONE ______ SPECIAL SENSE ORGANS (34) 1 (3%) *EYE/CORNEA (14) (35) INFLAMMATION, CHRONIC SUPPURATIV (35) 11 (31%) (14) 4 (29%) (34) 11 (32%) *MIDDLE EAR INFLAMMATION, CHRONIC SUPPURATIV _____ MUSCULOSKEIETAL SYSTEM NONE _____ BODY CAVITIES NONE ALL CTHER SYSTEMS NONE SPECIAL MORPHOLOGY SUMMARY <u>NC LESION BEPORTED</u> 4 11 17 # NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY * NUMBER OF ANIMALS NECROPSIED

TABLE D1. MALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
AUTOLYSIS/NO NECKOPSY	1		1
# NUMEER OF ANIMALS WITH TISSUE EXAMI			

* NUMBER OF ANIMALS NECROPSIED

TABLE D2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE FED TOLAZAMIDE IN THE DIET

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY	15	.35	@ 35
ANIMAIS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	15 15	33 33	34 34
INTEGUMENTARY SYSTEM			
*SUECUT TISSUE HEMORRHAGE	(15)	(33)	(34) 1 (3%
RESPIRATORY SYSTEM			
#LUNG	(15)	(32)	(34)
INFLAMMATION, INTERSTITIAL ERCNCHOPNEUMONIA SUPPURATIVE		1 (3%) 3 (9%)	1 (3%
BRCNCHOPNEUMONIA CHRONIC SUPPURA HYPERPLASIA, ALVEOLAR EPITHELIUM		1 (3%) 1 (3%)	
HEMATOPOIETIC SYSTEM			
#PANCREATIC L.NODE	(15)	(32)	(33)
NECROSIS, COAGULATIVE	1 (7%)		
CIRCULATORY SYSTEM			
NON E			
DIGESTIVE SYSTEM			
#LIVER	(15)	(33)	(34)
NECROSIS, COAGULATIVE Hyperplasia, pocal	1 (7%)		1 (3%
#PANCREAS	(1,5)	(33)	(34)
CISTIC DUCTS	1 (7%)		
<pre>#PANCREATIC ACINUS ATROPHY, NOS</pre>	(15)	(33) 1 (3%)	(34)

NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY * NUMBER OF ANIMALS NECROPSIED

@ 35 ANIMALS WERE INITIALLY IN THE STUDY, BUT ONE ANIMAL WAS FOUND TO BE A MALE IN A FEMALE GROUP.

		LOW DOSE	HIGH DOSE
ATRCPHY, DIFFUSE		1 (3%)	
#PEYERS PATCH HYPERPLASIA, LYMPHOID	(15)	(33) 1 (3%)	(34)
JRINARY SYSTEM			
#KIDNEY HYDRONEPHROSIS	(15)	(33) 1 (3%)	(34)
#UKINARY ELADDER INFLAMMATION, CHRONIC SUPPURATIV		(33)	(34) 1 (3%)
ENDOCRINE SYSTEM			
NONE			
REPRODUCTIVE SYSTEM			
NONE		************	
NERVOUS SYSTEM			
NON E			
SPECIAL SENSE ORGANS			
*MIDLLE EAR INFLAMMATION, CHRONIC SUPPURATIV	(15) 3 (20%)	(33) 11 (33%)	(34) 19 (56%)
MUSCULOSKEIETAL SYSTEM			
NONE			
BODY CAVITIES			
*MESENTERY STEATITIS	(15) 1 (7%)	(33) <u>1 (3%)</u>	(34)

.

TABLE D2. FEMALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

* NUMEER OF ANIMALS NECROPSIED

TABLE D2. FEMALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
NECRCSIS, FAT	1 (7%)		
LL OTHER SYSTEMS			
*MULTIPLE ORGANS HYPERPLASIA, LYMPHOID	(15)	(33) 1 (3%)	(34) 1 (3%)
PECIAL MORPHOLOGY SUMMARY			
NC LESION REPORTED AUTOLYSIS/NO NECROPSY	5	14	12

* NUMEER OF ANIMALS NECROPSIED

APPENDIX E

ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS IN RATS

FED TOLAZAMIDE IN THE DIET

.

	Matched	Low	High
Topography: Morphology	<u>Control</u>	Dose	Dose
Lung: Alveolar/Bronchiolar			
Adenoma or Carcinoma ^b	0/15 (0)	0/35 (0)	2/35 (6)
P Values ^c ,d	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f			Infinite
Lower Limit			0.135
Upper Limit			Infinite
Weeks to First Observed Tumor			104
Hematopoietic System: Leukemia ^b	2/15 (13)	1/35 (3)	3/35 (9)
P Values ^c ,d	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		0.214	0.643
Lower Limit		0.004	0.085
Upper Limit		3.876	7.208
Weeks to First Observed Tumor	104	105	104

	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Hematopoietic System: Lymphoma or Leukemia ^b			
Leukemia	2/15 (13)	1/35 (3)	5/35 (14)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		0.214	1.071
Lower Limit		0.004	0.207
Upper Limit		3.876	10.495
Weeks to First Observed Tumor	104	105	104
Pituitary: Chromophobe Adenoma ^b	1/15 (7)	6/33 (18)	4/30 (13)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		2.727	2.000
Lower Limit		0.385	0.228
Upper Limit		121.009	94.875
Weeks to First Observed Tumor	105	105	104

(continued)	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Adrenal: Pheochromocytoma ^b	1/15 (7)	2/35 (6)	3/35 (9)
P Values ^c ,d	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		0.857	1.286
Lower Limit		0.050	0.117
Upper Limit		49.128	65.497
Weeks to First Observed Tumor	105	85	104
Thyroid: Follicular-cell			
Carcinoma ^b	0/15 (0)	2/34 (6)	1/35 (3)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		Infinite	Infinite
Lower Limit		0.138	0.024
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor		105	104

	Matched	Low	High
Topography: Morphology	<u>Control</u>	Dose	Dose
Thyroid: Follicular-cell			
Adenoma or Carcinoma ^b	0/15 (0)	4/34 (12)	1/35 (3)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		Infinite	Infinite
Lower Limit		0.437	0.024
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor		105	104
Thyroid: C-cell Carcinoma ^b	1/15 (7)	2/34 (6)	3/35 (9)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		0.882	1.286
Lower Limit		0.051	0.118
Upper Limit		50.522	64.499
Weeks to First Observed Tumor	105	105	104

(continued)	Matched	Low	High
Topography: Morphology	<u>Control</u>	Dose	Dose
Thyroid: C-cell Adenoma			
or Carcinoma ^b	1/15 (7)	5/34 (15)	6/35 (17)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		2.206	2.571
Lower Limit		0.286	0.363
Upper Limit		100.914	114.375
Weeks to First Observed Tumor	105	105	104
Pancreatic Islets: Islet-cell			
Adenoma or Carcinoma ^b	1/15 (7)	2/35 (6)	1/35 (3)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		0.857	0.429
Lower Limit		0.050	0.006
Upper Limit		49.128	32.715
Weeks to First Observed Tumor	104	105	104

	Matched	Low	High
Topography: Morphology	<u>Control</u>	Dose	Dose
Testis: Interstitial-cell			
Tumor ^b	13/15 (87)	32/35 (91)	31/35 (89)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		1.055	1.022
Lower Limit		0.881	0.852
Upper Limit		1.352	1.366
Weeks to First Observed Tumor	80	105	92

76

^aTreated groups received doses of 5,000 or 10,000 ppm in feed.

^bNumber of tumor-bearing animals/number of animals examined at site (percent).

^cBeneath the incidence of tumors in the control group is the probability level for the Cochran-Armitage test when P < 0.05; otherwise, not significant (N.S.) is indicated. Beneath the incidence of tumors in a treated group is the probability level for the Fischer exact test for the comparison of that treated group with the matched-control group when P < 0.05; otherwise, not significant (N.S.) is indicated.

 d_A negative trend (N) indicates a lower incidence in a treated group than in a control group.

^eThe probability level for departure from linear trend is given when P < 0.05 for any comparison.

^fThe 95% confidence interval of the relative risk between each treated group and the control group.

	Matched	Low	High
Topography: Morphology	<u>Control</u>	Dose	Dose
Lung: Alveolar/Bronchiolar			
Carcinoma ^b	0/15 (0)	2/33 (6)	0/35 (0)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		Infinite	
Lower Limit		0.142	
Upper Limit		Infinite	
Weeks to First Observed Tumor		105	
Lung: Alveolar/Bronchiolar			
Adenoma or Carcinoma ^b	1/15 (7)	3/33 (9)	0/35 (0)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		1.364	0.000
Lower Limit		0.124	0.000
Upper Limit		69.321	7.949
Weeks to First Observed Tumor	105	105	

*

77

Table E2. Analyses of the Incidence of Primary Tumors in Female Rats Fed Tolazamide in the Diet^a

	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Hematopoietic System: Lymphoma			
or Leukemia ^b	4/15 (27)	3/33 (9)	2/35 (6)
P Values ^{c,d}	P = 0.040 (N)	N.S.	N.S.
Relative Risk (Matched Control) ^f		0.341	0.214
Lower Limit		0.059	0.022
Upper Limit		1.805	1.347
Weeks to First Observed Tumor	89		73
Pituitary: Chromophobe Adenoma ^b	8/14 (57)	13/31 (42)	12/29 (41)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		0.734	0.724
Lower Limit		0.403	0.391
Upper Limit		1.615	1.613
Weeks to First Observed Tumor	95	78	72

78

.

(continued)	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Thyroid: Follicular-cell Carcinoma ^b	0/15 (0)	3/33 (9)	0/35 (0)
P Values ^{c,d}	N.S.	N.S.	N.S.
Departure from Linear Trend ^e	P = 0.036		
Relative Risk (Matched Control) ^f		Infinite	
Lower Limit		0.290	
Upper Limit		Infinite	~-
Weeks to First Observed Tumor		105	~-
Thyroid: Follicular-cell			
Adenoma or Carcinoma ^b	0/15 (0)	3/33 (9)	1/35 (3)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		Infinite	Infinite
Lower Limit		0.290	0.024
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor	* *	105	105

(continued)	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Thyroid: C-cell Carcinoma ^b	1/15 (7)	0/33 (0)	2/35 (6)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		0.000	0.857
Lower Limit		0.000	0.050
Upper Limit		8.417	49.128
Weeks to First Observed Tumor	105		104
Thyroid: C-cell Adenoma			
or Carcinoma ^b	1/15 (7)	2/33 (6)	4/35 (11)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		0,909	1.714
Lower Limit		0.053	0.196
Upper Limit		51.999	81.832
Weeks to First Observed Tumor	105	105	104

		Matched	Low	High
	Topography: Morphology	<u>Control</u>	Dose	Dose
	Mammary Gland: Fibroadenoma ^b	4/15 (27)	4/33 (12)	1/35 (3)
	P Values ^{c,d}	P = 0.013 (N)	N.S.	P = 0.024 (N
	Relative Risk (Matched Control) ^f		0.455	0.107
	Lower Limit		0.102	0.002
	Upper Limit		2.174	0.986
	Weeks to First Observed Tumor	98	95	105
81	Uterus: Endometrial Stromal			
	Polyp ^b	0/15 (0)	1/33 (3)	2/34 (6)
	P Values ^{c,d}	N.S.	N.S.	N.S.
	Relative Risk (Matched Control) ^f		Infinite	Infinite
	Lower Limit		0.025	0.138
	Upper Limit		Infinite	Infinite
	Weeks to First Observed Tumor		105	104

	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Uterus: Endometrial Stromal			
Sarcoma ^b	2/15 (13)	2/33 (6)	2/34 (6)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		0.455	0.441
Lower Limit		0.037	0.036
Upper Limit		5.871	5.706
Weeks to First Observed Tumor	105	105	105
Uterus: Endometrial Stromal			
Polyp or Sarcoma ^b	2/15 (13)	3/33 (9)	3/34 (9)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		0.682	0.662
Lower Limit		0.090	0.087
Upper Limit		7.623	7.410
Weeks to First Observed Tumor	105	105	104

^aTreated groups received doses of 5,000 or 10,000 ppm in feed.

^bNumber of tumor-bearing animals/number of animals examined at site (percent).

(continued)

^cBeneath the incidence of tumors in the control group is the probability level for the Cochran-Armitage test when P < 0.05; otherwise, not significant (N.S.) is indicated. Beneath the incidence of tumors in a treated group is the probability level for the Fischer exact test for the comparison of that treated group with the matched-control group when P < 0.05; otherwise, not significant (N.S.) is indicated.

^dA negative trend (N) indicates a lower incidence in a treated group than in a control group.

^eThe probability level for departure from linear trend is given when P < 0.05 for any comparison.

^fThe 95% confidence interval of the relative risk between each treated group and the control group.

APPENDIX F

.

ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS IN MICE

FED TOLAZAMIDE IN THE DIET

Table Fl.	Analyses of the Incidence of Primary Tumors in Male Mice
	Fed Tolazamide in the Diet ^a

	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Lung: Alveolar/Bronchiolar			
Adenoma or Carcinoma ^b	0/14 (0)	2/35 (6)	1/34 (3)
P Values ^c ,d	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		Infinite	Infinite
Lower Limit		0.125	0.023
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor		105	104
Hematopoietic System: Lymphoma ^b	4/14 (29)	5/35 (14)	1/34 (3)
P Values ^c ,d	P = 0.011 (N)	N.S.	P = 0.021 (N)
Relative Risk (Matched Control) ^f		0.500	0.103
Lower Limit		0.134	0.002
Upper Limit		2.235	0.942
Weeks to First Observed Tumor	81	98	104

(continued)	Matched	Low	High
Topography: Morphology	<u>Control</u>	Dose	Dose
Liver: Hepatocellular			
Adenoma or Carcinoma ^b	3/14 (21)	2/35 (6)	3/34 (9)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		0.267	0.412
Lower Limit		0.026	0.065
Upper Limit		2.131	2.796
Weeks to First Observed Tumor	81	105	71
Harderian Gland: Adenoma, NOS			
(not otherwise specified) ^b	1/14 (7)	2/35 (6)	0/34 (0)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f		0.800	0.000
Lower Limit		0.047	0.000
Upper Limit		45.853	7.633
Weeks to First Observed Tumor	105	92	

•

^aTreated groups received doses of 5,000 or 10,000 ppm in feed.

^bNumber of tumor-bearing animals/number of animals examined at site (percent).

(continued)

^cBeneath the incidence of tumors in the control group is the probability level for the Cochran-Armitage test when P < 0.05; otherwise, not significant (N.S.) is indicated. Beneath the incidence of tumors in a treated group is the probability level for the Fischer exact test for the comparison of that treated group with the matched-control group when P < 0.05; otherwise, not significant (N.S.) is indicated.

 d A negative trend (N) indicates a lower incidence in a treated group than in a control group.

^eThe probability level for departure from linear trend is given when P < 0.05 for any comparison.

^fThe 95% confidence interval of the relative risk between each treated group and the control group.

Topography: Morphology	Matched Control	Low Dose	High Dose
Hematopoietic System: Lymphoma ^b	6/15 (40)	2/33 (6)	4/34 (12)
P Values ^{c,d}	P = 0.036 (N)	P = 0.008 (N)	P = 0.033 (N
Departure from Linear Trend ^e	P = 0.016		
Relative Risk (Matched Control) ^f Lower Limit Upper Limit		0.152 0.018 0.744	0.294 0.077 1.076
Weeks to First Observed Tumor	72	96	78
Harderian Gland: Adenoma, NOS ^b	1/15 (7)	0/33 (0)	2/34 (6)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk (Matched Control) ^f Lower Limit Upper Limit		0.000 0.000 8.417	0.882 0.051 50.522
Weeks to First Observed Tumor	105		95

^aTreated groups received doses of 5,000 or 10,000 ppm in feed.

^bNumber of tumor-bearing animals/number of animals examined at site (percent).

(continued)

^cBeneath the incidence of tumors in the control group is the probability level for the Cochran-Armitage test when P < 0.05; otherwise, not significant (N.S.) is indicated. Beneath the incidence of tumors in a treated group is the probability level for the Fischer exact test for the comparison of that treated group with the matched-control group when P < 0.05; otherwise, not significant (N.S.) is indicated.

 d A negative trend (N) indicates a lower incidence in a treated group than in a control group.

^eThe probability level for departure from linear trend is given when P < 0.05 for any comparison.

^fThe 95% confidence interval of the relative risk between each treated group and the control group.

.

Review of the Bioassay of Tolazamide* for Carcinogenicity by the Data Evaluation/Risk Assessment Subgroup of the Clearinghouse on Environmental Carcinogens

March 6, 1978

The Clearinghouse on Environmental Carcinogens was established in May, 1976, in compliance with DHEW Committee Regulations and the Provisions of the Federal Advisory Committee Act. The purpose of the Clearinghouse is to advise the Director of the National Cancer Institute (NCI) on its bioassay program to identify and to evaluate chemical carcinogens in the environment to which humans may be exposed. The members of the Clearinghouse have been drawn from academia, industry, organized labor, public interest groups, State health officials, and quasi-public health and research organizations. Members have been selected on the basis of their experience in carcinogenesis or related fields and, collectively, provide expertise in chemistry, biochemistry, biostatistics, toxicology, pathology, and epidemiology. Representatives of various Governmental agencies participate as ad hoc members. The Data Evaluation/Risk Assessment Subgroup of the Clearinghouse is charged with the responsibility of providing a peer review of reports prepared on NCI-sponsored bioassays of chemicals studied for carcinogenicity. It is in this context that the below critique is given on the bioassay of Tolazamide for carcinogenicity.

The primary reviewer agreed with the conclusion that, under the conditions of test, Tolazamide was not carcinogenic. He said that the pure grade compound was tested and that the study was well-conducted.

The secondary reviewer said that the high dose administered in both species achieved the maximum tolerated dose, based on an examination of weight loss. He noted that the treated animals survived longer than the associated controls. A staff member commented that an analysis of five oral hypoglycemic agents tested in bioassays, showed negative trends in mammary adenocarcinomas or endometrial stromal polyps in female rats. He suggested that the negative trends may be due to the weight loss rather than specifically to the action of the agents. Similarly, he suggested that increased longevity may be associated with the weight loss.

A Subgroup member said that an older manufacturing process of Tolazamide resulted in its contamination with nitrosamines. He suggested that it would be worthwhile to determine if the supply used in the bioassay was manufactured under this old process.

One Subgroup member commented that the number of surviving animals at the end of the study was too few to allow any conclusion on the bioassay. Another Subgroup member disagreed, stating that there was still a sufficient number on which to evaluate the carcinogenicity of Tolazamide.

The primary reviewer moved that the report on the bioassay of Tolazamide be accepted as written. The motion was seconded and approved by all except Mr. Garfinkel, who opposed it.

Members present were:

Gerald N. Wogan (Chairman), Massachusetts Institute of Technology
Arnold Brown, Mayo Clinic
Lawrence Garfinkel, American Cancer Society
E. Cuyler Hammond, American Cancer Society
Joseph Highland, Environmental Defense Fund
Henry Pitot, University of Wisconsin Medical Center
George Roush, Jr., Monsanto Company
Sheldon Samuels, Industrial Union Department, AFL-CIO
Michael Shimkin, University of California at San Diego
John Weisburger, American Health Foundation
Sidney Wolfe, Health Research Group

* U.S. GOVERNMENT PRINTING OFFICE: 1978-260-899/3122

^{*} Subsequent to this review, changes may have been made in the bioassay report either as a result of the review or other reasons. Thus, certain comments and criticisms reflected in the review may no longer be appropriate.

.

. .

. .

.

DHEW Publication No. (NIH) 78-1301