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	BIOASSAY OF TITANIUM DIOXIDE FOR POSSIBLE CARCINOGENICITY
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BIOASSAY OF

TITANIUM DIOXIDE

FOR POSSIBLE CARCINOGENICITY

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

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BIOASSAY OF TITANIUM DIOXIDE FOR POSSIBLE CARCINOGENICITY

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This report presents the results of the bioassay of FOREWORD: titanium dioxide conducted for the Carcinogenesis Testing Program, Division of Cancer Cause and Prevention, National Cancer Institute (NCI), National Institutes of Health, Bethesda, This is one of a series of experiments designed to Maryland. determine whether selected chemicals have the capacity to produce Negative results, in which the test animals cancer in animals. do not have a greater incidence of cancer than control animals, do not necessarily mean that the test chemical is not a carcinogen, inasmuch as the experiments are conducted under a limited set of circumstances. Positive results demonstrate that the test chemical is carcinogenic for animals under the conditions of the test and indicate that exposure to the chemical is a potential risk to man. The actual determination of the risk to man from animal carcinogens requires a wider analysis.

<u>CONTRIBUTORS</u>: This bioassay of titanium dioxide was conducted by Hazleton Laboratories America, Inc., Vienna, Virginia, initially under direct contract to NCI and currently under a subcontract to Tracor Jitco, Inc., prime contractor for the NCI Carcinogenesis Testing Program.

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Animal pathology tables and survival tables were compiled at EG&G Mason Research Institute⁴. The statistical analyses were performed by Dr. J. R. Joiner⁵ and Ms. P. L. Yong⁵, using methods selected for the bioassay program by Dr. J. J. Gart⁶. Chemicals used in this bioassay were analyzed at Midwest Research Institute under the direction of Dr. E. Murrill⁷, and feed mixtures containing the test chemical were analyzed at Hazleton Laboratories by Dr. C. L. Guyton³ and Mr. E. Missaghi³. The results of these analyses were reviewed by Dr. S. S. Olin⁵.

This report was prepared at Tracor Jitco⁵ in collaboration with Hazleton Laboratories and NCI. Those responsible for the report at Tracor Jitco were Dr. L. A. Campbell, Director of the Bioassay Program; Dr. S. S. Olin, Deputy Director for Science; Dr. J. F. Robens, toxicologist; 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 and Ms. P. J. Graboske.

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SUMMARY

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

Groups of 50 rats of each sex and 50 mice of each sex were administered titanium dioxide in the diet at one of two doses, either 25,000 or 50,000 ppm, for 103 weeks and then observed for 1 additional week. Matched controls consisted of 50 untreated rats of each sex and 50 untreated mice of each sex. All surviving rats and mice were killed at 104 weeks.

Administration of the titanium dioxide had no appreciable effect on the mean body weights of rats or mice of either sex. With the exception of white feces, there was no other clinical sign that was judged to be related to the administration of titanium dioxide. Survival of the rats and the male mice at the end of the bioassay was not affected by the test chemical; mortality in female mice was dose related. Sufficient numbers of dosed and control rats and mice of each sex were at risk for development of late-appearing tumors.

In the female rats, C-cell adenomas or carcinomas of the thyroid occurred at incidences that were dose related (P = 0.013), but were not high enough (P = 0.043 for direct comparison of the high-dose group with the control group) to meet the level of P = 0.025 required by the Bonferroni criterion (controls 1/48, low- dose 0/47, high-dose 6/44). Thus, these tumors of the thyroid were not considered to be related to the administration of the test chemical.

In the male and female mice, no tumors occurred in dosed groups at incidences that were significantly higher than those for corresponding control groups.

It is concluded that under the conditions of this bioassay, titanium dioxide was not carcinogenic by the oral route for Fischer 344 rats or B6C3F1 mice.

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I. INTRODUCTION

Titanium dioxide (CAS 13463-67-7; NCI C04240) is a white pigment possessing great covering or opacifying power. It exists in three crystalline forms: anatase, brookite, and rutile, but only the anatase variety is used as a food color additive (Noonan, 1975). Titanium dioxide has been in use since 1918, although the market was greatly expanded after 1948 when the need for titanium led to technological advancements in ore processing (Bomberger, 1969). In 1977, the production volume for titanium dioxide in the United States was 800,000 tons. The majority of this was produced for pigmentary applications; 50% for paints and other protective coatings, 20% for paper, and 12% for plastics (Greek, 1977). Titanium dioxide is used as a color additive in foods (anatase) (FDA, 1976a), and in topical and oral drugs (FDA, 1976b). In the cosmetics industry, it is used as a whitener in a wide variety of products including aftershave powders, bath powders, face powders, depilatories, deodorants, fingernail coatings, beauty masks, cleansing creams, eye makeup, foundations, lipsticks, and skin lighteners (Bell, 1972; Saute, 1972; Farber, 1972; Barry, 1972; Doviak, 1972; Fiedler, 1972; Lauffer, 1972; Wetterhahn, 1972; Plechner, 1972; Shevlin, 1972). It has been formulated in sunscreens as a physical light-blocking agent (MacLeod and Frain-Bell, 1975).

Although its refractive index accounts for its most important use as a white pigment, titanium dioxide has important nonpigmentary uses. These include use as a catalyst, a dielectric in capacitors, an anticorrosive in vitreous enamel coatings, a welding rod coating, a source of titanium metal, and a gem (Stanley, 1969).

A titanium coordination complex was shown to be carcinogenic in rats and mice by intramuscular injection (Furst and Haro, 1970). The compound tested was a metallocene, a sandwich arrangement of the metal between two cyclopentadiene molecules. Titanium dioxide was selected for study in the Carcinogenesis Testing Program because this result stimulated an interest in the carcinogenicity of other titanium compounds, such as the dioxide, which was in wide commercial use.

II. MATERIALS AND METHODS

A. Chemical

Three lots of titanium dioxide anatase, designated Unitane[®] O-220, were obtained from American Cyanamid Company, Wayne, New Jersey. The manufacturer's specification was 98% minimum TiO_2 . The identity and purity of each batch was determined by Midwest Research Institute, Kansas City, Missouri. The moisture content of each batch was < 0.4%.

Atomic absorption analysis for titanium matched the theoretical value in Lot No. 402110C46 (used in the 90-day subchronic toxicity studies), was about 1.6% high in Lot No. 402129A29 (used from weeks 0-51 in the chronic studies), and was 1.5% low in Lot No. 402129B20 (used from weeks 52-103 in the chronic studies). Lot No. 402110C46 also contained 0.15% aluminum by atomic absorption. Other impurities in the 0.1-1.0% range (identified by spark source mass spectrometry) were niobium and chlorine (Lot Nos. 402129A29 and 402129B20), phosphorus (all three lots), silicon (Lot Nos. 402110C46 and 402129B20), calcium (Lot No. 402110C46), and potassium (Lot No. 402129B20). Infrared spectra of all lots were identical to the spectrum given in the literature (Kammori et al., 1967).

B. Dietary Preparation

A quantity of the bulk chemical was sifted to remove any large particles, and the amount required for each dose mixture was weighed out under a hood. This quantity was then incorporated into the basal diet of Wayne[®] Lab Blox animal meal (Allied Mills, Inc., Chicago, Ill.) by thorough mixing in a Patterson-Kelly twin-shell blender equipped with an intensifier bar. Corn oil (Duke's, C. F. Sauer Co., Richmond, Va.) was added to the dosed diets and to the diets for the matched controls to give a final concentration of 2%. Diets were prepared once per week and stored at room temperature until used.

As a quality control measure, selected samples from freshly prepared mixtures were stored at 4°C and aliquots from these samples, containing approximately 50 micrograms of titanium dioxide were later analyzed for titanium dioxide by the method described by the Association of Official Analytical Chemists (1975). The results of these analyses are summarized in Appendix G. At each dietary concentration, the mean value obtained by the analytical method was within 4% of the theoretical value, although the coefficient of variation was nearly 30%. This variation appears to be due to the difficulty in obtaining a homogeneous mix of a fine powder in feed.

C. Animals

Fischer 344 rats and B6C3F1 mice were obtained from the Frederick Cancer Research Center, Frederick, Maryland, through contracts with the Division of Cancer Treatment, National Cancer Institute. On arrival at the laboratory, the rats were quarantined for 30 days and the mice for 15 days, determined to be free from observable disease or parasites, and assigned to the dosed or control groups based on initial individual body weight, so that the of mean animal body weights per group were approximately equal.

D. Animal Maintenance

All animals were housed in temperature- and humidity-controlled rooms. The temperature was generally maintained at 20-24°C and the relative humidity at 45-55%. Incoming air was filtered through 2-inch-thick disposable fiberglass filters at a rate that allowed 12 changes of room air per hour. Lighting was provided on a 12-hour-per-day cycle.

The rats and mice were each housed in polycarbonate cages covered with stainless steel cage lids and non-woven fiber filter bonnets (Filtek, Appleton, Wis.). The rats were initially housed five per cage; however, at week 48, the males were divided into groups

of two or three per cage. The mice were housed five per cage throughout the study.

All cages were furnished with heat-treated hardwood chip bedding (Sani-Chips[®], Shurfire Products Corporation, Beltsville, Maryland); the bedding was changed twice per week. Diets and well water were made available <u>ad libitum</u>. Food hoppers were refilled twice per week.

Cages, water bottles, and sipper tubes were sanitized at 81°C twice per week, feed hoppers once per week, and cage racks once per month. An industrial dish washer was used for the water bottles, and sipper tubes; a cage and rack washer was used for the food hoppers, cages, and racks. Acclaim[®], a chlorinated detergent, was used. When racks were washed, clean racks containing cages of animals were randomly repositioned in the rooms.

The rats and mice were housed in separate rooms. Control animals were housed in the same room as the respective dosed animals.

Rats administered diets containing titanium dioxide were maintained in the same room as rats being administered the following chemicals:

Rats

Feed Studies

(CAS 89-78-1) dl-menthol (CAS 119-53-9) benzoin (CAS 120-61-6) dimethylterephthalate

Gavage Studies

(CAS 127-69-5) sulfisoxazole (CAS 7488-56-4) selenium disulfide (CAS 108-60-1) bischloroisopropyl ether

Drinking Water Studies

(CAS 108-95-2) phenol

At week 48, the rats fed titanium dioxide, together with those fed dl-menthol and those fed benzoin, were moved to a separate room for the remainder of the bioassay.

Mice administered diets containing titanium dioxide were maintained in the same room as mice being administered the following chemicals:

Mice

Feed Studies

(CAS 89-78-1) dl-menthol (CAS 119-53-9) benzoin (CAS 120-61-6) dimethylterephthalate

Gavage Studies

(CAS 127-69-5) sulfisoxazole (CAS 7488-56-4) selenium disulfide (CAS 108-60-1) bischloroisopropyl ether

Drinking Water Studies

(CAS 108-95-2) pheno1

The control groups of rats and mice used for the titanium dioxide studies were used also for the dl-menthol studies. The control groups were maintained in the same rooms with the dosed groups.

E. Subchronic Studies

Subchronic feeding studies were conducted to estimate the maximum tolerated doses of titanium dioxide, on the basis of which two concentrations (hereinafter referred to as "low" and "high" doses) were selected for administration in the chronic studies. On the basis of results from a 14-day (repeated dose) oral range-finding study, doses of 6,250, 12,500, 25,000, 50,000, or 100,000 ppm were administered in the diet in the subchronic studies. Ten males and 10 females of each species were administered the test chemical at each dose, and 10 males and 10 females received basal diets. Dosed animals received the test compound for 13 consecutive weeks.

In both the rat studies and the mouse studies, there were no deaths, and dosed animals had mean body weight gains that were comparable to those of the controls. No gross or microscopic pathology was found that could be related to the administration of the test chemical in either the rats or the mice. On the

basis of these results, the high dose for both the rats and mice in the chronic studies was set at 50,000 ppm, the maximum amount allowed for use in chronic bioassays in the Carcinogenesis Testing Program, and the low dose was set at 25,000 ppm.

F. Designs of Chronic Studies

The test groups, doses administered, and times on study of the chronic feeding studies are shown in table 1.

G. Clinical and Pathological Examinations

All animals were observed twice daily for signs of toxicity. Clinical signs and the presence of palpable masses were recorded every week. Mean body weights and food consumption were recorded every 2 weeks for the first 12 weeks and every month thereafter.

Animals that were moribund and those that survived to the termination of the study were killed by exsanguination under sodium pentobarbital anesthesia (Diabutal[®], Diamond Laboratories, Inc., Des Moines, Iowa). The sodium pentobarbital was injected intraperitoneally at a volume of 0.3 to 0.5 ml for the rats and 0.03 to 0.05 ml for the mice.

The pathologic evaluation consisted of gross and microscopic examination of major tissues, major organs, and all gross lesions

Sex and	Titanium Initial Dioxide		Time o	Time on Study	
Test Group	No. of <u>Animals</u> ^a	Doses ^b (ppm)	Dosed (weeks)	Observed (weeks)	
Male					
Matched-Control	50	0		104	
Low-Dose	50	25,000	103	1	
High-Dose	50	50,000	103	1	
Female					
Matched-Control	50	0		104	
Low-Dose	50	25,000	103	1	
High-Dose	50	50,000	103	1	

Table 1. Design of Titanium Dioxide Chronic Feeding Studies in Rats and Mice

^aRats were 64 days of age and mice were 36 days of age when placed on study.

^bThe test chemical was administered 7 days per week in a diet containing 2% corn oil. The control groups received only 2% corn oil in the diet. Diets were available ad libitum.

from killed animals and from animals found dead. The tissues were preserved in 10% buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. The following tissues were examined microscopically: brain (frontal cortex and basal ganglia, parietal cortex and thalamus, and cerebellum and pons), pituitary, spinal cord (if neurologic signs were present), eyes (if grossly abnormal), esophagus, trachea, salivary glands, mandibular lymph node, thyroid, parathyroid, heart, thymus, lungs and mainstem bronchi, liver, gallbladder (mice), pancreas, spleen, kidney, adrenal, stomach, small intestine, colon, urinary bladder, prostate or uterus, testes or ovaries, sternebrae, femur, or vertebrae including marrow, mammary gland, tissue masses, and any gross lesion.

A few tissues from some animals were not examined, particularly from those animals that died early. Also, some animals may have been 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 animals. As a part of these analyses, the one-tailed Fisher exact test (Cox, 1970) was used to compare the tumor incidence of a control group with that of a group of dosed animals at each dose level. When results for a number of dosed groups (k) are compared simultaneously with those for a control group, a correction to ensure an overall significance level of 0.05 may be made. The Bonferroni inequality (Miller, 1966) requires that the

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 when appropriate. Under the assumption of a linear trend, this test determines if the slope of the dose-response curve is different from zero at the one-tailed 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 dosed group compared with 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 dosed 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 dosed 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 dosed 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 The interpretation of the limits is that analyses. in approximately 95% of a large number of identical experiments, the true ratio of the risk in a dosed 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. RESULTS - RATS

A. Body Weights and Clinical Signs (Rats)

Administration of titanium dioxide had no appreciable effect on the mean body weights of either the male or the female rats (figure 1). The clinical signs observed in the dosed groups were generally comparable to those of the control group and included alopecia, sores, and lacrimating, protruding, and/or pale eyes. From weeks 88 through 104, hunched appearance and thinness were noted more frequently in the dosed males and females than in their respective controls. Urine stains were noted on the dosed rats of each sex. Animals in all of the dosed groups had white feces.

B. Survival (Rats)

The Kaplan and Meier curves estimating the probabilities of survival for male and female rats administered titanium dioxide in the diet at the doses of this bioassay, together with those of the matched controls, are shown in figure 2. The result of the Tarone test for dose-related trend in mortality is not significant in either sex.

In the male rats, 36/50 (72%) of the high-dose group, 37/50 (74%) of the low-dose group, and 31/50 (62%) of the matched controls



Figure 1. Growth Curves for Rats Administered Titanium Dioxide in the Diet



Figure 2. Survival Curves for Rats Administered Titanium Dioxide in the Diet

were alive at week 104. In the females, 34/50 (68%) of the high-dose group, 36/50 (72%) of the low-dose group, and 36/50 (72%) of the matched controls were alive at week 104. Sufficient numbers of rats of each sex were at risk for the 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.

Each of the tumor types listed has been encountered previously as a spontaneous lesion, and with only a few exceptions, occurred with no appreciable difference in frequency between control and dosed groups. In the male rats, pheochromocytomas of the adrenal medulla and fibromas of the subcutaneous tissue were observed with slightly greater frequency in dosed groups; however, the number of neoplasms was compatible with incidences of these tumors in historical-control rats of this age and strain. In the female rats, endometrial stromal polyps were observed more frequently in dosed groups than in control groups, but the incidence of lesions is comparable with that in historical controls. Thus, these lesions are not considered to be related to administration of the test chemical.

Inflammatory, degenerative, and hyperplastic lesions that occurred were similar in number and kind to those naturally occurring lesions found in aged Fischer 344 rats.

Based on the histopathologic examination, titanium dioxide was neither toxic nor carcinogenic to Fischer 344 rats under the conditions of this bioassay.

D. Statistical Analyses of Results (Rats)

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

In the male rats, three keratoacanthomas of the skin were observed in the high-dose group, but none in the other two groups studied. Although the result of the Fisher exact test for direct comparison of the incidence in the high-dose group with that in the control group is not significant, the result of the Cochran-Armitage test for positive dose-related trend in the incidence of these tumors is significant (P = 0.038).

In the female rats, the result of the Cochran-Armitage test for positive dose-related trend in the combined incidence of C-cell adenomas or carcinomas of the thyroid is significant (P = 0.013).

A significant (P = 0.044) departure from linear trend is observed due to the relatively steep increase in this incidence of tumors observed in the high-dose group. The result of the Fisher exact test comparing the incidence in the high-dose group with that in the control group indicates a P value of 0.043, which is above the 0.025 level required for significance when the Bonferroni inequality criterion is used for multiple comparison. The results of statistical tests of the incidence of these tumors in the male rats are not significant.

The Fisher exact comparison of the incidence of endometrial stromal polyps of the uterus/endometrium in the low-dose females with that in the corresponding controls indicates a P value of 0.045, which is above the 0.025 level required for significance when the Bonferroni inequality criterion is used for multiple comparison. The incidence of these tumors in the high-dose group is not significant when compared with that in the control group, and the result of the Cochran-Armitage test for dose-related trend also is not significant.

Significant results in the negative direction are observed in the incidence of leukemia in male rats, in which the incidence in the control group exceeds the incidences in the dosed groups.

In each of the 95% confidence intervals of relative risk, shown
in the tables, the value of one is included; this indicates the absence of significant positive results. It should also be noted that each of the intervals has an upper limit greater than one, indicating the theoretical possibility of the induction of tumors by titanium dioxide, which could not be detected under the conditions of this test.

IV. RESULTS - MICE

A. Body Weights and Clinical Signs (Mice)

Administration of titanium dioxide had no appreciable effect on the mean body weights of either the male or the female mice (figure 3). The clinical signs observed in the dosed groups were comparable with those of the control group and included protrusion of the eyes, bloody crust surrounding the eyes, palpable nodules, tissue masses and/or wart-like lesions, localized sores, irritation and swelling of the testes, hunched appearance, and/or thinness. Alopecia (localized or generalized) was noted in all the control and dosed groups; however, more was observed in the control females than in the dosed females. The areas of alopecia were primarily located around the nose and head and progressed to generalized alopecia in some of the animals. The type of feedhopper used in this study may have caused the alopecia around the nose. Animals in all of the dosed groups had white feces.

B. Survival (Mice)

The Kaplan and Meier curves estimating the probabilities of survival for male and female mice administered titanium dioxide in the diet at the doses of this bioassay, together with those of the matched controls, are shown in figure 4. In male mice, the result of the Tarone test for dose-related trend in mortality is



Figure 3. Growth Curves for Mice Administered Titanium Dioxide in the Diet



Figure 4. Survival Curves for Mice Administered Titanium Dioxide in the Diet

not significant, but in females, the result of the Tarone test shows a significant (P = 0.001) positive dose-related trend.

Forty out of fifty (80%) of the high-dose males, 40/50 (80%) of the low-dose males, and 32/50 (64%) of the matched-control males were still alive at week 104. In females, 33/50 (66%) of the high-dose group, 39/50 (78%) of the low-dose group, and 45/50 (90%) of the matched controls were alive at week 104. Sufficient numbers of mice of each sex were at risk for the development of late-appearing tumors.

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 low incidence of neoplasia was observed in both the control mice and dosed mice. These neoplasms were of the usual number and type observed in mice of this age and strain. A slightly increased number of hepatocellular carcinomas was observed in the high-dose males; however, the incidence of tumors was not increased over that observed in historical-control groups of mice of this age and strain.

Degenerative, proliferative, and inflammatory lesions were also of the usual number and kind observed in aged B6C3F1 mice.

Based on the histopathologic examination, titanium dioxide was neither toxic nor carcinogenic to B6C3F1 mice under the conditions of this bioassay.

D. Statistical Analyses of Results (Mice)

Tables F1 and F2 in Appendix F contain the statistical analyses of the incidences of those primary tumors that occurred in at least two animals of one group and at an incidence of at least 5% in one or more than one group.

The results of the Cochran-Armitage test for positive doserelated trend in incidences of tumors and those of the Fisher exact test for higher incidences of tumors in dosed groups than in control groups are not significant for any type of tumor occurring in either sex. A significant trend (P = 0.037) in the negative direction is observed in the incidence of follicularcell adenomas of the thyroid in female mice, in which the incidence in the control group exceeds the incidences in the dosed groups. The results of the Fisher exact test (P = 0.035 in the negative direction) for the comparison of the incidence of combined lymphomas and leukemias in the female low-dose group with that in the corresponding controls are above that of 0.025

required for significance in multiple comparisons. This negative result may be accounted for by the difference in survival, since the dosed animals did not live as long as the control animals.

In each of the 95% confidence intervals of relative risk, shown in the tables, the value of one is included; this indicates the absence of significant positive results. It should also be noted that each of the intervals has an upper limit greater than one, indicating the theoretical possibility of the induction of tumors by titanium dioxide, which could not be detected under the conditions of this test.

DISCUSSION

Based on growth rate, mortality, and other clinical signs, there was essentially no evidence of toxicity of titanium dioxide in Administration of the test the dosed rats or dosed mice. chemical had no appreciable effect on the mean body weights of either male or female rats with the exception of white feces, there was no other clinical sign that was judged to be related to the administration of titanium dioxide. Survival of the male and female rats and of the male mice at the end of the bioassay was not affected by the test chemical; survival of the high-dose female mice was shorter than that of the low-dose and control groups. Sufficient numbers of dosed and control rats and mice of each sex were at risk for development of late-appearing tumors. Although little or no effect on weight gain and survival could be attributed to titanium dioxide, except in female mice, the doses were considered to approximate the maximum that could be administered and still not affect the nutritional quality of the This is consistent with the guidelines for carcinogenesis diet. bioassay in the Carcinogenesis Testing Program (Sontag et al., 1976).

In the female rats, C-cell adenomas or carcinomas of the thyroid occurred at incidences that were dose related (P = 0.013), but not high enough (P = 0.043 for direct comparison of the high-dose

group with the control group) to meet the level of P = 0.025required by the Bonferroni criterion (controls 1/48, low-dose 0/47, high-dose 6/44). Thus, the tumors of the thyroid are not considered to be related to administration of the test chemical. Also in the females, endometrial stromal polyps of the endometrium/uterus occurred at higher incidences in the dosed groups than in the controls, but the incidences were not dose related and were not high enough (P = 0.045 for direct comparison of the low-dose group with the control group) to meet the requirements of the Bonferroni criterion (controls 7/50, low-dose 15/50, high-dose 10/50).

In the male and female mice, no tumors occurred in dosed groups at incidences that were significantly higher than those in corresponding control groups.

In other studies, no adverse pulmonary effects were found when Wistar rats were administered titanium dioxide by inhalation (Christie et al., 1963), and no evidence of carcinogenicity was found when Swiss albino mice were administered potassium titanium oxalate at a concentration of 5 ppm titanium in drinking water for the life span of the mice (Schroeder et al., 1964). When titanium was administered to Fischer 344 rats and to DBA/2, C57BL/6, or Swiss albino mice by intramuscular injection as titanocene, a complex of titanium with cyclopentadiene, a variety

of neoplasms developed at the site of injection and in organs some distance away (Furst and Haro, 1969, 1970).

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

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APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS ADMINISTERED TITANIUM DIOXIDE IN THE DIET

TABLE A1.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS ADMINISTERED TITANIUM DIOXIDE IN THE DIET

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
NIMALS INITIALLY IN STUDY	50	50	50
NIMALS NECROPSIED	49	50	50
NIMALS EXAMINED HISTOPATHOLOGICALLY	49	50	50
NTEGUMENTARY SYSTEM			
*SKIN	(49)	(50)	(50)
SQUAMOUS CELL PAPILLOMA		1 (2%)	
SQUAMOUS CELL CARCINOMA	1 (2%)		2 (4%)
BASAL-CELL CARCINOMA KERATOACANTHOMA		1 (2%)	3 (6%)
*SUBCUT TISSJE	(49)	(50)	(50)
SQUAMOUS CELL PAPILLOMA		1 (2%)	(/
SQUAMOUS CELL CARCINOMA	1 (2%)	• • • •	
BASAL-CELL CARCINOMA		1 (2%)	
SARCOMA, NOS			1 (2%)
FIBROMA	1 (2%)	5 (10%)	5 (10%)
FIBROSARCUMA	1 (2%)	2 (4%)	
LIPOMA		1 (2%)	
HEMANGIOSARCOMA HEMANGIOPERICYTOMA, MALIGNANT	1 (2%)	1 (2%)	
ESPIRATORY SYSTEM			
*LUNG	(49)	(50)	(49)
HEPATOCELLULAR CARCINONA, METAST HEMANGIOPERICYTONA, METASTATIC	1 (2%)	1 (2%)	
EMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS	(49)	(50)	(50)
GRANULOCYTIC LEUKEMIA Monocytic leukemia	14 (29%)	2 (4%) 6 (12%)	1 (2%) 5 (10%
#SPLEEN	(49)	(50)	(50)

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

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
#THYMUS CARCINONA,NOS HEPATOCELLULAR CARCINOMA, METAST	(48)	(45) 1 (2%) 1 (2%)	(28)
CIRCULATORY SISTEM			
NONE			
DIGESTIVE SYSTEM			
#LIVER NEOPLASTIC NODULE	(49) 1 (2%)	(50)	(50)
HEPATOCELLULAR CARCINOMA HEMANGIOSARCOMA, METASTATIC	1 (2,2)	1 (2%)	1 (2%)
#CECUM FIEROSARCJMA	(49)	(46)	(48) 1 (2%)
URINARY SYSTEM			
#KIDNEY MIXED TUMJR, BENIGN	(49)	(50)	(50) 1 (2%)
#URINARY BLAJDER TRANSITIONAL-CELL PAPILLOMA	(48)	(42) 1 (2%)	(45)
ENDOCRINE SYSTEM			
*PITUITARY CHROMOPHOSE ADENOMA	(48) 5 (10%)	(50) 10 (20%)	(46) 7 (15%)
#ADRENAL PHEOCHROMOCYTONA	(49) 7 (14%)	(49) 9 (18%)	(50) 14 (28%)
*THYROID FOLLICULAR-CELL ADENOMA	(49)	(49)	(50) 1 (2%)
FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA	1 (2%) 4 (8%)	1 (2%) 3 (6%) 1 (2%)	1 (2%) 1 (2%)
#PANCREATIC ISLETS ISLET-CELL ADENOMA	(49) 1 (2 %)	(50) <u>2</u> (4%)	(50) 2 (4%)

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

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
ISLET-CELL CARCINONA			1 (2%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND FIBROADENJMA	(49) 1 (2%)	(50) 1 (2%)	(50) 3 (6%)
*PREPUTIAL GLAND CARCINOMA,NOS	(49) 2 (4%)	(50) 5 (10%)	(50) 6 (12%)
#FESTIS INTERSTITIAL-CELL TUMOR INTERSTITIAL-CELL TUMOR, MALIGNA	(49) 44 (90%) 1 (2%)	(49) 46 (94%)	(50) 41 (82%)
*EPIDIDYMIS INTERSTITIAL-CELL TUMOR, INVASIV	(49) 1 (2%)	(50)	(50)
NERVOUS SYSTEM			
#BRAIN ASTROCYTOd A	(49)	(50) 1 (2%)	(50)
SPECIAL SENSE ORGANS			
*ZYMBAL'S GLAND SQUAMOUS CELL CARCINOMA	(49)	(50) 2 (4%)	(50)
MUSCULOSKELETAL SYSTEM			
*BONE OSTEOSARCUMA	(49) 1 (2%)	(50)	(50)
*SKELETAL MUJCLE OSTEOSARCUMA, INVASIVE	(49) 1 (2%)	(50)	(59)
BODY CAVITIES			
*FUNICA VAGINALIS <u>MESOTHELIUMA, NOS</u>	(49)	(50)	(50) <u>1_(2%)_</u>

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

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

ALL OTHER SYSTEMS **MULTIPLE ORGANS **MULTIPLE ORGANS MESOTHELIONA, NOS MESOTHELIONA, NOS MESOTHELIONA, MALIGNANT ANIMAL DISPOSATION SUMMARY ANIMALS INITIALLY IN STUDY SO ANIMAL DISPOSATION SUMMARY ANIMAL SACRIFICE ACCIDENTALLY KILLED TERMINAL SACRIFICE ACCIDENTAL VIMORS ANIMAL MISSING ADIOLYZED ANIMALS TUMOR SUMMARY TOTAL ANIMALS WITH PRIMARY TUMORS 47 TOTAL ANIMALS WITH BENIGN TUMORS 46 47 TOTAL ANIMALS WITH BENIGN TUMORS 46 40 TOTAL ANIMALS WITH BENIGN TUMORS 46 47 TOTAL ANIMALS WITH MALIGNANT TUMORS 24 23 18 TOTAL ANIMALS WITH MALIGNANT TUMORS 24 23 18 TOTAL ANIMALS WITH SECONDARY TUMORS 3 1 TOTAL ANIMALS WITH TUMORS UNCERTAIN- BENIGN OR MALIGNANT ADIORS ADIOLUCERTAIN TUMORS ADIOLYZED ANITH TUMORS ADIOLYZED TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS ADIOLYZED ADIOLYZED ANITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS ADIOLYZED ADIOLYZED ANITH TUMORS ADIOLYZED ADI		MATCHED CONTROL	LOW DOSE	HIGH DOSI
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UMOR SUMMARYTOTAL ANIMALS WITH PRIMARY TUMORS*475049TOTAL PRIMARY TUMORS90106100TOTAL PRIMARY TUMORS90106100TOTAL ANIMALS WITH BENIGN TUMORS464747TOTAL BENIGN TUMORS'598077TOTAL ANIMALS WITH MALIGNANT TUMORS242318TOTAL MALIGNANT TUMORS282622TOTAL ANIMALS WITH SECONDARY TUMORS#311TOTAL SECONDARY TUMORS321TOTAL ANIMALS WITH TUMORS321TOTAL ANIMALS WITH TUMORS311TOTAL ANIMALS WITH TUMORS311TOTAL ANIMALS WITH TUMORS311TOTAL UNCERTAIN311TOTAL ANIMALS WITH TUMORS31TOTAL ANIMALS WITH TUMORS31TOTAL ANIMALS WITH TUMORS31TOTAL ANIMALS WITH TUMORS UNCERTAIN-3PRIMARY OR METASTATIC	TERMINAL SACRIFICE	31	37	36
TOTAL ANIMALS WITH PRIMARY TUMORS*475049TOTAL PRIAARY TUMORS90106100TOTAL PRIAARY TUMORS90106100TOTAL ANIMALS WITH BENIGN TUMORS464747TOTAL BENIGN TUMORS'598077TOTAL ANIMALS WITH MALIGNANT TUMORS242318TOTAL ANIMALS WITH MALIGNANT TUMORS282622TOTAL ANIMALS WITH SECONDARY TUMORS#311TOTAL SECONDARY TUMORS321TOTAL ANIMALS WITH TUMORS321TOTAL ANIMALS WITH TUMORS321TOTAL ANIMALS WITH TUMORS311TOTAL UNCGRTAIN311TOTAL ANIMALS WITH TUMORS31TOTAL ANIMALS WITH TUMORS3TOTAL ANIMALS WITH TUMORS3TOTAL ANIMALS WITH TUMORS3TOTAL ANIMALS WITH TUMORS3TOTAL ANIMALS WITH TUMORSTOTAL ANIMALS WITH TUMORS <t< td=""><td>D INCLUDES AUIOLYZED ANIMALS</td><td></td><td></td><td></td></t<>	D INCLUDES AUIOLYZED ANIMALS			
TOTAL ANIMALS WITH PRIMARY TUMORS*475049TOTAL PRIMARY TUMORS90106100TOTAL PRIMARY TUMORS90106100TOTAL ANIMALS WITH BENIGN TUMORS464747TOTAL BENIGN TUMORS'598077TOTAL ANIMALS WITH MALIGNANT TUMORS242318TOTAL MALIGNANT TUMORS282622TOTAL ANIMALS WITH SECONDARY TUMORS*311TOTAL SECONDARY TUMORS321TOTAL ANIMALS WITH TUMORS321TOTAL ANIMALS WITH TUMORS311TOTAL ANIMALS WITH TUMORS311TOTAL UNCARTAIN TUMORS311TOTAL ANIMALS WITH TUMORS311TOTAL ANIMALS WITH TUMORS311TOTAL ANIMALS WITH TUMORS311TOTAL ANIMALS WITH TUMORS31TOTAL ANIMALS WITH TUMORS31TOTAL ANIMALS WITH TUMORS31TOTAL ANIMALS WITH TUMORS31TOTAL ANIMALS WITH TUMORS3TOTAL ANIMALS WITH TUMORS4TOTAL ANIMALS WITH TUMORS3TOTAL ANIMALS WITH TUMORS3TOTAL ANIMALS WITH TUMORS4TOTAL ANIMALS WITH TUMORS4TOTAL ANIMALS WITH TUMORS4 </td <td></td> <td></td> <td></td> <td></td>				
TOTAL PRIMARY TUMORS90106100TOTAL ANIMALS WITH BENIGN TUMORS464747TOTAL BENIGN TUMORS'598077TOTAL ANIMALS WITH MALIGNANT TUMORS242318TOTAL MALIGNANT TUMORS282622TOTAL ANIMALS WITH SECONDARY TUMORS#311TOTAL SECONDARY TUMORS321TOTAL ANIMALS WITH SECONDARY TUMORS#321TOTAL SECONDARY TUMORS321TOTAL ANIMALS WITH TUMORS UNCERTAIN- BENIGN OR MALIGNANT31TOTAL UNCARTAIN TUMORS31TOTAL ANIMALS WITH TUMORS31TOTAL ANIMALS WITH TUMORS1TOTAL ANIMALS WITH TUMORS3TOTAL UNCARTAIN TUMORS3TOTAL ANIMALS WITH TUMORS UNCERTAIN- -PRIMARY OR METASTATIC	UMOR SUMMARY			
TOTAL ANIMALS WITH BENIGN TUMORS464747TOTAL BENIGN TUMORS'598077TOTAL BENIGN TUMORS'242318TOTAL ANIMALS WITH MALIGNANT TUMORS282622TOTAL ANIMALS WITH SECONDARY TUMORS#311TOTAL SECONDARY TUMORS321TOTAL ANIMALS WITH SECONDARY TUMORS#321TOTAL SECONDARY TUMORS321TOTAL ANIMALS WITH TUMORS UNCERTAIN-321BENIGN OR MALIGNANT TOTAL UNCERTAIN TUMORS311TOTAL ANIMALS WITH TUMORS UNCERTAIN-311TOTAL ANIMALS WITH TUMORS UNCERTAIN-311FORAL UNCERTAIN TUMORS UNCERTAIN-311TOTAL ANIMALS WITH TUMORS UNCERTAIN-311FORAL OR MALIGNANT TOTAL ANIMALS WITH TUMORS UNCERTAIN-31TOTAL ANIMALS WITH TUMORS UNCERTAIN-31FRIMARY OR METASTATIC331	TOTAL ANIMALS WITH PRIMARY TUMORS*	47	50	49
TOTAL BENIGN TUMORS'598077TOTAL ANIMALS WITH MALIGNANT TUMORS242318TOTAL MALIGNANT TUMORS282622TOTAL ANIMALS WITH SECONDARY TUMORS#311TOTAL SECONDARY TUMORS321TOTAL ANIMALS WITH TUMORS321TOTAL ANIMALS WITH TUMORS311TOTAL ANIMALS WITH TUMORS311TOTAL UNCARTAIN TUMORS311TOTAL UNCARTAIN TUMORS311TOTAL ANIMALS WITH TUMORS311TOTAL UNCARTAIN TUMORS311TOTAL ANIMALS WITH TUMORS UNCERTAIN- -PRIMARY OR METASTATIC11	TOTAL PRIMARY TUMORS	90	106	100
TOTAL ANIMALS WITH MALIGNANT TUMORS242318TOTAL MALIGNANT TUMORS282622TOTAL ANIMALS WITH SECONDARY TUMORS#311TOTAL SECONDARY TUMORS321TOTAL SECONDARY TUMORS321TOTAL ANIMALS WITH TUMORS UNCERTAIN- BENIGN OR MALIGNANT31TOTAL UNCGRTAIN TUMORS31TOTAL ANIMALS WITH TUMORS31TOTAL ANIMALS WITH TUMORS31TOTAL UNCGRTAIN TUMORS31TOTAL ANIMALS WITH TUMORS UNCERTAIN- -PRIMARY OR METASTATIC1	TOTAL ANIMALS WITH BENIGN TUMORS	46	47	47
TOTAL MALIGNANT TUMORS282622TOTAL ANIMALS WITH SECONDARY TUMORS#311TOTAL SECONDARY TUMORS321TOTAL SECONDARY TUMORS321TOTAL ANIMALS WITH TUMORS UNCERTAIN- BENIGN OR MALIGNANT31TOTAL UNCERTAIN TUMORS31TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC1	TOTAL BENIGN TUMORS'	59	80	77
TOTAL ANIMALS WITH SECONDARY TUMORS# 3 1 1 TOTAL SECONDARY TUMORS 3 2 1 TOTAL SECONDARY TUMORS 3 2 1 TOTAL ANIMALS WITH TUMORS UNCERTAIN- BENIGN OR MALIGNANT 3 1 TOTAL UNCGRTAIN TUMORS 3 1 1 TOTAL ANIMALS WITH TUMORS 3 1 1 TOTAL UNCGRTAIN TUMORS 3 1 1 TOTAL ANIMALS WITH TUMORS UNCERTAIN- - 1 1 PRIMARY OR METASTATIC - - 1	TOTAL ANIMALS WITH MALIGNANT TUMORS	24	23	18
TOTAL SECONDARY TUMORS321TOTAL ANIMALS WITH TUMORS UNCERTAIN- BENIGN OR MALIGNANT31TOTAL UNCERTAIN TUMORS31TOTAL ANIMALS WITH TUMORS UNCERTAIN- •PRIMARY OR METASTATIC1	TOTAL MALIGNANT TUMORS	28	26	22
TOTAL ANIMALS WITH TUMORS UNCERTAIN- BENIGN OR MALIGNANT 3 TOTAL UNCERTAIN TUMORS 3 TOTAL ANIMALS WITH TUMORS 3 TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC	TOTAL ANIMALS WITH SECONDARY TUMORS	≠ 3	1	1
BENIGN OR MALIGNANT 3 1 TOTAL UNCERTAIN TUMORS 3 1 TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC	TOTAL SECONDARY TUMORS	3	2	1
TOTAL UNCERTAIN TUMORS 3 1 TOTAL ANIMALS WITH TUMORS UNCERTAIN- -PRIMARY OR METASTATIC	TOTAL ANIMALS WITH TUMORS UNCERTAIN-	-		
TOTAL ANIMALS WITH TUMORS UNCERTAIN- .PRIMARY OR METASTATIC				
PRIMARY OR METASTATIC	TOTAL UNCERTAIN TUMORS	3		1
	TOTAL ANIMALS WITH TUMORS UNCERTAIN-	-		
TOTAL UNCERTAIN TUMORS				
	TOTAL UNCERTAIN TUMORS			

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

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TABLE A2. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS ADMINISTERED TITANIUM DIOXIDE IN THE DIET

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIFD ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50 50	50 50 50 50	50 49 49
INTEGUMENTARY SYSTEM			
*SKIN SQUAMOUS CELL CARCINOMA	(50) 1 (2%)	(50)	(49) 3 (6%)
*SUBCUT TISSUE SQUAMOUS CELL CARCINOMA FIBROMA	(50) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%)	(49)
RESPIRATORY SYSTEM			
*LUNG SQUAMOUS CELL CARCINOMA, METASTA ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	2 (4%)	(50) 1 (2%)	(49) 1 (2%) 1 (2%)
IEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS MALIG.LYMPHOMA, HISTIOCYTIC TYPE GRANULOCYTIC LEUKEMIA MONOCYTIC LEUKEMIA	(50) 10 (20%)	(50) 2 (4%) 1 (2%) 10 (20%)	(49) 1 (2%) 11 (22%
*CERVICAL LYMPH NODE SQUAMOUS CELL CARCINOMA, METASTA	(50)	(50)	(49) 2 (4%)
CIRCULATORY SYSTEM			
NONE			
DIGESTIVE SYSTEM			
*LIVER NEOPLASTIC NODULE	(50) 1 (2%)	(49)	(49)

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

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
#STCMACH SQUAMOUS CELL PAPILLOMA	(50)	(50)	(48) 1 (2%)
URINARY SYSTEA			
NONE			
ENDOCRINE SYSTEM			
#PITUITARY	(48)	(47)	(47)
CARCINOMA,NOS Chromophoje Adenoma Chromophoje Carcinoma	28 (58%)	3 (6%) 26 (55%)	.3 (6%) 31 (66%) 1 (2%)
#ADBENAL	(50)	(49)	(49)
CORTICAL ADENOMA PHEOCHROMOCYTOMA		2 (4%) 1 (2%)	1 (2%)
#THYROID	(48)	(47)	(44)
FOLLICULAR-CELL ADÉNOMA C-CELL ADENOMA	2 (4%)		2 (5%)
C-CELL CARCINOMA	1 (2%)		4 (9%)
#PANCREATIC ISLETS ISLET-CELL ADENOMA	(50)	(50) 1 (2%)	(49)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND	(50)	(50)	(49)
ADENOMA, NOS ADENOCARCINOMA, NOS	1 (2%)	2 (4%)	1 (2%) 2 (4%)
CYSTADENOMA, NOS FIBROADENOMA	1 (2%) 20 (40%)	14 (28%)	19 (39%)
*PREPUTIAL GLAND CARCINOMA,NOS ADENOMA, NOS	(50) 2 (4%)	(50) 2 (4%) 1 (2%)	(49) 3 (6%)
#UT ERUS	(50)	(50)	(49)
CARCINOMA, NOS FIBROMA		1_(2%)	1 (2%)

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

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

TABLE A2.	FEMALE BAT	S: NEOPLASMS	(CONTINUED)	

MATCHED CONTROL		HIGH DOSE
(50) 1 (2%) 1 (2%)	(50)	(49)
(49) 1 (2%) 1 (2%)	(49)	(49)
(48)	(48) 2 (4%) 1 (2%)	(49) 2 (4%) 1 (2%)
1 (2%)	1 (2%)	(27)
(50) 1 (2%)	(50)	(49)
(50)	(50) 1 (2%)	(49)
, ,		(49) 1 (2%)
	CONTROL 6 (12%) (50) 1 (2%) 1 (2%) (49) 1 (2%) (48) (48) 1 (2%) (50) (50) (50)	CONTROL LOW DOSE 6 (12%) 15 (30%) (50) (50) (50) 1 (2%) (49) (49) (49) (49) 1 (2%) (2%) (48) (48) 2 2 (4%) 1 1 (2%) 1 1 (2%) 1 (50) (50) 1 (50) (50) 1 (50) (50) 1 (50) (50) 1

		HIGH DOSE
50	50	50
11 3	12 2	14 2
36	36	34
41 83	4 3 86	46 96
38 62	37 63	41 66
19 20	20 23	24 30
: 1 1	3 3	5 6
1 1		
-	50 11 3 36 41 83 38 62 19 20 1 1 1 1 1	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

APPENDIX B

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE ADMINISTERED TITANIUM DIOXIDE IN THE DIET

TABLE **B1**.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE ADMINISTERED TITANIUM DIOXIDE IN THE DIET

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROFSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 47 47	50 49 49	50 49 49
INTEGUMENTARY SYSTEM			
*SKIN FIBROMA	(47)	(49) 1 (2%)	(49)
*SUBCUT TISSJE SEEACEOUS ADENOMA	(47)	(49)	(49) 1 (2%)
SEEACEOUS ADENONA FIBROMA FIBROSARCOMA HEMANGIOSARCOMA	4 (9%) 8 (17%) 1 (2%)	3 (6%) 8 (16%)	1 (2%) 1 (2%) 4 (8%)
ESPIRATORY SYSTEM			
*LUNG	(46)	(49)	(49)
HEPATOCELLULAR CARCINOMA, METAST ALVEOLAR/JRONCHIOLAR ADENOMA ALVEOLAR/JRONCHIOLAR CARCINOMA	5 (11%)	2 (4%) 2 (4%) 1 (2%)	1 (2%) 5 (10%
EMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS	(47)	(49)	(49)
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE Malig.lymphoma, histiocytic type granulocyfic leukemia		2 (4%) 3 (6%) 2 (4%)	5 (103)
#MESENTERIC L. NODE	(47)	(48)	(48)
HEMANGIOMA HENANGIOSARCOMA		2 (4%) 1 (2%)	
MALIG.LYMFHOMA, HISTIOCYTIC TYPE	1 (2%)		*****
IRCULATORY SYSTEM			
#HEART HEMANGIOSARCOMA	(46)	(49)	(49)

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

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
DIGESTIVE SYSTEM			
*INTESTINAL FRACT CARCINCMA,NOS	(47)	(49)	(49) 1 (2%)
#LIVER HEPATOCELLULAR CARCINOMA HEMANGIOSARCOMA	(47) 8 (17%)	(47) 9 (19%)	(49) 14 (29% 1 (2%)
#SMALL INTESTINE CARCINOMA, NOS	(47)	(49)	(49) 1 (2%)
URINARY SYSTEM			
*URETHRA TRANSITIONAL-CELL CARCINOMA	(47)	(49) 1 (2%)	(49)
ENDOCRINE SYSTEM			
# AD REN AL PHEOCHROMUCY TOMA	(46)	(49) 1 (2%)	(48) 2 (4%)
*THYROID FOLLICULAX-CELL ADENOMA	(43)	(45)	(45) 1 (2%)
REPRODUCTIVE SYSTEM			
*TESTIS HEMANGIOMA	(47)	(49)	(48) 2 (4%)
NERVOUS SYSTEA			
NONE			
SPECIAL SENSE ORGANS			
*EYE/LACRIMAL GLAND ADENOMA, NOS	(47) 1 (2%)	(49) 1 (2%)	(49)
AUSCULOSKELETAL SYSTEM			
NONE			

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
CCDY CAVITIES			
NONE			
ILL OTHER SYSTEMS			
*MULTIPLE ORGANS MESOTHELIJMA, NOS	(47) 1 (2%)	(49)	(49)
NIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	50	50	50
	17	10	10
MORIBUND SACRIFICE			
SCHEDULED SACRIFICE ACCIDENTALLY KILLED	1		
TERMINAL SACRIFICE	32	40	40
ANIMAL MISSING			
INCLUDES AUTOLYZED ANIMALS			
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	29 36	25 37	28 38
TOTAL ANIMALS WITH BENIGN TUMORS	10	8	11
TOTAL BENIGN TUMORS	10	10	12
TOTAL ANIMALS WITH MALIGNANT TUMORS	22	22	23
TOTAL MALIGNANT TUMORS	25	27	26
TOTAL ANIMALS WITH SECONDARY TUMORS	#	2	1
TOTAL SECONDARY TUMORS		2	1
TOTAL ANIMALS WITH TUMORS UNCERTAIN-	-		
BENIGN OR MALIGNANT	1		
TOTAL UNCERTAIN TUMORS	1		
TOTAL ANIMALS WITH TUMORS UNCERTAIN	-		
PRIMARY OR METASTATIC			
TOTAL UNCERTAIN TUMORS			
PRIMARY TUMORS: ALL TUMORS EXCEPT S.	ECONDARY TUMO	RS	
SECONDARY TUMORS: METASTATIC TUMORS			LINCENT OPCA

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

TABLE B2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE ADMINISTERED TITANIUM DIOXIDE IN THE DIET

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY	50 1	50	50
ANIMALS MISSING ANIMALS NECRO2SIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	49	50 50	50 50
NTEGUMENTARY SYSTEM			
*SUBCUT TISSJE TRICHOEPIJHELIOMA FIBROSARCOMA	(49)	(50)	(50) 1 (2%)
ESPIRATORY SYSTEM			
#LUNG ADENOCARCINOMA, NOS, METASTATIC ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA FIBROSARCOMA, METASTATIC LEIOMYOSARCOMA, METASTATIC	(49) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%) 3 (6%) 1 (2%)
EMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS MALIG.LYMPHOMA, LYMPHOCYTIC TYPI MALIG.LYMPHOMA, HISTIOCYTIC TYPI MALIGNANT LYMPHOMA, HIXED TYPE GRANULOCYFIC LEUKEMIA	(49) E 6 (12%) E 12 (24%) 2 (4%)	(50) 4 (8%) 7 (14%)	(50) 7 (14%) 4 (8%) 2 (4%)
#SPLEEN HEMANGIOSARCOMA MALIG.LYMPHOMA, HISTIOCYTIC TYPH	(49) 3	(50) 1 (2%)	(50) 1 (2%)
*CERVICAL LYAPH NODE HEMANGIOSARCOMA	(48) 1 (2%)	(47)	(47)
#THYMUS FIBROSARCUMA, METASTATIC	(23)	(27) <u>1 (4%)</u>	(34)

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

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
IRCULATORY SISTEM			
#HEART HEMANGIOMA	(49)	(50)	(50) 1 (2%
IGESTIVE SYSTEM			
#LIVER HEPATOCELLULAR CARCINOMA	(49) 1 (2%)	(50) 3 (6%)	(50) 3 (6%)
*PANCREAS FIBROSARCONA, METASTATIC	(49)	(50) 1 (2%)	(50)
#STOMACH LEIOMYOS ARCOMA	(48) 1 (2%)	(50)	(49)
#LARGE INTESTINE LEIOMYOSARCOMA, METASTATIC	(48) 1 (2%)	(50)	(49)
BINARY SYSTEM			
<pre>#KIDNEY TUBULAR-CELL ADENOCARCINOMA LEIOMYOSA☆COMA, METASTATIC</pre>	(49) 1 (2%)	(50) 1 (2%)	(50)
#URINARY BLADDER LEIOMYOSARCOMA, METASTATIC	(47) 1 (2%)	(45)	(45)
NDOCRINE SYSTEM			
*PITUITARY CHROMOPHOSE ADENOMA	(33) 3 (9%)	(40) 4 (10%)	(33) 2 (6%
#THYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA	(43) 3 (7%)	(41)	(44)
EPRODUCTIVE SYSTEM			
*MAMMARY GLAND <u>ADENOCARCINOMA, NOS</u>	(49) 1 (2%)	(50) 1 (2%)	(50) <u>3_(6%</u>

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

TABLE B2	. FEMALE MICE: NEOPLASMS (CONTINUED)	

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
#UTERUS LEIOMYOSARCOMA, METASTATIC ENDOMETRIAL STROMAL POLYP HEMANGIOSARCOMA	(48) 1 (2%) 1 (2%)	(49) 1 (2%)	(49)
#OVARY PAPILLARY CYSTADENOMA, NOS TERATOMA, NOS	(47) 1 (2%)	(47)	(47) 1 (2%)
FRVOUS SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
*EYE/LACRIMAL GLAND CARCINCMA, NOS ADENOMA, NOS		(50)	(50) 1 (2%) 1 (2%)
MUSCULOSKELETAL SYSTEM			
NONE			
BCDY CAVITIES			
*ABDOMINAL CAVITY HEMANGIOSARCOMA	(49) 1 (2%)	(50)	(50)
*MESENTERY LEIOMYOSARCOMA, METASTATIC	(49) 1 (2系)	(50)	(50)
ALL OTHER SYSTEMS			
NONE			

TABLE B2	FEMALE MIC	E: NEOPLASMS	(CONTINUED)	

		LOW DOSE	
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	50	50	50
NATURAL DLATHØ Moribund sacrifice Scheduled sacrifice	4	11	16 1
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	45 1	39	33
E INCLUDES AUTOLYZED ANIMALS			
CCMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS*	30	24	26
TOTAL PRIMARY TUMORS	34	26	32
TOTAL ANIMALS WITH BENIGN TUMORS	6	6	9
TOTAL BENIGN TUMORS	7	6	9
FOTAL ANIMALS WITH MALIGNANT TUMORS	26	19	18
TOTAL MALIGNANT TUMORS	27	20	22
FOTAL ANIMALS WITH SECONDARY TUMORS	# 1	1	1
TOTAL SECONDARY TUMORS	6	3	1
TOTAL ANIMALS WITH TUMOPS UNCERTAIN	-		
BENIGN OR MALIGNANT TOTAL UNCERTAIN TUMORS			1 1
TOTAL ANIMALS WITH TUMORS UNCERTAIN FRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS			
PRIMARY TUMURS: ALL TUMORS EXCEPT S SECONDARY TUMORS: METASTATIC TUMORS	OR TUMORS I	NVASIVE INTO AN A	
APPENDIX C

SUMMARY OF THE INCIDENCE OF NONNEGPLASTIC LESIONS IN RATS ADMINISTERED TITANIUM DIOXIDE IN THE DIET

TABLE C1.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS ADMINISTERED TITANIUM DIOXIDE IN THE DIET

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY	50	50	50
NIMALS NECPORSIED	49	50	50
ANIMALS EXAMINED HISTOPATHOLOGICALLY	49	50	50
NTEGUMENTARY SYSTEM			
*SKIN	(49)	(50)	(50)
EPIDERMAL INCLUSION CYST	1 (2%)		• •
METAPLASIA, SQUAMOUS	1 (2%)		
*SUBCUT TISSUE	(49)	(50)	(50)
EPIDERMAL INCLUSION CYST		1 (2%)	
INFLAMMATION, DIFFUSE		1 (2%)	1 (77)
GRANULOMA, FOREIGN BODY			1 (2%)
RESPIRATORY SISTEM			
#LUNG	(49)	(50)	(49)
CONGESTION, NOS		6 (12%)	13 (27%
HEMORRHAGE INFLAMMATION, SUPPURATIVE		5 (10%)	6 (12%) 1 (2%)
PNEUMONIA, CHRONIC MURINE	5 (10%)	7 (14%)	4 (8%)
MEMATOPOIETIC SYSTEM			
	(1.0)		(5.0)
#BONE MARROW HYPOPLASIA, HEMATOPOIETIC	(48)	(50) 2 (4%)	(50)
HIFOFLASIA, HEMAIOPOLEIIC		2 (4%)	
#SPLEEN	(49)	(50)	(50)
CONGESTION, NOS		1 (2%)	1 (2%)
FIBROSIS		1 (2%)	2 (4%)
INFARCT, NOS		1 (2%)	1 (2%)
PIGMENTATION, NOS		1 (2%)	1 (2%)
HYPERPLASIA, STROMAL HEMATOPOIESIS		1 (2%)	1 (2%) 4 (8%)
#LYMPH NODE	(49)	(50)	(50)
LYMPHANGIECTASIS			1 (2%)

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
*CERVICAL LYAPH NODE HYPERPLASIA, LYMPHOID	(49)	(50)	(50) 1 (2%)
#BRONCHIAL LYMPH NODE THROMBOSIS, NOS	(49)	(50)	(50) 1 (2%)
#MESENTERIC ∟_ NODE LYMPHANGI⊆CTASIS THROMBOSIS, NOS	(49)	(50)	(50) 1 (2%) 1 (2%)
#THYMUS EMBRYONAL REST THROMBOSIS, NOS HYPERPLASIA, NOS	(48)	(45) 1 (2%)	(28) 1 (4%) 1 (4%)
IRCULATORY SYSTEM			
#HEART THROMBOSIS, NOS THROMBUS, ORGANIZED INFLAMMATION, CHRONIC FIBROSIS DEGENERATION, NOS	(49) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%) 11 (22%) 8 (16%)	(49) 1 (2%) 12 (24%)
*MYOCARDIUM INFLAMMATION, NOS INFLAMMATION, CHRONIC DEGENERATION, NOS	(49) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%)	(49)
*AORTA INFLAMMATION, NOS	(49)	(50)	(50) 1 (2%)
IGESTIVE SYSTEM			
*SALIVARY GLAND INFLAMMATION, CHRONIC	(47)	(50) 1 (2%)	(50)
#LIVER CONGESTION, NOS PELIOSIS HEPATIS DEGENERATION, LIPOID NECROSIS, NOS	(49) 1 (2 %)	(50) 1 (2%)	(50) 1 (2%) 1 (2%) 2 (4%)

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
NECROSIS, F CAL INFARCT, NOS METAMORPHOSIS FATTY FOCAL CELLULAR CHANGE	1 (2%)	1 (2%) 3 (6%)	1 (2%) 3 (6%) 1 (2%)
#LIVER/CENTR.LOBULAR NECROSIS, NOS	(49) 1 (2%)	(50) 1 (2%)	(50)
*BILE DUCT FIBROSIS HYPERPLASIA, NOS	(49)	(50) 1 (2%) 21 (42%)	(50) 27 (54%
*PANCREAS INFLAMMATION, CHRONIC FOCAL PERIARTERITIS PIGMENTATION, NOS ATROPHY, NOS HYPERPLASIA, FOCAL	(49) 2 (4%) 1 (2%)	(50) 1 (2%) 5 (10%) 1 (2%) 1 (2%) 1 (2%)	(50) 3 (6%)
PANCREATIC DUCT HYPERPLASIA, NOS	(49)	(50)	(50) 1 (2%)
PANCREATIC ACINUS ATROPHY, NOS	(49)	(50)	(50) 2 (4%)
*STOMACH ULCER, FOCAL INFLAMMATION, CHRONIC HYPERKERATODIS ACANTHOSIS	(49)	(50) 5 (10%) 2 (4%) 2 (4%)	(50) 4 (8%) 1 (2%)
#SMALL INTESTINE ULCER, FOCAL	(49)	(50) 1 (2%)	(47)
<pre>#ILEUM MECKELS DIVERTICULUM INFLAMMATION, CHRONIC</pre>	(49)	(50)	(47) 1 (2%) 1 (2%)
#COLON PARASITIS:	(49) 3 (6%)	(46) 13 (28%)	{48) 6 (13%
RINARY SYSTEM			
#KIDNEY <u>HYDRONEPHAOSIS</u>	(49)	(50)	(50) <u>1 (2%)</u>

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
CYST, NOS CONGESTION, NOS	4 (2.5)		2 (4%) 1 (2%)
PYELONEPHRITIS, NOS INFLAMMATION, CHRONIC PERIARTERITIS	1 (2%) 29 (59%)	45 (90%)	43 (86%) 1 (2%)
AMYLOIDOSIS PIGMENTATION, NOS	1 (2%)	1 (2%)	
ENDOCRINE SYSTEM			
#PITUITARY CYST, NOS HEMORRHAGA ANGIECTASIS	(48)	(50)	(46) 1 (2%) 1 (2%) 1 (2%)
#ADRENAL ANGIECTASIS	(49)	(49)	(50) 1 (2%)
#ADRENAL CORFEX DEGENERATION, NOS	(49) 1 (2%)	(49)	(50)
#ADRENAL MEDULLA HYPERPLASIA, NOS	(49)	(49)	(50) 1 (2%)
*THYROID CYSTIC FOLLICLES HYPERPLASIA, C-CELL HYPERPLASIA, FOLLICULAR-CELL	(49) 1 (2%)	(49) 1 (2%)	(50) 1 (2%)
#PANCREATIC ISLETS HYPERPLASIA, NOS	(49) 1 (2%)	(50)	(50)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND GALACTOCELE	(49)	(50) 2 (4%)	(50) 1 (2%)
*PREPUTIAL GLAND EPIDERMAL INCLUSION CYST	(49)	(50) 2 (4%)	(50)
ABSCESS, NOS INFLAMMATION, CHRONIC HYPERPLASIA, NOS		1 (2%) 1 (2%)	1 (2%)
#PROSTATE INFLAMMATION, NOS	(47) <u>1_(2%)</u>	(43)	(45)

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC	1 (2%)	2 (5%)	8 (18%) 1 (2%)
*SENINAL VESICLE ATROPHY, NOS	(49)	(50) 6 (12%)	(50) 10 (20%)
<pre>#TESIIS ATROPHY, NOS HYPERPLASIA, INTERSTITIAL CELL</pre>	(49) 3 (6%)	(49) 5 (10%) 3 (6%)	(50) 7 (14%) 4 (8%)
*EPIDIDYMIS NECROSIS, FAT	(49)	(50) 2 (4%)	(50)
FRVOUS SYSTEM			
#BRAIN HYDROCEPHALUS, NOS ABSCESS, NOS	(49)	(50) <u>1 (2%)</u>	(50) 1 (2%)
SPECIAL SENSE ORGANS NONE			
NUSCULOSKELETAL SYSTEM			۵۵۵ های شان بیش
NONE			
CODY CAVITIES			
*ABDOMINAL CAVITY NECROSIS, FAT	(49)	(50) 4 (8%)	(50) 2 (4%)
*PERITONEAL CAVITY NECROSIS, PAT	(49)	(50)	(50) 3 (6%)
*PERICARDIUM INFLAMMATION, NOS	(49) 1 (2%)	(50)	(50)
*MESENTERY PERIARTERITIS NECROSIS, FAT	(49) 1 (2%) 2 (4%)	(50) 1 (2%)	(50)

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
ALL OTHER SYSTEMS			
DIAPHRAGM HERNIA, NOS		1	
SPECIAL MORPHOLOGY SUMMARY			
AUTO/NECROPSY/HISTO PERF AUTOLYSIS/NO NECROPSY	1 1		
* NUMBER OF ANIMALS WITH TISSUE EXAM	INED MICROSCOPICAL	LY	

* NUMBER OF ANIMALS NECROPSIED

TABLE C2. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS ADMINISTERED TITANIUM DIOXIDE IN THE DIET

	MATCHED CONTROL	LOW DOSE	HIGH DOSE	
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 7 50	50 50 50 50	50 49 49	
INTEGUMENTARY SYSTEM				
*SKIN ABSCESS, NOS	(50)	(50)	(49) 1 (2%)	
*SUBCUT TISSUE NECROSIS, FAT	(50) 1 (2%)	(50)	(49)	
RESPIRATORY SYSTEM				
#LUNG CONGESTION, NOS HEMORRHAGE PNEUMONIA, CHRONIC MURINE INFLAMMATION, GRANULCMATOUS EPITHELIALIZATION	(50) 1 (2系) 3 (6系)	(50) 12 (24%) 8 (16%) 3 (6%) 1 (2%) 1 (2%)	(49) 10 (20%) 9 (18%) 1 (2%)	
HEMATOPOIETIC SYSTEM				
#SPLEEN FIBROSIS PIGMENTATION, NOS ATROPHY, NOS HEMATOPOIESIS	(50)	(50) 1 (2%) 4 (8%) 2 (4%)	(48) 1 (2%) 2 (4%) 1 (2%) 1 (2%)	
#CERVICAL LYAPH NODE INFLAMMATION, NOS HYPERPLASIA, LYMPHOID	(50) 3 (6%)	(50)	(49) 1 (2%) 1 (2%)	
#MESENTERIC L. NODE HEMORRHAGL INFLAMMATION, NOS	(50)	(50) 1 (2%)	(49) 1 (2%)	
#THYNUS <u>CYST, NOS</u>	(48)	(35) <u>1 (3%)</u>	(24)	

	MATCH CONTF		LOW	DOSE	HIGH	DOSE
CONGESTION, NOS			2	(6%)	· · · · · · · · · · · · · · · · · · ·	
CIRCULATORY SYSTEM						
#HEART	(50)		(50)		(49)	
FIBROSIS	• •		10	(20%)	5	(10%)
CALCIFICATION, NOS			1	(2%)	1	(2%)
#MYOCARDIUM	(50)		(50)		(49)	
FIEROSIS		(2%)				
DEGENERATION, NOS	1	(2%)	1	(2%)		
DIGESTIVE SYSTEM						
#LIVER	(50)		(49)		(49)	
CONGESTION, NOS	(30)		5	(10%)		(4%)
INFLAMMATION, NOS			1	(2%)	-	•
INFLAMMATION, FOCAL GRANULOMATOU				(2%)		
DEGENERATION, LIPOID			3	(6%)	3	(6%)
METAMORPHOSIS FATTY		(4%)				(2%)
FOCAL CELLULAR CHANGE		(6%)	. 5	(10%)	3	(6%)
ANGIECTASIS	1	(2%)				
#LIVER/CENTRILOBULAR	(50)		(49)		(49)	
NECROSIS, NOS	- ,				1	(2%)
*BILE DUCT	(50)		(50)		(49)	
FIBROSIS			• • •		• •	(2%)
HYPERPLASIA, NOS			14	(28%)	14	(29%)
#PANCREATIC ACINUS	(50)		(50)		(49)	
ATROPHY, NOS			2	(4%)	1	(2%)
ATROPHY, FOCAL					3	(6%)
#STOMACH	(50)		(50)		(48)	
INFLAMMATION, NOS			1	(2%)		(2%)
ULCER, NOS		(2%)				<u> </u>
ULCER, FOCAL	1	(2%)		(8%)		(6%)
CALCIFICATION, NOS Hyperplasia, basal cell				(2%) (2%)	2	(4%)
HYPERPEASIA, BASAL CELL HYPERKERAJOSIS			1	(2%)	э	(4%)
ACANTHOSIS						(4%) (4%)
#GASTRIC SUBMUCOSA	(50)		(50)		(48)	
EDEMA, NOS				(2%)		

	MATCHED CONTROL	LOW DOSE	HIGH DOSE	
#COLON Adhesion, Nos Parasitism	(50)	(50) 5 (10%)	(49) 1 (2系) 2 (4系)	
#COLONIC SUBMUCOSA EDEMA, NOS	(50)	(50)	(49) 1 (2%)	
#CECUM HEMORRHAGL	(50)	(50) 1 (2%)	(49)	
*RECTUM ADHESION, NOS	(50)	(50)	(49) 1 (2%)	
RINARY SYSTEM				
#KIDNEY MINERALIZATION CONGESTION, NOS PYELONEPHRITIS, NOS INFLAMMATION, CHRONIC CALCIFICATION, NOS PIGMENTATION, NOS	(50) 1 (2%) 19 (38%)	(50) 2 (4%) 24 (48%) 1 (2%) 1 (2%)	(49) 1 (2%) 1 (2%) 26 (53% 2 (4%) 16 (33%	
*KIDNEY/PELVIS INFLAMMATION, NOS	(50) 1 (2%)	(50)	(49)	
#URINARY BLADDER HEMORRHAGE INFLAMMATION, CHRONIC HYPERPLASIA, EPITHELIAL	(47) 1 (2%) 1 (2%)	(48)	(46) 1 (2%)	
NDOCRINE SYSTEM				
*PITUITARY CYST, NOS HYPERPLASIA, CHROMOPHOBE-CELL	(48) 2 (4%)	(47) 2 (4%)	(47) 4 (9%) 1 (2%)	
#ADRENAL ANGIECTASIS	(50) 1 (2%)	(49) 2. (4%)	(49)	
#THYROID <u>HYPERPLASIA, C-CELL</u>	(48)	(47) <u>5 (11%)</u>	(44) <u>2 (5%)</u>	

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
#FARATHYROIC Hyperplasia, Nos	(31)	(34) 1 (3%)	(30)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND GALACTOCELE LACTATION	(50) 2 (4%) 1 (2%)	(50) 14 (28%) 6 (12%)	(49) 14 (29%) 9 (18%)
*VAGINA INFLAMMATION, NOS	(50) 1 (2%)	(50)	(49)
#UTERUS HYDROMETRA CYST, NOS THROMBUS, ORGANIZED	(50) 7 (14%) 2 (4%) 1 (2%)	(50)	(49) 1 (2%)
HEMORRHAGIC CYST FYOMETRA	(2.2)	1 (2%)	1 (2%) 1 (2%)
#UTERUS/ENDOMETRIUM HYPERPLASIA, CYSTIC	(50)	(50) _3 (6%)	(49) 1 (2%)
#OVARY/PAROVARIAN NECROSIS, FAT	(50)	(50) 1 (2%)	(49)
#OVARY CYST, NOS FOLLICULAR CYST, NOS PAROVARIAN CYST	(49) 1 (2%)	(49) 1 (2%) 1 (2%)	(49) 2 (4%)
INFLAMMATION, NOS		1 (2%)	
FRVOUS SYSTEM			
#BRAIN COMPRESSION HYDROCEPHALUS, NOS INFLAMMATION, SUPPURATIVE	(48)	(48) 3 (6%) 1 (2%)	(49) 5 (10%) 1 (2%) 1 (2%)
PECIAL SENSE ORGANS			
*EYE INFLAMMATION, NOS	(50)	(50) 1 (2%)	(49)

	• • • • • • • • • •	LOW DOSE	
CATARACT		1 (2%)	
*EYE/RETINA ATROPHY, NOS	(50)	(50) 1 (2%)	(49) 3 (6%)
*HARDERIAN GLAND HYPERPLASIA, NOS	(50) 1 (2%)	(50)	(49)
NUSCULOSKELETAL SYSTEM			
NCNE			
BODY CAVITIES			
*ABDOMINAL CAVITY NECROSIS, FAT	(50) 3 (6%)		(49) 4 (8%)
*PERITONEAL CAVITY NECROSIS, FAT	(50) 1 (2%)	(50)	(49)
LL OTHER SYSPEMS			
*MULTIPLE ORGANS LEUKOCYTOJIS, NOS	(50)	(50) 1 (2%)	(49)
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REFORTED AUTOLYSIS/NO NECROPSY	2		1

* NUMBER OF ANIMALS NECROPSIED

1.0

APPENDIX D

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE ADMINISTERED TITANIUM DIOXIDE IN THE DIET

TABLE D1. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE ADMINISTERED TITANIUM DIOXIDE IN THE DIET

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
IMALS INITIALLY IN STUDY	50	50	50
IMALS NECROPSIED	47	49	49
IMALS EXAMINED HISTOPATHOLOGICALLY	47	49	49
TEGUMENTARY SYSTEM			
SKIN	(47)	(49)	(49)
EPIDERMAL INCLUSION CYST	1 (2%)		
INFLAMMATION, NOS	3 (6%)		
INFLAMMATION, FOCAL		1 (2%)	1 (27)
INFLAMMATION, CHRONIC Hyperkeratosis	2 (4%)		1 (2%)
ACANTHOSIS	2 (4%) 2 (4%)		
SUBCUT TISSUE	(47)	(49)	(49)
EDEMA, NOS	• •	• •	1 (2%)
GRANULOMA, NOS	1 (2%)		
NECROSIS, FAT	1 (2%)		
SPIRATORY SYSTEM			
LUNG	(46)	(49)	(49)
CONGESTION, NOS		A (0%)	2 (4%)
HEMORRHAG_ INFLAMMATION, SUPPURATIVE		1 (2%) 1 (2%)	2 (4%)
PNEUMONIA, CHRONIC MURINE	1 (2%)	5 (10%)	2 (4%)
LUNG/ALVEOLI	(46)	(49)	(49)
EPITHELIALIZATION		1 (2%)	
MATOPOIETIC SYSTEM			
SPLEEN	(47)	(49)	(49)
CONGESTION, NOS		1 (2%)	· · ·
HYPERPLASIA, LYMPHOID		6 (12%)	
HEMATOPOILSIS	3 (6%)	2 (4%)	5 (10%)
LYMPH NODE	(47)	(48)	(48)
LYMPH NODE LYMPHANGILCTASIS	(47)	(48) 1 (2%)	

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

•

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
#MESENTERIC L. NODE LYMPHANGIECTASIS HEMORRHAGA PERIARTERITIS HYPERPLASIA, RETICULUM CELL	(47) 1 (2%) 1 (2%)	(48) 12 (25%)	(48) 15 (31%) 1 (2%) 4 (8%)
HEMATOPOIESIS		1 (2%)	1 (2%)
CIRCULATORY SYSTEM			
#HEART PERIARTERITIS	(46)	(49)	(49) 1 (2%)
#AURICULAR APPENDAGE THROMBOSIS, NOS	(46) 1 (2%)	(49)	(49)
DIGESTIVE SYSTEM			
#SALIVARY GLAND INFLAMMATICN, NOS	(47)	(48) 1 (2%)	(47)
#LIVER CYST, NOS THROMBUS, ORGANIZED INFLAMMATION, CHRONĮC NECROSIS, NOS NECROSIS, FOCAL ANGIECTASIS	(47)	(47) 2 (4%)	(49) 1 (2%) 1 (2%) 2 (4%) 8 (16%) 1 (2%) 2 (4%)
#LIVER/CENTRILOBULAR NECROSIS, NOS	(47)	(47) 1 (2%)	(49)
*BILE DUCT DILATATION, NOS	(47)	(49) 2 (4%)	(49)
*PANCREAS CYST, NOS CYSTIC DUCTS PERIARTERITIS	(47) 1 (2%)	(49) 1 (2%)	(48) 1 (2%)
#STOMACH HYPERKERATOSIS <u>ACANTHOSIS</u>	(47) 2 (4%) <u>2 (4%)</u>	(49)	(49)

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
<pre>#LARGE INTES.INE NEMATODIAJIS</pre>	(45) 1 (2%)	(49)	(49) 3 (6%)
IRINARY SYSTEA			
#KIDNEY INFLAMMATION, CHRONIC ANGIECTASIS HYPERPLASLA, LYMPHOID	(47)	(49) 4 (8%) 1 (2%) 1 (2%)	(49) 5 (10%)
*URINARY ELADDER POLYP	(46)	(49) 1 (2%)	(49)
#U.BLADDER/SJBMUCOSA EDEMA, NOS	(46)	(49)	(49) 1 (2%)
NONE EPRODUCTIVE SYSTEM			
*PREPUTIAL GLAND HYPERPLASIA, NOS	(47) 1 (2%)	(49)	(49)
#TESTIS GRANULOMA, SPERMATIC ATROPHY, NOS	(47)	(49) 1 (2%) 1 (2%)	(48) 1 (2%)
*EPIDIDYMIS NECROSIS, FAT	(47) 1 (2%)	(49) 1 (2%)	(49)
ERVOUS SYSTEM			
NONE			
PECIAL SENSE ORGANS			
*EYE/CORNEA INFLAMMATION, NOS	(47)	(49)	(49)

	MATCHED CONTROL	LOW DOSE	HIGH DOS
VASCULARIZATION	1 (2%)		
USCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES	-		
*ABDOMINAL CAVITY NECROSIS, FAT	(47) 1 (2%)	(49) 2 (4%)	(49)
*MESENTERY PERIARTERITIS	(47)	(49)	(49) 1 (2%)
ALL OTHER SYSTEMS			
NONE			
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED	8 1	8 1	10
AUTO/NECRUPSY/HISTO PERF AUTOLYSIS/NO NECROPSY	3	1	1

TABLE D2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE ADMINISTERED TITANIUM DIOXIDE IN THE DIET

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
NIMALS INITIALLY IN STUDY	50	50	50
NIMALS MISSING	1 49	50	50
NIMALS NECROPSIED NIMALS EXAMINED HISTOPATHOLOGICALLY		50	50
NTEGUMENTARY SYSTEM			
NONE			
ESPIRATORY SYSTEM			
#LUNG	(49)	(50)	(50)
CONGESTION, NOS		4 (8%)	4 (8%)
HEMORRHAGE PNEUMONIA, CHRONIC MURINE	3 (6%)	1 (2%) 5 (10%)	5 (10%
EMATOPOIETIC SYSTEM			
#SPLEEN	(49)	(50)	(50)
HEMORRHAGIC CYST Atrophy, nos		1 (2%)	
HYPERPLASIA, LYMPHOID		1 (2%) 7 (14%)	
HEMATOPOIESIS		4 (8%)	2 (4%)
*MESENTERIC L. NODE	(48)	(47)	(47)
LYMPHANGI_CTASIS Hyperplasia, lymphoid		5 (11%) 5 (11%)	
IRCULATORY SYSTEM		J (11)	
#HEART	(49)	(50)	(50)
THROMBOSIS, NOS	1771	1 (2%)	(50)
INFLAMMATION, CHRONIC			1 (2%)
INFLAMMATION, CHRONIC FOCAL FIBROSIS, FOCAL		1 (2%) 1 (2%)	
ITTROTO [®] TOCUT		(27)	
#MYOCARDIUM INFLAMMATLONSUPPURATIVE	(49)	(50) 1 (2%)	(50)

	MATCHED CONTROL	LOW DOSE	HIGH DOSE

IGESTIVE SYSTEM			
#LIVER CONGESTION, NOS INFLAMMATION, CHRONIC DEGENERATION, LIPOID	(49)	(50) 1 (2%) 1 (2%) 1 (2%)	(50)
NECROSIS, FOCAL INFARCT, NOS FOCAL CELLULAR CHANGE HYPERPLASIA, FOCAL		1 (2%)	1 (2%) 1 (2%)
*BILE DUCT Hyperplasia, Nos	(49)	(50) 1 (2%)	(50)
*PANCREAS CYST, NOS CYSTIC DUCTS ATROPHY, NOS	(49) 2 (4%) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
#PANCREATIC JUCT CONGENITAL MALFORMATION, NOS	1 (2%) (49)	(50) 1 (2%)	(50)
#PANCREATIC ACINUS ATROPHY, NOS	(49)	<u>(50)</u>	(50) 1 (2%
#STOMACH ULCER, FOCAL HYPERKERATOSIS	(48) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%)	(49) 2 (4% 1 (2%
ACANTHOSIS #SMALL INTESIINE INFLAMMATION, SUPPURATIVE	1 (2%) (49)	1 (2%) (50) 1 (2%)	(49)
#LARGE INTESTINE NEMATODIASIS	(48)	(50) 1 (2%)	(49) 1 (2%
RINARY SYSTEM			
<pre>#KIDNEY INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC FOCAL INFARCT, NOS</pre>	(49) 1 (2%)	(50) 2 (4%) 3 (6%)	(50) 1 (2% 2 (4%
CALCIFICATION, NOS		1 (2%)	2 (44

	MATCHED CONTROL	LOW DOSE	HIGH DOSE
ENDOCRINE SYSI'EM			
#PITUITARY CYST, NOS	(33)	(40) 1 (3%)	(33)
#THYROID HYPERPLASIA, FOLLICULAR-CELL	(43)	(41) 2 (5%)	(44)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND METAPLASIA, SQUAMOUS LACTATION	(49)	(50)	(50) 1 (2%) 1 (2%)
#UTERUS HYDROMETRA THROMEOSIS, NOS PYOMETRA ANGIECTASIS	(48) 6 (13%)	(49) 3 (6%) 2 (4%) 3 (6%)	(49) 1 (2%)
#UTERUS/ENDOmETRIUM INFLAMMATION, SUPPURATIVE HYPERPLASIA, CYSTIC	(48) 17 (35%)	(49) 1 (2%) 42 (86%)	(49) 38 (78%)
*OVARY CYST, NOS FOLLICULAR CYST, NOS FAROVARIAN CYST HEMORRHAGIC CYST INFLAMMATION, NOS INFLAMMATION, SUPPURATIVE	(47) 10 (21%) 1 (2%) 1 (2%) 1 (2%)	(47) 11 (23%) 1 (2%)	(47) 8 (17%) 4 (9%) 2 (4%) 1 (2%)
SERVOUS SYSTEM			
#BRAIN MALACIA	(49)	(150) 1 (2%)	(50)
SPECIAL SENSE ORGANS			
*EYE/CORNEA INFLAMMATION, NOS	(49)	(50) 1 (2%)	(50)

* NUMBER OF ANIMALS NECROPSIED

	MATCHED CONTROL		HIGH DOSE
*HARDERIAN GLAND HYPERPIASIA, NOS	(49) 1 (2%)	(50)	(50)
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
N C N E			
ALL OTHER SYSTEMS			
NONE			
SPECIAL MORPHULOGY SUMMARY			
NO LESION REPORTED ANIMAL MISSING/NO NECROPSY	3 1	1	2
 NUMBER OF ANIMALS WITH TISSUE EX. NUMBER OF ANIMALS NECROPSIED 	AMINED MICROSCOP	ICALLY	

APPENDIX E

ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS

IN RATS ADMINISTERED TITANIUM DIOXIDE IN THE DIET

	Matched	Low	High
Topography: Morphology	<u>Control</u>	Dose	Dose
Integumentary System:			
Keratoacanthoma of the Skin ^b	0/49 (0)	0/50 (0)	3/50 (6)
P Values ^{c,d}	P = 0.038	N•S•	N.S.
Relative Risk ^f			Infinite
Lower Limit			0.590
Upper Limit			Infinite
Weeks to First Observed Tumor			98
•			
Integumentary System:	,		
Integumentary System: Fibroma of the Skin ^b	1/49 (2)	5/50 (10)	5/50 (10)
	1/49 (2) N.S.	5/50 (10) N.S.	5/50 (10) N.S.
Fibroma of the Skin ^b			
Fibroma of the Skin ^b P Values ^{c,d}		N•S•	N•S•
Fibroma of the Skin ^b P Values ^{c,d} Relative Risk ^f		N•S• 4.900	N.S. 4.900

Table El. Analyses of the Incidence of Primary Tumors in Male Rats Administered Titanium Dioxide in the Diet^a

······································	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Hematopoietic System: Leukemia ^b	14/49 (29)	8/50 (16)	6/50 (12)
P Values ^{c,d}	P = 0.024(N)	N.S.	P = 0.035(N)
Relative Risk ^f		0.560	0.420
Lower Limit		0.224	0.144
Upper Limit		1.295	1.060
Weeks to First Observed Tumor	81	90	91
All Sites: Hemangiosarcoma ^b	1/49 (2)	1/50 (2)	3/50 (6)
P Vales ^c ,d	N.S.	N.S.	N•S•
Relative Risk ^f		0.980	2.940
Lower Limit		0.013	0.246
Upper Limit		75.404	151.180
Weeks to First Observed Tumor	105	73	105

Table El. Analyses of the Incidence of Primary Tumors in Male Rats Administered Titanium Dioxide in the Dieta

Topography: Morphology	Matched <u>Control</u>	Low Dose	High <u>Dose</u>
Pituitary: Chromophobe Adenoma ^b	5/48 (10)	10/50 (20)	7/46 (15)
P Values ^c ,d	N.S.	N•S•	N.S.
Relative Risk ^f		1.920	1.461
Lower Limit		0.649	0.430
Upper Limit		6.661	5.433
Weeks to First Observed Tumor	103	88	73
Adrenal: Pheochromocytoma ^b	7/49 (14)	9/49 (18)	14/50 (28
2			
P Values ^c ,d	N.S.	N.S.	N.S.
-	N•S•	N.S. 1.286	N.S. 1.960
P Values ^c ,d	N•S•		
P Values ^c ,d Relative Risk ^f	N.S.	1.286	1.960

Table El.	Analyses of the Incidence of Primary Tumors in Male Rats
	Administered Titanium Dioxide in the Diet ^a

(continued)	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Thyroid: C-cell Carcinoma ^b	4/49 (8)	1/49 (2)	1/50 (2)
P Values ^{c,d}	N•S•	N•S•	N.S.
Relative Risk ^f		0.250	0.245
Lower Limit		0.005	0.005
Upper Limit		2.409	2.362
Weeks to First Observed Tumor	81	104	105
Thyroid: C-cell Adenoma or			
Carcinoma ^b	4/49 (8)	4/49 (8)	1/50 (2)
P Values ^c ,d	N•S•	N•S•	N.S.
Relative Risk ^f		1.000	0.245
Lower Limit		0.197	0.005
Upper Limit		5.077	2.362
Weeks to First Observed Tumor	81	104	105

Table El. Analyses of the Incidence of Primary Tumors in Male Rats Administered Titanium Dioxide in the Diet^a

(continued)			
	Matched	Low	High
Topography: Morphology	<u>Control</u>	Dose	Dose
Pancreatic Islets: Islet-cell			
Adenoma or Carcinoma ^b	1/49 (2)	2/50 (4)	3/50 (6)
P Values ^c ,d	N.S.	N.S.	N.S.
Relative Risk ^f		1.960	2.940
Lower Limit		0.106	0.246
Upper Limit		113.312	151.180
Weeks to First Observed Tumor	105	104	72
Mammary Gland: Fibroadenoma ^b	1/49 (2)	1/50 (2)	3/50 (6)
P Values ^c ,d	N.S.	N.S.	N.S.
Relative Risk ^f		0.980	2.940
Lower Limit		0.013	0.246
Upper Limit		75.404	151.180
Weeks to First Observed Tumor	105	101	99

Table El. Analyses of the Incidence of Primary Tumors in Male Rats Administered Titanium Dioxide in the Diet^a

(continued)			
	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Preputial Gland: Carcinoma, NOS ^b	2/49 (4)	5/50 (10)	6/50 (12)
P Values ^{c,d}	N.S.	N•S•	N•S•
Relative Risk ^f		2.450	2.940
Lower Limit		0.424	0.558
Upper Limit		24.778	28.662
Weeks to First Observed Tumor	105	73	69
Testis: Interstitial-cell Tumor or			
Interstitial-cell Tumor, Malignant ^b	45/49 (92)	46/49 (94)	41/50 (82)
P Values ^{c,d}	N•S•	N•S•	N•S•
Relative Risk ^f		1.022	0.893
Lower Limit		0.910	0.785
Upper Limit		1.130	1.063
Weeks to First Observed Tumor	78	90	76

Table El. Analyses of the Incidence of Primary Tumors in Male Rats Administered Titanium Dioxide in the Diet^a

Table El. Analyses of the Incidence of Primary Tumors in Male Rats Administered Titanium Dioxide in the Diet^a

(continued)

^aDosed groups received 25,000 or 50,000 ppm.

^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 dosed group is the probability level for the Fisher exact test for the comparison of that dosed group with the matched-control group when P < 0.05; otherwise, not significant (N.S.) is indicated.

 d A negative, (N), indicates a lower incidence in a dosed group than in a control group.

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

 $^{
m f}$ The 95% confidence interval of the relative risk between each dosed group and the control group.

	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Integumentary System:			
Squamous-cell Carcinoma ^b	2/50 (4)	1/50 (2)	3/49 (6)
P Values ^c ,d	N•S•	N•S•	N.S.
Relative Risk ^f		0.500	1.531
Lower Limit		0.009	0.183
Upper Limit		9.290	17.671
Weeks to First Observed Tumor	85	80	90
Lung: Alveolar/Bronchiolar			
Adenoma or Carcinoma ^b	3/50 (6)	1/50 (2)	1/49 (2)
P Values ^c ,d	N•S•	N•S•	N.S.
Relative Risk ^f		0.333	0.340
Lower Limit		0.006	0.007
Upper Limit		3.983	4.062
Weeks to First Observed Tumor	105	105	90

Table E2. Analyses of the Incidence of Primary Tumors in Female Rats Administered Titanium Dioxide in the Diet^a

	Matched	Low	High
<u> Topography: Morphology</u>	Control	Dose	Dose
Hematopoietic System:			
Lymphoma or Leukemia ^b	10/50 (20)	13/50 (26)	12/49 (24)
P Values ^c ,d	N•S•	N•S•	N•S•
Relative Risk ^f		1.300	1.224
Lower Limit		0.583	0.536
Upper Limit		2.994	2.863
Weeks to First Observed Tumor	94	66	90
Pituitary: Carcinoma, NOS ^b	0/48 (0)	3/47 (6)	3/47 (6)
P Values ^c ,d	N•S•	N•S•	N.S.
Relative Risk ^f		Infinite	Infinite
Lower Limit		0.615	0.615
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor		105	98

Table E2. Analyses of the Incidence of Primary Tumors in Female Rats Administered Titanium Dioxide in the Diet^a

	Matched	Low	High
Topography: Morphology	<u>Control</u>	Dose	Dose
Pituitary: Chromophobe Adenoma ^b	28/48 (58)	26/47 (55)	31/47 (66)
P Values ^{c,d}	N.S.	N.S.	N.S.
Relative Risk ^f		0.948	1.131
Lower Limit		0.647	0.801
Upper Limit		1.390	1.584
Weeks to First Observed Tumor	85	78	73
Thyroid: C-cell Carcinoma ^b	1/48 (2)	0/47 (0)	4/44 (9)
P Values ^{c,d}	N•S•	N.S.	N.S.
Relative Risk ^f		0.000	4.364
Lower Limit		0.000	0.454
Upper Limit		19.033	209.675
Weeks to First Observed Tumor	105		105

Table E2. Analyses of the Incidence of Primary Tumors in Female Rats Administered Titanium Dioxide in the Diet^a
(continued)	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Thyroid: C-cell Adenoma or Carcinoma ^b	1/48 (2)	0/47 (0)	6/44 (14)
P Values ^{c,d}	P = 0.013	N.S.	P = 0.043
Departure from Linear Trend ^e	P = 0.044		
Relative Risk ^f Lower Limit Upper Limit		0.000 0.000 19.033	6.545 0.841 293.404
Weeks to First Observed Tumor	105		105
Mammary Gland: Fibroadenoma ^b	20/50 (40)	14/50 (28)	19/49 (39)
P Values ^c ,d	N•S•	N.S.	N.S.
Relative Risk ^f Lower Limit Upper Limit		0.700 0.373 1.283	0.969 0.565 1.658
Weeks to First Observed Tumor	98	78	86

Table E2. Analyses of the Incidence of Primary Tumors in Female Rats Administered Titanium Dioxide in the Diet^a

	Matched	Low	High
Topography: <u>Morphology</u>	<u>Control</u>	Dose	Dose
Mammary Gland: Adenoma or			
Adenocarcinoma, NOS ^b	1/50 (2)	2/50 (4)	3/49 (6)
P Values ^{c,d}	N•S•	N•S•	N.S.
Relative Risk ^f		2.000	3.061
Lower Limit		0.108	0.256
Upper Limit		115.621	157.341
Weeks to First Observed Tumor	94	103	88
Preputial Gland: Carcinoma, NOS ^b	2/50 (4)	2/50 (4)	3/49 (6)
P Values ^c ,d	N•S•	N•S•	N.S.
Relative Risk ^f		1.000	1.531
Lower Limit		0.075	0.183
Upper Limit		13.326	17.671
Weeks to First Observed Tumor	105	105	105

Table E2. Analyses of the Incidence of Primary Tumors in Female Rats Administered Titanium Dioxide in the Diet^a

	Matched	Low	High
Topography: <u>Morphology</u>	Control	Dose	Dose
Uterus/Endometrium: Endometrial Stromal Polyp ^b	7/50 (14)	15/50 (30)	10/49 (20)
P Values ^c ,d	N.S.	P = 0.045	N•S•
Relative Risk ^f		2.143	1.458
Lower Limit		0.907	0.546
Upper Limit		5.663	4.149
Weeks to First Observed Tumor	92	83	90

Table E2.	Analyses of the Incidence of Primary Tumors in Female Rats
	Administered Titanium Dioxide in the Diet ^a

^aDosed groups received 25,000 or 50,000 ppm.

^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 dosed group is the probability level for the Fisher exact test for the comparison of that dosed group with the matched-control group when P < 0.05; otherwise, not significant (N.S.) is indicated.

 d A negative, (N), indicates a lower incidence in a dosed group than in a control group.

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

 $^{\rm f}{\rm The}$ 95% confidence interval of the relative risk between each dosed group and the control group.

APPENDIX F

ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS

IN MICE ADMINISTERED TITANIUM DIOXIDE IN THE DIET

	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Integumentary System: Fibroma ^b	4/47 (9)	4/49 (8)	1/49 (2)
P Values ^{c,d}	N•S•	N•S•	N•S•
Relative Risk ^f		0.959	0.240
Lower Limit		0.189	0.005
Upper Limit		4.867	2.309
Weeks to First Observed Tumor	98	104	104
Integumentary System: Fibrosarcoma of the Subcutaneous Tissue ^b	8/47 (17)	8/49 (16)	4/49 (8)
P Values ^{c,d}	N•S•	N•S•	N•S•
Relative Risk ^f		0.959	0.480
Lower Limit		0.342	0.113
Upper Limit		2.692	1.662
Weeks to First Observed Tumor	89	75	95

Table Fl.	Analyses of	the Incider	nce of Prim	nary Tumors	in Male	Mice
	Administere	d Titanium	Dioxide in	ı the Diet ^a		

	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Lung: Alveolar/Bronchiolar			
Adenoma or Carcinoma ^b	6/46 (13)	3/49 (6)	5/49 (10)
P Values ^{c,d}	N•S•	N•S•	N.S.
Relative Risk ^f		0.469	0.782
Lower Limit		0.080	0.202
Upper Limit		2.060	2.868
Weeks to First Observed Tumor	104	102	104
Hematopoietic System:			
Lymphoma or Leukemia ^b	6/47 (13)	7/49 (14)	5/49 (10)
P Values ^{c,d}	N•S•	N•S•	N.S.
Relative Risk ^f		1.119	0.799
Lower Limit		0.348	0.207
Upper Limit		3.742	2.932
Weeks to First Observed Tumor	74	75	101

	Table Fl.	Analyses of the Incidence of Primary Tumors in Male Mice Administered Titanium Dioxide in the Diet ^a
(continued)		

(continued)	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Liver: Hepatocellular Carcinoma ^b	8/47 (17)	9/47 (19)	14/49 (29)
P Values ^{c,d}	N•S•	N•S•	N•S•
Relative Risk ^f		1.125	1.679
Lower Limit		0.422	0.729
Upper Limit		3.061	4.183
Weeks to First Observed Tumor	89	102	94

Table Fl. Analyses of the Incidence of Primary Tumors in Male Mice Administered Titanium Dioxide in the Diet^a

^aDosed groups received 25,000 or 50,000 ppm.

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^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 dosed group is the probability level for the Fisher exact test for the comparison of that dosed group with the matched-control group when P < 0.05; otherwise, not significant (N.S.) is indicated.

 d A negative, (N), indicates a lower incidence in a dosed group than in a control group.

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

 $^{\rm f}{\rm The}$ 95% confidence interval of the relative risk between each dosed group and the control group.

	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Lung: Alveolar/Bronchiolar			
Adenoma or Carcinoma ^b	1/49 (2)	2/50 (4)	4/50 (8)
P Values ^c ,d	N•S•	N.S.	N.S.
Relative Risk ^f		1.960	3.920
Lower Limit		0.106	0.407
Upper Limit		113.312	188.989
Weeks to First Observed Tumor	104	105	103
Hematopoietic System:			
Lymphomas or Leukemias ^b	20/49 (41)	11/50 (22)	14/50 (28)
P Values ^c ,d	N•S•	P = 0.035(N)	N•S•
Relative Risk ^f		0.539	0.686
Lower Limit		0.264	0.366
Upper Limit		1.046	1.256
Weeks to First Observed Tumor	81	92	70

Table F2.	Analyses of the Incidence of Primary Tumors in Female Mice
	Administered Titanium Dioxide in the Diet ^a

(continued)			
	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
All Sites: Hemangiosarcomas ^b	3/49 (6)	1/50 (2)	0/50 (0)
P Values ^c ,d	N.S.	N.S.	N.S.
Relative Risk ^f		0.327	0.000
Lower Limit		0.006	0.000
Upper Limit		3.903	1.629
Weeks to First Observed Tumor	102	50	
Liver: Hepatocellular Carcinoma ^b	1/49 (2)	3/50 (6)	3/50 (6)
P Values ^c ,d	N.S.	N.S.	N.S.
Relative Risk ^f		2.940	2.940
Lower Limit		0.246	0.246
Upper Limit		151.180	151.180
Weeks to First Observed Tumor	104	105	105

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Table F2. Analyses of the Incidence of Primary Tumors in Female Mice Administered Titanium Dioxide in the Diet^a

	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Pituitary: Chromophobe Adenoma ^b	3/33 (9)	4/40 (10)	2/33 (6)
P Values ^c ,d	N.S.	N•S•	N.S.
Relative Risk ^f		1.100	0.667
Lower Limit		0.201	0.059
Upper Limit		7.050	5.439
Weeks to First Observed Tumor	104	105	105
Thyroid: Follicular-cell Adenoma ^b	3/43 (7)	0/41 (0)	0/44 (0)
P Values ^{c,d}	P = 0.037(N)	N•S•	N.S.
Relative Risk ^f		0.000	0.000
Lower Limit		0.000	0.000
Upper Limit		1.733	1.618
Weeks to First Observed Tumor	104		

Table F2. Analyses of the Incidence of Primary Tumors in Female Mice Administered Titanium Dioxide in the Diet^a

	Matched	Low	High
Topography: Morphology	Control	Dose	Dose
Mammary Gland: Adenocarcinoma, NOS ^b	1/49 (2)	1/50 (2)	3/50 (6)
P Values ^c ,d	N•S•	N•S•	N•S•
Relative Risk ^f		0.980	2.940
Lower Limit		0.013	0.246
Upper Limit		75.404	151.180
Weeks to First Observed Tumor	104	105	90

Table F2. Analyses of the Incidence of Primary Tumors in Female Mice Administered Titanium Dioxide in the Diet^a

^aDosed groups received 25,000 or 50,000 ppm.

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^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 dosed group is the probability level for the Fisher exact test for the comparison of that dosed group with the matched-control group when P < 0.05; otherwise, not significant (N.S.) is indicated.

 d A negative, (N), indicates a lower incidence in a dosed group than in a control group.

 $e_{The probability level for departure from linear trend is given when P < 0.05 for any comparison.$

 $^{\rm f}$ The 95% confidence interval of the relative risk between each dosed group and the control group.

APPENDIX G

ANALYSIS OF FORMULATED DIETS FOR

CONCENTRATIONS OF TITANIUM DIOXIDE

APPENDIX G

Analysis of Formulated Diets for Concentrations of Titanium Dioxide

Duplicate 100-mg subsamples of feed were ashed, and the residues fused with 2 g of potassium pyrosulfate. The fusion mixture was quantitatively transferred to a 100-ml volumetric flask using a 1:1 mixture of sulfuric acid and water, and diluted to volume with water. With a Tiron indicator, the transmittance of this solution was read at 410 nm. Concentrations of titanium dioxide were determined by comparison with standard solutions.

Recoveries were also determined from duplicate analyses of spiked samples worked up simultaneously with each set of dosed feed samples. The average recovery from the 2.5% spiked samples was 97.5%, and from the 5.0% spiked sample, 100.3%.

Theoretical Concentrations in Diet (% in diet)	No. of Samples	Sample Analytical Mean (% in diet)	Coefficient of Variation (%)	Range (% in diet)
2.5	10	2.4	26.3	2.2-2.9*
5.0	12	4.9	29.5	4.79-6.85*

*Ranges exclude the two samples at each level during weeks 35 and 45 which analyzed at only 40-50% of the theoretical; these samples were included in the Number of Samples, Sample Analytical Mean, and Coefficient of Variation.

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

August 31, 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 Titanium Dioxide for carcinogenicity.

The primary reviewer said that Titanium Dioxide did not significantly increase the incidence of tumors in treated mice, under the conditions of test. In treated high dose female rats, however, he noted an increased incidence in C-cell adenomas and carcinomas of the thyroid. Although the staff did not find the thyroid tumors to be statistically significant, the primary reviewer emphasized that the evidence was insufficient to conclude that Titanium Dioxide was not carcinogenic. He recommended that the report be accepted with the conclusion modified to indicate the equivocal findings in female rats. He suggested that the compound be considered for retest based on its wide human exposure and unclear findings in treated female rats.

The secondary reviewer agreed with the conclusion in the report that Titanium Dioxide was not carcinogenic, under the conditions of test. He considered the study to be adequate. He noted the increased incidence of C-cell adenomas and carcinomas of the thyroid in treated female rats, but did not consider it to be significant. Based on the results of the study, the secondary reviewer concluded that Titanium Dioxide would not appear to pose a carcinogenic risk to humans. A Program staff member said that the incidence of C-cell tumors of the thyroid was not an unexpected finding in the Fischer rat. As a result, he found no evidence to contradict the conclusion that Titanium Dioxide was not carcinogenic under the conditions of test. He questioned whether a new study could be designed that would be a significant improvement over this bioassay.

As suggested wording for a revised conclusion, the primary reviewer proposed the following. "It was concluded that, under the conditions of this bioassay, Titanium Dioxide was not carcinogenic by the oral route of exposure for B6C3F1 mice, but that no firm conclusion can be reached about the possible carcinogenicity of this compound to Fischer 344 rats, at this time." There was no objection to the recommendation that the conclusion be modified as suggested. There also was no objection to the recommendation that Titanium Dioxide be considered for retest.

Members present were:

Arnold Brown (Chairman), University of Wisconsin Medical School Joseph Highland, Environmental Defense Fund Michael Shimkin, University of California at San Diego Louise Strong, University of Texas Health Sciences Center (Kenneth Wilcox, Michigan State Health Department, submitted a written review)

* 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.

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