National Cancer Institute CARCINOGENESIS Technical Report Series No. 118 1978

# BIOASSAY OF 5-NITROACENAPHTHENE FOR POSSIBLE CARCINOGENICITY

CAS No. 602-87-9

NCI-CG-TR-118

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



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# **BIOASSAY OF**

# 5-NITROACENAPHTHENE

#### 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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DHEW Publication No. (NIH) 78-1373

# REPORT ON THE BIOASSAY OF 5-NITROACENAPHTHENE FOR POSSIBLE CARCINOGENICITY

CARCINOGENESIS TESTING PROGRAM DIVISION OF CANCER CAUSE AND PREVENTION NATIONAL CANCER INSTITUTE, NATIONAL INSTITUTES OF HEALTH

FOREWORD: This report presents the results of the bioassay of 5-nitroacenaphthene conducted for the Carcinogenesis Testing Program, Division of Cancer Cause and Prevention, National Cancer Institute (NCI), National Institutes of Health, Bethesda, Maryland. This is one of a series of experiments designed to determine whether selected chemicals have the capacity to produce cancer in animals. Negative results, in which the test animals do not have a significantly greater incidence of cancer than control animals, do not necessarily mean the test chemical is not a carcinogen because 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 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 5-nitroacenaphthene was conducted by Mason Research Institute, Worcester, Massachusetts, initially under direct contract to the NCI and currently under a subcontract to Tracor Jitco, Inc., prime contractor for the NCI Carcinogenesis Testing Program.

The experimental design was determined by the NCI Project Officers, Dr. J. H. Weisburger (1,2) and Dr. E. K. Weisburger (1). The principal investigators for the contract were Dr. E. Smith (3) and Dr. A. Handler (3). Animal treatment and observation were supervised by Mr. G. Wade (3) and Ms. E. Zepp (3).

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Compilation of individual animal survival, pathology, and summary tables was performed by EG&G Mason Research Institute (5); the statistical analysis was performed by Mr. W. W. Belew (6,7), and Mr. R. M. Helfand (6), using methods selected for the Carcinogenesis Testing Program by Dr. J. J. Gart (8). This report was prepared at METREK, a Division of The MITRE Corporation (6) under the direction of the NCI. Those responsible for this report at METREK are the project coordinator, Dr. L. W. Thomas (6), task leader Dr. M. R. Kornreich (6,9), senior biologist Ms. P. Walker (6), biochemist Dr. B. Fuller (6), chemist Dr. N. Zimmerman (6), and technical editor Ms. P. A. Miller (6). The final report was reviewed by members of the participating organizations.

The following other scientists at the National Cancer Institute were responsible for evaluating the bioassay experiment, interpreting the results, and reporting the findings: Dr. K. C. Chu (1), Dr. C. Cueto, Jr. (1), Dr. J. F. Douglas (1), Dr. D. G. Goodman (1,9), Dr. R. A. Griesemer (1), Dr. M. H. Levitt (1), Dr. H. A. Milman (1), Dr. T. W. Orme (1), Dr. R. A. Squire (1,10), Dr. S. F. Stinson (1), Dr. J. M. Ward (1), and Dr. C. E. Whitmire (1).

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#### SUMMARY

A bioassay of 5-nitroacenaphthene for possible carcinogenicity was conducted using Fischer 344 rats and B6C3F1 mice. 5-Nitroacenaphthene was administered in the feed, at either of two concentrations, to groups of 50 male and 50 female animals of each species. For male and female rats, the high and low dietary concentrations of 5-nitroacenaphthene were 0.24 and 0.12 percent, respectively. The high and low time-weighted average concentrations for mice were 0.12 and 0.06 percent, respectively, for males and 0.12 and 0.05 percent, respectively, for females. After a 78-week dosing period, observation of surviving rats continued for up to 22 weeks and observation of the mice continued for 18 weeks.

For the chronic rat bioassay, 49 male and 50 female rats were placed on test as high dose controls, and 50 rats of each sex served as low dose controls. For the mice, 50 males and 50 females were placed on test as controls.

Accelerated mortality was observed in all dosed groups except the low dose female mice. There was a positive association between mortality and dietary concentration of 5-nitroacenaphthene for both sexes of both species. Early deaths were most apparent among high dose male mice; half of the animals in this group were dead by week 20 and insufficient male mice survived to be at risk from latedeveloping tumors.

Among rats, the incidence of malignant tumors of the ear canal (incidences of ceruminous carcinomas and squamous-cell carcinomas were combined) was significant at each dose level in each sex. Among both dosed groups of female rats, the incidence of clitoral gland carcinoma and the incidence of mammary adenocarcinoma were each significant. A significant incidence of alveolar/bronchiolar carcinoma was observed in low dose rat groups of each sex.

Among female mice, the incidence of hepatocellular carcinoma was significant at each dose level. The combined incidence of granulosacell tumors, luteomas, and tubular-cell adenomas of the ovary was significant in the high dose female mouse group.

Under the conditions of this bioassay, 5-nitroacenaphthene was carcinogenic to Fischer 344 rats, causing increased incidences of malignant tumors of the ear canal and lung in both sexes, and of the clitoral gland and mammary gland in females. 5-Nitroacenaphthene was also carcinogenic to female but not male B6C3F1 mice, causing carcinomas of the liver and ovarian tumors.

# TABLE OF CONTENTS

				Page	
I.	INT	INTRODUCTION			
II.	MAT	MATERIALS AND METHODS			
	A.	Chemi		3	
	Β.		ry Preparation	3	
		Anima		4	
			1 Maintenance	4	
			tion of Initial Concentrations	7	
		-	imental Design	9	
	С. Н.		cal and Histopathologic Examinations Recording and Statistical Analyses	12	
	11.	Dalai	Recording and Statistical Analyses	14	
III.	CHR	CHRONIC TESTING RESULTS: RATS			
	Α.	Body V	Weights and Clinical Observations	19	
	B.	-		19	
	C.	Patho	logy	23	
	D.	Stati	stical Analyses of Results	24	
IV.	CHR	ONIC TH	ESTING RESULTS: MICE	42	
	Α.	Body V	Weights and Clinical Observations	42	
	Β.	-	-	42	
	-	Patho		45	
			stical Analyses of Results	47	
V.	DIS	CUSSIO	N	54	
VI.	BIB	LIOGRAI	PHY	58	
APPEN	DIX /	A	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS TREATED WITH 5-NITROACENAPHTHENE	A-1	
APPEN	IDIX (	В	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE TREATED WITH 5-NITROACENAPHTHENE	B-1	
APPEN	IDIX (	С	SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS TREATED WITH 5-NITROACEN- APHTHENE	C-1	
APPEN	DIX	D	SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE TREATED WITH 5-NITROACEN-	D 1	
			APHTHENE	D-1	

# LIST OF ILLUSTRATIONS

Figure Number		Page
1	CHEMICAL STRUCTURE OF 5-NITROACENAPHTHENE	2
2	GROWTH CURVES FOR 5-NITROACENAPHTHENE CHRONIC STUDY RATS	20
3	SURVIVAL COMPARISONS OF 5-NITROACENAPHTHENE CHRONIC STUDY RATS	21
4	GROWTH CURVES FOR 5-NITROACENAPHTHENE CHRONIC STUDY MICE	43
5	SURVIVAL COMPARISONS OF 5-NITROACENAPHTHENE CHRONIC STUDY MICE	44
	LIST OF TABLES	
Table Number		Page

1	DESIGN SUMMARY FOR FISCHER 344 RATS 5-NITROACENAPHTHENE FEEDING EXPERIMENT	10
2	DESIGN SUMMARY FOR B6C3F1 MICE5-NITRO- ACENAPHTHENE FEEDING EXPERIMENT	11
3	TIME-ADJUSTED ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN MALE RATS TREATED WITH 5-NITROACENAPHTHENE	25
4	TIME-ADJUSTED ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN FEMALE RATS TREATED WITH 5-NITROACENAPHTHENE	31
5	TIME-ADJUSTED ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN MALE MICE TREATED WITH 5-NITROACENAPHTHENE	48
6	TIME-ADJUSTED ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN FEMALE MICE TREATED WITH 5-NITROACENAPHTHENE	50

# LIST OF TABLES (Concluded)

# Table Number

Al	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS TREATED WITH 5-NITROACENAPHTHENE	A-3
A2	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS TREATED WITH 5-NITROACENAPH- THENE	A-8
B1	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE TREATED WITH 5-NITROACENAPHTHENE	в-3
B2	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE TREATED WITH 5-NITROACENAPH- THENE	B-6
C1	SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS TREATED WITH 5-NITRO- ACENAPHTHENE	C-3
C2	SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS TREATED WITH 5-NITRO- ACENAPHTHENE	C-11
D1	SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE TREATED WITH 5-NITRO- ACENAPHTHENE	D-3
D2	SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE TREATED WITH 5-NITRO- ACENAPHTHENE	D-8

#### I. INTRODUCTION

The Chemical Abstracts Service (CAS) Ninth Collective Index (1977) name for 5-nitroacenaphthene (Figure 1) (NCI No. CO1967), an aromatic nitro compound, is 1,2-dihydro-5-nitro-acenaphthylene. <sup>\*</sup> It is also known as 5-nitroacenaphthylene.

5-Nitroacenaphthene has never had any known commercial application in the United States and is apparently produced in this country solely for research purposes (Urso, 1977). The compound is, however, used in Japan as a captive intermediate in the synthesis of naphthalimide dyes; 95 percent of these dyes find application as fluorescent whitening agents in laundry detergents while the remainder are used to dye paper (Urso, 1977).

Exposure to 5-nitroacenaphthene in the United States is presently restricted to experimentalists engaged in laboratory research.

5-Nitroacenaphthene exhibited significant mutagenic activity in two highly sensitive histidine-requiring tester strains of <u>Salmonella</u> <u>typhimurium</u> (The Ames Test using the frame-shift-mutagen sensitive strain TA 98 and the base-pair-substitution-mutagen sensitive strain TA 100) (Yahagi et al., 1975). Reversion to histidine independence occurred both in the presence and absence of microsomal activation, with the largest number of revertent colonies (more than 100 times the number expected as a result of spontaneous reversion) observed in strain TA 98 in the presence of rat liver microsomes.

The CAS registry number is 602-87-9.



FIGURE 1 CHEMICAL STRUCTURE OF 5-NITROACENAPHTHENE

#### II. MATERIALS AND METHODS

#### A. Chemicals

One batch of 5-nitroacenaphthene was purchased from Carroll Products, Wood River Junction, Rhode Island by the NCI for Mason Research Institute, Worcester, Massachusetts. Spectroscopic analyses performed at Mason Research Institute confirmed the identity of the compound. The melting point of 98° to 100°C suggested a compound of fairly high purity due to its narrow range and proximity to the literature value of 103° to 104°C (Grasselli and Ritchey, 1975).

Throughout this report the term 5-nitroacenaphthene is used to represent this material.

#### B. Dietary Preparation

The basal laboratory diet for both dosed and control animals consisted of Wayne Lab-Blox<sup>®</sup> (Allied Mills, Inc., Chicago, Illinois). 5-Nitroacenaphthene was administered to the dosed animals as a component of the diet.

Proper amounts of the chemical were removed from the stock bottle under a fume hood. The compound was ground to a powder and mixed with an aliquot of meal using a mortar and pestle. Once visual homogeneity was attained, the mixture was placed into a 6 kg capacity Patterson-Kelley twin-shell stainless steel V-blender with the remainder of the meal. After 20 minutes of blending, the mixtures were placed in double plastic bags and stored in the dark at 4°C. The mixture was used for only one week.

# C. Animals

Two animal species, rats and mice, were used in the carcinogenicity bioassay. Fischer 344 rats and B6C3F1 mice were obtained through contracts of the Division of Cancer Treatment, National Cancer Institute. High dose and all control rats were obtained from Charles River Breeding Laboratories, Inc., Wilmington, Massachusetts. Low dose rats were obtained from ARS/Sprague-Dawley, Madison, Wisconsin, as were high and low dose mice. Control mice were obtained from Charles River Breeding Laboratories, Inc. Dosed and control animals for both species were received in separate shipments.

Upon arrival a sample of animals was examined for parasites and other signs of disease. The remaining animals were quarantined by species for two weeks prior to initiation of test. Animals were assigned to groups and distributed among cages so that average body weight per cage was approximately equal for a given sex and species.

#### D. Animal Maintenance

All animals were housed by species in rooms having a temperature range of 23° to 34°C. Incoming air was filtered through Tri-Dek<sup>®</sup> 15/40 denier Dacron<sup>®</sup> filters (Tri-Dim Filter Corp., Hawthorne, New Jersey) providing six changes of room air per hour. Fluorescent lighting was provided on a 12-hour-daily cycle.

Rats were housed five per cage by sex. During quarantine and for the first 13 months of study, high dose and high dose control rats were housed in galvanized- or stainless-steel wire-mesh cages

suspended above newspapers. Low dose rats and their controls were housed in galvanized- or stainless-steel wire-mesh cages during quarantine and for the first 7 months of study. Newspapers under cages were replaced daily and cages and racks washed weekly. For the remainder of the study, all rats were maintained in suspended polycarbonate cages equipped with disposable nonwoven fiber filter sheets. Clean bedding and cages were provided twice weekly. High dose rats and their controls were provided with corncob bedding (Bed-o-Cobs<sup>®</sup>, The Andersons Cob Division, Maumee, Ohio) while they were in polycarbonate cages. A second type of corncob bedding (SAN-I-CEL<sup>®</sup>, Paxton Processing Company, Paxton, Illinois) was supplied to low dose rats for 7 months and low dose control rats for 8 months after they were placed in polycarbonate cages. Bed-o-Cobs<sup>®</sup> was used for the remainder of the study. Stainless-steel cage racks were cleaned once every two weeks, and disposable filters were replaced at that time.

Mice were housed by sex in polycarbonate cages. During quarantine and periods of chemical administration, cages were fitted with perforated stainless steel lids. During the final observation period, stainless steel wire bar lids were used. Both types of lids were from Lab Products, Inc., Garfield, New Jersey. Nonwoven fiber filter bonnets were used over cage lids. Mice were housed ten per cage for the first 18 months of study and five per cage thereafter. Cages, lids, filters, and bedding were provided three times per week

when cage populations were ten and twice per week when cage populations were reduced to five. Ab-sorb-dri<sup>®</sup> hardwood chip bedding (Wilner Wood Products Company, Norway, Maine) was used through the first 7 months of study followed by SAN-I-CEL<sup>®</sup> for the next 12 months. After 19 months on study, Bed-o-Cobs<sup>®</sup> was utilized as bedding. Reusable filter bonnets and pipe racks were sanitized every two weeks throughout the study.

Water was available <u>ad libitum</u> for both species from 250 ml water bottles equipped with rubber stoppers and stainless steel sipper tubes. Bottles were replaced twice weekly and, for rats only, refilled as needed between changes.

Wayne Lab-Blox<sup>®</sup> was supplied <u>ad libitum</u> throughout the entire test. Pelleted Wayne Lab-Blox<sup>®</sup> was supplied during the quarantine period and final observation period. During the chemical administration period, all dosed animals were fed Wayne Lab-Blox<sup>®</sup> meal containing the appropriate concentration of 5-nitroacenaphthene, while control animals had untreated meal available. Alpine<sup>®</sup> aluminum feed cups (Curtin Matheson Scientific, Inc., Woburn, Massachusetts) containing stainless steel baffles were used to distribute powdered feed to high dose rats and their controls for the first 11 months of the study. These cups were used for all mice and for low dose rats and their controls during the entire study. During the last 7 months of chemical administration, high dose rats and their controls were fed from stainless steel gangstyle feed hoppers (Scientific Cages, Inc.,

Bryan, Texas). During the observation period following chemical administration, rats were fed pellets on the cage floor and mice were fed pellets from a wire bar hopper incorporated into the cage lid. Food hoppers were changed on the same schedule as were cages. Food was replenished daily in Alpine<sup>®</sup> feed cups.

Dosed rats were housed in a room with other rats receiving diets containing<sup>\*</sup> 3-amino-4-ethoxyacetanilide (17026-81-2); 4-nitroanthranilic acid (619-17-0); 1-amino-2-methylanthraquinone (82-28-0); and 5nitro-o-anisidine (99-59-2). Control rats were in a room with other rats receiving diets containing amitrole (61-82-5); 2-methyl-1-nitroanthraquinone (129-15-7); and 3-nitro-p-acetophenetide (1777-84-0).

Dosed and control mice were in a room with other mice receiving diets containing amitrole (61-82-5); N,N-dimethyl-p-nitrosoaniline (138-89-6); 2,5-toluenediamine sulfate (6369-59-1); 2,4-dinitrotoluene (121-14-2); 2-aminoanthraquinone (117-79-3); 3-amino-4-ethoxyacetanilide (17026-81-2); 3-amino-9-ethylcarbazole hydrochloride; 1-amino-2methylanthraquinone (82-28-0); 2,4-diaminoanisole sulfate (615-05-4); APC (8003-03-0); 5-nitro-o-anisidine (99-59-2); 4-nitroanthranilic acid (619-17-0); 1-nitronaphthalene (86-57-7); and 3-nitro-p-acetophenetide (1777-84-0).

#### E. Selection of Initial Concentrations

In order to establish the maximum tolerated concentrations of 5-nitroacenaphthene for administration to dosed animals in the

CAS registry numbers are given in parentheses.

chronic studies, subchronic toxicity studies were conducted with both rats and mice. Animals of each species were distributed among six groups, each consisting of five males and five females. 5-Nitroacenaphthene was incorporated into the basal laboratory diet and supplied <u>ad libitum</u> to five of the six rat groups and five of the six mouse groups in concentrations of 0.03, 0.06, 0.12, 0.24, and 0.48 percent. The sixth group of each species served as a control group, receiving only the basal laboratory diet. The dosed dietary preparations were administered for a period of 4 weeks, followed by a 2-week observation period during which all animals were fed the basal diet.

The highest concentration causing no deaths, no compound-related gross abnormalities, and no mean group body weight depression in excess of 10 percent relative to controls was selected as the high concentration utilized for the rat and mouse chronic bioassays.

There were no rat deaths during the 6-week subchronic study. Mean body weight depression occurred in only one group of male rats, those receiving 0.48 percent, the highest concentration. At this concentration the mean body weight depression was in excess of 10 percent. Female rats experienced no mean group body weight depression. At 0.24 and 0.48 percent male rats were noted at gross necropsy to have enlarged submaxillary lymph nodes and white foci on external renal surfaces. Females exhibited no abnormalities. The high concentration selected for male and female rats in the chronic study was 0.24 percent.

There were three mouse deaths during the 6-week subchronic study, all in the male group receiving the highest concentration of 5-nitroacenaphthene. Mean group body weight depression was in excess of 10 percent at dosages of 0.48 percent for male mice, and 0.24 and 0.48 percent for female mice. The mice receiving 0.48 percent 5-nitroacenaphthene exhibited chronic convulsions, prostration, emaciation, and rapid respiration. Upon necropsy, discolored spleens and yellow kidneys and livers were noted. The high concentration selected for male and female mice in the chronic study was 0.12 percent.

#### F. Experimental Design

The experimental design parameters for the chronic study (species, sex, group size, actual concentrations administered, duration of treated and untreated observation periods, and the time-weighted average concentrations) are summarized in Tables 1 and 2.

The dosed and control rats were all approximately 6 weeks old at the time they were placed on test. Low dose rats were started on test approximately 7 months prior to initiation of the high dose rats. The control rats for both dosed groups were approximately 1 month younger than the respective dosed groups and were, therefore, included in the bioassay approximately 1 month after their corresponding dosed group. The dietary concentrations of 5-nitroacenaphthene administered were 0.24 and 0.12 percent. Throughout this report those rats receiving the former concentration are referred to as the high dose groups, while those rats receiving the latter concentration

# TABLE 1

# DESIGN SUMMARY FOR FISCHER 344 RATS 5-NITROACENAPHTHENE FEEDING EXPERIMENT

	INITIAL GROUP SIZE	5-NITROACE- NAPHTHENE CONCENTRATION <sup>a</sup>	OBSERVAT TREATED (WEEKS)	ION PERIOD UNTREATED (WEEKS)
MALE				
LOW DOSE CONTROL	50	0	0	108
HIGH DOSE CONTROL	49	0	0	109
LOW DOSE	50	0.12 0	78	22
HIGH DOSE <sup>b</sup>	50	0.24	70	
FEMALE				<u></u>
LOW DOSE CONTROL	50	0	0	108
HIGH DOSE CONTROL	50	0	0	110
LOW DOSE	50	0.12 0	78	22
HIGH DOSE	50	0.24 0	78	9

<sup>a</sup>Concentrations given in percentages of feed.

b This group was terminated in week 70, before the period of chemical administration was to be completed.

# TABLE 2

# DESIGN SUMMARY FOR B6C3F1 MICE 5-NITROACENAPHTHENE FEEDING EXPERIMENT

	INITIAL GROUP SIZE	5-NITROACE- NAPHTHENE CONCENTRATION <sup>a</sup>	OBSERVAT TREATED (WEEKS)	ION PERIOD UNTREATED (WEEKS)	TIME-WEIGHTED AVERAGE CONCENTRATION <sup>D</sup>
MALE					
CONTROL	50	0	0	96	0
LOW DOSE	50	0.06 0	78	18	0.06
HIGH DOSE	50	0.12 0	78	18	0.12
FEMALE					
CONTROL	50	0	0	97	0
LOW DOSE	50	0.06 0.03 0	51 27	18	0.05
HIGH DOSE	50	0.12 0	78	18	0.12

<sup>a</sup>Concentrations given in percentages of feed.

<sup>b</sup> Time-weighted average concentration =  $\frac{\sum (\text{concentration X weeks received})}{\sum (\text{weeks receiving chemical})}$ 

-

are referred to as the low dose groups. Except for the high dose male group, which was terminated in week 70, the dosed rats received feed containing 5-nitroacenaphthene for a period of 78 weeks, followed by an observation period of up to 22 weeks.

The dosed and control mice were all approximately 6 weeks old at the time they were placed on test. The dosed mice shared the same median date of birth and were, therefore, started on test at the same time. Control mice were approximately 3 weeks younger than the dosed mice and, as a result, were started on test approximately 3 weeks after the dosed groups. For both males and females, the initial dietary concentrations of 5-nitroacenaphthene administered were 0.12 and 0.06 percent. Throughout this report those mice initially receiving the former concentration are referred to as the high dose groups, while those initially receiving the latter concentration are referred to as the low dose groups. The concentration received by female low dose mice was reduced to 0.03 percent after 51 weeks because of excessive mortality. After the 78-week period of chemical administration, the dosed mouse groups were observed for up to 18 additional weeks.

# G. Clinical and Histopathologic Examinations

Animals were weighed immediately prior to initiation of the experiment. Body weights were recorded twice weekly for the first 12 weeks of the study and at monthly intervals thereafter. From the first day, all animals were inspected twice daily for mortality. Food consumption, for two cages from each group, was monitored for

seven consecutive days once a month for the first nine months of the bioassay and for three consecutive days each month thereafter. The presence of tissue masses and lesions was determined by monthly observation and palpation of each animal.

A necropsy was performed on each animal regardless of whether it died, was killed when moribund, or was sacrificed at the end of the bioassay. The animals were euthanized by carbon dioxide inhalation, and were immediately necropsied. The histopathologic examination consisted of gross and microscopic examination of major tissues, organs, or gross lesions taken from sacrificed animals and, whenever possible, from animals found dead.

Tissues were preserved in 10 percent buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin prior to microscopic examination. An occasional section was subjected to special staining techniques for more definitive diagnosis.

Slides were prepared from the following tissues: skin, subcutaneous tissue, lungs and bronchi, trachea, bone marrow, spleen, lymph nodes, thymus, heart, salivary gland, liver, gallbladder (mice), pancreas, esophagus, stomach, small intestine, large intestine, kidney, urinary bladder, pituitary, adrenal, thyroid, parathyroid, brain, ear, testis, prostate, uterus, mammary gland, and ovary.

A few tissues were not examined for some animals, particularly for those that died early. Also, some animals were missing, cannibalized, or judged to be in such an advanced state of autolysis as to

preclude histopathologic interpretation. Thus, the number of animals for which particular organs, tissues, or lesions were examined microscopically varies and does not necessarily represent the number of animals that were placed on experiment in each group.

# 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) when testing two groups for

equality and used Tarone's (1975) extensions of Cox's methods when testing a dose-related trend for mice. 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 was 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, pp. 48-52) was used to compare the tumor incidence of a control group to 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 made. The Bonferroni inequality (Miller, 1966, pp. 6-10) 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, pp. 362-365), was also used for mice. Under the assumption of a linear trend, this test determined 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 was 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 animals died naturally or were 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, twotailed test) were also noted.

The approximate 95 percent confidence interval for the relative risk of each dosed 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 percent 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 (a 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. CHRONIC TESTING RESULTS: RATS

#### A. Body Weights and Clinical Observations

Severe compound-related mean group body weight depression was evident in male rats after week 20. Compound-related mean body weight depression, although not as extreme, was also apparent in the female rats (Figure 2). Fluctuations in the growth curve may be due to mortality; as the size of the group diminishes, the mean body weight may be subject to wide variations.

Subcutaneous and/or cutaneous masses were observed in 4 low dose control males, 4 low dose control females, 2 high dose control males, and 10 high dose control females. Four low dose males, 10 low dose females, and 4 high dose females had lesions or masses in the ear region. One high dose male developed a growth on the head and died shortly thereafter. One high dose female developed several subcutaneous vaginal masses and one low dose control female had a firm nodule on the nose. One case of exopthalmia and one of severe alopecia were observed among high dose control females.

#### B. Survival

The estimated probabilities of survival for male and female rats in the control and 5-nitroacenaphthene-dosed groups are shown in Figure 3. For both male and female rats the Cox tests indicated that each dosed group had a significantly elevated mortality compared to its control group.



FIGURE 2 GROWTH CURVES FOR 5-NITROACENAPHTHENE CHRONIC STUDY RATS



FIGURE 3 SURVIVAL COMPARISONS OF 5-NITROACENAPHTHENE CHRONIC STUDY RATS

For males five rats were sacrificed from the high dose control group in week 78 and five from the low dose control group in week 80. Survival was high in all groups through the first 45 weeks of the study, after which accelerated mortality was observed in the dosed groups. In the high dose group the median survival was 61 weeks, with the last animal dying in week 70. In the high dose group there were not adequate numbers of rats at risk long enough for meaningful statistical analyses of late-developing tumors. Survival was slightly better in the low dose group, with a median survival of 83 weeks. Thirty-six of 49 (73 percent) high dose control and 38/50 (76 percent) low dose control males survived on test at least 100 weeks.

For females five rats were sacrificed from the high dose control group in week 78 and five from the low dose control group in week 80. Survival was good in all groups through week 33, after which accelerated mortality was observed in the high dose group. In the high dose group the median survival was 56 weeks, with the last animal dying by week 88. In the high dose group there were not adequate numbers of rats at risk to permit meaningful statistical analyses of latedeveloping tumors. Survival was slightly better in the low dose group, with a median survival of 76 weeks, but no survivors after week 100. Forty-three of 50 (86 percent) high dose control and 39/50 (78 percent) low dose control females survived on test at least 100 weeks.
### C. Pathology

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).

The incidence of mammary gland adenocarcinoma was elevated in both dosed female groups (5/49 [10 percent] low dose and 5/48 [10 percent] high dose) when compared to controls (0/99); however, the incidence of mammary fibroadenoma was less in dosed groups than in controls. Morphologically the malignant mammary tumors were papillary adenocarcinomas which showed evidence of marked secretory activity (intracytoplasmic vacuoles and eosinophilic material in tumor spaces and glandular lumens). Cells grew in single layers of cuboidal epithelium or multiple layers of more pleomorphic cells which obliterated glandular patterns. Mitotic figures were numerous.

The incidence of clitoral gland carcinoma was elevated in dosed females (0/99 controls, 6/49 [12 percent] low dose and 5/48 [10 percent] high dose). This neoplasm was distinguished from squamous and sebaceous-type carcinomas by location and histologically, by the presence of prominent intracytoplasmic eosinophilic granules.

In low and high dose rats of both sexes, there was a marked increase in incidence of ceruminous or squamous-cell carcinoma arising in the region of the external ear canal (0/96 control males, 21/43 [49 percent] low dose males, 20/47 [43 percent] high dose males, 0/99

control females, 27/-9 [55 percent] low dose females, 35/48 [73 percent] high dose females). These tumors probably arose from the auditory sebaceous glands (Zymbal's gland) in most instances. Ceruminous carcinoma usually contained some squamous epithelial cells although a few tumors containing only sebaceous cells were seen. The squamouscell carcinomas were mostly composed of pleomorphic squamous epithelium with little keratinization.

Increased incidences of alveolar/bronchiolar adenomas or alveolar/ bronchiolar carcinomas were observed in dosed rats (1/96 [1 percent] control males, 7/41 [17 percent] low dose males, 3/47 [6 percent] high dose males, 1/99 [1 percent] control females, 8/48 [17 percent] low dose females, 3/48 [6 percent] high dose females).

There was a variety of spontaneous inflammatory and degenerative lesions seen which commonly occur in aging Fischer 344 rats. These were not considered to be compound-related.

It is concluded from this pathologic examination that 5-nitroacenaphthene was carcinogenic to Fischer 344 rats, inducing carcinomas of the ear canal and lung in both sexes and carcinomas of the clitoral and mammary glands in females.

## D. Statistical Analyses of Results

The results of the statistical analyses of tumor incidence in rats are summarized in Tables 3 and 4. The analysis is included for every type of malignant tumor in either sex where at least two such

## TABLE 3

TOPOGRAPHY: MORPHOLOGY	LOW DOSE CONTROL	HIGH DOSE CONTROL	LOW DOSE	HIGH DOSE
Skin and Subcutaneous Tissue: Fibroma <sup>b</sup>	2/48(0.04)	3/48(0.06)	6/39(0.15)	1/40(0.03)
P Values <sup>C</sup>		allow with they	N.S.	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit		 	3.692 0.705 35.610	0.400 0.008 4.739
Weeks to First Observed Tumor	99	95	77	62
Lung: Alveolar/Bronchiolar Carcinoma <sup>b</sup>	0/48(0.00)	1/48(0.02)	5/37(0.14)	0/40(0.00)
P Values <sup>C</sup>			P = 0.013	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit	 	 	Infinite 1.642 Infinite	0.000 0.000 22.284
Weeks to First Observed Tumor		109	77	
Lung: Alveolar/Bronchiolar Adenoma or Alveolar/Bronchiolar Carcinoma <sup>b</sup>	0/48(0.00)	1/48(0.02)	7/38(0.18)	3/45(0.07)
P Values <sup>C</sup>			P = 0.002	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit		 	Infinite 2.462 Infinite	3.200 0.268 164.119
Weeks to First Observed Tumor		109	75	49

# TIME-ADJUSTED ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN MALE RATS TREATED WITH 5-NITROACENAPHTHENE<sup>a</sup>,<sup>e</sup>

TOPOGRAPHY: MORPHOLOGY	LOW DOSE CONTROL	HIGH DOSE CONTROL	LOW DOSE	HIGH DOSE
Kidney: Tubular-Cell Adenoma or				
Tubular-Cell Adenocarcinoma <sup>b</sup>	0/48(0.00)	0/48(0.00)	4/39(0.10)	0/39(0.00)
P Values <sup>C</sup>		, <b></b>	P = 0.037	N.S.
Relative Risk (Control) <sup>d</sup>			Infinite	
Lower Limit			1.144	
Upper Limit	هماي بيني		Infinite	
Weeks to First Observed Tumor			90	
Pituitary: Adenoma NOS <sup>b</sup>	1/41(0.02)	9/38(0.24)	0/28(0.00)	0/29(0.00)
P Values <sup>C</sup>			N.S.	P = 0.004 (N
Relative Risk (Control) <sup>d</sup>			0.000	0.000
Lower Limit			0.000	0.000
Upper Limit			26.911	0.487
Weeks to First Observed Tumor	108	85		
Adrenal: Pheochromocytoma or Pheo-		······································		
chromocytoma, Malignant <sup>b</sup>	10/47(0.21)	8/47(0.17)	2/34(0.06)	0/36(0.00)
P Values <sup>C</sup>			N.S.	P = 0.008(N)
Relative Risk (Control) <sup>d</sup>			0.276	0.000
Lower Limit			0.031	0.000
Upper Limit	**** **** size		1.186	0.565
Weeks to First Observed Tumor	99	107	76	

TOPOGRAPHY : MORPHOLOGY	LOW DOSE CONTROL	HIGH DOSE CONTROL	LOW DOSE	HIGH DOSE
Preputial Gland: Carcinoma NOS <sup>b</sup>	2/48(0.04)	0/48(0.00)	3/39(0.08)	0/37(0.00)
P Values <sup>C</sup>			N.S.	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			1.846 0.222 21.132	
Weeks to First Observed Tumor	104		79	
Testis: Interstitial-Cell Tumor <sup>b</sup>	45/47(0.96)	42/47(0.89)	19/33(0.58)	2/37(0.05)
P Values <sup>C</sup>			P < 0.001(N)	P < 0.001(N)
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			0.601 0.526 0.787	0.060 0.010 0.192
Weeks to First Observed Tumor	80	78	71	58
Ear Canal or Skin of Ear: Squamous- Cell Carcinoma <sup>b</sup>	1/48(0.02)	0/48(0.00)	7/39(0.18)	2/40(0.05)
P Values <sup>C</sup>			P = 0.014	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			8.615 1.178 376.472	Infinite 0.356 Infinite
Weeks to First Observed Tumor	99		68	58

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TOPOGRAPHY: MORPHOLOGY	LOW DOSE CONTROL	HIGH DOSE CONTROL	LOW DOSE	HIGH DOSE
Ear Canal: Ceruminous Carcinoma <sup>b</sup>	0/48(0.00)	0/48(0.00)	14/42(0.33)	18/47(0.38)
P Values <sup>C</sup>			P < 0.001	P < 0.001
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit		 	Infinite 5.006 Infinite	Infinite 5.895 Infinite
Weeks to First Observed Tumor			38	47
Ear Canal or Skin of Ear: Squamous-		<u></u>		,
Cell Carcinoma or Ceruminous Car- cinoma <sup>b</sup>	1/48(0.02)	0/48(0.00)	21/42(0.50)	20/47(0.43)
P Values <sup>C</sup>			P < 0.001	P < 0.001
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			24.000 4.200 946.120	Infinite 6.614 Infinite
Weeks to First Observed Tumor	99		38	47
Body Cavities: Mesothelioma NOS or Mesothelioma, Malignant <sup>b</sup>	1/48(0.02)	2/48(0.04)	4/39(0.10)	2/40(0.05)
P Values <sup>C</sup>			N.S.	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			4.923 0.513 235.669	1.200 0.090 15.868
Weeks to First Observed Tumor	108	106	79	66

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TOPOGRAPHY : MORPHOLOGY	LOW DOSE CONTROL	HIGH DOSE CONTROL	LOW DOSE	HIGH DOSE
Thyroid: Papillary Adenoma or Follicular-Cell Adenoma <sup>b</sup>	0/39(0.00)	0/48(0.00)	4/33(0.12)	0/38(0.00)
P Values <sup>C</sup>			P = 0.040	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			Infinite 1.108 Infinite	
Weeks to First Observed Tumor			79	<b>د</b> در خ
Thyroid: Papillary Adenocarcinoma or Follicular-Cell Carcinoma <sup>b</sup> P Values <sup>C</sup>	0/39(0.00)	0/48(0.00)	4/33(0.12) P = 0.040	1/38(0.03) N.S.
r values Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit	 	 	r = 0.040 Infinite 1.108 Infinite	N.S. Infinite 0.068 Infinite
Weeks to First Observed Tumor			75	68
Parathyroid: Adenoma NOS <sup>b</sup> P Values <sup>C</sup>	0/23(0.00)	1/28(0.04)	1/20(0.05) N.S.	2/19(0.11) N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit	 		Infinite 0.063 Infinite	2.947 0.164 163.981
Weeks to First Observed Tumor		109	91	62

TOPOGRAPHY:MORPHOLOGY	LOW DOSE CONTROL	HIGH DOSE CONTROL	LOW DOSE_	HIGH DOSE
Pancreatic Islets: Islet-Cell Adenoma <sup>b</sup>	3/45(0.07)	0/46(0.00)	0/31(0.00)	1/35(0.03)
P Values <sup>C</sup>			N.S.	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			0.000 0.000 2.375	Infinite 0.071 Infinite
Weeks to First Observed Tumor	85			62
Hematopoietic System: Leukemia or Malignant Lymphoma <sup>b</sup>	6/48(0.13)	6/48(0.13)	2/39(0.05)	0/40(0.00)
P Values <sup>C</sup>			N.S.	P = 0.023(N)
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			0.410 0.042 2.138	0.000 0.000 0.745
Weeks to First Observed Tumor	98	93	96	

#### TABLE 3 (CONCLUDED)

<sup>a</sup>Treated groups received doses of 0.12 or 0.24 percent in feed.

30

<sup>b</sup>Number of tumor-bearing animals/number of animals examined at site (proportion).

<sup>C</sup>The probability level for the Fisher exact test for the comparison of a treated group with the control group is given beneath the incidence of tumors in the treated group when P < 0.05; otherwise, not significant (N.S.) is indicated. A negative designation (N) indicates a lower incidence in the treated group than in the control group.

 $^{
m d}$  The 95% confidence interval on the relative risk of the treated group to the control group.

<sup>e</sup>These analyses were based solely upon animals surviving at least 52 weeks, except for sites where the first tumor of interest was observed earlier than 52 weeks, where the analyses were based upon all animals that survived until or past the date that the first tumor was observed.

## TABLE 4

## TIME-ADJUSTED ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN FEMALE RATS TREATED WITH 5-NITROACENAPHTHENE<sup>a,e</sup>

	LOW DOSE	HIGH DOSE	LOW	HIGH
TOPOGRAPHY: MORPHOLOGY	CONTROL	CONTROL	DOSE	DOSE
Skin: Squamous-Cell Carcinoma, Basal-C Carcinoma, or Sebaceous	Cell			
Adenocarcinoma <sup>b</sup>	0/49(0.00)	1/50(0.02)	0/46(0.00)	3/31(0.10)
P Values <sup>C</sup>			N.S.	N.S.
Relative Risk (Control) <sup>d</sup>				4.839
Lower Limit				0.408
Upper Limit				245.211
Weeks to First Observed Tumor		110		85
Subcutaneous Tissue: Fibroma <sup>b</sup>	0/49(0.00)	1/50(0.02)	3/46(0.07)	2/31(0.06)
P Values <sup>C</sup>			N.S.	N.S.
Relative Risk (Control) <sup>d</sup>			Infinite	3.226
Lower Limit			0.641	0.174
Upper Limit			Infinite	183.956
Weeks to First Observed Tumor		102	75	68
Lung: Alveolar/Bronchiolar Carcinoma <sup>b</sup>	0/49(0.00)	0/50(0.00)	4/46(0.09)	1/31(0.03)
P Values <sup>C</sup>			N.S.	N.S.
Relative Risk (Control) <sup>d</sup>		<u></u>	Infinite	Infinite
Lower Limit			0.989	0.086
Upper Limit			Infinite	Infinite
Weeks to First Observed Tumor			65	87

TOPOGRAPHY: MORPHOLOGY	LOW DOSE CONTROL	HIGH DOSE CONTROL	LOW DOSE	HIGH DOSE
Lung: Alveolar/Bronchiolar Adenoma or Alveolar/Bronchiolar Carcinoma <sup>b</sup>	0/49(0.00)	1/50(0.02)	8/46(0.17)	3/31(0.10)
P Values <sup>C</sup>			P = 0.002	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			Infinite 2.437 Infinite	4.839 0.408 245.211
Weeks to First Observed Tumor		110	55	53
Hematopoietic System: Leukemia or Malignant Lymphoma <sup>b</sup>	7/49(0.14)	5/50(0.10)	1/46(0.02)	0/30(0.00)
P Values <sup>C</sup>			P = 0.036(N)	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			0.152 0.003 1.116	0.000 0.000 1.298
Weeks to First Observed Tumor	106	104	83	
Pituitary: Adenoma NOS or Chromophobe Adenoma <sup>b</sup>	18/44(0.41)	17/40(0.43)	5/42(0.12)	0/28(0.00)
P Values <sup>C</sup>			P = 0.002(N)	P < 0.001(N)
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			0.291 0.094 0.727	0.000 0.000 0.257
Weeks to First Observed Tumor	90	78	60	

TABLE 4 (CONTINUED)

TOPOGRAPHY : MORPHOLOGY	LOW DOSE CONTROL	HIGH DOSE CONTROL	LOW DOSE	HIGH DOSE
Adrenal: Pheochromocytoma <sup>b</sup>	2/49(0.04)	3/49(0.06)	1/45(0.02)	0/31(0.00)
P Values <sup>C</sup>			N.S.	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit		 	0.544 0.009 10.083	0.000 0.000 2.587
Weeks to First Observed Tumor	108	109	88	
Thyroid: Follicular-Cell Carcinoma <sup>b</sup>	1/40(0.03)	1/45(0.02)	3/43(0.07)	2/27(0.07)
P Values <sup>C</sup>			N.S.	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit		 	2.791 0.236 142.985	3.333 0.181 188.994
Weeks to First Observed Tumor	106	109	77	60
Thyroid: Follicular-Cell Carcinoma or Follicular-Cell Adenoma <sup>b</sup> P Values <sup>C</sup>	1/40(0.02)	1/45(0.02)	4/44(0.09) N.S.	3/27(0.11) N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit	  	 	3.636 0.381 174.735	5.000 0.424 251.837
Weeks to First Observed Tumor	106	109	51	59

TOPOGRAPHY: MORPHOLOGY	LOW DOSE CONTROL	HIGH DOSE CONTROL	LOW DOSE	HIGH DOSE
Thyroid: C-Cell Adenoma or C-Cell Carcinoma <sup>b</sup>	3/40(0.08)	2/45(0.04)	0/43(0.00)	0/27(0.00)
P Values <sup>C</sup>			N.S.	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit		 	0.000 0.000 1.538	0.000 0.000 5.519
Weeks to First Observed Tumor	108	110		
Mammary Gland: Adenocarcinoma <sup>b</sup>	0/49(0.00)	0/50(0.00)	5/46(0.11)	5/31(0.16)
P Values <sup>C</sup>	·		P = 0.024	P = 0.007
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit	 	 	Infinite 1.345 Infinite	Infinite 2.044 Infinite
Weeks to First Observed Tumor			60	65
Mammary Gland: Adenocarcinoma or Papillary Cystadenocarcinoma <sup>b</sup>	0/49(0.00)	0/50(0.00)	6/46(0.13)	5/31(0.16)
P Values <sup>C</sup>			P = 0.011	P = 0.007
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit	 		Infinite 1.706 Infinite	Infinite 2.044 Infinite
Weeks to First Observed Tumor			60	65

TOPOGRAPHY : MORPHOLOGY	LOW DOSE CONTROL	HIGH DOSE CONTROL	LOW DOSE	HIGH DOSE
Mammary Gland: Fibroadenoma <sup>b</sup>	16/49(0.33)	19/50(0.38)	12/46(0.26)	4/31(0.13)
P Values <sup>C</sup>			N.S.	P = 0.013(N)
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			0.799 0.389 1.593	0.340 0.092 0.902
Weeks to First Observed Tumor	80	107	78	74
Clitoral Gland: Carcinoma NOS <sup>b</sup>	0/49(0.00)	0/50(0.00)	6/46(0.13)	5/39(0.13)
P Values <sup>C</sup>			P = 0.011	P = 0.014
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			Infinite 1.706 Infinite	Infinite 1.620 Infinite
Weeks to First Observed Tumor			75	40
Uterus: Endometrial Stromal Polyp <sup>b</sup>	12/49(0.24)	10/50(0.20)	1/45(0.02)	1/26(0.04)
P Values <sup>C</sup>			P = 0.001(N)	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit			0.091 0.002 0.573	0.192 0.005 1.227
Weeks to First Observed Tumor	80	78	60	77

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TOPOGRAPHY:MORPHOLOGY	LOW DOSE CONTROL	HIGH DOSE CONTROL	LOW DOSE	HIGH DOSE
Ear Canal: Squamous-Cell Carcinoma <sup>b</sup>	0/49(0.00)	0/50(0.00)	3/49(0.06)	9/46(0.20)
P Values <sup>C</sup>			N.S.	P = 0.001
Relative Risk (Control) <sup>d</sup>			Infinite	Infinite
Lower Limit Upper Limit			0.602 Infinite	2.860 Infinite
Weeks to First Observed Tumor			67	34
Ear Canal: Ceruminous Carcinoma <sup>b</sup>	0/49(0.00)	0/50(0.00)	25/49(0.51)	26/47(0.55)
P Values <sup>C</sup>			P < 0.001	P < 0.001
Relative Risk (Control) <sup>d</sup>			Infinite	Infinite
Lower Limit		~~ <del>~</del>	8.233	9.148
Upper Limit			Infinite	Infinite
Weeks to First Observed Tumor			44	33
Ear Canal: Squamous-Cell Carcinoma, Ceruminous Carcinoma or				
Carcinosarcoma <sup>b</sup>	0/49(0.00)	0/50(0.00)	27/49(0.55)	35/47(0.74)
P Values <sup>C</sup>			P < 0.001	P < 0.001
Relative Risk (Control) <sup>d</sup>			Infinite	Infinite
Lower Limit	'		8.947	12.674
Upper Limit		هر عنه هنه	Infinite	Infinite
Weeks to First Observed Tumor			44	33

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#### TABLE 4 (CONCLUDED)

<sup>a</sup>Treated groups received doses of 0.12 or 0.24 percent in feed.

<sup>b</sup>Number of tumor-bearing animals/number of animals examined at site (proportion).

<sup>C</sup>The probability level for the Fisher exact test for the comparison of a treated group with the control group is given beneath the incidence of tumors in the treated group when P < 0.05; otherwise, not significant (N.S.) is indicated. A negative designation (N) indicates a lower incidence in the treated group than in the control group.

<sup>d</sup>The 95% confidence interval on the relative risk of the treated group to the control group.

<sup>e</sup>These analyses were based solely upon animals surviving at least 52 weeks, except for sites where the first tumor of interest was observed earlier than 52 weeks, where the analyses were based upon all animals that survived until or past the date that the first tumor was observed.

tumors were observed in at least one of the control or 5-nitroacenaphthene-dosed groups and where such tumors were observed in at least 5 percent of the group. Due to high early mortality these analyses have been based solely upon those rats surviving at least 52 weeks or, in the event that the tumor of interest was observed earlier, at least as long as the time at which the first tumor of interest was observed. Since all of the high dose males and all but 4/50 (8 percent) of the high dose females were dead after week 74, the statistical tests involving the high dose groups are not meaningful for late-developing tumors. Additionally, statistical results involving the low dose groups must be qualified since the low dose rats came from a different supplier.

In both male and female rats large numbers of ceruminous carcinomas and squamous-cell carcinomas of the ear canal or skin of the ear were observed. When the incidences were combined so that the numerator represented rats of that sex with either one of these tumors, then both for males and for females the Fisher exact tests comparing both the high dose and low dose groups to their respective controls were significant (P < 0.001). These tumors occurred in 3/334 (1 percent) of the male and 0/336 female Fischer 344 rats in the historical controls observed at Mason Research Institute for the NCI Carcinogenesis Testing Program. By comparison, these tumors were observed in 20/47 (43 percent) of the high dose and 21/42 (50 percent) of the low dose males surviving on test at least 38 weeks,

and in 35/47 (74 percent) of the high dose and 27/49 (55 percent) of the low dose females surviving on test at least 33 weeks. Based on these statistical results, the administration of 5-nitroacenaphthene was associated with an increased incidence of ceruminous carcinomas and squamous-cell carcinomas of the ear canal or skin of the ear in both male and female rats.

In female rats, the Fisher exact test for the incidence of clitoral gland carcinoma was significant when comparing both the high dose to the high dose control (P = 0.014) and the low dose to the low dose control (P = 0.011). Similarly, in female rats, the incidence of mammary adenocarcinomas was significant when comparing both the low dose (P = 0.024) and high dose (P = 0.007) to their respective controls. In historical control females, 0/336 and 4/336 (1 percent) of the untreated females had the clitoral or mammary tumor, respectively. Based on these statistical results, the administration of 5-nitroacenaphthene was associated with the increased incidence of clitoral gland carcinomas and mammary adenocarcinomas in female rats.

Significantly increased incidences of alveolar/bronchiolar neoplasms were noted with the Fisher exact tests for both low dose male (P = 0.002) and low dose female (P = 0.002) rats. In historical control data compiled by this laboratory for the NCI Carcinogenesis Testing Program 5/334 (1 percent) of the male and 4/336 (1 percent) of the female Fischer 344 rats had either an alveolar/bronchiolar

adenoma or an alveolar/bronchiolar carcinoma--compared to 7/38 (18 percent) low dose males and 8/46 (17 percent) low dose females in this study. The absence of significant results in the high dose groups probably reflected the poor survival in those high dose groups. The earliest observed tumor was in week 49 in the high dose males and week 53 in the high dose females, compared to week 109 in the high dose control males and week 110 in the high dose control females. Based on these statistical results, the administration of 5-nitroacenaphthene was associated with the development of alveolar/ bronchiolar neoplasms in male and female Fischer 344 rats.

In male rats the incidence of kidney tubular-cell adenomas or tubular-cell adenocarcinomas was increased in the low dose group over that in the control. The Fisher exact test yielded a value of P = 0.037, a marginal result which was not significant under the Bonferroni criterion. Similarly, the incidences of thyroid adenomas and the incidences of thyroid carcinomas in males, plus the incidences of leukemias or malignant lymphomas in females were not significant under the Bonferroni criterion.

For interstitial-cell tumors of the testis, pituitary adenomas, and adrenal pheochromocytomas in males and for pituitary adenomas, mammary fibroadenomas, and endometrial stromal polyps in females, the possibility of a negative association between chemical administration and incidence was indicated. These results must be discounted, however, due to the poor survival of the dosed rats.

In summary, the statistical findings were that the administration of 5-nitroacenaphthene was associated with the increased incidence of carcinomas of the ear canal or skin of the ear and of alveolar/ bronchiolar neoplasms in both male and female rats and with clitoral gland carcinomas and mammary gland adenocarcinomas in female rats.

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#### IV. CHRONIC TESTING RESULTS: MICE

#### A. Body Weights and Clinical Observations

Compound-related mean body weight depression was apparent in male mice but not in females (Figure 4). Fluctuations in the growth curve may be due to mortality; as the size of the group diminishes, the mean body weight may be subject to wide variations.

No abnormal clinical signs were recorded.

#### B. Survival

The estimated probabilities of survival for male and female mice in the control and 5-nitroacenaphthene-dosed groups are shown in Figure 5. For male mice, the Tarone test for positive association between increased dosage and accelerated mortality was significant (P < 0.001). For female mice, the Cox test indicated a significantly (P < 0.001) greater mortality in the high dose than in the control group.

Five male mice were sacrificed from the control group in week 79. Survival was very poor in the male high dose group with a median survival of 20 weeks: 10 died in week 13, 26 in week 20, and 6 in week 42. Only 3 mice survived past week 42. These deaths were not related to tumor incidence since the one tumor found in a high dose male occurred in a mouse which survived until the end of the study. In the low dose group 14 deaths were observed in week 50. All 14 of these low dose males had a fatty metamorphosis of the liver; ten had



FIGURE 4 GROWTH CURVES FOR 5-NITROACENAPHTHENE CHRONIC STUDY MICE



FIGURE 5 SURVIVAL COMPARISONS OF 5-NITROACENAPHTHENE CHRONIC STUDY MICE

calcification of the renal papilla. Twenty-eight low dose males survived on test until the termination of the study. In the control group survival was good, with 43/50 (86 percent) of the mice surviving on test until the termination of the study. Only in the low dose and control groups were adequate numbers of male mice at risk from latedeveloping tumors.

Among females five mice were sacrificed from the control group in week 79. The 24 deaths (48 percent) which occurred during week 50 in the high dose group were apparently due to toxicity, but only a few additional deaths were observed after that week. At the termination of the experiment 36 percent (18/50) of the high dose, 76 percent (38/50) of the low dose, and 72 percent (36/50) of the control mice were still alive on test. Adequate numbers of dosed and control females survived long enough to be at risk from late-developing tumors. C. Pathology

Histopathologic findings on neoplasms in mice are summarized in Appendix B (Tables B1 and B2); findings on nonneoplastic lesions are summarized in Appendix D (Tables D1 and D2).

The incidence of hepatocellular carcinoma was elevated in both low dose (23/47 [49 percent]) and high dose (18/45 [40 percent]) females compared with female controls (2/47 [4 percent]). There were no hepatocellular carcinomas in high dose males, although they occurred in both control and low dose animals. The lesions were typical of hepatocellular carcinoma in mice as described in the

literature (Reuber, 1975). The full range of lesions described by Reuber as hepatocellular carcinoma was seen (i.e., from welldifferentiated to anaplastic). Four hepatocellular carcinomas in treated female mice and one in a control female mouse metastasized to the lung.

There was an increased incidence of ovarian neoplasms in dosed female mice. Granulosa-cell tumors were found in 2/41 (5 percent) low dose and 2/39 (5 percent) high dose mice. The incidence of tubular-cell adenomas appeared to be dose-related, occurring in 2/41 (5 percent) low dose and 4/39 (10 percent) high dose mice. One luteoma was observed in the high dose group. None of these neoplasms was observed in control female mice.

There were other tumors and many inflammatory and degenerative lesions reported which are commonly seen in aging mice. Most of these lesions were unrelated to the administration of the test compound, appearing with similar or lesser frequency in the dosed mice than in the controls. Fatty metamorphosis of the liver and calcification of renal papilla were, however, compound-related lesions in both sexes.

Based upon this pathologic examination, 5-nitroacenaphthene was carcinogenic in female B6C3F1 mice, inducing hepatocellular carcinomas and ovarian tumors.

#### D. Statistical Analyses of Results

The results of the statistical analyses of tumor incidence in mice are summarized in Tables 5 and 6. The analysis is included for every type of malignant tumor in either sex where at least two such tumors were observed in at least one of the control or 5-nitroacenaphthene-dosed groups and where such tumors were observed in at least 5 percent of the group. The results for high dose male mice have been omitted since early mortality was so high that statistical analyses of late-developing tumors were meaningless for that group. Because of the high early mortality in both sexes, statistical analyses were based upon those mice surviving at least 52 weeks. All of the statistical results for mice must be qualified since the control mice were from a different supplier than the dosed mice.

For females the incidences of hepatocellular carcinoma were significant (P < 0.001) when comparing the dosed groups to the controls using the Cochran-Armitage test. These Cochran-Armitage results were supported by significant (P < 0.001) Fisher exact test results for the comparison of both high dose and low dose to control. In historical data compiled by this laboratory for the Carcinogenesis Testing Program, 12/250 (5 percent) of the untreated female B6C3F1 mice had one of these tumors, compared to the 2/47 (4 percent) observed in these control females. Based on these results the statistical conclusion is that the administration of 5-nitroacenaphthene was

## TABLE 5

## TIME-ADJUSTED ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN MALE MICE TREATED WITH 5-NITROACENAPHTHENE<sup>a,e</sup>

TOPOGRAPHY: MORPHOLOGY	CONTROL	LOW DOSE
Lung: Alveolar/Bronchiolar Carcinoma <sup>b</sup>	5/50(0.10)	0/31(0.00)
P Values <sup>C</sup>		N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit		0.000 0.000 1.258
Weeks to First Observed Tumor	95	
Lung: Alveolar/Bronchiolar Adenoma or Alveolar/Bronchiolar Carcinoma <sup>b</sup>	5/50(0.10)	4/45(0.09)
P Values <sup>C</sup>	<sup>*</sup>	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit		0.889 0.187 3.868
Weeks to First Observed Tumor	95	50
Hematopoietic System: Leukemia or Malignant Lymphoma <sup>b</sup>	5/50(0.10)	3/33(0.09)
P Values <sup>C</sup>		N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit		0.909 0.149 4.312
Weeks to First Observed Tumor	75	96

#### TABLE 5 (CONCLUDED)

TOPOGRAPHY: MORPHOLOGY	CONTROL	LOW DOSE
Liver: Hepatocellular Carcinoma <sup>b</sup>	12/50(0.24)	7/31(0.23)
P Values <sup>C</sup>		N.S.
Relative Risk (Control) <sup>d</sup>		0.941
Lower Limit		0.348
Upper Limit		2.273
Weeks to First Observed Tumor	95	95

<sup>a</sup>Low dose group received a dose of 0.06 percent in feed.

<sup>b</sup>Number of tumor-bearing animals/number of animals examined at site (proportion).

49

<sup>C</sup>The probability level for the Fisher exact test for the comparison of the treated group with the control group is given beneath the incidence of tumors in the treated group when P < 0.05; otherwise, not significant (N.S.) is indicated. A negative designation (N) indicates a lower incidence in the treated group than in the control group.

 $^{d}$  The 95% confidence interval on the relative risk of the treated group to the control group.

<sup>e</sup>These analyses were based solely upon animals surviving at least 52 weeks, except for sites where the first tumor of interest was observed earlier than 52 weeks, where the analyses were based upon all animals that survived until or past the date that the first tumor was observed.

## TABLE 6

# TIME-ADJUSTED ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN FEMALE MICE TREATED WITH 5-NITROACENAPHTHENE<sup>a,e</sup>

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TOPOGRAPHY: MORPHOLOGY	CONTROL	LOW DOSE	HIGH DOSE
Lung: Alveolar/Bronchiolar Adenoma or Alveolar/Bronchiolar Carcinoma <sup>b</sup>	2/46(0.04)	3/47(0.06)	2/19(0.11)
P Values <sup>C</sup>	N.S.	N.S.	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit		1.468 0.176 16.917	2.421 0.184 30.577
Weeks to First Observed Tumor	96	92	96
Hematopoietic System: Leukemia or Malignant Lymphoma <sup>b</sup>	7/47(0.15)	5/47(0.11)	4/46(0.09)
P Values <sup>C</sup>	N.S.	N.S.	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit	 	0.714 0.192 2.423	0.584 0.134 2.132
Weeks to First Observed Tumor	83	92	25
Liver: Hepatocellular Carcinoma <sup>b</sup>	2/47(0.04)	23/47(0.49)	18/19(0.95)
P Values <sup>C</sup>	P < 0.001	P < 0.001	P < 0.001
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit	 	11.500 3.116 94.161	22.263 7.102 44.718
Weeks to First Observed Tumor	94	92	87

TABLE 6 (CONTINUED)

TOPOGRAPHY: MORPHOLOGY	CONTROL	LOW DOSE	HIGH DOSE
Pituitary: Adenoma NOS <sup>b</sup>	5/43(0.12)	0/39(0.00)	0/18(0.00)
P Values <sup>C</sup>	P = 0.028(N)	P = 0.035(N)	N.S.
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit		0.000 0.000 0.867	0.000 0.000 1.803
Weeks to First Observed Tumor	95		
Ovary: Tubular-Cell Adenoma <sup>b</sup>	0/45(0.00)	2/41(0.05)	4/17(0.24)
P Values <sup>C</sup>	P = 0.001	N.S.	P = 0.004
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit		Infinite 0.326 Infinite	Infinite 2.497 Infinite
Weeks to First Observed Tumor		96	96
Ovary: Granulosa-Cell Tumor, Luteoma, or Tubular-Cell Adenoma <sup>b</sup>	0/45(0.00)	4/41(0.10)	7/37(0.19)
P Values	P = 0.003	P = 0.048	P = 0.003
Relative Risk (Control) <sup>d</sup> Lower Limit Upper Limit		Infinite 1.022 Infinite	Infinite 2.376 Infinite
Weeks to First Observed Tumor		96	36

TABLE 6 (CONCLUDED)

<sup>a</sup>Treated groups received time-weighted average doses of 0.05 or 0.12 percent in feed.

<sup>b</sup>Number of tumor-bearing animals/number of animals examined at site (proportion).

<sup>C</sup>The probability level for the Cochran-Armitage test is given beneath the incidence of tumors in the control group when P < 0.05; otherwise, not significant (N.S.) is indicated. The probability level for the Fisher exact test for the comparison of a treated group with the control group is given beneath the incidence of tumors in the treated group when P < 0.05; otherwise, not significant (N.S.) is indicated. For both Cochran-Armitage and Fisher exact tests a negative designation (N) indicates a lower incidence in the treated group(s) than in the control group.

<sup>d</sup>The 95% confidence interval on the relative risk of the treated group to the control group.

<sup>e</sup>These analyses were based solely upon animals surviving at least 52 weeks, except for sites where the first tumor of interest was observed earlier than 52 weeks, where the analyses were based upon all animals that survived until or past the date that the first tumor was observed.

associated with the incidence of hepatocellular carcinomas in female B6C3F1 mice.

For females the Cochran-Armitage test indicated a significant (P = 0.003) positive association between dose and the combined incidences of granulosa-cell tumors, luteomas, or tubular-cell adenomas of the ovary. The Fisher exact test comparing high dose to control was also significant (P = 0.003) under the Bonferroni criterion. The historical control data compiled by this laboratory indicated that 2/350 (0.57 percent) of the untreated female B6C3F1 mice had these tumors as compared to the absence of these tumors in the control females of this bioassay. Based upon these results the administration of 5-nitroacenaphthene was associated with the increased incidence of ovarian neoplasms.

In female mice, the Cochran-Armitage test indicated a significant negative association between dose and the incidence of pituitary adenomas NOS. The Fisher exact tests, however, were not significant when the Bonferroni criterion was applied.

In summary, the statistical results indicate that the administration of 5-nitroacenaphthene was associated with the increased incidence of hepatocellular carcinomas and ovarian neoplasms in female B6C3F1 mice under the conditions of this bioassay. No statistical inferences could be made with respect to male mice due to the elevated mortality among high dose males.

#### V. DISCUSSION

In spite of deficiencies in the conduct of the experiment (some controls improperly matched; the maximum tolerated doses exceeded), sufficient evidence was obtained to establish the carcinogenicity of 5-nitroacenaphthene.

The concentration of 5-nitroacenaphthene in the diet was associated with decreased survival in both species. Toxicity of 5-nitroacenaphthene at the dosages used in this experiment was indicated by accelerated mortality in all dosed groups and by depressed growth among dosed rats of both sexes and dosed male mice. Although mortality among dosed rats may have been related to tumor development, the very high rate of early deaths among male mice could not have been due to cancer since no tumors were found in high dose male mice that died before termination of the study. During week 50, 24/50 (48 percent) high dose female mice died, presumably due to toxicity of the test chemical. Survival in low dose and control mouse groups of both sexes was considered sufficient to provide an adequate number of mice at risk from late-developing tumors. Because of accelerated mortality in both species, statistical analyses were based on those animals surviving at least 52 weeks or until the first tumor at that site was observed in any group of that sex and species.

Dietary administration of 5-nitroacenaphthene was related to an increased incidence of several neoplasms in rats. The incidences of

malignant tumors of the ear canal (incidences of ceruminous carcinomas and squamous-cell carcinomas were combined so that the numerator represented rats with either one of these tumors) were statistically significant at each dose level in each sex. Tumors were found as early as week 33. Among female rats, the incidences of clitoral gland carcinoma and the incidences of mammary adenocarcinomas were each significant in both the high dose group and the low dose group. Significant incidences of alveolar/bronchiolar carcinomas were observed in low dose rat groups of each sex, but not in high dose groups. It is possible that high dose rats did not survive long enough to be at risk from these tumors. Hepatocellular carcinomas in four dosed female mice and one control female mouse metastasized to the lung.

Ovarian tumors of several histologic types were observed at increased incidences in dosed female mice. Although only tubularcell adenomas were significant alone, when incidences of granulosacell tumors, luteomas, or tubular-cell adenomas were combined, there was a significant positive association between dosage level and tumor incidence. The number of high dose female mice having at least one of these tumors was significantly greater than the number of control mice with at least one of these ovarian tumors.

There was a significant positive association between dietary concentration of 5-nitroacenaphthene and the incidence of hepatocellular carcinomas in female mice. The incidences of these tumors were statistically significant for each dosed group.

In an earlier study conducted in Tokyo, Japan, 5-nitroacenaphthene was found to be carcinogenic in female Wistar rats following dietary administration of approximately 200 mg/day (1 percent of the diet) for a period of 4 months (Terasawa, 1974; Takemura et al., 1974). Malignancies were observed in all surviving animals and included rhabdomyosarcoma of the lower abdominal wall, sebaceous-cell carcinoma of the ear duct, intraductal carcinoma of the breast, and adenocarcinoma of the small intestine. In a similar experiment using female Syrian golden hamsters, cholangiomas were the only tumors observed in 54 percent of surviving hamsters fed a diet containing 1 percent 5-nitroacenaphthene for a period of 6 months (Terasawa, 1974; Takemura et al., 1974). No tumors were observed in male animals of either species. These indications of carcinogenicity in a different strain of rats and in a third rodent species provide supporting evidence for the carcinogenicity of this compound.

The numbers of high dose male B6C3Fl mice surviving long enough to be at risk from late-developing tumors did not constitute an adequate test for carcinogenicity; however, survival and dosage among low dose male mice was adequate. On this basis, no evidence was provided by this bioassay for the carcinogenicity of 5-nitroacenaphthene in male B6C3Fl mice.

Under the conditions of this bioassay, 5-nitroacenaphthene was carcinogenic to Fischer 344 rats, causing increased incidences of malignant tumors of the ear canal in both sexes, alveolar/bronchiolar

carcinoma in both sexes, clitoral gland carcinoma in females, and mammary adenocarcinomas in females. 5-Nitroacenaphthene was also carcinogenic to female B6C3F1 mice, causing hepatocellular carcinomas and ovarian tumors.

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## APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS TREATED WITH 5-NITROACENAPHTHENE

TABLE A1
IADLE AI
SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS TREATED WITH 5-NITROACENAPHTHENE

	01-0070	HIGH DOSE CONTROL (UNTR) 01-0118	01-0065	01-0107
ANIMALS INITIALLY IN STUDY ANIMALS MISSING	50 1	a50	50	50
NIMALS NECROPSIED NIMALS EXAMINED HISTOPATHOLOGICALLY**	48 48	48 48	43 43	47 47
NTEGUMENTARY SYSTEM				
*SKIN SQUAMOUS CELL PAPILLOMA SQUAMOUS CELL CARCINOMA BASAL-CELL TUMOR BASAL-CELL CARCINOMA SEBACEOUS ADENOCARCINOMA FIBROMA	(48) 1 (2%) 1 (2%) 1 (2%)	(48)	(43) 1 (2%) 1 (2%) 1 (2%) 4 (9%)	(47) 1 (2%)
*SUBCUT TISSUE SARCOMA, NOS FIBROMA FIBROSARCOMA LEIOMYOSARCOMA	(48) 2 (4%)	(48) 1 (2%) 3 (6%) 1 (2%)	(43) 2 (5%)	(47) 1 (2%) 1 (2%)
PESPIRATORY SYSTEM				
*LUNG CARCINOMA, NOS, METASTATIC SQUAMOUS CELL CARCINOMA SQUAMOUS CELL CARCINOMA, METASTA ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA CERUMINOUS CARCINOMA, METASTATIC PHECCHROMOCYTOMA, METASTATIC OSTEOSARCOMA, METASTATIC	(48) 1 (2%) 1 (2%)	(48) 1 (2%) 1 (2%)	(41) 1 (2%) 2 (5%) 2 (5%) 5 (12%)	(47) 1 (2%) 3 (6%) 1 (2%)
HEMATOPOIETIC SYSTEM				
<pre>*MULTIPLE ORGANS MALIGNANT LYMPHOMA, NOS LEUKEMIA,NOSMYELCMONOCYTIC_LEUKEMIA</pre>	(48) 1 (2%) 5 (10%)	(48) 1 (2%) 1 (2%) 4 (8%)	(43) 2 (5%)	

\* NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY
 \* NUMBER OF ANIMALS NECROPSIED
 \*\*EXCLUDES PARTIALLY AUTOLYZED ANIMALS
 © 50 ANIMALS WERE INITIALLY IN STUDY BUT ONE WAS DELETED WHEN FOUND TO BE A FEMALE ANIMAL IN A MALE GROUP.

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······	LOW DOSE CONTROL (UNTR) 01-0070	HIGH DOSE CONTROL (UNTR) 01-0118	LON DOSE 01-0065	HIGH DOSE 01-0107
*SPLEEN OSTEOSARCONA, NETASTATIC	(48) 1 (2%)	(48)	(38)	(47)
*HEDIASTINAL L.NODE Alveolar/bronchiolar CA, Hetasta	(42)	(44)	(23) 1 (4 <b>%</b> )	(16)
IRCULATORY SYSTEM				
*PULMONARY ARTERY SARCONA, NOS	(48)	(48)	(43) 1 (2%)	(47)
IGESTIVE SYSTEM				
<pre>#SALIVARY GLAND ADENOCARCINOMA, NOS SARCOMA, NOS</pre>	(46)	(47) 1 (2%) 1 (2%)	(38)	(44)
\$SUBNAXILLARY GLAND Sarcoma, nos	(46)	(47)	(38) 1 (3%)	(44)
*LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA	(48) 1 (2%) 2 (4%)	(48) 1 (2%)	(40) 1 (3 <b>%)</b>	(46)
*ILEUM Sarcoma, nos	(45)	(46) 1 (2%)	(34)	(39)
*COLON ADENOCARCINONA, NOS	(44)	(46)	(32)	(38) 1 (3%)
RINARY SYSTEM				
*KIDNEY TUBULAR-CELL ADENOMA	(48)	(48)	(43) 3 (7%)	(46)
TUBULAR-CELL ADENOCARCINONA SARCOMA, NOS			1 (2%)	1 (2%)
#UFINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	(46) 1 (2%)	(43)	(37)	(45)
NDOCRINE SYSTEM				
<pre>#PITUITARYADENONANOS</pre>	(41) 1 (2%)	(38)	(31)	(33)

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

	LOW DOSE CONTROL (UNTR) 01-0070	HIGH DOSE CONTROL (UNTR) 01-0118	LOW DOSE 01-0065	HIGH DOSE 01-0107
EPENDYMOMA			1 (3%)	
<pre>#ADR ENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT GANGLIONEUROMA</pre>	(47) 1 (2%) 10 (21%) 1 (2%)	(47) 7 (15%) 1 (2%)	(37) 2 (5%)	(42)
*THYROID PAPILLARY ADENOMA PAPILLARY ADENOCARCINOMA FOLLICULAR-CELL ADENOMA	(39)	(48)	(37) 2 (5%) 2 (5%) 2 (5%) 2 (5%)	(44)
FOLLICULAR-CELL CARCINOMA C-CELL CARCINOMA		1 (2%)	2 (5%)	1 (2%)
*PARATHYROID Adenoma, nos	(23)	(28) 1 (4%)	(22) 1 (5%)	(22) 2 (9%)
*PANCREATIC ISLETS ISLET-CELL ADENOMA	(45) 3 (7%)	(46)	(35)	(42) 1 (2%)
EPRODUCTIVE SYSTEM				
*MAMMARY GLAND PAPILLARY ADENOCARCINOMA FIBROADENOMA	(48) 1 (2%) 1 (2%)	(48)	(43)	(47)
*PREPUTIAL GLAND CARCINOMA,NOS	(48) 2 (4%)	(48)	(43) 3 (7%)	(47)
*TESTIS INTERSTITIAL-CELL TUMOR	(47) 45 (96%)	(47) 42 (89%)	(37) 19 (51%)	(44) 2 (5%)
ERVOUS SYSTEM				
#BRAIN GLIOMA, NOS	(47)	(48) 1 (2%)	(37)	(44)
PECIAL SENSE ORGANS				
*EYE/LACRIMAL GLAND Adencma, nos	(48)	(48)	(43) 1 (2%)	(47)
*EAR CANAL SQUAMOUS CELL CARCINOMA CERUMINOUS CARCINOMA	(48)	(48)	(43) 7 (16%) <u>14 (33%)</u>	(47) 2 (4%) <u>18 (38%</u>

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

	LOW DOSE CONTROL (UNTR) 01-0070	HIGH DOSE CONTROL (UNTR) 01-0118	LOW DOSE 01-0065	HIGH DOSI 01-0107
USCULOSKELETAL SYSTEM				
NONE				
BODY CAVITIES				
*BODY CAVITIES	(48)	(48)		(47)
MESOTHELIOMA, NOS MESOTHELIOMA, MALIGNANT	1 (2%)	2 (4%)	4 (9%)	2 (4%)
DIAPHRAGM ADENOCARCINOMA, NOS 			1	
ANIMALS INITIALLY IN STUDY NATURAL DEATHĐ	50 5	50 6	50 23	50 19
MORIBUND SACRIFICE	5	8	23	31
SCHEDULED SACRIFICE ACCIDENTALLY KILLED		-		
TERMINAL SACRIFICE Animal missing Animal deleted/wrong sex	34 1	30 1		
INCLUDES AUTOLYZED ANIMALS				

#### TABLE A1 (CONCLUDED)

	LOW DOSE CONTROL (UNTR) 01-0070	HIGH DOSE CONTROL (UNTR) 01-0118	LOW DOSE 01-0065	HIGH DOSE 01-0107
UMOR SUNMARY				
TOTAL ANIMALS WITH PRIMARY TUMORS*	45	44	39	30
TOTAL PRIMARY TUMORS	81	80	87	36
TOTAL ANIMALS WITH BENIGN TUMORS	45	43	25	7
TOTAL EENIGN TUMORS	66	62	40	9
TOTAL ANIMALS WITH MALIGNANT TUMORS	10	17	31	25
TOTAL MALIGNANT TUMORS	13	18	47	25
TOTAL ANIMALS WITH SECONDARY TUMORS	2	1	3.	2
TOTAL SECONDARY TUMORS	3	1	3	2
TOTAL ANIMALS WITH TUMORS UNCERTAIN-				
BENIGN OR MALIGNANT	2			2
TOTAL UNCERTAIN TUMORS	2			2
TOTAL ANIMALS WITH TUMORS UNCERTAIN-				
PRIMARY OR METASTATIC				
TOTAL UNCERTAIN TUMORS				

PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY TUMORS
 # SECONDARY TUMORS: METASTATIC TUMORS OR TUMORS INVASIVE INTO AN ADJACENT ORGAN

 TABLE A2

 SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS TREATED WITH 5-NITROACENAPHTHENE

	LOW DOSE CCNTROL (UNTR) 02-0070		OSE OL (UNTR) 118	LOW I 02-0	05E	HIGH 02-0	
ANIMALS INITIALLY IN STUDY	50	50		50		50	
ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY**	49	50 50		49 48		48 48	
ANTHALS EXAMINED RISTOPATHOLOGICALLY						40 	
INTEGUMENTARY SYSTEM							
*SKIN	(49)	(50)				(48)	
SQUAMOUS CELL PAPILLOMA				1	(2%)		(2%)
SQUAMOUS CELL CARCINOMA BASAL-CELL CARCINJMA		1	(2%)			1	(2%)
SEBACEOUS ADENOMA		,	(27)	1	(2%)		
SEBACEOUS ADENOCARCINOMA					(2.0)	2	(4%)
*SUBCUT TISSUE	(49)	(50)		(49)		(48)	
SEBACEOUS ADENOMA							(2%)
FIBRONA FIBROSARCOMA			(2%)	3	(6%)	2	(4%)
			(2%)				
RESPIRATORY SYSTEM							
#LUNG	(49)	(50)		(48)		(48)	
SQUAMOUS CELL CARCINOMA, METASTA			(2%)	1	(2%)		(2%)
ALVEOLAR/BRONCHIOLAR ADENOMA Alveolar/bronchiolar carcinoma		3	(2%)		(8%) (8%)		(4%) (2%)
						·	(2,4)
HENATOPOIETIC SYSTEM							
*MULTIPLE ORGANS	(49)	(50)		(49)		(48)	
MALIGNANT LYMPHOMA, NOS UNDIFFERENTIATED LEUKEMIA	2 (4%)	1	(2%)				
MYELCHONOCYTIC LEUKEMIA	5 (10%)		(2%)				
#SPLEEN	(48)	(48)		(48)		(47)	
UNDIFFERENTIATED LEUKEMIA		1	(2%)				
#LIVER	(49)	(50)		(48)		(47)	
UNDIFFERENTIATED LEUKEMIA				1	(2%)		
CIRCULATORY SYSTEM							
NONE							
	ED HICROCODIC			, –-			
# NUMBER OF ANIMALS WITH TISSUE EXAMIN * NUMBER OF ANIMALS NECROPSIED	ED MICROSCOPIC	ALLY					
** EXCLUDES PARTIALLY AUTOLYZED ANIMALS							

#### TABLE A2 (CONTINUED)

		HIGH DOSE CONTROL (UNTR) 02-0118	LOW DOSE 02-0065	HIGH DOSE 02+0107
DIGESTIVE SYSTEM				
*MOUTH SQUAMOUS CELL PAPILLOMA	(49)	(50)	(49) 1 (2%)	(48)
*PAROTID GLAND ADENOMA, NOS	(49)	(50)	(45) 1 (2%)	(44)
*LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA	(49) 2 (4%) 1 (2%)	(50)	(48)	(47)
#ILEUM LEIONYOSARCONA	(49)	(48) 1 (2%)	(48)	(47)
JRINARY SYSTEM				
<pre>#KIDNEY CARCINGMA,NOS TUBULAR-CELL ADENOMA SARCOMA, NOS</pre>	(49) 1 (2%)	(50)	(48)	(48) 1 (2%) 1 (2%)
NDOCRINE SYSTEM				
*PITUITARY ADENOMA, NOS CHROMOPHOBE ADENOMA	(44) 18 (41%)	(40) 17 (43%)	(44) 4 (9%) 1 (2%)	(43)
#ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA	(49) 1 (2%)	(49) 1 (2%) 3 (6%)	(47) 1 (2%)	(48) 1 (2%)
#ADRENAL MEDULLA GANGLIONZUROMA	2 (4%) (49)	(49) 1 (2%)	(47)	(48)
THYROID POLITCULAR-CELL ADENOMA FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA	(40) 1 (3%) 2 (5%) 1 (3%)	(45) 1 (2%) 1 (2%) 1 (2%)	(45) 1 (2%) 3 (7%)	(40) 1 (3%) 2 (5%)
*PANCREATIC ISLETS ISLET-CBLL_ADENONA	(47)	(48)	(47)	(47)

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

#### TABLE A2 (CONTINUED)

	LOW DOSE CONTROL (UNTR) 02-0070	HIGH DOSE CONTROL (UNTR) 02-0118	LOW DOSE 02-0065	HIGH DOSE 02-0107
EPRODUCTIVE SYSTEM				
*MAMMARY GLAND ADENOMA, NUS ADENOCARCINOMA, NOS PAPILLARY CYSTADENOCARCINOMA,NOS FIBFOADENOMA	(49) 2 (4%) 16 (33%)	(50) 19 (38%)	(49) 5 (10%) 1 (2%) 12 (24%)	(48) 5 (10%) 4 (8%)
*CLITORAL GLAND CARCINUMA,NOS SQUAMOUS CELL PAPILLOMA SQUAMOUS CELL CARCINOMA ADENOMA, NOS	(49) 1 (2%)	(50) 1 (2%) 2 (4%)	(49) 6 (12%) 1 (2%)	(48) 5 (10% 1 (2%)
#UTERUS ADENOCARCINOMA, NOS LEIOMYOSARCOMA ENDOMETRIAL STROMAL POLYP INDOMETRIAL STROMAL SARCOMA	(49) 1 (2%) 12 (24%)	(50) 1 (2%) 10 (20%) 1 (2%)	(47) 1 (2%)	(42) 1 (2%)
#UTERUS/ENDOMETRIUM Adenocarcinoma, NUS	(49) 2 (4%)	(50)	(47)	(42)
#OVARY JRANULOSA-CELL TUMOR	(47)	(49) 1 (2%)	(45)	(45)
TERVOUS SYSTEM				
*BRAIN OLIGODENDROGLIOMA	(49) 1 (2%)	(50)	(48)	(47)
PICIAL SENSE ORGANS				
*FAR CANAL SQUAMOUS CELL CARCINOMA CIRUMINUUS CARCINOMA CARCINOSARCOMA	(49)	(50)	(49) 3 (6%) 25 (51%) 1 (2%)	(48) 9 (19% 26 (54%
USCULOSKELETAL SYSTEM				

\* NUMBER OF ANIMALS NECROPSIED

## TABLE A2 (CONCLUDED)

	LOW DOSE CONTROL (UNTR) 02-0070	HIGH DOSE CONTROL (UNTR) 02-0118	LOW DOS 2 02-0065	HIGH DOSE 02-0107
BODY CAVITIES				
*PERITONEUM MESOTHELIOMA, NOS	(49) 1 (2%)	•	(49)	(49)
ALL OTHER SYSTEMS		1		
SITE UNKNOWN Squamous Cell Carcinoma		11		
ANIMAL DISPOSITION SUMMARY				
ANIMALS INITIALLY IN STUDY Natural deathð Moribund Sacrifice Scheduled Sacrifice	50 3 7 5	50 5 3 5	50 9 4 <b>1</b>	50 11 39
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	35	37		
D INCLUDES AUTOLYZED ANIMALS				
TUNOR SUMMARY				
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	45 73	38 73	46 81	45 67
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	37 54	35 59	24 32	10 13
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	13 16	12 13	39 49	44 54
TOTAL ANIMALS WITH SECONDARY TUMORS TOTAL SECONDARY TUMORS	ŧ	1 1	1 1	1 <sup>°</sup> 1
TOTAL ANIMALS WITH TUMORS UNCERTAIN- BENIGN OR MALIGNANT TOTAL UNCERTAIN TUMORS	- 3 3	1 1		
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR NETASTATIC TOTAL UNCERTAIN TUMORS	-			

\* SECONDARY TUMORS: METASTATIC TUMORS OR TUMORS INVASIVE INTO AN ADJACENT ORGAN

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## APPENDIX B

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE TREATED WITH 5-NITROACENAPHTHENE 
 TABLE B1
 SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE TREATED WITH 5-NITROACENAPHTHENE

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	CONTROL (UNTR) 05-0070	LOW DOSE 05-0064	HIGH DOSE 05-0065
NNIMALS INITIALLY IN STUDY ANIMALS NECROPSIED INIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 ** 50	50 49 47	50 45 45
INTEGUMENTARY SYSTEM			
NON 8			
RESPIRATORY SYSTEM			
+LUNG UNDIFFERENTIATED CARCINGNA METAS	(50)	(46) 1 (2 <b>%</b> )	(44)
HEPATOCELLULAR CARCINONA, METAS' ALVEOLAR/BRONCHIOLAR ADENOMA	1 (2%)	4 (9%)	
ALVEOLAR/BRONCHIOLAR CARCINOMA	5 (10%)	4 (9%)	
HEMATOPOIETIC SYSTEM			
<pre>*NULTIPLE ORGANS MALIGNANT LYMPHOMA, NOS MALIG.LYMPHOMA, HISTIOCYTIC TYPE</pre>	(50) 2 (4%) 1 (2%)	(49) 2 (4%) 1 (2%)	(45)
#SPLEEN Hemangioma	(50)	(42) 1 (2%)	(41)
*LYNPH NODE Malig.lynphona, histiocytic type	(45) 2 (4%)	(31)	(30)
#PEYERS PATCH MALIGNANT LYNPHONA, MIXED TYPE	(49)	(4 1)	(44) 1 (2%)
CIRCULATORY SYSTEM			
NONE			
DIGESTIVE SYSTZM			
#LIV3R HEPATOCELLULAR CARCINOMA HEMANGIONA	(50) 12 (24%) <u>1 (2%)</u>	(46) 7 (15%)	(44)

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·	CONTROL (UNTR) 05-0070	LOW DOSE 05-0064	HIGH DOSE 05-0065
URINARY SYSTEM			
NJNE			
ENDOCRINE SYSTEM			
*THYROID ADENOCARCINOMA, NOS	(40) 1 (3%)	(34)	(43)
*PANCREATIC ISLETS ISLET-CELL ADENOMA	(46) 1 (2%)	(39)	(38)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND UNDIFFERENTIATED CARCINOMA	(50)	(49) 1 (2%)	(45)
NERVOUS SYSTEM			
NON E			
SPECIAL SENSE ORGANS			
*HARDERIAN GLAND ADENCMA, NOS	(50) 1 (2%)	(49)	(45)
MUSCULOSKELETAL SYSTEM			
N )N E			
BODY CAVITIES			
N O N E			
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS NEUROFIBROSARCOMA	(50) 1_(2落)	(49)	(45)

\* NUMBER OF ANIMALS NECROPSIED

## TABLE B1 (CONCLUDED)

	CONTROL (UNTR) 05-0070	LOW DOSE 05-0064	HIGH DOSE 05-0065
NIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	50	50	50
NATURAL DEATHƏ Moribund sacrifice	2	16 6	19 28
SCHEDULED SACRIFICE	5	b	20
ACCIDENTALLY KILLED	5		
TERMINAL SACRIFICE	43	28	3
ANIMAL MISSING			
INCLUDES AUTOLYZED ANIMALS			
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS*	23	15	1
TOTAL PRIMARY TUMORS	27	16	1
TOTAL ANIMALS WITH BENIGN TUMORS	3	. 5	
TOTAL BENIGN TUMORS	3	5	
TOTAL ANIMALS WITH MALIGNANT TUMORS	22	10	1
TOTAL MALIGNANT TUMORS	24	11	1
TOTAL ANTHALS WITH SWCONDARY THACKS	<b>.</b> .	1	
TOTAL ANIMALS WITH SECONDARY TUMORS TOTAL SECONDARY TUMORS	# 1 <sup>`</sup>	1	
IOING BECONDANT TOUCHD	•		
TOTAL ANIMALS WITH TUMORS UNCERTAIN	-		
BENIGN OR MALIGNANT			
TOTAL UNCERTAIN TUMORS			
TOTAL ANIMALS WITH TUMORS UNCERTAIN-	<del>.</del>		
PRIMARY OR METASTATIC			
TOTAL UNCERTAIN TUMORS			
PPIMARY TUMORS: ALL TUMORS EXCEPT S SECONDARY TUMORS: METASTATIC TUMORS			DIACENT ORCAN

TABLE B2
SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE TREATED WITH 5-NITROACENAPHTHENE

	CCNTROL (UNTR) 06-0070	LOW DOSE 06-0064	HIGH DOSE 06-0065
NIMALS INITIALLY IN STUDY	50	50 1	50 1
NIMALS NECROPSIED NIMALS EXAMINED HISTOPATHOLOGICALLY**	48 * 47	47 47	46 46
NTEGUMENTARY SYSTEM			
HEMANGIOSARCOMA	(48)	(47) 1 (2%)	(46)
ESPIRATORY SYSTEM			
*LUNG HEPATOCELLULAR CARCINOMA, METAST	(46) 1 (2%)	(47) 3 (6%)	(46) 1 (2%) 2 (4%)
ALVEOLAR/BRONCHIOLAR ADENOMA Alveolar/bronchiolar Carcinoma Osteosarcoma, metastatic	2 (4%) 1 (2%)	2 (4%) 1 (2%)	2 (4%)
IEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS MALIGNANT LYMPHOMA, NOS LYMPHOCYTIC LEUKEMIA ERYTHROCYTIC LEUKEMIA	(48) 2 (4%) 1 (2%) 1 (2%)	(47) 3 ( <b>6%</b> )	(46) 4 (9%)
<pre>#SPLEEN HEMANGIOSARCOMA MALIGNANT LYMPHOMA, NOS</pre>	(47) 1 (2%) 1 (2%)	(44)	(45)
<pre>#HILAR LYMPH NODE HEPATOCELLULAR CARCINOMA, METAST</pre>	(36)	(38)	(35) 1 (3%)
<pre>#MESENTERIC L. NODE NALIG.LYMPHOMA, HISTIOCYTIC TYPE</pre>	(36) 1 (3%)	(38) 1 (3%)	(35)
<pre>#PEYERS PATCH MALIGNANT LYNPHOMA, NOS</pre>	(45) 1 (2%)	(42)	(39)
*THYMUS MALIGNANT LYMPHOMA, NOS	(27)	(21) <u> </u>	(18)

# NUMBER OF ANIMALS WITH TISSUE EXAMINED NICROSCOPICALLY \* NUMBER OF ANIMALS NECROPSIED \*\*EXCLUDES PARTIALLY AUTOLYZED ANIMALS

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#### TABLE B2 (CONTINUED)

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	CONTROL (UNTR) 06-0070	LOW DOSE 06-0064	HIGH DOSE 06-0065
CIRCULATORY SYSTEM			
NONE			
DIGESTIVE SYSTEM			
*LIVER HEPATOCELLULAR CARCINOMA	(47) 2 (4%)	(47) 23 (49%)	(45) 18 (40 <b>%</b> )
*STOMACH SQUAMOUS CELL CARCINONA	(45)	(44) 1 (2%)	(43)
JRINARY SYSTEM			
NONE			
ENDOCRINE SYSTEM			
*PITUITARY ADENOMA, NOS	(43) 5 (12%)	(39)	(39)
#ADRENAL ADENOCARCINOMA, NOS	(47)	(43) 1 (2%)	(40)
CORTICAL ADENOMA PHEOCHROMOCYTOMA	1 (2%)		1 (3%)
REPRODUCTIVE SYSTEM			
¥UT ≅RUS LEIONYONA	(43) 1 (2%)	(39)	(42)
#UTERUS/ENDOMETRIUM HEMANGIOMA	(43)	(39)	(42) 1 (2%)
#OVARY/OVIDUCT PAPILLARY ADENOMA	(43) 1 (2%)	(39)	(42)
#OVARY Luteoma	(45)	(4,1)	(39) 1: (3%)
GRANULOSA-CELL TUNOR Tubular Adenoma		2 (5%) 2 (5%)	2 (5%) 4 (10%)
VERVOUS SYSTEM			

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

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## TABLE B2 (CONTINUED)

· · · · · · · · · · · · · · · · · · ·	CCNTROL (UNTR) 06-0070	LOW DOSE 06-0064	HIGH DOSE 06-0065
SPECIAL SENSE ORGANS			
*HARDERIAN GLAND Adenoma, Nos	(48) 1 (2%)	(47) 1 (2%)	(46)
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
NONE			
ALL OTHER SYSTEMS OMENTUM			
HEMANGIOSARCOMA	1		
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATH& MORIBUND SACRIFICE SCHEDULED SACRIFICE ACCIDENTALLY KILLED	50 6 3 5	50 9 2	50 21 10
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	36	38 1	18 1
INCLUDES AUTOLYZED ANIMALS			

B-8

## TABLE B2 (CONCLUDED)

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	CONTROL (UNTR) 06-0070	LOW DOSE 06-0064	
UNOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS*	18	29	21
TOTAL PRIMARY TUMORS	22	39	33
TOTAL ANIMALS WITH BENIGN TUMORS	8	4	8
TOTAL BENIGN TUMORS	9	5	9
TOTAL ANIMALS WITH MALIGNANT TUMORS	12	29	21
TOTAL MALIGNANT TUMORS	13	32	22
TOTAL ANIMALS WITH SECONDARY TUMORS4	2	3	1
TOTAL SECONDARY TUMORS	2	3	2
TOTAL ANIMALS WITH TUMORS UNCERTAIN-			
BENIGN OR MALIGNANT		2	2
TOTAL UNCERTAIN TUMORS		2	2
TOTAL ANIMALS WITH TUMORS UNCERTAIN-			
PRIMABY OR METASTATIC			
TOTAL UNCERTAIN TUNORS			
PRIMARY TUMORS: ALL TUMORS EXCEPT SE	CONDARY TUMORS		
SECONDARY TUMORS: METASTATIC TUMORS	OR TUMORS INVAS	SIVE INTO AN A	DJACENT ORGAN

## APPENDIX C

## SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS TREATED WITH 5-NITROACENAPHTHENE

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TABLE C1
SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS
TREATED WITH 5-NITROACENAPHTHENE

.

	01-0070	HIGH DOSE CONTROL (UNTR) 01-0118	LOW DOSE 01-0065	HIGH DOSE 01-0107
ANIMALS INITIALLY IN STUDY	50	a50	50	50
ANIMALS MISSING ANIMALS NECROPSIED	1 48	48	43	47
ANIMALS EXAMINED HISTOPATHOLOGICALLY*		48	43	47
INTEGUMENTARY SYSTEM				
*SUBCUT TISSUE INFLAMMATION, ACUTE Abscess, Nos Necrosis, Nos	(48)	(48)	(43)	(47) 1 (2%) 2 (4%) 1 (2%)
		1 (2%)		• •
RESPIRATORY SYSTEM				
*TRACHEA INFLAMMATION, NOS	(45)	(48) 2 (4%)	(35)	(47)
INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC	18 (40%)		3 (9%) 3 (9%)	3 (6%)
#LUNG/BRONCHUS BRONCHIECTASIS	(48) 3 (6%)	(48) 1 (2%)	(41) 1 (2%)	(47)
INFLAMMATION, NOS	5 (0%)	7 (15%)	(2%)	
ABSCESS, NOS				1 (2%)
<pre>#LUNG/BRONCHIOLE HYPERPLASIA, EPITHELIAL</pre>	(48)	(48)	(41) 1 (2%)	(47)
#LUNG	(48)	(48)	(41)	(47)
CONGESTION, NOS EDEMA, NOS HEMORRHAGE	1 (2%)		7 (17%) 2 (5%) 2 (5%)	
INFLAMMATION, NOS Inflammation, focal Inflammation, interstitial	2 (4%)	4 (8%)	2 (5%) 1 (2%)	
INFLAMMATION, NECROTIZING ABSCESS, NOS	1 (2%)	1 (2%)	1 (2.8)	
PNEUMONIA, CHRONIC MURINE INFLAMMATION, CHRONIC NECROTIZIN	1 (27)	1 (2%)	1 (2%)	1 (2%)
GRANULOMA, NOS	1 (2%)			

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NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY
 NUMBER OF ANIMALS NECROPSIED
 \*\*EXCLUDES PARTIALLY AUTOLYZED ANIMALS
 50 ANIMALS WERE INITIALLY IN STUDY BUT ONE WAS DELETED WHEN FOUND TO BE A FEMALE ANIMAL IN A MALE GROUP.

	LOW DOSE CONTROL (UNTE) 01-0070	HIGH DOSE CONTROL (UNTR) 01-0118	LOW DOSE 01-0065	HIGH DOSE 01-0107
PERIVASCULITIS			1 (2%)	
HYPERPLASIA, EPITHELIAL		1 (2%)		
HYPERPLASIA, FOCAL	1 (2%)			1 (2%)
HYPERPLASIA, ALVEOLAR EPITHELIUM	1 (2%)			
*LUNG/ALVEOLI	(48)	(48)	(41)	(47)
MINERALIZATION			1 (2%)	
CALCIPICATION, NOS			1 (2%)	
ENATOPOIETIC SYSTEM				
BONE MARROW	(48)	(47)	(39)	(43)
HYPERPLASIA, NOS			1 (3%)	
MYELOFIBROSIS	1 (2%)			
HYPERPLASIA, HEMATOPOIETIC	1 (2%)			
HYPERPLASIA, GRANULOCYTIC	1 (2%)			
HYPERPLASIA, MEGAKARYOCYTIC	1 (2%)			
*SPLEEN	(48)	(48)	(38)	(47)
FIBROSIS		1 (2%)		
NECROSIS, DIFFUSE				1 (2%)
HEMOSIDEROSIS		1 (2%)		10 (21%
ATROPHY, NOS			4 174	7 (15%
LYMPHOID DEPLETION		0 (105)	1 (3%)	
HYPERPLASIA, HEMATOPOIETIC		9 (19%)	1 (3%)	
HYPERPLASIA, ERYTHROID Erythropoiesis	1 (2%)	10 (21%)	1 (3%)	1 (2%)
ERITAROPOLESIS .	1 (24)			(4#)
#LYMPH NODE	(42)	(44)	(23)	(16)
HEMORRHAGE		1 (2%)		
ATROPHY, NOS			2 (9%)	
PLASNACYTOSIS		1 (2%)		1.12
HYPERPLASIA, LYMPHOID		3 (7%)		
MANDIBULAR L. NODE	(42)	(44)	(23)	(16)
DILATATION, NOS	1 (2%)			
HYPERPLASIA, NOS	1 (2%)			
HYPERPLASIA, PLASMA CELL	*******		1 (4%)	
IRCULATORY SYSTEM		• • •		
#HBART	(48)	(48)	(41)	(47)
MINERALIZATION			4 (10%)	
FIBROSIS, FOCAL	11 (23%)			

# NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY . \* NUMBER OF ANIMALS NECROPSIED

	LOW DOSE CONTROL (UNTR) 01-0070	HIGH DOSE CONTROL (UNTR) 01-0118	LOW DOSE 01-0065	HIGH DOSE 01-0107
FIBROSIS, DIFFUSE NECROSIS, NOS	1 (2%)		4 (10%)	
#MYOCARDIUM	(48)	(48)	(41)	(47)
MINERALIZATION			1 (2%)	
INFLAMMATION, INTERSTITIAL	2 (4%)	23 (48%)	1 (2%)	
INFLAMMATION, ACUTE/CHRONIC FIBROSIS	3 (6%)	12 (25%)	1 (2%)	
FIBROSIS, FOCAL	2 (4%)	12 (23%)	1 (2%)	
FIBROSIS, DIFFUSE	- ()		1 (2%)	
DEGENERATION, NOS	1 (2%)		5 (12%)	
NECROSIS, NOS			1 (2%)	
NECROSIS, FOCAL			1 (2%)	
*CARDIAC VALVE	(48)	(48)	(41)	(47)
INFLAMMATION, ACUTE/CHRONIC	1 (2%)	( )		
BLOOD VESSEL	(48)	(48)	(43)	(47)
MINERALIZATION	(,	(,	1 (2%)	
MEDIAL CALCIFICATION			1 (2%)	
ARTERY	(48)	(48)	(43)	(47)
MINERALIZATION		• •	2 (5%)	
* AORTA	(48)	(48)	(43)	(47)
MEDIAL CALCIFICATION		<b>(</b> ) - <b>)</b>	1 (2%)	
CORONARY ARTERY	(48)	(48)	(43)	(47)
PERIVASCULITIS	1 (2%)	( )	( ) - )	
PULMONARY ARTERY	(48)	(48)	(43)	(47)
MINERALIZATION	11 (23%)	(10)	5 (12%)	
PANCREATIC ARTERY,	(48)	(48)	(43)	(47)
MINERALIZATION	1.07	,	1 (2%)	1
ARTERIOSCLEROSIS, NOS			1 (2%)	
HYPERTROPHY, NOS			1 (2%)	
HYPERPLASIA, NOS			1 (2%)	
RENAL ARTERY	(48)	. (48)	(43)	(47)
INFLAMMATION PROLIFERATIVE	• •		1 (2%)	• •
NECROSIS, NOS			1 (2%)	
TESTICULAR ARTERY	(48)	(48)	(43)	(47)
DEGENERATION, EOSINOPHILIC	( )		1 (2%)	<b>N /</b>

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

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	LOW DCSE CONTRJL (UNTR) 01-0070	HIGH DOSE CONTROL (UNTR) 01-0118	LUW DOSE 0,-0065	HIGK DC 8 01-0107
DIGESTIVE CYSTEM				
#SALIVAPY GLAND ATYPIA, NO: HYPERPLASIA, PLASMA CELL	(46)	(* 7)	(38) 1 (3%)	(44) 1 (2%)
<pre>#LIVER</pre>	(48) 1 (2%)	(48) 2 (4%)	(40) 1 (3%)	(46)
NECROSIS JURY ENVIRONMENT NECROSIS, FOCAL SITHORTEM CHANGE METAMORPHOJIS FATTY BASOPHILIC 'YTO CHANGE HYPERPIASI, FOCAL	8 (17%) 4 (8%) 8 (17%)	2 (4%) 15 (31%)	1 (3%) 1 (5%) 2 (5%) 2 (5%) 2 (5%)	1 (2%)
ANGIECTASIS ERYTHROPCIESIS #LIVER/CENTRILOBULAR DIGENERATION, EC INOPHILIC NECROSIS, NOS	2 (4%) 1 (2%) (18) 2 (4%)	1 ∷2%) (48) 1 (2%)	(40)	(46)
<pre>#LIVER/HEPATOCYTES NECROSIS, NOS</pre>	(48)	(48)	(40) 1 (3%)	(46)
*BILE DUCT INFLAMMATION, NOS HYPERPLASIA, NOS	(48) 5 (13%)	(48) 3 (6%) 43 (90%)	(4`)	(47)
*PANCREAS THROMBOSIS, NOS INFLAMMATION, NOS INFLAMMATION, ACUTE/CHRONIC	(45) 6 (13%)	(46) 17 (37%)	(35) 1 (3%)	(4.)
INFLAMMATION, CHRONIC PERIARTERITIS ATROPHY, FOCAL	1 (2%) 1 (2%)		1 (3%) 3 (9%)	
*PANCREATIC ACINUS Atrophy, Nos Hyperflasia, focal	(45)	(46) 1 (2%)	(35) 1 (3%)	(42)
#ESOPHAGUS MINERALIZATION DYSPLASIA, NOS	(45)	(45) <u>1_(2%)</u>	(36) 1 (3%)	(47)

\* NUMBER OF ANIMALS WITH DISSUE EXAMINED MICROSCOPICALLY \* NUMBER OF ANIMALS NECHOPSIED

	LOW DOSE CONTROL (UNTR) 01-0070	HIGH DOSE CONTROL (UNTR) 01-0118	LOW POSE 01-0065	HIGH DOSE 01-0107
*ESOPHAGEAL MUSCULARI MINERALIZATION	(45)	(45)	(36) 1 (3%)	(47)
INFLAMMATION, NOS INFLAMMATION, ACUTE/CHRONIC	(48) 1 (2%)	(48) 1 (2%)	(35) 4 (11%) 1 (3%)	(41)
CALCIFICATION, NOS HYPERPLASIA, BASAL CELL HYPERKERATOSIS ACANTHOSIS		1 (2%) 2 (4%) 2 (4%)	1 (3%)	
<pre>#GASTRIC MUCOSA CALCIPICATION, NOS CALCIFICATION, FOCAL</pre>	(48)	(48)	(35) 2 (6%)	(41) 1 (2%) 1 (2%)
*PEYERS PATCH HYPERPLASIA, NOS HYPERPLASIA, WETICULUM CELL	(45) 1 (2%)	(46) 12 (26%)	(34)	(39)
<pre>#ILEUM INFLAMMATION, NOS HYPERPLASIA, LYMPHOID</pre>	(45) 1 (2%)	(46) 2 (4%)	(34)	(39)
*COLON NEMATODIASIS PARASITISM	(44) 4 (9%)	(46) 3 (7%)	(32) 6 (19%)	(38;
RINARY SYSTEM				
#KIDNEY MINERALIZATION HydronEPhrosis Cyst, Nos	(48)	(48)	(4?, 3 (7%) 1 (2%) 2 (5%)	(46)
GLOMERULONEPHRITIS, NOS INFLAMMATION, ACUTE/CHRONIC GLOMERULONEPHRITIS, SUBACUTE	3 (6%) 1 (2%)	v7 (98%)	2 (5%) 8 (19%)	4 1000
INFLAMMATION, CHRONIC FIBROSIS, DIFFUSE Perlarterits Nephrosis, Nos	41 (85%)	6 (13%)	1 (2%) 31 (71%)	1 (2%) 43 (93%
#KIDNEY/CORTEX	(48)	(48)	(43) <u>2 (5%)</u>	(46)

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

	LOW DOSE CONTROL (UNTR) 01-0070	HIGH DOSE CONTROL (UNTR) 01-0118	LOW DOSE 01-0065	HIGH DOSE 01-0107
<pre>#KIDNEY/PELVIS MINERALIZATION HYPERPLASIA, EPITHELIAL</pre>	(48) 1 (2%)	(48)	(43) 1 (2%)	(46)
*URINARY BLADDER Hyperplasia, Epithelial Metaplasia, Squamous	(46) 1 (2%)	(43) 1 (2%)	(37) 1 (3%)	(45)
NDOCRINE SYSTEM				
*PITUITARY HYPERPLASIA, NOS HYPERPLASIA, POCAL	(41) 3 (7%)	(38) 1 (3%) 2 (5%)	(31)	(33)
*ADRENAL METAMORPHOSIS PATTY HYPERPLASIA, NODULAR ANGIECTASIS	(47) 1 (2%) 3 (6%)	(47)	(37) 2 (5%)	(42)
#ADRENAL CORTEX HYPERPLASIA, FOCAL	(47) 1 (2%)	(47)	(37)	(42)
ADRENAL MEDULLA HYPERPLASIA, NODULAR HYPERPLASIA, NOS HYPERPLASIA, POCAL	(47)	(47) 1 (2%) 4 (9%)	(37) 1 (3%) 2 (5%)	(42)
*THYROID FOLLICULAR CYST, NOS HYPERPLASIA, C-CELL	(39) 1 (3%)	(48) 3 (6%)	(37) 1 (3%)	(44)
*PARATHYROID Calcification, Nos Hyperplasia, Nos	(23)	(28) 1 (4 <b>%</b> )	(22) 1 (5%) 11 (50%)	(22)
*PANCREATIC ISLETS HYPERPLASIA, NOS HYPERPLASIA, FOCAL	(45)	(46) 1 (2 <b>%</b> )	(35) 1 (3%)	(42)
EPRODUCTIVE SYSTEM	· ·			•
*MAMNARY GLAND GALACTOCELE	(48)	(48) 2 (4 <u>\$)</u>	(43)	(47)

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

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	LOW DOSE CONTROL (UNTR) 01-0070	HIGH DOSE CONTROL (UNTR) 01-0118	LOW DOSE 01-0065	HIGH DOSI 01-0107
HYPERPLASIA, NOS	3 (6%)	4 (8%)		
PREPUTIAL GLAND ABSCESS, NOS	(48)	(48)	(43) 1 (2%)	(47)
*PROSTATE	(43)	(44)	(35)	(43)
INFLAMMATION, NOS Inflammation, focal	1 (2%)	17 (39%)		
INFLAMMATION, NECROTIZING INFLAMMATION, ACUTE	6 (14%)		1 (3%) 2 (6%)	
INFLAMMATION, ACUTE FOCAL	8 (19%)		2 (6%)	
INFLAMMATION, ACUTE/CHRONIC	2 (5%)		- • •	
*SENINAL VESICLE	(48)	(48)	(43)	(47)
ATROPHY, NOS	2 (4%)			
#TESTIS	(47)	(47)	(37)	(44)
MINERALIZATION Periarteritis		1 (2%)	1 (3%)	
DEGENERATION, NOS	39 (83%)		8 (22%)	
ATROPHY, NOS		6 (13%)		
HYPERPLASIA, INTERSTITIAL CELL	1 (2%)	3 (6%)	4 (11%)	
<pre>#TESTIS/TUBULE    DEGENERATION, NOS    CALCIFICATION, FOCAL</pre>	(47)	(47)	(37)	(44) 5 (119 2 (5%)
WERVOUS SYSTEM				
SPECIAL SENSE ORGANS				
*EYE/CORNEA INFLAMMATION, ACUTE/CHRONIC	(48)	(48)	(43) 1 (2%)	(47)
+EYE/RETINA DEGENERATION, NOS	(48)	(48)	(43) 1 (2%)	(47)
NUSCULOSKELETAL SYSTEM				
NONE				
BODY CAVITIES		· · · · · · · · · · · · · · · · · · ·		
NONE				

## TABLE C1 (CONCLUDED)

	LOW DOSE CONTROL (UNTR) 01-0070	HIGH DOSE CONTROL (UNTR) 01-0118	LOW DOSE 01-0065	HIGH DOSE 01-0107
ALL OTHER SYSTEMS				
*MULTIPLE ORGANS POSTMORTEM CHANGE	(48)	(48)	(43) 2 (5%)	(47)
ADIPOSE TISSUE INFLAMMATION, ACUTE/CHRONIC	2			
OMENTUM NECROSIS, FAT		2		
SPECIAL MORPHOLOGY SUMMARY				
ANIMAL MISSING/NO NECROPSY Auto/necropsy/Histo perf Autolysis/No necropsy	1 1 1	Ŧ	7	1 3
<pre># NUMBER OF ANIMALS WITH TISSUE EXA * NUMBER OF ANIMALS NECROPSIED</pre>	AMINED MICROSCOPIC	ALLY		

TABLE C2
SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS
TREATED WITH 5-NITROACENAPHTHENE

	LOW DOSE CONTROL (UNTR) 02-0070	HIGH DOSE CONTROL (UNTR) 02-0118		HIGH DOSE 02-0107
ANIMALS INITIALLY IN STUDY	50	50	50	50
ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY**	49 * 49	50 50	49 48	48 48
INTEGUMENTARY SYSTEM				
*SKIN	(49)	(50)	(49)	(48)
EPIDERMAL INCLUSION CYST INPLAMMATION, NOS NECROSIS, NOS	1 (2%)	1 (2%)		1 (2%) 1 (2%)
*SUBCUT TISSUE	(49)	(50)	(49)	(48)
MINERALIZATION ABSCESS, NOS		1 (2%) 1 (2%)		
*TRACHEA INFLAMMATION, ACUTE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC	(49) 15 (31%)	(49)	(48) 4 (8%) 8 (17%)	(47) 1 (2%) 7 (15%)
*LUNG/BRONCHUS	(49)	(50)	(48) 2 (4%)	(48)
BRONCHIECTASIS Inflammation, nos		3 (6%)	2 (40)	
INFLAMMATION, ACUTE/CHRONIC Hyperplasia, papillary	1 (2%)		1 (2%)	
#LUNG	(49)	(50)	(48)	(48)
INFLAMMATION, FOCAL INFLAMMATION, INTERSTITIAL	2 (4%) 2 (4%)	6 (12%)	1 (2%)	
INFLAMMATION, SUPPURATIVE PNEUMONIA, CHRONIC MURINE			1 (2%)	1 (2%)
HYPERPLASIA, EPITHELIAL Hyperplasia, focal Hyperplasia, lubectar epithelium	1 (291)	1 (2%)		1 (2%)
HYPERPLASIA, ALVEOLAR EPITHELIUM		_		
#LUNG/ALVEOLI SEQUESTRATION	(49)	(50)	(48) 1 (2%)	(48)

\* NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY \* NUMBER OF ANIMALS NECROPSIED \*\*EXCLUDES PARTIALLY AUTOLYZED ANIMALS

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	LOW DOSE CONTROL (UNTR) 02-0070	HIGH DOSE CONTROL (UNTR) 02-0118	LOW DOSE 02-0065	HIGR DOSE 02-0107
		***************		
EMATOPOIETIC SYSTEM				
#BONE MARROW	(46)	(46)	(47)	(43)
OSTEOSCLEROSIS HYPERPLASIA, NOS	1 (2%)	1 (2%)	1 (2%)	
*SPLEEN	(48)	(48)	(48)	(47)
HEMOSIDEROSIS Atrophy, Nos		12 (25%)		2 (4%) 4 (9%)
HYPERPLASIA, HEMATOPOIETIC	1 (2%)	25 (52%)		
HYPERPLASIA, ERYTHROID Hyperplasia, reticulum cell	1 (2%)	19 (40%)		
ERYTHROPOIESIS	•••		3 (6%)	
*SPLENIC CAPSULE	(48)	(48)	(48)	(47)
HEMORRHAGIC CYST		1 (2%)		
#LYMPH NODE	(42)	(47)	(42)	(34)
PLASMACYTOSIS Hyperplasia, lymphoid		1 (2%) 4 (9%)		
#MANDIBULAR L. NODE	(42)	(47)	(42)	(34)
HYPERPLASIA, PLASMA CELL	(+2)	(47)	2 (5%)	()
#MEDIASTINAL L.NODE	(42)	(47)	(42)	(34)
HYPERPLASIA, NOS			1 (2%)	
*PANCREATIC L.NODE	(42)	(47)	(42)	(34)
HYPERPLASIA, PLASMA CELL				1 (3%)
IRCULATORY SYSTEM				
#HEART	(49)	(50)	(48)	(48)
FIBROSIS, FOCAL Fibrosis, diffuse	1 (2%) 1 (2%)			
FIBRUSIS, DIFFUSE	(2%)			
*MYOCARDIUM INFLAMMATION, NOS	(49)	(50) 1 (2%)	(48)	(48)
INFLAMMATION, INTERSTITIAL	2 (4%)	23 (46%)		
INFLAMMATION, ACUTE FOCAL INFLAMMATION, ACUTE/CHRONIC	1 (2%)		1 (2%)	1 (2%)
FIBROSIS	• •	15 (30%)	• - · · · •	
FIBROSIS, FOCAL <u>CALCIFICATION, NOS</u>	2 (4%)		1 (2%)	

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

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## TABLE C2 (CONTINUED)

	LOW DOSE CONTROL (UNTR) 02-0070	HIGH DOSE CONTROL (UNTR) 02-0118	LOW DOSE 02-0065	HIGH DOSE 02-0107
CALCIFICATION, FOCAL				1 (2%)
<pre>#ENDOCARDIUM INFLAMMATION, NOS</pre>	(49)	(50) 1 (2%)	(48) 1 (2%)	(48)
*CARDIAC VALVE INFLAMMATION, ACUTE/CHRONIC	(49) 1 (2%)	(50)	(48)	(48)
*ÁORTA MEDIAL CALCIFICATION	(49)	(50)	(49) 1 (2%)	(48) 1 (2%)
*CORONARY ARTERY INFLAMMATION, ACUTE/CHRONIC Medial Calcification	(49)	(50)	(49) 1 (2%)	(48) 1 (2%)
*PULMONARY ARTERY MINERALIZATION	(49) 9 (18%)	(50)	(49)	(48)
*NESENTERIC ARTERY Medial Calcification	(49)	(50)	(49) 1 (2%)	(48) 1 (2%)
DIGESTIVE SYSTEM	(49)	(50)	(48)	(47)
INFLAMMATION, ACUTE FOCAL DEGENERATION, EOSINOPHILIC NECROSIS, FOCAL METAMORPHOSIS FATTY HYPERPLASIA, FOCAL ANGIECTASIS	2 (4%) 3 (6%) 4 (6%) 29 (59%) 1 (2%)	2 (4%) 6 (12%) 38 (76%)	2 (4%) 1 (2%)	1 (2%) 1 (2%)
HYPERPLASIA, ERYTHROID Hyperplasia, reticulum cell Hematopoiesis		1 (2%) 2 (4%)	1 (2%)	
*LIVER/CENTRILOBULAR CONGESTION, CHRONIC PASSIVE	(49)	(50)	(48) 1 (2%)	(47)
<pre>#LIVER/HEPATOCYTES NECROSIS, NOS</pre>	(49)	(50)	(48) 1 (2%)	(47)
*BILE DUCT INFLAMMATION, NOS HYPERPLASIA, NOS	5 (10%) 5 (10%) 1 (2%)	(50) 1 (2%) 32 (64%) 1 (2%)	(49)	(48)
HYPERPLASIA, FOCAL	. (22)	<b>x</b> = <b>x</b>		

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

#### TABLE C2 (CONTINUED)

	LOW DOSE CONTROL (UNT.() 02-0070	HIGH DOSE CONTROL (UNTR) 02-0118	LOW DASE 02- 065	HIGH DOSE 02+0107
INFLAMMATION, NOS INFLAMMATION, ACUTE/CHRONIC ATROPHY, NOS	4 (9%) 1 (2%)	6 (13%)	1 (2%) 1 (2%)	
#ST)MACH INFLAMMATION, NOS ULCER, FOCAL CALCIFICATION, NOS ACANTHOSIS	(49) 1 (2%)	(48) 1 (2%) 2 (4%)	(48) 1 (2%)	(46) 1 (2 <b>%</b> )
*PEYERS PATCH Hyperplasia, Nos	(49)	(48) 15 (31%)	(48)	(47)
*COLON NEMATODIASIS PARASITISM	(44) 2 (5%)	(46) 2 (4%)	(48) 4 (8%)	(45) 1 (2%)
RINARY SYSTEM				
*KIDNEY MINERALIZATION CYST, NOS GICHERULONEPHRITIS, NOS INFLAMMATION, SUPPURATIVE INFLAMMATION, ACUTE/CHRONIC	(*9) 1 (2%)	(50) 43 (86%)	(48) 2 (4%) 2 (4%) 1 (2%)	(48) 1 (2%) 1 (2%)
JLOMERULONEPHRITIS, SUBACUTE FIBROSIS, DIFFUSE NEPHROSIS, NOS	34 (69%)	1 (2%)	15 (31%) 29 (60%)	9 (19%) 35 (73%)
<pre>*KIDNEY/TUBULE CALCIFICATION, NOS</pre>	(49)	(50)	(48)	(48) 1 (2%)
*KIDNEY/PELVIS Hyperplasia, focal	(49)	(50)	(48) 1 (2%)	(48)
NDCCRINE SYSTEM				
*PITUITARY PERIVASCULITIS HYPERPLASIA, NOS HYPERPLASIA, FOCAL	(44) 1 (2%) 2 (5%)	(40) 1 (3%) 3 (8%)	(44)	(43)
*ADRUNAL <u>NETAMORPHOSIS_FATTY</u>	(49) <u> </u>	(49) <u>1_(2%)</u>	(47)	(48)

<sup>4</sup> NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY \* NUMBER OF ANIMALS NECROPSIED

## TABIEC2(CONTIN)

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	LOW EOSE CONTROL (UN R) 02-0070	HIGH DOST CONTROL (UNTR) 02-0418	LOW DO'3 02-0(-5	HIGH DOSE 02-0107
#ADRENAL CORTEX CYS", NOS	(49)	(49)	(47) 1 (2%)	(48)
METAMORPHOSIS FATTY Hyperplasia, focal	3 (6%) 1 (2%)		1 (2%)	1 (2%)
ANGIECTASIS			1 (2%)	
#ADRENAL MEDULLA Hyperplasia, Nodular	(49)	(49) 3 (6%)	(47)	(48)
HYPERPLASIA, NOS Hyperplasia, focal	(2%) (2%)	3 (6%)		
#THYROID CYSTIC FOLLICLES	(4 <b>Ŭ</b> )	(45) 1 (2%)	(45)	(40)
HYPERPLASIA, C-CELL			1 (2%)	
*PARATHYROID HYPERPLASIA, NOS		(29)	.23) 1 (4%)	(23)
EPRODUCTIVE SYSTEM				
*MAMMARY GLAND	(49)		(49)	(48)
GALACTOCELE Cystic ducts	9 (18%)	16 (32%)	1 (2%)	
INFLAMMATION, ACUTE	i (2%)			
HYPERPLASIA, NOS Hyperplasia, focal	23 (47%) 2 (4%)	16%)	2 (4%)	
CLITORAL GLAND ABSCESS, NOS	(49)	(50)	(49) 1 (2%)	(48)
*VAGINA INFLAMMATION, ACUTE/CHRONIC	(~ )) 1 (2%)	(50)	(49)	(*8)
*UTERUS Hydrometra	(49) 6 (12%)	(30)	(47) 1 (2%)	(42) 1 (2%)
HEMATOMA, NOS Hypirplasia, adenomat us	• • •	1 (2%)	1 (2%) 1 (2%)	
CEPVIX UTEAI TIPLAMMATION, ACUTE/CHRONIC H/FERPLASIA, BASAL CELL ACANTHOSIS	(49) 2 (4%) 1 (2%) 1 (2%)	(50)	(47)	(42)
UTERUS/ENDOMETRIUM	(49)	(50) 22 (44%)	(47)	(42)

# NUMBER OF ANIMALS WITH TISSUE EXAMINED MICLOSCOLLCALLY \* NUMBER OF ANIMALS NECROPSIED

#### TABLE C2 (CONTINUED)

	LOW DOSE CONTROL (UNTR) 02-0070	HIGH DOSE CONTROL (UNTR) 02-0118	LOW DOSE 02-0065	HIGH DOSE 02-0107
INFLARMATION, SUPPURATIVE INFLAMMATION, ACUTE HYPERPLASIA, NOS HYPERPLASIA, CYSTIC HYPERPLASIA, ADENOMATOUS	23 (47%) 5 (10%) 5 (10%)	6 (12%) 1 (2%)	1 (2%) 2 (4%) 3 (6%)	1 (2%)
#OVARY/OVIDUCT INFLAMMATION, NOS INFLAMMATION, SUPPURATIVE INFLAMMATION, ACUTE	(49) 1 (2%)	(50) 10 (20%) 2 (4%)	(47)	(42)
#OVARY CYST, NOS	(47) 2 (4%)	(49) 8 (16%)	(45) 1 (2%)	(45)
ERVOUS SYSTEM *BRAIN/MENINGES HEMORRHAGE	(49)	(50)	(48)	(47) 1 (2%)
PECIAL SENSE ORGANS *EYE INFLAMMATION, NOS SYNECHIA, NOS CATARACT VASCULARIZATION	(49) 1 (2%) 1 (2%)	(50) 1 (2%)	(49) 1 (2%)	(48) 1 (2%)
*EYE/CORNEA INFLAMMATION, ACUTE ULCER, ACUTE INFLAMMATION, ACUTE DIFFUSE INFLAMMATION ACUTE AND CHRONIC INFLAMMATION, CHRONIC	(49) 1 (2%)	(50)	(49) 1 (2%) 1 (2%)	(48) 1 (2%) 1 (2%)
*EYE/RETINA DEGENERATION, NOS ATROPHY, NOS	(49) 1 (2%)	(50) 1 (2%)	(49)	(48)
*EYE/CRYSTALLINE LENS CALCIFICATION, FOCAL	(49)	(50)	(49)	(48) 1 (2%)
*HARDERIAN GLAND <u>HYPERPLASIA, NOS</u>	(49)	(50) <u>1_(2%)</u>	(49)	(48)

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

## TABLE C2 (CONCLUDED)

	LOW DOSE CONTROL (UNTR) 02-0070	HIGH DOSE CONTROL (UNTR) 02-0118	LOW DOSE 02-0065	HIGH DOSE 02-0107
JŚCULOSKELETAL SYSTEM				
*STERNUM OSTEOPETROSIS	(49) 1 (2%)	(50)	(49)	(48)
*NUSCLE OF NECK HENORRHAGE	(49)	(50)	(49)	(48) 1 (2%)
ODT CAVITIES				
*NEDIASTINUM Periarteritis	(49) 1 (2≸)	(50)	(49)	(48)
*PERICARDIUM INFLAMMATION, ACUTE/CHRONIC	(49)	(50)	(49)	(48) 1 (2%)
LL OTHER SYSTEMS				
ADIPOSE TISSUE INFLARMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC	3 2			
ONSNTUM MINERALIZATION NECROSIS, PAT	۱.	1		
PECIAL HORPHOLOGY SUMMARY				
AUTO/NECROPSY/NO HISTO Autolysis/No Necropsy	1		1	2

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# APPENDIX D

# SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE TREATED WITH 5-NITROACENAPHTHENE

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TABLE D1
SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE
TREATED WITH 5-NITROACENAPHTHENE
(REALED WITH 5 MIROACENAL MILLAE

	CONTROL (UNTR) 05-0070		HIGH DOSE 05-0065
ANIMALS INITIALLY IN STUDY	50	50	50
ANIMALS NECROPSIED	50	49	45
NNIMALS EXAMINED HISTOPATHOLOGICALLY**	50 	47	45
INTEGUMENTARY SYSTEM			
*SKIN	(50)	(49)	(45)
ABSCESS, NOS Inflammation, chronic pocal	2 (4%)	1 (2%)	
*SUBCUT TISSUE	(50)	(49)	(45)
NECROSIS, FAT	1 (2%)		
ESPIRATORY SYSTEM			
#LUNG/BRONCHIOLE	(50)	(46)	(44)
INFLAMMATION, NOS PERIVASCULITIS	1 (2%) 1 (2%)		
· · · · · · · · · · · · · · · · · · ·	•••		
#LUNG CONGESTION, NOS	(50)	(46)	(44) 2 (5%)
HEMORRHAGE	2 (4%)		
PNEUMONIA, ASPIRATION Hyperplasia, Alveolar epithelium	2 (4%)		1 (2%)
EMATOPOIETIC SYSTEM			
#BONE MARROW	(48)	(44)	(43)
HYPERPLASIA, HEMATOPOIETIC Hypoplasia, Hematopoietic			1 (2%) 11 (26%)
*SPLZEN ATROPHY, NOS	(50)	(42)	(41) 10 (24%)
HYPERPLASIA, LYMPHOID	1 (2%)		
*SPLENIC FOLLICLES	(50)	(42)	(41)
HYPERPLASIA, NOS	2 (4%)	•	
*LYMPH NODE	(45)	(31)	(30)

\* NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY \* NUMBER OF ANIMALS NECROPSIED \*\* EXCLUDES PARTIALLY AUTOLYZED ANIMALS

#### TABLE D1 (CONTINUED)

	CONTROL (UNTR)	OW DOSE	HIGH DOSE
	05-0070	05-0064	05-0065
HYPERPLASIA, LYMPHOLD			1 (3%)
CERVICAL LYMPH NODE Hyperplasia, Nos	(45)	(31)	(30) 1 (3%)
#ABDOMINAL LYMPH NODE HYPERPLASIA, NOS	(45)	(31)	(30) 1 (3%)
<pre>#MESENTERIC L. NODE LYMPHOID DEPLETION HYPERPLASIA, NOS HYPERPLASIA, RETICULUM CELL</pre>	(45)	(31)	(30) 1 (3%) 2 (7%)
CIRCULATORY SYSTEM			
*HEART INFLAMMATION, SUPPURATIVE	(49)	(46)	(44) 1 (2 <b>%)</b>
#AORTIC VALVE INFLAMMATION, ACUTE/CHRONIC	(49) 1 (2%)	(46)	(44)
	******		
IGESTIVE SYSTEM			
#SALIVARY GLAND PERIVASCULITIS	(49) 7 (2%)	(44)	(42)
*LIVER CONGESTION, NOS CONGESTION, PASSIVE	(50)	(46)	(44) 1 (2%) 1 (2%)
NECROSIS, FOCAL Metanorphosis patty Helatocytonegaly Depletion	1 (2%) 2 (4%) 2 (4%) 1 (2%)	15 (33%)	16 (36%)
HYPERPLASIA, NODULAR Hyperplasia, focal Hyperplasia, diffuse	2 (4%) 1 (2%) 1 (2%)		
<pre>#LIVER/CENTRILOBULAR NECROSIS, NOS</pre>	(50) 1 (2%)	(46)	(44)
*LIVER/KUPFPER CELL HYPERPLASIA, NOS	(50) 1 (2%)	(46)	(44)
		(39)	(38)

\* NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY \* NUMBER OF ANIMALS N3CROPSIED

#### TABLE D1 (CONTINUED)

	CONTROL (UNTR) 05-0070	LOW DOSE 05-0064	HIGH DOSE 05-0065
INFLAMMATION, CHRONIC			1 (3%)
ESOPHAGUS HYPERKERATOSIS	(49)	(40)	(43) 4 (9%)
STOMACH ULCER, ACUTE HYPERKERATOSIS	(49)	(43) 2 (5%)	(43) 4 (9 <b>%</b> )
GASIRIC MUCOSA INFLAMMATION, FOCAL	(49) 1 (2%)	(43)	(43)
PEYERS PATCH Hyperplasia, Nos	(49) 1 (2%)	(41)	(44)
COLON Granuloma, Nos Hypoplasia, Nos	(46) 1 (2%)	(39)	(43) 1 (2%)
INARY SYSTEM		.4	
KIDNEY EMBRYONAL DUCT CYST HYDRONEPHROSIS CONGESTION, NUS	(49)	(46) 1 (2%)	(44) 2 (5%) 1 (2%)
INFLAMMATION, INTERSTITIAL FIBROSIS FIBROSIS, FOCAL NEPHROPATHY METAMORPHOSIS FATTY CALCIFICATION, NOS	3 (6%)		5 (11%) 1 (2%) 2 (5%) 5 (11%) 1 (2%)
KIDNEY/CORTEX SCAR Degeneration, Nos	(49)	(46)	(44) 8 (18%) 1 (2%)
KIDNEY/MEDULLA Deceneration, nos Calcification, nos	(49)	(46)	(44) 1 (2%) 1 (2%)
RENAL PAPILLA METAMORPHOSIS FATTY CALCIFICATION, NOS	(49)	(46) 1 (2%) 28 (61%)	(44) 4 (9%)
KIDNEY/TUBULE DILATATION,NOS	(49)	(46)	(44) 4_(9%)

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

## TABLE D1 (CONTINUED)

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	CONTROL (UNTR) 05-0070		HIGH DOSE 05~0065
FIBROSIS DEGENERATION, NOS CALCIFICATION, NOS		2 (4%)	3 (7%) 21 (48%)
<pre>#KIDNEY/PELVIS DILATATION, NOS HYPERPLASIA, EPITHELIAL</pre>	(49)	(46)	(44) 1 (2%) 2 (5%)
#URINARY BLADDER INPLAMMATION, ACUTE HYPERPLASIA, EPITHELIAL	(47)	(44) 1 (2%)	(40)
ENDOCRINE SYSTEM			
NON E			
REPRODUCTIVE SYSTEM			
TESTIS ATROPHY, NOS ASPERMATOGENESIS	(50)	(45)	(44) 2 (5%) 1 (2%)
<pre>#TESTIS/TUBULE     DEGENERATION, NOS     MULTINUCLEATE GIANT-CELL</pre>	(50)	(45) 1 (2%)	(44) 4 (9%)
IERVOUS SYSTEM			
#BRAIN/MENINGES Hemorrhage	(50)	(43) 1 (2%)	(43)
#CEREBRUM HEMORRHAGE	(50)	(43) 1 (2%)	(43)
#CEREBELLUM HEMORRHAGE	(50)	(43) 1 (2%)	(43)
PECIAL SENSE ORGANS			
NONE			
USCULOSKELETAL SYSTEM			
NONB			

\* NUMBER OF ANIMALS WITH LISSUE

#### TABLE DI (CONCLUDED)

	CONTROL (UNTR) 05-0070		
BODY CAVITIES			
NONE			
ALL OTHER SYSTEMS NUME			
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED Auto/Necropsy/No histo Autolysis/No Necropsy	12	7 2 1	2 5
* NUMBER OF ANIMALS WITH TISSUE EXAM * NUMBER OF ANIMALS NECROPSIED	INED MICROSCOPIC	ALLY	

TABLE D2
SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE
TREATED WITH 5-NITROACENAPHTHENE

	CONTROL (UNTR) 06-0070	LOW DOSE 06-0064	HIGH DOSE 06-0065
ANIMALS INITIALLY IN STUDY ANIMALS MISSING	50	50 1	50 1
NIMALS NECROPSIED NIMALS EXAMINED HISTOPATHOLOGICALLY**	48 47	47 47	46 46
NTEGUMENTARY SYSTEM			
5 NON 3			
RESPIRATORY SYSTEM			
*LUNG/BRONCHIOLE INFLAMMATION, NOS	(46) 1 (2%)	(47)	(46)
#LUNG INFLAMMATION, INTERSTITIAL	(46) 1 (2%)	(47)	(46)
IEMATOPOIETIC SYSTEM			
*BONE MARROW Myelofibrosis	(46) 1 (2%)	(46)	(44)
*SPLEEN Hyperplasia, plasma cell	(47)	(44) 1 (2%)	(45)
HYPERPLASIA, LYMPHOID Erythropoiesis	1 (2%)	1 (2%)	
*SPLENIC FOLLICLES HYPERPLASIA, NOS	(47) 3 (6%)	(44)	(45)
*LYMPH NODE INFLAMMATION, NOS HYPERPLASIA, NOS	(36) 1 (3%) 1 (3%)	(38)	(35)
HIPERPLASIA, NOS Hyperplasia, plasma cell	1 (3%)	1 (3%)	
*ABDOMINAL LYMPH NODE Plasmacytosis	(36) 1 (3%)	(38)	(35)
CIRCULATORY SYSTEM			
*NYOCARDIUM FIBROSIS,_FOCAL	(44)	(45)	(46)

NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY
 NUMBER OF ANIMALS NECROPSILD
 \*\*EXCLUDES PARTIALLY AUTOLYZED ANIMALS

#### TABLE D2 (CONTINUED)

	CONTROL (UNTR) 06-0070	LOW DOSE 06-0064	HIGH DOSE 06-0065
IGESTIVE SYSTEM			
			(45)
#SALIVARY GLAND	(45)	(46)	(45)
PERIVASCULITIS PERIVASCULAE CUFFING	3 (7%) 1 (2%)		
ILMIVROCOLAL COITING	1 (2.4)		
LIVER	(47)	(47)	(45)
INFLAMMATION, ACUTE FOCAL	1 (2%)		
INFLAMMATION, ACUTE/CHRONIC	1 (2%)		
NECROSIS, FOCAL	2 (4%)		
NETAMORPHOSIS FATTY		1 (2%)	24 (53%)
HYPERPLASIA, NODULAR		1 (2%)	
HYPERPLASTIC NODULE Hyperplasia, focal		1 (2%) 1 (2%)	
HIPERPLASIA, FOCAL		1 (2.8)	
BILE DUCT	(48)	(47)	(46)
INFLAMMATION, ACUTE/CHPONIC	4 (8%)	• •	
	44.25		(27)
*PANCREAS INFLAMMATION, NOS	(43) 1 (2%)	(42)	(37)
INFLAMMATION, INTERSTITIAL	1 (2%)		
PERIARTERITIS	1 (2%)	1 (2%)	
	. (2.0)	(===)	
*PANCREATIC ACINUS	(43)	(42)	(37)
ATROPHY, NOS	1 (2%)		
<b>#STOMACH</b>	(45)	(44)	(43)
ULCER, FOCAL	1 (2%)	( ) )	(,
			(20)
*PEYERS PATCH Hyperplasia, Nos	(45)	(42)	(39)
niferPLASIA, NGS	1 (2%)		
RINARY SYSTEM			
*KIDNEY	(45)	(46)	(45)
GLOMERULONEPHRITIS, NOS	3 (7%)	( )	• • - •
GLOMERULONEPHRITIS, FOCAL	2 (4%)		
INFLAMMATION, INTERSTITIAL	1 (2%)	4 (9%)	
GLOMERULONEPHRITIS, MEMBRANOUS	2 (4%)		
PYELONGPHRITIS, ACUTE/CHRONIC	1 (2%)		
GLOMERULONEPHRITIS, CHRONIC	1 (2%)		1 (20)
INFLAMMATION, CHRONIC FOCAL PERIARTERITIS		1 (2%)	1 (2%)
- SUTBUIRUTIO		. (2%)	
KIDNEY/CORTEX	(45)	(46)	(45)
DILATATION, NOS		•	1 (23)

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

#### TABLE D2 (CONTINUED)

	CONTROL (UNTR) 06-0070	LOW DOSE 06-0064	HIGH DOSE 06-0065
INFLAMMATION, INTERSTITIAL SCAR		1 (2%) 4 (9%)	
<pre>#RENAL PAPILLA CALCIFICATION, NOS</pre>	(45)	(46)	(45) 23 (51%)
*KIDNEY/TUBULE CALCIFICATION, NOS	(45)	(46) 1 (2%)	(45) 6 (13%)
#URINARY BLADDER INPLAMMATION, CHRONIC FOCAL PERIARTERITIS HYPERPLASIA, EPITHELIAL	(45) 1 (2%) 1 (2%)	(43)	(40) 1 (3%) 1 (3%)
NDOCRINE SYSTEM			
*ADRENAL HYPERPLASIA, NODULAR	(47)	(43) 1 (2%)	(40)
*ADRENAL CORTEX HYPERPLASIA, NODULAR HYPERPLASIA, NOS	(47)	(43) 12 (28%) 3 (7%)	(40) 13 (33%)
#THYROID Hyperplasia, follicular-cell	(41) 1 (2%)	(43)	(40)
EPRODUCTIVE SYSTEM			
#UTBRUS HYDROMETRA ABSCESS, NOS	(43) 3 (7%) 2 (5%)	(39)	(42)
*UTERUS/ENDOMETRIUM INFLAMMATION, NOS INFLAMMATION, SUPPURATIVE INFLAMMATION, ACUTE INFLAMMATION, ACUTE FOCAL INFLAMMATION, ACUTE/CHRONIC HYPERPLASIA, NOS	(43) 2 (5%) 2 (5%) 6 (14%) 1 (2%) 3 (7%) 1 (2%)	(39)	(42)
HIPERPLASIA, RUS Hyperplasia, Cystic ( Metaplasia, Squamous	1 (2%) 20 (47%) 1 (2%)	21 (54%)	14 (33%)
#OVARY/OVIDUCT INFLAMMATION, SUPPURATIVE	(43) 4 (9%)	(39)	(42)

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

## TABLE D2 (CONTINUED)

	CONTROL (UNTR) 06-0070	LOW DOSE 06-0064	HIGH DOSE 06-0065
AESCESS, NOS Hyperplasia, adenomatous	1 (2%)		2 (5%)
#OVARY	(45)	(41)	(39)
CYST, NOS		4 (10%)	4 (10%)
HEMORRHAGE HEMORRHAGIC CYST		1 (2%)	1 (3%)
INFLAMMATION, SUPPURATIVE	6 (13%)		. (0)
INFLAMMATION, CHRONIC	1 (2%)		
ABSCESS, CHRONIC	1 (2%)		
FIBROSIS Periarteritis	1 (2%)	1 (2%)	
CALCIFICATION, NOS	1 (28)	1 (2%)	
HYPERPLASIA, CYSTIC		1 (2%)	
METAPLASIA, OSSEOUS			1 (3%)
ERVCUS SYSTEM			
#BRAIN/NZNINGES		(45)	(43)
INFLAMMATION, ACUTE/CHRONIC	1 (2%) 1 (2%)		
PECIAL SENSE ORGANS NONE			
PECIAL SENSE ORGANS NONE			
PECIAL SENSE ORGANS NONE			
PECIAL SENSE ORGANS NONE USCULOSKEIETAL SYST3M			
PECIAL SENSE ORGANS NONE USCULOSKEIETAL SYSTEM NONE ODY CAVITIES		(47) 1 (2%)	(46)
PECIAL SENSE ORGANS NONE USCULOSKEIETAL SYSTEM NONE ODY CAVITIES *ABDOMINAL CAVITY ABSCESS, NOS		(47)	(46)
PECIAL SENSE ORGANS NONE USCULOSKEIETAL SYSTEM NONE ODY CAVITIES *ABDOMINAL CAVITY ABSCESS, NOS	(4 8)	(47) 1 (2%)	
PECIAL SENSE ORGANS NONE USCULOSKEIETAL SYSTEM NONE ODY CAVITIES *ABDOMINAL CAVITY ABSCESS, NOS		(47)	(46)
PECIAL SENSE ORGANS NONE USCULOSKEIETAL SYSTEM NONE ODY CAVITIES *ABDOMINAL CAVITY ABSCESS, NOS LL OTHER SYSTEMS *MULTIPLE ORGANS	(48)	(47) 1 (2%)	

\* NUMBER OF ANIMALS NECROPSIED

#### TABLE D2 (CONCLUDED)

	CONTROL (UNTR) 06-0070	LOW DOSE 06-0064	HIGH DOSE 06-0065
ANIMAL MISSING/NO NECROPSY		1	1
AUTO/NECROPSY/HISTO PERF		2	
AUTO/NECROPSY/NO HISTO	1		
AUTOLYSIS/NO NECROPSY	2	2	3

D-12

## Review of the Bioassay of 5-Nitroacenaphthene\* for Carcinogenicity by the Data Evaluation/Risk Assessment Subgroup of the Clearinghouse on Environmental Carcinogens

# June 29, 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 noc 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 5-Nitroacenaphthene for carcinogenicity.

The reviewer agreed with the conclusion in the report that 5-Nitroacenaphthene was carcinogenic, under the conditions of test, in treated female mice and both sexes of rats. He said that poor survival among treated male mice precluded an analysis of this group. After a brief description of the experimental design, the reviewer commented on the various tumors induced by the test material. He opined that the study was adequate to support the conclusion on the carcinogenicity of 5-Nitroacenaphthene. The reviewer moved that the report on the bioassay of 5-Nitroacenaphthene be accepted as written. The motion was approved without objection.

## Clearinghouse Members present:

Arnold L. Brown (Chairman), Mayo Clinic
Paul Nettesheim, National Institute of Environmental Health Sciences
Verne Ray, Pfizer Medical Research Laboratory
Verald K. Rowe, Dow Chemical U.S.A.
Michael B. Shimkin, University of California at San Diego
Louise Strong, University of Texas Health Sciences Center

<sup>\*</sup> 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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# DHEW Publication No. (NIH) 78-1373