CARCI	Cancer Institute NOGENESIS Report Series
	BIOASSAY OF
	3,3'-DIMETHOXYBENZIDINE-
	4,4'-DIISOCYANATE
	FOR POSSIBLE CARCINOGENICITY
	CAS No. 91-93-0
	NCI-CG-TR-128
	U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Public Health Service

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BIOASSAY OF

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FOR POSSIBLE CARCINOGENICITY

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

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

DHEW Publication No. (NIH) 79-1383

REPORT ON THE BIOASSAY OF 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE 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 3,3'dimethoxybenzidine-4,4'-diisocyanate 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.

CONTRIBUTORS: This bioassay of 3,3'-dimethoxybenzidine-4,4'-diisocyanate was conducted by Litton Bionetics, Inc., Bethesda, Maryland, 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. N. P. Page (1,2), Dr. E. K. Weisburger (1) and Dr. J. H. Weisburger (1,3). The principal investigators for the contract were Dr. F. M. Garner (4,5) and Dr. B. M. Ulland (4,5). Mr. S. Johnson (4) was the coprincipal investigator for the contract. Animal treatment and observation were supervised by Mr. R. Cypher (4), Mr. D. S. Howard (4) and Mr. H. D. Thornett (4); Mr. H. Paulin (4) analyzed dosed feed mixtures. Ms. J. Blalock (4) was responsible for data collection and assembly.

Histopathologic examinations were performed by Dr. B. C. Zook (4) at Litton Bionetics, Inc., the pathology narratives were written by Dr. B. C. Zook (4), and the diagnoses included in this report represent the interpretation of this pathologist. Histopathology findings and reports were reviewed by Dr. R. L. Schueler (6). Compilation of individual animal survival, pathology, and summary tables was performed by EG&G Mason Research Institute (7); the statistical analysis was performed by Mr. W. W. Belew (8,9) and Mr. R. M. Helfand (8), using methods selected for the Carcinogenesis Testing Program by Dr. J. J. Gart (10).

This report was prepared at METREK, a Division of The MITRE Corporation (8) under the direction of the NCI. Those responsible for this report at METREK are the project coordinator, Dr. L. W. Thomas (8), task leader Ms. P. Walker (8), senior biologist Mr. M. Morse (8), biochemist Mr. S. C. Drill (8), chemist Dr. N. Zimmerman (8), and technical editor Ms. P. A. Miller (8). 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 (1,11), Dr. R. A. Griesemer (1), Dr. M. H. Levitt (1), Dr. H. A. Milman (1), Dr. T. W. Orme (1), Dr. R. A. Squire (1,12), Dr. S. F. Stinson (1), Dr. J. M. Ward (1), and Dr. C. E. Whitmire (1).

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SUMMARY

A bioassay for the possible carcinogenicity of 3,3'-dimethoxybenzidine-4,4'-diisocyanate was conducted using Fischer 344 rats and B6C3F1 mice. 3,3'-Dimethoxybenzidine-4,4'-diisocyanate was administered, at either of two concentrations, to groups of 50 male and 50 female animals of each species, with the exception of 49 high dose female rats. The compound was administered in the feed with the exception of the first 22 weeks of the rat bioassay, when it was administered by gavage. Twenty animals of each sex and species were placed on test as controls. During intubation the high and low dosages of 3,3'-dimethoxybenzidine-4,4'-diisocyanate administered to rats were 3000 and 1500 mg/kg, respectively, while the high and low concentrations administered in the feed to both rats and mice were 44,000 and 22,000 ppm, respectively. The compound was administered for a period of 78 weeks, followed by an observation period of 26 weeks for rats and 25 weeks for mice.

There was a significant positive association between the administration of 3,3'-dimethoxybenzidine-4,4'-diisocyanate and mortality in male and female rats, but not in male or female mice. Adequate numbers of animals in all groups survived sufficiently long to be at risk from late-developing tumors.

For both sexes of rats, there was a significant positive association between dosage and the incidence of leukemia and malignant lymphoma. There was a significantly higher incidence of neoplasms of the skin, excluding skin of the ear, when dosed male rats were compared to controls. There was a significant positive association between the dosages administered and the incidences of endometrial stromal polyps in female rats. None of the statistical tests for any site in male or female mice indicated a significant positive association between compound administration and tumor incidence.

Under the conditions of this bioassay, administration of 3,3'dimethoxybenzidine-4,4'-diisocyanate was carcinogenic to Fischer 344 rats, causing neoplasms of the skin (excluding skin of the ear) in males, endometrial stromal polyps in females, and leukemia and malignant lymphoma in both sexes. The compound was also associated with the development of a combination of squamous-cell carcinomas and sebaceous adenocarcinomas of the Zymbal's gland and skin of the ear in rats of both sexes. There was no evidence for the carcinogenicity of the compound in B6C3F1 mice.

v11

TABLE OF CONTENTS

				Page
I.	INT	RODUCT	ION	1
II.	MAT	ERIALS	AND METHODS	4
	A.	Chemi	cals	4
	B.	Dosage	e Preparation	5
	C.	Dieta	ry Preparation	5
	D.	Anima	ls	6
	E.	Anima	l Maintenance	7
	F.	Select	tion of Initial Concentrations	9
	G.	Gastr	ic Intubation	10
	H.	Exper	imental Design	10
	I.	Clini	cal and Histopathologic Examinations	14
	J .	Data 1	Recording and Statistical Analyses	16
III.	CHR	ONIC TI	ESTING RESULTS: RATS	21
	A.	Body N	Weights and Clinical Observations	21
	B.	Survi	val	21
	C.	Patho	logy	24
	D.	Stati	stical Analyses of Results	29
IV.	CHR	ONIC TI	ESTING RESULTS: MICE	42
	A.	Body N	Weights and Clinical Observations	42
	B.	Survi	val	42
	C.	Patho	logy	46
	D.	Stati	stical Analyses of Results	47
V.	DIS	CUSSIO	N	53
VI.	BIB	LIOGRA	рну	56
APPEN	DIX	A	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN	
			RATS TREATED WITH 3,3'-DIMETHOXYBENZIDINE- 4,4'-DIISOCYANATE	A-1
APPEN	DIX	В	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN	
			MICE TREATED WITH 3,3'-DIMETHOXYBENZIDINE- 4,4'-DIISOCYANATE	B-1
APPENI	DIX	С	SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC	
			LESIONS IN RATS TREATED WITH 3,3'-DIMETH-	
			OXYBENZIDINE-4,4'-DIISOCYANATE	C-1

TABLE OF CONTENTS (Concluded)

Page

D-1

APPENDIX D SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE TREATED WITH 3,3'-DIMETH-OXYBENZIDINE-4,4'-DIISOCYANATE

LIST OF ILLUSTRATIONS

Figure Number		Page
1	CHEMICAL STRUCTURE OF 3,3'-DIMETHOXYBENZI- DINE-4,4'-DIISOCYANATE	2
2	GROWTH CURVES FOR 3,3'-DIMETHOXYBENZIDINE- 4,4'-DIISOCYANATE CHRONIC STUDY RATS	22
3	SURVIVAL COMPARISONS OF 3,3'-DIMETHOXYBENZI- DINE-4,4'-DIISOCYANATE CHRONIC STUDY RATS	23
4	GROWTH CURVES FOR 3,3'-DIMETHOXYBENZIDINE- 4,4'-DIISOCYANATE CHRONIC STUDY MICE	43
5	SURVIVAL PROBABLITY COMPARISONS OF 3,3'- DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE CHRONIC STUDY MICE	44
6	PERCENT SURVIVAL OF 3,3'-DIMETHOXYBENZIDINE- 4,4'-DIISOCYANATE CHRONIC STUDY MICE	45
	LIST OF TABLES	
Table Number		Page

1	DESIGN SUMMARY FOR FISCHER 344 RATS3,3'- DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE CHRONIC BIOASSAY	11
2	DESIGN SUMMARY FOR B6C3F1 MICE3,3'-DIMETH- OXYBENZIDINE-4,4'-DIISOCYANATE FEEDING EX- PERIMENT	12
3	TIME-ADJUSTED ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN MALE RATS TREATED WITH 3,3'-DIMETHOXYBENZIDINE- 4,4'-DIISOCYANATE	30
4	ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN FEMALE RATS TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE	36
5	ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN MALE MICE TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE	48

LIST OF TABLES (Concluded)

Table 1	Number
---------	--------

P	a	g	e
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.

6	ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN FEMALE MICE TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISO- CYANATE	50
A1	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS TREATED WITH 3,3'-DIMETHOXYBEN- ZIDINE-4,4'-DIISOCYANATE	A-3
A2	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS TREATED WITH 3,3'-DIMETHOXY- BENZIDINE-4,4'-DIISOCYANATE	A-7
B1	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE TREATED WITH 3,3'-DIMETHOXYBEN- ZIDINE-4,4'-DIISOCYANATE	B-3
B2	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE TREATED WITH 3,3'-DIMETHOXY- BENZIDINE-4,4'-DIISOCYANATE	в–6
C1	SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS TREATED WITH 3,3'- DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE	0-3
C2	SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS TREATED WITH 3,3'- DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE	C-7
Dl	SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE TREATED WITH 3,3'- DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE	D-3
D2	SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE TREATED WITH 3,3'- DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE	D-7

xii

I. INTRODUCTION

3,3'-Dimethoxybenzidine-4,4'-diisocyanate (Figure 1) (NCI No. CO2175), a dimer of o-anisidine isocyanate, was selected for bioassay by the National Cancer Institute because of the structural similarity of this compound to 3,3'-dimethoxybenzidine, a carcinogen in Fischer rats (Hadidian et al., 1968).

The Chemical Abstracts Service (CAS) Ninth Collective Index (1977) name for this compound is 4,4'-diisocyanato-3,3'-dimethoxy-1,1'-bipheny1.^{*} It is also called dianisidine diisocyanate; isocyanic acid 3,3'-dimethoxy-4,4'-biphenylene ester; 4,4'-diisocyanato-3,3'-dimethoxybipheny1; 3,3'-dimethoxybiphenylene-4,4'-diisocyanate; 3,3'-dimethoxy-4,4'-biphenyl diisocyanate; and 3,3'-dimethoxy-4,4'-biphenylene diisocyanate.

Several patents have been issued or applied for describing potential uses of 3,3'-dimethoxybenzidine-4,4'-diisocyanate. These include synthesis of shock-absorbing polyurea-polyurethanes, which can be used in railway car couplers (Chung, 1975); <u>in situ</u> manufacture of polyurethane gaskets and seals for metal pail and drum covers, aerosol mounting cups, and metal bottoms of fiber drums (Grace, 1974); synthesis of heat stable thermoplastic urethane rubbers, useful as gaskets, seals, 0-rings, and wire coatings (Bonk and Shah, 1975); formulation of photocurable triazine-containing polyene-polythiol lacquers for steel

The CAS registry number is 91-93-0.



FIGURE 1 CHEMICAL STRUCTURE OF 3,3"DIMETHOXYBENZIDINE-4, 4"-DIISOCYANATE

cans (Guthrie and Rendulic, 1975); and manufacture of abrasionresistant antireflection coatings for color photographs (Chiklis, 1975); however, these uses appear to be purely experimental.

Specific production data for 3,3'-dimethoxybenzidine-4,4'-diisocyanate are not available; however, exclusion of this compound from the <u>1977 Directory of Chemical Producers, U.S.A.</u> (Stanford Research Institute, 1977) implies that it is not currently produced in commercial quantities (in excess of 1000 pounds or \$1000 in value annually) in the United States.

The potential for exposure to 3,3'-dimethoxybenzidine-4,4'-diisocyanate is limited to researchers, particularly those involved in the experimental synthesis of elastomers and polymeric coatings.

II. MATERIALS AND METHODS

A. Chemicals

3,3'-Dimethoxybenzidine-4,4'-diisocyanate was purchased from Upjohn Company, Kalamazoo, Michigan. Chemical analysis was performed by Litton Bionetics, Inc., Kensington, Maryland. The experimentally determined range in melting point was 113° to 116°C. No literature value was found for comparison. Thin-layer chromatography (TLC) was performed utilizing two solvent systems (i.e., anhydrous acetone and ethyl acetate). Each plate was visualized with visible and ultraviolet light, iodine vapor, and ferricyanide-nitroprusside spray. The plate developed with acetone showed one contaminant that was less motile than the major spot, while the plate developed with ethyl acetate revealed two contaminants, one of lesser and one of greater motility than the major spot. The results of infrared (IR) and nuclear magnetic resonance (NMR) analyses were consistent with those expected based on the structure of the compound. Ultraviolet/visible (UV/VIS) spectrophotometry showed λ_{max} at 310 and 285 nm with respective molar extinction coefficients of 2.55 x 10^4 and 1.87 x 10^4 .

A second batch of the compound was purchased approximately 1.5 years later from the same manufacturer. The experimentally determined range in melting point was 109.3° to 111.3°C. TLC was performed as with the first batch. One impurity that was less motile than the major spot was observed on each plate. The results of IR and NMR analyses were consistent with those expected based on the structure

of the compound. UV/VIS analysis revealed λ_{max} at 307 and 280 nm with respective molar extinction coefficients of 2.33 x 10⁴ and 1.67 x 10⁴.

Throughout this report the term 3,3'-dimethoxybenzidine-4,4'diisocyanate is used to represent this material.

B. Dosage Preparation

Fresh solutions of 3,3'-dimethoxybenzidine-4,4'-diisocyanate in steroid suspending vehicle^{*} (Litton Bionetics, Inc., Kensington, Maryland) were prepared on each day that intubation was performed. Excess portions of the mixtures were disposed of rather than stored. The concentration of 3,3'-dimethoxybenzidine-4,4'-diisocyanate in steroid suspending vehicle ranged from 15 to 30 percent.

C. Dietary Preparation

The basal laboratory diet for both dosed and control animals consisted of Wayne Lab-Blox[®] (Allied Mills, Inc., Chicago, Illinois). 3,3'-Dimethoxybenzidine-4,4'-diisocyanate was administered to the dosed mice as a component of the diet throughout the period of chemical administration, while it was administered to rats as a component of the diet beginning with week 23 and continuing for the duration of compound administration. (Rats were intubated with the chemical for the first 22 weeks of the bioassay.)

Steroid suspending vehicle = 9 gm NaCl, 5 gm carboxymethylcellulose, -4 ml polysorbate 80, and 9 ml benzyl alcohol q.s. to 1 liter with distilled water.

The chemical was removed from its container and a proper amount was blended with an aliquot of the ground feed using a mortar and pestle. Once visual homogeneity was attained, the mixture was placed in a 6 kg capacity Patterson-Kelley standard model twin-shell stainless steel V-blender along with the remainder of the feed to be prepared. After 20 minutes of blending, the mixtures were placed in double plastic bags and stored in the dark at 4°C. The mixture was prepared once weekly.

Dosed feed preparations containing 23,000 and 46,000 ppm of 3,3'dimethoxybenzidine-4,4'-diisocyanate were analyzed spectrophotometrically. The mean result immediately after preparation was 95.2 ± 4.2 percent of theoretical, including correction for the analytical method of recovery used. After ten days, at ambient room temperature, the mean result was 100.3 ± 4.4 percent of theoretical, including correction for the analytical method of recovery used.

D. 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. Rats were supplied by A. R. Schmidt, Madison, Wisconsin, and Charles River Breeding Laboratories, Inc., Wilmington, Massachusetts. All mice were supplied by Charles River Breeding Laboratories, Inc.

Rats and mice were approximately 4 weeks old when received. Upon receipt, animals were examined for visible signs of disease or parasites. Obviously ill or runted animals were culled. The remaining animals were quarantined for 2 weeks prior to initiation of test. Animals which did not manifest clinical signs of disease were placed on test at this time. Animals were assigned to groups and distributed among cages so that the average body weight per cage was approximately equal for a given species and sex.

E. Animal Maintenance

All animals were housed by species in temperature- and humiditycontrolled rooms. The temperature range was 22° to 26°C and the relative humidity was maintained between 45 and 55 percent. Incoming air was filtered through HEPA filters (Flanders Filters, McLean, Virginia) at a rate of 12 to 15 complete changes of room air per hour. Fluorescent lighting was provided 8 hours per day (9:00 a.m. to 5:00 p.m.).

All rats were housed four per cage by sex and all mice were housed five per cage by sex. Throughout the study dosed and control animals of both species were housed in polycarbonate cages (Lab Products, Inc., Gartield, New Jersey) suspended from aluminum racks. Racks were fitted with a continuous piece of stainless steel mesh over which a sheet of filter paper was firmly secured. Filter paper was changed at 2-week intervals, when the racks were sanitized. Clean cages and bedding were provided twice weekly. Ab-sorb-dri[®] hardwood chip

bedding (Wilner Wood Products Company, Norway, Maine) was used in polycarbonate cages for the entire bioassay.

Acidulated water (pH 2.5) was supplied to animals in water bottles filled by an automated metering device that was checked daily for diluting accuracy. Water bottles were changed and washed twice weekly, and sipper tubes were washed at weekly intervals. During the period of chemical administration, dosed and control animals received treated or untreated Wayne Lab-Blox[®] meal as appropriate. The feed was supplied in hanging stainless steel hoppers which were refilled three times per week and sanitized weekly. Food and water were available ad libitum for both species.

All dosed and control rats were housed in a room with other rats receiving diets containing * N-phenyl-p-phenylenediamine hydrochloride (2198-59-6); acetylaminofluorene (53-96-3); and nitrilotriacetic acid (139-13-9).

All dosed and control mice were housed in a room with mice receiving diets containing EDTA trisodium salt (150-38-9); diaminozide (1596-84-5); N,N'-diethylthicurea (105-55-5); triphenyltin hydroxide (76-87-9); carbromal (75-65-6); p-quinone dioxime (105-11-3); 4-amino-2-nitrophenol (119-34-6); other mice intubated with lithocholic acid (434-13-9); and other mice receiving I.P. injections of methiodol sodium (126-31-8).

CAS registry numbers are given in parentheses.

F. Selection of Initial Concentrations

In order to establish the maximum tolerated concentrations of 3,3'-dimethoxybenzidine-4,4'-diisocyanate for administration to dosed animals in the chronic study, subchronic toxicity tests were conducted with both rats and mice. Animals of each species were distributed among six groups, each consisting of five males and five females. 3,3'-Dimethoxybenzidine-4,4'-diisocyanate mixed with distilled water was introduced by gavage to five of the six rat groups at dosages of 800, 1260, 2000, 3160, and 5000 mg/kg and to five of the six mouse groups at dosages of 215, 464, 1000, 2150, and 4640 mg/kg. The sixth group of each species served as a control, receiving only steroid suspending vehicle by gavage. Intubation was performed five times per week for 4 weeks, followed by a 2-week observation period to detect any delayed toxicity. Individual body weights were recorded weekly. At the end of the observation period, all survivors were sacrificed and necropsied.

At the end of the subchronic test, mean body weight gain among male rats dosed with 2000 mg/kg was 1 percent greater than the mean body weight gain of their controls, while female rats receiving the same dosage displayed a mean body weight gain 4 percent less than that of their controls. At a dosage of 3160 mg/kg, the mean body weight gain among male rats was 9 percent less than that of their controls, while female rats receiving the same dosage displayed a mean body weight gain 14 percent less than that of their controls.

The high concentration selected for administration to dosed rats in the chronic bioassay was 3000 mg/kg.

At the end of the subchronic test, mean body weight gain among male mice dosed with 4640 mg/kg was 4 percent less than the mean body weight gain of their controls, while female mice receiving the same dosage displayed a mean body weight gain 11 percent less than that of their controls. The high concentration selected for administration to dosed mice in the chronic bioassay was 44,000 ppm (equivalent to 7040 mg/kg, assuming an average food consumption of 4 grams/day and an average body weight of 25 grams).

G. Gastric Intubation

Intubation was performed for 5 consecutive days per week on a mg/kg body weight basis, utilizing the most recently observed group mean body weight as a guide for determining the dose. All rats were weighed and dosages adjusted once monthly, based on group mean body weight. Thus, although the ratio of dose to weight remained constant, the total dosage administered fluctuated with an increase or decrease in group mean body weight. Rats of each sex within a dosed group received the same dosage.

H. Experimental Design

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

TABLE 1

DESIGN SUMMARY FOR FISCHER 344 RATS 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE CHRONIC BIOASSAY

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	INITIAL GROUP SIZE	3,3'-DIMETHOXYBENZIDINE- 4,4'-DIISOCYANATE ^a ,b	OBSERVAT TREATED (WEEKS)	<u>ION PERIOD</u> UNTREATED (WEEKS)
MALE				
VEHICLE CONTROL	20	0	0	104
LOW DOSE	50	1,500 ^a 22,000 ^b 0	22 56	26
HIGH DOSE	50	3,000 ^a 44,000 ^b 0	22 56	26
FEMALE				,
VEHICLE CONTROL	20	0	0	104
LOW DOSE	50	1,500 ^a 22,000 ^b 0	22 56	26
HIGH DOSE	49	3,000 ^a 44,000 ^b 0	22 56	26

^aDosages, given in mg/kg body weight, were administered by gavage 5 consecutive days per week. These dosages (i.e., 3000 and 1500 mg/kg) are equivalent to respective concentrations of 44,000 and 22,000 ppm (assuming average daily food consumption and body weight).

^bConcentrations given in parts per million in the feed.

^cGavaged with steroid suspending vehicle for the first 22 weeks and subsequently transferred to the basal laboratory diet.

TABLE 2

DESIGN SUMMARY FOR B6C3F1 MICE 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE FEEDING EXPERIMENT

	INITIAL GROUP SIZE	3,3'-DIMETHOXYBENZIDINE- 4,4'-DIISOCYANATE CONCENTRATION ^a	OBSERVAT TREATED (WEEKS)	ION PERIOD UNTREATED (WEEKS)
MALE				
CONTROL	20	0	0	103
LOW DOSE	50	22,000 0	78	25
HIGH DOSE	50	44,000 0	78	25
FEMALE				· · · · · · · · · · · · · · · · · · ·
CONTROL	20	0	0	103
LOW DOSE	50	22,000 0	78	25
HIGH DOSE	50	44,000 0	78	25

^aConcentrations given in parts per million.

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12 🕔

The method of compound administration for the chronic bioassay in rats, which was begun prior to the chronic bioassay in mice, was initially intubation. Intubation was selected because it was believed that the compound was not stable in feed. After determination that the compound was stable in feed (as indicated on page 6) the method of compound administration to rats was changed to dietary and the mouse bioassay was initiated using dietary administration.

All rats were approximately 6 weeks old at the time the test was initiated and were placed on test simultaneously. The dosages initially administered to males and females were 3000 and 1500 mg/kg, by gavage (equivalent to dietary concentrations of 44,000 and 22,000 ppm). Throughout this report those rats initially receiving the former dosage are referred to as the high dose groups and those initially receiving the latter dosage are referred to as the low dose groups. All dosed rats were administered 3,3'-dimethoxybenzidine 4,4'-diisocyanate by gavage at the dosages indicated for 22 weeks. Beginning in week 23, 3,3'-dimethoxybenzidine-4,4'-diisocyanate was mixed with the feed and administered ad libitum in the diet. All dosed rats were supplied feed containing 3,3'-dimethoxybenzidine-4,4'-diisocyanate for the remaining 56 weeks of compound administration. During this 56-week period, the high and low concentrations administered were 44,000 and 22,000 ppm, respectively. The dosed rats were observed for a period of 26 weeks after compound administration ceased.

All mice were approximately 6 weeks old at the time the test was initiated and were placed on test simultaneously. The dietary concentrations of 3,3'-dimethoxybenzidine-4,4'-diisocyanate administered to both sexes were 44,000 and 22,000 ppm. Throughout this report those mice receiving the former concentration are referred to as the high dose groups and those receiving the latter concentration are referred to as the low dose groups. Dosed mice were supplied with feed containing 3,3'-dimethoxybenzidine-4,4'-diisocyanate for 78 weeks followed by a 25-week observation period.

I. Clinical and Histopathologic Examinations

Animals were weighed immediately prior to initiation of the experiment. From the first day, all animals were inspected twice daily for mortality. Food consumption data were collected at monthly intervals from 20 percent of the animals in each group. Body weights of rats were recorded once a week for the first 6 weeks, every 2 weeks for the next 12 weeks, and once a month thereafter. Body weights of mice were recorded once a week for the first 6 weeks, every 2 weeks for the next 10 weeks and once a month for the remainder of the bioassay.

All moribund animals or animals that developed large, palpable masses that jeopardized their health were sacrificed. A necropsy was performed on each animal regardless of whether it died, was sacrificed when moribund, or was sacrificed at the end of the bioassay.

The animals were euthanized by carbon dioxide asphyxiation, and were immediately necropsied. The histopathologic examination consisted of gross and microscopic examination of all major tissues, organs, and gross lesions taken from sacrificed animals and, whenever possible, from animals found dead.

Tissues were preserved in a 10 percent neutral buffered formalin solution, embedded in paraffin, sectioned, and stained with hematoxylin and eosin prior to microscopic examination.

Slides were prepared from the following tissues: skin, subcutaneous tissue, ear, lungs and bronchi, trachea, bone marrow, spleen, lymph nodes, thymus, heart, salivary gland, liver, gallbladder (mice), pancreas, esophagus, Zymbal's gland, stomach, small intestine, large intestine, kidney, urinary bladder, pituitary, adrenal, thyroid, parathyroid, testis, prostate, brain, 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 recorded in each group at the time that the test was initiated.

J. 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. 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 when appropriate. 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

Dose-related mean body weight depression was not apparent in either male or female rats. There was, however, slight mean body weight depression in dosed groups of both sexes when compared to their respective controls (Figure 2).

No abnormal clinical signs were recorded.

B. Survival

The estimated probabilities of survival for male and female rats in the control and 3,3'-dimethoxybenzidine-4,4'-diisocyanate-dosed groups are shown in Figure 3. For male rats the Tarone test for a positive association between dosage and mortality was significant (P = 0.002). While the Tarone test was not significant for females, the Cox tests comparing high dose to control and low dose to control indicated a significantly higher mortality among dosed rats when compared with the control group.

There were adequate numbers of male rats at risk from latedeveloping tumors as 80 percent (40/50) of the high dose, 88 percent (44/50) of the low dose, and 90 percent (18/20) of the control group survived on test more than 80 weeks. Thirty-two percent (16/50) of the high dose, 44 percent (22/50) of the low dose and 75 percent (15/20) of the control group survived on test until the termination of the study.



FIGURE 2 GROWTH CURVES FOR 3,3' DIMETHOXYBENZIDINE 4,4' DIISOCYANATE CHRONIC STUDY RATS


FIGURE 3 SURVIVAL COMPARISONS OF 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE CHRONIC STUDY RATS

Similarly, there were adequate numbers of female rats at risk from late-developing tumors with 90 percent (45/50) of the high dose, 80 percent (40/50) of the low dose, and 95 percent (19/20) of the control group surviving on test more than 80 weeks. At the termination of the study, 42 percent (21/50) of the high dose, 42 percent (21/50) of the low dose and 75 percent (15/20) of the control group were alive on test.

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).

There were increased incidences of tumors of baso-squamous epithelial origin in dosed male and female rats, when compared to their respective controls. These tumors were commonly in the skin of the head, inguinal area and back. The location of 28 tumors of the head strongly suggested that these tumors arose from the Zymbal's gland. The location and type of 17 tumors in the inguinal area suggested involvement of preputial glands. Grossly, they appeared as irregular fungating or bulging ulcerated lesions measuring about 0.5 to 3.0 cm in greatest dimension.

Microscopically, the tumors thought to arise from the Zymbal's gland were carcinomas of the sebaceous gland, squamous-cell carcinomas, and a carcinosarcoma as summarized in the following table:

	Control	Low Dose	High <u>Dose</u>
MALES			
Number of Animals with "issues Examined Histopathologically	(20)	(50)	(50)
ZYMBAL'S GLAND			
Squamous-Cell Carcinoma	0	2(4%)	5(10%)
Sebaceous Adenocarcinoma	0	3(6%)	2(4%)
Carcinosarcoma	0	0	0
FEMALES			
Number of Animals with Tissues Examined Histopathologically	(20)	(50)	(48)
ZYMBAL'S GLAND			
Squamous-Cell Carcinoma	0	1(2%)	4(8%)
Sebaceous Adenocarcinoma	0	7(14%)	2(4%)
Carcinosarcoma	1(5%)	0	0

These and other tumors of baso-squamous origin were classified according to the apparent direction of maturation. The auditory tumors had both sebaceous and squamous differentiation as did nearly all other skin neoplasms discussed later. The Zymbal's gland tumors appeared to have the most malignant potential of any of the skin tumors. Two invaded the skull and two others metastisized to the lung.

Tumors arising from preputial and clitoral glands (i.e., 0/20, 1/50 [2 percent], and 3/50 [6 percent] in the control, low dose, and high

dose males, respectively, and 0/20, 8/50 [16 percent], and 4/48 [8 percent] in the control, low dose, and high dose females, respectively) were the most consistent of the skin tumors in that they mostly resembled sebaceous glands and as a rule had little squamous differentiation. These tumors appeared to have little malignant potential and were therefore regarded of low-grade malignancy. Additional skin tumors arose from other locations as shown in the following table:

		<u>Control</u>	Low Dose	High Dose
MALES				
SKIN				
Number of Animals with Tissues Examined Histopathologically		(20)	(50)	(50)
Neoplasms NOS Papilloma NOS		0 0	1(2%) 0	0 2(4%)
Squamous-Cell Carcinoma Basal-Cell Tumor		0 0	5(10%) 4(8%)	4(8%) 5(10%)
Trichoepithelioma Sebaceous Adenoma		0	2(4%) 2(4%)	1(2%) 0
Sebaceous Adenocarcinoma Keratoacanthoma Carcinosarcoma		0 1(5%) 0	1(2%) 4(8%) 0	0 5(10%) 1(2%)
FEMALES		Ū	Ū	1 (2/0)
SKIN				
Number of Animals with Tissues Examined Histopathologically		(20)	(50)	(48)
Neoplasms NOS		0	0	1(2%)
Papilloma NOS Squamous-Cell Carcinoma		0 0	0 1(2%)	0 0
Basal-Cell Tumor Trichoepithelioma		0 0	0 1(2%)	1(2%) 0
Sebaceous Adenoma		0	0	1(2%)
Sebaceous Adenocarcinoma Keratoacanthoma		1(2%) 0	1(2%) 0	1(2%) 0
Carcinosarcoma	26	1(2%)	0	0

The classification of these tumors was seldom obvious. More often than not, the tumors were mixtures of basal cells often with sebaceous differentiation, squamous cells often forming keratin pearls and sometimes mimicked hair follicles. The direction of differentiation was obscured by maturation in two or more directions simultaneously. The impression was that all such skin tumors arose from similar pleuropotent cells and that the path of differentiation is variable, thus they should all be considered to have a malignant potential, however, lowgrade.

Squamous-cell carcinomas were characterized by down growth of clusters of basal cells with individual cell and group keratinization, often with many keratin pearls. In some, invasion of the stroma led to a desmoplastic response. Sebaceous carcinomas were composed of lobules of basal type epithelium maturing toward sebaceous cells and often filling cystic spaces with "ghosts" of necrotic cells. Basalcell tumors formed lobules of typical basophilic basal cells in a dense fibrous connective tissue. There were always some keratin pearls and sebaceous cells. Keratoacanthomas arose from greatly thickened surface epithelium and tended to form inverted cysts filled with laminated keratin. The cyst wall was thick, complex and contained keratin whorls and sebaceous glands, but was generally sharply circumscribed.

Leukemias were common in dosed male (i.e., 0/20, 18/50 [36 percent], and 16/50 [32 percent] in the control, low dose, and high

dose, respectively) and dosed female (i.e., 1/20 [5 percent], 8/50 [16 percent], and 12/48 [25 percent] in the control, low dose, and high dose, respectively) rats and were nearly absent in controls. The leukemias usually involved the spleen, causing splenomegaly, and less commonly involved the liver, giving it a slightly enlarged and mottled appearance.

Microscopically, in addition to the spleen and liver, the pulmonary capillaries were often filled with leukemic cells and sometimes the bone marrow sections contained leukemic cells. In all cases in which the tissues were not autolyzed, the leukemia was classified as of the undifferentiated type. The affected cells contained large nucleoli with evenly distributed chromatin. The nuclei were round with various degrees of indentation.

There was a spontaneous occurrence of a variety of other tumors in both the control and dosed groups. These lesions were of the type, incidence, and distribution often observed in aged Fischer 344 rats, and, therefore, were not attributed to compound administration.

The usual nonneoplastic lesions were seen in rats of all groups and were not considered to be compound-related.

The results of this pathologic examination indicated that 3,3'-dimethoxybenzidine-4,4'-diisocyanate caused skin and adnexal tumors in male and female rats, and may also be associated with leukemia in male and female rats.

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 tumors were observed in at least one of the control or 3,3'-dimethoxybenzidine-4,4'-diisocyanate-dosed groups and where such tumors were observed in at least 5 percent of the group. Due to the early mortality of a number of male rats the analyses for males have been based solely upon those males 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.

For male rats, the Cochran-Armitage test indicated a significant (P = 0.022) positive association between dose and the combined incidence of leukemia or malignant lymphomas. This result was supported by significant Fisher exact test results for the low dose (P = 0.001) and the high dose (P = 0.002) groups. For females, the Cochran-Armitage test was also significant (P = 0.007) and was supported by a significant (P = 0.016) Fisher exact test comparing high dose to control. Based on these statistical results, the administration of 3,3'-dimethoxybenzidine-4,4'-diisocyanate was associated with the increased combined incidence of leukemia or malignant lymphomas in male and female Fischer 344 rats under the conditions of this bioas-say.

Also in male rats, the Fisher exact tests for the incidence of skin (excluding skin of the ear) neoplasms (i.e., papilloma NOS,

TABLE 3

TIME-ADJUSTED ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN MALE RATS TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE^{a,f}

TOPOGRAPHY: MORPHOLOGY	VEHICLE CONTROL	LOW DOSE	HIGH DOSE
Skin (Excluding Skin of Ear): Squamous- Cell Carcinoma ^b	0/18(0.00)	5/48(0.10)	4/46(0.09)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d Lower Limit Upper Limit		Infinite 0.496 Infinite	Infinite 0.380 Infinite
Weeks to First Observed Tumor		94	82
Skin (Excluding Skin of Ear): Sebaceous Adenoma or Sebaceous Adenocarcinoma ^b	0/13(0.00)	3/48(0.06)	0/46(0.00)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d Lower Limit Upper Limit		Infinite 0.236 Infinite	
Weeks to First Observed Tumor		79	
Skin (Excluding Skin of Ear): Papilloma NOS, Basal-Cell Tumor, Trichoepithe- lioma, Sebaceous Adenoma, or Kerato- acanthoma ^b	0/18(0.00)	12/48(0.25)	11/46(0.24)
P Values ^C	N.S.	P = 0.014	P = 0.018
Relative Risk (Control) ^d Lower Limit Upper Limit		Infinite 1.445 Infinite	Infinite 1.366 Infinite
Weeks to First Observed Tumor		79	60

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TOPOGRAPHY: MORPHOLOGY	VEHICLE CONTROL	LOW DOSE	HIGH DOSE
Skin (Excluding Skin of Ear): Squamous-			
Cell Carcinoma, or Sebaceous Adeno- carcinoma ^b	0/18(0.00)	6/48(0.13)	4/46(0.09)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d		Infinite	Infinite
Lower Limit		0.630	0.380
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor		94	82
Skin (Excluding Skin of Ear): Papilloma NOS, Basal-Cell Tumor, Trichoepithelioma, Sebaceous Adenoma, Keratoacanthoma, Squamous-Cell Carcinoma, or Sebaceous Adenocarcinoma ^b	0/18(0.00)	17/48(0.35)	14/46(0.30)
NOS, Basal-Cell Tumor, Trichoepithelioma, Sebaceous Adenoma, Keratoacanthoma, Squamous-Cell Carcinoma, or Sebaceous		17/48(0.35) P = 0.002	14/46(0.30) P = 0.005
NOS, Basal-Cell Tumor, Trichoepithelioma, Sebaceous Adenoma, Keratoacanthoma, Squamous-Cell Carcinoma, or Sebaceous Adenocarcinoma ^b	0/18(0.00)		
NOS, Basal-Cell Tumor, Trichoepithelioma, Sebaceous Adenoma, Keratoacanthoma, Squamous-Cell Carcinoma, or Sebaceous Adenocarcinoma ^b P Values ^C	0/18(0.00) P = 0.045		
NOS, Basal-Cell Tumor, Trichoepithelioma, Sebaceous Adenoma, Keratoacanthoma, Squamous-Cell Carcinoma, or Sebaceous Adenocarcinoma ^b P Values ^C Departure from Linear Trend ^e	0/18(0.00) P = 0.045	P = 0.002	P = 0.005
NOS, Basal-Cell Tumor, Trichoepithelioma, Sebaceous Adenoma, Keratoacanthoma, Squamous-Cell Carcinoma, or Sebaceous Adenocarcinoma ^b P Values ^C Departure from Linear Trend ^e Relative Risk (Control) ^d	0/18(0.00) P = 0.045	P = 0.002 Infinite	P = 0.005

TABLE 3 (CONTINUED)

TABLE 3 (CONTINUED)

TOPOGRAPHY: MORPHOLOGY	VEHICLE CONTROL	LOW DOSE	HIGH DOSE
Lung: Alveolar/Bronchiolar Adenoma ^b	0/18(0.00)	8/47(0.17)	0/43(0.00)
P Values ^C	N.S.	N.S.	N.S.
Departure from Linear Trend ^e	P = 0.002		
Relative Risk (Control) ^d		Infinite	
Lower Limit		0.919	
Upper Limit		Infinite	
Weeks to First Observed Tumor		79	
Hematopoietic System: Leukemia or	0/10/0 00)	18//0/0 28)	16/46(0.25)
Malignant Lymphoma ^b	0/18(0.00)	18/48(0.38)	16/46(0.35)
P Values ^C	P = 0.022	P = 0.001	P = 0.002
Departure from Linear Trend ^e	P = 0.028		
Relative Risk (Control) ^d		Infinite	Infinite
Lower Limit		2.270	2.083
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor		72	80
Thyroid: C-Cell Adenoma or C-Cell	^{▲▲}		
Carcinoma ^b	1/18(0.06)	3/43(0.07)	0/42(0.00)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d		1.256	0.000
Lower Limit		0.112	0.000
Upper Limit		64.377	7.981
Weeks to First Observed Tumor	104	98	

TOPOGRAPHY: MORPHOLOGY	VEHICLE CONTROL	LOW DOSE	HIGH DOSE
Preputial Gland: Sebaceous Adeno- carcínoma ^b	0/18(0.00)	1/48(0.02)	3/46(0.07)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d Lower Limit Upper Limit	 	Infinite 0.021 Infinite	Infinite 0.246 Infinite
Weeks to First Observed Tumor		97	94
Testis: Interstitial-Cell Tumor ^b	17/18(0.94)	39/48(0.81)	36/45(0.80)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d Lower Limit Upper Limit		0.860 0.793 1.139	0.847 0.779 1.128
Weeks to First Observed Tumor	97	77	79
Liver: Hepatocellular Adenoma or Hepatocellular Carcinoma ^b	1/18(0.06)	8/48(0.17)	3/46(0.07)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d Lower Limit Upper Limit		3.000 0.457 129.949	1.174 0.104 60.276
Weeks to First Observed Tumor	104	104	86

TABLE 3 (CONTINUED)

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	VEHICLE	LOW	HIGH
TOPOGRAPHY: MORPHOLOGY	CONTROL	DOSE	DOSE
Pituitary: Chromophobe Adenoma ^{b,f}	3/16(0.19)	7/44(0.16)	2/34(0.06)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d		0.848	0.314
Lower Limit	disite sample spings	0.231	0.029
Upper Limit		4.673	2.516
Weeks to First Observed Tumor	39	80	69
Adrenal: Pheochromocytoma ^b	4/18(0.22)	3/48(0.06)	0/45(0.00)
P Values ^C	P = 0.003(N)	N.S.	P = 0.005(N)
Relative Risk (Control) ^d	· ·	0.281	0.000
Lower Limit		0.047	0.000
Upper Limit		1.530	0.425
Weeks to First Observed Tumor	104	104	
Zymbal's Gland, Ear, and Skin of Ear:			
Squ amous-Cell Carcinoma or Sebaceous Adenocarcinoma ^b	0/18(0.00)	5/48(0.10)	8/46(0.17)
P Values ^C	P = 0.040	N.S.	N.S.
Relative Risk (Control) ^d		Infinite	Infinite
Lower Limit		0.496	0.939
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor		77	70

TABLE 3 (CONTINUED)

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TABLE 3 (CONCLUDED)

	VEHICLE	LOW	HIGH
TOPOGRAPHY: MORPHOLOGY	CONTROL	DOSE	DOSE
Zymbal's Gland, Ear, and Skin of Ear: Squamous-Cell Carcinoma, Sebaceous Adenocarcinoma, Keratoacanthoma, Neoplasm NOS, or Basal-Cell Tumor ^b	1/18(0.06)	6/48(0.13)	9/46(0.20)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d Lower Limit Upper Limit		2.250 0.308 101.140	3.522 0.556 150.403
Weeks to First Observed Tumor	104	77	70

^aTreated groups received doses of 1500 or 3000 mg/kg by gavage for 22 weeks followed by concentrations of 22,000 or 44,000 ppm in feed for 54 weeks.

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

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> ^CThe 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.

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

^eThe probability level of the test for departure from linear trend is given beneath the control group when P < 0.05.

^fThese 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 in any group of this sex and species, where the analyses were based upon all animals that survived until or past the date that the first tumor was observed.

TABLE 4

ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN FEMALE RATS TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE^a

	VEHICLE	LOW	HIGH
TOPOGRAPHY: MORPHOLOGY	CONTROL	DOSE	DOSE
Hematopoietic System: Leukemia or			
Malignant Lymphoma ^b	1/20(0.05)	8/50(0.16)	15/48(0.31)
P Values ^C	P = 0.007	N.S.	P = 0.016
Relative Risk (Control) ^d		3.200	6.250
Lower Limit		0.482	1.093
Upper Limit		138.771	255.482
Weeks to First Observed Tumor	94	90	83
Pituitary: Chromophobe Adenoma ^b	4/18(0.22)	8/48(0.17)	8/45(0.18)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d		0.750	0.800
Lower Limit		0.239	0.255
Upper Limit		3.097	3.292
Weeks to First Observed Tumor	103	71	100
Thyroid: C-Cell Adenoma or C-Cell			
Carcinoma ^b	0/18(0.00)	3/44(0.07)	0/41(0.00)
P Values ^C	N.S.	N.S.	N.S.
Departure from Linear Trend ^e	P = 0.049		
Relative Risk (Control) ^d		Infinite	
Lower Limit		0.258	
Upper Limit		Infinite	
Weeks to First Observed Tumor		100	

TABLE 4 (CONTINUED)

	VEHICLE	LOW	HIGH
TOPOGRAPHY: MORPHOLOGY	CONTROL	DOSE	DOSE
Mammary Gland: Fibroadenoma, Adenoma			
NOS, or Adenocarcinoma NOS ^b	0/20(0.00)	5/50(0.10)	6/48(0.13)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d	÷	Infinite	Infinite
Lower Limit		0.525	0.695
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor		103	100
Preputial Gland: Sebaceous Adenocarcinoma			
or Squamous-Cell Carcinoma ^b	0/20(0.00)	8/50(0.16)	4/48(0.08)
P Values ^C	N.S.	N.S.	N.S.
Departure from Linear Trend ^e	P = 0.043		
Relative Risk (Control) ^d		Infinite	Infinite
Lower Limit		0.952	0.402
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor		71	93
Uterus: Endometrial Stromal Polyp ^b	0/20(0.00)	5/48(0.10)	10/48(0.21)
P Values ^C	P = 0.013	N.S.	P = 0.022
Relative Risk (Control) ^d		Infinite	Infinite
Lower Limit		0.547	1.292
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor		74	86

TABLE 4 (CONCLUDED)

TOPOGRAPHY : MORPHOLOGY	VEHICLE CONTROL	LOW DOSE	HIGH DOSE
Zymbal's Gland: Squamous-Cell Carcinoma or Sebaceous Adenocarcinoma ^b	0/20(0.00)	8/50(0.16)	6/48(0.13)
P Values ^c	N.S.	N.S.	N.S.
Relative Risk (Control) ^d Lower Limit Upper Limit		Infinite 0.952 Infinite	Infinite 0.695 Infinite
Weeks to First Observed Tumor		44	72
Zymbal's Gland and Skin of Ear: Squamous-Cell Carcinoma, Sebaceous Adenocarcinoma or Trichoepithelioma ^b	0/20(0.00)	9/50(0.18)	6/48(0.13)
P Values ^C	N.S.	P = 0.039	N.S.
Relative Risk (Control) ^d Lower Limit Upper Limit		Infinite 1.096 Infinite	Infinite 0.695 Infinite
Weeks to First Observed Tumor		44	72

^aTreated groups received doses of 1500 or 3000 mg/kg by gavage for 22 weeks followed by concentrations of 22,000 or 44,000 ppm in feed for 54 weeks.

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

38

^CThe 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.

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

^eThe probability level of the test for departure from linear trend is given beneath the control group when P < 0.05.

basal-cell tumor, trichoepithelioma, sebaceous adenoma, keratoacanthoma, squamous-cell carcinoma, or sebaceous adenocarcinoma) was significant when comparing both the high dose to control (P = 0.005) and the low dose to control (P = 0.002). The Cochran-Armitage test was significant (P = 0.045) with a significant (P = 0.024) departure from linear trend due to the higher incidence in the low dose group relative to the high dose group. Based on these statistical results, the administration of 3,3'-dimethoxybenzidine-4,4'-diisocyanate was associated with the increased incidence of skin neoplasms in male Fischer 344 rats under the conditions of this bioassay.

In male rats the Cochran-Armitage test indicated a significant (P = 0.040) positive association between dose and the incidence of squamous-cell carcinomas or sebaceous adenocarcinomas of the Zymbal's gland and the skin of the ear. While the Fisher exact tests did not support these results, the historical control data for untreated male Fischer 344 rats at this laboratory indicated only a 0.3 percent (1/300) incidence of these tumors in untreated males, indicating the rarity of occur-ence of these tumors. In female rats, none of the statistical tests for these tumors at this site were significant under the Bonferroni criterion. However, as with male rats, historical control data for untreated female Fischer 344 rats at this laboratory indicate squamous-cell carcinomas and sebaceous adenocarcinomas of the Zymbal's gland and skin of the ear to be rarely occurring, with 0 percent (0/298) incidence. Based upon these results the data suggest that the administration of 3,3'-dimethoxybenzidine-4,4'-diisocyanate

was associated with the increased incidence of squamous-cell carcinomas or sebaceous adenocarcinomas of the Zymbal's gland and the skin of the ear in male and female rats.

In female rats the Cochran-Armitage test indicated a significant (P = 0.013) positive association between dose and the incidence of endometrial stromal polyps. The high dose to control Fisher exact test was also significant (P = 0.022). Based on these statistical results the administration of 3.3'-dimethoxybenzidine-4,4'-diisocy-anate was associated with the increased incidence of endometrial stromal polyps.

The Cochran-Armitage test and the Fisher exact test comparing high dose to control indicated a significant negative association between dose and the incidence of adrenal pheochromocytomas in male rats. However, the historical data for this laboratory indicated an incidence of 7 percent (20/294) in male control Fischer 344 rats as compared to the higher 22 percent (4/18) observed in control male rats in this bioassay.

In summary, the statistical findings were that the administration of 3,3'-dimethoxybenzidine-4,4'-diisocyanate was associated with the increased incidence of leukemia or malignant lymphomas in male and female rats, the incidence of skin neoplasms (excluding skin of the ear) in male rats, and the incidence of endometrial stromal polyps in female rats. The data also suggest that the incidence of squamous-cell carcinomas or sebaceous adenocarcinomas of

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the Zymbal's gland and the skin of the ear was associated with chemical administration to both sexes.

IV. CHRONIC TESTING RESULTS: MICE

A. Body Weights and Clinical Observations

Slight dose-related mean body weight depression was apparent in male mice. Female mice evidenced slight mean body weight depression in comparison to the control group (Figure 4).

No abnormal clinical signs were recorded.

B. Survival

The estimated probabilities of survival for male and female mice in the control and 3,3'-dimethoxybenzidine-4,4'-diisocyanate-dosed groups are shown in Figure 5. The Tarone test for association between dosage and mortality was not significant for either male or female mice.

The percentage of mice surviving on test is shown in Figure 6. In the male mice, despite the disappearance of 1 control in week 22, 1 low dose mouse in week 38, 3 low dose mice in week 41, and 1 low dose mouse in week 92, and the accidental sacrifice of 1 high dose mouse in week 44, there were adequate numbers at risk from latedeveloping tumors. Ninety-two percent (46/50) of the high dose, 80 percent (40/50) of the low dose, and 90 percent (18/20) of the control group survived on test until the termination of the study.

With 62 percent (31/50) of the high dose, 72 percent (36/50) of the low dose and 90 percent (18/20) of the control group surviving on test until termination of the study, there were adequate numbers



FIGURE 4 GROWTH CURVES FOR 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE CHRONIC STUDY MICE



SURVIVAL PROBABILITY COMPARISONS OF 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE CHRONIC STUDY MICE



FIGURE 6 PERCENT SURVIVAL OF 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE CHRONIC STUDY MICE

of female mice at risk from late-developing tumors. Seven females from the high dose group and 9 from the low dose group were missing by week 28.

C. Pathology

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

A variety of tumors occurred in both the control and dosed groups. The type, incidence, and distribution of these lesions were similar to those expected in aged B6C3F1 mice; therefore, these lesions were considered to be spontaneous and not related to compound administration.

A few neoplasms occurred only, or with a greater frequency, in dosed groups as compared with controls. This may be noted in male mice in which benign and malignant hepatocellular neoplasms were found in 21 percent of the high dose mice compared to 5 percent of controls.

A variety of nonneoplastic, inflammatory, degenerative or fibrotic lesions occurred randomly in all groups and none appeared to be compound-related.

The results of this pathologic examination indicated that 3,3'-dimethoxybenzidine-4,4'-diisocyanate was not carcinogenic in male or female B6C3F1 mice under the conditions of this bioassay.

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 3,3'-dimethoxybenzidine-4,4'-diisocyanate-dosed groups and where such tumors were observed in at least 5 percent of the group.

None of the statistical tests for any site of either male or female mice indicated a significant positive association between chemical administration and tumor incidence. Based upon these statistical results there was no evidence that 3,3'-dimethoxybenzidine-4,4'-diisocyanate was a carcinogen in B6C3F1 mice under the conditions of this bioassay.

In male mice the Cochran-Armitage test and the Fisher exact test comparing high dose to control indicated a significant negative association between dose and the incidence of interstitial-cell tumors of the testis. However, historical control data from the same laboratory indicate an incidence of 2 percent (4/266) of these tumors in untreated male B6C3F1 mice as compared with the 16 percent (3/19) in control male mice in this bioassay.

To provide additional insight into the possible carcinogenicity of this compound, 95 percent confidence intervals on the relative risk have been estimated and entered in the tables based upon the observed tumor incidence rates. In many of the intervals shown in

TABLE 5

ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN MALE MICE TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE^a

		LOW	IIIGH
TOPOGRAPHY: MORPHOLOGY	CONTROL	DOSE	DOSE
Lung: Alveolar/Bronchiolar Carcinoma or Alveolar/Bronchiolar Adenoma ^b	2/19(0.11)	8/43(0.19)	7/46(0.15)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d Lower Limit		1.767 0.406	1.446 0.315
Upper Limit		16.114	13.509
Weeks to First Observed Tumor	103	103	103
Hematopoietic System: Leukemia or Malignant Lymphoma ^b	0/19(0.00)	4/44(0.09)	4/50(0.08)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d Lower Limit Upper Limit	 	Infinite 0.418 Infinite	Infinite 0.368 Infinite
Weeks to First Observed Tumor		98	68
Liver: Hepatocellular Carcinoma ^b	0/19(0.00)	5/43(0.12)	6/48(0.13)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d		Infinite	Infinite
Lower Limit		0.583	0.662
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor		98	72

TOPOGRAPHY: MORPHOLOGY	CONTROL	LOW DOSE	HIGH DOSE
Liver: Hepatocellular Carcinoma or Hepatocellular Adenoma ^b	1/19(0.05)	8/43(0.19)	10/48(0.21)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d Lower Limit Upper Limit	 	3.535 0.537 152.566	3.958 0.639 167.483
Weeks to First Observed Tumor	103	98	72
Testis: Interstitial-Cell Tumor ^b	3/19(0.16)	1/42(0.02)	0/48(0.00)
P Values ^C	P = 0.007(N)	N.S.	P = 0.020(N)
Relative Risk (Control) ^d Lower Limit Upper Limit		0.151 0.003 1.760	0.000 0.000 0.651
Weeks to First Observed Tumor	103	103	

TABLE 5 (CONCLUDED)

^aTreated groups received doses of 22,000 or 44,000 ppm in feed.

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

^CThe 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.

^dThe 95% confidence interval on the relative risk of the treated group to the control group.

TABLE 6

ANALYSES OF THE INCIDENCE OF PRIMARY TUMORS AT SPECIFIC SITES IN FEMALE MICE TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE^a

TOPOGRAPHY : MORPHOLOGY	CONTROL	LOW DOSE	HIGH DOSE
Lung: Alveolar/Bronchiolar Adenoma ^b	3/20(0.15)	2/41(0.05)	1/40(0.03)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d Lower Limit Upper Limit		0.325 0.030 2.651	0.167 0.003 1.945
Weeks to First Observed Tumor	103	103	103
Hematopoietic System: Leukemia or Malignant Lymphoma ^b	3/20(0.15)	9/41(0.22)	10/43(0.23)
P Values ^C	N.S.	N.S.	N.S.
Relative Risk (Control) ^d Lower Limit Upper Limit	 	1.463 0.424 7.728	1.550 0.465 8.072
Weeks to First Observed Tumor	103	86	33

TABLE 6 (CONCLUDED)

^aTreated groups received doses of 22,000 or 44,000 ppm in feed.

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

^CThe 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.

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

Tables 5 and 6, the value one is included; this indicates the absence of statistically significant results. It should also be noted that many of the confidence intervals have an upper limit greater than one, indicating the theoretical possibility of tumor induction in mice by 3,3'-dimethoxybenzidine-4,4'-diisocyanate that could not be established under the conditions of this test.

V. DISCUSSION

There was a significant positive association between the dosages of 3,3'-dimethoxybenzidine-4,4'-diisocyanate administered and mortality in male rats. For female rats, mortality among the dosed groups was significantly higher than that for the controls. There were no significant positive associations between dosage and mortality among male or female mice. Adequate numbers of animals in all groups survived sufficiently long to be at risk from late-developing tumors. Mean body weight depression was slight, but detectable, when dosed male and female mice were compared to their respective controls, indicating that the dosages administered to these animals may have approximated the maximum tolerated dosages.

For both sexes of rats, there was a significant positive association between dosage and the incidence of leukemia and malignant lymphoma. The high dose to control and the low dose to control Fisher exact comparisons for males and the high dose to control comparison for females were also significant for the incidences of these tumors. Excluding the skin of the ear in considering neoplasms of the skin (i.e., a combination of papilloma NOS, basal-cell tumor, trichoepithelioma, sebaceous adenoma, keratoacanthoma, squamous-cell carcinoma, and sebaceous adenocarcinoma) the Fisher exact comparisons were significant for both dose levels in male rats. There was a significant positive association between the dosages of the chemical administered and the incidences in female rats of endometrial stromal polyps.

The high dose to control Fisher exact comparison supported the finding. In male rats the Cochran-Armitage test provided a significant positive association between dosage and the combined incidence of squamous-cell carcinomas or sebaceous adenocarcinomas of the Zymbal's gland, ear, or the skin of the ear. For females, the association was not significant, and for both sexes the Fisher exact comparisons were not significant. The historical incidences for these tumors in Fischer 344 control rats maintained by this laboratory during the Carcinogenesis Testing Program are 1/300 (0.3 percent) and 0/298 for males and females, respectively. When compared with the incidences of these neoplasms observed in the males (i.e., 5/50 [10 percent] in the low dose and 8/50 [16 percent] in the high dose) and in the females (i.e., 8/50 [16 percent] in the low dose and 6/48 [13 percent] in the high dose) in this bioassay, it is probable that the incidences observed were related to compound administration.

None of the statistical tests for any site in male or female mice indicated a significant positive association between compound administration and tumor incidence.

Under the conditions of this bioassay, administration of 3,3'dimethoxybenzidine-4,4'-diisocyanate was carcinogenic to Fischer 344 rats, causing neoplasms of the skin (excluding skin of the ear) in males, endometrial stromal polyps in females, and leukemia and malignant lymphoma in both sexes. The compound was also associated with the development of a combination of squamous-cell carcinomas and sebaceous adenocarcinomas of the Zymbal's gland and skin of the

ear in rats of both sexes. There was no evidence for the carcinogenicity of the compound in B6C3F1 mice.

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APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE

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		HIGH DOSE 11-1091	
20	50	50	
	50 50	50 50	
(20)	(50)	(50)	
	1 (2%)	aa	
	5 (105)		
		4 (076) 5 (10 K)	
		1 (2%)	
		. (24)	
	•		
1 (5%)	4 (8%)	5 (10%)	
		1 (2%)	
(20)	(50)	(50)	
	1 (2%)		
	1 (2%)		
(20)		(47)	
	8 (16%)		
		1 (2%)	
(20)	(50)	(50)	
	1 (2%)	1 (2%)	
	12 (24%)	7 (14%)	
	6 (12%)	9 (18%)	
(17)	(49)	(42)	
		1 (2%)	
	20 20 20 (20) (20) (20) (20) (20)	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$

TABLE A1 SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE

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

× 1

**EXCLUDES PARTIALLY AUTOLYZED ANIMALS

TABLE A1 (CONTINUED)

	CONTROL (VEH) 11-1095	LOW DOSE 11-1093	HIGH DOSE 11-1091
IGESTIVE SYSTEM			
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	(20) 1 (5%)	(50) 6 (12%) 2 (4%)	(50) 2 (4%) 1 (2%)
<pre>#PANCREAS ACINAR-CELL ADENONA</pre>	(20)	(49) 1 (2%)	(50)
STCMACH PAPILLOMA, NOS	(20)	(49) 1 (2%)	(48)
<pre>\$SMALL INTESTINE ADENOMATOUS POLYP, NOS</pre>	(20)	(49)	(49) 1 (2%)
COLON ADENOCARCINOMA, NOS	(19)	(47)	(46) 1 (2%)
RINARY SYSTEM			
<pre>#KIDNFY/PELVIS TRANSITIONAL-CELL CARCINOMA</pre>	(20) 1 (5%)	(50)	(49)
NDOCRINE SYSTEM			
*PITUITARY CHROMOPHOBE ADENOMA	(16) 3 (19%)	(45) 7 (16%)	(36) 2 (6%)
*ADRENAL PHEOCHRONOCYTOMA	(20) 4 (20%)	(50) 3 (6%)	(49)
THYROID FOLLICULAR-CELL ADENOMA	(19) 1 (5%)	(45)	(46)
FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA CYSTADENOMA, NOS	1 (5%)	1 (2%) 2 (4%) 1 (2%)	1 (2%)
<pre>#PANCREATIC ISLETS ISLET-CELL ADENOMA</pre>	(20) 1 (5%)	(49)	(50) 1 (2%)
EPRCDUCTIVE SYSTEM			
*PREPUTIAL GLAND SEBACEOUS ADENOCARCINOMA	(20)	(50) 1 (2%)	(5^) 3 (6%)

TABLE A1 (CONTINUED)

	CONTROL (VEH) 11-1095	LOW DOSE 11-1093	HIGH COSE 11-1091
*TESTIS INTERSTITIAL-CELL TUMOR	(20) 17 (85%)	(50) 39 (78%)	(49) 36 (73%)
*EPIDIDYMIS FIBROSARCOMA, INVASIVE	(20)	(50) 1 (2%)	(50)
FRVCUS SYSTEM			
*BRAIN SQUAMOUS CELL CARCINOMA, INVASIV GLIOMA, NOS	(19)	(50)	{47} 1 (2%) 1 (2%)
ASTROCITOMA CLIGODENDROGLIOMA	1 (5%)		1 (2%)
PECIAL SENSE ORGANS			
*EAR SQUAMOUS CELL CARCINOMA	(20)	(50)	(50) 1 (2 %)
*ZYMBAL'S GLAND SQUAMOUS CELL CARCINOMA SBBACEOUS ADENOCARCINOMA	(20)	(50) 2 (4%) 3 (6%)	(50) 5 (10%) 2 (4%)
USCULOSKELETAL SYSTEM			
NONE		• • • • • • • • • • • • • • • • • • •	
ODY CAVITIES			
*MEDIASTINUM SARCOMA, NOS	(20)	(50) 1 (2%)	(50)
*ABCOMINAL CAVITY IIPOMA	(20)	(50)	(50) 1 (2%)
LL OTHER SYSTEMS			
*MULTIPLE ORGANS CARCINOSARCOMA	(20)	(50) 1 (2%)	(50)

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

TABLE A1 (CONCLUDED)

	CONTROL (VEH) 11-1095	LOW DOSE 11-1093	HIGH DOSE 11-1091	
MESOTHELIONA, NOS			1 (2%)	
NIMAL DISPOSITION SUMMARY				
ANIMALS INITIALLY IN STUDY	20	50	50	
NATURAL DEATHO	3	16	12	
MORIBUND SACRIFICE SCHEDULED SACRIFICE	2	12	22	
ACCIDENTALLY KIILED TERMINAL SACRIFICE ANIMAL MISSING	15	22	16	
INCLUDES AUTOLYZED ANIMALS				
UMOR SUMMARY				
TOTAL ANIMALS WITH PRIMARY TUMORS*	18	48	46	
TOTAL PBINARY TUMORS	31	119	95	
TOTAL ANIMALS WITH BENIGN TUMOPS	18	45	43	
TOTAL BENIGN TUMORS	29	80	56	
TOTAL ANIMALS WITH MALIGNANT TUMORS	2	30	31	
TOTAL MALIGNANT TUMORS	2	38	38	
TOTAL ANIMALS WITH SECONDARY TUMORS#		1	2	
TOTAL SECONDARY TUMORS		1	3	
TOTAL ANIMALS WITH TUMORS UNCEPTAIN-				
BENIGN OF MALIGNANT		1	1	
TOTAL UNCERTAIN TUMORS		1	1	
TOTAL ANIMALS WITH TUMORS UNCERTAIN-				
PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS				
PRIMARY TUMORS: ALL TUMORS EXCEPT SE SECONDARY TUMORS: METASTATIC TUMORS				

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TABLE A2
SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS TREATED
WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE

	CONTROI 11-109	. (VEH) LO 16 1		DOSE 1094	HIGH 11-	
NIMALS INITIALLY IN STUDY	20		0		50	
NIMALS NECROPSIED	20		0		48	
NIMALS EXAMINED HISTOPATHOLOGICALLY*	** 20	5			48	
NTEGUMENTARY SYSTEM						
*SKIN	(20)	(50))	(48)	
NEOPLASM, NOS Squamous cell carcinoma			1	(2%)	1	(2%)
BASAL-CELL TUMOR			'	(2.0)	1	(2%)
TRICHOBPITHELIONA			1	(2%)		• •
SEBACEOUS ADENOMA		. a .		120		(2%)
SEBACEOUS ADENOCARCINOMA CARCINOSARCOMA	1 (5 1 (5		1	(2%)		(2%)
*SUBCUT TISSUE	(20)	(50)		(48)	
FIBROSARCOMA LIPOMA						(2%) (2%)
PESPIRATORY SYSTEM						
*NASAL CAVITY	(20)	,	501		(48)	
SQUAMOUS CELL CARCINONA, INVASIV	(20)	· · ·		(2%)	(+0)	
*LUNG	(20)				(48)	
SQUAMOUS CELL CARCINOMA, NETASTA				(2%) (2%)		
ADENOCARCINOMA, NOS, METASTATIC Alveolar/bronchiclar Adenoma	1 (5			(27) (4%)	1	(2%)
SEBACEOUS ADENOCARCINOMA, METAST	, (5			(2%)		v/
FIBROSARCOMA, METASTATIC					1	(2%)
CARCINOSARCONA, METASTATIC			1	(2%)		
EMATOPOIETIC SYSTEM						
*MULTIPLE ORGANS	(20)	(50)		(48)	
MALIGNANT LYMPHONA, NOS					1	(2%)

NUMBER OF ANIMALS WITH TISSUE FXAMINED MICROSCOPICALLY * NUMBER OF ANIMALS NECROPSIED **EXCLUDES PARTIALLY AUTOLYZED ANIMALS

TABLE A2 (CONTINUED)

	CONTROL (VEH) 11-1096	LOW DOSE 11-1094	HIGH COSE 11-1092
UNDIPPERENTIATED LEUKEMIA		3 (6%)	6 (13%)
BONE MARROW LEUKEMIA, NOS	(19)	(45)	(45) 1 (2%)
#SPIEEN UNDIFFERENTIATED LEUKEMIA	(20)	(48)	(48) 1 (2%)
IRCULATORY SYSTEM			
NONE			
IGESTIVE SYSTEM			
#LIVER HEPATOCELLULAR ADENOMA	(20)	(50)	(48) 2 (4%)
*PANCREAS Adenocarcinoma, nos	(20)	(48) 1 (2%)	(48)
STONACE SQUAMOUS CELL CARCINOMA	(20)	(50) 1 (2%)	(48) 1 (2%)
#SMALL INTESTINE CYSTADENOCARCINOMA, NOS	(20)	(50)	(48) 1 (2%)
#ILEUM ADENOMATOUS POLYP, NOS	(20)	(50)	(48) 1 (2%)
*COION ADENOCARCINOMA, NOS	(18)	(45) 1 (2%)	(47) 1 (2%)
RINARY SYSTEM			
#KIDNEY TUBULAR-CFLL ADENOMA	(20)	(49) 1 (2%)	(48)
NDOCRINE SYSTEM			
*PITUITARY NEOPLASM, NOS	(18)	(48)	(45) 1 (2%)

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

TABLE A2 (CONTINUED)

	CONTROL (VEH) 11-1096	LOW DOSE 11-1094	HIGH COSE 11-1092	
CHROMOPHOBE ADENCMA	4 (22%)	8 (17%)	8 (18%)	
#ADRENAL Cortical Adenoma Fhfochromocytoma	(20) 1 (5%)	(49) 1 (2%) 1 (2%)	(47) 1 (2%)	
FTHYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA C-CELL CARCINOMA	(18)	(44) 1 (2%) 2 (5%) 1 (2%)	(41)	
REPRODUCTIVE SYSTEM				
*MAMMARY GLAND ADENOMA, NOS ADENOCARCINOMA, NOS CYSTADENOMA, NOS FIBROADENOMA	(20)	(50) 1 (2%) 5 (10%)	(48) 1 (2%) 1 (2%) 1 (2%) 4 (8%)	
*PREPUTIAL GLAND SQUAMOUS CELL CARCINOMA SEBACEOUS ADENOCARCINOMA	(20)	(50) 1 (2%) 7 (14%)	(48) 4 (8 %)	
*VAGINA PAPILLOMA, NOS	(20)	(50)	(48) 1 (2%)	
#UTERUS SQUAMOUS CELL CARCINOMA ADENOCARCINOMA, NOS IEIOMYOMA	(20)	(48) 1 (2%) 1 (2%) 1 (2%)	(48)	
LEIONYOSARCONA ENDOMETRIAL STROMAL POLYP		5 (10%)	1 (2%) 10 (21%)	
*UTEPUS/ENDOMETRIUM CARCINOMA,NOS ADENOCARCINOMA, NOS	(20) 1 (5%)	(48)	(48)	
#OVARY CYSTADENOCARCINONA, NOS	(20)	(47)	(48) 1 (2%)	
NERVCUS SYSTEM				
#BRAIN SEBACEOUS_ADENOCARCIMONAINVASI	(20)	(50)	(48) 1 (2 %)	

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

A-9

TABLE A2 (CONTINUED)

- - -

	CONTROL (VEH) 11-1096	LOW DOSE 11-1094	HIGH DOSE 11-1092
EPENDYMONA		1 (2%)	
PECIAL SENSE ORGANS			
*ZYMBAL'S GLAND	(20)	(50)	(48)
SQUANOUS CELL CARCINONA Sebaceous adenocarcinoma Carcinosarcona	1 (5%)	(50) 1 (2%) 7 (14%)	4 (6%) 2 (4%)
USCULOSKELFTAL SYSTEM			
NONE			
ODY CAVITIES			
NONF			
LL OTHER SYSTEMS			
<pre>*HULTIPLE ORGANS ADENOCARCINONA, NOS, NETASTATIC CARCINOSARCONA</pre>		(50) 1 (2%) 1 (2%)	(48)
NIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	20	50	50
NATURAL DEATHƏ Moribund sacrifice	3 2	9 20	16 12
SCHEDULED SACRIFICE	-		
ACCIDENTALLY KILLED TERMINAL SACRIFICE	15	21	21
ANIMAL MISSING			1
ANIMAL DELETED (WRONG SEX)			

A-10

TABLE A2 (CONCLUDED)

c	ONTROL (VEH) 11-1096	LOW DOSE 11-1094	HIGH COSE 11-1092	
UMOR SUMMARY				
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	10 11	40 63	44 69	
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	6 6	22 29	26 33	
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	5 5	27 34	30 34	
TOTAL ANIMALS WITH SECONDARY TUMORS TOTAL SECONDARY TUMORS		5 6	2 2	
TOTAL ANIMALS WITH TUMORS UNCERTAIN- BENIGN OR MALIGNANT TOTAL UNCERTAIN TUMORS			2 2	
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS				

APPENDIX B

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE . •

·	CONTROL (UNTR) 22-2095	LOW DOSE 22-2093	HIGH DOSE 22-2091
ANIMALS INITIALLY IN STUDY	20	50	50
ANIMALS MISSING. ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY **	1 19 * 19	5 44 44	50 50
INTEGOMENTARY SYSTEM			
*SUBCUT TISSUE LIPOMA	(19)	(44) 1 (2%)	(50)
RESPIRATORY SYSTEM			
*LUNG	(19)	(43)	(46)
HPPATOCFLLULAR CARCINOMA, METAST ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	1 (5%) 1 (5%)	2 (5%) 8 (19%)	7 (15%)
IENATOPOIETIC SYSTEM			
*MULTIPLE ORGANS	(19)	(44)	(50)
MALIGNANT LYMPHOMA, NOS MALIG.LYMPHOMA, HISTIOCYTIC TYPE LEUKEMIA,NOS		2 (5%) 1 (2%)	1 (2%) 1 (2%)
*SPLEEN HEMANGIOSARCOMA	(18)	(37)	(45) 1 (2%)
<pre>#MESENTERIC L. NODE MALIGNANT LYMPHOMA, NOS MALIGNANT LYMPHOMA, MIXED TYPE</pre>	(18)	(36)	(38) 1 (3%) 1 (3%)
<pre>#AXILLARY LYMPH NODE MALIG.LYMPHOMA, LYMPHOCYTIC TYPE</pre>	(18)	(36) 1 (3%)	(38)
CIRCULATORY SYSTEM			
#HEART <u>HEMANGIOSARCOMA</u>	(19)	(43)	(48) <u>1 (2%)</u>

TABLE B1 SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE

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

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TABLE B1 (CONTINUED)

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	CONTROL (UNTR) 22-2095	LOW DOSE 22-2093	HIGH COSE 22-2091	
DIGESTIVE SYSTEM				
<pre>#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CAPCINOMA</pre>	(19) 1 (5%)	(43) 3 (7%) 5 (12%)	(48) 4 (8 %) 6 (13%)	
*STOMACH ADENOMATOUS POLYP, NOS	(15) 1 (7%)	(41)	(49)	
URINARY SYSTEM				
NONE				
ENDOCRINE SYSTEM				
#ADRENAL CORTICAL ADENOMA	(13)	(25)	(36) 1 (3%)	
REPRODUCTIVE SYSTEM				
*TESTIS INTERSTITIAL-CELL TUMOR	(19) 3 (16%)	(42) 1 (2%)	(48)	
NERVCUS SYSTEM				
NONE				
SPECIAL SENSE ORGANS				
NONT				
NUSCULOSKELETAL SYSTEM				
BODY CAVITIES				
NONE				

B-4

TABLE B1 (CONCLUDED)

	CONTROL (UNTR) 22-2095	LOW DOSE 22-2093	HIGH COSE 22-2091	
LL CTHER SYSTEMS				
NONE		*		
NIMAL DISPOSITION SUMMARY				
ANIMALS INITIALLY IN STUDY	20	50	50	
NATURAL DEATHƏ Noribund sacrifice	1	23	2	
SCHEDULED SACRIFICE		2	·	
ACCIDENTALLY KILLED			1	
TERMINAL SACRIFICF	18	40	46	
ANIMAL MISSING	1	5		
INCLUDES AUTOLYZED ANIMALS				
UMOF SUMMARY Total Animals with Primary Tumors*	7	17	21	
TOTAL PRIMARY TUNORS	7	22	24	
TOTAL ANIMALS WITH BENIGN TUNOPS TOTAL BENIGN TUNORS	6 6	11 13	12 12	
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	1 1	8 9	10 12	
TOTAL ANIMALS WITH SECONDARY TUMCRS TOTAL SECONDARY TUMORS		2 2		
TOTAI ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors				
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OF METASTATIC TOTAL UNCERTAIN TUMORS				

	CONTROL (UNTR) 22-2096	LOW DOSE 22-2094	HIGH COSE 22-2092	
ANIMALS INITIALLY IN STUDY	20	50	50	
ANIMALS INTITALLI IN STUDI ANIMALS MISSING	2.1	9	7	
ANIMALS NECROPSIED	20	41	43	
ANIMALS EXAMINED HISTOPATHOLOGICALIY**	20	41	42	
INTEGUMENTARY SYSTEM				
*SUBCUT TISSUE Sarcona, Nos	• •	(41)	(43) 1 (2%)	
RESPIRATORY SYSTEM				
#LUNG	(20) 3 (15%)	(41)	(40)	
ALVEOLAR/BRONCHIOLAR ADENOMA	3 (15%)	2 (5%)	1 (3%)	
HENATOPOIETIC SYSTEM				
*MUITIPLE ORGANS	(20)	(41)	(43)	
MALIGNANT LYMPHONA, NOS	(20) 2 (10%)	5 (12%)	3 (7%)	
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYFE		1 (2%)	1 (2%) 3 (7%)	
LEUKENIA, NOS		3 (7%)	1 (2%)	
#SPLEEN	(18)	(41)	(41)	
MALIGNANT LYMPHOMA, NOS	()	,	1 (2%)	
#MESENTERIC L. NODE	(20)	(40)	(37)	
MALIGNANT LYMPHOMA, NOS	1 (5%)			
#DUCDENUM	(20)	(41)	(38)	
MALIG.LYMPHONA, LYMPHOCYTIC TYPE			1 (3%)	
CIRCULATORY SYSTEM				
NONE				
DIGESTIVE SYSTEM				
*SALIVARY GLAND	(14)	(30)	(40)	
ADENOCA/SQUAMOUS METAPLASIA	(14)	(39)	(40)	

TABLE B2 SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE

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NUMBER OF ANIMALS WITH TISSUE FXAMINED MICROSCOPICALLY # NUMBER OF ANIMALS NECROPSIED **EXCLUDES PARTIALLY AUTOLYZED ANIMALS

TABLE B2 (CONTINUED)

	CONTROL (UNTR) 22-2096	LOW DOSE 22-2094	HIGH DOSE 22~2092
LIVER ADENOCARCINOMA, NOS, METASTATIC HEPATOCELLULAR ADENOMA	(20) 1 (5%)	(41) 1 (2%)	(42)
HEPATOCELLULAR CARCINONA	(3%)	1 (2%)	
C ECUN LEIONYONA	(19)	(40) 1 (3%)	(37)
RINARY SYSTEM			
NONE			
DOCRINE SYSTEM			
PITUITARY CHRONOPHOBE ADENONA	(8)	(13) 1 (8%)	(25)
EPRCDUCTIVE SYSTEM			
NAMMARY GLAND Adenocarcinona, Nos	(20)	(41) 1 (2%)	(43) 1 (2%)
UTTRUS ADENOCARCINONA, NOS	(19)	(49) 1 (3%)	(37)
RVCUS SYSTEM			
NONE			
PECIAL SENSE CRGANS			
NONE			
JSCULOSKELETAL SYSTEM			
NONE			
DY CAVITIES			
MESENTERY IIPONA	(20)	(41)	(43)

TABLE B2 (CONCLUDED)

	CONTROL (UNTR) 22-2096	LOW DOSE 22-2094	HIGH DOSE 22-2092	
LL OTHER SYSTEMS				
NONR				
NIMAL DISPOSITION SUMMARY				
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ Moribund sacrifice	20 2	50 3 2	50 7 5	
SCHEDULED SACRIFICE ACCIDENTALLY KILLED		-	-	
TERMINAL SACRIFICE Animal missing	18	36	31 7	
UMOR SUMMARY				
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	6 7	13 17	13 14	
				·
TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS	7 4	17	14	
TOTAL PRIMARY TUBORS TOTAL ANIMALS WITH BENIGN TUBORS TOTAL BENIGN TUBORS TOTAL ANIMALS WITH MALIGNANT TUBORS	7 4 4 3 3	17 4 4 11	14 2 2 11	
TOTAL PRIMARY TUNORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS TOTAL ANIMALS WITH SECONDARY TUMORS	7 4 3 3	17 4 11 13 1	14 2 2 11	

APPENDIX C

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE

• ·

	CONTROL (VEH) 11-1095	LOW DOSE 11-1093	HIGH DOSE 11-1091
ANIMALS INITIALLY IN STUDY	20	50	50
ANIMALS NECROPSIED	20	50	50
ANIMALS EXAMINED HISTOPATHOLOGICALLY**	20	50	50
INTEGUMENTARY SYSTEM			
NONE			
RESPIRATORY SYSTEM			
#TRACHEA	(20)	(49)	(46)
INPLAMMATION, NOS	1 (5%)		
#LUNG	(20)	(49)	(47)
PNEUMONIA, ASPIRATION			2 (4%)
INFLAMMATION, SUPPURATIVE ERONCHOPNEUMONIA, ACUTE		1 (2%)	1 (2%)
PNEUMONIA, CHRONIC MURINE	3 (15%)	7 (14%)	
INFLAMMATION, CHRONIC	• •	1 (2%)	1 (2%)
INPLAMMATION, CHRONIC SUPPURATIV Hyperplasia, alveolar epithelium		1 (2%)	1 (2%)
#LUNG/ALVEOLI	(20)	(49)	(47)
PNEUMONIA, ASPIRATION			1 (2%)
NFMATOPOIETIC SYSTEM			
#SPLREN	(19)	(49)	(49)
HEMOSIDEROSIS		2 (4%)	2 (4%)
HYPERPLASIA, NODULAR HEMATOPOIESIS		1 (2%)	1 (2%) 1 (2%)
UPURIOFOIEDID		, (24)	. [2.0]
<pre>#MANDIBULAR L. NODE HYPERPLASIA, PLASNA CELL</pre>	(17)	(49)	(42) 1 (2%)
#MESENTERIC L. NODE	(17)	(49)	(42)
	<u> </u>	(~)	1741

 TABLE C1

 SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS

 TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE

NUMBER OF ANIMALS WITH TISSUE FXAMINED MICROSCOPICALLY * NUMBER OF ANIMALS NECROPSIED **EXCLUDES PARTIALLY AUTOLYZED ANIMALS

TABLE CI (CONTINUED)

	CONTROL (VEH) 11-1095	LON DOSP 11-1093	HIGH DOSE 11-1091	
IRCULATORY SYSTEM				
*HEART THROMBOSIS, NOS INFLAMMATION, CHRONIC	(19)	(48) 1 (2%) 2 (4%)	(45)	
MYCCARDIUM INFLAMMATION, CHRONIC FIBROSIS FIBROSIS, DIFFUSE DEGENERATION, NOS	(19) 1 (5%) 1 (5%) 2 (11%)	(48) 2 (4%) 2 (4%) 1 (2%)	(46) 4 (9%)	
IGESTIVE SYSTEM				
<pre>#LIVER NECROSIS, FOCAL NECROSIS, DIFFUSE NFCROSIS, COAGULATIVE</pre>	(20)	(50) 2 (4%)	(50) 2 (4%) 1 (2%) 1 (2%)	
NETANORPHOSIS FATTY GLYCOGENIC CELI HYPERPLASIA, NODULAR HYPERPLASTIC NODULE HEMATOPOIESIS		4 (8%) 1 (2%) 1 (2%)	4 (8%) 1 (2%) 1 (2%) 1 (2%)	
*LIVER/HEPATOCYTES HYPERPLASIA, FOCAL	(20)	(50)	(50) 1 (2%)	
*BILE DUCT HYPERPLASIA, NOS	(20) 1 (5%)	(50)	(50)	
<pre>#PANCREAS FIBROSIS, POCAL</pre>	(20)	(49) 3 (6%)	(50)	
#STOMACH Hyperkeratosi3	(20)	(49)	(48) 1 (2%)	
*SMALL INTESTINE ULCER, NOS	(20)	(49)	(49) 1 (2%)	
<pre>#PEYERS PATCH ABSCESS, NOS</pre>	(20)	(49)	(49) 1 (2%)	
#DUCDENUM ULCERNOS	(20)	(49) 1 (2%)	(49)	

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

TABLE C1 (CONTINUED)

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	CONTROL (VEH) 11-1095	LOW DOSE 11-1093	HIGH DOSE 11-1091
<pre>#LARGP INTESTINE NEMATODIASIS</pre>	(19) 7 (37%)	(47)	(46) 1 (2%)
FCOION NEMATODIASIS	(19)	(47) 14 (30%)	(46) 6 (13 %)
RINARY SYSTEM			
KIDNEY HYDRONEPHROSIS	(20) 1 (5%)	(50)	(49)
INPLAMMATION, CHRONIC GRANULOMA, NOS Figmentation, NCS	13 (65%)	23 (46%) 1 (2%)	19 (39%) 1 (2%)
NDOCRINE SYSTEM			
PITUITARY CYST, NOS Hyperplasia, Pocal	(16) 2 (13%)	(45) 1 (2%)	(36) 1 (3 %)
HYPERPLASIA, CHROMOPHOBE-CELI MADRENAL LIPOIDOSIS	(20)	3 (7%) (50)	(49) 1 (2%)
ADRENAL CORTEX HYPERPLASIA, NOS	(20)	(50) 1 (2%)	(49)
ADRENAL MEDULLA FIBROSIS Hyperplasia, Nos	(20) 2 (10%)	(50) 1 (2%) 3 (6%)	(49)
THYROID COLLOID CYST FOLLICULAR CYST, NOS	(19)	(45)	(46) 1 (2%) 1 (2%)
HYPERPLASIA, C-CELL PPANCREATIC ISLETS HYPERPLASIA, NOS Hyperplasia, Adenomatous	(20)	5 (11%) (49)	1 (2%) (50) 7 (2%) 1 (2%)
EPRODUCTIVE SYSTEM			
MAMMARY GLAND NULTILOCULAR CYST	(20)	(50) 1 (2%)	(50)

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

TABLE CI (CONCLUDED)

	CONTROL (VEH) 11-1095	LOW DOSE 11-1093	HIGH COSE 11-1091
*PROSTATE Inflammation, Nos Hyperplasia, Nos Hyperplasia, Cystic	(16)	(46) 1 (2%)	(41) 1 (2%) 3 (7%)
*SEMINAL VESICLE CAST, NOS INFLAMMATION, SUPPURATIVE HYPERPLASIA, CYSTIC	(20) 1 (5%)	(50) 1 (2%)	(50) 1 (2%)
#TESTIS ATROPHY, NOS	(20) 4 (20%)	(50) 2 (4%)	(49)
NERVCUS SYSTEM			
#BRAIN Atrophy, Nos Atrophy, Pressure	(19) 1 (5%)	(50) 2 (4%)	(47)
NUSCULOSKELFTAL SYSTEN None			
BODY CAVITIPS *Inguinal region NPCROSIS, PAT	(20)	(50) 1 (2%)	(50)
ALL OTHER SYSTEMS			
ADIPOSE TISSUE NECROSIS, FAT		1	2
SPECIAL MORFHOLOGY SUMMARY			
SPECIAL NORFHOLOGY SUMMARY			

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	CONTROL (VEH) 11-1096		HIGH POSE 11-1092
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY**	20 20 20	50 50 50	50 48 48
INTEGUMENTARY SYSTEM			
*SKIN EPIDERMAL INCLUSION CYST	(20) 1 (5%)	(50)	(48)
*SUECUT TISSUE HEMORRHAGIC CYST	(20)	(50)	(48) 1 (2%)
RESPIRATORY SYSTEM			
*LARYNX INFLAMMATICN, CHRONIC	(20)	(50)	(48) 1 (2%)
*TRACHEA INPLAMMATION, CHRONIC SUPPURATIV	(20)	(50) 1 (2%)	(47)
#LUNG PNEUMONIA, ASPIRATION	(20)	(48) 1 (2 %)	(48)
	7 (35%)	16 (33%)	11 (23%) 1 (2%)
HEMATOPOIETIC SYSTEM			
<pre>#BONE MARROW Hyperplasia, Nos</pre>	(19)	(45) 1 (2%)	(45)
#SPIEEN HENOSIDEROSIS Hyperplasia, reticulum cell Hematopoiesis	(20)	(48) 2 (4%) 7 (15%)	(48) 2 (4%) 1 (2%) 1 (2%)
CERVICAL LYMPH NODE	(20)	(45)	(48)

TABLE C2 SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE

NUMBER OF ANIMALS WITH TISSUE FXAMINED MICROSCOPICALLY
* NUMBER OF ANIMALS NECROPSIFD

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**EXCLUDES PARTIALLY AUTOLYZED ANIMALS

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TABLE C2 (CONTINUED)

	CONTROL (VEH) 11-1096	LOW DOSE 11-1094	HIGH DOSE 11-1092
			11-1092
IRCULATORY SYSTEM			
MYCCARDIUM FIBROSIS FIBROSIS, FOCAL DEGENERATION, NOS	(18) 1 (6%)	(49) 1 (2%)	(48) 2 (4%) 1 (2%) 1 (2%)
GESTIVE SYSTEM		4	
LIVER CYST, NOS HEMORRHAGIC CYST	(20)	(50) 1 (2%)	(48) 1 (2%)
NECROSIS, NOS NECROSIS, FOCAL NECROSIS, MIDZONAL METANORPHOSIS FATTY HYPERPLASIA, NODULAR HYPERPLASIA, FOCAL	1 (5%)	4 (8%) 1 (2%) 4 (8%) 1 (2%) 1 (2%)	4 (8%)
LVER/CENTRILOBULAR METAMORPHOSIS PATTY	(20)	(5º) 1 (2%)	(48)
LE DUCT Hyperplasia, Nos	(20)	(50) 1 (2%)	(48)
ANCREAS FIBROSIS, FOCAL Atrophy, Focal	(20) 2 (10%)	(48)	(48) 1 (2%) 1 (2%)
MALL INTESTINE Hyperplasia, lymphoid	(20)	(50)	(48) 1 (2%)
ARGE INTESTINE NEMATODIASIS	(18) 2 (11%)	(45) 4 (9%)	(47) 2 (4%)
COLON NEMATODIASIS	(18) 2 (11%)	(45) 4 (9%)	(47) 3 (6%)
INARY SYSTEM			
KIDNEY INFLAMMATION, CHRONIC	(20)	(49) 5 (10%)	(48) 14 (29 %)

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

TABLE C2 (CONTINUED)

	CONTROL (VEH) 11-1096	LON DOSE 11-1094	HIGH COSE 11-1092	
#URINARY BLADDER Hyperplasia, fpithelial	(12)	(36)	(37)	
NDOCRINE SYSTEM				
*PITUITARY CYST, NOS	(18)	(48) 1 (2%)	(45) 2 (4%)	
HYPERPLASIA, FOCAL	1 (6%)	1 (28)	2 (4%) 3 (7%)	
HYPERPLASIA, CHROMOPHOBE-CELL	(22)	(#0)		
#ADRENAL NECROSIS, FOCAL	(20)	(49) 1 (2%)	(47)	
#ADRENAL MEDULLA	(20)	(49)	(47)	
HYPERPLASIA, NOS	1 (5%)	1 (2%)		
<pre>#THYROID HYPERPLASIA, C-CELL</pre>	(18)	(44) 3 (7%)	(41)	
HYPERPLASIA, FOLLICULAR-CELL		1 (2%)		
REPRODUCTIVE SYSTEM				
*NAMMARY GLAND	(20)	(50)	(48) 1 (2%)	
HYPERPLASIA, NOS	(0.0)			
#UTERUS HYDROMETRA	(20)	(48)	1 (2%)	
INFLAMMATION, SUPPURATIVE	1 (5%)	1 (2%)	1 (2%)	
FYOMETRA Inflammation, acute		3 (6%)	2 (4%) 1 (2%)	
INFLAMMATICN ACUTE AND CHRONIC			1 (2%)	
INFLAMMATION, CHRONIC	4		1 (2%)	
HYPERPLASIA, ADENOMATOUS	1 (5%)		1 (2%)	
#CERVIX UTERI	(20)	(48)	(48)	
INFLAMMATION ACUTE AND CHRONIC			1 (2%)	
#UTERUS/ENDOMETRIUM	(20)	(48)	(48)	
INFLAMMATION, NOS	2 (40.00)	1 (2%)	(48) 1 (2%) 2 (4%)	
INFLAMMATION, SUPPURATIVE INFLAMMATICN, ACUTE	2 (10%) 1 (5%)	2 (4%) 3 (6%)	1 (2%) 2 (4%) 3 (6%)	

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

C-9

TABLE C2 (CONTINUED)

	CONTROL (VEH) 11-1096		HIGH COSE 11-1092
INFLANMATICN, CHBONIC Hyperplasia, Nos Hyperplasia, Cystic	1 (5%)	2 (4%) 4 (8%)	1 (2%) 1 (2%) 6 (13%)
#OVARY/OVIDUCT ABSCESS, NOS	(20)	(48)	(48) 1 (2%)
#OVARY CYST, NOS FOLLICULAR CYST, NOS FAROVARIAN CYST INFLAMMATION, SUPPURATIVE	(20) 3 (15%)	(47) 2 (4%) 1 (2%)	(48) 3 (6%) 1 (2%) 1 (2%)
FRVOUS SYSTEM		*	
*BRAIN ATROPHY, PRESSURE	(20) 2 (10%)	(50) 1 (2%)	(48)
NUSCULOSKELETAL SYSTEM None			
ODY CAVITIES *ABDOMINAL CAVITY NECROSIS, FAT	(20)	(50)	(48) 2 (4%)
*PERITONEUM NFCROSIS, FAT	(20)	(50)	(48) 2 (4%)
*PLEURA GRANULOMA, NOS	(20) 1 (5%)	(50)	(48)
*MESENTERY CYST, NOS	(20)		(48) 1 (2%)
LL CTHER SYSTEMS			
LE CIMEN SISIENS			(48)

TABLE C2 (CONCLUDED)

	CONTROL (VEH) 11-1096		HIGH DOSE 11-1092	
ADIPOSE TISSUE Steatitis Necrosis, Pat		1	1	
PECIAL MORPHOLOGY SUMMARY				
NO LESION REPORTED Auto/NECROPSY/HISTO PERF Autolysis/No Necropsy	2	1 1	1 . 1	
MISS: MISSING MSAC: MORIBU		SAC: TERMINAL THR: OTHER	SACRIFICE	

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APPENDIX D

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SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE TREATED WITH '3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE

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	CONTROL (UNTR) 22-2095	LOW DOSE 22-2093	HIGH DOSE 22-2091
NNIMALS INITIALLY IN STUDY	20	50	50
ANIMALS MISSING Animals necropsiec Animals examinyd histopathologically *	1 19 * 19	5 44 44	50 50
INTEGUMENTARY SYSTEM			
*SKIN INFLAMMATION, CHRONIC FOCAL	(19)	(44)	(50) 1 (2%)
*SUBCUT TISSUE ABSCESS, NOS	(19)	(44) 1 (2%)	(50)
RESPIRATORY SYSTEM			
*LUNG ATELECTASIS CONGESTION, NOS HEMORRHAGE	(19) 1 (5%) 1 (5%)	(43)	(46) 1 (2%)
PNEUMONIA, LIPID Abscess, nos Perivascular cupping Alveolar Macrophages Histiocytosis	1 (5%)	1 (2%) 1 (2%) 1 (2%)	2 (4%)
HEMATOPOIETIC SYSTEM			
<pre>\$SPLEFN CONGESTION, NOS HYPERPLASIA, RETICULUM CELL HYPERPLASIA, LYMEHOID</pre>	(18)	(37) 1 (3%) 1 (3%) 1 (3%)	(45)
<pre>#LYMPH NODE HYPERPLASIA, NOS HYPERPLASIA, LYMPHGID</pre>	(18) 1 (6%)	(36) 1 (3%)	(38)
#MESENTERIC L. NODE Hyperplasia, Nos	(18) 1 (6%)	(36)	(38)

 TABLE D1

 SUMMARY OF THE INCIDENCE OF NONNFOPLASTIC LESIONS IN MALE MICE

 TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE

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

TABLE D1 (CONTINUED)

	CONTFOL (UNTR) 22-2095	LOW DOSE 22-2093	HIGH COSE 22-2091
HYPERPLASIA, LYMPHOID			1 (3%)
IRCULATORY SYSTEM			
<pre>#HEART PERIARTERITIS CALCIFICATION, FOCAL</pre>	(19)	(43) 2 (5%) 1 (2%)	(48)
#MYOCARDIUM FIBROSIS	(19)	(43) 1 (2%)	(48)
IGESTIVE SYSTEM			
<pre>#LIVER IYMPHOCYTIC INFLAMMATORY INFILTR NECROSIS, FOCAL METAMORPHOSIS FATTY NUCLEAR BNLARGEMENT HYPERPLASIA, NODULAR HYPERPLASIA, FOCAL</pre>	(19) 1 (5%)	(43) 2 (5%) 1 (2%)	(48) 1 (2%) 1 (2%) 2 (4%) 1 (2%)
*BILE DUCT CYST, NOS	(19)	(44) 1 (2%)	(50)
PANCREAS INFLAMMATION, NECROTIZING ATROPHY, NOS	(18)	(41) 1 (2%)	(38) 1 (3%)
STOMACH CYST, NOS INFLAMMATION, NOS	(15)	(41) 1 (2%)	(49) 1 (2%)
*LARGE INTESTINE NEMATODIASIS	(18) 1 (6%)	(41) 1 (2%)	(48)
#COION NEMATODIASIS	(18) 3 (17%)	(41) 3 (7%)	(48) 3 (6%)
RINARY SYSTEM			
*KIDNEY HYDRONEPHROSIS	(19)	(42) 2 (5%)	(50) 2 (4%)

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

TABLE D1 (CONTINUED)

	CONTROL (UNTR) 22-2095	LOW DOSE 22-2093	HIGH DOSE 22-2091
KIDNEY/CORTEX CYST, NOS	(19)	(42)	(50) 1 (2%)
DOCRINE SYSTEM			
ADRENAL CORTEX Hyperplasia, Nos	(13) 1 (8%)	(25)	(36)
THYROID Colloid Cyst Fibrosis, Pocal	(13) 1 (8%) 1 (8%)	(36) 1 (3%)	(35) 2 (6%)
PANCREATIC ISLETS Hyperplasia, Nos	(18) 1 (6%)	(41)	(38) 1 (3%)
PRCCUCTIVE SYSTEM			
MAMMARY GLAND Inflammation, nos	(19) 1 (5%)	(44)	(50)
SEMINAL VESICLE DILATATION/DUCTS	(19)	(44) 1 (2%)	(50)
VOUS SYSTEM			
BRAIN Corpora Amylacea	(19) 1 (5%)	(44) 14 (32%)	(50) 9 (18%)
PCIAL SENSE ORGANS			
NONE		~	
SCULOSKELETAL SYSTEM			
NONE			
Y CAVITIES			
ONE			

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TABLE D1 (CONCLUDED)

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	CONTROL (UNTR) 22-2095		HIGH DOSE 22-2091	
LL CTHER SYSTEMS				
VOUR				
NONE				
DONE				
	6		, 13	
SPECIAL MORPHOLOGY SUMMARY	6 1	 11 5	13	

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	CONTROL (UNTR) 22-2096	LOW DOSE 22-2094	HIGH DOSE 22-2092
ANIMALS INITIALLY IN STUDY	20	50 9	50 7
ANIMALS MISSING ANIMALS MECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALIY**		9 41 41	43 42
ENTIGUMENTARY SYSTEM			
*SUECUT TISSUE STEATITIS	(20)	(41)	(43) 1 (2%)
RESPIRATORY SYSTEM			
LUNG ENBOLISH, NOS ENEUMONIA, LIFID	(20)	(41)	(40) 1 (3%) 1 (3%)
INFLAMMATION, SUPPURATIVE PNEUMONIA, CHRONIC MURINE GRANULOMA, NOS Hyperplasia, adenomatous Histiccytosis	2 (10%)	1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	4 (10%)
TENATOPOIETIC SYSTEM			
#BONE MARROW Hyperplasia, Hematopoietic	(14)	(38)	(37) 1 (3%)
*SPIEEN Hyperplasia, reticulum cell Hyperplasia, lymphoid Bematopoiesis	(18) 1 (6%) 2 (11%)	(41) 1 (2%) 2 (5%)	(41) 1 (2%) 4 (10%) 1 (2%)
<pre>#LYMPH NODE HYPERPLASIA, NOS Hyperplasia, Reticulum Cell</pre>	(20) 1 (5%)	(40) 1 (3%)	(37)
HYPERPLASIA, LYMPHOID #MESENTERIC L. NODE HYPERPLASIA, NOS	(20)	(40)	2 (5%) (37)

 TABLE D2

 SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE

 TREATED WITH 3,3'-DIMETHOXYBENZIDINE-4,4'-DIISOCYANATE

* NUMBER OF ANIMALS WITH TISSUE FXAMINED MICROSCOPICALLY * NUMBER OF ANIMALS NECROPSIED **EXCLUDES, PARTIALLY AUTOLYZED ANIMALS

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TABLE D2 (CONTINUED)

	CONTROL (UNTR) 22-2096	LOW DOSE 22-2094	HIGH DOSE 22-2092
#THYMUS HYPERPLASIA, LYMPHOID			(12) 1 (8%)
IRCULATORY SYSTEM			
NONE			
DIGESTIVE SYSTEM			
*LIVER	(20)	(41)	(42)
NECROSIS, FOCAL Metamorphosis fatty		1 (2%) 1 (2%)	1 (2%)
NUCLEAR ENLARGEMENT Efmatopoiesis		1 (2%)	1 (2%)
#PANCR BAS	(19)	(39)	(28)
LYMPHOCYTIC INFLAMMATORY INFILTR FIBROSIS, POCAL		1 (3%) 1 (3%)	•
*PEYERS PATCH	(20)	(41)	(38)
HYPERPLASIA, LYMPHOID	(20)	1 (2%)	(30)
#LARGE INTESTINE	(19)	(40)	(37)
NEMATODIASIS		1 (3%)	1 (3%)
#COION NEMATODIASIS	(19)	(40)	(37) 2 (5%)
URINARY SYSTEM			
#KIDNFY	(19)	(41)	(42)
HYDRONEPHROSIS GLOMERULONEPHRITIS, NOS		1 (2%)	2 (5%) 1 (2%)
LYMPHOCYTIC INFLAMMATORY INFILTR			1 (2%)
INFLAMMATICN, CHRONIC Amyloid, nos		1 (2%)	1 (2%)
CALCINOSIS, NOS Metaplasia, osseous		1 (2%)	1 (2%)
*KIENEY/MEDULLA	(19)	(41)	(42)
INPHOCYTIC INFLAMMATORY INFILTR		• • • •	1 (28)

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

TABLE D2 (CONTINUED)

	CONTROL (UNTR) 22-2096	LOW DOSE 22-2094	HIGH COSE 22-2092
ENDOCRINE SYSTEM			
ENDOCAINE SISIEN			
#ADRENAL	(14)	(37)	(32)
LIPOIDOSIS		1 (3%)	
#ADRENAL CORTEX	(14)	(37)	(32)
HYPERPLASIA, NOS	• •	• •	1 (3%)
#THYROID	(12)	(36)	(32)
COLLOID CYST	(1-)	2 (6%)	(32)
HYPERPLASIA, FOCAL		2 (6%)	
HYPERPLASIA, FOLLICULAR-CELL			1 (3%)
*PANCREATIC ISLETS	(19)	(39)	(28)
HYPERPLASIA, NOS	1 (5%)	2 (5%)	2 (7%)
·			
*VAGINA INFLAMMATION, SUPPURATIVE	(20) 2 (10%)	(41) 1 (2%)	(43) 1 (2%)
#UTERUS	(19)	(40)	(37)
CYST, NOS HEMORRHAGIC CYST	1 (5%)		1 (3%)
INFLAMMATION, SUPPURATIVE	1 (5%)		
FYONETRA	8 (42%)	1 (3%)	1 (3%)
#UTERINE SEROSA	(19)	(40)	(37)
INFLAMMATION, POCAL	(17)	1 (3%)	13/1
·	(10)	•••	(27)
#UTERUS/ENDOMETRIUM	(19)	(40) 6 (15%)	(37) 1 (3%)
CYST, NOS Inplammation, suppurative	2 (11%)	0 (15%) 1 (3%)	2 (5%)
HYPERPLASIA, CYSTIC	4 (21%)	19 (48%)	21 (57%)
#UTERUS/MYONETRIUM	(19)	(40)	(37)
DEGENERATION, HYALINE	• •	• • •	1 (3%)
#OVARY/OVIDUCT	(19)	(40)	(37)
INFLAMMATION, NOS	• /	• •	1 (3%)
INTERMINITON, NOO			
#OVARY	(17)	(34)	(22)

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

TABLE D2 (CONCLUDED)

	CONTROL (UNTR) 22-2096	LON DOSE 22-2094	HIGH COSE 22-2092
FOLLICULAR CYST, NOS		1 (3%)	4 (E F)
INFLAMMATION, SUFPURATIVE ABSCESS, NOS		1 (3%)	1 (5%)
INFLAMMATION, CHRONIC INFLAMMATION, GRANULOMATOUS	1 (6%)	1 (3%)	
RVOUS SYSTEM			
BRAIN CORFORA AMYLACEA	(19) 2 (11%)	(39) 8 (21%)	(49) 8 (20%)
ECIAL SENSE ORGANS			
NONE			
SCULOSKELFTAL SYSTEM			
LIGAMENT ABSCESS, NOS	(20)	(41) 1 (2%)	(43)
DY CAVITIES			•
MESENTERY NECROSIS, PAT	(20)	(41)	(43) 1 (2%)
L CTHER SYSTEMS			
MULTIPLE ORGANS LYMPHOCYTIC INFLAMMATORY INFILTR	(20) 1 (5%)	(41)	(43)
BROAD LIGAMENT Abscess, Nos	1		
PECIAL MORPHOLOGY SUNMARY			
NO LESION REPORTED			3
ANIMAL MISSING/NO NECROPSY Auto/necropsy/no histo		9	7

Review of the Bioassay of 3,3'-Dimethoxybenzidine-4,4'-Diisocyanate* for Carcinogenicity

by the Data Evaluation/Risk Assessment Subgroup of the Clearinghouse on Environmental Carcinogens

August 31, 1978

The Clearinghouse on Environmental Carcinogens was established in May, 1976, in compliance with DHEW Committee Regulations and the Provisions of the Federal Advisory Committee Act. The purpose of the Clearinghouse is to advise the Director of the National Cancer Institute (NCI) on its bioassay program to identify and to evaluate chemical carcinogens in the environment to which humans may be exposed. The members of the Clearinghouse have been drawn from academia, industry, organized labor, public interest groups, State health officials, and quasi-public health and research organizations. Members have been selected on the basis of their experience in carcinogenesis or related fields and, collectively, provide expertise in chemistry, biochemistry, biostatistics, toxicology, pathology, and epidemiology. Representatives of various Governmental agencies participate as ad hoc members. The Data Evaluation/Risk Assessment Subgroup of the Clearinghouse is charged with the responsibility of providing a peer review of reports prepared on NCI-sponsored bioassays of chemicals studied for carcinogenicity. It is in this context that the below critique is given on the bioassay of 3,3'-Dimethoxybenzidine-4, 4'-Diisocyanate for carcinogenicity.

The primary reviewer said that 3,3'-Dimethoxybenzidine-4,4'-Diisocyanate induced a statistically significant increase in skin neoplasms and in leukemia in both sexes of treated rats, as well as endometrial stromal polyps in females. No evidence for the compound's carcinogenicity was found in treated mice. He noted that the compound was first administered by gavage and subsequently in the feed. The primary reviewer said that the study was acceptable and that the evidence was sufficient to conclude that 3,3'-Dimethoxybenzidine-4,4'-Diisocyanate posed a potential carcinogenic risk to man.

The secondary reviewer noted that the purity of 3,3'-Dimethoxybenzidine-4,4'-Diisocyanate was not reported. Although he agreed that the skin tumors in male rats were treatment-related, he thought that the incidence was not sufficiently high in females to draw the same conclusion from a statistical basis. He suggested that the skin tumors may have resulted through direct skin contact with the compound. The secondary reviewer agreed that the leukemia and endometrial polyps in treated rats appeared to be treatment-related. A motion was approved unanimously that the report on the bioassay of 3,3'-Dimethoxybenzidine-4,4'-Diisocyanate be accepted as written.

Members present were:

Arnold L. Brown (Chairman), University of Wisconsin Medical School Joseph Highland, Environmental Defense Fund Michael Shimkin, University of California at San Diego Louise Strong, University of Texas Health Sciences Center

★U.S. GOVERNMENT PRINTING OFFICE: 1978-281-217:3298

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

DHEW Publication No. (NIH) 79-1383

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