National Cancer Institute CARCINOGENESIS Technical Report Series No. 194 NTP No. 80-17 1980

# BIOASSAY OF SELENIUM SULFIDE (Gavage) FOR POSSIBLE CARCINOGENICITY

CAS No. 7446-34-6

NCI-CG-TR-194

NTP-80-17

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service National Institutes of Health



ı

#### BIOASSAY OF

SELENIUM SULFIDE (GAVAGE)

#### FOR POSSIBLE CARCINOGENICITY

Carcinogenesis Testing Program National Cancer Institute National Institutes of Health Bethesda, Maryland 20205 and National Toxicology Program Research Triangle Park Box 12233 North Carolina 27709

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service National Institutes of Health

> NIH Publication No. 80-1750 August 1980

ii

.

#### BIOASSAY OF SELENIUM SULFIDE FOR POSSIBLE CARCINOGENICITY

#### Carcinogenesis Testing Program National Cancer Institute/National Toxicology Program

#### FOREWORD

This report presents the results of the bioassay of selenium sulfide conducted for the Carcinogenesis Testing Program, National Cancer Institute (NCI)/National Toxicology Program (NTP). This is one of a series of experiments design to determine whether selected chemicals have the capacity to produce cancer in animals. A negative result, in which the test animals do not have a greater incidence of cancer than control animals, does not necessarily mean that the test chemical is not a carcinogen, inasmuch as the experiments are conducted under a limited set of conditions. A positive result demonstrates that the test chemical is carcinogenic for animals under the conditions of the test and indicates that exposure to the chemical is a potential risk to man. The actual determination of the risk to man from chemicals found to be carcinogenic in animals requires a wider analysis.

#### CONTRIBUTORS

This bioassay of selenium sulfide was conducted by Hazleton Laboratories America, Inc., Vienna, Virginia, initially under direct contract to NCI and currently under a subcontract to Tracor Jitco, Inc., Rockville, Maryland, prime contractor for the NCI Carcinogenesis Testing Program.

The NCI project officers who were responsible for selecting the protocols used in this bioassay were Drs. N. P. Page (1,2) and C. Cueto (1, 12). The principal investigators were Drs. M. B. Powers (3,4) and R. W. Voelker (3). Ms. K. J. Petrovics (3) was responsible for data management, and Mr. G. Najarian (3,5) for animal care. Histopathologic examinations were performed on rats by Dr. D. R. Patterson (3) and on mice by Dr. D.A. Banas (3) and were reviewed by Dr. R. W. Voelker (3); the diagnoses included in this report represent their interpretations. The pathology report and selected slides were evaluated by the NCI Pathology Working Group as described in Ward et al. (1978).

Animal pathology tables and survival tables were compiled at EG&G Mason Research Institute (6). Statistical analyses were performed by Dr. J. R. Joiner (7), using methods selected for the bioassay program by Dr. J.J. Gart (8). Chemicals used in this bioassay were analyzed at Midwest Research Institute (9), and dose mixtures containing the test chemical were analyzed at Hazleton Laboratories by Dr. C. L. Guyton (3) and Mr. E. Missaghi (3). The results of these analyses were reviewed by Dr. C. W. Jameson (7,10).

This report was prepared at Tracor Jitco (7) in collaboration with Hazleton Laboratories and NCI. Those responsible for the report at Tracor Jitco were Dr. C. R. Angel, Acting Director of the Bioassay Program; Dr. S. S. Olin, Deputy Director for Science; Dr. J. F. Robens (7.11)toxicologist; Dr. R. L. Schueler, pathologist; Ms. L. A. Owen and Mr. W. D. Reichardt, bioscience writers; and Dr. W. D. Theriault and Ms. M.W. Glasser, technical editors.

The following scientists at NCI (1) were responsible for evaluating the bioassay experiment, interpreting the results, and reporting the findings: Dr. Kenneth C. Chu, Dr. Cipriano Cueto, Jr. (12), Dr. J. Fielding Douglas, Dr. Richard A. Griesemer, Dr. Charles K. Grieshaber, Dr. Thomas E. Hamm, Dr. William V. Hartwell, Dr. Morton H. Levitt, Dr. Harry Mahar, Dr. Harry A. Milman, Dr. Thomas W. Orme, Dr. A. R. Patel (13), Dr. Marcelina B. Powers, Dr. Sherman F. Stinson, Dr. Jerrold M. Ward, and Dr. Carrie E. Whitmire.

- (1) Carcinogenesis Testing Program, National Cancer Institute, National Institutes of Health, Bethesda, Maryland; National Toxicology Program, Research Triangle Park, Box 12233, North Carolina.
- (2) Now with Office of Toxic Substances TS 788, the Environmental Protection Agency, 401 M Street, S.W., Washington, D.C.
- (3) Hazleton Laboratories America, Inc., 9200 Leesburg Turnpike, Vienna, Virginia.
- (4) Now with Carcinogenesis Testing Program, National Cancer Institute; National Toxicology Program, Research Triangle Park, Box 12233, North Carolina.
- (5) Now with Tracor Jitco.
- (6) EG&E Mason Research Institute, 1530 East Jefferson Street, Rockville, Maryland.
- (7) Tracor Jitco, Inc., 1776 East Jefferson Street, Rockville, Maryland.
- (8) Mathematical Statistics and Applied Mathematics Section, Biometry Branch, Field Studies and Statistics, Division of Cancer Cause and Prevention, National Cancer Institute, National Institutes of Health, Bethesda, Maryland.
- (9) Midwest Research Institute, 425 Volker Boulevard, Kansas City, Missouri.
- (10) Now with the Carcinogenesis Testing Program.
- (11) Now with Bureau of Veterinary Medicine, Food and Drug Administration, 5600 Fishers Lane, Rockville, Maryland.
- (12) Now with Litton Bionetics, Inc., 5516 Nicholson Lane, Kensington, Maryland.
- (13) Now with Office of Director, Division of Cancer Cause and Prevention, National Cancer Institute, National Institutes of Health, Bethesda, Maryland.

#### SUMMARY

A bioassay of selenium sulfide for possible carcinogenicity was conducted by administering this substance by gavage to F344 rats and B6C3F1 mice.

Groups of 50 rats and 50 mice of each sex were administered selenium sulfide suspended in 0.5% aqueous carboxymethylcellulose 7 days per week for 103 weeks at either 3 or 15 mg/kg/day for rats and 20 or 100 mg/kg/day for mice. As vehicle controls, groups of 50 rats and 50 mice of each sex were administered only the 0.5% aqueous carboxymethylcellulose. Similar groups of untreated controls also were used. All surviving rats and mice were killed and necropsied at week 104 or 105.

The significant effects that could be related to administration of selenium sulfide at the doses used were decreased body weight and increased tumor formation in female mice and in rats of each sex. Dosed rats and female mice had an increased incidence of hepatocellular carcinomas and adenomas. Dosed female mice also had an increased incidence of alveolar/bronchiolar carcinomas and adenomas.

Under the conditions of this bioassay, selenium sulfide was carcinogenic for F344 rats and female B6C3F1 mice, inducing hepatocellular carcinomas in male and female rats and female mice and alveolar/bronchiolar carcinomas and adenomas in female mice. Selenium sulfide was not carcinogenic for male mice; but they may have been able to tolerate higher doses.

vi

#### TABLE OF CONTENTS

I.	Introduc	ction	1
II.	Materia	ls and Methods	5
	<ul> <li>B. Dosa</li> <li>C. Anir</li> <li>D. Anir</li> <li>E. Subo</li> <li>F. Chro</li> <li>G. Clin</li> </ul>	mical	5 6 6 8 10 10 13
111.	Results	- Rats	15
	B. Sur C. Path	y Weights and Clinical Signs (Rats)	15 15 15 20
IV.	Results	- Mice	29
	B. Sur C. Pat	y Weights and Clinical Signs (Mice)	29 29 29 35
v.	Discuss	ion	43
VI.	Conclus	ions	47
VII.	Bibliog	raphy	49
		APPENDIXES	
Appen	dix A	Summary of the Incidence of Neoplasms in Rats Administered Selenium Sulfide by Gavage	53
Tab	le Al	Summary of the Incidence of Neoplasms in Male Rats Administered Selenium Sulfide by Gavage	55
Tab	le A2	Summary of the Incidence of Neoplasms in Female Rats Administered Selenium Sulfide by Gavage	59

		Page
Appendix B	Summary of the Incidence of Neoplasms in Mice Administered Selenium Sulfide by Gavage	63
Table Bl	Summary of the Incidence of Neoplasms in Male Mice Administered Selenium Sulfide	
	by Gavage	65
Table B2	Summary of the Incidence of Neoplasms in Female Mice Administered Selenium Sulfide by Gavage	70
Appendix C	Summary of the Incidence of Nonneoplastic Lesions in Rats Administered Selenium Sulfide by Gavage	75
Table Cl	Summary of the Incidence of Nonneoplastic Lesions in Male Rats Administered Selenium Sulfide by Gavage	77
Table C2	Summary of the Incidence of Nonneoplastic Lesions in Female Rats Administered Selenium Sulfide by Gavage	86
Appendix D	Summary of the Incidence of Nonneoplastic Lesions in Mice Administered Selenium Sulfide by Gavage	95
Table Dl	Summary of the Incidence of Nonneoplastic Lesions in Male Mice Administered Selenium Sulfide by Gavage	97
Table D2	Summary of the Incidence of Nonneoplastic Lesions in Female Mice Administered Selenium Sulfide by Gavage	103
Appendix E	Analysis of Selenium Sulfide	109
Table El	X-Ray Diffraction Values	112
Appendix F	Analysis of Selenium Sulfide in Aqueous Carboxymethylcellulose For Stability	113
Appendix G	Analysis of Gavage Suspensions for Concentration of Selenium Sulfide	117

### Page

#### TABLES

Table l	Dosage, Survival, and Mean Body Weights of Rats and Mice Administered Selenium Sulfide by Gavage for 13 weeks	9
Table 2	Experimental Design for Chronic Selenium Sulfide Gavage Studies in Rats	11
Table 3	Experimental Design for Chronic Selenium Sulfide Gavage Studies in Mice	12
Table 4	Incidence of Primary Liver Tumors in Male and Female F344 Rats	18
Table 5	Analyses of the Incidence of Primary Tumors in Male Rats Administered Selenium Sulfide by Gavage	22
Table 6	Analyses of the Incidence of Primary Tumors in Female Rats Administered Selenium Sulfide by Gavage	25
Table 7	Incidence of Hepatocellular Carcinomas and Ad- enomas in Dosed and Control Groups of Mice	33
Table 8	Incidence of Primary Tumors in Mice	34
Table 9	Analyses of the Incidence of Primary Tumors in Male Mice Administered Selenium Sulfide by Gavage	37
Table 10	Analyses of the Incidence of Primary Tumors in Female Mice Administered Selenium Sulfide by Gavage	39
	FIGURES	
Figure l	Growth Curves for Rats Administered Selenium Sulfide by Gavage	16
Figure 2	Survival Curves for Rats Administered Selenium Sulfide by Gavage	17
Figure 3	Growth Curves for Mice Administered Selenium Sulfide by Gavage	30
Figure 4	Survival Curves for Mice Administered Selenium Sulfide by Gavage	31

Selenium sulfide (CAS 7446-34-6; NCI C50033) is an ingredient in dandruff shampoos used in concentrations of 1% in products sold over-the-counter and 2.5% in products which SeS

#### SELENIUM SULFIDE

are available by prescription only (Physician's Desk Reference, 1977). Prescription shampoos have been shown in clinical studies to be of therapeutic value against dandruff (Chesterman, 1972). An antimitotic mechanism of action is suggested by data showing that selenium sulfide decreases the rate of incorporation of radioactively labeled thymidine into the DNA of dermal epithelial cells (Plewig and Kligman, 1969). Approximately 200 kg of selenium sulfide is estimated to be used annually for this purpose (IARC, 1975).

Unpublished results discussed by Cummins and Kimura (1971) indicate that selenium is not absorbed percutaneously by man following repeated weekly applications on the scalp over a period of 1 year, but absorption may occur through an open lesion on the scalp. In an uncontrolled case study, Ransone et al. (1961) reported that a woman with an excoriated scalp eruption suffered tremors, lethargy, abdominal pain, and vomiting after having used selenium sulfide shampoos 2 or 3 times weekly for 8 months. The level of selenium in this patient's urine was as high as  $32 \mu g/ml$ . As a result of this report, selenium sulfide shampoos are not recommended for use when the scalp is abraded or inflamed (AMA Dept. of Drugs, 1977).

Cummins and Kimura (1971) reported the oral  $LD_{50}$  of selenium sulfide in male Sprague-Dawley rats to be 138 mg/kg body weight. Henschler and Kirschner (1969) estimated the oral  $LD_{50}$  of this compound in female NMRI mice to be 3,700 mg/kg. It was suggested by Cummins and Kimura (1971) that the magnitude of this difference in toxicity might be due to the different particle sizes used in each test. Shampoo formulations in which selenium sulfide is incorporated with wetting agents, sequestrants, a fungicide, and other ingredients (<u>Physician's Desk Reference</u>, 1977) have oral  $LD_{50}$ 's in male Sprague-Dawley rats of 14.2 ml/kg (1% selenium sulfide) and 5.3 ml/kg (2.5% selenium sulfide) (Cummins and Kimura, 1971). In female Swiss Webster mice, the oral LD<sub>50</sub>'s of selenium sulfide shampoos are 7.8 ml/kg (1% selenium sulfide) and 4.9 ml/kg (2.5% selenium sulfide) (Cummins and Kimura, 1971).

Selenium toxicity in industry is usually due to exposure to selenium dioxide, which is an irritant and has caused pulmonary edema, skin burns, and conjunctivitis in man (Glover, 1970, 1972). A garlic odor on the breath resulting from the metabolite methylselenide is a common sign of selenium poisoning (Ransone et al., 1961). Selenium toxicity also has been encountered in livestock that have grazed on plants which accumulate selenium (Olson, 1969). Some forms of selenium such as selenide, selenite, and selenate, in which selenium exists in -2, +4, and +6 stages of oxidation, have been extensively studied because of their dual role as nutrients and toxic substances. The +2 form has not been extensively studied. Sodium selenite and sodium selenate have been used in animal feeds and as injectables to prevent selenium deficiency diseases in livestock and poultry (IARC, 1975). The threshold for the occurrence of selenium deficiency disease in rats has been estimated at 10 ng/g in feed (National Academy of Sciences, 1976). The signs of deficiency disease, e.g., hair loss, retarded growth, and reproductive failure, can be reversed by supplementing animal diets with 0.1 ppm sodium selenite (McCoy and Weswig, Liver necrosis, also a sign of deficiency disease, has been 1969). prevented by administering sodium selenite daily at a dose of  $13 \mu g/100$  g feed, equivalent to  $4 \mu g/100$  g feed of elemental selenium, or 0.25  $\mu g$ selenium per animal per day (Schwarz and Foltz, 1957). Selenium may also be essential for humans. Although the evidence is not conclusive, selenium deficiency may play a role in Kwashiorkor, periodontal disease, sudden infant death syndrome, and cardiovascular disease (National Academy of Sciences, 1976).

The possible carcinogenicity of selenium compounds in animals and humans has been considered in numerous reviews (Frost, 1972; IARC, 1975; Schmidt, 1974; Committee on Medical and Biologic Effects of Environmental Pollutants, 1976). The authors of these reviews have concluded either that selenium has not been shown to be carcinogenic in tests performed with selenide, selenite or selenate or that the data are insufficient to allow an evaluation of the carcinogenicity of the selenium compounds.

Epidemiological evidence shows that workers exposed to selenium died from cancer or from other causes at rates that were not different from the rates expected (Glover, 1970). Evidence of lower death rates from cancer in geographical regions where the soil had an elevated selenium content or where human populations had elevated levels of selenium in the blood has been viewed as unconvincing (IARC, 1975); however, according to age-adjusted and age-specific data for cancer mortality, statistically significant evidence was reported for lower rates of human cancer deaths in geographical areas where forage food for animals was high in selenium (Shamberger et al., 1976).

Selenium sulfide was selected for testing by the NCI Carcinogenesis Testing Program because of the possibility of percutaneous absorption in man from its use in dandruff shampoos. Dermal application studies, separately reported, were conducted under the protocols of the NCI Carcinogenesis Testing Program with selenium sulfide and with a shampoo formulation containing 2.5% selenium sulfide (NCI TR 197, 1980; NCI TR 199, 1980). For the present study, the oral route of administration was selected to provide maximum systemic exposure to possible target organs.

#### A. Chemical

Selenium sulfide was obtained as a single batch (Lot No. 47E204) from City Chemical Corporation (New York, N. Y.). Analyses performed at Midwest Research Institute included elemental analysis, melting point, and X-ray diffraction (Appendix E). The results of the elemental analysis, which were intermediate between theoretical values of selenium monosulfide and selenium disulfide, suggest that the test substance was a mixture of the two However, the melting point of the test sample, 115° to chemicals. 117°C, was nearer to the 118° to 119°C reported for the monosulfide (Weast, 1974-1975) than to the 100°C reported for the disulfide. The results of elemental analysis may be consistent with mixtures of selenium mono and disulfides or of selenium monosulfide, selenium, and sulfur, and they suggest that the selenium in the test material used in this bioassay was present primarily as the monosulfide. As further evidence of its identity, the X-ray diffraction pattern (Appendix E) of the test material was consistent with patterns reported for selenium monosulfide (Smith, 1960; Virodov, 1964). The test material is referred to in this report by the common name selenium sulfide.

The test material was stored in its original plastic bottle at room temperature  $(20^{\circ} \text{ to } 21^{\circ}\text{C})$  for the duration of the bioassay.

#### B. Dosage Preparation

Working suspensions of selenium sulfide (2, 3, 10, and 15 mg/ml) in aqueous 0.5% carboxymethylcellulose (Sigma Chemical Company, St. Louis, Mo.) were prepared weekly by mixing the test material with the carboxymethylcellulose solution in a tissue grinder prior to dilution to the desired concentration and final mixing with a stirrer. The working suspensions, which were stored at  $3^{\circ}$  to  $5^{\circ}$ C, were resuspended with a magnetic stirrer. The particle size distributions were not determined.

The stability of the test compound in the vehicle (0.5% aqueous carboxymethylcellulose) was confirmed by X-ray diffraction (Appendix F). This test was conducted to determine whether the type of vehicle used had any effect on the selenium sulfide in the mixture used. The chemical was prepared as described and then extracted and analyzed. The results of this assay were that the X-ray diffraction patterns for all the samples had similar d spacings and all had the same major line. The relative intensities of the lines differed from sample to sample. The major band in all samples corresponded to that of selenium sulfide (Se<sub>4</sub>S<sub>4</sub>; empirical formula SeS). The variable line intensities obtained indicate that the samples could contain varying amounts of selenium and sulfur molecular species in addition to selenium sulfide.

Amounts of selenium sulfide in the gavage mixture were determined by analysis of extracts (Appendix G). The mean concentrations for the analyzed samples (10 to 15 mg/kg) were within 6% of the theoretical concentrations, and the coefficient of variation did not exceed 11.0%.

#### C. Animals

F344 (Fischer) rats and B6C3F1 mice were obtained from the NCI Frederick Cancer Research Center (Frederick, Maryland). The animals were acclimated for 7 to 14 days, determined to be free from observable disease or parasites, and assigned to various groups so that the mean animal weight per cage was approximately the same. At the beginning of the chronic studies, the rats were approximately 4 and the mice approximately 6 weeks old.

#### D. Animal Maintenance

The rats and mice were housed in solid-bottom polycarbonate cages (Maryland Plastic, Federalsburg, Md.) covered with stainless steel cage lids and nonwoven, spun-bonded Filtek fiber filter bonnets (Filtek, Appleton, Wis.). Initially, rats and mice were housed five per cage; however, at about week 60, the number of rats per cage was reduced from five to three.

All cages were furnished with heat-treated hardwood chip bedding  $(Sani-chips^{R}, Shurfire Products Corporation, Beltsville, Md.)$  which was

changed twice per week. Diets of presterilized Wayne<sup>®</sup>Sterilizable Lab Meal (Allied Mills, Inc., Chicago, Ill.) and untreated well water were provided <u>ad libitum</u>.

Feed hoppers and water bottles were refilled twice per week. Cages, water bottles, and sipper tubes were washed at 81°C twice per week, feed hoppers once per week, and cage racks once per month. An industrial dishwasher was used for water bottles and sipper tubes; a cage and rack washer was used for the feed hoppers, cages, and racks. The detergent used in these washers was Acclaim<sup>®</sup>(Economics Laboratory, St. Paul, Minn.).

Animal rooms were maintained at  $20^{\circ}$  to  $24^{\circ}$ C, and the relative humidity was 45% to 55%. Incoming air was filtered in a single-pass system, through 2-inch-thick disposable fiberglass filters at a rate that allowed 12 changes of room air per hour. Fluorescent lighting was provided on a 12-hour per day cycle.

Rats and mice were housed in separate rooms, and control animals were housed in the same room as the respective dosed animals. The rats were housed in the same room as rats on studies of the following chemicals:

#### Feed Studies

(CAS	119 <b>-</b> 53-9)	benzoin
(CAS	13463-67-7)	titanium dioxide
(CAS	89-78-1)	dl-menthol
(CAS	120-61-6)	dimethyl terephthalate

#### Gavage Studies

(CAS 127-69-5) sulfisoxazole (CAS 108-60-1) bis(2-chloro-1-methylethyl) ether

Mice were housed in the same room as mice on studies of the following chemicals:

Feed Studies

(CAS	119-53-9)	benzoin
(CAS	13463-67-7)	titanium dioxide
(CAS	89-78-1)	dl-menthol
(CAS	120-61-6)	dimethyl terephthalate

#### Gavage Studies

(CAS 127-69-5) sulfisoxazole (CAS 108-60-1) bis(2-chloro-1-methylethyl) ether

#### E. <u>Subchronic Studies</u>

Subchronic gavage studies were conducted to determine the concentrations of selenium sulfide used in the chronic studies (referred to in this report as "low" and "high" doses).

Selection of doses fed to rats and mice in the subchronic study (Table 1) was based on LD<sub>50</sub> values obtained in a study in which suspensions of selenium sulfide in 0.5% aqueous carboxymethylcellulose were administered daily for 17 days (rats: male 112 mg/kg, female 56 mg/kg; male 805 mg/kg, female 316 mg/kg). In the subchronic study, mice: suspensions were administered to groups of 10 rats and 10 mice of each sex (Table 1) once per day, 7 days per week, for 13 weeks, and the animals were then observed for 1 additional week. Control groups consisting of 10 males and 10 females of each species received the carboxymethylcellulose vehicle. All animals were weighed weekly and were killed and necropsied at week 14. Representative tissues were examined microscopically, as described in the section on chronic studies. The doses administered, the survival of animals in each dosed group at the end of the study, and the mean body weights of dosed groups at week 13, expressed as percentages of mean body weights of control groups, are shown in Table 1.

In rats, there was no evidence that selenium sulfide, at the doses tested, adversely affected survival or growth rate or produced gross pathologic lesions. Urine stains were observed during the last three weeks of the study in a few males and in most of the females at the highest dose (31.6 mg/kg/day); otherwise, physical appearance and behavior were comparable in dosed and control groups. Histomorphologic alterations, observed only in the livers of the rats receiving the highest dose, were limited to focal coagulation necrosis with infiltration by inflammatory cells. The low and high doses for the chronic studies of rats were set at 3 and 15 mg/kg/day, 5 days per week.

Males			Females		
Dose (a) (mg/kg/day)	Survi- val(b)	Mean Weight at Week 13 (% of Control)	Dose (a) (mg/kg/day)	Survi- val(b)	Mean Weight at Week 13 as % of Control
RATS					
0	10/10	100	0	10/10	100
3.2	10/10	102	3.2	10/10	98
5.6	10/10	105	5.6	10/10	101
10.0	10/10	103	10.0	10/10	101
17.8	10/10	100	17.8	10/10	100
31.6	10/10	99	31.6	10/10	95
MICE					
0	10/10	100	0	10/10	100
21.6	10/10	104	21.6	10/10	104
46.4	10/10	104	46.4	10/10	104
100.0	10/10	108	100.0	9/9(c)	104
216.0	10/10	104	216.0	8/9(c)	104
464.0	9/10	96	464.0	6/10	83

Table 1. Dosage, Survival, and Mean Body Weights of Rats and Mice Administered Selenium Sulfide by Gavage for 13 weeks

(a) Dosed animals were administered a suspension of the test chemical in 0.5% aqueous carboxymethylcellulose 7 days per week. Gavage mixtures were prepared in concentrations to achieve dose volumes of 1 ml/kg body weight for rats and 10 ml/kg body weight for mice. Volumes administered were adjusted at each weighing period.

(b) Number surviving/number in group.

(c) One animal missing from this group.

In mice, there was no evidence of any effect from the test chemical at the four lower doses tested (21.6 to 216 mg/kg/day), with the exception of one death in the females receiving 216 mg/kg/day. At the highest dose (464 mg/kg/day), body weight gain was moderately suppressed in the females relative to the corresponding controls; one death occurred in the males, and four in the females. From week 3 to week 14, almost all females and some of the males at the highest dose appeared thin, showed a hunched posture, or both. No compound-related lesions were observed at necropsy; however, there was an increase in the incidence and severity of microscopic interstitial nephritis in the mice receiving 464 mg/kg/day. The low and high doses for chronic studies on mice were set at 20 mg/kg/day and 100 mg/kg/day, 5 days per week.

#### F. Chronic Studies

The test groups, doses administered to rats and mice, and durations of the chronic gavage studies are shown in Tables 2 and 3.

#### G. Clinical Examinations and Pathology

Observations made of the test animals were recorded twice daily. Examinations of animals for clinical signs and the presence of palpable masses were performed and recorded weekly. Mean body weights were recorded every 2 weeks for the first 12 weeks and then monthly for the remaining 93 weeks with few exceptions.

Animals that were moribund and those that survived to the termination of the study were killed by intraperitoneal injections of sodium pentobarbital (Diabutal<sup>®</sup>, Diamond Laboratories, Inc., Des Moines, Iowa) and necropsied.

Gross and microscopic examinations were performed on major tissues, major organs, and all gross lesions from killed animals and from animals found dead. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. The following tissues were examined microscopically: skin, lungs and bronchi, trachea, bone and bone marrow, spleen, lymph nodes, heart, salivary gland, liver, pancreas, stomach, small intestine, large intestine, kidney,

		Selenium Sulfide	Time on Study		
Sex and Test Group	Initial No. of Animals(a)	Dose(b) (mg/kg/day)	Dosed (weeks)	Observed (weeks)	
MALES					
Untreated-Control	50	0		104-105	
Vehicle-Control(c)	50	0	103	1	
Low-Dose	50	3	103	1	
High-Dose	50	15	103	1-2	
FEMALES					
Untreated-Control	50	0		104-105	
Vehicle-Control(c)	50	0	103	1	
Low-Dose	50	3	103	1	
High-Dose	50	15	103	1-2	

#### Table 2. Experimental Design for Chronic Selenium Sulfide Gavage Studies in Rats

(a) Rats were approximately 4 weeks of age when placed on study. All rats were received in the same shipment.

(b) Dosed rats were administered a suspension of the test chemical in 0.5% aqueous carboxymethylcellulose 7 days per week. Gavage mixtures were prepared in concentrations to achieve dose volumes of 1 ml/kg body weight. Volumes administered were adjusted at each weighing period.

(c) Vehicle controls received volumes of 0.5% aqueous carboxymethylcellulose equal to those of the test solutions administered.

		Selenium Sulfide	Time on Study	
Sex and Test Group	Initial No. of Animals(a)	Dose(b) (mg/kg/day)	Dosed (weeks)	Observed (weeks)
MALES				
Untreated-Control	50	0		104
Vehicle-Control(c)	50	0	103	1
Low-Dose	50	20	103	1-2
High-Dose	50	100	103	1-2
FEMALES				
Untreated-Control	50	0		104
Vehicle-Control(c)	50	0	103	1
Low-Dose	50	20	103	1-2
High-Dose	50	100	103	1-2

#### Table 3. Experimental Design for Chronic Selenium Sulfide Gavage Studies in Mice

(a) Mice were approximately 6 weeks of age when placed on study. All mice were received in the same shipment.

(b) Dosed mice were administered a suspension of the test chemical in 0.5% aqueous carboxymethylcellulose 7 days per week. Gavage mixtures were prepared in concentrations to achieve dose volumes of 10 ml/kg body weight. Volumes administered were adjusted at each weighing period.

(c) Vehicle controls received volumes of 0.5% aqueous carboxymethylcellulose equal to those of the test solutions administered. urinary bladder, pituitary, adrenal, thyroid, parathyroid, mammary gland, prostate or uterus, testis or ovary, and brain. Occasionally, additional tissues were also examined microscopically. Special staining techniques were utilized as necessary.

Necropsies were also performed on all animals found dead, unless precluded in whole or in part by autolysis or cannibalization. Thus, the number of animals from which particular organs or tissues were examined microscopically varies and does not necessarily represent the number of animals that were placed on study in each group.

#### H. Data Recording and Statistical Analyses

Data on this experiment were recorded in 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).

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

The incidence of neoplastic or nonneoplastic lesions has been given as the ratio of the number of animals bearing such lesions at a specific anatomic site (numerator) to the number of animals in which that site is examined (denominator). In most instances, the denominators included only those animals for which that site was examined histologically. However, when macroscopic examination was required to detect lesions prior to histologic sampling (e.g., skin or mammary tumors) or when lesions could

have appeared at multiple sites (e.g., lymphomas), the denominators consist of the numbers of animals necropsied.

The one-tailed Fisher exact test (Cox, 1970) was used to compare the tumor incidence of a control group with that of a group of dosed animals at each dose level. When results for two dosed groups are compared simul-taneously with those for a control group, a correction to ensure an overall significance level of 0.05 is made. The Bonferroni inequality (Miller, 1966) requires that the P value for any comparison be less than or equal to 0.025. When this correction was used, it is discussed in the narrative section. It is not presented in the tables, where the Fisher exact P values are shown.

The Cochran-Armitage test for linear trend in proportions, with continuity correction (Armitage, 1971), was also used. Under the assumption of a linear trend, this test determines if the slope of the dose-response curve is different from zero at the one-tailed 0.05 level of significance.

The approximate 95 percent confidence interval for the relative risk of each dosed group compared with its control was calculated from the exact interval on the odds ratio (Gart, 1971). The lower and upper limits of the confidence interval of the relative risk have been included in the tables of statistical analyses. The interpretation of the limits is that, in approximately 95% of a large number of identical experiments, the true ratio of the risk in a dosed group of animals to that in a control group would be within the interval calculated from the experiment. When the lower limit of the confidence interval is greater than one, it can be inferred that a statistically significant result has occurred (P less than 0.025 one-tailed test when the control incidence is not zero, P less than 0.050 when the control incidence is zero). 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.

#### A. Body Weights and Clinical Signs (Rats)

Mean body weights of the high-dose groups of male and female rats were similar to those of the corresponding untreated- and vehicle-control groups for the first 16 weeks of the bioassay but were lower thereafter (Figure 1). Mean body weights of low-dose, untreated-control, and vehicle-control groups were comparable throughout the bioassay.

#### B. Survival (Rats)

Estimates of the probabilities of survival for male and female rats administered selenium sulfide by gavage at the doses of this bioassay, together with those of the untreated and vehicle controls, are shown by the Kaplan and Meier curves in Figure 2. The untreated-control group is not included in the statistical analysis because the test condition of the vehicle-control group resembles more closely that of the dosed groups. The result of the Tarone test for a dose-related trend in mortality, using the high-dose, low-dose, and vehicle-control groups, is not significant in either sex.

In male rats, 40/50 (80%) of the high-dose group, 38/50 (76%) of the low-dose group, and 40/50 (80%) of the vehicle-control group lived to the end of the bioassay. In females, 38/50 (76%) of the high-dose group, 39/50 (78%) of the low-dose group, and 38/50 (76%) of the vehicle-control group lived to the end of the study.

#### C. Pathology (Rats)

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

An increased incidence of primary liver tumors that occurred in male and female high-dose F344 rats is shown in the Table 4.



Figure 1. Growth Curves for Rats Administered Selenium Sulfide by Gavage



Figure 2. Survival Curves for Rats Administered Selenium Sulfide by Gavage

Tumor	Untreated Control	Vehicle Control	Low Dose	High Dose
MALES				
Hepatocellular Carcinoma	1/48(2%)	0/50(0%)	0/50(0%)	14/49(29%)
Neoplastic Nodules	3/48(6%)	1/50(2%)	0/50(0%)	15/49(31%)
FEMALES				
Hepatocellular Carcinoma	0/50(0%)	0/50(0%)	0/50(0%)	21/50(42%)
Neoplastic Nodules	0/50(0%)	1/50(2%)	0/50(0%)	25/50(50%)

#### Table 4. Incidence of Primary Liver Tumors in Male and Female F344 Rats

Neoplastic nodules were usually single, rather well-defined areas characterized by altered hepatocytes. In most instances, the hepatocytes were larger than normal, eosinophilic, and occasionally vacuolated. The normal architecture was altered, usually resulting in a solid mass of hepatocytes or a trabecular pattern rather than the normal hepatic cords. The mass compressed the adjacent parenchyma around the periphery. Anaplasia and mitoses were minimal.

Hepatocellular carcinomas were usually large multinodular masses, often encompassing entire liver lobes or even multiple lobes. The histologic appearance of these neoplasms varied from areas appearing similar to normal to much more anaplastic areas. The neoplastic hepatocytes varied from small basophilic cells to very large eosinophilic and occasionally vacuolated cells. Mitoses were variable. No distant metastases were observed in any of the rats bearing hepatocellular carcinomas.

An increased incidence of focal cellular changes in the liver was noted in high-dose male rats but not in the remaining dosed groups of each sex.

A compound-related increase in pigmentation in the lungs was observed and was characterized by accumulations of dark, slightly granular-appearing pigment in the interstitial areas and in some peribronchial areas. In most cases, the pigment appeared to be located within cells, principally in macrophages. No evidence of inflammation relative to the pigment deposits was noted. Lung pigmentation was found in 47/49 (96%) high-dose males, 1/50 (2%) low-dose males, 45/50 (90%) high-dose females, and 36/50 (72%) low-dose females but not in control males or females.

Other neoplasms and degenerative, proliferative, and inflammatory lesions that occurred were similar in numbers and kind to those that usually occur in aged F344 control rats.

The histopathologic examination indicates that under the conditions of this bioassay the occurrence of increased incidences of primary hepatic neoplasms in high-dose male and female rats and of focal cellular changes in the high-dose males is related to the long-term administration of selenium sulfide. Abnormal pigment deposition within lung parenchyma also occurred, apparently due to administration of the test chemical.

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

Tables 5 and 6 contain the statistical analyses of the incidences of those primary tumors that occurred in at least two animals of one group and at an incidence of at least 5% in one or more groups. The untreated-control group is not included in the tables of statistical analysis because the test condition of the vehicle-control group resembles more closely that of the dosed groups. A significantly higher incidence of male rats with hematopoietic tumors was observed in the untreated-control group than in the vehicle-control group.

The result of the Cochran-Armitage test (P=0.027) indicates a positive dose-related trend in the incidence of either lymphoma or leukemia in male rats, and the result of the Fisher exact test shows that the incidence of these tumors in the high-dose group is significantly higher (P=0.015) than that in the vehicle-control group. However, the incidence in the untreated-control group is 21/49 (43%), compared with 7/50 (14%) in the vehicle-control group, 15/50 (30%) in the low-dose group, and 17/49 (35%) in the high-dose group. In females, the results of the statistical tests for lymphoma or leukemia are not significant.

In both sexes of rats, the results of the Fisher exact tests for direct comparison of high-dose and control groups are significant (P less than 0.001) for the incidence of hepatocellular carcinomas and for the combined incidence of hepatocellular carcinomas and neoplastic nodules. The statistical conclusion is that the incidences of tumors of the liver in both sexes of rats are associated with administration of the test chemical.

In male rats, the result of the Cochran-Armitage test for positive dose-related trend in the incidence of interstitial-cell tumors of the testis is significant (P=0.024), but the result of the Fisher exact test for direct comparison of incidences in the low-dose and control groups is not significant. The Fisher exact comparison of incidences in the high-dose and control groups shows a P value of 0.028, which is above the 0.025 level required for significance when the Bonferroni inequality criterion is used for multiple comparison. No historical records of this laboratory in which aqueous carboxymethylcellulose is used as a vehicle are available to date

for comparison. It has been our experience, however, that interstitial-cell tumors occur in 75% to 100% of control aged male F344 rats.

In female rats, significant results in the negative direction are observed in the incidence of chromophobe adenomas of the pituitary.

Topography: Morphology	Vehicle Control	Low Dose	High Dose
Integumentary System: Keratocanthoma of the Skin (b)	3/50 (6)	2/50 (4)	2/49 (4)
P Values (c,d)	N.S.	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit	0.058 5.570	0.667 0.059 5.680	0.680
Weeks to First Observed Tumor (f)	104	104	105
Integumentary System: Fibroma of the Subcutaneous Tissue (b)	2/50 (4)	4/50 (8)	0/49 (0)
P Values (c,d)	N.S.	n.s.	N.S.
Relative Risk (e) Lower Limit Upper Limit	0.301 21.316	2.000 0.000 3.448	0.000
Weeks to First Observed Tumor (f)	104	91	
Integumentary System: Fibrosarcoma of the Subcutaneous Tissue (b)	2/50 (4)	5/50 (10)	3/49 (6)
P Values (c,d)	N.S.	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit	0.432 25.286	2.500 0.183 17.671	1.531
Weeks to First Observed Tumor	100	75	105
Hematopoietic System: Lymphoma or Leukemia (b)	7/50 (14)	15/50 (30)	17/49 (30)
P Values (c,d)	P=0.027	P=0.045	P=0.015
Relative Risk (e) Lower Limit Upper Limit	0.907 5.663	2.143 1.082 6.400	2.478
Weeks to First Observed Tumor	67	92	69

## Table 5. Analyses of the Incidence of Primary Tumors in Male RatsAdministered Selenium Sulfide by Gavage (a)

(continued)			· <u>····</u>
Topography: Morphology	Vehicle Control	Low Dose	High Dose
Liver: Hepatocellular Carcinoma (b)	0/50 (0)	0/50 (0)	14/49 (29)
P Values (c,d)			P less than 0.001
Relative Risk (e) Lower Limit Upper Limit			Infinite 4.452 Infinite
Weeks to First Observed Tumor			105
Liver: Hepatocellular Carcinoma or Neoplastic Nodule (b)	1/50 (2)	0/50 (0)	24/49 (49)
P Values (c,d)	P less than 0.001	N. S.	P less than 0.001
Relative Risk (e) Lower Limit Upper Limit		0.000 0.000 18.658	24.490 4.317 967.869
Weeks to First Observed Tumor	104		90
Pituitary: Chromophobe Adenoma (b)	6/47 (13)	3/47 (6)	2/45 (4)
P Values (c,d)	N.S.	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		0.500 0.085 2.191	0.348 0.036 1.826
Weeks to First Observed Tumor	104	103	103
Adrenal: Pheochromocytoma (b)	8/50 (16)	9/50 (18)	8/49 (16)
P Values (c,d)	N.S.	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		1.125 0.420 3.079	1.020 0.363 2.869
Weeks to First Observed Tumor	87	95	105

#### Table 5. Analyses of the Incidence of Primary Tumors in Male Rats Administered Selenium Sulfide by Gavage (a)

.

Topography: Morphology	Vehicle Control	Low Dose	High Dose
Thyroid: C-cell Carcinoma or Adenoma (b)	1/50 (2)	5/49 (10)	2/47 (4)
P Values (c,d)	N.S.	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		5.102 0.601 236.025	2.128 0.115 122.810
Weeks to First Observed Tumor	104	103	105
Preputial Gland: Carcinoma, NOS (b)	7/50 (14)	10/50 (20)	12/49 (24)
P Values (c,d)	N. S.	N. S.	N. S.
Relative Risk (e) Lower Limit Upper Limit		1.429 0.535 4.072	1.749 0.696 4.802
Weeks to First Observed Tumor	104	79	105
Testis: Interstitial-cell Tumor (b)	41/50 (82)	45/50 (90)	47/49 (96)
P Values (c,d)	P=0.024	N.S.	P=0.028
Relative Risk (e) Lower Limit Upper Limit		1.098 0.918 1.269	1.170 0.997 1.267
Weeks to First Observed Tumor	87	79	87

Table 5. Analyses of the Incidence of Primary Tumors in Male Rats Administered Selenium Sulfide by Gavage (a) (continued)

(a) Dosed groups received 3 or 15 mg/kg/day.

(b) Number of tumor-bearing animals/number of animals examined at site (percent).
(c) Beneath the incidence of tumors in the control group is the probability level for the Cochran-Armitage test when P is less than 0.05; otherwise, not significant (N.S.) is indicated. Beneath the incidence of tumors in a dosed

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

(d) A negative trend (N) indicates a lower incidence in a dosed group than in the vehicle-control group.

(e) The 95% confidence interval of the relative risk between each dosed group and the vehicle-control group.

(f) Weeks to first observed tumor is based on time of death with tumor.
Topography: Morphology	Vehicle Control	Low Dose	High Dose
Integumentary System: Fibroma of the Subcutaneous Tissue (b)	0/50 (0)	3/50 (6)	2/50 (4)
P Values (c,d)	N.S.	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		Infinite 0.601 Infinite	Infinite 0.296 Infinite
Weeks to First Observed Tumor (f)		97	105
Hematopoietic System: Leukemia (b)	6/50 (12)	12/50 (24)	8/50 (16)
P Values (c,d)	N.S.	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		2.000 0.759 5.989	1.333 0.438 4.331
Weeks to First Observed Tumor	85	90	82
Liver: Hepatocellular Carcinoma (b)	0/50 (0)	0/50 (0)	21/50 (42)
P Values (c,d)			P less than 0.001
Relative Risk (e)			Infinite
Lower Limit Upper Limit			6.811 Infinite
Weeks to First Observed Tumor			86
Liver: Hepatocellular Carcinoma or Neoplastic Nodule (b)	1/50 (2)	0/50 (0)	37/50 (74)
P Values (c,d)	P less than 0.001	N.S.	P less than 0.001
Departure from Linear Trend (g)	P=0.028		
Relative Risk (e) Lower Limit Upper Limit		0.000 0.000 18.658	37.000 6.933 1358.679
Weeks to First Observed Tumor	67		86

### Table 6. Analyses of the Incidence of Primary Tumors in Female Rats Administered Selenium Sulfide by Gavage (a)

Topography: Morphology	Vehicle Control	Low Dose	High Dose
Pituitary: Chromophobe Adenoma (b)	23/50 (46)	14/49 (29)	11/48 (23)
P Values (c,d)	P=0.021 (N)	N.S.	P=0.014 (N)
Relative Risk (e) Lower Limit Upper Limit		0.621 0.340 1.101	0.498 0.250 0.936
Weeks to First Observed Tumor	84	92	93
Adrenal: Pheochromocytoma (b)	4/50 (8)	2/50 (4)	4/49 (8)
P Values (c,d)	n.s.	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		0.500 0.047 3.318	1.020 0.201 5.183
Weeks to First Observed Tumor	102	105	105
Mammary Gland: Fibroadenoma (b)	13/50 (26)	15/50 (30)	8/50 (16)
P Values (c,d)	N.S.	N. S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		1.154 0.574 2.349	0.615 0.243 1.454
Weeks to First Observed Tumor	62	75	100
Clitoral Gland: Carcinoma, NOS (b)	3/50 (6)	3/50 (6)	1/50 (2)
P Values (c,d)	N.S.	N.S.	N. S.
Relative Risk (e) Lower Limit Upper Limit		1.000 0.140 7.133	0.333 0.006 3.983
Weeks to First Observed Tumor	102	99	105

#### Table 6. Analyses of the Incidence of Primary Tumors in Female Rats Administered Selenium Sulfide by Gavage (a) (continued)

Topography: Morphology	Vehicle Control	Low Dose	High Dose
Uterus: Endometrial Stromal Polyp (b)	5/47 (11)	7/48 (15)	8/50 (16)
? Values (c,d)	N.S.	N. S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		1.371 0.404 5.109	1.504 0.469 5.452
Weeks to First Observed Tumor	95	105	86

Table 6. Analyses of the Incidence of Primary Tumors in Female Rats Administered Selenium Sulfide by Gavage (a)

(a) Dosed groups received 3 or 15 mg/kg/day.
(b) Number of tumor-bearing animals/number of animals examined at site (percent). (c) Beneath the incidence of tumors in the control group is the probability level for the Cochran-Armitage test when P is less than 0.05; otherwise, not significant (N.S.) is indicated. Beneath the incidence of tumors in a dosed group is the probability level for the Fisher exact test for the comparison of that dosed group with the vehicle-control group when P is less than 0.05; otherwise, not significant (N.S.) is indicated.

(d) A negative trend (N) indicates a lower incidence in a dosed group than in the vehicle-control group.

(e) The 95% confidence interval of the relative risk between each dosed group and the vehicle-control group.

(f) Weeks to first observed tumor is based on time of death with tumor.

(g) The probability level for departure from linear trend is given when P is less than 0.05 for any comparison.

.

#### IV. RESULTS - MICE

#### A. Body Weights and Clinical Signs (Mice)

Mean body weights of dosed male and female groups of mice were not altered by administration of the test chemical (Figure 3). Palpable nodules or tissue masses were observed at a slightly greater frequency in the dosed male groups than in the other groups.

#### B. Survival (Mice)

Estimates of the probabilities of survival for male and female mice administered selenium sulfide by gavage at the doses of this bioassay, together with those of the untreated and vehicle controls, are shown by the Kaplan and Meier curves in Figure 4. In the statistical analysis, the untreated-control group is not included because the test condition of the vehicle-control group resembles more closely that of the dosed groups. The result of the Tarone test for dose-related trend in mortality, using the high-dose, low-dose, and vehicle-control groups, is not significant in either sex.

In male mice, 35/50 (70%) of the high-dose group, 33/50 (66%) of the low-dose group, and 30/50 (60%) of the vehicle-control group lived to the end of the bioassay. In females, 39/50 (78%) of each dosed group and 43/50 (86%) of the vehicle-control group lived to the end of the bioassay.

Sufficient numbers of mice of each sex were at risk for the development of late-appearing tumors.

#### C. Pathology (Mice)

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

There was an increase in the incidence of primary tumors of the liver in high-dose female mice as well as a marginal increase in the incidence of



Figure 3. Growth Curves for Mice Administered Selenium Sulfide by Gavage



Figure 4. Survival Curves for Mice Administered Selenium Sulfide by Gavage

these tumors in high-dose males. The incidences of hepatocellular carcinomas and adenomas in the dosed and control groups are presented in Table 7.

Hepatocellular adenomas were usually single and consisted of enlarged hepatocytes forming a nodular mass with compression of adjacent parenchyma. Cellular atypia and mitoses were minimal.

Hepatocellular carcinomas varied from single nodules to multinodular masses often encompassing several liver lobes. Individual hepatocytes varied considerably in morphology from large eosinophilic cells to small, darkly staining hepatocytes. In many cases, there was marked variation in cellular type from one portion of the neoplasm to another. The number of mitoses varied. The number of hepatocellular carcinomas metastasizing to the lungs was comparable in vehicle-control and high-dose males. No metastases to the lungs were observed in female mice.

An increased incidence of primary tumors of the lung was observed in high-dose mice (Table 8).

Alveolar/bronchiolar adenomas were usually small solitary lesions located in the subpleural area or immediately adjacent to a bronchiole. The cells involved varied from cuboidal to tall columnar and tended to be situated perpendicular to the basement membrane in a single layer. These cells were arranged in complex papillary projections forming discrete nodules and compressing adjacent alveolar walls. Mitoses were rare.

Alveolar/bronchiolar carcinomas were less discrete lesions and tended to be larger and occasionally multiple, consisting of a confluence of two or more nodules. The individual cells tended to be less rigidly arranged along basement membranes and were often piling up into multiple layers or arranged in solid sheets of cells without a papillary pattern. The cells often showed increased basophilia and a moderate mitotic index. Evidence of invasion into adjacent vessels or extension into bronchioles and adjacent lung parenchyma was frequently present.

Other neoplasms and degenerative, proliferative, and inflammatory lesions that occurred were similar in number and kind to those which usually occur in aged B6C3F1 control mice.

The histopathologic examination indicates that under the conditions of this bioassay the occurrence of increased incidences of primary neoplasms of

	Male					Fema	1e		
	Untreated Control	Vehicle Control		High Dose	Untreate Control		icle trol	Low Dose	High Dose
Number of Tissues Examined	E 49	50	50	50	50	49	50	49	
Hepato- cellular Carcinoma	a 17(35%)	15(30%)	11(22%)	23(46%)	2(4%)	0(0%)	1(2%	) 22(4	5%)
Hepato- cellular Adenoma	3(6%)	0(0%)	3(6%)	0(0%)	1(2%)	0(0%)	1(2%	) 6(1	2%)
Tumor- bearing Animals	20(41%)	15(30%)	14(28%)	23(46%)	3(6%)	0(0%)	2(4%	)_25(5	0%)

# Table 7. Incidence of Hepatocellular Carcinomas and Adenomas in Dosed and Control Groups of Mice

:	Untreated Control	Male Vehicle Control		High Dose	Untreated Control	Fema Vehic Contro	le Low	High Dose
Number of Tissues Examined	49	50	50	50	50	49	50	49
Alveolar/ Bronchiol Carcinoma	ar	1(2%)	2(4%)	2(4%)	0(0%)	0(0%)	1(2%)	4(8%)
Alveolar/ Bronchiol Adenoma	ar 8(16%)	3(6%)	8(16%)	12(24%)	2(4%)	0(0%)	2(4%)	8(16%)
Tumor- bearing Animals	9(18%)	4(8%)	10(20%)	13(26%)	2(4%)	0(0%)	3(6%)	12(24%)

the liver and lung in high-dose B6C3F1 mice is related to the long-term administration of selenium sulfide.

#### D. Statistical Analyses of Results (Mice)

Tables 9 and 10 contain the statistical analyses of the incidences of those primary tumors that occurred in at least two animals in one group and with an incidence of at least 5% in one or more groups. The untreatedcontrol group is not included in the statistical analysis because the test condition of the vehicle-control group resembles more closely that of the dosed groups. A higher incidence of alveolar/bronchiolar adenomas or carcinomas was observed in the untreated-control groups of male and female mice than in the respective vehicle controls.

In male mice, the Fisher exact comparison of the incidences of lymphoma and leukemia in the low-dose and control groups shows a P value of 0.027, which is above the 0.025 level required for significance when the Bonferroni inequality criterion is used for multiple comparison. The incidence of these tumors in the high-dose males is not significant by the Fisher exact test nor is the result of the Cochran-Armitage test significant for dose-related trend in incidence.

The result of the Cochran-Armitage test for positive dose-related trend in the incidence of male mice with either alveolar/bronchiolar carcinomas or adenomas is significant (P=0.022). The Fisher exact test shows that the incidence in the high-dose group is significantly higher than that in the vehicle-control group (P=0.016). However, the incidence in the untreatedcontrol group is 9/48 (18%), compared with 4/50 (8%) in the vehicle-control group, 10/50 (20%) in the low-dose group, and 13/50 (26%) in the high-dose group. Tests using the untreated-control group incidence indicate no significant results.

In females, the Cochran-Armitage test shows that the incidence of animals with either alveolar/bronchiolar carcinomas or adenomas is significant (P less than 0.001). The Fisher exact test shows that the incidence in the high-dose group is significantly higher than that in the vehicle-control group (P less than 0.001) and also significantly higher than that in the untreated-control group (P less than 0.003). The statistical conclusion is that the incidence of these lung tumors in female mice is associated with the administration of selenium sulfide.

The untreated female mice of this study were observed to have an incidence of 2/50 (4%) of these tumors. When this incidence is tested using the incidence in the low-dose group of 3/50 (6%) and the incidence in the high-dose group of 12/49 (24%), the findings indicate a significant positive linear trend (P less than 0.001) and also a significantly higher incidence (P=0.003) in the high-dose group compared with the untreated-control group. Other control groups that were maintained in the same room as the mice of this study had incidences as follows: 1/49 (2%) in the vehicle-control group matched with dl-menthol; 6/49 (12%) in the vehicle-control group matched with benzoin; and 4/48 (8%) in the vehicle-control group matched dimethyl terephthalate. When each of these control group incidences is used in the Cochran-Armitage test together with the dosed group incidence seen in selenium sulfide, a significant positive trend is indicated (P less than or equal to 0.012). The Fisher exact tests between the high-dose group and the controls of either benzoin or dimethyl terephthalate result in a probability level greater than 0.025. Overall, the statistical conclusion is that the administration of the chemical appears to be associated with the lung tumors, but the development of 6/49 (12%) such tumors in vehicle controls used in the bioassay of benzoin indicates a high variability of such tumors in this room.

The result of the Cochran-Armitage test on the incidence of female mice with hepatocellular carcinomas or adenomas is significant (P less than 0.001). The Fisher exact test shows that the incidence in the high-dose group is significantly higher (P less than 0.001) than that in the control group. The statistical conclusion is that the incidence of these liver tumors in female mice is associated with the administration of this test chemical. In males, the result of the Cochran-Armitage test is significant (P=0.026), but the results of the Fisher exact test are not significant.

The statistical conclusion is that alveolar/bronchiolar adenomas or carcinomas of the lung appear to be associated with the administration of selenium sulfide to female mice, but the variability in control groups in the room used for this study should be considered.

36

Topography: Morphology	Vehicle Control	Low Dose	High Dose
Integumentary System: Fibrosarcoma		····	
of the Subcutaneous Tissue (b)	4/50 (8)	4/50 (8)	1/50 (2)
P Values (c,d)	N.S.	N.S.	N.S.
Relative Rísk (e)		1.000	0.250
Lower Limit		0.197	0.005
Upper Limit		5.083	2.411
Weeks to First Observed Tunnor (f)	100	82	89
Lung: Alveolar/Bronchiolar			
Carcinoma or Adenoma (b)	4/50 (8)	10/50 (20)	13/50 (26)
P Values (c,d)	P=0.022	N. S.	P=0.016
Relative Risk (e)		2,500	3.250
Lower Limit		0.779	1.091
Upper Limit		10.246	12.780
Weeks to First Observed Tumor	73	82	96
Hematopoietic System: Lymphoma			
or Leukemia (b)	4/50 (8)	12/50 (24)	8/50 (16)
P Values (c,d)	N. S.	P=0.027	N.S.
Departure from Linear Trend (g)	P=0.032		
Relative Risk (e)		3.000	2.000
Lower Limit		0.986	0.576
Upper Limit		11.938	8.539
Weeks to First Observed Tumor	89	77	87
All Sites: Hemangiosarcoma			
or Hemangioma (b)	5/50 (10)	1/50 (2)	3/50 (6)
P Values (c,d)	N.S.	N.S.	N.S.
Relative Risk (e)		0.200	0.600
Lower Limit		0.004	0.098
Upper Limit		1.699	2.910
Weeks to First Observed Tumor	63	105	64

## Table 9. Analyses of the Incidence of Primary Tumors in Male Mice Administered Selenium Sulfide by Gavage (a)

Topography: Morphology	Vehicle Control	Low Dose	High Dose
Liver: Hepatocellular Carcinoma (b)	15/50 (30)	11/50 (22)	23/50 (46)
P Values (c,d)	P=0.014	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		0.733 0.340 1.532	1.533 0.878 2.739
Weeks to First Observed Tumor	100	82	89
Liver: Hepatocellular Carcinoma or Adenoma (b)	15/50 (30)	14/50 (28)	23/50 (46)
P Values (c,d)	P=0.026	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		0.933 0.469 1.845	1.533 0.878 2.739
Weeks to First Observed Tumor	100	82	89

#### Table 9. Analyses of the Incidence of Primary Tumors in Male Mice Administered Selenium Sulfide by Gavage (a) (continued)

(a) Dosed groups received 20 or 100 mg/kg/day.

(b) Number of tumor-bearing animals/number of animals examined at site (percent).

- (c) Beneath the incidence of tumors in the control group is the probability level for the Cochran-Armitage test when P is less than 0.05; otherwise, not significant (N.S.) is indicated. Beneath the incidence of tumors in a dosed group is the probability level for the Fisher exact test for the comparison of that dosed group with the vehicle-control group when P is less than 0.05; otherwise, not significant (N.S.) is indicated.
- (d) A negative trend (N) indicates a lower incidence in a dosed group than in the vehicle-control group.
- (e) The 95% confidence interval of the relative risk between each dosed group and the vehicle-control group.
- (f) Weeks to first observed tumor is based on time of death with tumor.
- (g) The probability level for departure from linear trend is given when P is less than 0.05 for any comparison.

Topography: Morphology	Vehicle Control	Low Dose	High Dose
Lung: Alveolar/Bronchiolar Carcinoma (b)	0/49 (0)	1/50 (2)	4/49 (8)
P Values (c,d)	P=0.013	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		Infinite 0.053 Infinite	Infinite 0.928 Infinite
Weeks to First Observed Tumor	-	105	105
Lung: Alveolar/Bronchiolar			
Carcinoma or Adenoma (b)	0/49 (0)	3/50 (6)	12/49 (24)
P Values (c,d)	P less than 0.001	N.S.	P less than 0.001
Relative Risk (e) Lower Limit Upper Limit		Infinite 0.590 Infinite	Infinite 3.670 Infinite
Weeks to First Observed Tumor		78	98
Hematopoietic System: Lymphoma or Leukemia (b)	17/49 (35)	22/50 (44)	17/49 (35)
P Values (c,d)	N. S.	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		1.268 0.740 2.201	1.000 0.548 1.825
Weeks to First Observed Tumor	77	74	65
All Sites: Hemangiosarcoma or Hemangioma (b)	2/49 (4)	3/50 (6)	4/49 (8)
P Values (c,d)	N. S.	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		1.470 0.176 16.980	2.000 0.302 21.298
Weeks to First Observed Tumor	104	101	98

Table 10. Analyses of the Incidence of Primary Tumors in Female Mice Administered Selenium Sulfide by Gavage (a)

	Vehicle	Low	High
Topography: Morphology	Control	Dose	Dose
Liver: Hepatocellular			
Carcinoma (b)	0/49 (0)	1/50 (2)	22/49 (45)
P Values (c,d)	P less than 0.001	N. S.	P less than 0.001
Relative Risk (e)		Infinite	Infinite
Lower Limit		0.053	7.171
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor		105	74
Liver: Hepatocellular			
Carcinoma or Adenoma (b)	0/49 (0)	2/50 (4)	25/49 (51)
P Values (c,d)	P less than 0.001	N. S.	P less than 0.001
Relative Risk (e)		Infinite	Infinite
Lower Limit		0.290	8.233
Upper Limit		Infinite	Infinite
Weeks to First Observed Tumor		105	74
Pituitary Chromophobe Adenoma (b)	2/42 (5)	0/37 (0)	0/38 (0)
P Values (c,d)	N.S.	N.S.	N. S.
Relative Rísk (e)		0.000	0.000
Lower Limit		0.000	0.000
Upper Limit		3.803	3.706
Weeks to First Observed Tumor	104		
Mammary Gland: Adenocarcinoma (b)	5/49 (10)	1/50 (2)	2/49 (4)
P Values (c,d)	N.S.	N. S.	N. S.
Relative Risk (e)		0.196	0.400
Lower Limit		0.004	0.040
Upper Limit		1.665	2.310
Weeks to First Observed Tumor	104	105	105

Table 10. Analyses of the Incidence of Primary Tumors in Female Mice Administered Selenium Sulfide by Gavage (a)

Topography: Morphology	Vehicle Control	Low Dose	fligh Dose
Uterus: Endometrial Stromal Polyp (b)	1/49 (2)	3/50 (6)	0/49 (0)
P Values (c,d)	N.S.	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		2.940 0.246 151.180	0.000 0.000 18.651
Weeks to First Observed Tumor	104	105	
Harderin Gland: Adenoma (b)	2/49 (4)	0/50 (0)	4/49 (8)
P Values (c,d)	N.S.	N.S.	N.S.
Relative Risk (e) Lower Limit Upper Limit		0.000 0.000 3.313	2.000 0.302 21.298
Weeks to First Observed Tumor	104		105

Table 10. Analyses of the Incidence of Primary Tumors in Female Mice Administered Selenium Sulfide by Cavage (a) (continued)

(a) Dosed groups received 20 or 100 mg/kg/day.
(b) Number of tumor-bearing animals/number of animals examined at site (percent).

(c) Beneath the incidence of tumors in the control group is the probability level for the Cochran-Armitage test when P is less than 0.05; otherwise, not significant (N.S.) is indicated. Beneath the incidence of tumors in a dosed group is the probability level for the Fisher exact test for the comparison of that dosed group with the vehicle-control group when P is less than 0.05; otherwise, not significant (N.S.) is indicated.

(d) A negative trend (N) indicates a lower incidence in a dosed group than in the vehicle-control group.

(e) The 95% confidence interval of the relative risk between each dosed group and the vehicle-control group.

#### V. DISCUSSION

Mean body weights of the high-dose groups of male and female rats were lower than those of corresponding untreated- or vehicle-control groups after week 16 of the bioassay, while those of the low-dose groups were essentially the same as those of the controls throughout the bioassay. Mean body weights of the high- and low-dose groups of male and female mice were not related to the administration of selenium sulfide. Mortality was not significantly affected by administration of the test chemical to the rats or the mice of either sex. Because of the low mortality and the lack of significant change in mean body weight, male mice may have been able to tolerate higher doses.

Hepatocellular carcinomas occurred in the high-dose groups of male and female rats and female mice at incidences that were significantly higher (P less than 0.001) than those of corresponding vehicle-control groups. It should be noted that the high dose was five times as large as the low dose. In male mice, the incidences of the tumors were significant (P=0.014) only for dose-related trend.

Lymphomas or leukemias occurred with a dose-related trend (P=0.027) in male rats and occurred at an incidence that was significantly higher (P=0.015) in high-dose male rats than that of the corresponding vehiclecontrol group. Since the incidence of these tumors was lower in the low-dose group (15/50) and in the high-dose group (17/49) than in the untreated controls (21/49), their occurrence in male rats cannot be clearly related to administration of the test chemical. In mice, these tumors occurred at incidences that were significant (P=0.027) only when low-dose males were directly compared with corresponding vehicle controls; however, this level of significance is below the level (P=0.025) required when the Bonferroni criterion is used for multiple comparison.

Pigmentation was observed in the lungs of the dosed rats and was associated with administration of the selenium sulfide.

Alveolar/bronchiolar carcinomas or adenomas occurred with a dose-related trend (P less than or equal to 0.022) in the high-dose groups of male and female mice at incidences that were significantly higher (P less than or equal to 0.016) than those of corresponding male or female vehicle-control groups. Since these lung tumors were observed in 9/49 (18%) of the untreated-control and in 13/50 (26%) of the high-dose males, their occurrence in male mice cannot be clearly related to administration of the test chemical.

Several carcinogenicity studies have been performed with selenides  $(Se^{-2})$ , selenites  $(Se^{+4})$ , and selenates  $(Se^{+6})$ . The results of these studies have been negative, inconclusive, or flawed due to the lack of adequate experimental design or proper management of the study. As a result, no conclusive evidence is available which relates selenium to tumor induction, and the conclusions from these studies lack corroboration (IARC, 1975).

In a study conducted by Nelson et al. (1943), adenomas or low-grade nonmetastisizing carcinomas of the liver were observed in 11/53 female Osborne-Mendel rats that survived 18 to 24 months on seleniferous corn or wheat or on diets containing 5, 7, or 10 ppm selenium added as a mixture of potassium sulfide and ammonium potassium selenide. ammonium Adenomatoid hyperplasias were seen in four rats. Cirrhosis of the liver was observed in 43/53 test animals, and liver tumors occurred only in animals with cirrhosis. Cirrhosis was first observed during the fourth month. Although the incidence of tumors in control rats used in other studies performed by these workers was less than 1% (Fitzhugh et al., 1944), simultaneous control animals were not included in the Nelson study. Subsequently, an FDA review of this study concluded that "whether or not these tumors resulted from cirrhosis caused by the nutritionally inadequate test diets cannot be determined" (Federal Register, 1974).

In another study, male rats of unspecified strain fed 4.3 ppm selenium, as sodium selenate, developed liver tumors at an incidence of 15% in one test, 5% in a second test, and 0% in a third; the overall incidence was 4%, compared with an incidence of 0% in 10,000 untreated rats observed in the same laboratory (Volgarev and Tscherkes, 1967). Early deaths due to selenate toxicity may have limited the development of liver tumors in the dosed groups; and infestation by a parasite associated with tumors subsequently found in the experimental animals may have been related to the reported incidence of tumors (Federal Register, 1974).

44

Schroeder and Mitchener (1971) reported that male and female Long-Evans rats administered sodium selenite or sodium selenate in the drinking water at 2 ppm selenium for the first year and at 3 ppm selenium for the remaining periods of survival developed mammary adenocarcinomas and fibrosarcomas, lymphoma/leukemias sarcomas, incidence (62.5%)and at an that was significantly higher than that in the corresponding controls (30.8%). Α critical evaluation could not be made, however, since all necropsied animals were not examined histologically, and the median survival was longer in the selenate-dosed animals (males 847 days, females 929 days) than in the controls (males 813 days, females 814 days) (Frost, 1972; IARC, 1975). The incidences of the tumors in the animals administered the selenite were not significant when compared with those of the controls; however, due to the toxicity of the selenite at the concentrations used, half of the males died by day 58 and half of the females by day 348.

Hyperplastic lesions were observed in the livers from approximately 50% of male and female Wistar rats which survived more than 282 days on diets containing 0.5 or 2 ppm selenium as selenite or selenate.

The incidences of tumors in the treated animals were not significantly different from those of the controls, but survival was markedly shortened at the higher concentrations (Harr et al., 1967).

Male and female Swiss mice administered selenite or selenate in the drinking water at 3 ppm selenium developed tumors at an incidence comparable with that in corresponding controls (Schroeder and Mitchener, 1972). Female C3H/St mice administered selenium oxide in drinking water at 2 ppm developed a lower incidence (10%) of mammary tumors than did the control animals (Schrauzer and Ishmael, 1974). Male and female B6C3Fl and B6AKFl mice administered selenium diethyl-dithiocarbamate by gavage at 10 mg/kg body weight daily for 3 weeks and then in the diet at 26 ppm for about 18 months (Innes et al., 1969; NTIS, 1968) developed significantly higher incidences of liver tumors in the dosed B6C3F1 males (67%) than in the corresponding controls (0%). The incidences of these tumors were not significant in B6C3F1 females or in B6AKF1 mice of either sex. However, it was not clear from this bioassay or from bioassays of related compounds whether the increased incidence of the tumors was due to the selenium or to the thiocarbamate component (IARC, 1975).

•

#### VI. CONCLUSIONS

Under the conditions of this bioassay, selenium sulfide was carcinogenic for F344 rats and female B6C3F1 mice, inducing hepatocellular carcinomas in rats and female mice and alveolar/bronchiolar carcinomas and adenomas in female mice. Selenium sulfide was not carcinogenic for male mice; however, because of the absence of effects on survival and mean body weight, male mice may have been able to tolerate higher doses.

.

#### VII. BIBLIOGRAPHY

AMA Department of Drugs, Selenium sulfide. In: <u>AMA</u> <u>Drug</u> <u>Evaluations</u>, Publishing Sciences Group, Inc., Littleton, Mass., 1977, p. 904.

Armitage, P., <u>Statistical Methods in Medical Research</u>, John Wiley & Sons, Inc., New York, 1971, pp. 362-365.

Berenblum, I., ed., <u>Carcinogenicity</u> <u>Testing</u>: <u>A</u> <u>Report of the Panel on</u> <u>Carcinogenicity of the Cancer Research Commission of the UICC</u>, <u>Vol. 2</u>. International Union Against Cancer, Geneva, 1969.

Chesterman, K. W., An evaluation of O-T-C dandruff and seborrhea products. J. Am. Pharm. Assoc. NS 12 (11):578-581, 1972.

Committee on Medical and Biologic Effects of Environmental Pollutants, Selenium. In: <u>Medical and Biologic Effects of Environmental Pollutants</u>, National Academy of Sciences, Washington, D.C., 1976, pp. 120-124.

Cox, D. R., <u>Analysis of Binary Data</u>, Methuen & Co., Ltd., London, 1970, pp. 48-52.

Cox, D. R., Regression models and life tables. <u>J. R. Statist. Soc. B</u> 34:187-220, 1972.

Cummins, L. M. and Kimura, E. T., Safety evaluation of selenium sulfide antidandruff shampoo. <u>Toxicol</u>. <u>Appl. Pharmacol</u>. <u>20</u>:89-96, 1971.

Federal Register, 8 Jan 1974, p. 1355.

Fitzhugh, O. G., Nelson, A. A., and Bliss, C. I., The chronic oral toxicity of selenium. J. Pharmacol. Exp. Therap. 80:289-299, 1944.

Frost, D. V., The two faces of selenium. In: <u>CRC Critical Reviews</u><sup>TM</sup> in <u>Toxicology</u>, Goldberg, L., ed., The Chemical Rubber Co., Cleveland, Ohio, 1972, pp. 482-488.

Gart, J. J., The comparison of proportions: a review of significance tests, confidence limits and adjustments for stratification. <u>Rev. Int. Stat. Inst.</u> 39:148-169, 1971.

Glover, J. R., Selenium and its industrial toxicology. <u>Indust</u>. <u>Med</u>. 39:50-54, 1970.

Glover, J. R., Selenium oxide (SeO<sub>2</sub>). In: <u>Encyclopaedia of Occupational</u> <u>Health and Safety</u>, <u>Vol. II</u>, McGraw-Hill Book Co., New York, 1972, pp. 1295-1296. Harr, J. R., Bone, J. F., Tinsley, I. J., Weswig, P. H., and Yamamoto, R. S., Selenium toxicity in rats. II. Histopathology. In: <u>Selenium in</u> <u>Bio-Medicine</u>, Muth, O. H., ed., Air Publishing Co., Westport, Conn., 1967, pp. 153-178.

Henschler, D. and Kirschner, U., Zur Resorption und Toxicitat von Selensulfid. Arch. Toxikol. 24:341-344, 1969.

Innes, J. R. M., Ulland, B. M., Valerio, M. G., Petrcelli, L., Fishbein, L., Hart, E. R., Pallotta, A. J., Bates, R. R., Falk, H. L., Gart, J. J., Klein, M., Mitchell, I. and Peters, J., Bioassay of pesticides and industrial chemicals for tumorigenicity in mice: a preliminary note. <u>J. Nat. Cancer</u> <u>Inst. 42</u>:1101-1114, 1969.

IARC, IARC Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Man: Some Aziridines, N-, S- & O- Mustards and Selenium, Vol. 9, International Agency for Research on Cancer, Lyon, France, 1975, pp. 245-260.

Kaplan, E. L. and Meier, P., Nonparametic estimation from incomplete observations. J. Amer. Statist. Assoc. 53:457-481, 1958.

Linhart, M. S., Cooper, J. A., Martin, R. L., Page, N. P., and Peters, J. A., Carcinogenesis bioassay data system. <u>Comp. and Biomed. Res.</u> <u>7</u>:230-248, 1974.

McCoy, K. E. M. and Weswig, P. H., Some selenium responses in the rats not related to vitamin E. J. Nutr. 98:383-389, 1969.

Miller, R. G., Jr., <u>Simultaneous</u> <u>Statistical</u> <u>Inference</u>, McGraw-Hill Book Co., New York, 1966, pp. 6-10.

National Academy of Sciences, Biologic effects. In: <u>Selenium</u>, Division of Medical Sciences, Assembly of Life Sciences, National Research Council, Washington, D.C., 1976, pp. 92-95, 143-144.

National Cancer Institute, <u>Bioassay</u> of <u>Selenium</u> <u>Sulfide</u> for <u>Possible</u> <u>Carcinogenicity</u>, Technical Report No. 197, DHHS Publication No. (NIH) 80-1753, U. S. Department of Health and Human Services, Public Health Service, National Institutes of Health, Bethesda, Md., 1980.

National Cancer Institute, <u>Bioassay</u> of <u>Selsur(R)</u> for <u>Possible</u> <u>Carcinogenicity</u>, Technical Report No. 199, DHHS Publication No. (NIH) 80-1755, U. S. Department of Health and Human Services, Public Health Service, National Institutes of Health, Bethesda, Md., 1980.

National Technical Information Service, <u>Evaluation of Carcinogenic</u>, <u>Teratogenic</u>, and <u>Mutagenic Activities of Selected Pesticides and Industrial</u> <u>Chemicals</u>, <u>Vol. I</u>, National Technical Information Service, Washington D.C., 1968. Nelson, A. A., Fitzhugh, O. G., and Calvery, H. O., Liver tumors following cirrhosis caused by selenium in rats. <u>Cancer Res. 3</u>:230-236, 1943.

Olson, O. E., Selenium As A Toxic Factor In Animal Nutrition, Georgia Nutrition Conference, February 12-14, 1969.

<u>Physicians'</u> <u>Desk</u> <u>Reference</u>, <u>Edition</u> <u>31</u>, Medical Economics Co., Oradell, N. J., 1977, p. 546.

Plewig, G. and Kligman, A. M., The effect of selenium sulfide on epidermal turnover of normal and dandruff scalps. J. Soc. Cosmetic Chemists 20:767-775, 1969.

Ransone, J. H., Scott, N. M., Jr., and Knoblock, E. C., Selenium sulfide intoxication. <u>N. Engl. J. Med. 264</u>:384-385, 1961.

Schmidt, A. M., Food additives. Federal Register 39(5):1355-1358, 1974.

Schrauzer, G. N. and Ishmael, D., Effects of selenium and of arsenic on the genesis of spontaneous mammary tumors in inbred C3H mice. <u>Ann. Clin. Lab.</u> <u>Sci. 4</u>:441-447, 1974.

Schroeder, H. A. and Mitchener, M., Selenium and tellurium in rats: effects on growth, survival, and tumors. J. Nutr. 101:1531-1540, 1971.

Schroeder, H. A., and Mitchener, M., Selenium and tellurium in mice: effects on growth, survival, and tumors. <u>Arch. Environ</u>. <u>Health</u> 24: 66-71, 1972.

Schwarz, K. and Foltz, C. M., Selenium as an integral part of Factor 3 against dietary necrotic liver degeneration. <u>J. Amer. Chem. Soc.</u> 79:3292-3293, 1957.

Shamberger, R.J., Tytko, S.A., and Willis, C.E., Antioxidants in cancer. Arch. Environ. Med. 231-235, 1976.

Smith, J. V., ed., <u>X-Ray</u> Powder Data File, ASTM Special Publication 48-J, American Society for Testing Materials, Philadelphia, 1960. p. 211.

Tarone, R. E., Tests for trend in life table analysis. <u>Biometrika</u> 62(3):679-682, 1975.

Virodov, I. P., Analytical method for X-ray diffraction photography of polycrystalline materials. <u>Kristallographia</u> 9(3):397-398, 1964.

Volgarev, M. N. and Tscherkes, L. A., Further studies in tissue changes associated with sodium selenate. In <u>Symposium</u>: <u>Selenium in Biomedicine</u>, Muth, O. H., ed., Avi Publishing Co., Westport, 1967, pp. 179-184. Ward, J. M., Goodman, D. G., Griesemer, R. A., Hardisty, J. F., Schueler, R. L., Squire, R. A., and Strandberg, J. D., Quality assurance for pathology in rodent carcinogenesis tests. <u>J. Environ</u>. <u>Path</u>. <u>Toxicol</u>. <u>2</u>:371-378, 1978.

Weast, R. C., ed., <u>CRC Handbook of Chemistry and Physics</u>, CRC Press, Cleveland, Ohio, 1974-1975.

APPENDIX A

# SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS ADMINISTERED SELENIUM SULFIDE BY GAVAGE

٠

•

# TABLE A1.

# SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS ADMINISTERED SELENIUM SULFIDE BY GAVAGE

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
	50 49	50 50 50	50 50 50	50 49 49
INTEGUMENTARY SYSTEM				
¥SKIN SQUAMOUS CELL PAPILLOMA BASAL∽CELL CARCINOMA	(49)	(50) 1 (2%)	(50) 1 (2%) 1 (2%)	1 (2%)
TRICHOEPITHELIOMA Keratoacanthoma	2 (4%)	3 (6%)	2 (4%)	1 (2%) 2 (4%)
*SUBCUT TISSUE TRICHDEPITHELIOMA FIBROMA	(49)	(50)	(50)	(49)
FIBROMA FIBROSARCOMA	2 (4%) 1 (2%)	2 (4%) 2 (4%)	4 (8%) 5 (10%)	3 (6%)
RESPIRATORY SYSTEM				
<pre>#LUNG ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA</pre>	(48) 1 (2%)	(50)	(50)	(49) 1 (2%)
C-CELL CARCINOMA, METASTATIC	1 (2%)		1 (2%)	1 (2%)
HEMATOPOIETIC SYSTEM				
*MULTIPLE ORGANS Malig.lymphoma, lymphocytic type	(49)	(50)	(50)	(49) 1 (2%)
MALIG.LYMPHOMA, HISTIOCYTIC TYPE MYELOMONOCYTIC LEUKEMIA	1 (2%) 20 (41%)	6 (12%)	13 (26%)	
GRANULOCYTIC LEUKENIA Monocytic leukemia		1 (2%)	13 (26%) 1 (2%)	1 (2%)
#SPLEEN	(48)	(50)	(50)	(49) 1 (2%)
MESOTHELIOMA, METASTATIC MYELOMONOCYTIC LEUKEMIA	1 (2%)		1 (2%)	

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

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
#SUBMANDIBULAR L.NODE FIBROSARCOMA, METASTATIC	(48) 1 (2%)		(49)	
CIRCULATORY SYSTEM				
*ABDOMINAL CAVITY Hemangiosarcoma, metastatic	(49) 1 (2%)	(50)	(50)	(49)
#SPLEEN HEMANGIOSARCOMA	(48) 1 (2%)	(50)	(50)	(49)
DIGESTIVE SYSTEM				
#SALIVARY GLAND FIBROSARCOMA, INVASIVE	(48)	(50)	(48) 1 (2%)	(49)
<pre>#LIVER     NEOPLASTIC NODULE     HEPATOCELLULAR CARCINOMA     OSTEOSARCOMA, METASTATIC</pre>	(48) 3 (6%) 1 (2%)	(50) 1 (2%)	(50)	(49) 15 (31%) 14 (29%) 1 (2%)
URINARY SYSTEM				
PAPILLOMA, NOS	(47)	1 (2%)		(47)
ENDOCRINE SYSTEM				
#PITUITARY Chromophobe Adenoma Acidophil Adenoma	(47) 1 (2%)	(47) 6 (13%)	(47) 3 (6%)	(45) 2 (4%)
#ADRENAL Cortical Adenoma Pheochromocytoma Pheochromocytoma, malignant			(50) 9 (18%)	1 (2%)
#THYROID Follicular-cell Adenoma	(47)	(50) 1 (2%)	(49)	(47) 1 (2%)

## TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

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

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
C-CELL ADENOMA C-CELL CARCINOMA		1 (2%)	4 (8%) 1 (2%)	1 (2%) 1 (2%)
#PANCREATIC ISLETS ISLET-CELL ADENOMA	(48) 3 (6%)	(50)	(49) 1 (2%)	(49)
REPRODUCTIVE SYSTEM				
*MAMMARY GLAND Adenocarcinoma, nos fibroadenoma	(49)	(50) 1 (2%) 1 (2%)	(50) 1 (2%)	(49)
*PREPUTIAL GLAND CARCINOMA,NOS CYSTADENOMA, NOS	(49) 3 (6%)	(50) 7 (14%)	(50) 10 (20%) 1 (2%)	(49) 12 (24%)
#TESTIS INTERSTITIAL-CELL TUMOR	(48) 42 (88%)	(50) 41 (82%)	(50) 45 (90%)	(49) 47 (96%)
NERVOUS SYSTEM				
#BRAIN Astrocytoma	(47)	(49) 1 (2%)	(49) 1 (2%)	(49)
#CEREBELLUM Meningioma	(47)	(49) 1 (2%)	(49)	(49)
SPECIAL SENSE ORGANS				
*EYE FIBROSARCOMA	(49) 1 (2%)	(50)	(50)	(49)
*EXTERNAL EAR FIBROSARCOMA	(49)	(50) 1 (2%)	(50)	
1USCULOSKELETAL SYSTEM				
*MUSCLE OF NECK FIBROSARCOMA, INVASIVE	(49)		1 [22]	(49)
BODY CAVITIES				
*TUNICA VAGINALIS Mesothelioma, Nos	(49) 2 (4%)	(50)	(50)	(49)

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

	UNTREATED Control		LOW DOSE	HIGH DOSE
MESOTHELIOMA, MALIGNANT		1 (2%)		4 (8%)
ALL OTHER SYSTEMS				
*MULTIPLE ORGANS Mesothelioma, metastatic	(49)	(50)	(50)	(49) 1 (2%)
ADIPOSE TISSUE MESOTHELIOMA, METASTATIC		1		
ANIMAL DISPOSITION SUMMARY				
ANIMALS INITIALLY IN STUDY Natural Death@ Moribund Sacrifice Scheduled Sacrifice	50 19 3	50 9 1	50 10 2	50 10
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	28	40	38	40
a INCLUDES AUTOLYZED ANIMALS				
TUMOR SUMMARY				
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	47 98	48 88	49 104	49 132
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	43 64	46 63	48 71	48 64
TOTAL ANIMALS WITH MALIGNANT TUMORS Total Malignant Tumors	27 29	22 24	27 33	36 53
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	2 3	1	2 4	4 4
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total Uncertain Tumors	5 5	1		15 15
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Primary or metastatic Total Uncertain Tumors				
* PRIMARY TUMORS: ALL TUMORS EXCEPT SE # SECONDARY TUMORS: METASTATIC TUMORS			JACENT ORGAN	

# TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

# TABLE A2.

## SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS ADMINISTERED SELENIUM SULFIDE BY GAVAGE

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM				
*SKIN Squamous cell carcinoma Basal-cell tumor Keratoacanthoma	(50)	(50) 1 (2%)	(50)	(50)
	(24)			1 (2%)
*SUBCUT TISSUE Fibroma Fibrosarcoma, invasive	(50)	(50)	(50) 3 (6%)	1 (2%)
RESPIRATORY SYSTEM				
	(50)	(50)	(50)	(50)
CARCINOMA, NOS, METASTATIC Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma Thymoma, metastatic		1 (2%)		1 (2%) 1 (2%)
HEMATOPOIETIC SYSTEM				
<pre>*MULTIPLE ORGANS Myelomonocytic leukemia Monocytic leukemia</pre>	(50) 11 (22%) 1 (2%)	(50) 6 (12%)	(50) 12 (24%)	(50) 8 (16%
#THYMUS Adenocarcinoma, Nos Thymoma, Malignant		(21)	(27) 1 (4%)	(11) 1 (9%)
CIRCULATORY SYSTEM				
#SPLEEN Hemangiosarcoma	(50)	(50)	(50)	(50)

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

/

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINU
---

	UNTREATED CONTROL	VEHICLE Control	LOW DOSE	HIGH DOSE
DIGESTIVE SYSTEM				
#SALIVARY GLAND FIBROSARCOMA	(50)	(50)	(50)	(50) 1 (2%)
#LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA	(50)	(50) 1 (2%)	(50)	(50) 25 (50%) 21 (42%)
#PANCREATIC DUCT Adenocarcinoma, nos	(50)		(50)	(50) 1 (2%)
URINARY SYSTEM				
NONE				
ENDOCRINE SYSTEM				
#PITUITARY Chromophobe Adenoma	(45) 15 (33%)	(50) 23 (46%)	(49) 14 (2 <b>9%)</b>	(48) 11 (23%)
#ADRENAL CORTICAL ADENDMA	(50)	(50)	(50)	(49)
PHEOCHROMOCYTOMA	1 (2%)	4 (8%)	2 (4%)	4 (8%)
#THYROID Follicular-cell Adenoma	(49)	(49)	(50)	(49)
FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA	4 (8%)	1 (2%)	1 (2%)	
REPRODUCTIVE SYSTEM				
*MAMMARY GLAND	(50)	(50)	(50)	(50)
ADENOMA, NOS ADENOCARCINOMA, NOS Papillary cystadenoma, nos		1 (2%) 2 (4%)	1 (2%)	1 (2%)
FIBROSARCOMA FIBROSARCOMA FIBROADENOMA	19 (38%)	13 (26%)	15 (30%)	1 (2%) 8 (16%)
*PREPUTIAL GLAND CARCINOMA,NOS	(50)	(50) 3 (6%)	(50) 3 (6%)	(50)

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

I.
	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
CYSTADENOMA, NOS	**************			1 (2%)
#UTERUS CARCINOMA-IN-SITU, NOS			(48)	(50) 1 (2%)
ADENICARCINOMA, NOS Endometrial stromal polyp Endometrial stromal sarcoma	5 (10%) 1 (2%)	5 (11%) 1 (2%)	7 (15%)	8 (16%
#UTERUS/ENDOMETRIUM Adenocarcinoma, Nos	(48)	(47)	(48)	(50) 1 (2%)
#MESOVARIUM Mesothelioma, Nos	(48)	(47) 1 (2%)	(48)	(49)
NERVOUS SYSTEM				
NONE				
SPECIAL SENSE ORGANS				
NONE				
MUSCULOSKELETAL SYSTEM				
*SPHENOID AND ETHMOID Chondroma	(50)			1 (2%)
BODY CAVITIES				
NONE				
ALL OTHER SYSTEMS				
*MULTIPLE ORGANS	(50)	(50)	(50)	(50)

#### TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

## TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY				
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE SCHEDULED SACRIFICE	50 10	50 10 2	50 8 3	50 12
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	40	38	39	38
NCLUDES AUTOLYZED ANIMALS				
TUMOR SUMMARY				
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	43 63	38 63	37 60	47 100
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	34 46	33 46	30 43	29 38
TOTAL ANIMALS WITH MALIGNANT TUMORS Total Malignant Tumors	17 17	14 15	17 17	29 37
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors		1 1		3 3
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or Malignant Total Uncertain Tumors		2 2		25 25
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC Total Uncertain Tumors				
* PRIMARY TUMORS: ALL TUMORS EXCEPT SE # SECONDARY TUMORS: METASTATIC TUMORS			JACENT ORGAN	

.

APPENDIX B

#### SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE ADMINISTERED SELENIUM SULFIDE BY GAVAGE

. • .

#### TABLE B1.

# SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE ADMINISTERED SELENIUM SULFIDE BY GAVAGE

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
	 50 1	50	50	50
ANIMALS MISSING ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	49 49	50 50	50 50	50 50
INTEGUMENTARY SYSTEM				
*SKIN Squamous cell papilloma	(49)	(50)	(50) 1 (2%)	(50)
BASAL-CELL TUMOR	1 (2%)		1 (2%)	
*SUBCUT TISSUE FIBROMA	(49)	(50)	(50)	(50)
FIBROSARCOMA FIBROUS HISTIOCYTOMA	6 (12%)	4 (8%) 1 (2%)	4 (8%)	1 (2%)
FIBROUS HISTIOCYTOMA, MALIGNANT OSTEOSARCOMA			1 (2%) 1 (2%)	
RESPIRATORY SYSTEM				
#LUNG ADENOCARCINOMA, NDS, METASTATIC	(49)	(50)	(50)	(50)
HEPATDCELLULAR CARCINOMA, METAST ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	2 (4%)	2 (4%)	8 (16%)	3 (6%)
ALVEOLAR/BRONCHIDLAR CARCINOMA CORTICAL CARCINOMA, METASTATIC	1 (2%)	4 ( 2 % )	2 (4%)	2 (4%)
SEBACEOUS ADENOCARCINOMA, METAST FIBROSARCOMA, METASTATIC FIBROUS HISTIOCYTOMA, METASTATIC OSTEOSARCOMA, METASTATIC	1 (2%)	1 (2%)		1 (2%)
			1 (2%) 1 (2%)	
HEMATOPOIETIC SYSTEM				
*MULTIPLE ORGANS	(49)	(50)	(50)	(50)
MALIG.LYMPHOMA, UNDIFFER-TYPE MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE	1 (2%) 4 (8%) 1 (2%)	1 (2%) 2 (4%)	1 (2%) 7 (14%) 3 (6%)	5 (10%) 3 (6%)

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
GRANULOCYTIC LEUKEMIA		1 (2%)	1 (2%)	
#DUODENUM Malig.lymphoma, histiocytic type	(49) 1 (2%)	(49)	(49)	(50)
#THYMUS Adenocarcinoma, nos Liposarcoma	(19)	(22) 1 (5%)	(19) 1 (5%)	(19)
CIRCULATORY SYSTEM				
*MULTIPLE ORGANS Hemangiosarcoma	(49)	(50) 1 (2%)	(50)	(50)
#SPLEEN Hemangioma Hemangiosarcoma	(49)	(50) 2 (4%)	(50) 1 (2%)	(50) 1 (2%)
#MESENTERIC L. NODE Hemangioma	(49)	(50)	(49)	(50) 1 (2%)
#HEART FIBROSARCOMA, METASTATIC	(49)	(50)	(50)	(50) 1 (2%)
#LIVER HEMANGIOSARCOMA	(49)	(50) 2 (4%)	(50) 1 (2%)	(50) 1 (2%)
#SMALL INTESTINE HEMANGIOSARCOMA, METASTATIC	(49)	(49) 1 (2%)	(49)	(50)
#PROSTATE Hemangiosarcoma, metastatic	(49)	(50) 1 (2%)	(48)	(49)
DIGESTIVE SYSTEM				
#LIVER ADENOCARCINOMA, NOS, METASTATIC	(49)	(50)	(50)	(50)
HEPATCCELLULAR ADENOMA Hepatocellular carcinoma Fibrosarcoma, metastatic	3 (6%) 17 (35%)	15 (30%)	3 (6%) 11 (22%)	23 (46%) 1 (2%)
#BILE DUCT CARCINOSARCOMA	(49)	(50)	(50)	(50)

	UNTREATED CONTROL	VEHICLE Control	LOW DOSE	HIGH DOSE
#PANCREAS ADENOCARCINOMA, NOS, METASTATIC Cortical carcinoma, metastatic	(49)	(50) 1 (2%)	(50) 1 (2%)	(50)
#STOMACH Carcinoma,Nos Squamous cell papilloma	(49) 1 (2%)	(49) 1 (2%)	(49)	(48)
#SMALL INTESTINE Adenocarcinoma, Nos	(49)	(49)	(49)	(50) 1 (2%)
#JEJUNUM CARCINOMA,NOS	(49) 1 (2%)		(49)	(50)
URINARY SYSTEM				
#KIDNEY FIBROSARCOMA, METASTATIC	(49)	(50)	(50)	(50) 1 (2%)
#URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	(49)	(50) 1 (2%)	(49)	(49)
ENDOCRINE SYSTEM				
#ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA	(48)	(49) 1 (2%) 1 (2%) 2 (4%)	(49)	(49)
#THYROID Follicular-Cell Adenoma		(47)	(49)	(48) 1 (2%)
REPRODUCTIVE SYSTEM				
NONE				
NERVOUS SYSTEM				
NONE				

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
SPECIAL SENSE ORGANS				
*EYELID Sebaceous Adenocarcinoma	(49)	(50) 1 (2%)	(50)	(50)
*HARDERIAN GLAND Carcinoma, Nos Adenoma, Nos	(49)	(50) 1 (2%)	(50)	(50)
MUSCULOSKELETAL SYSTEM				
NONE				
BODY CAVITIES				
NONE				
ALL OTHER SYSTEMS				
*MULTIPLE ORGANS CARCINOSARCOMA, METASTATIC	(49)	(50) 1 (2%)	(50)	(50)
ANIMAL DISPOSITION SUMMARY				
ANIMALS INITIALLY IN STUDY Natural deatha Moribund sacrifice	50 12	50 18 1	50 15	50 13
SCHEDULED SACRIFICE ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	1 36 1	1 30	2 33	2 35
a INCLUDES AUTOLYZED ANIMALS				

	UNTREATED Control	VEHICLE CONTROL	LOW DOSE	HIGH DOSE
UMOR SUMMARY				
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	32 45	29 43	35 48	36 51
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	12 13	8 8	13 14	15 15
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	26 32	25 35	27 34	28 36
TOTAL ANIMALS WITH SECONDARY TUMORS# Total Secondary Tumors	3 3	7 9	3 5	3 7
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors				
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Primary or metastatic Total uncertain tumors				
PRIMARY TUMORS: ALL TUMORS EXCEPT SEC Secondary tumors: Metastatic tumors (		SIVE INTO AN AI	JACENT ORGAN	

----

#### TABLE B2.

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS MISSING		50	50	50
ANIMALS HECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY			50 50	49 49
INTEGUMENTARY SYSTEM				
	(50) 1 (2%)	(49)	(50)	(49)
TTA BOOL OB ONLY		(49)	(50) 1 (2%)	(49)
RESPIRATORY SYSTEM				
LUNG	(50)	(49)	(50)	(49) 1 (2%)
#LUNG ADENOCARCINOMA, NDS, METASTATIC ALVEDLAR/BRONCHICLAR ADENOMA ALVEOLAR/BRONCHICLAR CARCINOMA	2 (4%)		2 (4%) 1 (2%)	8 (16%) 4 (8%)
HEMATOPOIETIC SYSTEM				
*MULTIPLE ORGANS	(50)	(49)	(50)	(49)
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	3 (6%)	6 (12%)	8 (16%)	9 (18%)
<pre>*MULTIPLE ORGANS MALIG.LYMPHOMA, UNDIFFER-TYPE MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG LYMPHOMA, HISTIOCYTIC TYPE MALIGHANT LYMPHOMA, MIXED TYPE GRANULOCYTIC LEUKEMIA</pre>	3 (6%) 1 (2%)	3 (6%)	10 (20%)	2 (4%) 4 (8%) 1 (2%)
OKANOLOOTTIO LEOKENIX	(24)	1 (24)		. (24)
#MESENTERIC L. NODE Malignant Lymphoma, mixed type	1 (2%)	(40)		(40)
CIRCULATORY SYSTEM				
*SUBCUT TISSUE Hemangioma	(50)	(49)	(50)	(49)
HEMANGIOSARCOMA				1 (2%)

# SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE ADMINISTERED SELENIUM SULFIDE BY GAVAGE

# number of animals with tissue examined microscopically  $\star$  number of animals necropsied

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
#SPLEEN Hemangiosarcoma	(50)	(49)	(50) 1 (2%)	(49) 3 (6%)
#MESENTERIC L. NODE Hemangiosarcoma	(48)	(48)	(50)	(48) 1 (2%)
#LIVER Hemangiosarcoma	(50)	(49)	(50) 1 (2%)	(49)
#UTERUS HEMANGIOMA HEMANGIOSARCOMA	(50) 1 (2%)	(49)	(50)	(49)
DIGESTIVE SYSTEM				
#SALIVARY GLAND ADENOCARCINOMA, NOS	(50)	(46)	(50)	(49) 1 (2%)
#LIVER Hepatocellular Adenoma Hepatocellular carcinoma	(50) 1 (2%) 2 (4%)	(49)	(50) 1 (2%) 1 (2%)	(49) 6 (12%) 22 (45%)
#PANCREAS CARCINOMA, NOS, METASTATIC	(50) 1 (2%)	(49)	(50)	(49)
#STOMACH Carcinoma,Nos Squamous cell papilloma	(50) 1 (2%)	(49)	(50) 1 (2%)	(49)
URINARY SYSTEM				
NONE				
ENDOCRINE SYSTEM				
#PITUITARY Chromophobe Adenoma	(45) 1 (2%)	(42) 2 (5%)	(37)	(38)
#ADRENAL Pheochromocytoma	(50)	(48) 1 (2%)	(48)	(49) 1 (2%)
#THYROID Follicular-cell_adenoma	(49)	(48)	(50)	(49)

	UNTREATED CONTROL	CONTROL	LOW DOSE	HIGH DOS
C-CELL ADENOMA			1 (2%)	
REPRODUCTIVE SYSTEM				
*MAMMARY GLAND Adenocarcinoma, Nos	(50) 1 (2%)	(49) 5 (10%)	(50) 1 (2%)	(49) 2 (4%)
#UTERUS ENDOMETRIAL STROMAL POLYP	(50) 1 (2%)	(49) 1 (2%)	(50) 3 (6%)	(49)
#OVARY Papillary Cystadenoma, Nos granulosa-cell tumor	(50)	(49)	(50) 1 (2%)	(49) 1 (2%) 1 (2%)
SERTOLI-CELL TUMOR Teratoma, nos		1 (2%)		1 (2%)
#MESOVARIUM Carcinoma, Nos, Metastatic	(50) 1 (2%)		(50)	
NERVOUS SYSTEM				
NONE				
SPECIAL SENSE ORGANS				
*HARDERIAN GLAND Adenoma, Nos	(50)	(49) 2 (4%)	(50)	(49) 4 (8%)
MUSCULOSKELETAL SYSTEM				
*VERTEBRAL COLUMN Osteosarcoma	(50)	(49)	1 (2%)	(49)
BODY CAVITIES				
NONE				
ALL OTHER SYSTEMS				
NONE				

	UNTREATED CONTROL	VEHICLE CONTROL	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY				
ANIMALS INITIALLY IN STUDY Natural Deathg Moribund Sacrifice Scheduled Sacrifice	50 9	50 5	50 7	50 11
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	4 1	1 43 1	4 39	39
WINCLUDES AUTOLYZED ANIMALS				
TUMOR SUMMARY				
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	26 30	24 3 1	31 40	42 74
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	7 8	7 8	10 10	15 21
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	22 22	20 23	26 30	38 51
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	1 2			1
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total Uncertain Tumors				2 2
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC Total Uncertain Tumors				
* PRIMARY TUMORS: ALL TUMORS EXCEPT SE # SECONDARY TUMORS: METASTATIC TUMORS			DJACENT ORGAN	

APPENDIX C

#### SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS ADMINISTERED SELENIUM SULFIDE BY GAVAGE

#### TABLE C1.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS
ADMINISTERED SELENIUM SULFIDE BY GAVAGE

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DO <b>S</b> E
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 49 48	50 50 50	50 50 50	50 49 49
INTEGUMENTARY SYSTEM				
*SKIN INFLAMMATION, NOS ULCER, NOS EROSION ACARIASIS Hyperplasia, NOS	(49) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%)	(50)	(49)
RESPIRATORY SYSTEM				
<pre>#TRACHEA INFLAMMATION, SUPPURATIVE</pre>	(48) 1 (2%)	(50)	(50)	(49)
<pre>#LUNG/BRONCHIDLE INFLAMMATION, ACUTE</pre>	(48) 1 (2%)	(50)	(50)	(49)
#LUNG Congestion, Nos Congestion, Passive Edeila, Nos Herorrhage Inflammation, suppurative Bronchopneumonia suppurative	(48) 4 (8%) 1 (2%) 1 (2%)	(50) 3 (6%) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%)	(49)
BRONCHOPNEUMONIA, ACUTE Inflahmation, acute focal Bronchopneumonia acute suppurati Pneumonia, chronic murine Granuloma, foreign body Necrosis, focal	1 (2%) 10 (21%)	1 (2%) 40 (80%) 1 (2%)	38 (76%)	1 (2%) 36 (73) 1 (2%)
NECRUSIS, FOCAL Infarct Hemorrhagic Pigmentation, NOS Hyperplasia, Adenomatous Hyperplasia, Alveqlar Epithelium	1 (2%) 1 (2%)	1 (2%)	1 (2%)	

	UNTREATED Control	VEHICLE CONTROL	LOW DOSE	HIGH DOSE
METAPLASIA, OSSEOUS		1 (2%)		
HEMATOPOIETIC SYSTEM				
#BONE MARROW Hypoplasia, Nos Hyperplasia, erythroid	(48) 1 (2%)	(50)	(49) 1 (2X)	(48)
#SPLEEN Congestion, Nos Hemorrhagic Cyst	(48) 2 (4%) 1 (2%)	(50)	(50)	(49)
HEMOSIDEROSIS Hematopoiesis			2 (4%) 3 (6%)	2 (4%) 6 (12%)
#LYMPH NODE Hemorrhage Inflammation, Chronic	(48)	(50) 1 (2%)	(49) 2 (4%)	(49)
*SUBMANDIBULAR L.NODE Inflammation, acute	(48) 2 (4%)	(50)	(49)	(49)
#MANDIBULAR L. NODE Hyperplasia, lymphoid	(48)	(50) 1 (2X)	(49)	(49)
#CERVICAL LYMPH NODE Hyperplasia, lymphoid	(48) 1 (2%)	(50)	(49)	(49)
#BRONCHIAL LYMPH NODE Inflammation, nos Inflammation, acute	(48) 1 (2%) 1 (2%)	(50)	(49)	(49)
PIGMENTATION, NOS				6 (12%)
#LUNG Leukemoid reaction	(48)	(50) 1 (2%)	(50)	(49)
#THYMUS Atrophy, Nos	(20)	(17) 2 (12%)	(20)	( 14 )
CIRCULATORY SYSTEM				
*MEDIASTINUM PERIARTERITIS	(49)	(50) 1 (2%)	(50)	(49)
#MESENTERIC L. NODE Lymphangiectasis	(48)	(50) 1 (2X)	(49)	(49)

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

•

·	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
#LUNG Thrombosis, Nos Periarteritis	(48)	(50)	(50)	(49) 1 (2%)
#HEART Thrombosis, Nos Inflammation, Chronic Periarteritis	(47)	(50) 1 (2%)	(50) 1 (2%) 2 (4%)	(49) 1 (2%)
#AURICULAR APPENDAGE MINERALIZATION THROMBOSIS, NOS	(47) 1 (2%)	(50)	(50)	(49) 1 (2%) 4 (8%)
#MYOCARDIUM Mineralization Inflammation, Chronic Fibrosis Fibrosis, Diffuse	(47) 1 (2%) 2 (4%) 23 (49%)	(50) 15 (30%) 4 (8%)	(50) 1 (2%) 14 (28%)	(49) 12 (24%
*AORTA Medial Calcification	(49) 1 (2X)	(50)	(50)	(49)
LIVER Thrombosis, Nos Perivasculitis	(48)	(50)	(50)	(49) 1 (2%) 1 (2%)
PANCREAS PERIARTERITIS	(48) 1 (2%)	(50)	(49) 1 (2%)	(49)
MESENTERY PERIARTERITIS	(49)	(50) 1 (2X)	(50)	(49)
#TESTIS PERIARTERITIS	(48)	(50) 1 (2%)	(50)	(49)
#ADRENAL Thrombosis, Nos	(47)	(50) 1 (2X)	(50)	(49)
IGESTIVE SYSTEM				
#SALIVARY GLAND Inflammation, suppurative Inflammation, chronic	(48)	(50)	(48)	(49) 1 (2%)

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

Ŧ

~

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
#SUBMAXILLARY GLAND Atrophy, diffuse	(48)	(50) 1 (2%)	(48)	(49)
<pre>#LIVER CONGESTION, NOS HEMORRHAGE INFLAMMATION, FOCAL GRANULOMATOU FIBROSIS, FOCAL CHOLANGIOFIBROSIS PELIOSIS HEPATIS</pre>	(48) 2 (4%) 1 (2%) 1 (2%) 5 (10%) 6 (13%)	(50) 1 (2%)	(50) 1 (2%) 1 (2%)	(49) 1 (2%) 27 (55%)
NECROSIS, HOS NECROSIS, FOCAL NECROSIS, HERNRHAGIC NECROSIS, PERIPHERAL INFARCT HEMORHAGIC	1 (2%) 1 (2%) 18 (38%)	1 (2%) 2 (4%) 15 (30%) 5 (10%)	1 (2%) 1 (2%) 1 (2%) 16 (32%) 1 (2%)	3 (6%) 1 (2%) 26 (53%) 1 (2%)
<pre>#LIVER/CENTRILOBULAR DEGENERATION, NOS NECROSIS, NOS NECROSIS, DIFFUSE METAMORPHOSIS FATTY</pre>	(48) 1 (2%)	(50) 2 (4%) 4 (8%)	(50) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%) 1 (2%)
<pre>#BILE DUCT DILATATION, NOS INFLAMMATION, NOS INFLAMMATION, CHRONIC HYPERPLASIA, NOS HYPERPLASIA, DIFFUSE</pre>	(48) 1 (2%) 11 (23%) 15 (31%)	(50) 1 (2%)	(50) 2 (4%)	(49) 1 (2%) 2 (4%)
<pre>#PANCREAS INFLAMMATION, CHRONIC ATROPHY, NOS ATROPHY, FOCAL ATROPHY, DIFFUSE</pre>	(48) 1 (2%) 1 (2%) 5 (10%) 1 (2%)	(50) 2 (4%) 1 (2%) 11 (22%) 1 (2%)	(49) 5 (10%) 1 (2%) 2 (4%)	(49) 3 (6%) 3 (6%)
<pre>#ESOPHAGUS     RUPTURE     INFLAMMATION, SUPPURATIVE     INFLAMMATION, ACUTE/CHRONIC</pre>	(48) 1 (2%)	(50)	(50) 1 (2%) 1 (2%)	(49)
#STOMACH MINERALIZATION	(48)	(49)	(50)	(49) 1_(2%)

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
ULCER, FOCAL Inflammation, suppurative	4 (8%) 1 (2%)	2 (4%)	4 (8%)	3 (6%)
INFLAMMATION, CHRONIC Infarct, focal		1 (2%)		1 (2%)
#GASTRIC SUBMUCOSA Hemorrhage	(48)	(49)	(50)	(49) 1 (2%)
#FORESTOMACH Inflammation, Nos	(48)	(49)	(50)	(49)
ULCER, NOS	1 (2%)	1 (2%)		
#SMALL INTESTINE NECROSIS, FAT	(48)	(50) 1 (2%)	(50) 1 (2%)	(49)
#LARGE INTESTINE PARASITISM	(48) 1 (2%)	(50) 1 (2%)	(49) 3 (6%)	(45) 1 (2%)
IRINARY SYSTEM				
#KIDNEY	(48)	(50)	(50)	(49)
MINERALIZATION CONGESTION, NOS	1 (2%)	1 (2%)	1 (2%)	
PYELONEPHRITIS SUPPURATIVE PYELONEPHRITIS, ACUTE	1 (2%)		1 (2%)	
INFLANMATION, CHRONIC PIGMENTATION, NOS	34 (71%) 5 (10%)	41 (82%)	40 (80%)	41 (84%)
#KIDNEY/TUBULE PIGMENTATION, NOS	(48) 1 (2%)	(50) 2 (4%)	(50)	(49) 1 (2%)
#URINARY BLADDER Inflammation, Nos	(47) 1 (2%)	(45)	(47)	(47)
INFLAMMATION, ACUTE		1 (2%)		
ULCER, CHRONIC Hyperplasia, epith <mark>elial</mark>	1 (2%)			1 (2%)
#U.BLADDER/SUBMUCOSA EDEMA, NOS	(47)	(45)	(47) 1 (2%)	(47)
#SUBSEROSA OF URINARY INFLAMMATION, NOS	(47)		(47) 1 (2%)	(47)
NDOCRINE SYSTEM				
<pre>#PITUITARYCYST, NOS</pre>	(47)	(47)	(47)	(45)

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
MULTIPLE CYSTS			1 (2%)	
HEMORRHAGE Hyperplasia, focal Hyperplasia, chromophobe-cell	1 (2%)		1 (2%)	1 (2%)
#ADRENAL CONGESTION, NOS Infarct, NOS Cytologic degeneration	(47)	(50) 2 (4%) 1 (2%)	(50)	(49)
#ADRENAL CORTEX DEGENERATION, NOS HYPERPLASIA, NODULAR	(47) 4 (9%) 1 (2%)	(50) 2 (4%)	(50) 4 (8%)	(49) 5 (10%)
HYPERPLASIA, FOCAL ANGIECTASIS	1 (24)	1 (2%) 1 (2%)	1 (2%)	1 (2%) 1 (2%)
#ADRENAL MEDULLA	(47)	(50)	(50)	(49) 4 (8%)
HYPERPLASIA, NOS Hyperplasia, focal	3 (6%) 3 (6%)	8 (16%)	2 (4%)	5 (10%)
#THYROID Follicular cyst, nos	(47)	(50)	(49)	(47) 3 (6%)
HYPERPLASIA, C-CELL	2 (4%)	5 (10%)	1 (2%)	4 (9%)
#PARATHYROID Hyperplasia, Nos	(41)	(42) 1 (2%)	(42)	(43)
<pre>#PANCREATIC ISLETS HYPERPLASIA, NOS HYPERPLASIA, FOCAL</pre>	(48) 1 (2%) 1 (2%)	(50) 3 (6%) 1 (2%)	(49) 1 (2%) 1 (2%)	(49) 3 (6%)
REPRODUCTIVE SYSTEM				
*MAMMARY GLAND Galactocele	(49)	(50) 1 (2%)	(50) 1 (2%)	(49) 1 (2%)
*PREPUTIAL GLAND	(49)	(50)	(50)	(49)
EPIDERMAL INCLUSION CYST Inflammation, acute Degeneration, cystic Hyperplasia, nos	1 (2%) 1 (2%)	1 (2%) 1 (2%)	1 (2%)	3 (6%) 1 (2%)
#PROSTATE INFLAMMATION, ACUTE	(47)	(45)	(48)	(46)

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC SUPPURATIV HYPERPLASIA, FOCAL	3 (6%) 18 (38%)	10 (22%) 1 (2%)	4 (8%) 2 (4%) 7 (15%) 1 (2%)	1 (2%) 8 (17%)
DEGENERATION, NOS		(50)	(50)	(49)
ATROPHY, NOS Aspermatogenesis	5 (10%)	1 (2%) 1 (2%)		3 (6%)
HYPOSPERMATOGENESIS Hyperplasia, interstitial cell	5 (10%)	2 (4%) 8 (16%)	4 (8%)	2 (4%)
*EPIDIDYMIS		(50)		(49)
STEATITIS GRANULONA, SPERMATIC NECROSIS, FAT	8 (16%)	1 (2%) 1 (2%)	( (2%)	5 (10%)
IERVOUS SYSTEM				
#LEPTOMENINGES Hemorrhage Inflammation, Chronic	(47) 2 (4%)	(49) 3 (6%) 1 (2%)	(49) 3 (6%)	(49) 4 (8%)
#BRAIN INFARCT HEMORRHAGIC ATROPHY, PRESSURE	(47)	(49)	(49)	(49) 1 (2%) 1 (2%)
SPECIAL SENSE ORGANS				
*EYE MICROPHTHALMIA HEMORRHAGE	(49)	(50)	(50) 1 (2%)	(49)
HEMORRHAGE Inflammation, Chronic	1 (2%)			1 (2%)
SYNECHIA, ANTERIOR Synechia, posterior Cataract	1 (2%)	2 (4%) 2 (4%)		1 (2%) 1 (2%) 1 (2%)
*EYE ANTERIOR CHAMBER Hemorrhage	(49)	(50)	(50)	(49) 1 (2%)
*EYEBALL TUNICA VASCU Inflammation, Nos	(49)	(50)	(50)	(49) 1 (2%)
	3 (6%)		1 (2%) 1 (2%)	1 (2%)

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
*EYE/RETINA	(49)	(50)	(50)	(49)
DEGENERATION, NOS Atrophy, Nos	1 (2%) 4 (8%)	6 (12%)	2 (4%)	2 (4%) 1 (2%)
*EYE/CRYSTALLINE LENS Degeneration, Nos	(49) 1 (2%)	(50)	(50) 1 (2%)	(49)
*LENS CAPSULE MINERALIZATION	(49)	(50)	(50)	(49)
DEGENERATION, NOS	2 (4%)	(22)		1 (2%)
*LENS CORTEX Degeneration, Nos	(49) 1 (2%)		(50)	(49) 1 (2%)
MUSCULOSKELETAL SYSTEM				
*SKELETAL MUSCLE MINERALIZATION	(49)	(50)	(50) 1 (2%)	(49) 1 (2%)
BODY CAVITIES				
*ABDOMINAL CAVITY Necrosis, fat	(49) 1 (2%)	(50)	(50)	(49) 1 (2%)
*PERITONEUM Inflammation, Chronic Diffuse	(49)	(50)	(50)	(49) 1 (2%)
*PLEURA INFLAMMATION, SUPPURATIVE	(49)	(50)	(50)	(49)
INFLAMMATION, CHRONIC			1 (24)	1 (2%)
*PERICARDIUM Inflammation, Chronic	(49)	(50)	(50) 1 (2%)	(49)
*MESENTERY	(49) 2 (4%)	(50)	(50)	(49)
STEATITIS NECROSIS, FAT	1 (2%)	2 (4%)		1 (2%)
ALL OTHER SYSTEMS				
ADIPOSE TISSUE STEATITIS	4		1	

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
INFLAMMATION, CHRONIC FOCAL Necrosis, fat	1	1	t	
CONNECTIVE TISSUE Inflammation, Chronic	1			
PECIAL MORPHOLOGY SUMMARY				
AUTO/NECROPSY/NO HISTO Autolysis/no necropsy	1			1
NUMBER OF ANIMALS WITH TISSUE EX/ NUMBER OF ANIMALS NECROPSIED	MINED MICROSCOPIC	ALLY		

#### TABLE C2.

#### SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS ADMINISTERED SELENIUM SULFIDE BY GAVAGE

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50 50	50 50 50 50	50 50 50
INTEGUMENTARY SYSTEM				
*SKIN Inflammation, Nos Ulcer, Nos Hyperplasia, Nos	(50)	(50) 1 (2%) 1 (2%)	(50) 1 (2%)	(50)
*SUBCUT TISSUE Granuloma, foreign Body		(50)	(50)	(50) 1 (2%)
RESPIRATORY SYSTEM				
*LARYNX Inflammation, suppurative	(50) 1 (2%)	(50)	(50)	(50)
<pre>#TRACHEA INFLAMMATION, CHRONIC SUPPURATIV</pre>	(50) 1 (2%)	(50)	(50)	(50)
#LUNG	(50)	(50)	(50)	(50)
ATELECTASIS Congestion, nos Edema, nos	4 (8%) 2 (4%)	5 (10%)	1 (2%) 2 (4%)	2 (4%)
INFLAMMATION, SUPPURATIVE Pneumonia, chronic murine	1 (2%) 14 (28%)	40 (80%)	43 (86%)	1 (2%) 39 (78%)
INFLAMMATION, FOCAL GRANULOMATOU Granuloma, foreign body Fibrosis, diffuse Pigmentation, nos		1 (2%)	1 (2%) 36 (72%)	1 (2%) 45 (90%)
#LUNG/ALVEOLI HEMORRHAGE	(50)	1 (2%)	(50)	(50)
HEMATOPOIETIC SYSTEM				
#BONE MARROW Myelofibrosis	(50)	(50)	(50)	(50)

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
HYPERPLASIA, HEMATOPOIETIC	1 (2%)	1 (2%)	1 (2%)	1 (2%)
#SPLEEN Hemorrhage Lipoidosis	(50)	(50)	(50)	(50) 2 (4%)
HEMOSIDEROSIS Lymphoid depletion	16 (32%)	16 (32%)	16 (32%) 1 (2%)	14 (28%)
LEUKEMOID REACTION Hyperplasia, lymphoid Hematopoiesis	4 (8%)	4 (8%)	1 (2%) 3 (6%)	1 (2%) 2 (4%)
#SUBMANDIBULAR L.NODE Inflammation, acute Inflammation, chronic	(50) 1 (2%) 4 (8%)	(50)	(50)	(50)
#MEDIASTINAL L.NODE Inflammation, Chronic	(50)	(50) 1 (2%)	(50)	(50)
#MESENTERIC L. NODE Inflammation, Chronic Angiectasis	(50) 1 (2%)	(50) 1 (2%)	(50)	(50)
#LIVER HEMATOPOIESIS	(50)	(50)	(50)	(50) 1 (2%)
#FORESTOMACH PARAKERATOSIS	(50) 1 (2%)	(50)	(50)	(50)
#THYMUS Cyst, Nos	(30) 1 (3%)	(21)	(27)	(11)
CIRCULATORY SYSTEM				
#HEART FIBROSIS	(50) 1 (2%)	(50)	(50)	(49)
PERIARTERITIS	1 (2%)		2 (4%)	
#MYOCARDIUM Inflammation, Chronic	(50) 2 (4%)	(50)	(50)	(49)
FIBROSIS CALCIFICATION, FOCAL	5 (10%)	6 (12%)		2 (4%) 1 (2%)
*AORTA MEDIAL CALCIFICATION	(50)	(50)	(50)	(50)

	UNTREATED Control	CONTROL	LOW DOSE	HIGH DOSE
#LIVER Thrombosis, Nos		(50)	(50)	(50) 1 (2%)
DIGESTIVE SYSTEM				
#SALIVARY GLAND Atrophy, Nos	(50)	(58)	(50) 1 (2%)	(50)
<pre>#LIVER CONGESTION, NOS CHOLANGIOFIBROSIS DEGENERATION, NOS PELIOSIS HEPATIS NECROSIS, FOCAL METAMORPHOSIS FATTY FOCAL CELLULAR CHANGE ANGIECTASIS #LIVER/CENTRILOBULAR DEGENERATION, NOS NECROSIS, NOS</pre>	(50) 1 (2%) 1 (2%) 1 (2%) 37 (74%) (50) 2 (4%) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%) 28 (56%) 1 (2%) (50) 3 (6%) 4 (8%)	(50) 29 (58%) (50) 1 (2%)	(50) 1 (2%) 9 (18%) 1 (2%) 2 (4%) 29 (58%) 1 (2%) (50)
NECROSIS, DIFFUSE #LIVER/PERIPORTAL METAMORPHOSIS FATTY	(50)	(50)	1 (2%) (50)	(50)
<pre>#BILE DUCT Retention of content Inflammation, chronic Hyperplasia, nos Hyperplasia, focal</pre>	(50) 2 (4%) 2 (4%) 1 (2%)	(50)	(50) 1 (2%) 1 (2%)	(50) 2 (4%) 3 (6%) 5 (10%)
<pre>#PANCREAS INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC DIFFUSE Atrophy, Nos Atrophy, Focal Atrophy, Diffuse</pre>	(50) 1 (2%)	(50) 1 (2%) 3 (6%)	(50) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%) 2 (4%) 1 (2%)
#ESOPHAGUS Rupture Inflammation, suppurative Hyperkeratosis	(50)	(50)	(50)	(50) 1 (2%) 1 (2%)

	UNTREATED Control	VEHICLE CONTROL	LOW DOSE	HIGH DOSE
#STOMACH Ulcer, focal Inflammation, acute Infarct, focal	(50) 1 (2%)	(50) 2 (4%) 1 (2%)	(50) 1 (2%)	(50) 2 (4%)
#GASTRIC SUBMUCOSA EDEMA, NOS	(50)	(50) 1 (2%)	(50)	(50)
#FORESTOMACH INFLAMMATION, NOS ULCER, NOS ULCER, ACUTE FIBROSIS HYPERKERATOSIS	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%)	(50) † (2%)	(50)
#LARGE INTESTINE NEMATODIASIS PARASITISM	(50)	(50) 1 (2%)	(50)	(50) 1 (2%) 1 (2%)
#COLON ULCER, ACUTE	(50)	(50) 1 (2%)	(50)	(50)
RINARY SYSTEM				
#KIDNEY CALCULUS, NOS CONSESTION, NOS PYELONEPHRITIS SUPPURATIVE INFLANMATION, CHRONIC	(50) 4 (8%)	(50) 2 (4%) 1 (2%) 1 (2%) 3 (6%)	(50) 3 (6%)	(50) 3 (6%) 1 (2%) 7 (14%
NEPHROPATHY, TOXIC PIGMENTATION, NOS	2 (4%)	1 (2%) 1 (2%)	2 (4%)	1 (2%)
#KIDNEY/CORTEX CYST, NOS	(50) 1 (2%)	(50)	(50)	(50)
#KIDNEY/TUBULE Mineralization Pigmentation, NOS	(50)	(50)	(50)	(50) 1 (2%) 1 (2%)
#KIDNEY/PELVIS Hemorrhage Hyperplasia, epithelial	(50)	(50) 1 (2%)	(50) 1 (2%)	(50)
#URINARY BLADDER HYPERPLASIA, EPITHELIAL	(44)	(46)	(48)	(49)

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
ENDOCRINE SYSTEM				
<pre>#PITUITARY CYST, HOS MULTIPLE CYSTS CONGESTION, NOS HEMORRHAGE HEMORRHAGIC CYST GRANULOMA, NOS HEMOSIDEROSIS</pre>	(45) 10 (22%) 5 (11%) 4 (9%)	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(49) 5 (10%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(48) 1 (2%) 1 (2%)
HYPERPLASIA, CHROMOPHOBE-CELL Angiectasis	3 (7%)	1 (2%) 1 (2%)	2 (4%)	2 (4%) 3 (6%)
#ADRENAL Hemorrhagic cyst Inflammation, chronic Angiectasis	(50) 1 (2%)	(50) 1 (2%) 1 (2%)	(50)	(49)
#ADRENAL CORTEX DEGENERATION, NOS Hypertrophy, focal Hyperplasia, nodular Hyperplasia, focal Angiectasis	(50) 9 (18%) 3 (6%)	(50) 8 (16%) 1 (2%)	(50) 8 (16%) 1 (2%) 5 (10%)	(49) 8 (16%) 1 (2%)
#ADRENAL MEDULLA HYPERPLASIA, NOS HYPERPLASIA, FOCAL	(50) 3 (6%) 1 (2%)	1 (2%) (50) 1 (2%)	(50) 1 (2%) 2 (4%)	(49)
#THYROID Hyperplasia, C-Cell	(49) 1 (2%)	(49) 1 (2%)	(50) 7 (14%)	(49) 4 (8%)
#PANCREATIC ISLETS Hyperplasia, nos Hyperplasia, focal	(50)	(50)	(50) 1 (2%) 1 (2%)	(50)
REPRODUCTIVE SYSTEM				
*MAMMARY GLAND GALACTOCELE LACTATION	(50) 9 (18%)	(50) 8 (16%) 1 (2%)	(50) 7 (14%)	(50)
*PREPUTIAL GLAND EPIDERMAL INCLUSION CYST	(50)	(50)	(50) 1 (2%)	(50)

	UNTREATED Control	CONTROL	LOW DOSE	HIGH DOSE
INFLAMMATION, CHRONIC SUPPURATIV Degeneration, cystic				1 (2%) 1 (2%)
#UTERUS MUCOCELE	(48)	(47)	(48)	(50)
HYDROITETRA	2 (4%)		5 (10%)	1 (2%)
HEMORRHAGE HEMATOMETRA	1 (2%)	1 (2%)		1 (2%)
#UTERUS/ENDOMETRIUM	(48)	(47)	(48)	(50)
CYST, NOS Multiple_cysts	1 (2%)	1 (2%)	1 (2%)	2 (4%)
INFLAMMATION, ACUTE Hyperplasia, cystic		2 (4%)	1 (2%)	2 (4%)
#OVARY/OVIDUCT Cyst, Nos	(48)	(47)	(48)	(50) 1 (2%)
#OVARY	(48) 1 (2%)	(47)	(48)	(49)
FOLLICULAR CYST, NOS Congestion, Nos			2 (4%)	
NERVOUS SYSTEM				
#LEPTOMENINGES HEMORRHAGE	(50)	(50)	(50) 2 (4%)	(49)
#BRAIN HEMORRHAGE ATROPHY, PRESSURE	1 (2%)	4 (6%)	(50) 1 (2%) 2 (4%)	(49)
SPECIAL SENSE ORGANS				
*EYE	(50)	(50)	(50)	(50)
MICROPHTHALMIA Pus		2 (4%)	1 (2%)	
SYNECHIA, ANTERIOR Synechia, posterior		1 (2%)	1 (2%)	1 (2%)
*EYE/CORNEA Inflammation, Nos	(50)	(50) 1 (2%)	(50)	(50)
ULCER, NOS Inflammation, acute		1 (2%)		1 (2%)

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

,

	UNTREATED CONTROL	VEHICLE Control		HIGH DOSE
*EYEBALL TUNICA VASCU Inflammation, nos	(50)	(50)	(50) 1 (2%)	(50)
*EYE/IRIS Inflammation, chronic	(50) 1 (2%)	(50)	(50) 1 (2%)	(50)
*EYE/RETINA Degeneration, NOS Atrophy, NOS	(50)	(50) 5 (10%)	(50) 4 (8%)	(50) 1 (2% 1 (2%
*LENS CAPSULE Mineralization Degeneration, Nos	(50) 1 (2%)	(50) 1 (2%)	(50)	(50) 1 (2%
*LENS CORTEX MINERALIZATION	(50)	(50) 1 (2%)	(50) 1 (2%)	(50)
USCULOSKELETAL SYSTEM				
	(50)		(50) 1 (2%)	(50)
ODY CAVITIES				
*ABDOMINAL CAVITY STEATITIS NECROSIS, FAT	(50) 1 (2%) 1 (2%)	(50)	(50) 1 (2%)	(50)
*PLEURA INFLAMMATION, ACUTE FOCAL INFLAMMATION, PYOGRANULOMATOUS	(50) 1 (2%)	(50)	(50) 1 (2%)	(50)
*MESENTERY NECROSIS, FAT	(50) 1 (2%)	(50) 1 (2%)	(50)	(50) 1 (2%
LL OTHER SYSTEMS				
*MULTIPLE ORGANS Congestion, nos	(50)	(50) 1 (2%)	(50)	(50)
ADIPOSE TISSUE STEATITIS		1		1

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
NECROSIS, FOCAL Necrosis, fat	2	2	1	4
ECIAL MORPHOLOGY SUMMARY				
NONE				
NUMBER OF ANIMALS WITH TISSU		LLY		

\* NUMBER OF ANIMALS NECROPSIED

94

.

\* 4 APPENDIX D

#### SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE ADMINISTERED SELENIUM SULFIDE BY GAVAGE
## TABLE D1.

### SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE ADMINISTERED SELENIUM SULFIDE BY GAVAGE

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY	50	50	50	50
ANIMALS MISSING Animals Necropsied Animals examined histopathologically	1 49 49	50 50	50 50	50 50
INTEGUMENTARY SYSTEM				
*SKIN INFLAMMATION, CHRONIC INFLAMMATION, GRANULOMATOUS FIBROSIS METAPLASIA, OSSEOUS	(49) 2 (4%) 1 (2%) 1 (2%) 1 (2%)	(50)	(50)	(50)
*SUBCUT TISSUE EDEMA, NOS	(49)	(50)	(50) 1 (2%)	(50)
ABSCESS, NOS		1 (2%)		1 (2%)
INFLAMMATION, GRANULOMATOUS GRANULOMA, NOS NECROSIS, FAT		1 (2%)	1 (2%)	1 (2%)
RESPIRATORY SYSTEM				
#LUNG CONGESTION, NOS	(49) 2 (4%)	(50) 5 (10%)	(50) 5 (10%)	(50) 4 (8%)
HEMORRHAGE	1 (2%)	2 (4%)	5 (10%)	
INFLAMMATION, FOCAL PNEUMONIA, CHRONIC MURINE	2 (4%)	1 (2%) 2 (4%)	7 (14%)	3 (6%)
HEMATOPOIETIC SYSTEM				
*MULTIPLE ORGANS LEUKEMOID REACTION	(49) 1 (2%)	(50)	(50)	(50)
#BONE MARROW Hyperplasia, megakaryocytic Myeloid metaplasia	(49) 1 (2%)	(50) 2 (4%)	(49)	(50)
#SPLEEN ATROPHY, NOS	(49)	(50)	(50)	(50)

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
LEUKEMOID REACTION Hyperplasia, lymphoid Hematopoiesis	8 (16%) 3 (6%)	1 (2%) 1 (2%) 2 (4%)	1 (2%) 1 (2%) 2 (4%)	2 (4%) 3 (6%)
#CERVICAL LYMPH NODE Inflammation, Nos	(49)	(50) 1 (2%)	(49)	(50)
#MESENTERIC L. NODE Congestion, NOS Inflammation, NOS Inflammation, Acute	(49) 3 (6%) 3 (6%) 1 (2%)	(50) 11 (22%)	(49) 4 (8%)	(50) 4 (8%) 2 (4%)
INFLATMATION, HOS Inflammation, acute Hyperplasia, reficulum cell Hyperplasia, lymphoid Hematopoiesis	1 (2%) 14 (29%) 1 (2%)	5 (10%)	1 (2%) 9 (18%)	1 (2%) 5 (10%) 1 (2%)
#LUNG Leukocytosis, nos	(49) 1 (2%)	(50)	(50)	(50)
#PEYERS PATCH Hyperplasia, lymphoid	(49)	(49) 1 (2%)	(49)	
CIRCULATORY SYSTEM				
*MULTIPLE ORGANS Embolus, septic	(49) 1 (2%)	(50)	(50)	(50)
#MESENTERIC L. NODE Lymphangiectasis	(49) 1 (2%)	(50)	(49)	(50)
#LUNG Embolus, Septic	(49)	(50) 1 (2%)	(50)	(50)
#HEART DILATATION, NOS PERIARTERITIS METAPLASIA, OSSEOUS	(49) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%)	(50)
#AURICULAR APPENDAGE Thrombosis, Nos	(49) 1 (2%)	(50)	(50)	(50)
#MYOCARDIUM Inflammation, suppurative Degeneration, nos	(49) 1 (2%)	(50)	(50) 1 (2%)	(50)
*AORTA INFLAMMATION, NOS	(49)	(50)	(50)	(50)

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
INFLAMMATION, CHRONIC				1 (2%)
#LIVER Thrombosis, Nos	(49)	(50)	(50)	(50) 1 (2%)
#KIDNEY Thrombosis, Nos	(49)	(50) 1 (2%)	(50)	(50)
DIGESTIVE SYSTEM				
<pre>*INTESTINAL TRACT     CONGESTION, NOS</pre>	(49)	(50)	(50) 1 (2%)	(50)
#SALIVARY GLAND Inflammation, Chronic Fibrosis	(49)	(50)	(50)	(50) 1 (2%) 1 (2%)
#LIVER CYST, NOS CONGESTION, NOS INFLAMMATION, FOCAL ABSCESS, NOS INFLAMMATION, CHRONIC	(49)	(50) 1 (2%)	(50) 1 (2%) 2 (4%) 1 (2%)	(50) 1 (2%)
FIBROSIS NECROSIS, NOS Infarct, Nos Amyloidosis Metamorphosis Fatty	3 (6%) 3 (6%)	1 (2%) 1 (2%)	1 (2%) 2 (4%) 3 (6%)	2 (4%) 2 (4%) 1 (2%)
CALCIFICATION, NOS Focal cellular change		1 (2%)	1 (2%)	1 (2%) 1 (2%)
#LIVER/CENTRILOBULAR NECROSIS, NOS	(49)	(50) 1 (2%)	(50)	(50) 2 (4%)
#LIVER∕HEPATOCYTES INFLAMMATION, DIFFUSE NECROSIS, NOS	(49)	(50)	(50) 3 (6%)	(50) 1 (2%)
#PANCREAS CYSTIC DUCTS	(49)	(50)	(50)	(50) 3 (6%)
#ESOPHAGUS RUPTURE INFLAMMATION, CHRONIC	(49)	(50) 1 (2%)	(50)	(50)

	UNTREATED CONTROL	VEHICLE CONTROL	LOW DOSE	HIGH DOSE
#STOMACH ULCER, FOCAL INFLAMMATION, CHRONIC HYPERKERATOSIS ACANTHOSIS	(49) 3 (6%)	(49) 2 (4%)	(49) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(48) 1 (2%)
#LARGE INTESTINE NEMATODIASIS PARASITISM	(49) 1 (2%)		(50)	(50) 1 (2%) 1 (2%)
JRINARY SYSTEM				
#KIDNEY CONGESTION, NOS PYELONEPHRITIS SUPPURATIVE	(49) 1 (2%)	(50)	(50) 1 (2%) 1 (2%)	(50) 1 (2%)
INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC FOCAL INFLAMMATION, CHRONIC DIFFUSE	6 (12%)	9 (18%) 1 (2%)	15 (30%)	12 (24% 1 (2%)
NEPHROPATHY, TOXIC				1 (2%)
#URINARY BLADDER INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC	(49) 2 (4%)	(50)	(49) 1 (2%)	(49)
HYPERPLASIA, EPITHELIAL			1 (2%)	
NDOCRINE SYSTEM				
#PITUITARY CYST, NOS	(40) 2 (5%)	(33)	(45)	(38)
#ADRENAL CORTEX CYST, NOS HYPERTROPHY, FOCAL HYPERPLASIA, NOS	(48)	(49)	(49) 2 (4%) 2 (4%) 1 (2%)	(49)
#ADRENAL MEDULLA Hyperplasia, nos	(48) 1 (2%)	(49) 2 (4%)	(49) 1 (2%)	(49)
#THYROID INFLAMMATION, FOCAL INFLAMMATION, CHRONIC FOCAL HYPERPLASIA, FOLLICULAR-CELL	(47)	(47)	(49) 1 (2%) 1 (2%) 1 (2%)	(48)

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
REPRODUCTIVE SYSTEM				
*MAMMARY GLAND Cystic ducts Inflammation, chronic	(49)	(50)	(50) 1 (2%) 1 (2%)	(50)
*PENIS Hemorrhage Inflammation, Chronic	(49)	(50)	(50) 1 (2%) 1 (2%)	(50)
*PREPUTIAL GLAND Cyst, Nos Hemorrhage Abscess, Nos Inflammation, Chronic	(49)	(50)	(50) 1 (2%) 1 (2%) 2 (4%)	(50) 1 (2%)
<pre>#PROSTATE     OBSTRUCTION, NOS     INFLAMMATION, SUPPURATIVE</pre>	(49)	(50) 1 (2%)	(48) 1 (2%) 1 (2%)	(49)
*SEMINAL VESICLE DISTENTION CONGESTION, NOS INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC ATROPHY, NOS	(49)	(50) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%)	(50) 2 (4%) 1 (2%)
<pre>#TESTIS HEMORRHAGE INFLAMMATION, SUPPURATIVE CALCIFICATION, NOS CALCIFICATION, FOCAL ATROPHY, NOS HYPERPLASIA, INTERSTITIAL CELL</pre>	(49)	(50) 2 (4%)	(48) 1 (2%) 1 (2%) 1 (2%) 2 (4%) 1 (2%)	(49) 1 (2%)
*EPIDIDYMIS INFLAMMATION, NOS Granuloma, spermatic Necrosis, fat	(49) 1 (2%)	(50)	(50) 2 (4%) 1 (2%)	(50) 2 (4%) 1 (2%)
NERVOUS SYSTEM				
#BRAIN HEMORRHAGE	(49)	(49)	(49)	(50) 1 (2%)

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
INFLAMMATION, SUPPURATIVE ABSCESS, NOS				1 (2%)
THELAMMATTON, FOCAL GRANULOMATOL				1 (2%)
SPECIAL SENSE ORGANS				
*EYE Abscess, Chronic	(49)	(50) 1 (2%)	(50)	
1USCULOSKELETAL SYSTEM				
NONE				
BODY CAVITIES				
*PERITONEUM INFLAMMATION, NOS INFLAMMATION, GRANULOMATOUS	(49)	(50)	(50) 1 (2%) 1 (2%)	(50) 1 (2%)
*INGUINAL REGION NECROSIS, FAT	(49)	(50)	(50)	(50) 1 (2%)
*PLEURA INFLAMMATION, SUPPURATIVE	(49)	(50) 1 (2%)	(50)	(50)
ALL OTHER SYSTEMS				
NONE				
SPECIAL MORPHOLOGY SUMMARY				
NO LESION REPORTED Animal missing/no necropsy	5 1	7	3	3

\* NUMBER OF ANIMALS NECROPSIED

## TABLE D2.

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS MISSING	50	50 1	50	50
ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50	49 49	50 50	49 49
INTEGUMENTARY SYSTEM				
*SKIN Inflammation, necrotizing	(50)	(49)	(50)	(49) 1 (2%)
*SUBCUT TISSUE ABSCESS, NOS		(49)		(49) 1 (2%)
RESPIRATORY SYSTEM				
#LUNG Congestion, Nos Hemorrhage	(50) 1 (2%)	(49) 1 (2%) 6 (8%)	(50) 3 (6%) 8 (16%)	(49) 3 (6%)
INFLAMMATION, SUPPURATIVE PNEUMONIA, CHRONIC MURINE PIGMENTATION, NOS	3 (6%)	4 (8%) 1 (2%)		1 (2%) 5 (10%
ALVEOLAR MACROPHAGES HYPERPLASIA, ALVEOLAR EPITHELIUM		1 (2%)		3 (6%)
HEMATOPOIETIC SYSTEM				
#BONE MARROW FIBROUS OSTEODYSTROPHY	(50)	(49)	(50)	(49)
	1 (2%)		1 (2%)	
#SPLEEN FIBROSIS NECROSIS, NOS	(50)	(49)	(50) 1 (2%) 1 (2%)	(49)
ATROPHY, NOS LEUKEMOID REACTION			1 (2%)	1 (2%)
HYPERPLASIA, LYMPHOID HEMATOPOIESIS	3 (6%) 1 (2%)	7 (14%)	3 (6%)	2 (4%) 2 (4%)

## SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE ADMINISTERED SELENIUM SULFIDE BY GAVAGE

	UNTREATED Control	VEHICLE CONTROL	LOW DOSE	HIGH DOSE
<pre>#LYMPH NODE Inflammation, nos</pre>	(48)	(48)	(50)	(48) 1 (2%)
#CERVICAL LYMPH NODE Inflammation, Nos Hyperplasia, lymphoid	(48)	(48) 1 (2%)	(50)	(48) 1 (2%) 2 (4%)
<b>#BRONCHIAL LYMPH NODE</b> Inflammation, granulomatous	(48)	(48)	(50) 1 (2%)	(48)
#MESENTERIC L. NODE Congestion, Nos	(48)	(48)	(50)	(48) 1 (2%)
INFLAMMATION, NOS Hyperplasia, Lymphoid	4 (8%)	1 (2%) 5 (10%)	3 (6%)	3 (6%) 6 (13%)
<pre>#LUNG Leukocytosis, Nos</pre>	(50) 1 (2%)	(49)	(50)	(49)
#LIVER HEMATOPOIESIS	(50)	(49)	(50)	(49) 2 (4%)
<pre>#PEYERS PATCH HYPERPLASIA, LYMPHOID</pre>	(50)	(49)	(50) 1 (2%)	(49)
#ADRENAL CORTEX Hematopoiesis	(50)	(48)	(48)	(49) 1 (2%)
#THYMUS Hyperplasia, Lymphoid	(29)	(29) 1 (3%)	(18)	(26)
CIRCULATORY SYSTEM				
#HEART PERIARTERITIS	(50) 1 (2%)	(49)	(50)	(49)
<pre>#HEART/ATRIUM Embolus, septic</pre>	(50)	(49)	(50) 1 (2%)	(49)
#MYOCARDIUM Inflammation, Nos Inflammation, Suppurative	(50)	(49)	(50) 2 (4%) 1 (2%)	(49)
#MITRAL VALVE PIGMENTATION, NOS	(50)	(49)	(50)	(49)

# NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY \* Number of Animals Necropsied

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
*AORTA Inflammation, Nos	(50)	(49)	(50)	(49) 1 (2%)
*CORONARY ARTERY Inflammation, suppurative Inflammation proliferative	(50)	(49)	(50) 2 (4%) 1 (2%)	(49)
#LIVER THROMBOSIS, NOS EMBOLUS, SEPTIC	(50)	(49)	(50) 1 (2%)	(49) 1 (2%)
<pre>#PANCREAS     PERIARTERITIS</pre>	(50)	(49)	(50)	(49) 1 (2%)
#KIDNEY Embolus, septic periarteritis	(50) 1 (2%)	(49)	(50) 1 (2%)	(48)
<pre>#RIGHT OVARY THROMBOSIS, NOS</pre>	(50) 1 (2%)	(49)	(50)	(49)
#LEFT OVARY THROMBUS, ORGANIZED	(50) 1 (2%)	(49)	(50)	(49)
DIGESTIVE SYSTEM				
#SALIVARY GLAND HEMORRHAGE	(50)	(46)	(50) 2 (4%)	(49)
#LIVER CONGESTION, NOS HEMORRHAGE INFLAMMATION, FOCAL NECROSIS, NOS NECROSIS, FOCAL INFARCT, NOS FOCAL CELLULAR CHANGE	(50) 1 (2%) 1 (2%) 1 (2%)	(49)	(50) 1 (2%) 2 (4%) 1 (2%)	(49) 2 (4%) 1 (2%) 3 (6%)
<pre>#BILE DUCT CYST, NOS HYPERPLASIA, NOS</pre>	(50)	(49)	(50) 1 (2%)	(49) 1 (2%) 1 (2%)
#PANCREAS CYSTIC DUCTS	(50) 3 (6%)	(49) 3_(6%)	(50)	(49) 1 (2%)

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
NECROSIS, FOCAL				1 (2%)
<pre>#PANCREATIC ACINUS Atrophy, Nos</pre>	(50) 1 (2%)	(49) 1 (2%)	(50)	(49)
#ESOPHAGUS Inflammation, suppurative Inflammation, chronic	(50)	(49)	(49) 1 (2%) 1 (2%)	(49)
*STOMACH ULCER, FOCAL Inflammation, Chronic Hyperkeratosis Acanthosis	(50)	(49) 2 (4%) 1 (2%)	(50)	(49) 1 (2%) 1 (2%) 3 (6%) 2 (4%)
#LARGE INTESTINE NEMATODIASIS PARASITISM	(49) 1 (2%)		(50)	(49) 1 (2%)
JRINARY SYSTEM				
#KIDNEY CYST, NOS Inflammation, Chronic Glomerulosclerosis, Nos Amyloidosis	(50) 1 (2%) 5 (10%) 1 (2%) 1 (2%)	(49)	(50) 5 (10%) 1 (2%)	(48) 6 (13%)
#KIDNEY/GLOMERULUS NEPHROPATHY	(50)	(49)	(50) 1 (2%)	(48)
#URINARY BLADDER AMYLOIDOSIS	(49) 1 (2%)		(49)	
ENDOCRINE SYSTEM				
#PITUITARY Cyst, nos Angiectasis	(45)	(42)	(37) 1 (3%) 1 (3%)	(38)
#ADRENAL MEDULLA Hyperplasia, Nos	(50)	(48)	(48)	(49) 1 (2%)
#THYROID CYSTIC FOLLICLES	(49) 1 (2%)	(48)	(50)	(49)

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

.

	UNTREATED Control	VEHICLE Control	LOW DOSE	HIGH DOSE
INFLAMMATION, CHRONIC Hyperplasia, follicular-cell	1 (2%)			2 (4%)
REPRODUCTIVE SYSTEM				
*MAMMARY GLAND Metaplasia, squamous	(50)	(49) 1 (2%)	(50)	(49)
#UTERUS Hydrometra Angiectasis	(50) 1 (2%) 1 (2%)	(49)	(50) 1 (2%)	(49) 1 (2%) 1 (2%)
#UTERUS/ENDOMETRIUM INFLAMMATION, SUPPURATIVE	(50)	(49)	(50)	(49)
HYPERPLASIA, CYSTIC	41 (82%)	45 (92%)		36 (73%)
#OVARY/OVIDUCT Inflammation, Chronic	(50)	(49)	(50) 1 (2%)	(49)
#OVARY CYSTIC FOLLICLES	(50)	(49) 2 (4%)	(50) 5 (10%)	(49) 5 (10%
FOLLICULAR CYST, NOS Parovarian cyst	4 (8%) 7 (14%)	1 (2%) 9 (18%)	13 (26%)	6 (12%
INFLAMMATION, NOS INFLAMMATION, CHRONIC AMYLOIDOSIS	1 (2%)		1 (2%) 1 (2%)	
ERVOUS SYSTEM				
NONE				
SPECIAL SENSE ORGANS				
*EYE INFLAMMATION, NOS	(50)	(49)	(50)	(49) 1 (2%)
ABSCESS, NOS Phthisis Bulbi		1 (2%)		1 (2%)
*EYE/CORNEA Inflammation, Nos Inflammation. Focal	(50)	(49)	(50)	(49) 1 (2%) 1_(2%)

TABLE D2. FEMALE MICE:	NONNEOPLASTIC LE	ESIONS (CONTINUED)

	UNTREATED Control		LOW DOSE	HIGH DOSI
MUSCULOSKELETAL SYSTEM				
*SKELETAL MUSCLE PARASITISM	(50) 1 (2%)	(49)	(50)	(49)
BODY CAVITIES				
*PERITONEUM INFLAMMATION, NOS	(50) 2 (4%)	(49)	(50)	(49)
ALL OTHER SYSTEMS				
NONE				
SPECIAL MORPHOLOGY SUMMARY				
NO LESION REPORTED Animal Missing/No Necropsy Autolysis/No Necropsy	1	1	1	1
<pre># NUMBER OF ANIMALS WITH TISSUE EX * NUMBER OF ANIMALS NECROPSIED</pre>	AMINED MICROSCOPI	CALLY		

APPENDIX E

# ANALYSIS OF SELENIUM SULFIDE

## Analysis of Selenium Sulfide Midwest Research Institute

## A. Elemental Analysis

Element	Se	S
Theory SeS	71.12	28.88
SeS <sub>2</sub> Observed 11/15/74	55.18 61.0 <u>+</u> 0.6	44.82 40.93
Observed 7/19/79	59.97 59.88	40.7 <u>+</u> 0.2

## B. Melting Point

Literature	
SeS	118 <sup>0</sup> -119 <sup>0</sup> C (Weast, 1974-1975)
SeS <sub>2</sub>	less than 100°C (Weast, 1974-1975)
Observed	115°-117°C

## C. X-Ray Diffraction

Instrument:	Debye-Scherrer	camera	with	filtered	Cu
	radiation, 50 kv,	and 30 m	amp.		

Procedure: The X-ray diffraction pattern of the selenium sulfide powder used in this study was determined. Since a suitable standard was not available, intensities were recorded as approximations expressed in terms varying from "very weak" to "very strong."

Literature Values (a)			und (b)
đ	intensity	d	intensity
6.67	10	6.78-6.18	band
6.28	20		
5.13	10	5.11	very weak
4.42	50	4.37	medium
		4.16	very weak
3.77	100	3.75	very strong
3.70	50		
3.54	50	3.51	medium
3.34	10	3.35	weak +
3.22	60	3.21	medium
3.14	40	3.11	medium -
3.06	30	3.04	weak +
2.97	10	2.95	weak
2.78	10	2.76	weak
2.63	20	2.63	weak +
2.58	10	2.56	weak
2.52	40	2.51	medium
2.44	10	2.43	very weak
2.24	20	2.24	weak +
		2.14-2.09	band
2.01	20	2.01	weak +
1.97	10	1.97	weak
1.92	10		would be a set of the
1.89	20	1.89	weak
1.83	10	1.83	weak -
1.78	30	1.79	weak +
1.74	10	1.74	very weak
1.74	20	1.74	weak
1.66	20	1.66	weak
1.63	20	1.63	weak
1.57	20	1.05	weak
1.53	10	1.53	weak
1.48	10	1.48	very weak
1.46	10	1.48	very weak

(a) Smith (1960), Virodov (1964)

(b) The approximation of intensities at different d values, as observed for the test material used in the bioassay, were consistent with the numerical values of intensities given in the literature for selenium monosulfide. APPENDIX F

# ANALYSIS OF SELENIUM SULFIDE IN AQUEOUS CARBOXYMETHYLCELLULOSE FOR STABILITY

Analysis of Selenium Sulfide in Aqueous Carboxymethylcellulose for Stability

#### SPECIAL STABILITY STUDY

#### I. PURPOSE

To determine if the aqueous carboxymethylcellulose mixture used in the bioassay in any way decomposed or altered the selenium sulfide used in the bioassay.

#### II. ANALYSIS

#### A. SAMPLE PREPARATION

- 1. <u>Sample 1</u>: A 100-ml solution of 0.5% carboxymethylcellulose in deionized water was prepared. A 750-mg sample of selenium sulfide was weighed into a 50-ml volumetric flask and brought to volume with the above aqueous carboxymethyl cellulose (CMS) solution and mixed for 30 minutes on a vortex mixer. It was then left open to the atmosphere in the light for the next 30 minutes, with occasional shaking. The mixture was then shaken in a 125-ml separatory funnel for 2 minutes with 50 ml of carbon disulfide, allowed to separate and the bottom layer (CS<sub>2</sub> layer), and drained into a 100-ml beaker.
- 2. <u>Sample 2</u>: A control sample of the same approximate weight was dissolved in 50 ml of carbon disulfide in a 100-ml beaker. Both the sample and control beakers (Samples 1 and 2) were placed in a glove box on a marble slab covered by watchglasses and allowed to evaporate slowly overnight.
- 3. <u>Sample 3</u>: A selenium sulfide sample untreated, which had been stored refrigerated.
- 4. <u>Sample 4</u>: A selenium sulfide sample which was exposed overnight at room temperature in a beaker.

#### B. DESCRIPTION OF SAMPLES

Samples 1 and 2 crystallized with multiple crystal forms.

Sample 1 contained reddish orange crystals of 1-3 mm in length while Sample 2 contained crystals of the same color of about 1 mm in length. Both Samples 1 and 2 had the yellow crystals.

Sample 4 was unchanged in appearance from Sample 3.

C. X-RAY DIFFRACTION

X-ray diffraction analyses were performed on:

- 1. <u>Samples 1 and 2</u>: Total mix of 11 crystal types from each sample.
- 2. <u>Samples 3 and 4</u>: Representative sample of homogeneous material from each.

### **III. RESULTS**

#### X-RAY DIFFRACTION

The x-ray diffraction patterns for all the samples had similar d spacings and all had the same major line. However, the relative intensities of the lines differed from sample to sample. The d spacing of the sample mix (1) and the control (2) corresponded well to each other and to a previously obtained pattern of the untreated selenium sulfide (report dated 11/15/74). Samples 3 and 4 also corresponded well to each other and to the previous untreated selenium sulfide sample. APPENDIX G

## ANALYSIS OF GAVAGE SUSPENSIONS FOR CONCENTRATION OF SELENIUM SULFIDE

.

#### APPENDIX G

## Analysis of Gavage Suspensions For Concentration of Selenium Sulfide

The entire sample of selenium sulfide suspension in 0.5% aqueous carboxymethylcellulose was extracted three times with 25-ml portions of carbon disulfide. Duplicate assays were not performed. The extracts were combined, and a 30-ml aliquot was reduced to dryness using a flash evaporator. Five milliliters of concentrated nitric acid solution was added to the residue, and the acid was heated until brown gases no longer evolved and the solution became clear. The digest was transferred with distilled water to a volumetric flask, and the volume was adjusted to the mark. An analytical standard was prepared by adding a known amount of selenium sulfide to 0.5% aqueous carboxymethylcellulose. These known weights of selenium sulfide were extracted in carbon disulfide and were taken through The different samples were analyzed using atomic the above procedure. absorption.

Theoretical Concentration in Suspensions (mg/ml)	Number of Samples	Sample Analytical Mean (mg/ml)	Coefficient of Variation (%)	Range (mg/ml)
10	5	9.6	11.0	8.7-11.3
15	5	14.1	7.0	12.9-15.4

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

February 15, 1980

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 Selenium Sulfide for carcinogenicity.

The primary reviewer for the report on the bioassay of selenium sulfide agreed with the conclusion that the compound was not carcinogenic, under the conditions of test. After a brief description of the experimental design and toxicity findings, the reviewer opined that selenium sulfide would not pose any significant human risk, based on results of the bioassay study.

The secondary reviewer noted that no attempt was made to determine how much of the selenium sulfide was absorbed. He said that the results of the subchronic study indicated that higher chronic dosages could have been administered and added that he was disturbed by the high early mortality of the animals. Based on these deficiencies, the reviewer questioned the validity of the study for assessing the potential risk of selenium sulfide for human beings.

The primary reviewer indicated that the study was not intended to determine if selenium sulfide had systemic effects, since a previous study done by gavage was meant for that purpose. The reviewer added that dermal toxicity had been demonstrated in this bioassay and that the administration of higher dosages could have resulted in excessive toxicity. In regard to the excessive mortality, the reviewer pointed out that the mouse strain used was selected because it was supposed to be particularly sensitive, although its lifespan was relatively shorter than other strains. The reviewer added that the validity of the study would depend upon how much of their natural lifespan the animals had lived. A Program staff member indicated that the survival of the animals was consistent with the longevity displayed by this strain in other studies. Another staff member commented that, despite the study's limitations, it was sufficiently adequate that the results should be reported.

One Clearinghouse member said that selenium was a conundrum in that it is carcinogenic when given at high levels by gavage but it is an essential element at low levels. He added that there is some evidence that it may even act as an anti-carcinogen. Another member pointed out that sodium selenite or selanate is the form of selenium that is essential. He said it is a conundrum similar to cobalt, in which one form is an essential element and another a carcinogen. It was suggested that a paragraph be added to the bioassay report indicating the differences in the various forms of selenium. The primary reviewer moved that the report on the bioassay of selenium sulfide by dermal exposure be accepted as written. The motion was seconded and approved unanimously.

#### Members present were:

Arnold L. Brown (Chairman), University of Wisconsin Medical School David B. Clayson, Eppley Institute for Research in Cancer Joseph Highland, Environmental Defense Fund William Lijinsky, Federick Cancer Research Center Henry C. Pitot, University of Wisconsin Medical Center Verne A. Ray, Pfizer Medical Research Laboratory Louise Strong, University of Texas Health Sciences Center

\* 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.

\*U.S. GOVERNMENT PRINTING OFFICE : 1980 0-311-201/3141

NIH Publication No. 80-1750 August 1980

.