NATIONAL TOXICOLOGY PROGRAM Technical Report Series No. 211



NATIONAL TOXICOLOGY PROGRAM

The National Toxicology Program (NTP), established in 1978, develops and evaluates scientific information about potentially toxic and hazardous chemicals. This knowledge can be used for protecting the health of the American people and for the primary prevention of chemically induced disease. By bringing together the relevant programs, staff, and resources from the U.S. Public Health Service, DHHS, the National Toxicology Program has centralized and strengthened activities relating to toxicology research, testing and test development/validation efforts, and the dissemination of toxicological information to the public and scientific communities and to the research and regulatory agencies.

The NTP is comprised of four charter DHHS agencies: the National Cancer Institute, National Institutes of Health; the National Institute of Environmental Health Sciences, National Institutes of Health; the National Center for Toxicological Research, Food and Drug Administration; and the National Institute for Occupational Safety and Health, Centers for Disease Control. In July 1981, the Carcinogenesis Bioassay Testing Program, NCI, was transferred to the NIEHS.

NTP TECHNICAL REPORT ON THE

CARCINOGENESIS STUDIES OF C.I. ACID ORANGE 10

(CAS NO. 1936-15-8)

IN F344/N RATS AND B6C3F₁ MICE (FEED STUDIES)



NATIONAL TOXICOLOGY PROGRAM Box 12233 Research Triangle Park North Carolina 27709

October 1987

NTP-81-30 NIH Publication No. 88-1767 NTP TR 211

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

NOTE TO THE READER

This is one in a series of experiments designed to determine whether selected chemicals produce cancer in animals. Chemicals selected for testing in the NTP carcinogenesis bioassay program are chosen primarily on the bases of human exposure, level of production, and chemical structure. Selection per se is not an indicator of a chemical's carcinogenic potential. Negative results, in which the test animals do not have a greater incidence of cancer than control animals, do not necessarily mean that a test chemical is not a carcinogen, inasmuch as the experiments are conducted under a limited set of conditions. Positive results demonstrate that a test chemical is carcinogenic for animals under the conditions of the test and indicate that exposure to the chemical has the potential for hazard to humans. The determination of the risk to humans from chemicals found to be carcinogenic in animals requires a wider analysis which extends beyond the purview of this study.

This study was initiated by the National Cancer Institute's Carcinogenesis Testing Program, now part of the National Institute of Environmental Health Sciences, National Toxicology Program.

Comments and questions about the National Toxicology Program Technical Reports on Carcinogenesis Studies should be directed to the National Toxicology Program, located at Research Triangle Park, NC 27709 (919-541-3780).

Although every effort is made to prepare the Technical Reports as accurately as possible, mistakes may occur. Readers are requested to communicate any mistakes to the Deputy Director, NTP (P.O. Box 12233, Research Triangle Park, NC 27709), so that corrective action may be taken. Further, anyone who is aware of related ongoing or published studies not mentioned in this report is encouraged to make this information known to the NTP.

These NTP Technical Reports are available for sale from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, VA 22161 (703-487-4650).

Single copies of this carcinogenesis bioassay technical report are available without charge (and while supplies last) from the NTP Public Information Office, National Toxicology Program, P.O. Box 12233, Research Triangle Park, NC 27709.

Special Note: This Technical Report was peer reviewed in public session in June and October 1980 and approved in February 1981. Thereafter, the NTP adopted the policy that the experimental data and laboratory records from all NTP Toxicology and Carcinogenesis studies not yet printed and distributed would be audited. [A summary of the data audit is presented in Appendix I.] Consequently, printing and distribution of this Technical Report have been delayed and the format differs from that of Technical Reports peer reviewed more recently. Also, this Technical Report does not utilize the levels of evidence of carcinogenicity adopted for the interpretative conclusions in June 1983. This final Technical Report supersedes all previous drafts of this report that have been distributed.

TABLE OF CONTENTS

Con	tract	7 8
*****	ewers	9
Sum	mary of Peer Review Comments	10
I.	Introduction	11
II.	Materials and Methods	15
	Chemical Analyses	16
	Preparation of Test Diets	16
	Source and Specifications of Test Animals	16
	Animal Maintenance	17
	Short-Term Studies	17
	Single-Dose and Fouteen-Day Studies	17
	Thirteen-Week Studies	17
	Two-Year Studies	19
	Clinical Examinations and Pathology	19
	Data Recording and Statistical Analyses	20
III.	Results	23
	Rats	24
	Two-Year Studies	24
	Body Weights and Clinical Signs	24
	Survival	24
	Pathology and Statistical Analyses of Results	27
	Mice	29
	Two-Year Studies	29
		29 29
	Body Weights and Clinical Signs	
	Survival	29
TT 7	Pathology and Statistical Analyses of Results	32
IV.	Discussion and Conclusions	33
V.	References	35

TABLES

Table 1	Doses, Survivals, and Mean Body Weights of Rats Fed C.I. Acid Orange 10 for 13 Weeks	18
Table 2	Doses, Survivals, and Mean Body Weights of Mice Fed C.I. Acid Orange 10 for 13 Weeks	19
Table 3	Experimental Design of the Two-Year Feeding Studies with C.I. Acid Orange 10 in Rats and Mice	20
Table 4	Mean Body Weights (Relative to Controls) and Survival of Rats Fed Diets Containing C.I. Acid Orange 10 for Two Years	24
Table 5	Incidences of Male Rats with Neoplastic Nodules of the Liver	27
Table 6	Incidences of Rats with Lymphocytic Leukemia	28
Table 7	Mean Body Weights (Relative to Controls) and Survival of Mice Fed Diets Containing C.I. Acid Orange 10 for Two Years	29
Table 8	Incidences of Male Mice with Liver Tumors	32

FIGURES

Figure 1	C.I. Acid Orange 10 Metabolism in Rats, Rabbits, and Humans	13
Figure 2	Growth Curves for Rats Fed Diets Containing C.I. Acid Orange 10	25
Figure 3	Kaplan-Meier Survival Curves for Rats Fed Diets Containing C.I. Acid Orange 10	26
Figure 4	Growth Curves for Mice Fed Diets Containing C.I. Acid Orange 10	30
Figure 5	Kaplan-Meier Survival Curves for Mice Fed Diets Containing C.I. Acid Orange 10	31
Figure 6	Infrared Absorption Spectrum of C.I. Acid Orange 10 (Lot No. 1112)	148
Figure 7	Nuclear Magnetic Resonance Spectrum of C.I. Acid Orange 10 (Lot No. 1112)	150
Figure 8	Infrared Absorption Spectrum of C.I. Acid Orange 10 (Lot No. 2735)	151
Figure 9	Nuclear Magnetic Resonance Spectrum of C.I. Acid Orange 10 (Lot No. 2735)	152

APPENDIXES

/

Summary of the Incidence of Neoplasms in Rats Fed Diets Containing C.I. Acid Orange 10	39
Summary of the Incidence of Neoplasms in Male Rats Fed Diets Containing C.I. Acid Orange 10	40
Summary of the Incidence of Neoplasms in Female Rats Fed Diets Containing C.I. Acid Orange 10	45
Individual Animal Tumor Pathology in Male Rats in the 2-Year Study of C.I. Acid Orange 10	50
Individual Animal Tumor Pathology in Female Rats in the 2-Year Study of C.I. Acid Orange 10	58
Summary of the Incidence of Neoplasms in Mice Fed Diets Containing C.I. Acid Orange 10	67
Summary of the Incidence of Neoplasms in Male Mice Fed Diets Containing C.I. Acid Orange 10	68
Summary of the Incidence of Neoplasms in Female Mice Fed Diets Containing C.I. Acid Orange 10	72
Individual Animal Tumor Pathology in Male Mice in the 2-Year Study of C.I. Acid Orange 10	76
Individual Animal Tumor Pathology in Female Mice in the 2-Year Study of C.I. Acid Orange 10	82
Summary of the Incidence of Nonneoplastic Lesions in Rats Fed Diets Containing C.I. Acid Orange 10	89
Summary of the Incidence of Nonneoplastic Lesions in Male Rats Fed Diets Containing C.I. Acid Orange 10	90
Summary of the Incidence of Nonneoplastic Lesions in Female Rats Fed Diets Containing C.I. Acid Orange 10	99
	Containing C.I. Acid Orange 10

Appendix D	Summary of the Incidence of Nonneoplastic Lesions in Mice Fed Diets Containing C.I. Acid Orange 10	107
Table D1	Summary of the Incidence of Nonneoplastic Lesions in Male Mice Fed Diets Containing C.I. Acid Orange 10	108
Table D2	Summary of the Incidence of Nonneoplastic Lesions in Female Mice Fed Diets Containing C.I. Acid Orange 10	118
Appendix E	Historical Incidences of Tumors in F344/N Rats Receiving No Treatment	127
Table E1	Historical Incidence of Liver Tumors in Male F344/N Rats Receiving No Treatment	128
Table E2	Historical Incidence of Leukemia in F344/N Rats Receiving No Treatment	128
Table E3	Historical Incidence of Mesothelioma in Male F344/N Rats Receiving No Treatment	129
Appendix F	Analysis of Primary Tumors in F344/N Rats and B6C3F1 Mice	131
Table F1	Analysis of Primary Tumors in Male Rats	132
Table F2	Analysis of Primary Tumors in Female Rats	136
Table F3	Analysis of Primary Tumors in Male Mice	139
Table F4	Analysis of Primary Tumors in Female Mice	141
Appendix G	Analysis of C.I. Acid Orange 10 (Lot Nos. 1112 and 2735)— Midwest Research Institute	143
Appendix H	Analysis of Formulated Diets for Concentrations of C.I. Acid Orange 10	153
Table H1	Analysis of C.I. Acid Orange 10 in Formulated Diets	155
Appendix I	Data Audit Summary	157

CARCINOGENESIS STUDIES OF C.I. ACID ORANGE 10



C.I. ACID ORANGE 10

(7-hydroxy-8-(phenylazo)-1,3-naphthalenedisulfonic acid, disodium salt)

CAS NO. 1936-15-8 Colour Index No. 16230 C16H10N2O7S2•2Na Mol. Wt. 452.37

ABSTRACT

Carcinogenesis studies of 80% pure C.I. Acid Orange 10 (a monoazo textile dye) were conducted by feeding to groups of 50 male and 50 female F344/N rats diets containing 1,000 or 3,000 ppm C.I. Acid Orange 10 for 103 weeks. Groups of 50 male and 50 female $B6C3F_1$ mice were fed diets containing 3,000 or 6,000 ppm for 103 weeks. Groups of 90 male and 90 female untreated rats and 50 male and 50 female untreated mice served as controls.

Mean body weights and clinical signs of control and dosed rats and mice were comparable. Because no toxic effects or consistent weight differences were observed, the rats and mice may have been able to tolerate higher doses.

In male rats with neoplastic nodules of the liver, the dose response trend was positive (P < 0.05) and the incidence in the 3,000 ppm group was increased (P < 0.05) compared to controls (control, 5/90, 6%; low dose, 3/50, 6%; high dose, 8/50, 16%). One male rat in the high dose group had both a neoplastic nodule and a carcinoma of the liver. This marginal increase in liver cell neoplasms may have been associated with the dietary administration of C.I. Acid Orange 10.

For both dose groups of male and female rats, leukemia was significantly (P<0.05) decreased in a dose related (P<0.005) trend (male: 22/90, 24%; 4/50, 8%; 3/50, 6%; female: 16/88, 18%; 2/50, 4%; 0/50).

No compound-related nonneoplastic or neoplastic lesions were observed in the female rats or in mice of either sex.

For 103 weeks C.I. Acid Orange 10 was given in the diets of male and female F344/N rats (0, 0.1%, or 0.3%) and of male and female B6C3F₁ mice (0, 0.3%, or 0.6%). Under these conditions, there was no evidence of carcinogenicity for male and female F344/N rats or for male and female B6C3F₁ mice.

CONTRIBUTORS

The carcinogenesis studies of C.I. Acid Orange 10 were conducted at Battelle Columbus Laboratories under a subcontract to Tracor Jitco, Inc., Rockville, Maryland, prime contractor for the Carcinogenesis Testing Program. The two-year studies were begun in December 1976 for rats, January 1977 for male mice, and February 1977 for female mice. The studies concluded in December 1978 for rats and January 1979 for mice.

Principal Contributors at Battelle Columbus Laboratories

505 King Avenue Columbus, Ohio 43201 (Conducted bioassay and evaluated tissues)

G. Dill, D.V.M. Pathologist

D. Emmerling Chemist

R. Everett, D.V.M., Ph.D. Pathologist

H. Harroff, D.V.M. Animal Care

P. Leber, Ph.D. Chemist

A. Peters, D.V.M. Principal Investigator

R. Freudenthal, Ph.D. Chemist

Principal Contributors at Tracor Jitco 1776 East Jefferson Street Rockville, Maryland 20852

L.A. Campbell, Ph.D. Director, Bioassay Program

M.W. Glasser Technical Editor

A.C. Jacobs, Ph.D. Bioscience Writer

J.R. Joiner, Ph.D. Statistician

S.S. Olin, Ph.D. Program Associate Director

R.L. Schueler, D.V.M., Ph.D. Pathologist

W.D. Theriault, Ph.D. Reports Manager

Principal Contributors at the National Toxicology Program National Institute of Environmental Health Sciences Research Triangle Park North Carolina 27709 (Evaluated experiment, interpreted results, and reported findings)

James Huff, Ph.D. (Chemical Manager) J. Fielding Douglas, Ph.D. Charles K. Grieshaber, Ph.D. Larry G. Hart, Ph.D. Joseph K. Haseman, Ph.D. Eugene E. McConnell, D.V.M. John A. Moore, D.V.M. Sherman F. Stinson, Ph.D. Raymond W. Tennant, Ph.D. Jerrold M. Ward, D.V.M., Ph.D.

The pathology report and selected slides were evaluated on 3 December 1979 by the NTP Pathology Working Group composed of:

Dr. J. Ward (NTP) Dr. G. Reznik (NCI) Dr. R. Schueler (Tracor Jitco)

C.I. Acid Orange 10

REVIEWERS

National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee

> Margaret Hitchcock, Ph.D. (Chairperson) John B. Pierce Foundation Laboratory New Haven, Connecticut

Curtis Harper, Ph.D. (Principal Reviewer) Associate Professor of Pharmacology University of North Carolina Chapel Hill, North Carolina Alice S. Whittemore, Ph.D.(b) (c) (Principal Reviewer) Stanford University School of Medicine Palo Alto, California

Ad Hoc Subcommittee Panel of Experts

Norman Breslow, Ph.D.(c) University of Washington Seattle, Washington

Joseph H. Highland, Ph.D.(a) (b) Environmental Defense Fund Washington, D.C.

Charles C. Irving, M.D.(b) (c) Cancer Research Laboratory Veterans Administration Memphis, Tennessee

Frank Mirer, Ph.D. International Union United Auto Workers Detroit, Michigan

Sheldon D. Murphy, Ph.D. Professor of Toxicology University of Texas Medical School Houston, Texas

Svend Nielsen, D.V.M., Ph.D. (Principal Reviewer) Professor of Pathology The University of Connecticut Storrs, Connecticut

(a) Did not attend 27 June 1980 meeting.

(b) Did not attend 15 October 1980 meeting.

Bernard A. Schwetz, Ph.D., D.V.M.(a) Toxicology Research Laboratory Dow Chemical U.S.A. Midland, Michigan

Thomas H. Shepard, M.D.(c) Dept. of Pediatrics University of Washington School of Medicine Seattle, Washington

Roy Shore, Ph.D. New York University Medical Center New York, New York

James Swenberg, D.V.M., Ph.D.(a) Chief of Pathology Chemical Industry Institute of Toxicology Research Triangle Park, North Carolina

Gary M. Williams, M.D.(b) Chief of Experimental Pathology American Health Foundation Valhalla, New York

⁽c) Did not attend 18 February 1981 meeting.

SUMMARY OF PEER REVIEW COMMENTS ON THE CARCINOGENESIS STUDIES OF C.I. ACID ORANGE 10

On 27 June and 15 October 1980 and on 18 February 1981 this technical report on the carcinogenesis studies of C.I. Acid Orange 10 underwent peer review by the National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee and Associated Panel of Experts. The public review meetings began at 9:00 a.m. in the Switzer Building, 330 C Street, S.W., Washington, DC (27 June) or in Conference Room 6, Building 31, National Institutes of Health, Bethesda, MD (15 October and 18 February). The following precis represents the critiques made by the principal reviewers, as well as comments from and discussion by the Peer Review Panel, NTP staff, and attendees.

Peer Review Meeting of 27 June 1980

Dr. Nielsen, a principal reviewer for the report on the carcinogenesis studies of C.I. Acid Orange 10, pointed out discrepancies in the reporting of neoplastic nodules in male rats in various sections of the report, which needed to be resolved before any conclusions could be reached. He also commented that the doses selected for rats in the two-year studies (1,000 ppm and 3,000 ppm) appeared to be too low and that in a previous NCI study, a metabolite of C.I. Acid Orange 10 (aniline) had been shown to be carcinogenic at doses 2 to 3 times higher than the doses of C.I. Acid Orange 10 in the present study. In the 13-week studies, he felt that a better description and more consistent terminology were needed for the pigment observed in the renal proximal tubules of the rats and mice, particularly since it was associated with tubular degeneration in male rats.

Dr. Whittemore, a second principal reviewer, agreed with Dr. Nielsen's conclusions. A motion that the report be returned to NTP for clarification of the discrepancies noted above was approved unanimously.

Peer Review Meeting of 15 October 1980

Dr. Nielsen, a principal reviewer, stated that the interpretation of the significance of the hepatic and mesothelial tumors which occurred in male rats was difficult since it did not appear that the compound was tested at its maximum tolerated dose (MTD). He also indicated that a better description, chemical characterization, and consistent terminology were needed for the pigment observed in the renal proximal tubules of both rats and mice in the 13-week studies.

Dr. Harper, a second principal reviewer, agreed with Dr. Nielsen's conclusions, adding that the absence of the splenic and renal lesions in the two-year studies (observed in both species in the 13-week studies) supported the opinion that the doses used in the two-year studies were below the MTD. It was also agreed that a comment should be added to the discussion section concerning the marked reduction from controls in lymphocytic leukemia in both male and female rats at both doses.

A motion to return the report to NTP for review of the pathology slides and clarification of the renal tubular pigmentation in the 13-week study was unanimously approved. Dr. Nielsen also recommended that NTP consider retesting C.I. Acid Orange 10 in male rats at doses of 3,000 ppm and 6,000 ppm for two years.

Peer Review Meeting of 18 February 1981

Dr. Nielsen, a principal reviewer, stated that the doses chosen for the two-year studies were based on the splenic and renal lesions observed in the 13-week studies at the next highest dose. The splenic lesions, characterized by subsequent examination as splenic hemosiderosis, erythroid metaplasia, and capsular fibrosis, were considered life-threatening. Upon reexamination, the renal tubular pigment noted in the original report was not considered life-threatening. He said the report was now acceptable and agreed that C.I. Acid Orange 10 was not carcinogenic for male or female F344/N rats or B6C3F₁ mice. He stressed that a more complete description of microscopic lesions observed in the 13-week studies is needed in the reports to provide reviewers with a better understanding of the dose criteria for the two-year studies. Dr. Harper, another principal reviewer, agreed with Dr. Nielsen.

Dr. McConnell, NTP, said that important lesions in 13-week studies would be more adequately described in the future to better assist reviewers in judging the adequacy of dose selection for the two-year studies. Dr. Williams requested that the discussion section be expanded so as to become similar to that for other monoazo dyes in relation to possible correlations between lipid solubility, metabolism, and carcinogenicity or non-carcinogenicity.

A motion by Dr. Nielsen, seconded by Dr. Harper, to accept the report on the carcinogenicity studies of C.I. Acid Orange 10 was approved by a vote of 9 to 0, with one abstention.

I. INTRODUCTION



C.I. ACID ORANGE 10

(7-hydroxy-8-(phenylazo)-1,3-naphthalenedisulfonic acid, disodium salt)

CAS NO. 1936-15-8 Colour Index No. 16230 C16H10N2O7S2•2Na Mol. Wt. 452.37

C.I. Acid Orange 10 (Acid Orange 10, Orange 10, Orange G) is a monoazo dye used to stain biological materials, paper, and wood and to dye leather, wool, and silk; it is also used in inks and pencil coatings (Society for Dyers and Colourists, 1971). First synthesized in 1878 by Baum, C.I. Acid Orange 10 can be made by diazotizing aniline and coupling the resulting diazonium salt with 2-naphthol-6,8-disulfonic acid (IARC, 1975). Production in the U.S. was first reported in 1914, and in 1921 about 42,000 kg were produced. C.I. Acid Orange 10 (yellowish-red crystals or leaflets) was used as a drug and cosmetic additive in the United States until October 1966, when its use for those applications was cancelled (CFR, 1974). In 1978 65,000 kg were produced in the United States (USITC, 1979) and in 1981, 67,000 kg were produced (USITC, 1982).

Toxicity

Enlarged spleens were observed in male and female albino rats fed diets containing 2,500, 5,000, 10,000, or 20,000 ppm C.I. Acid Orange 10 for 90 days (Hansen et al., 1960). Heinz bodies in the erythrocytes accompanied by anemia, methemoglobinemia, reticulocytosis, and splenomegaly were detected in CFE rats fed diets containing 5,000 ppm for 105 days (Gaunt et al., 1971).

Metabolism

In rats, the azo linkage of C.I. Acid Orange 10 is reduced both by liver enzymes (Daniel, 1967) and by intestinal bacteria (Ryan et al., 1968).

When rats were given single oral doses of C.I. Acid Orange 10 (250 mg/kg body weight), 61% of the dose was excreted in the urine as paminophenol and 6% was excreted in urine and 22% in feces as aniline (Walker et al., 1972). In rabbits given 500 mg/kg Orange G in the diet, 40% was excreted in urine as p-aminophenol, 3%as o-aminophenol, and 0.6% as aniline (Daniel, 1962). In humans receiving C.I. Acid Orange 10 (20 mg/kg body weight), 95% of the dose was excreted in the urine as p-aminophenol, 0.5% as aniline, and 1.3% as unmodified dye (Walker et al., 1972). Humans convert aniline to urinary conjugates of p-aminophenol (IARC, 1982). Figure 1 shows the comparative metabolic pathways.

Mutagenicity

C.I. Acid Orange 10 was not mutagenic in Salmonella typhimurium TA1538 with or without metabolic activation; the major metabolite of the dye in rats and humans, p-aminophenol, was also not mutagenic in this test system (Garner and Nutman, 1977). C.I. Acid Orange 10 was tested for mutagenic activity in Salmonella TA98, TA100, TA1535, and TA1537 (with and without exogenous metabolic activation supplied by 9000 × g microsomal fractions from Aroclor 1254®-induced Sprague-Dawley rat or Syrian golden hamster liver). Samples were preincubated prior to plating in triplicate, and each series was repeated. The results were negative (NTP, unpublished data). Three other azo dyes (Sudan yellow, Ponceau R, and Ponceau de



Figure 1. C.I. Acid Orange 10 Metabolism in Rats, Rabbits, and Humans

Xylidine), considered to be carcinogenic in animals, were not mutagenic for *S. typhimurium* TA1538 (Garner and Nutman, 1977).

Carcinogenicity

Other azo dyes structurally similar to C.I. Acid Orange 10 [those having at least the hydroxyphenylazo (or naphthalenylazo) naphthalene disulfonic acid moiety] have been tested for carcinogenicity (IARC, 1975): amaranth-studies could not be evaluated; carmoisine-one 80-week diet study (100-12,500 ppm) in mice gave no evidence of carcinogenicity; Evans blue-intraperitoneal injection caused sarcomas of the reticuloendothelial system in the liver; ponceau MX-caused liver cell tumors in mice (2,000-50,000 ppm diet for 19 months) and rats (2,500-10,000 ppm diet for two years); ponceau 3R-induced liver cell tumors in rats (40,000 ppm diet for 19 months or 5,000-50,000 ppm diet for two years); ponceau SX-no carcinogenic response in mice (up to 20,000 ppm diet for two years) or rats (up to 50,000 ppm diet for two years); sunset yellow FCF-no evidence of carcinogenicity in mice (up to 20,000 ppm diet for two years) or in rats (up to 50,000 ppm for unspecified period); trypan blue-caused reticulum-cell sarcomas of the liver in rats after intraperitoneal or subcutaneous injection.

D&C Red No. 9 (CAS No. 5160-02-1)—5chloro-2-[(2-hydroxy-1naphthalenyl)azo]-4methylbenzene sulfonic acid, barium salt—was given in the diet to groups of 50 male and female F344/N rats at doses of 0, 1,000, or 3,000 ppm and to groups of 50 male and female B6C3F₁ mice at concentrations of 0, 1,000, or 2,000 ppm for 103 weeks. Splenic sarcomas (male rats) and neoplastic nodules of the liver (male and female rats) were increased in treated groups compared to controls. No evidence of carcinogenicity was observed in male or female B6C3F₁ mice (NTP, 1982).

Orange G (C.1. Acid Orange 10) was tested for carcinogenicity in mice (sex and strain not given) by Cook et al. (1940), who gave weekly doses of 15-20 mg in water; in male and female type B heterozygous mice by Waterman and Lignac (1958), who gave 1 mg per day by diet for 500-700 days; and in rats (strain and sex not specified) by Klinke (1957), who administered 2,000 ppm in the diet for 245 days or 1,000 ppm in the diet for 400 days. As recorded by IARC (1975), no liver tumors were seen by Cook et al. (1940) and no tumors were observed by Klinke (1957); Waterman and Lignac (1958) found these tumor incidence rates: male controls, 7/109 (6.4%); female controls, 11/59 (18.6%); treated males, 12/113 (10.6%); and treated females, 15/78(19.2%). None of these studies was considered adequate for evaluation (IARC, 1975).

Aniline hydrochloride—a metabolite of C.I. Acid Orange 10 in rats (28%), rabbits (0.6%), and in humans (0.5%)—was fed to groups of 50 male and female F344 rats and B6C3F₁ mice for 103 weeks at concentrations of 0 (25 controls of each sex), 3,000, or 6,000 ppm for rats and 0, 6,000, or 12,000 ppm for mice (NCI, 1978). No chemically related neoplastic effects were observed in B6C3F₁ mice. In male F344 rats, aniline hydrochloride induced hemangiosarcomas, fibrosarcomas, and sarcomas of the spleen. In male and female F344 rats, chemically caused fibrosarcomas or sarcomas were found in multiple organs of the body cavity.

In humans aniline produces dose-dependent increases in methemoglobin formation (IARC, 1982); short-term exposures cause headache, vertigo, and mental confusion, whereas chronic exposures result in anemia, anorexia, weight loss, and cutaneous lesions (NCI, 1978). Aniline has been produced commercially since 1847. As stated by the IARC (1982): "The high risk of bladder cancer observed originally in workers in the aniline dye industry was probably due to exposure to chemicals other than aniline. Studies of individuals exposed to aniline but to no other known bladder carcinogens have shown little evidence of increased risk. The best of these reported one death from bladder cancer in 1,223 men producing or using aniline, with 0.83 deaths expected from population rates. The degree of confidence which can be placed in the negative results obtained in the other studies is difficult to assess because of the absence of estimates of expected numbers of bladder cancers and the presumed lack of follow-up of workers who had left the industry." The available epidemiological data were considered insufficient to allow a conclusion about the carcinogenicity of aniline to humans (IARC, 1982).

C.I. Acid Orange 10 was tested because of its moderately large production volume and widespread use, and because previous studies for carcinogenicity (Cook et al., 1940; Klinke, 1957; Waterman and Lignac, 1958) were considered to be inadequate.

II. MATERIALS AND METHODS

CHEMICAL ANALYSES

PREPARATION OF THE TEST DIETS

SOURCE AND SPECIFICATIONS OF TEST ANIMALS

ANIMAL MAINTENANCE

SHORT-TERM STUDIES

Single-Dose and Fourteen-Day Studies Thirteen-Week Studies

TWO-YEAR STUDIES

Clinical Examinations and Pathology Data Recording and Statistical Analyses

CHEMICAL ANALYSES

C.I. Acid Orange 10—7-hydroxy-8-(phenylazo)-1,3-naphthalenedisulfonic acid, disodium salt—was obtained in two batches from Abbey Color and Chemical Co., Inc., Philadelphia, Pennsylvania. According to the manufacturer, the salt contained Na_2SO_4 ·10H₂O, anhydrous Na_2SO_4 , and NaCl as diluents, and deodorized mineral oil as a non-dusting agent. Lot No. 1112 was used for the prechronic studies and for the first 6 months of the 2-year rat study and the first 5 months of the 2-year mouse study. Lot No. 2735 was used for the remainder of the 2-year studies.

Purity and identity analyses are recorded in Appendix G. The composition of the two batches was similar.

Titration of reducible groups with titanous chloride indicated that both batches contained $80\% \pm 2\%$ dye, and results of elemental analyses

and Karl Fischer water analyses were consistent with a composition of approximately 80% dye, 4% water, and 12%-13% sodium chloride. Lot No. 2735 was found to contain 1.5% carbonate. One minor and three trace impurities were detected with thin-layer chromatography. One unidentified impurity (4.3% in Lot No. 1112, 2.6% in Lot No. 2735) was detected with highpressure liquid chromatography. The infrared, ultraviolet, visible, and nuclear magnetic resonance spectra were consistent with the structure.

C.I. Acid Orange 10 was stored at $23^{\circ} \pm 1^{\circ}$ C. The bulk chemical was reanalyzed periodically and results were compared with those for samples stored at -20°C and analyzed concurrently. Analyses indicated that the test material remained stable throughout the period of storage at the laboratory.

PREPARATION OF THE TEST DIETS

A 1-week supply of each diet was formulated no more than 4 days before use by mixing weighed amounts of Purina Laboratory Chow animal meal (Ralston Purina Co., Richmond, IN) and C.I. Acid Orange 10 in a Patterson-Kelly twin shell blender for 15 minutes. Formulated diets were stored at 23°C for no longer than 10 days.

Spectrophotometric analysis of water extracts of diets formulated with 100,000 ppm dye and

stored for 2 weeks at -20° , 5° , 25° , or 45° C indicated that C.I. Acid Orange 10 was stable in feed for 2 weeks at 45° C. Selected batches of formulated diets were analyzed at approximately 2-month intervals during the 2-year studies (Appendix H). Results of these analyses indicated that the analyzed mixtures were properly formulated.

SOURCE AND SPECIFICATIONS OF TEST ANIMALS

The male and female F344/N rats and B6C3F₁ (C57BL/6N × C3H/HeN MTV⁻) mice used in this study were produced under barrier conditions at the NCI Frederick Cancer Research Center, Frederick, Maryland. Breeding starts for the foundation colony at the production facility originated at the National

Institutes of Health Repository. Four-week-old male F344/N rats, 3-week-old female F344/N rats, and 5-week-old B6C3F₁ mice were shipped to the testing laboratory, acclimated for 2 weeks, and assigned to control or dosed groups according to a table of random numbers.

II. MATERIALS AND METHODS: ANIMAL MAINTENANCE

ANIMAL MAINTENANCE

The rats and mice were housed five per cage in solid-bottom polycarbonate cages (Lab Products, Inc., Garfield, NJ) equipped with DuPont 2024 spun-bonded polyester filters and supplied with Absorb-Dri hardware chips (Lab Products, Inc.). Cages and bedding were changed twice weekly.

Tap water, supplied by an automatic watering system (Edstrom Industries, Waterford, WI), and Ralston Purina Laboratory Chow Meal for the controls and the test diet described previously for the dosed animals were available *ad libitum*. Feed hoppers were changed once per week. The temperature in the animal rooms was maintained between 21° and 23°C, and the relative humidity was 40%-60%. Incoming air was passed through a filter equipped with an electrostatic precipitator at a volume equivalent to 15 changes per hour. Fluorescent lighting was provided 12 hours per day.

Rats and mice fed C.I. Acid Orange 10 were housed in the same room as animals of the same species on feeding studies of FD & C Yellow No. 6 (CAS 2783-94-0) and C.I. Acid Red 14 (CAS 3567-69-9).

SHORT-TERM STUDIES

Single-Dose and Fourteen-Day Studies

Acute toxicity and 14-day repeated-dose studies were conducted on F344/N rats and $B6C3F_1$ mice to determine the concentration of C.I. Acid Orange 10 to be used in the 13-week studies.

In the acute toxicity studies, groups of five males and five females of each species were given feed containing 6,000, 12,500, 25,000, 50,000, 100,000, or 200,000 ppm C.I. Acid Orange 10 for 24 hours and were killed after 14 days. The animals that received the highest dose (200,000 ppm) were necropsied. All rats and mice survived to the end of the dosing and observation period, and no chemical-related effects were seen at necropsy for either rats or mice.

In the 14-day studies, groups of five males and five females of each species were fed diets containing 6,000, 12,500, 25,000, 50,000, or 100,000 ppm C.I. Acid Orange 10 for 14 days and then killed and necropsied on day 15.

All rats and mice survived to the end of the study. The spleens of male and female rats in all dosed groups were dark red and enlarged up to 1.5 times normal size, and the splenic enlargement was dose related. The spleens of male and female mice receiving dosed food were also dark red, congested, and enlarged up to 2 times normal size.

Thirteen-Week Studies

These studies were conducted to evaluate the cumulative toxicity of the test material, to identify organs affected, and to determine the most appropriate doses for the two-year studies. Groups of 10 males and 10 females of each species were given feed containing 0, 3,000, 6,000, 12,500, 25,000, or 50,000 ppm C.I. Acid Orange 10 for 13 weeks. Animals were observed twice daily and weighed weekly. At the end of the 91-day period, all animals were anesthetized with CO₂, killed, and necropsied.

Rats: No deaths occurred. Final body weights were more than 25% lower in male and female rats receiving the 50,000 ppm dose compared to controls. Doses, survivals, and body weights are summarized in Table 1.

A dose-associated splenomegaly was observed in male and female rats fed diets containing 6,000 ppm or more. Myeloid metaplasia of the spleen was present in all dosed animals, and the red pulp was engorged in all dosed animals when compared with controls. The severity of all these effects was dose related. Capsular fibrosis of the spleen, often considered life-threatening, was found in all dosed animals. The effects of this lesion were considered minimal at 3,000 ppm and moderate at 6,000 ppm. Pigmentation in the epithelial cells was found in renal tubules of all rats receiving 6,000 ppm or more; no significant degenerative changes were associated with the pigmentation. Although some of the pigment in each kidney was iron positive, much of it was iron negative, and no further attempt at identification was made.

Because of the observed splenic effects, doses selected for rats for the two-year studies were 0, 1,000, and 3,000 ppm.

Mice: One death occurred among male mice receiving 50,000 ppm. Two of 10 control female mice, 2/10 female mice receiving 12,500 ppm, and 1/10 female mice receiving 50,000 ppm also died.

In male mice mean body weights were decreased about 10% compared to controls in all

dosed groups except 3,000 ppm. Final body weights of dosed and control female mice were similar. Doses, survivals, and body weights are summarized in Table 2.

Spleens from male and female mice receiving the highest dose (50,000 ppm) were slightly enlarged. Myeloid metaplasia in the spleen was found in all male and female mice from all dosage groups. Granular pigment was present in epithelial cells of the proximal tubules of the kidneys from both male and female mice receiving 25,000 or 50,000 ppm. Because of the recognized splenic effects, doses selected for mice for the two-year studies were 0, 3,000, and 6,000 ppm.

		Mean Body Weights (grams)			Final Body Weight Relative to
Dose		T 141-1	F1	<u></u>	Controls (b)
(ppm)	Survival (a)	Initial	Final	Change	(%)
Male					
0	10/10	116.1	296.1	180.0	_
3,000	10/10	107.2	307.8	200.6	+ 4
6,000	10/10	108.3	306.7	198.4	+ 4
12,500	10/10	95.5	293.3	197.8	- 1
25,000	10/10	103.2	268.3	165.1	- 9
50,000	10/10	99.7	209.1	109.4	-29
Female					
0	10/10	106.2	178.8	72.6	_
3,000	10/10	103.5	185.9	82.4	+ 4
6,000	10/10	103.2	183.4	80.2	+ 3
12,500	10/10	98.8	183.0	84.2	+ 2
25,000	10/10	99.5	183.6	84.1	+ 3
50,000	10/10	92.1	133.0	40.9	-26

TABLE 1. DOSES, SURVIVALS, AND MEAN BODY WEIGHTS OF RATS FEDC.I. ACID ORANGE 10 FOR 13 WEEKS

(a) Number surviving/number per group

(b) Weight relative to controls =

Weight (Dosed Group) - Weight (Control Group) × 100

Weight (Control Group)

		Mean Be	ody Weights	s (grams)	Final Body Weight Relative to	
Dose (ppm)	Survival (a) (Week of Death)	Initial	Final	Change	Controls (b) (%)	
Male						
0	10/10	18.2	31.6	13.4		
3,000	10/10	18.0	29.6	11.6	- 6	
6,000	10/10	18.1	28.0	9.9	-11	
12,500	10/10	18.3	28.8	10.5	- 9	
25,000	10/10	19.1	28.5	9.4	-10	
50,000	9/10 (2)	19.0	28.7	9.2	- 9	
Female						
0	8/9 (2)	15.4	22.4	7.0	_	
3,000	10/10	15.7	21.4	5.7	- 4	
6,000	10/10	16.0	22.9	6.9	+ 2	
12,500	8/10 (2,3)	16.1	23.0	6.9	+ 3	
25,000	10/10	16.0	21.9	5.9	- 2	
50,000	9/10 (2)	15.8	21.9	6.1	- 2	

TABLE 2. DOSES, SURVIVALS, AND MEAN BODY WEIGHTS OF MICE FED C.I. ACID ORANGE 10 FOR 13 WEEKS

(a) Number surviving/number per group

(b) Weight relative to controls =

Weight (Dosed Group) - Weight (Control Group) × 100

Weight (Control Group)

TWO-YEAR STUDIES

The numbers of animals in test groups, doses administered, and times of the chronic studies in rats and mice are shown in Table 3.

Clinical Examinations and Pathology

All animals were observed twice daily, and observations of sick, tumor-bearing, and moribund animals were recorded. Clinical examination and palpation for masses were performed each month, and the animals were weighed at least once per month. Moribund animals and animals that survived to the end of the bioassay were killed with carbon dioxide 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 (abdominal), lungs and bronchi, trachea, bone, bone marrow (femur), thigh muscle, spleen, lymph nodes, thymus, heart, salivary glands, liver, gallbladder (mice), pancreas, esophagus, stomach, duodenum, jejunum, ileum, cecum, colon, kidney, urinary bladder, pituitary, adrenal, thyroid, parathyroid, testis, prostate, mammary gland, uterus, ovary, brain, epididymis, eye, and all tissue masses.

Necropsies were performed on all animals, 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.

When the pathology examination was completed, the slides, individual animal data records, and summary tables were sent to an independent quality assurance laboratory. Individual animal records and tables were compared for accuracy, slides and tissue counts were verified, and histotechniques were evaluated. All tumor diagnoses, target tissues, and tissues from a randomly selected 10% of the animals were evaluated by an experienced rodent pathologist. Slides of all target tissues and those on which the original and quality assurance pathologists disagreed were submitted to the Chairperson of the Pathology Working Group (PWG) for evaluation. Representative slides selected by the PWG Chairperson were reviewed in a blind fashion by the PWG's pathologists, who reached a consensus and compared their findings with the original diagnoses. When conflicts were found, the PWG sent the appropriate slides and its comments to the original pathologist for review. (This procedure has been described by Maronpot and Boorman, 1982). The final diagnosis represents a consensus of contractor pathologists and the NTP Pathology Working Group.

	Initial	C.I. Acid	Time on Study		
Test Group	No. of Animals	Orange 10 in Diet (ppm)	Dosed (weeks)	Not Dosed (weeks)	
Male Rats					
Matched Control	90 (a)	0	0	104	
Low Dose	50	1,000	103	1	
High Dose	50	3,000	103	1	
Female Rats					
Matched Control	90 (a)	0	0	104	
Low Dose	50	1,000	103	1	
High Dose	50	3,000	103	1	
Male Mice					
Matched Control	50	0	0	104	
Low Dose	50	3,000	103	1/2 (3 days)	
High Dose	50	6,000	103	1/2 (3 days)	
Female Mice					
Matched Control	50	0	0	104	
Low Dose	50	3,000	103	1	
High Dose	50	6,000	103	1	

 TABLE 3. EXPERIMENTAL DESIGN OF THE TWO-YEAR FEEDING STUDIES WITH

 C.I. ACID ORANGE 10 IN RATS AND MICE

(a) Controls were shared with feeding studies of FD&C Yellow 6 and C.I. Acid Red 14.

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).

Survival Analyses—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. All reported P-values for the survival analysis are two-sided.

Incidence Data—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 to the number of animals in which that site is examined. 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 (e.g., skin or mammary tumors) prior to histologic sampling or when lesions could have appeared at multiple sites (e.g., lymphomas), the denominators consist of the numbers of animals necropsied.

For the statistical analysis of tumor incidence data, two different methods of adjusting for intercurrent mortality were employed. Each used the classical methods for combining contingency tables developed by Mantel and Haenszel (1959). Tests of significance included pairwise comparisons of high and low dose groups with controls and tests for overall dose-response trends.

Life Table Analyses—The first method of analysis assumed that all tumors of a given type observed in animals dying before the end of the study were "fatal"; i.e., they either directly or indirectly caused the death of the animal. According to this approach, the proportions of tumor-bearing animals in the dosed and control groups were compared at each point in time at which an animal died with a tumor of interest. The denominators of these proportions were the total number of animals at risk in each group. These results, including the data from animals killed at the end of the study, were then combined by the Mantel-Haenszel methods to obtain an overall P-value. This method of adjusting for intercurrent mortality is the life table method of Cox (1972) and of Tarone (1975).

Incidental Analyses-The second method of analysis assumed that all tumors of a given type observed in animals dying before the end of the study were "incidental"; i.e., they were merely observed at autopsy in animals dying of an unrelated cause. According to this approach, the proportions of animals found to have tumors in dosed and control groups were compared in each of five time intervals: 0-52 weeks, 53-78 weeks, 79-92 weeks, week 93 to the week before the terminal kill, and the terminal kill period. The denominators of these proportions were the number of animals actually autopsied during the time interval. The individual time interval comparisons were then combined by the previously described methods to obtain a single overall result. The computational details of both methods are presented in Peto et al. (1980).

Trends and Pairwise Comparisons—In addition to these tests, one other set of statistical analyses was carried out and reported in the tables analyzing primary tumors: the Fisher exact test for pairwise comparisons and the Cochran-Armitage linear trend test for doseresponse trends (Armitage, 1971; Gart et al., 1979). These tests were based on the overall proportion of tumor-bearing animals. All reported P-values for the tumor incidence analyses are one-sided.

For studies in which there is little effect of compound administration on survival, the results of the three alternative analyses will generally be similar. When differing results are obtained by the three methods, the final interpretation of the data will depend on the extent to which the tumor under consideration is regarded as being the cause of death.

III. RESULTS

RATS

TWO-YEAR STUDIES

Body Weights and Clinical Signs Survival Pathology and Statistical Analyses of Results

MICE

TWO-YEAR STUDIES

Body Weights and Clinical Signs Survival Pathology and Statistical Analyses of Results

RATS

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of dosed rats of both sexes were comparable with those of controls (Table 4 and Figure 2). No compound-related clinical signs were observed.

Survival

Estimates of the probabilities of survival for male and female rats administered C.I. Acid Orange 10 in feed at the doses used in these studies, and those of the controls, are shown by the Kaplan and Meier curves in Figure 3. The results of Tarone's tests indicate comparable survival among all three groups of either sex.

In male rats, 70/90 (78%) of the matched control group, 42/50 (84%) of the low dose group, and 39/50 (78%) of the high dose group lived to the end of the study at week 104. In females, 66/88 (75%) of the control group, 46/50 (92%) of the low dose group, and 44/50 (88%) of the high dose group were alive at the end of the study at 104-105 weeks.

TABLE 4. MEAN BODY WEIGHTS (RELATIVE TO CONTROLS) AND SURVIVAL OF RATS FED DIETS CONTAINING C.I. ACID ORANGE 10 FOR TWO YEARS

Weeks		Control		Low Dose			High Dose			
on	Av. Wt.	No. of Survivors	Av. Wt.	Wt. (percent of	No. of Survivors	Av. Wt. (grams)	Wt. (percent of veh. controls)	No. of Survivors		
Study	(grams)	Survivors	(grams)	veh. controls)	Survivors	(grams)	ven. controis)	Survivors		
IALE										
0	115	90	116	101	50	119	103	50		
4	239	90	235	98	50	233	97	50		
10	297	90	303	102	50	300	101	50		
13	335	90 90	343	102 103	50 50	341	102 103	50 50		
17 22	351 371	89	360 373	103	50	361 376	103	50		
26	375	89	384	102	50	383	102	50		
26 31	386	89	398	102	50	396	103	50		
36	397	89	410	103	50	407	103	50		
38	346	89	395	114	50	394	114	50		
42	397	88	412	104	50	409	103	50		
46	396	88	409	103	49	408	103	50		
51	403	88	421	104	49	412	102	50		
55	403	88	418	104	49	417	103	50		
59	402	88	419	104	49	412	102	50		
63 68 72	411	87	421	102	49	422	103	50		
68	405	87	422	104	48	417	103	50		
72	419	87	437	104	48	433	103	49		
77	415	86	429	103	48	427	103	49		
81 85	411 407	85 85	425 420	103 103	48 46	416 416	101 102	48 46		
91	416	81	437	105	45	422	101	44		
93	404	79	407	101	45	425	105	41		
94	406	78	403	99	45	418	103	41		
96	402	77	395	98	45	415	103	41		
98	391	77	416	106	44	415	106	40		
100	391	76	410	105	43	408	104	39		
102	403	73	415	103	43	414	103	39		
103	410	73	423	103	42	422	103	39		
EMALE										
0	104	90	106	102	50	105	101	50		
4	149	90	149	100	50	150	101	50		
9	175	88	174	99	50	176	101	50		
12	189	88	188	.99	50	189	100	50		
12 16 21 26	199 212	87 87	204 213	103 100	50 50	205 213	100	50 50		
26	215	87	217	101	50	216	100	50		
30	221	87	220	100	50	223	101	50		
35	228	87	227	100	50	228	100	50		
35 37	218	87	233	107	50	233	107	50		
42	230	87	234	102	50	235	102	50		
45	234	87	233	100	50	234	100	50		
50	239	87	245	103	50	243	102	50		
54	241	87	242	100	50	241	100	50		
58	255	87	250	98	50	253	99	50		
62	256	87	252	98	50	252	98	50		
54 58 62 67 71	265	87	259 069	98	50	259	.98	50		
71	267	87 86	268 270	100 98	50 50	270 272	101 99	49 49		
76 80	275 269	84	270	101	50	272	102	49		
84	272	81	271	100	50	268	99	49		
84 90	285	78	284	100	50	278	98	49		
92	282	76	280	99	50	281	100	47		
92 93	276	75	278	101	50	280	101	46		
95	280	75 75	278	99	50	284	101	46		
97	285	72	285	100	49	290	102	45		
	288	69	283	98	48	287	100	45		
99						298				
99 101	297	68	290	9 8	48		100	44		





C.I. Acid Orange 10



Figure 3. Kaplan-Meier Survival Curves for Rats Fed Diets Containing C.I. Acid Orange 10

C.I. Acid Orange 10

Pathology and Statistical Analyses of Results

Histopathologic findings on neoplasms in rats are summarized in Appendix A, Tables A1 and A2; findings on nonneoplastic lesions are summarized in Appendix C, Tables C1 and C2. Appendix F, Tables F1 and F2, contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one or more than one group. Significant increases or decreases in the occurrence of particular neoplasms are presented below.

A significant (P<0.03) dose-related trend was observed in the incidence of neoplastic nodules in the liver of male rats, and the incidence in the high dose group was higher (P<0.05) than that in the controls (5/90, 6%; 3/50, 6%; 8/50, 16%) (Table 5). The 16% rate found in the 3,000 ppm group is greater than the mean rate of 3% (78/2306) observed historically in the Program (Table E1), and is more than that seen in the upper range in controls (6/49, 12%). One hepatocellular carcinoma was also found in a high dose male (an incidence of 2%). These hepatic tumors were consistent with those described by Squire and Levitt (1975). There was no increased incidence of foci of cellular alteration in male rats. In female rats, neoplastic nodules of the liver occurred in 3/88 (3%) controls and 1/50 (2%) high dose animals. Hepatocellular carcinomas occurred in 2/50 (4%) females in the low dose group.

The incidence of male rats with mesotheliomas in the tunica vaginalis was higher (P < 0.05) in the low dose group than in the controls (0/90; 3/50, 6%; 2/50, 4%). However, when the incidence of males with mesotheliomas at any site is considered, no significant difference is observed (3/90, 3%; 3/50, 6%; 2/50, 4%). The historical rates are shown in Table E3.

Negative trends (P < 0.01) and significantly lower incidences (P < 0.03) of leukemia in the hematopoietic system were observed in both dose groups of male and female rats (males: 22/90, 4/50, 3/50; females: 16/88, 2/50, 0/50) (Table 6; Table E2).

	Control	1,000 ppm	3,000 ppm
Overall Incidence	5/90 (6%)	3/50 (6%)	8/50 (16%) (a)
Adjusted Incidence	6.9%	7.1%	20.5%
Terminal Incidence	5/72 (7%)	3/42 (7%)	8/39 (21%)
Life Table Test	P=0.022	P=0.633	P=0.036
Incidental Tumor Test	P=0.022	P=0.633	P=0.036
Cochran-Armitage Trend Test	P=0.026		
Fisher Exact Test		P=0.593	P=0.044
Weeks to First Observed Tumor	104	104	104

TABLE 5. INCIDENCES OF MALE RATS WITH NEOPLASTIC NODULES OF THE LIVER

(a) One male rat in the 3,000 ppm dose group had both a neoplastic nodule and a carcinoma of the liver.

	Control	1,000 ppm	3,000 ppm
Males			
Overall Incidence	22/90 (24%)	4/50 (8%)	3/50 (6%)
Adjusted Incidence	26.7%	8.6%	6.4%
Ferminal Incidence	13/72 (18%)	1/42 (2%)	0/39 (0%)
Life Table Test	P=0.006N	P=0.018N	P=0.011N
Incidental Tumor Test	P=0.002N	P=0.021N	P=0.002N
Cochran-Armitage Trend Test	P=0.003N		
Fisher Exact Test		P=0.013N	P=0.005N
Weeks to First Observed Tumor	74	43	84
Females			
Overall Incidence	16/88 (18%)	2/50 (4%)	0/50 (0%)
Adjusted Incidence	21.4%	4.2%	0.0%
Ferminal Incidence	10/66 (15%)	1/46 (2%)	0/44 (0%)
Life Table Test	P<0.001N	P=0.009N	P=0.001N
Incidental Tumor Test	P=0.002N	P=0.026N	P=0.004N
Cochran-Armitage Trend Test	P<0.001N		
Fisher Exact Test		P=0.014N	P<0.001N
Weeks to First Observed Tumor	5	102	

TABLE 6. INCIDENCES OF RATS WITH LYMPHOCYTIC LEUKEMIA

MICE

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of the dosed male and female mice were comparable with those of the controls (Table 7 and Figure 4). No compoundrelated clinical signs were observed.

Survival

Estimates of the probabilities of survival for male and female mice administered C.I. Acid Orange 10 in feed at the doses used in these studies, and those of the controls, are shown by the Kaplan and Meier curves in Figure 5. No significant life-shortening effects were observed in dosed groups relative to controls.

In male mice, 32/50 (64%) of the controls, 33/50 (66%) of the low dose group, and 42/50 (84%) of the high dose group lived to the end of the study at week 103. In females, 40/50 (80%) of the control group, 37/50 (74%) of the low dose group, and 41/50 (82%) of the high dose group lived to the end of the study at 103-104 weeks.

TABLE 7. MEAN BODY WEIGHTS (RELATIVE TO CONTROLS) AND SURVIVAL OF MICE FED DIETS CONTAINING C.I. ACID ORANGE 10 FOR TWO YEARS

Weeks	Vehicle Control			Low Dose	_	High Dose			
on	Av. Wt. No. of		Av. Wt. Wt. (percent of No. of			Av. Wt. Wt. (percent of No. of			
Study	(grams)	Survivors	(grams)	veh. controls)	Survivors	(grams)	veh. controls)	Survivors	
ALE					<u> </u>				
0	23.6	50	23.5	100	50	22.8	97	50	
5	27.4	50	27.8	101	47	27.9	102	50	
8 12	30.0	50	30.7	102	47	29.4	98	50 50	
17	32.5 34.2	50 49	32.9 35.0	101 102	47 45	32.4 34.6	100 101	50	
21	35.1	49	35.9	102	45	34.8	99	50	
26	35.0	49	35.8	102	44	35.3	101	50	
30	36.4	49	36.2	99	44	36.4	100	50	
34	36.5	49	37.0	101	43	37.0	101	50	
38	38.2	49	38.0	99	42	38.5	101	50	
42 47	39.6	49	39.7	100	42	38.8	98	50 50	
51	39.3 38.5	49 49	38.9 38.5	99 100	41 41	37.5 38.1	95 99	50	
53	38.6	49	38.9	101	41	38.3	99	50	
58	38.5	48	39.3	101	41	38.3	99	50	
62	38.7	47	38.8	100	41	39.2	101	50	
66	39.2	46	39.6	101	41	39.5	101	50	
71	38.2	46	38.6	101	41	39.0	102	50	
76	37.0	46	38.9	105	40	38.2	103	49	
80	35.4	46	36.9	104	40	38.6	109	48	
84 88	38.3	46 44	39.1 36.8	102 101	38 38	38.4	100 97	47 45	
90	36.5 36.6	44	36.4	99	38	35.4 35.9	98	45	
93 93	36.3	43	35.9	99	37	36.0	99	44	
95	37.2	42	36.2	97	37	36.2 36.7 36.6	97	44	
97	36.6	34	37.0	101	36	36.7	100	44	
99	36.3 36.0	34	37.0	102	36	36.6	101	44	
101 103	36.0	33 33	36.5 36.1	101 100	35 33	36.9 36.5	103 101	42 42	
FEMALE									
0	18.0	50	16.4	91	50	18.4	102	50	
4	20.0	50	20.8	104	50	20.0	100	50	
7	23.4	50	22.1	94	50	21.8	93	50	
11	25.8	50	25.3	98	50	25.4	98	50	
16 20	27.8 27.8	50 50	27.6 27.7	99 100	50	27.9 27.3	100 98	50 50	
20	27.8	50 50	27.7	100	50 50	27.3	99 98	50 50	
29	30.2	50	29.5	98	50	29.0	96	50	
33	30.4	50	29.5	97	50	30.2	99	49	
37	31.4	50	30.9	98	50	31.8	101	49	
41	32.1	50	31.7	.99	50	31.7	99	49	
45	32.3 33.2	50 50	32.2	100	50	32.1	99	49 49	
49 52 57	33.2 34.1	50	32.3 34.0	97 100	50 50	32.6 33.6	98 99	49	
57	35.3	50	35.4	100	50	35.4	100	49	
61	35.8	50	36.5	102	50	36.4	102	49	
65	36.8	50	37.6	102	50	37.3	101	49	
70	36.7	50	37.0	101	50	36.7	100	49	
75	36.7	50	37.0	101	49	36.5	.99	49	
79 83	35. 4 37.9	49 49	34.8 37.4	98 99	49 48	36.2 37.5	102 99	48 48	
83 87	37.9 34.9	49	37.4 35.0	100	48	37.5 32.9	99 94	48 45	
89	34 4	44	35.2	102	40	34.5	100	43	
92 94	35.1	44	34.4	98	43	34.0	97	.4	
94	36.4	44	35.7	98	41	34.1	94	44	
96	37.3	43	37.5	101	40	35.7	96	43	
98	37. 9	43	38.2	101	39	36.0	95	42	
100	36.6	41	37.6	103	39	36.2	99	41	
103	37.5	40	40.0	107	36	36.0	96	41	



Figure 4. Growth Curves for Mice Fed Diets Containing C.I. Acid Orange 10

C.I. Acid Orange 10



Figure 5. Kaplan-Meier Survival Curves for Mice Fed Diets Containing C.I. Acid Orange 10

Pathology and Statistical Analyses of Results

Histopathologic findings on neoplasms in mice are summarized in Appendix B, Tables B1 and B2; findings on nonneoplastic lesions are summarized in Appendix D, Tables D1 and D2. Appendix F, Tables F3 and F4, contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in at least one group. Significant increases or decreases in the occurrence of particular neoplasms are presented below. At no site was a significant positive increase in tumors observed. In male mice, the incidence of hepatocellular carcinoma in the low dose group was lower (P<0.05) than that in the controls (14/50, 28%; 5/49, 10%; 12/50, 24%) (Table 8). When carcinoma and adenoma of the liver are combined, the decrease in the low dose males is significant only by the Fisher exact test (P=0.05). In female mice, hepatocellular adenoma or carcinoma occurred in 3/50 (6%) controls, 3/50 (6%) low dose, and 3/49 (6%) high dose animals.

TABLE 8.	INCIDENCES	OF	MALE MICE	WITH LIVE	R TUMORS

	Control	3,000 ppm	6,000 ppm
Hepatocellular Carcinoma			
Overall Incidence	14/50 (28%)	5/49(10%)	12/50 (24%)
Adjusted Incidence	36.7%	14.3%	27.1%
Terminal Incidence	10/33 (30%)	4/33 (12%)	10/42 (24%)
Life Table Test	P=0.189N	P=0.028N	P=0.208N
Incidental Tumor Test	P=0.289N	P=0.046N	P=0.306N
Cochran-Armitage Trend Test	P=0.356N		
Fisher Exact Test		P=0.022N	P=0.410N
Weeks to First Observed Tumor	86	78	81
Hepatocellular Carcinoma or Adeno	na		
Overall Incidence	15/50 (30%)	7/49 (14%)	12/50 (24%)
Adjusted Incidence	39.5%	20.2%	27.1%
Terminal Incidence	11/33 (33%)	6/33 (18%)	10/42 (24%)
Life Table Test	P=0.127N	P=0.057N	P=0.147N
Incidental Tumor Test	P=0.201N	P=0.088N	P=0.223N
Cochran-Armitage Trend Test	P=0.276N		
Fisher Exact Test		P=0.050N	P=0.327N
Weeks to First Observed Tumor	86	78	81

IV. DISCUSSION AND CONCLUSIONS

In the 13-week studies, lesions detected in the spleen and to a lesser degree in the kidney influenced the dosage levels selected for the two-year studies. Splenomegaly was observed during the 13-week studies at levels above 3,000 ppm; however, the red pulp of the spleen from animals at all dietary levels was engorged with blood, the extent of engorgement being dose related. Moreover, myeloid metaplasia was present in all animals at all dosage levels. In the kidneys, globular pigments were observed in dose-related quantities in the proximal tubules from animals at all dose levels except 3,000 ppm (these pigments were not identified).

The dietary concentrations used in the twoyear studies were 0, 0.1% (1,000 ppm), or 0.3%(3,000 ppm) for male and female F344/N rats and 0, 0.3% (3,000 ppm), or 0.6% (6,000 ppm) for male and female B6C3F1 mice. In these studies, mean body weights of dosed rats and mice were similar to those of the controls throughout the studies. No compound-related clinical signs were observed. Because no compound-related splenic, renal, or toxic effects were observed in the two-year studies, both rats and mice may have been able to tolerate higher doses.

Neoplastic nodules of the liver in high dose male rats occurred at an increased incidence when compared with the controls (P < 0.05). The 16% rate found in the 3,000 ppm group is greater than the mean rate of 3% (78/2306) observed historically in the Program (Table E1) and is more than that seen in the upper range in controls (6/49, 12%). This marginal increase in liver cell neoplasms may have been associated with the dietary administration of C.I. Acid Orange 10.

Although the incidence of mesotheliomas of the tunica vaginalis was increased in the low dose male rats, there are no significant differences between control and dosed groups when all sites are considered. No apparent compound-related neoplastic or nonneoplastic lesions were seen in the female rats or in mice of either sex.

An as yet unexplained pattern of increasing neoplasms of the liver in F344 rats frequently associates with decreasing hematopoietic lesions, specifically mononuclear cell leukemia (Haseman, 1983). A similar negative association between the incidences of lymphomas and liver tumors in CF-1 mice exposed to DDT was reported by Wahrendorf (1983). C.I. Acid Orange 10 caused a marginal increase in the incidence of neoplastic nodules of the liver in the 3,000 ppm male rats (6% versus 16%: P<0.05). Conversely the rate for leukemia was reduced considerably in exposed male rats (24% versus 8% or 6%: P<0.05). Female rats also showed a decrease in leukemia (18% versus 4% or 0%: P < 0.05) yet no increases were seen for neoplasms of the liver. The chemicals reported to cause this pattern of increased liver neoplasms with decreased leukemia (Haseman, 1983) might exert their effects either by direct action on the organ systems to produce both responses simultaneously or by a sequential process affecting first the liver to produce some product or products that, in turn, affect the bone marrow. The reverse sequence (a bone marrow effect resulting in an effect on the liver) seems less likely. The mechanism or mechanisms for this "compensatory biologic reaction" remain unknown.

Aniline, a known metabolite of C.I. Acid Orange 10 in rats (28%), in rabbits (0.6%), and in humans (0.5%) (Figure 1) caused hemangiosarcomas and fibrosarcomas or sarcomas of the spleen and fibrosarcomas or sarcomas of multiple organs in male and female F344 rats (NCI, 1978). The detection of aniline and aniline derivatives as metabolites of C.I. Acid Orange 10 (Walker et al., 1972) suggests that higher dietary levels of this dye might contribute to any adverse effects on the spleen or hematopoietic system. The levels of aniline associated with nonneoplastic and neoplastic involvement were at the 3,000 and 6,000 ppm dietary levels, compared to the no observable effects from the C.I. Acid Orange 10 used in these studies (up to 3,000 ppm for rats or up to 6,000 ppm for mice) and less than one third (28%) of the dye has been reported to be converted to aniline (NCI, 1978). Induction of tumors from aniline liberated as a metabolite therefore seems unlikely.

Rats and mice eating diets containing C.I. Acid Orange 10 were housed in the same room with rats and mice in other studies being fed food containing C.I. Acid Red 14 (NTP, 1982) or FD&C Yellow No. 6 (NTP, 1981). For Yellow 6, no nonneoplastic or neoplastic effects were observed in male and female F344/N rats or in female B6C3F₁ mice. Hepatocellular carcinomas were increased in the low dose (12,500 ppm) group of male mice (13/50 versus 22/48): P < 0.05); the high dose group was increased but not statistically (16/50). C.I. Acid Red 14 did not cause any neoplastic responses in male or female F344/N rats or $B6C3F_1$ mice. Therefore, the marginal increases diagnosed in the C.I. Acid Orange 10 studies were not considered to be influenced by these two other chemicals.

Conclusion: For 103 weeks C.I. Acid Orange 10 was given in the diets of male and female F344/N rats (0%, 0.1%, or 0.3%) and of male and female $B6C3F_1$ mice (0%, 0.3%, or 0.6%). Under these conditions, there was no evidence of carcinogenicity for male and female F344/N rats or for male and female $B6C3F_1$ mice.

C.I. Acid Orange 10
V. REFERENCES

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

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

CFR, Cancellation of Certificates. Code of Federal Regulations 21:8.510, 1974.

Cook, J., Hewett, E., Kennaway, E., and Kennaway, N. Effect produced in the livers of mice by azonaphthalenes and related compounds. Amer. J. Cancer 40:62-77, 1940.

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

Cox, D. R., Regression models and life tables. J. R. Stat. Soc. B34:187-220, 1972.

Daniel, J.W., The excretion and metabolism of edible food colours. Toxicol. Appl. Pharmacol. 4:572-594, 1962.

Daniel, J., Enzymic reduction of azo food colourings. Food Cosmet. Toxicol. 5:533-534, 1967.

Garner, R. and Nutman, C., Testing of some azo dyes and their reduction products for mutagenicity using *Salmonella typhimurium* TA1538. Mutat. Res. 44:9-19, 1977.

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

Gaunt, I., Wright, M., Grasso, P., and Gangolli, S., Short-term toxicity of Orange G in rats. Food Cosmet. Toxicol. 9:329-342, 1971.

Hansen, W., Wilson, D., and Fitzhugh, O., Subacute oral toxicity of ten D & C coal-tar colors. Fed. Proc. 19:390, 1960.

Haseman, J.K., Patterns of tumor incidence in two-year cancer bioassay feeding studies in Fischer 344 rats. Fundamental and Applied Toxicology 3:1-9, 1983.

Horowitz, W. (ed.), Official Methods of Analysis of the Association of Analytical Chemists, 12th ed., Association of Official Analytical Chemists, Washington, D.C., 1975, pp. 636-637, 34.017-34.019.

IARC, IARC Monographs on the evaluation of carcinogenic risk of chemicals to man. Some aromatic azo compounds, Vol. 8, International Agency for Research on Cancer, Lyon, France, 1975, 181-187. IARC, IARC Monographs on the evaluation of carcinogenic risk of chemicals to humans. Some aromatic amines, anthraquinones and nitrosocompounds, and inorganic fluorides used in drinking water and dental preparations. Vol. 27, International Agency for Research on Cancer, Lyon, France, 1982, 39-61.

Jones, A. V., and Thomas, J., The influence of certain metal ions on the visible spectra of food dyes. J. Food Technol. 3:1-14, 1968.

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

Klinke, unpublished study quoted in Deutsche Forschungsgemeinschaft Farbstoff-Kommis-

sion, Toxikologische Daten von Farbstoffen und ihre Zulassung fur Lebensmittel in verschiedenen Landern, Mitt. 6(2), Steiner Verlag, Wiesbaden, 1957, p. 9.

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

Maronpot, R.R., and Boorman, G.A., Interpretation of rodent hepatocellular proliferative alterations and hepatocellular tumors in chemical safety assessment. Toxicol. Pathol. 10(2):71-80, 1982.

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

NCI, National Cancer Institute, Bioassay of Aniline Hydrochloride for Possible Carcinogenicity, TR 130, U.S. Department of Health, Education and Welfare, Public Service, National Institutes of Health, Bethesda, Md., 1978.

NTP, National Toxicology Program. NTP Technical Report on the carcinogenesis bioassay of FD&C Yellow No. 6. NTP TR 208, National Institute of Environmental Health Sciences, National Institutes of Health, Public Health Service, Department of Health and Human Services, Research Triangle Park, North Carolina, 1981.

NTP, National Toxicology Program. NTP Technical Report on the carcinogenesis bioassay of D&C Red No. 9. NTP TR 225, National Institute of Environmental Health Sciences, National Institutes of Health, Public Health Service, Department of Health and Human Services, Research Triangle Park, North Carolina, 1982. Peto, R.; Pike, M.; Day, N.; Gray, R.; Lee, R.; Parish, S.; Peto, J.; Richard, S.; Wahrendorf, J., Guidelines for simple sensitive significance tests for carcinogenic effects in long-term animal experiments. International Agency for Research Against Cancer. Monographs on the long-term and short-term screening assays for carcinogens: A critical appraisal. Geneva: World Health Organization. Supplement 2: 311:1980.

Ryan, A., Roxon, J., and Sivayavirojana, A., Bacterial azo reduction: a metabolic reaction in mammals. Nature 219:854-855, 1968.

Sadtler Standard Spectra, Sadtler Research Laboratories, Philadelphia, Pennsylvania, IR No. X41.

Society of Dyers and Colourists, Colour Index, The Society of Dyers and Colourists, Bradford, England, 1971, Vol. 1, p. 1076; Vol. 2, p. 2776; 2781; Vol. 4, p. 4094.

Squire, R. and Levitt, M., Report of a workshop on classification of specific hepatocellular lesions in rats. Cancer Res. 35:3214-3223, 1975.

Tarone, R. E., Tests for trend in life table analysis. Biometrika 62:679-682, 1975. United States International Trade Commission, Synthetic Organic Chemicals United States Production and Sales 1978, USITC Publication 1001, U.S. Government Printing Office, Washington, D.C. 1979.

United States International Trade Commission, Synthetic Organic Chemicals United States Production and Sales 1981, USITC Publication 1292, U.S. Government Printing Office, Washington, D.C., 1982.

Wahrendorf, J., Simultaneous analysis of different tumor types in a long-term carcinogenicity study with scheduled sacrifices. J. Nat. Cancer Inst. 70(5):915-921, 1983.

Walker, R., Gaunt, I., and Brantom, P., Unpublished information, 1972. In Gaunt, I., Kiss, I., Grasso, P., and Gangolli, S., Food Cosmet. Toxicol. 11:367-374, 1973.

Waterman, N., and Lignac, G., The influence of the feeding of a number of food colours on the occurrence of tumours in mice. Acta Physiol. Pharmacol. Neerlandica 7:35-55, 1958.

APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS FED DIETS CONTAINING C.I. ACID ORANGE 10

TABLE A1.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS FED DIETS CONTAINING C.I. ACID ORANGE 10

	CONTROL	LOW DOSE	HIGH DOSE					
NNIMALS INITIALLY IN STUDY NNIMALS NECROPSIED NNIMALS EXAMINED HISTOPATHOLOGICALLY	90 90 90	50 50 50	50 50 50					
NTEGUMENTARY SYSTEM								
*SKIN Squamous cell papilloma	(90)	(50)	(50)					
BASAL-CELL CARCINOMA Sebaceous Adenoma	1 (1%)	t (2%) t (2%)						
FIBROMA FIBROSARCOMA	1 (1%)	1 (2%)						
*SUBCUT TISSUE Squamous cell carcinoma	(90)	(50)	(50)					
FIBROMA FIBROSARCOMA	4 (4%) 1 (1%)	4 (8%) 1 (2%)	2 (4%) 1 (2%)					
ESPIRATORY SYSTEM			• • • • • • • • • • • • • • • • • • •					
<pre>#LUNG ALVEOLAR/BRONCHIOLAR CARCINOMA PHEOCHROMOCYTOMA, METASTATIC FIDROSARCOMA, METASTATIC</pre>	(89) 1 (1%) 1 (1%) 1 (1%)	(50)	(50)					
EMATOPOIETIC SYSTEM								
*MULTIPLE ORGANS Malig.lymphona, histiocytic type	(90)	(50)	(50)					
LYMPHOCYTIC LEUKEMIA	21 (23%)	4 (8%)	3 (6%)					
#BONE MARROW Osteoma	(84)	(48)	(48)					
#SPLEEN Lymphocytic Leukemia	(90) 1 (1%)	(50)	(50)					
CERVICAL LYMPH NODE C-Cell Carcinoma, Metastatic	(89)	(49)	(49)					

	CONTROL	LOW DOSE	HIGH DOSE
#LYMPH NODE OF THORAX Interstitial-cell tumor, metasta	(89) 1 (1%)	(49)	(49)
<pre>#MESENTERIC L. NODE MUCINOUS ADENOCARCINOMA, METASTA</pre>	(89)	(49)	
CIRCULATORY SYSTEM			
#SPLEEN Hemangioma	(90)	(50)	(50) 1 (2%)
#HEART ADENOCARCINOMA, NOS, UNC PRIM OR Alveolar/bronchiolar Ca, invasiv Nonchromaffin Paraganglioma	(90) 1 (1%) 1 (1%)	(49) 1 (2%)	(50)
	(90)	(49) 1 (2%)	(50)
DIGESTIVE SYSTEM			
*INTESTINAL TRACT Mucinous Adenocarcinoma	(90) 1 (1%)	(50)	(50)
#SALIVARY GLAND MIXED TUMOR, MALIGNANT	(89) 1 (1%)	(49)	(47)
	(90) 5 (6%) 1 (1%)	(50) 3 (6%)	(50) 8 (16%) 1 (2%)
*OROPHARYNX Squamous Cell Papilloma	(90)	(50)	(50) 1 (2%)
#CARDIAC STOMACH Squamous cell papilloma	(87) 1 (1%)	(50)	(49)
#JEJUNUM LEIOMYOSARCOMA	(87)	(48) 1 (2%)	(47)
#COLON ADENOMATOUS POLYP, NOS	(87)	(47)	(49)

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

	CONTROL	LOW DOSE	HIGH DOSE
URINARY SYSTEM None			
ENDOCRINE SYSTEM			
#PITUITARY Adenoma, nos Chromophobe Adenoma Chromophobe Carcinoma Acidophil Adenoma	(84) 1 (1%) 4 (5%) 1 (1%) 2 (2%)	(47) 2 (4%) 4 (9%)	(46) 2 (4%)
#ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA Pheochromocytoma Pheochromocytoma, Malignant	(89) 3 (3%) 11 (12%) 3 (3%)	(49) 1 (2%) 4 (8%)	(50) 2 (4%) 8 (16%) 1 (2%)
#THYROID FOLLICULAR-CELL ADENOMA FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA	(89) 2 (2%) 2 (2%) 2 (2%)	(50) 1 (2%) 5 (10%)	(49) 1 (2%) 2 (4%)
#PANCREATIC ISLETS ISLET-CELL CARCINOMA	(88) 3 (3%)	(47) 1 (2%)	(46) 3 (7%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND FIBROADENOMA	(90) 2 (2%)	(50) 3 (6%)	(50)
*PREPUTIAL GLAND Squamous cell papilloma Sebaceous adenoma Sebaceous adenocarcinoma	(90)	(50) 1 (2%)	(50) 2 (4%) 1 (2%)
#TESTIS INTERSTITIAL-CELL TUMOR INTERSTITIAL-CELL TUMOR, MALIGNA	(90) 86 (96%) 1 (1%)	(50) 49 (98%)	(50) 49 (98%)
NERVOUS SYSTEM			
#CEREBRUM ASTROCYTOMA	(90)	(50)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
#BRAIN Squamous cell carcinoma, invasiv	(90)		(50) 1 (2%)
ASTROCYTOMA OLIGODENDROGLIOMA	1 (1%) 1 (1%)	2 (4%)	1 (27)
SPECIAL SENSE ORGANS			
NONE			
MUSCULOSKELETAL SYSTEM			
<pre>*INTERCOSTAL MUSCLE ALVEOLAR/BRONCHIOLAR CA, INVASIV</pre>	(90) 1 (1%)	(50)	
BODY CAVITIES			
*PERITONEUM MESOTHELIOMA, MALIGNANT	(90) 1 (1%)	(50)	(50) 1 (2%)
*MESENTERY LEIOMYOSARCOMA, METASTATIC	(90)	(50) 1 (2%)	(50)
*TUNICA VAGINALIS MESOTHELIOMA, NOS MESOTHELIOMA, MALIGNANT	(90)	(50) 2 (4%) 1 (2%)	(50) 1 (2%) 1 (2%)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS MESOTHELIOMA, NOS MESOTHELIOMA, MALIGNANT	(90) 1 (1%) 1 (1%)	(50)	(50)
THORACIC CAVITY Cortical Carcinoma, Metastatic		1	

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

C.I. Acid Orange 10

	CONTROL	LOW DOSE	HIGH DOSE
NIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	90	50_	50
NATURAL DEATHƏ Moribund sacrifice Scheduled sacrifice	9 1 1	5 2	6 5
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	70	1 42	39
INCLUDES AUTOLYZED ANIMALS			
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	90 175	50 94	50 94
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	86 124	49 65	49 66
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	40 45	19 23	17 19
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	4 7	22	2 2
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors	6 6	4 5	9
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS		1	
PRIMARY TUMORS: ALL TUMORS EXCEPT SEC SECONDARY TUMORS: METASTATIC TUMORS (LACENT OPCAL

TABLE A2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS FED DIETS CONTAINING C.I. ACID ORANGE 10

		LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY		50	50
ANIMALS MISSING ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	88	50 50	50 50
INTEGUMENTARY SYSTEM			
*SKIN FIBROSARCOMA	(88)	(50) 1 (2%)	(50)
*SUBCUT TISSUE BASAL-CELL TUMOR FIBROMA	(88)	(50) 1 (2%) 2 (4%)	(50)
RESPIRATORY SYSTEM			
#LUNG FIBROSARCOMA, METASTATIC	(88)	(50) 1 (2%)	(49)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS MALIGNANT LYMPHOMA, NOS	(88) 2 (2%)	(50)	(50)
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE Lymphocytic Leukemia	14 (16%)	1 (2%) 2 (4%)	
#SPLEEN Lymphocytic Leukemia	(88) 2 (2%)	(50)	(50)
#RENAL LYMPH NODE TRANSITIONAL-CELL CARCINOMA, MET	(86) 1 (1%)	(49)	(50)
#THYMUS Malig.lymphoma, lymphocytic type	(70)	(41) 1 (2%)	(36)
CIRCULATORY SYSTEM			
#HEART NEURILEMOMA, MALIGNANT	(88)	(50)	(49)

ONGUE SQUAMOUS CELL PAPILLOMA IVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA FIBROSARCOMA, METASTATIC NARY SYSTEM IDNEY/PELVIS TRANSITIONAL-CELL CARCINOMA OCRINE SYSTEM ITUITARY CHROMOPHOBE ADENOMA CHROMOPHOBE CARCINOMA GANGLIONEUROMA DRENAL CORTICAL ADENOMA CORTICAL ADENOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT HYROID FOLLICULAR-CELL ADENOMA C-CELL CARCINOMA ARATHYROID ADENOMA, NOS ANCREATIC ISLETS ISLET-CELL CARCINOMA RODUCTIVE SYSTEM AMMARY GLAND	CONTROL	LOW DOSE	HIGH DOSE
DIGESTIVE SYSTEM			
*TONGUE Squamous cell papilloma	(88)	(50) 1 (2%)	(50)
HEPATOCELLULAR CARCINOMA	(88) 3 (3%)	(50) 2 (4%) 1 (2%)	(50) 1 (2%)
URINARY SYSTEM			
#KIDNEY/PELVIS TRANSITIONAL-CELL CARCINOMA	(88) 1 (1%)	(50)	(50)
ENDOCRINE SYSTEM			
CHROMOPHOBE CARCINOMA	(83) 25 (30%) 5 (6%)	(44) 13 (30%) 1 (2%)	(46) 11 (24%) 1 (2%) 1 (2%)
CORTICAL CARCINOMA Pheochromocytoma	(86) 6 (7%) 1 (1%) 3 (3%) 1 (1%)	(50) 4 (8%) 4 (8%)	(50) 2 (4%)
	(86) 1 (1%) 3 (3%)	(50)	(49) 2 (4%) 1 (2%)
#PARATHYROID Adenoma, nos	(69)	(35) 1 (3%)	(37)
<pre>#PANCREATIC ISLETS ISLET-CELL CARCINOMA</pre>	(83) 1 (1%)	(50) 1 (2%)	(48)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Adenoma, Nos		(50) 2 (4%)	(50) <u>1 (2%)</u>

	CONTROL	LOW DOSE	HIGH DOSE
ADENOCARCINOMA, NOS		1 (2%)	1 (3%)
FIBROMA FIBROADENOMA	18 (20%)	7 (14%)	1 (2%) 6 (12%)
*PREPUTIAL GLAND Squamous cell carcinoma	(88) 1 (1%)	(50)	(50)
*CLITORAL GLAND SEBACEOUS ADENOMA	(88)	(50)	(50) 1 (2%)
*VAGINA FIBROMA	(88) 1 (1%)	(50)	(50)
#UTERUS SARCOMA, NOS FIBROMA FIBROSARCOMA LEIGMYOSARCOMA	(87)	(50)	(49) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)
ENDOMETRIAL STROMAL POLYP	9 (10%)	7 (14%)	6 (12%
#OVARY GRANULOSA-CELL TUMOR GRANULOSA-CELL CARCINOMA	(86)	(50)	(48) 1 (2%) 1 (2%)
ERVOUS SYSTEM			
#BRAIN EPENDYMOMA ASTROCYTOMA	(88) 1 (1%)	(50) 1 (2%)	(50)
#MEDULLA OBLONGATA Astrocytoma	(88)	(50) 1 (2%)	(50)
PECIAL SENSE ORGANS			
NONE			
IUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
NONE			

	CONTROL	LOW DOSE	HIGH DOSE
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS	(88)	(50)	(50)
SARCOMA, NOS Leiomyosarcoma	1 (1%)	1 (2%)	
ANIMAL DISPOSITION SUMMARY Animals initially in study	90	50	50
NATURAL DEATHD	11	. 1	4
MORIBUND SACRIFICE Scheduled sacrifice Accidentally killed	11	3	2
TERMINAL SACRIFICE	66	46	44
ANIMAL MISSING	2		

CONTROL	LOW DOSE	HIGH DOSE
68 106	33 55	3 1 4 1
50 67	26 42	28 32
33 36	10 13	6 7
1 1	1 2	
3 3		2 2
	68 106 50 67 33 36 1 1	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$

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

TABLE A3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY IN MALE RATS IN THE 2-YEAR STUDY OF C.I. ACID ORANGE 10

CONTROL

-					C	:0	N'	F R	10	L															
ANIMAL Number	0	0	0	0	0	0	0 7	0	0	0	0 1 1	012	0 1 3	0	0 1 5	0 1 6	0 1 7	0 1 8	0 1 9	0 2 0	0 2 1	0 2 2 0	0 2 3	0 2 4	
WÉEKS ON Study	104	0	0 9 0	0	1 0 4	9	1 0 1	104	1 0 4	1 0 4	104	104	104	9	104	1 0 4	1	1 0 4	1	1 0 4	1	086	1	1	
INTEGUMENTARY SYSTEM Skin Squamous cell papilloma Sebaceous Adenoma	+	+	+	N	+	+	+	+	+	+	N	+	+	N	+	+	к	•	+	+	+	+	N	+	•
FIBROMA Subcutaneous tissue Fibroma Fibrosarcoma	 •	+	+	N	÷	+	÷	٠	+	+	N	+	+	N	+	+	N	٠	•	+	+	+	NX	+	•
RESPIRATORY SYSTEM	+																								
LUNGS AND BRONCHI Alveolar/bronchiolar carcinoma Pheokromocytoma, metastatic Fibrosarcoma, metastatic		•	+	+	+	+	+	+	+	+	+	+	+ x	+	+	+	+	+	+	+	+	•	+	+	
TRACHEA HEMATOPOIETIC SYSTEM	↓ •	+	+	*	+	•	+	*	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	*	
BONE MARROW Osteoma	-	٠	٠	+	+	٠	٠	٠	-	٠	-	٠	٠	٠	٠	÷	+	ŧ	÷	÷	÷	* ×	+	+	•
SPLEEN Lymphocytic Leukemia	+	+	÷	÷	÷	+	÷	+	+	+	÷	+	÷	÷	÷	÷	÷	+	÷	÷	+	+	+	÷	+
LYMPH NODES MUCINOUS ADENOCARCINOMA, METASTAT INTERSTITIAL-CELL TUMOR, METASTAT	ŀ	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•
THYMUS	+	+	+	+	+	-	-	+	+	+	+	~	-	+	+	+	+	+	+	+	+	-	+	+	+
CIRCULATORY SYSTEM Heart Alveolar/Bronchiolar Ca, invasive Nonchromaffin Paraganglioma	•	٠	÷	٠	+	+	÷	+	÷	÷	٠	÷	٠	+	+	٠	٠	+	٠	+	+	÷	+ x	٠	•
DIGESTIVE SYSTEM	+																	-							
SALIVARY GLAND MIXED TUMOR, MALIGNANT	ŀ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	
LIVER Neoplastic Nodule Fibrosarcoma, metastatic	ŀ	+	+	. +	+	+	+	•	+	+	+	+	+	+	+	+	+	•	×	•	•	+	+	+	•
BILE DUCT Gallbladder & common bile duct	+	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N.	+ N	+ N	+ N.	+ N	+ N	.+ .N	+N	.+	+ N	+ N	+ N	+ N	+
PANCREAS	Ŀ	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+	÷	+	+	+	+	+	+	+	_
ESOPHAGUS	+	_ *	+	+	+	+	•	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	•
STOMACH Squamous Cell Papilloma	H			-	-	-	+	-	-	•	+	•	-	-	•	•	•	-		•	-	-			_
SMALL INTESTINE LARGE INTESTINE	+	+	+	+	-	+	+	+	+	+	+	+	+	+++++++++++++++++++++++++++++++++++++++	+	+	+	+	+	+ +	+	+	+	+++	-
ADENOMATOUS POLYP, NOS RINARY SYSTEM	<u> </u>	X																							
KIDNEY	Ŀ	+	+	+	•	+	+	÷	+	+	÷	+	•	+	•	+	+	+	÷	+	+	÷	+	. <u>+</u>	. 1
URINARY BLADDER NDOCRINE SYSTEM	+	+	+	-	*	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	4
PITUITARY Adenoma, Nos Chromophobe Adenoma Chromophobe Carcinoma Acldophil Adenoma	ŀ	+	٠	+	+	+	-	+	+	٠	+ x	+	+ x	•	+	+	-	+	٠	+	٠	٠	•	٠	•
ADRENAL Cortical Adenoma Pheochromocytoma	+	+	÷	+	+	٠	* × ×	٠	٠	+	٠	٠	+	٠	٠	٠	÷	+ .	+	+	+ x	+ x	٠	+	•
PHEOCHROMOCYTOMA, MALIGHANT Thyroid Folicular-cell adenoma Folicular-cell carcinoma	•	+	÷	+	+	+	+	+	+	+	+	+	* *	+	÷	+	+	÷	+	+	+ x	+	+	+	+
C-CELL CARCINOMA Parathyroid	╞╤		+	+	+	+	•	-	 +	_	-	+	+	+	+	+	-	+	+	+	+	+	+	+	+
PANCREATIC ISLETS ISLET-CELL CARCINOMA	ŀ	+	+	+	+	+	÷	+	÷	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	÷
EPRODUCTIVE SYSTEM	┢																								
MAMMARY GLAND FIBROADENOMA	H	N	N	N	N	N	м	N	+	N	N	+	N	+	N	N	N	N	N	+	+	+	N	+	+
TESTIS INTERSTITIAL-CELL TUMOR INTERSTITIAL-CELL TUMOR, MALIGNAN	×	×	×	*	*	*	×	×	*	×	*						×		*	×	*	*	×	×	*
PROSTATE PREPUTIAL/CLITORAL GLAND SEBACEOUS ADENOCARCINOMA	+ N	+ N	+ N	N	+ N	+ N	+ N	+ N	+ N	+ H	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	H N	+ N	+ N	N
ERVOUS SYSTEM Brain Astrocytoma Oligodendroglioma	+	+	÷	+	÷	٠	÷	÷	÷	+	+	+	÷	t	+	÷	÷	+	+	÷	+	÷	+	÷	+
USCULOSKELETAL SYSTEM Muscle Alveolar/bronchiolar ca, invasive	N	N	N	N	N	н	N	H	N	N	N	N	N	N	N	H	N	N	N	N	н	N	N	N	N
ODY CAVITIES Peritoneum Mesothelioma, Malignant	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	м	N	N	N	N	N	N	N	м	N
LL OTHER SYSTEMS																			_						_
MULTIPLE ORGANS NOS Mesothelioma, nos Mesothelioma, malignant Malig.lymphoma, histiocytic type	N X	N	N	N	Ν	N	N	N	н	N	N	N	N	N X	N	N	N	н	N	N	N	N		N	H
MALIG.LYMPHOMA, HISTIOCYTIC TYPE Lymphocytic Leukemia	L	-	×	×	_	x	x			_	x	х	_	_	_	_	_	_	_	_	_	x	x		

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: Necropsy, No Histology due to protocol A: Autolysis M: Animal Missing B: No Necropsy Performed

	0	0	0	0	6	61	01	11	01	01	01	01	01	01	01	01	61	6	-		01	A 1		01	-
ANIMAL Number Weeks on	2	27	28	29	3	3	3	3	3	3	3	37	3	ş	i	1	2	į.	å	ŝ	ě	į	à	\$	
STUDY	0	0	0	04	ġ	104	0 7 4	4	0 8 9	0 9	ġ	ģ	ġ	į	ġ	į	•	ġ	10	1 0 9	ġ	1	0		
INTEGUMENTARY SYSTEM	•	+	+	+	+	•	•				+	+	+	+		+			+	+		+	+	+	
SKIN Squamdus Cell Papilloma Sebaceous Adenoma Fibroma	Ľ	-				• 	• 	·	· ·	•	• 	×			·	• 	N	×			N	×	·	·	_
SUBCUTANEOUS TISSUE Fibroma Fibrosarcoma	+	+	+	+	+	+	+	•	+	+	+	+	+	* ×	+	+	H	+	•	×	N	+	+	+	
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI Alveolar/Bronchiolar Carcinoma Pheochromocytoma, metastatic Fibrosarcoma, metastatic		· ·			·	•		·	·	·	<u> </u>	<u> </u>	•	·	·	·	·	·	-					·	
TRACHEA	+	+	+	+	٠	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
IEMATOPOIETIC SYSTEM Bone Marrow	١.	+	+	•	÷	÷	_	÷	÷	÷	•	•	÷	÷	÷	÷	÷	÷	+	•	•	•	•	•	
OSTEOMA	<u> </u>		-	-	·				-	-	•			•	·	·	·								
SPLEEN Lymphocytic Leukemia	Ľ	+	+	+	+	+	+	+	+	+	+	•	•	•	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES Mucinous Adenocarcinoma, metastat Interstitial-cell tumor, metastat	+	+	+	+	*	•	+	+	•	+	•	+	•	•	•	•	•	•	+	+	+	+	+	•	
THYMUS	+	+	+	+	+	+	-	+	-	-	+	+	-	+	-	-	+	+	+	+	+	+	+	+	
HEART	Γ.				,																				
HEART ALVEOLAR/BRONCHIDLAR CA, INVASIVE Nonchromaffin paraganglioma Migestive system		*	•	•	•	•	•	•	•	•	*	*	•	•	•	•	•	•	•	•	•	•	•	•	
SALTWARY GLAND	+	÷	+	÷	÷	÷	÷	+	+	+	•	+	÷	÷	+	÷	÷	+	•	•	+	+	+	٠	
MIXED TUMOR, MALIGNANT	<u> </u>				 ,														•	•	•	•	•	•	_
NEOPLASTIC NODULE Fibrosarcoma, metastatic	ľ		Ť	•	•	•	•	•	Ţ	•	•	•	•	•	Ť	•	Ť	Ţ	•	•	•	•	•	ž	
BILE DUCT	+	+	<u>+</u>		+	+	<u>.</u>	+	<u>+</u>		+	+	•	÷	÷	+	+	+	÷	÷	÷	÷	+	.+	
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	. N	N	N	N	<u>N</u>	N.,	N.	N	.H	<u>N</u>	N	N	N	М	N	N	N	N	N	N	_
PANCREAS	+	+	+	.	. t .	. * .	<u>+</u>	. +			<u>+</u>	+	<u>+</u>	•	-	•	+	+	+	+	+	+	•	+	_
ESOPHAGUS Stomach	+	+	+	+	+	+	+	+	+	+	+	+	+	• •	+	<u>+</u>	÷	•	+	+	+	+	+	+	_
SQUAMOUS CELL PAPILLOMA																									-
SMALL INTESTINE LARGE INTESTINE	÷	÷	<u>+</u>	<u>+</u>	<u>+</u>	÷	÷.	÷	+	+	•	•	•	•	•	+	-	•	+	+	+	•	•	•	-
ADENOMATOUS POLYP, NOS	Ĺ											·							•	•			•	•	
KIDNEY		÷	•	•	•	•	•	•	•	+	+	•	÷	•	•	÷	•	•	÷	÷	•	÷	÷	÷	
URINARY BLADDER	+	+	+	+	+	-	+	+	+	+	+	+				+	-	+	+	÷	-	+	+	+	
NDOCRINE SYSTEM																									•
PITUITARY Adenoma, NDS Chromophobe Adenoma Chromophobe Carcinoma	•	-	•	+	٠	•	•	٠	+	•	+	+	٠	+	•	•	•	+	•	٠	•	•	•	•	
ACIDOPHIL ADENOMA	1.	•	+	+	+	+	+	+	+	+	+	+	•	× +	+	+	+	+	+	+	+	+	+	•	-
CORTICAL ADENOMA Pheochromocytoma			x		x		x		-																
PHEOCHROMOCYTOMA, MALIGNANT Thyroid	+	•	•	•	•	•	+	.×	.×	•	•	+	•	•	•	+	+	•	+	•	•	+	•	•	-
FOLLICULAR-CELL ADENOMA FOLLICULAR-CELL CARCINOMA C-CELL CARCINOMA	Ĺ				•										×	·									
PARATHYROID	+	+	+	+	•	-	-	-	-	-	.+	+	-	+	+	•	+	.+	+	<u>+</u>	<u>+</u>	<u>+</u>	+	<u>.</u>	-
PANCREATIC ISLETS Islet-Cell Carcinoma	+	+	+	+	+	+	+	+	+	+	+	•	•	•	-	•	•	•	+	+	*	•	+	+	
EPRODUCTIVE SYSTEM																									
MAMMARY GLAND FIBROADENOMA	N	+	N	+	N	+	N	+	+	N	N	N	•	•	•	•	N	N	•	•	N	+	•	Ν	-
TESTIS Interstitial-cell tumor Interstitial-cell tumor, malignan	×	*	* x	*	*	*	*	*	*	* ×	*	* ×	* x	÷ ×	* ×	*	* ×	*	*	*	*	*	* x	*	;
INTERSTITIAL-CELL TUMOR, MALIGNAN, PROSTATE		•	+	+	+		+	•	+	+	+	+	+	+	+	+	_	•	+	+	_	•		•	-
PREPUTTAL/CLITORAL GLAND	N	N	N	N	N	N	N			N						_			N		N	N	N		1
SEBACEOUS ADENOCARCINOMA				_																					_
ERVOUS SYSTEM Brain	•	÷	÷	•	+	+	•	÷	•	•	•	•	•	•	÷	•	•	•	+	÷	÷	÷	÷	•	
ASTROCYTOMA Oligodendroglioma										×															
USCULOSKELETAL SYSTEM MUSCLE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	1
ALVEDLAR/BRONCHIOLAR CA, INVASIVE	ļ																				_				
ODY CAVITIES Peritoneum	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	,
MESOTHELIOMA, MALIGNANT																									
CC DIMER SISTERS		N	N	н	N	N	N	N	N	N	н	N	N	N	N	N	N	N	N	N	N	N	N	N	,
MULTIPLE ORGANS NOS MESOTHELIOMA, NOS MESOTHELIOMA, MALIGNANT MALIG.LYMPHOMA, HISTIOCYTIC TYPE LYMPHOCYTIC LEUKEMIA	м		'n				×		×						x										

TABLE A3. MALE RATS: TUMOR PATHOLOGY (CONTINUED) CONTROL

+: TISSUE EXAMIMED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: Tumor Incidence H: Hecropsy, no autolysis, no microscopic examination S: Anitmak mis-Seced

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO NISTOLOGY DUE TO PROTOCOL A: Autolysis M: Anital Missing B: No Necropsy Performed B: NO NECROPSY PERFORMED

C.I. Acid Orange 10

ANIMAL	Tot	01	0 T	0	0	01	01	01	0	0	01	01	01	0	01	01	0	0	0	0	0	0	0	01	
NUMBER WEEKS ON	5	5	5	5	5	5	5	5	5 9	6 0 1 0	6	62	6	6	6	6	6	6 8 0 7	6 9	7	7	7	7	7	
STUDY	0	0	0	02	0 4	ġ	ģ	4	0	ġ	4	9	ů 4	ģ	ģ	0	0 4	7	9 7	0 4	0	0	0	0 4	
INTEGUMENTARY SYSTEM Skin				+	+	+	N	+	+	•	+	N	•	•	N		+	+	+	•	+	+	+	+	
SQUAMOUS CELL PAPILLOMA Sebaceous Adenoma Fibroma	Ļ	×				×																			
SUBCUTANEOUS TISSUE Fibroma Fibrosarcoma	+	+	•	+	+	+	N	+	+	+	+	N	+	+	N	+	+	+	+	+	+	•	+	•	
ESPIRATORY SYSTEM																									
LUNGS AND BRONCHI Alveolar/Bronchiolar Carcinoma Pheokhromocytoma, metastatic Fibrosarcoma, metastatic	Ľ	+	+	*	×	+	• 	+	•	_	•	+	•	•	+	+	• 	• 	• 	· 	•	•			
TRACHEA	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
EMATOPOIETIC SYSTEM Bone Marrow							4			+	•	•	+		•	•		+	+		+	+	+	+	
OSTEOMA	+-										-	-		-	-	-	•		•					•	_
LYMPHOCYTIC LEUKEMIA	-	-		-				•		• •		-			•				<u> </u>			×			_
LYMPH NODES Mucinous Adenocarcinoma, Metastat Interstitial-Cell Tumor, Metastat		+	+	+	+	•	+	+	+	•	•	+	•	•	•	+	•	•	+	+	-	+	•	•	
THYMUS CIRCULATORY SYSTEM	[+	+	-	+	-	-	•	_	+	-	+	+	*	+	-	+	+	•	+	+	+	+	+	+	
HEART ALVEOLAR/BRONCHIDLAR CA, INVASIVE NONCHROMAFFIN PARAGANGLIOMA	+	٠	٠	÷	* ×	+	+	+	+	+	٠	٠	٠	٠	٠	+	+	+	+	÷	٠	+	٠	٠	
DIGESTIVE SYSTEM	╂──																_								
SALIVARY GLAND MIXED TUMOR, MALIGNANT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER Neoplastic Nodule Fibrosarcoma, Metastatic	+	٠	٠	٠	٠	+	٠	+	+	* x	٠	* x	+	+	٠	٠	+	٠	+	٠	+	* ×	٠	٠	
BILE DUCT	+	+	+	+	.+	+	÷	+	t.	+	+	÷	+	+	+	+	.+	+	÷	+	+	+	.±.	+	
GALLBLADDER & COMMON BILE DUCT	L.M.	N	N	N	N	_N_	N	М.,	N	N	N	N	N	Ν.	N.,	N	N	N	N	м	.N.	N	N	N	_
PANCREAS	++	+	. .	+	+	+	+	+	+	+	<u>+</u>	+	+	.+	+	+	+	+	+	+	+	+	+	<u>+</u> .	-
ESDPHAGUS	+	+	+	<u>.</u>	+	+	+	+	+		*	*	+	. <u>+</u>	+	+	+	•	+	+	+	+	+	<u>+</u>	-
STOMACH Squamdus Cell Papilloma	ŀ	•	+	+	•	+	+	+	+	+	*	+	+	+	+	+	*	-	+	+	+	+	+	+	_
SMALL INTESTINE	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
LARGE INTESTINE Adenomatous Polyp, Nos	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
JRINARY SYSTEM	-												-												-
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	*	*	+	+		+	+	+	+	
PITUITARY ADENOMA, NOS CHROMOPHOBE ADENOMA CHROMOPHOBE CARCINOMA ACIDOPHIL ADENOMA	•	٠	+	٠	+	+	٠	·	+	٠	٠	+	+ X	+	+ x	٠	+	-	٠	+ X	+	+	+	٠	
ADRENAL	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+	+	+	+	
CORTICAL ADENOMA Pheochromocytoma Pheochromocytoma, malignant				x	x									×	x	x				×					
THYROID Follicular-cell Adenoma Follicular-cell Carcinoma C-cell Carcinoma	Ļ	*	•	*	* x	*	+	+	+	-	•	•	+	+	*	+	*	•	•	*	+	+	+	•	
PARATHYROID	++	+	-	+			+	-	+	-	+	+	+	+	+.	. †	+	÷	+	*	.+.	+.	.t.,	+	
PANCREATIC ISLETS ISLET-CELL CARCINOMA	•	٠	+	+	•	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	1
EPRODUCTIVE SYSTEM Mammary gland	,	н	•	•	•	н	N	+	Ň	н	•		•		N				•	+	н	N	+	N .	
FIBROADENOMA								X											×					<u>.</u>	_
INTERSTITIAL-CELL TUMOR Interstitial-Cell Tumor, Malignan	×	×	x	×	×	×	×	×	×	×	•	×	*		×	×	×	×	×	×	x	×	×	×	;
PROSTATE PREPUTIAL/CLITORAL GLAND SEBACEOUS ADENOCARCINOMA	+ N	H	N	N	H	N	N	+ N	+ N	+ N	N	N		+ N X	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	H H	+ N	1
ERVOUS SYSTEM Brain Astrocytoma	•	•	+	+	•	+	+	+	÷	•	* ×	•	+	÷	+	+	+	+	+	+	+	+	+	+	
OLIGODENDROGLIOMA																			x	_					
USCULOSKELETAL SYSTEM Muscle	N	N	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N	N	+	н	N	N	н	N	,
ALVEOLAR/BRONCHIOLAR CA, INVASIVE					x																				
PERITONEUM Mesothelioma, Malignant	N	N	NX	N	H	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	•
LL OTHER SYSTEMS MULTIPLE ORGANS NOS MESOTHELTOMA, NOS	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	н	H	N	N	м	N	N	,
MESOTHELIOMA, NOS MESOTHELIOMA, MALIGNANT Malig.lymphoma, Histiocytic type Lymphocytic Leukemia		x										x		¥				x							
INTESTINAL TRACT MUCINOUS ADENOCARCINOMA												_م_		<u>^</u>				^							-

TABLE A3. MALE RATS: TUMOR PATHOLOGY (CONTINUED) CONTROL

X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION S: ANIMAL MIS-SEXED B: NO NECROPSY PERFORMED

C.I. Acid Orange 10

ANIMAL	9	9	07	0	0 8	0 8 1	0	0	0 8 4	0 8 5	0 8	0 8 7	8	8	0 9	-			<u> </u>	T-	T	T	Ť	T	T	1
WEEKS ON STUDY	6 0 9	7	8 1 0	7 9 1 0	0	1	2	- 3 1 0	4 0 8	5	6 1 0	7	8 1 0	9	0	-	-			┢	╀	+	+	╉	┽	TISSU
INTEGUMENTARY SYSTEM	3	1_4	4	4	0	0	4	4	6	4	. 41	4	4	12	4				L	1	1	1				+
SKIN Squamous cell papilloma Sebaceous adenoma Fibroma	Ľ	•	+	•	+	•	N	•	N	•	•	•	+	H	•											90
SUBCUTANEOUS TISSUE Fibroma Fibrosarcoma	+	+	+	+	+	•	N	+	N X	+	+	+	+	N	+											90
RESPIRATORY SYSTEM LUNGS AND BRONCHI ALVEDLAR/BRONCHIDLAR CARCINOMA PHEOCHROMOCYTOMA, METASTATIC FIBROSARCOMA, METASTATIC	•	÷	+	÷	÷	÷	+	+	+ +	٠	÷	·	÷	÷	÷											89
TRACHEA	T+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+											88
HEMATOPOIETIC SYSTEM Bone Marrow Osteoma	+	+	+	+	-	+	+	+	+	÷	+	÷	+	÷	+											84
SPLEEN Lymphdcytic Leukemia	+	+	+	+	+	+	+	+	+	+	٠	+	+	÷	+											90
LYMPH NODES Mucinous Adenocarcinoma, metastat Interstitial-Cell Tumor, metastat	ŀ	+	+	+	+	+	+	+	+ _X	+	+	+	+	* X	+											89
THYMUS CIRCULATORY SYSTEM	+	+	+	+	-	+	+	+	-	+	+	+	+	-	+											69
HEART Alvedlar/bronchiolar ca, invasive Nonchromaffin paraganglioma	•	٠	٠	+	•	+	+	٠	٠	+	+	•	+	+	+											90
DIGESTIVE SYSTEM Salivary Gland Mixed Tumor, Malignant	.	+	+	+	+	•	÷	÷	+	+	+	+	÷	÷	+											89
LIVER NEOPLASTIC NODULE FIBROSARCOMA, METASTATIC	ŀ	+	÷	+	+	•	+	÷	+ x	+	÷	+	+	+	+											90
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+											90
GALLBLADDER & COMMON BILE DUCT Pancreas	L N	N +	N	<u>N</u>	<u> </u>	N. +	N	- <u>א</u> - +	<u>N</u>	N +	N +	N +	N +	<u> </u>	<u> </u>											90
ESOPHAGUS	ŀ	+	<u>.</u> +	+	+	+	+	+	t	. t	+	. †	t	t												89
STOMACH Squamdus cell papilloma	+	+	+	*	+	+	+	+	+	+	+	+	+	-	*											87
SMALL INTESTINE	+	+	+	+	-	+	+	+	-	+	+	+	+	+	+											87
ADENOMATOUS POLYP, NOS	Ľ					•				<u> </u>																
URINARY SYSTEM KIDNEY	L.	±	+	.+.	+'	+	t.	+	.+	+	_ +	<u>+</u>	+	+	+											90
URINARY BLADDER	+	+	+	٠	-	+	+	+	+	+	+	+	+	+	+											82
ENDOCRINE SYSTEM PITUITARY					_						+	+	_	+	+											84
ADENOMA, NOS Chromophobe Adenoma Chromophobe Carcinoma Acidophil Adenoma	Ĺ		·			_						×														
ADRENAL Cortical Adenoma Pheochromocytoma Pheochromocytoma, Malignant		+	+	+	+	•	•	•	+	•	×	+	+	+	+											89
THYROID Follicular-cell adenoma Follicular-cell carcinoma C-cell carcinoma		+	*	+	+	•	•	•	+	+ x	+	+	+	•	+											89
PARATHYROID Pancreatic islets	+++++++++++++++++++++++++++++++++++++++	+	+	+		*	+	+	+	•	+	+	+	+	+											70 88
ISLET-CELL CARCINOMA	Ļ			×							<u> </u>		-													
MAMMARY GLAND FIBROADENOMA	H	N	+	N	N	N	N	N	N	N	+	N	N	N	N											90
TESTIS Interstitial-cell tumor Interstitial-cell tumor, malignan	* ×	*	* *	×	+	×	*	*	+ X	*	*	*	* x	+	*											90 8
PROSTATE	+ N	+ N	+ N	+	.+ N	+ N	.+ N	+ N	+ N	+ N	+ N	+ N	+ N	- N	+ N											84 90
PREPUTIAL/CLITORAL GLAND Sebaceous Adenocarcinoma	Ĺ							n							"											901
NERVOUS SYSTEM Brain Astrocytoma Oligodendroglioma	•	÷	+	+	+	+	+	+	+	+	+	÷	٠	+	٠											90
MUSCULÖSKELETAL SYSTEM Muscle Alveolar/bronchiolar ca, invasive	N	N	N	N	N	N	N	н	+	N	N	N	N	N	N											90
BODY CAVITIES Peritoneum Mesothelioma, Malignant	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N			-								90
ALL OTHER SYSTEMS Multiple organs nos MESOTHELIOMA. NOS MESOTHELIOMA. MALIGNANT	н	N	N	N	N	N	N	N	N	N	H	N	N	N	N											90
MESUIMELIUMA, MALIGNANI Malig.lymphoma, histiocytic type lymphocytic leukemia	x			x	x	x						x														2
INTESTINAL TRACT MUCINOUS ADENOCARCINOMA														x												
* ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOPI -: REQUIRED TISSUE NOT EXAMIN		LY MIC	ROS	COP	ICA						c :	NO	TI	รรม	E I	NFOI	RMA	110 010	IN S	DU	MITET	TED O P	ROI	тосс		

TABLE A3. MALE RATS: TUMOR PATHOLOGY (CONTINUED) CONTROL _____ -----

53

1 IISSUE EXAMINED MICROSCOPICALLY - REQUEED IISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE H: MECROFSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION S: ANIMAL MIS-SEXED

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Autolysis M: Animal Missing B: No Necropsy Performed

TABLE A3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY IN MALE RATS IN THE 2-YEAR STUDY OF C.I. ACID ORANGE 10

LOW DOSE

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0 0	0 1	1	0	1	1	0	0	0	1	0	02	0 2 1	022	0	02	025
WEEKS ON STUDY	0	2	1	0		-	1	1	1	1	1	-	╣	1	8	1	¢	1	-1	-1	1	1	-1	1	1
INTEGUMENTARY SYSTEM	Į ŽÌ	_å	j	8	4	ě.	4	4	4	Å	4	4	é.	4	3l	4	ان	ě,	ě.	اف_	ē.	ě	4	4	j
SKIN BASAL-CELL CARCINOMA Sebaceous Adenoma Fibrosarcoma	ŀ	+	+	N	٠	+	+	•	٠	+	٠	N	•	•	•	+	•	+	+	•	* X	+	+	•	×
SUBCUTANEOUS TISSUE Fibroma Fibrosarcoma	+	٠	+ x	N	+	+	*	+	٠	٠	+	H	٠	+	٠	٠	+	+	*	+	•	+	+	٠	+
RESPIRATORY SYSTEM	+		<u> </u>																						
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+		t	+	+	+	.+	+	+	+	+	+
TRACHEA	+	+	٠	+	+	+	+	ŧ	+	+	+	٠	٠	+	+	+	+	+	+	٠	+	٠	٠	٠	+
HEMATOPOIETIC SYSTEM	1																								
BONE MARROW	++	+		+	+	+	+	+	+	+	+	+	+	÷	+	t	+	+	-	+	+	+	+	<u>.</u>	*
SPLEEN	+	+	+	+	+	+	+	.	+	+	+	+	+	+	+	+	+	ŧ	+	+	+	+	<u>+</u>	<u> </u>	+
LYMPH NODES	++	+	<u>+</u>	+	+	+	+	+	t	+	-	+	<u>+</u>	+	+	+	+	*	+	+	<u>_*</u> _	+	+	. •.	+
THYMUS	-	+	-	+	+	+	+	-	+	+	+	+	+	+	-	-	-	+	+	+	+	+	+	+	*
CIRCULATORY SYSTEM							_																		
HEART Adenocarcindma, Nos, Unc Prim Or Neurilemoma, Malignant	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	•	+	+	•	•	•	+	•	•
DIGESTIVE SYSTEM										_	_						,						,		
SALIVARY GLAND	t÷	<u>+</u>	+	*	+	+	+	+	+	+	-	<u>+</u>	<u>+</u>	+	+	<u>+</u>	. <u>+</u>	+	+	++	<u>+</u> .	<u>+</u>	<u>+</u>	+	*
LIVER Neoplastic Nodule	1	+	٠	+	+	+	+	*	+	+	+	•	۲	•	•	٠	•	*	•	*	•	•	٠	٠	*
BILE DUCT	++	+	+	+	t	+	+	ŧ.	+	+	+	+	+	٠	+	+	•	+	+	+	+	+	. +	•	+
GALLBLADDER & COMMON BILE DUCT	-N	N	N	N	N	N	N.	N	N	N	N	N	N	N	N	N	. N.	N.,	N	N	N	N	N	Ν.	. N
PANCREAS	+	+	+	-	+	+	÷	t	+	t.	<u>+</u>	<u>+</u>	+	+	+	+	+	+	ŧ	+	t	t	.	+	+
ESOPHAGUS	≁	+	+	+	+	+	•	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	++		+	+	+	. +	+	. <u>+</u>	+	+	+	+	+	+	+	+	+	. <u>+</u>	+	+.	+	+	+	+	+
SMALL INTESTINE Leiomyosarcoma	ŀ	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	•	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	٠	+	-	+	٠	+	+	+	-	+	+	+	+	+	+	+	+
URINARY SYSTEM																									
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	ŧ	+	•	+	<u>+</u>	+
URINARY BLADDER	+	+	+	*	+	+	+	+	-	+	+	-	+	*	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																									
PITUITARY Chromophobe Adenoma Chromophobe Carcinoma	Ļ	+	+	+	+	+	+	+	+ _X_	+	+	+	* .x	+	+	•	-	+	•	-	+	•	+ 	•	+
ADRENAL Cortical carcinoma Pheochromocytoma	- 	•	+	<u> </u>	+	+	+	+	+	+	*	+	•	+	•	+	•	+	+	+	+	+ x	+	+	+
THYROID Follicular-cell adenoma C-cell carcinoma	ŀ	•	+	+	+	* x	+	•	+ x	•	+	+	+	•	•	•	+	+	•	+	•	+	•	•	•
PARATHYROID	+	+		. +		-	+	+	+	+	+	+	ŧ.	+	<u>+</u>	+	+	+	+	+	+	+	+	+	t
PANCREATIC ISLETS ISLET-CELL CARCINOMA	-	+	٠	-	+	+	+	+	+	+	+	* X	+	+	+	+	+	÷	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM				_																					
MAMMARY GLAND Fibroadenoma	И	N	+	N	+	н	*	+	+	N	N	н	+	٠	N	н	н	* ×	+	н	H	+	+	N	•
TESTIS Interstitial-cell tumor	*	* X	* x	ż	*	* ×	* x	* X	* X	* X	* X	*	*	*	*	*	+	* ×	* x	* X	* ×	*	*	*	* X
PROSTATE	-	+	+	+	+	+	+	+	-	+	+	-	÷	+	÷.	÷	ŧ	+	+	+	+	•	+	+	+
PREPUTIAL/CLITORAL GLAND Squamous cell papilloma	N	N	N	N	N	N	N	N	н	N	N	. N	N	N	N	N	N	N	н	N	н	N	N	N	N
SQUAMOUS CELL PAPILLOMA	⊢								-																_
BRAIN	l .	+	+	÷	•	÷	•	÷	÷	•	÷	•			•				÷	÷	÷	÷		÷	
ASTROCYTOMA	Ĺ	•	•	·	•	•	•	·	•	·	•	•	•	•	x	•	·	·	•	•	•	•	•	•	1
BODY CAVITIES										_			_												٦
PLEURA Cortical Carcinoma, Metastatic	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H
TUNICA VAGINALIS Mesothelioma, nos Mesothelioma, Malignant	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	* ×	+	+	+	+	+	+	+	+	+	٠
MESENTERY Leiomyosarcoma, metastatic		N	N	N	N	N	N	N	N	N	N	N	N	N	NX	N	N	N	N	N	н	N	N	N	N
ALL OTHER SYSTEMS	<u> </u>																								+
MULTIPLE ORGANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	N	N	N	н
LYMPHOCYTIC LEUKEMIA																									

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Autolysis M: Anital Missing B: No Necropsy Performed

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: VECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

AN IMAL NUMBER	2	0 2 7	0 2 8	2	0 3 0	0 3 1	0 3 2	0 3 3	0 3 4	0 3 5	0 3 6	3	3	0 3 9	0 4 0	0 4 1	0 4 2	0 4 3	0 4 4	4 5	0 4 6	0 4 7	0 4 8	0 4 9	0 5 0	TOTAL
WEEKS ON Study	1 0 4	1 0 4	1 0 4	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	0	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	0	92	0	104	0	1 0 4	104	82	104	104	TISSU
INTEGUMENTARY SYSTEM																										
SKIN BASAL-CELL CARCINOMA Sebaceous Adengma Fibrosarcoma	+	•	+	+	+ 	+	+	•	+	+	+	N	•	*	+	+	+	N	+	+	•	•	+	+	+	50
SUBCUTANEOUS TISSUE Fibroma Fibrosarcoma	÷	+	٠	+	+	+	٠	* ×	٠	+	+	N	٠	+	+	+	+	ĸ	٠	+	٠	+	+	+	+	50
RESPIRATORY SYSTEM																									┥	
LUNGS AND BRONCHI	+	+	+	+	+	+	. t .	. +	+	+	+	+	. +	+	+	+	+	+	÷	+	+	+	+	+	+	50
TRACHEA	+	+	+	+	+	÷	+	+	÷	+	+	+	+	٠	+	+	٠	+	-	+	+	٠	+	+	•	49
HEMATOPOIETIC SYSTEM																									+	
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	ŧ.	+	+	+	+	+	+	<u>,</u>	+	48
SPLEEN	+	÷	+	+	+	+	ŧ	. †	+	+	.+	+	. +.	+	.+	+	•	÷	ŧ	+	+	+	+		┵	.50
LYMPH NODES	<u>+</u>	+		+	+	+	+	+	÷	+	+	+	t	+.	+	. t	t	+	+	.+	+	+	+	+	•	49
THYMUS	+	+	٠	÷	÷	÷	÷	÷	-	÷	٠	÷	+	٠	÷	-	-	-	-	÷	٠	+	-	÷	+	37
CIRCULATORY SYSTEM															_					_						
HEART Adenocarcinoma, nos, unc prim or Neurilemoma, malignant	+	+	+	٠	+	+	+	-	+	+	+	* x	+	+	+	+	•	* ×	+	٠	+	•	+	+	+	49
DIGESTIVE SYSTEM																				_					1	
SALIVARY GLAND	+	+	+	.+	+	+	÷	+	+	_ <u>+</u> _	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
LIVER NEDPLASTIC NODULE	+	+	+	+	+	+	+	+	+	* ×	+	+	+	+	+	+	+	+	+	*_	+	+	•	+	+	50
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	ŧ	+	. †	+	+	50
GALLBLADDER & COMMON BILE DUCT	N	N	N	Η.	N	N	N	N	N	N	N	N	_N_	N.	N.,	. N.	N	N	N	м_	N	ы	N	N	N	50
PANCREAS	+	+	÷	+	+	+	ŧ.	+	+	+	+	+	+	÷	+	+	-	+	<u>+</u>	+	÷	+	+	+	÷	47
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	ŧ	+	ŧ	+	+	+	-+	50
STOMACH	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	ŧ	+	÷	+	+	<u>+</u>	+	. .	+	50
SMALL INTESTINE LEIOMYOSARCOMA	•	+	+	+	+	٠	٠	+	+	+	+	+	+	+	+	+	-	+	+	•	+	+	-	+	+	48
LARGE INTESTINE	•	+	+	+	÷	+	+	+	+	÷	+	+	+	+	+	-	+	+	+	+	÷	+	÷	٠	٠	47
URINARY SYSTEM																										
KIDNEY	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	<u>+</u>	+	+	50
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	*	48
ENDOCRINE SYSTEM	Ι.																									
PITUITARY Chromophobe Adenoma Chromophobe Carcinoma	+	×	+	•	•	+	•	+	+	+	×	+	*	•	•	•		+	•	* 	•	•	•	•	4	47
ADRENAL Cortical carcinoma Pheochromocytoma	+	+	+	+	+ x	+ ×	+	•	+	•	+	+	+	+	+	+	* ×	+	+	+	•	+	•	+	*	49
THYROID Follicular-cell Adenoma C-Cell Carcinoma	+	+	+	+	+ X	+	*	•	+	*	+ x	+	+	•	+	+ X	+	•	+	+	•	•	•	+	•	50
PARATHYROID	+	+	+	+	+	ŧ.	+	+	+	+	+	+	+	+	+	+	+		•	+	+	+.	+	+	+	48
PANCREATIC ISLETS ISLET-CELL CARCINOMA	+	٠	+	+	+	+	٠	+	+	+	٠	+	+	٠	+	+	-	+	+	+	٠	٠	+	٠	+	47
REPRODUCTIVE SYSTEM																									-	
MAMMARY GLAND	l n	÷	÷	÷	N	N	+	N	N	н	÷	N	N	N	+	N	+	N	÷	+	N	N	N	•	•	50)
FIBROADENOMA TESTIS	<u> </u>			+	<u> </u>										<u>×</u>										+	3
INTERSTITIAL-CELL TUMOR	x	ž	x.	x	* x	ž.	x	×.	*	*	x	*	ž.	×.	×.	<u>*</u> _	*	ż	ż	*	ž	ž	ž.	<u>×</u>	ž.	50
PROSTATE	+	-	+	+	. †	+	+	+	+	+	+	+	*	+	+	+	-	+	+	+	+	+	<u>+</u>	+	+	45
PREPUTIAL/CLITORAL GLAND Squamous Cell Papilloma	N	N	H	H	N	н	N	н	н	N	N	н	N	H	н	N	N	N	н	N	N	N	Ň	N	N	50× 1
ERVOUS SYSTEM																				_					+	
BRAIN Astrocytoma	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	* ×	+	+	+	٠	+	+	+	+	50
ODY CAVITIES												· .													+	
PLEURA CORTICAL CARCINOMA, METASTATIC	N	N	N	N	N	N	N	N	N	H	N	N	N	N	N	N	N	N	N	N	N	м	м	N	м	50*
TUNICA VAGINALIS MESOTHELIOMA, NOS MESOTHELIOMA, MALIGNANT	٠	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	*	+	+	٠	٠	•	50× 2
MESENTERY LEIOMYOSARCOMA, METASTATIC	N	N	N	N	N	N	H	н	H	H	N	N	N	N	N	N	H	H	H	ĸ	H	N	N	N	N	50*
LL OTHER SYSTEMS						•																			╈	
MULTIPLE ORGANS NOS Lymphocytic Leukemia	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	H	N	H	Ħ	50×
I ANIMALS NECROPSIED +: IISSUE EXAMINED MICROSCOPI -: REQUIRED TISSUE NOT EXAMIN X: TUMOR INCIDENCE N: MECROPSY, NO AUTOLYSIS, NO S: ANIMAL MIS-SEXED	CALL ED M MIC	Y ICR ROS	050 COP	0P1 1C	CAL EXA	LY	ATI	ON		C A M		AUI	MAL	(SIS MI	551	NG		I ON OL OG		JBM I DUE		PRO	TOC	OL		

TABLE A3. MALE RATS: TUMOR PATHOLOGY (CONTINUED) LOW DOSE

TABLE A3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY IN MALE RATS IN THE 2-YEAR STUDY OF C.I. ACID ORANGE 10

HIGH DOSE

ANIMAL NUMBER	8	0	0	0	0	8 0	0	0	0	0	0	0	0	-	0	9	0		0	0	0	0	0	0	8
WEEKS ON	+	Ž	3	4	ļ	-6	7	-ě	j	0	1	2	- 1	4	- 5	9	-71	8		-0	2	2	- 7	-1	- 1
STUDY	0	9	0	0 4	0	Ğ	8	ġ	0	6	-	8	4	0 7 8	4	2	4	0	9	4	4	8	9 1	4	04
INTEGUMENTARY SYSTEM	Γ																								
SUBCUTANEDUS TISSUE Squamdus cell carcinoma Fibroma Fibrosarcoma	ŀ	•	+	+	+	•	•	•	•	+	+	+	+	N X	N	+ x	•	+	* X	+	+	+	+	N	+
RESPIRATORY SYSTEM	T																								
LUNGS AND BRONCHI	≁	+	+	+	+	+	+	+	.+	. t .	+	+	+	+	+	+	+	ŧ	+	<u>+</u>	+	+	+	+	+
TRACHEA	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM	Γ																								
BONE MARROW	++	+	+		+	+	+	_ _	+	+	<u>+</u>	+	+	+	+		+	+	_ <u>+</u>	+	+	*		+	+
SPLEEN Hemangioma	L ⁺	+	+	+	<u>.</u>	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+
LYMPH NODES	+	-	+	+	+	÷	٠	+	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	÷	+	÷	+
C-CELL CARCINOMA, METASTATIC Thymus	1.	+	+	+	_	+	+	+	-	•	-	-	+	+	+	-	-	+	+	+	+	+	_	+	+
CIRCULATORY SYSTEM	<u> </u>		·					- <u>-</u> -																	_
HEART	1.	÷	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	÷	÷	÷	÷	+	+	+
DIGESTIVE SYSTEM		_								_															
DRAL CAVITY	H	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Ņ	N	N	N	N	N	N.
SQUAMOUS CELL PAPILLOMA	┢							÷-,									X								
SALIVARY GLAND	++-		+	+	+	+	+	_+	+	+	+	+	<u>+</u>		+	+	+		+	+	+	+	+	+	+
LIVER Neoplastic Nodule Hepatocellular Carcinoma	Ŀ	+	+	+	+	+	•		•	+	×	+	*	+	+	+	+	+	+	•	×	+	+	+	×
BILE DUCT	∔	. t	<u>+</u>	.	+	+	+	_ + _	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	LN.	N	N	N.	N	N	N	<u>N</u>	N	N.	<u>N</u>	<u>N</u>	N	N	N	N	<u>N</u>	N	N	N	М.	N.	<u>N</u>	N	N
PANCREAS	-	<u>+</u>	.	+	+	+	+	+	+	+	+	+	+	+.	+		+	+	+	+	+	.t	-	+	+
ESOPHAGUS	+.		_ <u>t</u> _	+	+	+	+	_+_	. +	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	<u>+</u> .	+	+	+
STOMACH	<u>+-</u>	+	+	+	+	+	+	+	+		+	+	+	ŧ	+	+	+	+	+	+	+	+	.+	+	+
SMALL INTESTINE	+	-	+	+	+	+	+	+	+	-	+	<u>.</u>	- <u>+</u>	•	+	+	+	+	<u>+</u>	+	+	+	-	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	-	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																									
KIDNEY	+-	+	+	+	+	+	<u>+</u>	- <u>*</u> -	+	+	+	+	+	. <u>*</u>	+	+	+	+	<u>+</u>	+	. <u>+</u>	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	*	+	-	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM Pituitary Chromophobe Carcinoma	•	٠	+	-	+	+	+	ţ	÷	÷	+	٠	•	÷	-	÷	+	+	÷	÷	÷	ţ	+	+	٠
ADRENAL Cortical Adenoma Pheochromocytoma	+	+	+ x	+	+	+ x x	+	+	+	+	÷	÷	+	+	٠	+	+	+	+	+	+	+ X	+	+	+
PHEÓCHRÓMÓCÝTÓMÁ, MALIGNANT Thyroid C-Cell Adenoma C-Cell Carcinoma	+	+	٠	+	+	+	+	+	+	*	٠	•	+	-	+	+	+	+	+	+	+	+	٠	٠	÷
C-CELL CARCINDMA Parathyrgid	-	+	-	+	+	+	÷	+	+	-		+	•	-	+	+	+	+	-	+	+	<u>×</u>	-	+	+
PANCREATIC ISLETS ISLET-CELL CARCINOMA	-	+	+	+	+	+	+	+	÷	+	+	+	+	+	÷	-	+	+	+	٠	+	+	-	+	;
REPRODUCTIVE SYSTEM																									+
MAMMARY GLAND	N	t.	+	+	+	<u>N</u> .	<u> N </u>	+	Ν.	N	N	•	. N	N.	N	N	+	÷	+		N	+	+	N	N
TESTIS Interstitial-cell tumor	* ×	*	*	*	*	*	* ×	*	*	٠	* ×	* ×	*	* ×	*	* x	* x	* ×	*	*	*	* x	*	*	ż
PROSTATE	·	-	ŧ	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PREPUTIAL/CLITORAL GLAND Sebaceous Adenoma Sebaceous Adenocarcinoma	N	N	N	N	N	N	N	X	N	N	N	H	N	N	N	N	N	N	N	N	N	N	N	N	н
NERVOUS SYSTEM		_																							-
BRAIN Squamdus Cell Carcinoma, invasive Astrocytoma Oligodendroglioma	+	٠	٠	٠	٠	٠	٠	٠	٠	•	+	+ X	•	* X	٠	٠	٠	٠	•	+	+	٠	+	+	+
BODY CAVITIES	<u> </u>																					-			f
PERITONEUM Mesothelioma, malignant	N	N	N	N	N	N	H	N	N	N	N	N	N	N	N	H	N X	N	N	N	H	N	N	N	N
TUNICA VAGINALIS Mesjihelioma, nos Mes(Thelioma, Malignant	+	+	٠	+	٠	+	•	•	•	٠	+	٠	٠	+	•	•	+ ×	•	•	٠	٠	•	٠	٠	٠
ALL OTHER SYSTEMS																									1
MULTIFLE ORGANS NOS Lymphocytic Leukemia		<u> </u>					X	N	N	N	N								_				N	N	м
+: TISSUE EXAMINED MICROSCOP -: Required tissue not exami X: Tumor incidence	ICAL NED M	LY Mici	ROS	COP	104	LLY					: C: A:	NO NE	CRO	SSUI PSY	IN NO	IFOP	RMAT ISTO	10	N SI Gy 1	UBMI DUE		ED PR	ото	οι	

-* REQUIRED TISSUE NOT EXAMINED MICKUSCUFICALLT X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

C: NECROPSY, NO HISTOLUGY A: Autolysis M: Animal Missing B: No Necropsy Performed

ANIMAL NUMBER	0 2 6	27	2	29	3	3	3	3	3	3	3	37	3	3	å	1	ž	43	4	4	ŝ	ź	Å	ģ	5	TOTAL
WEEKS ON Study	9	100	0	104	1 9 4	0	0	0	0	0	0 4	8	04	0	0	2		04	10 9	0	0	0	0	0	0 4	TISSUL
NTEGUMENTARY SYSTEM	1					- 1		- 11			- 11		-11	- 11								- 11			_1	
SUBCUTANEOUS TISSUE Squamgus cell carcinoma Fibroma Fibrosarcoma	+ x	٠	٠	٠	٠	٠	•	N	•	+	•	•	•	٠	•	+	•	•	+	+	+	•	٠	٠	+	50
ESPIRATORY SYSTEM																										
LUNGS AND BRONCHI	++	t	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	÷	+	+	+	+	+	+	50
TRACHEA	+	+	+	+	٠	٠	+	+	+	+	٠	٠	+	+	+	٠	+	٠	-	+	+	٠	+	٠	+	48
HEMATOPOIETIC SYSTEM	+-																								_	
BONE MARROW	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	48
SPLEEN Hemangioma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* x	+	+	+	+	+	+	+	+	+	50
LYMPH NODES C-Cell Carcinoma, Metastatic	ŀ	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	•	+	+	•	+	÷	٠	÷	+	+	49
THYMUS	-	-	+	+	+	+	+	+	+	+	+	-	+	+	+	+	-	+	-	+	+	+	+	+	+	38
CIRCULATORY SYSTEM	Τ																									
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
IGESTIVE SYSTEM																										
ORAL CAVITY Squamous Cell Papilloma	N	N	м	м	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	N	N	N	N	N	N	50>
SALIVARY GLAND	+	+	÷	+	+	+	+	+	+	•	t	<u>+</u>	+	+	-	÷	+	÷	+	+	+	+	+	+	+	47
LIVER Neoplastic Nodule Hepatocellular carcinoma	+	+	+	•	٠	+	+	+	+	+	*	+	*	•	+	+	*	+	•	+	* ×	+	+	+	+	50
BILE DUCT	+	+	+	+	÷	+	+	+	+	+	÷	÷	÷	÷	+	+	+	+	+	+	+	+	+	+	÷	50
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	Ν.	<u>N.</u>	N	N	N	N	N	N	N	N	N	<u>N</u>	N	Ν.	Ν.	.N.	N.	N	N	N	504
PANCREAS	1+	-	+	+	+	÷	+	ŧ	÷	ŧ	+	+	+	<u>+</u>	+	<u>+</u>	<u>+</u>	+	+	÷	+	÷	ŧ	+	+	46
ESOPHAGUS	++	÷	+	+	÷	+	+	+	+	+.	+	+	+		. +	. <u>+</u>	+	+	-	+	+	+	+	+	+	49
STOMACH	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	ŧ	+	+	. 42
SMALL INTESTINE	+-+-	+	+	+	+	+	+	+	+	+	+	+	÷	ŧ	÷	÷	+	+	+	+	+	+	÷	+	+	.47
LARGE INTESTINE	+	+	+	+	+	٠	+	٠	+	+	+	+	٠	٠	+	+	+	+	٠	+	+	+	+	+	+	49
RINARY SYSTEM	\square																									
KIDNEY	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	ŧ	*	+	+	+	+	+	+	50
URINARY BLADDER	+	+	+	+	+	-	+	-	*	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	46
NDOCRINE SYSTEM	[
PITUITARY Chromophobe carcinoma	L+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	-	+	+	+	*	+	+	+	+		-	46
ADRENAL Cortical Adenoma Pheochromocytoma Pheochromocytoma, malignant	+	* ×	+	٠	+ x	÷	+	• ×	٠	٠	+	*	+	٠	٠	•	+ x	·	+	+ ×	٠	٠	+	+	•	50
THYROID C-Cell Adenoma C-Cell Carcinoma	ŀ	+	+ x	+	+	+	÷	٠	٠	•	+	+	+	+	*	+	+	+	÷	+	+	+	+	+	ł	49
PARATHYROID	+	+	-	+	+	÷	+	+	+	-	+	+	+.	+	-	-	÷	+	÷	+	+	+	•	-	-	37
PANCREATIC ISLETS ISLET-CELL CARCINOMA	÷	-	+	+	+	+	+	+	+	+	+	٠	+	+		*	+	+	+	+	+	+	+	+	×	46
EPRODUCTIVE SYSTEM																										
MAMMARY GLAND	+	+	+	N	<u>N</u>	Ν.	N	N.	N	+	+	N	+	N	N	<u>+</u>	N	+	N	+	+	+	+	+	-11	50>
TESTIS Interstitial-cell tumor	×	* x	*	* x	*	* x	*	* x	*	*	*	* x	* x	* x	* x	*	*	* ×	* x	* x	* : × :	*	*	*	*	50 49
PROSTATE	F+	+	+	٠	+	-	+	-	ŧ	ŧ	+	t	÷	÷	+	÷	ŧ.	+	+	+	+	+	-	+	Ŧ	45
PREPUTIAL/CLITORAL GLAND Sebacedus Adenoma Sebacedus Adenocarcinoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	H X	N	N	N X	H	N	N	50)
BRAIN																									Ţ	
BKAIN Squamous cell carcinoma, invasive Astrocytoma Oligodendroglioma		•	•	* x	•	•	•	•	+	•	•	•	+	+	•	+	•	•	•	+	•	•	•	•		50 1 1
DDY CAVITIES																									1	
PERITONEUM MESOTHELIOMA, MALIGNANT TUNICA VAGINALIS	N	N +		N +																				N +	N +	50×
MESOTHELIOMA, NOS Mesothelioma, Malignant		•	•	•	•	•	·	•	•	·	·	·		•	•	*	•	*	*	•	•	•		•	Ţ	50× 1 1
LL OTHER SYSTEMS Multiple organs nos Lymphocytic leukemia	N	N	N	N	N	N	N	N	N	N	N	NX	N	N	N	N	H	N	N	H	N	N	N	N	N	50×
ANIMALS MECROPSIED +: TISSUE EXAMINED MICROSCOP REQUIRED TISSUE NOT EXAMIN X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO S: ANIMAL MIS-SEXED	ICALI NED I D MI	LY MIC CRO	ROS	COP1 PIC	EX			ION		- {		AUT	CROF	SUE SY, SIS MI CROP	NO	HI NG	STO	LOG	YI	JBM1 DUE		ED PRI	010	COL		

TABLE A3. MALE RATS: TUMOR PATHOLOGY (CONTINUED) HIGH DOSE

TABLE A4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY IN FEMALE RATS IN THE 2-YEAR STUDY OF C.I. ACID ORANGE 10

CONTROL

ANIMAL NUMBER	0 0 1	0 0 2	0 0 3	0	0 0 5	0 0 6	0 0 7	00	0 0 9 0 7	0	0	0 1 2	0 1 3	0 1 4	0 1 5	0 1 6	0 1 7	0 1 8	0	0 2 0	0 2 1	22	0 2 3	024	
WEEKS ON Study	0	0	0	1	1	0	1	0	7	0	8	0	0	0	1	0	1	0	1	0	0	0	8	0	
INTEGUMENTARY SYSTEM	1.41	4 (4	-41	4	4	4	41	51	41	.81	41	31	4	4	. 4	4	4	. 91	4	- 41	91	-81	4	_
SUBCUTANEDUS TISSUE Fibroma	+	٠	+	+	+	+	٠	+	+	+	+	+	N	+	+	+	+	+	٠	+	٠	+	+	+	
ESPIRATORY SYSTEM																					-				-
LUNGS AND BRONCHI	Ļ٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_+_	+.	
TRACHEA	+	+	+	ŧ	-	+	٠	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	-	+	+	
TEMATOPOIETIC SYSTEM	┢							-							-										-
BONE MARROW	+	+	+	+	÷	+	+	+	+	+	+	÷	-	+	+	+	+	÷	+	<u>,</u> +	+	+	+	+	_
SPLEEN Lymphocytic Leukemia	ŀ	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	•	+	+	+	+	+	
LYMPH NODES TRANSITIONAL-CELL CARCINOMA, META	ŀ	+	•	+	+	+	+	٠	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS	+	٠	+	+	+	+	+	-	٠	+	+	+	+	+	+	٠	٠	+	+	-	+	+	+	٠	
CIRCULATORY SYSTEM	\vdash																				-				-
HEART HEURILEMOMA, MALIGNANT	+	+	+	+	+	+	+	٠	•	+	+	+	+	+	٠	٠	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	+	+	- <u>+</u>	+	+	<u>+</u>	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+		_ <u>+</u>	_+	+	-
LIVER Neoplastic Nodule	<u>↓</u>	+	+	+	+	+	•	+	+	+	*	+	×.	+	+	+	+	+	+	+	+	+	+	+	
BILE DUCT	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	-
GALLBLADDER & COMMON BILE DUCT	<u>⊢ N</u>	<u>N</u>	N	N	N	N	N	N	N	N	N	N	<u>N</u>	N	N	N	N	N	N	<u>N</u>	N	N	<u>N</u>	N	-
PANCREAS	L±	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS	┝	+.		. <u>+</u>	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	_ +	+	+	+	-
STOMACH	<u>+</u> +	+	+	+	+	+	+	+	+	+	+	+	+	+	.+	+	+	+	+	+	<u>+</u> .	.+	_+	+	-
SMALL INTESTINE	++	+	+	+	+	+	<u>+</u>	+	+	+	<u>+</u>	+	+	-	+	+	+	+	+	+	+	+	_+	_+	-
LARGE INTESTINE	-	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	
JRINARY SYSTEM																									
KIDNEY/PELVIS	1÷	+	+	- <u>+</u>		+	+	+	+	+	<u>.</u>	+	+	+	+	+	+	_ *	+	+	+	+	_+ +	_+ +	
TRANSITIONAL-CELL CARCINOMA	Ļ	•	•		_				•		ž	-	· ·		-	•		-	<u> </u>		•	*			
URINARY BLADDER	-	+	٠	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
NDOCRINE SYSTEM	1			-									_												
PITUITARY Chromophobe Adenoma Chromophobe Carcinoma	Ľ	×	×	+	-	×	+	+	+	×	+	*	+	+	ż	+	+	+	+	×	×	+	+	+	_
ADRENAL ADENONA	+	+	٠	٠	+	+	+	÷	÷	+	÷	+	+	÷	+	÷	÷	+	+	+	÷	+	+	+	
ADRENAL Cortical Adenoma Gortical Carcinoma Pheochromocytoma, Malignant										v						`				x					
THYROID	1.	+	•	•	+	+	+	+	+		+	+	+	+	+	+	•	•	+	+	+	÷	•	+	-
FOLLICULAR-CELL ADENOMA C-CELL CARCINOMA	·	x	·	'		•	·	•	•	•		·	•	•	•		·	•		•	Ċ		,	'	
PARATHYROID	1.	+	-	+	+	+	+	+	_	+	+	+	+	_	+	+	_	+	+	-	-	+	+	+	
PANCREATIC ISLETS ISLET-CELL CARCINOMA	T.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
	L															_							-		i.
REPRODUCTIVE SYSTEM																									
MAMMARY GLAND Adenoma, nos Adenocarcinoma, nos	N	+	+	+	+	+	N	N	+	+	+	+	+	N	+	N	N	+	+	+	+	+	+	+	
ADENOCARCINOMA, NOS Fibroadenoma	1		x								x												x		
PREPUTIAL/CLITORAL GLAND Squamdus Cell Carcinoma	H	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
VAGINA Fibroma	N	N	N	N	N	N	N	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
UTERUS Endometrial stromal polyp	+	+	+	+	÷	÷	* x	+	+	+	* x	+	+	+	+	+	+	+	+	+	+	+	÷	+	-
OVARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ERVOUS SYSTEM	-													-		-									_
BRAIN Ependymoma	+	٠	٠	÷	+	٠	÷	÷	÷	÷	+	+	٠	+	+	+	÷	٠	+	÷	+	+	÷	÷	
LL OTHER SYSTEMS	-				-								_						-			• • •			-
MULTIPLE ORGANS HOS Sarcoma, Nos Malignant Lymphoma, Nos Lymphocytic Leukemia	N	N	N	N	N	N	N	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
MALIGNANT LYMPHOMA, NOS	1																								

TISSUE EXAMINED MICROSCOPICALLY Required Tissue not Examined Microscopically Tumor incidence Necropsy, no Autolysis, no Microscopic Examination +: -: X: N:

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Autorysis M: Animal Missing B: No Necropsy Performed

AN IMAL NUMBER	0 2 6	0 2 7	2	0 2 9	0 3 0	0 3 1	3	0 3 3	0 3 4	0 3 5	0 3 6	0 3 7	0 3 8	0 3 9	0 4 0	0 4 1	0 4 2 9	0 4 3	0 4 4	0 4 5	9	0 4 7	04	0 4 9	
WEEKS ON Study	0	0	i	0	0	1	0	0	0	0	9	ļ	0	0	9	8	9	1	9	1	9	1	0	8	
INTEGUMENTARY SYSTEM	F				- 11	-11		- 31	- 21	- 21	_*1	_1			_01			- 7.1					_31	لکہ	-
SUBCUTANEOUS TISSUE Fibroma	+	+	+	+	*	٠	+	+	+	+	+	+	+	*	+	H	+	+	+	+	+	+	+	+	
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	t	+	+	+	+	+	+	+	+	+	.	+	+	
TRACHEA	+	+	+	+	+	*	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
TEMATOPOLETIC SYSTEM																									
BONE MARROW	I÷.	+	+	+	+	+	+	+	+	+	+	_++	+	. <u>+</u> +	+	. <u>+</u> .		<u>+</u>	+	+	+	+	+	+	-
SPLEEN Lymphocytic Leukemia	Ļ			x							•	•	·	•	•	-	•	•	•	•					
LYMPH NODES TRANSITIONAL-CELL CARCINOMA, META	Ŀ	+	+	+	+	+	+	+	+	+	-	+	+	*	+	+	+	+	+	+	+	+	+	+	
THYNUS	+	٠	-	٠	-	٠	٠	+	٠	٠	+	+	-	٠	+	÷	+	+	-	+	+	+	-	ŧ	
CIRCULATORY SYSTEM	<u> </u>																								-
HEART NEURILEMOMA, MALIGNANT	+	* x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM	╂																								-
SALIVARY GLAND	++	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	_
LIVER NEOPLASTIC NODULE	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	* x	+	
BILE DUCT	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	.N	Ν.	N	_N	. N	N	N	N	N	N	Ν.	N	Н.	N	. N	N.	N	Ν.	
PANCREAS.	<u> </u>	+	+	٠	+	+	+	+	+	+	-	+	+	+	+	+	÷	+	+	-	÷	+	+	+	-
ESOPHAGUS	<u>+</u>	+	+	+	+	+	+	+	+	+	٠	+	+	+	-	+	+	+	+	+	+	+	+	+	_
STOMACH .	+	+	+	+	+	+	+	+.	.+	<u>+</u> .	+	+		+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE	<u> </u>	+	<u>+</u>		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	.+	<u> </u>	-
LARGE INTESTINE	+	+		+	+	+	+	*	+	*	+	-	-	*	-	+	+	-	+	+	+	+	+	+	_
KIDNEY							•		<u>.</u>	+	÷													•	
KIDNEY/PELVIS	•	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
TRANSITIONAL-CELL CARCINOMA	\vdash																								
URINARY BLADDER NDOCRINE SYSTEM	l ·	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	
PITUITARY CHROMOPHOBE ADENOMA CHROMOPHOBE CARCINOMA	t x	٠	-	+	* x	٠	* ×	+	÷	+	+	•	+	÷	* ×	÷	* X	+	* ×	÷	÷	+	+	-	
	\vdash			x				<u>×</u>										<u>x</u>							
ADRENAL Cortical Adenoma Cortical Carcinoma Pheochromocytoma, Malignant Pheochromocytoma, Malignant	-	+ x	* ×	•	+	•	•	•	•	٠	•	•	* x	* ×	-	•	•	•	+	•	•	+	+	+	
THYROID Follicular-cell Adenoma C-cell Carcinoma	+	+	+	+	-	÷	÷	+	+ ¥	+	+	+	÷	+	+	÷	+	+	+	+	+	•	+	+	
PARATHYROID	+	+	+	+	-	+	+	+	+	÷	+	-	÷	+	÷	+	+	+	+	+	+	+	-	+	_
PANCREATIC ISLEYS ISLET-CELL CARCINOMA	-	+	+	÷	+	+	٠	+	÷	+	-	+	+	٠	+	+	+	+	+	-	+	+	+	+	
EPRODUCTIVE SYSTEM													• • • •												-
MAMMARY GLAND Adenoma, Nos Adenocarcinoma, Nos	•	+	٠	N	+ ×	+	+	N	+	H	+	N	+	+	+	+	•	+	+	٠	+	٠	N	•	
FIBROADENOMA PREPUTIAL/CLITORAL GLAND	N	N	N	N	N	N	X N	N	N	N	N	N	X N	X N	N	N	N	N	N	X N	<u>х</u> N	N	N	X N	1
SQUAMOUS CELL CARCINOMA Vagina Fibroma	N	N	N	N	N	N	N	N	H	н	N	N	H	H	N	н	H	N	N	N	N	N	N	N	ļ
UTERUS ENDOMETRIAL STROMAL POLYP	÷	+	+	+	+	÷	+	+	+	+	+	+	•	+	+	-	+	+	+	+	+	*	* X	+	-
OVARY	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	-	-
ERVOUS SYSTEM	<u> </u>																								
BRAIN Ependymoma	٠	٠	+	٠	•	+	+	+	+	+	•	+	+	+	+	•	٠	٠	•	٠	•	٠	+	•	
LL OTHER SYSTEMS								•	,																
MULTIPLE ORGANS NOS Sarcoma, Nos Malignant Lymphoma, Nos Lymphocytic Leukemia	н	N	N N	N	N	N	N		N X		N X	N	N	N	x	N X	N	N		N X	N	N	N	N	
 IISSUE EXAMINED MICROSCOPI REQUIRED TISSUE NOT EXAMINED TUMOR INCIDENCE NECROPSY, NO AUTOLYSIS, NO S: ANIMAL MIS-SEXED 	CALL ED P	Y Yici Cros		:0P PIC	ICAL EX/	LY MII	TAN			0	1 1 1 1 1	AU	TIS CROP TOLI IMAL NEC	SY SI	E IN , NC 5	(FO)) H] (NG	(57)	DLO	N SI Gy I	-	10	ED PR	010	COL	

TABLE A4. FEMALE RATS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMÀL NUMBER	0	5	0 5 3 1 0	0 5 4 0 8	0 5 5	0 5 6	0 5 7	0 5 8 1 0	05909	0 6 0 1	0 6 1	0 6 2	0 6 3	0 6 4	0 6 5	0 6 6	0 6 7	0 6 8	0 6 9	0 7 0	0 7 1	0 7 2	0 7 3	0 7 4	
WEEKS ON STUDY	9	à	0	8	ò	6	0	0	9	0	0	0	0	0	0	0	0	8	0	0	1	į,	3 0 9	4 8	
NTEGUMENTARY SYSTEM	1 81	-91	- 41		. 4	- 41	- 41	41	. 01			-21	<u>_</u> 21.	-21	-21	-21	- 21			~~~		-21	- 11		
SUBCUTANEOUS TISSUE Fibroma	+	M	+	+	м	+	+	+	+	+	+	+	.*	+	٠	+	+	+	N	+	+	+	+	+	
ESPIRATORY SYSTEM																									
LUNGS AND BRONCHI	++	M	+	+	<u>M</u>	+	+	_ <u>+</u> _	+	+	+	+	+	+	*	+	+	+	<u>+</u>	+	+	+	+	+	-
TRACHEA EMATOPOIETIC SYSTEM	L+	M	+	+	M	+	+	+	•	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	
BONF MARROW	1.	м	÷	•	м	+		+		÷	+		+	÷	+	+	+	+	÷	+	+	+	+	÷	
SPLEEN LYMPHOCYTIC LEUKEMIA	+	M	+	+	M	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_
LYMPH NODES TRANSITIONAL-CELL CARCINOMA, META	+	M	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS	+	Μ	-	-	M	t	+	+	-	+	-	+	+	+	+	-	+	+	-	-	-	+	-	+	
IRCULATORY SYSTEM				-					-		-														~
HEART NEURILEMOMA, MALIGNANT	+	м	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_
IGESTIVE SYSTEM																									
SALIVARY GLAND	+	<u>M</u>	+	+	<u>M</u>	+	_+ +	+	+	+	+	÷	+		_+ +	+	+	+	+	<u>+</u>	+	+	- <u>+</u>	+	-
LIVER NEOPLASTIC NODULE	Ļ				m	-			_	-		<u> </u>				-		-		•					
BILE DUCT	+-+	M	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_
GALLBLADDER & COMMON BILE DUCT	N I	Μ.	N	N	M	N	N	N	N	N_	<u>N</u>	N	. N	<u>N</u>	N	Ν	N	N	N.	N	N	N	N	N_	
PANCREAS	++	м	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	
ESOPHAGUS	+	_M_	+	+	<u>M</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+.	+	+	-
STOMACH	+	_ <u>M</u>	+	+.	_ <u>M</u> _	+	. +	<u>+</u>	+	+	<u>+</u>	<u>+</u>	. <u>+</u>	+	_ <u>+</u>	+	+	+	+	. <u>+</u>	. <u>+</u>	+	<u>+</u>	. <u>+</u>	-
SMALL INTESTINE	÷	<u>M</u>	+		<u>п</u> И	<u>+</u>	+	- <u>+</u>	+	+	+	÷.	-	• -	+	+	+	+	+	+	+		+	+	-
LARGE INTESTINE RINARY SYSTEM	Ľ		_				<u> </u>	<u> </u>	•	*	<u>.</u>	<u> </u>	_	-	+	•	<u> </u>	-	*		<u> </u>	-	•	*	
KIDNEY	.	M		÷	м					÷	+	+	÷	÷		•							÷		
KIDNEY/PELVIS TRANSITIONAL-CELL CARCINOMA	+	M	+	+	M	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	-	M	+	÷	M	+	-	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	÷	٠	
NDOCRINE SYSTEM								-																	-
PITUITARY CHROMOPHOBE ADENOMA CHROMOPHOBE CARCINOMA	+	M	+	+	M	+	+	* ×	×	٠	+	+	+	+	* ×	-	+ x	+	-	+	* ×	+	+	* ×	
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT	÷	м	+	+	M	٠	+	+	•	+	+	+	٠	* x	+	•	+	+	+	+ x	+	+	+	+	
THEOLINGING FIGHT, HEELGARY FOLLICULAR-CELL ADENOMA C-CELL CARCINOMA	•	M	+	÷	M	÷	+	+	+	+	÷	+	+	+	+	-	+	÷	+	+	+	+	+	+	
													Χ.												
PARATHYROID		_ <u>M</u>	+	. +	M	+	+			+		+	+	+	-		+		+	+	+	+	+	-	_
PANCREATIC ISLETS ISLET-CELL CARCINOMA	+	M	*	*	M	+	+	٠	٠	+	+	*	٠	٠	+	+	+	-	+	+	+	+	+	+	1
EPRODUCTIVE SYSTEM	-																								
MAMMARY GLAND Adenoma, nos Adenocarcinoma, nos	•	M	+	N	M	٠	٠	+	N	٠	+	+	٠	٠	+	N	N	N	+	+	N	+	+	N	
FIBROADENOMA PREPUTIAL/CLITORAL GLAND	X N		N	N	M	N	X N	N	N	N	× N	N	N	N	×	N	N	N	X N	N	N	N	N	<u>х</u> н	2
PREPUTIAL/CLITORAL GLAND Squamous cell carcinoma Vagina Fibroma	יי א		N 1	 N	M		N		N				 N	 N		N.	N N		N N	<u>.</u> н	 N	м М	N N		
UTERUS ENDOMETRIAL STROMAL POLYP	+	M 	+	+	M 	+	•	+	+	+	+	* *	+	+	+ 	+	+	+	+ +	+	<u>*</u>	+	+	+	
RVOUS SYSTEM	<u> </u>			•				·	-		·	· ·				•			-	<u> </u>		-	-	-	
BRAIN EPENDYMOMA	٠	м	٠	+	M	+	٠	٠	٠	÷	+	٠	٠	+	٠	٠	٠	÷	٠	٠	٠	٠	٠	٠	
L OTHER SYSTEMS																									
MULTIPLE ORGANS NOS Sarcoma, nos Malignant Lymphoma, nos Lymphocytic Leukemia	. N	м	N	N	M	N	N	H	N	N	н	N	N	N	N	N X	N	N X	N	N	N	N	H	H	,

TABLE A4. FEMALE RATS: TUMOR PATHOLOGY (CONTINUED) CONTROL

X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION S: ANIMAL MIS-SEXED B: NO NECROPSY PERFORMED

ANIMAL Number Weeks on	7	0 7 7	0 7 8	0 7 9	8	0 8 1 0	0 8 2 0	3	84	851	8 6 1	87	8	8	1	9		1				1_	╞			
STUDY	ė	0	ġ	è	ė	9	9	0	0	0	0 5	ļ	0			č									TUN	10R
INTEGUMENTARY SYSTEM	1	_			-		-4			_				R				_ J	_	-	-I	-				
SUBCUTANEGUS TISSUE FIBROMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+		N										88× 2
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+				+		_			.—					8
TRACHEA	+	+	+	+	٠	+	+	+	+	+	+	+	+	+		+									1	56
HEMATOPOIETIC SYSTEM														_												
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	t		ŧ.										16
SPLEEN Lymphocytic Leukemia	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+										18
LYMPH NODES	+	+	-	+	+	+	+	+	+	+	+	+	+	+		÷										36
TRANSITIONAL-CELL CARCINOMA, META																										
THYMUS	L+	+	+	+	÷	+	+	+	-	+	+	+	+	+		-			_						1	70
CIRCULATORY SYSTEM																										
HEART NEURILEMOMA, MALIGNANT	+	+	+	+	+	•	+	+	+	+	+	+	+	+		•									8	1
DIGESTIVE SYSTEM]																								j	
SALIVARY GLAND .	┝┷	+	t	+	+		+	+	+	t.	+	+	+			•									_	17_
LIVER NEOPLASTIC NODULE	+	+	+	+	+	+	+	٠	+	+	+	+	+	+		ł									8	¹⁸ 3
BILE DUCT	L.	+	+	+	÷	+	+	+	÷	+	+	+	+	+		+										18
GALLBLADDER & COMMON BILE DUCT	N	Ν.	N	N	N	N	N	N	N	_ N	N	N	N	N		н_										18 *
PANCREAS	1.	+	+	+	+	+	-	+	+	+	+	+	+	+		F										13
ESOPHAGUS		÷	+	+	+	+	+	+	+.	+	+	+	+	+		<u> </u>										17
STOMACH	+	+	+	+	+	+	+	+	+	+	+	-	+			•										16
SMALL INTESTINE	+	÷	÷	+	+	+	+	+	+	+	+	+	+	+												15
LARGE INTESTINE	-	+	-	-	+	+	+	+	+	+	+	_	+	+											1	2
RINARY SYSTEM	<u> </u>				<u> </u>		_				_															-
KIDNEY			+	+	+	÷	÷	+	+	+	÷	+		+											8	
KIDNEY/PELVIS	1	+	+	+	+	+	+	+	+	+	+	•	+	•											8	
TRANSITIONAL-CELL CARCINOMA	Ļ.						•	-	•			'													°	<u>1</u>
URINARY BLADDER	+	+	-	+	+	+	+	+	+	+	-	+	÷	+	1	ł									8	0
NDOCRINE SYSTEM					_									_								_				
PITUITARY Chromophobe Adenoma Chromophobe Carcinoma	•	+ x	٠	•	* ×	+	*	*	٠	*	+	+	+	* x	1	•									8	325
ADRENAL	+	+	+	+	+	+	+	+	+	+	+	+	+	+	4										8	6
CORTICAL ADENOMA Cortical Carcinoma Pheochromocytoma Pheochromocytoma, Malignant					×				x																	6 1 3 1
THYRDID	+	+	+	+	+	•	+	+	+	+	+	+	+	+											8	~
FOLLICULAR-CELL ADENOMA C-CELL CARCINOMA	ļ							×			•	_														3
PARATHYROID	+	<u>+</u>	+	+	+	+	+			. <u>+</u>	+	ŧ	+	t											6	٤.
PANCREATIC ISLETS ISLET-CELL CARCINOMA	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+										8	3,
EPRODUCTIVE SYSTEM										-,																
MAMMARY GLAND	+	÷	÷	÷	÷	N	÷	÷	N	N	÷	÷	÷	+	N										- a	8×
ADENOMA, NOS Adenocarcinoma, Nos										÷				X												22
FIBROADENOMA PREPUTIAL/CLITORAL GLAND	N	N	N	N	<u>х</u> N	N	N	X N	N	 N	<u>.</u> н	N	N	N	N											<u>18</u> 8×
SQUAMOUS CELL CARCINOMA Vagina		N N				N	N		N		N	N	N	N										~		8×
FIBROMA		+	+		+	+	+	N +	+	N +	+		+	+	+										8	1
ENDOMETRIAL STROMAL POLYP	×		· ·		-	- <u>-</u>	x	+			-				_										8	9
ERVOUS SYSTEM		•	<u> </u>		<u> </u>		_			<u> </u>	•	-		_												-
BRAIN EPENDYMOMA	٠	÷	÷	÷	÷	* ×	٠	÷	+	+	+	+	+	+	÷										8	8,
LL OTHER SYSTEMS										_															+	_
MULTIPLE OPCANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	I									8	8× 1
SARCOMA, NOS MALIGNANT LYMPHOMA, NOS LYMPHOCYTIC LEUKEMIA							x	x.							X								_			,2 14
ANIMALS HECROPSIED +: TISSUE EXAMINED MICROSCOPI -: REQUIRED TISSUE NOT EXAMIN X: TUMOR INCIDENCE H: NECROPSY, NO AUTOLYSIS, NO S: ANIMAL MIS-SEXED	CALI IED I MI	MIC	R05	COP1 PIC	ICA EX	LLY					: A: M: B:	- A!	III.	AL I	111	55 I I	ORM HIS			SUB DU	MIT	TED Q PI	ROT	OCOL		

TABLE A4. FEMALE RATS: TUMOR PATHOLOGY (CONTINUED) CONTROL

TABLE A4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY IN FEMALE RATS IN THE 2-YEAR **STUDY OF C.I. ACID ORANGE 10**

LOW DOSE

ANIMAL NUMBER	0	0	003	004	005	0	0 0 7	0 0 8	00	0 1 0	0	0 1 2	0 1 3	91	15	6	?	1 8	0 1 9	2	2	- 220	023	6 N O	Ĺ
WEEKS ON Study	0	ò	0	0	0	0	0	0	0	0	į	ò	ò	9	ò	ò	ò	0	į	i	0	1	0	0	
INTEGUMENTARY SYSTEM	1-91		-1	•	-	- 11	- 11	41			- 11	- 11	<u>- 61</u>	- 2.1	- 11				- 71	_ 1	-	-		-	_
SKIN Fibrosarcoma	Ŀ	+	_x	+	+	+	+	+	+	+	+	+	•	+	•	+	•	+	+	+	+	+	N	+	
SUBCUTANEOUS TISSUE Basal-Cell Tumor Fibroma	•	+	+	+	+	+	+	٠	+	+	+	*	+	٠	+	٠	+	٠	٠	•	+	+	м	+	
RESPIRATORY SYSTEM	+								-					_											
LUNGS AND BRONCHI Fibrosarcoma, metastatic	ŀ	+	*	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	
TRACHEA	+	+	+	+	÷	+	٠	٠	+	+	+	+	+	٠	+	+	٠	+	+	+	٠	+	+	+	
HEMATOPOIETIC SYSTEM							<u></u>															_			_
BONE MARROW	ŀ⁺	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	.+	+	+	.+	+	•	+	_
SPLEEN	┼┷	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	.+	t	+ .	
LYMPH NODES	⊢	+	+	+	+	+	_ <u>+</u> _	<u>.</u>	+		.+	 *	*	+	+		+	+	+	+	+	+	+	+	_
THYMUS Malig.lymphoma, lymphocytic type	*	+	+	+	+	+	+	+	+	+	+	-	-	+	-	+	+	•	•	+	+	+	+	+	
CIRCULATORY SYSTEM	1																								
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM	1													_											
DRAL CAVITY Squamdus cell papilloma	н	N	N	N	N	N	N	N	N	N	N	N	H	H	N	H	N	N	N	N	N	N	N	N	
SALIVARY GLAND		+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷.	.+	+	+	+	+	÷	
LTVEP	1.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEPATOCELLULAR CARCINOMA Fibrosarcoma, metastatic			x																						
BILE DUCT	┟┵	+	+	+	+	+.	+	+	٠	+	÷	+	+	<u>+</u>	+	÷	+	+	+	÷	ŧ	+	+	+	
GALLBLADDER & COMMON BILE DUCT	<u> N</u>	N	N	N	N.	N	N	N	N	M	N	<u>N</u>	N	.N.	<u>N</u>	8	N	N	N	N	N	N	N	N	
PANCREAS	₽÷	<u>.</u>	+	÷	+	+	+	+	+	+	٠	+	٠	+	٠	+	+	+	+	•	.+	+	+	+	
ESOPHAGUS	<u> </u> +	+		+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	.+	+	+	+	+	_
STOMACH	+	+	+	<u>+</u>	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	. +	+	+	
SMALL INTESTINE	+-	<u>+</u>	+	+	+	t .	<u>t</u>	+	+	+	+	+	+	<u>+</u>	. <u>t</u>	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE	-	-	+	+	-	-	-	-	+	+	+	+	+	٠	.*	٠	+	+	٠	٠	+	٠	+	٠	
URINARY SYSTEM	<u> </u>																								
KIDNEY	+	<u>+</u>	+	+	+	+	+		+	+	+	+	+	+	+	+	.t	+	+	+	+	+	+	÷	-
URINARY BLADDER	+	+	+	+	+	+	+	-	+	•	+	•	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																									
PITUITARY Chromophobe Adenoma Chromophobe Carcinoma	Ļ	+	•	+	-	×	+	×	-	×	+	+	*	×	+	+	+	+	•	+	+	+	-	×	
ADRENAL Cortical Adenoma Pheochromocytoma	+	+	+	+	+	+	+	*	+	+ x	+	×	*	+	+	+	+	+	+	+	+	+	+	+	
THYRGID	+	÷	+	+	+	+	+	÷	+	+	+	+	+	+	+	÷	+	+	÷	+	+	+	+	+	
PARATHYROID Adenoma, Nos	-	-	+	+	-	-	+	+	+	٠	٠	+	+	+	٠	٠	+	+	÷	-	-	+	+	+	
PANCREATIC ISLETS ISLET-CELL CARCINOMA	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	+	+	÷	*	÷	÷	+	٠	
REPRODUCTIVE SYSTEM	┨								•																
MAMMARY GLAND Adenoma, Nos Adenocarcinoma, Nos Stardarchar	÷	N	٠	*	N	+	H	٠	÷	٠	*.	÷	+	+	•	+	+	N	÷	N	÷	+	N	٠	
ADENOCARCINOMA, NOS Fibroadendma	1							x		x	~	x	x												
UTERUS ENDOMETRIAL STROMAL POLYP	+	*	+	+	+	+	+	÷	÷	+	+	+	+	+	+	+	*	+	+	+	+	+	* *	* *	
OVARY	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
ERVOUS SYSTEM	_													_											
BRAIN Astrocytoma	•	÷	÷	÷	÷	÷	+	•	٠	÷	+	٠	÷	÷	÷	÷	÷	+	+	* x	٠	÷	+	+	
LL OTHER SYSTEMS	 														_					^					_
MULTIPLE ORGANS NOS Leiomyosarcoma Malig.lymphoma. Lymphocytic typf	N	H	N	N	N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N	N X	N	N	
LYMPHOCYTIC LEUKEMIA +: TISSUE EXAMINED MICROSCOPI -: REQUIRED TISSUE NOT EXAMIN X: Tumor Incidence N: Necropsy, No Autolysis, No												NO	<u>X</u> TTS	SUE	: 11	FOR	MAT	TOP				FD	oto		-

ANIMAL Number	0 2 6	0 2 7	0	2	0 3 0	0 3	0 3 2	0 3 3	0 3	0 3 5	0 3 6	0 3 7	0 3 8	0 3 9	04	0 4 1	0 4 2	0 4 3	04	0 4 5	946	0 4 7	0 4 8	0 4 9	0 5 0	TOTAL
WEEKS ON STUDY	1	-7	2 8 1 0	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0 1 0	TISSUES
INTEGUMENTARY SYSTEM	4	4	4	8	4	4	4	41	4	4	4	4	4	41	4	4	4	41	41	4	41	4	4	3	4	
SKIN Fibrosarcoma	+	+	٠	٠	+	+	+	٠	+	+	+	+	÷	+	+	÷	N	N	+	+	٠	+	+	٠	+	50×
SUBCUTANEOUS TISSUE Basal-Cell Tumor	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	N	N	+	÷	+	+	+	÷	+	50×
BASAL-CELL TUMUR Fibroma																		x				x				ź
RESPIRATORY SYSTEM		_													-											
LUNGS AND BRONCHI Fibrosarcoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
TRACHEA	+	+	٠	٠	+	+	+	٠	+	٠	+	+	+	٠	+	+	+	+	+	÷	+	+	+	٠	+	50
REMATOPOIETIC SYSTEM	<u> </u>										_															
BONE MARROW	++-	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	50
SPLEEN	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	<u>+</u>	+	•	+	50
LYMPH NODES Thymus	+	<u>+</u>	+	+	+	+	+	<u>*</u>	+	<u>+</u>	+		+	<u>*</u>	<u>+</u>	+	* *	<u>+</u>	+	+	+	+	*	•	-	<u>49</u> 41
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	l T	Ť	•	•	x	•	Ŧ	÷.	•	-	•	Ť	Ť	•	•	•	Ť	-	-	Ť	•	Ť	Ť.			1
CIRCULATORY SYSTEM															• •••											
	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	*	50
DIGESTIVE SYSTEM	N	N	N	N	N	N	N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N	N	м	50×
ORAL CAVITY Squamous cell papilloma	"-						"										п					<u> </u>		x	-	11
SALIVARY GLAND	+	+	+	+	+	<u>+</u>	+	+	+	+	. <u>+</u>	+	+	+	•	+	<u>+</u>	+	+	+	•	+	+	+	+	50
LIVER Hepatocellular carcinoma Fibrosarcoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	×	50
BILE DUCT	ŀ.	•	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	-	50
GALLBLADDER & COMMON BILE DUCT	N	Ы	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N_	N	N	N	N	N	N	N	<u>50×</u>
PANCREAS	+	+	+	+	+	+	<u>+</u>	+	÷	+	÷	+	÷	+		÷	÷	+	÷	+	+	+	+	+	÷	50
ESOPHAGUS	+	+	ŧ	+	. t	+	+	+	÷	+	+.	.t	+	÷	+	+	+	+	+	÷	•	÷	÷	+	+	50
STOMACH	+	+	+	+	+	+	+	+	+	+	•	•	+	+	+	<u>+</u>	+	+	+	+	+	+ .	+	+	+	50
SMALL INTESTINE	+	+	+	. t .	+	+	+	+	٠	+	+	+	.+	<u>+</u>	+	+	+	+	+	<u>+</u>	+	+	+	+	+	50
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	44
URINARY SYSTEM KIDNEY																										
URINARY BLADDER	Ť.	+	+	+	+	+	+	+	+	+	+	•	+	+			<u>+</u> +	+	+	+	+	+	+	+	1	<u>50</u> 49
ENDOCRINE SYSTEM											·					· .									-	
PITUITARY Chromophobe Adenoma Chromophobe Carcinoma	+	*	+	+	+	+	+	+	* ×	+	+ ×	* ×	-	+	+	+	+	* ×	* ×	-	*	-	+	+	×	44 13 1
ADRENAL Cortical Adenoma Pheochromocytoma	+	+ ×	+	+	+	÷	+	+	+ x	+	+	+	+	+	*	+	+	+	÷	+	+ ×	+	÷	÷	+	50 4
THYROID	+	+	+	÷	÷	+	÷	÷	+	+	+	+	+	÷	÷	÷	+	+	+	+	+	+	+	+	+	50
PARATHYROID	-	÷	+	-	-	+	-	+	+	÷	-	+	÷	-	+	-	+	+	+	-	+	÷	+	-	+	35
ADENOMA, NOS Pancreatic Islets Islet-cell Carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	*	÷	+	+	•	+	+	•	+	+	+	+	÷	50
REPRODUCTIVE SYSTEM																		_							_	1
MAMMARY GLAND Adenoma, Nos Adenocarcinoma, Nos	٠	N	N	٠	٠	٠	٠	÷	÷	÷	٠	÷	٠	+	+	+	÷	N	÷	٠	÷	н	÷	H	+	50× 2
ADENOCARCINOMA, NOS Fibroadenoma						x			x		x	x														ļ
UTERUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	+	+	+	+	•	50,
ENDOMETRIAL STROMAL POLYP	<u> </u>	+	+	+	+	+	+	+	<u>×</u> +	+	+	+	+	+	+	+	+	+	+	+	+	×	+	•	+	50
NERVOUS SYSTEM										-															+	
BRAIN Astrocytoma	٠	٠	٠	* x	÷	+	+	٠	٠	÷	٠	+	٠	+	•	•	•	+	÷	+	+	•	٠	٠	۰	50 g
LL DTHER SYSTEMS															• • • •										+	
MULTIPLE ORGANS NOS Leiomyosarcoma Malig.lymphoma, lymphocytic type Lymphocytic leukemia	N	N	N X	N	N	N	N	N	N	H	N	N	N	N	N	N	н	н	н	N	N	H	H	H	N	50× 1 1
 ANIMALS NECROPSIED IISSUE EXAMINED MICROSCOP REGUIRED TISSUE NOT EXAMIN X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NI S: ANIMAL MIS-SEXED 	ICAL NED MI	L¥ Mici Cro	ROSI	COPI	EX/	LY MIN	114	ON			: : : :	ND NE AU AN NO	TI: CROI TOLY IMAN	SSU SY SY M STS R OF	IND NO SSI	FDR HI NG PER	MAT STO	MET	4 51 97 1	JBM) DUE	1771 TO	ED PR(010	COL		

TABLE A4. FEMALE RATS: TUMOR PATHOLOGY (CONTINUED) LOW DOSE

TABLE A4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY IN FEMALE RATS IN THE 2-YEAR **STUDY OF C.I. ACID ORANGE 10**

HIGH DOSE

NEEGO RESPIRATORY SYSTEM N <th>ANIMAL</th> <th>8</th> <th>0</th> <th>0</th> <th>0</th> <th>0</th> <th>0</th> <th>0</th> <th>0</th> <th>0</th> <th>0</th> <th>1</th> <th>0</th> <th>0</th> <th>0</th> <th>1</th> <th>0</th> <th>?</th> <th>01</th> <th>0</th> <th>0</th> <th>0 2 1</th> <th>2</th> <th>0 2 3</th> <th>2</th> <th>-</th>	ANIMAL	8	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	?	01	0	0	0 2 1	2	0 2 3	2	-
HESPERATORY SYSTEM	WEEKS ON			5			- 11		- 1							5						1	2	-1	#	-
LUNGS AND BRONCHT TRACHEA			Á	4	4	4	4	41	4	4	41	<u>.</u> 41	41	اف_	41	6	4	41	41	41	4	- 6	_1	.41	-61	-
HEMATOHOLETIC SYSTEM BONE MARCOM SPIEEN LYMEN MODES LYMEN MODES LYMEN MODES LYMEN MODES LYMEN MODES LANDER LANDE LYMEN MODES LANDE LYMEN MODES LANDE		+	+	+	+	+	t	÷	+	+	+	+	+,	+.	÷	-	+	+	+	+	+	+	+	+	+	
BONE MARROW • • •	TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	
BOME MARROM • • •	HEMATOPOIETIC SYSTEM	+																_								-
SPIEEN + + + + + + + + + + + + + + + + + + +		+	. +	+	_+	+	+	+	+	+	÷	+	÷	+	+	÷	÷	+	+	+	+	+	+	+	+	
THYMUS + + + - + + + + + + + + + + + + + + + +		T,	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS + + + - + + + + + + + + + + + + + + + +	LYMPH NODES	+	+	+	+	÷	+	+	+	+	+	+	+	+	÷	+	÷	+_	+.	+	+	+	.+	+	+	
HEART	THYMUS	+	+	+	-	+	+	+	-	+	+	+	÷	+	÷	-	÷	+	+	+	-	+	-	+	-	
DIGESTIVE SYSTEM * * * * * * * * * * * * * * * * * * *	CIRCULATORY SYSTEM												_													-
SALIVARY GLAND • • • • • • • • • • • • • • •	HEARY	1.	+	+	٠	+	÷	÷	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	٠	+	+	
LIVER MEDPLASTIC HODULE SIE DUCT GALLBLADDER & COMMON BILE DUCT H N N N N N N N N N N N N N N N N N N N	DIGESTIVE SYSTEM																				-					-
MEOPLASTIC HOULE x BILE DUCT + + + + + + + + + + + + + + + + + + +	SALIVARY GLAND	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_ <u>t</u> .	+	+	_
GALLBLADDER & COMMON BILE DUCT PARCREAS ESOPHAGUS STOMACH STOMACH STOMACH STALL INTESTINE LARE INTESTINE URENTARY SYSTEM KIDMEY V + V + V + VITTARY CHEQNOPHOBE ARCHINARY BLADDER V + VITTARY CHEQNOPHOBE CHEQNOPHOBE ARCHILL ADELMOMA CHEQNOPHOBE CHEQNOPHOBE ARCHAL V + VITTARY CHEQNOPHOBE CHEQNOPHOBE ARCHAL V + VITTARY CHEQNOPHOBE CHEQNOPHOBE CHEQNOPHOBE ARCHAL V + VITTARY CHENDMAR CHENDMAR CHENDMAR CHENDMAR CHENDMAR CHENDMAR CHENDMAR <td>LIVER Neoplastic Hodule</td> <td>+</td> <td>+</td> <td>+</td> <td>+</td> <td>*</td> <td>+</td> <td></td>	LIVER Neoplastic Hodule	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PARCREAS + + + + + + + + + + + + + + + + + + +	BILE DUCT	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	<u>+</u>	+	
ESOPHAGUS + + + + + + + + + + + + + + + + + + +	GALLBLADDER & COMMON BILE DUCT	L.N.	N	<u>N</u> .	_N	Ν.	N	N	N	N	N.	N	N	N	Ν.	N	N	N	N	N	N	N	N	N_	N	_
STOMACH * * * * * * * * * * * * * * * * * * *	PANCREAS	++	. +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	
SMALL INTESTINE + + + + + + + + + + + + + + + + + + +	ESOPHAGUS	L	+	+	+	+	+	+	÷.	+	+	+	+	+	+	+	+	+	+	+	+	+	t	+	+	
LARGE INTESTINE + + + + + + + + + + + + + + + + + + +	STOMACH	+	•	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	<u>t</u>	+	+	+	+	+	<u>+</u>	_
URINARY SYSTEM * * * * * * * * * * * * * * * * * * *	SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	. t	÷	+	+	+	+	
KIDNEY • • • • • • • • • • • • • • •	LARGE INTESTINE	+	+	+	-	+	-	-	+	-	+	+	+	+	-	+	÷	÷	-	+	-	-	٠	-	~	
URINARY BLADDER + + - + + + + + + + + + + + + + + + + +	URINARY SYSTEM	+																								-
EHDOCRINE SYSTEM * * * * * * * * * * * * * * * * * * *	KIDNEY	1+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	•	_
PITUITARY CHROMOPROBE ADENDMA GARGUIDHEURCHA ADENNAL CORTIGAL ADENDMA CORTIGAL ADENDMA CORTIGAL ADENDMA CORTIGAL ADENDMA CORTIGAL ADENDMA COCELL CARCINOMA	URINARY BLADDER	+	+	-	+	+	+	+	+	+	+	٠	+	+	÷	+	+	+	+	-	+	+	+	+	+	
CHROMOPHOBE CARCINDMA GARGUIDNEUROMA X X ADRENAL CORTICAL ADEHOMA X X ADRENAL CORTICAL ADEHOMA X X ADRENAL CORTICAL ADEHOMA X X THYRDID FOLLICULAR-CELL ADEHOMA C-CELL CARCINOMA X X YARATHYROID X X PARATHYROID X X PARATHYROID X X MAMMARY GLAND ADEHOMA ADEHOMA SEBACEOUS ADEHOMA FIBROMA FIBROMA FIBROMA FIBROMA FIBROMA AUUTONA CORTUCTIVE SYSTEM X MAMMARY GLAND SEBACEOUS ADEHOMA FIBROMA FIBROMA FIBROMA CONTICLUSA-CELL TUMOR GRANULOSA-CELL CARCINOMA ALL OTHER SYSTEMS N MULTERIE GRANULOSA-CELL CARCINOMA ALL OTHER SYSTEMS X MULTERIE GRANULOSA-CELL CARCINOMA ALL OTHER SYSTEMS X	ENDOCRINE SYSTEM																									-
CORTICAL ADEMOMA X X ThYRDID Y Y Y POLIFICULAR-CELL ADEMOMA X X C-CELL CARCINOMA X X PARATHYROID * * * MAMMARY GLAND * * * * ADEMOMA X X X PARATHYROID * * * * MAMMARY GLAND * * * * * MAMMARY GLAND * * * * * PEPUTAL/CLITORAL GLAND * * * * * SEBACEOUS ADENOMA X X X X PIBROMA X X X X VUTERUS SARCOMA, NOS * * * * FIBROMA Y X X X X UTERUS SARCOMA X X X X UTERUS SARCOMA X X X X OVARY CRANULOSA-CELL CARCINOMA X X X X QUARY GRANULOSA-CELL CARCINOMA X X X ALL OTHER SYSTEMS X X X	CHROMOPHOBE ADENOMA Chromophobe Carcinoma	+	+	+	+	+	+	*	+	* ×	+	+	+	+	-	*	+	* x_	٠	•	+	+	+	-	+	
FOLIZOULAR-CELL ADENDRA X X PARATHYROID * * * * * * * * * * * * * * * * * * *	ADRENAL Cortical Adenoma	+	+	, ż	+	+	+	+	+	+	+	+	+	+	*	+	+	+	٠	+	+	+	+	+	+	_
PARATHYROID + + + + + + + + + + + + + + + + + + +	FOLLICULAR-CELL ADENOMA	•	+	٠	+		+	+	+	+	+	+	+	+	•	+	*	+	+	+	+	+ ¥	+	٠	•	
REPROBUCTIVE SYSTEM MAMMARY GLAND ADENOMA NDS FIBROMA FIBROADENOMA UTERUS SARCOMA UTERUS SARCOMA UTERUS SARCOMA UTERUS CARCHUCSA-CELL TUMOR GRANULOSA-CELL CARCINOMA ALL OTHER SYSTEMS NUTHER SYSTEMS NU	PARATHYROID	1.	+	+	+	+	+	+	+	+	+	-	+	+	-	+	+	-	-	+	-	+	_	+	+	
MAMMARY GLAND + N + N + + + + + + + + + + + + + + + +						_	-																			-
PREPUTIAL/CLITORAL GLAND N	MAMMARY GLAND Adenoma, Nos Fibroma	•	H	٠	N	+	٠	٠	٠	+	N	+	N	+	H	+	+	N	+	N	٠	+		+	+	
SEBACEOUS ADENOMA X UTERUS X SARCOMA, NOS * * * + * + * + * + * + * + * + * + * +		+				x			X								_			_	<u>x</u>				<u>×</u>	-
SARCOMA, NOS FIBROMA FIBROSARCOMA LEIOMVOSARCOMA ENDOMETRIAL STROMAL POLYP OVARY GRANULOSA-CELL TUMOR GRANULOSA-CELL CARCINOMA ALL OTHER SYSTEMS MULTIPLE ORGANS NOS	PREPUTIAL/CLITORAL GLAND Sebaceous Adenoma	н	N	N	N	H	N	N	N	N	N	N	H	N	N	N	N	N	N	N	N	H	N	N X	H	
OVARY GRANULOSA-CELL TUMOR GRANULOSA-CELL CARCINOMA + + + + + + + + + + + + + + + + + + +	SARCOMA, NOS Fibroma Fibrosarcoma Leiomyosarcoma		+	+	+	+	•	+	•	+ x	+	+	+ x	+	+	+	+ ×	٠	+	+	•	•	•	•	+	
	OVARY GRANULOSA-CELL TUMOR GRANULOSA-CELL CARCINOMA	ŀ	+	+	+	+	•	+	+		+	+	+			-	+	+	+	+	+	+	+	+	+	
	MULTIPLE ORGANS NOS	-	N	N	н	н	N	N	N	N	N	н	н -	N	N	н	N	N	N	H	N	н	N	N	н	

+: TISSUE EXAMINED MICROSCOPICALLY -: Required Tissue not Examined Microscopically X: Tumon Incidence H: Hecropsy, No Autolysis, No Microscopic Examination

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Autolysis M: Animal Missing B: No Necropsy Performed

.

C.I. Acid Orange 10

ANIMAL	10	1 0	0	0	01	01	01	01	0	01	0	0	01	0	01	010	0	1 0	0	0	0	0	0	0	
NUMBER	2	17	2	2	3	3	3	3	3	3	3	3	3	3	4 0		2 3	4	5	6	r Z	4 8	4	5 0	TOTAL
WEEKS ON STUDY	1	08		0	0	1	1	1	6	1	1	1	6	1				0		1	1	1	1	1	TISSUE
RESPIRATORY SYSTEM	-14	11	4	2	91	41	41	41	0[4	41	41	41	41	41_	41.4	4	14	4	4	4	4	4	4	
LUNGS AND BRONCHI	+	+	+	+	÷	+	t_	+	+	+	+	+	+	+	+	<u>+</u> •	• •	+	_+	+	+	+	+	+	49
TRACHEA	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	ŧ	+ +	+	+	+	+	+	+	+	+	50
HEMATOPOIETIC SYSTEM	+																								
BONE MARROW	1.	+	+	+	+	+	+	+	+	+	+	+	+	+ _	+	• •	•	+	+	+	+	+	+	+	50
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+ +		+	+	•	+	+	+	÷	50
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ +	• •	+	+	+	+	t.	+	+	50
THYMUS	+	+	+	-	-	+	-	+	-	+	+	+	+	+	-	+ +		+	+	+	+	+	-	í.	36
CIRCULATORY SYSTEM																									
HEART	+	+	+	+	_	÷	+	+	+	÷	+	+	•	+	+	+ +	•	+	+	+	+	+	+	+	49
DIGESTIVE SYSTEM	+-																								
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+ </u> +	• •	+	+	t	+	+	+	+	50
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ +	+	+	+	+	+	+	+	+	50
NEOPLASTIC NODULE																									t.
BILE DUCT	++	+	+	+	+	+	+	. <u>+</u> _	+	+	+	+	+			• •		+	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	<u>– N</u>	N	H	N	<u>N</u>	N	<u>N</u>	_N_	N	N.	N	N	Ν.			N N		N	N	N	N	<u>N</u> .	N	<u>N</u>	50×
PANCREAS	++	+	+		-	+	+	+	+	+	+	+	+			<u>+ +</u>	+	+	+	+	+	+	+	-+	48
ESOPHAGUS	+-+	-	+	+		+	.+	<u>+</u>	+	+	+	+	.+	+	+ ·	+ +	• +	+	*	+	<u>+</u> .	+	+	-+	49
STOMACH	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	<u>+</u> +	+	+	+	+	+	+	.+	+	49
SMALL INTESTINE	+	+	+	+	-	+	+	+	-	+	+	+	-	+	+	+ +	+	+	+	+	. t	+	+	-+	47
LARGE INTESTINE	-	-	+	~	-	-	+	+	+	+	+	~	+	-		• •	-	+	+	+	+	+	+	+	31
URINARY SYSTEM																					-				
KIDNEY	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	<u>+</u>	+	+ ·	• •	. +	+	+	t	.+	+	+	-+	.50
URINARY BLADDER	+	+	+	+	-	+	+	+	+	+	+	+	-	+	+ •	• •	+	+	+	+	+	+	-	+	45
ENDOCRINE SYSTEM												-											-		
PITUITARY Chromophobe Adenoma Chromophobe Carcinoma Ganglioneuroma	+	+	×	×	+	•	+	+	•	*	+	•	*	×	* ;	* * * *	٠	•	•	* x	* ×	+	-	+	46 11 1
ADRENAL Cortical Adenoma	+	+	+	+	+	•	+	+	+	+	+	+	+	+	• •	+ +	+	+	+	+	+	+	+	+	50 2
THYROID Follicular-cell Adenoma C-cell Carcinoma	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+ +	• •	+	+	+	+	+	+	+	+	49 2 1
PARATHYROID	+	-	+	~	-	+	-	÷	-	+	+	+	-	+	+ +	• •	+	-	+	+	+	+	+	+	37
REPRODUCTIVE SYSTEM	+																							┥	
MAMMARY GLAND Adenoma, Nos Fibroma Fibroadenoma	+	+ x	+	÷	+	N	N	+	+ x	+	÷	N	+	+ : ×	н 4	+	+	+	٠	٠	N	+	N	м	50× 1 1
PREPUTIAL/CLITORAL GLAND SEBACEOUS ADENOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N N	ł N	N	N	N	N	N	N	N	н	50× 1
UTERUS SARCOMA, NOS Fibroma Fibrosarcoma Leiomyosarcoma Endometrial Stromal Polyp	+	•	٠	×	-	+	•	٠	+	+	+ X	+ X	•	•	+ +	•	* x	+ x	+	٠	+	•	+	+	49 1 1 1
OVARY GRANULOSA-CELL TUMOR GRANULOSA-CELL CARCINOMA	+	+	+	+	-	+	+	+	+	+	+	+	+	+ ·	+ +	•	+	+	+	٠	+	+	+	+	48 1 1
ALL OTHER SYSTEMS	1																							1	
MULTIPLE DRGANS NOS MALIGNANT LYMPHOMA, NOS	N	N	N	N	N	N	N	N	N	N	н	N	N	N I	N N	N	N	N	N	N	N	N	N	N	50×

TABLE A4. FEMALE RATS: TUMOR PATHOLOGY (CONTINUED) HIGH DOSE

 * ANIMALS RECROPTED
 : NO TISSUE INFORMATION SUBMITTED

 +: TISSUE EXAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBMITTED

 -: RECROPSY, NO HISTOLOGY DUE TO PROTOCOL
 C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL

 X: TUMOR INCIDENCE
 A: AUTOLYSIS

 N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 M: ANIMAL MISSING

 S: ANIMAL MIS-SEXED
 B: NO NECROPSY PERFORMED

C.I. Acid Orange 10

APPENDIX B

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE FED DIETS CONTAINING C.I. ACID ORANGE 10

TABLE B1.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE FED DIETS CONTAINING C.I. ACID ORANGE 10

		LOW DOSE	
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50	50 49 49	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN SARCOMA, NOS Fibroma Fibrous Histiocytoma	(50) 1 (2%)	(49) 3 (6%) 1 (2%)	
*SUBCUT TISSUE SARCOMA, NOS FIBROSARCOMA RHABDOMYOSARCOMA	(50) 2 (4%) 4 (8%) 1 (2%)	(49) 1 (2%)	(50) 2 (4%)
RESPIRATORY SYSTEM			
ALVEOLAR/BRONCHIOLAR CARCINOMA	1 (2%)	(49) 2 (4%) 1 (2%) 1 (2%)	(50) 1 (2%) 2 (4%)
FIBROSARCOMA, METASTATIC RHABDOMYOSARCOMA, METASTATIC	1 (2%) 1 (2%)		
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS MALIGNANT LYNPHOMA, NOS MALIG LYMPHOMA, HISTIOCYTIC TYPE	(50) 2 (4%)	(49) 4 (8%)	(50) 4 (8%)
MALIG.LYMPHOMA, HISTIOCYTIC TYPE Malignant lymphoma, mixed type lymphocytic leukemia	2 (4%) 1 (2%)		1 (2%)
#MEDIASTINAL L.NODE MALIGNANT LYMPHOMA, NOS	(37)	(34) 1 (3%)	(42)
#AXILLARY LYMPH NODE SARCOMA, NOS, METASTATIC	(37)	(34)	(42)

	CONTROL	LOW DOSE	HIGH DOSE
#LIVER KUPFFER-CELL SARCOMA	(50)	(49) 1 (2%)	(50)
CIRCULATORY SYSTEM			
#SPLEEN HEMANGIOSARCOMA	(48)	(46) 1 (2%)	(50)
#MESENTERIC L. NODE Hemangiosarcoma, metastatic	(37)	(34)	(42) 1 (2%)
#HEART RHABDOMYOSARCOMA, METASTATIC	(48) 1 (2%)	(49)	(50)
#LIVER HEMANGIOSARCOMA	(50)	(49)	(50) 1 (2%)
DIGESTIVE SYSTEM			
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA RHABDOMYOSARCOMA, METASTATIC	(50) 1 (2%) 14 (28%) 1 (2%)	(49) 2 (4%) 5 (10%)	(50) 12 (24%
*GALLBLADDER Adenoma, nos	(50)	(49)	(50) 1 (2%)
*RECTUM ADENOCARCINOMA, NOS	(50)	(49)	(50) 1 (2%)
JRINARY SYSTEM			
NONE			
ENDOCRINE SYSTEM			
#ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT	(49)	(46) 2 (4%) 1 (2%)	(48) 1 (2%) 1 (2%)

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
#THYROID Follicular-cell Adenoma	(48) 1 (2%)	(40)	(48) 1 (2%)
REPRODUCTIVE SYSTEM			
#TESTIS INTERSTITIAL-CELL TUMOR	(50)		1 (2%)
NERVOUS SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
NONE			
MUSCULOSKELETAL SYSTEM			
	(50)	(49)	(50) 1 (2%)
BODY CAVITIES			
*MESENTERY SARCOMA, NOS	(50) 1 (2%)	(49)	
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS Sarcoma, Nos, Metastatic	(50)	(49)	(50) 1 (2%)
ADIPOSE TISSUE SARCOMA, NOS			f
	CONTROL	LOW DOSE	HIGH DOSE
---	---------------	---------------	--------------
NIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHQ MORIBUND SACRIFICE SCHEDULED SACRIFICE	50 15 3	50 15 2	50 4 4
ACCIDENTALLY KILLED Terminal sacrifice Animal missing	32	33	42
INCLUDES AUTOLYZED ANIMALS			
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	30 32	19 25	25 33
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	4 4	8 8	10 10
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	26 28	14 17	2 1 2 3
TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS	6 8	1 1	3 3
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 (ADJACENT ORG

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

TABLE B2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE FED DIETS CONTAINING C.I. ACID ORANGE 10

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 49 49
INTEGUMENTARY SYSTEM			
*SUBCUT TISSUE SARCOMA, NOS FIBROSARCONA	(50) 1 (2%)	(50) 2 (4%)	(49)
RESPIRATORY SYSTEM			
#LUNG ADENOCARCINOMA, NOS, METASTATIC ALVEOLAR/BRONCHIOLAR ADENOMA SARCOMA, NOS, METASTATIC	(50) 2 (4%) 1 (2%)	(50) 1 (2%) 1 (2%)	
FIBROSARCONA, METASTATIC		1 (2%)	1 (2%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Malignant Lymphoma, Nos Malig.lymphoma, Histiocytic Type Lymphocytic Leukemia	(50) 6 (12%) 1 (2%) 1 (2%)	(50) 9 (18%) 1 (2%) 1 (2%)	(49) 7 (14%) 1 (2%)
#SPLEEN Malignant Lymphoma, Nos	(50)	(50)	(49) 1 (2%)
#LYMPH NODE Malighant Lymphoma, Nos	(35)	(38) 1 (3%)	(41)
#LYMPH NODE OF THORAX FIBROSARCOMA, METASTATIC	(35)	(38)	(41) 1 (2%)
#LUMBAR LYMPH NODE Malig.lymphoma, histiocytic type	(35)	(38)	(41) 1 (2%)
#LIVER MALIGNANT LYMPHOMA, NOS	(50)	(50) 1 (2%)	(49)

	CONTROL	LOW DOSE	HIGH DOSE
MALIG.LYMPHOMA, HISTIQCYTIC TYPE	1 (2%)		
#KIDNEY Malignant Lymphoma, Nos	(50)	(50) 1 (2%)	(49)
#OVARY Malignant Lymphoma, Nos	(44) 1 (2%)	(48)	(42)
CIRCULATORY SYSTEM			
*SKIN Hemangiosarcoma	(50) 1 (2%)	(50)	(49)
#SPLEEN HEMANGIOSARCOMA	(50)	(50) 1 (2%)	(49)
*MESENTERY Hemangioma	(50) 1 (2%)	(50)	(49)
#UTERUS HEMANGIOMA	(48) 1 (2%)	(50) 1 (2%)	(48) 1 (2%)
#OVARY HEMANGIOMA	(44) 1 (2%)	(48) 1 (2%)	(42)
DIGESTIVE SYSTEM			
HEPATOCELLULAR ADENOMA	(50) 3 (6%)	(50) 2 (4%) 1 (2%)	(49) 3 (6%)
#STOMACH OSTEOSARCOMA	(50) 1 (2%)	(48)	(47)
URINARY SYSTEM			
#KIDNEY TUBULAR-CELL ADENOCARCINOMA	(50)	(50) 1 (2%)	(49)
ENDOCRINE SYSTEM			
#PITUITARY ADENOMA, NOS	(47)	(42)	(41)

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
CHROMOPHOBE ADENOMA		4 (10%)	1 (2%)
#ADRENAL Pheochromocytoma	(46)	(47)	(47) 1 (2%)
#THYROID Follicular-cell Adenoma	(49) 1 (2%)	(45) 1 (2%)	(47)
#PARATHYROID Adenoma, Nos	(30)	(32)	(25) 1 (4%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Adenoma, nos Adenocarcinoma, nos	(50) 3 (6%)	(50) 2 (4%) 1 (2%)	(49)
#UTERUS LEIOMYOMA LEIOMYOSARCOMA ENDOMETRIAL STROMAL POLYP	(48) 1 (2%)	(50) 1 (2%)	(48) 1 (2%) 2 (4%)
#OVARY PAPILLARY CYSTADENOMA, NOS	(44)	(48)	(42) 1 (2%)
NERVOUS SYSTEM None			
SPECIAL SENSE ORGANS			
*EYE/LACRIMAL GLAND ADENOMA, NOS PAPILLARY ADENOMA	(50) 1 (2%) 1 (2%)	(50) 1 (2%)	2 (4%)
NUSCULOSKELETAL SYSTEM			
*VERTEBRA SARCOMA, NOS, INVASIVE	(50) 1 (2%)	(50)	
ODY CAVITIES			
*MEDIASTINUM SARCOMA, NOS, METASTATIC		(50)	(49)

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

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

C.I. Acid Orange 10

	CONTROL	LOW DOSE	HIGH DOSE
ALL OTHER SYSTEMS			
NONE			
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE SCHEDULED SACRIFICE	50 9 1	50 10 3	50 9
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	40	37	4 1
INCLUDES AUTOLYZED ANIMALS			
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	25 31	27 35	19 24
TOTAL ANIMALS WITH BENIGN TUMORS Total Benign Tumors	14 15	15 15	6 9
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	14 16	18 20	15 15
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	1 3	2 2	1 2
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors			
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUHORS			
<pre> PRIMARY TUMORS: ALL TUMORS EXCEPT SEC SECONDARY TUMORS: METASTATIC TUMORS (</pre>			AD LACENT ORG

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

TABLE B3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY IN MALE MICE IN THE 2-YEAR **STUDY OF C.I. ACID ORANGE 10**

CONTROL

ANIMAL	8	0	0	0	0 0 5	0	0	0	0	0	01	0	0	0	1	0	0	0	0	2	0 2 1	0 2 2 2	0 2 3	0 2 4	0 2 5
WEEKS ON STUDY	0 8	1	1	9	0	1	1	8 0 9	1	1	0	0	0	1	1	1	9	1	9	1	1	0	1	1	1
INTEGUMENTARY SYSTEM	اق	3	3	ف_	5	Ō	3	ź	3	31	ž	اِق	ż	31	31	3	, il	3	71	31	31	31	31	31	3
SKIN Fibrous Histiocytoma	+	+	+	* x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	N	N	÷	+	+
SUBCUTANEOUS TISSUE Sarcoma, Nos Fibrosarcoma Rhabomyosarcoma	+	+	+	+	+ x	+ X	٠	٠	+	* x	+	٠	+ ×	٠	٠	+	٠	+ x	+	+	H	N	+ x	+	•
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA ALVEOLAR/BRONCHIOLAR ADENOMA FIBROSARCOMA, METASTATIC RHABDONYOSARCOMA, METASTATIC	+	+	+	+	+ x	+ x	+	+	•	+	+	•	+	•	•	+	•	+	+	+	+	+	+	+	•
TRACHEA	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	٠	+	+	+	+	+	+	+	4
TEMATOPOIETIC SYSTEM												_													
BONE MARROW	-	+	+	+	+	-	÷	+	+	+	+	+	÷	+	+	+		+	+	+	+	+	t.	+	
SPLEEN	+	+	+	+	+	. t	+	+	÷	+	+	+	+	+	-	+	+	+	+	+	+	-	+	+	.,
LYMPH NODES Sarcoma, Hos, Metastatic	+	+	-	-	-	+	٠	+	-	+	+	•	+	-	+	+	+	+	+	-	٠	+	+	+	1
THYMUS	-	+	٠	-	-	-	-	-	+	-	-	÷	-	+	+	+	-	٠	-	+	+	-	+	+	•
CIRCULATORY SYSTEM	t																								-
HEART Rhabdomyosarcoma, metastatic	+	+	+	+	* x	+	+	+	+	٠	+	+	+	+	+	+	٠	٠	+	+	+	•	+	+	1
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER Hepatocellular adenoma Hepatocellular carcinoma Rhabdomyosarcoma, metastatic	•	* x	٠	٠	•	+	+	+	+	+	+	+	+	+	+ x	+	+	٠	+ x	* ×	+ x	+	+ x	+	
BILE DUCT	<u> </u>				<u>,</u>																				-
GALLBLADDER & COMMON BILE DUCT	1 ÷			- 7	<u></u>	- <u>-</u>	N	_ <u>*</u>		-			<u>,</u>	<u> </u>	- <u>-</u>	- <u>-</u> -	<u>,</u>	,	, ,,				- <u>-</u>	- <u>-</u> -	-
PANCREAS	+	+	+	+		+	*				•	_a			÷	•	•	÷	•	÷	÷	•			
ESOPHAGUS	1.	•	•	÷		÷	•		÷	<u> </u>			<u>.</u>						<u>.</u>	 _	÷	÷			1
STOMACH	+	+	+	+	+	+	+	_ <u>·</u>	+	•	+	•	+	•	+	+	+	+	+	+	+	÷	+	÷	
SMALL INTESTINE	+	+	+	+	_	_	+	•	-	•	•	•	•	•	•	•	-	+	-	+	-	÷	-	-	
LARGE INTESTINE	÷.	+	+	+	+	+	+	+	+	+	+	•	+	-	+	+	+	+	+	+	+	+	+	+	
IRINARY SYSTEM	L.			·												•			<u> </u>	•				·	_
KIDNEY	•	+	+	÷	+							÷	+	÷	•	+	+		•	+	÷	•	÷	÷	
URINARY BLADDER	÷	•	-	•	+	+	+	- <u>`</u>	+	*	•		+	+	+	+	+	+	+	+	+	÷	+	+	-
ENDOCRINE SYSTEM	Ľ	_		•	-				•	-	•	_	•	•	•	-			-			-		•	_
PITUITARY			_					-	L				_	÷	_		_	_				_			
ADRENAL	+	+	+	+			<u>.</u>	 +		_ <u>*</u>		*	+	+		+	+	+	+	+	+	+	•	+	-
PHEOCHROMOCYTOMA, MALIGNANT	-			-	<u> </u>				•	•	•				ż								-		-
THYROID Follicular-Cell Adenoma	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	*	•	•	+	+	-	+	+	-
PARATHYROID	-	-	+	-	+	-	٠	-	+	-	+	-	-	٠	+	+	-	-	+	+	+	-	-	+	4
EPRODUCTIVE SYSTEM																									-
MAMMARY GLAND	N	N	+	N	. N	<u>N</u> .	Ν	Ν.	N	N	<u>N</u>	N	N	N	N	N	<u>N</u> _	N	N	N	N	N	N	N	ħ
TESTIS	+	+	.+	+	+	+		•	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1
PROSTATE	+	+	+	+	+	-	+	+	٠	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	4
ODY CAVITIES																									-
MESENTERY Sarcoma, Nos	N	N	N	N	N	Ν	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	۲
LL OTHER SYSTEMS																					• • • •				
MULTIPLE ORGANS HOS Malignant Lymphoma, hos Malig.lymphoma, histiocytic type Lymphocytic Lekkemia	H X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	H))
+: TISSUE EXAMINED MICROSCOP -: REQUIRED TISSUE NOT EXAMI X: TUMOR INCIDENCE M: NECROPSY, NO AUTOLYSIS, N	ICAL NED	LY Mic Cro	ROS SCD	COP PIC	ICA EX	LLY AMI	NAT	ION			: A: M: B:	AN	TI: CROI TOL' IMAI NEC	I M	ISS	ING				UBM	1 T T T O	ED PR	0 T O	COL	

Ì

ANIMAL Number Weeks on	26	8 2 7	2	29	3	3	32	3	034	3	3	3		39	8		0 4 2				6	71 1	31	91	0 5 0 TOTAL 1 TISSUE
STUDY	0	03	03	0 9 6	03	0	03	0	0	3	3	0	8	93	8	3	3				03	9	9	0 9 5	1 TISSUE 0 TUMOR 3
INTEGUMENTARY SYSTEM	1.	÷	+	+	+	+	+	÷	÷	÷	÷	•	÷	÷	÷	÷	•	•			+	•		•	+ 50>
FIBROUS HISTIOCYTOMA		_	_			-																			- '
SUBCUTANEOUS TISSUE Sarcoma, nos fibrosarcoma Rhabdomyosarcoma		+	•	+	•	+	+	+	•	+	•	+	+	٠	•	•	×	• 1	• •	•	•	+ ·	•	•	+ 50*
RESPIRATORY SYSTEM	-																								
LUNGS AND BRONCHI HEPATOCELULIAR CARCINOMA, METASTA Alveolar/Bronchiolar Adenoma Fibrosarcoma, metastatic Rhabomyosarcoma, metastatic	+	+	•	+	+	+	+	+	+	+	+	+	* *	* *	+	+	• •	· ·	;	č	•	•	·	•	+ 49
TRACHEA	+	-	+	+	-	٠	٠	+	+	+	٠	+	÷	÷	+	+	+ •	, .	• •	ŀ	+	+ •	ŀ	+ ·	+ 46
TEMATOPOIETIC SYSTEM																					_				+
BONE MARROW		+	+	+	+	+	+	+	+	+	-	+	+	+	+	•	+ +				<u>+</u>	<u>+</u> •	<u>.</u>	- •	+ 43
SPLEEN	+	+	+	+	+	+	ŧ	+	+	+	+	+	<u>+</u>	+	+	+	+ +		•		ŧ	+ +		+ •	48
LYMPH NODES Sarcoma, Nos, Metastatic Thymus	+	•	+	*	+	+	+	+	+	+	-						<u>×</u>					• •		- •	+ 37
IRCULATORY SYSTEM	Ľ	_		•		<u> </u>	<u> </u>		-	-	÷	*		*		-									
HEART Rhabdomyosarcoma, Metastatic	+	÷	+	٠	٠	+	+	+	+	٠	•	+	+	+	-	+	+ +		• •	•	+	• •		• •	+ 48
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	_				-	+ +				+	• •	_	• •	+ 50
LIVER Hepatocellular adenoma Hepatocellular carcinoma Rhabdomyosarcoma, metastatic	+ X	+	+	* ×	* x	+	* X	+	•	* x	+		+ × :		+	+	+ +	,			•	• •		+ +	+ 50 14 14
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ .+		•		•	• •		+ +	50
GALLBLADDER & COMMON BILE DUCT	L+	t.	N.	+	+	+	+	+	+	N	+	+	N	<u>+</u>	+	+	+ +				•	• •	<u> </u>	+ +	50×
PANCREAS	+	÷	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+ +	_	+			• •		• •	50
ESOPHAGUS	L+	+	+	+	+.	+	+	+	+	+	+	+	+	+	+	+	+ +		•		•	• •		+ +	49
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	;	, ,				•	• •		, ,	50
SMALL INTESTINE	+	<u>+</u>	+	+	+	+	+	+	+	÷	+	+	-	<u>+</u>	+ .	ŧ .	- +	_	•		-	<u> </u>			38
LARGE INTESTINE	+	÷	٠	+	+	٠	+	+	+	+	+	+	-	÷	+	+	+ +	•	•	•	-	• •		• -	- 46
IRINARY SYSTEM										-						-					_				1
KIDNEY	.+	+	+	+	+	+	+	+	+			-			_		+ +		+		<u>.</u>	<u>F. 1</u>		+ +	50
URINARY BLADDER	+	+	٠	+	+	+	+	+	+	+	٠	+		÷	+ -	•	+ +	•	•	•	•	• •	. ,	+ +	47
NDDCRINE SYSTEM																									
PITUITARY			+	-	-	+	+	+	+	-		-		+	+	-	- •		+			<u> </u>		• •	27
ADRENAL Pheochromocytoma, Malignant	+	+	+	+	+	+	+	+	+	+	+	+	• •	+	•	• •	+ +	1	+		· ·		_	+ +	49
THYROID FOLLICULAR-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	•	+	•	•	+ +	-	+	•		• •		+ +	48,
PARATHYROID	+	+	-	-	-	+	-	-	+	-	-	+		•	• •			-	+	-		• •	-	- +	23
EPRODUCTIVE SYSTEM																									†
MAMMARY GLAND	N	N	H	N	N	N	N	N	N	N	N	N		N_	61	1	N N	N	N		<u> </u>		_,	1 1	1 <u>50×</u>
TESTIS	+	+	+	+	+	÷	+	+	+	+	+	+	<u>.</u>	•	+	<u>+</u>	+ +	•	+		•	ć į		• •	50
PROSTATE	+	+	+	+	+	+	+	+	ŧ	٠	÷	+	+ •	•	• •	• •	+ +	+	+	4	•	+ +	1	+ +	49
ODY CAVITIES								-																	1
MESENTERY SARCOMA, NOS	N	N	N	N	N	N	N	N	H	H	N	N I	4 1	1 1	NI	4 1	N N	N	N	M		I N X	•	• •	50× 1
LL OTHER SYSTEMS										_												_			1
MULTIPLE ORGANS NOS Malignant Lymphoma, NOS Malig.Lymphoma, Histiocytic type Lymphocytic Leukemia	N	N	N	N	н	N	H	N	N	N	N	N	• •	N I	N 1		N N	N	N	•	;	I N	* *	4 H	50× 2 2
 ANIMALS NECROPSIED * ANIMALS NECROPSIED * II5SUE EXAMINED MICROSCOPI * REQUIRED TISSUE NOT EXAMINI X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO S: ANIMAL MIS-SEXED 	CALL ED M MIC	Y ICR ROS	05C COP	0P1 1C	CAL	LY	ATI	01		C A B		NO 1 NECF NUTO NUTO	ISS OPS LYS AL ECR	UE Y, IS MIS	INF NO SSIN	ORM HIS	TOL	DN DGY ED	SUBI DU	HIT E T	TEC O P	RDT	oco	IL.	<u> </u>

TABLE B3. MALE MICE: TUMOR PATHOLOGY (CONTINUED) CONTROL

TABLE B3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY IN MALE MICE IN THE 2-YEAR **STUDY OF C.I. ACID ORANGE 10**

LOW DOSE

ANIMAL NUMBER	0	0	0	ê	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	2	2	5	2	2	;
WEEKS ON Study	1	1	ţ	2	2	1	1	1	1	1	8	ò	ő	1	0	4	4	1	9	0	1	7	0	0	_
NTEGUMENTARY SYSTEM	3	3	6	8	-21	31	3	3	31	31	_31	31	31	3	01	.71	01	-31	.51	- 41	31	- 91	31	31	-
SKIN Sarcoma, nos Fibroma	•	٠	+	+	+	÷	+	•	•	+	+	N	+	•	×		+	•	×	+	*	+	+	*	_
SUBCUTANEOUS TISSUE Sarcoma, nos	+	٠	+	+	٠	٠	+	+	٠	+	٠	N	+	+	+	A	+	٠	٠	+	+	٠	٠	٠	
ESPIRATORY SYSTEM	1																								
LUNGS AND BRONCHI Alveolar/bronchidlar Adenoma Alveolar/bronchidlar carcingma Sarcoma, nos, metastatic	•	+	•	+	•	+	+ x	•	+	+	+	+	+	+	+ x	•	•	+	•	•	•	•	•	•	
TRACHEA	+	+	+	+	+	+	+	+	+	٠	-	-	+	+	+	A	÷	+	+	+	+	~	+	+	
EMATOPOIETIC SYSTEM																						_			-
BONE MARROW	1.	<u>+</u>	+.	÷	+	+	+	+	*	+	<u>+</u>	+	+	÷	+	٨	-	+	-	+	+	÷	+	. <u>+</u>	
SPLEEN Hemangiosarcoma	+	٠	+	-	+	٠	+	+	•	•	+	+	-	+	+	٨	+	+	+	•	-	+	+	•	
LYMPH NODES Malignant Lymphoma, Nos	ŀ	٠	•	-	+	•	+	+	+	-	-	-		+	+		-	•	-	+	-	+	+	+	
THYMUS	+	+	-	+	-	-	+	+	٠	-	-	-	-	٠	-	A	-	-	-	-	٠	-	+	٠	
IRCULATORY SYSTEM	-								-											-					-
HEART	+	+	+	+	+	+	+	+	+	+	ŧ	٠	+	+	٠	A	+	٠	٠	+	+	٠	٠	+	
IGESTIVE SYSTEM	1-																								
SALIVARY GLAND	++	+	+	+	<u>+</u>	+	+	+	+	+	-	-	+	+	+		*	+	+	+	+	+	+	+	-
LIVER Hepatocellular adenoma Hepatocellular carcinoma Kupffer-cell sarcoma	ŀ	+	+	•	•	+	•	•	•	•	+	•	•	+ X	+	•	•	+ ×	+	+	+	+	•	+	
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	۸.	+	+	+	+	+	*	+	+	_
GALLBLADDER & COMMON BILE DUCT	1.	÷	N	+	N	N	+	+	+	+	N	N	<u>N</u>	•	N	A	H	•	+	н	÷	N	+	<u>+</u>	
PANCREAS	+	+		-	+	+	+	+	+	+	+	+	+	÷	+	A	-	+	+	+		+	+	÷	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	-	-		+	+	۸	+	+	+	. t	+	+	+	<u>+</u>	
STOMACH	+	+	+	-	+	+	+	+	÷	+	+	٠	-	+ .	+		-	+	+	+	+	+	+	+	_
SMALL INTESTINE	++	+	+	-		-	+	+	•	+	-	+	-	+	+	٨	-	+	+	+	+	+	<u>+</u>	+	
LARGE INTESTINE	+	+	+	-	٠	٠	+	+	÷	+	+	+	-	+	+	A	+	+	+	+	+	-	+	÷	
RINARY SYSTEM	+																_					-			
KIDNEY	++	÷	+	+	÷	+	+	+	<u>+</u>	+	+	. t	+	÷	+	۸	+	+	<u>+</u>	+	+	+	+	+	_
URINARY BLADDER	+	+	-	+	+	+	+	+	+	+	-	+	+	+	+	A	-	+	+	+	+	+	+	÷	
NDOCRINE SYSTEM	1-								-	_	•														
PITUITARY	++	+	-	-		. +	+	+	+	-	-	-	-	ŧ	-	A	-	+	-		-	-	-	<u>+</u>	
ADRENAL Cortical Adenoma Pheochromocytoma	+	+	-	+	+	+	+		+ X	+	+	+	+	+	+	A	+	+	٠	-	+	+	+	+	
THYROID	1.	+	+	+	_	+	+	+	+	+	-	-	+	÷	+	A	-	+	+	+	+	+	+	+	
PARATHYROID	1+	+	+	÷	-	-	-	+	-	-	-	-	-	_	-	A	-	-	-	-	÷	+	+	+	
EPRODUCTIVE SYSTEM	+																								-
MAMMARY GLAND	LN	N	N	N	N	N	N	N	Ν	N.,	N	N	N	N	N	Α_	N	N	N	N	N	N	N	Ν	
TESTIS	+	+	+	+	+	+	+	+	+	+	-	÷	ŧ.	+	+		+	+	+	+	+	+	+	+	ĺ
PROSTATE	+	+	+	+	÷	+	+	+	+	+	-	+	-	+	÷	A	+	+	-	-	+	+	+	+	
L OTHER SYSTEMS	+			-																					-
MULTIPLE ORGANS NOS Malignant Lymphoma, Nos	N	N	H	N	N	N	N X	н	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N	
+: TISSUE EXAMINED MICROSCO -: REQUIRED TISSUE NOT EXAMI X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, P	NED INED	MICI CRD	ROS(SCOI	COP1 910	EXA	LY MIN	ITA	ON		â		AUT	TIS ROP Oly Mal Nec	SIS MT	SST	NG				UBMI	TO	PRO	TOC	OL	

ANIMAL NUMBER	2	0 2 7	0 2 8	29	3	0 3	31	0 3	3	0	0	0 3 7	0 3 8	0		4	04	4	045	04	0 4 7	4	04	050	TOTAL
WEEKS ON Study		1	1	1	1	1	1				0	1	1		Ť	1	Ŏ			1	1	?	0 8		TISSUES
INTEGUMENTARY SYSTEM		31	3	31	31	-11	_31	31	31	_3 _	51	31	-31	31	31	<u>91</u>	21 8	1_3	<u></u>	131	31	- 81		-2	
SKIN Sarcoma, nos Fibroma	+	÷ X	+	+	+	+	+	+	+	+	+	+	+	+	+	×	• •	+	+	+	+	+	+	H	49* 3 1
SUBCUTANEOUS TISSUE Sarcoma, nos	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ +	+	+	٠	÷	+	+	н	49× 1
RESPIRATORY SYSTEM	+-													-				_				-			
LUNGS AND BRONCHI Alveolar/bronchiolar Adenoma Alveolar/bronchiolar carcinoma Sarcoma, nos, metastatic	+	•	+	+	+	+	•	+	+	•	+	+	•	•	+	+	×	+	+	+	×	+	*	+	49 2 1
TRACHEA	+	÷	+	+	+	÷	÷	+	+	+	+	÷	+	-	+	•	+ +	+	+	+	+	+	-	+	44
EMATOPOIETIC SYSTEM					-																			-	
BONE MARROW	++	+	<u>+</u>	+	+	t	+	+	-	+	+	+	+	+	+	+	<u>+</u>			+	+	+		÷	44
SPLEEN Hemangidsarcoma	+	+	+	+ '	· +	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	46
LYMPH NODES Malignant Lymphoma, Nos	+	-	+	+	+	+	-	+	+	+	+	-	-	-	+	+ ·	x	+	+	+	+	-	+	t	34
THYMUS	+	+	+	-	+	-	-	+	+	+	÷	+	+	÷	+	+ •	+	+	-	+	÷	-	-	+	30
IRCULATORY SYSTEM																						_		+	
HEART	+	+	+	+	÷	+	÷	٠	+	+	+	÷	+	+	+	+ •	+	÷	+	+	+	٠	+	+	49
IGESTIVE SYSTEM	+					_																		-	
SALIVARY GLAND	+	+	+	+	+	+	+_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
LIVER HEPATOCELLULAR ADENOMA H <u>epatoce</u> llular car <u>c</u> inoma Kupffer-cell sarcoma	×	+	+	+	•	+	+	+	+	+	+	+	+	+	+ ×	+ ; ;	; + ;	+	+	•	* ×	+ x	+	+	49 2 5 1
BILE DUCT	L+	+	+	+	+	+	+	+	+_	+	÷	+	+	+ .	+	+_+	•	÷	+	+	+	+	+	÷	49
GALLBLADDER & COMMON BILE DUCT	LH	+	+.	+	+	+	+	+	+	+	+	+	+	+	N	+ -	N	+	+	+	+	N	+	+	<u>49×</u>
PANCREAS	+	+	+	+	÷	+	+	±_	+	÷	•	ŧ	+	•	+	<u>+ -</u>	. +	. +	•	+	+	-	+	+	44
ESOPHAGUS	1.	+	+.	+	+	+	÷	•	+	+	*	+	+	Ł	+	+ _	+	+	+	+	<u>+</u>	+	+	+	46
STOMACH	+	÷	+	+	-	+	+	+	+	+	<u>+</u>	+	+	٠	+	+ - +	+	+	t	+	+	+	+	+	45
SMALL INTESTINE	1-	+	+	+	+	+		+	<u>+</u>	+	+	+	+	+	<u>+</u>	+	-	+	+	+	+	-	+	+	39
LARGE INTESTINE	+	+	+	+	+	÷	÷	+	+	+	+	+	+	+	+	+ +	+	+	+	٠	+	-	+	+	45
RINARY SYSTEM	+									-														-†	
KIDNEY	+	+	+	+	+	+	+	+	+	+	÷	+	+	<u>+</u>	+	+	+	+	_+	+	+_	÷	+	+	49
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	÷	٠	+	٠	+	+ +	+	ŧ	÷	+	٠	٠	٠	+	46
NDOCRINE SYSTEM	+									_			_											ϯ	
PITUITARY	++	+	+	+	+	+	-	+		•	+	+	-	<u>+</u>	+	<u>+</u> +	+	+	<u>+</u>		-	t_		+	29
ADRENAL Cortical Adenoma Pheochromocytoma	Ļ	+	+	•	+	+	+	×	•	•	•	*	+	+	+	+ +	+	*	+	-	•	•	+	+	46 2 1
THYROID	1+	+	+	+	+	+	+	+	+	+	+	+	+		+	• •	+	-	+	-	+	-	-	+	40
PARATHYROID	-	+	+	-	+	+	-	+	-	-	÷	+	-	-	-	- +	+	-	-	-	÷	-	-	-	20
EPRODUCTIVE SYSTEM																						-		+	
MAMMARY GLAND	L.M.	N	N	N	Ν_	N	N	N	N	N	N	N.	N	N	<u>N_</u>	N_N	_N	N	N	N	N	N	N	нļ	49×
TESTIS	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	•_•	+	+	+	+	+	+	+	+	48
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	-	÷	+	+ +	+	٠	-	٠	+	٠	+	+	43
LL OTHER SYSTEMS																								+	
																N N								н	

TABLE B3. MALE MICE: 1	TUMOR PATHOLOGY ((CONTINUED)	LOW DOSE
------------------------	-------------------	-------------	----------

* ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMMR INCIDENCE H: HECROPSY, NO ANTOLYSIS, NO MICROSCOPIC EXAMINATION S: ANIMAL MIS-SEXED

: NO TISSUE INFORMATION SUBMITTED C: Necropsy, No Histology due to Protocol A: Auto(1515 M: Antmal Missing B: No Hecropsy Performed

TABLE B3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY IN MALE MICE IN THE 2-YEAR **STUDY OF C.I. ACID ORANGE 10**

HIGH DOSE

AN IMAL NUMBER	0	0	0	0	0	0	0 0 7	0 0 8	0	0 1 0	0 1 1	1	0 1 3	0	0 1 5	0	0 1 7	0 1 8	0 1 9	020	0 2 1	0 2 2	0 2 3	0 2 4	0 2 5
WEEKS ON Study	1	1	0	8	0	1	1	0	0	0 8	1		1	0	1	0	3	0 8	0	0	0	1	0	1	1
INTEGUMENTARY SYSTEM	31	3	01	71	3	31	31	31	31	31	3	3	3	3	3	3	31	7	3	3	_4	.3	31	31	-31
SKIN FIBROMA	+	+	+	+	+	•	+	+	+	+	+	+	* x	+	+	+	+	+	+	N	N	+	N	+	+
SUBCUTANEOUS TISSUE Sarcoma, nos	+	+	+	+	٠	٠	+	+	+	+	+	+	* ×	+	+	+	٠	* ×	+	N	N	+	N	+	+
RESPIRATORY SYSTEM																									-
LUNGS AND BRONCHI Hepatocellular carcinoma, metasta Alveolar/Bronchiolar Adenoma	·	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	•	+ X
TRACHEA	+	+	+	٠	+	+	+	+	+	+	٠	+	+	+	٠	-	+	+	+	+	ŧ	+	+	٠	٠
HEMATOPOIETIC SYSTEM	<u> </u>																								-
BONE MARROW	+	+	-	÷	+.	+	+	+	+	+	+	+	+	+	+	+	+	+	t	+	+	+	+	+	+
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	.+	+	+	+	+	+	+	+	+	+	+	÷	÷	+
LYMPH NODES Hemangiosarcoma, metastatic	+	+	+	+	+	+	+	+	+	-	+	-	+	+	+	+	+	-	-	+	* x	-	+	+	+
THYMUS	-	+	-	-	+	-	+	+	+	-	+	+	+	-	+	+	-	-	+	-	-	+	-	-	~
CIRCULATORY SYSTEM																									
HEART	+	+	٠	٠	+	+	٠	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+
LIVER Hepatocellular carcinoma Hemangiosarcoma	+	+	×	+	*	+	+	+	+	+	+	+	+	+	+	ż	+	+	+	+	+ x	+	•	* ×	* ×
BILE DUCT Adenoma, Nos	ŀ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	<u>.</u> N.	. +.	N	ŧ	+	+	+	+	+	н	+	+	+	+	+	+.	+	N	+	+	<u>+</u>	+	+	+	+
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	ŧ	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+		+	+	+	+	ŧ	+		+	+	-	+	.+	.+	+	.+.	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RECTUM Adendcarcinoma, Nos	н	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N	H	N	N	N	N	N	N
URINARY SYSTEM																									
KIDNEY	+		<u>+</u>	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	. t	+	+	+	+	+	+	+	+	ŧ
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
ENDOCRINE SYSTEM																									
PITUITARY	+	+	-	.+	+	+	-	-	+	+	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+
ADRENAL Cortical Adenoma Pheochromocytoma	+	+	+	+	•	+	+	+	+	-	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+:
THYROID Follicular-cell Adenoma	٠	+	+	+	+	+	* x	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	•	+
PARATHYROID	+	-	+	+	+	-	-	+	+	-	-	+	+	+	+	٠	-	-	-	+	٠	-	-	-	+
REPRODUCTIVE SYSTEM																						•••			-
MAMMARY GLAND	N	. N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Ν.	N	N	N	N	N	N	<u>N</u>	N
TESTIS Interstitial-Cell Tumor	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+
PROSTATE	+	+	-	•	+	+	+	+	+	+	+	+	+	+	+	٠	٠	+	+	+	٠	+	+	+	-
MUSCULOSKELETAL SYSTEM																									
MUSCLE Sarcuma, Nos	N	N	*	N	н	н	N	N	N	N	N	N	м	N	N	н	N	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS	İ																								
MULTIPLE ORGANS MOS Sarcoma, Nos, metastatic Malignant Lymphoma, Nos Malignant Lymphoma, Mixed Type	H	H	×	N	N	N X	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ADIPOSE TISSUE																									1
SARCOMA, NOS			х																						

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: AUTOITSIS M: ANIMAL MISSING B: NO NECROPSY PERFORMED

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: Tumor incidence H: Necropsy, no autolysis, no microscopic examination

ANIMAL NUMBER	2	2	2	0	3	0	0	03	0	03	3	3	3	3	0	4	0	0	4	4	4	4	4	0 4 9	0 5
WEEKS ON STUDY	6	7	8	9	0	1	2	3	4	5	-	7	8	2		╬	2	1	+	51	61	7	8	1	O TOTA 1 TISSI D TUM
INTEGUMENTARY SYSTEM	+"	3	31	_31	-21	31	3	31	3	51	11	31	2	31	لك	2	2	31_	31	عد	ш	31	31	2	
SKIN Fibroma	+	٠	* x	٠	+	+	+	٠	+	+	٠	+	N	N	+	+	+	+	+	÷	+	+ ×	+	+	+ 51
SUBCUTANEOUS TISSUE Sarcoma, Nos	+	+	+	+	÷	+	+	+	+	+	+	+	N	N	+	+	+	+	+	÷	+	+	÷	+	+ 51
RESPIRATORY SYSTEM	1																								
LUNGS AND BRONCHI Hepatocellular carcinoma, metasta Alveqlar/Bronchiolar Adenoma	+	+ ×	×	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+ 51
TRACHEA	+	÷	+	٠	~	٠	+	+	+	+	+	+	٠	+	٠	+	+	+	+	٠	÷	+	÷	+	+ 41
HEMATOPOIETIC SYSTEM	+			_	_							•													
BONE MARROW	<u>↓</u> +	+	+	٠	+	-	<u>+</u>	+	<u>+</u>		-	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	<u>+</u>	+ 4
SPLEEN	++	+	+	+	+	•	+	+	+	+	+	+	<u>t</u>	+	+	<u>+</u>	+	+	+	+	<u>+</u>	+	+	+	+5
LYMPH NODES Hemangiosarcoma, metastatic	+	+	+ 	+		+	+		+	+		+	+				_					+	-	+	+ 42
THYMUS CIRCULATORY SYSTEM	Ļ-	+		-	+	•	+	+	+	+		+	*	+	-		+	+	•	+	+	+	-	<u> </u>	+ 31
HEART	1.	÷	+	+	+	+	+	+	+	÷	+	+	÷	+	÷	+	+	+	+	÷	÷	+	•	+	+ 50
DIGESTIVE SYSTEM	<u> -</u>	-		-				-						<i>.</i>				·							
SALIVARY GLAND	+	+	+	+	•	+	+	÷	+	÷	+	+	•	÷	÷	•	÷	+	÷	÷	÷	+	÷	÷	+ 50
LIVER HEPATOCELLULAR CARCINOMA HEMANGIOSARCOMA	+	+	*	+	+	+	+	+	* ×	+	+	* X	÷	+	+	+	+	* ×	+	+	* ×	+	* ×	ż	+ 50 X
BILE DUCT ADENOMA, HOS	ŀ	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* x	+ 50
GALLBLADDER & COMMON BILE DUCT	+	+	t	+	+	+	+	÷	+	N	+	+	+	+	+	+	+	•	+	+	N	<u>+</u>	<u>+</u>	+	+ 51
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+ 51
ESOPHAGUS	+	+	+	+		+	+	+	+	+	t	+	<u>+</u>	+	+	<u>+</u>	+	+	+	+	+	+	+	<u>+</u>	+ 49
STOMACH	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	<u>+</u>	<u>+</u>	+	+	+	+	<u>+</u>	+	+	+	<u>+</u>	+	+ 45
SMALL INTESTINE	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	-	<u>+</u>	+	+	+ 46
LARGE INTESTINE	ļ.	+	_+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	<u>+</u>	-	+	+	+	+	+ 45
RECTUM Adenocarcinoma, Nos	N	N	N	N	N	N	٠	H	N	N	H	H	N	N	H	N	H	H	N	N	н	N	N	N	N 50
URINARY SYSTEM																									
KIDNEY	++	+	t	+	+	<u>t</u>	+	+	+	+			+			+	*	+	<u>+</u>	<u>+</u>	+	+	+	+	* 51
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+ 48
ENDOCRINE SYSTEM																									
PITUITARY	†÷	-	+ +	+		+	<u>*</u>	. <u>+</u>	. <u>+</u>	*	+	<u>+</u>	<u>*</u>		+ +	* +	• •	+ +	<u>+</u>	+ +	+	* +	<u>+</u>	<u>*</u>	+ 42
ADRENAL Cortical Adenoma Phedchromocytoma	ļ.	+	+	+	+	•	+	+	+	+	-	*	+			* 	•	•			x			• 	
THYROID Follicular-Cell Adenoma	+	+	+	+	-	+	+	+	+	+	+ ·	+	+	+	+	+	+	+	+	+	-	+	+	+	+ 48
PARATHYROID	-	+	~	+	-	+	+	+	-	+	+	-	+	+	+	-	+	+	-	+	-	-	+	-	+ 25
REPRODUCTIVE SYSTEM																								-	
MAMMARY GLAND	N	N	<u>.</u> N	N.	N	_						N											<u>N</u>		N 50
TESTIS Interstitial~cell tumor	+	+	*	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	-	+	+	+	+ 49
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ -	÷	+	÷	• 47
MUSCULOSKELETAL SYSTEM	1														-										+
MUSCLE Sarcoma, Hos	н	N	N	н	N	N	н	N	N	H	N	N	N	N	H	N	N	H	N	N	N	N	N	N	N 50
ALL OTHER SYSTEMS	—																								1
MULTIPLE ORGANS NOS Sarcoma, Nos, metastatic Malignant lymphoma, Nos Malignant lymphoma, mixed type	N X	N	N	N	н	N	N	N	N		N X	N		N X	н	H	N	N 1	N	H	н	H	H	н	N 50
ADIPOSE TISSUE																									1

TABLE B3. MALE MICE: TUMOR PATHOLOGY (CONTINUED) HIGH DOSE

ANIMALS NECROPSIED + ANIMALS NECROPSIED + IISSUE EXAMINED MICROSCOPICALLY - REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY - REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY - NO TISSUE INFORMATION SUBMITTED - NO TISSUE INFORM

TABLE B4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY IN FEMALE MICE IN THE 2-YEAR STUDY OF C.I. ACID ORANGE 10

CONTROL

AN IMAL NUMBER	0	0	0	0	0	0	0 0 7	0	0	1	1	1	1	1	1	1 6	1	1 8	9	2	2	22	0 2 3		
WEEKS ON Study	8	1	1	1 0	1	1	1	1	1	1	1	0	0	0	9	6	0	0	0	1	1	1	0	10	
NTEGUMENTARY SYSTEM	8	1	3		_3/	3	3	3	3	3	_31	_31	31	31	- 21	31	31	31	31	31	_31	-31		_1	
ŠKIN Hemangidsarcoma	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	* ×	+	+	+	+	+	+	
SUBCUTANEDUS TISSUE Sarcoma, nos	+	+	÷	+	÷	N	+	+	+	+	٠	+	٠	+	+	٠	+	+	+	+	+	٠	+	* ×	
ESPIRATORY SYSTEM	╁																								_
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Sarcoma, Nos, metastatic	ŀ	•	٠	+	+	+	+	+	+	+	+	+	×	+	•	+	+	+	+	+	+	+	+	+ x	
TRACHEA	+	+	+	÷	+	÷	+	+	+	+	+	÷	+	٠	÷	+	+	+	+	+	+	+	+	+	
EMATOPOIETIC SYSTEM	+			_				• • • •																	-
BONE MARROW	<u></u> +•		+	+	+	+	+	+	<u>+</u>	+	-	+	+	ŧ	+	+	+	+	+	+	+	+	+	+	
SPLEEN	⊢+	+	+	+	+	+	+	+	÷	+	+	+ 1	+	+	+	+	+	+	+	+	+	+	+	ŧ.	
LYMPH HODES	++	_+	+	+	-	+		+	+	+	-	+	+	<u>+</u>		+	-	+	-	.+	+	+	+	+	
THYMUS	-	-	-	+	*	+	+	+	+	+	+	+	•	+	-	+	-	+	+	-	+	+	-	-	
CIRCULATORY SYSTEM	.			•		•	+	÷																	
HEART	 *	+	+	•	•	•	+		+	+	*	+	<u> </u>	+	<u> </u>	-	-	_	<u> </u>	_	_		•	_	_
SALIVARY GLAND	l .		•	+	÷	•	•	•	÷	÷	•	•	+	+	+	+	-	÷	+	+	+	+	+	÷	
	+	+	+	+	+	+	+	+	+	+	+	* *	+	+	+	+	+	+	+	+	+	+	+	+	
HEPATOCELLULAR CARCINOMA Malig.lymphoma, histiocytic type	Ļ																	×							
RTIF DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•		*	+	<u>+</u>	+	+	+	-
GALLBLADDER & COMMON BILE DUCT	H N	- *	+	+	+	+	+	+	+	+	+	*	+	+	<u>N</u>	+	+	<u>+</u>	÷.	. *	+	+	+	<u>N</u>	-
PANCREAS Esophagus	t:	÷	÷		÷	÷	-	÷	÷	÷	÷	<u> </u>		<u>.</u>		<u>.</u>	<u>.</u>	. <u>.</u>			Ť	-	<u> </u>	Ť	-
	Ť.	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH OSTED:SARCOMA	+														X		-	-						-	
SMALL INTESTINE	<u>+-</u>	<u>+</u>	+		. +	+	. +	+	+	+	+	+.	. t	t		+	+	+	+	+	+	+	+	-	-
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
KIDNEY												÷	+	÷	÷	÷	÷								
URINARY BLADDER	Ť.	•	•		÷	•	•	•	+	+	+	+	+	+	-	+	-	+	+	+	+	+	+		-
NDOCRINE SYSTEM	1				-	-	-		-			-	-						-	-	_				_
PTTHTTARY	+	-	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	
CHROMOPHOBE ADENOMA	┢			·						X	X														
ADRENAL.	†÷	- <u>+</u>	+	+	+	-	+	*	+	+	•	•	+	+	<u>+</u>	<u>+.</u>	+.	•	+	.+	<u>.</u>	+	+	<u>+</u>	-
THYROID Follicular-Cell Adenoma	L*	+	+	+	+	+	+	*	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	*	
PARATHYROID	+	-	+	-	-	-	+	+	+	٠	-	٠	+	+	-	+	-	-	+	+	-	-	+	-	
EPRODUCTIVE SYSTEM	1																				-				-
MAMMARY GLAND Adehoma, Nos	H	N	+	+	+	н	+	+	N	N	+	+	•	+	N	N	*	•	+	N	*	N	*	*	_
UTERUS Leiomyoma Hemangioma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
OVARY Hemangioma <u>Malignant Lymphoma, Nos</u>	•	+	+	+	+	-	+	٠	+	٠	+	+	•	٠	-	+	+	+	+	+	+	+	+	+	
PECIAL SENSE ORGANS	1													•											-
LACRIMAL GLAND Adenoma, nos Papillary Adenoma	H	N	N	H	H	N	н	H	N	N	N	N	N	N	N	N	N	H	N	N	N	N	N	N	
USCULOSKELETAL SYSTEM	-											_										• • •			_
BONE Sarcoma, Nos, invasive	н	H	N	N	N	H	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	NX	
DDY CAVITIES	<u> </u>			-															·	-					-
MEDIASTINUM Sarcoma, Nos, Metastatic	N	N	м	N	N	N	N	N	N	N	N	N	N	H	N	N	N	H	H	H	H	N	N	N X	
MESENTERY HEMANGIOMA	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	N	N	N	N	N	N	N	N	N	
LL OTHER SYSTEMS																									_
MULTIPLE ORGANS NOS Malignant Lymphoma, nos Malig.Lymphoma, histiocytic type Lymphocytic Leukemia	N	N	N	N	N	H	N	N	N	N	H	N	N	N	N	N	н	н	н	N	N X	N	N	н	

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMDR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: Necropsy, No Histology due to protocal A: Autolysis M: Anitmal Missing B: No Necropsy Performed

ANIMAL NUMBER	1	27	T		Ţ	3	3	3	3	3	0	0	03	03	0	0	0	0	0	0	0	0	0 4	0	0 4	0 5 0 8	
WEEKS ON			10	+	₽	-	ᆉ	2	1	-	-1	-1	-7	-	-	-1	-1	2 0 8	3	-1	5	-6	-7	8	4908	0	TOTAL TISSUES TUMORS
STUDY	3		L		1_	31	<u>å</u> [2	3	3	0 3	3	0	3	3	3	3	8 6	3	3	3	3	3	3	7	8	TUMUKS
SKIN NEMANGIOSARCOMA					ŀ	÷	÷	÷	٠	+	+	+	+	٠	٠	٠	٠	٠	+	+	÷	÷	+	÷	÷	+	50×
	1	•				+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	50×
SUBCUTANEOUS TISSUE Sarcoma, Nos																											1
RESPIRATORY SYSTEM Lungs and Bronchi Alvediar-Bronchiolar Adenoma	+	÷	•	•		·	·	٠	÷	+	÷	+	٠	÷	٠	÷	÷	÷	٠	+	* ×	+	+	٠	+	÷	50 ₂
ALVEDLAR/BRONCHIDLAR ADENOMA Sarcoma, Nos, Metastatic	+	<u> </u>	_											-				•	+	+	+	+	+	+	-	_	48
TRACHEA HEMATOPOIETIC SYSTEM	+				· ·		•	<u>+</u>	<u>+</u>	*	+	•	+	.	+	-	+	-	-	<u> </u>		-			_	_	
BONE MARROW	1.	+				•	÷	+ .	÷	+	+	+	+	_	+	+	-	+	+	+	+	+	ŧ	+	+	+	. 46
SPLEEN	Γ.	•	4		•	+	ŧ	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	÷	+	+	50
LYMPH HODES	Ŀ	+	•			<u>.</u>	+	-	+	-	+	<u>+</u>	-	٠	+	+	÷	÷	-	-	+	+	+	-	-	-	35
THYMUS	+	+	-	•	•	ŧ	-	-	+	+	٠	٠	٠	÷	+	٠	-	-	+	+	+	+	+	+	-	-	35
CIRCULATORY SYSTEM	+																									-	
HEART	+	+	•	•	•	٠	+	•	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM	+		_											_				~						_			
SALIVARY GLAND	++	•	•		<u> </u>	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		- 48 -
LIVER Hepatocellular carcinoma Malig.lymphoma, histiocytic type	Ľ	+	•		• •	•	•	•	•	+	•	•	+	•	+	+	•	+	+	•	•	*	•	•	•	•	50 3 1
BILE DUCT	+	<u></u>			+	<u>+</u>	+	+	•	+	+	•	+	*	+	+	+	+	+	+	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	+	+	•			٠	+	<u>+</u>	+	.t	t	*	.+	*	+.	_+	<u>+</u> _	.+	+	+	+	+	*	t.	+	+	<u>50×</u>
PANCREAS	++	<u>+</u>		_!	<u> </u>	•	•	+	*	+	+		*	+	+	+	+	*	. +	+	.+.	+	<u>+</u>	+	-	-	96
ESOPHAGUS Stomach	Ħ,	- <u>*</u>	.*			•	<u>+</u> +	<u>*</u> •	<u>+</u> +	+ +	+	÷	+-	+	*	+	+	. <u>+</u>	<u>+</u>	+	<u>+</u>	<u>+</u> .	<u>+</u>	+	+	*	49
OSTEOSARCOMA	Ľ	_				_	•	-	•	-	<u> </u>		_	-		-		<u> </u>		1					_	-	<u>50</u>
SMALL INTESTINE	+	+	t			ŀ	•		+	٠	+	<u>+</u>	+	+	<u>+</u>	+	<u>+</u>	+	•	ŧ.	+	+	+	<u>+</u>	-	-	- 44
LARGE INTESTINE	+	•	+	•	• •	<u>ا</u>	+	+	•	+	+	+	•	+	*	+	+	+	•	+	+	•	+	+	-	+	48
JRINARY SYSTEM	T					_																					
KIDNEY Urihary Bladder	+	<u>+</u>	 +	+		<u> </u>	• •	* +	+ +	÷	• •	+	<u>+</u>	+	÷.	. <u>+</u> +	*	+	<u>+</u>	+	+	+	+	<u>.</u>	*	-	<u>50</u>
ENDOCRINE SYSTEM	Ļ							<u> </u>	<u> </u>	<u> </u>			_			<u> </u>		<u> </u>	_	_	_	_			<u> </u>		•3
PITUITARY Chromophobe Adenoma		+	÷		•	•	÷	-	+	÷	+	+	+	÷	٠	÷	٠	÷	÷	÷	÷	٠	٠	÷	÷	+	47
ADRENAL	T.	-	•				•	•		•	-	•	•	•	_	•	•	•	•	•	•	•	•	•	•	_	46
THYROID	T.	<u>,</u>	+	 +			• •	*	+	+	+	+	+	+	+	+	•	+	+	+	+	÷	+	+	+		49
FOLLICULAR-CELL ADENOMA	+							×.							•	-	-				<u> </u>				<u> </u>		····
PARATHYROID	+	+	-	+			•	-	+	-	-	+	+	+	+	+	-	-	+	+	-	+	~	+	+	-	30
REPRODUCTIVE SYSTEM Mammary Gland Adenoma, Nos	1.	•	+	•			•	N	+	•	+	N	N	N	+	•	÷	+	•	•	н	•	+	•	N	+	50×
UTERUS	1.		+	+	•			+	+	+	+	+	+	•	+	+	+	•	+	•	+	•	+	-	+		48
LEIOMYOMA Hemangioma	L×			_									x														
OVARY Hemangioma Malignant Lymphoma, NDS	1.	٠	-	+	•	• •	•	+	-	•	•	+	+	٠	+	*	+	٠	+ x	٠	٠	٠	٠	-	-	1	"
PECIAL SENSE ORGANS	+		_																							+	
LACRIMAL GLAND Adenoma, Nos Papillary Adenoma	H	H	N	N X	N	•	• •	N 1	N	N	N	H	н	N	N	H	N	N	N	N X	H	N	N	H	N	М	50×
USCULOSKELETAL SYSTEM	+																									+	
BONE Sarcoma, Nos, invasive	N	N	N	N	N	ŀ		• •	N	H	N	N	N	H	N	N	N	H	N	N	H	H	N	N	N	N	50 M
ODY CAVITIES Mediastinum	N	, N	N	N	N	+		• •	N -	N	N	N	N		N	N	N	N	N	N	N	N .	N .	N	N	N	50×
SARCOMA, HOS, METASTATIC Mesentery Hemangioma	H	, N	N	N	N								H					N	N		N	N	N.	N	<u></u>	H	50*
	1							`																		\downarrow	'
LL OTHER SYSTEMS	1	_																									

TABLE B4. FEMALE MICE: TUMOR PATHOLOGY	(CONTINUED)	CONTROL
--	-------------	---------

NALS NECROPSIED : NO TISSUE INFORMATION SUBMITTED : TISSUE EXAMINED MICROSCOPICALLY : NO TISSUE INFORMATION SUBMITTED : Required Tissue not examined microscopically C: Necropsy, No histology due to protocol X: Tumpr Tucidence N: Neckopsy, No autolysis, no microscopic examination S: Antimal missing B: No neckopsy ferformed B: No neckopsy ferformed

TABLE B4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY IN FEMALE MICE IN THE 2-YEAR **STUDY OF C.I. ACID ORANGE 10**

LOW DOSE

ANIMAL NUMBER	0	0 2	0	0	0 5 0 8	0	, Z	0 8	0	1	1	12	3	9	1	i	1	-i	į	0 2 0	0 2 1	2 2 1 0	0 2 3 0	0 2 4 0	
WEEKS ON STUDY	ġ	0	1	9	8	9	0	0	2	0	9	0	0	į	į	è	è	0	0	0 0 9	0	0	8	8	
INTEGUMENTARY SYSTEM	+ 31		-11			يغيا	-21	_11			_*1		<u> </u>	- 11	_3.1	-11									_
SUBCUTANEOUS TISSUE FIBRDSARCOMA	+	+	+	+	N	+	•	+	٠	+	+	+	•	+	+	•	+	+	+	×	+	+	•	•	
ESPIRATORY SYSTEM	Τ																								
LUNGS AND BRONCHI Adendcarcinoma, Nos, metastatic Alveolar/Bronchiolar Adenoma Fibrosarcoma, metastatic	Ľ	+	+	+	+	+	•	+	+	+	+	•	×	+	+	* x	+	+	+	+ x	+	+	+	+	
TRÁCHEA	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	÷	-	-	+	٠	
EMATOPOIETIC SYSTEM	\top			•••••																			_		-
BONE MARROW	+±	+	+	+	-	+	t	+	ŧ	+	.+	+	+	+	+	+	+		+	+	+	ŧ	t	-	_
SPLEEN Hemangiosarcoma	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH HODES Malignant Lymphoma, Nos	ŀ	+	÷	-	+	-	+	+	+	*	÷	+	+	•	+	+	+	-	-	-	+	+	+	+	
THYMUS	-	٠	+	-	-	-	+	+	+	٠	-	-	-	٠	-	-	-	٠	-	-	٠	٠	-	-	
IRCULATORY SYSTEM	\mathbf{T}							_																	
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	
IGESTIVE SYSTEM	Γ											-													
SALIVARY GLAND	≁		+	.+	+	+	+	+	+	+	<u> </u>	+	+	+	+	+	+	-	+	+	+	+	<u>+</u>	<u>+</u>	
LIVER Hepatocellular adenoma Hepatocellular carcinoma Malignant lymphoma, Nos	Ľ	+	+	+	+	*	+ _x	*	+	+	*	+	+	+	+	+	•	+ _X	+	+	+	+	×	+	
BILE DUCT	+	+	÷	÷	÷	+	+	+	٠	+	+	+	+	÷	+	+	+	+	+	+	÷	÷	÷	+	
GALLBLADDER & COMMON BILE DUCT	Ŀ	. +	÷	÷	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+		+	N	N	
PANCREAS	Ŀ	.+	+	+	+	+		÷	+	+	+	+	÷	÷	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS	Ŀ	<u>.</u>	. .	+.	+	÷	+	ŧ	+	+	+	+	+	÷	+	+.	ŧ.	+	ŧ	÷	+	+	+	+	_
STOMACH	Ŀ	+	+	. + .	+	+	_+	+	+	+	+	+	-	+	+	+	ŧ	+	+	+	+	ŧ		+	_
SMALL INTESTINE	<u>↓</u> .	<u>+</u>	+	+	-	. +	+	+	~	+	+	+	÷	÷	+	+	+	+	+	+	+	t _		+	_
LARGE INTESTINE	+	+	÷	٠	٠	+	+	+	٠	٠	٠	٠	+	+	+	÷	+	+	+	+	+	+	+	+	
RINARY SYSTEM																									-
KIDNEY Tubular-cell Adenocarcinoma Malignant Lymphoma, nos	Ľ	+	+	+	+	•	•	•	•	+	+	+	•	•	•	•	•	×	•	+	•	+	•	•	
URINARY BLADDER	+	+	+	+	-	-	٠	+	٠	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
NDOCRINE SYSTEM	F						_																		
PITUITARY Adenoma, nos Chromophobe Adenoma	Ľ	•	+	+	-	•	•	+	+	•.	+	•	•	-	+	•	+	+	+	•	+	+	•	-	
ADRENAL	<u>↓</u>	÷	.+	+	+	*	.	+	٠	.+	.+	+	t	-	+	+	+	+	.+	+	٠	+	+	+	_
THYROID Follicular-cell Adenoma	-	+	+	+	+	+	٠	+	٠	+	+	•	+	+	٠	+	+	٠	+	+	-	-	+	-	
PARATHYROID	L.	+	+	+	+	+	+	÷	+	-	_	+	+	+	÷	-	+	5	÷	÷	-	-	+	-	
EPRODUCTIVE SYSTEM																									-
MAMMARY GLAND Adenoma, nos Adenocarcinoma, nos	+	٠	٠	N	N	* x	+	* ×	H	٠	+	+	+ x	+	+	+	+	+	÷	H	+	٠	+	+	
UTERUS LEIOMYOMA HEMANGIOMA	+	+	+	+	٠	٠	٠	+	+	+ ×	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	
OVARY HEMANGIDMA	ŀ	-	+	+	*x	٠	•	+	+	+	+	+	+	+	٠	•	+	+	+	÷	÷	+	+	-	
PECIAL SENSE ORGANS	-																								
LACRIMAL GLAND Adenoma, nos	N	H	H	н	N	N	H	N	NX	N	N	N	N	N	N	ĸ	N	N	N	N	N	N	N	H	1
LL OTHER SYSTEMS	<u> </u>					··																			
MULTIPLE ORGANS NOS Malignant Lymphoma, nos Malig.lymphoma, histiocytic type	N	H	H	X	N	NX	N	H	N	N	N	N	N	N	N	ĸ	N	H	N	N	N	N	N	N	I
LYMPHOCYTIC LEUKEMIA	L						-																	X	-
↓: TISSUE EXAMINED MICROSCOP: -: REQUIRED TISSUE NOT EXAMIN X: TUMOR INCIDENCE N: HECROPSY, NO AUTOLYSIS, NO	ED N	Tici	ROSI	PIC	ICA EX	AMI	NATI	ON		- 1		NEC	TIS ROF IOLI MAL NEC	SY,	NO	ні	STO	100	SY E	8M) 00E	T0	PR	0100	:0L	

ANIMAL NUMBER	2	27	28	29	0 3 0	0 3 1	0 3 2	3	0 3 4	35	3	37	0 3 8	0 3 9	0 4 0	U 4 1	4 21	4 3	4	0 4 5	0 4 6	4	048	049	5	TOTAL
WEEKS ON STUDY	1	1 0 4	0	0 8 9	104	1 0 4	1 0 4	104	1 0 4	1	104	1	1	1	104	103	1	1	0 7 5	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TISSUE
INTEGUMENTARY SYSTEM	Τ																									
SUBCUTANEOUS TISSUE Fibrosarcoma	+	+	+	N	+	*	•	•	N	•	+	+	*	+	+	+	<u> </u>	+	•	×	+	+	+	+	+	50× 2
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI Adenocarcinoma, nos, metastatic Alveolar/Bronchiolar Adenoma Fibrosarcoma, metastatic	Ľ	•	•	•	_	•	•	+	•	•	•	•	•	+	•	•	+	•	<u> </u>	•	• 	•		•	_	50 1 1
TRACHEA	+	+	+	+	+	+	+	٠	+	+	٠	+	•	٠	+	+	+	٠	+	+	+	+	+	+	+	46
HEMATOPDIETIC SYSTEM	+	-					~										-					-			-	
BONE MARROW	++	+		+	_ .	+	. <u>+</u>	+	+	+	+	+	+	+	+	+	-	+	+	+	+	<u>+</u>	+	+	-	45
SPLEEN HemangIosarcoma	Ŀ	+	+	+	•	+	+	+	*	+	•	+	+	+	+	+	+	+	+	+	+	+	+.	•	+	50
LYMPH HODES Malignant Lymphoma, Nos	-	-	+	-	+	-	•	+	+	+	+	-	+	+	+	+	+	•	+	+	+	-	+	<u> </u>	-	38
THYMUS	-	-	+	-	-	+	+	٠	٠	٠	+	-	+	٠	-	-	+	+	-	-	-	+	-	+	+	24
CIRCULATORY SYSTEM	+								~~~~				_						-		-					
HEART	+	+	+	+	+	٠	+	+	+	٠	+	٠	٠	+	٠	+	+	٠	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM	+	-																							1	
SALIVARY GLAND	+·	.+	. +	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	-	+	+	+	44
LIVER HEPATOCELIULAR ADENOMA HEPATOCELLULAR CARCINOMA Malignant Lymphoma, Nos	•	+	+	٠	٠	* x	•	٠	+	+	٠	٠	+	٠	•	٠	٠	٠	+	+	٠	•	٠	+	+	50 2 1
BILE DUCT	1.	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	÷	+	+		50
GALLBLADDER & COMMON BILE DUCT	1	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	N	+	+	+	+	50×
PANCREAS	1.	Ţ,	+	-	+	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	49
STOMACH		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
SMALL INTESTINE	1.	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
LARGE INTESTINE	1.	+	+	+	+	_	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
URINARY SYSTEM	4								-					-				-	-						-	
KIDNEY Tubular-cell Adengcarcinoma Malignant Lymphoma, Nos	•	+	+	+	+	+	+	+	٠	٠	•	+	+ X	+	+	+	٠	+	+	•	+	•	+	+	+	50
URINARY BLADDER	+	+	+	-	+	+	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	44
ENDOCRINE SYSTEM				_							_														-+	
PITUITARY Adenoma, nos Chromophobe Adenoma	-	٠	+ x	+	-	-	+	-	٠	+	+	+	*	٠	+ x	+	+	٠	+	+ ×	+ x	+	+	+	+	42 1 4
ADRENAL	1+	.+	+	+	+	+	+	-	+	+	-	+	. +	+	+	+	+	+	+	+	+	+	+	+	+	47
THYROID Follicular-Cell Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	÷	*	+	+	+	+	+	+	÷	+	45
PARATHYROID	+	-	-	+	+	-	+	-	+	+	+	-	-	-	-	-	+	+	+	+	+	+	+	+	-	32
REPRODUCTIVE SYSTEM	+					—.													-						-+	
MAMMARY GLAND Adenoma, Nos Adenocarcinoma, Nos	+	N	+	N	+	+	•	+	N	H	+	+	+	+	+	N	+	+	N	+	+	+	+	+	+	50× 2
UTERUS LEIOMYDMA HEMANGIOMA	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	•	x	50
QVARY HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	÷	+	+	+	48
SPECIAL SENSE ORGANS	1-	_																	~						+	
LACRIMAL GLAND Adenoma, Nos	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	H	N	N	N	N	м	50×
ALL OTHER SYSTEMS	+	_																							+	
MULTIPLE ORGANS NOS Malignant Lymphoma, Nos Malig.lymphoma, Histiocytic type Lymphocytic Leukemia	N	N	H	H	N X	N	N	N	N X	N	N X	N X	N	N	N X	N X	N		н Х	N	N X	N	N	N	N	50× 9 1 1

TABLE B4. FEMALE MICE: TUMOR PATHOLOGY (CONTINUED) LOW DOSE

ALS HECROPSIED +: TISSUE EXAMINED MICROSCOPICALLY +: TISSUE EXAMINED MICROSCOPICALLY +: TISSUE NOT EXAMINED MICROSCOPICALLY +: TUNOR TICIDENCE +: HUCROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION +: ANTIMAL MISSING 5: ANTIMAL MISSING B: NO NECROPSY PERFORMED B: NO NECROPSY PERFORMED

TABLE B4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY IN FEMALE MICE IN THE 2-YEAR STUDY OF C.I. ACID ORANGE 10

HIGH DOSE

ANIMAL NUMBER	ê	0	0	0	0	2	0	0	0	0	?	0	0	9]	9		0	ę	-	0	0	2	2	0	02
WEEKS ON	+ 1	2	3	4	Š	6	-71	- 1	- ?	- 0	i	-2	-3	-	5	-	-4	8	- 8	- 8	╣	- 1	-3	-	-5
STUDY	0 4	9	0 4	0 4	9 8	0	0 4	0	2	0 4	9 8	0 4	8 8	0 4	0 4	0	4	0 4	3	8	0 4	0 4	4	4	0 4
INTEGUMENTARY SYSTEM	1																								
SUBCUTANEDUS TISSUE Fibrosarcoma	+	+	+	+	+	+	+	N	+	+	*	+	+	+	+	٠	•	+	+	+	+	+	+	+	H
RESPIRATORY SYSTEM		_																							
LUNGS AND BRONCHI Fibrosarcoma, metastatic	+	•	+	+	+	+	+	+	+	+	×	+	<u>+</u>	+	+	+	+	+	+	*	+	+	+	+	•
TRACHEA	+	+	+	+	+	+	+	٠	-	+	+	+	-	+	+	+	+	ŧ	+	+	٠	+	+	٠	+
HEMATOPOIETIC SYSTEM	1	••••																							
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+.	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	ŧ
SPLEEN Malignant Lymphoma, Nos	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	*	+
LYMPH NODES Fibrosarcoma, metastatic Malig.lymphoma, histiocytic type	ŀ	+	+	•	+	•	+	+	•	+	×	+	+	-	+	*	-	-	+	+	+	+	•	+	-
THYMUS	+	+	+	-	-	. +	٠	+	-	-	-	+	-	-	-	+	-	+	-	-	+	+	٠	+	÷
CIRCULATORY SYSTEM					-																				
HEART	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	٠	+	٠	+	+	+	+	+	+	+
DIGESTIVE SYSTEM	1							-																	
SALIVARY GLAND	++	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+
LIVER Hepatocellular carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	*	+	+	+
BILE DUCT	+	+	.+	+	+	+	*	+	+	*	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+
PANCREAS	+	+	-	+	+	.+	+	+		+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+
ESOPHAGUS	+	+	+	+	t	+	<u>+</u>	+	+		+	+	+	+	*	+	+	+	+	+	+	+	+	+	+
STOMACH	+	+	t	+	+	+	+	+	+	<u>.</u>	+	<u>+</u>	+	+	+	+		+	-	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	<u>+</u>	<u>+</u>	+	+	+	+		+	+	+	+	+	+	-	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+
URINARY SYSTEM																				-					
KIDNEY	++	+	+	+	+	+_	-+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	-	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																									
PITUITARY Chromophobe Adenoma	+	+	+	+	+	+	*	-	+	+	+	+	+	+	-	+	+	+	-	+	+	+	+	+	+
ADRENAL Pheochromocytoma	+	٠	٠	+	+	٠	+	+	+	+	٠	+	+	٠	+	+	٠	+	+	+	÷	+	+	÷	+
THYROID	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	•	+	+	+	+	+	+	+
PARATHYROID Adenoma, Nos	+	+	+	-	÷	+	-	-	+	* *	-	+	-	-	-	+	-	-	+	+	-	-	+	+	-
REPRODUCTIVE SYSTEM																_	-								4
MAMMARY GLAND	N	+	N	+	N	+	+	N	N	N	+	+	N	+	÷	+	+	+	N	N	+	+	+	÷	+
UTERUS Leiomyosarcoma Endometrial stromal polyp Hemangioma	+	+	+	+	+	٠	+	+	+	+ x	+	+	+	+	-	+	+	+	+	+	+	+	•	+	+
OVARY Papillary Cystadenoma, Nos	+	÷	÷	-	+	-	+	+	-	+	+	+	-	+	-	* *	÷	+	+ .	÷	+	÷	+	+	+
SPECIAL SENSE ORGANS															_										-
LACRIMAL GLAND Adenoma, Nos	N	N	N	N	N	N	N X	N	N	NX	N	N	N	N	H	N	N	H	N	N	N	N	N	N	н
ALL OTHER SYSTEMS									-							_						_	-~		-f
MULTIPLE ORGANS NOS Malignant lymphoma, nos Malig.lymphoma, histiocytic type	N	N	н	×	N X	H	H	N X	N	N	N	н	N	н	N	N X	N	N	N X	N	M	N	X	H	N

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: HECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: Necropsy, no histology due to protocol A: Autolysis M: Animal Missing B: No Necropsy Performed

ANIMAL NUMBER WEEKS ON	0 2 6	2	0 2 8 0 8	2 9	3	3	32	3	34	3	3	0 3 7	3 3	4	4	4 2	4	44	045	0460	0 4 7	0 4 8	0 4 9	5 0 1	TOTAL
STUDY	4	ġ	8	<u> </u>	ġ	0	ļ	4		¢		4	04	0	04	0	0 4	9	ġ	8	4	8	4	ġ	TUMOR
SUBCUTANEOUS TISSUE		+	+	÷	•	+	+	÷	+	÷	+	+	+ +		+	+	+	÷	+	+	•		÷	1	49*
FIBROSARCOMA			•													•		•				<u> </u>	•		
RESPERATORY SYSTEM																									
LUNGS AND BRONCHI Fibrosarcoma, metastatic	+	. <u>+</u>	+	+	*	+	+	+	*	+	+	+	+ +	• •	+	+	+	+	+	+	+	^	+	+	49
TRACHEA	+	+	+	+	+	+	٠	+	+	+	÷	ŧ	+ +	•	+	+	٠	÷	٠	٠	+		٠	+	47
IEMATOPOIETIC SYSTEM	1											_		·····										-†	
BONE MARROW	<u>+</u>	<u></u> +	+	+	+	+	<u>+</u>	+	•	+	+	<u>+</u>	+_+	•	+	+	+	+	+	+	+		+	4	49
SPLEEN Malignant Lymphoma, Nos	+	+	+	+	+	+	+	+	+	+	+	+	+ +	+	+	+	+	+	+	+	+		+	+	49
LYMPH NODES Fibrosarcoma, metastatic Malig.lymphoma, histiocytic type	-	+	-	+	+	+	+	+	+	÷		+ ×	+ +	+	+	+	+	•	+	-	+		+	+	41
THYMUS	+	+	_	+	+	+	+	+	+	+	+	+	+ -	+	+	+	_	+	+	_	+		+	+	34
CIRCULATORY SYSTEM									-															+	
HEART	+	+	+	÷	÷	+	+	÷	÷	+	+	÷	+ +	+	+	+	+	÷	÷	÷	+	٨	+	+	49
IGESTIVE SYSTEM														_								-		+	
SALIVARY GLAND	+	+	+	+	+	+	+	+	÷	+	+	+	+ +	+	+	+	+	+	+	-	+	•	+ .	±	47
LIVER Hepatocellular carcinoma	+	ţ	٠	+	+	+	ţ	+	+	+	+	÷	+ +	+	+	+	٠	+	٠	٠	+	٨	٠	•	49
BILE DUCT	+	<u>م</u>	+	+	+	•	<u>م</u>	+	•	+	+	+	+ +	•	+	+	+	+	+	•	+		+	Ţ	49
GALLBLADDER & COMMON BILE DUCT	+	+	N	+	+	+	+			+	+ •	+	+ +	+	+	+	+	+	+	N	+		+	+	491
PANCREAS	+	+	+	+	+	+	+	+	+	+	+ •	•	+ . +	+	+	+	+	÷	+	+	+	٨	+	+	.46
ESOPHAGUS	+	+	+	t	+	+	+	+	+	ŧ	•	•	+ +	+	. <u>+</u>	+	+	+	+	÷	+	۸.	<u>+</u>	+	49
STOMACH	+	+	+	+	+	+	+	+	+	•	• •		<u>+_+</u>	+	<u>+</u>	+	+	+	+	<u>+</u>	<u>+</u>	۸.	+	+	
SMALL INTESTINE	+	+	-	÷	+	+	+	+	+	+	+ •	۲	+ +	+	+	+	•	+	+	-	+	۸.,	+	•	45
LARGE INTESTINE	+	+	+	٠	+	+	÷	+	•	+	+ •	۲.	+ +	+	+	+	-	+	+	-	+	A	+	+	47
RINARY SYSTEM																	,			-				T	
KIDNEY .	+	<u>+</u>	+	+	+	+	+	+	+ :	<u>+</u>	<u>+</u>	t	+_+	+	+	+	+	+	+	*	+	۸	+	+	49
URINARY BLADDER	+	+	*	+	+	+	+	+	+ ·	+	+ +	•	+ +	+	*	+	-	+	+	-	+	A	+	*	46
NDOCRINE SYSTEM PITUITARY CHROMOPHOBE ADENOMA	÷	-	+	-	÷	-	÷		•	•	• •	•	+ +	÷	٠	÷	+	÷	÷	-	+	A	٠	+	41
ADRENAL PHEOCHROMOCYTOMA	٠	+	+	-	+	-	+	+ -	•	•	+ +	•	+ +	+	+	+	+	+	+	+	*	A	+	+	47
THYROID	+	•	+	÷	+	+	+	•	+ •		+ +		+ +	+	+	+	+	+	+	~	+	A	+	•	47
PARATHYROID Adenoma, Nus	-	+	•	-	+	+	+		- ,	•			- +	+	-	-	+	+	-	-	+	A _	-	•	25,
EPRODUCTIVE SYSTEM																								$^{+}$	
MAMMARY GLAND	+	+	<u>+</u>	+	•	<u>N</u>	+	<u>+</u>	• •	<u> </u>	<u>H_</u> F		+ +	+	+	+	+	N	N	*	+	A	<u>+</u>	М	49*
UTERUS LEIOMYOSARCOMA ENDOMETRIAL STROMAL POLYP HEMANGIOMA	+	+ x	+	+	+	+	•	• •	• •	•	• •		* * × x	+	+	•	•	+	+	+	•	*	+	+	48 1 2 1
OVARY Papillary Cystadenoma, Nos	+	+	-	+	+	+	÷	+ •	• •	, .	- +		• •	+	٠	+	+	+	+	+	•	A .	+	•	42 ₁
ECIAL SENSE ORGANS																			_					+	
LACRIMAL GLAND ADENOMA, NOS	N	N	N	н	N	N -	N :	N 1	• •	-	ч и		н н	N	H	N	N	N	N	H	N	A 	N	۳ļ	49× 2
LL OTHER SYSTEMS	н	м	N																						
MALIGHANT LYMPHOMA, HOS Malighant Lymphoma, Hos Malig.lymphoma, Histiocytic type	X	п		н 		н 			• •		ч н 		н н	N	N	N	N	н <u>х</u>	N	H	N .	<u> </u>	H		49× 7
ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOP -: REQUIRED TISSUE NOT EXAMI X: JUMDR INCIDENCE N: NECROPSY, NO AUTOLYSIS, N S: ANIMAL MIS-SEXED							(T A)	ON		Å		AN I	TIS CROPS DLYS MAL NECH	MIS	51N	3			UBM DUE		ED PR	0 T C	COL		

TABLE B4. FEMALE MICE: TUMOR PATHOLOGY (CONTINUED) **HIGH DOSE**

APPENDIX C

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS FED DIETS CONTAINING C.I. ACID ORANGE 10

TABLE C1.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS FED DIETS CONTAINING C.I. ACID ORANGE 10

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	90 90 90	50 50 50 50	50 50 50 50
INTEGUMENTARY SYSTEM			
*SKIN EPIDERMAL INCLUSION CYST	(90) 2 (2%)	(50)	(50) 1 (2%)
*SUBCUT TISSUE EDEMA, NOS INFLAMMATION, GRANULOMATOUS GRANULATION, TISSUE	(90)	(50)	(50) 1 (2%) 1 (2%) 1 (2%)
RESPIRATORY SYSTEM			
#LUNG HEMORRHAGE INFLAMMATION, INTERSTITIAL PNEUMONIA INTERSTITIAL CHRONIC NECROSIS, FOCAL HEMOSIDEROSIS HYPERPLASIA, ALVEOLAR EPITHELIUM	1 (1%) 2 (2%) 1 (1%)	(50) 1 (2%) 1 (2%) 1 (2%)	
HEMATOPOIETIC SYSTEM		· · · · · · · · · · · · · · · · · · · 	
#BONE MARROW CONGESTION, ACUTE FIBROSIS, FOCAL HYPERPLASIA, HEMATOPOIETIC HYPERPLASIA, RETICULUM CELL HYPOPLASIA, HEMATOPOIETIC	(84) 1 (1%) 1 (1%) 4 (5%)	(48) 1 (2%) 1 (2%)	(48) 1 (2%) 1 (2%)
#SPLEEN CONGESTION, NOS FIBROSIS, FOCAL FIBROSIS, DIFFUSE	(90) 1 (1%) <u>1 (1%)</u>	(50) 2 (4%)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
INFARCT, FOCAL INFARCT, ACUTE LYMPHOID DEPLETION	1 (1%)		1 (2%) 2 (4%)
#LYMPH NODE EDEMA, NOS LYMPHOID DEPLETION	(89) 1 (1%) 1 (1%)	(49)	(49)
#SUBMANDIBULAR L.NODE EDEMA, NOS HEMORRHAGE	(89) 1 (1%)	(49)	(49) 1 (2%)
#MANDIBULAR L. NODE Plasmacytosis	(89)	(49) 1 (2%)	(49)
#MEDIASTINAL L.NODE EDEMA, NOS	(89)	(49)	(49) 1 (2%)
#MESENTERIC L. NODE INFLAMMATION ACTIVE CHRONIC INFLAMMATION, GRANULOMATOUS LYMPHOID DEPLETION	(89) 1 (1%)	(49) 1 (2%)	(49) 1 (2%) 1 (2%)
#LUNG HYPERPLASIA, LYMPHOID	(89) 1 (1%)	(50)	(50)
#LIVER HEMATOPOIESIS	(90)	(50) 2 (4%)	(50)
#THYMUS HYPERPLASIA, EPITHELIAL	(69)	(37) 1 (3%)	(38)
CIRCULATORY SYSTEM			
#MANDIBULAR L. NODE Lymphangiectasis	(89)	(49) 4 (8%)	(49) 1 (2%)
#MESENTERIC L. NODE LYMPHANGIECTASIS	(89)	(49) 6 (12%)	(49) 10 (20%)
#HEART MINERALIZATION FIBROSIS, DIFFUSE ENDOCARDIOSIS	(90) 1 (1%) 1 (1%)	(49)	(50) 1 (2%)

	CONTROL	LOW DOSE	HIGH DOSE
#HEART/ATRIUM THROMBOSIS, NOS	(90) 1 (1%)	(49) 1 (2%)	(50) 1 (2%)
#LEFT ATRIUM THROMBOSIS, NOS	(90) 1 (1%)	(49)	(50)
<pre>#HEART/VENTRICLE FIBROSIS, FOCAL</pre>	(90)	(49)	(50) 1 (2%)
<pre>#MYOCARDIUM INFLAMMATION, ACUTE/CHRONIC FIBROSIS, FOCAL FIBROSIS, MULTIFOCAL</pre>	(90) 1 (1%) 1 (1%)	(49)	(50) 1 (2%) 1 (2%)
DEGENERATION, NOS	31 (34%)	21 (43%)	
#CARDIAC VALVE INFLAMMATION, CHRONIC FOCAL FIBROSIS FIBROSIS, FOCAL	(90) 1 (1%) 1 (1%) 1 (1%)	(49) 1 (2%)	(50)
*PANCREATIC ARTERY, FIBROSIS	(90) 1 (1%)	(50) 1 (2%)	(50) 1 (2%)
*MESENTERIC ARTERY THROMBOSIS, NOS INFLAMMATION, ACUTE/CHRONIC	(90) 1 (1%) 1 (1%)	(50)	(50)
#LIVER Thrombosis, Nos	(90) 1 (1%)	(50)	(50)
<pre>#PANCREAS PERIARTERITIS</pre>	(88)	(47) 1 (2%)	(46) 3 (7%)
#KIDNEY PERIARTERITIS	(90)	(50) 2 (4%)	(50) 1 (2%)
#U.BLADDER/SEROSA PERIARTERITIS	(82)	(48)	(46)
DIGESTIVE SYSTEM			
*TONGUE Hemorrhage	(90)	(50) 1 (2%)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
#SALIVARY GLAND Atrophy, focal	(89) 2 (2%)	(49) 1 (2%)	(47)
#LIVER Inflammation, chronic focal	(90) 2 (2%)	(50)	(50)
INFLAMMATION, CHRONIC NECROTIZIN Inflammation, focal granulomatou Cirrhosis, nos Degeneration, nos	1 (1%) 1 (1%) 1 (1%)		1 (2%)
NECROSIS, FOCAL METAMORPHOSIS FATTY BASOPHILIC CYTO CHANGE FOCAL CELLULAR CHANGE ANGIECTASIS	63 (70%) 2 (2%)	1 (2%) 38 (76%) 6 (12%) 1 (2%)	1 (2%) 1 (2%) 37 (74%) 3 (6%) 1 (2%)
#HEPATIC CAPSULE NECROSIS, FOCAL	(90)	(50) 1 (2%)	(50)
#PORTA HEPATIS FIBROSIS	(90) 1 (1%)	(50)	(50)
#LIVER/CENTRILOBULAR	(90)	(50)	(50)
CONGESTION, CHRONIC CONGESTION, CHRONIC PASSIVE		1 (2%)	1 (2%)
DEGENERATION, NOS Necrosis, focal	1 (1%) 1 (1%)		2 (4%)
<pre>#BILE DUCT HYPERPLASIA, NOS HYPERPLASIA, FOCAL</pre>	(90) 7 (8%) 15 (17%)	(50) 7 (14%) 3 (6%)	(50) 4 (8%) 6 (12%)
#PANCREATIC ACINUS ATROFHY, NOS ATROPHY, FOCAL ATROPHY, DIFFUSE	(88) 2 (2%) 12 (14%)	(47) 3 (6%) 5 (11%) 1 (2%)	(46) 7 (15%) 4 (9%)
#STOMACH MINERALIZATION	(87)	(50)	(49) 1 (2%)
INFLAMMATION, ACUTE FOCAL INFLAMMATION, ACUTE/CHRONIC HYPERPLASIA, BASAL CELL	1 (1%) 1 (1%)		1 (2%)
#GASTRIC MUCOSA MINERALIZATION	(87)	(50)	(49)

	CONTROL	LOW DOSE	HIGH DOSE
NECROSIS, FOCAL	2 (2%)	1 (2%)	
#CARDIAC STOMACH ECTOPIA Hyperplasia, epithelial Hyperplasia, basal cell	(87) 1 (1%) 1 (1%)	(50) 1 (2%)	(49)
#JEJUNUM Dilatation, nos Fibrosis	(87)	(48)	(47) 1 (2%) 1 (2%)
#COLON INFLAMMATION, CHRONIC FOCAL NEMATODIASIS	(87) 8 (9%)	(47) 2 (4%)	(49) 1 (2%) 6 (12%)
URINARY SYSTEM			
#KIDNEY CYST, NOS PYELONEPHRITIS, ACUTE NEPHROPATHY DEGENERATION, HYALINE PIGMENTATION, NOS	(90) 1 (1%) 80 (89%) 1 (1%) 4 (4%)	(50) 1 (2%) 46 (92%)	(50) 1 (2%) 41 (82%)
#KIDNEY/CORTEX NEPHROSIS, NOS PIGMENTATION, NOS	(90) 2 (2%)	(50) 1 (2%) 1 (2%)	(50)
#KIDNEY/TUBULE PIGMENTATION, NOS REGENERATION, NOS	(90) 1 (1%) 1 (1%)	(50) 2 (4%)	(50)
#URINARY BLADDER ULCER, ACUTE HYPERPLASIA, EPITHELIAL	(82)	(48) 1 (2%)	(46) 1 (2%)
*PROSTATIC URETHRA METAPLASIA, SQUAMOUS	(90) 1 (1%)	(50)	
ENDOCRINE SYSTEM			
#PITUITARY <u>Hyperplasia, focal</u>	(84)	(47)	(46)

TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
HYPERPLASIA, CHROMOPHOBE-CELL		3 (6%)	2 (4%)
<pre>#PITUITARY ACIDOPHIL HYPERFLASIA, FOCAL</pre>	(84) 1 (1%)	(47) 1 (2%)	(46) 1 (2%)
#ADRENAL NECROSIS, FOCAL LIPOIDOSIS	(89)	(49) 1 (2%)	(50) 1 (2%)
#ADRENAL CORTEX LIPOIDOSIS CYTOFLASHIC VACUOLIZATION	(89) 3 (3%) 1 (1%)	(49) 3 (6%)	(50) 1 (2%)
HYPERTROPHY, FOCAL HYPERPLASIA, NOS HYPERPLASIA, FOCAL ANGIECTASIS		2 (4%) 1 (2%)	1 (2%) 2 (4%) 6 (12%)
#ADRENAL MEDULLA Hyperplasia, Nos Hyperplasia, Focal Angiectasis	(89) 4 (4%) 1 (1%)	(49) 4 (8%) 1 (2%)	(50) 2 (4%) 2 (4%)
#THYROID MINERALIZATION HYPERPLASIA, C-CELL	(89) 1 (1%) 17 (19%)	(50) 11 (22%)	
#PARATHYROID Hyperplasia, Nos	(70)	(48) 1 (2%)	(37) 1 (3%)
#PANCREATIC ISLETS HYPERPLASIA, NOS HYPERPLASIA, FOCAL	(88) 2 (2%) 3 (3%)	(47)	(46) 1 (2%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND DILATATION, NOS DILATATION/DUCTS CYST, NOS HYPERPLASIA, NOS	(90) 1 (1%)	(50) 1 (2%) 1 (2%) 1 (2%)	1 (2%)
HYPERPLASIA, CYSTIC *MAMMARY ACINUS HYPERPLASIA, NOS	1 (1%) (90) 5 (6%)	2 (4%) (50) 3 (6%)	1 (2%) (50) 3 (6%)

_____ - - -

	CONTROL	LOW DOSE	HIGH DOSE
*PREPUTIAL GLAND CYST, NOS	(90) 1 (1%)	(50)	(50)
#PROSTATE INFLAMMATION, SUPPURATIVE	(84) 1 (1%)	(45)	(45)
INFLAMMATION, ACUTE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, FOCAL GRANULOMATOU	2 (2%) 1 (1%)	1 (2%)	1 (2%) 1 (2%)
#PROSTATIC GLAND DILATATION, NOS HYPERPLASIA, EPITHELIAL	(84) 1 (1%) 1 (1%)	(45)	(45)
*SEMINAL VESICLE CYST, NOS	(90) 1 (1%)	(50)	(50)
#TESTIS STEATITIS ATROPHY, NOS HYPOSPERMATOGENESIS	(90) 4 (4%) 1 (1%) 1 (1%)	(50) 4 (8%)	(50) 1 (2%)
#TESTIS/TUBULE DEGENERATION, NOS ATROPHY, DIFFUSE	(90)	(50)	(50) 2 (4%) 1 (2%)
*EPIDIDYMIS MINERALIZATION INFLAMMATION, ACUTE SUPPURATIVE		(50)	(50) 1 (2%) 1 (2%)
NERVOUS SYSTEM			
#BRAIN Mineralization Hemorrhage Necrosis, focal	(90) 1 (1%) 1 (1%)	(50)	(50) 1 (2%) 4 (8%) 1 (2%)
MALACIA Atrophy, pressure		1 (2%) 1 (2%)	
#HIPPOCAMPUS NECROSIS, FOCAL	(90) 1 (1%)	(50)	(50)
#CEREBELLUM NECROSIS, HEMORRHAGIC	(90)	(50)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
#MEDULLA OBLONGATA NECROSIS, HEMORRHAGIC	(90) 1 (1%)	(50)	(50)
SPECIAL SENSE ORGANS			
*EYE Synechia, posterior	(90) 1 (1%)	(50)	(50)
*EYE/RETINA Detachment Atrophy, Nos	(90) 1 (1%)	(50) 1 (2%)	(50)
*EYE/CRYSTALLINE LENS DEGENERATION, NOS	(90) 1 (1%)	(50)	(50)
BODY CAVITIES			
*PERITONEUM EFFUSION, NOS INFLAMMATION, CHRONIC FOCAL	(90)	(50) 1 (2%)	(50)
PIGMENTATION, NOS		1 (2%)	
*PERITONEAL CAVITY Abscess, chronic	(90)	(50) 1 (2%)	(50)
*INGUINAL REGION Necrosis, fat	(90)	(50) 1 (2%)	(50)
*PLEURA INFLAMMATION ACTIVE CHRONIC	(90)	(50)	(50) 1 (2%
*MESENTERY STEATITIS	(90) 4 (4%)	(50)	(50)
INFLAMMATION, FOCAL GRANULOMATOU NECROSIS, FAT		1 (2%)	1 (2%
LL OTHER SYSTEMS			
OMENTUM INFLAMMATION, GRANULOMATOUS		2	

* NUMBER OF ANIMALS NECROPSIED

	CONTROL	LOW DOSE	HIGH DOSE
INFLAMMATION, FOCAL GRANULOMATOU		3	
CRANIOBUCCAL POUCH CYSTIC DUCTS	1	11	1
PECIAL MORPHOLOGY SUMMARY			
NONE			
NUMBER OF ANIMALS WITH TISSUE EXAMIN	ED MICROSCOP	ICALLY	

TABLE C2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS FED DIETS CONTAINING C.I. ACID ORANGE 10

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS MISSING	90 2	50	50
ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	88	50 50	50 50
INTEGUMENTARY SYSTEM			
*SKIN EPIDERMAL INCLUSION CYST INFLAMMATION, CHRONIC FOCAL	(88)	(50) 1 (2%) 1 (2%)	(50)
*SUBCUT TISSUE Abscess, chronic	(88)	(50)	(50)
NECROSIS, FAT		2 (4%)	1 (2%)
RESPIRATORY SYSTEM			
#PERITRACHEAL TISSUE INFLAMMATION, CHRONIC	(86) 1 (1%)	(50)	(50)
#LUNG EDEMA, NOS Heitorrhage	(88) 2 (2%) 1 (1%)	(50)	(49) 1 (2%)
INFLAMMATION, ACUTE FOCAL PNEUMONIA INTERSTITIAL CHRONIC			1 (2%)
GRANULOMA, NOS HYPERPLASIA, ALVEOLAR EPITHELIUM		2 (4%) 1 (2%)	3 (6%) 1 (2%)
HEMATOPOIETIC SYSTEM			
#BONE MARROW Depletion	(86)	(50)	(50)
HYPERPLASIA, HEMATOPOIETIC Hyperplasia, reticulum cell Hypoplasia, hematopoietic	2 (2%) 6 (7%)	1 (2%) 1 (2%) 1 (2%)	5 (10%
#SPLEEN Congestion, Nos	(88)	(50)	(50) 2 (4%)

	CONTROL	LOW DOSE	HIGH DOSE
CONGESTION, ACUTE INFLAMMATION, FOCAL GRANULOMATOU FIBROSIS, FOCAL INFARCT, FOCAL LYMPHOID DEPLETION HEMATOPOIESIS	1 (1%) 1 (1%) 1 (1%) 2 (2%) 1 (1%)		2 (4%)
#LYMPH NODE LYMPHOID DEPLETION	(86) • 1 (1%)	(49)	(50)
#MANDIBULAR L. NODE LYMPHOCYTIC INFLAMMATORY INFILTR PLASMACYTOSIS HYPERPLASIA, PLASMA CELL HYPERPLASIA, LYMPHOID	(86) 1 (1%) 1 (1%)	(49)	(50) 1 (2%) 1 (2%)
#MESENTERIC L. NODE LYMPHOID DEPLETION PLASMACYTOSIS	(86) 1 (1%) 1 (1%)	(49)	(50)
#LUNG Hyperplasia, lymphoid	(88) 1 (1%)	(50)	(49)
#THYMUS HYPERPLASIA, EPITHELIAL	(70)	(41)	(36) 1 (3%)
SIRCULATORY SYSTEM			
<pre>#PANCREATIC L.NODE LYMPHANGIECTASIS</pre>	(86) 1 (1%)	(49)	(50)
#HEART FIBROSIS, FOCAL	(88) 1 (1%)	(50)	(49)
#HEART/ATRIUM Thrombosis, Nos	(88)	(50)	(49)
#MYOCARDIUM Inflammation, interstitial Inflammation, chronic focal Fibrosis, diffuse	(88) 1 (1%) 1 (1%)	(50) 1 (2%) 2 (4%)	(49) 1 (2%)
DEGENERATION, NOS	11 (13%)	23 (46%)	11 (22%)
DIGESTIVE SYSTEM #SALIVARY GLAND ATROPHY, FOCAL	(87)	(50)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
#LIVER INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC FOCAL INFLAMMATION, CHRONIC FOCAL	(88) 2 (2%) 3 (3%)	(50) 1 (2%)	(50)
INFLAMMATION, CHRONIC FOCAL INFLAMMATION, FOCAL GRANULOMATOU NECROSIS, FOCAL	1 1 1/4 2	14 (28%) 1 (2%)	15 (30%) 1 (2%)
NECROSIS, CENTRAL Basophilic cyto change Focal cellular change	1 (1%)	42 (84%)	2 (4%)
ANGIECTASIS		2 (4%)	1 (2%)
#PORTAL TRACT Inflammation, chronic	(88) 1 (1%)	(50)	(50)
#LIVER/CENTRILOBULAR NECROSIS, FOCAL PIGMENTATION, NOS	(88) 1 (1%) 1 (1%)	(50)	(50)
#BILE DUCT Hyperplasia, NOS Hyperplasia, Focal	(88) 6 (7%) 5 (6%)	(50) 1 (2%)	(50)
	(83)	(50)	(48)
DEGENERATION, NOS Atrophy, nos Atrophy, focal Atrophy, diffuse	1 (1%) 5 (6%) 1 (1%) 1 (1%)	1 (2%) 3 (6%)	2 (4%) 3 (6%)
#ESOPHAGUS DILATATION, NOS HYPERKERATOSIS	(87)	(50)	(49) 1 (2%) 1 (2%)
<pre>#PERIESOPHAGEAL TISSU INFLAMMATION, CHRONIC</pre>	(87) 1 (1%)	(50)	(49)
#STOMACH FIBROSIS, DIFFUSE	(86) 1 (1%)	(50)	(49)
#GASTRIC MUCOSA Necrosis, focal	(86) 1 (1%)	(50)	(49)
#CARDIAC STOMACH EDEMA, NOS INFLAMMATION, FOCAL	(86) 1 (1%) 1 (1%)	(50)	(49)

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

	CONTROL	LOW DOSE	HIGH DOSE
INFLAMMATION, VESICULAR ULCER, ACUTE ULCER, CHRONIC HYPERPLASIA, EPITHELIAL	1 (1%) 1 (1%) 1 (1%)	1 (2%)	
#GASTRIC FUNDUS Necrosis, focal	(86)	(50) 1 (2%)	(49)
#COLON Nematodiasis	(72) 6 (8%)	(44)	(31) 1 (3%)
*RECTUM NEMATODIASIS	(88) 1 (1%)	(50)	(50)
*RECTAL MUCOUS MEMBRA Atrophy, Nos	(88)	(50)	(50)
URINARY SYSTEM			
#KIDNEY NEPHROPATHY Infarct, NOS Pigmentation, Nos	(88) 12 (14%) 1 (1%) 3 (3%)	(50) 5 (10%)	(50) 2 (4%)
#KIDNEY/CORTEX CYST, NOS PIGMENTATION, NOS	(88) 1 (1%)	(50) 1 (2%)	(50)
#KIDNEY/TUBULE PIGMENTATION, NOS REGENERATION, NOS	(88) 2 (2%) 1 (1%)	(50)	(50) 1 (2%)
#KIDNEY/PELVIS MINERALIZATION	(88) 2 (2%)	(50)	(50) 2 (4%)
ENDOCRINE SYSTEM			
#PITUITARY CYST, NOS	(83)	(44) 1 (2%)	(46)
HEMORRHAGE, CHRONIC Hyperplasia, Chromophobe-Cell Angiectasis	12 (14%) 2 (2%)	8 (18%)	1 (2%) 7 (15%)
<pre>#PITUITARY ACIDOPHIL HYPERPLASIA, NOS</pre>	(83)	(44)	(46)

TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
#ADRENAL LYMPHOCYTIC INFLAMMATORY INFILTR ABSCESS, CHRONIC NECROSIS, NOS	(86) 1 (1%)	(50) 1 (2%) 1 (2%)	(50)
ATROPHY, NOS Angiectasis	1 (1%) 1 (1%)		1 (2%)
#ADRENAL CORTEX NECROSIS, NOS NECROSIS, FOCAL	(86)	(50)	(50) 1 (2%) 1 (2%)
LIPOIDOSIS FOCAL CELLULAR CHANGE Hyperplasia, nos Hyperplasia, focal Angiectasis	15 (17%) 1 (1%) 5 (6%) 7 (8%) 1 (1%)	7 (14%) 1 (2%) 13 (26%)	5 (10%) 2 (4%) 7 (14%)
#ZONA FASCICULATA Lipoidosis	(86) 1 (1%)	(50)	(50)
#ADRENAL MEDULLA Hyperplasia, Nos Hyperplasia, Focal	(86) 1 (1%)	(50) 2 (4%)	(50) 1 (2%) 2 (4%)
<pre>#THYROID THYROGLOSSAL DUCT CYST CYSTIC FOLLICLES Hyperplasia, C-Cell Hyperplasia, Follicular-Cell</pre>	(86) 16 (19%) 1 (1%)	(50) 1 (2%) 2 (4%) 7 (14%)	(49) 1 (2%) 6 (12%)
EPRODUCTIVE SYSTEM			
*MAMMARY GLAND DILATATION, NOS DILATATION/DUCTS CYST, NOS	(88) 2 (2%) 3 (3%) 2 (2%)	(50)	(50)
CYSTIC DUCTS Hyperplasia, NOS Hyperplasia, Epithelial Hyperplasia, Cystic	2 (2%) 1 (1%) 1 (1%) 19 (22%)	2 (4%) 2 (4%)	1 (2%) 2 (4%)
*MAMMARY ACINUS DILATATION, NOS CYST, NOS	(88) 1 (1%) 3 (3%)	(50) 1 (2%) 3 (6%)	(50) 4 (8%)

	CONTROL	LOW DOSE	HIGH DOSE
MULTIPLE CYSTS	1 (1%)		1 (2%)
HYPERPLASIA, NOS Hyperplasia, cystic	4 (5%) 2 (2%)	9 (18%)	3 (6%)
*CLITORAL GLAND CYST, NOS	(88) 1 (1%)	(50)	(50)
¥VAGINA Polyp	(88) 1 (1%)	(50)	(50)
#UTERUS DILATATION, NOS HEMORRHAGE	(87)	(50)	(49) 2 (4%) 1 (2%)
#UTERINE SEROSA ANGIECTASIS	(87)	(50) 1 (2%)	(49)
#UTERUS/ENDOMETRIUM	(87)	(50)	(49)
INFLAMMATION, ACUTE FOCAL Hyperplasia, nos Hyperplasia, epithelial	1 (1%)	1 (2%) 1 (2%)	1 (2%)
#ENDOMETRIAL GLAND	(87)	(50)	(49)
DILATATION, NOS Cyst, Nos	4 (5%)	1 (2%) 2 (4%)	2 (4%)
BOVARY	(86)	(50)	(48)
FOLLICULAR CYST, NOS Corpus Luteum Cyst Granuloma, Nos	3 (3%)	3 (6%) 1 (2%)	2 (4%) 5 (10)
#OVARY/RETE OVARII Hyperplasia, nos	(86) 1 (1%)	(50)	(48) 1 (2%)
#MESOVARIUM NECROSIS, FAT	(86)	(50)	(48)
ERVOUS SYSTEM			
#BRAIN Hydrocephalus, Nos Hemorrhage Necrosis, Focal	(88) 8 (9%) 1 (1%) 1 (1%)	(50) 2 (4%)	(50) 2 (4%)
ATROPHY, PRESSURE	2 (2%)	2 (4%)	

TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
#HYPOTHALAMUS Atrophy, pressure	(88) 6 (7%)	(50) 3 (6%)	(50) 5 (10%
#CEREBELLUM MINERALIZATION	(88) 1 (1%)	(50)	(50)
SPECIAL SENSE ORGANS			
*EYE Synechia, Anterior	(88)	(50)	(50)
SYNECHIA, POSTERIOR		1 (2%)	
*EYE/RETINA Atrophy, Nos Atrophy, Diffuse	(88) 1 (1%) 1 (1%)	(50) 1 (2%)	(50)
*EYE/CRYSTALLINE LENS Degeneration, Nos	(88) 2 (2%)	(50) 1 (2%)	(50)
MUSCULOSKELETAL SYSTEM			
*FEMUR ENOSTOSIS	(88)	(50)	1 (2%)
BODY CAVITIES			
*ABDOMINAL CAVITY Necrosis, fat	(88)	(50) 1 (2%)	(50)
*MEDIASTINAL PLEURA STEATITIS	(88)	(50)	(50) 1 (2%)
*EPICARDIUM Inflammation, Chronic Focal	(88)	(50) 1 (2%)	(50)
*MESENTERY Hemorrhage, Chronic	(88)	(50) 1 (2%)	(50)
INFLAMMATIÓN, GRANULOMATOUS NECROSIS, FAT	3 (3%)		2 (4%) 1 (2%)
ALL OTHER SYSTEMS		-	
*MULTIPLE ORGANS HEMORRHAGE	(88)	(50)	(50)

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

	CONTROL	LOW DOSE	HIGH DOSE
BROAD LIGAMENT Steatitis	1		
SPECIAL MORPHOLOGY SUMMARY			
ANIMAL MISSING/NO NECROPSY	2		
<pre># NUMBER OF ANIMALS WITH TISSUE EXAMINED * NUMBER OF ANIMALS NECROPSIED</pre>	MICROSCOPI	CALLY	

APPENDIX D

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE FED DIETS CONTAINING C.I. ACID ORANGE 10

TABLE D1.

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 49 49	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN EDEMA, NOS INFLAMMATION, ACUTE	(50) 1 (2%) 1 (2%)	(49)	(50)
INFLAMMATION, ACUTE FOCAL INFLAMMATION ACUTE PUSTULAR INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC FOCAL INFECTION, FUNGAL	1 (2%) 1 (2%)	2 (4%)	1 (2%)
HYPERKERATOSIS METAPLASIA, OSSEOUS	2 (4%) 1 (2%)	1 (2%)	
RESPIRATORY SYSTEM			
#TRACHEA Inflammation, acute/chronic Metaplasia, nos	(46)	(44)	(48) 1 (2%) 1 (2%)
<pre>#TRACHEAL GLAND DILATATION, NOS</pre>	(46)	(44)	(48) 1 (2%)
#LUNG/BRONCHUS BRONCHIECTASIS	(49) 2 (4%)	(49) 7 (14%)	(50) 1 (2%)
#LUNG/BRONCHIOLE BRONCHIOLECTASIS Hyperplasia, epithelial	(49 ⁾ 10 (20%) 1 (2%)	(49) 2 (4%)	(50) 9 (18%)
#LUNG Congestion, Nos Edema, Nos	(49) 1 (2%)	(49) 1 (2%)	(50) 1 (2%)
EDEMA, INTERSTITIAL HEMORRHAGE	2 (4%) 2 (4%)	2 (4%)	1 (2%)

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE FED DIETS CONTAINING C.I. ACID ORANGE 10

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

C.I. Acid Orange 10

	CONTROL	LOW DOSE	HIGH DOSE
INFLAMMATION, INTERSTITIAL Inflammation, Chronic Pneumonia Interstitial Chronic			
PNEUMONIA INTERSTITIAL CHRONIC HYPERPLASIA, CYSTIC HYPERPLASIA, ALVEOLAR EPITHELIUM HISTIOCYTOSIS		1 (2%)	2 (4%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Hyperplasia, lymphoid	(50)	(49)	(50) 1 (2%)
ATROPHY, NOS	(43)	1 (2%)	(46)
HYPERPLASIA, HEMATOPOIETIC Hyperplasia, erythroid	5 (12%)	2 (5%) 1 (2%)	
#SPLEEN Congestion, NOS Hemosiderosis	(48) 1 (2%)	(46)	(50)
LYMPHOID DEPLETION ANGIECTASIS	1 (2%)	2 (4%) 1 (2%) 1 (2%)	
HYPERPLASIA, RETICULUM CELL Hyperplasia, lymphoid Mastocytosis	2 (4%)	1 (2%)	1 (2%) 3 (6%)
HEMATOPOIESIS	9 (19%)	3 (7%)	1 (2%)
#SPLENIC FOLLICLES INFLAMMATION, ACUTE NECROTIZING	(48) 1 (2%)	(46)	(50)
FIBROSIS, MULTIFOCAL		1 (2%)	
#LYMPH NODE Inflammation, suppurative Necrosis, focal	(37)	(34) 1 (3%) 1 (3%)	(42)
	1 (3%)	1 (547	1 (2%) 1 (2%)
LYMPHOID DEPLETION Hyperplasia, reticulum cell Hyperplasia, lymphoid Hematopoiesis	1 (3%) 1 (3%)		2 (5%)
UEMOSTDEPOSTS	(37) 1 (3%)	(34)	(42) 1 (2%)
LYMPHOID DEPLETION HYPERPLASIA, RETICULUM CELL	1 (3%)	1 (3%) 1 (3%)	1 (2%)

	CONTROL	LOW DOSE	HIGH DOSE
HYPERPLASIA, LYMPHOID	*************	1 (3%)	
#LYMPH NODE OF THORAX Inflammation, focal granulomatou	(37)	(34) 1 (3%)	(42)
#BRONCHIAL LYMPH NODE Inflammation, Chronic	(37)	(34)	(42)
LYMPHOID DEPLETION Hyperplasia, Lymphoid	1 (347	1 (3%)	1 (2%)
<pre>#LUMBAR LYMPH NODE Hyperplasia, plasma cell</pre>	(37) 1 (3%)	(34)	(42)
CONGESTION, NOS	(37) 3 (8%)	(34)	(42) 2 (5%)
HEMORRHAGE Inflammation, chronic diffuse	1 (3%) 1 (3%)		
INFLAMMATION, GRANULOMATOUS Necrosis, focal Hemosiderosis	1 (3%)	1 (3%) 1 (3%)	
LYMPHOID DEPLETION HYPERPLASIA, NOS	3 (8%) 1 (3%)	1 (3%)	1 (2%)
HYPERPLASIA, LYMPHOID HEMATOPOIESIS	2 (5%)	1 (3%)	
<pre>#INGUINAL LYMPH NODE Hyperplasia, lymphoid</pre>	(37) 1 (3%)	(34)	(42)
<pre>#LUNG/BRONCHIOLE Hyperplasia, lymphoid</pre>	(49) 5 (10%)	(49) 1 (2%)	(50) 2 (4%)
<pre>#LUNG Hyperplasia, lymphoid</pre>	(49) 1 (2%)	(49)	(50)
<pre>#SALIVARY GLAND Hyperplasia, lymphoid</pre>	(50) 9 (18%)	(47) 10 (21%)	(50) 7 (14%)
#LIVER HEMATOPOIESIS	(50) 3 (6%)	(49)	(50)
*GALLBLADDER Hyperplasia, lymphoid	(50)	(49)	(50) 1 (2%)
<pre>#PANCREAS Hyperplasia, lymphoid</pre>	(50)	(44) 4 (9%)	(50) 3 (6%)

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

C.I. Acid Orange 10

	CONTROL	LOW DOSE	HIGH DOSE
#DUODENUM Hyperplasia, lymphoid	(38)	(39) 1 (3%)	(46)
#JEJUNUM Hyperplasia, lymphoid	(38)	(39) 1 (3%)	(46)
<pre>#ILEUM HYPERPLASIA, LYMPHOID</pre>	(38) 1 (3%)	(39)	(46)
#KIDNEY Hyperplasia, lymphoid	(50) 13 (26%)	(49) 12 (24%)	(50) 9 (18%)
#URINARY BLADDER Hyperplasia, lymphoid	(47) 11 (23%)	(46) 3 (7%)	(48) 10 (21%)
#U.BLADDER/SUBMUCOSA Hyperplasia, lymphoid	(47) 1 (2%)	(46)	(48)
#PROSTATE Leukostasis Hyperplasia, lymphoid	(49)	(43) 1 (2%) 2 (5%)	(47)
*SEMINAL VESICLE Hyperplasia, lymphoid	(50) 1 (2%)	(49) 2 (4%)	(50) 1 (2%)
#TESTIS Hyperplasia, lymphoid	(50)	(48) 1 (2%)	(49)
*VAS DEFERENS Hyperplasia, lymphoid	(50)	(49) 1 (2%)	(50)
NTHYMUS Ectopia	(27)	(30)	(31)
ČYŠT, NOS Necrosis, focal	i (4%)	2 (7%) 1 (3%)	
IRCULATORY SYSTEM			
#BRAIN/MENINGES Perivasculitis	(50) 1 (2%)	(47)	(48)
#BRAIN PERIVASCULITIS	(50)	(47)	(48) 2 (4%)

	CONTROL	LOW DOSE	HIGH DOSE
*SUBCUT TISSUE Perivasculitis	(50)	(49)	(50) 1 (2%)
<pre>#LYMPH NODE Lymphangiectasis</pre>	(37)	(34)	(42) 1 (2%)
<pre>#LUNG PERIARTERITIS PERIVASCULITIS</pre>	(49)	(49) 1 (2%) 2 (4%)	(50) 1 (2%)
<pre>#HEART MINERALIZATION THROMBUS, CANALIZED PERIVASCULITIS ENDOCARDIOSIS</pre>	(48)	(49) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%)
#MYOCARDIUM MINERALIZATION INFLAMMATION, ACUTE FOCAL INFLAMMATION, ACUTE/CHRONIC FIBROSIS, MULTIFOCAL DEGENERATION, NOS NECROSIS, FOCAL	(48) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%)
#CARDIAC VALVE Mineralization Thrombosis, nos Degeneration, mucoid	(48) 8 (17%) 1 (2%) 4 (8%)	(49) 6 (12%)	(50) 4 (8%)
*AORTA PERIARTERITIS	(50)	(49)	(50) 1 (2%)
*PROSTATIC ARTERY Inflammation, focal granulomatou	(50)	(49)	(50) 1 (2%)
<pre>#KIDNEY PERIVASCULITIS</pre>	(50) 2 (4%)	(49)	(50) 1 (2%)
<pre>#PROSTATE PERIARTERITIS PERIVASCULITIS</pre>	(49) 1 (2%)	(43)	(47) 1 (2%)
*SEMINAL VESICLE PERIVASCULITIS	(50)	(49)	(50) 1 (2%)

	CONTROL	LOW DOSE	HIGH DOSE
#INTERSTITIAL TISSUE PERIVASCULITIS	(50)		(49) 1 (2%)
DIGESTIVE SYSTEM			
<pre>#PAROTID GLAND INFLAMMATION, GRANULOMATOUS</pre>	(50) 1 (2%)	(47)	(50)
<pre>#LIVER INFLAMMATION, ACUTE/CHRONIC Degeneration, Nos</pre>	(50) 6 (12%)	(49) 4 (8%) 1 (2%)	(50) 5 (10%)
NECROSIS, FOCAL Necrosis, coagulative	1 (2%) 1 (2%)	2 (4%)	1 (2%)
PIGMENTATION, NOS Focal cellular change	3 (6%)	1 (2%)	1 (2%) 2 (4%)
<pre>#LIVER/CENTRILOBULAR NECROSIS, NOS</pre>	(50)	(49)	(50)
NECROSIS, FOCAL Anglectasis	1 (2%)		1 (2%)
*GALLBLADDER Inflammation, Acute/Chronic	(50) 1 (2%)	(49) 1 (2%)	(50) 1 (2%)
<pre>#PANCREAS Inflammation, Interstitial Inflammation, Acute/Chronic Inflammation, Chronic</pre>	(50) 1 (2%) 1 (2%) 1 (2%)	(44)	(50)
LIPOIDOSIS			1 (2%)
<pre>#PANCREATIC ACINUS Atrophy, Nos</pre>	(50)	(44)	(50) 1 (2%)
ATROPHY, FOCAL Atrophy, diffuse	1 (2%)	1 (2%)	4 (8%)
#STOMACH CYST, NOS	(50) 1 (2%)	(45)	(49)
INFLAMMATION, ACUTE Inflammation, acute focal Inflammation, acute diffuse Inflammation, acute diffuse	1 (2%)	2 (4%) 1 (2%)	1 (2%)
INFLAMMATION, ACUTE/CHRONIC Inflammation, Chronic Focal Hyperplasia, epithelial	1 (2%) 1 (2%)	1 (2%)	1 (2%)

	CONTROL	LOW DOSE	HIGH DOSE
HYPERPLASIA, PAPILLARY			1 (2%)
#GASTRIC MUCOSA Dilatation, nos Polypoid Hyperplasia	(50)	(45) 1 (2%)	(49) 1 (2%)
<pre>#LARGE INTESTINE NEMATODIASIS</pre>	(46) 1 (2%)	(45)	(49)
#COLON Nematodiasis	(46) 3 (7%)	(45) 1 (2%)	(49) 1 (2%)
JRINARY SYSTEM			
#KIDNEY MINERALIZATION CYST, NOS GLOMERULONEPHRITIS, NOS INFLAMMATION, INTERSTITIAL INFLAMMATION ACTIVE CHRONIC PYELONGPHRITIS, ACUTE/CHRONIC INFLAMMATION, CHRONIC FOCAL INFLAMMATION, PYOGRANULOMATOUS NEPHROPATHY	(50) 2 (4%) 4 (8%) 1 (2%) 1 (2%) 15 (30%)	(49) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 7 (14%)	(50) 1 (2%) 15 (30%
#KIDNEY/CORTEX Degeneration, Nos	(50)	(49) 1 (2%)	(50)
<pre>#KIDNEY/TUBULE MINERALIZATION REGENERATION, NOS</pre>	(50) 2 (4%)	(49) 2 (4%)	(50) 1 (2%)
#URINARY BLADDER INFLAMMATION, MULTIFOCAL NECROSIS, DIFFUSE	(47) 1 (2%)	(46) 1 (2%)	(48)
*URETHRA OBSTRUCTION, NOS Inflammation, acute necrotizing Inflammation, acute/chronic Necrosis, diffuse	(50) 1 (2%)	(49) 2 (4%) 1 (2%)	(50) 1 (2%)
*PROSTATIC URETHRA Obstruction, Nos	(50)	(49)	(50)

		LOW DOSE	HIGH DOSE
HEMORRHAGE Inflammation, acute necrotizing	1 (2%)		
*PERIURETHRAL TISSUE INFLAMMATION, ACUTE NECROTIZING INFLAMMATION, PYOGRANULOMATOUS		(49) 1 (2%) 1 (2%)	(50)
ENDOCRINE SYSTEM			
#ADRENAL CYST, NOS Inflammation, granulomatous Angiectasis	(49) 1 (2%) 1 (2%) 2 (4%)	(46)	(48)
	(49)	(46)	(48)
CYST, NOS Hypertrophy, Focal		3 (7%)	1 (2%) 3 (6%)
HYPERPLASIA, NOS Hyperplasia, focal	2 (4%)	4 (9%)	1 (2%) 1 (2%)
#ADRENAL MEDULLA	(49)	(46)	(48)
FIBROSIS Hyperplasia, focal	1 (2%) 1 (2%)		1 (2%)
#THYROID	(48)	(40)	(48)
FOLLICULAR CYST, NOS Hyperplasia, C-Cell	1 (2%)	1 (3%)	
HYPERPLASIA, FOLLICULAR-CELL	1 (2%)		
EPRODUCTIVE SYSTEM			
*PENIS Necrosis, focal	(50)	(49) 1 (2%)	(50)
	(50)	(49)	(50)
INFLAMMATION, DIFFUSE ' Inflammation, acute focal Inflammation, acute necrotizing	1 (2%)	1 (24)	
INFLAMMATIUN, ACUTE NECROTIZING Necrosis, focal	1 (2%)	1 (2%)	
*PREPUTIAL GLAND	(50)	(49)	(50)
INFLAMMATION, ACUTE FOCAL Inflammation, acute diffuse	1 (2%)		1 (2%)

	CONTROL		HIGH DOSE
<pre>#PROSTATE INFLAMMATION, FOCAL INFLAMMATION, ACUTE DIFFUSE</pre>	(49) 1 (2%)	(43)	(47) 1 (2%)
INFLAMMATION, ACUTE/CHRONIC	(24)	1 (2%)	2 (4%)
<pre>#TESTIS RETENTION OF CONTENT INFLAMMATION, CHRONIC</pre>	(50) 1 (2%) 1 (2%) 2 (4%)	(48)	(49)
DEGENERATION, NOS	2 (4%)	4 (8%)	7 (14%
CALCIFICATION, DYSTROPHIC Atrophy, nos	1 (2%)	2 (4%)	1 (2%)
*EPIDIDYMIS INFLAMMATION, MULTIFOCAL	(50)	(49)	(50) 1 (2%)
INFLAMMATION, INTERSTITIAL Inflammation, acute/chronic Inflammation, chronic	1 (2%) 3 (6%) 1 (2%)	1 (2%)	
GRANULOMA, SPERMATIC Cytologic degeneration		1 (2%) 5 (10%)	3 (6%)
HYPERPLASIA, EPITHELIAL Dysplasia, epithelial	1 (2%)		4 (8%) 1 (2%)
*VAS DEFERENS Lymphocytic inflammatory infiltr	(50) 1 (2%)	(49)	(50)
IERVOUS SYSTEM			
MINERALIZATION		(47)	(48) 2 (4%)
HEMORRHAGE Calcification, dystrophic Hemosiderdsis	1 (2%) 19 (38%) 1 (2%)	19 (40%)	28 (58%
<pre>#CEREBRAL CORTEX CALCIFICATION, DYSTROPHIC</pre>	(50) 4 (8%)	(47)	(48) 1 (2%)
PECIAL SENSE ORGANS			
NONE	*****		
USCULOSKELETAL SYSTEM			
*MUSCLE OF NECK Degeneration, Nos		(49)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
BODY CAVITIES			
NONE			
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS Bacterial septicemia	(50)	(49) 1 (2%)	(50)
SITE UNKNOWN Inflammation, Chronic	1		
SPECIAL MORPHOLOGY SUMMARY			
AUTOLYSIS/NO NECROPSY		1	
# NUMBER OF ANIMALS WITH TISSUE E * NUMBER OF ANIMALS NECROPSIED	XAMINED MICROSCOP	ICALLY	

.

TABLE D2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE FED DIETS CONTAINING C.I. ACID ORANGE 10

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 49 49
INTEGUMENTARY SYSTEM			
*SKIN Inflammation, acute focal	(50)	(50) 1 (2%)	(49)
INFLAMMATION, FOCAL GRANULOMATOU METAPLASIA, OSSEOUS			1 (2%)
RESPIRATORY SYSTEM			
<pre>#TRACHEAL GLAND DILATATION, NOS</pre>	(48) 1 (2%)	(46)	(47)
#LUNG/BRONCHUS BRONCHIECTASIS HYPERPLASIA, EPITHELIAL	(50)	(50) 1 (2%) 1 (2%)	(49) 5 (10%)
#BRONCHIAL MUCOUS GLA Hyperplasia, cystic	(50)	(50) 1 (2%)	(49) 1 (2%)
#LUNG Retention DF Content	(50)	(50)	(49) 1 (2%)
HEMORRHAGE Inflammation, Interstitial Inflammation, Acute/Chronic	1 (2%) 36 (72%)	1 (2%) 30 (60%) 1 (2%)	
INFLAMMATION, FOCAL GRANULOMATOU Hyperplasia, alveolar epithelium	1 (2%) 35 (70%)		32 (65%)
#LUNG/ALVEOLI Inflammation, acute focal	(50) 1 (2%)	(50)	
IEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS HYPERPLASIA, LYMPHOID	(50) 5 (10%)	(50)	(49) 9 (18%)

	CONTROL	LOW DOSE	HIGH DOSE
#BONE MARROW Infarct, Focal Hemosiderosis Anglectasis	(46) 1 (2%) 1 (2%)	(45)	(49) 1 (2%)
MYELOFIBROSIS Hyperplasia, Hematopoietic Hyperplasia, Neutrophilic	1 (2%)	2 (4%) 1 (2%)	1 (2%)
HYPERPLASIA, RETICULUM CELL Hypoplasia, Hematopoietic Hypoplasia, Erythroid	1 (2%) 1 (2%)	1 (2%) 1 (2%)	1 (2%)
#SPLEEN INFLAMMATION, FOCAL GRANULOMATOU	(50) 1 (2%)	(50)	(49)
NECROSIS, FOCAL HEMOSIDEROSIS LYMPHOID DEPLETION	1 (2%)	2 (4%)	1 (2%)
HYPERPLASIA, LYMPHOID HEMATOPOIESIS	3 (6%) 6 (12%)	1 (2%) 2 (4%)	4 (8%) 1 (2%)
#SPLENIC FOLLICLES Degeneration, Nos	(50) 2 (4%)	(50)	(49)
#LYMPH NODE Hyperplasia, lymphoid	(35) 2 (6%)	(38) 2 (5%)	(41)
#MANDIBULAR L. NODE Degeneration, nos	(35) 1 (3%)	(38)	(41)
HEMOSIDEROSIS Hyperplasia, Lymphoid	1 (3%)		2 (5%)
#LYMPH NODE OF THORAX Hemorrhage	(35)	(38)	(41) 1 (2%)
LYMPHOID DEPLETION		1 (3%)	
#MEDIASTINAL L.NODE Inflammation, granulomatous	(35) 1 (3%)	(38)	(41)
<pre>#MESENTERIC L. NODE DEGENERATION, NOS</pre>	(35)	(38)	(41) 1 (2%)
HYPERPLASIA, LYMPHOID Hematopoiesis	1 (3%)		1 (2%)
#LUNG/BRONCHIOLE Hyperplasia, lymphoid	(50) 4 (8%)	(50)	(49) 4 (8%)

	CONTROL	LOW DOSE	HIGH DOSE
#LUNG Leukocytosis, Nos Hyperplasia, Lymphoid	(50) 1 (2%)	(50) 6 (12%)	(49) 1 (2%) 1 (2%)
#SALIVARY GLAND Hyperplasia, lymphoid	(48) 12 (25%)	(44) 11 (25%)	(47) 18 (38%
#LIVER Leukocytosis, nos Hematopoiesis	(50) 2 (4%)	(50) 1 (2%) 1 (2%)	(49)
*GALLBLADDER Hyperplasia, lymphoid	(50) 2 (4%)	(50)	(49)
<pre>#PANCREAS HYPERPLASIA, LYMPHOID</pre>	(46) 1 (2%)	(47) 8 (17%)	(46) 1 (2%)
<pre>#KIDNEY HYPERPLASIA, LYMPHOID</pre>	(50) 25 (50%)	(50) 23 (46%)	(49) 17 (35%
<pre>#PERIRENAL TISSUE HYPERPLASIA, LYMPHOID</pre>	(50)	(50)	(49) 1 (2%)
*URETER Hyperplasia, lymphoid	(50) 1 (2%)	(50)	(49)
#URINARY BLADDER Hyperplasia, lymphoid	(45) 18 (40%)	(44) 23 (52%)	(46) 18 (39%
#UTERUS HYPERPLASIA, LYMPHOID	(48) 1 (2%)	(50)	(48)
<pre>#THYMUS CYST, NOS HYPERPLASIA, EPITHELIAL HYPERPLASIA, RETIÇULUM CELL</pre>	(35)	(24)	(34) 1 (3%) 1 (3%) 1 (3%)
<pre>#THYMIC CORTEX LYMPHOID DEPLETION</pre>	(35) 2 (6%)	(24) 1 (4%)	(34) 2 (6%)
IRCULATORY SYSTEM			
#BRAIN PERIVASCULITIS	(50) 2 (4%)	(50) 2 (4%)	(49) 1 (2%)

	CONTROL	LOW DOSE	HIGH DOSE
#CEREBELLUM PERIVASCULITIS	(50)	(50) 1 (2%)	(49)
*SUBCUT TISSUE PERIVASCULITIS	(50) 1 (2%)	(50)	(49)
#HEART/ATRIUM Lymphocytic inflammatory infiltr	(50)	(50)	(49) 1 (2%)
#MYOCARDIUM Inflammation, acute/chronic	(50) 1 (2%)	(50)	(49)
*CARDIAC VALVE MINERALIZATION	(50) 10 (20%)	(50) 1 (2%)	(49) 8 (16%)
#STOMACH PERIVASCULITIS	(50) 1 (2%)	(48)	(47)
#URINARY BLADDER PERIVASCULITIS	(45)	(44)	(46) 1 (2%)
#BROAD LIGAMENT PERIVASCULITIS	(48)	(50)	(48) 1 (2%)
IGESTIVE SYSTEM			
#SALIVARY GLAND Lymphocytic inflammatory infiltr	(48)	(44) 1 (2%)	(47)
#LIVER INFLAMMATION, ACUTE/CHRONIC ABSCESS, CHRONIC NECROSIS, FOCAL NECROSIS, CDAGULATIVE CYTOPLASMIC VACUOLIZATION FOCAL CELLULAR CHANGE	(50) 18 (36%) 2 (4%) 1 (2%)	(50) 12 (24%) 3 (6%)	(49) 24 (49%) 1 (2%) 1 (2%) 3 (6%)
*GALLBLADDER Lymphocytic inflammatory infiltr inflammation, acute/chronic	(50)	(50) 1 (2%)	(49) 1 (2%) 1 (2%)
#PANCREAS DILATATION/DUCTS	(46)	(47) 1 (2%)	(46)

TARIED2	FEMALE MICE:	NONNEOPI AST	TIC LESIONS	(CONTINUED)
			IU LLUIUIIV	

	CONTROL	LOW DOSE	HIGH DOSE
LYMPHOCYTIC INFLAMMATORY INFILTR Inflammation, interstitial Inflammation, chronic diffuse	3 (7%)	1 (2%) 1 (2%)	1 (2%) 2 (4%) 1 (2%)
<pre>#PANCREATIC ACINUS Atrophy, nos Atrophy, focal</pre>	(46) 1 (2%) 1 (2%)	(47) 5 (11%)	(46) 1 (2%) 3 (7%)
<pre>#PERIESOPHAGEAL TISSU LYMPHOCYTIC INFLAMMATORY INFILTR</pre>	(49)	(49)	(49) 1 (2%)
#STOMACH CYST, NOS MULTIPLE CYSTS INFLAMMATION, ACUTE FOCAL INFLAMMATION, ACUTE DIFFUSE INFLAMMATION, ACUTE/CHRONIC	(50) 1 (2%)	(48) 3 (6%)	(47) 1 (2%) 1 (2%) 1 (2%)
#GASTRIC MUCOSA Cyst, Nos	(50) 1 (2%)	(48)	(47)
#GASTRIC SUBMUCOSA Lymphocytic inflammatory infiltr	(50)	(48)	(47) 1 (2%)
#CARDIAC STOMACH ULCER, ACUTE	(50) 1 (2%)	(48)	(47)
#COLON NEMATODIASIS	(48) 5 (10%)	(47)	(47)
URINARY SYSTEM			
#KIDNEY Lymphocytic inflammatory infiltr inflammation, interstitial infarct, focal	(50) 5 (10%)	(50) 11 (22%) 1 (2%)	(49) 1 (2%) 11 (22%)
<pre>#PERIRENAL TISSUE LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE/CHRONIC</pre>	(50) 1 (2%)	(50) 1 (2%)	(49)
<pre>#KIDNEY/GLOMERULUS AMYLOIDOSIS</pre>	(50)	(50) 1 (2%)	(49)
<pre>#KIDNEY/TUBULE REGENERATION, NOS</pre>	(50) <u>1 (2%)</u>	(50)	(49)

	CONTROL		HIGH DOSE
#URINARY BLADDER INFLAMMATION, ACUTE/CHRONIC		(44)	(46) 1 (2%)
NDOCRINE SYSTEM			
#PITUITARY Hyperplasia, focal Hyperplasia, chromophobe-cell	(47) 1 (2%) 1 (2%)	(42) 1 (2%)	
#ADRENAL Cytologic degeneration	(46)	(47)	(47) 1 (2%)
	(46)	(47)	(47)
CYTOLOGIC DEGENERATION Hypertrophy, focal Hyperplasia, focal	1 (2%)	1 (2%) 1 (2%)	2 (4%)
#ZONA GLOMERULOSA Atrophy, Diffuse	(46)	(47)	(47) 1 (2%)
#ZONA RETICULARIS Inflammation, acute/chronic	(46)	(47)	(47) 1 (2%)
#ADRENAL MEDULLA Hyperplasia, focal	(46)	(47)	(47) 1 (2%)
<pre>#PERIADRENAL TISSUE LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC FOCAL</pre>	(46)	(47) 1 (2%) 1 (2%) 1 (2%)	(47)
#THYROID Cyst, Nos	(49)	(45) 1 (2%)	(47)
INFLAMMATION, ACUTE FOCAL Abscess, Nos		1 (2%)	1 (2%)
INFLAMMATION, ACUTE/CHRONIC Hyperplasia, follicular-cell	1 (2%) 1 (2%)		
#PARATHYROID LYMPHOCYTIC INFLAMMATORY INFILTR	(30)	(32)	(25) 1 (4%)
EPRODUCTIVE SYSTEM			
*MAMMARY GLAND Lymphocytic_inflammatory infiltr		(50)	(49) 2 (4%)

CONTROL LOW DOSE HIGH DOSE _____ **#UTERUS** (48) (50) (48) LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, FOCAL GRANULOMATOU FIBROSIS, FOCAL 1 (2%) 1 (2%) 1 (2%) 1 (2%) (48) 4 (8%) **#UTERUS/ENDOMETRIUM** (50) (48) 1 (2%) 1 (2%) 3 (6%) DILATATION, NOS 8 (16%) CYST, NOS INFLAMMATION, ACUTE INFLAMMATION, ACUTE FOCAL INFLAMMATION, ACUTE/CHRONIC HYPERPLASIA, NOS HYPERPLASIA, CYSTIC 5 (10%) 3 (6%) 1 (2%) 1 (2%) 2 (4%) 27 (56%) 24 (48%) 21 (44%) #UTERUS/MYOMETRIUM EDEMA, NOS DEGENERATION, NOS (50) (48) (48) 1 (2%) #OVARY/OVIDUCT (48) (50) (48) INFLAMMATION, ACUTE/CHRONIC 1 (2%) #OVARY/PAROVARIAN Lymphocytic inflammatory infiltr (44) (48) (42) 6 (14%) 4 (8%) (44) 8 (18%) 1 (2%) #OVARY (48) (42) CYST, NOS 6 (13%) 9 (21%) MULTIPLE CYSTS LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE 1 (2%) 2 (5%) 1 (2%) _____

(50)

(50)

(50)

1 (2%)

1 (2%)

(50)

(50)

(50) 3 (6%) (49)

(49)

(49) 1 (2%)

(49) 1 (2%)

NERVOUS SYSTEM

NECROSIS, NOS

*AXON AND AXON HILLOC Degeneration, Nos

XNEURON

<pre>#BRAIN LYMPHOCYTIC INFLAMMATORY INFILTR</pre>	(50)	(50)
* NUMBER OF ANIMALS WITH TISSUE EXAMIN	NED MICROSCOP	ICALLY

* NUMBER OF ANIMALS NECROPSIED

*CEREBRAL VENTRICLE Lymphocytic inflammatory infiltr

	CONTROL	LOW DOSE	HIGH DOSE
ABSCESS, NOS Calcification, dystrophic			
SPECIAL SENSE ORGANS None			
MUSCULOSKELETAL SYSTEM			
*ABDOMINAL MUSCLE Lymphocytic inflammatory infiltr Inflammation, chronic focal	(50) 1 (2%)	(50)	(49) 1 (2%)
BODY CAVITIES	·		
*ABDOMINAL CAVITY Necrosis, fat	(50)	(50) 1 (2%)	(49)
*PERITONEUM Inflammation Active Chronic Inflammation, Acute/Chronic	(50) 1 (2%) 2 (4%)	(50)	(49) 2 (4%)
<pre>*MESENTERY LYMPHOCYTIC INFLAMMATORY INFILTR NECROSIS, FOCAL</pre>	(50)	(50)	(49) 1 (2%) 1 (2%)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS Inflammation, acute/chronic	(50) 1 (2%)	(50)	(49)
THORAX Lymphocytic inflammatory infiltr			1
ADIPOSE TISSUE Steatitis Inflammation, focal granulomatou Necrosis, fat	1 1		1
5PECIAL MORPHOLOGY SUMMARY			
AUTOLYSIS/NO NECROPSY			1

* NUMBER OF ANIMALS NECROPSIED

APPENDIX E

HISTORICAL INCIDENCES OF TUMORS IN F344/N RATS RECEIVING NO TREATMENT

Chemical	Neoplastic Nodule	Hepatocellular Carcinoma
Rates A	t Battelle Columbus Laboratorie	25
C.I. Acid Orange 10(b)	5/90	0/90
Chlorobenzene	4/50	0/50
C.I. Disperse Yellow 3	1/49	1/49
D and C Red 9	0/50	1/50
C.I. Solvent Yellow 14	5/50	1/50
Ascorbic Acid	1/49	1/49
Total	16/338 (5%)	4/338 (1%)
SD(c)	3.9%	1.0%

TABLE E1. HISTORICAL INCIDENCE OF LIVER TUMORS IN MALE F344/N RATS RECEIVING NO TREATMENT (a)

ALL NTP Laboratories

Total SD(c)	78/2306 (3%) 3.5%	18/2306 (1%) 1.1%
Overall Historical Range		
High	6/49	2/49
Low	0/50	0/90

(a) Data as of March 16, 1983 for studies of at least 104 weeks.

(b) This control group was also used in studies of C.I. Acid Red 14 and FD&C Yellow 6.

(c) Standard deviation.

TABLE E2. HISTORICAL INCIDENCE OF LEUKEMIA IN F344/N RATS RECEIVING NO TREATMENT (a)

Chemical	Males	Females
Rates a	t Battelle Columbus Laboratories	
C.I. Acid Orange 10(b)	22/90	16/88
Chlorobenzene	19/ 50	9/49
C.I. Disperse Yellow 3	13/50	8/50
D and C Red 9	10/50	10/50
C.I. Solvent Yellow 14	23/50	9/50
Ascorbic Acid	17/50	6/50
Total	104/340 (31%)	58/337 (17%)
SD(c)	9.7%	2.8%

All NTP Laboratories

Total SD(c)	648/2320 (28%) 10.2%	414/2370 (17%) 7.4%
Overall Historical Range		
High	23/50	19/50
Low	5/50 (d)	3/50 (d)

(a) Data as of March 16, 1983 for studies of at least 104 weeks.

(b) This control group was also used in studies of C.I. Acid Red 14 and FD&C Yellow 6.

(c) Standard deviation.

(d) Excluding one study with 0/50 leukemia but 7/50 lymphomas (males) and 0/48 leukemia but 5/48 lymphomas (females).

C.I. Acid Orange 10

Chemical	Tunica Vaginalis	Other Locations
Rates at	Battelle Columbus Laboratories	S
C.I. Acid Orange 10(b)	0/90	3/90
Chlorobenzene	0/50	1/50
C.I. Disperse Yellow 3	1/50	4/50
D and C Red 9	1/50	1/50
C.I. Solvent Yellow 14	0/50	1/50
Ascorbic Acid	1/50	0/50
Total	3/340 (1%)	10/340 (3%)
SD(c)	1.1%	2.7%
	All NTP Laboratories	
Total	30/2320 (1%)	23/2320 (1%)
SD(c)	1.7%	1.7%
Overall Historical Range		
High	4/50	4/50
Low	0/90	0/50

TABLE E3. HISTORICAL INCIDENCE OF MESOTHELIOMA IN MALE F344/N RATS **RECEIVING NO TREATMENT** (a)

(a) Data as of March 16, 1983 for studies of at least 104 weeks.

(b) This control group was also used in studies of C.I. Acid Red 14 and FD&C Yellow 6.

(c) Standard deviation.

C.I. Acid Orange 10

APPENDIX F

ANALYSIS OF PRIMARY TUMORS IN F344/N RATS AND B6C3F1 MICE

	Control	1,000 ppm	3,000 ppm
Integumentary System: Fibroma			
Tumor Rates			
Overall (a)	5/90 (6%)	4/50 (8%)	2/50 (4%)
Adjusted (b)	6.9%	9.5%	4.9%
Terminal (c)	5/72 (7%)	4/42 (10%)	1/39 (3%)
Statistical Tests (d)	1 1 1 1		, , , , , , , , , , , , , , , , , , , ,
Life Table Test	P=0.458N	P=0.447	P=0.515N
Incidental Tumor Test	P=0.411N	P=0.447	P=0.453N
Cochran-Armitage Trend Test	P=0.442N		
Fisher Exact Test		P=0.407	P=0.515N
Weeks to First Observed Tumor	104	104	92
Integumentary System: Fibroma or Fibi	069 FCOM9		
Tumor Rates	USATCOMA		
Overall (a)	6/90 (7%)	6/50 (12%)	3/50 (6%)
Adjusted (b)	8.0%	14.0%	7.2%
Terminal (c)	5/72 (7%)	5/42 (12%)	1/39 (3%)
Statistical Tests(d)	0,12(1)0)	57 12 (1270)	1,55 (570)
Life Table Test	P=0.537N	P=0.250	P=0.596N
Incidental Tumor Test	P=0.506N	P=0.231	P=0.527N
Cochran-Armitage Trend Test	P=0.518N	1 01201	1 0.02/11
Fisher Exact Test		P=0.219	P=0.593N
Weeks to First Observed Tumor	86	103	92
Hematopoietic System: Lymphocytic Le		100	/-
Tumor Rates	ukenna		
Overall (a)	22/90 (24%)	4/50 (8%)	2/50 (607)
Adjusted (b)	26.7%	4/30 (8%) 8.6%	3/50 (6%) 6.4%
Terminal (c)	13/72 (18%)		
Statistical Tests (d)	13/72 (18%)	1/42 (2%)	0/39 (0%)
Life Table Test	P=0.006N	D-0.019N	$\mathbf{D} = 0.011 \mathbf{N}$
Incidental Tumor Test		P=0.018N	P=0.011N
	P=0.002N	P=0.021N	P=0.002N
Cochran-Armitage Trend Test Fisher Exact Test	P=0.003N	D-0.012N	D-0.005N
Weeks to First Observed Tumor	74	P=0.013N 43	P=0.005N
	/4	45	84
Liver: Neoplastic Nodule			
Tumor Rates			
Overall (a)	5/90 (6%)	3/50 (6%)	8/50 (16%) (e
Adjusted (b)	6.9%	7.1%	20.5%
Terminal (c)	5/72 (7%)	3/42 (7%)	8/39 (21%)
Statistical Tests (d)			
Life Table Test	P=0.022	P=0.633	P=0.036
Incidental Tumor Test	P=0.022	P=0.633	P=0.036
Cochran-Armitage Trend Test	P=0.026		
Fisher Exact Test		P=0.593	P=0.044
Weeks to First Observed Tumor	104	104	104
Pituitary: Chromophobe Adenoma			
Tumor Rates			
Overall (a)	4/84 (5%)	2/47 (4%)	0/46 (0%)
Adjusted (b)	5.8%	4.9%	0.0%
Terminal (c)	4/69 (6%)	2/41 (5%)	0/35 (0%)
Statistical Tests (d)			
Life Table Test	P=0.146 N	P=0.590N	P=0.182N
Incidental Tumor Test	P=0.146N	P=0.590N	P=0.182N
Cochran-Armitage Trend Test	P=0.135N		
Fisher Exact Test		P=0.631N	P=0.170N
Weeks to First Observed Tumor	104	104	

TABLE F1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS

TABLE F1. ANALYSIS OF PRIM	MARY TUMORS IN MALE RATS (Continue	ued)
----------------------------	---	------

	Control	1,000 ppm	3,000 ppm
Pituitary: Chromophobe Carcinoma			
Tumor Rates			
Overall (a)	1/84 (1%)	4/47 (9%)	2/46 (4%)
Adjusted (b)	1.4%	9.8%	5.7%
Terminal (c)	1/69 (1%)	4/41 (10%)	2/35 (6%)
Statistical Tests (d)		· · · · · · · · · · · · · · · · · · ·	(=,0)
Life Table Test	P=0.265	P=0.062	P=0.273
Incidental Tumor Test	P=0.265	P=0.062	P=0.273
Cochran-Armitage Trend Test	P=0.299		
Fisher Exact Test		P=0.055	P=0.285
Weeks to First Observed Tumor	104	104	104
Pituitary: Chromophobe Adenoma or Ca	rcinoma		
Tumor Rates	il chioina		
Overall (a)	5/84 (6%)	6/47 (13%)	2/46 (4%)
Adjusted (b)	7.2%	14.6%	5.7%
Terminal (c)	5/69 (7%)	6/41 (15%)	2/35 (6%)
Statistical Tests (d)	5,07 (170)	0/41 (1570)	2_{1} 35 (0/0)
Life Table Test	P=0.491N	P=0.180	P=0.547N
Incidental Tumor Test	P=0.491N	P=0.180	P=0.547N
Cochran-Armitage Trend Test	P=0.445N	1 - 0,100	1 0,54/19
Fisher Exact Test	1 0.1.511	P=0.154	P=0.523N
Weeks to First Observed Tumor	104	104	104
			101
Adrenal: All Pheochromocytoma			
Tumor Rates	14/00 (1(07)	4 40 (007)	0/50 (100)
Overall (a)	14/89 (16%)	4/49 (8%)	9/50 (18%)
Adjusted (b)	18.4%	9.2%	21.6%
Terminal (c)	10/71 (14%)	3/42 (7%)	7/39 (18%)
Statistical Tests (d)	T		
Life Table Test	P=0.383	P=0.138N	P=0.434
Incidental Tumor Test	P=0.425	P=0.154N	P=0.438
Cochran-Armitage Trend Test	P=0.406		
Fisher Exact Test	07	P=0.159N	P=0.451
Weeks to First Observed Tumor	86	92	69
Thyroid: C-Cell Carcinoma			
Tumor Rates			
Overall (a)	2/89 (2%)	5/50 (10%)	2/49 (4%) (f
Adjusted (b)	2.8%	11.9%	5.1%
Terminal (c)	2/71 (3%)	5/42 (12%)	2/39 (5%)
Statistical Tests (d)			
Life Table Test	P=0.435	P=0.063	P=0.465
Incidental Tumor Test	P=0.435	P=0.063	P=0.465
Cochran-Armitage Trend Test	P=0.437		
Fisher Exact Test		P=0.057	P=0.446
Weeks to First Observed Tumor	104	104	104
Pancreatic Islets: Islet Cell Carcinoma			
Tumor Rates			
Overall (a)	3/88 (3%)	1/47 (2%)	3/46 (7%)
Adjusted (b)	4.2%	2.4%	7.9%
Terminal (c)	3/71 (4%)	1/42 (2%)	3/38 (8%)
Statistical Tests (d)			
Life Table Test	P=0.287	P=0.506N	P=0.360
Incidental Tumor Test	P=0.287	P=0.506N	P=0.360
 . .	P=0.281		
Cochran-Armitage Trend Test	1 - 0.201		
Cochran-Armitage Trend Test Fisher Exact Test	1-0.201	P=0.566N	P=0.337

	Control	1,000 ppm	3,000 ppm
Mammary Gland: Fibroadenoma		<u></u>	
Tumor Rates			
Overall (a)	2/90 (2%)	3/50 (6%)	0/50 (0%)
Adjusted (b)	2.7%	7.1%	0.0%
Terminal (c)	1/72 (1%)	3/42 (7%)	0/39 (0%)
Statistical Tests (d)	-/ - (- /0)	0, (170)	•,•• (•,•)
Life Table Test	P=0.330N	P=0.269	P=0.384N
Incidental Tumor Test	P=0.366N	P=0.246	P=0.454N
Cochran-Armitage Trend Test	P=0.321N		
Fisher Exact Test		P=0.243	P=0.412N
Weeks to First Observed Tumor	97	104	
Preputial Gland: Sebaceous Adenoma o			
Tumor Rates	or Adenocarcinoma		
	1 (00 (107)	0/50 (007)	2/50 (607)
Overall (a)	1/90 (1%)	0/50 (0%)	3/50 (6%)
Adjusted (b)	1.4%	0.0%	7.3% 2/39 (5%)
Terminal (c) Statistical Tests (d)	1/72 (1%)	0/42 (0%)	2/39 (5%)
Statistical Tests (d) Life Table Test	P=0.057	P=0.607N	P=0.124
Incidental Tumor Test	P=0.037 P=0.089	P=0.607N	P=0.124 P=0.172
	P=0.060	F=0.0071N	P-0.172
Cochran-Armitage Trend Test Fisher Exact Test	F-0.000	D=0 642N	D-0 120
Weeks to First Observed Tumor	104	P=0.643N	P=0.130 91
·····	104	_	91
Festis: Interstitial Cell Tumor			
Fumor Rates			
Overall (a)	86/90 (96%)	49/50 (98%)	49/50 (98%)
Adjusted (b)	100.0%	100.0%	100.0%
Terminal (c)	72/72 (100%)	42/42 (100%)	39/39 (100%
Statistical Tests (d)			
Life Table Test	P=0.293	P=0.474N	P=0.325
Incidental Tumor Test	P=0.530	P=0.448	P=0.582
Cochran-Armitage Trend Test	P=0.329		
Fisher Exact Test		P=0.412	P=0.412
Weeks to First Observed Tumor	74	67	78
Funica Vaginalis: Mesothelioma, NOS (or Malignant		
Tumor Rates	-		
Overall (a)	0/90 (0%)	3/50 (6%)	2/50 (4%)
Adjusted (b)	0.0%	6.4%	5.1%
Terminal (c)	0/72 (0%)	1/42 (2%)	2/39 (5%)
Statistical Tests (d)			
Life Table Test	P=0.156	P=0.044	P=0.118
Incidental Tumor Test	P=0.218	P=0.027	P=0.118
Cochran-Armitage Trend Test	P=0.157		
Fisher Exact Test		P=0.044	P=0.126
Weeks to First Observed Tumor	—	67	104
All Sites: Mesothelioma, NOS or Mali	znant		
Fumor Rates	-		
Overall (a)	3/90 (3%)	3/50 (6%)	2/50 (4%)
Adjusted (b)	4.0%	6.4%	5.1%
Terminal (c)	2/72 (3%)	1/42 (2%)	2/39 (5%)
Statistical Tests (d)		*/ 74 (470)	2/ 39 (3%)
Life Table Test	P=0.540	P=0.396	P=0.595
Incidental Tumor Test	P=0.570	P=0.327	P=0.595 P=0.549
Cochran-Armitage Trend Test	P=0.549	1-0.521	F-0.347
Fisher Exact Test	1-0.347	D-0 244	D-A 500
	07	P=0.366	P=0.588
Weeks to First Observed Tumor	97	67	104

TABLE F1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (Continued)

- (a) Number of tumor bearing animals/number of animals examined at the site.
- (b) Kaplan-Meier estimated lifetime tumor incidence after adjusting for intercurrent mortality.
- (c) Observed tumor incidence at terminal kill.
- (d) Beneath the control incidence are the P-values associated with the trend test. Beneath the dosed group incidence are the P-values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend is indicated by (N).
- (e) One male rat in the 3,000 ppm dose group had both a neoplastic nodule and a carcinoma of the liver.
- (f) One additional male rat in the 3,000 ppm dose group had a C-cell adenoma of the thyroid gland.

Integumentary System: Fibroma or Fibro Tumor Rates Overall (a) Adjusted (b) Terminal (c) Statistical Tests (d) Life Table Test Incidental Tumor Test Cochran-Armitage Trend Test Fisher Exact Test	2/88 (2%) 3.0% 2/66 (3%) P=0.266N P=0.266N P=0.314N	3/50 (6%) 6.5% 3/46 (7%) P=0.340	0/50 (0%) 0.0% 0/44 (0%)
Tumor Rates Overall (a) Adjusted (b) Terminal (c) Statistical Tests (d) Life Table Test Incidental Tumor Test Cochran-Armitage Trend Test	2/88 (2%) 3.0% 2/66 (3%) P=0.266N P=0.266N	6.5% 3/46 (7%)	0.0%
Overall (a) Adjusted (b) Terminal (c) Statistical Tests (d) Life Table Test Incidental Tumor Test Cochran-Armitage Trend Test	3.0% 2/66 (3%) P=0.266N P=0.266N	6.5% 3/46 (7%)	0.0%
Adjusted (b) Terminal (c) Statistical Tests (d) Life Table Test Incidental Tumor Test Cochran-Armitage Trend Test	3.0% 2/66 (3%) P=0.266N P=0.266N	6.5% 3/46 (7%)	0.0%
Terminal (c) Statistical Tests (d) Life Table Test Incidental Tumor Test Cochran-Armitage Trend Test	2/66 (3%) P=0.266N P=0.266N	3/46 (7%)	
Statistical Tests (d) Life Table Test Incidental Tumor Test Cochran-Armitage Trend Test	P=0.266N P=0.266N		
Life Table Test Incidental Tumor Test Cochran-Armitage Trend Test	P=0.266N	D-0.240	, , , , , , , , , , , , , , , , , , , ,
Incidental Tumor Test Cochran-Armitage Trend Test	P=0.266N	E-17.3440	P=0.332N
Cochran-Armitage Trend Test		P=0.340	P=0.332N
6		1 0.010	1 0.0021
		P=0.251	P=0.405N
Weeks to First Observed Tumor	104	104	
Hematopoietic System: Lymphocytic Leu	kemia		
Tumor Rates	16/00 (1007)	2/50 (401)	0/50 (007)
Overall (a)	16/88 (18%) 21.40	2/50 (4%)	0/50 (0%)
Adjusted (b)	21.4%	4.2%	0.0%
Terminal (c)	10/66 (15%)	1/46 (2%)	0/44 (0%)
Statistical Tests (d) Life Table Test	P<0.001N	D-0.000N	P=0.001N
Incidental Tumor Test	P = 0.002N	P=0.009N P=0.026N	
		P-0.0201	P=0.004N
Cochran-Armitage Trend Test Fisher Exact Test	P<0.001N	D-0.014N	P<0.001N
Weeks to First Observed Tumor	5	P=0.014N 102	P<0.001N
		102	displayed.
Hematopoietic System: Leukemia or Lyn	nphoma		
Tumor Rates			
Overall (a)	18/88 (20%)	4/50 (8%)	1/50 (2%)
Adjusted (b)	23.2%	8.5%	2.2%
Terminal (c)	10/66 (15%)	3/46 (7%)	0/44 (0%)
Statistical Tests (d)			
Life Table Test	P=0.001N	P=0.027N	P=0.002N
Incidental Tumor Test	P=0.010N	P=0.113N	P=0.016N
Cochran-Armitage Trend Test	P=0.002N		
Fisher Exact Test	_	P=0.043N	P=0.001N
Weeks to First Observed Tumor	5	102	100
Pituitary: Chromophobe Adenoma			
Tumor Rates			
Overall (a)	25/83 (30%)	13/44 (30%)	11/46 (24%)
Adjusted (b)	35.0%	30.4%	25.8%
Terminal (c)	19/64 (30%)	11/40 (28%)	9/40 (23%)
Statistical Tests (d)			
Life Table Test	P=0.173N	P=0.324N	P=0.192N
Incidental Tumor Test	P=0.305N	P=0.519N	P=0.328N
Cochran-Armitage Trend Test	P=0.268N		
Fisher Exact Test		P=0.558N	P=0.295N
Weeks to First Observed Tumor	81	98	92
Pituitary: Chromophobe Carcinoma			
Tumor Rates			
Overall (a)	5/83 (6%)	1/44 (2%)	1/46 (2%)
Adjusted (b)	7.8%	2.5%	2.5%
Terminal (c)	5/64 (8%)	1/40 (3%)	1/40 (3%)
Statistical Tests (d)	-, (-,0)	.,	1, 10 (070)
Life Table Test	P=0.194N	P=0.244N	P=0.244N
Incidental Tumor Test	P=0.194N	P=0.244N	P=0.244N
Cochran-Armitage Trend Test	P=0.231N	I V. 67711	1 - 0.27711
Fisher Exact Test	x 0.20111	P=0.320N	P=0.301N
Weeks to First Observed Tumor	104	104	104

TABLE F2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS

C.I. Acid Orange 10

	Control	1,000 ppm	3,000 ppm
Pituitary: Chromophobe Adenoma or C	arcinoma	an a	<u></u>
Tumor Rates			
Overall (a)	30/83 (36%)	14/44 (32%)	12/46 (26%)
Adjusted (b)	42.2%	32.8%	28.2%
Terminal (c)	24/64 (38%)	12/40 (30%)	10/50 (25%)
Statistical Tests (d)	2.,0. (00,0)		10/20 (2070)
Life Table Test	P=0.083N	P=0.180N	P=0.094N
Incidental Tumor Test	P=0.161N	P=0.318N	P=0.173N
Cochran-Armitage Trend Test	P=0.150N	1-0.5181	1-0.1751
Fisher Exact Test	1-0.1301	P=0.388N	P=0.166N
Weeks to First Observed Tumor	81	98	92
	01	20	92
Adrenal: Cortical Adenoma			
Tumor Rates			
Overall (a)	6/86 (7%)(e)	4/50 (8%)	2/50 (4%)
Adjusted (b)	9.2%	8.5%	4.5%
Terminal (c)	6/65 (9%)	3/46 (7%)	2/44 (5%)
Statistical Tests (d)			
Life Table Test	P=0.254N	P=0.594N	P=0.293N
Incidental Tumor Test	P=0.287N	P=0.621N	P=0.293N
Cochran-Armitage Trend Test	P=0.323N		
Fisher Exact Test		P=0.536	P=0.382N
Weeks to First Observed Tumor	104	102	104
Adrenal: All Pheochromocytoma			
Tumor Rates			
	ALDE (EM)	A (50 (007)	0/50 (00)
Overall (a)	4/86 (5%)	4/50 (8%)	0/50 (0%)
Adjusted (b)	6.2%	8.7%	0.0%
Terminal (c)	4/65 (6%)	4/46 (9%)	0/44 (0%)
Statistical Tests (d)			
Life Table Test	P=0.111N	P=0.446	P=0.125N
Incidental Tumor Test	P=0.111N	P=0.446	P=0.125N
Cochran-Armitage Trend Test	P=0.146N		
Fisher Exact Test		P=0.328	P=0.156N
Weeks to First Observed Tumor	104	104	104
Mammary Gland: Fibroadenoma			
Tumor Rates			
Overall (a)	18/88 (20%)	7/50 (14%)	6/50 (12%)
Adjusted (b)	23.8%	15.2%	13.3%
Terminal (c)	11/66 (17%)	7/46 (15%)	5/44 (11%)
Statistical Tests (d)			5, 11 (1170)
Life Table Test	P=0.084N	P=0.131N	P=0.101N
Incidental Tumor Test	P=0.157N	P=0.409N	P=0.196N
Cochran-Armitage Trend Test	P=0.134N	1 0.10911	1 0.1901
Fisher Exact Test	1-0.15-11	P=0.240N	P=0.153N
Weeks to First Observed Tumor	81	104	100
	01	104	100
Uterus: Endometrial Stromal Polyp			
Tumor Rates			
Overall (a)	9/87 (10%)	7/50 (14%)	6/49 (12%)
Adjusted (b)	12.9%	15.2%	13.6%
Terminal (c)	7/66 (11%)	7/46 (15%)	6/44 (14%)
Statistical Tests (d)			
Life Table Test	P=0.571	P=0.505	P=0.597
Incidental Tumor Test	P=0.525	P=0.398	P=0.538
Cochran-Armitage Trend Test	P=0.449		
Fisher Exact Test		P=0.352	P=0.470
Weeks to First Observed Tumor	88	104	104

TABLE F2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS (Continued)

- (a) Number of tumor bearing animals/number of animals examined at the site.
- (b) Kaplan-Meier estimated lifetime tumor incidence after adjusting for intercurrent mortality.
- (c) Observed tumor incidence at terminal kill.
- (d) Beneath the control incidence are the P-values associated with the trend test. Beneath the dosed group incidence are the P-values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend is indicated by (N).
- (e) One additional control female rat had a cortical carcinoma of the adrenal gland.

	Control	3,000 ppm	6,000 ppm
Skin: Fibroma			
Tumor Rates			
Overall (a)	0/50 (0%)	1/49 (2%)	3/50 (6%)
Adjusted (b)	0.0%	3.0%	7.1%
Terminal (c)	0/33 (0%)	1/33 (3%)	3/42 (7%)
Statistical Tests (d)	0,00 (070)	1,55 (570)	5/42 (170)
Life Table Test	P=0.093	P=0.500	P=0.167
Incidental Tumor Test	P=0.093	P=0.500	P=0.167
Cochran-Armitage Trend Test	P=0.061	1 0.000	
Fisher Exact Test		P=0.495	P=0,121
Weeks to First Observed Tumor	_	103	103
	NOC	105	100
Subcutaneous Tissue: Fibrosarcoma or S	arcoma, NOS		
Tumor Rates	(150 (100))	1/40 (00)	2 (50 (40))
Overall (a)	6/50 (12%)	1/49 (2%)	2/50 (4%)
Adjusted (b)	17.0%	3.0%	4.5%
Terminal (c)	4/33 (12%)	1/33 (3%)	1/42 (2%)
Statistical Tests (d)		$\mathbf{D}_{\mathbf{A}}$	D-0.00233
Life Table Test	P=0.045N	P=0.061N	P=0.083N
Incidental Tumor Test	P=0.089N	P=0.103N	P=0.164N
Cochran-Armitage Trend Test Fisher Exact Test	P=0.071N		D-0 1363
	07	P=0.059N	P=0.135N
Weeks to First Observed Tumor	97	103	87
Lung: Alveolar/Bronchiolar Adenoma or	· Carcinoma		
Tumor Rates			
Overall (a)	1/49 (2%)	3/49 (6%)	2/50 (4%)
Adjusted (b)	3.1%	8.5%	4.8%
Terminal (c)	1/32 (3%)	2/33 (6%)	2/42 (5%)
Statistical Tests (d)			
Life Table Test	P=0.493	P=0.300	P=0.595
Incidental Tumor Test	P=0.533	P=0.279	P=0.595
Cochran-Armitage Trend Test	P=0.407		
Fisher Exact Test		P=0.309	P=0.508
Weeks to First Observed Tumor	103	88	103
Hematopoietic System: All Lymphomas			
Tumor Rates			
Overall (a)	4/50 (8%)	5/49 (10%)	5/50 (10%)
Adjusted (b)	9.7%	14.1%	10.9%
Terminal (c)	1/33 (3%)	3/33 (9%)	2/42 (5%)
Statistical Tests (d)			
Life Table Test	P=0.532	P=0.426	P=0.578
Incidental Tumor Test	P=0.331	P=0.267	P=0.361
Cochran-Armitage Trend Test	P=0.432		
Fisher Exact Test		P=0.487	P=0.500
Weeks to First Observed Tumor	88	88	83
Hematopoietic System: Lymphoma or Le	ukemia		
Fumor Rates			
Overall (a)	5/50 (10%)	5/49 (10%)	5/50 (10%)
Adjusted (b)	12.1%	14.1%	10.9%
Terminal (c)	1/33 (3%)	3/33 (9%)	2/42 (5%)
Statistical Tests (d)	• [55 (570)	5/ 55 (270)	2/ 72 (J%)
Life Table Test	P=0.463N	P=0.587	P=0.544N
Incidental Tumor Test	P=0.401	P=0.387 P=0.345	P=0.3441N P=0.414
		1-0.545	1-0.414
Cochran-Armitage Trend Test			
Cochran-Armitage Trend Test Fisher Exact Test	P=0.566	P=0.616	P=0.630N

ANALVSIS OF DDIMADV THMODS IN MALE MICE \mathbf{T} т

	Control	3,000 ppm	6,000 ppm
Liver: Hepatocellular Carcinoma			
Tumor Rates			
Overall (a)	14/50 (28%)	5/49 (10%)	12/50 (24%)
Adjusted (b)	36.7%	14.3%	27.1%
Terminal (c)	10/33 (30%)	4/33 (12%)	10/42 (24%)
Statistical Tests (d)			
Life Table Test	P=0.189N	P=0.028N	P=0.208N
Incidental Tumor Test	P=0.289N	P=0.046N	P=0.306N
Cochran-Armitage Trend Test	P=0.356N		
Fisher Exact Test		P=0.022N	P=0.410N
Weeks to First Observed Tumor	86	78	81
Liver: Hepatocellular Carcinoma or Ade	enoma		
Tumor Rates			
Overall (a)	15/50 (30%)	7/49 (14%)	12/50 (24%)
Adjusted (b)	39.5%	20.2%	27.1%
Terminal (c)	11/33 (33%)	6/33 (18%)	10/42 (24%)
Statistical Tests (d)			
Life Table Test	P=0.127N	P=0.057N	P=0.147N
Incidental Tumor Test	P=0.201N	P=0.088N	P=0.223N
Cochran-Armitage Trend Test	P=0.276N		
Fisher Exact Test		P=0.050N	P=0.327N
Weeks to First Observed Tumor	86	78	81

TABLE F3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE (Continued)

(a) Number of tumor bearing animals/number of animals examined at the site.

(b) Kaplan-Meier estimated lifetime tumor incidence after adjusting for intercurrent mortality.

(c) Observed tumor incidence at terminal kill.

(d) Beneath the control incidence are the P-values associated with the trend test. Beneath the dosed group incidence are the P-values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend is indicated by (N).

3%) 13/50 (26%) 30.6%	······
30.6%	
30.6%	
30.6%	10/49 (20%)
	23.2%
5%) 9/38 (24%)	8/41 (20%)
	, , , , , , , , , , , , , , , , , , , ,
P=0.211	P=0.512
P=0.232	P=0.452
P=0.235	P=0.480
75	95
20%) 14/50 (28%)	10/49 (20%)
32.0%	23.2%
5%) 9/38 (24%)	8/41 (20%)
(24%)	8/41 (20%)
N P=0.223	P=0.586N
P=0.263	P=0.541
1-0.203	1-0.541
P=0.241	P=0.579
75	95
	95
na	
%) 3/50 (6%)	1/49 (2%)
7.3%	2.4%
%) 2/38 (5%)	1/41 (2%)
N P=0.518N	P=0.177N
N P=0.494N	P=0.296N
N	
P=0.500N	P=0.188N
89	104
%) 1/50 (2%)	3/49 (6%)
2.6%	7.3%
76) 1/38 (3%)	3/41 (7%)
N P=0.324N	P=0.652N
N P=0.324N	P=0.652N
P=0.309N	P=0.651
104	104
3/50 (6%)	3/49 (6%)
7.3%	7.3%
$\frac{2}{38}$ (5%)	3/41 (7%)
	-, (. /0)
N P=0.642	P=0.652N
	P=0.652N
	1 0.00211
P=0.661N	P=0.651
- 0.00111	104
	N P=0.642 N P=0.656N P=0.661N 88

TABLE F4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE

	Control	3,000 ppm	6,000 ppm
Pituitary: Chromophobe Adenoma			
Tumor Rates			
Overall (a)	3/47 (6%)	4/42 (10%)(e)	1/41 (2%)
Adjusted (b)	7.9%	12.1%	2.9%
Terminal (c)	3/38 (8%)	4/33 (12%)	1/35 (3%)
Statistical Tests (d)			
Life Table Test	P=0.287N	P=0.423	P=0.335N
Incidental Tumor Test	P=0.287N	P=0.423	P=0.335N
Cochran-Armitage Trend Test	P=0.308N		
Fisher Exact Test		P=0.436	P=0.362N
Weeks to First Observed Tumor	103	104	104
Mammary Gland: Adenoma, NOS			
Tumor Rates			
Overall (a)	3/50 (6%)	2/50 (4%)(f)	0/49 (0%)
Adjusted (b)	7.1%	4.9%	0.0%
Terminal (c)	1/40 (3%)	1/38 (3%)	0/41 (0%)
Statistical Tests (d)			
Life Table Test	P=0.086N	P=0.522N	P=0.124N
Incidental Tumor Test	P=0.092N	P=0.510N	P=0.144N
Cochran-Armitage Trend Test	P=0.084N		
Fisher Exact Test		P=0.500N	P=0.125N
Weeks to First Observed Tumor	100	93	

TABLE F4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE (Continued)

(a) Number of tumor bearing animals/number of animals examined at the site.

(b) Kaplan-Meier estimated lifetime tumor incidence after adjusting for intercurrent mortality.

(c) Observed tumor incidence at terminal kill.

(d) Beneath the control incidence are the P-values associated with the trend test. Beneath the dosed group incidence are the P-values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend is indicated by (N).

(e) One additional female mouse in the 3,000 ppm dose group had an adenoma, NOS of the pituitary gland.

(f) One additional female mouse in the 3,000 ppm dose group had an adenocarcinoma of the mammary gland.
APPENDIX G

ANALYSIS OF C.I. ACID ORANGE 10 (LOT NOS. 1112 AND 2735) MIDWEST RESEARCH INSTITUTE

A. ELEMENTAL ANALYSIS

Lot No. 1112

Element	С	Н	Ν	Na	S	Cl	
Theory	42.48	2.23	6.19	10.17	14.18	_	
Theory (80% C.I. Acid Orange 10, 4.2% water, and 12.2% sodium chloride) (a)	33.98	2.25	4.95	12.93	11.34	7.40	
Determined:	34.22 34.33	2.17 2.19	4.65 4.69	12.7 ± 0.118	11.1 11.3	7.37 7.40	

(a) The value of 12.2% sodium chloride was based on the analytical result for ionic chloride of 7.4% and assumed all of the chloride to be present as sodium chloride. C.I. Acid Orange 10 was assumed to be 80%, based on titanous chloride titration of the azo group, and water was determined to be 4.2% by Karl Fischer analysis. The sum of these values (including calculated oxygen values) equals 96.4% which implies that these components account for most but not all of the actual composition of this lot.

Lot No. 2735

Element	С	Н	Ν	Na	S	CI	CO3
Theory (100% compound):	42.48	2.23	6.19	10.17	14.18		
Theory (80.3% C.I. Acid Orange 10, 3.9% water, 13.5% sodium chloride and 2.7% sodium carbonate) (a):	34.4	1.79	4.97	14.7	11.4	8.2	1.50
Determined:	35.75	2.40	4.89	11.93	10.85 ± 0.40	8.22 ± 0.06	1.50
	35.61	2.44	4.78	11.89			

(a) The value of 13.5% sodium chloride was based on the analytical result for ionic chloride of 8.2% and assumed all of the chloride to be present as sodium chloride. C.I. Acid Orange 10 was assumed to be 80.3% based on titanous chloride titration of the azo group, and water was determined to be 3.9% by Karl Fischer analysis. The value of sodium carbonate was based on the analytical result for carbonate of 1.5% and assumed all of the carbonate to be present as sodium carbonate. The sum of these 4 components is 100.4%.

B. WATER ANALYSIS

Lot No. 1112 4.22 \pm 0.08 (δ)% (Karl Fischer)

Lot No. 2735 $3.9 \pm 0.2 \ (\delta)\%$ (Karl Fischer)

C. TITRATION OF AZO GROUPS WITH TITANOUS CHLORIDE (Horowitz, 1975)

Lot No. 1112 $80 \pm 2 (\delta)\%$

Lot No. 2735 $80.3 \pm 0.4(\delta)\%$ (Modification of method—samples weighed directly into titration vessel)

D. MELTING POINT

Determined	Literature Values
Lot No. 1112	
295° -325° C, dec.	No literature value found.

(visual, capillary) No endotherms or exotherms observed between 35° and 400° C (Du Pont 900 DTA).

Lot No. 2735

300° -375° C, dec. (visual, capillary)
No endotherms or exotherms observed between 35° and 400° C (DuPont 900 DTA).

No literature value found.

E. THIN LAYER CHROMATOGRAPHY

Lot No. 1112

Plates: Silica gel 60F-254
Amount Spotted: 100 μg
Ref. Standard: Methyl red
Visualization: Visible light
Ultraviolet light, 254 and 366 nm
Solvent System: n-butanol:methylethyl ketone: ammonium hydroxide:water (50:30:10:10)

Sample 1 (Top) Rf	Sample 2 (Middle) Rf	Sample 3 (Bottom) Rf
0.45 (minor)	0.45 (minor)	0.47 (minor)
0.16 (major)	0.14 (major)	0.16 (major)
0.12 (trace)	0.10 (trace)	0.13 (trace)
0.02 (trace)	0.02 (trace)	0.02 (trace)
Origin (trace)	Origin (trace)	Origin (trace)

Visually, all three samples gave spots with similar Rf values, and their appearances were similar in color (or fluorescence) and intensity for all visualization methods. Spots at Rf of 0.16 and 0.45 were the only visible-absorbing components.

Lot No. 2735 Plates: Silica gel G-25; UV254 Amount Spotted: 100 μ g Visualization: Visible light and ultraviolet light, 254 and 366 nm.

Solvent System 1: *n*-butanol:methylethyl ketone:conc. ammonium hydroxide:water (50:30:10:10)

Sample 1 (Top)	Sample 2 (Middle)	Sample 3 (Bottom)
Rf	Rf	Rf
0.37 (trace)	0.34 (trace)	0.34 (trace)
0.05 (major)	0.04 (major)	0.04 (major)
Origin (slight trace)	Origin (slight trace)	Origin (slight trace)

Visually, all three samples gave spots with similar Rf values, and their appearances were similar in color (or fluorescence) and intensity for all visualization methods.

Solvent System 2: ethanol:*n*-butanol:conc. ammonium hydroxide: water (60:20:10:10).

Sample 1 (Top)	Sample 2 (Middle)	Sample 3 (Bottom)
Rf	Rf	Rf
0.70 (trace)	0.69 (trace)	0.69 (trace)
0.46 (major)	0.46 (major)	0.47 (major)
0.43 (slight trace)	0.42 (slight trace)	0.43 (slight trace)

Visually, all three samples gave spots with similar Rf values, and their appearances were similar in color (or fluorescence) and intensity for all visualization methods.

F. HIGH-PRESSURE LIQUID CHROMATOGRAPHY

Instrument: Waters ALC 202 with Model 660 solvent programmer Column: C18µ-Bondapak, 300 × 4 mm I.D. Detector: Ultraviolet, 254 nm

Lot No. 1112

Solvent Program: 45% A:55% B

(1) 0.005M tetrabutyl ammonium hydroxide and 1% Acetic acid in water

(2) 0.005M tetrabutyl ammonium hydroxide and 1% Acetic acid in methanol

Flow Rate: 1.5 ml/min

Results: Major peak and one minor peak

Peak	Retention Time (min)	Retention Time (Relative to Acid Orange 10)	Area (Relative to Acid Orange 10)
major	8.5	1.0	100.00
minor	26.6	3.1	4.3

Lot No. 2735

Solvent: 40% B

- (1) water with 5 × 10⁻³M tetrabutyl ammonium hydroxide, 2.2×10^{-3} M K₂HPO₄ and 6.08×10^{-3} N H₃PO₄
- (2) methanol with 5×10^{-3} M tetrabutyl ammonium hydroxide, 2.2×10^{-3} M K₂HPO₄ and 6.08×10^{-3} N H₃PO₄

Flow Rate: 1 ml/min

Concentration: 1 mg/ml water, filtered

Results: Major peak and two impurities

		Retention Time	
Peak	Retention Time (min)	(Relative to C.I. Acid Orange 10)	Area* (Relative to C.I. Acid Orange 10)
1	2.6	0.60	0.4
2	4.2	1.00	100
3	9.4	2.2	shoulder, 0.1
4	13.2	3.1	0.4
5	18.2	4.3	
6	20.1	4.8	0.2
7	25.0	6.0	2.6

* The values reported are the areas of the impurity peaks, expressed as percentages of the area of the major peak. Since the identity of the impurity is unknown, the percentages cannot take into account differences in the absolute absorbance (molar absorptivity, ε) of the dye and the impurity. Detector response is dependent upon the absorbance of a substance at the detection wavelength used. Therefore, area percentages reported do not necessarily reflect the actual weight percentage of the impurity in the sample.

G. SPECTRAL DATA

Lot No. 1112

(1) Infrared

Instrument: Beckman IR-12 Cell: 0.5% potassium bromide pellet Identical to literature spectrum (Sadtler Standard Spectra)

(2) Ultraviolet/visible

λmax (nm)	ε × 10 ⁻³	λ max (nm)	ε×10 ⁻³
247.5	$21.5 \pm 0.1(\delta)$		
254 shoulder	19.6 $\pm 0.1(\delta)$		
260 shoulder	$15.7 \pm 0.1(\delta)$		
331	$10.4 \pm 0.1(\delta)$		
410 shoulder	$5.80 \pm 0.06(\delta)$	400 shoulder	10.0
478	$17.6 \pm 0.3(\delta)$	476	17.6
Solvent: H ₂ O		Solvent: pH 7.4 buffer (Jones and Thomas, 1968)	

148



WAVENUMBER CM-I

Figure 6. Infrared Absorption Spectrum of C.I. Acid Orange 10 (Lot No. 1112)

	Varian HA-100 SO-d6:D ₂ O (1:2)	No literature spectrum found. Conforms to structure.	
Assignments: (Refer to F	igure 7)		
a. $\delta = 6.97$ pp b.,c. $\delta = 7.40-7.40$ d. $\delta = 8.03$ pp e. $\delta = 8.18$ pp f. $\delta = 8.31$ pp Integration ra	80 ppm pm om om	g. δ = 8.93 ppm h. δ = 1.31 ppm (impurity) Jad = 9 Hz Jbe = 8 Hz Jfg = 2 Hz	
a = 0.76 b,c = 3.09 d,e,f = 4.00		g = 1.14 h = 0.14 (impurity)	
Lot No. 2735			
(1) Infrared			
Ī	Model 137 nfracord	Consistent with literature spectrum (Sadtler Standard Spectra)	
Cell: 1.5% KI	-		
Results: See	•	* '	
(2) Ultraviolet/vi	sible	Literature Values	
•••	7am. 110		
Instrument: C	Cary 118		
•••	Cary 118 ε×10 ⁻³	λmax (nm)	ε × 10 ⁻³
Instrument: C λmax (nm) 214 shoulder	$\epsilon \times 10^{-3}$ 21.7 ± 0.1(δ)	λ max (nm)	ε × 10 ⁻³
Instrument: C λmax (nm) 214 shoulder 247.5	$\varepsilon \times 10^{-3}$ 21.7 ± 0.1(δ) 21.0 ± 0.2(δ)	λmax (nm)	ε × 10 ⁻³
Instrument: C Amax (nm) 214 shoulder 247.5 254 shoulder	$\varepsilon \times 10^{-3}$ 21.7 ± 0.1(δ) 21.0 ± 0.2(δ) 19.4 ± 0.1(δ)	λmax (nm)	ε × 10 ⁻³
Instrument: C λmax (nm) 214 shoulder 247.5	$\varepsilon \times 10^{-3}$ 21.7 ± 0.1(δ) 21.0 ± 0.2(δ) 19.4 ± 0.1(δ) 15.0 ± 0.1(δ)	λmax (nm)	ε × 10 ⁻³
Instrument: C λmax (nm) 214 shoulder 247.5 254 shoulder 261 shoulder	$\varepsilon \times 10^{-3}$ 21.7 ± 0.1(δ) 21.0 ± 0.2(δ) 19.4 ± 0.1(δ)	λmax (nm) 400 shoulder	ε × 10 ⁻³
Instrument: C λmax (nm) 214 shoulder 247.5 254 shoulder 261 shoulder 331 415 shoulder 480	$\frac{\varepsilon \times 10^{-3}}{21.7 \pm 0.1(\delta)}$ 21.0 ± 0.2(δ) 19.4 ± 0.1(δ) 15.0 ± 0.1(δ) 10.2 ± 0.1(δ) 6.03 ± 0.08(δ) 17.5 ± 0.2(δ)		
Instrument: C λmax (nm) 214 shoulder 247.5 254 shoulder 261 shoulder 331 415 shoulder 480 490 shoulder	$\varepsilon \times 10^{-3}$ 21.7 ± 0.1(δ) 21.0 ± 0.2(δ) 19.4 ± 0.1(δ) 15.0 ± 0.1(δ) 10.2 ± 0.1(δ) 6.03 ± 0.08(δ)	400 shoulder 476	10.0
Instrument: C λ max (nm) 214 shoulder 247.5 254 shoulder 261 shoulder 331 415 shoulder 480 490 shoulder Solvent: H ₂ O	$\varepsilon \times 10^{-3}$ 21.7 ± 0.1(δ) 21.0 ± 0.2(δ) 19.4 ± 0.1(δ) 15.0 ± 0.1(δ) 10.2 ± 0.1(δ) 6.03 ± 0.08(δ) 17.5 ± 0.2(δ) 17.3 ± 0.2(δ)	400 shoulder	10.0
Instrument: C $\lambda max (nm)$ 214 shoulder 247.5 254 shoulder 261 shoulder 331 415 shoulder 480 490 shoulder Solvent: H ₂ O (3) Nuclear magn	$\varepsilon \times 10^{-3}$ 21.7 ± 0.1(δ) 21.0 ± 0.2(δ) 19.4 ± 0.1(δ) 15.0 ± 0.1(δ) 10.2 ± 0.1(δ) 10.2 ± 0.1(δ) 6.03 ± 0.08(δ) 17.5 ± 0.2(δ) 17.3 ± 0.2(δ) netic resonance	400 shoulder 476 Solvent: pH 7.4 buffer (Jones and Thomas, 1968)	10.0
Instrument: C λ max (nm) 214 shoulder 247.5 254 shoulder 261 shoulder 331 415 shoulder 480 490 shoulder Solvent: H ₂ O (3) Nuclear magn Solvent: D ₂ O	$\varepsilon \times 10^{-3}$ 21.7 ± 0.1(δ) 21.0 ± 0.2(δ) 19.4 ± 0.1(δ) 15.0 ± 0.1(δ) 10.2 ± 0.1(δ) 6.03 ± 0.08(δ) 17.5 ± 0.2(δ) 17.3 ± 0.2(δ) netic resonance	400 shoulder 476 Solvent: pH 7.4 buffer (Jones and Thomas, 1968) Literature Values	10.0
Instrument: C $\lambda max (nm)$ 214 shoulder 247.5 254 shoulder 261 shoulder 331 415 shoulder 480 490 shoulder Solvent: H ₂ O (3) Nuclear magr Solvent: D ₂ O Dimethylsulfo	$\varepsilon \times 10^{-3}$ 21.7 ± 0.1(δ) 21.0 ± 0.2(δ) 19.4 ± 0.1(δ) 15.0 ± 0.1(δ) 10.2 ± 0.1(δ) 6.03 ± 0.08(δ) 17.5 ± 0.2(δ) 17.3 ± 0.2(δ) netic resonance b: bxide-d6	400 shoulder 476 Solvent: pH 7.4 buffer (Jones and Thomas, 1968) Literature Values No literature spectrum.	10.0
Instrument: C λ max (nm) 214 shoulder 247.5 254 shoulder 261 shoulder 331 415 shoulder 480 490 shoulder Solvent: H ₂ O (3) Nuclear magr Solvent: D ₂ O Dimethylsulfo (2:1) with inter	$\varepsilon \times 10^{-3}$ 21.7 ± 0.1(δ) 21.0 ± 0.2(δ) 19.4 ± 0.1(δ) 15.0 ± 0.1(δ) 10.2 ± 0.1(δ) 6.03 ± 0.08(δ) 17.5 ± 0.2(δ) 17.3 ± 0.2(δ) netic resonance b: bxide-d6 ernal sodium	400 shoulder 476 Solvent: pH 7.4 buffer (Jones and Thomas, 1968) Literature Values No literature spectrum. Conforms to structure and to	10.0
Instrument: C $\lambda max (nm)$ 214 shoulder 247.5 254 shoulder 261 shoulder 331 415 shoulder 480 490 shoulder Solvent: H ₂ O (3) Nuclear magr Solvent: D ₂ O Dimethylsulfo	$\varepsilon \times 10^{-3}$ 21.7 ± 0.1(δ) 21.0 ± 0.2(δ) 19.4 ± 0.1(δ) 15.0 ± 0.1(δ) 10.2 ± 0.1(δ) 6.03 ± 0.08(δ) 17.5 ± 0.2(δ) 17.3 ± 0.2(δ) netic resonance b: poxide-d6 ernal sodium ylpro-	400 shoulder 476 Solvent: pH 7.4 buffer (Jones and Thomas, 1968) Literature Values No literature spectrum.	10.0



Figure 7. Nuclear Magnetic Resonance Spectrum of C.I. Acid Orange 10 (Lot No. 1112)

150



THE PERKIN-ELMER CORPORATION, NORWALK, CONN.

Figure 8. Infrared Absorption Spectrum of C.I. Acid Orange 10 (Lot No. 2735)

151

C.I. Acid Orange 10



Figure 9. Nuclear Magnetic Resonance Spectrum of C.I. Acid Orange 10 (Lot No. 2735)

APPENDIX H

ANALYSIS OF FORMULATED DIETS FOR CONCENTRATIONS OF C.I. ACID ORANGE 10

A 100-mg sample of the dye-feed mixture was mixed with 40 ml of distilled water and vortexed for 30 seconds. The suspension was centrifuged for 10 minutes at 10,000 rpm in a Sorvall RC-2B at 4°C. An appropriate volume of the supernatant was removed and diluted with distilled water to achieve a final concentration in the linear portion of the standard curve. Internal standards were prepared using control powdered feed and assayed in the same manner. All samples and standards were run in triplicate. The absorbance was determined at 482 nm in a Gilford 2400-S spectrophotometer. The spectrophotometer was blanked with a 100-mg feed sample treated in the same manner as the samples. The standard curve developed with feed-dye standards (triplicate) automatically incorporates a correction for recovery. The concentration of dye in a feed sample could be read directly from the curve without any further adjustment for recovery.

Results of analyses are presented in Table H1.

		ntration(a) of C.I. Acid Ora Diet for Target Concentration	
Date Mixed	1,000 ppm	3,000 ppm	6,000 ppm
03/25/77	955 1,080	3,020	6,050
03/24/77		3,030 3,140	
06/02/77	1,020 1,030	3,050 3,030 2,990	6,000
08/17/77	1,070 1,050	3,120 3,180 3,040	5,940
10/19/77	1,000 1,020	3,000 2,980 3,010	5,850
01/28/78	950 1,000	3,500 3,350 3,420	6,040
04/03/78	1,030 1,010	3,120 3,190 3,090	6,160
06/13/78	1,040 1,010	2,910 2,980 2,970	5,990
07/05/78	1,020 990	3,000 2,890 2,920	6,020
09/07/78	940 1,070	3,020 3,000 2,970	5,880
11/09/78	1,000 1,080 1,140(b)	3,270 3,200 3,220	6,210
01/10/79	·	3,270	6,340
Mean Standard Deviation Coefficient of Variation (%)	1,020 48 4.0	3,090 150 4.9	6,040 145 2.4
Range (ppm) Number of Samples	940-1,080 20	2,920-3,500 31	5,850-6,340 11

TABLE H1. ANALYSIS OF C.I. ACID ORANGE 10 IN FORMULATED DIETS

(a) The data presented are the average of duplicate analyses. Doses were mixed (and analyzed) separately for male rats, female rats, and mice.

(b) Referee analysis at Midwest Research Institute.

C.I. Acid Orange 10

APPENDIX I

DATA AUDIT SUMMARY

APPENDIX I

The experimental data, documents, pathology materials, and draft Technical Report for the 2-year toxicology and carcinogenesis studies of C.I. Acid Orange 10 in rats and mice were audited for accuracy, consistency, and completeness. The laboratory experiments were conducted for the NTP by Batelle Columbus Laboratories, Columbus, Ohio, under a subcontract with Tracor Jitco, Inc., the prime contractor for the National Cancer Institute. Animal exposures to C.I. Acid Orange 10 began in December 1976 (rats) and January 1977 (mice) and ended in December 1978 (rats) and January 1979 (mice). The studies were completed before October 1981, when the NTP implemented its requirement that studies be conducted in compliance with the Good Laboratory Practice (GLP) regulations of the Food and Drug Administration. The retrospective audit was conducted for the NIEHS at the NTP Archives in August 1984 by Argus Research Laboratories, Dr. J.E. Goeke, Principal Investigator. The other individuals who conducted the audit are listed in the full audit report which is on file at the NIEHS. The audit included a review of:

- 1) All records concerning animal receipt, quarantine, randomization and disposition prior to study start.
- 2) All chemistry records.
- 3) Body weight (by cage) and clinical observation data for a random 10% sample of the study animals.
- 4) Food consumption (by cage) for approximately 10% of the animals.
- 5) In-life records concerning environmental conditions, palpable masses, and mortality.
- 6) All post-mortem records for individual animals concerning identification, disposition and condition codes, and correlation between gross observations and microscopic diagnoses.
- 7) Wet tissues from a random 10% sample of the study animals to verify animal identification and to examine for untrimmed lesions.
- 8) Blocks and slides of tissues from all control and high-dose animals to examine for inventory and correspondence.
- 9) Tabulated pathology diagnoses for a random 10% of study animals to verify computer data entry.

Procedures and information regarding animal receipt, quarantine, randomization, and room environmental conditions were presented in the Materials and Methods Report submitted by the study laboratory, but further documentation of these items was not among the archival records. Other documentation for the in-life, chemistry, and histopathology portions of the studies were present and recorded in an adequate manner. Examination of bags of residual wet tissues revealed some instances of missing bags or bags that could not be identified due to the absence of outer labels and the effacement of inner labels by leaking formalin. Feet were not saved, precluding the retrospective verification of animal identity by inspection of residual wet tissues.

The only data corrections arising from the audit involved certain group mean body weights and the length of time animals were not dosed just prior to terminal sacrifice. These errors were corrected and the corrections were incorporated into the body weight tables and curves of the final Technical Report.

The audit findings were reviewed by NTP staff. The documents and materials at the NTP Archives support the data and results presented in the Technical Report.

NIH Publication No. 88-1767 October 1987