NATIONAL TOXICOLOGY PROGRAM **Technical Report Series** No. 234



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 BIOASSAY OF ALLYL ISOTHIOCYANATE (CAS NO. 57-06-7) IN F344/N RATS AND B6C3F₁ MICE (GAVAGE STUDY)



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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 is a potential 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 Bioassays should be directed to the National Toxicology Program, located at Room A-306, Landow Building, Bethesda, MD 20205 (301-496-1152) or at Research Triangle Park, NC 27709 (919-541-3991).

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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.

TABLE OF CONTENTS

	l	Page
Abst	ract	7
Cont	tributors	8
	ewers	
	mary of Peer Review Comments	
I.	Introduction	13
П.	Materials and Methods	17
	Chemical Analysis	18
	Dosage Preparation	
	Prechronic Studies	
	Single-Dose Study	
	Fourteen-Day Study	
	Thirteen-Week Study	
	Chronic Study	
	Study Design	
	Clinical Examinations and Pathology	19
	Data Recording and Statistical Methods	
III.	Results	
	Rats	
	Prechronic Studies	
	Single-Dose Study	
	Fourteen-Day Study	
	Thirteen-Week Study	
	Chronic Study	
	Body Weights and Clinical Signs	
	Survival	
	Pathology and Statistical Analyses of Results	
	Mice	
	Prechronic Studies	
	Single-Dose Study	
	Fourteen-Day Study	
	Thirteen-Week Study	
	Chronic Study	
	Survival	
	Pathology and Statistical Analyses of Results	45
IV	Discussion and Conclusions	
V.	References	
۷.	Keletenees	55

TABLES

Table 1	Experimental Design and Materials and Methods	21
Table 2	Dosage, Survival, and Mean Body Weights of Rats Receiving Allyl Isothiocyanate by Gavage for 14 Days	26
Table 3	Incidence of Compound-Related Effects Observed in Rats at Necropsy in the 14-Day Study of Allyl Isothiocyanate	27
Table 4	Dosage, Survival, and Mean Body Weights of Rats Administered Allyl Isothiocyanate by Gavage for 13 Weeks	27
Table 5	Incidence of Rats with Bladder Lesions in the Chronic Study with Allyl Isothiocyanate	30
Table 6	Analysis of Primary Tumors in Male Rats	31
Table 7	Analysis of Primary Tumors in Female Rats	36
Table 8	Dosage and Survival of Mice Administered a Single Dose of Allyl Isothiocyanate in Corn Oil by Gavage	40

Table 9	Dosage, Survival, and Mean Body Weights of Mice Receiving Allyl Isothiocyanate by Gavage for 14 Days	41
Table 10	Dosage, Survival, and Mean Body Weights of Mice Administered Allyl Isothiocyanate by Gavage for 13 Weeks	41
Table 11	Analysis of Primary Tumors in Male Mice	45
Table 12	Analysis of Primary Tumors in Female Mice	47

FIGURES

Figure 1	Growth Curves for Rats Administered Allyl Isothiocyanate by Gavage	28
Figure 2	Survival Curves for Rats Administered Allyl Isothiocyanate by Gavage	29
Figure 3	Growth Curves for Mice Administered Allyl Isothiocyanate by Gavage	42
Figure 4	Survival Curves for Mice Administered Allyl Isothiocyanate by Gavage	43
Figure 5	Infrared Absorption Spectrum of Allyl Isothiocyanate (Lot No. 532251)	13,5
Figure 6	Nuclear Magnetic Resonance Spectrum of Allyl Isothiocyanate	
	(Lot No. 532251)	-136

APPENDIXES

Appendix A	Summary of the Incidence of Neoplasms in Rats Administered Allyl Isothiocyanate by Gavage	59
Table A1	Summary of the Incidence of Neoplasms in Male Rats Administered Allyl Isothiocyanate in Corn Oil by Gavage	60
Table A2	Summary of the Incidence of Neoplasms in Female Rats Administered Allyl Isothiocyanate in Corn Oil by Gavage	65
Table A3	Individual Animal Tumor Pathology of Male Rats in the 2-Year Study of Allyl Isothiocyanate	68
Table A4	Individual Animal Tumor Pathology of Female Rats in the 2-Year Study of Allyl Isothiocyanate	74
Appendix B	Summary of the Incidence of Neoplasms in Mice Administered Allyl Isothiocyanate by Gavage	81
Table B1	Summary of the Incidence of Neoplasms in Male Mice Administered Allyl Isothiocyanate in Corn Oil by Gavage	82
Table B2	Summary of the Incidence of Neoplasms in Female Mice Administered Allyl Isothiocyanate in Corn Oil by Gavage	86
Table B3	Individual Animal Tumor Pathology of Male Mice in the 2-Year Study of Allyl Isothiocyanate	90
Table B4	Individual Animal Tumor Pathology of Female Mice in the 2-Year Study of Allyl Isothiocyanate	96
Appendix C	Summary of the Incidence of Nonneoplastic Lesions in Rats Administered Allyl Isothiocyanate by Gavage	103
Table C1	Summary of the Incidence of Nonneoplastic Lesions in Male Rats Administered Allyl Isothiocyanate in Corn Oil by Gavage	104
Table C2	Summary of the Incidence of Nonneoplastic Lesions in Female Rats Administered Allyl Isothiocyanate in Corn Oil by Gavage	110

Appendix D	Summary of the Incidence of Nonneoplastic Lesions in Mice Administered Allyl Isothiocyanate by Gavage 11	5
Table D1	Summary of the Incidence of Nonneoplastic Lesions in Male Mice Administered Allyl Isothiocyanate in Corn Oil by Gavage	6
Table D2	Summary of the Incidence of Nonneoplastic Lesions in Female Mice Administered Allyl Isothiocyanate in Corn Oil by Gavage	2
Appendix E	Analysis of Allyl Isothiocyanate Lot No. 532251 (Midwest Research Institute)	1
Appendix F	Analysis of Allyl Isothiocyanate in Corn Oil for Stability of Allyl Isothiocyanate	7
Appendix G	Analysis of Allyl Isothiocyanate in Corn Oil for Concentrations of Allyl Isothiocyanate	9
Table G1	Analysis of Allyl Isothiocyanate in Corn Oil for Concentrations of Allyl Isothiocyanate	0
Appendix H	Cumulative Mean Body Weight Change of Rats and Mice Administered Allyl Isothiocyanate by Gavage in the Chronic Study	1
Table H1	Cumulative Mean Body Weight Change (Relative to Controls) of Rats Administered Allyl Isothiocyanate by Gavage	2
Table H2	Cumulative Mean Body Weight Change (Relative to Controls) of Mice Administered Allyl Isothiocyanate by Gavage	-2

CARCINOGENESIS BIOASSAY OF ALLYL ISOTHIOCYANATE

 $CH_2 = CH - CH_2 - N = C = S$

ALLYL ISOTHIOCYANATE

CAS NO. 57-06-7 C₄H₅NS Mol. Wt. 99.16

ABSTRACT

A 2-year carcinogenesis bioassay of food-grade allyl isothiocyanate (greater than 93% purity), a flavoring agent, was conducted by administering 12 or 25 mg/kg allyl isothiocyanate in corn oil five times per week by gavage to groups of 50 F344/N rats and 50 B6C3F1 mice of each sex for 103 weeks. Groups of 50 rats and 50 mice of each sex received corn oil alone and served as vehicle controls.

A single-dose study, a 14-day study, and a 13-week study were performed before the chronic study was conducted. Pathologic findings seen in the 14-day study at 50 mg/kg included a thickened mucosal surface of the stomach in rats and mice and a thickened urinary bladder wall in male mice. No gross or microscopic lesions were seen at the highest dose level (25 mg/kg) in the 13-week study.

In the chronic study, survival of dosed and control rats of each sex was comparable. Throughout the study, the mean body weights of high-dose male rats were lower than those of the controls, while during the last half of the study the mean body weights of the low-dose and high-dose female rats were higher than the mean body weights of the control animals. Final body weights in control and dosed groups were comparable.

Transitional-cell papillomas in the urinary bladder occurred in dosed male rats with a statistically significant trend (P<0.05; controls, 0/49, 0%; low-dose, 2/49, 4%; high-dose, 4/49, 8%). This tumor has not been observed among 568 untreated male control F344/N rats at this laboratory. The incidence of transitional-cell papillomas in male vehicle control rats in all laboratories in the NCI/NTP Bioassay Program is 1/994 (0.1%). Epithelial hyperplasia in the urinary bladder was also observed at increased incidences in dosed male rats (0/49, 1/49, 6/49). The hyperplasia did not occur in the same animals that had papillomas.

Fibrosarcomas in the subcutaneous tissue occurred in female rats with a statistically significant positive trend (P<0.05; controls, 0/50, 0%; low-dose, 0/50, 0%; high-dose, 3/50, 6%), but the incidence in the high-dose group was not significant when compared with that in the control group. The historical incidence of this lesion is 1/591 (0.2%) in untreated control female F344/N rats at this laboratory and 9/999 (0.9%) in female gavage control rats in all laboratories in the Bioassay Program.

Survival of control and dosed female mice, although comparable, was unusually low. Mean body weights of high-dose mice of each sex were higher than those of the controls throughout most of the study. Final body weights in control and dosed groups were comparable. The mice probably did not receive the maximum tolerated dose of allyl isothiocyanate.

The increased incidence of cytoplasmic vacuolization in the liver of dosed male mice was related to administration of allyl isothiocyanate (controls, 2/49, 4%; low-dose, 8/49, 16%; high-dose, 13/50, 26%).

Under the conditions of this bioassay, allyl isothiocyanate was carcinogenic for male F344/N rats, causing transitional-cell papillomas in the urinary bladder. Evidence for associating allyl isothiocyanate with subcutaneous fibrosarcomas in female F344/N rats was equivocal. Allyl isothiocyanate was not carcinogenic for B6C3F1 mice of either sex.

CONTRIBUTORS

The bioassay of allyl isothiocyanate was conducted at Southern Research Institute under a subcontract to Tracor Jitco, Inc., the prime contractor for the Carcinogenesis Testing Program. The chronic study was begun in March 1978 and completed in April 1980.

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The pathology report and selected slides were evaluated on February 18, 1981 by the NTP Pathology Working Group, which included Drs. J. Ward, D. Goodman (Clement Associates), R. Kovatch (Tracor Jitco), S. Stinson, G. Reznik, G. Boorman, E. McConnell, and B. Gupta.

The chemicals used in this bioassay of allyl isothiocyanate were analyzed by the Midwest Research Institute, 425 Volker Blvd., Kansas City, Missouri 64110, and analysis of the corn oil mixtures and reanalysis of the bulk chemical were done by Southern Research Institute.

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SUMMARY OF PEER REVIEW COMMENTS ON THE BIOASSAY OF ALLYL ISOTHIOCYANATE

On June 23, 1981, this carcinogenesis bioassay report on allyl isothiocyanate underwent peer review and was approved by the National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee and associated Panel of Experts at an open meeting held in Building 101, National Institute of Environmental Health Sciences, Research Triangle Park, NC.

Dr. Williams, as a principal reviewer for the report on the bioassay of allyl isothiocyanate, agreed with the conclusions that, under the conditions of the bioassay, allyl isothiocyanate was carcinogenic to male F344/N rats, causing transitional-cell papillomas in the urinary bladder. Evidence for associating allyl isothiocyanate with subcutaneous fibrosarcomas in female rats was equivocal. The chemical was not carcinogenic for B6C3F1 mice of either sex. He stated that the discussion should emphasize that this compound was associated with only a low incidence of benign bladder tumors under conditions of exposure that are known to affect the physiology of urine excretion.

As the second principal reviewer, Dr. Hitchcock said there was quite low survival in control and high-dose female mice and suggested that some explanation should have been given for this. She noted the incidence of eye lesions which may have been due to groups of rats being housed near the light source without rotation of cages. Dr. Shore asked whether attention could be given to balancing cage position in the room. Dr. G. Boorman, NTP, replied that one problem with cage rotation is that it may enhance the chances for gavage errors; he further stated that the NTP was investigating this recurring phenomenon and would consider the option of cage rotation as well as reduced light intensity. Dr. Hitchcock asked that recent negative results with *Salmonella* be mentioned. Dr. Swenberg said that the discussion should include comment that allyl isothiocyanate may possibly be working as a tumor promoter.

Dr. Williams moved that the report on the bioassay of allyl isothiocyanate be accepted. Dr. Hitchcock accepted the motion, and the report was approved unanimously by the Peer Review Panel.

I. INTRODUCTION

$CH_2 = CH - CH_2 - N = C = S$

ALLYL ISOTHIOCYANATE

CAS NO. 57-06-7 C₄H₅NS Mol. Wt. 99.16

Allyl isothiocyanate is the major component in volatile oil of mustard, a flavoring agent prepared from seeds of black mustard (*Brassica nigra*) (Life Sciences Research Office, 1975). Synthetically prepared allyl isothiocyanate and volatile oil of mustard are approved by the U.S. Food and Drug Administration for use as flavoring agents (U.S. CFR, 1979); the Food Chemicals Codex (1972) specifies that the oil should contain not less than 93% allyl isothiocyanate. Allyl isothiocyanate is also found in cabbage, broccoli, kale, cauliflower, and horseradish (Mitchell and Jordan, 1974; Life Sciences Research Office, 1975; Hall, 1973).

Volatile oil of mustard is used in pickling spices and imitation pineapple flavoring (Kirk-Othmer, 1966). Allyl isothiocyanate may be present in the following foods: syrups (10-88 ppm), meats (87 ppm), condiments (52 ppm), baked goods (5.2 ppm), candy, ice cream, and ices (0.50 ppm), and nonalcoholic beverages (0.02-0.50 ppm) (Life Sciences Research Office, 1975). Allyl isothiocyanate is also used as a denaturant for alcohol and as a medicinal counterirritant (Merck Index, 1976; Kirk-Othmer, 1965).

Approximately 33,000 pounds of allyl isothiocyanate were used by the food industry in the United States in 1970 (Life Sciences Research Office, 1975). The amount of synthetic allyl isothiocyanate produced in 1979 exceeded 1,000 pounds, but specific production figures are not available (USITC, 1979). Thirty-two thousand metric tons of mustard seed were imported into the United States in 1978 (Kirk-Othmer, 1980).

The oral LD_{50} value of allyl isothiocyanate is reported to be 339 mg/kg for Osborne-Mendel rats (Jenner et al., 1964) and 490 mg/kg for male rats of an unspecified strain (Vernot et al., 1977). The subcutaneous LD_{50} value for white mice is 80 mg/kg (Klesse and Lukoschek, 1955).

Administration of allyl isothiocyanate has been shown to affect various functions and organs in the rat. Radioiodine uptake by the thyroid was depressed and the relative weight of the thyroid was increased in male Wistar rats administered 2-to 5-mg doses of allyl isothiocyanate by gavage daily for 1 to 60 days (Langer and Greer, 1968; Langer and Stole, 1965). Hyperplastic areas were observed in the thyroid of female Holtzman rats 12 days after they received two 100 mg/kg subcutaneous doses of allyl isothiocyanate (Nishie and Daxenbichler, 1980). The blood coagulation time for male Sprague-Dawley rats given daily 0.5 mg intraperitoneal injections of allyl isothiocyanate for 30 days was 60% of the value for controls (Muztar et al., 1979b). A twofold increase in urine volume, an increase in the total amount of uric acid, creatinine, and glucose excreted during a 24-hour period, and an increase in the concentration of uric acid in the urine compared with that of controls were observed in male Sprague-Dawley rats fed diets containing 100 or 300 ppm allyl isothiocyanate (Muztar et al., 1979a; Muztar et al., 1979b).

Epithelial hyperplasia of the nonglandular portion of the stomach, with acute to subacute ulcers 2 to 6.5 mm in diameter, was observed in all Osborne-Mendel rats of either sex administered 50 mg/kg allyl isothiocyanate by gavage for 20 days and in 50% of the rats receiving 20 mg/kg. Minor inflammatory foci were observed in the liver of rats receiving the higher dose (Hagan et al., 1967).

Allyl isothiocyanate was not mutagenic in Bacillus subtilis H17 and M45, Escherichia coli WP2, or Salmonella typhimurium TA 98, 100, 1535, or 1537 (with or without metabolic activation) (Oda et al., 1978; Eder et al., 1980; NTP, 1981). Allyl isothiocyanate was fetotoxic for Holtzman rats (Nishie and Daxenbichler, 1980), but was not found to be teratogenic in Wistar rats (Ruddick et al., 1976).

The Food and Drug Administration has prepared three reviews on oil of mustard (90% allyl isothiocyanate), a food additive generally recognized as safe (NTIS, 1972; NTIS, 1973; NTIS, 1975). These reviews emphasize the lack of data on the carcinogenicity and toxicity of these substances. The FDA cites some evidence for increased fetal deaths and resorptions in rodents when oil of mustard is administered at 28.0 mg/kg for 10 consecutive days (from days 6 to 15 of gestation) to pregnant mice (albino CD-1 outbred mice). Other teratology studies in rats, hamsters, and rabbits were considered negative (NTIS, 1973). A select committee of the Federation of American Societies for Experimental Biology (FASEB) stated that "more definitive toxicological studies" on oil of mustard were warranted. Using the data available in 1975, FASEB concluded that there was no indication that allyl isothiocyanate was a hazard to the public at levels currently used in food (NTIS, 1973).

The NCI/NTP Bioassay Program tested allyl isothiocyanate because it is a widely used food additive that had not been tested for carcinogenicity.

II. MATERIALS AND METHODS

CHEMICAL ANALYSIS

DOSAGE PREPARATION

PRECHRONIC STUDIES

Single-Dose Study Fourteen-Day Study Thirteen-Week Study

CHRONIC STUDY

Study Design Clinical Examinations and Pathology Data Recording and Statistical Methods

CHEMICAL ANALYSIS

Food-grade allyl isothiocyanate (CAS No. 57-06-7), greater than 93% allyl isothiocyanate, was obtained from Arsynco, Inc. (Carestadt, NJ) in a single batch (Lot No. 532251).

The results of the analyses performed at Midwest Research Institute (Appendix E) indicated the following: elemental analyses agreed with theoretical values; gas-liquid chromatography on two different systems detected at least six minor impurities with areas totaling less than 1% of the major peak; thin-layer chromatography in two systems detected only one spot; the infrared and ultraviolet spectra were consistent with the structure and spectra reported in the literature (Sadtler Research Laboratories); and the nuclear magnetic resonance spectrum was consistent with the structure. The nuclear magnetic resonance spectrum indicated the presence of a minor impurity that could be the thiocyanate. The identity of this minor impurity was not pursued.

Southern Research Institute analyzed the chemical periodically throughout the study by gas-liquid chromatography and infrared spectroscopy. The results indicated no breakdown of the bulk material during the study.

DOSAGE PREPARATION

Dosage mixtures of allyl isothiocyanate were prepared daily in the single-dose and 14-day studies and were prepared weekly in the 13-week and chronic studies. Mixtures were obtained by pipetting the appropriate amount of the chemical in a beaker and dissolving it in a small amount of corn oil. This stock solution was diluted with additional corn oil to the desired final volume. Concentrations of the test substance were based on the volume of the chemical in relation to the volume of corn oil.

Analysis of the stability of allyl isothiocyanate in corn oil was performed at Midwest Research Institute by assaying samples of corn oil mixtures containing 0.05% test chemical that had been stored at room temperature for 7 days (Appendix F). The corn oil/allyl isothiocyanate solutions were then diluted with anhydrous ethyl ether, and the concentration of the test chemical was determined by vapor-phase chromatography. Allyl isothiocyanate was found to be stable in corn oil for 7 days at room temperature with a recovery of 99.5%. Selected batches of corn oil gavage mixtures administered during the chronic study were analyzed at Southern Research Institute to determine the adequacy of preparation; differences between the mean sample concentration and the targeted concentration were 0.01% (v/v) or less (Table G1).

Four samples of corn oil gavage mixtures prepared and analyzed at Southern Research Institute were shipped to either Midwest Research Institute or Raltech Scientific Services, Inc., for referee analysis of allyl isothiocyanate. The results from the three laboratories were in agreement.

PRECHRONIC STUDIES

Single-Dose Study

Groups of five F344/N rats of each sex were administered a single dose of allyl isothiocyanate (25, 50, 100, 200, or 400 mg/kg body weight) in corn oil by gavage. Groups of five B6C3F1 mice of each sex received 50, 100, 200, 400, or 800 mg/kg allyl isothiocyanate by the same route. No controls were used. Animals were observed twice daily for 16 days. Weights were taken on the day of dosing and then on day 15. The peritoneal cavities were examined in male mice administered 200, 400, or 800 mg/kg and in female mice administered 100, 200, or 400 mg/kg.

Further details of the study are presented in Table 1.

Fourteen-Day Study

Groups of five F344/N rats of either sex were administered 25, 50, 100, 200, or 400 mg/kg allyl isothiocyanate in corn oil by gavage for 14 consecutive days (Table 1). Groups of B6C3F1 mice received 3, 6, 12, 25, or 50 mg/kg by the same route. No controls were used.

Rats and mice were observed twice daily and were weighed on days 1 and 15 of the study. Gross necropsies were performed on all animals.

Thirteen-Week Study

Thirteen-week studies were conducted to evaluate the cumulative toxicity of allyl isothiocyanate and to determine the doses to be used in the chronic studies.

Groups of 10 rats and mice of each sex received 1.5, 3, 6, 12, or 25 mg/kg allyl isothiocyanate by gavage 5 days per week for 13 weeks (Table 1). Vehicle controls received corn oil alone. All animals were checked for mortality and clinical signs of toxicity and morbidity twice daily. Moribund animals were killed and necropsied. Individual animals were weighed weekly.

From days 92 to 96, survivors were killed with carbon dioxide. Necropsies were performed on animals that survived to day 92 and on all animals found dead, unless precluded in whole or part by autolysis or cannibalism. The following specimens were examined histologically in vehicle-control and high-dose groups: gross lesions, tissue masses, abnormal lymph nodes, skin, mandibular lymph nodes, mammary gland, salivary gland, thigh muscle, bone marrow, trachea, lungs and bronchi, heart, thyroid, parathyroid, esophagus, stomach, cecum, duodenum, jejunum, ileum, colon, mesenteric lymph nodes, liver, gallbladder (mice), pancreas, spleen, thymus, kidneys, adrenals, urinary bladder, seminal vesicles/prostate/testes or ovaries/uterus, brain, and pituitary. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin.

CHRONIC STUDY

Study Design

Groups of 50 rats and 50 mice of each sex received 12 or 25 mg/kg allyl isothiocyanate in corn oil by gavage 5 times per week (Monday through Friday) for 103 weeks (Table 1). Groups of 50 rats and 50 mice of each sex received corn oil on the same schedule and served as vehicle controls.

Control and dosed groups were of the same strain, sex, and age range and were from the same source and shipment. All animals were housed in the same room, and no other chemicals were on test in that room. Neither cages nor racks were rotated. The animal cages were housed on two racks, each rack having six levels. On one rack, high-dose males were on the top two levels, high-dose females were on the middle two levels. and low-dose males were on the bottom two levels. On the other rack, low-dose females were placed on the top two levels, control males were on the middle two levels, and control females were on the bottom two levels. All aspects of animal care and maintenance were similar. Animals were randomized to control and dosed groups as described in Table 1. Chronic studies for rats and mice began in March 1978.

Clinical Examinations and Pathology

All animals were observed twice daily for signs of morbidity and mortality. Clinical signs and body weights by cage were recorded every 4 weeks. The mean body weight of each group was calculated by dividing the total weight of all animals in the group by the number of surviving animals in the group. Moribund animals and animals that survived to the end of the bioassay were killed with carbon dioxide and necropsied.

Examinations for grossly visible lesions were performed on major tissues or organs. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. The following were examined microscopically: tissue masses, abnormal lymph nodes, skin, mandibular lymph nodes, mammary gland, salivary gland, thigh muscle, bone marrow, femur, thymus, trachea, lungs and bronchi, heart, thyroid, parathyroid, esophagus, stomach, duodenum, jejunum, ileum, colon, mesenteric lymph nodes, liver, gallbladder (mice), pancreas, spleen, kidneys, adrenals, urinary bladder, seminal vesicles/prostate/testes or ovaries/ uterus, brain, and pituitary. Oil Red O on frozen sections was used to more clearly define the nature of cytoplasmic vacuolization in the livers of male mice.

Necropsies were performed on all animals found dead and on those killed at the end of the study, unless precluded in whole or in part by autolysis or cannibalism. Thus, the number of animals from which particular organs or tissues were examined microscopically varies and is not necessarily equal to the number of animals that were placed on study in each group.

The pathology report and selected slides were evaluated by the NTP Pathology Working Group as described by Ward et al. (1978). The diagnoses represent a consensus of contracting pathologists and the NTP Pathology Working Group.

Data Recording and Statistical Methods

Data on this experiment were recorded in the Carcinogenesis Bioassay Data System (Linhart et al., 1974). The data elements include descriptive information on the chemicals, animals, experimental design, clinical observations, survival, body weight, and individual pathologic results, as recommended by the International Union Against Cancer (Berenblum, 1969).

Probabilities of survival were estimated by the product-limit procedure of Kaplan and Meier (1958) and are presented in this report in the form of graphs. Animals were statistically censored as of the time that they died of other than natural causes or were found to be missing; animals dying from natural causes were not statistically censored. Statistical analyses for a possible dose-related effect on survival used the method of Cox (1972) for testing two groups for equality and Tarone's (1975) extensions of Cox's methods for testing for a dose-related trend.

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 was 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.

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).

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 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. (See Peto et al., 1980, for the computational details of both methods.)

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

	Single-Dose Study	14-Day Study	13-Week Study	Chronic Study
Experimental Design				
Size of Test Groups	5 males, 5 females of each species	5 males, 5 females of each species	10 males, 10 females of each species	50 males, 50 females of each species
Doses	Rats: 25, 50, 100, 200, or 400 mg/kg body weight allyl isothiocyanate in corn oil; volume: 10 ml/kg body weight Mice: 50, 100, 200, 400, or 800 mg/kg body weight allyl isothiocyanate in corn oil; volume: 10 ml/kg body weight.	Rats: 25, 50, 100, 200, or 400 mg/kg body weight allyl isothiocyanate in corn oil; volume: 10 ml/kg body weight Mice: 3, 6, 12, 25, or 50 mg/kg body weight allyl isothiocyanate in corn oil; volume: 10 ml/kg body weight	Rats and mice: 1.5, 3, 6, 12, or 25 mg/kg body weight allyl isothiocyanate in corn oil; vehicle control, corn oil only, volume: rats, 5 ml/kg body weight; mice, 10 ml/kg body weight	Rats and mice: low dose 12 mg/kg body weight allyl isothiocyanate in corn oil; high dose 25 mg/kg body weight allyl isothiocyanate in corn oil; vehicle control: corn oil; volume: rats, 5 ml/kg body weight; mice 10 ml/kg body weight
Duration of Dosing	Rats and mice: single dose; killed on day 16	Rats: 14 consecutive days; killed on days 16-17 Mice: 14 consecutive days; killed on days 17-31	Rats and mice: 13 weeks, 5 days per week; killed on days 92-96	Rats and mice: 103 weeks; 5 days per week; killed at week 104-106
Type and Frequency of Observation	Observed twice daily for mortality	Observed twice daily for mortality	Observed twice daily for morbidity and mortality	Observed twice daily for morbidity and mortality
Necropsy and Histologic Examination	Peritoneal cavity examined in male mice receiving 200, 400, or 800 mg/kg and in female mice receiving 100, 200, or 400 mg/kg	All animals necropsied	Gross necropsy performed on all animals; histologic examination performed on all vehicle controls and all animals receiving 25 mg/kg	Gross necropsy and histologic examination performed on all animals

TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS

21

	Single-Dose Study	14-Day Study	13-Week Study	Chronic Study
Animals and Animal Ma	intenance			
Species	F344/N Rats; B6C3F1 Mice	F344/N Rats; B6C3F1 Mice	F344/N Rats; B6C3F1 Mice	F344/N Rats; B6C3F1 Mice
Animal Source	Frederick Cancer Research Center (Frederick, MD)	Same as single-dose study	Same as single-dose study	Harlan Industries, Inc. (Indianapolis, IN)
Time Held Before Start of Test	Rats: 9 days Mice: 8 days	Rats: 8 days Mice: 8 days	Rats: 5 days Mice: 5 days	Rats: 16 days Mice: 16 days
Age When Placed on Study	35 days old	35 days old	35 days old	Rats: 39 days old Mice: 57 days old
Age When Killed	51 days old	Rats: 51-52 days old Mice: 52-66 days old	127-131 days old	Rats: 767 days old Mice: 785 days old
Method of Animal Distribution	Randomized to cages using table of random numbers; cages randomized to test groups using another table of random numbers	Same as single-dose study	Same as single-dose study	Same as single-dose study
Feed	Wayne Lab Blox [®] Allied Mills, Inc. (Chicago, IL) Avail- able <i>ad libitum</i>	Same as single-dose study	Same as single-dose study	Same as single-dose study
Bedding	Beta Chips®, hardwood chips, Northeastern Products Corp. (Warrensburg, NY)	Same as single-dose study	Same as single-dose study	Same as single-dose study
Water	Tap water in glass bottles available ad libitum	Same as single-dose study	Tap water via automatic system, Edstrom Industries, Inc. (Waterford, WI)	Same as 13-week study
Cages	Stainless steel, Hahn Roofing and Sheet Metal Co. (Birmingham, AL)	Same as single-dose study	Polycarbonate Lab Products, Inc. (Garfield, NJ)	Same as 13-week study

TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS (Continued)

22

	Single-Dose Study	14-Day Study	13-Week Study	Chronic Study
Animals and Animal Mainte	enance	······································		
Animals Per Cage	5	5	5	5
Cage Filters	Fiberglass	Fiberglass	Disposable spun-bonded Polyester Dupont #2024 Snow Filtration Co. (Cincinnati, OH)	Same as 13-week study
Animal Room Environment	23° ± 3°C; humidity uncontrolled; 15 air changes per hr. 9 hrs fluorescent light	Same as single-dose study	23°±3°C; humidity uncontrolled; 15 air changes per hr. 12 hrs fluorescent light	23°±3°C; humidity uncontrolled; 15 air changes per hr. 12 hrs fluorescent light
Other Chemicals on Test in Same Room	Rats and mice: ethyl acrylate, eugenol, p-mannitol;	Rats: ethyl acrylate, eugenol, D-mannitol; Mice: ethyl acrylate, eugenol, D-mannitol; stannous chloride, ziram, propyl gallate, zearalenone	None	None
Chemical/Vehicle Mixture				
Preparation	Allyl isothiocyanate mixed with Mazola® corn oil to concen- tration of highest dose (stock mixture); stock mixture diluted with corn oil to make other doses	Same as single-dose study	Same as single-dose study	Same as single-dose study
Frequency of Preparation	Mixture prepared daily	Mixture prepared daily	Mixture prepared once each week	Mixture prepared once each week
Storage Conditions		Excess mixture discarded		Dosing mixture stored at 5°C for no longer than 10 days

TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS (Continued)

23

Allyl Isothiocyanate

.

III. RESULTS

RATS

PRECHRONIC STUDIES

Single-Dose Study Fourteen-Day Study Thirteen-Week Study

CHRONIC STUDY

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

MICE

PRECHRONIC STUDIES

Single-Dose Study Fourteen-Day Study Thirteen-Week Study

CHRONIC STUDY

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

PRECHRONIC STUDIES

Single-Dose Study

All animals survived to the end of the 16-day observation period. The following average weight increases over the initial weight (on day 0) were measured:

Dose _	Weight Increase (Percent)		
(mg/kg)	Males	Females	
25	69	40	
50	58	45	
100	61	44	
200	50	38	
400	31	20	

Other signs of toxicity seen in male rats receiving 200-400 mg/kg included inactivity, watery eyes, and ruffled fur. All signs were gone by day 9 in the 400 mg/kg group and by day 3 in the 200 mg/kg group. Female rats also exhibited inactivity and ruffled fur. Since no rats died during the course of those studies, the highest dose for the 14-day study was set at 400 mg/kg.

Fourteen-Day Study

All rats administered 200 or 400 mg/kg allyl isothiocyanate died before the end of the study (Table 2). Animals administered 100 mg/kg gained less weight than did animals receiving lower doses. A thickened mucosal surface of the stomach was seen in groups of males and females administered 50-400 mg/kg, and adhesion of the stomach to the peritoneum was observed in groups of male rats receiving 50-400 mg/kg and in groups of female rats receiving 100-400 mg/kg (Table 3).

Toxic signs were seen at all dose levels. These signs included inactivity and ruffled fur and were most severe at the 400 mg/kg dose level. Due to the toxicity and pathologic effects observed, the highest dose for the 13-week study was set at 25 mg/kg.

		N	fean Body Weight (gram	s)
Dose (mg/kg)	Survival (a)	Initial	Final	Change (b)
Males				
25	5/5	96.6 ± 5.0	147.0 ± 6.6	$+50.4 \pm 2.8$
50	5/5	85.8 ± 3.9	127.2 ± 4.1	$+41.4 \pm 2.3$
100	5/5	92.8 ± 7.1	113.0 ± 6.1	+20.2 ± 2.2
200	0/5(c)	(d)	(d)	(d)
400	0/5(e)	(d)	(d)	(d)
Females				
25	5/5	82.6 ± 2.7	113.2 ± 1.7	$+30.6 \pm 2.3$
50	5/5	77.4 ± 3.5	105.6 ± 3.2	$+28.2 \pm 2.6$
100	5/5	84.8 ± 3.0	105.8 ± 3.8	+21.0 ± 2.7
200	0/5(1)	(d)	(d)	(d)
400	0/5(g)	(d)	(d)	(d)

TABLE 2. DOSAGE, SURVIVAL, AND MEAN BODY WEIGHTS OF RATS RECEIVING ALLYLISOTHIOCYANATE BY GAVAGE FOR 14 DAYS

(a) Number surviving/number initially in the group. All calculations refer only to the survivors of each group.

(b) Mean weight change of the survivors of the group \pm standard error of the mean.

(c) Days of death: 2, 2, 3, 8, 9

(d) No data are presented due to the 100% mortality in this group.

(e) Days of death: 2, 2, 2, 2, 4

(f) Days of death: 2, 2, 6, 8, 9

(g) Days of death: 2, 2, 2, 2, 3

Dose (mg/kg)	Thickened Mucosal Surface of Stomach	Adhesion of Stomach to Peritoneum
Males		
25	0/5	0/5
50	5/5	1/5
100	5/5	4/5
200	4/5(a)	5/5(a)
400	1/5(a)	3/5(a)
Females		
25	0/5	0/5
50	5/5	0/5
100	5/5	2/5
200	3/5(a)	4/5(a)
400	3/5(a)	4/5(a)

TABLE 3. INCIDENCE OF COMPOUND-RELATED EFFECTS OBSERVED IN RATS AT NECROPSY IN THE 14-DAY STUDY OF ALLYL ISOTHIOCYANATE

(a) See Table 2 for days of death.

Thirteen-Week Study

No compound-related deaths or histopathologic effects in the stomach or other tissues were observed. Mean body weight gains of control and dosed groups were comparable (Table 4). In this study, the highest dose level (25 mg/kg) had no effect on either male or female F344/N rats.

Doses of 12 and 25 mg/kg allyl isothiocyanate, administered five times per week by gavage, were selected for rats in the chronic study because compound-related gross pathologic effects were observed in the 14-day study at 50 mg/kg.

Dose (mg/kg) <i>(a)</i>	Survival (b)	Mean Body Weight (grams)			Weight Change Relative to
		Initial	Final	Change (c)	Controls (d) (Percent)
Males					
0(e)	10/10	65.4 ± 3.4	309.8 ± 5.4	$+244.4 \pm 3.8$	
1.5	10/10	65.9 ± 2.8	322.5 ± 6.2	$+256.6 \pm 4.8$	+5.0
3	10/10	67.2 ± 2.6	321.0 ± 5.2	$+253.8 \pm 4.2$	+3.8
6	10/10	67.2 ± 3.9	318.4 ± 5.4	$+251.2 \pm 4.9$	+2.8
12	10/10	66.9 ± 2.9	314.5 ± 5.4	$+247.6 \pm 4.8$	+1.3
25	10/10	66.7 ± 4.4	303.4 ± 8.8	$+236.7 \pm 7.5$	-3.2
Females					
0(e)	10/10	56.1 ± 1.8	191.9 ± 3.1	$+135.8 \pm 4.1$	
1.5	10/10	60.0 ± 2.1	194.7 ± 4.4	$+134.7 \pm 5.1$	-0.8
3	10/10	64.0 ± 2.3	196.4 ± 4.0	$+132.4 \pm 4.1$	-2.5
6	10/10	60.8 ± 2.4	195.3 ± 3.6	$+134.5 \pm 2.1$	-1.0
12	10/10	59.8 ± 1.9	191.4 ± 3.0	$+131.6 \pm 3.8$	-3.1
25	10/10	62.6 ± 2.7	192.9 ± 4.4	$+130.3 \pm 3.3$	-4.1

TABLE 4. DOSAGE, SURVIVAL, AND MEAN BODY WEIGHTS OF RATS ADMINISTERED ALLYL ISOTHIOCYANATE BY GAVAGE FOR 13 WEEKS

(a) Allyl isothiocyanate in corn oil was administered 5 days per week.

(b) Number surviving/number initially in the group.

(c) Mean weight change of the group \pm standard error of the mean.

(d) Weight change of the dosed group relative to that of the controls

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

Weight Change (Control Group)

(e) Vehicle controls received corn oil alone.

CHRONIC STUDY

Body Weights and Clinical Signs

Throughout the study, the mean body weights of high-dose male rats were lower than those of the controls, and during the last half of the study the mean body weights of both low- and highdose female rats were higher than those of the controls (Figure 1, and Appendix H, Table H1). No compound-related clinical signs were observed.



Figure 1. Growth Curves for Rats Administered Allyl Isothiocyanate by Gavage.

Survival

Estimates of the probabilities of survival of male and female rats administered allyl isothiocyanate by gavage at the doses of this bioassay, together with those of the control groups, are shown by the Kaplan and Meier curves in Figure 2. Two male rats were accidentally killed, one in the low-dose group at week 54 and one in the high-dose group at week 68. Two female rats in the low-dose group were accidentally killed at week 54. These deaths were due to gavage error. No significant differences in survival were observed. One control male, one low-dose male, and two low-dose females died during weeks 104-106. In the statistical analyses reported in Tables 6 and 7, no distinction was made between these animals and those killed during the termination period.

In male rats, 37/50 (74%) of the controls, 32/50 (64%) of the low-dose, and 33/50 (66%) of the high-dose group lived to the termination period of the study at 104-106 weeks. In female rats, 35/50 (70%) of the controls, 29/50 (58%) of the low-dose, and 33/50 (66%) of the high-dose group lived to the end of the study at 104-106 weeks.



Figure 2. Survival Curves for Rats Administered Allyl Isothiocyanate by Gavage.

Pathology and Statistical Analyses of Results

Histopathologic findings on neoplasms in rats are summarized in Appendix A, Tables A1 and A2; Tables A3 and A4 give the survival and tumor status for each individual animal in the male rat and female rat studies, respectively. Findings on nonneoplastic lesions are summarized in Appendix C, Tables C1 and C2. Tables 6 and 7 contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups.

Subcutaneous Tissue: Fibrosarcomas were observed in 3/50 (6%) high-dose female rats; none were seen in the control and low-dose groups. The results of all three trend tests were significant (P<0.05), but comparisons between the high-dose and control groups were not significant.

Hematopoietic System: Leukemia was observed in dosed male rats with a statistically significant positive trend (P<0.05; incidence: control, 2/50, 4%; low-dose 6/50, 12%; high-dose, 8/50, 16%). The incidence in the male high-dose group was significantly higher (P<0.05) than that in the control group. This leukemia, designated here as undifferentiated leukemia, is the typical leukemia of F344/N rats and is variously described as mononuclear cell leukemia. Fischer rat leukemia, or monocytic leukemia.

Urinary Bladder: Transitional-cell papillomas occurred in dosed male rats with a statistically significant (P<0.05) positive trend. Incidences

in the control, low-dose, and high-dose groups were 0/49 (0%), 2/49 (4%), and 4/49 (8%). One female rat in the high-dose group had this lesion; the results in female rats were not significant. Epithelial hyperplasia was seen in 1/49 (2%) low-dose and 6/49 (12%) high-dose male rats. Both the overall trend and the increase at the high dose were statistically significant (P<0.05). Incidences of bladder lesions are given in Table 5.

Three of the tumors were large polypoid masses. The other lesions were small. Two of the large papillomas had a prominent myxomatous stroma. The hyperplasias were focal and small; a few were associated with mild inflammation. Urinary calculi were not observed in any animals in this study.

Eye: An increased incidence of nonneoplastic lesions consisting of retinopathy and cataract formation was observed in high-dose male rats and in low-dose female rats. Retinopathy was seen in 9/50 (18%) control males, 6/50 (12%) low-dose males, 39/50 (78%) high-dose males, 4/50 (8%) control females, 35/50 (70%) low-dose females, and 11/50 (22%) high-dose females. Cataract formation was observed in 7/50 (14%) control males, 6/50 (12%) low-dose males, 13/50(26%) high-dose males, 2/50(4%) control females, 33/50 (66%) low-dose females, and 9/50 (18%) high-dose females. The incidence of retinopathy and cataract formation correlated with the placement of the cages. The animals that occupied the two top levels of the racks (i.e., high-dose males and low-dose females) had the highest incidence of eye effects.

	Incidence					
	Males			Females		
	Vehicle Control	Low Dose	High Dose	Vehicle Control	Low Dose	High Dose
Animals examined	49	49	49	49	49	50
Lesion:						
Transitional-Cell						
Papilloma	0	2	4	0	0	1
Epithelial Hyperplasia	0	1	6 (a)	0	0	1
Nodular Hyperplasia	0	0	1	0	0	0

 TABLE 5. INCIDENCE OF RATS WITH BLADDER LESIONS IN THE CHRONIC STUDY WITH

 ALLYL ISOTHIOCYANATE

(a) None of these animals had papillomas.

	Vehicle Control	Low Dose	High Dose
Skin: Squamous Cell Papilloma			
Tumor Rates			
Overall (b)	3/50 (6%)	0/50 (0%)	4/50 (8%)
Adjusted (c)	7.6%	0.0%	12.1%
Terminal (d)	2/38 (5%)	0/33 (0%)	4/33 (12%)
Statistical Tests (e)	_, (. , ,		·/··· (/0)
Life Table	P=0.331	P=0.152N	P=0.418
Incidental Tumor Test	P=0.292	P=0.159N	P=0.364
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.393	P=0.121N	P=0.500
Skin: Squamous Cell Papilloma or Ca	rcinoma		
Tumor Rates			
Overall (b)	4/50 (8%)	0/50 (0%)	6/50 (12%)
Adjusted (c)	10.1%	0.0%	17.2%
Terminal (d)	3/38 (8%)	0/33 (0%)	5/33 (15%)
Statistical Tests (e)	, , , , , , , , , , , , , , , , , , , ,		
Life Table	P=0.203N	P=0.086N	P=0.284
Incidental Tumor Test	P=0.234N	P=0.090N	P=0.331
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.260	P=0.059N	P=0.370
Subcutaneous Tissue: Fibrosarcoma			
Tumor Rates			
Overall (b)	5/50 (10%)	5/50 (10%)	1/50 (2%)
Adjusted (c)	12.5%	14.1%	2.8%
Terminal (d)	4/38 (11%)	4/33 (12%)	0/33 (0%)
Statistical Tests (e)			
Life Table	P=0.133N	P=0.542	P=0.154N
Incidental Tumor Test	P=0.123N	P=0.628N	P=0.215N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.088N	P=0.630	P=0.102N
Subcutaneous Tissue: All Sarcomas			
Tumor Rates			
Overall (b)	6/50 (12%)	8/50 (16%)	2/50 (4%)
Adjusted (c)	14.5%	20.5%	5.1%
Terminal (d)	4/38 (11%)	5/33 (15%)	0/33 (0%)
Statistical Tests (e) Life Table	P=0.189N	P=0.304	P=0.209N
Incidental Tumor Test	P=0.088N	P=0.540	P=0.198N
Cochran-Armitage Trend,	1-0.0881	1 -0.540	1-0.17014
Fisher Exact Tests	P=0.124N	P=0.387	P=0.134N
Lung: Alveolar/Bronchiolar Adenoma	or Carainoma		
Tumor Rates	of Carcinoma		
Overall (b)	3/49 (6%)	2/49 (4%)	3/48 (6%)
Adjusted (c)	7.2%	6.3%	8.8%
Terminal (d)	1/37 (3%)	2/32 (6%)	2/31 (6%)
Statistical Tests (e)	-/ (*/0)		_/ (- /0)
Life Table	P=0.512	P=0.556N	P=0.590
Incidental Tumor Test	P=0.545N	P=0.426N	P=0.541N
Cochran-Armitage Trend,			

TABLE 6. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (a)

	Vehicle Control	Low Dose	High Dose
Hematopoietic System: Undifferentiate	d Leukemia		· · · · · · · · · · · · · · · · · · ·
Tumor Rates			
Overall (b)	2/50 (4%)	6/50 (12%)	8/50 (16%)
Adjusted (c)	4.7%	17.1%	21.6%
Terminal (d)	0/38 (0%)	4/33 (12%)	5/33 (15%)
Statistical Tests (e)			
Life Table	P=0.024	P=0.093	P=0.030
Incidental Tumor Test	P=0.006	P=0.070	P=0.009
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.039	P=0.134	P=0.046
Hematopoietic System: Lymphoma or	Leukemia		
Tumor Rates			
Overall (b)	2/50 (4%)	7/50 (14%)	8/50 (16%)
Adjusted (c)	4.7%	19.1%	21.6%
Terminal (d)	0/38 (0%)	4/33 (12%)	5/33 (15%)
Statistical Tests (e)			
Life Table	P=0.027	P=0.054	P=0.030
Incidental Tumor Test	P=0.011	P=0.060	P=0.009
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.044	P=0.080	P=0.046
Liver: Neoplastic Nodule			
Fumor Rates			
Overall (b)	2/50 (4%)	0/50 (0%)	5/50 (10%)
Adjusted (c)	5.3%	0.0%	15.2%
Terminal (d)	2/38 (5%)	0/33 (0%)	5/33 (15%)
Statistical Tests (e)			
Life Table	P=0.085	P=0.270N	P=0.162
Incidental Tumor Test	P=0.085	P=0.270N	P=0.162
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.112	P=0.247N	P=0.218
U rinary Bladder: Transitional-Cell Pap Fumor Rates	illoma		
Overall (b)	0/49 (0%)	2/49 (4%)	4/49 (8%)
Adjusted (c)	0.0%	5.5%	12.1%
Terminal (d)	0/37 (0%)	1/32 (3%)	4/33 (12%)
Statistical Tests (e)	0,01 (0,0)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Life Table	P=0.030	P=0.209	P=0.049
Incidental Tumor Test	P=0.048	P=0.356	P=0.049
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.038	P=0.247	P=0.059
Pituitary: Adenoma			
Fumor Rates			
Overall (b)	7/47 (15%)	12/49 (24%)	4/49 (8%)
Adjusted (c)	18.0%	30.6%	11.7%
Terminal (d)	5/36 (14%)	6/32 (19%)	3/33 (9%)
Statistical Tests (e)		-, (,0)	
Life Table	P=0.326N	P=0.107	P=0.336N
Incidental Tumor Test	P=0.270N	P=0.236	P=0.462N
Cochran-Armitage Trend,			

TABLE 6. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (a) (Continued)

	Vehicle Control	Low Dose	High Dose
Pituitary: Adenoma or Carcinoma			
Tumor Rates			
Overall (b)	7/47 (15%)	13/49 (27%)	4/49 (8%)
Adjusted (c)	18.0%	33.3%	11.7%
Terminal (d)	5/36 (14%)	7/32 (22%)	3/33 (9%)
Statistical Tests (e)		,	
Life Table	P=0.329N	P=0.071	P=0.336N
Incidental Tumor Test	P=0.275N	P=0.162	P=0.462N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.205N	P=0.124	P=0.238N
Adrenal: Pheochromocytoma			
Tumor Rates			
Overall (b)	16/50 (32%)	15/50 (30%)	11/50 (22%)
Adjusted (c)	39.7%	40.8 %	33.3%
Terminal (d)	14/38 (37%)	12/33 (36%)	11/33 (33%)
Statistical Tests (e)			
Life Table	P=0.293N	P=0.483	P=0.322N
Incidental Tumor Test	P=0.260N	P=0.580N	P=0.376N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.158N	P=0.500N	P=0.184N
Adrenal: Pheochromocytoma or Mal	lignant Pheochromocytoma		
Fumor Rates	17/50 (2407)	15 (50 (2007)	11/50 (2207)
Overall (b) Adjusted (c)	17/50 (34%) 41.1%	15/50 (30%) 40.8%	11/50 (22%) 33.3%
Terminal (d)	41.1% 14/38 (37%)	40.8% 12/33 (36%)	11/33 (33%)
Statistical Tests (e)	14/38 (37%)	12/33 (30%)	(1/33 (33%)
Life Table	P=0.231N	P=0.557	P=0.258N
Incidental Tumor Test	P=0.213N	P=0.505N	P=0.330N
Cochran-Armitage Trend,	1-0.2151	1-0.50514	1-0.5501
Fisher Exact Tests	P=0.113N	P=0.415N	P=0.133N
	1-0.11514	1-0.41514	1-0.15514
Fhyroid: C-Cell Adenoma			
Tumor Rates			
Overall (b)	6/48 (13%)	10/50 (20%)	5/50 (10%)
Adjusted (c)	16.7%	29.1%	14.6%
Terminal (d)	6/36 (17%)	9/33 (27%)	4/33 (12%)
Statistical Tests (e)		D 0 161	D 0 (70)
Life Table	P=0.511N	P=0.151	P=0.570N
Incidental Tumor Test	P=0.470N	P=0.194	P=0.614N
Cochran-Armitage Trend,	D =0.400N	D-0.000	D-0.471N
Fisher Exact Tests	P=0.400N	P=0.233	P=0.471N
hyroid: C-Cell Adenoma or Carcinor	na		
Tumor Rates			
Overall (b)	8/48 (17%)	11/50 (22%)	7/50 (14%)
Adjusted (c)	21.4%	30.7%	20.5%
Terminal (d)	7/36 (19%)	9/33 (27%)	6/33 (18%)
Statistical Tests (e)	D-0 CONT	D-0 225	D-0 60751
Life Table	P=0.530N	P=0.235	P=0.587N
Incidental Tumor Test	P=0.474N	P=0.348	P=0.560
Cochran-Armitage Trend, Fisher Exact Tests	D-0 ADAN	D-0.241	D-0 445N
FISHER EXACT LESIS	P=0.404N	P=0.341	P=0.465N

TABLE 6. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (a) (Continued)

	Vehicle Control	Low Dose	High Dose
Pancreatic Islets: Islet-Cell Adenoma o	or Carcinoma	,,, , , , , , , , , , , , , , , , , ,	
Tumor Rates			
Overall (b)	3/50 (6%)	2/50 (4%)	1/49 (2%)
Adjusted (c)	7. 9 %	6.1%	3.0%
Terminal (d)	3/38 (8%)	2/33 (6%)	1/33 (3%)
Statistical Tests (e)	5/ 55 (870)	2/33(070)	1/33 (370)
Life Table	P=0.272N	P=0.564N	P=0.356N
Incidental Tumor Test	P=0.272N	P=0.564N	P=0.356N
Cochran-Armitage Trend,	1 0.2721	1 0.000	. 0.000.
Fisher Exact Tests	P=0.232N	P=0.500N	P=0.316N
Mammary Gland: Fibroadenoma			
Tumor Rates			
Overall (b)	3/50 (6%)	3/50 (6%)	3/50 (6%)
Adjusted (c)	7.4%	9.1%	9.1%
Terminal (d)	2/38 (5%)	3/33 (9%)	3/33 (9%)
Statistical Tests (e)	2758 (5%)	3/33 (9%)	5/ 55 (9%)
Life Table	P=0.508	P=0.591	P=0.584
Incidental Tumor Test	P=0.474	P=0.591 P=0.584	P=0.534
Cochran-Armitage Trend,	F =0.474	F-0.364	F-0.555
Fisher Exact Tests	P=0.586	P=0.661	P=0.661
risher Exact resis	F-0.380	F-0.001	F -0.001
Preputial Gland: Adenocarcinoma			
Tumor Rates			
Overall (b)	4/50 (8%)	1/50 (2%)	1/50 (2%)
Adjusted (c)	10.5%	3.0%	3.0%
Terminal (d)	4/38 (11%)	1/33 (3%)	1/33 (3%)
Statistical Tests (e)			
Life Table	P=0.137N	P=0.223N	P=0.223N
Incidental Tumor Test	P=0.137N	P=0.223N	P=0.223N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.108N	P=0.181N	P=0.181N
Preputial Gland: Carcinoma or Adeno	carcinoma		
Tumor Rates			
Overall (b)	4/50 (8%)	2/50 (4%)	2/50 (4%)
Adjusted (c)	10.5%	6.1%	6.1%
Terminal (d)	4/38 (11%)	2/33 (6%)	2/33 (6%)
Statistical Tests (e)			
Life Table	P=0.316N	P=0.403N	P=0.403N
Incidental Tumor Test	P=0.316N	P=0.403N	P=0.403N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.260N	P=0.339N	P=0.339N
Testis: Interstitial-Cell Tumor			
Tumor Rates			
Overall (b)	45/50 (90%)	45/50 (90%)	49/49(100%
Adjusted (c)	97.8%	95.7%	100.0%
Terminal (d)	37/38 (97%)	31/33 (94%)	33/33(100%
Statistical Tests (e)			
Life Table	P=0.024	P=0.146	P=0.023
Incidental Tumor Test	P=0.066	P=0.596N	P=0.068
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.036	P=0.630	P=0.030

TABLE 6. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (a) (Continued)
TABLE 6. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (a) (Continued)

- (a) Dosed groups received doses of 12 or 25 mg/kg of allyl isothiocyanate by gavage.
- (b) Number of tumor-bearing animals/number of animals examined at the site (percent).
- (c) Kaplan-Meier estimated lifetime tumor incidence after adjusting for intercurrent mortality.
- (d) Observed tumor incidence in surviving animals killed at end of study.
- (e) 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 control. The life table analysis regards tumors in animals dying before the end of the study as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher's exact tests compare directly the overall incidence rates. A negative trend is indicated by (N).

	Vehicie Control	Low Dose	High Dose
Subcutaneous Tissue: Fibrosarcoma	······································	<u>y ang anny uppa, an</u> ang	
Fumor Rates			
Overall (b)	0/50 (0%)	0/50 (0%)	3/50 (6%)
Adjusted (c)	0.0%	0.0%	8.1%
Terminal (d)	0/35 (0%)	0/31 (0%)	2/33 (6%)
Statistical Tests (e)	0,00 (070)	0,01 (0,0)	2/00 (070)
Life Table	P=0.037	(1)	P=0.116
Incidental Tumor Test	P=0.028	(f)	P=0.094
Cochran-Armitage Trend,	1 01020		1 0.057
Fisher Exact Tests	P=0.036	Ć.	P=0.121
ung: Alveolar/Bronchiolar Adenoma o			
Tumor Rates			
Overall (b)	1/50 (2%)	0/50 (0%)	3/50 (6%)
Adjusted (c)	2.9%	0.0%	7.4%
Terminal (d)	1/35 (3%)	0/31 (0%)	1/33 (3%)
Statistical Tests (e)	1/33 (370)	0/51 (070)	1/00 (070)
Life Table	P=0.174	P=0.524N	P=0.301
Incidental Tumor Test	P=0.125	P=0.524N	P=0.223
Cochran-Armitage Trend,	. 0.125		
Fisher Exact Tests	P=0.171	P=0.500N	P=0.309
Iematopoietic System: Undifferentiated	Laukamia		
Fumor Rates	Leukemia		
Overall (b)	7/50 (14%)	9/50 (18%)	11/50 (22%
Adjusted (c)	16.6%	23.8%	26.1%
Terminal (d)	3/35 (9%)	4/31 (13%)	4/33 (12%)
Statistical Tests (e)	5,00 (7,0)	(, c. (. c. / c)	1,00 (1=70)
Life Table	P=0.192	P=0.318	P=0.219
Incidental Tumor Test	P=0.186	P=0.373	P=0.291
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.184	P=0.393	P=0.218
Innotonoistic Sustant, All I subamic			
Hematopoietic System: All Leukemia			
Overall (b)	7/50 (14%)	9/50 (18%)	12/50 (24%
Adjusted (c)	16.6%	23.8%	28.6%
Terminal (d)	3/35 (9%)	4/31 (13%)	5/33 (15%)
Statistical Tests (e)	0,00 (7,0)	(10)()	5,00 (00,0)
Life Table	P=0.136	P=0.318	P=0.159
Incidental Tumor Test	P=0.124	P=0.373	P=0.210
Cochran-Armitage Trend,	1 0.124	1 0.070	1 0.210
Fisher Exact Tests	P=0.125	P=0.393	P=0.154
Iematopoietic System: Lymphoma or L	eukemia		
Tumor Rates Overall (b)	8/50 (14%)	9/50 (18%)	14/50 (289
Adjusted (c)	19.2%	23.8%	31.6%
Terminal (d)	4/35 (11%)	23.8% 4/31 (13%)	5/33 (15%)
Statistical Tests (e)	<i>⊣/ JJ (1170)</i>	+/ J1 (1370)	0,00 (1070)
Life Table	P=0.101	P=0.410	P=0.125
Incidental Tumor Test	P=0.096	P=0.479	P=0.206
Cochran-Armitage Trend,	1 -0.070	1 -0,4/2	1 -0.200
Coeman-mininage Frend,	P=0.087	P=0.500	P=0.114

TABLE 7. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS (a)

Topography:Morphology	Vehicle Control	Low Dose	High Dose
Pituitary: Adenoma			
Tumor Rates			
Overall (b)	17/49(35%)	10/50(20%)	13/50(26%)
Adjusted (c)	44.3%	29.8%	36.7%
Terminal (d)	13/34(38%)	8/31(26%)	11/33(33%)
Statistical Tests (e)			
Life Table	P=0.247N	P=0.145N	P=0.283N
Incidental Tumor Test	P=0.241N	P=0.139N	P=0.279N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.207N	P=0.078N	P=0.235N
Pituitary: Carcinoma			
Tumor Rates			
Overall (b)	0/49(0%)	3/50(6%)	2/50(4%)
Adjusted (c)	0.0%	9.7%	6.1%
Terminal (d)	0/34(0%)	3/31(10%)	2/33(6%)
Statistical Tests (e)			
Life Table	P=0.208	P=0.105	P=0.231
Incidental Tumor Test	P=0.208	P=0.105	P=0.231
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.219	P=0.125	P=0.253
Pituitary: Adenoma or Carcinoma			
Tumor Rates			
Overall (b)	17/49(35%)	13/50(26%)	15/50(30%)
Adjusted (c)	44.3%	38.9%	42.5%
Terminal (d)	13/34(38%)	11/31(35%)	13/33(39%)
Statistical Tests (e)	D 0 (00)	D. A. AKANI	
Life Table	P=0.407N	P=0.360N	P=0.446N
Incidental Tumor Test	P=0.404N	P=0.359N	P=0.447N
Cochran-Armitage Trend,		D 4 4443	D 0 0001
Fisher Exact Tests	P=0.355N	P=0.235N	P=0.388N
Adrenal: Pheochromocytoma			
Tumor Rates	1 (50 (9 %)	0100(400)	2 (50// 01)
Overall (b)	1/50(2%)	2/50(4%)	3/50(6%)
Adjusted (c) Terminal (d)	2.3%	6.5%	9.1% 3/33(9%)
Statistical Tests (e)	0/35(0%)	2/31(6%)	3/ 33(9%)
Life Table	P=0.216	P=0.464	P=0.293
Incidental Tumor Test	P=0.194	P=0.451	P=0.256
Cochran-Armitage Trend,	1 -0.194	1-0.401	1-0.250
Fisher Exact Tests	P=0.226	P=0.500	P=0.309
			1 0.007
Adrenal: Pheochromocytoma and Ma Fumor Rates	lignant Pheochromocytom	a	
	2/50(407)	2/50/407)	3150(607)
Overall (b)	2/50(4%) 5.1%	2/50(4%) 6.5%	3/50(6%) 9.1%
Adjusted (c) Terminal (d)	5.1% 1/35(3%)	6.5% 2/31(6%)	9.1% 3/33(9%)
Statistical Tests (e)	(35(370)	2/ 51(0%)	5/ 55(770)
Life Table	P=0.390	P=0.654	P=0.481
Incidental Tumor Test	P=0.364	P=0.644	P=0.442
Cochran-Armitage Trend,	. 0.004	. 0.017	. 0.772

TABLE 7. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS (a) (Continued)

	V ehicle Control	Low Dose	High Dose
Thyroid: C-Ceil Adenoma			
Tumor Rates			
Overall (b)	10/50 (20%)	8/48 (17%)	6/50 (12%)
Adjusted (c)	28.6%	26.1%	18.2%
Terminal (d)	10/35 (29%)	7/29 (24%)	6/33 (18%)
Statistical Tests (e)			
Life Table	P=0.200N	P=0.570N	P=0.236N
Incidental Tumor Test	P=0.211N	P=0.574N	P=0.236N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.173N	P=0.435N	P=0.207N
Thyroid: C-Cell Carcinoma			
Tumor Rates			
Overall (b)	2/50 (4%)	2/48 (4%)	3/50 (6%)
Adjusted (c)	5.7%	6.9%	9.1%
Terminal (d)	2/35 (6%)	2/29 (7%)	3/33 (9%)
Statistical Tests (e)	, ,	,	, , , , , , , , , , , , , , , , , , , ,
Life Table	P=0.385	P=0.626	P=0.473
Incidental Tumor Test	P=0.385	P=0.626	P=0.473
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.409	P=0.676	P=0.500
Thyroid: C-Cell Adenoma or Carcinoma			
Tumor Rates			
Overall (b)	12/50 (24%)	10/48 (21%)	9/50 (18%)
Adjusted (c)	34.3%	32.8%	27.3%
Terminal (d)	12/35 (34%)	9/29 (31%)	9/33 (27%)
Statistical Tests (e)			- / (/ 0)
Life Table	P=0.314N	P=0.598	P=0.359N
Incidental Tumor Test	P=0.327N	P=0.595	P=0.359N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.272N	P=0.447N	P=0.312N
Mammary Gland: Fibroadenoma			
Tumor Rates			
Overall (b)	8/50 (16%)	14/50 (28%)	11/50 (22%
Adjusted (c)	21.8%	39.7%	30.7%
Terminal (d)	7/35 (20%)	11/31 (35%)	9/33 (27%)
Statistical Tests (e)			
Life Table	P=0.247	P=0.068	P=0.264
Incidental Tumor Test	P=0.246	P=0.115	P=0.246
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.285	P=0.114	P=0.306
Uterus: Endometrial Stromal Polyp			
Fumor Rates			
Overall (b)	14/50 (28%)	15/49 (31%)	16/50 (32%
Adjusted (c)	38.9%	44.8%	42.4%
Terminal (d)	13/35 (37%)	13/31 (42%)	12/33 (36%
Statistical Tests (e)	,	, , , , , ,	, , , -, ,
Life Table	P=0.311	P=0.346	P=0.347
Incidental Tumor Test	P=0.374	P=0.420	P=0.400
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.375	P=0.474	P=0.414

TABLE 7. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS (a) (Continued)

TABLE 7. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS (a) (Continued)

- (a) Dosed groups received doses of 12 or 25 mg/kg of allyl isothiocyanate by gavage.
- (b) Number of tumor-bearing animals/number of animals examined at the site (percent).
- (c) Kaplan-Meier estimated lifetime tumor incidence after adjusting for intercurrent mortality.
- (d) Observed tumor incidence in surviving animals killed at end of study.
- (e) 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 control. The life table analysis regards tumors in animals dying before the end of the study as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher's exact tests compare directly the overall incidence rates. A negative trend is indicated by (N).
- (f) No test was performed because there was no incidence in the low-dose or vehicle control group.

PRECHRONIC STUDIES

Single-Dose Study

Two of five males receiving 400 mg/kg and 4/5 males and 5/5 females receiving 800 mg/kg died (Table 8). The following average weight increases over the initial weight (on day 0) were calculated at the end of the 16th day for the surviving male and female mice:

Dose _	Weight Increase (Percent)		
(mg/kg)	Males	Females	
50	2	18	
100	17	22	
200	24	13	
400	21	11	
800	38		

Male and female mice exhibited a transient, dose-related toxicity which was most marked in the 100, 200, 400, and 800 mg/kg groups. This included inactivity, drooping eyelids, and ruffled fur.

The peritoneal cavities were examined in male mice administered 200, 400, or 800 mg/kg and in female mice administered 100, 200, or 400 mg/kg. The lower third of the mucosal surface of the stomach was thickened and necrotic. The stomach adhered to the peritoneal wall in male mice administered 400 or 800 mg/kg and in female mice administered 200 or 400 mg/kg. The severity of these effects was dose related.

The highest dosage levels producing no deaths were 200 mg/kg in the males and 400 mg/kg in the females. In addition, the 100, 200, 400, and 800 mg/kg levels produced toxicity. For these reasons, the highest dose level in the 14-day study was set at 50 mg/kg.

Fourteen-Day Study

One male mouse administered 50 mg/kg died (Table 9). A thickened area of mucosa in the nonglandular region of the stomach was observed in 4/5 males and 5/5 females administered 50 mg/kg. A thickened urinary bladder wall was seen in 4/5 males and 1/5 females administered 50 mg/kg. The average weight gain in the experimental groups varied from 3% to 16%.

No other signs of toxicity were observed. Due to the stomach and bladder lesions observed at the 50 mg/kg dose, the highest dose set for the 13-week study was 25 mg/kg.

Thirteen-Week Study

No compound-related deaths or histopathologic effects in the stomach or other tissues were observed. Mean body weight gains of control and dosed groups were comparable (Table 10). The highest dose level (25 mg/kg) had no effect on male or female B6C3F1 mice.

Doses of 12 and 25 mg/kg allyl isothiocyanate, administered five times per week by gavage, were selected for mice in the chronic study because compound-related effects were observed in the 14-day study at 50 mg/kg.

	Survival (a)			
Dose (mg/kg)	Males	Females		
50	5/5	5/5		
100	5/5	5/5		
200	5/5	5/5		
400	3/5 (b)	5/5		
800	1/5(c)	0/5(d)		

 TABLE 8. DOSAGE AND SURVIVAL OF MICE ADMINISTERED A SINGLE DOSE OF ALLYL

 ISOTHIOCYANATE IN CORN OIL BY GAVAGE

(a) Number surviving/number initially in the group.

(b) Deaths occurred on days 1 and 14.

(c) Two animals died on day 1 and two animals on day 2.

(d) Four animals died on day 1 and one animal on day 2.

		Ν	lean Body Weight (gram	is)
Dose (mg/kg)	Survival (a)	Initial	Final	Change (b)
Males				
3	5/5	20.2 ± 0.4	21.0 ± 0.7	$+0.8 \pm 0.5$
6	5/5	20.6 ± 0.2	22.6 ± 0.7	$+2.0 \pm 0.5$
12	5/5	20.2 ± 0.7	21.0 ± 1.0	$+0.8 \pm 0.4$
25	5/5	19.8 ± 0.5	21.8 ± 0.7	$+2.0 \pm 0.5$
50	4/5 (c)	20.5 ± 0.7	23.8 ± 0.5	$+3.3 \pm 0.8$
Females				
3	5/5	17.4 ± 0.4	19.0 ± 0.3	$+1.6 \pm 0.5$
6	5/5	16.6 ± 0.2	18.8 ± 0.7	$+2.2 \pm 0.7$
12	5/5	17.8 ± 0.5	18.4 ± 0.4	$+0.6 \pm 0.2$
25	5/5	16.8 ± 0.4	18.4 ± 0.2	$+1.6 \pm 0.5$
50	5/5	17.6 ± 0.5	18.0 ± 0.9	+0.4 ± 1.0

TABLE 9. DOSAGE, SURVIVAL, AND MEAN BODY WEIGHTS OF MICE RECEIVING ALLYL **ISOTHIOCYANATE BY GAVAGE FOR 14 DAYS**

(a) Number surviving/number initially in the group. All calculations refer only to the survivors of each group.

(b) Mean weight change of the survivors of the group \pm standard error of the mean.

(c) Death occurred on day 15, the day after administration of the test material was discontinued.

TABLE 10. DOSAGE, SURVIVAL, AND MEAN BODY WEIGHTS OF MICE ADMINISTERED ALLYL **ISOTHIOCYANATE BY GAVAGE FOR 13 WEEKS**

		Me	ght (grams) Weight Relat		
Dose <i>(a)</i> (mg/kg)	Survival (b)	Initial	Final	Change (c)	Controls (d) (Percent)
Males					
0(e)	10/10	18.7 ±0.5	32.4 ±0.6	+13.7 ±0.5	
1.5	9/10 (f)	19.4 ±0.3	34.1 ± 1.1	+14.7 ±1.1	+ 7.3
3	10/10	18.2 ±0.6	33.4 ± 1.1	+15.2 ±0.8	+10.9
6	10/10	18.7 ±0.7	35.0 ±0.8	+16.3 ±0.8	+19.0
12	9/10 (1)	20.1 ±0.5	32.8 ±0.4	+12.7 ±0.4	- 7.3
25	10/10	19.9 ±0.4	35.2 ±0.6	+15.3 ±0.8	+11.7
emales					
0(e)	10/10	16.1 ±0.4	25.3 ±0.3	+9.2 ±0.4	
1.5	10/10	15.6 ±0.3	24.3 ±0.5	+8.7 ±0.7	- 5.4
3	8/10 (1)	16.4 ±0.5	24.5 ±0.6	+8.1 ±0.2	-12.0
6	9/10 <i>(f</i>)	16.6 ±0.4	25.2 ±0.6	+8.6 ±0.5	- 6.5
12	9/10 (f)	16.9 ±0.5	25.9 ±0.8	+9.0 ±0.7	- 2.2
25	10/10	15.9 ±0.4	24.5 ±0.5	+8.6 ±0.3	- 6.5

(a) Allyl isothiocyanate in corn oil was administered 5 days per week.

(b) Number surviving/number initially in the group. All calculations refer only to the survivors of each group.

(c) Mean weight change of the survivors of the group \pm standard error of the mean.

(d) Weight change of the dosed group relative to that of the controls =

Weight Change (Dosed Group) – Weight Change (Control Group) × 100

Weight Change (Control Group)

(e) Vehicle controls received corn oil alone.

(f) Death was a result of gavage error.

CHRONIC STUDY

Body Weights and Clinical Signs

higher than those of the vehicle controls (Figure 3, Appendix H, Table H2).

Throughout most of the study, mean body weights of high-dose male and female mice were



Figure 3. Growth Curves for Mice Administered Allyl Isothiocyanate by Gavage.

Survival

Estimates of the probabilities of survival of male and female mice administered allyl isothiocyanate by gavage at the doses of this bioassay, together with those of the control groups, are shown by the Kaplan and Meier curves in Figure 4. No significant differences in survival were observed between any groups of either sex. The survival in control female mice was consistently lower than the survival in either dosed group after week 40. One control male, one low-dose



Figure 4. Survival Curves for Mice Administered Allyl Isothiocyanate by Gavage.

male, and two high-dose female mice died during weeks 104-106. In the statistical analyses reported in Tables 11 and 12, no distinction was made between these animals and those killed during this termination period. One control male (at week 41), six low-dose males (at weeks 42, 48, 56, 59, 60, and 65), seven high-dose males (at weeks 6, 20, 29, 31, 35, 62, and 65), and one high-dose female (at week 60) were accidentally killed (due to gavage error) during the study.

In male mice, 26/50 (52%) of the controls, 24/50 (48%) of the low-dose, and 27/50 (54%) of the high-dose group lived to the termination period of the study at 104-106 weeks. In female mice, 16/50 (32%) of the controls, 25/50 (50%) of the low-dose, and 18/50 (36%) of the high-dose group lived to the termination period of the study at 104-106 weeks. Suppurative inflammation of the peritoneum, uterus, or multiple organs was seen in many of the female mice that died before 104 weeks (13/34 controls, 6/25 low-dose, 12/30 high-dose). These lesions are suggestive of generalized infection and may have been causative in these early deaths.

Pathology and Statistical Analyses of Results

Histopathologic findings on neoplasms occurring in mice are summarized in Appendix B, Tables B1 and B2; Tables B3 and B4 give the survival and tumor status for each individual animal in the male and female mouse studies, respectively. Findings on nonneoplastic lesions are summarized in Appendix D, Tables D1 and D2. Tables 11 and 12 contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups.

Liver: A significant, (P < 0.01) dose-related increase in cytoplasmic vacuolization was observed in male mice (control 2/49, 4%; low-dose, 8/49, 16%; high-dose, 13/50, 26%). The distribution of these vacuoles was not consistent, but most livers had some centrilobular component. In other male mice with cytoplasmic vacuolization, the distribution was more consistently centrilobular. The vacuoles contained fat as determined by special stains of frozen sections. The degree of severity was similiar in the three groups.

Lang: Alveolar/Bronchiolar Adenoma without Carcinoma Tumor Rates 0xerall (b) 4/50 (8%) 3/50 (6%) 4/50 Adjusted (c) 14.8% 10.6% 14.3% Terminal (d) 4/27 (15%) 2/25 (8%) 3/27 Statistical Tests (e) 2/25 (8%) 3/27 Life Table P=0.435 P=0.57N P=0. Incidental Tumor Test P=0.575 P=0.500N P=0.7 Cochran-Armitage Trend. Terminal (d) 0/50 (0%) 1/50 (2%) 3/50 Overall (b) 0/50 (0%) 1/50 (2%) 3/50 Adjusted (c) 0.0% 4.0% 10.39 Terminal (d) 0/27 (0%) 1/25 (4%) 2/27 Statistical Tests (e) 1/16 Table P=0.060 P=0.485 P=0.0 Incidental Tumor Test P=0.048 P=0.485 P=0.0 Cochran-Armitage Trend, Fisher Exact Tests P=0.061 P=0.500 P=0. Lung: Alveolar/Bronchiolar Adenoma or Carcinoma Tumor Rates 0 Y=0.048 P=0.43.5% 23.99 Overall (b)		Vehicle Control	Low Dose	High Dose
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Fisher Exact Tests P=0.061 P=0.500 P=0. Lung: Alveolar/Bronchiolar Adenoma or Carcinoma Tumor Rates 7/50 Tumor Rates 4/50 (8%) 4/50 (8%) 7/50 Overall (b) 4/50 (8%) 4/50 (8%) 7/50 Adjusted (c) 14.8% 14.5% 23.99 Terminal (d) 4/27 (15%) 3/25 (12%) 5/27 Statistical Tests (e) 1 1 14.5% 23.99 Life Table P=0.191 P=0.588 P=0.201 5/27 Incidental Tumor Test P=0.143 P=0.598 P=0.201 Cochran-Armitage Trend, Fisher Exact Tests P=0.201 P=0.643 P=0.21 Hematopoietic System: Lymphoma Tumor Rates 0/50 0/50 0/50 Overall (b) 3/50 (6%) 2/50 (4%) 0/50 0/27 Statistical Tests (e) 1/27 (4%) 1/25 (4%) 0/27 Statistical Tests (e) 1 1/27 (4%) 1/25 (4%) 0/27 Incidental Tumor Test P=0.104N P=0.500N		P=0.048	P=0.485	P=0.084
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Tumor Rates $0verall (b)$ $4/50 (8\%)$ $4/50 (8\%)$ $7/50$ Adjusted (c) 14.8% 14.5% 23.9% Terminal (d) $4/27 (15\%)$ $3/25 (12\%)$ $5/27$ Statistical Tests (e) Life Table P=0.191 P=0.588 P=0.2 Incidental Tumor Test P=0.143 P=0.598 P=0.2 Cochran-Armitage Trend, Fisher Exact Tests P=0.201 P=0.643 P=0.2 Hematopoietic System: Lymphoma Tumor Rates Vorall (b) $3/50 (6\%)$ $2/50 (4\%)$ $0/50$ Adjusted (c) 8.9% 7.7% 0.0% $0/27$ Statistical Tests (e) $1/27 (4\%)$ $1/25 (4\%)$ $0/27$ Life Table P=0.104N P=0.576N P=0.104N Incidental Tumor Test P=0.104N P=0.500N P=0.104N Cochran-Armitage Trend, Fisher Exact Tests P=0.083N P=0.500N P=0.104N Life Table P=0.104N P=0.500N P=0.104N P=0.500N P=0.104N Cochran-Armitage Trend, Fisher Exact Tests P=0.083N P=0.500N P=0.104N	Fisher Exact Tests	P=0.061	P=0.500	P=0.121
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Terminal (d) $4/27 (15\%)$ $3/25 (12\%)$ $5/27$ Statistical Tests (e) Life TableP=0.191P=0.588P=0.1Incidental Tumor TestP=0.143P=0.598P=0.1Cochran-Armitage Trend,Fisher Exact TestsP=0.201P=0.643P=0.1Fisher Exact TestsP=0.201P=0.643P=0.1Hematopoietic System: LymphomaTumor Rates $0/50$ $A/50 (6\%)$ $2/50 (4\%)$ $0/50$ Overall (b) $3/50 (6\%)$ $2/50 (4\%)$ $0/27$ 0.0% Adjusted (c) 8.9% 7.7% 0.0% Terminal (d) $1/27 (4\%)$ $1/25 (4\%)$ $0/27$ Statistical Tests (e) Life TableP=0.104NP=0.576NP=0.1Life TableP=0.104NP=0.576NP=0.1P=0.175NP=0.661P=0.1Incidental Tumor TestP=0.083NP=0.500NP=0.1P=0.112P=0.500NP=0.112Liver: Adenoma without CarcinomaTumor Rates 0.0% $3/49 (16\%)$ $5/49 (10\%)$ $9/50$ Adjusted (c) 28.0% 18.7% 31.39 7.7% 31.39 Terminal (d) $7/27 (26\%)$ $4/25 (16\%)$ $8/27$ Statistical Tests (e) Life TableP=0.411P=0.349NP=0.2Life TableP=0.439P=0.378NP=0.2	Adjusted (c)	14.8%	14.5%	23.9%
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Fisher Exact Tests $P=0.201$ $P=0.643$ $P=0.43$ Hematopoietic System: LymphomaTumor RatesOverall (b) $3/50$ (6%) $2/50$ (4%) $0/50$ Adjusted (c) 8.9% 7.7% 0.0% Adjusted (c) 8.9% 7.7% 0.0% Terminal (d) $1/27$ (4%) $1/25$ (4%) $0/27$ Statistical Tests (e) $1/27$ (4%) $1/25$ (4%) $0/27$ Life Table $P=0.104N$ $P=0.576N$ $P=0.104N$ Incidental Tumor Test $P=0.175N$ $P=0.661$ $P=0.104N$ Cochran-Armitage Trend, Fisher Exact Tests $P=0.083N$ $P=0.500N$ $P=0.11$ Liver: Adenoma without CarcinomaTumor Rates $V27$ $S/49$ (10%) $9/50$ Adjusted (c) 28.0% 18.7% 31.39 Terminal (d) $7/27$ (26%) $4/25$ (16%) $8/27$ Statistical Tests (e) $V27$ $V27$ $V27$ Life Table $P=0.411$ $P=0.349N$ $P=0.411$ Incidental Tumor Test $P=0.439$ $P=0.378N$ $P=0.450$	Cochran-Armitage Trend,			
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Cochran-Armitage Trend, Fisher Exact Tests P=0.083N P=0.500N P=0.1 Liver: Adenoma without Carcinoma Tumor Rates $2000000000000000000000000000000000000$	Incidental Tumor Test	P=0.175N	P=0.661	P=0.194N
Fisher Exact Tests P=0.083N P=0.500N P=0.1 Liver: Adenoma without Carcinoma Tumor Rates Verall (b) 8/49 (16%) 5/49 (10%) 9/50 Adjusted (c) 28.0% 18.7% 31.39 Terminal (d) 7/27 (26%) 4/25 (16%) 8/27 Statistical Tests (e) Life Table P=0.411 P=0.349N P=0.4 Incidental Tumor Test P=0.439 P=0.378N P=0.5	Cochran-Armitage Trend,			
Tumor Rates 8/49 (16%) 5/49 (10%) 9/50 Overall (b) 8/49 (16%) 5/49 (10%) 9/50 Adjusted (c) 28.0% 18.7% 31.39 Terminal (d) 7/27 (26%) 4/25 (16%) 8/27 Statistical Tests (e) 1 1 1 Life Table P=0.411 P=0.349N P=0.4 Incidental Tumor Test P=0.439 P=0.378N P=0.5		P=0.083N	P=0.500N	P=0.121N
Tumor Rates 8/49 (16%) 5/49 (10%) 9/50 Overall (b) 8/49 (16%) 5/49 (10%) 9/50 Adjusted (c) 28.0% 18.7% 31.39 Terminal (d) 7/27 (26%) 4/25 (16%) 8/27 Statistical Tests (e) 2 2 1 1 Life Table P=0.411 P=0.349N P=0.4 Incidental Tumor Test P=0.439 P=0.378N P=0.5	Liver: Adenoma without Carcinoma			
Adjusted (c) 28.0% 18.7% 31.39 Terminal (d) 7/27 (26%) 4/25 (16%) 8/27 Statistical Tests (e) 1 1 1 Life Table P=0.411 P=0.349N P=0.4 Incidental Tumor Test P=0.439 P=0.378N P=0.5				
Adjusted (c) 28.0% 18.7% 31.39 Terminal (d) 7/27 (26%) 4/25 (16%) 8/27 Statistical Tests (e) Eife Table P=0.411 P=0.349N P=0.4 Incidental Tumor Test P=0.439 P=0.378N P=0.5		8/49 (16%)	5/49 (10%)	9/50 (18%)
Terminal (d) 7/27 (26%) 4/25 (16%) 8/27 Statistical Tests (e) Eife Table P=0.411 P=0.349N P=0.4 Incidental Tumor Test P=0.439 P=0.378N P=0.5				31.3%
Statistical Tests (e)P=0.411P=0.349NP=0.4Life TableP=0.439P=0.378NP=0.5	· · · ·			8/27 (30%
Life TableP=0.411P=0.349NP=0.4Incidental Tumor TestP=0.439P=0.378NP=0.5			, (/0)	-, -: (2070
Incidental Tumor Test P=0.439 P=0.378N P=0.5		P=0.411	P=0.349N	P=0.482
				P=0.540
Covinan mininage frend,	Cochran-Armitage Trend,			
		P=0.453	P=0.276N	P=0.518

TABLE 11. ANALYSIS OF PRIMARY TUMORS IN MALE MICE (a)

	Vehicle Control	Low Dose	Hi gh Dose
Liver: Carcinoma			
Tumor Rates			
Overall (b)	13/49 (27%)	9/49 (18%)	10/50 (20%)
Adjusted (c)	35.3%	29.4%	35.7%
Terminal (d)	5/27 (19%)	5/25 (20%)	9/27 (33%)
Statistical Tests (e)	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	
Life Table	P=0.356N	P=0.408N	P=0.385N
Incidental Tumor Test	P=0.534N	P=0.580N	P=0.597
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.261N	P=0.234N	P=0.298N
Liver: Adenoma or Carcinoma			
Tumor Rates			
Overall (b)	21/49 (43%)	14/49 (29%)	19/50 (38%)
Adjusted (c)	57.2%	45.4%	65.2%
Terminal (d)	12/27 (44%)	9/25 (36%)	17/27 (63%)
Statistical Tests (e)			
Life Table	P=0.476N	P=0.259N	P=0.490N
Incidental Tumor Test	P=0.469	P=0.392N	P=0.529
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.362N	P=0.103N	P=0.387N
Thyroid: Follicular-Cell Adenoma			
Tumor Rates			
Overall (b)	3/50 (6%)	2/45 (4%)	1/50 (2%)
Adjusted (c)	11.1%	7.2%	3.7%
Terminal (d)	3/27 (11%)	1/24 (4%)	1/27 (4%)
Statistical Tests (e)			
Life Table	P=0.242N	P=0.576N	P=0.303N
Incidental Tumor Test	P=0.236N	P=0.569N	P=0.303N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.228N	P=0.550N	P=0.309N
Harderian Gland: Adenoma or Cystad	lenoma		
Tumor Rates			
Overall (b)	3/50 (6%)	1/50 (2%)	1/50 (2%)
Adjusted (c)	10.0%	4.0%	3.7%
Terminal (d)	2/27 (7%)	1/25 (4%)	1/27 (4%)
Statistical Tests (e)			
Life Table	P=0.224N	P=0.346N	P=0.325N
Incidental Tumor Test	P=0.258N	P=0.420N	P=0.366N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.210N	P=0.309N	P=0.309N

TABLE 11. ANALYSIS OF PRIMARY TUMORS IN MALE MICE (a) (Continued)

(a) Dosed groups received doses of 12 or 25 mg/kg of allyl isothiocyanate by gavage.

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

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

(d) Observed tumor incidence in surviving animals killed at end of study.

⁽e) 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 before the end of the study as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher's exact tests compare directly the overall incidence rates. A negative trend is indicated by (N).

	Vehicle Control	Low Dose	High Dose
Lung: Alveolar/Bronchiolar Carcinom	8		
Tumor Rates	0 (47 (0 ()	0 (40 (407)	2/40/(0)
Overall (b)	0/47 (0%)	2/49 (4%) 7 100	3/49 (6%)
Adjusted (c)	0.0%	7.1%	11.8%
Terminal (d)	0/16 (0%)	0/25 (0%)	1/20 (5%)
Statistical Tests (e) Life Table	P=0.119	P=0.337	P=0.194
Incidental Tumor Test	P=0.119 P=0.247	P=0.337 P=0.395	P=0.194 P=0.281
	F=0.247	F-0.393	F-0.261
Cochran-Armitage Trend, Fisher Exact Tests	P=0.091	P=0.258	P=0.129
		1-0.238	1 -0.129
Lung: Alveolar/Bronchiolar Adenoma	or Carcinoma		
Tumor Rates Overall (b)	3/A7 (A07)	7/10 (107)	2/10 (407)
Adjusted (c)	2/47 (4%) 7. 9 %	2/49 (4%) 7.1%	3/49 (6%) 11.8%
Terminal (d)	0/16 (0%)	7.1% 0/25 (0%)	1/20 (5%)
Statistical Tests (e)	0/10(0%)	0/23 (0%)	1/20 (3%)
Life Table	P=0.510	P=0.559N	P=0.626
Incidental Tumor Test	P=0.510 P=0.594	P=0.697N	P=0.600
Cochran-Armitage Trend,	F-0.394	F-0.09/1N	F-0.000
Fisher Exact Tests	P=0.425	P=0.676N	P=0.520
			1 -0.520
Hematopoietic System: Malignant Lyn Tumor Rates	nphoma, Lymphocytic Type	•	
Overall (b)	3/50 (6%)	2/50 (4%)	1/49 (2%)
Adjusted (c)	13.6%	5.8%	5.0%
Terminal (d)	1/16 (6%)	0/25 (0%)	1/20 (5%)
Statistical Tests (e)	., (0,20 (070)	-/ -0 (0 /0)
Life Table	P=0.166N	P=0.354N	P=0.241N
Incidental Tumor Test	P=0.277N	P=0.604N	P=0.397N
Cochran-Armitage Trend,			• ••••
Fisher Exact Tests	P=0.232N	P=0.500N	P=0.316N
Hematopoietic System: Lymphoma			
Tumor Rates			
Overall (b)	5/50 (10%)	4/50 (8%)	4/49 (8%)
Adjusted (c)	21.3%	11.7%	17.9%
Terminal (d)	I/16 (6%)	1/25 (4%)	3/20 (15%
Statistical Tests (e)	, , , , ,	, , ,	,
Life Table	P=0.326N	P=0.320N	P=0.375N
Incidental Tumor Test	P=0.393N	P=0.562N	P=0.448N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.447N	P=0.500N	P=0.513N
Hematopoietic System: Lymphoma or	Leukemia		
Tumor Rates			
Overall (b)	5/50 (10%)	4/50 (8%)	6/49 (12%
Adjusted (c)	21.3%	11.7%	24.6%
Terminal (d)	1/16 (6%)	1/25 (4%)	3/20 (15%
Statistical Tests (e)			, , , ,
Life Table	P=0.559	P=0.320N	P=0.593N
Incidental Tumor Test	P=0.559	P=0.562N	P=0.589N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.418	P=0.500N	P=0.486

TABLE 12. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE (a)

	Vehicle Control	Low Dose	High Dose
L iver: Adenoma or Carcinoma Fumor Rates			
	2 (50 (407)	2140 ((0))	1/40 (001)
Overall (b)	2/50 (4%)	3/49 (6%)	1/49 (2%)
Adjusted (c) Terminal (d)	12.5% 2/16 (13%)	10.9%	2.9%
Statistical Tests (e)	2/10 (15%)	2/25 (8%)	0/20 (0%)
Life Table	P=0.325N	P=0.675N	P=0.445N
Incidental Tumor Test	P=0.453N	P=0.597	P=0.534N
Cochran-Armitage Trend,	1-0.43511	r-0.397	F-0.554N
Fisher Exact Tests	P=0.404N	P=0.490	P=0.508N
	1-0,40411	1-0.490	1-0.50814
Pituitary: Adenoma			
Fumor Rates	3/47 // 01)	2145 (70)	4144 1000
Overall (b) Adjusted (c)	3/47 (6%)	3/45 (7%)	4/44 (9%)
Adjusted (c) Terminal (d)	18.8%	11.0%	17.9%
	3/16 (19%)	2/25 (8%)	3/20 (15%)
Statistical Tests <i>(e)</i> Life Table	P=0.535	P=0.465N	P=0.643
Incidental Tumor Test	P=0.335 P=0.493	P=0.465N P=0.561N	P=0.645 P=0.635N
Cochran-Armitage Trend,	1 -0.495	F=0.3011	F-0.0351
Fisher Exact Tests	P=0.388	P=0.641	P=0.463
Pituitary: Carcinoma			
Fumor Rates			
Overall (b)	3/47 (6%)	3/45 (7%)	0/44 (0%)
Adjusted (c)	18.8%	12.0%	0.0%
Terminal (d)	3/16 (19%)	3/25 (12%)	0/20 (0%)
Statistical Tests (e)			
Life Table	P=0.054N	P=0.444N	P=0.081N
Incidental Tumor Test	P=0.054N	P=0.444N	P=0.081N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.112N	P=0.641	P=0.133N
Pituitary: Adenoma or Carcinoma			
Tumor Rates			
Overall (b)	6/47 (13%)	6/45 (13%)	4/44 (9 %)
Adjusted (c)	37.5%	22.6%	17.9%
Terminal (d)	6/16 (38%)	5/25 (20%)	3/20 (15%)
Statistical Tests (e)	D-0 17(N	D-0 204N	D-0 212N
Life Table	P=0.176N	P=0.304N	P=0.212N
Incidental Tumor Test	P=0.200N	P=0.371N	P=0.183N
Cochran-Armitage Trend, Fisher Exact Tests	P=0.354N	P=0.589	P=0.413N
		1-0.369	1-0.41514
hyroid: Follicular-Cell Adenoma or Ca	rcinoma		
Tumor Rates		3/48 ((0))	2/47/(07)
Overall (b)	1/48 (2%)	3/47 (6%)	3/47 (6%)
Adjusted (c)	6.3%	12.5%	15.0%
Terminal (d)	1/16 (6%)	3/24 (12%)	3/20 (15%)
Statistical Tests (e)	D-0 202	D=0.459	D-0 395
Life Table	P=0.302	P=0.458	P=0.385
Incidental Tumor Test Cochran-Armitage Trend,	P=0.302	P=0.458	P=0.385

TABLE 12. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE (a) (Continued)

TABLE 12. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE (a) (Continued)

- (a) Dosed groups received doses of 12 or 25 mg/kg of allyl isothiocyanate by gavage.
- (b) Number of tumor-bearing animals/number of animals examined at the site (percent).
- (c) Kaplan-Meier estimated lifetime tumor incidence after adjusting for intercurrent mortality.
- (d) Observed tumor incidence in surviving animals killed at end of study.
- (e) 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 before the end of the study as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher's exact tests compare directly the overall incidence rates. A negative trend is indicated by (N).

IV. DISCUSSION AND CONCLUSIONS

A 2-year carcinogenesis bioassay of allyl isothiocyanate was conducted in F344/N rats and B6C3F1 mice. Doses of 12 or 25 mg/kg allyl isothiocyanate, administered 5 times per week by gavage, were selected for the chronic study since the 50 mg/kg dose administered in the 14-day study produced thickening of the mucosal surface of the stomach in male and female rats and mice, adherence of the stomach to the peritoneum in male rats, and a thickened urinary bladder wall in male mice. A dose of 25 mg/kg produced no gross lesions when administered for 14 consecutive days or when administered 5 times per week for 13 weeks, and all animals survived this dose.

Survival of dosed and control rats was comparable in the chronic study. Throughout the study, the mean body weights of high-dose male rats were lower than those of controls, and during the last half of the study the mean body weights of high-dose female rats were higher than the control values.

Transitional-cell papillomas of the urinary bladder occurred in dosed male rats with a statistically significant positive trend (P<0.05; incidence: control, 0/49, 0%; low-dose, 2/49, 4%; high-dose, 4/49, 8%). This benign urinary bladder tumor has not been observed among 568 untreated male control F344/N rats at this laboratory. The incidence of transitional-cell papillomas in male vehicle control rats in all laboratories in the NCI/NTP Bioassay Program is 1/994 (0.1%).

Epithelial hyperplasia was also seen at an increased incidence (P < 0.05) in the urinary bladder of dosed male rats (control, 0/49, 0%; low-dose, 1/49, 2%; high-dose, 6/49, 12%). This hyperplasia did not occur in the animals that had transitional-cell papillomas. No urinary bladder calculi were seen in male rats.

Fibrosarcomas of the subcutaneous tissue occurred in female rats with a statistically significant positive trend (P<0.05; incidence: control, 0/50, 0%; low-dose, 0/50, 0%; high-dose, 3/50, 6%). The incidence in the high-dose group was not significant in comparison with the control group, and the evidence for the association of fibrosarcomas with administration of allyl isothiocyanate is considered equivocal. This tumor has been observed in 1/591 (0.2%) of the untreated female control F344/N rats at this laboratory and in 9/999 (0.9%) of the female vehicle control rats in all laboratories in the NCI/NTP Bioassay Program.

Retinopathy and cataract formation occurred at increased incidence in high-dose male rats and in low-dose female rats. This eye toxicity occurred most frequently in animals placed at the top of the racks, a position that gives maximum light exposure. Other chemicals assayed in a similar manner, such as stannous chloride (NTP, 1982), also showed a correlation between eye toxicity and rack position. However, not all NTP bioassays have shown a correlation between rack placement and eye toxicity. From these incidental observations it is not possible to determine whether a causative relationship exists for light exposure, allyl isothiocyanate administration, and eye defects.

Leukemia occurred in dosed male rats with a statistically significant positive trend (P<0.05; incidence: control, 2/50, 4%; low-dose, 6/50, 12%; high-dose, 8/50, 16%). The incidence in the high-dose group was significantly higher than that in the controls (P<0.05). However, this observed incidence was not statistically different from the historical incidence in male gavage controls in all laboratories in the Bioassay Program (96/999, 10%). No significant increases were observed for leukemia in female rats (7/50, 9/50, 12/50), or for lymphoma in male and female mice. Consequently, this increase is not considered to be the result of allyl isothiocyanate administration.

Survival of control and dosed female mice was comparable but lower than that usually seen at this laboratory, and the decreased survival may have reduced the incidence of late-appearing tumors in these groups. Suppurative inflammation of the peritoneum, uterus, or multiple organs was found in about one third of the female mice that died before the terminal kill, suggesting that an infection may have been a contributing factor to the decreased survival. Mean body weights of high-dose male and female mice were higher than those of controls throughout most of the study, and the animals may have been able to tolerate higher doses of allyl isothiocyanate.

The incidences of liver tumors in dosed male and female mice were not statistically significant. However, cytoplasmic vacuolization in the liver of dosed male mice was related to administration of allyl isothiocyanate (controls, 2/49, 4%; lowdose, 8/49, 16%; high-dose, 13/50, 26%).

The mechanism of action of allyl isothiocyanate is not known. Other unsaturated compounds, such as haloolefins, are thought to be metabolized *in vivo* to active epoxides (Eder et al., 1980). It

has been suggested that some haloolefins containing an allylic group may act as alkylating agents (Eder et al., 1980). Thiocyanate, which may be metabolically derived from isothiocyanate (White et al., 1978), has been shown to promote nitrosation of amines (Edwards et al., 1979; Fan and Tannenbaum, 1973). Isothiocyanates can react with an alcohol or an amine to give a thiocarbamate or thiourea (March, 1977). It is not known if any of these reactions were involved in producing the "ultimate carcinogen." An alternative mechanism of action for allyl isothiocyanate is as a promoter (Pitot and Sirica, 1980). Allyl isothiocyanate might enhance or stimulate the neoplastic growth of cells already initiated in the bladder cells, rather than initiate the first alteration itself. Allyl isothiocyanate was not mutagenic with or without activation in the Ames assay using strains TA 98, 100, 1535, and 1537 (NTP, 1981).

Other studies have shown that allyl isothiocyanate increases urine excretion (Muztar et al., 1979b). Williams (1974) has shown that allyl isothiocyanate and other isothiocyanates are directly toxic to cells grown in culture. These other toxic effects of allyl isothiocyanate were not measured in this bioassay. Whether they have an association with the carcinogenic effect observed in this study is not known.

Conclusions: Under the conditions of this bioassay, allyl isothiocyanate was carcinogenic for male F344/N rats, causing transitional-cell papillomas of the urinary bladder. Evidence for associating allyl isothiocyanate with subcutaneous fibrosarcomas in female F344/N rats was equivocal. Allyl isothiocyanate was not carcinogenic for B6C3F1 mice of either sex.

V. REFERENCES

Armitage, P., Statistical methods in medical research. New York: John Wiley & Sons, Inc.; 1971:362-365.

Berenblum, I. ed., Carcinogencity testing: a report of the panel on carcinogenicity of the Cancer Research Commission of UICC. Geneva: International Union Against Cancer, Vol. 2; 1969.

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

Eder, E.; Neudecker, T.; Lutz, D.; Henschler, D., Mutagenic potential of allyl and allylic compounds. Biochem. Pharmacol. 29:993-998; 1980.

Edwards, G.; Whong, W-Z.; Speciner, N., Intrahepatic mutagenesis assay: a sensitive method for detecting n-nitrosomorpholine and *in vivo* nitrosation of morpholine. Mutat. Res. 64:415-423; 1979.

Fan, T-Y.; Tannenbaum, S., Factors influencing the rate of formation of nitrosomorpholine from morpholine and nitrite: acceleration by thiocyanate and other anions. J. Agric. Food Chem. 21:237-240; 1973.

Food Chemicals Codex, 1972: 31-32.

Gart, J.; Chu, K.; Tarone, R., Statistical issues in interpretation of chronic bioassay tests for carcinogenicity. J. Natl. Cancer Inst. 62:957; 1979.

Hagan, E., Hansen, W.; Fitzhugh, O.; Jenner, P.; Jones, W.; Taylor, J.; Long, E.; Nelson, A.; Brouwer, J., Food flavourings and compounds of related structure. II. Subacute and chronic toxicity. Food Cosmet. Toxicol. 5:141; 1967.

Hall, R., Toxicants occurring naturally in spices and flavors. In: Toxicants occuring naturally in foods. Washington, DC: National Academy of Science; 1973:448-451.

Jenner, P.; Hagan E.; Taylor, J.; Cook, E.; Fitzhugh, O., Food flavourings and compounds of related structure. I. Acute oral toxicity. Food Cosmet. Toxicol. 2:327-343; 1964.

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

Kirk-Othmer encyclopedia of chemical technology. New York: Interscience Publishers; Vol. 8, 1965:450.

Kirk-Othmer encyclopedia of chemical technology. New York; Interscience Publishers; Vol. 9, 1966:356. Kirk-Othmer encyclopedia of chemical technology. New York: Interscience Publishers, Vol. 10, 1980:473.

Klesse, P.; Lukoschek, P., Untersuchungen ueber die bakteriostatische Wirksamkeit einiger Senfoele. Arzneim. Forsch. 5:505-507; 1955.

Langer, P.; Greer, M., Antithyroid activity of some naturally occurring isothiocyanates *in vitro*. Metabolism 17:569-605; 1968.

Langer, P.; Stole, V., Goitrogenic activity of allyl isothiocyanate — a widespread natural oil. Endocrinology 76:151-155; 1965.

Life Sciences Research Office, Evaluation of the health aspects of mustard and oil of mustard as food ingredients. Bethesda, MD: Life Sciences Research Office. SCOGS-16, 1975.

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

Mantel, N.; Haenszel, W., Statistical aspects of the analysis of data from retrospective studies of disease. J. Nat. Cancer Inst. 22:719-748; 1959.

March, J., Advanced organic chemistry. New York: McGraw-Hill Book Co.; 1977: 813, 823.

Merck Index, 9th ed. Rahway, NJ: Merck and Co.; 1976: 292.

Mitchell, J.; Jordan, W., Allergic contact dermatitis from the radish *Raphanus Sativus*. Br. J. Dermat. 91:183-189; 1974.

Muztar, A.; Ahmad, P.; Huque, T.; Slinger, S., A study of the chemical binding of allyl isothiocyanate with thyroxine and of the effect of allyl isothiocyanate on lipid metabolism in the rat. Can. J. Physiol. Pharmacol. 57:385-389; 1979a.

Muztar, A.; Huque, T.; Ahmad, P.; Slinger, S., Effect of allyl isothiocyanate on plasma and urinary concentrations of some biochemical entities in the rat. Can. J. Physiol. Pharmacol. 57:504-509; 1979b.

Nishie, K.; Daxenbichler, M., Toxicology of glucosinolates, related compounds (nitriles, R-goitrin, isothiocyanates) and vitamin U found in cruciferae. Food Cosmet. Toxicol. 18:159-172; 1980.

NTIS, National Technical Information Service, PB Report 221 215. GRAS (generally recognized as safe) food ingredients—oil of mustard and allyl isothiocyanate. Maspeth, NY: Food and Drug Research Labs., Inc.; FDABF GRAS 015; October 1972. NTIS, National Technical Information Service, PB Report 223 812. Teratogenic evaluation of FDA 71-26 (oil of mustard). Maspeth, NY: Food and Drug Research Labs., Inc.; FDABF GRAS, FDA 17-260; June 1973.

NTIS, National Technical Information Service, PB Report 254 528. Evaluation of the health aspects of mustard and oil of mustard as food ingredients. Federation of American Societies for Experimental Biology; 1975.

NTP, National Toxicology Program, NTP Technical Bulletin, Issue 5:9, August 1981.

NTP, National Toxicology Program, NTP Technical Report on the carcinogenesis bioassay of stannous chloride, NTP TR 231, Department of Health and Human Services, Research Triangle Park, North Carolina, 1982.

Oda, Y.; Hamano, Y.; Inoue, K.; Yamamoto, H.; Niihara, T.; Kunita, N., Mutagenicity of food flavours in bacteria. Osaka-Furitsu Koshu Eisei Kenkyu Hokoku, Shokuhin eisei hen 9:177-181; 1978.

Peto, R.; Pike, M.; Day, N.; Gray, R.; Lee, P.; Parish, S.; Peto, J.; Richard, S.; Wahrendorf, J., Guidelines for simple, sensitive, significant tests for carcinogenic effects in long-term animal experiments. International Agency for Research Against Cancer. Monographs on the long-term and shortterm screening assays for carcinogens: a critical appraisal. Geneva: World Health Organization. Supplement 2; 1980: 311.

Pitot, H.; Sirica, A., The stages of initiation and promotion in hepatocarcinogenesis. Biochem. Biophys. Acta 605:191-215, 1980.

Ruddick, J.; Newsome, W.; Nash, L., Correlation of teratogenicity and molecular structure: ethylene thiourea and related compounds. Teratology 13:263-266; 1976.

Sadtler Research Laboratories, Sadtler Standard Spectra. Philadelphia: Sadtler Research Laboratories; IR No. 1603; UV No. 459; NMR No. 3155.

Tarone, R., Tests for trend in life table analysis. Biometrika 62:679-682; 1975.

Timmermans, M.; Hennault-Roland, J. Chem. Phys. 29:564-565; 1922.

U.S. CFR, U.S. Code of Federal Regulations, 21CFR:172, 515; 1979.

USITC, United States International Trade Commission, Synthetic organic chemicals: United States production and sales. Washington, DC: U.S. Government Printing Office; 1979; USITC Publication No. 1001.

Vernot, E.; MacEwen, J.; Haun, C.; Kinkead, E., Acute toxicity and skin corrosion data for some organic and inorganic compounds and aqueous solutions. Toxicol. Appl. Pharmacol. 42:417-423; 1977.

Ward, J.; Goodman, D.; Griesemer, R.; Hardisty, J.; Schueler, R.; Squire, R.; Strandberg, J., Quality assurance for pathology in rodent carcinogenesis tests. J. Environ. Path. Toxicol. 2:371-378; 1978.

White, A.; Handler, P.; Smith, E.; Hill, R.; Lehman, I., eds., Principles of biochemistry. New York: McGraw-Hill Book Co.; 1978: 1208.

Williams, G., Direct toxicity of alpha-naphthylisothiocyanate in cell culture. Chem-Biol. Interact. 8:363-369; 1974.

APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS ADMINISTERED ALLYL ISOTHIOCYANATE BY GAVAGE

TABLE A1.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS ADMINISTERED ALLYL ISOTHIOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH OOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50	50 50 50 50
INTEGUMENTARY SYSTEM			
*SKIN PAPILLOMA, NOS Squamous Cell Papilloma Squamous Cell Carcinoma Basal-Cell Tumor Basal-Cell Carcinoma Adnexal Adenoma Keratoacanthoma	(50) 3 (6%) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%)	(50) 1 (2%) 4 (8%) 2 (4%)
*SUBCUT TISSUE Sarcoma, nos Fibroma Fibrosarcoma Fibrous Histiocytoma, Malignant	(50) 1 (2%) 2 (4%) 5 (10%) 1 (2%)	(50) 3 (6%) 2 (4%) 5 (10%) 2 (4%)	(50) 1 (2%) 2 (4%) 1 (2%)
RESPIRATORY SYSTEM			
BLUNG SQUAMOUS CELL CARCINOMA, UNC PRI ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA SARCOMA, NOS, UNC PRIM OR META FIBROSARCOMA, METASTATIC FIBROUS HISTIOCYTOMA, METASTATIC	(49) 2 (4%) 1 (2%)	(49) 2 (4%) 1 (2%) 1 (2%)	(48) 1 (2%) 1 (2%) 2 (4%) 1 (2%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Malig.lymphoma, histiocytic type Undifferentiated leukemia	(50) 2 (4%)	1 (2%)	(50) 8 (16%)
#SPLEEN HISTIOCYTOMA, METASTATIC	(50)	(49) 1 (2%)	(50)

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

TABLE A1. MALE	RATS:	NEOPLASMS	(CONTINUED)
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	VEHICLE Control	LOW DOSE	HIGH DOSE
CIRCULATORY SYSTEM			
#SPLEEN HEMANGIOSARCOMA	(50)	(49) 1 (2%)	(50)
DIGESTIVE SYSTEM			
#LIVER NEOPLASTIC NODULE	(50) 2 (4%)	(50)	(50) 5 (10%)
#PANCREAS Adenoma, nos	(50) 1 (2%)	(50)	(49)
#DUODENUM Mucinous Adenocarcinoma	(48)	(49)	(47) 1 (2%)
#ILEUM OSTEOSARCOMA	(48)	(49)	(47) 1 (2%)
URINARY SYSTEM			
#KIDNEY Tubular-cell Adenoma	(50)	(50) 1 (2%)	(50)
#URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA LIPOMA	(49)	(49) 2 (4%) 1 (2%)	(49) 4 (8%)
ENDOCRINE SYSTEM			
#PITUITARY Carcinoma,Nos	(47)	(49) 1 (2%)	(49)
ADENOMA, NOS	7 (15%)	12 (24%)	4 (8%)
#ADRENAL CORTICAL ADENOMA	(50) 1 (2%)	(50)	(50)
PHEOCHROMOCYTOMA Pheochromocytoma, malignant ganglioneuroma	16 (32%) 1 (2%)	15 (30%) 1 (2%) 1 (2%)	11 (22%)
#THYROID Follicular-cell carcinoma	(48)	(50)	(50) <u>1 (2%)</u>

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
C-CELL ADENOMA C-CELL CARCINOMA	6 (13%) 2 (4%)	10 (20%) 1 (2%)	5 (10%) 2 (4%)
<pre>#PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA</pre>	(50) 2 (4%) 1 (2%)	(50) 2 (4%)	(49) 1 (2%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND FIBROADENOMA	(50) 3 (6%)	(50) 3 (6%)	(50) 3 (6%)
*PREPUTIAL GLAND CARCINOMA, NOS	(50)	(50) 1 (2%)	(50) 1 (2%)
ADENOMA, NOS Adenocarcinoma, nos Cystadenoma, nos	4 (8%)	1 (2%) 1 (2%)	1 (2%)
<pre>#TESTIS INTERSTITIAL-CELL TUMOR</pre>	(50) 45 (90%)	(50) 45 (90%)	(49) 49 (100%
NERVOUS SYSTEM			
#BRAIN Glioma, Nos Astrocytoma	2 (4%)	(49)	1 (2%)
SPECIAL SENSE ORGANS			
*ZYMBAL'S GLAND Adenoma, Nos	(50)	(50)	1 (2%)
NUSCULOSKELETAL SYSTEM			
*SKULL OSTEOMA	(50)	(50) 1 (2%)	(50)
BODY CAVITIES			
*THORAX <u>Alveolar/Bronchiolar ca, metasta</u>	(50) 1 (2%)	(50)	(50)

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

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

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TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DO S E

*ABDOMINAL WALL Osteosarcoma	(50)	(50) 1 (2%)	(50)
*MESENTERY MESOTHELIOMA, NOS	(50)	(50) 1 (2%)	(50)
*TUNICA VAGINALIS Mesothelioma, nos	(50)	(50)	(50) 1 (2%)
ALL OTHER SYSTEMS	,		
<pre>*MULTIPLE ORGANS ALVEOLAR/BRONCHIOLAR CA, METASTA SARCOMA, NOS</pre>	(50)	(50)	(50) 1 (2%) 1 (2%)
FIBROUS HISTIOCYTOMA, METASTATIC Mesothelioma, nos Mesothelioma, malignant	1 (2%)	1 (2%) 1 (2%)	1 (2%)
TAIL Osteosarcoma		11	
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY Natural deathg	50 3	50	50
MORIBUND SACRIFICE	10	13	ý 9
SCHEDULED SACRIFICE Accidentally killed Terminal Sacrifice Animal Missing	5 32	1 32	1 33
INCLUDES AUTOLYZED ANIMALS			

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

	VEHICLE Control	LOW DOSE	HIGH DOSI
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	48 114	50 128	49 118
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	47 90	49 99	49 86
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	17 22	25 27	2 1 24
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	2 2	3 3	1 1
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors	22	22	6 6
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Primary or metastatic Total Uncertain Tumors			2 2
PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY T Secondary Tumors: Metastatic tumors or tumors		DJACENT ORGAN	

TABLE A2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS ADMINISTERED ALLYL ISOTHIOCYANATE IN CORN OIL BY GAVAGE

		LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50	50 50 50 50
INTEGUMENTARY SYSTEM			
*SKIN BASAL-CELL TUMOR SARCOMA, NOS	(50) 1 (2%)	(50)	(50) 1 (2%)
*SUBCUT TISSUE SARCOMA, NOS FIBROMA FIBROSARCOMA FIBROUS HISTIOCYTOMA, MALIGNANT OSTEOSARCOMA	(50) 1 (2%)	(50) 2 (4%) 1 (2%)	(50) 3 (6%)
ESPIRATORY SYSTEM			
<pre>#LUNG ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA C-CELL CARCINOMA, METASTATIC FIBROUS HISTIOCYTOMA, METASTATIC CARCINOSARCOMA</pre>	(50) 1 (2%) 1 (2%) 1 (2%)		(50) 1 (2%) 2 (4%) 1 (2%)
EMATOPOIETIC SYSTEM			
<pre>*MULTIPLE ORGANS Malig.lymphoma, undiffer-type Malig.lymphoma, lymphocytic type malig.lymphoma, histiocytic type Leuvemia wishiocytic type</pre>	(50) 1 (2%)	(50)	(50) 1 (2%) 1 (2%) 1 (2%)
LEUKEMIA,NOS Undifferentiated leukemia	7 (14%)	9 (18%)	11 (22%)
#SPLEEN OSTEOSARCOMA	(50)	(50) 1 (2%)	(50)
IRCULATORY SYSTEM None			
DIGESTIVE SYSTEM			
*TONGUE Squamous cell papilloma	(50) 1 (2%)	(50)	(50)
<pre>#SALIVARY GLAND Adenoma, Nos</pre>	(50) 1 (2%)	(50)	(48)
<pre>#LIVER NEOPLASTIC NODULE FIBROUS HISTIOCYTOMA, METASTATIC</pre>	(50) 1 (2%)	(50)	(50) 1 (2%)
#PANCREAS Adenoma, nos	(49)	(49)	(50) 1 (2%)
IRINARY SYSTEM			
#URINARY BLADDER Transitional-Cell Papilloma Endometrial Stromal Sarcoma, met	(49)	(49)	(50) 1 (2%)

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

	VEHICLE Control	LOW DOSE	HIGH DOS
ENDOCRINE SYSTEM			
#PITUITARY	(49)	(50)	(50)
CARCINOMA, NOS Adenoma, Nos	17 (35%)	(50) 3 (6%) 10 (20%)	2 (4%) 13 (26%)
#ADRENAL	(50)	(50)	(50)
CORTICAL ADENOMA Pheochromocytoma	2 (4%) 1 (2%)	2 (4%) 2 (4%)	2 (4%) 3 (6%)
PHEOCHROMOCYTOMA, MALIGNANT Ganglioneuroma	1 (2%) 1 (2%)		
<pre>#THYROID FOLLICULAR-CELL CARCINGMA</pre>	(50)	(48) 1 (2%)	(50)
C-CELL ADENOMA C-CELL CARCINOMA	10 (20%) 2 (4%)	8 (17%) 2 (4%)	6 (12% 3 (6%)
<pre>#PANCREATIC ISLETS ISLET-CELL ADENOMA</pre>	(49) 1 (2%)	(49)	(50)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Adenocarcinoma, nos	(50) 1 (2%)	(50)	(50) 2 (4%)
FIBROADENOMA	8 (16%)	14 (28%)	
*CLITORAL GLAND Adenoma, Nos	(50)	(50) 1 (2%)	(50)
*VAGINA	(50)	(50)	(50)
SARCOMA, NOS Fibroma			1 (2%)
#UTERUS Adenocarcinoma, nos	(50) 1 (2%)	(49)	(50)
LEIOMYOMA Endometrial stromal polyp Endometrial stromal sarcoma	14 (28%) 1 (2%)	15 (31%)	1 (2%) 16 (32%)
<pre>#CERVIX UTERI SARCOMA, NOS</pre>	(50)	(49)	(50)
#DVARY Carcinoma, NOS	(50) 1 (2%)	(50)	(50)
IERVOUS SYSTEM			
<pre>#CEREBRAL VENTRICLE Astrocytoma</pre>	(50)	(50) 1 (2%)	(50)
#BRAIN Astrocytoma	(50) 1 (2%)	(50)	(50)
<pre>#BRAIN/THALAMUS GLIOMA, NOS</pre>	(50)	(50)	(50) 1 (2%)
PECIAL SENSE ORGANS			
*ZYMBAL'S GLAND BASAL-CELL CARCINOMA	(50) 1 (2%)	(50)	(50)
USCULDSKELETAL SYSTEM			
*SKELETAL MUSCLE LIPOMA	(50)	(50)	(50)

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

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

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

	VEHICLE CDNTROL	LOW DOSE	HIGH DOSE
BODY CAVITIES			
*MEDIASTINUM Alveolar/bronchiolar CA, invasiv	(50)		(50) 1 (2%)
ALL OTHER SYSTEMS			
NONE			
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY Natural deatha	50 6	50 12	50 5
MORIBUND SACRIFICE Scheduled sacrifice	9 5	7	12
ACCIDENTALLY KILLED Terminal sacrifice Animal missing	30	2 29	33
NINCLUDES AUTOLYZED ANIMALS			
TUMOR SUMMARY			
UMOR SUMMARY Total Animals With Primary Tumors* Total Primary Tumors	42 77	43 72	42 86
TOTAL ANIMALS WITH PRIMARY TUMORS*			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors Total Animals with Benign Tumors	77 37	72 32	86
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors Total animals with benign tumors Total benign tumors Total animals with malignant tumors	77 37 58 17	72 32 54 16	86 33 56 25
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS TOTAL ANIMALS WITH SECONDARY TUMORS#	77 37 58 17 19 2	72 32 54 16	86 33 56 25 29 1

TABLE A3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF ALLYL ISOTHIOCYANATE

VEHICLE CONTROL

ANIMAL NUMBER	0	0	003	0	0	0	0 0 7	0	0	0	1	1	1	0 1 4	0 11 51	1	117	0 1 8	0 1 9	0 2 0	2	22	0 2 3	200	
WEEKS ON Study	0	0	0	0	1	6	1	9	6	0	0	1	0	0	1	0 5	0	0	0	0	3	0 9	0	0	┢
INTEGUMENTARY SYSTEM	-91	_9_	4	91	91	-11	_61	_11	.61	61	61	61	61	61	61	21	21	21	3	61	_6]	_51	_61	6	1
SKIN Squandus Cell Papillona Squandus Cell Carcinoma Basal-Cell Tumor Adnexal Adenoma	٠	+	•	+	•	+	•	+	+	•	+	+	+	•	+	+	+	H	×	•	+	•	н	н	
SUBCUTANEOUS TISSUE Sarcona, nos Fibroma Fibrosarcoma	÷	+	٠	٠	٠	* ×	* ×	٠	•	٠	٠	٠	٠	٠	+	٠	+	H	+	+	+ ×	+	H X	н	
FIBROUS HISTIOCYTOMA, MALIGNANT ESPIRATORY SYSTEM									×																_
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	÷	٠	÷	÷	÷	٠	٠	+	÷	+	•	÷	+	٠	÷	٠	÷	÷	+	٠	+	÷	+	÷	
TRACHEA	+	+	÷	+	÷	÷	+	+	÷	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	٠	
EMATOPOIETIC SYSTEM															• • • •	•									-
BONE MARROW	+	÷	÷	t.	÷	÷	+	÷	٠	÷	+	+	+	ŧ	+	+	÷	+	+	ŧ	+	+	·	+	
SPLEEN	+	÷	ŧ	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	t	+	+	+	•	+	+	_
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	.t.	
THYMUS	+	٠	+	+	+	+	+	+	٠	+	٠	٠	+	+	+	٠	-	٠	٠	+	+	+	+	+	
IRCULATORY SYSTEM										_															
HEART	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	*	*	
IGESTIVE SYSTEM SALIVARY GLAND																									
SALIVARY GLAND	•	+.		+	:	:	:	+	+		•	+	+	•	•	•	+	•	+	•	+	•		+	
NEOPLASTIC NODULE	+	x	•	<u> </u>	<u> </u>					<u> </u>	-	-				<u> </u>	· ·	-	•	·	·	·	x	•	_
BILE DUCT	+	ŧ	+	٠	٠	+	+	+	+	+	•	+	+	+	•	+	+	+	+	+	+	+	*	+	_
GALLBLADDER & COMMON BILE DUCT	<u> </u>	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	<u>N_</u>	N.	N	N	N	N	N	_
PANCREAS Adenoma, Nos	+	+	+	+	+	٠	+	+	+	+	* x	+	+	+	٠	٠	+	+	+	+	+	+	+	٠	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	÷	÷	+	+	+	+	+	+	
STOMACH		÷	+	+	÷	÷	÷	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	_
SMALL INTESTINE	+	+.	ŧ	+	+	÷	+	÷	+	+	+	+	+	+	+		+	+	+	+	+	+	+	÷	
LARGE INTESTINE	+	÷	÷	+	÷	÷	+	٠	+	+	+	÷	+	÷	+	÷	+	٠	÷	+	+	+	+	٠	
RINARY SYSTEM	-																								-
KIONEY .	+	+	+	+	+	+	+	+	+	+	+	+	•	+	•	+	+	+	+	+	+	+	+	+	_
URINARY BLADDER	•	٠	+	+	٠	٠	٠	٠	+	٠	٠	+	٠	+	+	+	+	٠	+	+	+	٠	٠	٠	
NDOCRINE SYSTEM																	_								
ADENOMA, NOS	+	+	+	•	+	+	+	-	*	+	+	+	+	+	+	+	+	•	÷.	+	+	×	•	•	
ADRENAL Cortical Adenoma Pheochromocytoma Pheochromocytoma, malignant	+	+	•	* ×	+	×	+	•	+	×	* ×	+	٠	+	+	•	+ ×	* ×	*	×	×	+	* ×	+	
THYROID Follicular-cell carcinoma C-cell adehoma C-cell carcinoma	+	+	+	+	+	+ x	-	+	٠	* x	+	+	-	+	•	+	٠	٠	+	٠	+	٠	٠	+	
PARATHYROID	+	+	-	+	+	÷	_	+	+	+	÷	+	-	+	+	+	+	+	+	+	+	+	+	+	
PANCREATIC ISLETS Islet-cell Adenoma Islet-cell Carcinoma	+	٠	+	+	÷	÷	+	٠	+	٠	+	÷	•	+	t	+	+	٠	+	٠	+	٠	+	٠	
EPRODUCTIVE SYSTEM MAMMARY GLAND	+	+	+	+	•	+	+	+	+	+	•	+	•	+	+	+	N	•	N	H	•	+	N	N	
FIBROADENOMA TESTIS	•	+	+	•	+	+	+	+	+	+	+	×+	+	•	+	•	+	+	+	+	•	+	+	+	
INTERSTITIAL-CELL TUMOR	<u>×</u>	<u>×</u>	<u>×</u>	X	<u>×</u>	<u>×</u>	<u>×</u>	<u>×</u>		<u>×</u>	<u>×</u>	×	<u>×</u>	<u>×</u>	<u>×</u>		<u>×</u>		<u>×</u>	×	<u>×</u>	<u>×</u>	<u>×</u>	<u>×</u>	-
	+	*	. t	+		+	+	* N	*	+	+	*	+	•	+ N	*	+ N	+ N	+ N	+	+ N	+N	+ N	+ N	•
PREPUTIAL/CLITORAL GLAHD Adenocarcinoma, NDS	N	H	N X	N	н	н	п	n	п		T.	n	^	"	п		"	~	n	n	n	н	d	x	
ERVOUS SYSTEM	_																		-						
BRAIN Astrocytoma	+	٠	+	٠	٠	+	٠	+	+	+	٠	+	+	٠	•	•	+	+	+	+	+	+	+	+	
ODY CAVITIES								_																	-
PLEURA Alveolar/bronchiolar ca, metastat	N	н	H	N	н	N	н	N	N	N	н	н	н	н	н	N	H	н	н	н	н	H	N	H	
LL OTHER SYSTEMS Multiple organs nos Fibrous Histiocytoma, metastatic	н	H	N	N	Ħ	H	H	N	N	н	н	H	N	H	N	N	N	N	N	H	N	н	H	N	

X: TUMOR INCIDENCE N: Hecropsy, no Autolysis, no microscopic examination

A: AUTOLYSIS M: Animal Missing B: No Necropsy Performed

.

AHIMAL Number Weeks on	2	27	2	1 9	0 3 0	3	3	3	34	0 3 5	3	37	3	3	å	4	2	4	4	4	4	0 4 7	0 4 8	0 4 9	0 5 0	TOTAL
STUDY STUDY	ļå	6	0		0	0	ġ	0	0 5 5	ė	ė	0 2 2	6	ŝ	į	6	0	ė	ó	ė	6	0	01 3	0 _6	0	TISSU
SRUMENTART STSTEM SRUAMDUS CELL PAPILLOMA SRUAMDUS CELL CARCINOMA BASAL-CELL TUMOR ADNEXAL ADENOMA	+ ×	٠	٠	٠	٠	+	٠	٠	٠	٠	÷	٠	·	٠	H	٠	٠	н	•	* ×	٠	٠	٠	+ x	×	50
SUBCUTANEOUS TISSUE Sarcona, nos Fibroma Fibrosarcoma Fibrous Histiocytoma, Malighant	+ x	+	* x	+	+	٠	+	+	+	÷	•	+	+	•	N	•	+	H X	•	•	+	+	•	+	+ XI	50
RESPIRATORY SYSTEM LUNGS AND BRONCHI Alveolar/bronchidlar Adenoma Alveolar/bronchidlar carcinoma	•	٠	+	•	+	٠	÷	+	+ x	÷	* x	٠	+	÷	+	+	٠	+	+	٠	+	+	* ×	+	+	49
TRACHEA	+	+	+	٠	, +	+	٠	٠	٠	٠	+	+	+	+	٠	+	+	+	+	+	÷	÷	+	+	+	50
HEMATOPOIETIC SYSTEM	T.																									
BONE MARROW Spleen	1.	+			-	•	<u>.</u>		•	•			<u>.</u>	<u>.</u>	•	•	+		<u>.</u>	<u>+</u>	+	•	•	<u>.</u>		<u>48</u> 50
LYMPH NODES	T,	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	50
THYMUS	+	÷	+	+	+	•	÷	+	+	+	+	÷	+	+	+	+	+	÷	+	+	÷	+	+	+	+	49
CIRCULATORY SYSTEM	┣-																								+	
HEART	+	٠	÷	٠	+	+	+	+	+	+	٠	•	÷	+	+	+	٠	•	÷	÷	٠	٠	+	+	•	50
DIGESTIVE SYSTEM	†													_							-,				-+-	
SALIVARY GLAND	+ {	+	٠	٠	٠	+	+	+	•	+	+	٠	+	+	٠	•	+	٠	•	+	-	+	٠	+	+	49
LIVER NEOPLASTIC NODULE	+	+	.+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	50
BILE DUCT	+	+	+	÷	÷	+	+	+	÷	+	÷	+	+	+	+	+	÷	+	+	÷	+	+	+	÷	+	50
GALLBLADDER & COMMON BILE DUCT	H.	н	N	<u>.</u> N	N.	N	N	N	N_	+	N	N	+	N	N	N	N	N.	N	N	<u>N_</u>	N	N	N	H	50+
PANCREAS Adenoma, Nos	+	•	+	•	+	+	٠	+	+ ·	+	+	+	+	+	•	+	+	•	+	+	•	+	•	+	•	50
ESOPHAGUS	+	+	ŧ	+	ŧ	+	+	+	÷	÷	ŧ	+	+	<u>+</u>	+	÷	÷	+	+	+	+	+	+	+	+	50
STOMACH	+	+	+	+	+	t	+	+	+	+	+	<u>+</u>	+		•	+	+	+	+	+	+	+	+	+	+	49
SMALL INTESTINE	+	+	+	+	+	.*	÷	+	+	+	+	•	+		+	+	+	<u>+</u>	+	•	+	•	+	+	+	48
LARGE INTESTINE	+	*	+	+	+	+	•	+	•	+	+	-	+	-	+	+	+	•	+	+	+	+	+	+	+	48
URINARY SYSTEM KIDNEY	Ι.										•															-
URINARY BLADDER	+	+	÷.	- <u>+</u>	•	+	+			-							÷			++			+ •	-	1	<u>50</u> 49
ENDOCRINE SYSTEM	<u> </u>	· · · · ·		<u> </u>	-						·		_		·											
PITUITARY Adenoma, Nos	•	-	÷ ×	+	+	+	٠	+	•	+	٠	+	+	*	-	+	•	٠	+ x	* x	+	•	+	+	·	47
ADRENAL Cortical Adenoma Pheochromocytoma Pheochromocytoma, Malignant	+ ×	+	•	+ x	+	+ x	٠	•	•	•	+ X	•	+ ×	•	•	+ X	•	+	•	+ X	•	+	•	•	+	50 1 16
THYROID Follicular-cell carcinoma C-cell Adenoma C-cell Carcinoma	٠	+	+ X	+	+ x	÷	٠	+		+ X	+	٠	٠	+		+ X	* ×		• ×	•	+	•	÷	+ x	•	48 1 5 2
PARATNYROID	+	+	+	+	+	+	+	+	÷	÷	+	-	+	+	-	÷	-	+		•	÷	-	+	+	•	42
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	٠	+	٠	+ x	+	+	٠	+	+	+	٠	÷	* ×	+	٠	•	•	٠	+		* ×	+	+	٠	+	50 2 1
REPRODUCTIVE SYSTEM		••••																						•	+	*****
MAMMARY GLAHD Fibroadenoma	+	+	•		٠	+	•	+	+	+	+	+	+	•	N	+	+ ×	*	•	+	•	+	•	+	1	50× 3
TESTIS INTERSTITIAL-CELL TUMOR	×	*	*	ż.	<u>*</u>	* ×	*	ż_	+	<u>*</u>	*	+	* ×	<u>*</u>	*	*	*	<u>*</u>	*	±	ŧ.	<u>.</u>	*	*	×	50 45
PROSTATE	<u>+</u>	+	÷	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	<u>+</u>	<u>+</u>	+	ŧ	+	-	+	49
PREPUTIAL/CLITORAL GLAND Adenocarcindma, NDS Hervous System	N	н	*	н	H	H	H	H	н	H	H	н	H	н	N	H	N	N		N I X	N :	н		×	H	50*
BRAIN ASTROCYTOMA	•	٠	÷	•	+	٠	÷	+	÷	•	÷	÷	÷	÷	÷	+	•	+ · ×	•	+	•	÷	÷	٠	•	50 2
ASTROCYTOMA ODY CAVITIES							×											<u> </u>								2
PLEURA Alveolar/bronchiolar ca, metastat	H	N	H	н	H	н	N	н	N I	H	H	н	H	N	н	H I	H	н	4	н	H I	N I	н	N	н	50× 1
LL OTHER SYSTEMS Multiple organs nos Fibrous Histiocytoma, metastatic Undifferentiated leukemia	H	н	N	N	H	N	H	н	H	н	N	н	H	N	H	N I	4	N I	• •	H 1	N 1	4	4	N	H	50×

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

* ANIMALS NECROPSIED

ISSUE EXAMINED MICROSCOPICALLY
 ING IISSUE EXAMINED MICROSCOPICALLY
 INGRED IISSUE NOT EXAMINED MICROSCOPICALLY
 INGRED INSUE NOT EXAMINED MICROSCOPICALLY
 INGRED INCORECT
 INGRED AUTOLYSIS
 INGRED AUTOLYSIS

TABLE A3.

INDIVIDUAL ANIMAL T JMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STULY OF ALLYL ISOTHIOCYANATE

LOW DOSE

NUMBER WEEKS ON		2	3	4	5	ŝ	-?	8	9	-		ż	1	4	ł	ŝ	뷞		1	2	2	220	23	29	L.	
STUDY	j j	0	0	ŝ	0 7 2	0	9 5	2	ŝ	5	ŝ	9	ŝ	82	7	3	ŝ	5	0	ġ	6	6	ŝ	0 9 0	L	
NTEGUMENTARY SYSTEM Skin Bašal-Cell Carcinoma		÷	÷	•	•	•	÷	•	•	٠	•	÷	N	•	÷	+	÷	÷	÷	•	+	÷	+	+		
BASAL-CELL CARCINOMA Keratoacanthoma																									_	
SUBCUTANEOUS TISSUE Sarcoma, NOS	1	٠	+	*	٠	٠	٠	٠	+	+	٠	÷	N	÷	٠	+	٠	٠	٠	+	+	•	٠	•		
FIBROSARCOMA Fibrosarcoma Fibrosarcoma	x					x				X					x											
FIBROUS HISTIOCYTOMA, MALIGNANT ESPIRATORY SYSTEM		X																							_	
	+	•	٠	+	÷	÷	+	٠	÷	٠	÷	•	÷	+	٠	÷	-	•	+	+	٠	٠	•	÷		
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Fibrojsarcoma, metastatic Fibrous Histigcytoma, metastati;																										
TRACHEA	•	+	÷	+	÷	÷	+	٠	÷	÷	÷	٠	+	÷	÷	+	÷	÷	٠	÷	•	+	+	+		
EMATOPOIETIC SYSTEM											_															
BONE MARROW	+	•	+	*	*		•	+	+	<u>+</u>	÷	*	*	*	+		<u>+</u>	*		.	+	+	+	+	-	
SPLEEN Fibrous Histiocytoma, Metastatii Hemangiosarcoma	Ŀ	×	•	•	•	•	•	•	•	•	•	•	•	*	•	+	•	•	•	•	•	·	•	•		
LYMPH NODES	Ţ.	÷	ŧ	÷	+	٠	÷	+	+	÷	•	+	•	•	+	+	•	. t	•	+	+	+		+		
THYMUS	1.	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	+	٠	+	٠	٠	٠	٠	٠	٠		
IRCULATORY SYSTEM	1																									
HEART IGESTIVE SYSTEM	Ŀ	+	<u> </u>	•	<u>+</u>	+	*	•	+	•	•	•	•	•	+	•	•	+	+	+	+		•	+		
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	•	+	÷	<u>+</u>	+	+		
LIVER	+	+	+	+	+	÷	ł	٠	+	*	<u>.</u>	*	+	+	÷	<u>.</u>	+	+	<u>+</u>	+	ŧ	+	÷	+		
BILE DUCT	+		+	+	t	+	+	+	<u>.t.</u>	+	+	*	+	+	*	<u>+</u>	+	+	*	+	*	+	+ 3			
GALLBLADDER & COMMON BILE DUCT	<u>N</u>	<u>. N</u>	. <u>H</u>	<u>N</u>	<u>N</u>	N	<u>N</u>	<u>×</u>	<u> </u>	<u>N</u> _	<u>N</u>	<u>N</u>	<u>N</u>	н	<u>N</u>	<u>H</u>	<u>N</u>	<u>N</u>	<u>+</u>	<u>N</u>	<u>N</u>	<u>.</u>	<u>H.</u>	<u>N</u>	-	
PANCREAS ESOPHADUS	Ť	+	+	•	+	*	÷	•	*	<u>م</u> ت. +	+	+	+	•	*	+	<u>*</u>		+	+	-	÷	+	•	-	
STOMACH	•	+	*	+	+	+	÷	٠	÷	+	+	÷	+	<u>+</u>	÷	+	•	+	+	±	+	•	+	÷	_	
SMALL INTESTINE	+	+		+	+	<u>+</u> .	<u>.</u>	÷	+	<u>+</u>	+	<u>+</u>		+	•	<u>+</u>	<u>+</u>	+	+	+		<i></i>	+	•		
LARGE INTESTINE	ŀ	*	•	*	+	•	•	+	*	+	<u>+</u>	*	-	•	•	•	+	+	+	*	+	+	<u>.</u>	. <u>+</u>		
RIHARY SYSTEM	١.		÷	+	•	•	•	٠	÷	+	•	•	•	•		•	÷	÷	+	•	÷	•	•	÷		
TUBULAR-CELL ADENOMA	-	-	-			_			-			-			-										,	
URINARY BLADDER TRANSITIONAL~CELL PAPILLOMA LIPOMA	+	*	•	+	•	+	•	•	•	+ x	+	•	•	•	+	+	+	-	+	+	•	•	•	*		
NDOCRINE SYSTEM	-																						-			
PITUITARY Carcinoma, NUS Adehoma, Hos	+	+	•	+	•	-	•	+	•	•	•	+	•	•	+	•	•	•	•	•	•	•	•	•		
ADRENAL Pheochromocytoma Pheochromocytoma, malignant Ganglidheuroma	·	+	•	٠	•	٠	٠	•	•	ż	+	×	•	•	•	•	+	×	•	* ×	×	٠	•	•		
THYRGID C-Cell Adenoma C-Cell Carcinoma	·	•	+	٠	+	•	+	+	٠	•	•	•	•	+	•	•	•	*	•	×	•	•	•	•		
PARATHYROID	•	٠	٠	+	٠	٠	٠	٠	+	+	•	•	٠	•	+	+	÷	+	•	+	٠	+	+	٠		
PANCREATIC ISLETS Islet-Cell Adenoma	+	+	•	•	•	٠	+	+	+	+	+	•	•	+	•	+	+	•	+	•	+	•	+	+		
EPRODUCTIVE SYSTEM	†	•••••																								
MAMMARY GLAND Fibrgadenoma	+	+	+	+	*	+	+	•	•	+	+	•	N	•	+	N	•	*	+	+	н	•	+	+		
TESTIS Interstitial-cell tumor	ż	÷	+	ż.	*	*	* ×	+	*	ż	ż	÷ x	*	ż	*	÷ x	÷.	+ x	*	ż.	*	•	*	+		
PROSTATE	L+	+	٠	+		+	+	+	+	+	÷	+	+	•	÷	+	•	•	+	+	+	+	<u>+</u>	+	_	
PREPUTIAL/CLITORAL GLAND Carcinoma, NOS Adenocarcinoma, NOS Cystadendna, NOS																										
ERVOUS SYSTEM																										
BRAIN DECULOSKELETAL SYSTEM	ŀ	+	+	+	<u> </u>	•	*	+	*	-	+	+	+	•	•	•	•	+	*	*	+	•	•	+		
BONE	н	н	н	H	N	N	н	H	N	N	N	N	R I	4	N	N I	4	N	N	N	N	N	N	H		
ÓSTEOMA DOY CAVITIES																										
PERITONEUM	н	N	N	N	H	N	N	N	H	N	N	M	N I	4	н	N I	4	N	н	н	N	н	N	N		
ÖSTEDSÄRCOMA Mesentery	N	н	N	N	N	N	N	N	N	N	N	H	N	4	H	N	4	N	N	N	N	N	N	N		
MESOTHELIDMA, NOS	Ĺ	<u> </u>		1	_			<u> </u>																		
L OTHER SYSTEMS Multiple organs nos mesothelioma, mos mesothelioma, malignant maliglythphoma, histiocytic typi	м	N	N	м	N X	N	H	H	N	H	N	H	н і		H	NI	•	H	N	N	N	N	H	H		
UNDIFFERENTIATED LEUKEMIA	-						x						<u>×</u>			1	<u> </u>									
TAIL OSTEDSARCOMA	1																					_	_		_	
ANIMAL NUMBER	2	2	2	029	9	0 3	03	0	3	3	0 3	3	3	3	0	9	-	-	0	0	4	8	4	0	0	
---	----------	------------	---------------	-------------	------------	----------	------------	------------	------------	----------	------------	----------	----------	------------	------------	----------	-------------	------------	------------	----------	----------------	---------------	------------	----------	-------------	----------------------------
WEEKS ON Study		#	-	6	1	1	2	∄	-	-1	1	7		3	0	╬				-2-			8	9	0	TOTAL TISSUES TUMORS
INTEGUMENTARY SYSTEM	1.51	<u> </u>	<u>.</u>	8	5	51	ð I	51	<u>.</u>	51	اف	5	5	4	5	5	51	بلغ	<u>i</u> l	.il	51	5	<u>o i</u>	11	<u>.</u>	
SKIN Básal-cell carcinoma Keratoacanthoma	ŀ	+	•	•	٠	٠	+	٠	•	ż	+	+	•	+	+	+	٠	+	+	+	٠	•	*	•	+	50× 1
SUBCUTANEOUS TISSUE Sarcona, nos Fibrona Fibrosacoma	×	+	+ x	×	٠	٠	•	+ x	×	+	•	+ X	•	•	•	•	•	٠	•	٠	+	+	٠	٠	+	50× 3 2 5
FIBROUS HISTIOCYTOMA, MALIGNANT			<u> </u>								×															ź
RESPIRATORY SYSTEM LUNGS AND BRONCHI Alveolar/Bronchidlar Adenoma Fibrosarcoma, metastatic Fibrous Histiocytoma, metastatic	·	٠	• x	٠	٠	**	٠	٠	٠	٠	•	٠	٠	٠	* ×	٠	٠	٠	٠	٠	·	٠	٠	٠	+	49 ?
TRACHEA	•	+	+	•	÷	+	•	+	+	+		•	•	•	+	+	÷	+	•	÷	+	+	+	*	+	50
HEMATOPOIETIC SYSTEM	1																	.,,,								Ī
BONE MARROW	H.	*		<u>+</u>	. <u>*</u>	*	<u>*</u>	*	<u>+</u>	*	<u>*</u>	<u>*</u>	•	<u>*</u>	. <u>+</u>	<u>*</u>	*	+	+	+	+	+	*		*	49
SPLEEN Fibrous Nistiocytoma, Metastatic Hemangidsarcoma	Ŀ			•		•	•	•	•	•		• 	• 	•	•	•	•	•	<u> </u>	-	•	•	+	•	•	49,
LYMPH NODES Thymus	+	•	•	+	+	•	•	+	•	•	•	•	•		•	•	•	•	÷	•	+	•	•	-	•	49
CIRCULATORY SYSTEM														-											-	
HEART	+.	٠,	٠.	+,	٠.	٠.	+.	+.	٠	٠	+	٠	٠	+	÷	٠	+	٠	٠	٠	+	٠	+	٠	+	50
DIGESTIVE SYSTEM	1	_		•••••															****							
SALIVARY GLAND	+	<u>*</u>	<u>+</u>	*	*	+	. <u>.</u>	. <u>.</u>	+	<u>+</u>	. <u>.</u>	*	+	. <u>+</u>		<u>+</u>	<u>+</u>	.	+	<u>*</u>	<u>*</u>	. <u>+</u>	+	*	+	50
LIVER Bile Duct	1.	÷	÷	÷	. <u>*</u>	÷	÷	- <u>*</u>		÷	÷	+	÷.	÷	• •	•	÷	. <u>*</u>	*	•	- <u></u> +	. <u></u>	*	÷	-,	50
GALLBLADDER & COMMON BILE DUCT	н	N	N	N	N	N	N	N	. N.	н	H	N	N	H_	N	Ν.	N	N	N	N	N	H	N	N	н	50×
PANCREAS	+	+	+	+	+	+				+	٠	+	•	+			+	•	+	.+	*	<u>+</u>	<u>+</u>	+	-	50
ESOPHAGUS	+	.	<u>t</u>	. *-	.+	+	+	+	•	•	+	+	.+	+	+	.*	+	+		*	+	. <u>+</u>		*	-+	49
STOMACH Small Intestine		÷.	*	*	<u>+</u>	<u>.</u>	<u>*</u>	<u>+</u>		*	*	*	*	*	<u>+</u>	*	. <u>+</u>	<u>*</u>	<u>*</u>	*	<u>*</u>	<u>+</u>		<u>.</u>	+	49
LARGE INTESTINE	ţ.	•	•	- <u>-</u>		•	*	<u>,</u>	 +	•	•	•	•	+		 +	- <u></u>	<u>,</u>	•	÷	 +	• <u>×</u> ••	÷		Ť,	49
URINARY SYSTEM															-								-		\neg	
KIDNEY	•	+	٠	÷	٠	٠	٠	٠	÷	٠	٠	٠	٠	٠	٠	+	•	٠	÷	+	٠	٠	٠	٠	+	50
TUBULAR-GELL ADENOMA Urinary Bladder Transitional-Cell Papilloma	•	+	+	٠	+	+	•	ż	•	•	•	+	+	+	•	+	+	+	•	+	•	•	+	+	•	49 2 1
LIPOMA ENDOCRINE SYSTEM	1																	_							-1	
PITUITARY Carcinoma, Nos Adenoma, Nos	ŀ	•	٠	+	+	•	• ×	•	+	•	• ×	•	+ X	+	+ x	•	٠	•	• x_	*	•	• ×	•	•	+	49 12
ADRENAL Pheochromocytoma Pheochromocytoma, malighant ganolioneuroma	×	×	+	٠	٠	٠	•	٠	٠	•	٠	•	×	•	•	•	÷	* X	×	*	* X	×	٠	٠	×	50 13
THYROID C-Cell Adenoma C-Cell Carcinoma	ŀ	ż	×	•	ż	+	+	* ×	•	+	*	+	•	•	•	•	+	+	+	*	*	•	+	*	*	50 10
PARATHYROID	•	٠	٠	٠	٠	٠	٠	٠	+	٠	+	٠	٠	٠	+	٠	+	÷	•	٠	٠	+	٠	٠	+	50
PANCREATIC ISLETS Islet-Cell Adendma	+	٠	٠	+	٠	٠	٠	+	+	٠	٠	*	٠	٠	٠	+	+	٠	+	٠	•	*	+	٠	•	50 2
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND Fibroadenoma	ŀ	×	•	•	+	ż	•	+	+	•	+	•	•	•	+	•	+	•	+	•	•	•	•	•	•	50%
TESTIS Interstitial-Cell Tumor	×	<u>×</u> _	×.	×.	×	×	ż	x	<u>×</u> .	x_	×.	×.	×.	<u>×</u>	•	×.	×	×.	÷.	x	x	×.	x	* *	×	50
PROSTATE Preputial/Clitoral Gland Carcingha, Mos Adenocarcingma, Nos	H H	+ H	N N	+ N	+ N	+	+ N	+ H	H.	+ H	+ N	+ H	H	+ H	+ N	+ H	÷ N X	+ N	+ N	+ H	н н	+ H	+ H	+	+ H X	<u>49</u> 50× 1
CYSTADENOMA, NDS]																								Î	i
NERVOUS SYSTEM																						+				
BRAIN MUSCULOSKELETAL SYSTEM	Ļ	<u>.</u>	*	•	•				•	-	-		<u> </u>	•				•	•	•				-	-	49
BONE Osteoma	N	н	H	M	N	N	X	н	N	H	N	н	N	н	н	н	N	H	H	M	H	N	N	M	н	-**:
BOBY CAVITIES PERITONEUM	н	N	н	H	H	N	N	N	н	N	N	H	N	N	N	N	N	н	N	N	N	н	N	H	N	50×
OSTEDSARCOMA Mesentery Mesothelioma, Nos	H	H	H	N	H	N	N	N	H	H	N	N	N	N	N	N	N	H	N	н	H	н	H	N	M	504
ALL OTHER SYSTEMS	 		a- a o										<u> </u>												_	
MULTIPLE ORGANS NOS Mesothelioma, Nos Mesothelioma, Maltanant Malig.lymphoma, Nistiocytic Type Undifferentiated leukemia	N	H	N X	N	N X	N	N	N	н	H	N	N	N	N	H	н	H	H	H	н	M	N	н	H X	×	50× 1 1 1 6
TAIL OSTEOSARCOMA																										ł

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

TAIL DITEOSARCOMA N ANIMALS NECROPSIED

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

, NO TISSUE INFORMATION SUBMITTED C: MCCROPSY, NO MISTOLOGY DUE TO PROIDCOL A AUIDIVIS M: ANIMAL MISSINO B: NO MCCROPSY PERFORMED

TABLE A3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF ALLYL ISOTHIOCYANATE

HIGH DOSE

ANIMAL Number Weeks on	00-0	2	0	4 4	Š	0 0	0 7 1	0 8 1	2	-	-	2	3		5	6	2	8	-	2	2	2220	23	24	
STUDY	7	0 4	8	ġ	ġ	0 4	0	ġ	0 6 0	0	ş 5	ģ	4	ė.	ġ	6	8 8 9	ġ	ġ	ġ	ġ	ŝ	ġ	9	_
INTEGUMENTARY SYSTEM	Ι.															<u>`</u>									
SKIN Papilloma, nos squamous cell papilloma squamous cell carcingma	Ľ	×	+	•	+	•	•	•	•	+	+	+	×	•	•	+	•	+	•	•	+	+	•	•	_
SUBCUTANEDUS TISSUE Sarcoma, nos Fibroma Fibrosarcoma	+	٠	٠	•	•	+	* ×	٠	+	٠	+	٠	٠	+ X	+	+	٠	٠	+	+	+	٠	+	٠	
RESPIRATORY SYSTEM	┼──-											~~~~													_
LUNGS AND BRONCHI Squamdus cell carcinoma, unc prim Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar carcinoma Sarcoma, nos, unc prim or meta	·	-	+	•	•	•	+	•	+	+ ×	•	* ×	•	+ ×	+	+	•	•	+	•	•	+	• ×	+	
TRACHEA	-	+	÷	+	+	+	+	٠	+	+	+	÷	÷	+	+	+	+	+	+	+	+	+	+	÷	
EMATOPOIETIC SYSTEM						_																			-
BONE MARROW	+	ŧ.	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	<u>+</u>	ŧ	+	+	٠	+	+	+	+	_
SPLEEN	+	+	+		•	+	+	+	+	+	+	+	<u>+</u>	<u>+</u>	<u>+</u>	•	•	+	+	+	+	+	<u>+</u>	+	_
LYMPH NODES .	- ⁺-	•	+	+	+	+	+	+	+	+	<u>*</u>	+	+	•	+	*	+	+	+	+	+	+	+	+	
	+	+	*	+	+	+	+	+	*	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	
CIRCULATORY SYSTEM					,																				
HEART DIGESTIVE SYSTEM	+	+	+	+	+	+	•	+	+	•	•	+	•	+	*	+	*	•	+	+	<u>.</u>	+	+	+	
SALIVARY GLAND	•			÷		÷																			
SALIVART GLAND	ļ	Ţ				•	•		+	•	•		•	•	•	•	•	•	+	•	•	•	•	÷	
NEOPLASTIC NODULE	ļ	•	,		×.		*	•		<u>.</u>		<u> </u>	<u>x</u>							x	·	·			
BILE DUCT	++		+	÷	+	+	+	.+	÷	+	+	<u>+</u>	+	+	÷	+	<u>+</u>	+	+	•	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	<u> </u>	<u>N</u>	<u>N</u>	N	N	N	<u>N</u>	<u>N</u>	N	N	N	H	<u>N I</u>	N	N	<u>N</u>	H	N	N	N	N	N	N	N	1
PANCREAS	+	<u>.</u>	+	+	+	+	+_	<u>+</u>	+	+	+	<u>+</u>	+ ·	ŧ.	÷	+	•	+	+	+	+	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	•	+ +	+	ŧ	+ ·	•	+	+	+	•	+	+	+	
STDMACH .	+	+	-	<u>+</u>	<u>+</u>	+	+	+	+	<u>+</u>	+ ·	+	+ .+	•	<u>+</u>	<u>+</u>	<u>.</u>	+	+	+	*	+	+	+	
SMALL INTESTINE Mucinous Adenocarcinoma Osteosarcoma	+	+	-	+	+	•	+	•	-	•	+	+	• •	•	•	+ ·	+	+	•	+	+	•	+	+	
LARGE INTESTINE	+	*	-	•	+	+	+	+	+	•	+	•	+ •	•	•	+ ·	•	+	+	+	+	•	+	*	1
RINARY SYSTEM																									
KIDNEY	+	+	+	÷	<u>+</u>	• •	+	•	•	•	<u>+ ·</u>	• •	• •		•	<u>.</u>	•	<u>*</u>	<u>*</u>	<u>*</u>	<u>*</u>	<u>*</u>	•	•	ł
URINARY BLADDER Transitional-Cell Papilloma	Ť	Ţ	-	Ť			•	Ť.,		•	•		Ϋ́		•	• •		•	•	•	•	•		x	1
NDOCRINE SYSTEM															-										-
PITUITARY Adenoma, NGS	٠	٠	+	+	+	+	٠	+	•	•	÷	•	• •	•	+	•	·	+	+	+	÷ ×	+	٠	+	•
ADRENAL	+	+	+	+	•	+	+	+	+	÷	+ +	+ .			÷	+ +	•	+	+	÷	+	÷	+	÷	•
PHEDCHROMOCYTOMA					x	x						<u> </u>	<u> </u>	<u> </u>						X	-				-
THYROID Follicular-Cell Carcinoma C-Cell Adenoma C-Cell Carcinoma	+	+	+	•	+	+	•	*	+		* · ×	•	• •		+ x	•;	¢	+ ×	+	•	* ×	•		+ ×	1
PARATHYROID	+	+	-	+	÷	÷	+	÷	÷	+	+ +		• •		•	ŧ. ·		+	+	+		+	+	•	ł
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	٠	+	٠	+	٠	+	.+	+	•	+ +	• •	• •	• •	÷	• •	•	÷	+	•	+	٠	+	٠	4
EPRODUCTIVE SYSTEM											,											_			
MAMMARY GLAND FIBROADENDMA	•	٠	N	•	•	•	* ×	•	•	•	+ •	•	• •		•	• •	•	+	•	+	•	+	•	•	4
TESTIS INTERSTITIAL-CELL TUMOR	* x	*	-	*	×	*	*	*	*	* :	* *	5	• • < x	; ;	÷	* *		* :	* ×	*	* : ×:	+ x	* ×	*	\$
PROSTATE	+	+	~	•	•	+	+	÷	<u>+</u>	÷	+		+		•	• •		• .	+	+	•	+	+	<u>+</u>	4
PREPUTIAL/CLITORAL GLAND Carcinoma,nos Adenocarcinoma, nos	H	N	H	N	н	N	н	H	н	H	N N >	; ;	I N	1	N I			N	N	N	н	H	н	н	۲
ERVOUS SYSTEM				÷																					
BRAIN GLIOMA, NOS	+	٠	+	٠	+	+	+	٠	+	+	+ +	• •	•	•	•	• •		+ ·	+	+	+ ·	+	•	٠	•
PECIAL SENSE DRGANS																									-
ZYMBAL'S GLAND	н	н	н	H	N	н	N	N	N	H I	нн		1 N		н	н н		N I	N	N	NI	N	พ	N	١
ADENOMA, NOS Ody cavities																								<u>~</u>	
TUNICA VAGINALIS Mesothelioma, Nos	٠	÷	N	÷	٠	+	٠	÷	·	+	• •	• •	• •		•	+ +	•	+	•	÷	•	•	÷	٠	•
LL OTHER SYSTEMS					,																				-
MULTIPLE ORGANS NOS ALVEDLAR/BONCHIOLAR CA, METASTAT SARCOMA, NOS MESOTHELIOMA, MALIGNANT UNDIFFERENTIATED_LEUKEMIA	N	N	н	н	N	N			H			• •			NI	4 4		N	N	N	N I	H	H	N	۲
+: TISSUE EXAMINED MICROSCOPI		~						×			×	é	155		TN			108							-
 ISSUE EXAMINED MICKUSCUPI REQUIRED TISSUE NOT EXAMIN TUMOR INCIDENCE NE NECROPSY, NO AUTOLYSIS, NO 	ED M	110					ITA	ON		C A M B		HECP NUTC	LOPS	Y, IS MIS	N0 551	HIS	10	L O G	ΥĎ	ŬE	ŤŎĨ	P RO	TOC	OL	

.

ANINAL NUMBER	26	027	0 2 8	29	0 3 0	3	032	033	034	0 3 5	0 3 6	037	038	0 3 9	0 4 0	0 4	0 4 2	043	044	94	04	0 4 7	0 4 8	049	0 5 0	TOTAL
WEEKS ON Study	0	0	0	0	0	6	0	0	1	9	6 0 8	ò	0	0	0	6	8	-	8	0	0	9	0	ò	0	TISSUES
THTEGUMENTARY SYSTEM	1.	1.4	4.	- 4	1 4	1.0	-41			ع ا	0	- 41	-91	-91	- 41	- 61	-11	41	41	11	41	41		41	-	
SKIN Papilloma, nos Squamdus cell papilloma Squamous cell carcinoma	ŀ	+	•	•	•	+	٠	+	+	•	+	* x	+ X	+	+	•	* x_	•	м	+	٠	٠	+	+ x	•	50* 1 4 2
SUBCUTANEOUS TISSUE Sarcuma, nos Fibroma Fibrosarcoma	+	٠	+	٠	٠	٠	٠	٠	٠	* x	٠	٠	•	+	+	+	+	٠	N	٠	٠	٠	٠	÷	٠	50* 1 2 1
RESPIRATORY SYSTEM	-			•												-	-							~	-	
LUNGS AND BRONCHI Squaddus Cell Carcinoma, unc prim Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma Sarcoma, nos, unc prim or meta		+	+	+	+	•	•	•	+	+	+	+	•	+	+	•	+ ×	•	•	+	•	•	•	+	-	48 1 2 1
TRACHEA		÷	٠	٠	÷	٠	+	٠	÷	÷	+	+	٠	+	÷	٠	+	+	٠	٠	+	+	÷	٠	+	49
REMATOPOIETIC SYSTEM	+								-	_			_				_								+	
BONE MARROW	+	. +	+	•	_+	+	+	+	. +	÷	+	+	+	+	+	+.	+	+	<u>+</u>	<u>+</u>	+	+	+	ŧ	+	50
SPLEEN	1.		÷		. +		+	÷	÷	t	+	+	+	+	t	٠	+	<u>+</u>	ŧ	+	+	<u>+</u>	+	+	•	50
LYMPH NODES	L+	•	+	. +	<u>+</u>	+		+	+	ł	+	t	ŧ	+	+	+	t.	+	٠	+	+	+	+	٠.	+	50
THYMUS	+	٠	٠	٠	+	٠	٠	+	٠	-	٠	٠	٠	٠	+	٠	+	+	٠	٠	٠	÷	٠	+	+	49
CIRCULATORY SYSTEM	+															-		-		-					-+	
NEART	+	+	٠	٠	+	٠	+	+	٠	+	+	+	٠	+	٠	+	+	•	+	٠	•	٠	+	+	+	50
DIGESTIVE SYSTEM	1									_					_					_					-†	
SALIVARY OLAND	+	+	+	+	٠	+	+	٠	٠	+	٠	+	٠	+	٠	+	+	+	٠	+	+	٠	+	٠	+	50
LIVER Neoplastic Nodule	+	٠	+	+	٠	+	٠	+	٠	٠	٠	+	ţ	٠	+	٠	٠	•	٠	+	٠	+	٠	٠	ţ	50
BILE DUCT	<u>t</u>			••••••	_								<u>^</u>		<u> </u>										1	50
GALLBLADDER & COMMON BILE DUCT	۲,	<u>T</u>	<u>T_</u>						- -		- <u>-</u> -	- T		<u>.</u>	• 			т и		<u>,</u>	- <u>T</u>	,		<u>,</u>	,	
	1.				<u>_n</u> _			- T-			<u> </u>				<u> </u>		<u>.</u>		n				. <u>n</u>			50*
PANCRÉAS	+	+		+	<u>.</u>		*	+	+	<u>+</u>		+	+		+	•	<u>.</u>	•	-	<u>+</u>	- <u>+</u>	<u>*</u>	•	•	+	
ESOPHAGUS	+	<u> </u>			`	•	+	÷	.+	+	+	*	+	+	+	÷	+	+	•	÷	*	+	•	<u>+</u>	4	50
STOMACH	++	+	+	+	<u>+</u>	+	+	+	+	+	+	*	+	+	<u>+</u>	+	+	+	+	<u>+</u>	+	+	+	+	+	-49
SMALL INTESTINE MUCINDUS ADENOCARCINDMA OSTEOSARCOMA	+	•	+	•	_	•	•	-	+	+	•	•	•	+	×	•	+	•	+	•	•	+ x	+	•	-	47 1 1
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	٠	٠	+	٠	+	+	+	٠	•	٠	+	•	+	+	49
URINARY SYSTEM																										
KIDNEY	+	+	+	+	_+_	+	+	+	+	+	+	+	+	+	+	+	+	*	+	<u>+</u>	+	+	+	+	⊹	50
URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	+	+	+	+	+	+	+	+	+	٠	٠	٠	+	•	+	+	+	* ×	+	+	+	+	* ×	+	*	49
ENDOCRINE SYSTEM										-															-+	
PITUITARY ADENOMA, NOS	+	* ×	•	•	•	+	+	+	+	+	•	+	٠	•	+	٠	+	*	+	+	+	+	+	+	•	49
ADRENAL Pheochromocytoma	* *	+	+	*	+	+	*.	•	+	+	•	•	+	*	+	+	+	•	+	+	* ×	•	+	* x	+	50
THYROID Follicular-cell carcinoma C-cell Adenoma C-cell Carcinoma	+	+	+	٠	+	+	+	+	+	+	+	+	+	+ ×	+	+	+	+ X	+	+	+	+	+	+	·	50 1 5 2
PARATNYROID	+	+	+	+	+	+	÷	-	+	+	÷	+	+	-	+	+	+	+	+	+	+	+	+	+	+	45
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	-	+	+	+	+	÷	+	49
																						_	x			1
REPRODUCTIVE SYSTEM																									T	
MAMMARY GLAND FIBROADENOMA	±	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	N	+	•	+	+	+	*]	50× 3
TESTIS INTERSTITIAL-CELL TUMOR	×	*	*	ż.	*	, x	.×	÷.	ż	ż.	ż.	÷.	*	* *	ż.	*	*	* x	*	*	* *	* ×	*	* X	×	49 49
PROSTATE Preputial/clitoral gland carcinoma,nos adenocarcinoma, nos	+ H	+ N	+ H	+ H	+ H	+ H	+ н	+ N	+ N	+ N	+ N	+ N	• N	+ N	+ N	+ N	+ N	+ N	+ N	<u>+</u> н	<u>+</u> н	+ N	+ N X	+ н	+ H	49 50× 1 1
NERVOUS SYSTEM																							^		+	·
BRAIN	+		÷			÷					+			+		÷	•		• •	•	+ -		÷		+	50
GLIOMA, HOS	+	•	•	•	•	•	•	•	•	•	ż	•	•	*	•	•	•	•	•	•	•		•	•	1	201
SPECIAL SENSE ORGANS						_													_						+	
ZYMBAL'S GLAND Adenomá, Nos	N	N	N	н	н	H	N	H	N	N	н	N	H	N	N	N :	н	н '	N I	4	N I	4	H	H	н	50× 1
BODY CAVITIES																									T	
TUNICA VAGINALIS MESOTHELIOMA, NOS	٠	+	+	ż	+	•	+	•	+	+	•	•	+	+	•	+	•		• •	• •	• •	•	+	•	•	50× 1
ALL OTHER SYSTEMS																									1	
MULTIPLE ORGANS NOS ALVEDLAR/BRONCHIDLAR CA, METASTAT Sarcoma, Nos Mesothelioma, malignant	н	N		н	н	H	N	N		×	н			H			N X	N :	x		ri 1	ч ,	H	н	м	50×
UNDIFFERENTIATED LEUKEMIA			X			_							X			<u>×</u>	_)	٢.					1	&

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

* ANIMALS NECROPSIED

 +: TISSUE EXAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBMITTED

 -: REGUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 C: NECROPSY, NO NISTOLOGY DUE TO PROTOCOL

 X: TUMOR INCIDENCE
 AUTOLYSIS

 N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 MICMAL MISSING

 B: NO RECROPSY PERFORMED
 B: NO NECROPSY PERFORMED

TABLE A4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF ALLYL ISOTHIOCYANATE

VEHICLE CONTROL

ANIMAL NUMBER	0	002	0	000	0	0	0 0 2	0 0 8	0	010	0 1 1	12	0	0	0	0 1 6	1	0 1 8	0	0 2 0	0 2 1	0 2 2	0 2 3	0 2 4	
WEEKS ON STUDY	0	0	0	0	6	5	Ö	-8 9 9	9	0	ė	0	0		0	0	ļ	8 9 9	0	0	0	0	0	1	
NTEGUMENTARY SYSTEM	1.4	4	4	4	L. 4	2	_61	. 91	_1	6	-11	. 61	-21	6	_6	6	6	_9	_1	_6_	61	6	6	_6_	-
SKIN Basal-Cell Tumor	+	•	+	+	+	+	+	<u>.</u>	+	+	N		٠	+	+	+	+	•	+	+	+	+	•	+	
SUBCUTANEDUS TISSUE Fibrous Histidcytoma, Malighant	+	+	٠	+	+	+	٠	٠	٠	+	N	٠	٠	+	٠	+	+	÷	+	٠	٠	٠	٠	+	
ESPIRATORY SYSTEM	t																								-
LUNGS AND BRONCHI Alvedlar/Bronchidlar Carcinoma C-CELL Carcinoma, Metastatic Fibrous Histiocytoma, Metastatic	ŀ	•	+	+	+	+	•	+	•	•	•	•	+ x	+	•	+	×	+	•	•	+	+	+	•	
TRACHEA	+	+	+	+	+	٠	٠	٠	٠	٠	٠	٠	٠	+	+	+	٠	+	+	+	٠	٠	٠	+	
EMATOPOIETIC SYSTEM	1																								
BONE MARROW	+	+	<u>+</u>	+	<u>+</u>	+	+	. *	•	<u>.</u>	•		•	*	_+		*	. +	+	- <u>+</u>	+	. <u>+</u>	+	*	-
SPLEEN Lymph Nodes	1	. *		+	<u>_</u>	<u>.</u>	<u>+</u>	<u>.</u>	• •	<u>_</u>	• •	÷	+	+	<u>+</u>	•	<u>.</u>	<u>+</u>	<u>.</u>	·	<u>+</u>	<u>.</u>	- <u>+</u>	<u>.</u>	-
THYMUS	1÷	+	<u>-</u>	+	•		<u>*</u>	+		÷	•	<u>,</u>	• <u>*</u>	<u> </u>	+	· •	- <u>+</u>			+	- <u>+</u>	+	*	- <u>+</u>	
IRCULATORY SYSTEM													·		· ·			· · ·							_
HEART	+	+	+	+	+	+	+	÷	+	÷	+	÷	÷	•	÷	+	÷	+	÷	÷	+	+	٠	+	
IGESTIVE SYSTEM	┝		-			-		-					-												
ORAL CAVITY Squamous cell papilloma	"	N	N	N	N	N	N	N	N	N	н	H	N	N	N	H	H	N	H	H	H	H	N	H	
SALIVARY GLAND Adenoma, Nos	Ŀ	+	+	+	+	+	•	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	
LIVER FIBROUS HISTIOCYTOMA, METASTATIC	1+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BILE DUCT	L+	+	+	+	+	+	+	+	+	+	+	٠	•	÷	+	÷	+	+	+_	+	÷	+	+	+	_
GALLBLADDER & COMMON BILE DUCT	<u>μ</u>		N.		_N.		N.	-N	N	N	N	Н.	N	8	<u>.</u> N.	. N	н.	. N	Ν.	. N	N	<u>.</u>	N	N.	_
PANCREAS	+	.	+	_t	+	<u>.</u> t	+_		+	<u>.</u>	.+	ŧ.	<u>+</u>	+		+	t	+	+.	+	+		•	+	-
ESOPHAGUS	+	+	+	+	+	<u>+</u>	+	t	+	<u>+</u>	ŧ	ŧ.	+	.*	+	•	*_	. +		•	+	. .	.+	÷.	-
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+		+	+		+	+	+	
SMALL INTESTINE	+	+	-+-	+	+	+	+-	+	+	+	+	*	+	+	+	*	+	+	+	+	- <u>+</u> -	+	+	+	-
LARGE INTESTINE	Ľ	•	<u> </u>	•	•	•	•	•	•	•	+	+	+	+	+	+	+	+	+	•	+	•	•	+	_
KIDNEY	•	•	+	•	+	+	+	+	+	+	+	+	. +	+	•	•	+	. +	+.	+	•		+	•	
URINARY BLADDER	+	+	+	÷	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	
NDOCRINE SYSTEM															_		-								-
PITUITARY Adenoma, Nos	+	÷	* ×	*	-	+	+	+	+	÷	*	+	+	÷	٠	÷ ×	÷	+	+	÷	+	*	٠	÷	;
ADRENAL CORTICAL ADENOMA Phedchromocytoma Pneochromocytoma, Malignant Ganglioneurgma	·	+	+	•	+	•	×	•	+ x	•	+	+	+	+	•	+	+	•	٠	+	•	+	+	+	
THYROID C-Cell Adenoma C-Cell Carcinoma	*	+	÷.	* *	+	+	*	+	÷	*	+	+	•	٠	÷	+	+	+	+	+	+	+	*	* ×	•
PARATHYROID	-	+	•	•	•		•	+	•			*	•	•	•	+	+	•	+	+	+	+	•	+	-
PANCREATIC ISLETS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	-
ISLET-CELL ADENOMA						_												x							
EPRODUCTIVE SYSTEM																									
MAMMARY GLAND Adehocarcinoma, nos Fibroadenoma	•	Ť	ž	Ť	ÿ	Ť	ž	•	Ť	۲	Ť	Ť	•	•		ž	Ť	R	Ť	ŗ	•	•	•	÷	1
UTERUS	i		•	٠	+	٠	+	÷	÷	÷	÷	+	÷	÷	٠	÷	+	÷	÷	÷	÷	÷	٠	÷	
ADENGCARCINOMA, NOS Endometrial stromal polyp Endometrial stromal sarcoma							×				x	×	x	x			x			_					
OVARY CARCINOMA, NOS	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	+	+	+	+	+	+	+	+	٠	+	٠	+	٠	•
ERVOUS SYSTEM									• •			-				• •									-
BRAIN Astrocytoma	+	+	+	+	٠	•	٠	٠	٠	+	+	٠	+	+	٠	٠	+	+	٠	+	•	٠	+	•	1
PECIAL SENSE ORGANS															-		-								-
ZYMBAL'S GLAND BASAL-GELL CARCINOMA	N	N	H	N	N	N	H	H	H	N	H	N	N	N	N	N	N	N	н	H	N	H	H	N	H
JSCULDSKELETAL SYSTEM		-										-													-
MUSCLE LIPOMA	+	•	+	* x	٠	+	+	+	+	٠	*	+	•	+	٠	٠	+	+	+	+	+	+	٠	+	•
LL OTHER SYSTEMS																• •									_
MULTIPLE ORGANS NOS Malig.lymphoma, lymphocytic type Undifferentiated leukemia	H	H	H	N	H	ĸ	H	н х	н	H	H	H	H X	H	H	Ħ	H	H	н	H X	н	H	H	N	N
+: TISSUE EXAMINED MICROSCOP: -: Required tissue not examin X: Tumor Incidence N: Hecropsy, no Autolysis, no	ICAL NED I D MI	LY Mic Cro	RØ3 5C0	COP PIC	ICA EX	LLY AMI	NAT	CON		i	1 C 1 A 1 M 1 B 1	AUI	MA	LM	5 155	ING		TIO OLO RME		UBM DUE	111	PR	010	COL	

NUMBER	0 2 6	2	2	2	3	31	3	3	3	3	036	0 3 7	3	3	4	4	4	4	4	4	4	4	0 4 8	4	0 5 0	
WEEKS ON Study	0	0	0	80	8	0	10	9	6	106	0	0	0	0	0	9	2 0 9 3	0 8 3	0	0	4	0	8 8 8	0	0	TISSU
INTEGUMENTARY SYSTEM	Г <u>.</u>																									
SKIN BASAL-CELL TUMOR	N	•	+	+	+	+	+	+	+	+	+	+	•	+	+	*	+	+	+	+	•	+	+	<u> </u>	+	50
SUBCUTANEOUS TISSUE Fibrous Histiocytoma, Malignant	N	٠	٠	* X	٠	+	+	+	+	+	+	٠	+	+	+	+	•	+	+	+	+	٠	٠	+	+	J.U.
RESPIRATORY SYSTEM				-																					-	
LUNGS AND BRDNCHI Alvedlar/Bronchiolar Carcinoma C-Cell Carcinoma, metastatic Fibrous Histictiona, metastatic	•	•	٠	+	•	+	٠	٠	٠	•	+	٠	٠	+	•	•	•	•	+	٠	•	•	•	+	+	50
TRACHEA																										
HEMATOPOIETIC SYSTEM										_	<u> </u>						•									
BONE MARROW	+	÷	÷	+	+	<u>+</u>	+	+	+	+	+	+	÷	+	<u>+</u>	<u>+</u>	÷	•	t.	+	+	÷	. t.	+	+	50
SPLEEN	, +	+	ŧ	+	+	+	÷	÷	+	+	+	÷	+	÷	<u>+</u>	<u>+</u>	+	± .	<u>+</u>	+	+	+	. t	<u>.</u>	+	50
LYMPH NODES	+	+	+	<u>.</u>	+	+	+		+	+	+	+	<u>+</u>	+	+	*	+	+	+	<u>+</u>	+	+	+	_	+	50
THYMUS	+	+	*	+	+	+	*	+	*	+	+	+	+	-	+	<u>+</u>	*	+	+	•	+	•	+	+	+	49
CIRCULATORY SYSTEM	•																									
HEART DIGESTIVE SYSTEM		•	+	•	+	•	+	•	+	_	•	•	*	*	•	<u>.</u>	<u> </u>	•	•	•	+	+	*	+	+	50
ORAL CAVITY	N	н	н	N	N	N	N	N	N	н	н	N	N	N	N	N	N	H		N	N	N	N	N	н	50
SQUAMOUS CELL PAPILLOMA							.,																		-	
SALIVARY GLAND Adenoma, Nos	•	+	+	•	+	+	+	•	•	*	•	+	•	+	•	•	+	•	*	+	+	+	•	+	+1	50
LIVER FIBROUS NISTIOCYTOMA, METASTATI(+	50
BILE DUCT	+	ŧ	+	÷	+	ŧ	ŧ	<u>+</u>	. t	÷	÷	+	.t	÷	÷	<u>+</u>	ŧ.	±	ŧ.,	+	+	+		<u>.</u> t.,	+	50
GALLBLADDER & COMMON BILE DUCT		N	N	N	N	N	N	N	N	Ŋ.	<u>N</u>	N	N	N	н	N	N	N	N	N	'N	N.	N	N	N	50
PANCREAS	-	٠	+	+	÷	+	+	+	+	ŧ	+	+	+	+	+	<u>+</u>	+	+	÷	÷	+	+	+	٠	÷	.49
ESOPHAGUS .	•	+	+	÷	+	÷	÷		. <u>+</u>		+	+	. t	<u>+</u>	+	<u>*</u>	<u>.</u>	+	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	+	+	.+	50
STOMACH	+	+	+	<u>+</u>	+	+	+	+	•	<u>+</u>	+	+	+	. <u>+</u>	+	<u>+</u>	+	+	†	+	+	+	+	+	-+	. 50
SMALL INTESTINE	+	+	•		+	+	+	<u>+</u>	t	<u>t</u>	+	+	±	<u>+</u>	+	+	-	<u>t</u>	<u>+</u>	+	+	<u>+</u>	_+	+	+	49
LARGE INTESTINE		*	+	•	+	+	+	+	+	•	+	•	+	•	+	+	-	•	•	+	•	+	•	+	+	49
KIDNEY	•	÷	+	+	•	+		+	÷	÷	•	÷	÷	÷	•			•	•	•	÷		÷			
URINARY BLADDER	+		+	+	+	+	•	• · ·		+						+						+	•	•	+	<u>50</u> 49
ENDOCRINE SYSTEM															-		-								-	
PITUITARY Adenoma, Nos	٠	٠	٠	٠	٠	÷	٠	t	٠	٠	٠	٠	٠	•	٠	t	÷	•	•	٠	÷	t	÷	t	•	49 1
ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGHANT GANGLIONEUROMA						A																				
THYROID C-Cell Adenoma C-Cell Carcinoma	•	+	•	+	•	•	•	•	•	•	•	•	•	•	×	•	•	•	ż	×	•	•	•	•	•	50
PARATHYROID																									_	
PANCREATIC ISLETS ISLET-CELL ADENOMA EPRODUCTIVE SYSTEM	-	+	+	•	+	•	+	٠	•	•	•	+	•	•	+	•	+	•	•	•	•	•	•	•	•	49
MAMMARY GLAND Adenocarcinoma, Nos	N	+	٠	÷	٠	٠	٠	٠	٠	٠	٠	•	÷	•	÷	÷	•	•	•	+	٠	+	٠	+	+	50
ADENOCARCINOMA, NOS Fibroadenoma										×								3	ĸ			x	x			į
UTERUS Adenocarcinoma, Nos	+	+	٠	•	٠	+	٠	+	+	+	٠	÷	٠	+	÷ ×	·	+	•	•	+	+	٠	+	٠	+	50
ENDOMETRIAL STROMAL POLYP Endometrial Stromal Sarcoma	<u>×</u>		x							×	×	x	x					,	(×	14
OVARY CARCIHOMA, NOS Ervous system	·	×	+	•	•	•	•	•	•	•	+	•	•	•	•	•	• •		• •	•	•	•	•	+	•	50
BRAIN																										50
ASTROCYTOMA PECIAL SENSE ORGANS										_			_	_		_								_	_	
ZYMBAL'S GLAND BASAL-CELL CARCINOMA	N	H	N	н	H	H	N	N	H	N	H	H	H I	N	N J	•	• •		. ,	н	N	N	н	N	н	50×
USCULÖSKELETÄL SYSTEM Muscle Lipoma	•	•	•	•	÷		•	•	+	•	•	•	+	•	•	• •	• •			•	•	+	•	•	+	50×

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

ANIMALS HECROPSIED

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: Tumor Incidence N: Mecropsy, No Autolysis, No Microscopic Examination

: NO TISSUE INFORMATION SUBMIITED C: NECROPSY, NO HISTOLOGY DUE TO PROTJCOL A: Autolysis M: Animal Missing B: Ho Necropsy Performed

1

TABLE A4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF ALLYL ISOTHIOCYANATE

LOW DOSE

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	1	1	0	1	0	1	0	1	1	0	0 2 0	2	2	2	2	
WEEKS ON Study		- 2	3	-4 0 9	- 5 0 7	-01		8	9	-	;	- 21	3	4	-8		7		9 0 9	0		-21			-
INTEGUMENTARY SYSTEM		ځ	_2		2	<u>.</u> 61	51	-11	5		_61	<u>. 01</u>	61	لغ	41	6	61	61	1	41	6	6	6	6	_
SUBCUTANEDUS TISSUE Fibrona Osteosarcoma	•	÷	٠	+ x	٠	٠	٠	+	٠	٠	٠	+	٠	٠	٠	+	+	٠	٠	×	•	٠	٠	٠	
ESPIRATORY SYSTEM																									~~~
LUNGS AND BRONCHI	1.	+	. +	<u>+</u>	+.	t	+	+	+	t	+		+	+	+	*	+	+		+	<u>+</u>	4	<u>+</u>	+	
TRACHEA	1.	+	+	÷	-	÷	+	٠	4	+	٠	+	÷	٠	٠	+	٠	+	+	٠	÷	٠	٠	+	
EMATOPOLETIC SYSTEM				···																					
BONE MARROW	1.t	+	<u>.</u>	.	<u>_</u>	.	<u>*</u>	<u>+</u>	<u>+</u> ,		ŧ.,	+	+	•	*		. <u>t</u>	+	+	+		<u>+</u>	+	+	_
SPLEEN OSTEOSARCOMA	+	٠	٠	÷	٠	+	٠	٠	٠	+	+	٠	+	٠	٠	+	٠	+	+	+	٠	٠	٠	+	
LYMPH NDDES	1.	+	•	+	+	+	*	•	+	•	+	+	. +	*	+	+	4	+	+	+	+	+	•	+	
THYMUS	T.	•	+	+	+	•	+	*	+	•	+	+	+	*	+	+	+	•	•	+	•	+	+	+	~
IRCULATORY SYSTEM	+																			-					
HEART	1.	+	÷	ŧ	٠	٠	٠	٠	÷	÷	٠	+	٠	+	÷	+	+	,	٠	٠	•	٠	•	+	
DIGESTIVE SYSTEM	-+-		•							~															-
SALIVARY GLAND	L·	<u>+</u>			t	t	÷	+	+	<u>.</u>	•	+	÷	+	+	+	+	+	+	+	+	+	÷	<u>+</u>	
LIVER	+	<u>+</u>	+	+		+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	.+	_ <u>+</u> _	+	+	+	+	
BILE DUCT	1.	t	+	+	+	+		+	+	+	+	.+		+	+	+	÷	+	+	+	+	+	+	÷	
GALLBLADDER & COMMON BILE DUCT	H	N	N	N	н	N	K	н	H	н	н	N	H	н	H	N	N	N	. 19	N	N	N	н.,	н.	
PANGREAS	Ŀ	+		+	÷	-	+	+	+	<u>.</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	٠.	
ESOPHAGUS		+	+		+	•	٠	+	٠	÷	+	,	÷		+	÷	٠	+	÷	+		•	+	+	
STOMACH	1.			+	+		+	+	•	<u>+</u>		+	+	+	+	+	+	+	t		+	+		+	_
SMALL INTESTINE	+	•	+	+	+	+	+	+	•	+	+	+	+	+	+	_+	+		+	-	+	+	+	+	_
LARGE INTESTINE	+	÷	٠	٠			٠	٠	٠		•	-	٠	٠	÷	٠	٠	٠	٠	-	٠	+	٠	٠	
RINARY SYSTEM	+								-			•••									~·				
KIDNEY	++	t	+	+		. +	<u>+</u>	+	+	<u>.</u>	•	+	٠	+	+	+	+	+	+	*				÷	_
URINARY BLADDER	+	٠	٠	٠	+	-	4	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	
NDOCRINE SYSTEM																-	s								~
PITUITARY Carcingma, nos Adendma, nos	Ľ	•	•	+	+	•	+	+	•	•	+	+	*	×	*	*	+	+	+	•	, x	•	×	•	
ADRENAL CGRTICAL ADENDMÅ PNEDCHROMGCYTONA	Ŀ	+	•	٠	+	+	*	٠	•	•	•	*	•	•	+	+	•	•	•	+	•	•	+	*	
THYROID	+	٠	÷	÷	٠	٠	÷	•	٠	٠	٠	٠	٠	٠	÷	÷	÷	÷	+	+	÷	+	+	+	
FOLLICULAR-CELL CARCINUMA C-Cell Adenoma C-Cell Carcinoma	×	x					x									x		x							
	+		•							<u>_X</u> _			<u>×</u>												
PARATHYRGID	<u> </u>		·		•	*	+	*		+		٠	<u>.</u>	+	*	+	•	*	+	+	*	+	•	+	
EPRODUCTIVE SYSTEM	1.							•						•			•	•						÷	
MAMMARY GLAND Fibroadenoma	1	<u> </u>		-	•	·	ż.	×.	ż	-	x	•	-		+		<u> </u>			x		<u> </u>	•		-
PREPUTIAL/CLITORAL GLAND Adenoma, Nos	+	N	N	N	M	н	H	N	N	H	N	N	H	N	N	H	N	N	N	н	N	H		H	~
UTERUS Endometrial Strumal Polyp	1.	*.	ż	+	+	*	*	+	* X	+	*	+	÷.	+	<u>,*</u>	+	*	* *	+	•	+	+	+	÷	
DVARY	+	+	+	٠	+	+	+	+	•	+	+	+	٠	٠	+	+	+	•	+	+	+	+	+	*	
ERVOUS SYSTEM	+																						-		
BRAIN Astrocytoma	•	+	•	•	×	•	•	+	•	•	+	+	•	•	•	•	+	+	+	+	•	+	•	•	
LL OTHER SYSTEMS														-				_							î
MULTIPLE ORGANS NOS UNDIFFERENTIATED LEUKEMIA	H	N	H	H	н	H	N	N	N	N	N	н	N	N	N	M	н	M	X	N	N X	X	N	H	

+: TISSUE EXAMINED MICROSCOPICALLY : NO TISSUE INFORMATION SUBMITIED -: REGUIRED TISSUE NOT EXAMINED MICROSCOPICALLY C: NECROPSY, NO HISSOLODY DUE TO PROIDCOL X: TUMOR INCIDENCE N: MECROPSY, NO AUJOLYSIS, NO MICROSCOPIC EXAMINATION N: MECROPSY, NO AUJOLYSIS, NO MICROSCOPIC EXAMINATION B: NO MECROPSY FERFORMED B: NO MECROPSY

ANIMAL NUMBER	5	27	2	2 9	3	3	3	3	0 3 4	0 3 5	3	3	0 3 8	0 3 9	0 4 0			0 4 3	4	4	0 4 6	4	0 4 8	0 4 9	0 5 0	TOTAL
WEEKS ON Study	0 9	0 9	1	Ó	0	0	7	9	0	9	0	ò	\mathbf{T}	1	ð1	0	71	71	0	1	0	0	1	8	0	TISSUE
NTEGUMENTARY SYSTEM	+		-21	01	31	- 41	- 01	01	01	61	-01	61	01	61	31.	6L.	<u>61</u>	61_	11	61	. 61	61	61	81	- 1	
SUBCUTANEOUS TISSUE Fibroma Osteosarcoma	+	٠	٠	+	*	٠	٠	+	+	٠	٠	٠	+	٠	н	•	٠	+	÷	٠	٠	N	٠	٠	+	50× 2
ESPIRATORY SYSTEM	+-																					_				
LUNGS AND BRONCHI	++	+		+	+	+	+	+		+	÷	+	+	+	+	<u>+</u>	+	<u>+</u>	<u>+</u>	<u>+</u>	+	٠	+	+	-+	50
TRACHEA	+	٠	٠	+	+	+	٠	٠	٠	٠	٠	٠	+	٠	-	÷	٠	ŧ	+	÷	+	+	٠	٠	+	48
EMATOPOIETIC SYSTEM			_	_												-										
BONE MARROW	++	+	+	+	†	+	+	+	+	+	+	+	+	+	ŧ•	+	•	<u>.</u>	+	+	+	ŧ.	t	t .	-+	50
SPLEEN OSTEOSARCOMA	+	+	٠	+	+	+	+	+	+	+	٠	+	+	+	• •	۲.	•	•	+	+	+	٠	+	+	+	50
LYMPH NODES	1.	÷	+	+	+	+	+	+	+	+	+	•	+	+	• •		+ .	+	+	÷	+	÷	÷	÷	+	50
THYMUS	T.	+	+	+	+	+	+	+	+	+	+	+	+	+	• •		+ .		+	÷	+	•	+	•		50
IRCULATORY SYSTEM	-+																								+	
HEART	+	+	+	+	÷	÷	÷	+	÷	÷	÷	÷	÷	•	• •		+ .		+	÷	÷	٠	+	+	+	50
IGESTIVE SYSTEM	-+		_								-														+	
SALIVARY GLAND	+	+	+	+	÷	÷	+	+	÷	÷	÷	+	•	•			•	•	+ .	÷	÷	÷	÷	+	۱,	50
LIVER	T.	+	+	+	÷	+	+	+	+	+	+	+	+	+	• •	•	• •	 F	+	+	÷	+	+	+	+	50
BILE DUCT	T.	•	+	+	+	+	+	+	+	+	+	+	+	+ •			+ +	•	•	÷	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	T _N	N	N	N	N	N	Ň	N	N	N	N			N I	-		N 1	•	N	N	N	N	N	N	N	50×
PAHCREAS	1.	+	+	+	+	*	+	+	+	+	+			+ -			• •		+	+	+	+	*	•	+	49
ESOPHAGUS	T.	+	+	+	+	+	+	+	+	+	+	+	-	•			• •		+	+	+	•	+	+		50
STOMACH	1.		+		+	٠	+	+	+	+	+	•	•	•			• •		÷	÷	+	•	÷	+	+	49
SMALL INTESTINE	1	+	+	+	+	+	-	+	+	+	+	+	+	• •			• •		+	÷	+	÷	+	+		48
LARGE INTESTINE	1.	+	Ŧ	+	+	+	-	+	+	+	+	+	+	• •			• •	,	+	+	+	+	+	+	+	47
RINARY SYSTEM	+														• • • •	_		_							-	
KIDNEY	+	+		+	•	÷	÷	•	÷	•	•		+	• •					•	÷	÷	+	+	÷	+	50
URINARY BLADDER	T .	+	+	+	+	+	+	+	+	+	+	+	•	• •					•	+	+	+	+	+	+	49
NDOCRINE SYSTEM			_							-															-	
PITUITARY	1.			+	•	•	÷	•			•		•	•					•	÷		+	÷	+	+	50
CARCINOMA, NOS Adenoma, Nos	١Ú		¥						÷			÷	ç			,		, ,	× ·	¥					ļ	3
ADRENAL	T.	•	÷	•	+	•	+	+	÷	+	•	•	+	•			· ·	· · ·	+	•	•	+	+	+		50
CORTICAL ADENOMA PHEDCHROMDCYTOMA	1	•	•	•	•	•	x	•	Ĵ	·	•	•	•	•					,	•	÷	,	·	·	1	Ĵ,
THYROID	1.		•		•				<u></u>	•	+	+							•		<u>.</u>			•		48
FOLLICULAR-CELL CARCINOMA	1	x	•	•	•	*	•	•	x	*		x	•							×			·	,		1
C-CELL ADENOMA C-CELL CARCINOMA		<u> </u>	_						<u> </u>			<u> </u>													_	2
PARATHYRDID	+	+	٠	+	+	-	+	+	+	+	٠	٠	+	- •			• •	• •	•	•	٠	-	+	+	+	45
EPRODUCTIVE SYSTEM	+-																								t	
MAMMARY GLAND FIBRDADENOMA	ŀ	+	•	+	•	+	ż	+	+	•	*	*	×	+ +	•				•	* x	<u>*</u>	N	+	ż.	+	50× 14
PREPUTIAL/CLITORAL GLAND Adendma, NDS	N	H	N	N	N X	H	H	н	N	H	H	H	H	N P			• •		H 1	N	N	N	N	N	н	50×
UTERUS Endometrial Stromal Polyp	+	+	*	٠	+	•	+	٠	+	+	+	* x	÷ :	* - *	• •	•	• •		•	+	+	* x	* ×	٠	+	49 15
OVARY	T .	+	+	+	÷	÷	+	+	+	+	٠	÷	• •	+ +		4	• •		• •	•	÷	÷	+	+	+	50
ERVOUS SYSTEM	+																	_	_						-	
BRAIN ASTRDCYTOMA		٠	+	+	٠	٠	٠	٠	٠	+	·	٠	•	• •	•	•	• •	•	•	·	٠	÷	٠	٠	+	50 1
																_									-	
LL OTHER SYSTEMS	+																								1	

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

* ANIMALS NECROPSIED

ALS NECROPSIED +. IISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE HOT EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE HOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE H: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION H: NO NECROPSY PERFORMED

TABLE A4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF ALLYL ISOTHIOCYANATE

HIGH DOSE

NUMBER				4	5	6	7	0 8	ġ	0	i	2	3	4	5	i	ż	0 1 8	0 1 9	0 2 0	2	22	0 2 3	0 2 4	
WEEKS ON Study	5		7	7	04	9		0	1 0 4	04	0	9	ę	9	1 0 2	0	9	0	0	9	0	1 0 5	9	1	
INTEGUMENTARY SYSTEM			· · · · ·																						-
SKIN Sarcoma, nos	-	•	+	+	+	+	+	+	+	+	+	+	•	+	+	٠	+	+	+	N	+	+	*	+	
SUBCUTANEOUS TISSUE FIBRDSARCOMA	٠	+	+	+	* ×	+	+	٠	٠	+	٠	٠	٠	+	+	+	+	+	+	N	+	+	÷	+	
RESPIRATORY SYSTEM																						****		• ·	-
LUNGS AND BRONCHI Alveolar/Bronchiolar Adendma Alveolar/Bronchiolar Carcinoma Carcinosarcoma	•	•	•	+	+	+	•	٠	٠	٠	+	+ ×	+	+	•	+	•	•	•	×	+	٠	+	٠	
TRACHEA	; +	÷	-	÷	+	+	٠	+	+	÷	٠	+	+	÷	+	+	÷	+	+	٠	+	+	÷	÷	
HEMATOPOIETIC SYSTEM	T					_																			-
BONE MARROW	++	+	+	+	t	<u></u>	<u>+</u>		t _	+.	÷	+	+	+	÷	ŧ	÷	ŧ	٠	+	t	+	<u>+</u>	+	
SPLEEN	++	_+	+	+	+	+	•	+	٠	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	_
LYMPN HODES	++	+	+	+	t	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	_
THYMUS	+	+	-	٠	+	+	+	٠	+	+	٠	+	٠	+	-	+	+	٠	٠	+	+	+	٠	+	
CIRCULATORY SYSTEM	T																								Ī
HEART	+	+	+	+	+	+	+	*	+	+	+	+	+	•	+	•	+	•	+	+	•	+	+	+	
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	· · ·	+	+	+	+	+	+	+	+	+	*	. <u>+</u>	ŧ		+	+	+	+	+	+	•	. <u>+</u> .	+	
LIVER Neoplastic Nodule	Ľ	•	•	+				+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	*	
BILE DUCT	+	÷	+	+	÷	+	+	+	+	÷	+	+	٠	+	٠	٠	٠	+	+	•	+	٠	+	٠	
GALLBLADDER & COMMON BILE DUCT	L	N	N	N	N	N	N	N.	N	N	N	N	N	N	N	Ν	Ν.	N	N	N	N	÷	N	N	
PANCREAS Adenoma, Hos	Ŀ	+	+	٠	+	•	+	•	•	٠	٠	٠	•	٠	+	+	•	+	+	+	+	+	• ·	+	
ESOPHAGUS	L.	+	÷	÷	÷	+	.			+	+	+	+	÷	÷	+	÷	+	+	+	÷	+	+	+	
STOMACH	L	+	_+	+	+	+	+	+	÷	+	+	+	+	ŧ	ŧ	•	+	+	+	+	+	+	+	+	
SMALL INTESTINE	-	_t	<u>_</u> +	+	÷	ŧ	÷	+	÷	+	+	+	+	+	+	+	-	<u>+</u>	•	÷	+	+	+	÷	
LARGE INTESTINE	+	٠	٠	+	٠	+	+	٠	+	+	٠	٠	+	•	٠	+	-	٠	٠	+	٠	٠	٠	٠	
JRINARY SYSTEM	1-																								
KIDHEY	+	+	+	+	+	+	+	<u>+</u>		. +			*	<u>+</u>	+	+	+	÷	+	+	+	<u>+</u>		÷	_
URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	+	+	+	+	+	٠	+	+	+	+	٠	+	•	٠	+	•	+	+	+	•	•	٠	٠	+	
NDOCRINE SYSTEM																									-
PITUITARY Carcinoma, nos Adenoma, nos	+	•	+	+	+ ×	+	+ X	+	•	+	+ x	+ x	+ x	•	+ x	+	•	+ x	+	÷	+ x	•	٠	•	
ADRENAL Cortical Adenoma Pheochromocytoma	+	•	٠	+	÷	+	٠	+	٠	٠	* ×	+	٠	+	٠	+	+	٠	٠	٠	٠	٠	+	* ×	
THYROID C-Cell Adenoma C-Cell Carcinoma	+	٠	+	+	+	•	*	*	٠	٠	* x	٠	+	•	÷	* ×	÷	+	•	٠	٠	+	•	÷	
PARATHYROID	+	+	-	+	•	+	+	+	٠	+	+	+	+	+	+	+	•	+	+	+	+	+	+	÷	
EPRODUCTIVE SYSTEM																							. <u>.</u>		-
MAMMARY GLAND Adenocarcingma, Nos Fibroadenoma	•	+ 	·	+	ž	+	+	+	+	٠	+	*	+ x	+ X	+	+ x	+	+	٠	N X	+	•	+	+ x	
VAGINA Fibroma	N	м	H	N	N	N	N	N	N	N×	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
UTERUS Leiomyoma Endometrial Stromal Polyp	٠	٠	٠	+	+	+	٠	•	+	٠	+	٠	+	•	٠	•	÷	÷	٠	÷	•	÷	٠	+	
OVARY	+	÷	٠	+	÷	+	+	*	*	+	+	÷	+	+	٠	٠	÷	<u>×</u> +	+	+	+	٠	+	·	
ERVOUS SYSTEM																									-
BRAIN GLIOMA, NOS	*	+	+	•	•	•	٠	•	•	٠	•	٠	•	•	•	•	•	•	•	•	•	+	•	+	
ODY CAVITIES Mediastinum Alveolar/Bronchiolar Ca, invasiv	N	N	N	H	H	Η	N	H	H	H	H	۲X	H	н	H	H	н	н	H	N	H	N	N	N	
LL OTHER SYSTEMS Multiple organs nos Malig.lymphona, undiffer-type Malig.lymphona, histocytic type Leukemia,nos Undifferentiated leukemia	H	H	ΗX	H X	H	H	н	H X	H	N		N	N	н	N	н	N	H	H	H	N	н	н	н	
+: TISSUE EXAMINED MICROSCOP -: REQUIRED TISSUE NOT EXAMI X: TUMOR INCIDENCE H: HECROPY, NO AUTOLYSIS, N	ICAL NED 0 M1	MIC	ROS	COP	ICA EX	LLY	NAT			1		NO NEC AUT	TIS ROP DLY MAL	5Y, SI5	IN NO 551	HI	MAT	ION	SL Y I	IBMI	TTE TO	PRI	0100	:OL	-

ANIMAL NUMBER	02	27	2	29	3	3	0 3 2	3	3	3	3	3	03	0	9	4	4	4	4	2	9	0 4 7 1	04	04	0 5 0	
WEEKS ON Study	6 0 7	1	8	1	-	1	9	1	1	5	-	1	8	1	1	1	1	1	1		1	1	4 8 9	4 9 0 8	i	TOTAL TISSUES TUMORS
INTEGUMENTARY SYSTEM	21	51	3	51	51	51	-11	51	-51	21	51	5	5	51	5	5	51	5	51	5	5	51	.4]	21	-5	
SKIN Sarcoma, nos	+	•	+	•	+	+	•	+	٠	+	+	+	+	+	+	+	٠	٠	÷	H	+	+	+	٠	۰	50× 1
SUBCUTANEOUS TISSUE FIBROSARCOMA	+	+	٠	٠	+	* ×	+	+	٠	+	+	٠	+	+	+	+	÷	+	ŧ	N	+	+	÷	÷×	٠	50× 3
RESPIRATORY SYSTEM	+																							-		
LUNGS AND BRONCHI Alveolar/Bronchiolar Adendma Alveolar/Bronchiolar carcinoma Carcinosarcoma	+	•	+	+	+ X	+	+	+	+	+	+	٠	+	•	+	+	+	+	•	+	+	+	•	+	•	50 1 2 1
TRACHEA	+	+	+	+	+	٠	+	٠	+	+	÷	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	49
HEMATOPOIETIC SYSTEM																		_	-							
BONE MARROW	<u> -</u>	.+	ŧ.	+	+	ŧ	-	÷	ŧ	+	+	÷	ŧ	÷	+	+	+	+	+	+	+	. .	+	+	+	48
SPLEEN	<u> +</u>	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	50
LYMPH HODES	++-	+	+	.+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	50
THYMUS	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	٠	+	+	+	٠	٠	+	-	+	+	+	47
CIRCULATORY SYSTEM	1																									
HEART	+	+	+	+	•	+	•	+	•	+	+	+	*	+	+	+	+	+	•	+	+	+	•	•	*	50
DIGESTIVE SYSTEM	Ι.								•																T	
SALIVARY GLAND Liver	+	• •	+	÷	+	÷	•	• •	÷	÷	+	+	+	+	+	•	+	•	+	•	+	+	+	+	1	<u>98</u> 50
HEOPLASTIC NODULE	Ľ	•		•	-	•		×_	_	*	•	•	<u> </u>	-							· ·		<u> </u>	<u> </u>	-	1
BILE DUCT	+	+	٠	+	+	٠	+	٠	+	٠	+	+	+	+	+	+	٠	+	•	+	٠	+	٠	+	+	50
GALLBLADDER & COMMON BILE DUCT	<u>. N</u> .	<u>N</u>	N.	<u>N</u>	N	N	N	N	N	N	N	N	N	N.	H.	+	<u>N</u>	N	N_	N	N	<u>N</u>	N	N	м	<u>50×</u>
PANCREAS Adenoma, nos	+	•	+	+	+	* ×	+	*	+	*	+	*	+	+	+	+	*	+	+	+	*	+	•	*	*	50
ESOPHAGUS	+	÷	+	+	+	+	+	+	+	+	+	÷	+	+	+	.+	+	+	+	+	÷	+	+	+	ⅎ	
STOMACH	+	<u>+</u> _	+	+	+	÷	+	+	÷	+	•	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SMALL INTESTINE	+	+	+	+	.t	+	+	٠	+	٠	+	ŧ	+	+	+	+	+	•	+	+	.+ .	.+	+	ŧ.,	4	48
LARGE INTESTINE	•	٠	٠	٠	٠	٠	+	٠	٠	+	٠	٠	+	+	+	٠	+	•	•	+	٠	+	٠	+	•	49
URINARY SYSTEM	1																		_						1	
KIDNEY	<u>+</u>	+	+	+	+	+	+	+	+	+	+	•	•	+	. <u>+</u>	•	<u>+</u>	+	+	+	+	•	+	+	+	50
URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA Endocrine system	+	•	+	•	+	+	+	•	+	•	+	٠	+	•	+	×	•	•	•	•	+	•	+	+	1	50 1
PITUITARY Carcindma, Nos Adenoma, Hos	+	٠	٠	+	+ X	+	÷	٠	• ×	٠	+ ×	٠	٠	٠	٠	*	+	+	•	÷	+ x	* ×	٠	÷	+ X	50 2 13
ADRENAL Cortical Adenoma Pheochromocytoma	ŀ	+	+	+ x	٠	+	٠	+	• ×	+	+	+	٠	+	•	+	٠	+	•	+	+	٠	+	+	·	50 2 3
THYROID C-Cell Adenoma C-Cell Carcinoma	ŀ	• x	+	+	+	+	+	*	+	+	+	+	+	+ x	+	+	٠	+	+ ×	÷	٠	+	+	+	ż	50 6 3
PARATHYROID	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	÷	+	+	+	+	-	+	+	-	47
REPRODUCTIVE SYSTEM	+																								+	
MAMMARY GLAND Adenocarcinoma, nos Fibroadenoma	•	+	•	•	+ X	•	•	•	٠	٠	•	+ X	+ x	+	٠	+ X	• ×	+	٠	+	•	+	•	+	·	50× 2
VAGINA Fibroma	N	H	N	N	N	H	н	N	N	H	N	N	N	N	N	N	N	H	N	N	N	H	н	H	н	504
UTERUS Leiomyoma Endometrial Stromal Polyp	Ŀ	+	•	•	•	+	+ ×	+ x	+	+	+	+ X	+ x	+ x	•	•	٠	•	+ X	+	۰ ×	+	•	+ x	١	50 1 16
OVARY	•	+	٠	+	٠	+	٠	+	÷	+	+	٠	+	+	+	+	٠	+	٠	+	+	+	+	+	+	50
NERVOUS SYSTEM	 	_																							+	
BRAIN Glioma, Nos	+	٠	+	٠	٠	٠	+	٠	+	*	+	٠	+	٠	٠	+	+	•	٠	+	+	٠	٠	+	+	50
BODY CAVITIES MEDIASTIHUM	N	н	н	N	N	H	H	н	N	н	N	H	N	н	N	н	н	N	н	H	N	H	N	н	н	50×
ALVEOLAR/BRONCHIOLAR CA, INVASIVE																									_	
ALL OTHER SYSTEMS MULTIPLE ORGANS NOS MALIG.LYMPHOMA, UNDIFFER-TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE LEUKEMIA, NOS UNDIFFERENTIATED LEUKEMIA	N	H	H V	N	N	N	н	N	N	H	N	N	н	N	H	N	H	N	H X	N	H	N	н	N	H	50×
* ANIMALS NECEOPSIED	<u>ــــــــــــــــــــــــــــــــــــ</u>	_	<u> </u>				^				^				_						^				~1	

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

* ANIMALS NECROPSIED

HISSUE EXAMINED MICROSCOPICALLY
 REQUIRED TISSUE MICROSCOPICALLY
 TUMOR INCIDENCE
 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

APPENDIX B

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE ADMINISTERED ALLYL ISOTHIOCYANATE BY GAVAGE

TABLE B1.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE ADMINISTERED ALLYL ISOTHIOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN PAPILLOMA, NOS	1 (2%)	(50)	(50)
RESPIRATORY SYSTEM			
#LUNG	(50)	(50)	(50)
HEPATOCELLULAR CARCINOMA, METAST Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Sarcoma, NOS, metastatic		(50) 2 (4%) 3 (6%) 1 (2%)	1 (2%)
HEMATOPOIETIC SYSTEM			
<pre>*MULTIPLE ORGANS Malig.lymphoma, lymphocytic type Malig.lymphoma, histiocytic type </pre>	(50) 2 (4%) 1 (2%)	(50) 2 (4%)	(50)
CIRCULATORY SYSTEM			
*MULTIPLE ORGANS Hemangiosarcoma	(50) 1 (2%)	(50)	(50) 1 (2%)
#SPLEEN Hemangiosarcoma	(49) 1 (2%)	(48) 1 (2%)	(50) 1 (2%)
#MYOCARDIUM Hemangioma	(50)	(50) 1 (2%)	(50)
DIGESTIVE SYSTEM			
#LIVER BILE DUCT CARCINOMA	(49)	(49)	(50) 1 (2%)

Allyl Isothiocyanate

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
HEPATOCELLULAR ADENOMA Hepatocellular carcinoma Mixed Hepato/Cholangio carcinoma	9 (18%) 13 (27%)	6 (12%) 9 (18%)	12 (24%) 10 (20%) 1 (2%)
#STOMACH Squamous cell carcinoma	(49)	(48)	(48) 1 (2%)
#JEJUNUM CARCINOMA,NOS	(45)	(42) 1 (2%)	(45)
IRINARY SYSTEM			
#KIDNEY/CORTEX Adenoma, Nos	(49)	(49)	(50)
ENDOCRINE SYSTEM			
#ADRENAL Pheochromocytoma	(47)	(49)	(50)
<pre>#THYROID FOLLICULAR-CELL ADENOMA</pre>	(50) 3 (6%)	(45) 2 (4%)	(50) 1 (2%)
REPRODUCTIVE SYSTEM			
NONE			
IERVOUS SYSTEM			
NONE			
PECIAL SENSE ORGANS			
*HARDERIAN GLAND Adenoma, Nos Cystadenoma, Nos	(50) 2 (4%) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
1USCULOSKELETAL SYSTEM			
NONE			

	VEHICLE Control	LOW DOSE	HIGH DOSE
BODY CAVITIES		n daar daan take pana angi sake 2009 300 500 500 500 500 500 400 pana angi	
*MEDIASTINUM Alveolar/bronchiolar ca, invasiv Alveolar/bronchiolar ca, metasta	(50)	(50)	(50) 1 (2%)
*MESENTERY Mesothelioma, Nos	(50) 1 (2%)	(50)	(50)
LL OTHER SYSTEMS			
MULTIPLE ORGANS Squamdus Cell Carcinoma, metasta Hepatocellular Carcinoma, metast	(50) 1 (2%)	(50)	(50) 1 (2%)
FIBROSARCOMA HEAD Sarcoma, NOS			1 (2%)
NIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY Natural deatha Moribund Sacrifice Scheduled Sacrifice Accidentally Killed Terminal Sacrifice Animal Missing	50 14 9 5 1 21	50 17 3 24	50 10 6 7 27
INCLUDES AUTOLYZED ANIMALS			

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	33 39	22 27	26 39
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	18 20	12 13	18 19
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	18 18	14 14	17 20
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	6 6	2 2	3 3
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors	1 1		
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Primary or metastatic Total uncertain tumors			
PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY T Secondary Tumors: Metastatic Tumors or Tumors		DJACENT ORGAN	

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

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TABLE B2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE ADMINISTERED ALLYL ISOTHIOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE 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			
<pre>*MULTIPLE ORGANS FIBROUS HISTIOCYTOMA, MALIGNANT</pre>	(50)	(50)	(49) 1 (2%)
*SUBCUT TISSUE Malignant Melanoma Fibrous Histiocytoma, Malignant	(50)	(50) 1 (2%)	(49)
RESPIRATORY SYSTEM			
#LUNG SQUAMOUS CELL CARCINOMA, METASTA ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA OSTEOSARCOMA, METASTATIC	(47) 2 (4%)	(49) 1 (2%) 2 (4%)	(49) 1 (2%) 3 (6%) 1 (2%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Malignant Lymphoma, Nos Malig.Lymphoma, Lymphocytic Type Malig.Lymphoma, Histiocytic Type Malignant Lymphoma, Mixed Type Lymphocytic Leukemia	(50) 1 (2%) 3 (6%) 1 (2%)	(50) 1 (2%) 2 (4%)	(49) 1 (2%) 2 (4%) 1 (2%)
<pre>\$\$PLEEN MALIGNANT LYMPHOMA, MIXED TYPE</pre>	(47)	(48)	(49) 1 (2%)
<pre>#MESENTERIC L. NODE Malignant Lymphoma, Mixed Type</pre>	(50)	(47) 1 (2%)	(49)
#LIVER Kupffer-cell sarcoma	(50)	(49)	(49)

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

.

	VEHICLE Control	LOW DOSE	HIGH DOS
UNDIFFERENTIATED LEUKEMIA			1 (2%)
CIRCULATORY SYSTEM			
*SKIN Hemangioma	(50)	(50) 1 (2%)	(49)
*SUBCUT TISSUE Hemangiosarcoma	(50) 1 (2%)	(50)	(49)
LYMPHANGIOMA	. (24)		1 (2%)
#SPLEEN HEMANGIOSARCOMA	(47)	(48)	(49) 1 (2%)
*MESENTERY HEMANGIOMA	(50)	(50) 1 (2%)	(49)
#UTERUS Hemangiosarcoma	(50) 1 (2%)	(47)	(49)
#DVARY HEMANGIOSARCOMA	(49)	(44) 1 (2%)	(48)
DIGESTIVE SYSTEM			
<pre>#LIVER HEPATOCELLULAR ADENOMA</pre>	(50) 2 (4%)	(49) 1 (2%)	(49)
HEPATOCELLULAR CARCINOMA	2 (4%)	2 (4%)	1 (2%)
#STOMACH Squamous cell papilloma Squamous cell carcinoma	(47)	(47) 1 (2%)	(49)
URINARY SYSTEM			
NONE			
ENDOCRINE SYSTEM			4
#PITUITARY CARCINOMA, NOS	(47) 3 (6%)	(45) 3 (7%)	(44)

	VEHICLE Control	LOW DOSE	HIGH DOS
ADENOMA, NOS Acidophil carcinoma	3 (6%) 1 (2%)	3 (7%)	4 (9%)
#THYROID Follicular-cell Adenoma Follicular-cell carcinoma	(48) 1 (2%)	(47) 3 (6%)	(47) 1 (2%) 2 (4%)
#PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	(47)	(45) 1 (2%)	(49)
EPRODUCTIVE SYSTEM			
	(50)	(50)	(49)
ADENOMA, NOS Adenocarcinoma, nos	1 (2%) 1 (2%)	1 (2%)	1 (2%)
	(50)	(47)	(49) 1 (2%)
SQUAMOUS CELL CARCINOMA Adenocarcinoma, nos Endometrial stromal polyp	2 (4%)	1 (2%)	(24)
#OVARY TERATOMA, NOS	(49)	(44)	(48) 1 (2%)
ERVOUS SYSTEM			
<pre>#BRAIN ACIDOPHIL CARCINOMA, INVASIVE</pre>	(50) 1 (2%)	(50)	(49)
PECIAL SENSE ORGANS			
<pre>*HARDERIAN GLAND ADENOMA, NOS CYSTADENOMA, NOS</pre>	(50) 1 (2%) 1 (2%)	(50) 1 (2%)	(49)
USCULOSKELETAL SYSTEM			
*FEMUR Osteosarcoma	(50)	(50)	(49) 1 (2%)

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

NONE

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
ALL OTHER SYSTEMS			
NONE			
NIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ Moribund Sacrifice Scheduled Sacrifice Accidentally Killed Terminal Sacrifice Animal Missing	50 22 12 5 11	50 15 10 25	50 16 15 1 18
INCLUDES AUTOLYZED ANIMALS			
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	18 25	20 28	20 26
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	11 13	11 13	6 6
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	10 12	14 15	15 19
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	1 1		22
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total Uncertain Tumors			1 1
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Primary or metastatic Total Uncertain Tumors			
PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY 1 Secondary Tumors: Metastatic Tumors or Tumors		LACENT OPGAN	

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

TABLE B3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR STUDY OF ALLYL ISOTHIOCYANATE

		•						01				Ľ.													
ANIMAL NUMBER	0	0	0	8	0	0	8	8	0	1	-	0	0	1	1	1	2	1	9	2	2	2	2	2	2
WEEKS ON Study	9	2	0	-	-1	-		-	-		ġ	8	7	1	-	6	-7 9		8			-7	2	4	- 5
INTEGUMENTARY SYSTEM	Ļί	6	á	4	4	ě.	4	ĭ	4	ě	8	ŝ	اؤ	6	6	61	ģ	6	ŝ	6	6	6	6	2	_6
SKIN	+	÷	٠	•	÷	+	÷	÷	÷	+	+	÷	÷	+	+	÷	÷	+	÷	÷	÷	÷	•	÷	+
PAPILLOMA, NOS								x																	
RESPIRATORY SYSTEM	Γ																								
LUNGS AND BRONCHI Hepatocellular carcinoma, metasta Alveolar/Brohchiolar adenoma	×	•	+	+	•	+ 	•	•	•	•	+	•	•	•	+	•	+	•	•	•	•	×	×	+	•
TRACHEA	+	٠	٠	٠	٠	+	٠	٠	+	٠	٠	+	+	٠	+	٠	٠	٠	+	٠	٠	٠	+	+	1
HEMATOPOIETIC SYSTEM	<u> </u>																								
BONE MARROW	+	٠	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	٠	+	+	+	÷	
SPLEEN HEMANGIOSARCOMA	+	٠	+	٠	٠	٠	+	٠	٠	t	÷	٠	٠	٠	+	٠	÷	٠	٠	+	٠	+	٠	+	
LYMPH NODES		•	•	•	+	+	+	+	+	- ă-	+	+	+	•	•	-	•	•	+		+	•			
THYMUS	1.			- <u>*</u> -	<u>,</u>	+	+	-	+	+	÷.	- <u>*</u> -	•	•	÷	- <u>-</u>		<u>.</u>	<u> </u>	+	÷	• <u>*</u> •	÷.	÷	<u> </u>
CIRCULATORY SYSTEM	Ļ			•		•		-	· ·		<u> </u>	<u> </u>	•				_	·	<u> </u>	,	<u> </u>		·	<u> </u>	_
HEART	+	+	÷		•	÷	÷	+	٠	+	÷	+	÷	٠	+	•	+	•	•	÷	+	÷	+	•	
DIGESTIVE SYSTEM	<u> </u>										•									•	•		<u> </u>		_
SALIVARY GLAND	•		÷			•	•						•	•	•							÷			
ITVEP	+	+	•	•	•	+	•	•	+	+	+	•	+	+	•	+	•	+	•	+	+	+	+	-	
NEPATOCELLULAR ADENOMA Nepatocellular carcinoma	x	×	×		Ŷ					x							¥					×	×		x
BILE DUCT	1.	<u>^</u>	+		+	•		•	•	÷				•	•	•	+	•	•	+	+	+	+	-	
GALLBLADDER & COMMON BILE DUCT	N	н		•		•	•	•	•	+	N	+	+	+	•	N	N	+	N	•	•	+	+	N	÷.
PANCREAS			÷	÷	÷			÷	÷	÷	1	÷	•	÷	•		÷	÷			÷	÷		-	
ESOPHAGUS	Ť					<u></u>	÷	-	<u>.</u>			<u> </u>			<u> </u>		÷		<u> </u>	<u>.</u>		<u> </u>	- <u></u>		÷
STOMACH	Ť	<u>,</u>		÷				ż	<u>_</u>		<u>,</u>	<u> </u>		 *	<u> </u>			<u>,</u>	- <u>`</u>	 -				<u> </u>	÷
SMALL INTESTINE	Ť.	+	+	+	*	÷	+	÷	+	+	•	- <u>-</u> -		• •	+	<u>.</u>	<u>.</u>	<u> </u>	 	+	+	- <u>`</u>		-	
LARGE INTESTINE	L.		÷	+	÷	•	÷	- <u>.</u>	<u>.</u>	+	•	÷	+	•	+		•	- <u>-</u>	÷	+	•	+	÷	-	÷
URINARY SYSTEM	<u> </u>		·	<u> </u>					· · · · ·	••••••											· ·				_
KIDNEY	١.	•	÷	•		•	•	•	+		•	•	•	÷	٠	•		•	+	٠	+	•	÷	-	+
URIHARY BLADDER	١,	+	÷	+	+	+	+	+	+	÷	+	+	+	+	+	+	÷	+	+	+	+	+	•	+	•
ENDOCRINE 75TEM	<u> </u>													•											_
PITUITARY	+	-		-	•	•	•	÷		+	÷		•	•	•	÷		•	•	+	÷	+	+	÷	+
ADRENAL	1.	+	÷	+	+	+	+	+	+	+	-	+	+	•	+	•	+	+	+	+	+	+	+	-	+
THYROID	+	+	•	+	+	+	•	•	+	+	+	+	+	•	+	•	+	•	+	+	+	+	+	÷	+
FOLLICULAR-CELL ADENOMA		-				x	-	-						-	x			x							_
PARATHYROID	+ +	+	٠	٠	٠	٠	+	٠	-	+	-	٠	+	-	٠	+	٠	٠	-	٠	+	+	٠	+	+
REPRODUCTIVE SYSTEM																									
MAMMARY GLAND	н.	<u> </u>	+	N	Ν.,	N	N	N	N	N	<u>N</u>	Ν.	N	+	N	N	N	N	N	N	N	Ν	N_	+	+
TESTIS .	+		.+	•	+		+	+	+	+	+	•	+	•	+	+	+	+	+	+		+	+	+	<u>+</u>
PROSTATE	•	٠	+	+	+	+	٠	٠	+	٠	٠	+	٠	+	+	+	٠	+	٠	+	+	٠	•	٠	+
NERVOUS SYSTEM	[
BRAIN	•	+	+	+	٠	+	٠	٠	+	+	+	+	٠	•	+	٠	+	+	•	٠	٠	+	٠	+	+
SPECIAL SENSE ORGANS							~~~~																		
HARDERIAN GLAND Adenoma, nos Cystadenoma, nos	н	H	N	N	H	N	H	N	N	H	N	H	н	H	N	N	N	н	H X	N X	N	N	N	N	н
BODY CAVITIES									~																
MESENTERY Mesothelioma, Nos	N	H	H	N	H	N	H	H	н	N	H	H	N	N	H	H	N X	N	N	N	N	N	N	H	н
ALL OTHER SYSTEMS																								_	_
MULTIPLE ORGANS NOS Hepatocellular Carcinoma, metasta Hemangiosarcoma Malig.lymphoma, lymphocytic type Malig.lymphoma, histocytic.type	N	H	н	H	N	H	H	N	H	N	N	N	N	H	N	N	H X	N	N X	N	N	N	N	H	N
+: IISSUE EXAMINED MICROSCOP	ICAL	LY									;	NO	TI	ssu	EI	YFO	RMA	TIO	N 5	UBH	ITT	ED			

VEHICLE CONTROL

+: TISSUE EXAMINED HICROSCOPICALLY -: Required Tissue not Examined Microscopically x: Tumor Incidence N: Mecropsy, no Autolysis, no Microscopic Examination : NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Autolysis N: Animal Missing B: No Necropsy Performed

ANIMAL				_																					
NUMBER	0 2 6	0 2 7	028	0 2 9	0 3 0	0 3	0 3 2	0 3 3	0 0	036	0 3 7	3	03	0 4 0	4	0 4 2	3	0 4 4	0 4 5	0 4 6	0 4 7	0 4 8	4 9	0 5 0	TOTAL
WEEKS ON STUDY	5	0	0	0	6	7	9	?		07	0	9	0	1	0	6	0 4	0	8	9	0	0	0	0	TISSUES
INTEGUMENTARY SYSTEM	- 1-71	6	6	6	61	-51		81.	6 3	1 8	61	-11	61	61	61	<u>61</u>	<u>11</u>	61	31	61	61	31	6	6	
SKIN Papilloma, Nos	+	٠	٠	+	٠	+	٠	٠	• •	•	+	+	٠	÷	٠	÷	٠	÷	+	٠	٠	٠	٠	+	-50× 1
RESPIRATORY SYSTEM	1-								-											-				-	
LUNGS AND BRONCHI Hepatocellular carcinoma, metasti Alveolar/bronchiolar adenoma	٩Ľ	+	+	+ _ X	+	•	+	+	* *	ż	+	+	+ x	+	•	+	+	•	+	+	•	+	+ X	+	50 5 4
TRACHEA	+	+	+	+	+	٠	+	+	• •	+	+	+	+	+	+	+	+	÷	+	÷	+	÷	+	+	50
HEMATOPOIETIC SYSTEM	+												_	·										-	
BONE MARROW	L+.	+	+	+	+	+	+	•	• •	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPLEEN Hemangiosarcoma	Ŀ	+	+	+	÷	+	+	+	• •	+	+	+	•	+	+	+	+	+	+	+	٠	-	+	+	49
LYMPH NODES	L.	+	_+	+	+	+	+	<u>+</u>	• •	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	•	+	+	50
THYMUS	-	+	+	٠	÷	-	+	+	+ -	-	٠	+	+	٠	+	÷	+	÷	+	-	+	٠	+	+	41
CIRCULATORY SYSTEM																			_					-+-	
HEART	+	+	+	٠	+	+	+	+	+ +	+	٠	+	+	٠	+	÷	÷	÷	÷	+	+	+	+	+	50
DIGESTIVE SYSTEM	+-	_																						-+	
SALIVARY GLAND	++	+	+	+	+	<u>+</u>	+	•	• •	+	+	+	+	•	+	<u>.</u>	+	+	+	+	+	÷	•	+	50
LIVER Hepatocellular Adenoma Hepatocellular carcinoma	•	•	*	+	* ×	+ X	*		* * * *	+ X	٠	* .x	*	÷××	*	+	٠	+ ×	+	+	+	+	+	+	49 9 13
BILE DUCT	•	+	+	+	+	+	+	÷	+ +	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	+	49
GALLBLADDER & COMMON BILE DUCT	N	+	•	+	+	+	+	•	• •	+	+	+	+	÷	+	+	+	+	H	+	+	N	+	+	50×
PANCREAS	-	÷	+	+	+	+	ŧ.	+	• •	+	+	+	÷	+	÷	+	+	+	÷	+ .	+	-	+	+	47
ESOPHAGUS	1.	+	+	+	+	+	+	•	• •	+	+	+	+	+	÷	+	+	+	÷	+	÷	÷	+	+	_50
STOMACH	4	+	+	+	+	+_	+	+	• •	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	49
SMALL INTESTINE	_	+	+	+	+	-	+	+	• •	+	÷	+	+	+	÷	+	+	+	+	+	+	-	+	+	4.5
LARGE INTESTINE	+	+	+	+	+	+	+	• •	• •	+	+	+	÷	÷	÷	•	+	÷	4	•	+	÷	÷	+	49
URINARY SYSTEM	+				•••											-							_	+	
KIDNEY	+	+	+	+.	+	+	+	<u>.</u>	• •	+	+	+	+	+	+	•	+	+	+	+	÷	+	+	+	49
URINARY BLADDER	+	+	+	+	+	+	•	•	• •	+	+	+	+	÷	+	+	+	÷	٠	+	٠	+	٠	+	50
ENDOCRINE SYSTEM	+								-															-+	
PITUITARY	1.	+	+		+	+	+	•	+ +	+	÷	+	+	•	+	±	÷		+	+	<u>+</u>	+	+	+	46
ADRENAL	++	•	+	+	+	+	+	•	• •	+	+	+	+	+	-	<u>+</u>	+	+	+	+	+	+	+	+	.47
TNYROID Follicular-Cell Adenoma	ŀ	+	+		•	+	•	• •	• •	+	•	+	+	•	•	<u>+</u>	+	•	+	•	+	•	+	+	50 3
PARATHYROID	+	•	+	٠	-	+	+	+ +	+ +	+	-	٠	٠	÷	-	-	-	+	÷	+	+	+	+	•	40
REPRODUCTIVE SYSTEM										_	_								_		_				
MAMMARY GLAND	L.N.	+	N	N	N	<u>N</u>	N	<u>N </u>	4 +	<u> </u>	N	+	N	<u>H</u>	N	Ν	N	N	N.	N	N	N	Η	N	50×
TESTIS	+ +	+	+	+	+	+	+	•	• •	+		•	•	+	+	<u>+</u>	+	+	+	+	<u>+</u>	+	+	+	50
PROSTATE	+	+	٠	+	+	+	+	+ •	• •	+	٠	+	٠	+	+	+	٠	+	٠	٠	+	•	+	+	50
NERVOUS SYSTEM	1											~~			_				_					+	
BRAIN	+	+	+	+	٠	٠	+	• •	• •	+	٠	+	+	+	•	+	+	+	•	٠	+	٠	+	+	50
SPECIAL SENSE ORGANS	1														-									+	
HARDERIAN GLÀND Adenoma, nos Cystadenoma, nos	H	H	H	H	N	н	N	N I	чн	N	H	N	H	н	N	N	N	H	N	н	N X	N	н	N	50× 2 1
	+																_							+	
BODY CAVITIES	N	N	N	Ν	H	H	N	H I	4 4	N	H	н	H	н	N	H	H	N	N	N	H	N	N	н	50× 1
MESENTERY MESOTHELIONA, NOS	1																								
MESENTERY MESOTHELIONA, NOS ALL OTHER SYSTEMS																_									
MESENTERY MESOTHELIONA, NOS	A H	н	N	н	н	н	N	N 1	4 H	N	N X	н	H	н	N	м	H	N	н	N X	н	N	N	н	50× 1 1 2

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

 +: TISSUE EXAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBMITTED

 -: REGUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 C: MECROPSY, NO HISTOLOGY DUE TO PROTOCOL

 X: TUMOR INCIDENCE
 AUTOLYSIS

 M: MECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 MIC MISSUE

 M: MECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 MIC MICROSCOPIC EXAMINATION

 M: MECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 MIC MISSING

 B: NO MECROPSY PERFORMED
 B: NO MECROPSY PERFORMED

TABLE B3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR STUDY OF ALLYL ISOTHIOCYANATE

AN IMAL NUMBER	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	0	0	0	0	0	0 2	0 2 2	0 2 3	2	Ī
WEEKS ON STUDY	+;	Ť	-1	-1	0 2		i	8	1	0	0	1	1	0	1	ê	ģ	ð	-1	0	9	1		4 0 2	t
RESPIRATORY SYSTEM	<u>+</u> ż	5	Š	5	7	5	_5	5	š	5	8	5	5	2	5	9	<i>i</i>	5	5	Õ	ģ	اق	5	. 7	
LUNGS AND BRONCHI Hefatocellular Carcinoma, metasta Alveolar/bronchiolar Adenoma Alveolar/bronchiolar Carcinoma	•	٠	+	٠	+	•	÷	+	+ x	٠	٠	٠	٠	٠	٠	+ ×	÷	٠	* x	٠	٠	٠	٠	+	
TRACHEA	+	÷	÷	-	+	+	÷	÷	+	+	+	÷	•	÷	÷	+	÷	÷	÷	+	+	÷	+	+	
HEMATOPOIETIC SYSTEM	+																								_
BONE MARROW	1.	÷	+	+	+	+	÷	٠	+	÷	-	٠	+	+	÷	+	÷	÷	+	÷	÷	+	+	+	
SPLEEN Hemangiosarcoma	ŀ	+	٠	+	+	+	+	+	٠	+	-	٠	+	٠	+	٠	*	+	+	+	+	+	+	٠	
LYMPH NODES	<u>+</u>	+	ŧ	+	+.	+	+	+	+	+	-	÷	+	÷	٠	+	+	+	ŧ	+	+	+	÷	ŧ	
THYMUS	+	٠	+	+	+	+	٠	+	+	+	٠	+	+	+	٠	+	+	٠	+	+	-	٠	+	٠	
CIRCULATORY SYSTEM	+																								-
HEART Hemangioma	+	+	٠	٠	٠	٠	+	٠	+	+	+	* ×	+	+	+	+	+	٠	+	+	+	+	٠	+	
DIGESTIVE SYSTEM	+																								-
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	-	+	÷	+	ŧ	+	+	+	+	+	÷	+	+	ŧ	
LIVER Hepatocellular Adenoma Hepatocellular carcinoma	+	•	* ×	٠	٠	٠	٠	٠	+	*	-	* ×	+	+	+	+ ×	+	+	+ x	+ X	+	٠	+	+	
BILE DUCT		*	+	+	+	+	+	+	÷	+	-	+	+	+	+	+	+	•	+	+	+	+	+	÷	
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	N	+	+	+	+	+	N	+	+	N	+	÷	N	N	+	N	÷	÷	+	+	
PANCREAS	+	+	+	+	+	+	+	+	+	t	-	÷	+	+	+	+	÷	+	+	+	+	٠	+	+	
ESOPHAGUS	+	+	+	+	+	٠	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	٠	+	+	
STOMACH	<u>↓</u>	+	+	+	+	+	+	. +	+	÷	-	+	+	+	+	+	. <u>+</u>	+	+	+	÷	+	+	+	
SMALL INTESTINE Carcinoma, Nos	+	+	•	+	-	+	+	+	+	-	-	+	+	÷	* x	+	•	+	+	•	+	•	٠	+	
LARGE INTESTINE	+	٠	+	٠	-	+	٠	+	+	+	-	+	+	٠	+	+	+	+	٠	+	+	+	+	+	
URINARY SYSTEM	1							-							_										-
KIDNEY	+	+	.	+	+	+	+	+	+	+	-	+	+	•	+	+	+	+	.+		+	+	+	+	
URINARY BLADDER	+	+	+	٠	+	٠	+	+	+	+	-	+	•	•	+	+	٠	+	+	+	+	+	+	٠	
ENDOCRINE SYSTEM	+																								
PITUITARY	+	+	+	÷	-	+	+	. t	+	+		+.	+	٠	+	+	+	+	+	÷	-	+	+	÷	
ADRENAL	++		+	÷	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	÷	÷	+	+	÷	
TNYRDID Follicular-cell Adenoma	+	٠	٠	-	٠	٠	٠	+	+	٠	-	+	٠	+	٠	÷	٠	+	٠	ţ	+	٠	٠	+	
PARATHYROID	1.	-		-	+	-	÷	•	-		-	•	+	-	+	+	+	+	+	+	+	+	•	+	
REPRODUCTIVE SYSTEM															-	-	-								
MAMMARY GLAND	N	N	+	н	N	+	N	N	н	N	N	N	N	+	N	•	N	N	N	•	N	N	N	N	
TESTIS	•	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	
PROSTATE	T.	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+	+	+	+	+	+	+	•	+	+	
NERVOUS SYSTEM	+																								
BRAIN	.	•	+	+	÷	+	÷	+	+	÷	+	+	+	•	+	+	÷	÷	÷	+	÷	÷	÷	•	
SPECIAL SENSE ORGANS	+										_														-
HARDERIAN GLAND Adendma, Nos	H	N	N	H	H	N	N	N	н	H	H	H	N	N	H	N	N	H	N	N	H	H	H	N	
ALL OTHER SYSTEMS	+			·																					-
MULTIPLE ORGANS NOS MALIG.LYMPHOMA, HISTIOCYTIC TYPE +: TISSUE EXAMINED MICROSCOP: -: REQUIRED TISSUE NOT EXAMIN X: TUMOR INCIDENCE	H		H	N	H	N X	N	H	N	H	N	H	H	H					H	N	N X	N ED PRC	H		

LOW DOSE

NE TUNGE INCIDENCE NE RECOPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

C: NECROPSY, NO HISTOLOGY DUE TO PROTOCO A: AUTOLYSIS M: AHIMAL MISSING B: NO NECROPSY PERFORMED

Allyl Isothiocyanate

ANIMAL NUMBER	2	27	0	2	03	0 3	3	3	0	3	3	0	3	3	4	2	0	-	9	4	9	9	0	049	0	TOTAL
WEEKS ON Study	0	1	0	5	-		0 5	0	0	1	-	0	2	0	0	6	5	0	0			:	8	0	0	TISSUES
RESPIRATORY SYSTEM	╞╝	-51	01	-21	-21	21	<u>_</u> 91	-21	-21	- 21	21	21	-21		- 11	-41	<u>.</u>	<u>.</u> ,	. 41	.21	_21.	_21		21	-2	
LUNGS AND BRONCHI Hepatoceliular carcinoma, metasta Alveolar/Bronchiolar adenoma Alveolar/Bronchiolar carcinoma	×	•	٠	٠	•	+	٠	٠	•	•	۰ ×	٠	+	×	٠	٠	+	+	٠	•	٠	٠	٠	٠	٠	50 2 3
TRACHEA	+	+	+	•	+	+	+	+	+	+	+	+	÷	+	+	+	+	٠	+	+	+	•	+	+	+	49
HEMATOPOIETIC SYSTEM	+						·					-														
BONE MARROW	Ŀ	+	+	+	•	+	+	+	+	+	+	+	+	+	÷	+	÷	•	•		÷	+	•	÷	+	.49
SPLEEN Hemangiosarcoma	+	+	-	+	•	+	+	•	+	+	٠	+	•	•	+	٠	•	+	+	٠	+	+	•	٠	٠	48 ₁
LYMPH NODES	+	÷	+		+	+	+	+	+	+	+	+	٠	÷	+	+	+	•	•	+	+	+	+	٠	.+	49
THYMUS	+	٠	٠	+	٠	+	٠	٠	-	٠	٠	٠	+	+	٠	٠	+	٠	٠	٠	+	+	٠	+	÷	48
CIRCULATORY SYSTEM								-			_														-1	
HEART HEMANGIOMA	+	+	+	٠	٠	٠	٠	•	+	+	٠	+	٠	٠	+	٠	٠	٠	+	٠	٠	+	٠	٠	•	50 1
DIGESTIVE SYSTEM	<u>†</u>																								-1	
SALIVARY GLAND	+	+	+	+	+	٠	+	+	+	+	•	÷	+	+	+	+	<u>+</u>	+	+	•	<u>+</u>	+	٠	+	-•	49
LIVER Hepatocellular adehoma Hepatocellular carcinoma	+	+	٠	+	*	٠	٠	+ ¥	+	٠	+	+ x	•	+ x	٠	•	+	+	• x	٠	+ ×	+	٠	*	+	49
BILE DUCT	1.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	•	49
GALLBLADDER & COMMON BILE DUCT	· +	+	N	H	+	+	N	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	50×
PANCREAS	+	•		+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	47
ESOPHAGUS	+	+	+	+	+	•	+	+	+	+	+	+	÷	+	•	+	+	+	+	4	•	+	+	•	-	50
STOMACH	1.	•	÷		•				•		•		•	•			÷	+	•	+	•	•	+		+	48
SMALL INTESTINE CARCINOMA,NOS	•	+	-	-	+	+	+	+	-	•	•	+	•	+	+	+	+	-	+	+	+	+	+	+	+	42
LARGE INTESTINE	+	+	1	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	+	+	+	47
URINARY SYSTEM	┝─																									
KIDNEY	+	٠	+	+	+	÷	÷	÷	+	+	÷	+	÷	+	+	÷	+	+	+	÷	+	+	÷	.+	+	49
URINARY BLADDER	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	•	+	÷	+	+	+	+	+	+	+	48
ENDOCRINE SYSTEM	├			-																					-+	
PITUITARY	+	+		+	÷	÷	+	•	4	+	÷	+	+.	+	÷	÷	+	+	+	÷	+	+	÷	+	+	40
ADRENAL	+	+	+	+	.+	+	÷	+	+	+	+	+	+	÷	+	+	+	+	+	÷	+	+	+	÷	+	49
THYROID Follicular-cell Adenoma	+	٠	-	-	٠	+	•	+	٠	+	+	÷	+	+	+	+	+	÷	÷	÷.	+	+	+	٠	+	45
PARATHYROID	+	•	-	-	+	+	-	+	-	+	٠	+	-	+	+	+	+	+	•	+	+	+	+	+	-+	36
REPRODUCTIVE SYSTEM	<u> </u>		_																						-+	
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	н	+	÷	N	N	N	•	N	N	N	N	٠	N	+	н	50×
TESTIS	+	+	+.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	•	+	+	+	+	50
PROSTATE	+	+	+	+	÷	•	+	+	+	+	+	÷	+	÷	÷	+	+	+	÷	+	+	÷	+	+	+	50
NERVOUS SYSTEM			_	_																					-+	
BRAIN	+	÷	÷	÷	+	+	+	÷	+	÷	+	÷	+	•	+	÷	+	÷	•	•	÷	+	٠	÷	+	50
SPECIAL SENSE ORGANS	<u> </u>		-																						-+	
HARDERIAN GLAND Adenoma, Nos	N	N	N	N	н	H	H	N	N	N	H	N	N	H	H	N	N	N	H	H	N	H	N	N	X	50%
ALL OTHER SYSTEMS					_								-												-+	
MULTIPLE ORGANS NOS Malig.lymphoma, histiocylic type	н	N	N	H	N	H	N	N	N	N	H	H	N	N	N	N	N	N	H	н	N	H	H	H	N	50× 2

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

* ANIMALS NECROPSIED

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

TABLE B3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR STUDY OF ALLYL ISOTHIOCYANATE

HIGH DOSE

ANIMAL NUMBER	0	0 0 2	0	14	5	0 0 6	0 0 7	0	0 0 9	010	0	0 1 2	0	014	0 1 5	0	0 1 7	0 1 8	0 1 9	0 2 0	0 2 1	2	23	2	25
WEEKS ON STUDY	0	0	0	6	0	0	0	0	6	0	0	2	0	03	5 0 5	0	0	0	0	ė	0 5	0	0	1	
RESPIRATORY SYSTEM	+	4	1_2	772	11	41	- 21	4		- 4	41	. 91	-91	21	61	9	4	01	_/1	4]	2	41	- 9 1	4	_
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma Sarcoma, Nos, metastatic	+	•	+	•	+	•	+	+	+	+ x	+	•	•	+	+	•	+	+	+	•	•	+	+	+	•
TRACHEA	+	÷	+	+	+	٠	+	+	٠	٠	+	٠	+	+	٠	+	+	+	+	+	+	÷	+	٠	
HEMATOPOIETIC SYSTEM	+							~~~~		·····															
BONE MARROW	<u> </u> +	÷	+	+	+	+	+.	+	+	. t _	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	
SPLEEN Hemangiosarcoma	ŀ	+	+	٠	•	+	+	•	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	•
LYMPH NODES	Ŀ	ŧ	÷	+	+	+	t	+		t	+	+	+	+	+	+	+	+	+	+	+	ŧ	+	+	_
THYMUS	•	+	+	+	+	+	٠	٠	÷	٠	÷	+	÷	÷	+	÷	÷	+	+	٠	+	٠	+	÷	٠
CIRCULATORY SYSTEM	+		_						-																
HEART	+	+	٠	+	+	٠	٠	+	٠	٠	٠	٠	•	+	+	+	+	+	+	٠	٠	٠	+	+	+
DIGESTIVE SYSTEM	<u>+</u>																								-
SALIVARY GLAND	++	+	. +	+	+	+	+	+	÷	÷	+	+	+	+	+	+	•	+	+	.+.	+	+	.+	+	+
LIVER	+	٠	+	+	+	٠	+	+	٠	÷	٠	+	٠	+	٠	٠	٠	٠	÷	٠	٠	٠	٠	٠	÷
BILE DUCT CARCINOMA HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA MIXED HEPATOCCHOLANGIO CARCINOMA	×					××		x		x	x		x			x	x						×	×	x
BILE DUCT	+	÷	+	+	+	+	. +	+.	+	+	+	+	+	+	÷	÷	+	+	+	÷	÷	÷	+	÷	+
GALLBLADDER & COMMON BILE DUCT	+	+	ĸ	N	н	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	٠	+
PANCREAS	Γ.	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	÷	+	+	+	÷	+	+	+	+		+	+	+	+	+	+	+	+	÷	+	+	+	•	+
STOMACH Squamous cell carcinoma	+	+	+	+	÷	+	+	+	+	÷	+	•	+	÷	+	+	+	÷	+	÷	+	٠	+	+	٠
SMALL INTESTINE	<u> .</u>	+	-	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	٠	٠	+	+	+	+	÷	•	+	+	+	+	+	+	+	+
URINARY SYSTEM																									-
KIDNEY	L+	t	÷	+	+		+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	٠	+	+	+
URINARY BLADDER	•	+	+	+	٠	٠	+	+	٠	Þ	٠	+	+	+	+	+	+	٠	+	+	+	+	•	+	+
ENDOCRINE SYSTEM	-								-					_						_					
PITUITARY	++	-	+	+	+	+	+	+	-	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	t
ADRENAL	<u>↓</u>	+	+	+.	+	+	+	+	+	+		<u>+</u>	+	+	+	+	+	+	+	+	+	+	÷	÷	+
THYROID Follicular-cell adenoma	•	+	+	+	+	٠	+	+	٠	+	+	+	÷	+	٠	÷	+	+	+	÷	+	+	٠	÷	+
PARATHYROID	1.	-	+	•	-	_	_		+	•	+		•	÷	-	-	÷	+	-	+	+	+	+	-	
REPRODUCTIVE SYSTEM	Ļ.	•		-	-		_			*		•		<u> </u>			<u>.</u>								_
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N		N	พ	N	N	N	÷	N	N		N	N	N	N
TESTIS	T.	+	+	+	+	•	+		+	+	•		+				+	+	+	*	+	+	+	+	+
PROSTATE		•	•	+	+	•	+	+	+	+	÷		+		_	_	+	+	•	+	•	+	+	•	÷
NERVOUS SYSTEM	Ļ					· · ·		-	-				_	<u> </u>	-	·	·					· · · ·	·		_
BRAIN	+	+	+	+		+			÷		÷	+	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷		÷	
SPECIAL SENSE ORGANS	Ŀ				· · · ·		·	·	, 		<u> </u>	,			·		·		<u> </u>		<u> </u>	<u> </u>	·	<u> </u>	_
HARDERIAN GLAND ADENOMA, NOS	N	N	N	N	H	N	N	N	N	N	N	н	N	N	N	н	N	N	н	N	N	N	H	н	N
BODY CAVITIES	-																								
MEDIASTINUM Alveolar/Bronchiolar ca, metastat	н	H	N	N	Ν	N	N	H	N	H	н	H	н	H	N	N	H	N	H	N	H	H	н	N	N
ALL OTHER SYSTEMS	├																								
MULTIPLE ORGANS NOS Souamous cell carcinoma, metastat Fibrosarcoma Hemangiosarcoma	н	н	н	H	H	H	H	H	N	H	H	N	H	н	H	н	н	N	н	н	N	н	N	M	н
HEAD NOS Sarcoma, Nos																									

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

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: Tunon Incidence N: Necropsy, no Autolysis, no microscopic examination

AN IMAL NUMBER	2	27	28	0 2 9	30	3	0	3	34	0 3 5	3	3	3	539	4	0	0 4 2			4	047	4	4	0 5 0	TOTAL
WEEKS ON STUDY		0 8	0	0	0		32020		- 0	1	3	1	8	1	0	01					ŀή	0	1 01	+1	TISSUE
RESPIRATORY SYSTEM	11	3	š	6	š	Å.	ō	<u>Å</u>	ś	Å	1	4	41	6L	š.	21	4	ž,	1	4	Ļš	Lå	6	ě	
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma Sarcuta, Nos. Metastatic	•	+ × ×	٠	٠	٠	۰ x	٠	٠	• ×	٠	٠	٠	×	+	٠	÷	+	×	•	• •	* ×	٠	٠	* X	50 5 3
TRACHEA	†	+	+		•	•					•	•	+		•	+						*		-	49
HEMATOPOIETIC SYSTEM	+-										-		· · · · · · · · · · · · · · · · · · ·	·	·	·									
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	•	÷	÷	+	÷		++			+	+	+	_+	
SPLEEN HEMANGIOSARCOMA	ŀ	+	•	+	٠	+	•	<u> </u>	+	•	•	•	•	+	•	+	* x	• •	• •	+	+	+	+	•	50,
LYMPH NODES	L+	+	+	+	+	+	*	+	٠	•	t	+	+	<u>+</u>	+	<u>.</u>	<u>+</u>	tt			+	+		+	49
THYMUS	+	٠	٠	-	+	ŧ	+	٠	٠	+	÷	٠	+	ŧ	÷	-	•		• •	-	-	٠	+	+	46
CIRCULATORY SYSTEM	+											**												-	
HEART		٠	٠	٠	٠	÷	٠	÷	٠	٠	٠	÷	•	+	+	÷	•	• •			٠	٠	٠	+	50
DIGESTIVE SYSTEM	1-			••••••																				+	
SALIVARY GLAND	++	.	+	+	+	+	+	+		<u>+</u>	+	. <u>+</u>	+	+	<u>+</u>	<u>.</u>	<u>+</u>	<u>t</u>				+	<u>.</u>		50
LIVER	+	٠	+	٠	٠	٠	÷	٠	٠	+	÷	+	٠	÷	+	+	•		• •	•	÷	٠	+	+	50
BILE DUCT CARCINUMA Nepatocellular Adenoma Hepatocellular carcinoma Mixed Hepato/Cholanglo Carcinoma		x						×					×	×			x		>	x		×			12 12 10
BILE DUCT	Ŀ	÷	+	+	÷	÷	+	+	+	+	+	+	+	÷	+	+	+	<u>ب</u>	•	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT		+	N	4	+	+	N	+	*	+	H	+	+	+	H.	N	.	F. 14	•	+		+	<u> </u>	+	50×
PANCREAS	1.	٠	٠	٠	٠	٠	٠	٠	٠	÷	+	٠	+	•	+ .	-	+ •		• •	+	÷	÷	-	+	45
ESOPHAGUS	+	+		+	+	+	ŧ.	+		+	+	ŧ.	+	•	+	<u>.</u>	ŧ			·+	+	+		+	49
STOMACH Squamous Cell Carcinoma	ŀ	+	<u>.</u>	×	+	+	+	+	•	+	+	•	•	+	•	-	+ •	• •	•	+	•	*	-	•	48,
SMALL INTESTINE	<u>↓</u>	+	+	*		+	<u>+</u>	+	+	+		+	•	+	<u>*</u>		•	<u> </u>	++	<u>`</u> +		t.	<u> </u>	+	45
LARGE INTESTINE	+	+	+	-	٠	٠	٠	٠	+	٠	٠	+	٠	+	• •	-	• •	• •	+	•	+	٠	-	+	47
RINARY SYSTEM	1																	_						-+	
KIDNEY .	ŀ	*	*	÷	*	+	*		+	*	+	. <u>+</u>	+	*	*	•	<u>t ·</u>	+ +	+	+		+	*	-+	50
URIHARY BLADDER	•	٠	+	٠	٠	*	+	+	+	+	٠	÷	+	÷	•	÷	•	• •	+	٠	٠	٠	٠	+	50
ENDOCRINE SYSTEM	1																		~~~~~					1	. <u> </u>
PITUTTARY	++	+	+	+	*	-	*	+	+	+	+	+	•	+	<u>*</u>	<u>t -</u>	<u>•</u>	·+	+		+	<u></u>	<u>+</u>	+	46
ADRENAL .	++	+	+	*		+	*	+		+		*			+	•	<u>t</u>	<u>.</u> t	•	+	t.,	*	<u>.</u>	*	50
THYRDID Follicular-cell Adendma	L *	+	•	+	•	*	+	+	+	+	+	*	+	+	+ ·	•	• •	• •	*	+	•	*	+	*	50,
PARATHYRGID	1.	-	•	•	+		-	,	+	-	÷	•	+	•		-	• •	• •	•	•	+	+	•	•	35
REPRODUCTIVE SYSTEM	+																							+	
MAMMARY GLAND	H	N	N	N	+	N	N	N	N	N	N	N	N	N	N	<u>.</u>	<u>N_</u> I	1.1	N	N	N	N	N	+	50*
TESTIS	1.	t.	+	+		+	+	+	+	+	+	+	<u>+</u>	<u>+</u>	<u>.</u>	•	• •	+		+	+	+	•	+	50
PRÚSTATE	+	٠	٠	٠	+	+	+	+	+	÷	+	٠	+	+	+	+	•	• •	•	+	+	+	÷	+	50
ERVOUS SYSTEM	+																_							+	
BRAIN		٠	÷	+	+	٠	٠	٠	٠	÷	÷	٠	+	•	•	•	• •	+ +	•	٠	÷	٠	÷	+	50
PECIAL SENSE DRGANS	+									•••••				-			******							+	
MARDERIAN GLAND Agenoma, Nos	н	н	N	H	N	N	N	N	N	N	H	N	N	H	H I	N	H P		N	N	N	М	H	N	50× 1
SODY CAVITIES	1																							+	·
MEDIASTINUM Alveolar/Bronchiolar Ca, Metastat	N	H X	N	N	N	N	H	N	N	M	N	M	N	H	H 1	4	н)	1 8	N	N	H	N	N	N	50× 1
LL OTHER SYSTEMS	1		_	•••																				-	
MULTIPLE ORGANS NOS Squamous cell carcinoma, metastat Fibrosarcoma Hemanglosarcoma	N	N	H X	NX	N	н	ĸ	N	N	H	Ħ	¥	N	H	н 1	4 1	N 1	H H	N I	н	N	H	N	N X	50% 1 1 5
HEAD NOS	1		<u> </u>																					-+	
SARCOMA, NOS	L								<u>x</u>	-															

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

* ANIMALS NECROPSIED

TISSUE EXAMINED MICROSCOPICALLY
 REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 TUMOR INCIDENCE
 Nº MECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO NISIGLOGY DUE TO PROTOCOL A: AUTOLYSIS M: Anital Missing B: No Necrofsy Performed

TABLE B4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR **STUDY OF ALLYL ISOTHIOCYANATE**

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	9	0	0	0	2	02	022	0 2	024	ſ
WEEKS ON Study		2	3	4 0 4	5	6 0 7	7	8 0 8	9 0 8	0 9 7	0	2 0 9	3 0 3	6		-6	-7	8	9 0 3	0 0		- 2	3 0 1	9	t
INTEGUMENTARY SYSTEM	14	Å	4	i	Å	8	4	ڏ	-i	_5	اف	ó	ş	9	į	ě	<u> </u>	ő	ă	ź	Ğ	3	ا خ	5	L
SUBCUTANEOUS TISSUE Hemangiosarcoma	•	t	+	٠	٠	٠	÷	+	٠	+	٠	÷	٠	٠	٠	*	٠	٠	٠	٠	÷	+	٠	+	
RESPIRATORY SYSTEM	+										•••••														
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma	Ŀ	<u>,</u>	+	•	+	٠	+	+	•	•	-	٠	+	+	+	+	+	٠	٠	+	•	٠	٠	+	
TRACHEA	+	+	+	٠	+	٠	+	+	+	+	-	+	٠	٠	+	+	٠	+	٠	٠	+	٠	+	٠	
EMATOPOIETIC SYSTEM																									
BONE MARROW	++	•		+	+	+		+	+	+	+	<u>.</u>	+	+	+	+	+	+	.	<u>+</u>	<u>+</u>	+	+	+	_
SPLEEN	++	+	. +	+	+	-	. <u>t</u> .	+	+	•	٠	. •	<u>+</u>	+	+	+	+	+	<u>+</u>	<u>.</u>	<u>+</u> .	+	+	ŧ	_
LYMPH NODES	1.	+	+	+	+	+	+	+	•	+	+	÷	+.	.+	+	+	+	+	٠	+	+			<u>.</u>	
THYMUS	+	÷	+	٠	+	+	+	٠	٠	+	٠	+	+	+	+	+	+	٠	+	٠	+	-	٠	÷	
IRCULATORY SYSTEM	+																								-
HEART	+	٠	+	+	+	٠	+	٠	+	٠	-	٠	+	+	٠	÷	+	÷	+	+	+	٠	+	+	
IGESTIVE SYSTEM											-														-
SALIVARY GLAND	L+	÷	+	÷	+.	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	÷	+	+	
LIVER Hepatocellular Adenoma	+	+	٠	+	+	٠	+	٠	÷	٠	+	÷	+	+	+	+	+	+	٠	٠	+	٠	٠	٠	
BILE DUCT	1.	•	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	Î
GALLBLADDER & COMMON BILE DUCT	T.	+	+	N	*	•	+	N	+	N	+	+	N	+	+	+	+	+	+	+	+	N	+	+	
PANCREAS	T.	+	•	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS	1.	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH		+	+	•	+		•	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	Î
SMALL INTESTINE	1.	4	+		+	+	+	+	+	-	+	+	+	+	+		+	+	-	+	•	+	-	+	
LARGE INTESTINE	1.	•	+	_	•	+	+	+	•	-	+	+	+	+	+	+	+	+		+	+	+	+	+	1
RINARY SYSTEM	- <u> </u>																								-
KIDNEY	1.	+	+	+		+	•	+	+	+	÷	+	+	•	+	+	+	+	+	+	+	+	÷	+	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	
NDOCRINE SYSTEM																									-
PITUITARY Carcinoma,nos Adenoma, nos Actodphil Carcindma		٠	+ x	+	÷	+	* x	+	٠	+	+	٠	-	٠	٠	•	* x	٠	٠	٠	+	•	٠	٠	
ADRENAL	1.	+	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	+	+	+	+	+	+	+	+	
THYROID	1.	+	+	+	+	+	+	+	+	•	-	+	+	+	+	+	+	+	+	+	+	+	+	+	
FOLLICULAR-CELL ADENOMA	+		X																						-
PARATHYROID	-	٠	+	-	-	+	-	-	-	+	-	+	-	+	-	+	-	+	-	+	+	+	-	+	
EPRODUCTIVE SYSTEM Mammary Gland Adendma, Nos	•	÷	+	+	+	+	÷	÷	•	÷	÷	•	•	+	+	+	•	÷	÷	+	+	*	÷	•	
ADĒNŪCARCINŌMA, NOS Uterus Endometrial Stromal Polyp Hemangiošarcoma	1.	+	+	+	+	* x	٠	٠	٠	+	+	٠	٠	+	٠	+	+	+	+	+	+	+	+	+	•
DVARY	1.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	1
ERVOUS SYSTEM														_											-
BRAIN ACIDOPHIL CARCINOMA, INVASIVE	1 ±	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	÷	+	+	٠	٠	٠	+	٠	٠	+	٠	٠	
PECIAL SENSE ORGANS	†																								-
NARDERIAN GLAND Adenoma, nos Cystadenoma, nos	И	H	N	н	н	N	N	H	N	N	H	M	н	N	N	N	H	H	H	н	H	H	H	H	
LL OTHER SYSTEMS	+																								-
MULTIPLE ORGANS NOS Malignant Lymphoma, nos Maliglymphoma, lymphocytic iype Maliglymphoma, histocytic type	H	N	H	H	H	N	H	H	н	N	H	N X	н	H	H	H	N	N	N	H	H	N X	N	N	

VEHICLE CONTROL

+: IISSUE EXAMINED MICROSCOPICALLY -: Required Tissue hot Examined Microscopically X: Tumor Incidence H: Necropsy, No Autolysis, No Microscopic Examination

: NO TISSUE INFORMATION SUBNITTED C: Necropsy. No Histology due to protocol A: Autolysis H: Animal Missino B: Ng Necropsy Performed

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

																									0	
ANIMAL NUMBER	2	27	0 2 8	29	3	3	3	3	34	3	3	0 3 7	0 3 8	0 3 9	0 4 0	4	4	4	4	4 5	4	4	04	4	5	TOTAL
WEEKS ON Study		1		1 i	0	0	2	0	0	5	6	Ó	0	0	01	9	2	9	4	5	-6	7	8 Q 9	9 0 8	0	TUMOR
INTEGUMENTARY SYSTEM	6	6	6	6	1_1	4	3	6	6	0	L_2	6	4	_6	4	01	.51	11	61	2	6	6	2	_5	2	
SUBCUTANEOUS TISSUE Hemangiosarcoma	•	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	+	٠	٠	٠	+	+	٠	٠	٠	+	+	٠	٠	+	50× 1
RESPIRATORY SYSTEM										•••••																
LUNGS AND BRONCHI Alveolar/Bronchiolar Adendma	+	+	+	+	x	+	+.	+	+	+	+	•	+	+	٠	×.	•	~	+	+	•	+	+	-	+	47 2
TRACHEA	+	+	+	+	٠	+	+	+	+	+	+	٠	-	+	٠	٠	-	+	+	٠	+	٠	٠	+	+	47
TEMATOPOIETIC SYSTEM																										
BONE MARROW	+			+	+	+	+	+	. +	+	+	+	+	+	+	+	+	+	+	+	*	+	+	.+	+	49
SPLEEN	+	+		+	+	+	•	_+	+	-	+	+	_+_	+	÷	+	+	+	+	+	+	÷	+	+	-+	47
LYMPH HODES	+.	÷	<u>+</u>	+	+	+	+	. *	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	_+	50
THYMUS	+	٠	+	+	٠	-	+	+	٠	٠	+	+	٠	+	-	+	٠	-	+	+	+	+	+	-	+	44
CIRCULATORY SYSTEM								-																		
HEART	1 *	+	+	+	٠	+	+	٠	٠	٠	+	٠	٠	٠	+	٠	+	+	٠	+	•	+	٠	٠	+	49
DIGESTIVE SYSTEM												_				_	-									
SALIVARY GLAND	+	*	<u>+</u>	+	+	+	+	<u> </u>	+	. +	+_	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	-+	49
LIVER Hepatocellular Adenoma	+	+	•	+	+	+	+	+	+	٠	+	+	+	+	+	+	*	+	+	+	ż	*	*	+	٠	50 2
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	٠	+	÷	÷	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	L,	+	+	+	+	+	N	+	м	N	+	N	+	+	N	+	+	+	N	+	+	+	+	+	+	50×
PANCREAS	1.	+	+	÷	+	+	+	+	+	-	÷	-	+	÷	+	+	÷	+	+	+	÷	+	+	+	+	_ 47
ESOPHAGUS	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•		+	÷	+	+	+	+	49
STOMACH	1.	+	+	•	+	+	+	+	-	+	+	-	+	+	+	+	-	÷	+	+	+	+	+	+	+	47
SMALL INTESTINE	+	+	+	+	+	-	+	+			+	+	+	-	÷	+	-	+	+	+	+	+	+	+	-	40
LARGE INTESTINE		+	+	+	+	•	+	+	•	+	+	•	+	-	+	+	-	+	+	+	+	+	+	+	-	42
JRINARY SYSTEM	+	-														_									+	
KIDNEY	+	+	+	+	+	+	+	÷	+	+	+	÷	•	.+	÷	+	+	÷	+	+	÷	+	+	+	+	50
URINARY BLADDER	+	+	+	+	÷	+	+	+	-	+	•	+	+	+	-	+	•	+	+	+	•	÷	+	•	•	47
NDOCRINE SYSTEM	+																_								-+	•
PITUITARY Carcinoma.ngs Adenoma, nos Acidophil Carcinoma	+ ×	×	+ x	•	٠	٠	+	٠	•	٠	٠	•	٠	-	+	-	٠	٠	•	٠	•	•.	•	٠	۰	47 3 3
ADRENAL	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	50
THYRGID Follicular-Cell Adénoma	·	+	•	+	+	•	+	+	•	-	+	•	٠	+	•	•	+	+	+	٠	+	÷	٠	+	+	48
PARATHYROID	+	+	-	٠	٠	٠	+	-	٠	-	-	-	+	٠	•	÷	-	÷	+	+	٠	-	+	٠	-]	30
EPRODUCTIVE SYSTEM	1		_																·						+	
MAMMARY GLAND Adenoma, Nos Adenocarcinoma, Nos	•	+	٠	+	+	٠	٠	+	٠	٠	٠	٠	+	+	÷	+	÷	+	÷	+	٠	٠	٠	٠	+	50× 1
UTERUS Endometrial Stromal Polyp Hemangiosarcoma	ŀ	+	٠	÷	* ×	•	÷	÷	+	٠	+	+	+	+	÷	+	+	+	+	+	+	+	٠	÷	+	50 2
DVARY	1	÷	+	+	-	+	+	+	÷	+	+	+	+	+	+	+	+	+	÷	+	+	÷	+	+	+	49
ERVOUS SYSTEM	\vdash																								+	
BRAIN Acidophil Carcinoma, Invasive	•	٠	٠	٠	٠	٠	+	÷	٠	÷	+	٠	٠	+	٠	٠	٠	+	٠	÷	÷	٠	+	+	+	30 ₁
PECIAL SENSE ORGANS	1										• • • •				_										+	
HARDERIAN GLAND Adenoma, Nos Cystadenoma, Nos	N	N	H	N	H	N	N	н Х	H	H	N	H	N	N	H	ĸ	N I	H	H X	N	N	N	H	N	н	50× 1 1
LL OTHER SYSTEMS	+																			_					+	·· ···
MULTIPLE ORGANS NOS Malignant Lymphoma, Nos Malig.Lymphoma, Lymphocytic type Malig.Lymphoma, Histiocytic type	H	N	N	н	H	N	N	H	н	N	Η	N	H	H	N	N	H		N X	N	н		N X	H	н	50× 1 3

* ANIMALS NECROPSIED

ALS NECROPSIED + I IISSUE EXAMINED MICROSCOPICALLY - REQUIRED TISSUE INFORMATION SUBMITTED - REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE H: HECROPSY, NO AUTOLYSIS, ND MICROSCOPIC EXAMINATION H: RECROPSY, NO AUTOLYSIS, ND MICROSCOPIC EXAMINATION B: NO NECROPSY PERFORMED

TABLE B4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF ALLYL ISOTHIOCYANATE

LOW DOSE

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1-11	5	9	31	81	5	51	5		- 51	.51	51	51	71	51	31	-11	-51	4	6	5	- 1	5	_5	
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<u> </u>	×.	-		+	+	•	•	•	•	•	•	•		•	-	•	•	*	•		<u>.</u>	N		
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•	٠	+	-	٠	٠	٠	٠	٠	٠	٠	+	٠	•	•	٠	٠	٠	-	-	+	٠	۸	٠	•
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N																								
	• • • •		0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	0 0	a a	0 0	0 0								

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

: NO TISSUE INFORMATION SUBMITTED C: Hecropsy, NO Histolooy due to protocol A: Autolysis M: Animal Missino B: No Hecropsy Performed

ANIMAL NUMBER	2	27	2	2 7	3	03	032	0 3 3	034	0 3 5	3	0 3 7	8 3	39	-		042	\$		5		,			TOTAL
WEEKS ON STUDY	1	8	ļ	1		0	1	0	1	1	2	1	ļ	1	1	;		,		1		,	1		TISSUE
INTEGUMENTARY SYSTEM	1.2	ف	<u> </u>	15	1.5	5	6.	5	61	-61		<u>0 i</u>	21	. 51	61	<u>i</u>	51	81	61_	<u></u>	<u>6 </u>	11.3	<u>د ا</u>	2	1
SKIN Hemangioma	•	+	+	+	•	+	•	+	N	•	+	+	٠.	+	•	+	+	•	•	•	•	• ;	k .	• •	584
SUBCUTANEOUS TISSUE Malignant Melanoma	•	+	•	•	٠	+	+	٠	H	٠	•	+	+	•	+	+	•	•	•	•	•	•	•	• •	584
RESPIRATORY SYSTEM	╈										·····			··							-				†
LUNGS AND BRONCHI Alveolar/Bronchiolar Ademoma Alveolar/Bronchiolar Carcinoma	ŀ	. +	+	•	+	•	+	+	+	•	•	•	•	•	+	•	•	• ·	•	•	•	•	, , ,	•	•••
TRACHEA	•	•	+	+	•	+	+	+	٠	+	+	+	•	•	•	•	•	•	•	•	•		• •	•	47
EMATOPOIETIC SYSTEM	+																_						-		
BONE MARROW	+		t	+	•	+	+	+	+	+	+	٠	+	•	•	•	•	•	<u> </u>			• •		•	. 59
SPLEEN	1.	+	+	+		+	+	. +	+	*	+	+	+	+	+	•	+	•	•			• •		•	48
LYMPH HODES Malighant Lymphoma, Mixed Type	ŀ	+	-	•	•	•	•	•	•	•	-	•	•	•	•	•	•	•	•	•		• •		•	47
THYMUS	+	+	-	+	+	٠	٠	٠	+	٠	+	•	•	-	•	٠	+ •	•	•	• •	•	• •	•	+	45
CIRCULATORY SYSTEM	1	-		-																		-			
HEART	•	+	+	+	+	+	•	+	+	+	+	•	+	+	+ ·	•	• •	•	• •	•		• •	٠	•	50
DIGESTIVE SYSTEM	1																								
SALIVARY OLAND	++	+	<u>_</u> *	+	+	t.	•	+	*	*	+	+	*	+	<u>+</u>	<u> </u>	•_•			•	- •	•	•	•	49
LIVER Hepatocellular Adenoma Hepatocellular Carcindma	Ŀ	•		•	•	•	+	•	•	•	•	•	• ×	•	•	•	• •	· ·		•		•	•	+	49
BILE DUCT	Ŀ	•		•	_+	.+	+	+	+	+	+	+	+ [`] .	•	•	•	•			•		•	•	•	- 69
GALLBLADDER & COMMON BILE DUCT	++	N	<u>.</u>		+	+	+	+	+	•	N	N	•	• •	• •	_		•				•	+		584
PANCREAS	++	+		+		+	•	+	+	•	-	+	<u>+</u>	+ .	• •		<u> </u>	-		•		•	•		. 45
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	• •	• •		•		•	+		•	ŧ	-+	50
STOMACH Squamous cell papilloma	+	•	+	+	+	٠	+	+	•	+	-	•	•	•	• •	•	• •	•	•	+	•	•	+	+	47
SMALL INTESTINE	1.	+	+	+	+	+	+	+	+	+	-	-	+	• •				. ,	-	+	•	•	•	+	44
LARGE INTESTINE	1.	+	•	•	•	•	•	•	+	+	-	-	+	+ •	• •		• •		-	•	•		•	+	45
RINARY SYSTEM	+																_				_			-	
KIDNEY	+	+	+	+	+	+	+	+	+	÷	+	•	+	• •				•	+	•	-			+	48
URINARY BLADDER	1.	+	•	+	+	•	+	•	+	+	•	+	+	•	• •			•	•	+		•	+	+	47
NDOCRINE SYSTEM	╋				•••••											~									<u> </u>
PITUITARY Carcinoma, Nos Adenoma, Nos	ŀ	-	٠	+	٠	٠	•	-	•	•	•	•	-	•	• •		• •	•	•	٠	•	•	٠	٠	45 3 3
ADRENAL	L.	+	÷	+	+	٠	+	÷	+	+	+	÷	+	• •	• •		•	•	+	+			+	-	47
THYROID	•	+	÷	+	+	+	+	•	+	+	•	-	÷	•	• •		• •	•	+	•	+	•	+	٠	47
FOLLICULAR-CELL ADENOMA	+					<u> </u>								'	K										3
PARATHYRGID	H.	•	÷	<u>+</u>	•	<u>+</u>	-	•	•		• •	•	<u>+</u>	<u>•</u>		<u>.</u>	<u>}</u>		-	*			+	*	40
PANCREATIC ISLETS ISLET-CELL ADENOMA	1.	•	•	Ť	•	+	•	•	•	•	•	•	•	•	• •			•		•	•	•	•	•	45
EPRODUCTIVE SYSTEM MAMMARY GLAND	1.	•	•	٠	•	•	•	•	•	•	 H	•	•	н ·				•	•	•	•	•	•	+	50%
ADENOCARCINOMA, NOS Uterus Adenocarcinoma, nos	1.	÷	•	+	+	+	•	٠	•	•	•	+ '	٠	+	• •		, ,	•		ţ	-	•	+	+	47
OVARY HEMANGIOSARCOMA	T.	٠	÷	٠	+	+	+	+	•	•	+	•	•	•	, ,		• •	•	-	•	-	•	+	٠	44,
ERVOUS SYSTEM	┢																				_		-		
BRAIN	1.	+	٠	٠	٠	٠	٠	•	٠	٠	٠	•	•	•	• •			•	•	•	+	•	٠	•	50
PECIAL SENSE ORGANS	+					·																			
HARDERIAN GLAND Adenoma, Hos	X	N	H	H	N	H	N	N	N	N,	N	N	H	N I	4 1	•	6 H	H	н	N	N	I N	H	ĸ	584 1
ODY CAVITIES	1																								
MESENTERY Hemangioma	M	N	N	N	X	*	N	N	N	N	H	H	N	H I	1 1			. N	N	N	N	N	H	M	50× 1
LL OTHER SYSTEMS																									
MULTIPLE ORGANS NOS Malignant Lymphoma, Nos Malig.Lymphoma, Lymphocytic Type.		M	H	M	N	N	N	N	N	N	N	H	M I	н I	4 1		6 N	N	N	H	N	N	N	N	504

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

* ANIMALS NECROPSIED

TISSUE EXAMINED MICROSCOPICALLY
 Required tissue not examined microscopically
 Tumor incidence
 Wecropsy, no Autolysis, no Microscopic Examination

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

TABLE B4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF ALLYL ISOTHIOCYANATE

HIGH DOSE

ANIMAL NUMBER	0	0	3	004	ů 5	ő	ÿ	8	8	1	1	1	13	i	5	16	j	i	į	2	2	222	0 2 3	024	ľ
WEEKS ON Study	6.5	2 9 5	4	0	0	9	8	100	0 7 8	104	82	9	0	3	9	9	?	0	?	-	0	0	ę	0 7	
INTEGUMENTARY SYSTEM	—																			- 21	_11				
SUBCUTANEGUS TISSUE Fibrous Histiocytoma, Malignant Lymphangioma	+	٠	٠	•	٠	+	•	+	+	٠	+	+	+	•	٠	•	+ x	٠	•	+	+	•	+	+	
RESPIRATORY SYSTEM														_											
LUNGS AND BRONCHI Squamous cell carcinoma, metastat Alvedlar/Bronchiolar carcinoma Osteosarcoma, metastatic	•	•	•	•	•	+ X	•	٠	٠	+	٠	•	+ ×	+	•	+ x	•	•	+ X	+	•	•	+	`+	
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	
EMATOPOIETIC SYSTEM																									
BONE MARROW	+	+	÷	+	+	+	+	.+	+	ŧ	. +	+	. +	+	+	•	+	+	٠	+	+	+	+	+	
SPLEEN Hemangiosarcoma Malighant Lymphoma, mixed type	+	+	٠	+	٠	+	•	+	٠	+	+	÷	+	•	+	•	+	÷	٠	+	* ×	+	•	٠	
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS	+	+	+	+	+	+		+	+	+	+.	+	+	+	+	-	-	+	+	+	+	÷	+	÷	
CIRCULATORY SYSTEM	-																								_
HEART	+	÷	•	+	÷	•	+	÷	+	÷	÷	÷	÷	÷	÷	•	+	+	+	•	÷	÷	÷	•	
DIGESTIVE SYSTEM																						-			_
SALIVARY GLAHD	+	+	+	+	+.	+	÷	+	+	+	+	+	÷	+ .	+	÷	+	.+	+	+	+	+	+	+	_
LIVER Hepatocellular carcinoma Kupffer-cell sarcoma Undifferentiated leukemia	+	.+	+	٠	+	+	+	٠	+	•	+	+	•	•	÷	٠	•	•	•	•	٠	+ x	•	+	
BILE DUCT									÷	÷	+	÷	•			•	÷					î			
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	•	+	N	•	*	N	•	•	N	•	•	•	•	•	N	•	+	•	•	
PANCREAS	Ĺ.			<u>.</u>	<u>.</u>	<u>.</u>			•		•	+	+	<u>.</u>	÷	Ì	, ,	÷	<u>,</u>	•			÷		-
ESOPHAGUS	÷	÷	÷	÷	Ì		<u>.</u>	+	•	•	•	•		<u>.</u>		<u>.</u>		. <u>.</u>	<u> </u>	<u>.</u>		<u>,</u>	+	+	
STOMACH	Ţ.	+		<u>,</u>	<u>.</u>	- <u>-</u>	- <u>-</u>	<u> </u>	<u>,</u>	<u>•</u>	<u> </u>		<u>.</u>	÷	<u>.</u>	<u>.</u>		• •	•	<u>.</u>	· ·		- <u>-</u> -		-
SMALL INTESTINE	+	÷		+	+	• •	+	<u> </u>	<u>,</u>	<u>*</u>	. <u>*</u>		. <u>.</u>	· · ·	<u>.</u>	. <u>.</u> .		- <u>*</u>	•	<u>.</u>	+	+	+	+	-
	+	- <u>*</u> -	- <u>-</u>	<u>.</u>	+	:	•	+	+	+	•	<u>+</u>	+	-	<u>.</u>	<u>.</u>	÷	<u>+</u>	÷	+	+		+	•	-
LARGE INTESTINE RINARY SYSTEM	Ľ.		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	-	<u> </u>	<u> </u>	-	+	+	*	<u> </u>	<u> </u>	•	<u> </u>	+	<u> </u>	_	
KIDNEY	•	•	÷	+	•	÷	•	•	•	•	•	•	•	+	•	+	÷	•	•	÷	÷	•	+	÷	
URINARY BLADDER	÷	+	+	-	*	*	+	-	+	+	÷	+		•	•	+	÷	· · · ·	+	• •	+	+	*	+	-
NDOCRINE SYSTEM			-		<u> </u>	-	•		•	• 	<u> </u>	•	• •	·	·	· · ·	·	·	· ·	·	·	·	. <u> </u>	-	_
PITUITARY		÷	•	÷	•	•	+	•	+	+			÷	+	+	+	+	+	+	•	+	+	+	+	
ADEHGMA, NOS	· ·				•		· ·	· ·		· ·	<u> </u>	<u> </u>	×.	<u> </u>	×.	· ·	·	<u> </u>	•						
ADREHAL	+	+	٠	٠	+	+	+	-	+	+	+	+	+	+	+	+	+	•	•	+	+	+	+	+	
THYROID Follicular-cell Adenoma Follicular-cell Carcihoma	-	•	•	•	+	+	+	•	+	+ x	•	•	+ x_	-	•	+	+	+	+	•	+	+	+	+	
PARATHYROID	-	-	٠	+	-	-	-	ł.	+	+	-	+	+	-	-	+	+	+	+	+	+	+	+	+	
EPRODUCTIVE SYSTEM			·																			-			-
MAMMARY GLAND Adenocarcinoma, nos	٠	H	•	٠	•	+	+	+	+	•	+	+	+	+	ż_	+	•	+ '	+	•	+	•	•	•	
UTERUS SQUAMOUS CELL CARCINOMA	•	*	+	+	+	•	•	•	•	•	+	•	•	•	•	•	•	•	•	•	+	• •	•	•	
TERATOMA, NOS	· ·	•	·	•	•	•		•	•	·	·	•	•	ž	·	•	•	·	•	•	·	·	·	·	
ERVOUS SYSTEM																									-
BRAIN	+	+	٠	٠	+	+	•	+	+	٠	+	+	+	+	+	+	+	+	+	+	•	+	+	+	
USCULOSKELETAL SYSTEM	-																			_	_				
BONE Ostedsarcoma LL other systems	H	N	N	н	н	N	H	M	H	H	H	N	н	H	H	H	H	M	X	M	N	H	H	N	
	N	N	H													N	N	м					N	N	
MULTIPLE ORGANS NOS Fibrous Histiocytoma, Malignany Malig.lymphoma, Lymphocytic Type Malig.lymphoma, Histigcytic Type Lymphocytic Lydraia	м	п	n		•		•	Π	R	n		n	n		N X	n		×		п		H	n	n	1

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

C: NECROPSY, NO NISTOLOGY DUE TO PROTOCOL A: Autolysis M: Animal Missing B: No Necropsy Performed

ANIMAL	2	27	0 2 8	2	3	3	3	3	3	3	3	3	3	0	9	3	2	0	0	0	0 4 6	9	9	9	0	TOTAL
WEEKS ON STUDY		;	-	1	8	?	0	Î	1	1	1	9	0	ŝ	1	6		1	1	?	1	i	8	8	1	TISSUES
INTEGUMENTARY SYSTEM	+-11	_11	4	لف	اذ	9	31	71	41	4	41	4	0	21	4	01	41	4	41	31	51	-51	41	اة.	-취	
SUBCUTANEOUS TISSUE Fibrous Histiocytoma, Malignant Lympmangioma	ŀ	٠	٠	٠	٠	٠	٠	٠	+	+	٠	•	۸	×	٠	٠	٠	•	٠	٠	٠	+	٠	٠	٠	49# 1 1
RESPIRATORY SYSTEM	1																									
LUNGS AND BRONCHI Squamous Cell Carcinoma, metastat Alvedlar/Bronchiolar Carcinoma Osteosarcoma, metastatic	ŀ	•	•	+	•	•	•	•	•	+	•	•		•	•	•	+	+	+	+	•	+	* ×	•	+	49 3 1
TRACHEA	+	٠	٠	+	+	+	٠	+	+	+	٠	-	A	٠	٠	+	+	٠	٠	٠	٠	٠	٠	٠	+	48
HEMATOPOIETIC SYSTEM	+											_				_									-	
BONE MARRON	<u>↓</u> •	+	+	+	+	+	ŧ	٠	÷	+	÷	ŧ	A	+	+	ŧ	÷	÷	÷	÷	٠	÷	ŧ	+		49
SPLEEM Hemangiosarcoma Malignant Lympnoma, mixed type	ŀ	+	+	•	+	+	+	•	+	+	+	•	A	٠	٠	•	•	•	•	+	+	+	+	•	·	49
LYMPH HODES	L.	+	+	+	•	+	•	<u>+</u>	+	+	+	+	A	+	+	÷	ŧ	+	÷	•	•	+	•	+	.+	49
TNYMUS	•	٠	٠	+	٠	٠	٠	+	+	+	٠	+	A	+	٠	+	٠	-	+	-	+	٠	٠	٠	+	44
CIRCULATORY SYSTEM		-											•												1	
HEART	+	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	A	٠	٠	+	٠	+	+	٠	٠	+	+	٠	+	49
DIGESTIVE SYSTEM	t																					•			1	
SALIVARY GLAND	+	+	+	٠	+	+	+	+	<u>+</u>	+	+	+	A	+	+	+	+	+	+	+	+	+	<u>+</u>	<u>+</u>	+	49
LIVER Hepatocellular carcinoma Kupffer-cell sarcoma Undifferentiated leukemia	•	٠	+	٠	ž	٠	•	•	+	•	+	•	•	•	+	٠	•	٠	+	•	+ x	٠	•	•	•	49 5 1
BILE DUCT	l +	+	. +	+	+	+	÷	+	+	+	•	+	A	+	÷	+	+	+	+	+	+	+	+	+	+	49
GALLBLADDER & COMMON BILE DUCT	L+	<u>+</u>	+	+	+	÷	+	N	•	+	+ :	N	A	+	+	+	+	+	+	+	<u>+</u>	+	+	N	+	49×
PANCREAS	4	÷	٠	+	+	+ .	+	+	<u>.</u>	+	+	+	A	•	+	+	+	+ .	+	+	<u>+</u>	+	÷	+	+	. 49
ESOPHAGUS	+	<u>+</u>	+	+	+	÷	+	÷	÷	÷	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	49
STOMACH	+	•	+	+	+	+	+	+	+	÷	÷	+	A	+	ŧ	+	+	+	+	+	+	+	+	+	+	49
SMALL INTESTINE	+	+	+	•	+	+	+	+	+	+	+	-	Α	•	•	+	<u>+</u>	+	+	÷	÷	+	+	+	•	47
LARGE INTESTINE	+	+	+	+	+	٠	٠	+	+	+	+	-	A	+	+	•	+	+	•	٠	÷	٠	÷	+	+	47
URINARY SYSTEM																					_				+	
KIDNEY	+	+	.+ .	+	+	+	÷	÷	+	+	•	•	A	+	•	+	+	+	٠	+	•	+	+	+	•	49
URINARY BLADDER	+	÷	٠	+	÷	٠	÷	+	+	÷	÷	÷	A	÷	+	+	+	÷	÷	+	÷	+	•	÷	+	47
ENDOCRINE SYSTEM											• • • •														+	
PITUITARY Adenoma, Nos	٠	•	+	+	-	+	+	+	•				A .		<u>×</u>	-							•	-	+	444
ADRENAL	+	+	+	+	+	+	+	<u>+</u>	<u>+</u>	+	<u>*</u>				-	<u>+</u>			•	+	<u>+</u>	•	<u>*</u>	+	+	47
THYROID Follicular-cell adenoma Follicular-cell carcinoma	Ľ	•	+	•	*	+	•	•	•	•	•		^	+	•	•		×	*	•	•	•	•	•	4	47 2
PARATHYROID	+	+	-	+	٠	٠	-	-	+	+	+	٠	A	+	+	•	+	•	+	-	+	+	•	٠	*	37
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, Nos	÷	+	+	•	+	+	•	÷	+	+	÷	•	A	•	+	÷	+	÷	+	+	÷	•	÷	•	+	49×
UTERUS SQUAMDUS CELL CARCINOMA	•	•	٠	٠	÷	÷	÷	÷	+	•	•	+	٨	÷	•	÷	+	•	÷	÷	•	•	÷ ×	+	+	49,
OVARY TERATOMA, NOS	+	÷	٠	÷	÷	+	÷	÷	+	÷	÷	٠	A	·	•	÷	+	÷	÷	+	÷	٠	+	+	•	48 1
NERVOUS SYSTEM																									- -	
BRAIH	+	٠	÷	٠	•	+	•	+	÷	÷	÷	٠	A	+	+	÷	÷	÷	•	÷	÷	٠	+	÷	•	49
MUSCULOSKELETAL SYSTEM	†																								┢	
BONE OSTEOSARCOMA	н	H	N	H	N	N	N	H	H	N	H	H		H	N	N	N	N	N	N	N	N	N	H	N	491
ALL OTHER SYSTEMS Multiple organs HOS Fibrous Histiocytoma, Malignant Malig.Lymphoma, Lymphocytic Type Malig.Lymphoma, Histiocytic Type Lymphocytic Leukemia	н	H	н	N	N	H	N	N	н х	N	н	н	A	H	н	н	н	N	H X	H	н	н	N .	н	н	49x 1 2

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

* ANIMALS NECROPSIED

+: TISSUE EXAMINED MICROSCOPICALLY -: Required Tissue not Examined Microscopically X: Tunon Incidence N: Mecropsy, No Autolysis, No Microscopic Examination

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

Allyl Isothiocyanate

102

APPENDIX C

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS ADMINISTERED ALLYL ISOTHIOCYANATE BY GAVAGE

TABLE C1.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS ADMINISTERED ALLYL ISOTHIOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50	50 50 50
NTEGUMENTARY SYSTEM			
*SKIN Epidermal inclusion cyst	(50) 3 (6%)	(50) 1 (2%)	(50) 3 (6%)
*SÚBCUT TISSUE Hematoma, nos Granuloma, foreign Body Fibrosis	(50) 1 (2%) 1 (2%)	(50) 1 (2%)	(50)
ESPIRATORY SYSTEM			
<pre>#LUNG EDEMA, NOS PNEUMONIA, ASPIRATION INFLAMMATION, SUPPURATIVE BRONCHOPNEUMONIA, CHRONIC</pre>	(49) 1 (2%) 1 (2%) 2 (4%)	(49)	(48) 4 (8%)
CHOLESTEROL DEPOSIT Hyperplasia, adenomatous Hyperplasia, alveolar epithelium Metaplasia. Osseous		3 (6%)	1 (2%) 1 (2%) 1 (2%) 1 (2%)
IEMATOPOIETIC SYSTEM			
<pre>#BONE MARROW Hyperplasia, nos Myelofibrosis</pre>	(48) 2 (4%) 1 (2%)	(49)	(50)
#SPLEEN Congestion, Nos Fibrosis, Multifocal	(50) 2 (4%) 1 (2%)	(49)	(50)
METAMORPHOSIS FATTY Hemosiderosis	1 (2%) 20 (40%)	20 (41%)	7 (14%)

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

r

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANGIECTASIS Hyperplasia, lymphoid Hematopoiesis	1 (2%) 2 (4%) 1 (2%)	2 (4%)	*****
<pre>#LYMPH NODE Hyperplasia, Nos</pre>	(50) 1 (2%)	(50)	(50)
#MANDIBULAR L. NODE Hyperplasia, plasma cell	(50)	(50) 1 (2%)	(50)
<pre>#MESENTERIC L. NODE Hemorrhage, Chronic Inflammation, granulomatous Angiectasis</pre>	(50)	(50)	(50)
#INGUINAL LYMPH NODE Hyperplasia, Diffuse	(50)	(50)	(50)
#PANCREAS Hyperplasia, lymphoid	(50) 1 (2%)	(50)	(49)
IRCULATORY SYSTEM			
#HEART MINERALIZATION Inflammation, Chronic	(50) 1 (2%)	(50)	(50)
INFLAMMATION, CHRONIC FOCAL Fibrosis, focal	1 (2%) 23 (46%)	1 (2%) 23 (46%)	1 (2%) 19 (38%)
<pre>#MYOCARDIUM Inflammation, Chronic Inflammation, Chronic Focal</pre>	(50)	(50) 2 (4%)	(50) 5 (10%) 1 (2%)
*DESCENDING THORACIC Arteriosclerosis, NOS	(50) 1 (2%)	(50)	(50)
*MESENTERIC ARTERY Inflammation, Chronic	(50)	(50)	(50) 1 (2%)
#PANCREAS PERIARTERITIS	(50)	(50)	(49)
IGESTIVE SYSTEM			
<pre>#SALIVARY GLAND FIBROSIS, FOCAL</pre>	(49)	(50)	(50)

TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
ATROPHY, FOCAL		1 (2%)	
<pre>#LIVER Congestion, Acute Inflammation, granulomatous Necrosis, Zonal</pre>	(50)	(50)	(50) 1 (2%) 1 (2%)
CYTOPLASMIC VACUOLIZATION Cytologic Alteration, Nos Angiectasis	2 (4%) 3 (6%)	4 (8%)	1 (2%) 2 (4%)
<pre>#LIVER/CENTRILOBULAR Cytoplasmic vacuolization</pre>	(50)	(50) 1 (2X)	(50)
<pre>#BILE DUCT Hyperplasia, Nos Hyperplasia, Focal</pre>	(50) 11 (22%) 14 (28%)	(50) 32 (64%) 1 (2%)	(50) 10 (20%) 1 (2%)
<pre>#PANCREAS Cyst, Nos Atrophy, Focal</pre>	(50) 4 (8%)	(50) 5 (10%)	(49) 1 (2%) 1 (2%)
<pre>#PANCREATIC ACINUS Atrophy, NOS</pre>	(50) 1 (2%)	(50)	(49)
#GASTRIC SUBMUCOSA Fibrosis	(49)	(50) 1 (2%)	(49)
COLON PARASITISM	(48)	(49) 1 (2%)	(49) 1 (2%)
URINARY SYSTEM			
<pre>#KIDNEY INFLAMMATION, CHRONIC NEPHROSIS, NOS Pigmentation, Nos</pre>	(50) 40 (80%)	(50) 23 (46%) 1 (2%) 1 (2%)	(50) 20 (40%) 1 (2%)
<pre>#KIDNEY/TUBULE DEGENERATION, HYALINE</pre>	(50) 1 (2%)	(50)	(50)
#URINARY BLADDER Inflammation, Hemorrhagic	(49)	(49)	(49)
HYPERPLASIA, NODULAR Hyperplasia, epithelial		1 (2%)	1 (2%) <u>6 (12%)</u>

TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY
* NUMBER OF ANIMALS NECROPSIED
| | VEHICLE
Control | LOW DOSE | HIGH DOSE |
|---|----------------------------|----------------------------|---------------------------|
| ENDOCRINE SYSTEM | | | |
| #PITUITARY
Angiectasis | (47) | (49)
1 (2X) | (49)
1 (2%) |
| #ADRENAL
CYST, NOS
Cytoplasmic Vacuolization | (50) | · (50)
1 (2%)
1 (2%) | (50) |
| #ADRENAL CORTEX
Cytoplasmic vacuolization
Angiectasis | (50)
1 (2%) | (50)
2 (4%) | (50) |
| #ADRENAL MEDULLA
Necrosis, nos
Hyperplasia, focal | (50)
2 (4%) | (50)
1 (2%) | (50) |
| #THYROID
CYSTIC FOLLICLES
Hyperplasia, C-Cell | (48)
7 (15%) | (50)
1 (2%)
3 (6%) | (50)
1 (2%) |
| #PARATHYROID
Hyperplasia, Nos | (42) | (50) | (45) |
| REPRODUCTIVE SYSTEM | | | |
| *MAMMARY GLAND
Cystic ducts
Hyperplasia, nos
Adenosis | (50)
13 (26%)
3 (6%) | (50)
15 (30%) | (50)
6 (12%)
1 (2%) |
| *PENIS
PROLAPSE | (50)
1 (2%) | (50) | (50) |
| *PREPUTIAL GLAND
CYST, NOS
CYSTIC DUCTS
INFLAMMATION, ACUTE | (50)
6 (12%) | (50)
1 (2%)
3 (6%) | (50)
2 (4%)
1 (2%) |
| INFLAMMATION, ACUTE SUPPURATIVE
Inflammation, acute and chronic
Inflammation, chronic suppurativ
Hyperplasia, nos
Hyperplasia, cystic | 1 (2%) | 1 (2%) | 1 (2%) |

	VEHICLE Control	LOW DOSE	HIGH DOSE
#PROSTATE INFLAMMATION, SUPPURATIVE	(49)	(49)	(49)
INFLAMMATION, SUFFICIATIVE Inflammation, Acute Suppurative Inflammation, Chronic Focal	10 (20%)	4 (8%)	1 (2%)
#PROSTATIC GLAND Abscess, Chronic	(49)	(49) 1 (2%)	(49)
*SEMINAL VESICLE DILATATION, NOS CYST, NOS Inflammation, acute focal granuloma, spermatic	(50)	(50) 1 (2%)	(50) 1 (2%)
<pre>#TESTIS Atrophy, Nos</pre>	(50)	(50) 1 (2%)	(49)
NERVOUS SYSTEM			
<pre>#BRAIN/MENINGES INFLAMMATION, CHRONIC FOCAL</pre>	(50)	(49)	(50) 1 (2%)
#HYPOTHALAMUS HEMORRHAGE	(50)		(50)
PECIAL SENSE ORGANS			
*EYE RETINOPATHY Cataract	/ []44	(50) 6 (12%) 6 (12%)	(50) 39 (78%) 13 (26%)
NUSCULOSKELETAL SYSTEM			
*SKELETAL MUSCLE Degeneration, nos	(50) 1 (2%)	(50)	(50)
BODY CAVITIES			
*MESENTERY INFLAMMATION ACUTE AND CHRONIC	(50)	(50) 1 (2%)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOS
NECROSIS, FAT Angiectasis	14 (28%)	9 (18%)	8 (16%) 1 (2%)
ALL OTHER SYSTEMS			
NONE			
SPECIAL MORPHOLOGY SUMMARY			
NONE			
<pre># NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCO * NUMBER OF ANIMALS NECROPSIED</pre>	PICALLY		

TABLE C2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS ADMINISTERED ALLYL ISOTHIOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN INFLAMMATION, SUPPURATIVE INFLAMMATION, ACUTE FOCAL INFLAMMATION ACUTE AND CHRONIC INFLAMMATION, CHRONIC	(50)	(50) 1 (2%) 1 (2%) 1 (2%)	(50)
*SUBCUT TISSUE EPIDERMAL INCLUSION CYST INFLAMMATION, CHRONIC FOCAL	(50) 1 (2%) 1 (2%)	(50)	(50)
RESPIRATORY SYSTEM			
#LUNG EPIDERMAL INCLUSION CYST Congestion, Nos Hemorrhage Proteinosis, Alveolar Cholesterol Deposit	(50)	(50) 1 (2%) 2 (4%) 1 (2%)	(50) 1 (2%)
HYPERPLASIA, ALVEOLAR EPITHELIUM			
HEMATOPOIETIC SYSTEM			
#SPLEEN Inflammation, Chronic	(50)	(50)	(50) 1 (2%)
FIBROSIS, FOCAL Hemosiderosis Anglectasis Hematopoiesis	1 (2%) 30 (60%) 1 (2%)	30 (60%) 1 (2%)	27 (54%) 1 (2%)
#MEDIASTINAL L.NODE HEMOSIDEROSIS	(50) 1 (2%)	(50)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#PANCREATIC L.NODE Angiectasis	(50)	(50)	(50)
<pre>#PEYER'S PATCH Hyperplasia, Lymphoid</pre>	(49)	(48)	(48) 1 (2%)
CIRCULATORY SYSTEM			
#HEART Inflammation, Chronic Focal Fibrosis, Focal	(50) 1 (2%) 10 (20%)	(50) 1 (2%) 8 (16%)	(50) 1 (2%) 8 (16%)
#MYOCARDIUM Inflammation, Chronic	(50)	(50) 2 (4%)	(50)
*MESENTERIC ARTERY Hemorrhage	(50)	(50) 1 (2%)	(50)
*MESENTERY PERIARTERITIS	(50)	(50) 1 (2%)	(50)
<pre>#KIDNEY/GLOMERULUS Embolism, Nos</pre>	(50)	(50) 1 (2%)	(50)
#ADRENAL Embolism, Nos	(50)	(50) 1 (2%)	(50)
DIGESTIVE SYSTEM			
<pre>#LIVER NECROSIS, FOCAL NECROSIS, ZONAL</pre>	(50)	(50) 1 (2%) 1 (2%)	(50)
CYTOPLASMIC VACUOLIZATION Cytologic Alteration, NOS Hyperplasia, Nos	3 (6%)	2 (4%)	3 (6X) 1 (2X)
<pre>#BILE DUCT HYPERPLASIA, NOS Hyperplasia, Focal</pre>	(50) 8 (16%) 12 (24%)	(50) 21 (42%) 4 (8%)	(50) 23 (46%) 1 (2%)
<pre>#PANCREAS INFLAMMATION, CHRONIC</pre>	(49) 1 (2%)	(49)	(50)

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

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VEHICLE Control	LOW DOSE	HIGH DOS
	1 (2%)	
1 (2%)	1 (2%)	1 (2%)
3 (6%)	3 (6%)	1 (2%)
(49) 1 (2%)	(47)	(49) 1 (2%)
(50)	(50)	(50)
1 (2%)	2 (4%)	
1 (2%)	1 (2%)	1 (2%)
	1 (2%)	
(49)		(50) 1 (2%)
(49)	(50)	(50)
2 (4%)	3 (6%)	1 (2%)
(50)	(50)	(50)
	1 (2%)	2 (4%)
(50)	(50)	(50)
5 (10%)	6 (12%)	3 (6%) 1 (2%)
(50)	(48)	(50)
2 (4%)	1 (2%)	1 (2%)
	1 (2%)	
		1 (2%)
	1 (2%)	1 (2%)
(50)	(50)	(50) 36 (72%)
	CONTROL 1 (2%) 3 (6%) (49) 1 (2%) 1 (2%) 1 (2%) 1 (2%) (49) (49) (49) (49) (50) (50) (50) 5 (10%) (50) 2 (4%)	CONTROL LOW DOSE 1 (2x) 1 (2x) 3 (6x) 3 (6x) (49) (47) 1 (2x) 2 (4x) 1 (2x) 1 (2x) (49) (47) 1 (2x) 2 (4x) 1 (2x) 1 (2x) (49) (49) (49) (49) (49) (49) (49) (50) 1 (2x) 3 (6x) (50) (50) 1 (2x) 3 (6x) (50) (50) 1 (2x) 3 (6x) (50) (50) 1 (2x) 6 (12x) (50) (48) 2 (4x) 1 (2x) 1 (2x) 1 (2x) 1 (2x) 1 (2x) 1 (2x) 1 (2x)

* NUMBER OF ANIMALS NECROPSIED

	VEHICLE Control	LOW DOSE	HIGH DOSE
HYPERPLASIA, NOS Hyperplasia, cystic Adenosis		9 (18%)	3 (6%) 5 (10%)
*PREPUTIAL GLAND Cystic Ducts Inflammation, acute suppurative Hyperplasia, Nos	(50) 1 (2%) 1 (2%)	(50) 6 (12%) 3 (6%) 1 (2%)	(50) 2 (4%) 1 (2%) 1 (2%)
CLITORAL GLAND Cyst, Nos Cystic Ducts Inflammation, acute suppurative	(50)	(50) 1 (2%) 1 (2%)	(50) 1 (2%)
#UTERUS Hematometra Hyperplasia, epithelial Angiectasis	(50) 1 (2%)	(49) 1 (2%)	(50) 1 (2%) 1 (2%)
#UTERUS/ENDOMETRIUM EDEMA, NOS Hematometra Inflammation, NOS Inflammation, Acute suppurative Hyperplasia, NOS	(50)	(49) 1 (2%) 2 (4%) 1 (2%)	(50) 3 (6%)
HYPERPLASIA, CYSTIC	9 (18%)	5 (10%)	2 (4%)
<pre>#ENDOMETRIAL GLAND Hyperplasia, cystic</pre>	(50)	(49) 1 (2%)	(50)
#OVARY CYST, NOS Follicular Cyst, Nos	(50) 3 (6%)	(50) 1 (2%)	(50) 1 (2%)
ERVOUS SYSTEM			
#CEREBRAL VENTRICLE Hydrocephalus, Nos		(50)	(50) 1 (2%)
PECIAL SENSE ORGANS			
*EYE Retinopathy	(50) 4 (8%)	(50) 35 (70%)	(50) 11 (22%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
CATARACT		33 (66%)	9 (18%)
*EYE/RETINA Degeneration, nos	(50)	(50) 1 (2%)	(50)
*EYELID Inflammation, Chronic Focal	(50)	1 (2%)	(50)
MUSCULOSKELETAL SYSTEM			
*STERNUM CYST, NOS		(50)	
BODY CAVITIES			
*MEDIASTINAL PLEURA HEMORRHAGE	(50)	(50) 1 (2%)	(50)
*MESENTERY MINERALIZATION HEMORRHAGE	(50)	(50) 1 (2%)	(50)
FIBROSIS, FOCAL NECROSIS, FAT	8 (16%)	1 (2%) 18 (36%)	13 (26%)
ILL OTHER SYSTEMS			
NONE			
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED	3	1	
NUMBER OF ANIMALS WITH TISSUE EXAMINED MI NUMBER OF ANIMALS NECROPSIED	CROSCOPICALLY		

APPENDIX D

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE ADMINISTERED ALLYL ISOTHIOCYANATE BY GAVAGE

TABLE D1.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE ADMINISTERED ALLYL ISOTHIOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DDSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN ULCER, FOCAL INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC	(50)	(50) 1 (2%)	(50)
FIBROSIS FIBROSIS, FOCAL	1 (2%)		
*SUBCUT TISSUE Inflammation, suppurative Inflammation, chronic suppurativ	(50)	(50)	(50) 1 (2%) 2 (4%)
INFLAMMATION, FOCAL GRANULOMATOU Inflammation, pyogranulomatous Necrosis, focal	1 (2%)	1 (2%)	
NECROSIS, FAT Foreign Material, nos		1 (2%)	3 (6%)
RESPIRATORY SYSTEM			
#LUNG/BRONCHIOLE Hyperplasia, NOS	(50) 2 (4%)	(50)	(50) 1 (2%)
#LUNG Edema, Nos	(50)	(50)	(50) 1 (2%)
HEMORRHAGE Bronchopneumonia, focal Lymphocytic inflammatory infiltr	2 (4%) 2 (4%)		
INFLAMMATION, INTERSTITIAL Bronchopneumonia suppurative	1 (2%)	1 (2%)	1 (2%)
INFLAMMATION, ACUTE/CHRONIC Pneumonia, chronic Murine Inflammation, chronic focal	1 (2%) 3 (6%)		1 (2%) 1 (2%)
INFLAMMATION, GRANULOMATOUS	1 (2%)	2 (4%)	

	VEHICLE Control	LOW DOSE	HIGH DOSE
INFLAMMATION, FOCAL GRANULOMATOU Reaction, foreign body Cholesterol deposit	3 (6%) 1 (2%)	2 (4%)	
HYPERPLASIA, ADENOMATOUS Hyperplasia, Alveolar Epithelium	8 (16%) 3 (6%)	12 (24%) 1 (2%)	15 (30%) 2 (4%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Hyperplasia, hematopoietic Hyperplasia, lymphoid	(50) 1 (2%) 1 (2%)	(50)	(50)
<pre>#SPLEEN ANGIECTASIS Hyperplasia, lymphoid</pre>	(49) 1 (2%)	(48) 1 (2%)	(50)
HEMATOPOIESIS	2 (4%)		1 (2%)
<pre>#MANDIBULAR L. NODE Hyperplasia, lymphoid</pre>	(50)	(49)	(49) 1 (2%)
#MESENTERIC L. NODE Hemorrhage	(50) 2 (4%)	(49)	(49)
ANGIECTASIS Hyperplasia, lymphoid Hematopoiesis	1 (2%) 2 (4%)	1 (2%) 1 (2%)	1 (2%) 2 (4%)
<pre>#INGUINAL LYMPH NODE Hyperplasia, Lymphoid</pre>	(50) 2 (4%)	(49)	(49) 1 (2%)
<pre>\$LUNG/BRONCHUS HYPERPLASIA, LYMPHOID</pre>	(50)	(50)	(50)
<pre>#PEYER'S PATCH Hyperplasia, lymphoid</pre>	(45) 5 (11%)	(42) 4 (10%)	(45) 2 (4%)
<pre>#THYMUS CYST, NOS</pre>	(41) 1 (2%)	(48)	(46)
ATROPHY, NOS Hyperpiasia, lymphoid		1 (2%)	1 (2%)
CIRCULATORY SYSTEM			
<pre>#ILIAC LYMPH NODE Lymphangiectasis</pre>	(50)	(49)	(49)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#AURICULAR APPENDAGE PERIARTERITIS	(50)	(50)	(50)
<pre>#MYOCARDIUM INFLAMMATION, NECROTIZING INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC FOCAL</pre>	(50) 2 (4%)	(50)	(50) 1 (2%) 1 (2%)
*BLOOD VESSEL Degeneration pigmentary	(50) 1 (2%)	(50)	(50)
*AORTA Calcification, focal	(50) 1 (2%)	(50)	(50)
#LIVER Thrombosis, Nos	(49) 1 (2%)	·(49)	(50)
*MESENTERY PERIARTERITIS	(50)	(50)	(50) 1 (2%)
#KIDNEY PERIARTERITIS	(49) 1 (2%)	(49)	(50) 1 (2%)
DIGESTIVE SYSTEM		7	
<pre>#SALIVARY GLAND Hemorrhage Inflammation, granulomatous Fibrosis, focal Cholesterol deposit</pre>	(50) 1 (2%) 1 (2%) 1 (2%)	(49)	(50) 1 (2%)
<pre>#LIVER INFLAMMATION, ACUTE FIBRINOUS INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC SUPPURATIV</pre>	(49) 1 (2%) 1 (2%) 1 (2%)	(49)	(50)
NECROSIS, NOS NECROSIS, COAGULATIVE	1 (2%)	1 (2%)	1 (2%) 1 (2%)
CYTOPLASMIC CHANGE, NOS Cytoplasmic vacuolization Focal cellular change Hyperplasia, focal	2 (4%) 1 (2%)	4 (8%) 1 (2%)	10 (20%) 2 (4%)
<pre>#LIVER/CENTRILOBULAR CYTOPLASMIC VACUOLIZATION</pre>	(49) 2 (4%)	(49) 4 (8%)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
*GALLBLADDER Hyperplasia, Nos	(50) 1 (2%)	(50)	(50)
<pre>#BILE DUCT CYST, NOS</pre>	(49)	(49) 1 (2%)	(50)
<pre>#ESOPHAGUS INFLAMMATION, CHRONIC INFLAMMATION, GRANULOMATOUS</pre>	(50) 3 (6%)	(50) 1 (2%) 1 (2%)	(49) 1 (2%)
<pre>#GASTRIC MUCOSA EPIDERMAL INCLUSION CYST</pre>	(49) 1 (2%)	(48)	(48)
#ILEUM DIVERTICULUM	(45)	(42) 1 (2%)	(45)
JRINARY SYSTEM			
<pre>#KIDNEY PYELONEPHRITIS, FOCAL INFLAMMATION, INTERSTITIAL PYELONEPHRITIS, ACUTE/CHRONIC NEPHROPATHY</pre>	(49) 1 (2%) 1 (2%) 3 (6%)	(49)	(50) 2 (4%)
DEGENERATION PIGMENTARY Nephrosis, nos Metaplasia, osseous	1 (2%)	1 (2%)	1 (2%)
<pre>#KIDNEY/PELVIS LYMPHOCYTIC INFLAMMATORY INFILTR</pre>	(49)	(49) 1 (2%)	(50)
ENDOCRINE SYSTEM			
<pre>#PITUITARY CYST, NOS</pre>	(46) 1 (2%)	(46)	(46)
<pre>#ADRENAL CYTOLOGIC ALTERATION, NOS</pre>	(47)	(49)	(50)
<pre>#ADRENAL MEDULLA Hyperplasia, Nos</pre>	(47)	(49)	(58) 1 (2%)
THYROID CYSTIC FOLLICLES	(50)	(45)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
FOLLICULAR CYST, NOS INFLAMMATION, SUPPURATIVE REACTION, FOREIGN BODY DEGENERATION, CYSTIC HYPERPLASIA, FOLLICULAR-CELL	2 (4%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)		1 (2%)
<pre>#THYROID FOLLICLE HYPERPLASIA, CYSTIC</pre>	(50) 1 (2%)	(45)	(50)
REPRODUCTIVE SYSTEM			
<pre>*PREPUTIAL GLAND EPIDERMAL INCLUSION CYST CYSTIC DUCTS INFLAMMATION, SUPPURATIVE ABSCESS, NOS INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC SUPPURATIV *PROSTATE INFLAMMATION, SUPPURATIVE HYPERPLASIA, EPITHELIAL *TESTIS NECROSIS, FOCAL ATROPHY, NOS HYPERPLASIA, INTERSTITIAL CELL *EPIDIDYMIS ULCER, NOS</pre>	(50) 2 (4%) 1 (2%) (50) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%) 2 (4%) 1 (2%) 1 (2%) (50) (50) 1 (2%) (50) 1 (2%)	(50) 6 (12%) 1 (2%) 1 (2%) (50) 1 (2%) (50) (50)
IERVOUS SYSTEM #BRAIN	(50)		(50)
CORPORA AMYLACEA		1 (2%)	
*EYE ATROPHY, NOS	(50) 1 (2%)	(50)	(50)
*EYE/RETINA DEGENERATION, NOS	(50)	(50)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSI
MUSCULOSKELETAL SYSTEM			
<pre>#INTERCOSTAL MUSCLE INFLAMMATION, NECROTIZING</pre>	(50)	(50) 1 (2%)	(50)
BODY CAVITIES			
*MEDIASTINUM Inflammation, granulomatous Inflammation, focal granulomatou	(50) 1 (2%) 1 (2%)	(50) 1 (2%)	(50)
*PERICARDIUM Edema, Nos Reaction, foreign Body Necrosis, Fat	(50)	(50) 1 (2%) 1 (2%) 1 (2%)	(50)
*MESENTERY Hemorrhagic cyst Steatitis Lymphocytic inflammatory infiltr Necrosis, fat	(50) 1 (2%) 2 (4%) 1 (2%) 2 (4%)	(50)	(50) 2 (4%) 3 (6%)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS ULCER, FOCAL Inflammation, suppurative Inflammation, granulomatous	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%) 1 (2%)
OMENTUM Steatitis	1		
SPECIAL MORPHOLOGY SUMMARY NO LESION REPORTED Auto/Necropsy/No Histo		10	5

TABLE D2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE ADMINISTERED ALLYL ISOTHIOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE 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 Epidermal inclusion cyst Inflammation, granulomatous	(50)	(50) 1 (2%)	(49) 1 (2%)
*SUBCUT TISSUE Abscess, nos Inflammation, focal granulomatou Reaction, foreign body Inflammation, pyogranulomatous Cholesterol deposit	(50)	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%) 1 (2%)
ESPIRATORY SYSTEM			
<pre>#TRACHEA PENETRATING WOUND</pre>	(47)	(47) 1 (2%)	(48)
#LUNG/BRONCHIOLE Hyperplasia, nos	(47)	(49) 1 (2%)	(49)
#LUNG HEMORRHAGE INFLAMMATION, INTERSTITIAL PNEUMONIA, ASPIRATION	(47)	(49) 1 (2%) 1 (2%)	(49) 1 (2%) 2 (4%)
INFLAMMATION, SUPPURATIVE BRONCHOPNEUMONIA SUPPURATIVE PNEUMONIA, CHRONIC MURINE	1 (2%)	1 (24)	1 (2%) 1 (2%) 2 (4%)
INFLAMMATION, GRANULOMATOUS Inflammation, focal granulomatou Cholesterol deposit	7 (74)	1 (2%) 1 (2%)	1 (2%) 2 (4%) 1 (2%)
HYPERPLASIA, ADENOMATOUS HYPERPLASIA, ALVEOLAR EPITHELIUM	3 (6%) 1 (2%)	2 (4%)	3 (6%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
HEMATOPOIETIC SYSTEM			
<pre>#BRAIN/MENINGES Hyperplasia, Lymphoid</pre>	(50) 1 (2%)	(50)	(49)
<pre>*MULTIPLE ORGANS HYPERPLASIA, HEMATOPOIETIC Hyperplasia, Lymphoid Hematopoiesis</pre>	(50) 3 (6%) 2 (4%)	(50) 1 (2%)	(49) 1 (2%)
<pre>#BONE MARROW Hyperplasia, Nos Myelofibrosis Hyperplasia, Hematopoietic Hyperplasia, Granulocytic Hyperplasia, Reticulum Cell</pre>	(49) 2 (4%) 1 (2%)	(49) 2 (4%) 4 (8%) 2 (4%) 1 (2%)	(49) 1 (2%) 1 (2%) 4 (8%)
<pre>#SPLEEN HYPERPLASIA, NOS HYPERPLASIA, HEMATOPOIETIC Hyperplasia, Lymphoid Hematopoiesis Myelopoiesis</pre>	(47) 2 (4%) 3 (6%)	(48) 1 (2%) 4 (8%) 10 (21%)	(49) 1 (2%) 2 (4%) 5 (10%)
#SPLENIC CAPSULE Inflammation, Chronic Focal	(47)	(48) 1 (2%)	(49)
<pre>#LYMPH NODE Hyperplasia, Nos</pre>	(50) 1 (2%)	(47)	(49)
<pre>#MANDIBULAR L. NODE Hyperplasia, Lymphoid</pre>	(50)	(47) 1 (2%)	(49)
<pre>#CERVICAL LYMPH NODE Hyperplasia, Lymphoid</pre>	(50)	(47)	(49) 1 (2%)
<pre>#PANCREATIC L.NODE Hyperplasia, Nos</pre>	(50)	(47)	(49) 1 (2%)
#MESENTERIC L. NODE Hemorrhagic cyst Inflammation, granulomatous	(50)	(47) 1 (2%) 1 (2%)	(49)
RENAL LYMPH NODE Hyperplasia, Nos	(50)	(47)	(49)

	VEHICLE Control	LOW DOSE	HIGH DOSE
HYPERPLASIA, LYMPHOID		3 (6%)	
#ILIAC LYMPH NODE Angiectasis	(50)	(47)	(49)
#LUNG/BRONCHUS Hyperplasia, lymphoid	(47)	(49)	(49)
<pre>#LUNG HYPERPLASIA, LYMPHOID</pre>	(47)	(49) 1 (2%)	(49) 1 (2%)
#LIVER	(50)	(49)	(49)
LEUKOCYTOSIS, NOS Hematopoiesis Myelopoiesis	1 (2%) 1 (2%)	4 (8%)	1 (2%)
#PEYER'S PATCH Hyperplasia, lymphoid	(40) 1 (3%)	(44)	(47)
#KIDNEY Plasmacytosis	(50)	(48) 1 (2%)	(49)
HYPERPLASIA, LYMPHOID		(2%)	1 (2%)
#THYMUS Inflammation, Chronic	(44)	(45)	(44)
ATROPHY, NOS Hyperplasia, Lymphoid		1 (2%)	1 (2%)
IRCULATORY SYSTEM			
*MULTIPLE ORGANS PERIARTERITIS	(50)	(50) 1 (2%)	(49)
#ENDOCARDIUM Fibrosis, focal	(49)	(50)	(49) 1 (2%)
*AORTA Inflammation, acute/chronic	(50)	(50) 1 (2%)	(49)
*CORONARY ARTERY Inflammation, necrotizing Hypertrophy, focal	(50)	(50)	(49) 1 (2%) 1 (2%)
*PANCREAS PERIARTERITIS	(47)	(45)	(49) <u>1 (2%)</u>

	VEHICLE Control	LOW DOSE	HIGH DOSI
#OVARY Thrombosis, Nos	(49)	(44) 1 (2%)	(48)
IGESTIVE SYSTEM			
<pre>#LIVER HEMORRHAGIC CYST INFLAMMATION, NOS LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE SUPPURATIVE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, GRANULOMATOUS NECROSIS, FOCAL NUCLEAR ENLARGEMENT</pre>	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%) 3 (6%)	(49) 1 (2%) 2 (4%)
INCLUSION, NUCLEAR Cytoplasmic Change, nos Cytoplasmic Vacuolization Focal Cellular Change Hyperplasia, focal	1 (2%)	1 (2%) 1 (2%)	1 (2%) 1 (2%)
*GALLBLADDER Inflammation, suppurative	(50)	(50) 1 (2%)	(49)
<pre>#PANCREAS CYSTIC DUCTS EDEMA, NOS INFLAMMATION, INTERSTITIAL INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC NECROSIS, FAT ATROPHY, NOS</pre>	(47) 1 (2%)	(45) 2 (4%) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%) 1 (2%) 1 (2%)
*OROPHARYNX Inflammation, acute/chronic	(50)	(50)	(49) 1 (2%)
#ESOPHAGUS PENETRATING WOUND Inflammation acute and chronic Inflammation, chronic Inflammation, chronic suppurativ Inflammation, chronic suppurativ Inflammation, granulomatous	(49) 5 (10%)	(50) 1 (2%) 1 (2%)	(49) 1 (2%) 1 (2%)
#CARDIAC STOMACH ULCER, NOS	(47)	(47)	(49) 1 (2%)

	VEHICLE Control	LOW DOSE	HIGH DOSI
HYPERPLASIA, BASAL CELL	1 (2%)	. With Mills 440 Ale alls had days have the law film for any state to a set of the film	
<pre>#INTESTINAL VILLUS CYTOPLASMIC VACUOLIZATION</pre>	(40)		(47) 1 (2%)
JRINARY SYSTEM			
#KIDNEY Hydronephrosis Lymphocytic inflammatory infiltr Inflammation, interstitial	(50)	(48) 1 (2%) 1 (2%)	(49) 1 (2%)
INFLAMMATION, CHRONIC Nephropathy Necrosis, Medullary Hypoplasia, Nos	1 (2%) 1 (2%)	1 (2%)	1 (2%) 1 (2%)
#KIDNEY/PELVIS	(50)	(48)	(49)
LYMPHOCYTIC INFLAMMATORY INFILTR Inflammation, necrotizing	1 (2%)	1 (2%)	
#URINARY BLADDER Lymphocytic inflammatory infiltr	(47)	(47) 1 (2%)	(47)
NDOCRINE SYSTEM			
#PITUITARY Hyperplasia, Nos Hyperplasia, Focal	(47) 3 (6%)	(45)	(44) 3 (7%)
ANGIECTASIS	1 (2%)	2 (4%)	5 (74)
<pre>#THYROID CYSTIC FOLLICLES Follicular Cyst, Nos</pre>	(48) 1 (2%)	(47)	(47) 1 (2%) 2 (4%)
DEGENERATION, CÝSTIC Hyperplasia, follicular-cell	2 (4%) 1 (2%)		
#THYROID FOLLICLE Multiple cysts	(48)	(47)	(47)
HYPERPLASIA, PAPILLARY HYPERPLASIA, CYSTIC	1 (2%)		1 (2%) 1 (2%)
EPRODUCTIVE SYSTEM			
*MAMMARY GLAND Cystic Ducts	(50) 4 (8%)	(50) 3 (6%)	(49) 2 (4%)

* NUMBER OF ANIMALS NECROPSIED

	VEHICLE Control	LOW DOSE	HIGH DOSE
FIBROSIS Hyperplasia, Nos	1 (2%)	2 (4%)	
*MAMMARY LOBULE Hyperplasia, nos	(50) 1 (2%)	(50)	(49)
#UTERUS HYDROMETRA CYST, NOS INFLAMMATION, SUPPURATIVE PYOMETRA ENDOMETRIAL POLYP ANGIECTASIS	(50) 1 (2%) 2 (4%) 1 (2%)	(47) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%) 1 (2%) 1 (2%)
<pre>#UTERUS/ENDOMETRIUM CYST, NOS INFLAMMATION, SUPPURATIVE HYPERPLASIA, NOS HYPERPLASIA, CYSTIC HYPERPLASIA, ADENOMATOUS ANGIECTASIS</pre>	(50) 5 (10%) 1 (2%) 1 (2%) 5 (10%)	(47) 3 (6%) 3 (6%) 2 (4%)	(49) 4 (8%) 3 (6%) 8 (16%) 1 (2%)
<pre>#ENDOMETRIAL GLAND HYPERPLASIA, CYSTIC</pre>	(50) 18 (36%)	(47) 25 (53%)	(49) 14 (29%)
#OVARY CYST, NOS CYSTIC FOLLICLES Follicular CYST, NOS Hematoma, NOS Inflammation, suppurative	(49) 2 (4%) 1 (2%) 1 (2%)	(44) 1 (2%) 1 (2%)	(48) 3 (6%) 1 (2%)
ABSCESS, CHRONIC	4 (8%)	2 (5%)	3 (6%)
IERVOUS SYSTEM			
<pre>#BRAIN/MENINGES INFLAMMATION, SUPPURATIVE</pre>	(50) 1 (2%)	(50)	(49)
<pre>#BRAIN INFLAMMATION, ACUTE/CHRONIC CORPORA AMYLACEA</pre>	(50) 1 (2%)	(50)	(49)
#BRAIN/THALAMUS PSAMMOMA BODIES	(50) 1 (2%)	(50)	(49)

VEHICLE Control	LOW DOSE	HIGH DOSE
(50)	(50) 1 (2%)	(49)
(50) 2 (4%)	(50) 1 (2%)	(49)
(50) 1 (2%)	(50)	(49)
(50)	(50) 1 (2%)	(49) 3 (6%)
(50)	(50)	(49) 1 (2%) 1 (2%)
(50) 2 (4%)	(50)	(49) 1 (2%)
(50) 1 (2%) 1 (2%) (2%)	(50)	(49) 1 (2%)
1 (2%)		1 (2%) 2 (4%)
1 (2%)		1 (2%)
(50)	(50)	(49) 1 (2%)
	(50)	(49)
	CONTROL (50) (50) 2 (4%) (50) (50) (50) (50) 2 (4%) (50) 1 (2%) 2 (4%) (50) 1 (2%) 1 (2%) 2 (4%) 1 (2%) 1 (2%)	CONTROL LOW DOSE (50) (50) (50) (50) 2 (4%) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (50) (1 (2%)) (50) 1 (2%) (50) 1 (2%) (50) 1 (2%) (50) 1 (2%) (50) 1 (2%) (50) 1 (2%) (50) 1 (2%) (50)

	VEHICLE Control	LOW DOSE	HIGH DOS
REACTION, FOREIGN BODY		1 (2%)	
*MESENTERY STEATITIS INFLAMMATION, NECROTIZING INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC SUPPURATIV NECROSIS, FAT	(50) 1 (2%) 1 (2%) 2 (4%) 1 (2%)	(50) 1 (2%) 3 (6%)	(49) 1 (2%)
LL OTHER SYSTEMS *MULTIPLE ORGANS Lymphocytic Inflammatory Infiltr	(50)	(50)	(49)
INFLAMMATION, SUPPURATIVE Inflammation, acute fibrinous Hyperplasia, nos	9 (18%)	5 (10%) 1 (2%)	4 (8%)
PECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED Auto/Necropsy/Histo Perf Autolysis/No Necropsy	3	3 1	2 1
NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPIC NUMBER OF ANIMALS NECROPSIED	ALLY	_ , , , , , , , , , , , , , , , , , , ,	

APPENDIX E

ANALYSIS OF ALLYL ISOTHIOCYANATE LOT NO. 532251 (MIDWEST RESEARCH INSTITUTE)

APPENDIX E

A. ELEMENTAL ANALYSIS

Element	С	Н	Ν	S
Theory	48.45	5.08	14.13	32.34
Determined	48.52	5.08	14.10	32.13
	48.56	5.13	14.18	32.27

B. BOILING POINT

Determined

151°C at 746.3 mm (visual, micro boiling point tube) 148° to 152°C (Dupont 900DTA)

C. DENSITY

Determined d_{22}^{23} : 1.016

D. REFRACTIVE INDEX

Determined $n_{\rm D}^{20} 1.5315 \pm 0.0002 \ (\delta)$

E. THIN-LAYER CHROMATOGRAPHY

Plates: Silica Gel 60 F254 Amount spotted: 100 and 300 μ g System 1: 95% Ethanol R_{f} : 0.86 R_{st} : 1.13 System 2: Chloroform:1,4-Dioxane (95:5) R_{f} : 0.55 R_{st} : 0.61 Literature Values

152.05°C at 760 mm (Timmermans and Hennault-Roland, 1922)

Literature Value d₄³⁰:1.00811 (variation 0.000103/°C) (Timmermans and Hennault-Roland, 1922)

Literature Value n_D^{17} 1.5336 (Timmermans and Hennault-Roland, 1922)

Ref. Standard: 1,1,3,3-Tetramethylthiourea Visualization: Ultraviolet (254 nm), and I₂ vapor

F. VAPOR-PHASE CHROMATOGRAPHY

1. System 1

Instrument: Bendix 2500 Detector: Flame ionization Column: Chromosorb 102, 1.8 m x 4 mm I.D. Inlet temperature: 225°C Detector temperature: 270°C Oven temperature program: 2 min. at 150°C, then 150° to 200°C at 10°/min. Results: Major peak and four impurities

Peak	Retention Time (min.)	Retention Time (Relative to Allyl Isothiocyanate)	Area (Relative to Allyl Isothio- cyanate)
1	3.5	0.21	0.007
2	8.6	0.52	0.04
3	9.3	0.56	0.07
4	16.6	1.00	100
5	20.3	1.22	0.2

2. System 2

Instrument: Bendix 2500 Detector: Flame ionization Column: 10% Carbowax 20 M, on 80/100 Chromosorb W (AW), 1.8 m x 4 mm I.D. Inlet temperature: 225°C Detector temperature: 270°C Oven temperature program: 5 min. at 50°C, then 50° to 125°C at 10°C/min. Results: Major peak and six impurities

Peak	Retention Time (min.)	Retention Time (Relative to Allyl Isothiocyanate)	Area (Relative to Allyl Isothio- cyanate)
1	1.0	0.07	0.006
2	4.9	0.36	0.3
3	10.6	0.78	0.08
4	12.8	0.95	Shoulder 0.1%
5	13.5	1.00	100
6	15.2	1.13	0.5
7	16.0	1.19	0.04

G. SPECTRAL DATA

1. Infrared

Instrument: Beckman IR-12 Cell: Neat, sodium chloride plates Results: See Figure 5

2. Ultraviolet/Visible

Instrument: Cary 118

$$\frac{\lambda \max{(nm)}}{249} \qquad \frac{\varepsilon \times 10^{-2}}{10.40 \pm 0.01 \ (\delta)}$$

No absorbance between 350 and 800 nm (visible range) at a concentration of 1 mg/ml Solvent: Hexane

3. Nuclear Magnetic Resonance

Instrument: Varian HA-100 Solvent: Chloroform-d with internal tetramethylsilane Assignments (See Figure 6)

(a) $d^2 \delta 4.17 \text{ ppm}$ (b) d(c) m, $\delta 5.31 \text{ ppm}$ (d) m, $\delta 5.42 \text{ ppm}$ (e) t⁴, $\delta 5.92 \text{ ppm}$ (f) d, $\delta 3.59 \text{ ppm}$ (impurity, possibly thiocyanate) $J_{ae} = 4.7 \text{ Hz}, J_{be} = 4.7 \text{ Hz}, J_{ad} = 3.2 \text{ Hz}, J_{cd} = 1.5 \text{ Hz}, J_{ce} = 10 \text{ Hz}, J_{de} = 17.5 \text{ Hz}$

Integration Ratios:

 $\begin{array}{c} (a) \\ (b) \\ (c) \\ (d) \\ (e) \\ 1.17 \\ (f) \\ 0.06 \end{array}$

Consistent with literature spectrum (Sadtler Research Laboratories)

Determined literature

values (Sadtler Research Laboratories)

<u>λ max (nm)</u>	$\varepsilon \times 10^{-2}$	
247	8.30	

(Calculated from graph of spectrum)

Solvent: Dioxane

Identical to literature spectrum (Sadtler Research Laboratories)



Figure 5. Infrared Absorption Spectrum of Allyl Isothiocyanate (Lot No. 532251)



Figure 6. Nuclear Magnetic Resonance Spectrum of Ally! Isothiocyanate (Lot No. 532251)

136

APPENDIX F

ANALYSIS OF ALLYL ISOTHIOCYANATE IN CORN OIL FOR STABILITY OF ALLYL ISOTHIOCYANATE

A. PREPARATION OF SAMPLE AND STORAGE

A 26- μ l aliquot of allyl isothiocyanate (26.90 mg) was placed in a 50-ml volumetric flask containing 50 ml corn oil, shaken, and placed in an ultrasonic vibrator bath for 30 seconds. The flask was stored at room temperature for 7 days with no effort made to protect the solution from light.

B. DILUTION AND ANALYSIS

1. Procedure

A 1.84-ml aliquot of the above stock solution (allyl isothiocyanate in corn oil) was pipetted into a small septum vial and 2 ml of anhydrous ethyl ether containing decane (15.63 mg decane in 50 ml ether) was added. The septum vial was sealed and mixed on a vortex mixer for 1 minute and placed in an ultrasonic vibrator bath for 2 minutes. The ether-corn oil mixture was analyzed by vapor-phase chromatography.

Note: Solvents which were immiscible with corn oil, such as alcohols, were not used due to their reactivity with allyl isothiocyanate. Therefore, dilution rather than extraction was used.

2. Instrumental Parameters

Instrument: Bendix 2500 with Hewlett-Packard 3380A automatic recorder/integrator Detector: Flame ionization Column: 20% SP2100/0.1% Carbowax 1500 on 100/120 Supelcoport, 1.8 m × 4 mm 1.D., glass Oven temperature: 90°C, isothermal Inlet temperature: 90°C isothermal Inlet temperature: 285°C Carrier gas: Nitrogen Carrier flow rate: 50 cc/min Sample injected: 5 µl

C. QUALITY ASSURANCE PROCEDURES

Analysis was performed in duplicate using decane as an internal standard. Linearity studies were done at two concentration levels (0.26 mg/ml and 0.13 mg/ml or 0.026% and 0.013%) to determine the relative weight response of compound versus internal standard (decane).

D. RESULTS

Day	Theoretical Percent (Chemical/Vehicle)	Determined Percent (Chemical/Vehicle)	Percent D/T × 100
0	0.02578	0.02578 ± 0.00081	100 ± 3
1	0.02578	0.02656 ± 0.00039	103 ± 2
2	0.02578	0.02480 ± 0.00031	96 ± 1
3	0.02578	0.02533 ± 0.00025	98 ± 1
4	0.02578	0.02455 ± 0.00084	95 ± 3
7	0.02578	0.02566	99.54

Retention time: Compound (4.7 min.), internal standard (11.7 min.)

Response of allyl isothiocyanate in corn oil versus that of allyl

isothiocyanate in ether: $93.1 \pm 0.3\%$ Linearity: RWR compound

internal standard

= 0.70 ± 0.03 at two concentration levels (0.026% and 0.013%).

E. CONCLUSION

The variation in the analysis is within the error of the method. Therefore, allyl isothiocynate is stable in corn oil at 0.05% concentration when stored at room temperature for 7 days without protection from light.

APPENDIX G

ANALYSIS OF ALLYL ISOTHIOCYANATE IN CORN OIL FOR CONCENTRATIONS OF ALLYL ISOTHIOCYANATE

Allyl isothiocyanate in corn oil mixtures was analyzed directly by vapor-phase chromatography. Extractions were not performed on the samples since corn oil does not interfere with the analysis. Gas chromatography conditions were as follows:

Column:	3% OV-17 on 80/100 Supelcoport, 1.8 m x 2 mm I.D., glass
Detection:	Flame Ionization
Temperatures:	Inlet, 250°C Oven, 75°C, isothermal Detector, 275°C
Retention Time:	1.1 min.
Injection Size:	1 <i>µ</i> 1

There was no correction for work-up loss since samples were injected without any work-up. Reference samples of allyl isothiocyanate were prepared in corn oil and analyzed under the same conditions.

Results: See Table G1.

TABLE G1. ANALYSIS OF ALLYL ISOTHIOCYANATE IN CORN OIL FOR CONCENTRATIONS OF ALLYL ISOTHIOCYANATE

	Used	Concentration (b) of Allyl Isothiocyanate for Target Concentration of					
Date Mixed (a)	During Week of:	0.12% (v/v)	0.24% (v/v)	0.25% (v/v)	0.50% (v/v)		
04/10/78	04/11/78	0.10	0.23	0.25	0.48		
05/05/78	05/06/78			0.25	0.48		
06/07/78	06/08/78			0.25	0.48		
07/05/78	07/06/78	0.12	0.24				
08/16/78	08/17/78			0.25	0.50		
09/13/78	09/14/78	0.11	0.25				
10/11/78	10/12/78				0.50		
11/09/78	11/10/78			0.24			
12/06/78	12/08/78				0.48		
01/04/79	01/05/79			0.25			
02/01/79	02/02/79				0.47		
03/01/79	03/02/79			0.25			
03/29/79	03/30/79				0.51		
04/26/79	04/27/79			0.24			
05/24/79	05/25/79				0.53		
06/21/79	06/22/79			0.24			
07/19/79	07/20/79				0.49		
08/16/79	08/17/79			0.24			
09/13/79	09/14/79				0.46		
10/11/79	10/12/79			0.24			
11/08/79	11/09/79				0.51		
12/06/79	12/08/79			0.23			
01/03/80	01/04/80				0.51		
02/01/80	02/02/80	0.11	0.26				
02/28/80	02/29/80			0.27	0.52		
Mean (%)		0.11	0.25	0.25	0.49		
Standard Deviation		0.01	0.01	0.01	0.02		
Coefficient of varia		9.1	4.0	4.0	2.0		
Range (%,)		0.10-0.12	0.23-0.26	0.23-0.27	0.46-0.53		
Number of sample	s	4	4	13	14		

(a) Start dates were March 1978 for rats and mice.

(b) The data presented are the average of duplicate analyses.

APPENDIX H

CUMULATIVE MEAN BODY WEIGHT CHANGE OF RATS AND MICE ADMINISTERED ALLYL ISOTHIOCYANATE BY GAVAGE IN THE CHRONIC STUDY

						hange Relative to ls <i>(a)</i> (Percent)
	Week No.	Control	Low Dose	High Dose	Low Dose	High Dose
Males	0	133 <i>(b)</i>	134 <i>(b)</i>	133 <i>(b)</i>		
	5	115	115	108	0	6
	26	272	273	237	0	-13
	47	332	336	296	+ 1	-11
	79	337	345	324	+ 2	- 4
	104	317	326	298	+ 3	- 6
		450 (c)	460 (c)	431 (c)	+ 2 (d)	- 4 (d)
Females	0	99 (b)	102 <i>(b)</i>	100 <i>(b)</i>		
	5	48	51	50	+ 6	+ 4
	26	107	109	107	+ 2	0
	47	125	134	132	+ 7	+ 6
	79	166	184	180	+11	+ 8
	104	180	191	195	+ 6	+ 8
		279 (c)	293 (c)	295 (c)	+ 5(d)	+ 6 (d)

TABLE H1. CUMULATIVE MEAN BODY WEIGHT CHANGE (RELATIVE TO CONTROLS) OF RATS ADMINISTERED ALLYL ISOTHIOCYANATE BY GAVAGE

(a) Weight change of the dosed group relative to that of the controls =

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

Weight Change (Control Group)

(b) Initial weight.

(c) Mean body weight at week 104.

(d) Mean body weight at week 104 relative to controls.

TABLE H2. CUMULATIVE MEAN BODY WEIGHT CHANGE (RELATIVE TO CONTROLS) OF MICE ADMINISTERED ALLYL ISOTHIOCYANATE BY GAVAGE

		Cumulative Mean Body Weight Change W (grams)				Weight Change Relative to Controls (a) (Percent)	
	Week No.	Control	Low Dose	High Dose	Low Dose	High Dose	
Males	0	22 (b)	23 <i>(b)</i>	22 (b)			
	5	7	6	6	- 14	-14	
	26	20	19	21	- 5	+ 5	
	47	26	23	28	-12	+ 8	
	79	28	27	32	- 4	+14	
	104	26	23	27	-12	+ 4	
		48 (c)	46 (c)	49 (c)	– 4 (d)	+ 2 (d)	
Females	0	17 (b)	18 (b)	18 <i>(b)</i>			
	5	7	5	5	-29	29	
	26	11	10	11	- 9	0	
	47	14	13	16	- 7	+14	
	79	18	19	19	+ 6	+ 6	
	104	20	18	18	-10	-10	
		37 (c)	36 (c)	36 (c)	-3(d)	- 3 (d)	

(a) Weight change of the dosed group relative to that of the controls =

Weight Change (Dosed Group) - Weight Change (Control Group)

Weight Change (Control Group)

(b) Initial weight.

(c) Mean body weight at week 104.

(d) Mean body weight at week 104 relative to controls.

Allyl Isothiocyanate

× 100

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