NATIONAL TOXICOLOGY PROGRAM Technical Report Series No. 237



#### NATIONAL TOXICOLOGY PROGRAM

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

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

## CARCINOGENESIS STUDIES OF 1,1,1,2-TETRACHLOROETHANE (CAS NO. 630-20-6)

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 has the potential for hazard to humans. The determination of the risk to humans from chemicals found to be carcinogenic in animals requires a wider analysis which extends beyond the purview of this study.

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

Comments and questions about the National Toxicology Program Technical Reports on Carcinogenesis Bioassays should be directed to the National Toxicology Program, located at Room 835B, Westwood Towers, 5401 Westbard Ave., Bethesda, MD 20205 (301-496-1152) or at Research Triangle Park, NC 27709 (919-541-3991).

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1,1,1,2-Tetrachloroethane

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## CARCINOGENESIS STUDIES OF 1,1,1,2-TETRACHOLOROETHANE



#### 1,1,1,2-TETRACHLOROETHANE

CAS NO. 630-20-6 C<sub>2</sub>H<sub>2</sub>Cl<sub>4</sub> Mol. Wt. 167.83

#### ABSTRACT

Carcinogenesis studies of technical grade 1,1,1,2-tetrachloroethane (>99% pure) were conducted by administering the test chemical in corn oil by gavage to groups of 50 male and 50 female F344/N rats at doses of 125 or 250 mg/kg body weight and to groups of 50 male and 50 female B6C3F<sub>1</sub> mice at doses of 250 or 500 mg/kg. Doses were administered five times per week for 103 weeks. Due to chemically-induced toxicity, high-dose mice received the chemical for only 65 weeks. Groups of 50 rats and 50 mice of each sex received corn oil by gavage on the same dosing schedule and served as vehicle controls.

The chemical produced cumulative toxic effects with signs of central nervous system involvement from week 44 forward in the chronic study, resulting in significantly lower survival of high-dose male rats (P=0.001), and possibly decreasing the incidence of late-developing tumors in this group. Mean body weights of dosed and control rats of each sex were similar. Fourteen control, 10 low-dose, and 3 high-dose male rats and 2 control, 5 low-dose, and 8 high-dose female rats were killed accidentally during the study; of these, 11 control and 7 low-dose males died apparently from heat stress during week 62 as a result of a 6-hour elevated temperature (>34°C) in the animal room.

Neither hepatocellular neoplastic nodules alone nor hepatocellular carcinomas alone occurred in statistically significant incidences in male rats, but the combined incidence of male rats with either hepatocellular neoplastic nodules or carcinomas occurred with a statistically significant positive trend (P<0.05) in the life table test (controls, 0/49, 0%; low-dose, 1/49, 2%; high-dose, 3/48, 6%). A single hepatocellular carcinoma occurred in the high-dose group. The combined incidence of liver tumors in the high-dose males (3/48, 6%) did not greatly exceed the historical incidences of liver tumors in groups of vehicle controls in other studies at this laboratory (5/243, 2.1%; range 0%-4\%). However, reduced survival of the high-dose group in the present study may have reduced the sensitivity of this bioassay for detecting liver tumors. Mineralization of the kidney increased in a dose-related fashion in the male rats (12/48, 19/50, 26/48).

Fibroadenomas in the mammary gland of female rats occurred with a statistically significant (P<0.05) increased incidence in the low-dose group as compared with the controls (6/49, 15/49, 7/46). The incidence in the high-dose group was not different than that in the controls.

The combined incidence of adenomas, adenocarcinomas, and carcinomas in the pituitary gland of female rats showed a statistically significant (P < 0.05) negative trend and the incidence in the high-dose group was significantly (P < 0.05) less than that in the controls (18/39, 16/45, 7/42).

Mean body weight of high-dose mice was less than that of controls after week 20 in males and after week 40 in females. Clinical signs of central nervous system toxicity occurred at week 51 in both sexes of high-dose mice and by week 66 they were dead or moribund and were killed. Survival of low-dose females was also significantly (P < 0.05) less than that of controls.

The maximum tolerated dose was exceeded in high-dose mice. Inflammation, necrosis, fatty metamorphosis, and hepatocytomegaly were observed in increased incidences in the livers of high-dose male and female mice. The major neoplastic histopathological effects occurred in the liver, where dose-related statistically significant (P<0.05) increases in the incidence of hepatocellular adenomas occurred in both male and female mice: vehicle controls, low-, and high-dose male mice had rates of 13% (6/48), 30%(14/46), and 42% (21/50); corresponding percentages in female mice were 8% (4/49), 17% (8/46), and 50% (24/48). Evidence for the association between 1,1,1,2-tetrachloroethane and development of hepatocellular carcinomas in mice was limited because of poor survival in the high-dose groups. Nevertheless, there was an increased incidence of hepatocellular carcinomas in female mice despite the reduced survival in the dosed groups (controls, 1/49, 2%; low-dose, 5/46, 11%; high-dose, 6/48, 13%). There was no clear effect in male mice.

Under the conditions of these studies, 1,1,1,2-tetracholoroethane was not demonstrated to be carcinogenic in F344/N rats, although the observed increase in the proportion of male rats with liver tumors may have been associated with the administration of 1,1,1,2-tetrachloroethane; accidental killing of 27 male and 15 female rats reduced the sensitivity of this bioassay for detecting a carcinogenic response. 1,1,1,2-Tetrachloroethane was carcinogenic for B6C3F<sub>1</sub> mice, causing an increased proportion of female mice with hepatocellular carcinomas and an increased proportion of male and female mice with hepatocellular adenomas; the decreased survival in high-dose male and female mice compromised the ability of this bioassay to further determine the presence or absence of a carcinogenic effect and gave clear evidence that these doses were toxic.

#### CONTRIBUTORS

The carcinogenesis studies of 1,1,1,2-tetrachloroethane were conducted at Gulf South Research Institute under a subcontract to Tracor Jitco, Inc., the prime contractor for the Carcinogenesis Testing Program. The chronic study was begun in November 1977 and completed in December 1979.

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The pathology report and selected slides were evaluated on 31 October 1980 by the NTP Pathology Working Group composed of Drs. G. Reznik (NCI), J. Ward (NCI), B. Gupta (NIEHS), and M. Stedham (Tracor Jitco).

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## SUMMARY OF PEER REVIEW COMMENTS ON THE CARCINOGENESIS STUDIES OF 1,1,1,2-TETRACHLOROETHANE

On 16 December 1981 this report underwent peer review by the National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee and associated Panel of Experts. The review meeting began at 9:00 a.m. in Conference Room A, Landow Building, 7910 Woodmont Avenue, Bethesda, Maryland.

Dr. Harper, a principal reviewer for the technical report on 1,1,1,2-tetrachloroethane, stated that the conduct of the studies in rats was less than adequate due to the deaths of 42 rats either from elevated room temperature or by gavage error. However, considering the positive trend for the combined incidences of hepatocellular nodules and carcinomas in male rats, he thought the evidence did not support the conclusion that 1,1,1,2-tetrachloroethane was not carcinogenic. The experimental design in mice was considered questionable because the maximum tolerated dose (MTD) was exceeded and none of the high-dose mice survived beyond 65 weeks. Nonetheless, he agreed with the report conclusion that 1,1,1,2-tetrachloroethane was considered an increased incidence of mineralization of the kidney in rats which should be highlighted.

As a second principal reviewer, Dr. Vesselinovitch commented on the high dose levels being in excess of the MTD as evidenced by reduction of survival in male rats and in mice of both sexes; a situation he felt might preclude the use of high-dose endpoints in assessing potential carcinogenicity. Because of possible 'metabolic overload,' it was difficult to say whether or not observed tumor responses were factual or spurious. However, he generally agreed that there was an apparent enhancing effect of the chemical upon development of neoplastic nodules of the liver in male rats and fibroadenomas of the mammary gland in female rats, an effect he described as being "tumorigenic," i.e., indirect evidence of carcinogenicity. He concluded that 1,1,1,2-tetrachloroethane was causally associated with development of hepatocellular carcinomas in female mice and of hepatocellular adenomas in male and female mice.

Dr. Swenberg stated that in a study in which the high dose clearly exceeds the MTD, the low dose becomes essentially an MTD, and a negative result for this one dose should mean a negative study since extrapolations above this dose are inappropriate. Because central nervous system toxicity was an apparent major cause of death in both species, more discussion of this toxicity should be considered, especially in the pathology section. There was discussion about the appropriateness of life table analysis for assessing significance of liver tumors in mice since the tumors apparently are not the cause of death.

As a third principal reviewer, Dr. Breslow voiced two major criticisms: the statistical power of the bioassay in rats was reduced to an unspecified degree by the high rates of accidental and toxic deaths to the extent that fewer than 60 percent of the animals in any dose group were available for terminal sacrifice. This renders the possibility that the assay in rats may have been inadequate to determine the presence or absence of a carcinogenic response. Secondly, there was nonuniform distribution among rat groups of deaths from "heat stress," which seemed to relate to cage position in the animal room. This raises a general question of how to measure and adequately account for cage and position effects in NTP carcinogenesis studies. With regard to the conclusions, Dr. Breslow said that in spite of reduced survival in the high-dose group, female mice displayed clear evidence of a dose-related increase in hepatocellular carcinoma.

Dr. Harper moved that the technical report on 1,1,1,2-tetrachloroethane be accepted with the agreed upon modifications. Dr. Swenberg seconded the motion and the report was approved unanimously by the Peer Review Panel.

## I. INTRODUCTION



#### 1,1,1,2—TETRACHLOROETHANE

CAS NO. 630-20-6 C<sub>2</sub>H<sub>2</sub>Cl<sub>4</sub> Mol. Wt. 167.83

1,1,1,2-Tetrachloroethane is used as a chemical intermediate in the production of trichloroethylene and tetrachloroethylene. It has been found as a trace contaminant in these two compounds and has been identified in drinking water (Kirk-Othmer, 1979; NCI, 1976; Truhaut et al., 1974). Specific production figures for 1,1,1,2-tetrachloroethane are not available (USITC, 1980).

The following oral  $LD_{50}$  values have been reported (Truhaut et al., 1974) for rats and mice: male Wistar rats, 670±70 mg/kg; female Wistar rats, 780±100 mg/kg; male Swiss-Webster mice, 1,500±80 mg/kg.

Hepatotoxic effects such as microvacuolization and centrilobular necrosis have been observed in Wistar rats administered 0.3 g/kg 1,1,1,2tetrachloroethane by gavage, five times per week, for 10 months (Truhaut et al., 1974). Sixty percent of the dose administered was expired unchanged, and the rest was primarily metabolized to a conjugated glucuronic acid derivative of trichloroethanol (21%) or trichloroacetic acid (10%) and excreted in the urine. In parallel studies in rabbits, 22% of orally administered 1,1,1,2-tetrachloroethane (0.5 g/kg) was excreted in the urine as a trichloroacetic acid. In guinea pigs, 30% of a 0.3 g/kg dose was excreted in the urine as a derivative of trichloroethanol and 0.4% as trichloroacetic acid (Truhaut and Lich, 1973). When 1.2-2.0 g/kg 1,1,1,2-tetrachloroethane was administered to female NMRI mice by subcutaneous injection, 21%-62% was expired unchanged, 17%-49% was excreted as trichloroethanol or its glucuronide conjugate, and 1%-7%was excreted as trichloroacetic acid (Yllner, 1971a). Trichloroethanol and trichloroacetic acid were also identified as urinary metabolites when Wistar rats were administered 1,1,1,2-tetrachloroethane by inhalation or subcutaneous injection (Ikeda and Ohtsuji, 1972).

1,1,1,2-Tetrachloroethane was not mutagenic, with or without exogenous metabolic activation provided by liver S-9 preparations, in *Salmonella typhimurium* TA 98, TA 100, TA 1535, TA 1537, or TA 1538 (Simmon et al., 1977).

A related chemical (1,1,2,2-tetrachloroethane) caused hepatocellular carcinomas in B6C3F<sub>1</sub> mice (NCI, 1978b; IARC, 1979).

1,1,1,2-Tetrachloroethane was tested by the carcinogenesis bioassay program as one of a series of chlorinated ethanes and because of its identification in drinking water in the United States and the lack of data on its long-term effects.

## **II. MATERIALS AND METHODS**

## CHEMICAL ANALYSES

## **PRECHRONIC STUDIES**

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

## **CHRONIC STUDY**

Clinical Examinations and Pathology Data Recording and Statistical Methods

### CHEMICAL ANALYSES

The 1,1,1,2-tetrachloroethane used in these studies was obtained from Aldrich Chemical Company (Milwaukee, WI) in two lots: Lot No. 102957 (used for prechronic studies and the first 4 months of the chronic studies) and Lot No. KB081977 (used for the final 20 months of the chronic studies). Both lots were stored at  $-20^{\circ}$ C.

Results of elemental analyses of both lots agreed with the theoretical values, and infrared and nuclear magnetic resonance spectra were consistent with the spectra in the literature (Appendixes E and F) and with the structure. Analysis by vapor-phase chromatography revealed impurities totaling < 0.6% of the area of the major peak in Lot No. 102957 in one system and 12 impurities totaling less than 0.3% of the area of the major peak in a second system. Four of these impurities were identified by gas chromatography/mass spectrometry and quantitated by gas chromatography against standard solutions: acetone (0.05%), tetrachloroethylene (0.04%), trichloroethylene (0.06%), and pentachloroethane (0.15%). 1,2-Dichloroethane, 1,1,2-trichloroethane, and 1,1,2,2-tetrachloroethane were each not present at concentrations greater than 0.01%.

In Lot No. KB081977 only, two impurities totaling 0.07% of the area of the major peak were detected by system 1 (vapor-phase chromatography). In the second vapor-phase chromatography system, only two impurities totaling 0.08% of the area of the major peak were detected. The following impurites were identified through vaporphase chromatography/mass spectrometry and then quantitated by vapor-phase chromatography against standard solutions: trichloroethylene and a hydrocarbon similar in structure to 2,6-dimethylundecane (not quantitated), tetrachloroethylene (0.06%), 1,1,2,2-tetrachloroethane (<0.01%), and pentachloroethane (0.05%). Lot No. KB081977 did not contain acetone, 1,2dichloroethane, or 1,1,2-trichloroethane at levels greater than 0.01%.

Each lot of the bulk chemical at Gulf South Research Institute was stored at  $-20^{\circ}$ C to ensure stability. To determine if degradation was taking place, Gulf South Research Institute reanalyzed each batch periodically throughout the study by infrared spectroscopy and vapor-phase chromatography (Appendix E, System 2) and by titration for acidic components. No evidence of degradation was found. Levels of acidic components, pentachloroethane, and tetrachloroethylene remained the same throughout the study.

The chemicals used in these studies were analyzed by the Midwest Research Institute, 425 Volker Blvd., Kansas City, Missouri 64110. Reanalysis of the bulk chemical and analysis of chemical/vehicle mixtures were conducted at South Research Institute.

Midwest Research Institute determined that 1,1,1,2-tetrachloroethane/corn oil solutions were stable for at least 7 days at room temperature (Appendix G). Once formulated, solutions were stored for only 7 days at 4°C. Results of analysis of the 50 mg/ml level, which was used to prepare the other dose levels, indicate that all formulations analyzed conformed to specifications (Appendix H).

## **PRECHRONIC STUDIES**

#### Single-Dose Study

Groups of five F344/N rats and B6C3F<sub>1</sub> mice of each sex were administered single doses of 1,1,1,2-tetrachloroethane (0, 10, 100, 500, 1,000, or 5,000 mg/kg) in corn oil by gavage. Animals were observed daily for mortality. Necropsies were performed on all animals. Further details of the study are presented in Table 1.

#### Fourteen-Day Study

Groups of five rats and mice of each sex were administered 1,1,1,2-tetrachloroethane (0, 10, 50, 100, 500, or 1,000 mg/kg) in corn oil by gavage for 14 consecutive days (Table 1). Animals were observed daily for mortality and were weighed on the first day of the study and on day 14. Necropsies were performed on all animals.

1,1,1,2-Tetrachloroethane

#### **Thirteen-Week Study**

Thirteen-week studies were conducted to evaluate the cumulative toxicity of 1,1,1,2-tetrachloroethane and to determine the doses to be used in the chronic studies.

Groups of 10 rats and mice of each sex were administered 1,1,1,2-tetrachloroethane (0, 5, 10, 50, 100, or 500 mg/kg) in corn oil by gavage 5 days per week for 13 weeks. Animals were checked daily for mortality and signs of morbidity. Those animals judged moribund were killed and necropsied. Each animal was given a clinical examination weekly, including palpation for tissue masses or swelling. Body weight data were collected weekly by cage. At the end of the 91-day study, survivors were killed with carbon dioxide. Necropsies were performed on all animals not autolyzed or cannibalized. Thus, the number of animals from which particular organs or tissues were examined microscopically varies and does not necessarily represent the number of animals that were placed on study in each group. The following specimens were examined for control and high-dose groups: gross lesions, tissue masses, abnormal lymph nodes, skin, mandibular lymph nodes, mammary gland (female mice), salivary gland, bone marrow, trachea, lungs and bronchi, heart, thyroid, parathyroid, esophagus, stomach, duodenum, colon, mesenteric lymph nodes, liver, gallbladder (mice), pancreas, spleen, 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**

Groups of 50 rats of each sex were administered 125 or 250 mg/kg 1,1,1,2-tetrachloroethane in corn oil by gavage 5 days per week for 103 weeks. Groups of 50 mice of each sex received 250 or 500 mg/kg 1,1,1,2-tetrachloroethane on the same schedule. Groups of 50 rats and 50 mice of each sex received corn oil only and served as vehicle controls (Table 1).

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. 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 November 1977.

#### **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 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. Necropsies were performed on all animals not autolyzed or cannibalized. 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.

Examinations for grossly visible lesions were performed on major tissues and 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, mesentric lymph nodes, liver, gallbladder (mice), pancreas, spleen, kidneys, adrenals, urinary bladder, seminal vesicles/prostate/testes or ovaries/uterus, brain, and pituitary.

The classification of neoplastic nodules was done according to the recommendations of Squire and Levitt (1975) and the National Academy of Sciences (1980). When the pathology examination was completed, the slides, individual animal data records, and summary tables were sent to an

independent quality assurance laboratory. Individual animal records and tables were compared for accuracy, slides and tissue counts were verified, and histotechniques were evaluated. All tumor diagnoses, all target tissues, and all tissues from a randomly selected 10 percent of the animals were evaluated by an experienced pathologist of rodents. Slides of all target tissues and those on which the original and quality assurance pathologist disagreed were submitted to the Chairperson of the Pathology Working Group (PWG) for evaluation. Representative slides selected by the PWG Chairperson were reviewed in the blind by the PWG's members, expert in rodent pathology, who reached a consensus and compared their findings with the original diagnoses. When conflicts were found, the PWG sent the appropriate slides and their comments to the original pathologist for review. (This procedure has been described, in part, by Maronpot, R.R. and Boorman, G.A., in press). The final diagnosis represents a consensus of contractor 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 dving 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 method to obtain an overall P-value. This method of adjusting for intercurrent mortality is the life table method of Cox (1972) and 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 the terminal kill, and the terminal kill period. The denominator of these proportions was 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 for 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 (a)
Experimental Design				
Size of Test Groups	5 males and 5 females of each species	Same as single-dose study each species	10 males and 10 females of each species	50 males and 50 females of each species
Doses	0, 10, 100, 500, 1,000, or 5,000 mg/kg 1,1,1,2- Tetrachloroethane in corn oil (LouAna Brand, LouAna Co., Opelousas, LA) by gavage	0, 10, 50, 100, 500, or 1,000 mg/kg 1,1,1,2-Tetrachloroethane in corn oil (LouAna Brand, LouAna Co., Opelousas, LA) by gavage	0, 5, 10, 50, 100, or 500 mg/kg 1,1,1,2-Tetrachloroethane in corn oil (LouAna Brand, LouAna Co., Opelousas, LA) by gavage	Rats: 0, 125, or 250 mg/kg 1,1,1,2-Tetrachloroethane in corn oil (LouAna Brand, LouAna Co., Opelousas, LA) by gavage (5 ml/kg) Mice: 0, 250, or 500 mg/kg 1,1,1,2-Tetrachloroethane in corn oil (LouAna Brand, LouAna Co. Opelousas, LA) by gavage (10 ml/kg)
Duration of Dosing	Single Dose	14 consecutive days	5 days per week for 13 weeks	5 days per week for 103 weeks (high-dose mice, 65 weeks)
Type and Frequency of Observation	Observed daily for mortality; weighed at days 1 and 14	Same as single-dose study	Observed daily, weighed weekly	Observed twice daily, weighed monthly
Necropsy and Histo- logical Examination	Necropsy of all animals	Same as single-dose study	Same as single-dose study (b)	All animals were examined histologically
Animals and Animal Maintenance				
Species	F344/N rats; B6C3F <sub>1</sub> mice	F344/N rats; B6C3F <sub>1</sub> mice	F344/N rats; B6C3F <sub>1</sub> mice	F344/N rats; B6C3F <sub>1</sub> mice
Animal Source	Frederick Cancer Research Center, Frederick, MD	Same as single-dose study	Same as single-dose study	Charles River Breeding Laboratories, Wilmington, MA
Time Held Before Start of Test	7 days	Rats: 9 days; mice: 26 days	14 days	19 days

## TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS

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	Single-Dose Study	14-Day Study	13-Week Study	Chronic Study (a)
Age When Placed On Study	4-5 weeks	Rats: 5 weeks; mice: 7 weeks	5-6 weeks	Rats: 49 days old; mice: 55 days old
Method of Animal Distribution	Randomized using a table of random numbers	Animals weighed and distributed so that each dose group had animals of approximately the same average weight	Animals were assigned to cages using a table of random numbers. Cages were then assigned to control and dosed groups using another table of random numbers	Same as 13-week study
Feed	Wayne Lab Chow <sup>®</sup> , Allied Mills, (Chicago, IL) available <i>ad libitum</i>	Same as single-dose study	Same as single-dose study	Same as single-dose study
Bedding	Absorb-Dri® heat-treated hardwood chips, Lab Products, Inc., Garfield, NJ	Same as single-dose study	Same as single-dose study	Same as single-dose study
Water	City tap water in bottles	Same as single-dose study	Same as single-dose study	Tap water, automatic system, Edstrom Industries Waterford, WI
Cages	Rats: wire mesh, Hoeltge Co., Cincinnati, OH Mice: polypropylene, Lab Products, Inc., Garfield, NJ	Same as single-dose study	Same as single-dose study	Polycarbonate suspended, Lab Products, Inc., Garfield, NJ
Animals Per Cage	Rats: 1 per cage; mice: 5 per cage	Same as single-dose study	Same as single-dose study	5 per cage
Cage Filters	Polyester filter bonnet, Lab Products, Inc., Garfield, NJ	-	_	Bonded spun fiberglass, Lab Products, Inc. Garfield, NJ
Animal Room Environment	$21^{\circ}C \pm 2^{\circ}$ ; humidity uncontrolled; 13 changes of room air per hour; 10 hours of fluorescent light	Same as single-dose study	Same as single-dose study	$21^{\circ}C \pm 2^{\circ}(c)$ ; humidity, 40%-70%; 10-12 changes or room air per hour; 12 hours of fluorescent light

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

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	Single-Dose Study	14-Day Study	13-Week Study	Chronic Study (a)
Chemical/Vehicle Mixture				
Preparation	1,1,1,2-tetrachloroethane was added to corn oil on a weight per volume basis	Same as single-dose study	Same as single-dose study	High-dose prepared by adding 1,1,1,2-tetra- chloroethane to corn oil on a weight per volume basis; low dose prepared by diluting high-dose mix- ture with corn oil
Maximum Storage Time	-		7 days	7 days
Storage Conditions	_		4°C	4° C

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

(a) Control and dosed animals were of the same strain, sex, and age range, and from the same source and shipment. All animals shared the same room, and all aspects of animal care and maintenance were similar.

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(b) The following tissues from animals receiving 500 mg/kg and animals in the vehicle control groups were evaluated microscopically: brain, adrenal, pituitary, thyroid, parathyroid, esophagus, trachea, lymph node, liver, lung, kidney, spleen, salivary gland, heart, pancreas, testis/prostate, ovary/uterus, urinary bladder, stomach, duodenum, colon, skin, bone marrow, gallbladder (mice), mammary tissue (female mice), and gross lesions, when observed.

(c) The air conditioning system failed once for 6 hours causing temperatures temporarily to exceed 34°C.

## **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 rats administered 5,000 mg/kg 1,1,1,2-tetrachloroethane died (Table 2). One of five

males and 3/5 females administered 1,000 mg/kg died. No compound-related, gross pathologic effects were observed.

Dose (mg/kg)	Surv	ival
	Males	Females
0	5/5	5/5
10	5/5	5/5
100	5/5	5/5
500	5/5	5/5
1,000	4/5 (a)	2/5 (b)
5,000	0/5(a)	0/5(c)

## TABLE 2. SURVIVAL OF RATS ADMINISTERED A SINGLE DOSE OF1,1,1,2-TETRACHLOROETHANE BY GAVAGE

(a) Deaths occurred on day 1.

(b) Deaths occurred on days 1, 2, and 4.

(c) Four animals died on day 1 and one animal died on day 6.

### Fourteen-Day Study

Three of five males and 1/5 females administered 1,000 mg/kg and 1/5 females receiving 500 mg/kg died (Table 3). Final body weight com-

pared to controls was depressed 5-10% in males and females administered 1000 mg/kg. No compound-related effects were observed at necropsy.

		Me	Mean Body Weight (grams)		
Dose mg/kg	Survival <i>(a)</i>	Initial	Final	Change (b)	Controls (c) (Percent)
Males		<u> </u>			
0	5/5	84.6 ± 2.4	$147.4 \pm 5.0$	$+62.8 \pm 4.0$	
10	5/5	82.4 ± 2.6	144.6 ± 3.8	$+62.2 \pm 3.7$	-2
50	5/5	$82.0 \pm 2.8$	$143.2 \pm 5.8$	$+61.2 \pm 3.7$	-3
100	5/5	$87.0 \pm 3.1$	$141.8 \pm 5.1$	$+54.8 \pm 5.3$	-4
500	5/5	85.6 ± 2.5	$146.2 \pm 4.6$	$+60.6 \pm 3.0$	~1
1,000	2/5	$86.0 \pm 1.0$	$134.0 \pm 4.0$	$+48.0 \pm 5.0$	-9
Females					
0	5/5	$75.0 \pm 0.8$	$112.4 \pm 3.6$	$+37.4 \pm 3.3$	
10	5/5	$75.4 \pm 0.9$	$117.6 \pm 2.2$	+42.2 ± 2.9	+5
50	5/5	76.2 ± 1.0	$112.0 \pm 2.5$	$+35.8 \pm 1.7$	0
100	5/5	$77.0 \pm 0.6$	$114.8 \pm 1.4$	$+37.8 \pm 1.0$	+2
500	4/5	$76.0 \pm 0.9$	$116.0 \pm 3.3$	$+40.0 \pm 3.4$	+3
1.000	4/5	$76.0 \pm 0.7$	$105.5 \pm 4.4$	$+29.5 \pm 4.8$	+6

## TABLE 3. SURVIVAL AND MEAN BODY WEIGHTS OF RATS ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE FOR 14 DAYS

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

(b) Mean body weight changes of the survivors of the group  $\pm$  standard error of the mean.

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

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

#### **Thirteen-Week Study**

Four rats died: one male and one female administered 500 mg/kg, one female administered 100 mg/kg, and one male vehicle control (Table 4). Final body weight gain for males and females receiving 500 mg/kg was depressed 7-8% compared to controls. Females administered 500 mg/kg also exhibited loss of equilibrium. No compound-related histopathologic effects were detected.

Doses of 125 and 250 mg/kg 1,1,1,2-tetrachloroethane, administered in corn oil by gavage five times per week, were selected for rats on the chronic study.

 TABLE 4. SURVIVAL AND MEAN BODY WEIGHTS OF RATS ADMINISTERED

 1,1,1,2-TETRACHLOROETHANE BY GAVAGE FOR 13 WEEKS

Dose mg/kg	Survival – (a)	Mean Body Weight (grams) <i>(b)</i>			Final Body Weight Relative to
		Initial	Final	Change	Controls (c) (Percent)
Males	<u></u>				
0	9/10 (d)	122	314	+192	
5	10/10	117	308	+191	-2
10	10/10	120	325	+205	+4
50	10/10	120	323	+203	+3
100	10/10	118	318	+200	+1
500	9/10 (e)	115	292	+177	-7
Females					
0	10/10	102	199	+ 97	
5	10/10	98	190	+ 92	-5
10	10/10	93	188	+ 95	-6
50	10/10	100	193	+ 93	-3
100	9/10 (d)	97	186	+ 89	-7
500	9/10 (f)	97	183	+ 86	-8

(a) Number surviving/number per group.

(b) Measured as cage weights.

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

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

(d) Death occurred at week 2.

(e) Death occurred at week 10.

(f) Death occurred at week 11.

#### **CHRONIC STUDY**

#### **Body Weights and Clinical Signs**

Mean body weights of dosed and control rats were comparable throughout the study (Figure 1 and Appendix I, Table II). High-dose males and females were often weak, inactive, and uncoordinated following dosing during weeks 44-103.

#### Survival

Estimates of the probabilities of survival of male and female rats administered 1,1,1,2-tetrachloroethane at the doses used in this bioassay, and those of the control groups, are shown by the Kaplan and Meier curves in Figure 2. Survival of male rats in the high-dose group was significantly reduced (P=0.001) when compared with that for controls. No other significant differences in survival were observed between any groups of either sex.

In male rats, 29/50 (58%) of the controls, 25/50 (50%) of the low-dose group, and 21/50 (42%) of the high-dose group lived to the termi-

nation period of the study at 104 weeks. In female rats, 29/50 (58%) of the controls, 27/50(54%) of the low-dose group, and 24/50 (48%) of the high-dose group lived to the termination period of the study at 104 weeks. Fourteen control, 10 low-dose, and 3 high-dose males and 2 control, 5 low-dose, and 8 high-dose females were accidentally killed during the study and were censored from the statistical comparison of survival (Figure 2). Of these animals, 11 control males and 7 low-dose males died from heat stress during week 62 of the study as a result of elevated (>34°C) temperatures in the animal room. Gross examination showed that the other animals that died had the dose mixture in their lungs, indicating gavage error.

The terminal survival data given above include one control female that died during the termination period. For statistical purposes, this animal was considered to have been killed at the end of the study.





Figure 1. Growth Curves for Rats Administered 1,1,1,2-Tetrachloroethane by Gavage

1,1,1,2-Tetrachloroethane



Figure 2. Survival Curves for Rats Administered 1,1,1,2-Tetrachloroethane by Gavage

1,1,1,2-Tetrachloroethane

# 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 5 and 6 contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups.

*Liver:* Neither neoplastic nodules alone nor carcinomas alone occurred at statistically significant incidences in male rats. The combined incidence of neoplastic nodules and carcinomas in male rats increased in relation to the dose (control, 0/49; low-dose, 1/49, 2%; high-dose, 3/48, 6%), but the results were statistically significant only by the life table trend test (P=0.044). Neoplastic nodules did not appear in statistically significant proportions in female rats (control, 1/48, 2%; low-dose, 0/49; high-dose, 2/44, 5%). The nodules were composed of basophilic or eosinophilic hepatocytes.

*Pituitary:* A significant (P < 0.05) negative trend was observed in the combined incidence of ade-

nomas, adenocarcinomas, or carcinomas in female rats (control, 18/39, 46%; low-dose, 16/45, 36%; high-dose, 7/42, 17%). The incidence in the high-dose group was significantly less (P<0.05) than that in the control group. The incidences of male rats with adenomas of the pituitary were lower in the dosed groups than in the controls. The incidence in the low-dose group was significantly less (P<0.05) than that in the controls.

Mammary Gland: The incidence of fibroadenomas in female rats was significantly increased (P<0.05) in the low-dose group (15/49, 31%), but the incidence in the high-dose group (7/46, 15%) was not significantly different from that in the controls (6/49, 12%).

*Kidney:* Mineralization of the kidney occurred in 12/48 (25%) of the control males, 19/50 (38%) of the low-dose males, and 26/48 (54%) of the high-dose males. The lesion was characterized by multifocal deposits of basophilic material (probably calcium) and crystals in the tubules of the papilla.

*Lung:* Pulmonary alveolar emphysema was observed at the following incidences—control males, 3/49 (6%); low-dose males, 11/50 (22%); high-dose males, 6/46 (13%); control females, 5/49 (10%); low-dose females, 9/47 (19%); high-dose females, 12/46 (26%).

	Vehicle Control	Low Dose	High Dose
Lung: Alveolar/Bronchiolar Adenoma	or Carcinoma		
Tumor Rates		0 / CO / ( CO)	
Overall (b)	3/49 (6%)	2/50 (4%)	3/46 (7%)
Adjusted (c)	10.3%	8.0%	12.2%
Terminal (d)	3/29 (10%)	2/25 (8%)	2/21 (10%)
Statistical Tests (e)	D=0.462	D A CONT	D.0.500
Life Table Incidental Tumor Test	P=0.452	P=0.568N	P=0.529
	P=0.456	P=0.568N	P=0.534
Cochran-Armitage Trend, Fisher Exact Tests	P=0.559	P=0.490N	P=0.631
	F#0.339	F-0.4901N	F-0.031
Hematopoietic System: Leukemia			
Tumor Rates			
Overall	2/49 (4%)	3/50 (6%)	5/48 (10%)
Adjusted (c)	5.9%	10.5%	13.9%
Terminal (d)	0/29 (0%)	1/25 (4%)	0/21 (0%)
Statistical Tests (e)	<b>D</b> 0 144	<b>D</b>	<b>—</b> • • • • •
Life Table	P=0.132	P=0.449	P=0.188
Incidental Tumor Test	P=0.308	P=0.474	P=0.306
Cochran-Armitage Trend,	$\mathbf{P}_{-0}$ is t	D 0 510	<b>D</b> _0 000
Fisher Exact Tests	P=0.151	P=0.510	P=0.209
Hematopoietic System: Lymphoma or	Leukemia		
Fumor Rates			
Overall (b)	2/49 (4%)	4/50 (8%)	5/48 (10%)
Adjusted (c)	5.9%	14.0%	13.9%
Terminal (d)	0/29 (0%)	1/25 (4%)	0/21 (0%)
Statistical Tests (e)			
Life Table	P=0.137	P=0.289	P=0.188
Incidental Tumor Test	P=0.359	P=0.314	P=0.306
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.161	P=0.349	P=0.209
liver: Neoplastic Nodule or Carcinom	a		
Tumor Rates			
Overall (b)	0/49 (0%)	1/49 (2%)	3/48 (6%)
Adjusted (c)	0.0%	3.3%	12.6%
Terminal (d)	0/29 (0%)	0/25 (0%)	2/21 (10%)
Statistical Tests (e)	, , , , , , ,	, , , , , , ,	, , , , , ,
Life Table	P=0.044	P=0.494	P=0.084
Incidental Tumor Test	P=0.093	P=0.536	P=0.125
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.058	P=0.500	P=0.117
Pituitary: Adenoma			
fumor Rates			
Overall (b)	14/44 (32%)	6/49 (12%)	8/45 (18%)
Adjusted (c)	46.0%	21.7%	29.6%
Terminal (d)	10/25 (40%)	5/25 (20%)	4/21 (19%)
itatistical Tests (e)		/ <b>(</b> /(/	., == (=> /0)
Life Table	P=0.144N	P=0.045N	P=0.212N
Incidental Tumor Test	P=0.062N	P=0.019N	P=0.122N
Cochran Armitage Trend,			
Fisher Exact Tests	P=0.066N	P=0.020N	P=0.099N

#### TABLE 5. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (a)

	Vehicle Control	Low Dose	High Dose
Adrenal: Pheochromocytoma			<u></u>
Tumor Rates			
Overall (b)	2/46 (4%)	3/50 (6%)	0/47 (0%)
Adjusted (c)	7.7%	12.0%	0.0%
Terminal (d)	2/26 (8%)	3/25 (12%)	0/20 (0%)
Statistical Tests (e)	-, (-, 0)		-, (0,0)
Life Table	P=0.267N	P=0.482	P=0.297N
Incidental Tumor Test	P=0.267N	P=0.482	P=0.297N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.194N	P=0.540	P=0.242N
Adrenal: Pheochromocytoma or Malig	nant Pheochromocytoma		
Fumor Rates			
Overall (b)	3/46 (7%)	3/50 (6%)	0/47 (0%)
Adjusted (c)	11.5%	12.0%	0.0%
Terminal (d)	3/26 (12%)	3/25 (12%)	0/20 (0%)
Statistical Tests (e)			
Life Table	P=0.146N	P=0.648	P=0.169N
Incidental Tumor Test	P=0.146N	P=0.648	P=0.169N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.095N	P=0.621N	P=0.117N
Fhyroid: C-Cell Adenoma			
Fumor Rates			
Overall (b)	3/42 (7%)	2/48 (4%)	3/44 (7%)
Adjusted (c)	11.5%	8.0%	14.3%
Terminal (d)	3/26 (12%)	2/25 (8%)	3/21 (14%)
Statistical Tests (e)			
Life Table	P=0.490	P=0.518N	P=0.562
Incidental Tumor Test	P=0.490	P=0.518N	P=0.562
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.568N	P=0.436N	P=0.639N
Thyroid: C-Cell Adenoma or Carcinor	na		
Fumor Rates			
Overall (b)	4/42 (10%)	3/48 (6%)	3/44 (7%)
Adjusted (c)	15.4%	12.0%	14.3%
Terminal (d)	4/26 (15%)	3/25 (12%)	3/21 (14%)
Statistical Tests (e)			
Life Table	P=0.532N	P=0.522N	P=0.619N
Incidental Tumor Test	P=0.532N	P=0.522N	P=0.619N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.395N	P=0.425N	P=0.474N
ancreatic Islets: Islet-Cell Adenoma o	or Carcinoma		
Tumor Rates			
Overall (b)	1/47 (2%)	3/50 (6%)	0/46 (0%)
Adjusted (c)	3.6%	11.2%	0.0%
Terminal (d)	1/28 (4%)	2/25 (8%)	0/21 (0%)
statistical Tests (e)			
Life Table	P=0.452N	P=0.276	P=0.557N
Incidental Tumor Test	P=0.372N	P=0.291	P=0.557N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.384N	P=0.332	P=0.505N

## TABLE 5. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (a) (Continued)

	Vehicle Control	Low Dose	High Dose
Prostate: Adenoma		· · · · · · · · · · · · · · · · · · ·	
Tumor Rates			
Overall (b)	0/40 (0%)	3/40 (7%)	0/34 (0%)
Adjusted (c)	0.0%	12.6%	0.0%
Terminal (d)	0/22 (0%)	2/21 (10%)	0/14 (0%)
Statistical Tests (e)			
Life Table	P=0.554	P=0.115	(f)
Incidental Tumor Test	P=0.635N	P=0.117	<i>(f)</i>
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.598	P=0.120	(f)
Testis: Interstitial-Cell Tumor			
Tumor Rates			
Overall (b)	37/49 (76%)	37/49 (76%)	37/48 (77%)
Adjusted (c)	<b>94.8</b> %	97.3%	100.0%
Terminal (d)	27/29 (93%)	24/25 (96%)	21/21(100%)
Statistical Tests (e)			
Life Table	P=0.052	P=0.208	P=0.062
Incidental Tumor Test	P=0.093	P=0.078	P=0.169
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.476	P=0.593	P=0.523
Multiple Sites, Peritoneum, Tunica V	aginalis: Mesothelioma		
Tumor Rates			
Overall (b)	0/49 (0%)	3/50 (6%)	3/48 (6%)
Adjusted (c)	0.0%	10.7%	9.3%
Terminal (d)	0/29 (0%)	2/25 (8%)	0/21 (0%)
Statistical Tests (e)			
Life Table	<b>P=0.085</b>	P=0.100	P=0.118
Incidental Tumor Test	<b>P=0.108</b>	P=0.106	P=0.252
Cochran-Armitage Trend,			
Fisher Exact Tests	<b>P=0.097</b>	P=0.125	P=0.117

#### TABLE 5. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (a) (Continued)

(a) Dosed groups received doses of 125 or 250 mg/kg of 1,1,1,2-tetrachloroethane by gavage.

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

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

(d) Observed tumor incidence at terminal kill.

(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 prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as non-fatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend or lower incidence is indicated by (N).

(f) No statistical test was performed because there was no tumor incidence in the high-dose or vehicle control groups.

	Vehicle Control	Low Dose	High Dose
Hematopoietic System: Leukemia			
Tumor Rates			
Overall (b)	5/49 (10%)	2/49 (4%)	3/46 (7%)
Adjusted (c)	12.9%	4.6%	8.7%
Terminal (d)	2/29 (7%)	0/27 (0%)	0/24 (0%)
Statistical Tests (e)			, , , , ,
Life Table	P=0.380N	P=0.251N	P=0.486N
Incidental Tumor Test	P=0.269N	P=0.158N	P=0.381N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.301N	P=0.218N	P=0.393N
Hematopoietic System: Lymphoma or	Leukemia		
Tumor Rates			
Overall (b)	6/49 (12%)	2/49 (4%)	5/46 (11%)
Adjusted (c)	15.2%	4.6%	15.8%
Terminal (d)	2/29 (7%)	0/27 (0%)	1/24 (4%)
Statistical Tests (e)			
Life Table	P=0.559N	P=0.162N	P=0.593
Incidental Tumor Test	P=0.477N	P=0.096N	P=0.588N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.468N	P=0.134N	P=0.545N
Liver: Neoplastic Nodule			
Tumor Rates			
Overall (b)	1/48 (2%)	0/49 (0%)	2/44 (5%)
Adjusted (c)	3.6%	0.0%	9.1%
Terminal (d)	1/28 (4%)	0/27 (0%)	2/22 (9%)
Statistical Tests (e)			
Life Table	P=0.296	P=0.507N	P=0.415
Incidental Tumor Test	P=0.296	P=0.507N	P=0.415
Cochran-Armtage Trend,			
Fisher Exact Tests	P=0.336	P=0.495N	P=0.467
Pituitary: Adenoma			
Fumor Rates			
Overall (b)	16/39 (41%)	16/45 (36%)	7/42 (17%)
Adjusted (c)	54.6%	44.0%	24.3%
Terminal (d)	11/23 (48%)	7/25 (28%)	3/21 (14%)
Statistical Tests (e)			
Life Table	P=0.078N	P=0.549N	P=0.072N
Incidental Tumor Test	P=0.038N	P=0.469N	P=0.043N
Cochran-Armitage Trend,		<b>D A A A A A A A A A A</b>	
Fisher Exact Tests	P=0.012N	P=0.386N	P=0.014N
Pituitary: Adenoma, Adenocarcinoma	, or Carcinoma		
Fumor Rates			
Overall (b)	18/39 (46%)	16/45 (36%)	7/42 (17%)
Adjusted (c)	59.7%	44.0%	24.3%
Terminal (d)	12/23 (52%)	7/25 (28%)	3/21 (14%)
Statistical Tests (e)			
Life Table	P=0.037N	P=0.394N	P=0.035N
Incidental Tumor Test	P=0.013N	P=0.293N	P=0.017N
Cochran-Armitage Trend,		D.0.0001	<b>D</b> 0.00 (51
Fisher Exact Tests	P=0.004N	P=0.222N	P=0.004N

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

	Vehicle Control	Low Dose	High Dose
Thyroid: C-Cell Adenoma			
Tumor Rates			
Overall (b)	1/41 (2%)	3/44 (7%)	1/42 (2%)
Adjusted (c)	3.7%	9.6%	4.5%
Terminal (d)	1/27 (4%)	1/25 (4%)	1/22 (5%)
Statistical Tests (e)			
Life Table	P=0.532	P=0.289	P=0.716
Incidental Tumor Test	P=0.554	P=0.319	P=0.716
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.603N	P=0.335	P=0.747N
Mammary Gland: Fibroadenoma			
Tumor Rates			
Overall (b)	6/49 (12%)	15/49 (31%)	7/46 (15%)
Adjusted (c)	17.7%	45.6%	24.7%
Terminal (d)	3/29 (10%)	10/27 (37%)	4/24 (17%)
Statistical Tests (e)			
Life Table	P=0.273	P=0.021	P=0.345
Incidental Tumor Test	P=0.230	<b>P=0.014</b>	P=0.304
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.390	P=0.024	P=0.451
Uterus: Endometrial Stromal Polyp			
Tumor Rates			
Overall (b)	6/44 (14%)	4/47 (9%)	3/42 (7%)
Adjusted (c)	18.3%	11.6%	12.1%
Terminal (d)	3/26 (12%)	1/26 (4%)	2/22 (9%)
Statistical Tests (e)	· · · · ·		
Life Table	P=0.280N	P=0.391N	P=0.350N
Incidental Tumor Test	P=0.270N	P=0.353N	P=0.295N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.202N	P=0.328N	P=0.266N

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

(a) Dosed groups received doses of 125 or 250 mg/kg of 1,1,1,2-tetrachloroethane by gavage.

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

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

(d) Observed tumor incidence at terminal kill.

(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 prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as non-fatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend or lower incidence is indicated by (N).
#### **PRECHRONIC STUDIES**

#### Single-Dose Study

All mice receiving 5,000 mg/kg 1,1,1,2-tetrachloroethane died within 24 hours of dosing. All other mice survived to the end of the 14-day observation period. No compound-related gross pathologic effects were observed.

#### Fourteen-Day Study

One of five males and 2/5 females receiving 1,000 mg/kg died. Final weights of dosed and control female mice were comparable (Table 7). No compound-related gross pathologic effects were observed.

# TABLE 7. SURVIVAL AND MEAN BODY WEIGHTS OF MICE ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE FOR 14 DAYS

		Me	Final Body Weigh Relative to		
Dose Survival (mg/kg) <i>(a)</i>	Initial	Final	Change (b)	Controls (c) (Percent)	
Males		<u></u>			
0	5/5	$27.4 \pm 0.2$	$27.0 \pm 0.7$	$-0.4 \pm 0.5$	
10	5/5	$27.2 \pm 0.6$	$27.0 \pm 0.7$	$-0.2 \pm 0.6$	(e)
50	5/5	$26.6 \pm 0.4$	$27.0 \pm 0.7$	$+ 0.4 \pm 0.5$	(e)
100	5/5	$28.4 \pm 0.7$	$28.6 \pm 0.9$	$+ 0.2 \pm 0.4$	(e)
500	5/5	$28.2 \pm 0.5$	$29.0 \pm 0.3$	$+ 0.8 \pm 0.4$	(e)
1,000	4/5(d)	$27.8 \pm 1.0$	$27.8 \pm 1.5$	$+ 0.0 \pm 0.7$	(e)
Females					
0	5/5	$20.0 \pm 0.3$	$22.0 \pm 0.3$	$+ 2.0 \pm 0.3$	
10	5/5	$21.4 \pm 0.4$	$22.6 \pm 0.6$	$+ 1.2 \pm 0.4$	+3
50	5/5	$20.0 \pm 0.3$	$21.4 \pm 0.2$	$+ 1.4 \pm 0.2$	-3
100	5/5	$20.8 \pm 0.6$	$22.0 \pm 0.5$	$+ 1.2 \pm 0.4$	0
500	5/5	$20.8 \pm 0.4$	$22.4 \pm 0.2$	$+ 1.6 \pm 0.2$	+2
1,000	3/5(f)	$21.3 \pm 0.3$	$22.3 \pm 0.3$	$+ 1.0 \pm 0.0$	+1

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

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

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

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

Weight (Control Group) × 10

(d) Death occurred on day 3.

(e) The relative weight was not determined due to the failure of the controls to gain weight.

(f) Deaths occurred on days 1 and 4.

#### **Thirteen-Week Study**

One male administered 500 mg/kg died. No compound-related histopathologic effects were observed. Mean body weights of dosed and control mice were comparable (Table 8). Doses of 250 and 500 mg/kg 1,1,1,2-tetrachloroethane in corn oil, administered by gavage five times per week, were selected for mice in the chronic study.

# **FABLE 8.** SURVIVAL AND MEAN BODY WEIGHTS OF MICE ADMINISTERED1,1,1,2-TETRACHLOROETHANE BY GAVAGE FOR 13 WEEKS

		Mean	Final Body Weigh Relative to		
Dose Survival (mg/kg) (a) (b)		Initial	Final	Change	Controls (c) (Percent)
Males	<u> </u>				
0	10/10	21	34	+13	
5	10/10	22	35	+13	+ 3
10	10/10	22	36	+14	+ 6
50	10/10	21	30	+ 9	-12
100	10/10	21	34	+13	0
500	9/10 (d)	22	33	+11	- 3
Females					
0	10/10	19	25	+ 6	
5	10/10	18	27	+ 9	+ 8
10	10/10	18	27	+ 9	+ 8
50	10/10	18	28	+10	+12
100	10/10	18	26	+ 8	+ 4
500	10/10	18	27	+ 9	+ 8

(a) Number surviving/number per group

(b) Weight recorded by cage.

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

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

Weight (Control Group)

(d) Animal died during week 3.

#### **CHRONIC STUDY**

#### **Body Weights and Clinical Signs**

The mean body weights of high-dose mice of each sex were lower than those of the corresponding controls (Figure 3 and Appendix I, Table 12). Beginning with week 34, all high-dose animals were sluggish after dosing. By week 51, high-dose animals were uncoordinated and weak and were breathing rapidly after dosing.



Figure 3. Growth Curves for Mice Administered 1,1,1,2-Tetrachloroethane by Gavage

#### Survival

Estimates of the probabilities of survival of male and female mice administered 1,1,1,2-tetrachloroethane by gavage at the doses used in this bioassay, and for the control groups, are shown by the Kaplan and Meier curves in Figure 4. Survival in the group of high-dose male mice was significantly reduced when compared with that of the other two groups (P < 0.001). All surviving high-dose mice were killed after 65 weeks because of their moribund condition. In female mice, survival of both dosed groups was significantly reduced when compared with that of controls (P=0.039 for the low-dose group, P < 0.001 for the high-dose group), and survival in the highdose group was significantly less than that for the low-dose group (P < 0.001). No significant difference was observed between the survival of control and low-dose male mice.

In male mice, 38/50 (76%) of the controls, 34/50 (68%) of the low-dose group, and none of the high-dose group lived to the termination period of the study at 104 weeks. In female mice, 41/50 (82%) of the controls, 31/50 (62%) of the low-dose group, and none of the high-dose group lived to the end of the termination period of the study at 104 weeks.



Figure 4. Survival Curves for Mice Administered 1,1,1,2-Tetrachloroethane by Gavage

1,1,1,2-Tetrachloroethane

# 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 Table 9 and Appendix D, Tables D1 and D2. Tables 10 and 11 contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups.

Liver: Life table analyses indicated significant (P < 0.05) increases in both hepatocellular adenomas and carcinomas (considered separately) in high-dose male and female mice. The increased incidence of hepatocellular adenoma in low-dose male mice was also significant (P < 0.05).

The combined incidence of hepatocellular adenomas and carcinomas exhibited a statistically significant, positive, dose-related trend among both male and female mice. Life table tests for trend were significant (P < 0.001) for

males and females. Statistical tests between the high-dose groups and the corresponding controls were significant even though animals in the high-dose groups were killed at 65 weeks and controls were killed at weeks 104-105. For females, the Fisher exact test and the life table test using the high-dose and control groups had probability levels of P < 0.001, and the increases seen at the low dose were also significant (P < 0.05) for both sexes. The incidental tumor test was not performed for high-dose male or female mice because all high-dose animals died or were killed before any control animals (except for two males and one female) died.

Inflammation, fatty metamorphosis, necrosis, and hepatocytomegaly occurred in high-dose mice at incidences much higher than those seen in the controls (Table 9).

Reproductive System: A decrease in cystic hyperplasia of the uterus was observed in female mice administered high doses of 1,1,1,2-tetra-chloroethane (controls, 36/50, 72%; low-dose, 26/43, 60%; high-dose, 4/41, 10%; Appendix D, Table D2).

		Males			Females		
	Controls	Low Dose	High Dose	Controls	Low Dose	High Dose	
Number of Livers Examin	ned						
Microscopically	48	46	50	49	46	48	
Incidence of:							
Inflammation	5(10%)	2(4%)	15(30%)	2(4%)	1(2%)	18(37%)	
Necrosis	8(17%)	3(7%)	40(80%)	1(2%)	0(0%)	35(73%)	
Fatty Metamorphosis	4(8%)	2(4%)	33(66%)	1(2%)	3(7%)	25(52%)	
Hepatocytomegaly	1(2%)	2(4%)	17(34%)	0(0%)	0(0%)	22(46%)	

# TABLE 9. INCIDENCE OF NONNEOPLASTIC LESIONS OF THE LIVER IN MICE ADMINISTERED1,1,1,2-TETRACHLOROETHANE IN THE CHRONIC STUDY

	Vehicle Control	Low Dose	High Dose
Lung: Alveolar/Bronchiolar Adenoma	1		
Tumor Rates			
Overall (b)	5/45 (11%)	5/45 (11%)	3/50 (6%)
Adjusted (c)	13.9%	14.0%	10.7%
Terminal (d)	5/36 (14%)	4/34 (12%)	0/0
Statistical Tests <i>(e)</i> Life Table		D-0 505	<b>D</b> =0.050
	P=0.061	P=0.595	P=0.050
Incidental Tumor Test	P=0.532	P=0.631	<i>(</i> )
Cochran-Armitage Trend, Fisher Exact Tests	<b>P=0.244</b> N	P=0.630	P=0.300N
		F-0.050	F-0.500IN
L <b>ung: Alveolar/Bronchiolar Adenoms</b> Fumor Rates	a or Carcinoma		
Overall (b)	6/45 (13%)	5/45 (1107)	2 (50 (607)
Adjusted (c)	16.7%	5/45 (11%) 14.0%	3/50 (6%) 10.7%
Terminal $(d)$	6/36 (17%)	4/34 (12%)	0/0
Statistical Tests (e)	0750 (1770)	דנ (ד	0/0
Life Table	P=0.101	P=0.540N	P=0.050
Incidental Tumor Test	P=0.590N	P=0.505N	(f)
Cochran-Armitage Trend,	1 0.55011	1 0.00014	07
Fisher Exact Tests	P=0.153N	P=0.500N	P=0.193N
Hematopoietic System: Malignant Lyi	mhome		
Fumor Rates	приота		
Overall (b)	2/48 (4%)	3/46 (7%)	0/50 (0%)
Adjusted (c)	5.3%	8.1%	0.0%
Terminal (d)	2/38 (5%)	2/34 (6%)	0/0
Statistical Tests (e)		-, - · · · · · · · · · · · · · · · · · ·	- / -
Life Table	P=0.460	P=0.460	(g)
Incidental Tumor Test	P=0.434	P=0.434	$\widetilde{(f)}$
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.194N	P=0.480	P=0.237N
Hematopoietic System: Lymphoma or	Leukemia		
Tumor Rates			
Overall (b)	3/48 (6%)	4/46 (9%)	0/50 (0%)
Adjusted (c)	7.3%	10.1%	0.0%
Terminal (d)	2/38 (5%)	2/34 (6%)	0/0
Statistical Tests (e)	$\mathbf{D}_{-0}$	D-0.4(2	
Life Table	P=0.463	P=0.463	(g) (f)
Incidental Tumor Test Cochran-Armitage Trend,	P=0.393	P=0.393	<i>(</i> )
Fisher Exact Tests	P=0.112N	<b>P=0.476</b>	P=0.114N
	1 0.11210	1-0.470	1-0.11-0.1
Circulatory System: Hemangioma			
Tumor Rates Overall (b)	2/10 (607)	1/46 (907)	0 ( 50 (007)
Adjusted (c)	3/48 (6%) 7.9%	1/46 (2%) 2.1%	0/50 (0%) 0.0%
Terminal (d)	3/38 (8%)	2.1% 0/34 (0%)	0.0%
Statistical Tests (e)	5/ 30 (0%)	0/ 54 (0%0)	0/0
Life Table	P=0.333N	P=0.333N	(q)
Incidental Tumor Test	P=0.030N	P=0.333N P=0.223N	(g) (f)
Cochran-Armitage Trend,	1 0.00011	1 0.22011	07
Fisher Exact Tests	P=0.059N	P=0.325N	P=0.114N

### TABLE 10. ANALYSIS OF PRIMARY TUMORS IN MALE MICE (a)

1,1,1,2-Tetrachloroethane

	Vehicle Control	Low Dose	High Dose
Circulatory System: Hemangiosarcoma			
Tumor Rates			
Overall (b)	0/48 (0%)	3/46 (7%)	0/50 (0%)
Adjusted (c)	0.0%	7.7%	0.0%
Terminal (d)	0/38 (0%)	1/34 (3%)	0/0
Statistical Tests (e)			
Life Table	P=0.116	P=0.116	(h)
Incidental Tumor Test	P=0.168	P=0.168	(h)
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.627N	P=0.113	(h)
Liver: Adenoma			
Tumor Rates			
Overall (b)	6/48 (13%)	14/46 (30%)	21/50 (42%)
Adjusted (c)	15.8%	38.4%	64.7%
Terminal (d)	6/38 (16%)	12/34 (35%)	0/0
Statistical Tests (e)			
Life Table	P<0.001	P=0.021	P<0.001
Incidental Tumor Test	P=0.010	P=0.033	(f)
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.001	P=0.030	P=0.001
Liver: Carcinoma			
Tumor Rates			
Overall (b)	12/48 (25%)	13/46 (28%)	6/50 (12%)
Adjusted (c)	27.6%	31.8%	15.2%
Terminal (d)	7/38 (18%)	8/34 (24%)	0/0
Statistical Tests (e)			
Life Table	P=0.012	P=0.423	P=0.010
Incidental Tumor Test	P=0.454N	P=0.576	(f)
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.073N	P=0.450	P=0.080N
Liver: Adenoma or Carcinoma			T.
Tumor Rates			
Overall (b)	18/48 (38%)	27/46 (59%)	27/50 (54%)
Adjusted (c)	41.6%	65.0%	71.8%
Terminal (d)	13/38 (34%)	20/34 (59%)	0/0
Statistical Tests (e)			_
Life Table	P<0.001	P=0.035	P<0.001
Incidental Tumor Test	P=0.049	P=0.062	<i>(</i> )
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.065	P=0.032	P=0.075

#### TABLE 10. ANALYSIS OF PRIMARY TUMORS IN MALE MICE (a) (Continued)

(a) Dosed groups received doses of 250 or 500 mg/kg of 1,1,1,2-tetrachloroethane by gavage.

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

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

(d) Observed tumor incidence at terminal kill.

(f) The incidental tumor test was not used because there was markedly reduced survival in the high-dose group.

(g) The life table analysis was not done because the tumors observed in control animals were found only after the death of the last high-dose animal.

(h) No statistical test was performed because there was no tumor incidence in the high-dose or vehicle control group.

<sup>(</sup>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 prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as non-fatal. The Cochran-Armitage and Fisher's exact tests compare directly the overall incidence rates. A negative trend or lower incidence is indicated by (N).

	Vehicle Control	Low Dose	High Dose
Hematopoietic System: Malignant Lym	phoma		
Tumor Rates	-		
Overall (b)	8/50 (16%)	6/47 (13%)	0/48 (0%)
Adjusted (c)	18.5%	16.2%	0.0%
Terminal (d)	6/41 (15%)	3/31 (10%)	0/0
Statistical Tests (e)		, , , , , , , , , , , , , , , , , , , ,	,
Life Table	P=0.478N	P=0.570N	(f)
Incidental Tumor Test	P=0.171N	P=0.414N	(g)
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.006N	P=0.436N	P=0.003N
Hematopoietic System: Lymphoma or	Leukemia		
Fumor Rates			
Overall (b)	9/50 (18%)	7/47 (15%)	0/48 (0%)
Adjusted (c)	20.2%	19.2%	0.0%
Terminal (d)	6/41 (15%)	4/31 (13%)	0/0
Statistical Tests (e)	07 11 (1070)	4/51 (1570)	0,0
Life Table	P=0.498N	P=0.586N	<i>(</i> )
Incidental Tumor Test	P=0.055N	P=0.411N	(g)
Cochran-Armitage Trend,	1 0.00011	1 0.41114	(8)
Fisher Exact Tests	P=0.004N	P=0.446N	P=0.002N
Circulatory System, Homongiomo			
Circulatory System: Hemangioma, Hemangiosarcoma, or Angiosarcoma			
Fumor Rates			
Overall (b)	2/50 (607)	1 ( 47 ( 707 )	0/48 (007)
	3/50 (6%)	1/47 (2%)	0/48 (0%)
Adjusted (c)	6.9% 2/41 (5%)	3.2%	0.0%
Terminal (d)	2/41 (5%)	1/31 (3%)	0/0
Statistical Tests <i>(e)</i> Life Table	<b>D-0 20(N</b>	D-0.20()	
Incidental Tumor Test	P=0.396N	P=0.396N	$\begin{pmatrix} 0 \\ c \end{pmatrix}$
Cochran-Armitage Trend,	P=0.284N	P=0.284N	(g)
Fisher Exact Tests	P=0.066N	P=0.332N	P=0.129N
	F-0.0001	F=0.3321N	F-0.129N
Liver: Adenoma			
Fumor Rates			
Overall (b)	4/49 (8%)	8/46 (17%)	24/48 (50%)
Adjusted (c)	9.5%	23.9%	59.7%
Terminal (d)	3/40 (7%)	6/30 (20%)	0/0
Statistical Tests (e)		<b>D</b> 0.051	<b>.</b>
Life Table	P<0.001	P=0.086	P<0.001
Incidental Tumor Test	P=0.033	P=0.128	(g)
Cochran-Armitage Trend,		<b>D</b> = 0,140	<b>N</b> 20 001
Fisher Exact Tests	P<0.001	P=0.148	P<0.001
liver: Carcinoma			
Tumor Rates			
Overall (b)	1/49 (2%)	5/46 (11%)	6/48 (13%)
Adjusted (c)	2.5%	13.9%	15.2%
Terminal (d)	1/40 (3%)	2/30 (7%)	0/0
Statistical Tests (e)			
Life Table	P<0.001	P=0.065	P=0.008
Incidental Tumor Test	P=0.071	P=0.110	(g)
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.047	P=0.088	P=0.053

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

	Vehicle Control	Low Dose	High Dose
Liver: Adenoma or Carcinoma			
Tumor Rates			
Overall (b)	5/49 (10%)	13/46 (28%)	30/48 (63%)
Adjusted (c)	11.9%	35.6%	71.3%
Terminal (d)	4/40 (10%)	8/30 (27%)	0/0
Statistical Tests (e)	., (,,		-, -
Life Table	P<0.001	P=0.011	P<0.001
Incidental Tumor Test	P=0.002	P=0.023	(g)
Cochran-Armitage Trend,			
Fisher Exact Tests	P<0.001	P=0.023	P<0.001
Pituitary: Adenoma			
Tumor Rates			
Overall (b)	4/43 (9%)	8/41 (20%)	0/40 (0%)
Adjusted (c)	11.8%	26.9%	0.0%
Terminal (d)	4/34 (12%)	6/26 (23%)	0/0
Statistical Tests (e)			
Life Table	P=0.082	P=0.082	<i>(</i> )
Incidental Tumor Test	P=0.102	P=0.102	(g)
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.118N	P=0.153	P=0.067N

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

(a) Dosed groups received doses of 250 or 500 mg/kg of 1,1,1,2-tetrachloroethane by gavage.

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

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

(d) Observed tumor incidence at terminal kill.

(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 prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as non-fatal. The Cochran-Armitage and Fisher's exact tests compare directly the overall incidence rates. A negative trend or lower incidence is indicated by (N).

(f) The life table analysis was not done because the tumors observed in control animals were found only after the death of the last high-dose animal.

(g) The incidental tumor test was not used because there was markedly reduced survival in the high-dose group.

## IV. DISCUSSION AND CONCLUSIONS

Based on the results of the prechronic studies. doses of 125 and 250 mg/kg were selected for rats in the chronic study. During the two-year study, mean body weights of dosed and control rats were comparable; however, survival of high-dose males was significantly less (P=0.001) than that of the controls. The chemical produced cumulative toxicity from week 44 forward, as evidenced by weakness, inactivity, and loss of coordination after dosing. Based on present cumulative toxicity data and the findings from previous rodent bioassays of other short-chain chlorinated ethanes (NCI, 1978a, b, and c; NTP, 1982a), the high dose selected in this experiment exceeded the estimated maximum tolerated dose. The resultant increased mortality in the high-dose males likely reduced the sensitivity of this study for detecting a carcinogenic response and certainly made the interpretation of data for hepatic carcinogenesis difficult.

Analyzed separately, neither hepatocellular neoplastic nodules nor carcinomas occurred with a statistically significant incidence in male rats; when the combined incidences of these lesions were analyzed, a positive trend was observed (P=0.044, life table test). The combined incidence of these liver tumors in the high-dose males (3/48, 6%) was not significant (P=0.13) relative to their combined incidence in male vehicle control rats as observed in previous bioassays in this laboratory, (5/243, 2.1%, range 0%-4%). Thus, clear evidence for the association between liver tumors in male rats and the administration of 1,1,1,2-tetrachloroethane was not found. However, the positive trend, considered together with the cumulative toxicity and accidental deaths, suggests that the administration of 1.1.1.2-tetrachloroethane may have been associated with the increased incidence of liver tumors.

Fibroadenomas of the mammary gland occurred in low-dose female rats at an increased (P<0.05) incidence when compared with the concurrent controls. The incidence in the highdose group was not significantly higher than that in the controls. The incidence of fibroadenomas of the mammary gland in low-dose females (15/49, 31%) is higher than that seen in female vehicle control groups at the same laboratory (42/245, 17.1%; range 2% to 28%), suggesting a tumorigenic effect. The number of female rats in the high-dose group surviving to the end of the experiment (24/50) was below average for this strain.

Adenomas, adenocarcinomas, or carcinomas (combined) of the pituitary gland occurred in

female rats with a negative trend (P < 0.05), and the incidence in the high-dose group was less (P < 0.05) than that in the controls (18/39, 46%; 16/45, 36%; 7/42, 17%). The combined incidence of these lesions in previous bioassays for this laboratory was 103/228 (45.2%) with a range of 33% to 53%. These lesions were not considered to be associated with 1,1,1,2tetrachloroethane.

Nonneoplastic renal lesions were observed in male rats. Mineralization of the kidney, characterized by multifocal deposits of basophilic material and crystals in the tubules of the papilla, was increased in dosed male rats (control, 12/48, 25%; low-dose, 19/50, 38%; high-dose, 26/48, 54%) and was considered to be related to administration of 1,1,1,2-tetrachloroethane.

Pulmonary alveolar emphysema also occurred at a higher incidence in male and female dosed rats than in controls, but its frequent association with pulmonary hemorrhage and focal granulomatous inflammation suggests that a mechanical lesion was produced, probably during gastric intubation. Furthermore, all the affected animals died or were killed in a moribund state before the end of the study. Alveolar emphysema was not observed in those animals killed at the end of the study.

The doses of 250 and 500 mg/kg selected for mice in the 2-year study were consistent with the lack of observed toxicity in the 91-day study, yet these clearly caused toxicity during the chronic exposure. By week 34 high-dose mice were sluggish, and by week 51 other symptoms of central nervous system toxicity were evident, including incoordination, weakness, and rapid breathing. After week 20 for males and after week 40 for females, mean body weights of high-dose mice relative to controls were depressed 12% or more. By week 66 all high-dose mice were dead or moribund and had to be killed; survival of highdose male mice and both high- and low-dose female mice was significantly less (P < 0.05) than that of corresponding controls. These data clearly indicate that the estimated maximum tolerated dose for high-dose mice was exceeded.

Histopathological examination identified the liver as the major target organ in mice for 1,1,1,2-tetrachloroethane-induced tumorigenicity. The comparative incidences of liver tumors for control mice in the present study, previous studies from this laboratory, and the incidences at all testing laboratories in the program are shown in Table 12. The association between hepatocellular adenomas and chronic exposure

		Other Studies at Same	Ra	nge	Incidence at
Tumor Type	Present Study	Laboratory	Low	High	All Laboratories
Adenoma					
Males	6/48(13%)	27/190(14%)	8%	21%	99/904(11%)
Females	4/49(8%)	13/285(5%)	3%	8%	38/996(4%)
Carcinoma					
Males	12/48(25%)	32/190(17%)	8%	25%	187/904(21%)
Females	1/49(2%)	8/285(3%)	0%	4%	30/996(3%)
Adenoma or					
Carcínoma					
Males	18/48(38%)	59/190(31%)	25%	38%	276/904(31%)
Females	5/49(10%)	21/285(7%)	4%	10%	67/996(7%)

#### TABLE 12. INCIDENCE OF LIVER TUMORS IN CONTROL MICE

to 1.1.1.2-tetrachloroethane was evident in both male and female mice, with dose-related increases that were statistically significant by all three trend tests. There was also evidence of an increased incidence of hepatocellular carcinoma in female mice. The tumor incidences in the lowand high-dose groups (5/46, 11% and 6/48, 13%, respectively) exceeded the historical control rate at this laboratory (8/285, 3%); range 0%-4%; see Table 12) despite the decreased survival in both dosed groups. Clear evidence of an increased incidence of hepatocellular carcinomas in male mice was not found. The incidence of these tumors in the high-dose group was actually less than that observed in the controls, and a significant positive effect was found only by a life table test, which presumes these carcinomas to be the cause of death. However, the evidence suggests that mortality was caused by toxicity and not due to the hepatocellular carcinomas. In this instance, therefore, adjustment for intercurrent mortality by life table analysis is questionable. Retrospectively, it might have been preferable to kill some control animals by week 66 concurrently with the high-dose animals to enable direct comparisons to be made of tumor incidences.

Nonneoplastic liver lesions, such as inflammation, necrosis, fatty metamorphosis, and hepatomegaly, were also observed at increased incidences in high-dose male and female mice in the present study (Table 9). Since overt signs of clinical toxicity did not appear until week 51 of dosing and no toxic effects on the liver were observed in the 13-week study, the toxicity of 1,1,1,2tetrachloroethane appears to be cumulative.

The reduced survival of high-dose female mice as compared with controls may have been responsible for the decreased incidence of uterine cystic hyperplasia in the high-dose female as compared with controls (Appendix D, Table D2).

Although several minor impurities in the technical grade 1,1,1,2-tetrachloroethane (i.e., trichloroethylene, tetrachloroethylene, and pentachloroethane) are known hepatocarcinogens in B6C3F<sub>1</sub> mice (NCI, 1976, 1977; NTP, 1983a and 1983b; IARC, 1979), the amounts of these compounds present are considered to be insufficient to account for the tumorigenic effects of 1,1,1,2tetrachloroethane (Appendixes E and F). The 1,1,1,2-isomer used in this bioassay was >99% pure.

The structurally related compound 1,1,2,2tetrachloroethane was tested previously in B6C3F<sub>1</sub> mice in the Bioassay Program, using a high dose that was roughly equivalent to the low dose in the present study. At these nearly equivalent doses, the incidence of hepatocellular carcinomas in the high-dose mice administered 1,1,2,2-tetrachloroethane was  $\geq$  90% and considerably higher than that in the mice administered 1,1,1,2-tetrachloethane in the current study (Table 13). Differences in the metabolism and fate of 1,1,1,2- and 1,1,2,2-tetrachloroethane have been reported in female NMRI mice (Yllner, 1971a, 1971b) (Table 14), in female DD mice (Ikeda and Ohtsuji, 1972) and in male and female Wistar rats (Ikeda and Ohtsuji, 1972; Yllner, 1971b). Both compounds yielded substantial amounts of trichloroethanol and trichloroacetic acid, but the asymmetric isomer (1,1,1,2-tetrachloroethane) was more readily metabolized to these products than was the symmetric one (1,1,2,2-tetrachloroethane). Although trichloroethanol and trichloroacetic acid are also metabolites of trichloroethylene (a hepatocarcinogen in B6C3F1 mice) (NCI, 1976; NTP, 1983b), trichloroethylene does not appear to be an intermediate in the metabolism of

# TABLE 13. INCIDENCE OF LIVER TUMORS IN $\rm B6C3F_1$ MICE IN NCI/NTP BIOASSAYS OF CHLORINATED ETHANES ADMINISTERED BY GAVAGE

	Dose (mg/kg)						Incidence of cellular Adenor	nas		Incidence of cellular Carcino	mas	
Chemical	Low	High	Sex	Vehicle Control	Low Dose	High Dose	Vehicle Control	Low Dose	High Dose	Reference		
Hexachloroethane	590	1.179	м	0/20	0/50	0/49	3/20	15 50	31/ <b>49(a)</b>	(NC1,		
			F	0/20	0 50	0 49	2 20	20/50 (c)	15/49	1978a)		
Pentachloroethane	250	500 (h)	М	10/48	4/44	7:45	4 48	26/44 (a)	7/45 (c)	(NTP,		
			F	2:46	8/42 (c)	19/45 (a)	I 46	28/42 (a)	13/45 (a)	1983a)		
1,1,1,2-Tetrachloro-												
ethane	250	500 (d)	М	6 48	14/46 (c)	21:50 (a)	12:48	13/46	6/50	Current		
			F	4749	8/46	24/48 (a)	1 49	5/46	6/48 (c)	Study		
1.1.2.2-Tetrachloro-												
ethane	142	284	М	0/18	0 50	0/49	1 18	13:50	44/49 (a)	(NCI,		
			F	0/20	0/48	0/47	0.20	30 48 (a)	43/47 (a)	(978b)		
1,1,2-Trichloro-												
ethane	195	390	М	0/20	0/49	0/49	2 20	18/49 (c)	37/49 (a)	(NCI.		
			F	0 / 20	0/48	0/45	0 20	16/48 (c)	40/45 (a)	1978c)		

(a) Significantly (P<0.001) greater than controls.

(b) All high dose mice had died or were killed by week 41 (males) or week 74 (females).

(c) Significantly ( $\leq 0.05$ ) greater than controls.

(d) All high dose mice had died or were killed by week 66.

# TABLE 14. COMPARATIVE FATE OF 1,1,1,2-TETRACHLOROETHANE AND 1,1,2,2-TETRACHLOROETHANE IN MICE

	<sup>14</sup> C-1,1,1,2-Tetrachloroethane (a)	<sup>14</sup> C-1,1,2,2-Tetrachloroethane
Expired unchanged (%)	21-62	<4 (b)
Carbon dioxide	-	45-61 <i>(b)</i>
Total in urine and feces (%)	at least 20	28 <i>(b)</i>
Not excreted	-	16 <i>(b)</i>
Urinary and fecal metabolites (% of total dose)		
Trichloroethanol	17-49	1-5 (c)
Dichloroacetic acid	-	6.6-12(c)
Trichloroacetic acid	1-7	0.6-2.2(c)
Urea	-	0.6-0.8(c)
Oxalic acid	-	1.4-2.8(c)
Glyoxylic acid	-	0.1-0.4 (c)

(a) 1.2-2.0 g/kg administered subcutaneously; animals observed for 3 days (Yllner, 1971a)

(b) 0.1-0.32 g/kg administered intraperitoneally; animals observed for 3 days (Yllner, 1971b)

(c) After 24 hours

of 1,1,1,2-tetrachloroethane as it is for 1,1,2,2tetrachloroethane. The trichloroethanol is formed by hydrolytic dehalogenation of 1,1,1,2tetrachloroethane (Truhaut and Lich, 1973; Yllner, 1971a) and trichloroacetic acid by oxidation of 1,1,1-trichloroethane. Administration of other chlorinated ethanes has also been associated with liver tumors in  $B6C3F_1$  mice (Table 13). Conclusions: Under the conditions of these studies, 1,1,1,2-tetrachloroethane was not demonstrated to be carcinogenic in F344/N rats, although the observed increase in the proportion of male rats with liver tumors may have been associated with the administration of 1,1,1,2-tetrachloroethane; accidental killing of 27 male and 15 female rats reduced the sensitivity of this bioassay for detecting a carcinogenic response. 1,1,1,2-Tetrachloroethane was carcinogenic for

B6C3F<sub>1</sub> mice, causing an increased proportion of female mice with hepatocellular carcinomas and an increased proportion of male and female mice with hepatocellular adenomas; the decreased survival in high-dose male and female mice compromised the ability of this bioassay to further determine the presence or absence of a carcinogenic effect and gave clear evidence that these doses were toxic.

# **V. REFERENCES**

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

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

Bernstein, H., Can. J. Research, 28B: 132-139; 1950.

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

Dreisbach, R.; Martin, R., Ind. Eng. Chem. 41: 2875-2880; 1949.

Eight peak index of mass spectra, 1st ed. Aldermaston, Reading, RG7PR, United Kingdom: Mass Spectrometry Data Center, Vol. 2, P 710.

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

IARC, Some halogenated hydrocarbons. In: IARC Monographs on the evaluation of the carcinogenic risk of chemicals to humans. Volume 20, Lyon, France: International Agency for Research on Cancer, 957-974; 1979.

Ikeda, M.; Ohtsuji, H., A comparative study of the excretion of Fujiwara reaction-positive substances in urine of humans and rodents given trichloro-or tetrachloro-derivatives of ethane and ethylene. Br. J. Indust. Med. 29: 99-104; 1972.

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

Kirk, R.; Othmer, D., eds. Kirk-Othmer encyclopedia of chemical technology. 3rd ed. New York: John Wiley and Sons, Vol. 5; 1979: 734-735.

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. Natl. Cancer Inst. 22: 719-748; 1959.

Maronpot, R.R.; Boorman, G.A., Interpretation of rodent hepatocellular proliferative alterations and hepatocellular tumors in chemical safety assessment. Toxicologic Pathology (in press).

McClellan, A.; Nicksic, S., J. Phys. Chem. 69: 446-449; 1965.

National Academy of Sciences, Histologic typing of liver tumors of the rat. J. Natl. Cancer Inst. 64:179; 1980.

NCI, National Cancer Institute, Bioassay of trichloroethylene for possible carcinogenicity, NCI TR 2, Department of Health, Education, and Welfare, Bethesda, Maryland, 1976.

NCI, National Cancer Institute, Bioassay of tetrachloroethylene for possible carcinogenicity, NCI TR 13, Department of Health, Education, and Welfare, Bethesda, Maryland, 1977.

NCI, National Cancer Institute, Bioassay of hexachloroethane for possible carcinogenicity, NCI TR 68, Department of Health, Education, and Welfare, Bethesda, Maryland, 1978a.

NCI, National Cancer Institute, Bioassay of 1,1,2,2-tetrachloroethane for possible carcinogenicity, NCI TR 27, Department of Health, Education and Welfare, Bethesda, Maryland, 1978b.

NCI, National Cancer Institute, Bioassay of 1,1,2-trichloroethane for possible carcinogenicity, NCI TR 74, Department of Health, Education, and Welfare, Bethesda, Maryland, 1978c.

NTP, National Toxicology Program, NTP Technical Report on the carcinogenesis bioassay of pentachloroethane, NTP TR 232, Department of Health and Human Services, Research Triangle Park, North Carolina, 1983a.

NTP, National Toxicology Program, NTP Technical Report on the carcinogenesis bioassay of trichloroethylene, NTP TR 243, Department of Health and Human Services, Research Triangle Park, North Carolina, 1983b.

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 short-term screening assays for carcinogens: a critical appraisal. Geneva: World Health Organization. Supplement 2; 1980: 311.

Simmon, V.; Kauhanen, K.; Tardiff, R., Mutagenic activity of chemicals identified in drinking water. Dev. Toxicol. Envir. Sci. 2: 249-258; 1977.

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

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

1,1,1,2-Tetrachloroethane

Truhaut, R.; Lich, N.; Transformations metaboliques du tetrachloro 1,1,1,2-ethane chez le rat, le cobaye et le lapin. J. Eur. Toxicol. 4-5: 211-217; 1973.

Truhaut, R.; Lich, N.; Dutertre-Catella, H.; Molas, G.; Hoyen, U., Contribution a l'etude toxicologique du tetrachloro 1,1,1,2 ethane. Arch. Malad. Prof. Med. Travail Securite Soc. 35: 593-608; 1974.

USITC, United States International Trade Commission, Synthetic organic chemicals—U.S. production and sales 1979. Washington, D.C.: U.S. Government Printing Office, 1980; USITC Publication No. 1099. Ward, J.; Goodman, D.; Griesemer, R.; Hardisty, J.; Schueler, R.; Squire, R.; Strandberg, J., Quality assurance for pathology in rodent carcinogenesis tests. J. Environ. Pathol. Toxicol. 2: 371-378; 1978.

Yllner, S., Metabolism of 1,1,1,2-tetrachloroethane in the mouse. Acta Pharmacol. Toxicol. 29: 471-480; 1971a.

Yllner, S., Metabolism of 1,1,2,2-tetrachloroethane—<sup>14</sup>C in the mouse. Acta Pharmacol. Toxicol. 29: 499-512; 1971b.

## APPENDIX A

## SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE

#### TABLE A1.

#### SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	4 9	50 50 50	50 48 48
INTEGUMENTARY SYSTEM			
*SKIN Adenoma, NOS	(49)	(50)	(48) 1 (2%)
*SUBCUT TISSUE FIBROMA FIBROUS HISTIOCYTOMA, MALIGNANT	(49) 2 (4%) 2 (4%)	(50) 1 (2%)	(48) 1 (2%) 1 (2%)
RESPIRATORY SYSTEM			
#LUNG ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	(49) 2 (4%) 1 (2%)	(50) 2 (4%)	(46) 2 (4%) 1 (2%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS LEUKEMIA,NOS MONOCYTIC LEUKEMIA	(49) 1 (2%) 1 (2%)	(50) 2 (4%) 1 (2%)	(43) 4 (8%)
*SUBCUT TISSUE MALIG.LYMPNOMA, HISTIDCYTIC TYPE	(49)	(50) 1 (2%)	(48)
#LIVER LEUKEMIA,NOS	(49)	• • • •	(48) 1 (2%)
CIRCULATORY SYSTEM			
SPLEEN HEMANGIOMA	(47)	(50)	(46)

	VEHICLE Control	LOW DOSE	HIGH DOSE
DIGESTIVE SYSTEM			
#LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA FIBROUS HISTIOCYTOMA, METASTATIC	(49)	(49) 1 (2%)	(48) 2 (4%) 1 (2%) 1 (2%)
#PANCREAS ADENONA, NOS ADENOCARCINOMA, NOS ACINAR-CELL ADENOMA	(47)	(50)	(46) 1 (2%) 1 (2%) 1 (2%)
#STOMACH Squamous cell papillona	(45) 1 (2%)	(48)	(42)
#COLON ADENOMATOUS FOLYP, NOS LIPOMA	(39) 1 (3%)	(43) 1 (2%)	(40)
URINARY SYSTEM			
#KIDNEY TUBULAR-CELL ADENOMA	(48)	(50)	(43) 1 (2%)
*URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	(35)	(41)	(41) 1 (2%)
ENDOCRINE SYSTEM			
#PITUITARY Adenoma, Nos	(44) 14 (32%)	(49) 6 (12%)	(45) 8 (18%)
#ADRENAL PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT	(46) 2 (4%) 1 (2%)	(50) 3 (6%)	(47)
#THYROID FOLLICULAR-CELL ADENGMA C-CELL ADENOMA C-CELL CARCINOMA	(42) 3 (7%) 1 (2%)	(48) 1 (2%) 2 (4%) 1 (2%)	(44) 1 (2%) 3 (7%)
#PANCREATIC ISLETS ISLET-CELL ADENONA	(47)	(50) 2 (4%)	(46)

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
REPRODUCTIVE SYSTEM			
*MAHMARY GLAND Fibroma Fibroadenoma	(49)	(50) 1 (2%) 1 (2%)	(48)
#PROSTATE Adenoma, Nos	(40)	(40) 3 (3%)	(34)
#TESTIS INTERSTITIAL-CELL TUMOR NESOTHELIOMA, NOS	(49) 37 (76%) 1 (2%)	(49) 37 (76%)	(48) 37 (77%)
NERVOUS SYSTEM			
NONE			
SPECIAL SENSE ORGANS None			
1USCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*PERITONEUM Mesothelioma, nos	(49)	(50) 2 (4%)	(48) 2 (4%)
*TUNICA VAGINALIS Mesothelioma, nos	(49)	(50) 1 (2%)	(48) 1 (2%)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS	(49)	(	(48)

# TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHA MORIBUND SACRIFICE	50 5 2	50 10 5	50 19 7
SCHEDULED SACRIFICE ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	14 29	10 25	3 21
NINCLUDES AUTOLYZED ANIMALS			
LUMOR SUNMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total Frimary Tumors	41 71	38 7 1	40 72
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	41 63	38 62	38 57
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	5 7 7	5 6	10 10
TOTAL ANIMALS WITH SECONDARY TUMORS TOTAL SECONDARY TUMORS	5 #		1 1
TOTAL ANIMALS WITH TUMORS UNCERTAIN Benign or Malignant Total Uncertain Tumors	√ 1 1	3 3	4 5
TOTAL ANIMALS WITH TUMORS UNCERTAIN PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS	1-		
<pre>PRIMARY TUMORS: ALL TUMORS EXCEPT \$ SECONDARY TUMORS: METASTATIC TUMORS</pre>	SECONDARY TUMO 5 OR TUMORS I	DRS NVASIVE INTO AN A	DJACENT ORGA

#### TABLE A2.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 49 49	50 49 49	50 46 46
INTEGUMENTARY SYSTEM			
*SKIN SQUAMOUS CELL PAPILLOMA SQUAMOUS CELL CARCINOMA	(49) 1 (2%)	(49) 2 (4%)	(46)
×SUBCUT TISSUE FIBROMA	(49) 1 (2%)	(49) 1 (2%)	(46)
ESPIRATORY SYSTEM			
#LUNG ALVEOLAR/BRONCHIGLAR ADENOMA ALVEOLAR/BRONCHIGLAR CARCINOMA FIBROSARCOMA	(49) 1 (2%) 1 (2%)	(47) 1 (2%)	(46)
EMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS MALIGNANT LYMPHOMA, NOS LEUKEMIA,NOS MYELOMONOCYTIC LEUKEMIA	(49) 1 (2%) 3 (6%)	(49)	(46) 1 (2%)
LYMPHOCYTIC LEUKEMIA Monocytic leukemia	2 (4%)	1 (2%)	2 (4%) 1 (2%)
#LYMPH NODE Malignant Lymphoma, Nos	(35)	(38)	(27) 1 (4%)
#THYMUS Osteosarcoma	(2)	(8) 1 (13%)	(5)

#### SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE

#### NONE

	VEHICLE Control	LOW DOSE	HIGH DOSE
DIGESTIVE SYSTEM			
#LIVER NEOPLASTIC NODULE	(48) 1 (2%)	(49)	(44) 2 (5%)
#ESOPHAGUS squamous cell carcinoma		(45)	(42) 1 (2%)
URINARY SYSTEM			
#KIDNEY TUBULAR-CELL ADENOMA	(49)	(47)	(45) 1 (2%)
ENDOCRINE SYSTEM			
#PITUITARY CARCINOMA,NDS	(39) 1 (3%)	(45)	(42)
ADENOMA, NOS ADENOCARCINOMA, NOS		16 (36%)	7 (17%)
#ADRENAL CORTICAL ADENOMA	(45)	(46) 1 (2%)	(44)
PHEOCHROMOCYTOMA	1 (2%)	1 (2%)	
#THYROID Follicular-cell Adenoma	(41)	(44)	(42) 1 (2%)
C-CELL ADENOMA	1 (2%)	3 (7%)	1 (2%)
#PARATHYROID Adenoma, Nos		(26)	(29) 1 (3%)
REPRODUCTIVE SYSTEM			
*MANMARY GLAND Adenoma, nos	(49) 1 (2%)	(49) 1 (2%)	(46)
ADENOCARCINOMA, NOS FIBROMA	1 (2%)	1 (2%)	
FIBROADENOMA CYSTFIBROADENOMA	6 (12%)	15 (31%) 1 (2%)	7 (15%)
*CLITORAL GLAND ADENOCARCINOMA, NOS	(49)	(49)	(46)

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
#UTERUS ADENOCARCINOMA, NOS	(44)	(47)	(42) 1 (2%)
LEIOMYONA LEIOMYOSARCOMA ENDOMETRIAL STROMAL POLYP	1 (2%) 6 (14%)	1 (2%) 4 (9%)	3 (7%)
NERVOUS SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
NONE			
1USCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
NONE			
ALL OTHER SYSTEMS			
<pre>*MULTIPLE ORGANS SARCOMA, NOS</pre>	(49) 1 (2%)	(49)	(46)
NIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE	50 13 7	50 11 7	50 13 5
SCHEDULED SACRIFICE ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	2 28	5 27	8 24
INCLUDES AUTOLYZED ANIMALS			·····

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	33 48	31 52	21 32
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	27 35	29 44	16 23
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	11 12	7 7	7 7
TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS			
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total Uncertain Tumors	1 1	1	2 2
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS			
* PRIMARY TUMORS: ALL TUMORS EXCEPT SE # SECONDARY TUMORS: METASTATIC TUMORS			JACENT ORGAN

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

### TABLE A3.

#### INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF 1,1,1,2-TETRACHLOROETHANE

#### **VEHICLE CONTROL**

ANIMAL	1 01	01	0	01	01	0	01							01			01		01	01		01	- 07		
NUMBER	0	ŏ	ě	ŏ	ě	õ	9	8	0	1	1	1	1	1 a	1	1	1	1	1	Ž	2	2	2	2	25
WEEKS ON Study	1	0 9	1	1	1	1	9	1	1	1	1	9	1	1	1	1	0	1	1	0	1	11	1	0	0
INTEGUMENTARY SYSTEM	- 4	01	41	41	41	4	51	.41	4	. 9	31	_3	4	4	41	4	2	4	4	2	4 ]	4	4	2	2
SUBCUTANEDUS TISSUE Fibroma Fibrous histiocytoma, malignant	+	N	٠	* X	+	+	A	+	+	+	+	+	+	* x	÷	N	÷	+	+	+	+	٠	÷	+	÷
RESPIRATORY SYSTEM									·																
LUNGS AND BRONCHI Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma	+	+	+	* ×	+ 	+	A	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+
TRACHEA	+	+	+	÷	+	+	A	+	÷	+	+	+	+	+	+	+	-	+	-	+	÷	+	+	+	÷
HEMATOPOIETIC SYSTEM	+																								
BONE MARROW	+	<u>+</u>	+	+	+	+	. A.	+	+	+	+	t	+	+	+	+	+	+	+	+	t.	+	+	+	+
SPLEEN	+	+	+	+	+	+	A	+	+	+	÷	+	+	+	+	+	+	+	+	+	. <del>t</del>	+	+	+	+
LYMPH NODES	+	+	+	÷	-	÷	A	+	+	-	+	+	+	+	+	+	+	-	-	-	+	+	+	+	+
THYMUS	-	-	-	-	-	-	A	-	-	-	-	-	÷	-	-	-	-	-	-	-	-	-	-	-	-
CIRCULATORY SYSTEM	+																								
HEART	+	+	+	+	+	+	A	+	÷	+	÷	+	+	+	+	+	+	÷	+	+	+	+	+	+	÷
DIGESTIVE SYSTEM	+																								
SALIVARY GLAND	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+
LIVER	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Ν.	N
PANCREAS	+	+	+	+	+	+	A	+	÷	÷	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	÷	-	÷	A	+	÷	+	÷	+	-	+	+	+	-	+	-	+	+	_	+	-	+
STOMACH Squamous cell papilioma	+	+	+	+	+	+	A	+	+	+	-	+	* x	+	+	÷	+	+	÷	+	÷	÷	÷	+	+
SMALL INTESTINE	+	+	+	+	+	. <del>.</del> .	A	+	+	+		-	+	+	+	÷	-	+	+	+	÷	+	÷	+	+
LARGE INTESTINE LIPOMA	+	+	٠	+	+	+	A	٠	+	-	-	+	٠	-	+	* ×	+	+	+	+	+	+	+	+	+
URINARY SYSTEM	+			~									_			_				—					-
KIDNEY	+	+	+	+	+	÷	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	-	-	+	+	+	A	+	-	+	+	+	÷	+	+	+	+	+	-	-	+	-	+	+	+
ENDOCRINE SYSTEM																									-
PITUITARY Adenoma, nos	1 ±	+	+	* ×	* X.	* x	A	-	+	-	+	+	+	+	+	* X	* x	+	-	+	+	*	* ×	+	+
ADRENAL Pheochromocytoma Pheochromocytoma, malignant	+	+	+	+	+	+	A	+	+	*	+	+	+	+	+ X	+	*	-	-	+	+	+	+	+	+
THYROID C-Cell Adenoma C-Cell Carcinoma	+	+	+	+	+	-	A	+	* ×	+	+	+	+	+	+	+	-	* ×	-	+	+	+	+	+	+
PARATHYRGID	1.	<u>.</u>	-					4	-	+	+	-	+		+	_	-						1		1
PARCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	<u>А</u> А	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM	+																								_
MAMMARY GLAND	і н	N	N	N	N	N	۵	N	N	N	N	N	N	к	N	•	N	N	N	N	N	N	N	N	N
TESTIS INTERSTITIAL-CELL TUMOR	*	*	*	+	* *	* *	A	+	+	* ×	+	+				* x	+	+	* ×	+	* ×	*	* ×	+	+
MESOTHELIOMA, NOS Prostate	-	+	+		+			+	+	+	+	-		+	+		+	_	+		+	-	+	+	_
NERVOUS SYSTEM	<u> </u>		÷	-	•	•	م	*	+	*	+	-	+	+	*	-	•	-	+	+	•	-	+	<u> </u>	+
BRAIN	+	+	1	+	÷	÷	A	_	+	÷	+	÷	+	÷	÷	+	÷	÷	÷	+	+	+	÷	÷	
	Ļ	*	-	*	-	•	A	-	-	· · · ·	-	7	•	·	-	*	•	*	•	-	*	*	<u> </u>	<u> </u>	-
ALL OTHER SYSTEMS Multiple organs nos Leukemia, nos Monocytic Leukemia	N	N	H	N	N	к	A	N	N	N	N X	н	H	N	N	H	N	N	N	н	N	H	N	N	н
+: TISSUE EXAMINED MICROSCOP	TCALL	v									;	NO	770			EOF				JBMI		= n			

+: TISSUE EXAMINED MICROSCOPICALLY : NO TISSUE INFORMATION SUBMITTED -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY C: NECROPY, NO HISTOLOGY DUE TO PROTOCOL X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION B: NO NECROPSY PERFORMED B: NO NECROPSY PERFORMED

TABLE A3	MALE BATS:	TUMOR PATHOLOGY	(CONTINUED)	VEHICLE CONTROL
	MALL NAID.	TUMUNTATHULUUT	(CONTINUED)	

ANIMAL NUMBER	2	2	0 2 8	2	0 3 0	0 31	3	0 3 3	0 3 4	0 3 5	0 3 6	0 3 7	0 3 8	0 3 9	040	4	0420	4	044	0 4 5	0	4	4	0 4 9	0 5 0	TOTAL
WEEKS ON Study	0	0 8 9	1 0 4	0 9 7	9	1 0 4	2 0 9 3	104	1	0	6 9 2	1 0 4	0 6 2	1 0 4	1	0	6	3 0 6 2	0	0 6 2	6 6 2	0 6 2	1 0 4	8	0 6 2	TISSUES
INTEGUMENTARY SYSTEM						_																				
SUBCUTANEOUS TISSUE Fibroma Fibrous histiocytoma, malignant	+	+	N.	+	+	+	+	•	+	N	+ x	+	N	+	N	+	+	+	+	+	+	н	+	+ x	+	49× 2 2
RESPIRATORY SYSTEM	+																								1	
LUNGS AND BRONCHI Alveolar/bronchiolar Adenoma Alveolar/bronchiolar Carcinoma	L+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	•	+	+	+	+	+	٠	49 2 1
TRACHEA	+	+	+	+	+	+	+	+	+	٠	+	+	+	÷	+	÷	÷	+	٠	+	+	+	+	٠	+	47
HEMATOPOIETIC SYSTEM	+													,											-	
BONE MARROW	+	+	+ .	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	. <u>t</u>	٠.	+	+	+	49
SPLEEN	1.	ţ.	+	+	<u>+</u>	+	+	+	+	+	+	+	<u>+</u>	+	-	+	+	+	÷	+	. <u>+</u>		+	+	+	47
LYMPH NODES	<u> </u>		-	+	-	+	-		-	+	+	+	. <u>-</u>	+	+	-	+	+	+	t	+	+	<u> </u>	+	+	34
THYMUS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	~	-	-	-	-	•	-	•	-	1
CIRCULATORY SYSTEM	+																	~							+	
HEART	+	+	+	÷	+	+	÷	+	÷	÷	+	+	÷	+	÷	+	+	+	+	+	+	-	+	+	+	48
DIGESTIVE SYSTEM	+	_																	~		•				+	
SALIVARY GLAND	1.	+	÷	÷		+	÷	÷	+	+	+	+	÷	+	÷	+	÷	÷	+	+	+	+	÷	+	+	49
LIVER	1+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	49
BILE DUCT	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	49
GALLBLADDER & COMMON BILE DUCT	N	Ň	N.	N	N	Ν.	N	N	N	H	N	N,	N	N	N	N	N	Ν.	N	N	N	N	N	N	н	49*
PANCREAS	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	-	+	+	+	÷	+	+		+	+	+	47
ESOPHAGUS	+	+	+	+	+ .	+	-	+	+	+	+	+	+	+	+	+		+	+	+	+	-	+	+	+	40
STOMACH Squamous cell papilloma	ŀ	+	+	+	+	+	-	+	+	+	-	-	+	+	+	+	+	+	+	+	+	•	+	+	+	. 45
SMALL INTESTINE	L+		+	+	+	+	-	-	+	+	-	+	+	+	+	+		+	+	-	-	-	+	-	-	36
LARGE INTESTINE LIPOMA	+	-	+	+	+	-	-	-	+	+	-	+	+	+	+	+	+	+	+	+	+	٠	+	-	-	39 <sub>1</sub>
URINARY SYSTEM																	-								-1	
KIDNEY	+	+	+	+	+	÷	+	+		+	. <b>.</b>	+	+	+	+	+	+	+	+	+	+	+.	. <u>+</u>	+	+	48
URINARY BLADDER	+	-	÷	-	+	+	-	-	-	+	+	+	+	+	-	+	٠	+	-	+	+	+	+	+	-	35
ENDOCRINE SYSTEM													· · ·													
PITUITARY Adenoma, nos	+	* *	-	+	÷.	+	* ×	+	*	+	+	+	+	+	*	+	•	+	* x	+	-	+	+	+	+	44 14
ADRENAL Pheochromocytoma Pheochromocytoma, Malignant	+	•	-	+	+	+	+	+	+	+	+	×	+	+	*	+	+	+	+	+	•	+	+	+	+	46 2 1
THYRQID C-Cell Adenoma C-Cell Carcingma	+	+	*	+	-	+	-	+	+	+	+	+	+	+ X	+	-	+	+	+	+	+	+	+	-	+	42 3 1
PARATHYROID	L -	-	-	+	-	+		-	-	-	+	+	+	÷	+	-	-	-	+	+	+	-	+	+	-	24
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	*	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	-	+	+	+	47
REPRODUCTIVE SYSTEM																									-+	
MAMMARY GLAND	LN.	+	N	+	N	N	N.,	N	N	N	<u>N</u> _	N	N	N.	N	N	н	N	N .	N_	N	N	N	<u>N</u> _	N	49×
TESTIS Interstitial-cell tumor Mesothelioma, Nos	+ ×	* ×	*	* ×	+	* ×	*	* x	*	* ×	* ×	* ×	* ×	* ×	* X	* ×	+	+	* ×	+	+	*	* ×	* ×	+	49 37
PROSTATE	+	÷	+	•	+	+		-	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	40
NERVOUS SYSTEM	+					-																			$-\dagger$	
BRAIN	+	+	+	+	+	+	÷	÷	+	÷	+	÷	+	+	+	+	+	+	+	+	+	÷	+	÷	+	48
ALL OTHER SYSTEMS	<u> </u>																								-	
MULTIPLE ORGANS NOS LEUKEMIA,NOS MONOCYTIC LEUKEMIA	N	N X	N	N	N	H	N	N	N	н	N	ĸ	н	н	N	N	N	н	н	N	N	н	н	N	N	49* t 1

ANIMALS NECROPSIZE
 ANIMALS NECROPSY. NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 NECROPSY. NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 SUBMITTED
 N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 SUBMITTED
 N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

## TABLE A3.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF 1,1,1,2-TETRACHLOROETHANE

					Ll	741		U	JC																
ANIMAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 2 0	0	0	0	0	0
WEEKS ON	1-1	-21	3	- 41	- 5 i	- Å	71	8	91		-1		3	4	5	6	- ;	8	91	- į	2	2200	3L	2	5
STUDY	4	0 _4	0 4	0 5 2	0 3 8	6 4	0 9 8	0 4	0 1 8	0 4	0	0	0	9	0 7 6	0 4	4	0	0 6 2	1 0 4	62	6	1 0 4	0 3 7	6
SUBCUTANEDUS TISSUE Fibroma	+	÷	٠	÷	÷	+	٠	٠	÷	÷	N	+	٠	÷	* ×	+	N	÷	+	+	٠	÷	٠	÷	+
MALIG.LYMPHOMA, HISTIOCYTIC TYPE RESPIRATORY SYSTEM	ļ																								
LUNGS AND BRONCHI ALVEOLAR/BRONCHIOLAR ADENOMA	+	+	+	+	÷	+	+	÷	÷	÷	+	÷	÷	÷	+	+	+	+	÷	÷	÷	÷	+	+	+
	+×					<u>×</u>																			_
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
HEMATOPOIETIC SYSTEM																									
BONE MARROW	++-	+	+	+	+	+	+	+	+	+	+	+	<del>_</del>	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	1+	-	-	+	+	+	-	+	+	+	+	+	+	+	÷	+	+	+	+	+_	+	+	+_	+	+
THYMUS	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	_
CIRCULATORY SYSTEM	+														···		-								_
HEART	+	+	+	+	+	+	÷	+	÷	+	÷	+	+	÷	+	+	÷	÷	÷	+	÷	+	+	+	+
DIGESTIVE SYSTEM	+	•—																							_
SALIVARY GLAND	+	+	+	+	. +	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+_	÷	+
LIVER NEOPLASTIC NODULE	+	+	+	+	+	+	+	+	-	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+
BILE DUCT	<u> </u>	+				-		 -				-	+			 	4	L					 	4	_
GALLBLADDER & COMMON BILE DUCT	N	. N	- Ť	Ň	Ň	N.	Ň	, N	N	Ň	N	N	Ň	N	N	т N	Ň	N	N		N	N	N	Ň	N
PANCREAS	1	+	_ <u>^</u>					-9-	<u>.</u>	- <u>n</u> -,	+	 •	+	+	+	+	+	*			*		<u></u>	+	
ESOPHAGUS	11	Ţ	Ì	Ì	-	ż	Ī	Ì	Ì	Ì	Ţ	Ì	Ì	Ţ	1	Ì	Ţ	ż	Ţ	Ì	Ì	ļ	Ţ		]
STOMACH	Ť.	<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>	- <u>-</u>	-
LARGE INTESTINE	+	-	- <u>-</u> -			- <u>*</u> -	<u>-</u>	<u>+</u>	Ť		+	 +	+	+	-	+	- <u>*</u>		<u> </u>	<u> </u>	+	+	+	+	-
ADENOMATOUS POLYP, NOS	-	+	Ť	-	+	•	*	+	•	+	+	+	+	+	-	+	+	*	+	*	*	*	ž	•	-
URINARY SYSTEM	+																						_		
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+
URINARY BLADDER	+	-	+	+	÷	+	-	+	÷	+	÷	+	÷	÷	+	÷	÷	+	÷	+	+	+	+	-	-
ENDOCRINE SYSTEM	+														_										-
PITUITARY Adenoma, nos	+	+	+	+	+	* x	+	+	+	+	+	+	+	+	+	+ x	+	+	+	+	+	+	* ×	* x	+
ADRENAL Pheochromocytoma	+	+	÷	+	+	+	+	+	+	+	* X	+	+	+	+	+	+	* x	÷	+	+	+	* ×	+	+
THYROID	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+
FOLLICULAR-CELL ADENOMA C-CELL ADENOMA C-CELL CARCINOMA			x								x														
PARATHYROID	-	-	-		-		-	-	-	+	-	-	+	÷	+	+	÷	+	-	+	-	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	+	+	+	+ ×	* ×	+	٠	+	+	÷	+	+	÷	+	÷	+	+	+	+	+	+	÷	+
REPRODUCTIVE SYSTEM	·					<u></u>																			_
MAMMARY GLAND FIBROMA	н	N	н	N	N	н	н	H	N	н	N	N	H	H	H	H	H	н	N	N	Ħ	N	N	H	н
FIBROADENOMA TESTIS	+	+					+									<u>×</u>						+	+	+	_
INTERSTITIAL-CELL TUMOR	+×	. x	x	-		x	x	×.	_	•	×.	<u>×</u>	×.	×_	<u>×</u>	×.	x	×	-	×.	×.	•	x.		•
PROSTATE Adenoma, Nos	+	+	+	+	+	+	* ×	+	+	+	* ×	+	+	+	+	* x	-	+	+	+	+	-	+	+	+
NERVOUS SYSTEM	+																								-+
BRAIN	+	+	+	+	+	+	+	+	+	÷	+	+	÷	+	+	÷	+	+	+	+	÷	+	+	+	+
BODY CAVITIES	+												•												+
PERITONEUM Mesothélioma, Nos	ĥ	N	N	н	н	N	N	N	N	н	N	N	N	N	N	N	N	н	N	N	N	N	N	N	н
TUNICA VAGINALIS Mesothelioma, Nos	<u> </u> +	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS	+					_																			-
MULTIPLE ORGANS NOS LEUKEMIA,NOS MONOCYTIC LEUKEMIA	н	N	N	N	N	N	N	N	н	N	N	N	м	N	N	N	N	N	N	N	N	н	N	N	N

#### LOW DOSE

+: TISSUE EXAMINED MICROSCOPICALLY : NO TISSUE INFORMATION SUBMITTED -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY C: NECROPY, NO HISTOLOGY DUE TO PROTOCOL X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION H: ANIMAL MISSING B: NO NECROPSY PERFORMED

	TABLE A3. MALE RATS:	TUMOR PATHOLOGY	(CONTINUED)	LOW DOSE
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ANIMAL Number Weeks on	0 2 6	0 2 7 0	2	0 2 9	030	0 3 1	320	3	3	0 3 5	3	3	0 3 8	3	9	4	2	3	4	5	6	2	8	4 9	050	TOTAL
STUDY	2	9	5	0	4	9	9	3	0	0 4	4	0	4	0	9	4	2	6	0 4	2	6 2	5	3	9	0 4	TUMOR
INTEGUMENTARY SYSTEM Subcutaneous tissue Fibroma Malig.lymphoma, histiocytic type	N	N	٠	H	+	÷	N	٠	+	÷	÷	÷	÷	+	٠	÷	٠	÷	+	·	÷	н	÷	N	+	50*
RESPIRATORY SYSTEM																									-	
LUNGS AND BRONCHI Alveolar/bronchiolar adenoma	+	÷	+	+	+	÷	+	÷	٠	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	÷	+	50
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	•	+	+	•	+	+	•	+	_	+	+	+	+	+	48
HEMATOPOIETIC SYSTEM														_												
BONE MARROW	+	+	_	+	+	+	-	+	+	+	•	+	+_	÷	+	+	-	+	+	+	+	+	+	+	+	47
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	٠	٠	+	+	٠	+	٠	+	+	+	+	+	÷	+	+	+	ţ	٠	50
LYMPH NODES	-	+	_	+	+	_		+	_		-	+	+	+	+	+	+	+	+	+	+	+	+	_	+	39
THYMUS	-		-	+	+		-	-		-	-	-	-	-	-	-	-	-	+		-	-	-	-	+	5
CIRCULATORY SYSTEM	-	_																							-	
HEART	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	÷	÷	+	+	+	÷	+	÷	+	50
DIGESTIVE SYSTEM																_									-	
SALIVARY GLAND	+-	+	-	+	+	+	+		+	+	. <b>t</b>	+	+	٠	<u>.</u>	+	+	+	+	+	+	+	+	+	+	49
LIVER NEOPLASTIC NODULE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	* ×	+	49
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+	+.	+	+	+	49
GALLBLADDER & COMMON BILE DUCT	н	N	N	_ N	N	N_	N	н	N.	_N	N	к	N	N	N	N	N	N	N	N	Ν.	N	N	Ν.	н	50)
PANCREAS	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	÷	+	+	+	+	÷	+	50
ESOPHAGUS	+	+	+	+	-	+	+	+	+	+	+	÷	+	+	+	•	-	+	+	-	+	÷	+	+	+	44
STOMACH	+	÷	+	+	٠	+	-	+	+	+	+	÷	+	+	+	+	+	+	+	+_	+	+	+.	.t	+	48
SMALL INTESTINE	+	+	+	+	+	+	-	. <u>+</u>	+	÷	+	. <u>+</u>	+	+	+	+	-	+	+	+	-	+	÷.	+	•	43
LARGE INTESTINE Adenomatous Polyp, Nos	•	+	+	+	+	+	-	+	+	٠	+	٠	+	+	+	٠	-	+	+	٠	-	+	٠	+	+	43
JRINARY SYSTEM													_					_								
KIDNEY	+	+	t	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	-+	50
URINARY BLADDER	-	+	+	<u>+</u>	+	+	-	+	-	+	+	+	+	+	+	+	+		+	+	+	+	*	-	+	41
ENDOCRINE SYSTEM Pituitary	+	+	-	+	+	+	÷	+	+	+	+	+	+	÷	•	+	÷	+	•	÷	÷	÷	+	+	+	49
ADENOMA, NOS	+					<u> </u>	<u> </u>		+	•	×.	•		+	× +	+	+		+	+	+	+	<u>.</u>		+	6 50
PHEOCHROMOCYTOMA				÷	<u>.</u>		<u> </u>	_	<u> </u>		-	·			<u> </u>	<u> </u>	<u></u>	<u>.</u>		<u> </u>			<u>_</u>		-	
THYROID Follicular-cell Adenoma C-cell Adenoma C-cell Carcingma		-	<u> </u>	×		·	<u> </u>		•		<u> </u>	x				• 	• 		<u> </u>		• 			·		48
PARATHYROID		+	+	-	+	<u>+</u>	-	-	+		+	-	+	-	+	-	-	+	+	-		÷	+	-	+	25
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	٠	+	+	+	* ×	+	+	+	٠	+	٠	+	+	+	٠	٠	.+	+	٠	•	+	•	+	+	50 2
REPRODUCTIVE SYSTEM				-				-										_								
MAMMARY GLAND FIBROMA FIBROADENOMA	+	×	N	N	н	N	N	N	+	к	N	N	N	N	N	N	N	N	N	N	N	N	н	н	N	50>
TESTIS Interstitial-Cell Tumor	1 ×	*	-	, ż	٠	* ×	*	+	* ×	*	ż	* ×	*	* _	ż.	*	*	* *	*	+	+	ż	* x	* x	*	49 37
PROSTATE Adenoma, nos	-	+	-	-	+	٠	-	٠	-	+	+	+	+	-	٠	-	+	+	-	+	٠	+	+	+	+	40
ERVOUS SYSTEM																									T	
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
ODY CAVITIES	I.,																м					U	ы	v		
PERITONEUM MESOTHELIOMA, NOS			н 										м												-	50×
TUNICA VAGINALIS Mesothelioma, nos	+	+	N	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	50*
NLL OTHER SYSTEMS Multiple organs nos Leukemia.nos Monocytic Leukemia	н	м	N	N X	N	N	N	N	N	N	N	N	N	N	H	N	N	н	N	N	н	H	н	NX	н	50× 2
<ul> <li>ANIMALS RECROPSIED</li> <li>* IISSUE EXAMINED MICROSCOD</li> <li>* REQUIRED TISSUE INTERNAMI</li> <li>X: TUMOR INCIDENCE</li> <li>N: NECROPSY, NO AUTOLYSIS, #</li> </ul>								TIO	н		: C: A: B:	- A	NIM	AL	UE Y, IS MIS OPS	5 I N	G			SUB 'DU	MIT E T	TED O P	ROI	roci		

## TABLE A3.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF 1,1,1,2-TETRACHLOROETHANE

**HIGH DOSE** 

ANIMAL NUMBER	0	0	0 0 3	0 0 4	0	0	0	0	0	0	0	0 1 2	0 1 3	0	0	0	0	0 1 8	0	20	0 2	0 2 2	0 2 3 0	0 2 4	
WEEKS ON STUDY	0	0	1	0	0	1	0 9	0	1	1	1	0	0	i	1	-1 0	0	91	Ó	0	1	2	9	0	
INTEGUMENTARY SYSTEM	<u>  - 1</u>	3	4		4	4	-71	11	21	4	4	4	81	4	4	0	41	4	4	Ċ	4	_źĺ	<u> </u>	6	<u> </u>
SKIN Adenoma, nos	+	A	+	+	N	+	+	+	+	٠	+	N	+	+	+	+	+	+	+	N	+	+	+	+	
SUBCUTANEOUS TISSUE Fibroma Fibrous Histiocytoma, Malignant	+	A	+	+	N	+	+	+	+	+	+	N	+	* ×	+	+ ×	+	+	+	N	+	+	+	+	1
RESPIRATORY SYSTEM			_											•										_	
LUNGS AND BRONCHI Alveolar/bronchiolar Adenoma Alveolar/bronchiolar carcinoma	+	A	+	+	+	* ×	+	×	+	+	+	-	+	+	+	+	+	+	٠	+	+	+	•	+	•
TRACHEA	+	A	÷	+	+	٠	+	+	+	+	+	÷	+	+	÷	+	+	-	+	٠	÷	+	٠	+	+
HEMATOPOIETIC SYSTEM									-																
BONE MARROW	+-+.	A	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN	+	A	+	+	+	+	+	+	+	+	+	-	+	+	÷	+	+	+	+	+	+	+	_+	+	_+
LYMPH NODES	-	<u>A</u>	+	+		+	+	-		+	+	+	+	+	+		+	<u>.</u>	+	+	+	+	-	t	
THYMUS	-	A	-	-	+	-	-	~	-	-	-	-	-	-	-	-	-	-	+	+	-	-	-	+	
CIRCULATORY SYSTEM																									
HEART	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	<u>A</u>	÷	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>		+	+	+	t	+	+	+	+	
LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA FIBROUS HISTIOCYTOMA, METASTATIC LEUKEMIA,NOS	+	A	* X	+	+	+	* ×	+	+	+	+	+	+	+	+	+ ×	•	+	+	+	+	+	+	+	•
BILE DUCT	1.	۵	÷	+	÷	÷	÷	+	+	+	+	+	+	÷	+	+	+	+	+		+	+	÷	+	
GALLBLADDER & COMMON BILE DUCT	N	A	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N	N	N	N.	N	N	N	N	•
PANCREAS Adenoma, Nos Adenocarcinoma, Nos Acinar-cell Adenoma	+	A	+	÷	+	÷	+	+	+	٠	+	-	+	+	+	+	+	+	+	+	+	+	+	+	4
ESOPHAGUS	+	A	+	. +	+	+	+	+	+	+	+	+	+	+	+	+	÷	-	+	+	-	+	÷	+	-
STOMACH	+	A	+	+	+	+	-	+	÷	+	+		+	+	+	+	+	+	+	+	+	+	-	+	٦,
SMALL INTESTINE	+	A	+	+	+	+	-	+	+	+	+	-	-	÷	+	+	-	+	+	-	+	+	+	+	-
LARGE INTESTINE	+	A	+	+	+	+	-	+	+	+	+	-	+	+	+	+	·	+	+	+	+	+	+	+	
URINARY SYSTEM	$\vdash$						_																		
KIDNEY TUBULAR-CELL ADENOMA	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	,
URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	-	A	٠	-	+	+	* ×	+	+	+	+	-	+	+	+	+	+	+	+	•	+	+	+	+	1
ENDOCRINE SYSTEM	<u> </u>				• • • • •								•••••												
PITUITARY Adenoma, Nos	+	A	+	+	+	+	+	-	+	* ×	+	-	+	+	+	+	+	+	÷	+	+	+	* ×	+	+
ADRENAL	+	A	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	÷	+	+	+	4
THYROID Follicular-cell adenoma C-cell Adenoma	+	A	+	+	+	+	+	+	+	+ x	+	+	+	+	+ x	+	+	-	+	+	*	+	+	+	•
PARATHYROID	-	A	+	-	+	+	+	+	÷	-	+	-	-	+	+	÷	+	-	-	+	-	+	-	-	÷
RÉPRODUCTIVE SYSTEM																									
MAMMARY GLAND	N	A.	N	N	N	N	_ N	N	N	+	N	N	N	N	N	N	N.	N	N	N	N	÷	+	N	_
TESTIS	t	A	t	* ×	+ ×	÷	t	+ X	* x	t	t	+	+	t	t	÷	t	t	÷	+	÷	* ×	÷	+	ţ
INTERSTITIAL-CELL THMOR PROSTATE	×		×	``	Ŷ	×	×	Ĵ	_	X	×	×		×	×	×	×	×		1	× -	÷	×		
NERVOUS SYSTEM			· ·		· ·		_			·													<u> </u>		
BRAIN	•	A	÷	÷	·.	÷	+	÷	+	÷	÷	÷	+	÷		÷	+	÷	•	÷	+	+	÷	÷	+
BODY CAVITIES					-																				
PERITONEUM Mesothelioma, Nos	N X	A	N	н	N	N	н	N	N	N	N	N X	N	N	N	N	N	H	N	N	N	N	N	N	N
TURICA VAGINALIS Mesothelioma, nos	×	A	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	•
ALL OTHER SYSTEMS Multiple organs nos Mesothelioma, malignant Leukenia.nos	н	A	N	N X	N X	H	N	N	N	N	н	N	N	H	N	N	N	¥	N	N	N	N	N	N	N

TISSUE EXAMINED MICROSCOPICALLY
 REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 XIMOR 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

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

ANIMAL NUMBER	2	0 2 7	0 2 8	0 2 9	0 3 0	0 3 1	0 3 2	33	034	0 3 5 0	0 3 6	0 3 7	0 3 8	0 3 9	0 4 0	4	042	043	044	0 4 5	0 4 6	0 4 7	0 4 8	049	50	TOTAL
WEEKS ON Study	0	0	8	0	0	0	04	05	0	9	04	àl	0	10	0	0	0	041	0	0	04	0 8	9	06	0	TISSUE
INTEGUMENTARY SYSTEM	+ *1	_21	<u>9</u> .L	_41	-11		- 61	-11	41	-21	81			41	-21.	-91	- 41		- 41	4			41		-	
SKIH Adenoma, NOS	N	+	N	+	+	* x	+	+	N	+	A	N	+	+	+	+	+	+	+	+	+	+	+	+	+	48*
SUBCUTANEOUS TIŠSUE Fibroma Fibrous histiocytoma, malignant	N	+	N	+	٠	+	٠	+	N	+	A	N	٠	+	+	+	+	+	+	+	+	+	٠	+	+	48
RESPIRATORY SYSTEM	†—																									
LUNGS AND BRONCHI Alveolar/bronchiolar Adenoma Alveolar/bronchiolar carcinoma	+	+	+	+	+	+	+	+	٠	+	A	+	+	+	-	+ ×	+	+	+	+	•	+	+	+	+	46
TRACHEA	+	÷	+	+	+	+	+	+	+	-	A	٠	+	+	+	٠	+	٠	÷	+	+	+	-	÷	+	45
TEMATOPOTETIC SYSTEM	†										-														-	
BONE MARROW	┟┵	+	+	- <u>+</u> -	+	+	+	+	+	+	<u>A</u>	. <u>t</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	47
SPLEEN	+	+	+	+	+	+	-	+	+	+	<u>A</u>	+	+	<del>.</del>	+	+	+	+	+	+	+	٠	<u>+</u>	+	_+	46
LYMPH NODES	+	-		+	+	+	+	+	-	+	<u> </u>	-	+.	+	+	_ <u>+</u>	+	+	+	+	+	-		-	+	34
THYMUS	-	-	-	-	-	•	-	+	-	-	A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5
CIRCULATORY SYSTEM	1			-																-						
HEART	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	48
DIGESTIVE SYSTEM																										
SALIVARY GLAND	<u> +</u> -+	+	+.	_ <u>+</u> _	+	+	+	+	+	+	_A	. <u>+</u>	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	_+	48
LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINDMA FIBROUS HISTIDCYTOMA, METASTATIC LEUKEMIA.NOS	+	+	+	+	•	+	+	•	* x	٠	A	+ ×	+	+	+	+	+	+	+	٠	•	+	•	•	+	48
BILE DUCT	+	+	+	+	+	+	÷	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
GALLBLADDER & COMMON BILE DUCT	N	N.	N	н	N	N	N	N	N	N	A	<u>N</u> _	N	Ν	N	N	N	N	N	N	N	N	N	+	N	48*
PANCREAS Adenoma, nos Adenocarcinoma, nos Acinar-cell Adenoma	+	+	+	+	+	+	-	+	+ .x	+	A	+	+	•	•	* ×	•	+	+	+ ×	+	+	+	+	+	46
ESOPHAGUS	+	+	+	+	-	+	÷	+	+	-	A	÷	+	-	+	+	+		+	+	+	+	-	+	+	41
STOMACH	+	-	+	+	+	+	-	+	+	+	A	+	+	+	-	+	+	+	+	+	+	+	+	+	+	42
SMALL INTESTINE	+	-	+	+	+	+	~	+	+	-	. A	+	+	+	-	<u>+</u>	+		+	÷	+	+	<u>+</u>	+	+	38
LARGE INTESTINE	+	-	+	+	+	+	-	÷	+	-	A	÷	+	٠	-	+	+	+	+	+	÷	-	+	+	+	40
IRINARY SYSTEM																									+	
KIDNEY TUBULAR-CELL ADENOMA	+	+	+	+	•	+	+	+	*	+	A	+	+	+	+	+	+	+	•	+	+	+	+	+	•	48
URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	+	+	+	+	+	+	-	-	+	-	A	+	+	+	+	+	+	+	+	+	+	+	+	-	+	41
ENDOCRINE SYSTEM																										
ADENOMA, NOS	ļ	+	-	+		×.	<u> </u>	+	+	-	Α	+	ž.	+	x		<u> </u>	•	<u> </u>	x	•	<u>.x</u> _	ž	<u> </u>	4	45
ADRENAL	+	+	+	t.	+	÷	t	÷	÷	<u>+</u>	A	+	.+	+	+	<u>+</u>	+	+	+	+	+	+	<u>+</u>	+	+	47
THYROID Follicular-cell Adenoma C-cell Adenoma	+	+	+	•	+	+	-	+	+	-	A	+	+	+	+	+	+	-	+	+ _X	+	+	+	+	+	44 1 3
PARATHYROID	+	+	٠	÷	+	+	-	+	-	-	A	-	-	-	٠	+	+	-	÷	-	÷	+	-	+	+	29
REPRODUCTIVE SYSTEM										_		~								-					1	
MAMMARY GLAND	+	N	_ <u>t.</u> _	N	N	N	N	Ν.	N	N	<u>A</u>	+	N	N	N	N	N	Ν.	+	N	N	N	+	<u>N</u>	N	48×
TESTIS INTERSTITIAL-CELL TUMOR	+ ×	* ×	٠	* ×	*	* ×	+	+	*	+	A	* ×	* ×	*	*	ż.	*	+	*	*	+	+	* x	* x	*	48
PROSTATE	+	+	+	-^	+	+	+	+	+		A	+		+	+	+		+		-	+	-	+	+	-	34
IERVOUS SYSTEM	Ļ		-				-					-		-											-+	
BRAIN	+	÷	•	÷	÷	÷	÷	÷	+	÷	A	÷	÷	÷	÷	÷	÷	+	+	÷	÷	÷	÷	+	+	48
ODY CAVITIES	-																							-	-+	
PERITONEUM Mesothelioma, nos	N	н	N	N	N	N	N	N	N	N	A	N	N	N	N	N	н	N	N	N	N	N	N	N	N	48× 2
TUNICA VAGINALIS Mesothelioma, nos	+	٠	+	+	+	٠	+	+	+	+	A	+	+	٠	+	+	+	+	+	+	+	+	٠	+	+	48
LL OTHER SYSTEMS		_																							-+	
MULTIPLE ORGANS NOS Mesothelioma, malignant Leukemia,nos	N	N	н Х	н	N	N	N	H	N	H X	A	N	N	н	N	N	N	N	N	H	N	H	N	N	н	48* 1
<ul> <li>ANIMALS NECROPSIED</li> <li>+: JISSUE EXAMINED MICROSCOJ</li> <li>-: REQUIRED TISSUE NOT EXAMI X: TUMOR INCIDENCE</li> <li>N: NECROPSY, NO AUTOLYSIS, I</li> </ul>	PICA (NED NO M:	MI MI ICR	CRO: OSC	5C0 0P1	PIC. C E:	ALL' XAM	Y Ina	T I O	N		с М.В.	N A A	ID T IECR UTO NIM	OPS LYS AL	Y, IS MIS	NO Sin	HIS G	TOL	OGY	SUE DL	MI E 1	ITEI Io P	RO	roc:	<b>5</b> L	

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#### TABLE A4.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF 1,1,1,2-TETRACHLOROETHANE

		V	E	HI	CI	LE	C	01	VT	R	DL	-													
AN IMAL NUMBER	5	0	9 5	0	0	5	5	5	\$	0	6	0	8	6	0	0	6	0	0	9	9 ?	0	9	1	9
WEEKS ON		0	1	-9 -0 -8	륏		â	-		11		-1		-	0	02	0	0	ð	-0	0	1	ŝ	-	
INTEGUMENTARY SYSTEM	لفل	_ó	Å	ă	لغ	<u>i</u>	5	اف	4	4	- i	4	ž	اف.	ź	āł	4	4	ż	لف	Ŏ	à	اف	4	Å
SKIN Squamous cell Papilloma	ŀ	+	+	+	N	+	+	+	*	٠	+	•	+	٠	٠	+	+	+	A	+	+	٠	٠	•	+
SUBCUTANEOUS TISSUE FIBROMA	+	٠	+	٠	N	+	+	+	+	+	+	+	+	+	٠	٠	٠	+	*	+	+	٠	+	١	+
RESPIRATORY SYSTEM	+																						-		-
LUNGS AND BRONCHI Alveolar/bronchiolar adenoma Fibrosarcoma	Ľ	•	+	•	*	+	+	+	+	×	+	+	• .x	٠	•	+	+	+	•	+	+	•	•	4	+
TRACHEA	+	+	÷	-	+	٠	٠	+	٠	-	+	+	+	+	+	-	+	+	A	+	٠	+	+	4	+
HEMATOPOIETIC SYSTEM	+				_				_																
BONE MARROW	L	÷	+	+	+	+	<u>+</u>	+	+	+	+	_+	+	+	+	+	t	+	A	+	+	+	+	+	÷
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+_	+	+		-	+	+	+	+	
LYMPH NODES	+	+	-	+	+	-	+	+	+	+	+	+		+	-	+_	+	+	A	+	+	-	-	+	-
THYMUS	Τ-	-	•	-	-	-	-		•	-		-	-	-	-		-	-	A		-	-	+	-	-
CIRCULATORY SYSTEM		-																							
HEART	1.	+	+	•	_	•	+	+	+	+	+	+	+	+	÷	+	+	+	A	÷	+	+	÷	+	+
DIGESTIVE SYSTEM	+									-								-		_					-
SALIVARY GLAND		•	•						•		•			•			•							•	
LIVER NEOPLASTIC NODULE	1:	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	A	+	+	+	+	+	+
BILE DUCT	1		-						-														-		_
GALLBLADDER & COMMON BILE DUCT	T N	N	N	<u>.</u>	N	N	N	<u></u>	 N	Ň	N	<u>.</u>	Ň		- <u>T</u>	N	N	N	<u>,                                    </u>	N	Ň	Ň	Ň	 N	<u>.</u>
PANCREAS			+			Î				•	+		•	•			+		2		+			•	
ESOPHAGUS	+						<u> </u>	<u> </u>	_ <u>.</u>	- T	+		<u> </u>	<u> </u>	- <u>-</u> -		+	- <u>-</u>	<u> </u>	<u> </u>		<u> </u>			Ť.
	+	_ <u>_</u>		-	-	- <u>-</u>			_ <u>*</u> _	-	•	<u> </u>		+	*		<u>.</u>	•	- <b>A</b>		÷	_ <del>*</del>	•	<u> </u>	
STOMACH	+·	-		•	÷	•		•	<u> </u>		÷	+	- <b>t</b>	•	-	+		+	. A	-	÷.	- <b>*</b>	-	<u> </u>	-
SMALL INTESTINE	+	+	•	+	<u> </u>	•	<u> </u>	+	÷	+	÷	÷	<u>.</u>	<u> </u>	-	<u>+</u> -	•	•	<u> </u>	-			-	<u>+</u> -	-
LARGE INTESTINE	+	<u> </u>	+	+	+	+	-	•	<u> </u>	•	•	*	-	+	-	-	+	+		*	-	+	-	+	_
URINARY SYSTEM																									
KIDNEY	++	_+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	Α.	*	+	+	+	<u>*</u> .	+
URINARY BLADDER	+	+	+	+	+	-	-	+	+	-	+	+	+	+	•	+	-	+	A	+	-	+	+	+	+
ENDOCRINE SYSTEM																									
PITUITARY Carcinoma,nos Adenoma, nos Adenocarcinoma, nos	-	* x	+ x	+	+ x	+	-	+	-	+ x	* x	+ x	+ x	+ x	+	+	-	+	A	•	+	+	* ×	٠	•
ADRENAL	+	+	+	+	+		+	+	+	+	•	+	+	+	+	+	+	+	A	_م_ +	+	+	+		
PHEOCHROMOCYTOMA	+		<u> </u>			x		•		-	-			-	· ·	<u> </u>						•	•		
THYROID C-CELL ADENOMA	+	+	+	-	+	+	+	+	+	-	+	+	+	+	+	-	+	+	A	•	-	+	+	<u>+</u>	+
PARATHYROID	+	+	+	-	+	+	+	+	+	-	-	-	-	+	+	-	-	+	A	٠	-	+	-	+	+
REPRODUCTIVE SYSTEM	1-	_																***							
MAMMARY GLAND Adenoma, nos Fibroma Fibroma	+	٠	+	N	N	N	•	+	+	N	•	+	+	N	N	N	٠	N	*	N X	N	+	•	N	+ ×
PREPUTIAL/CLITORAL GLAND Adenocarcinoma, Nos	N	N	N	N	N	N	N	N	H	N	N	N	N	N	N	N	N	N	A	Ň	N	N	N	N	N
UTERUS LEIDMYOSARCOMA Endometrial stromal polyp	+ ×	+	+	+	+ ×	+	+	+	+	+	+	+	÷	+	+	+	+	+	A	+	-	+	+	+	+
OVARY	12			+	î	+		÷	*	+	+		•	•	÷	÷	+	÷		+	+	•		+	+
NERVOUS SYSTEM	+							•				•				<u> </u>								, 	-
BRAIN	+	+	÷	•	+	+	÷	•	+	+	+	•	÷	÷	+	+	÷	+	A	÷	÷	+	+		-
ALL OTHER SYSTEMS	<b>_</b>		•	•				-	-			-				_	,		<u> </u>						_
ALL OTHER STSTEMS Multiple Organs Nos Sarcoma, Nos Malighant Lymphoma, Nos Leukemia, Nos Monocytic Leukemia	м	N	N	N	н х	N	NX	N	H	N	N	N	N	N	N	N	N	N	۸	N	N X	N	N	N	N
+: TISSUE EXAMINED MICROSCO									_		,				= 11									_	

### VEHICI E CONTROL

2

+: TISSUE EXAMINED MICROSCOPICALLY : NO TISSUE INFORMATION SUBMITTED -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION B: NO NECROPSY PERFORMED
ANIMAL NUMBER	2	2	?	?	8	8	8	8 3	8	8	8	0 8 7	8	8	9	9	2	9	9	9	9	97	91	9	0	
WEEKS ON STUDY		-7	8				0	9	11	1	11	1	1	01	1	1		1	11	1	히	1	1	- 10	뷞	TOTAL TISSUE: Tumor
NTEGUMENTARY SYSTEM	4	4	ŝ	3	3	ŝ	ŝ	6	š .	š.	4	4	Å.	2	4	41_	ě.	4	ě.	ž	ŏ	š.	4	i	š.	
\$KTN	+	+	N	+	+	N	•	•	•	+	÷	+	H	÷	+	+	÷	+	•	+	+	•	+	÷	+	49×
SQUAMOUS CELL PAPILLOMA Subcutaneous tissue Fibroma	+	٠	N	+	+	N	٠	•	÷	+	÷	+	N	+	+	÷	÷	+	÷	+	+	+	+	+	ż	49×
RESPIRATORY SYSTEM	+																								-	
LUNGS AND BRONCHI Alveolar/bronchiolar adenoma fibrosarcoma	•	+	•	+	+	+	٠	+	+	•	•	+	•	+	•	+	+	•	•	•	•	•	+	•	+	49 1
TRACHEA	+	÷	+	+	+	-	÷	+	+	+	+	+	+	÷	+	+	٠	+	+	-	•	٠	-	٠	+	42
EMATOPOIETIC SYSTEM		-																							+	
BONE MARROW	+	+	+	+	-	+	+	+	+	•	+ .	+	+	+	+	+	•	÷	+	<u>.</u>	+	٠	+	+	+	48
SPLEEN	+	+	-	+	+	+	+	+	+	•	+	+	+	+	<u>+</u>	•	+	+	+	+	•	+	+	<u>+</u>	+	45
LYMPH NODES	+	+	-	+	t	+		-	+		+	•	+	+	÷	-	+	+	+	-	+	+	-	+	+	35
THYMUS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	•	•	-	-	-	-	-	-	٠	-	2
CIRCULATORY SYSTEM			_			-				-										_				_	-+	
HEART	+	٠	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	٠	+	٠	+	٠	+	48
DIGESTIVE SYSTEM			_			_																		_	+	
SALIVARY GLAND	++	+	_ <u>t</u> _	+	+	+	+	+	<u>+</u>	ŧ	•	*	+	+	<u>+</u>	+	+	+	<b>+</b> .	+	+	+	+	+	+	4.8
LIVER Neoplastic Nodule	+	+	+	+	+	+	+	*	+	+	•	•	-	+	+	+	+	+	+	+	+	+	+	+	+	48 1
BILE DUCT	Ŀ	+	+	+	+	+	+	+	4	+	+	+	-	+	+	+	÷	÷	+	÷	+	+	÷	+	t	48
GALLBLADDER & COMMON BILE DUCT	H	N	N	N	N	н	N	N	N	ĸ	N	N	N	N	н	H	N	N	N	N	н	N	N	H	н	49×
PANCREAS	1.	+		+	+.	+	+	t	+	+	+	+	+	+	+	ŧ.	+	+	+	+	-	+	+	+	•]	45
ESOPHAGUS	Τ.	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	÷	+	+	-		+	-	+	+	42
STOMACH	+	+	-	+	+	-	•	+	+	÷	+	+	+	•	-	+	+	+	+	+	-	+	+	+	+	41
SMALL INTESTINE	+	+	-	+	+	-	+		+	+	+	+	+	+	+	+	÷	+	+	+	-	+	+_	+	+	41
LARGE INTESTINE	+	÷		+	+	-	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	-	+	-	+	+	38
URINARY SYSTEM	_																			-					-+	
KIDNEY	+	÷	+	+	+	+	+	÷	+	.+	+ .	+	+	+	+	+	+	+	+	+	+	+	+	+	+	.49
URINARY BLADDER	1	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	-	+	+	÷	+	40
ENDOCRINE SYSTEM																										
PITUITARY Carcinoma,nos Adenoma, nos Adenocarcinoma, nos	+ ×	* x	٠	-	+	-	٠	+	٠	•	•	+ X	+	•	-	-	+ x	+ X	+ x	+ x	-	٠	+	•	* X	39 16
ADPENAL	+	÷	+	÷	+	+	+	+	+	+	-	+	+	+	-	+	+	+	+	+	+	÷	+	+	+	45
PHEOCHROMOCYTOMA Thyroid	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	-	-	+	+		+	41
C-CELL ADENOMA	+					_																			×	1
PARATHYROID	+	+	-	+	+	+	+	-	+	+	-	+	+	+		-	+	-	+	-	-	+	+		+	31
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND Adenoma, nos Fibroma Fibroadenoma	+	+	N	* ×	+	+	+	N	*	+	N X	H	н	N	•	N	N	н	+	* ×	* 	+	н	н	+	49× 1 1
PREPUTIAL/CLITORAL GLAND ADENOCARCINOMA, NOS	н	N	н	N	N	н	N	N	N	N	N	к	H	N	N	N	N	N	H	N	н	N	N	н	N	49H
UTERUS LEICMYOSARCOMA Endometrial stromal polyp	-	+	* ×	* X	+	+	+ ×	+	+	+	+	-	+ ×	-	•	+	•	•	+ ×	+	٠	٠	-	٠	+	44 1 6
OVARY	-	+	-	+	÷	+	+	٠	+	+	+	٠	٠	-	+	÷	+	+	+	٠	÷	+	-	+	+	44
NERVOUS SYSTEM				•												_										
BRAIN	+	+	٠	٠	+	٠	+	+	٠	+	٠	+	+	+	+	+	+	+	÷	+	+	+	٠	+	+	48
ALL OTHER SYSTEMS						_							_				-									
MULTIPLE ORGANS NOS Sarcoma, nos Malionant Lymphoma, nos Leukenia,nos Monocytic Leukemia	н	N	H	н	N	N	N	N	N	N	H	N X	H	H	H	N	N X	N	N	N	N	N	N	H X	N	49× 1 3

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

FUNUELLA LENGENA \* ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

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

## TABLE A4.

## INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF 1,1,1,2-TETRACHLOROETHANE

### LOW DOSE

ANIMAL	5	052	053	05	0	5	57	5	5	0 6 0	0 6	6	6	6	6	6	0 6 7	6	0 6 9	07	7	7	7	7	
WEEKS ON Study		1	9	1	9		i	1	-	-		0205	1	-		9	-6	-	0	0	8	0		8	
INTEGUMENTARY SYSTEM	ļě	Lå	<u>i</u>	2	Li	4	4	4	ó	ě	ě.	ŏ)	4	4	4	ź	_ź ]	ě	ő	9	ŝ	ź	ě	õ	_
SKIN Squamous cell carcinoma	+	+	+	٠	+	+	+	+	÷	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	
SUBCUTANEOUS TISSUE FIBROMA	+	+	+	+	+	+	+	÷	+	+	+	+	+	÷	+	+	+	+	÷	÷	+	•	+	•	
RESPIRATORY SYSTEM	-		_													_								_	
LUNGS AND BRONCHI Alveolar/Bronchiolar carcinoma	+	÷	+	+	•	÷	÷	+	+	+	-	+	÷	+	+	+	+	٠	+	+	+	+	•	•	
TRACHEA	+	+	+	+	+	+	+	+	+	٠	-	٠	+	+	+	+	+	÷	-	+	٠	+	٠	-	,
HEMATOPOIETIC SYSTEM	+						•••••											-	-						
BONE MARROW	++	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	
SPLEEN	+.±.	•	+	÷	<u>+</u>	•	÷	+	÷	+	+	+	÷	÷	+	<u>+</u>	+	ŧ	+	+	+	+	+	+	
LYMPH HODES	+.	+	+	-	<u>.</u>	•	÷	+	-	+		+	+	+	+		+	÷	+	+	+	-	+	-	_
THYMUS OSTEOSARCOMA	-	+	-	-	-	-	-	-	٠	-	-	+	-	-	-	+	-	-	-	-	-	-	*	-	-
CIRCULATORY SYSTEM	1															_									
HEART	+	+	÷	÷	+	+	+	٠	+	+	٠	٠	÷	+	+	٠	+	+	+	+	+	+	+	٠	1
DIGESTIVE SYSTEM	+					-						_		_										_	-
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	÷	÷	+	+		+	.+	+	+	+	+	+	+	+	•	
LIVER	+	+	+	<u>+</u>	+	+	+	+	<u>+</u>	.+	+	+	+	+	t	*	+	+	٠	+	•	+	+	+	•
BILE DUCT	++	+	÷	+	+		+	+	+	+	+	+	+	+	+	<u>+</u>	٠	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	N N	N	N	N	N	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N	N	N	N	N	۴
PANCREAS	++	+	+	+	•	+	+	+	÷	+	+	+	<u>.</u>	+	+	+	+	+	+	+	+	-	+	+	•
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	-	+	+		+	+
STOMACH	++	+	+	+	+	+	+	+	+	+	+	+	+	•	*	<u>+</u>	+	+	+	+	+	+	+		+
SMALL INTESTINE	+	+	+	+	+	÷	+	<del>+</del>	+	+	+	+	+	+	٠	+	÷	+	+	+	+	-	<del>.</del>	-	+
LARGE INTESTINE	+	+	+	+	+	+	٠	+	+	+	+	+	+	٠	+	+	+	+	+	+	-	-	+	-	+
URINARY SYSTEM		-																							
KIDNEY	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	<u>.</u>	+
URINARY BLADDER	+	+	٠	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	-	+
ENDOCRINE SYSTEM																									
PITUITARY Adenoma, NC5	+	+	+	+	*	+	+	+	* ×	*	* ×	+	+	+	-	+	*	*	+	+	+	+	-	ż.	* ×
ADRENAL Cortical Adenoma Phedchromocytoma	+	•	+	+	+	+	+	+	•	•	+	+	+	+	+	+	+	*	+	•	+	-	+	+	+
THYROID Follicular-cell adendma C-cell adenoma	+	+	٠	+ x	+	+	+	•	+ ×	+	•	+	+	+	-	٠	٠	+	+	-	* ×	+	+	+	•
PARATHYROID	+	-	+	+		+	-	-	+	-	-	-	+	-	-	+	+	+	+	-	-	÷	÷	+	+
REPRODUCTIVE SYSTEM							_																		
MAMMARY GLAND ADENDMA, NOS	+	٠	+	+	+	٠	+	٠	٠	+	H	٠	+	+	÷	+	٠	+	٠	٠	÷	٠	N	+	÷
ADENOCARCINOMA, NDS Fibroadenoma Cystfibroadenoma	×	X				x				x	×					×								x	×
UTERUS LEIOMYOMA ENDOMETRIAL STROMAL POLYP	·	+	+	+	+ X	+	*	+	+	+	+	+	+	+	+	+ X	+	+	+	•	•	•	+	-	+
DVARY	+	+	+	+	+	+	+	+	+	÷	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+
IERVOUS SYSTEM	+																								_
BRAIN	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	÷	+	+	+	٠	+	٠	+	+	+	+
LL OTHER SYSTEMS	+				-														~~~~					-	_
MULTIPLE ORGANS NOS Myelomonocytic leukemia Monocytic leukemia	н	N	N	N	N	H	N	N	н	N	N	N	N	N	н	н	N	N	N	N	۲X	N	H	H	H

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

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

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

ANIMAL NUMBER	076	777	0 7 8	7 9	80	8	8	83	8	8	080	87	8	89	0 9 0	9	92	95	94	9	9	9	98	99	100	TOTAL
WEEKS OH STUDY	0	6	1	9	04	04	0	9	0	0	-04	9	-04		0	9	0	04	8	9	6 0 7	104	104	104	1 0 4	TISSUE
INTEGUMENTARY SYSTEM												-								_					-	
SKIN Squamdus cell carcinoma	+	+	+	+	+	*	+	+	A	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	49
SUBCUTANEOUS TISSUE FIBROMA	+	+	+	+	+	+	* ×	+	A	+	+	+	+	+	÷	+	+	٠	+	÷	٠	٠	+	+	٠	49
RESPIRATORY SYSTEM	+														~								_		-	
LUNGS AND BRONCHI Alvedlar/Bronchiolar carcinoma	İż	+	+	-	+	+	+	+	A	+	+	+	+	+	•	+	+	+	+	+	•	+	+	+	+	47
TRACHEA	1+	٠	٠	+	٠	+	+	+	A	+	٠	+	+	+	+	+	+	+	+	-	+	+	+	+	+	45
HEMATOPOIETIC SYSTEM	+-	-			_		_			-		-*		_		-						-	-			
BONE MARROW	1.	+	<u>+</u>	-	+	+	+	<u>+</u>		+	+	-	+	+	+	٠	-	+	+	+	+	+	+	+	+	46
SPLEEN	+	+	+	+	+	+	+	+		+	+	-	÷	+	+		<u>+</u>	+	+	+	+	+	+	+	+	48
LYMPH NODES	+	+	4	+	+	+	+	•	٨.	+	+	+	+	+	+	+	÷	-	-	+	+	+	+	+	-	38
THYMUS OSTEOSARCOMA	-	-	•	-	٠	٠	-	•	*	-	-	7	-	-	-	-	٠	•	-	-	-	-	-	-	-	8
CIRCULATORY SYSTEM	-+									_								-	_				_		-+	
HEART	+	+	+	÷	+	٠	+	+	A	÷	+	+	٠	٠	٠	+	٠	+	÷	+	+	٠	٠	٠	+	49
DIGESTIVE SYSTEM	-+																							_		<u> </u>
SALIVARY GLAND	+	+	+	+	+	÷	•	+	A	+_	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	49
LIVER	+	+	+	÷	+	•	+		A	+	+	•	+	+	+	+	+	+	+	÷	+	+	+	+	+	49
BILE DUCT	1+	•	+	+	+	+	+	+	A	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	49
GALLBLADDER & COMMON BILE DUCT	T N	N	N	N	N	N	N	н		N	N	N	ĸ	N	N	N	N	н	N	N	N	N	N	N	N	49*
PANCREAS			+	+	÷	+	+	+		+	-	-	•	+	+		•	+	•	_	-	+	•	+		47
ESOPHAGUS	1-	+	+	+	+	+		+	A .	+	+	+	+	+	+	•	+	+	+	+	+	+		+	Ť	45
STOMACH	1.			+	+	+	+	+	4					+				+	•	+	+	+	+	+	-	48
SMALL INTESTINE	1.				•					+	+	+	+	+	+	+				+		+			-	46
LARGE INTESTINE	1.	•	+	+	+	+	+	+	 A	+	+	+	+	+	+	+	•	+	÷	+	+	+	•		-	46
JRINARY SYSTEM							-					·	<u> </u>			·							_			
KIDNEY	1.		+		•	+	•		۵						+_						+	•	+			47
URINARY BLADDER	1.	÷		+	+	+		+				_	_				+		+	+		+	_	÷	+	41
ENDECRINE SYSTEM	-	·		•	·	· .			_	-	·	_				<u> </u>	Ľ.	·	·			·	-	·	Ť	
PITUITARY ADENOMA, NOS	1:	+	+	ţ	٠	٠	٠	÷	A	÷	÷	÷	٠	÷	÷	-	-	٠	ţ	÷	÷	ţ	÷	÷	+	45
	1÷			<u>.</u>				<u>ب</u>		•	•	ĉ		+	+	+			-	+	+	<u>-</u> ^	•	+	.1	
ADRENAL Cortical Adenoma Phedchromocytoma	Ľ	<u> </u>	×.	_	<u> </u>	<u> </u>		·	A	<u> </u>	•	<u> </u>	<u>.</u>		ż	•	<u>.</u>	·	_	<u> </u>	•	-	<u>.</u>	<u> </u>	-	46
THYROID Follicular-cell Adenoma C-cell Adenoma	+	+	+	•	•	٠	•	٠	A	٠	+	+	٠	•	٠	+	-	٠	+	٠	-	*	+	٠	+	44
PARATHYROID	1.	+	+	-		+		•		+		+	-	-	+	÷	-		+	-	-	÷	+	-	-1	26
EPRODUCTIVE SYSTEM										_		-						_	_						+	
MAMMARY GLAND	1.	+	N	÷	N	•	•	•		+	N	N	•	N	÷	N	N	÷	•	÷	N	•	•	+		49*
ADENOMA, KOS ADENOCARCINOMA, NOS Fibroadenoma	×		.,	××	~		x		Î			'n	·	'n		n	'n	•	Ť	×	'n	x	·	x		1
CÝŠTFIBROADENOMA UTERUS LEIOMYOMA	+	+	+	+	+	+	+	÷	A	+	+	+	+	+	•	+	+	-	+	+	+	•	+	•	+	47
ENDOMETRIAL STROMAL POLYP	+	_											_			<u>x</u>		_						X	+	
OVARY	+	+	+	+	+	+	+	+	A	+	•	+	+	*	•	+	+	+	+	+	+	*	+	*	*	48
ERVOUS SYSTEM	1																	_						_	- [	
BRAIN	1+	+	٠	٠	٠	٠	٠	٠	A	٠	+	+	٠	+	+	+	+	+	٠	+	+	+	+	٠	•	49
LL OTHER SYSTEMS						_			-		_	_										_			-1	
MULTIPLE ORGANS NOS Myelomonocytic leukemia Monocytic leukemia	N	N	N	H	н	N	н	N	A	N	N	н	N	N	N	N	N	N	N	N	н Х.,	N	N	H	н	49K 1
ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCO REQUIRED TISSUE NOT EXAM X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS,	NO MI	LY Mic Crc	ROS	COP PIC	IC/		r LNAT	ION	1		C :: .: .: .: .: .: .: .: .: .: .: .: .:	200 X 20	CRU CRU TOL	SSI PSI VSI	UE I Y, H IS MISS		DRM HIS GRF	TOL	DH DGY ED	SUB DU	MIT E T	TED 0 P	ROT	000	L	

# TABLE A4.

## INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF 1,1,1,2-TETRACHLOROETHANE

### HIGH DOSE

ANIMAL NUMBER	0	0	0	0 5 4	0	0 5 6	0 5 7	0 5	0 5 9	0 6 0	6	6	0	0 6 4	0 6 5	6	0 6 7	0 6 8	0 6 9	0 7 0	0 7 1	0 7 2	0 7	0 7 4	075
WEEKS ON Study	0	1	0	0	1	0	-	9	- 1	0	1	1	0	1	1	0	1	0,	0	0	1	1	0	1	1
RESPIRATORY SYSTEM		4	4		4	2	8	6	4	4	4	41	1	_4	4	- 4 1	4	5	. 2	7	4 1	4	7	4	4
LUNGS AND BRONCHI	L.	+	+	+	_+	A	_A_	+	+	+	÷	+	+	÷	+	÷	+	+	÷	+	÷	÷	+	÷	+
TRACHEA	+	+	+	+	+	A	A	+	+	-	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+
HEMATOPOIETIC SYSTEM		·															_								
BONE MARROW	1.	+	+	+	+	Α.	A	+	+	+	÷	+	+	÷	+	+	-	+	+	+	÷	+	+	+	+
SPLEEN	+	+	+	+	+	A	A	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES Malignant Lymphoma, Nos	-	+	-	+	•	A	A	-	+	-	-	+	+	-	-	-	+	+	÷	-	+	-	* .x	-	+
THYMUS	-	-	-	-	-	A	A	-	-	+	-	-	+	-	-	-	-	+	+	-	-	-	-	-	+
CIRCULATORY SYSTEM	-										• • • • •														
HEART	+	÷	٠	+	÷	A	A	+	٠	+	+	+	+	+	+	+	÷	٠	+	÷	+	÷	+	+	+
DIGESTIVE SYSTEM																									
SALIVARY GLAND	++	+	+	+	+	A	Α	-	+		+	+	ŧ	+	+	+	+	+	+	+	+	+	+	+_	. +
LIVER NEOPLASTIC NODULE	+	+	+	+	-	A	A	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	-	Α.	Α	. t.	+	+	•	+	+		+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	<u>N</u>	A	<u>A</u>	N	N	N	N	N	N	N	N	N	8	<u>N</u>	N	N	<u>N</u>	N	N	N	N
PANCREAS	++	+	+	+	+	_ <u>A</u>	Α	· + .	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS Squamous cell carcinoma	+	+	+	+	+	A	A	+	+		+	+	+	+	+	+	+	+	+	+		+	+	+	+
STOMACH	+	+		+	+	A	A		+		+	+	+	+	+	_+	+	-	+	+	+	+	+	+	+
SMALL INTESTINE	į +	+	+	+	٠	A	Α	-	+	•	+	+	+	÷	+	+	÷	-	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	A	Α	-	+	-	+	+	+	٠	+	٠	+	-	+	+	+	+	+	+	+
URINARY SYSTEM																						-			
KIDNEY TUBULAR-CELL ADENOMA	+	+	+	+	+	Α	A	+	+	+	+	+	+	+	+	+	+	+	+	+	* ×	+	+	+	+
URINARY BLADDER	+	+	+	+	+	A	A	-	+	-	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																								_	
PITUITARY Adenoma, Nos	+	+	* x	+	-	A	A	+	+	+	+	+	+	+	+	+	-	+	+	* x	<u>*</u>	* *	+	+	_*
ADRENAL Cortical Adenoma	+	*	+	+		A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+
THYROID Follicular-Cell Adenoma C-Cell Adenoma	+	+	+	+	+	A	A	+	+	-	+	+	+	-	+	+	+	+	+	×	-	+	+	+	+
PARATHYROID Adenoma, Nos	-	+	+	+	-	A	A	+	+	-	-	-	-	-	+	+	+	+	+	* ×	-	٠	+	-	+
REPRODUCTIVE SYSTEM														<i></i>							~~~~				
MAMMARY GLAND Adenoma, nos Fibroadenoma	+	N	+	+	* X	A	A	N	N	N	н	N	N	+	+	+ ×	+ x	+	н	+ X	+	+	N	N	N
UTERUS ADENOCARCINOMA, NOS ENDOMETRIAL STROMAL POLYP	+ x	+	+	+	+	A	A	-	+	+	+	+	+	+	* x	+	+	+	+	+	+	+	+	+	+
QVARY	+	+	+	+	+	A	A	_	÷	+	-	÷	+	+	+	+	+	+	+	+	+	+	+	+	+
ERVOUS SYSTEM			_																			• • • •			
BRAIN	+	+	+	+	+	A	A	+	÷	-	+	+	÷	+	+	+	+	+	+	÷	+	÷	÷	+	+
LL OTHER SYSTEMS					······					_~															
MULTIPLE ORGANS NOS Malignant Lymphoma, nos Lymphocytic Leukemia Monocytic Leukemia	н	N	н	N	N	A	A	N	H	м	N	н	N	N	N	H	N	н х	н	н	H	н	н	н	ĸ

+: TISSUE EXAMINED MICROSCOPICALLY : NO TISSUE INFORMATION SUBMITTED -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: TUDOR INFOLORICE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION B: NO NECROPSY PERFORMED

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

ANIMAL NUMBER WEEKS ON	0 7 6 1	0 7 7	0 7 8	0 7 9	0 8 0	8	0 8 2	0 8 3	0 8 4 0	0 8 5	8 6 0	0 8 7 0 5	01	0 8 9	0 9 0 0 7	9	9 2	0 9 9 9	0047	0950	9	37	9	09907	0	TOTAL
STUDY	4	0 4	0 8 4	9	0 9 0	0	0   4	84	2	0	8 7	5	5	4	7 8	0	9	8	0 4	1	81	0 4	0 4	8	7	TUMOR
RESPIRATORY SYSTEM																+	•			A						46
LUNGS AND BRONCHI	++-	+		+	- <u>+</u> -	<u>+</u> -	, +	<u>A</u>	<u>+</u>	- <u>*</u>	- <u>+</u>	÷	÷	÷	<u>+</u>	÷	- <u>-</u>	<u>+</u>	+	<u>^</u>	+	+	+		+	44
TRACHEA IEMATOPOIETIC SYSTEM		_	-	+	*	+	+	A	<u> </u>	+		•	<u> </u>	<u> </u>		÷	_	_	-						_	
BONE MARROW	1.	+	+	+	+	+	+	۵	+	÷	÷	+	+	÷	+	+	+	+	÷	A	+	+	+	÷	+	45
SPLEEN	1.	+	+	+	+	+	-	 A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	45
LYMPH NODES Malignant Lymphoma, Nos	·	-	+	+	-	-	-	A	+	-	+	+	+	-	+	+	+	+	+	A	-	+	+	+	•	27
THYMUS	-	-	-	-	-	-	-	A	-	-	~	-	-	-	-	-	-	-	-	A	-	-	-	-	-	5
IRCULATORY SYSTEM	~								<u> </u>												_				-1	
HEART	+	+	+	+	+	+	+	A	+	+	+	÷	+	+	+	+	÷	+	+	A	+	+	+	+	+	46
IGESTIVE SYSTEM	-	_																								
SALIVARY GLAND	++	+	+	+	<u>+</u>	+	+	A	+_	+	+	+	+	+	+	+	٠	+	+	<u>A</u>	-	+	+	+	-+Í	43
LIVER NEOPLASTIC NODULE	+	* x	+	+	+	+	+	A	+	•	+	+	+	+	+	+	* ×	+	+	A	+	+	*	+	+	<u>44</u> 2
BILE DUCT	++	+	- <u>+</u> -	+	+	+	+	A	+	+	+	+	. *	+	+	+	+	+	_+_	<u>A</u>	+	+	+	+	-+	44
GALLBLADDER & COMMON BILE DUCT	<u>⊢ №</u>	N	N	N	N	<u>N</u>	<u>N</u>	Α.	N	N	N	<u>N</u>	N	N	<u>N</u>	<u>N</u> .	<u>N</u> _	N	<u> </u>	<u>A</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>.</u> H_	<u>-N</u>	<u>46×</u>
PANCREAS	++	+	+	+	+	+	-	<u>A</u>	+	+	+	<del>+</del>	+	+	<u>+</u>	+	<u>+</u>	+	. <u>+</u>	_A	+	. +	+	+	+	44
ESOPHAGUS Squamous cell carcinoma	+	<u>_</u> *	+	+	+	-	+	A	+	+	+	+	+	+	+	+	+	_	+	A	+	+	+	+		42 1
STOMACH	+	+	+	+	+	+	+	A	+		+	+	+	+	+	+	+	+	+	A	+	+	+	+	-+	43
SMALL INTESTINE	+	+	+	+	+	-	+	A	+	÷	+	+	+	٠	+	÷	+	+	٠	A	+	+	+	+	+	42
LARGE INTESTINE	+	+	+	+	٠	+	+	A	÷	+	+	÷	+	-	+	+	+	+.	÷	A	+	+	+	+	+	42
JRINARY SYSTEM							_	-														-				
KIDNEY Tubular-cell Adenoma	<u> +</u>	+	+	+	+	+	+	A	<u> </u>	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	46 1
URINARY BLADDER	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	-	+	+	+	+	42
ENDOCRINE SYSTEM																_		_								
PITUITARY Adenoma, nos	+	+	, ×	-	+	+	+	A	+	+	+	+	+	+	+	+	+	-	+	A	* X	+	+	+	+	42 7
ADRENAL CORTICAL ADENOMA	+	+	+	+	+	+	+	A	+	+	+	+	+	+	-	+	+	+	+	A	+	+	+	+	+	44
THYROID Follicular-cell adenoma C-cell Adenoma	+	+	+	+	+	*	+	A	+	+	+	+	+	+		+	+	+	+	A	+	+ x	+	+	+	42 1
PARATHYROID Adenoma, Nos	+	+	+	+	-	+	+	A	-	+	-	+	-	-	-	+	+	-	+	A	+	+	+	-	+	29
REPRODUCTIVE SYSTEM												_										,				
MAMMARY GLAND Adenoma, NOS Fibroadenoma	×	* X	* 	+	+	+ 	н	A	+	н	+	+	+	+	+	+	+	+	H	A 	+	+	N	N	н —	46*
UTERUS ADENOCARCINOMA, NOS ENDOMETRIAL STROMAL POLYP	+ x	+	-	+ X	+	+	-	A	+	+	+	+	+	-	+	+	+	+	+	A	+	+	+	+	+	42
OVARY	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	÷	÷	A	+	+	٠	+	+	44
RERVOUS SYSTEM	+																_									
BRAIN	+	+	+	+	÷	+	٠	A	+	٠	+	+	÷	٠	+	٠	٠	+	+	A	٠	٠	٠	+'	+	45
LL OTHER SYSTEMS		-																							-	
MULTIPLE ORGANS NOS Malignani Lymphoma, nos Lymphocytic Leukemia Monocytic Leukemia	N	N	N X	N	н	N	н	A	N	N	N X	N	н	H	N	N	N	м	N	A	N	м	н	N	N	46× 1 2
ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSC -: REQUIRED TISSUE NOT EXA X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS,	OPICA MINED NO M	LCI MI	CRO	5C0 1971	PIC C E	ALL XAM	Y 11 N A	110	и		C A B	1	ANIM	14 L T S	SUE SY, SIS MIS ROPS	SIN	G			ទប ពា	)E	TTE TO I	PRO	TOC	οι	

# **APPENDIX B**

# SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE

# TABLE B1.

# SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 48 48	50 46 46	50 50 50
INTEGUMENTARY SYSTEM			
*SUBCUT TISSUE SARCOMA, NOS		(46)	(50)
RESPIRATORY SYSTEM			
#LUNG HEPATOCELLULAR CARCINOMA, METAST ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA PAPILLARY ADENOCARCINOMA, METAST	(45) 2 (4%) 5 (11%) 1 (2%)	(45) 1 (2%) 5 (11%) 1 (2%)	(50) 3 (6%)
IEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Malignant Lymphoma, nos Leukemia,nos	(48) 2 (4%) 1 (2%)	(46) 2 (4%) 1 (2%)	(50)
#LYMPH NODE Malignant Lymphoma, nos Mast-cell Tumor	(41) 1 (2%)	(38) 1 (3%)	(41)
CIRCULATORY SYSTEM			
#SPLEEN Hemangioma Hemangiosarcoma	(45) 2 (4%)	(42) 1 (2%) 1 (2%)	(48)
#LIVER HEMANGIOMA HEMANGIOSARCOMA	(48) 1 (2%)	(46)	(50)

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

1,1,1,2-Tetrachloroethane

TABLE B1.	MALE MICE:	NEOPLASMS	(CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
DIGESTIVE SYSTEM			
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEPATOBLASTOMA	(48) 6 (13%) 12 (25%)	(46) 14 (30%) 13 (28%) 1 (2%)	(50) 21 (42%) 6 (12%)
#JEJUNUM Adenomatous polyp, nos	(39)	(36) 1 (3%)	(38)
#COLON LEIOMYOMA	(37)	(38) 1 (3%)	(35)
URINARY SYSTEM			
#KIDNEY TUBULAR-CELL ADENOMA	(48) 2 (4%)	(44)	(50)
ENDOCRINE SYSTEM			
#ADRENAL Cortical Adenoma	(45) 1 (2%)	(43) 2 (5%)	(50)
#THYROID Follicular-cell adengma	(32) 1 (3%)	(35) 1 (3%)	(47)
REPRODUCTIVE SYSTEM None			
NERVOUS SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
*EYE/LACRIMAL GLAND ADENOMA, NOS PAPILLARY ADENOMA	(43) 1 (2%)	(46)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
PAPILLARY ADENOCARCINOMA		1 (2%)	
MUSCULOSKELETAL SYSTEM			
*CRANIAL AND FACIAL B OSTEOMA	(48)	(46) 1 (2%)	(50)
BODY CAVITIES			
*PLEURA HEPATOCELLULAR CARCINOMA, METAST	(48) 1 (2%)	(46)	(50)
ALL OTHER SYSTEMS			
NONE			
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE SCHEDULED SACRIFICE	50 11 1	50 13 3	50 19 30
ACCIDENTALLY KILLED Terminal sacrifice Animal missing	38	34	1
a INCLUDES AUTOLYZED ANIMALS			

#### TABLE B1. MALE MICE: NEOPLASMS (CONTINUED) \_\_\_\_\_

	VEHICLE Control	LOW DOSE	HIGH DOSE
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	28 37	36 49	27 30
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	16 19	24 27	22 24
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	14 17	18 22	د 6
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	2 3	2 2	
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors	1		
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Primary or metastatic Total uncertain tumors			
* PRIMARY TUMORS: ALL TUMORS EXCEPT SE # SECONDARY TUMORS: METASTATIC TUMORS	CONDARY TUMO OR TUMORS IN	RS VASIVE INTO AN A	DJACENT ORGAN

# TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

## TABLE B2.

## SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 47 47	50 48 43
INTEGUMENTARY SYSTEM			
*SUBCUT TISSUE Sarcoma, Nos	(50) 1 (2%)	(47)	(48)
RESPIRATORY SYSTEM			
#LUNG ALVEOLAR/BRONCHIOLAR ADENOMA SARCOMA, NOS, METASTATIC	(50)	(46) 2 (4%)	(48)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Malignant Lymphoma, nos Leukemia,nos Lymphocytic Leukemia	(50) 7 (14%) 1 (2%)	(47) 4 (9%) 1 (2%)	(48)
#SPLEEN Malignant Lymphoma, nos	(49) 1 (2%)	(44)	(47)
#LIVER MALIGNANT LYMPHOMA, NOS	(49)	(46) 2 (4%)	(48)
CIRCULATORY SYSTEM			
*SUBCUT TISSUE Hemangiosarcoma	(50) 1 (2%)	(47)	(48)
#SPLEEN Hemangioma	(49) 1 (2%)	(44)	(47)
#LIVER HEMANGIOMA	(49)	(46)	(48)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#OVARY Angiosarcoma	(49)	(42) 1 (2%)	(42)
DIGESTIVE SYSTEM			
#SALIVARY GLAND Adenoma, Nos	(48) 1 (2%)	(44)	(47)
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	(49) 4 (8%) 1 (2%)	(46) 8 (17%) 5 (11%)	(48) 24 (50%) 6 (13%)
PARTITOMA NOS	(45)	(41) 1 (2%)	(44) 1 (2%)
JRINARY SYSTEM			
#KIDNEY HEPATOCELLULAR CARCINOMA, METAST	(49)	(46) 1 (2%)	(48)
ENDOCRINE SYSTEM			
#PITUITARY Adenoma, Nos	(43) 4 (9%)	(41) 8 (20%)	(40)
#THYROID Follicular-cell Adenoma	(41) 1 (2%)	(40) 1 (3%)	(42)
<pre>#PANCREATIC ISLETS     ISLET-CELL CARCINOMA</pre>	(47) 1 (2%)	(46)	(47)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Carcinona,Nos Adenona, Nos	(50) 1 (2%) 1 (2%)	(47)	(48)
#UTERUS ENDOMETRIAL STROMAL POLYP	(50)	(43)	(41)

# TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#OVARY GRANULOSA-CELL CARCINOMA	(49) 1 (2%)	(42)	(42)
NERVOUS SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
NONE			
MUSCULOSKELETAL SYSTEM			
*SKELETAL MUSCLE Sarcoma, Nos	(50)	(47) 1 (2%)	(48)
BODY CAVITIES			
NONE			
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS SARCOMA, NOS LEIOMYOSARCOMA	(50) 2 (4%)	(47) 2 (4%) 1 (2%)	(48)
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE	50 7 2	50 13 6	50 20 30
SCHEDULED SACRIFICE ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	4 1	31	
INCLUDES AUTOLYZED ANIMALS			

# TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	25 31	31 38	30 31
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	12 14	18 21	24 25
TOTAL ANIMALS WITH MALIGNANT TUMORS Total Malignant tumors	16 17	17 17	6 6
TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS	; 1 1	1 1	
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors			
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS			
* PRIMARY TUMORS: ALL TUMORS EXCEPT SE # SECONDARY TUMORS: METASTATIC TUMORS			ADJACENT ORGAN

# TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

## TABLE B3.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR STUDY OF 1,1,1,2-TETRACHLOROETHANE

		V		111	<b>ـا ب</b> ا		5	JN		ΠL	] L														
ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 1 7	0	0	2	0 2	22	2	2	02
WEEKS ON	++			-4	-1	- 6		-	9		+	- 7 -	-	-1	- 5 9	6	7 0 9	8	9	1	0	1	-11	1	5 1 0
STUDY	0	8	0 4	0	0   4	8	0	4	0 4	0 4	0 4	4	4	0   4	8	0 -4	2	4	0 4	0 4	8	0 4	0   4	0   4	0 4
INTEGUMENTARY SYSTEM SUBCUTANEOUS TISSUE	+	+	+	÷	+	N	÷	÷	÷	÷	÷	÷	÷	÷	+	÷	N	÷	÷	÷	+	+	•	+	+
SARCOMA, NOS		·	Ċ	·	·		·	Ċ	·	·		×		·	•			·	·	·	·				
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA Alveolar/Bronchidlar Adenoma Alveolar/Bronchidlar Carcinoma	+	*	+ 	+	+	*	*	-	×	-	+	+	+	+	*	•	•	*	* x	+	•	•	* ×	*	*
TRACHEA	+	+	+	+	÷	+	+	+	÷	+	÷	+	+	+	+	+	٠	÷	+	+	+	+	+	÷	÷
HEMATOPOIETIC SYSTEM																									
BONE MARROW	+	+	+	+	÷	-	+	+	+	+	+	+	+	٠	+	+	ŧ	÷	÷	+	÷	÷	<b>t</b>	+	+
SPLEEN HEMANGIOMA	+	+	* x	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	-	+	+	+	+	+	+
LYMPH NODES Mast-cell tumor	+	-	+	•	•	+	+	+	+	+	+	+	+	+	+	* x	+	+	+	+	-	+	+	+	+
THYMUS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CIRCULATORY SYSTEM	-																								_
HEART	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	+	ŧ	+	+	+	+	+	+	+	<del>.</del>	+	<u>+</u>	_ <del></del>	<u>+</u>	_ <del>+</del>			+	+	+	+	+	+	+
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEMANGIOMA	+	+ ×	+	* ×	+	+	+	+	* ×	+	*	+ x	+	+	* ×	+	+	•	+	•	+	+	×	+	* ×
BILE DUCT	+	+	+	+	+	+	+	+	÷	+	÷	÷	+	+	+	+	+	+	+	+	+	+	+	+	÷
GALLBLADDER & COMMON BILE DUCT	+	N	÷	+	÷	+	+	÷	N	Ν.	+	+	+	N		+	N	+	÷	+	N	N	н	N	+
PANCREAS	+	+	+	+	+	÷	+	+	÷	+	+	+	+	+	+	÷		. <del>.</del> .	+	+	+	+	+	+	÷
ESOPHAGUS	+	-	+	+	+	+	+	+	÷	•	+	+	÷	÷	+	+.	-	+	+	. <u>+</u>	+	+	-	+	÷
STOMACH	+	t	+	+	+	-	+	+	+	+	+	+	+	+	-	÷	-	+	+	+		+	+	+	+
SMALL INTESTINE	+	÷	+	+	+	_	+	+	+	+	+	+	+	+	-	+	-	+	•	+	-	+	+	+	÷
LARGE INTESTINE	+	+	+	+	÷	-	+	+	+	+	+	-	÷	+	-	÷	-	+	-	-	-	÷	+	+	÷
URINARY SYSTEM			~~~																						
KIDNEY TUBULAR-CELL ADENOMA	+	+	٠	٠	٠	+	+	+	•	+	+	+	+	+	٠	+	٠	+	٠	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	÷	+	+	+	~	+	+	+	+	•	+	+	-	+	+	٠	-	+	+	-	-
ENDOCRINE SYSTEM	<u> </u>	-																							
PITUITARY	+	+	+	+	+	+	+		-	-	+	+	-	+	+	+	-	+	+	t	+	-	+	+	+
ADRENAL Cortical Adenoma	•	-	+	+	•	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYROID Follicular-cell Adenoma	+	-	٠	•	-	+	+	+	-	+	+	+	+	-	+	+	+	+	-	+	-	*	+	•	+
PARATHYROID	-	-	-	-	-	+	-	-	-	-	-	-	-	•	+	-	-	-	-	-	-	•	-	*	-
REPRODUCTIVE SYSTEM																									
MAMMARY GLAND	<u>                                     </u>	N	N	<u>N</u>	_N_	<u>N</u> _	<u>N</u> _	N	N	N	Ν.	N	<u>N</u>	N.	_N_	<u>N</u>	<u>N</u>	<u>N</u>	N	<u>N</u>	<u>N_</u>	<u>N</u>	<u>N</u>	N	N
TESTIS	++-	+	+	+	+	+	+	+	+	+	+	+	+	+	t	+	_+	+	+	+	t	+	+	+	+
PROSTATE	+	+	-	-	+	+	+	+	-	+	+	+	+	+	~	+		+	+	+		+	+	+	-
NERVOUS SYSTEM																									
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Lacrimal gland Adenoma, Nos	н	N	N	N	N	N	N	N	N	N	N	N	N	H	N	н	н	N	N	N	N	N	N	N	N
BODY CAVITIES	⊢																								_
PLEURA HEPATOCELLULAR CARCINOMA, METASTA	н	N	N	N	N	N	н	N	N	N	N	N	н	N	ĸ	N	N	N	H	N	N	N	N	N	N
ALL OTHER SYSTEMS Multiple organs NOS	N	N	N	N	N	N	N	N	N		 N	N N	N 1	N	N		N 1	N	N	N	н	N	N	N	N
MALIGNANT LYMPHOMA, NOS LEUKEMIA,NOS		n	n		n		n		x		n			n 		"		x							

# **VEHICLE CONTROL**

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE H: MECKORSY, 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

TADLE DO MALE MICE.		
IABLE BJ. MALE MILE:	TUMOR PATHOLOGY (CONTINUED)	

ANIMAL NUMBER WEEKS ON	0 2 6	0 2 7	0 2 8 1	2	0 3 0	0 3 1	0 3 2	0 3 3	34	0 3 5	0 3 6	0 3 7 1	0 3 8	0 3 9	0 4 0	0 4 1	0 4 2	3	44	0 4 5	0 4 6	0 4 7	048	0 4 9	0 5 0	TOTAL
STUDY	4	0	0   4	0 ( 4	0   4	91	0 4	8	4	0 4	81	4	3	4	4	4	4	4	4	4	0   4	6		0   4	6)	TUMORS
SUBCUTANEDUS TISSUE Sarcoma, Nos	+	+	+	÷	÷	N	÷	A	+	÷	+	+	+	+	+	+	+	÷	٠	+	+	+	A	٠	+	48× 1
RESPIRATORY SYSTEM																						-			-+	
LUNGS AND BRONCHI Hepatocellular carcinoma, metasta Alveolar/Bronchiolar adenoma Alveolar/Bronchiolar carcinoma	+	+	+	+	+	+	•	A	+	+	×	+	+	+	+	+	+	+ ×	+	+ ×	+	-	A	+	+	45 2 5
TRACHEA	+	÷	-	+	÷	+	+	A	+	÷	+	÷	+	+	+	-	+	-	÷	+	+	-	A	+	+	44
HEMATOPOIETIC SYSTEM																										
BONE MARROW	+	+	+	+	+		+	A	+	+	+	+	+ -	+	+	÷	+	+	+	+	+	+	Α	+	+	46
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	A	* X	+	+	+	+	+	+	+	+	+	-	+	+	+	A	+	+	45
LYMPH NODES Mast-cell tumor	+	+	+	+	+	+	+	A	+	+	-	+	+	-	+	+	+	+	+	-	+	+	A	-	-	41
THYMUS	-	-	-	-	-	-	-	A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	A	-	-	0
CIRCULATORY SYSTEM														-											-+	·
HEART	+	+	+	÷	+	+	+	A	+	+	+	÷	÷	+	÷	+	+	+	÷	+	+	+	A	+	+	47
DIGESTIVE SYSTEM																										
SALIVARY GLAND	+	+	+	+	+	+	+			+	+	+	+	+	+	+	+	+	+	+	+	+	.A	+	+	48
LIVER	+	+	+	+	+	+	+	A	+	+	+	+	٠	+	+	÷	+	÷	+	+	+	+	A	+	+	48
HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEMANGIOMA	×	x	x			x	×			X	x		x					x			x					12
BILE DUCT	+	+	+	÷	+	÷	+	A	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	A	٠	+	48
GALLBLADDER & COMMON BILE DUCT	+	+	+	N	+	+	+	A	+	+	N	+	N	+	N	+	+	. <del>.</del>	+	+	+.	+	A	+	+	48×
PANCREAS	+	+	<u>+</u>	+	+	+	+	A	+	+	+	+		+	÷	+	+	+	+	+	+	+	<u>_ A</u>	+	+	45
ESCPHAGUS	+	+	-	+	-	+	+	A	+	+	+	+	+	+	+	-		-	+	+	+		<u> </u>	+	+	39
STOMACH	+	+	+	+	+	+	+	Α	+	+	+	+	-	+	. ' <b>+</b>	+	+	+	+	+	+	-	.A.	+		41
SMALL INTESTINE	+	÷	+	+	+	+	+	A	+	+	+	+	-	+	+	+	+	+	+	-	+		A	+	-	39
LARGE INTESTINE	+	+	٠	+	+	+	+	A	-	÷	÷	+	-	+	+	÷	+	+	+	+	+	-	A	+	-	37
URINARY SYSTEM	+								-													-		-		
KIDNEY TUBULAR-CELL ADENOMA	+	+	+	+	+	+	+	A	+	+	+	+	+	* *	+	+	+	<u>*</u>	•	+	+	+	A	•	+	48 2
URINARY BLADDER	+	+	+	+	+	+	÷	A	٠	+	+	+	+	+	-	٠	٠	+	+	+	+	+	A	+	+	41
ENDOCRINE SYSTEM																	_									
PITUITARY	+-+-	+	+		+		+	A	-	+	+	-	+	+	+	+	+	+	+		+	+	<u>A</u>	<u>+</u>	-	36
ADRENAL Cortical Adenoma	+	+	+	+	+	+	+	A	+	+	+	+	+	+	-	+	+	+	* x	+	+	+	A	+	+	45
THYROID Follicular-cell adenoma	-	+	~	+	+	+	-	A	+	+	+	+	+	-	+	-	-	-	-	-	-	+	A	+	+	32
PARATHYRDID	-	+		-	+	+	-	A	+	+	-	-	+	-	-	-	-	-	-	-	-	_	A	-	+	11
REPRODUCTIVE SYSTEM	┼																								-	
MAMMARY GLAND	N	N	N	н	<u>N</u>	_N_	N	A	_N_	N	<u>N</u>	N	N	N	м	N	N	N	N	N.	N	N	.A.,	N	N	48*
TESTIS	+	+	+	+	+	+	÷	A	+	÷	+	÷	+	+	+	+	+	+	+	+	+	+	<u>A</u>	_t.	+	48
PROSTATE	-	+	+	-	+	+	+	A	٠	+	+	+	+	+	+	٠	+	-	٠	+	-	٠	A	+	+	37
NERVOUS SYSTEM	+											-												-	-	
BRAIN	+	+	٠	+	+	4	+	á	+	+	+	+	-	+	+	+	+	÷	+	+	+	٠	A	+	+	45
SPECIAL SENSE ORGANS	+					****													-			-			-	
LACRIMAL GLAND Adenoma, NDS	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	н	N	H	н	H	N	N	A	N X	N	48* 1
BODY CAVITIES	$\vdash$		_																		-				-†	
PLEURA HEPATOCELLULAR CARCINOMA, METASTA	N	н	N	H	N	N	N	A	N	N	н	н	н	N	N	н	N	н	н	N	N	N	A	N	N	48× 1
ALL OTHER SYSTEMS Multiple organs nos Malignant Lymphoma, nos	N	N	N	N	н	N	N	A	N	N	N	N	N	N	N	N	N	н	N	N	N	н	A	N	ĸ	48*
LEUKEMIA.NOS * ANIMALS NECROPSIED - TISSUE EXAMINED MICROSCON - REQUIRED TISSUE NOT EXAMI X: IUMOR NICIDENCE N: MECROPSY, NO AUTOLYSIS, )	ICA INED	LLY MI ICR	CRO DSC	SCO DPI	PIC C E	ALL XAM	Y	110	N		C: A: B:	۲ م	X IECR UTO NIM	LYS	Y, IS MIS	NO	H15 86	TOL	.0G1	5U1 7 D1	MIT JE	TTEI TO P	) PR0	TOCI	0L	

## TABLE B3.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR STUDY OF 1,1,1,2-TETRACHLOROETHANE

						NA/	n	08	e																
				ا 																					
AN IMAL Number	0	0	0	004	005	0	0	0	0	0	1	1	1	1	1	0	0	0	1	020	021	222	0 2 3	2	25
WEEKS ON STUDY	1	0	0	1	0	0	1	9	9	9	1	1	1	1	0	1	1	0	0 7	0	1	1	1	1	1
RESPIRATORY SYSTEM	41	_11	_	41	_41	4	4	_11	8	71	4	-41	41	41	41	41	41	41	31	4	41	4	4	4	4
LUNGS AND BRONCHI Hepatocellular Carcinoma, metasta Alveolar/Bronchiolar Adenoma Papillary Adenocarcinoma, metasta,	+	+	٨	+ X	+	+	+	+	A	+ ×	+	+	+	+	+	+	+	+ x	A	+	+	+	+	+	+
TRACHEA	+	-	A	÷	+	+	÷	+	A	+	÷	+	+	+	÷	÷	+	+	A	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																									
BONE MARROW	+	+	A_	+	+	+	+		A	÷	+	+	÷	÷	+	+	+	÷	A	+	+	t	÷	-	÷
SPLEEN Hemangioma Hemangiosarcoma	+	•	A	+	+	+	+	+	A	+	+	•	+	+	+	•	+	+	A	+	+	+	+	+	+
LYMPH NODES Malignant Lymphoma, Nos	+	+	A	+	+	+	÷	-	A	+	-	-	+	+	-	+	+	+	A	+	+	+	+	+	-
THYMUS	-	-	A	-	-	-	-	-	A	-	-	-	-	-	-	-	-	-	A	-	-	-	-	-	-
CIRCULATORY SYSTEM	<del> </del>																								
HEART	+	÷	A	+	+	+	+ '	÷	A	+	+	+	+	+	÷	+	÷	÷	+	÷	÷	÷	+	+	÷
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	÷	A	+	+	+	+	+	A	+	+	÷	+	÷	+.	+	+	+	A	+	+	+	+	+	+
LIVER Hepatocellular Adenoma Hepatocellular Carcinoma Hepatoelular Carcinoma	* ×	+	A	+	+	+ X	* x	+ x	A	* X	* ×	* ×	+	* ×	* X	+ X	+ x	+ x	+	+	+	* ×	+ x	+ x	* ×
MEMANGIOSARCOMA	-									<u>X</u>														X	
BILE DUCT	+	<u>+</u>	<u>A</u>	+	+	+	+	+	. <u>A</u>	+	+	+	+	+	+	+	+	+		. +	+	+	<del>+</del>	+	-
GALLBLADDER & COMMON BILE DUCT	н	*	A	+	+	+	+	N	A	+	+	+	+	+	N	+	N	+	N	H	•	+		•	1
PANCREAS	┝┿	<u>+</u>		-	+	+	+	+	_ <u>A</u>	+	+	+	-	+	+	+	+	+	<u>A</u>	+	. + .	+	.*-	<u>+</u>	+
ESOPHAGUS	+		A	+	+	+	+	+	_A	<del>.</del>	+	. <u>+</u>	-	+	-	+	+	+	_A	+	+	+	+	. <u>+</u>	+
STOMACH Small Intestine Adenomatous Polyp, Nos	+	+	 A	+	+	+	-	+	A	+	+	+	+	+	+	+	+	+	A .	+	+	+	+	+	+
LARGE INTESTINE Leiomyoma	+	+	A	+	* x	+	+	÷	A	+	-	+	÷	÷	٠	+	+	+	A	+	+	+	+	÷	+
URINARY SYSTEM																									_
KIDNEY	•	+	۵	+	÷	+	÷	+	A	+	÷	+	+	÷	÷	+	+	+	٨	÷	+	÷	÷	+	+
URINARY BLADDER	+	+	4	+	+	+	+	+	4	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM	<u> </u>			-		·	·				·					<u> </u>									
PITUITARY	ί.				-			_								+	+	-			÷		_	•	
ADRENAL	+	+	 A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	-	+	+	+	+	+
CORTICAL ADENOMA	-															x									
THYROID Follicular-cell Adenoma	+	-	A	+	+	•	-	-	A	+	+	+	+	-	+	+	+	+	A	+	+	+	+	+	+
PARATHYRGID	-	-	A	-	-	-	-	-	A	-	-	+	-	-	-	-	÷	-	A	-	-	-	-	-	+
REPRODUCTIVE SYSTEM																									
MAMMARY GLAND	N	N	A	<u>N</u>	N	N	N	N	A	+	N	N	N	N	N	Ν.	.N	N	N	N	N	N	N	N	N
TESTIS	+	+	Α.	<u>t</u>	+	<u>.</u> +	-	+	Α		. <u>+</u>	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	•	+	A	+	+	+	+	-	A	-	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	-
NERVOUS SYSTEM	<u> </u>				_																				
BRAIN	+	+	۵	+	+	+	+	+	۵	+	+	+	+	+	+	+	+	+	۵	÷	+	+	+	+	+
SPECIAL SENSE ORGANS									······	·															
LACRIMAL GLAND Papillary Adenoma Papillary Adenocarcinoma	N	N	A	N	н	н	N	H	A	N X	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	H
MUSCULOSKELETAL SYSTEM																									
BONE Osteoma	N	N	A	N	N	N	N	H	A	N	N	N	N	N	N	N	N	N	N	N	N X	H	N	N	N
ALL OTHER SYSTEMS			<b></b>																						
MULTIPLE ORGANS HOS Malignant Lymphoma, Hos Leukemia, Hos	N	N	A	N	N	н	н Х	N	A	H	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N
MUSCULOSKELETAL SYSTEM Bone Osteoma All other systems Multanet Lympoma, nos	N	н	A									н	н	N		N	N	н	N	н	N	N			-

 +: TISSUE EXAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBMITTED

 -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL

 X: TUMDE INCIDENCE
 A: AUTOLYSIS

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

 B: NO HECROPSY PERFORMED
 B: NO HECROPSY PERFORMED

ANIMAL NUMBER	0	0 2 7	ş	2	0	0 3  1	3	0	0	3	03	3	3	3	040	4		ŧ.		4	1				5	TOTAL
WEEKS ON STUDY	9	9	0 2 8 1 0		1	1	1	1	-	1	0	1	0	0	0		0	;			3	1	0		1	TUMOR
RESPIRATORY SYSTEM	101	91	41	41	0	. 91	41	41	-91	91	41	91	_21_	3	-91	9	91_	.91.	91		-14	-11-		21	7	
LUNGS AND BRONCHI Hepatocellular carcinoma, metasta Alveolar/Bronchiolar adenoma Papillary adenocarcinoma, metasta	+	+	+	+	•	+	+	•	+ X	×	+	+	+	•	•	•	•	*	•	* ×	•	•	•	•	•	45 5 1
TRACHEA	+	-	÷	-	+	+	+	+	+	÷	+	-	+	-	٠	+	+	A	-	٠	Á	٠	٠	-	+	38
HEMATOPOIETIC SYSTEM	-								~~~~																+	
BONE MARROW	+	+	+	+	+	+	+	+	. <u>+</u>	+_	+	+	<u>+</u>	+	+	+	+	A	*	+		+	*	+	+	43
SPLEEN Hemangioma Hemangiosarcoma	×	-	+	+	+	-	+	+	-	+	•	+	+	• x	+	•	•	*	•	•	<u>*</u>	•	•	•	•	42
LYMPH NODES Malignant Lymphoma, Nos	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	•	•		•	ż.		•	<u> </u>	+	4	38,
THYMUS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		-	•		-	-	-	-	0
CIRCULATORY SYSTEM	1-														-										+	
HEART	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	•	+	A	-	+	A	+	٠	+	+	45
DIGESTIVE SYSTEM	-	-									••••											-			1	
SALIVARY GLAND	+-	+	_ <u>+</u> _	+	.+	+	+	+	+	+	<u>+</u>	+	.+	•	+	+	+		+	+	<b>A</b>	*	•	+	╧┼	_44
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEPATOBLASTOMA HEMANGIOSARCOMA	×	+	×	+ X	* ×	+	+	+	* X	+ ×	×	+	* ×	+ ×	* ×	+	*	*	×	•	•	•	•	•	•	46 14 13 1
BILE DUCT	+	+	+	+	+	+	. +	+	+	+	+	+	+	+	+	+	•	A	+	+	A	÷	٠	+	±	46
GALLBLADDER & COMMON BILE DUCT	н	Н	+	+	н	+	+	+	+	+	÷	+	N	+	+	+	+	A	+	+	A	N	+	N	N	46×
PANCREAS	L.	-	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	۸.	•	+		+	+	•	+	. 41
ESOPHAGUS	+	+	+	-	+	+	-	+	+	+	+		+	-	+	+	+	A	-	+	۸.	+	+	+	.+	37
STOMACH	L+	-	+	+	+	+	+	+	+	÷	+	+	+	+	+	+_	<u>+</u>	۸.	+	+	۸	-	+		+	42
SMALL INTESTINE	-	-	+	+	+	+	÷	-	+	+	+	+	-	-	+	٠	-	A	٠	+	٨	-	+	-	+	36
ADENOMATOUS POLYP, NOS Large intestine Leidmydma	-	-	+	+	+	-	+	+	+	+	+	+	+	+	+	ţ	٠	A	-	+	٨	-	+	-	•	38,
URINARY SYSTEM	┼																								+	
KIDNEY	1.+	+	+	+	+	+	÷		+	÷	+	+	+	+	+	+	+	٨.	+	+	A	+	٠	+	ᅪ	64
URINARY BLADDER	Γ-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	A	+	+	A	+	٠	٠	•	44
ENDOCRINE SYSTEM	+															-							-		+	
PITUITARY	+			-	+		+		+	+	+	+	+	+	+	+	+	۸.	+	-		*			-+	32
ADRENAL	+	+	+	+	÷	+	;	÷	+	٠	+	٠	+	+	+	+	٠	A	*	٠	A	-	٠	+	+	43 2
CORTICAL ADENOMA Thyroid	+	+	 +	-	-	+	 +	+	+	+	+	-	+	-	+	+	•	A	+	-		÷	÷	+	7	35
FOLLICULAR-CELL ADENOMA	<u></u>																		X						-+	1
PARATHYROID	] -	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-	+	A	+	-	A	-	-	-	+	7
REPRODUCTIVE SYSTEM	1																									
MAMMARY GLAND	N	N	N	N	+	<u>N</u>	N	N	N	<u>N</u> _	N	N	N	N	N	Ν.	N.	<u>A</u>	+	N		N.	<u>N</u>	+	- 14	46×
TESTIS	+-+-	+	+	+	+	+	+	<u> </u>	+	+	+	+	+	*	+	+	+	<u>A</u>	+	+	<u>A</u>	+	+	. <u>+</u>	+	43
PROSTATE	-	÷	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	A	+	•	A	•	+	-	+	39
NERVOUS SYSTEM	1							_																	J	
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	A	+	*			44
SPECIAL SENSE ORGANS Lacrimal gland	N	N	N	N	N	н	N	N	н	N	н	N	N	N	N	N	н	A	N	N	A	N	H	N	н	46*
LACRIMAL GLAND PAPILLARY ADENOMA PAPILLARY ADENOCARCINOMA	_																							···-		
MUSCULOSKELETAL SYSTEM	1.	N		ы	н	н	N	н	N	N	N	N	N	N	N	N	N		N	N		N	N	N	N	46+
BONE OSTEDMA	N	н	N	N	н	n	п	n	R	'n	a					.,	.,	_	.,		_					1
ALL OTHER SYSTEMS Multiple Organs Nos Malignant Lymphoma, Nos Leukemia, Nos	И	н	н	N	N	N	N	н	N	N	н	N	N	N	N	N	N	A	N	N		N	N	NX	н	46

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

\* ANIMALS NECROPSTED \* TISSUE EXAMINED MICROSCOPICALLY - REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY - REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY - REQUIRED TISSUE NOT EXAMINED MICROSCOPIC EXAMINATION - NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION - NO NECROPSY PERFORMED - NO NECROPSY PERFORMED

## TABLE B3.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR STUDY OF 1,1,1,2-TETRACHLOROETHANE

													_											
ANIMAL NUMBER		0	0	0	0	8	8	8	0	1	0	0	0	1	0	1	?	0		2	2	2	2	2
WEEKS ON		-	3	4	5	6	- 7	8 0 5	9	0	0	2	3	4	5	8	7	8	8	- 8	븲	- 8	3	4
STUDY RESPIRATORY SYSTEM	2	5	5	5	3 5	6 5	5	2	5	2	3	6 5	5	6 5	5	5	5	4	5	5	5	5	5	8
LUNGS AND BRONCHI	+	÷	÷	+			÷	+	+	+	÷	+	÷	+	+	+	•	•	+	÷	+		÷	÷
ALVEOLAR/BRONCHIOLAR ADENOMA	+		·				*	-	•		•			Ť.,		<u> </u>	<u> </u>	_		x.		-		<u> </u>
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+
EMATOPOIETIC SYSTEM																			-					
BONE MARROW	++-	+	+	÷	+	+	+	+	+	. +	+	+	+	+	+	<u>+</u>	+	<del>*</del>	+	+	<u>+</u>	+	+	+
SPLEEN	++	+	+	÷	+	+	<u>+</u> .	+	+	+	+	+	+	t	+	+	+	+	+	.+	+-	+	+	<u>+</u>
LYMPH NODES	+	+	+	+	+	+	+	<u>+</u>	+	-	<del>.</del>	+		+	+	+	+	+	+	-		+	+	+
THYMUS	-	-	-	-	-	-	-	-	+	-	-	+	+	-	-	-	+	-	-	-	+	-	+	-
IRCULATORY SYSTEM	1										-													
HEART	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	+	÷	÷	+	÷	÷
DIGESTIVE SYSTEM	+	_		•																				
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+		+	+	+
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA		* ×	٠	+	+	* ×	* ×	+	*	+	+	* ×	+	+	*	+	* X	+ X	*	* x	+	* x	*	+
BILE DUCT	T+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	+	+	+	N	+	N	+	+	+	+	N	+	+	N	+	+	N	+	N	N	+	+	+	+
PANCREAS	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	Τ.	-	+	+	+	+	-	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
STOMACH	1	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	~	+	+	+	+	+	+
SMALL INTESTINE	1	+	+	-	_	+	+	+	+	+	_	+	+	+	+	+		-	-		4	÷		•
LARGE INTESTINE		•	+	-	-	+	+	+	•	<u> </u>	-	+		+		÷		-	-	÷	ì		ì	<u>.</u>
RINARY SYSTEM	-								·												·		,	
KIDNEY				Ŧ				Ŧ						<b>_</b>										
URINARY BLADDER	+		<u>.</u>	- <u>'</u>			•	 	+	<u> </u>	÷	<u>ī</u>	<u> </u>	. <u></u>	<u> </u>		+	- <u>-</u> -	<u> </u>	. <u>.</u>	- <u>-</u>		- <u>-</u>	+
NDOCRINE SYSTEM	- <u> </u>		<u> </u>				•			<u> </u>	~	<u> </u>		Ť.,		_	-	+	_	+	•	+	•	. <u> </u>
PITUITARY		÷		÷					÷	-	-	÷	-	+	÷	+	+	÷	÷	+				+
ADRENAL	T.	<u> </u>	Ť	- <u>-</u>		- <u>-</u> -	+	- <u>T</u>	+	- <u>-</u> -				. <u>*</u>	+	<u>.</u>	- <u>-</u>		- <u>-</u>		- <u>t</u>		+	
THYROID		<u>.</u>	<u> </u>	. <u>*</u>			÷	- <u>-</u> -	+	- <u>-</u> -	÷	<u>.</u>	+	÷	+	- <u>-</u>	+	+	÷	*	<u>.</u>		*	-
PARATHYRDID	1	* *	-	-	<u> </u>	- <u>*</u>	÷.	<u> </u>	-	-	. <u>.</u>	- <u>-</u>	<u>.</u>	-	- <u>-</u> -	. <u></u>	Ţ	· ·	+	<u>.</u>	<u> </u>	<u> </u>	+	+
EPRODUCTIVE SYSTEM	- <u> </u>	<u> </u>	_	_					_		_			_		<u> </u>	_		_	-	-		+	
MAMMARY GLAND	N	N	N	N	N	N	N	н	N	н	5	N		ы	N	н	н	н	N	N	N	N	N	н
TESTIS	1	+	+	-	+	+	+	<u>_</u>	+	+	+	<u>_n</u>	-13 mar	+		*	+	+			<u></u>			
PROSTATE	+		•	-		<u> </u>		<u>.</u>	+	÷	- <u>-</u>	Ť	+	+	+	<u>-</u>	+	+	÷	+	<u>*</u>	+	+	. <u>+</u> •
ERVOUS SYSTEM	<u> </u>	·		_	<u> </u>		-	<u> </u>	*	+	-	-	+	*	+	<u>+</u>	+	+	-	-	+	+	+	*
BRAIN		*	+		+	+	+	+	+	+	*	+		+				+	. <u>*</u>	+	+	+	+	+
+: TISSUE EXAMINED MICROSCO -: REQUIRED TISSUE NOT EXAM X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS,	INED M	İÇF					NATI	(ON		i		AU1 AN1	TIS CROF TOLY (MAL NEC	SI	, N( 5 [55]	) H] :NG	ISTI	010	GY 1	JBM: DUE	10 10	PR	0100	:0L

### **HIGH DOSE**

TABLE B3. MALE MICE: TUMOR PATHOLOGY (CONTINUED	D) HIGH DOSE
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ANIMAL	2	2	2	2	3	03	03	3	0	0	3	0	0	03	0	4	0	4	4	4	0	4	0 4	0 4	0 5	
WEEKS DN		7	8	8	0	0	2	3	- 6	5	6	3	8	8	0	+	2	3	4	5 0 5	6	-7	8 0 5	9	- 0	TOTAL TISSUES TUMORS
STUDY	5	5	6 5	5	5	6 5	5	8	8	8	6 5	6 3	6 5	53	5 2	6 5	5	5	5	3	4	ā	6	3	5	TUNUKS
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI Alveolar/bronchiolar Adenoma	+	+	+	<u>*</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>*</u> _	+	+	+	+	+	+	50 3
TRACHEA	+	+	+	٠	+	+	+	+	٠	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	49
HEMATOPOIETIC SYSTEM	-																				~					
BONE MARROW	+	+	+	+	+	+	+	t	+	_ <u>+</u>	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	_+	50
SPLEEN	+	+	+ -		÷	+	+ .	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	-	48
LYMPH NODES	-	+		+	+.	+	+	+	-	_+	+	+	+	+	-	+	+	+	-	<u>+</u>	+	+	+	÷	t	41
THYMUS	-	+	-	-	+	+	+	-	-	-	-	•	-	+	-	+	-	-	-	-	-	+	-	-	-	14
CIRCULATORY SYSTEM																	_						~~~~			
HEART	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	÷,	+	50
DIGESTIVE SYSTEM													-												-	
SALIVARY GLAND	+	+	÷	+	+	+	+	+	+	±	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	49
LIVER Hepatocellular Adenoma Hepatocellular carcinoma	×	+	+	* ×	+	* X	* ×	+	* X	+	*	*	+	+	+ X	*	+	* X	+ x	* ×	+ X_	+ X	+	* x	+	50 21 6
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+_	+	+	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	N	N	+	+	N	N	N	+	+	+	Ν.	+	N	+	н	+	+	N	+	+	N	N	+	N	÷	50×
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	÷	+	+	÷	+	-	- 48
ESOPHAGUS	1.	-	+	+	+	+	+	+	+	-	+	+	+	+	-	+	-	-	+	+	+	+	+.	.+	+	42
STOMACH	1.	+	+	+	+	+	÷	+	+	+	+		-	-	+	+	+	+	+	+	+	+	+	+	-	44
SMALL INTESTINE	+		+	+	+	+	+	+	+	+	-		+	_	-	+	+	-	+	+	+	+	+	+	-	38
LARGE INTESTINE		-		+	÷	•	÷		+	+		~	+	-	-	+	+	-	÷	+	+	+	-	+	_]	35
URINARY SYSTEM																									-	
KIDNEY		÷	+	+	+	+	÷		+	+	+	+	÷	÷	+_	+	÷	+	÷	÷	÷	+	+	+	+	_ 50_
URINARY BLADDER	1.	+	+	+	+	+	+	*	+	+	+	+	+	+	+		+	-	-	+	+	+	+	+	+	43
ENDOCRINE SYSTEM	_						-		-																	
PITUITARY		÷	÷	÷	-	÷	+		+	+	+		+	+	÷	÷	+	+	-		-	+	+	+		40
ADRENAL	1.	+	+	+	+	+		•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
THYROID	1.		+	<u> </u>							+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	47
	+		<u> </u>		<u> </u>	- <u>`-</u>				•	-		-		-	•	-	-	_	- <u>-</u> -	+	+	-	-	-	14
PARATHYROID		_				-										<u> </u>									_	
REPRODUCTIVE SYSTEM	N		н	ы			н	N	N		N	N	N	N	N	N	N	_ N	N	N	N	N	N	N	N	50×
MAMMARY GLAND	1	<u>_v</u> _		<u>. N</u>	<u>N</u>	<u>N</u>	_r			<u>N</u>			_n	*	+		+	+	+	_9_ +	+	+	+	+	+	48
TESTIS	++-	<u>+</u>	<u>+</u>	•	<u>+</u>	+	+	<u>+</u>	<u>+</u> -	+	_ <u>*</u>	+				+			÷	<u>+</u>	+	+	+	+	-	40
PROSTATE	+	+	+	+	+	+	+	+	+	_	+	+	+	+	+	<u> </u>	_		*	*	+		*		_	
NERVOUS SYSTEM																										
BRAIN	+		+	+	+	+	+	+	+	<u>+</u> .	+	+	+	_+	<u>+</u>	<u>+</u>	+	<u>+</u>	+	+	+		+	+	+	47

PRAN \* ANIMALS NECROPSIED \*: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMIITED C: Necropsy. No Histology due to Protocol A: Autolysis M: Animal Missing B: No Necropsy Performed

1,1,1,2-Tetrachloroethane

# TABLE B4.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF 1,1,1,2-TETRACHLOROETHANE

ANIMAL NUMBER	05	5	5	5	5	5	57	0 5 8	5	0 6 0	6	6	0 6 3	6	0 6 5	6	67	0 6 8	6	7	7	0	7	7	
WEEKS ON Study		1	-	077	0	1	9	9	0 4	1	1	6 2 9	1		1		1	0	1	-	1	1		1	_
INTEGUMENTARY SYSTEM	- 4	4	ا ف	7	41	4	ŝl	31	4	0 4	4	41	4	4	4	41	4	4	ā.	4	4	41	4	4	_
SUBCUTANEOUS TISSUE Sarcoma, NDS Hemangiosarcoma	+	٠	٠	٠	+	+	٠	٠	+	+	÷	٠	+	+	٠	٠	٠	+	٠	+	٠	+	N	٠	•
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI Sarcoma, NGS, Metastatic	•	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	•	+	+	+	+	+	•
TRACHEA	+	+	+	+	+	+	-	-	+	+	٠	+	-	+	+	٠	+	+	+	+	+	+	+	+	
IEMATOPOIETIC SYSTEM																	_	_							-
BONE MARROW	++	+	<del>.</del>	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_ <u>t</u> _	
SPLEEN Hemangioma Malignant Lymphoma, Nos	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	•	×	+	+	
LYMPH NODES	+	+	*	+	+	+	+	+	+	+	+	-	+	+	+	+	-	<u>+</u>		. +.	+	-	+	+	
THYMUS	-	-	-	-	-	-	-	~	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SIRCULATORY SYSTEM	-														<i></i>										-
HEART	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	+	+	+	÷	+	+	+	٠	+	+	
IGESTIVE SYSTEM	+																								-
SALIVARY GLAND Adenoma, hos	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	* ×	+	+	+	+	+	-	+	+	•
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEMANGIOMA	+	+ ×	٠	+	+	٠	* x	+	+	+	٠	٠	+	+	٠	+	+	٠	* ×	+	٠	٠	٠	٠	
BILE DUCT	1+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	÷	+	+	
GALLBLADDER & COMMON BILE DUCT	+	+	+	N	+	+	N	+	+	+	+	N	N	+	+	+	N	+	+	+	+	÷	+	+	
PANCREAS	+	+	+	+	÷	+	÷	+	+	+	+	. t	+	÷	+	+	÷	+	+	+	+	-	÷	÷	_
ESOPHAGUS	-	-	+	+	+	+		+	+	÷	÷	+	-	+	+	+	+	+	+	+	+	+	t		
STOMACH	+	÷	+	+	+	+	-	-	<u>+</u>	. t.	+	+	÷	+	+	÷	+	+	+	+	+	-	÷	÷	
SMALL INTESTINE	+	+	+	+	+	÷	-	-	+	+	+	+	+	÷	+	÷	÷	+	+	+	÷	-	+	+	
LARGE INTESTINE	+	+	÷	+	+	+	-	-	+	-	+	+	+	+	÷	٠	÷	+	+	+	+	-	+	+	
RINARY SYSTEM					-	-												_		_					-
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	÷	+	+	+	+	+	+	+	-	+	+	+	+	÷	-	+	÷	+	-	-	-	+	
NDOCRINE SYSTEM	+																	_							-
PITUITARY ADENOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	-	* x	+	+	+	+	٠	+	-	+	+	
ADRENAL	+-	+	+	+	+	+	+	+	+		+	t	+	+	+	+	+	+	+	+	+	+	+	+	_
THYROID Follicular-cell Adenoma	-	+	+	+	+	+	-	+	+	+	+	+	-	+	+	* x	-	+	+	+	+	+	+	-	
PARATHYROID	-	-	-	-	-	-	-	-	-	_	-	+	-	-	-	-		-		-	-	-	+		
PANCREATIC ISLETS ISLET-CELL CARCINOMA	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	+	+	+	+	-	+	+	
EPRODUCTIVE SYSTEM																									-
MAMMARY GLAND Carcinoma,nos Adendma, nos	+	+	+	N	•	+	+	+	+ x	N	N	+	N	+	+	N	+	+	+	+	N	N	н	N	
UTERUS ENDOMETRIAL STROMAL POLYP	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DVARY GRANULOSA-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	
ERVOUS SYSTEM	T																								-
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	
LL OTHER SYSTEMS MULTIPLE ORGANS NOS SARCOMA, NOS	н	N	N	н	N	N	N	N	N	н	н	N	N	н	×	н	N	н	N	N	N	H	N	N	1
SARCOMA, NOS Malignant Lymphoma, NOS Lymphocytic Leukemia				x		×				×		×				×									_
<ul> <li>+: TISSUE EXAMINED MICROSCO</li> <li>-: REQUIRED TISSUE NOT EXAM</li> <li>X: TUMOR INCIDENCE</li> <li>N: NECROPSY, NO AUTOLYSIS,</li> </ul>	PICAL INED NO MI	LY MICI CRO:	R05 5C0	COP: PIC	ICA EX	LLY AMIN	NA T :	ICN		í		NO NEC AU AN NO	TIS CROP IDLY IMAL NEC	SU SY SI M	E II Ni 555: 557	HFOI HI ING PER	(57)	TIO DLO RMEI	N 5 GY 1 D	UBM DUE	171 70	PR	010	COL	

### **VEHICLE CONTROL**

AN IMAL NUMBER	2	7	9	9	80	8	8	8	0	0 8 5	8	8	8	8	09	9	9	9	9	09	9	21	9	9	1	
NUMBER	l é	1	8	9	- ĝ	-	2	3	8	<u></u>	ŝ	7	8	9	ő.	1	2	31	41		4	0 9 7	8	9	01	TOTAL
STUDY	0	0	04	0	04	9	ģ	8	04	04	04	0	0	0	0	0 4	4		0 5 4	0	4	0	ė	0	0	TUMOR
NTEGUMENTARY SYSTEM																									Τ	
SUBCUTANEOUS TISSUE Sarcoma, nos Hemangiosarcoma	×	+	+	+	•	+	+	N X	+	н	+	+	•	+	•	+	+	+	+	+	•	•	+	•	+	50
ESPIRATORY SYSTEM	1										_															
LUNGS AND BRONCHI Sarcoma, nos, metastatic	1 ×	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
TRACHEA	+	+	+	-	-	+	+	-	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	42
EMATOPOIETIC SYSTEM																									Τ	
BONE MARROW	<u>+</u>		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	49
SPLEEN Hemangioma Malignant Lymphoma, Nos	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ ×	49
LYMPH NODES	+	+	+	÷	+	+	+	-	+	ŧ		+	+	+	+	-	+	+	+	+	-	+	+	+	+	41
THYMUS	-	-	-	-	-	-	•	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	• .	-	-	0
IRCULATORY SYSTEM	┼				-																				-+	
HEART	+	÷	+	+	+	+	+	+	+	+	+	÷	+	+	÷	+	+	+	+	+	÷	÷	+	+	+	50
IGESTIVE SYSTEM																					-				+	
SALIVARY GLAND Adenoma, nos	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	•	48
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEMANGIOMA	+	+	+	+	+	+	+	٠	٠	+	* ×	+	+	+	* ×	+	+ ×	٠	÷	+	+	-	+	+	+	49
BILE DUCT	+	+	+	÷	+	+	+	+	+	+	+	÷	÷	+	+	+	+	+	+	+	+	-	÷	+	+	49
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	+	.N.	N	+	Ν	+	+	+	+	+	+	+	+	N	N	+	+ .	+	+	+	
PANCREAS	+	+	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
ESOPHAGUS	+	+	+	+	+	+	+	4	+	+	+	-	+	÷	+	÷	+	+ <sup>`</sup>	+	+	+	+	÷	+	_	44
STOMACH	L.	+.	+	÷	+	+	-	-	÷	+	+	÷	+	+	+	+	÷	+	+	+	+	+	+	+	+	45
SMALL INTESTINE	+	-	+	+	-	÷	-	-	÷	-	+	+	+	+	+	+	÷	+	-	÷	+	+	+	÷	+	41
LARGE INTESTINE	+	+	+	+	-	+	-	-	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	-	+	42
RINARY SYSTEM	+																								+	
KIDNEY .	+	+	+	<u>+</u>	+	+	÷	+	+	-	+	+	+	÷	+	+	+	+	+	+	+	+	÷	+	+	49
URINARY BLADDER	+	-	+	÷	+	-	-	+	+	÷	-	+	+	+	+	+	+	+	+	+	+	+	-	+	+	40
NDOCRINE SYSTEM																					-		-		+	
ADENOMA, NOS	+	+	+	+	+	+	+	+	+	-	* X	* ×	+	+	+	+	-	* ×	+	+	-	-	+	+	+	43
ADRENAL	+	÷	+	+	+	+	+	+	÷	+	+	+	+	+	+	÷	+	+	-	÷	+	+	÷	÷	+	47
THYROID	+	-	+	÷	+	+	+	+	-	+	•	-	+	+	+	+	-	+	+	+	+	+	+	+	+	4 1
FOLLICULAR-CELL ADENOMA	┿──																								+	
PARATHYROID	<u>+-</u>		+	•	-			+	-	+	-	-	-	-	+	-	-	+		-	-			-	+	
PANCREATIC ISLETS ISLET-CELL CARCINOMA	+	×	+	+	+	+	-	-	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	47
EPRODUCTIVE SYSTEM MAMMARY GLAND Carcinoma, NOS Adenoma, Nos	N	N	÷	÷	+ x	÷	м	H	÷	+	÷	÷	+	÷	+	÷	÷	N	÷	÷	+	٠	N	٠	н	50
ADENOMA, NOS UTERUS ENDOMETRIAL STROMAL POLYP	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	50
OVARY GRANULOSA-CELL CARCINOMA	+	+	+	+	+	+	÷	+	+	÷	+	* ×	+	+	+	+	+	+	÷	+	+	+	+	+	+	49
ERVOUS SYSTEM	┣─																								+	
BRAIN	-	+	+	÷	÷	+	-	-	+	+	+	+	÷	÷	+	+	÷	-	+	+	+	+	+	÷	+	46
LL OTHER SYSTEMS																									+	
MULTIPLE ORGANS NOS Sarcoma, nos Malignant Lymphoma, nos Lymphocytic Leukemia	N	н	N	N	N	N X	×	N	N	H	N	N	N	N	н Х	N	N	N	N	N	N	N	N X	N	N X	50

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

## TABLE B4.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF 1,1,1,2-TETRACHLOROETHANE

### LOW DOSE

ANIMAL NUMBER	0	5	5	5	8	5	5	3	5	0	0	0 6 2	0	0	0 6 5	8	6	6	0	9	9	9	9	9	0 7
WEEKS ON Study		2	3 0 9	4	5	-6	7	8 0 9	9	0	1 0	0	3	4 0 8	5	9	갉	-	9		0	2	3	-	5
RESPIRATORY SYSTEM	4	4	ف	3	4	4	4	5	4	Ż	4	21	41	<u>0</u>	41	4	51	41	4	4	8	3	.41	41	4
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma	ŀ	+	+	A	÷	٠	+	+	+	+	*.	+	+	+	+	+	+	+	+	+	+	•	+	+	+
TRACHEA	+	+	+	A	÷	+	-	+	÷	+	+	-	+	+	٠	+	+	+	+	+	-	+	-	-	+
TEMATOPOIETIC SYSTEM														_		_									
BONE MARROW	+	+	+	A	+	+	+	+	÷	+	+	+	+	+	÷	+	÷	+	÷	+	-	+	<u>+</u>	+	+
SPLEEN	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	-	÷	+	+	+	-	+	+	+	_
LYMPH NODES	+	+	+	A	+	-	+.	+	_	÷	-	+	+	+	+	+	+	+	+	+	+	-	+	-	+
THYMUS	-	-	-	A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	-
CIRCULATORY SYSTEM	┼											<u> </u>													
HEART	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	÷	+	+	+	+
DIGESTIVE SYSTEM	+																								
SALIVARY GLAND	+	+		A	÷	+	÷	+	+	+	+	-	+	+	÷	+	+	+	+	•	+	+		+	+
LIVER HEPATOCELLULAR ADENOMA Hepatocellular carcinoma Malionant Lymphoma, Nos	+	+ X	+ X	A	+	×	* ×	+ ×	+	+	•	٠	+	+	+	+ X	+	* ×	+ ×	•	×	•	•	+	•
BILE DUCT	L+	+	+	A	+	+	+	÷	+	+	+	+	+	+	+	.+	+	+	+	÷	+		+	÷	+
GALLBLADDER & COMMON BILE DUCT	L.	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	N		+	+	+
PANCREAS	+	+		A	+	+	+	+	+ .	+	+	+	+	+	+	+	+	+	+	+	-	+	÷	+	+
ESOPHAGUS	+	+	+	A	+	-	-	+	÷	+	+	+	-	+	÷	÷	+	+	+	*	-	+		-	-
STOMACH Squamous cell papilloma	T+	+	+	A	+	+	+	+	÷	-	÷	-	* ×	-	+	+	÷	+	+	٠	-	-	٠	٠	+
SMALL INTESTINE	+	+	+	A	÷	+	+		+	-	+	-	÷	-	+	+	+	+	-	÷	-		+	+	+
LARGE INTESTINE	+	+	+	A	+	+	+	+	+	-	+	-	+	-	+	-	+	+	+	+	-	-	-	÷	+
JRINARY SYSTEM	+																								
KIDNEY HEPATOCELLULAR CARCINOMA, METASTA	+	+	+	A	+	+	+	+	+	+	+	+	+	٠	+	* x	+	+	+	+	+	+	+	•	+
URINARY BLADDER	+	+	٠	A	+	٠	+	+	+	٠	+	+	٠	+	+	+	+	٠	+	+	+	-	+	+	-
NDOCRINE SYSTEM									-																
PITUITARY Adenoma, nos	1 ×	+	+	A	+	+	*	+	-	+	+	+	-	+	*	+	*	+	-	+	+	+	+	*	+
ADRENAL	+	+	+	Α	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+.	+	+
THYROID Follicular-cell Adenoma	+	+	+	A	+	+	-	+	•	•	•	+	+	* x	-	+	+	+	+	+	-	+	+	-	•
PARATHYROID	-	-	+	A	•	-	-	-	-	٠	-	-	-	+	-	+	-	-	-	+	-	-	-	-	+
REPRODUCTIVE SYSTEM	+																								
MAMMARY GLAND	+	+_	+		+	+	N	N	N	+	+	N	+	м	N	N	+	+	N.	N	+	N	N	+	<u>N</u>
UTERUS Endometrial stromal polyp	ŀ	+	+	A	+	+	÷	-	٠	+	+	+	+	-	+	+	+	+	+	+	-	-	•	+	+
OVARY Angiosarcoma	×	+	-	A	+	٠	+	-	٠	+	+	٠	+	+	+	•	-	٠	+	٠	+	-	٠	+	-
ERVOUS SYSTEM															•										
BRAIN	+	+	+	A	٠	+	+	-	+	+	+	٠	+	+	+	+	+	+	+	+	-	+	+	+	*
USCULOSKELETAL SYSTEM	1						• •																		
MUSCLE Sarcoma, Nos	N	H	N		N	N	H	H	N	N	N	H	N	H	N	H	N	N	N	N	N	N	N	N	н
ALL OTHER SYSTEMS																									
MULTIPLE ORGANS NOS Sarcoma, Nos Leiomyosarcoma Malignant Lymphoma, Nos	н	N	N	۸	N	N	N	N	N	N	Ν	N X	N	H	H	H	N	N	N	N	н	××	N	N	N

 \*: TISSUE EXAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBMITTED

 -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL

 X: TUMOR INCIDENCE
 AUTOLYSIS, NO MICROSCOPIC EXAMINATION

 N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 B: NO NECROPSY PERFORMED

NUMBER         2         2         2         2         2         2         3         3         4         5         4         5         1 <th>1117 M //</th> <th></th>	1117 M //																										
RESFIRATORY SYSTEM       41       6	AN IMAL NUMBER	7	7		7	8	8	8	8	8	8	8	8	8	80		9	9	9	9	9		9.	9	9	0	TOTAL
RESPIRATORY SYSTEM       41 81 41 51 41 71 51 41 41 41 41 41 41 41 41 41 41 41 41 41	WEEKS ON STUDY	1	0	1	0	1	0	9	1	11	11	0 9	0 8	11	11	11	1	11	11	1	11	11	0		01	1	TISSUES
ALVEOLAR/ARONCIDLAR ADEMONA	RESPIRATORY SYSTEM	41	8 [	41	6	4	-71	5	4	4	4	3	1	4	4	41	41	4]	41	4	4	01	7	4	8 [	4	L
HERATOPOIETIC SYSTEM         BONE MARROW         SPLEEN         LYMPH NODES         A * * * A * * * * * * * * * * * * * * *	LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma	L+	A	+	+	-	+	A	+	*	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	46 2
BONE MARROW       +       A       +       A       + <td< td=""><td>TRACHEA</td><td>+</td><td>A</td><td>٠</td><td>+</td><td>+</td><td>÷</td><td>A</td><td>-</td><td>÷</td><td>+</td><td>+</td><td>+</td><td>+</td><td>+</td><td>+</td><td>÷</td><td>+</td><td>+</td><td>+</td><td>÷</td><td>÷</td><td>+</td><td>+</td><td>-</td><td>-</td><td>39</td></td<>	TRACHEA	+	A	٠	+	+	÷	A	-	÷	+	+	+	+	+	+	÷	+	+	+	÷	÷	+	+	-	-	39
SPLEEN <ul> <li>A</li> <li>+</li> /ul>	HEMATOPOIETIC SYSTEM	<u> </u>	• • • •								÷																
LYMPH NODES  A + + + A + + + A + + + + + + + + + +	BONE MARROW	++	A	t	-	+	+	A	+	+	+	+	÷	+	+	+	+	+	+	+	÷	+	+	t	÷	+	45
THYMUS       - A A A A	SPLEEN	<u>↓+</u>	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	.+	+	44
CIRCULATORY SYSTEM         HEART <ul> <li>A</li> <li>A&lt;</li></ul>	LYMPH NODES	+	Α	+	+	+	+	A	+	÷	-	t	+	+	÷	+	+	+	+	+	+	÷	+	+	-	+	40
HEART       A <td>THYMUS</td> <td>-</td> <td>A</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>A</td> <td>-</td> <td>+</td> <td>-</td> <td>-</td> <td>-</td> <td>2</td>	THYMUS	-	A	-	-	-	-	A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	2
DIGESTIVE SYSTEM         SALTVARY GLAND         LIVER         LIVER         CILVER         GALESLADER         A         A         CALLELADER         GALESLADER & COMMON BILE DUCT         A         PARCREAS         ESOPHAGUS         STOMACH         SQUAMOUS CELL PAPTILOMA         SMALL INTESTINE         LA       +         CRINESTINE         A       +         YOHAGUS         SUBINOUS CELL PAPTILOMA         SMALL INTESTINE         LARGE INTESTINE         A       +         VERNAY         A +       +         VERNAY         MALL INTESTINE         LARGE INTESTINE         A +       +         VERNAY          A +	CIRCULATORY SYSTEM																										
SALIVARY GLAND       - A + + + + A + + + + + + + + + + + + +	HEART	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
LIVER       + A + + + A + + + + + + + + + + + + + +	DIGESTIVE SYSTEM	$\square$					****			_																	
MEPATOCELLULAR ADENOMA MEDICIDUAR CARCINOMA MAIIGNANT LYMPHOMA, NOS       X       X       X       X       X       X         BILE DUCT       4       4       +	SALIVARY GLAND			+	+	+	+	A	+	+	+	-	+	+	+	+_	+	+	+	+	+	+	+	+	÷	÷	44
BILE DUCT          • A + + + A + + + A + + + + + +	HEPATOCELLULAR ADENOMA	+	A	+	+	+	+	A	+		+	+	+	+	-	+	+		+	+		+	•	* ×	* ×		46 5 2
GALLBLADDER & COMMON BILE DUCT       + A N N + A + + + + + + + + + + + + + +		+	A	+	+	+	+	A	+	+	+	+	+	+	-	+	+		+	+	+	+	+	+	+	+	46
PANCREAS       + A + + + + A + + + + + + + + + + + + +		+	Α.	Ν.	N	+	+	A	+	+	+	+	÷	+	÷	N	н	÷	÷	÷	N	N	N	÷	÷	+	47*
STOMACH SQUAMOUS CELL PAPILLOMA       + A + - + + A + + + + + + + + + + + + +	PANCREAS	+	A	+	+	+	+	A	+	+	÷	+	+	+	+		+	+	+	÷	+	+	+	+	+	+	46
SQUAMOUS CELL PAPILLOMA         SMALL INTESTINE         LARGE INTESTINE         + A + - + + A + + + + + + + + + + + + +	ESOPHAGUS	+	A	-	+	+	+	A	+	+	÷	+	+	+	+	-	+	÷	+	÷	+	+	+	+	+	-	38
LARGE INTESTINE       + A + - + + A + + + + + + + + + + + + +	STOMACH Squamous cell papilloma	+	A	÷	-	+	+	A	÷	+	÷	÷	+	÷	÷	+	+	+	+	+	+	÷	+	÷	÷	+	41 <sub>1</sub>
URINARY SYSTEM         KIDHEY "HEPATOCELLULAR CARCINDMA, METASTA         KIDHEY "HEPATOCELLULAR CARCINDMA, METASTA         * A * * * * A * * * * * * * * * * * * *	SMALL INTESTINE	+	A	+	-	+	+	A	+	+	+	+	÷	+	+	+	÷	÷	+	÷	+	+	÷	÷	÷	+	39
KIDNEY HEPATOCELLULAR CARCINOMA, METASTA       +       A       +       +       A       +	LARGE INTESTINE	+	A	+	-	+	+	A	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+	+	+	+	+	39
HEPATOCELLULAR CARGINOMA, METASTA       *	URINARY SYSTEM							•		-																	
ENDOCRINE SYSTEM         PITUITARY         ADRENAL         + A + - + + A + + + + + + + + + + + + +	KIDNEY HEPATOCELLULAR CARCINOMA, METASTA	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	46
PITUITARY ADEMOMA, NOS       + A + - + + A + + + + + + + + + + + + +	URINARY BLADDER	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	٠	+	45
ADEMOMA, NOS       X       X       X         ADRENAL       + A + + + + A + + + + + + + + + + + + +																											
THYROID       + A + - + + A + + + + + + + + + + + + +	PITUITARY Adenoma, nos	+	A	+	-	+	+	A	+	+	+	* x	+	+	+	-	+	+	* x	+	*	+	+	+	+	-	41 8
FOULICULAR-CELL ADENOMA     - A + A + - + + + - + - +		+	Α.	+	+	+	<u>+</u>	Α	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
PARATHYROID       - A + A + - + + + - + + + + + +		+	A	+	-	+	+	A	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	-	40
REPRODUCTIVE SYSTEM     N A N N + N A + N + N N N N + N + N N + N +		-	A	-	_	-	+	A	-	-	+	-	+	+	+	-	-	+	-	+	+	-	+	-	+	-	16
MAMMARY GLAND     N     A     N     A     N     A     N     A     N     A     N	REPRODUCTIVE SYSTEM	<u> </u>																									
UTERUS ENDOMETRIAL STROMAL POLYP         + A + + + + A + + + + + + + + + + + + +		I N	A	N	N	+	N	A	÷	N	÷	÷	N	N	N	N	÷	N	÷	÷	N	N	+	N	÷	+	47×
ANGIOSARCOMA         NERVOUS SYSTEM           BRAIN         + A + - + + A + + + + + + + + + + + + +	UTERUS	+	A	+	+	+		A	+		+	+							+	+			+	.,	+	+	43
BRAIN         + A + - + + A + + + + + + + + + + + + +	DVARY Angiosarcoma	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	42 1
MUSCULOSKELETAL SYSTEM	NERVOUS SYSTEM				· · · · ·												-									-	
	BRAIN	+	A	+	-	+	÷	A	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	÷	÷	+	+	44
MUSCLE NANNNANNNNNNNNNNNNNNNN SARCOMA, NOS X	MUSCULOSKELETAL SYSTEM																	•••••									
	SARCOMA, HOS	н	A	N	H	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	H	H	N	N	N X	N	47× 1
ALL OTHER SYSTEMS															••												
MULTIPLE ORGANS KOS NANNNNNNNNNNNNNNNNN A Sarcoma, Nos Leionvosarcoma Malignant Lymphoma, Nos X X X Leukema, Anos X X X	SARCOMA, NOS LEIOMYOSARCOMA Malignant Lymphoma, Nos		A	N	N	N	N	A	H	N	N			N	N	H	N	N	N	N	N X		N	H	N	N	47* 2 1 4

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

ANIMALS NECROPSY. PERFORMED
 \* ANIMALS NECROPSY. NO AUTOLYSIS, NO MICROSCOPICALLY
 \*: TISSUE EXAMINED MICROSCOPICALLY
 \*: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 \*: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 \*: NO NECROPSY PERFORMED
 \*: NO NECROPSY PERFORMED

### TABLE B4.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF 1,1,1,2-TETRACHLOROETHANE

ANIMAL NUMBER	0         0
WEEKS ON Study	1         2         3         4         5         6         7         8         9         0         1         2         3         4         5         6         7         8         9         0         1         2         3         4         5         6         7         8         9         0         1         2         3         4         5         6         7         8         9         0         1         2         3         4         5         6         7         8         9         0         1         2         3         4         5         6         7         8         9         0         1         2         3         4         5         6         7         8         9         0         1         2         3         4         5         6         6         6         0
RESPIRATORY SYSTEM	
LUNGS AND BRONCHI	<u></u>
TRACHEA	
HEMATOPOIETIC SYSTEM	
BONE MARROW	<u> </u>
SPLEEN	+ + + + + + + + + + + + + + + + + + + +
LYMPH NODES	+ - + + + + + - + - + + + + + + + + + +
THYMUS	+ + - + +
CIRCULATORY SYSTEM	
HEART	
DIGESTIVE SYSTEM	
SALIVARY GLAND	• • • • • • • • • • • • • • • • • • •
LIVER Hepatocellular Adenoma Hepatocellular carcinoma	+ + + + + + + + + + + + + + + + + + +
BILE DUCT	· · · · · · · · · · · · · · · · · · ·
GALLBLADDER & COMMON BILE DUCT	+ N + + + + N + N N N N N N N A + + + +
PANCREAS	+ + + + + + + + + + + + + + + + + + +
ESOPHAGUS	+ - + + + + + + + + + + + + + + + + + +
STOMACH PAPILLOMA, NOS	+ + + + + + + + + + + + + A + - + + + +
SMALL INTESTINE	* * . * * * * * . *
LARGE INTESTINE	
URINARY SYSTEM	
KIDNEY	• • • • • • • • • • • • • • • • • • •
URINARY BLADDER	
ENDOCRINE SYSTEM	
PITUITARY	<u></u>
ADRENAL	<u></u>
THYROID	• - • • • • • • • • • • • • • • • • • •
PARATHYROID	+ + + - + - + + + - + + + + + + + +
REPRODUCTIVE SYSTEM	
MAMMARY GLAND	N + + + + + + + N N + N N N N N A + + + +
UTERUS	· · · · · · · · · · · · · · · · · · ·
OVARY	
NERVOUS SYSTEM	+ + + + + + + + + + + + + + A + + + +

### **HIGH DOSE**

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY :: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NO NECROPSY PERFORMED : NO TISSUE INFORMATION SUBMITTED : NO TISSUE INFORMAT

IADLE D4, FEWIALE W											· 、												
ANIMAL NUMBER	7 7	9	1 ?		-				ļ	8	-	8		9	9	9	3	9	?	9		1 101	
WEEKS ON		8		-8	+		Hł		谢	#		3	+ +	8	- Ì	8	하	∄	6	0	6	TISS	SUE
STUDY			3	2	3			3	<u>;</u> ]	3	<u>.</u>	<u>.</u>		ŝ	_2	<u>;</u>	ŝ	اؤ	ŝ	5	3		
RESPIRATORY SYSTEM	1																				+		48
LUNGS AND BRONCHI Trachea	· · ·		•		*	<u> </u>		<u>-</u> -				• •			<u> </u>	<u>.</u>	÷	<u> </u>	<u> </u>	+		T	41
HEMATOPOIETIC SYSTEM			•		<u> </u>	<u> </u>			<u> </u>		<u> </u>	<u> </u>		<u> </u>	-			-		<u> </u>	<u> </u>	<u> </u>	• 1
BONE MARROW									•		•	• •									•		47
SPLEEN					- <u>-</u>		Ť		<u> </u>	<u>.</u>	<u>.</u>				<u> </u>	- <u>*</u> -	- <u>-</u>	÷	<u> </u>		<u>,</u>	<u> </u>	<u>17.</u> 47
LYMPH NODES			<u> </u>				• •		<u>.</u>	Ţ	*	• •	• •	÷	+	<u>*</u>	÷.	<u>.</u>	+	•		T	38
THYMUS							<u> </u>				_	• •		<u>.</u>			<u> </u>		<u> </u>	<u>.</u>			10
CIRCULATORY SYSTEM							_									· ·	_			_			
HEART	1			•					•		•	• •	• •	•			•	÷	÷	•	+		48
			•	<u> </u>	•	<u> </u>		•	-	<u> </u>	•			<u> </u>	•	<u>.</u>	<u>.</u>	•	÷	•	•	<b> </b>	<u>``</u>
DIGESTIVE SYSTEM																						].	
SALIVARY GLAND	+	-	•	•	·*	· · ·		•	•		•		-	<b>*</b>	•	<u> </u>	<b>!</b>	•	<u> </u>	. <u>*</u>	<u>.</u>	1	¥7_
LIVER Hepatocellular Adenoma Hepatocellular Carcinoma			×	×	×	<u> </u>	<u>×</u>	•	×	×.	* ×	•	* *	×	•	•	×	·	×	x			24
BILE DUCT	1	•	+	+	+	<u>م</u>	• •	•	+	+	+	• •	•	+	+	+	+	. •	+	<u>+</u>	+	4	48
GALLBLADDER & COMMON BILE DUCT		L H		+	•	A	• •	•	N	+	N.,	+ .•	<u>.</u> N	•	t	+	+	+	+	÷	+	4 4	48)
PANCREAS	+ •	• •	•		•	A	• •	+	•	+	+	•	•	+	+	+	+	+	•	*	+	+	47
ESOPHAGUS	+++	•	+	+	+	<u> </u>	• •	+	<u>+</u>		+ .	• •	• •	+	+	+	+	+	-	+	-	-	40
STOMACH Papilloma, Nos	- •	•	+	+	ż	•	• •	•	•	•	•	+ •	+ +	•	•	•	•	+	+	+	•		44 1
SMALL INTESTINE		+ +	-	+	-	۰ ۸	• •	+	٠	+	+	+ •	• •	٠	٠	+	٠	+	+	-	+	+  3	32
LARGE INTESTINE	- •	• •	-	+	• .	A - 4	+ -	+	٠	+	•	• •	+ +	+	٠	+	+	+	+	+	+	3	56
URINARY SYSTEM																							
KIDNEY	4.	•	+	+	+	A	+	•	+	. <del>t</del>	+	+ +	•	٠	+	•	+	+	<u>+</u>	+	+	4 4	8
URINARY BLADDER	- •	• •	+	+	+	A -	+ +	+	+	•	+	• •	+ +	-	+	+	+	٠	٠	+	+	4	¥2
ENDOCRINE SYSTEM													~	•••••									
PITUITARY	<u></u>	<u> </u>	<u>+</u> .	+	-		+	+	+	-	+	• •	•	+	-	•	+	+	+	+	+	4	<u>40</u>
ADRENAL	1.	<u>.</u>	+	+	+	A	•	+	•		+	• •	•	•	+	+	<u>+</u>	+	+	+	+		15
THYROID		+	•	+	+	•	•	+	٠		•	• •	-	.+	+		+	÷	-	+	+	4	2
PARATHYROID	+ •	-	-	-	-			+	+	-	-	+ +		+	-	-	+	-	-		-	- 2	20
REPRODUCTIVE SYSTEM																						+	
MAMMARY GLAND		L	+	N	+	A	<u>+</u>	N	. N	N	+	N 1	L. N.	•	N	+	N	N	N	+	N	4	8
UTERUS	+ +		+	+	+	<u> </u>	•	+	+	-	+	+ •	+	+	+	+	-	+	+	-	÷		11
OVARY			+	+	+	A 4	• •	+	•	-	+	+ +		+	+	+	-	+	+	+	-	4	12
NERVOUS SYSTEM	+																						
BRAIN	+ +	+	•	+	•			+	•		+	• •	•	+	+	+	+	+	+	+	+		6

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

ERAIN N ANIMALS NECROPSIED ANIMALS NECROPSIED ANIMALS NECROPSIED AND TISSUE EXAMINED MICROSCOPICALLY AND TISSUE INFORMATION SUBMITTED AND TISSUE INFORMATION SUBMIT AND TISSUE INFORMATION SUBMITTED AND T

1,1,1,2-Tetrachloroethane

1,1,1,2-Tetrachloroethane

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# **APPENDIX C**

# SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE

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## TABLE C1.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 49 49	50 50 50	50 48 48
INTEGUMENTARY SYSTEM			
NONE			
RESPIRATORY SYSTEM			
#TRACHEA Inflammation, Chronic	(47)	(48)	(45) 1 (2%)
#LUNG/BRONCHUS BRONCHIECTASIS	(49)	(50) 1 (2%)	(46)
#LUNG Emphysema, Nos	(49)	(50)	(46)
EMPHYSEMA, ALVEOLAR Congestion, Nos	2 (4%)	11 (22%)	6 (13%)
HEMORRHAGE INFLAMMATION, INTERSTITIAL PNEUMONIA INTERSTITIAL CHRONIC INFLAMMATION, GRANULOMATOUS	2 (4%) 1 (2%)		1 (2%)
INFLAMMATION, GRANULOMATOUS INFLAMMATION, FOCAL GRANULOMATOU Hyperplasia, Alveolar Epithelium	2 (4%) 1 (2%)	1 (2%)	1 (2%) 1 (2%)
EMATOPOIETIC SYSTEM			
#SPLEEN	(47)	(50)	
CONGESTION, NOS Infarct, Nos	1 (2%)	3 (6%)	1 (2%)
HYPERPLASIA, LYMPHOID		1 (2%)	1 (2%)
IRCULATORY SYSTEM			
#HEART INFLAMMATION, INTERSTITIAL	(48)	(50)	(48)

# SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
FIBROSIS, FOCAL PERIARTERITIS	1 (2%)	1 (2%)	
#HEART/ATRIUM Inflammation, focal	(48)	(50) 1 (2%)	(48)
#MYOCARDIUM Inflammation, interstitial	(48)	(50)	(48) 1 (2%)
#PANCREAS PERIARTERITIS ARTERIOSCLEROSIS, NOS	(47)	(50) 1 (2%)	(46) 1 (2%)
DIGESTIVE SYSTEM			
#LIVER INFLAMMATION, MULTIFOCAL INFLAMMATION, DIFFUSE NECROSIS, NOS NECROSIS, FOCAL	(49)	(49) 1 (2%) 1 (2%) 1 (2%) 2 (4%)	(48)
METAMORPHOSIS FATTY Cytoplasmic change, nos Basophilic cyto change Clear-Cell change Hepatocytomegaly	5 (10%)	6 (12%)	10 (21%) 2 (4%) 1 (2%) 2 (4%) 1 (2%)
#BILE DUCT Hyperplasia, NOS Hyperplasia, Focal	(49) 19 (39%)	(49) 4 (8%)	(48) 8 (17%) 1 (2%)
#PANCREATIC ACINUS Atrophy, focal Hyperplasia, focal	(47) 1 (2%)	(50) 4 (8%)	(46) 5 (11%) 1 (2%)
#ESOPHAGUS DISTENTION	(40)	(44)	(41) 1 (2%)
#STOMACH Ulcer, Nos	(45)	(48)	(42) 1 (2%)
EROSION HYPERPLASIA, EPITHELIAL HYPERPLASIA, BASAL CELL	1 (2%)	1 (2%) 1 (2%)	
URINARY SYSTEM			
#KIDNEY MINERALIZATION	(48) 12 (25%)	(50) 19 (38%)	(48) 26 (54%)

# TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
CAST, NOS PYELONEPHRITIS, NOS	**********	6 (12%)	1 (2%)
INFLAMMATION, CHRONIC Nephrosis, Nos	12 (25%)	1 (2%) 7 (14%) 1 (2%)	20 (42%
HEMOSIDEROSIS			1 (2%)
<pre>#KIDNEY/PELVIS INFLAMMATION, CHRONIC • HYPERPLASIA, EPITHELIAL</pre>	(48)	(50) 1 (2%) 1 (2%)	(48)
ENDOCRINE SYSTEM			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
#PITUITARY Cyst. Nos	(44)	(49)	(45)
HYPERPLASIA, CHROMOPHOBE-CELL	1 (2%)	5 (10%) 1 (2%)	1 (2%)
ANGIECTASIS		2 (4%)	4 (9%)
#ADRENAL Angiectasis	(46)	(50) 2 (4%)	(47)
#ADRENAL MEDULLA Hyperplasia, Nos	(46)	(50) 1 (2%)	(47)
#THYROID	(42)	(48)	(44)
FOLLICULAR CYST, NOS Hyperplasia, C-Cell	2 (5%)	1 (2%) 1 (2%)	
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Hyperplasia, Nos Lactation	(49)	(50)	(48) 3 (6%) 1 (2%)
#PROSTATE	(40)	(40)	(34)
INFLAMMATION, ACUTE INFLAMMATION, CHRONIC	1 (3%)		1 (3%)
ATROPHY, NOS			1 (3%)
#TESTIS ATROPHY, NOS	(49) 5 (10%)	(49) 2 (4%)	(48) 3 (6%)
ERVOUS SYSTEM			
#BRAIN HEMORRHAGE	(48)	(50)	(48)

### TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

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

1,1,1,2-Tetrachloroethane

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	VEHICLE Control	LOW DOSE	HIGH DOSE
NECROSIS, FOCAL		1 (2%)	
SPECIAL SENSE ORGANS			
*EYE/CRYSTALLINE LENS MINERALIZATION	(49) 1 (2%)	(50)	(48)
1USCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*THORACIC CAVITY Inflammation, Chronic	(49) 1 (2%)	(50)	(48)
*ABDOMINAL CAVITY Lipogranuloma	(49)	(50) 1 (2%)	(48)
*DIAPHRAGMATIC PLEURA Inflammation, Nos	(49) 1 (2%)	(50)	(48)
ALL OTHER SYSTEMS			
NONE			
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED Autolysis/no necropsy	6	3	3 2
NUMBER OF ANIMALS WITH TISSUE EX NUMBER OF ANIMALS NECROPSIED	AMINED MICROSCOP	ICALLY	

# TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

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## TABLE C2.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 49 49	50 49 49	50 46 45
INTEGUMENTARY SYSTEM			
ABSCESS, NOS	(49)	(49)	(46) 1 (2%)
RESPIRATORY SYSTEM			
#TRACHEA Hemorrhage	(42)	(45)	(44)
INFLAMMATION, CHRONIC			1 (2%)
#LUNG Emphysema, Alveolar Hemorrhage	(49) 5 (10%) 2 (4%) 1 (2%) 1 (2%) 1 (2%)	(47) 9 (19%) 4 ( <u>9</u> %)	(46) 12 (26%)
INFLAMMATION, NOS INFLAMMATION, FOCAL	1 (2%) 1 (2%)	2 (4%) 2 (4%)	1 (2%)
INFLAMMATION, INTERSTITIAL Inflammation, acute focal Abscess, nos	1 (2%)	2 (4%)	1 (2%)
INFLAMMATION, GRANULOMATOUS INFLAMMATION, FOCAL GRANULOMATOU	3 (6%)	1 (2%)	1 (2%)
HEMATOPOIETIC SYSTEM			
#SPLEEN Congestion, nos	(45)	(48)	(45) 1 (2%)
HYPERPLASIA, NOS Hyperplasia, Lymphoid	1 (2%)	1 (2%)	
#LIVER HEMATOPOIESIS	(48) 1 (2%)	(49)	(44)
CIRCULATORY SYSTEM			
#MYOCARDIUM Degeneration, NOS	(48)	(49)	(46)

# SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
DIGESTIVE SYSTEM			
#LIVER INFLAMMATION, NOS INFLAMMATION, GRANULOMATOUS NECROSIS, NOS NECROSIS, FOCAL METAMORPHOSIS FATTY BASOPHILIC CYTO CHANGE CLEAR-CELL CHANGE CYTOLOGIC ALTERATION, NOS ANGIECTASIS	(48) 1 (2%) 3 (6%) 1 (2%)	(49) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 3 (6%)	(44) 1 (2%) 1 (2%) 7 (16%) 1 (2%) 9 (20%) 2 (5%)
#BILE DUCT FIBROSIS Hyperplasia, Nos	(48) 1 (2%) 6 (13%)	(49) 3 (6%)	(44) 5 (11%)
#PANCREAS FIBROSIS	(45)	(47)	(44) 1 (2%)
#PANCREATIC ACINUS Atrophy, NOS Atrophy, Focal	(45) 1 (2%)	(47)	(44) 1 (2%)
#STOMACH Ulcer, Nos	(41) 1 (2%)	(48) 1 (2%)	(43)
#GASTRIC SUBMUCOSA EDEMA, NOS	(41)	(48)	(43) 1 (2%)
URINARY SYSTEM			
#KIDNEY HAMARTOMA PYELONEPHRITIS, ACUTE INFLAMMATION, CHRONIC INFARCT, NOS HEMOSIDEROSIS	(49) 1 (2%)	(47) 1 (2%) 1 (2%)	(46) 1 (2%) 1 (2%)
#KIDNEY/PELVIS Hyperplasia, epithelial Metaplasia, nos	(49) 1 (2%)	(47) 1 (2%)	(46)
#URINARY BLADDER INFLAMMATION, NOS	(40)	(41)	(42)

# TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
HYPERPLASIA, EPITHELIAL	1 (3%)		
ENDOCRINE SYSTEM			
<pre>#PITUITARY     CYST, NOS</pre>	(39) 1 (3%)	(45)	(42) 1 (2%)
MULTIPLE CYSTS Angiectasis	3 (8%)	1 (2%) 1 (2%) 2 (4%)	1 (2%) 5 (12%
#ADRENAL METAMORPHOSIS FATTY	(45) 1 (2%)	(46)	(44)
ANGIECTASIS	1 (24)	1 (2%)	1 (2%)
#THYROID Follicular cyst, nos	(41)	(44)	(42)
HYPERPLASIA, C-CELL		3 (7%)	1 (2%)
<pre>#PANCREATIC ISLETS     ATROFHY, NOS</pre>	(45)	(47)	(44)
HYPERPLASIA, FOCAL		1 (2%)	1 (2%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Hyperplasia, Nos	(49) 1 (2%)	(49)	(46)
HYPERPLASIA, CYSTIC LACTATION	4 (8%)	1 (2%) 14 (29%)	4 (9%) 2 (4%)
#UTERUS HYDROMETRA CYST, NOS	(44) 2 (5%)	(47) 3 (6%)	(42) 1 (2%) 1 (2%)
#UTERUS/ENDOMETRIUM INFLAMMATION, NOS HYPERPLASIA, NOS	(44)	(47) 1 (2%) 1 (2%)	(42)
HYPERPLASIA, CYSTIC		5 (11%)	1 (2%)
#OVARY CYST, NOS	(44)	(48) 1 (2%)	(44)
IERVOUS SYSTEM			
#CEREBRAL VENTRICLE	(48)	(49)	(45)

# TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)
	VEHICLE Control	LOW DOSE	HIGH DOSI
INFLAMMATION, NOS	1 (2%)		
#BRAIN	(48)	(49) 1 (2%)	(45)
INFLAMMATION, NOS INFLAMMATION, CHRONIC DIFFUSE	1 (2%)	1 (2%)	
NECROSIS, NOS Infarct Hemorrhagic	1 (2%)		
*SPINAL CORD Hemorrhage Necrosis, Nos	(49)	(49) 1 (2%) 1 (2%)	(46)
PECIAL SENSE ORGANS			
*EYE/CORNEA Degeneration, Nos		(49)	(46) 1 (2%)
*EYE/CRYSTALLINE LENS MINERALIZATION	(49) 1 (2%)	(49) 1 (2%)	(46)
USCULOSKELETAL SYSTEM			
		(49)	
ODY CAVITIES			
*PLEURA INFLAMMATION, FOCAL INFLAMMATION, CHRONIC	(49)	(49) 1 (2%) 1 (2%)	(46)
ALL OTHER SYSTEMS			
NONE			
PECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED Autolysis/No necropsy	6 1	1	2

# TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

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# APPENDIX D

# SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE

1,1,1,2-Tetrachloroethane

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### TABLE D1.

### SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 48 48	50 46 46	50 50 50
INTEGUMENTARY SYSTEM			
NONE			
RESPIRATORY SYSTEM			
#TRACHEA Hemorrhage Inflammation, Nos	(44)	(38)	(49) 1 (2%) 1 (2%)
#LUNG BRONCHOPNEUMONIA, NOS INFLAMMATION, NOS	(45) 2 (4%)	(45)	(50) 1 (2%)
EMATOPOIETIC SYSTEM			
#SPLEEN CONGESTION, NOS INFLAMMATION, ACUTE HYPERPLASIA, LYMPHOID	(45) 1 (2%) 1 (2%)	(42) 1 (2%)	(48)
#LYMPH NODE NECROSIS, NOS HYPERPLASIA, LYMPHOID	(41)	(38) 1 (3%) 2 (5%)	(41)
#MANDIBULAR L. NODE Necrosis, Focal	(41) 1 (2%)	(38)	(41)
#MESENTERIC L. NODE Hemorrhage Hypoplasia, Lymphoid	(41) 1 (2%) 1 (2%)	(38)	(41)
#LIVER HYPERPLASIA, LYMPHOID	(48)	(46)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#SMALL INTESTINE Hyperplasia, lymphoid	(39) 1 (3%)	(36)	(38)
CIRCULATORY SYSTEM			
#HEART Mineralization Inflammation, focal	(47) 1 (2%)	(45) 1 (2%)	(50)
#MYOCARDIUM Inflammation, multifocal		(45)	(50)
DIGESTIVE SYSTEM			
HEMORRHAGE INFLAMMATION, NOS INFLAMMATION, FOCAL INFLAMMATION, MULTIFOCAL INFLAMMATION, DIFFUSE INFLAMMATION, NECROTIZING INFLAMMATION, ACUTE ABSCESS, NOS INFLAMMATION, CHRONIC INFLAMMATION, GRANULOMATOUS CIRRHOSIS, NOS NECROSIS, NOS	1 (2%) 4 (8%) 1 (2%)	1 (2%) 1 (2%) 2 (4%) 1 (2%) 2 (4%) 3 (7%) 2 (4%)	11 (22%)
#LIVER/CENTRILOBULAR METAMORPHOSIS FATTY	(48)	(46)	(50) 2 (4%)
*GALLBLADDER INFLAMMATION, NOS	(48)	(46)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#BILE DUCT DILATATION, NOS	(48) 1 (2%)	(46)	(50)
<pre>#PANCREAS INFLAMMATION, ACUTE NECROSIS, NOS</pre>	(45) 1 (2%)	(41)	(48) 1 (2%)
<pre>#PANCREATIC ACINUS ATROPHY, DIFFUSE</pre>	(45)	(41) 1 (2%)	(48)
#STOMACH Ulcer, Nos Hyperplasia, focal	(41) 1 (2%)	(42) 1 (2%)	(44) 1 (2%)
#JEJUNUM CYST, NOS	(39)	(36) 1 (3%)	(38)
JRINARY SYSTEM			
#KIDNEY Cast, Nos Inflammation, Focal Inflammation, Chronic	(48) 1 (2%) 1 (2%)	(44) 2 (5%)	(50) 1 (2%) 1 (2%)
#KIDNEY/TUBULE ATROPHY, NOS	(48) 1 (2%)	(44)	(50)
#KIDNEY/PELVIS INFLAMMATION, NOS	(48)	(44)	(50) 1 (2%)
#URINARY BLADDER INFLAMMATION, ACUTE	(41) 1 (2%)	(44)	(43) 1 (2%)
ENDOCRINE SYSTEM			
#ADRENAL ANGIECTASIS	(45)	(43) 1 (2%)	(50)
REPRODUCTIVE SYSTEM			
*PREPUTIAL GLAND CYST, NOS	(48)	(46)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSI
EPIDERMAL INCLUSION CYST INFLAMMATION, NOS		1 (2%) 2 (4%)	
ABSCESS, NOS Degeneration, cystic	2 (4%)	1 (2%)	
#PROSTATE Inflammation, NOS	(37) 2 (5%)	(39)	(40)
*SEMINAL VESICLE CYST, NOS	(48)	1 (2%)	(50)
ERVOUS SYSTEM			
NONE			
PECIAL SENSE ORGANS		,	
*EYE Inflammation, Nos	(48)	(46) 1 (2%)	(50)
*EYE/LACRIMAL GLAND DEGENERATION, CYSTIC	(48)	(46) 1 (2%)	(50) 1 (2%)
USCULOSKELETAL SYSTEM			
NONE			
ODY CAVITIES			
*ABDOMINAL CAVITY Inflammation, Nos	(48) 1 (2%)	(46)	(50)
LL OTHER SYSTEMS			
ADIPOSE TISSUE STEATITIS		1	
PECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED	12	3	22

\* NUMBER OF ANIMALS NECROPSIED

	VEHICLE Control	LOW DOSE	HIGH DOSE
AUTO/NECROPSY/HISTO PERF AUTOLYSIS/NO NECROPSY	2	1 4	s
NUMBER OF ANIMALS WITH TISSUE EXA	MINED MICROSCOP	ICALLY	

### TABLE D2.

# SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 47 47	50 48 48
INTEGUMENTARY SYSTEM			
NONE			
RESPIRATORY SYSTEM			
#LUNG INFLAMMATION, NOS	(50)	(46) 1 (2%)	(48)
INFLAMMATION, FOCAL INFLAMMATION, SUPPURATIVE		3 (7%)	1 (2%)
HEMATOPOIETIC SYSTEM			
#SPLEEN HYPERPLASIA, RETICULUM CELL HYPERPLASIA, LYMPHOID	(49) 1 (2%) 3 (6%)	(44) 1 (2%) 1 (2%)	(47)
#LYMPH NODE Hyperplasia, reticulum cell	(41)	(40) 1 (3%)	(38)
#KIDNEY Hyperplasia, lymphoid	(49) 2 (4%)	(46) 1 (2%)	(48) 1 (2%)
CIRCULATORY SYSTEM			
#HEART Embolus, septic	(50)	(47)	(48)
PERIVASCULITIS	1 1 6 7 7	1 (2%)	
#LIVER PERIVASCULITIS	(49) 1 (2%)	(46)	(48)
#UTERUS THROMBOSIS, NOS	(50)	(43)	(41)

	VEHICLE Control	LOW DOSE	HIGH DOSE
DIGESTIVE SYSTEM			
#SALIVARY GLAND Inflammation, Focal	(48) 2 (4%)	(44)	(47) 2 (4%)
#LIVER HEMORRHAGE INFLAMMATION, NOS INFLAMMATION, FOCAL	(49) 2 (4%)	(46) 1 (2%)	(48) 2 (4%)
INFLAMMATION, MULTIFOCAL INFLAMMATION, DIFFUSE NECROSIS, NOS NECROSIS, FOCAL NECROSIS, DIFFUSE	1 (2%)		13 (27%) 5 (10%) 1 (2%) 22 (46%) 12 (25%)
METAMORPHOSIS FATTY CLEAR-CELL CHANGE Cytologic Alteration, Nos Hepatocytomegaly Angiectasis	1 (2%)	3 (7%)	25 (52%) 1 (2%) 1 (2%) 22 (46%) 1 (2%)
#LIVER/CENTRILOBULAR NECROSIS, DIFFUSE	(49)	(46) 1 (2%)	(48)
#PANCREAS INFLAMMATION, GRANULOMATOUS	(47)	(46) 1 (2%)	(47)
#STOMACH ULCER, NOS HYPERPLASIA, EPITHELIAL HYPERKERATOSIS	(45)	(41)	(44) 1 (2%) 1 (2%) 1 (2%)
#JEJUNUM Intussusception	1 (2%)	(39)	
JRINARY SYSTEM			
#KIDNEY CAST, NOS	(49)	(46)	(48) 2 (4%)
CYST, NOS INFLAMMATION, NOS INFLAMMATION, FOCAL INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC FOCAL	1 (2%) 1 (2%)	1 (2%) 1 (2%) 2 (4%)	

	VEHICLE Control	LOW DOSE	HIGH DOSE
INFARCT, NOS		1 (2%)	
#URINARY BLADDER INFLAMMATION, FOCAL	(40) 1 (3%)	(45)	
ENDOCRINE SYSTEM			
<pre>#PITUITARY     HYPERPLASIA, FOCAL     ANGIECTASIS</pre>	(43)	(41) 1 (2%) 2 (5%)	(40)
#ADRENAL CYST, NOS INFLAMMATION, GRANULOMATOUS	(47) 1 (2%)	(47)	(45)
REPRODUCTIVE SYSTEM			
XMAMMARY GLAND Hyperplasia, nos Lactation	(50) 3 (6%)	(47) 1 (2%) 3 (6%)	(48)
#UTERUS HYDROMETRA INFLAMMATION, ACUTE ABSCESS, NOS	(50) 2 (4%) 1 (2%)	(43) 1 (2%)	(41) 2 (5%) 1 (2%)
#UTERUS/ENDOMETRIUM HYPERPLASIA, NOS	(50) 1 (2%)	(43)	(41)
HYPERPLASIA, CYSTIC	36 (72%)	26 (60%)	4 (10%)
#OVARY CYST, NOS HEMORRHAGIC CYST	(49) 8 (16%)	(42) 6 (14%) 1 (2%)	(42)
NERVOUS SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
*EYE DEGENERATION, CYSTIC	(50)	(47)	(48)

	VEHICLE Control	LOW DOSE	HIGH DOSE
*EYE/LACRIMAL GLAND DEGENERATION, CYSTIC METAMORPHOSIS FATTY HEMOSIDEROSIS	(50)	(47) 1 (2%) 1 (2%) 1 (2%)	(48)
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*PERICARDIUM Inflammation, Chronic	(50)	(47) 1 (2%)	(48)
*MESENTERY INFLAMMATION, GRANULOMATOUS	(50) 1 (2%)	(47)	(48)
ALL OTHER SYSTEMS			
NONE			
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED Autolysis/no necropsy		1 3	1 2
<pre># NUMBER OF ANIMALS WITH TISSUE EXAM * NUMBER OF ANIMALS NECROPSIED</pre>	MINED MICROSCOPI	CALLY	

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# **APPENDIX E**

# ANALYSIS OF 1,1,1,2-TETRACHLOROETHANE (LOT NO. 102957) MIDWEST RESEARCH INSTITUTE

### APPENDIX E

#### A. ELEMENTAL ANALYSIS

Element	С	Н	Cl
Theory	14.31	1.20	84.49
Determined	14.42	1.19	84.55
	14.54	1.26	84.38

### **B. BOILING POINT**

Determined	Literature Values
128°C at 742 mm (visual,	130.20°C at 760 mm
micro boiling point)	(Dreisbach and Martin, 1949)

#### C. DENSITY

 $d_{23}^{27}$ : 1.547 ± 0.004 ± d

d<sub>4</sub><sup>25</sup>: 1.53281

# D. REFRACTIVE INDEX

 $n_D^{20}$ : 1.4816

1.48206

### E. WATER ANALYSIS (Karl Fisher)

 $0.028 \pm 0.001 \ (\delta)\%$ 

### F. TITRATION FOR ACIDIC COMPONENTS

#### Determined

Titration with sodium hydroxide,  $56 \pm 1$  ppm (assumed to be HCl)

### G. VAPOR-PHASE CHROMATOGRAPHY

1. Impurity Detection

Instrument: Tracor MT-220 Detector: Flame ionization Carrier gas: Nitrogen

### a. System 1

Inlet temperature:  $195^{\circ}$ C Detector temperature:  $210^{\circ}$ C Carrier flow rate: 44 cc/min. Column: 10% Carbowax 20M-TPA on 80/100 Chromosorb W(AW), 1.7 m x 4 mm, glass Oven temperature program:  $50^{\circ}$ C, 5 min.;  $50^{\circ}$  to  $200^{\circ}$ C,  $10^{\circ}$ C/min. Sample injected:  $3.5 \ \mu$ l neat liquid, diluted to 0.50%and 0.25% in hexane to quantitate major peak and check for overloading Results: Major peak and nine impurities. The areas of the nine impurities total < 0.6% of the area of the major peak.

1,1,1,2-Tetrachloroethane

Peak	Retention Time (min.)	Retention Time (Relative to 1,1,1,2-Tetrachloroethane)	Area (Relative to 1,1,1,2-Tetrachloroethane)
1	0.7	0.06	0.0004
2	1.6	0.14	0.08
3	5.9	0.51	0.09
4	8.8	0.77	0.06
5	10.6	0.93	0.06
6	11.4	1.00	100
7	12.0	1.04	0.07
8	12.8	1.12	0.07
9	13.5	1.18	0.09
10	14.1	1.23	0.02

b. System 2
Inlet temperature: 200°C
Detector temperature: 225°C
Carrier flow rate: 70 cc/min.
Column: GP 20% SP2100/0.1% Carbowax 1500 on 100/120
Supelcoport, 1.8 m x 4 mm, glass
Oven temperature program: 50°C, 5 min; 50° to 150°C, 10°C/min.
Sample injected: 6.2 μ1 neat liquid, diluted to 1.0% and 0.5% to quantitate major peak and check for overloading
Results: Major peak and 12 impurities. Areas of impurity peaks

total < 0.3% of the area of the major peaks.

Peak	Retention Time (min.)	Retention Time (Relative to 1,1,1,2-Tetrachloroethane)	Area (Relative to 1,1,1,2-Tetrachloroethane)
1	0.7	0.07	0.0002
2	0.9	0.10	0.04
3	2.2	0.24	0.0001
4	2.6	0.28	0.00005
5	2.8	0.31	0.0002
6	4.0	0.44	0.05
7	8.3	0.91	0.02
8	9.1	1.00	100
9	10.3	1.13	0.03
10	10.8	1.18	0.0003 (shoulder)
11	11.0	1.20	0.00003 (shoulder)
12	11.5	1.26	0.09
13	11.9	1.30	0.002

1,1,1,2-Tetrachloroethane

Identification and Quantitation of Impurities
Instrument: Varian Aerograph 2400
Detector: Flame ionization
Inlet temperature: 150°C
Detector temperature: 220°C
Carrier gas: Nitrogen
Carrier flow rate: 70 cc/min.
Column: 20% SP-2100/0.1% Carbowax 1500 on 100/120
Supelcoport, 1.8 m x 4 mm, glass

Note: Some impurities are reported not to be present at a concentration of >0.01%. This does not necessarily represent the limit of detection for these compounds.

a. System 1 (1,2-Dichloroethane)

Oven temperature program:  $60^{\circ}$ C isothermal Standards (3 µ1) were injected containing 1.0% 1,2-dichloroethane in xylene. 1,2-Dichloroethane had a retention time of 3.6 minutes. A spike of 0.01% 1,2-dichloroethane in xylene, in neat 1,1,1,2-tetrachloroethane (1:1, v:v) at 3.6 minutes gave a peak larger than any peak in the same region when 1,1,1,2-tetrachloroethane was injected neat under the same conditions.

Conclusions: The sample did not contain 1,2-dichloroethane at a level >0.01%.

b. System 2 (1,1,2-Trichloroethane)

Oven temperature program:  $80^{\circ}$ C isothermal Standards (4  $\mu$ 1) were injected containing 0.01% 1,1,2-trichloro-

ethane in pentane. 1,1,2-Trichloroethane had a retention time of 6.2 minutes. A spike of 0.01% 1,1,2-trichloroethane in pentane, in neat 1,1,1,2-tetrachloroethane (1:1, v:v) at 6.2 minutes retention time gave a peak larger than any peak in the same region when 1,1,1,2-tetrachloroethane was injected neat under the same conditions.

Conlusions: The sample did not contain 1,1,2-trichloroethane at a level >0.01%.

c. System 3 (1,1,2,2-Tetrachloroethane)

Oven temperature program: 120°C isothermal Standards (4  $\mu$ 1) were injected containing 0.01% 1,1,2,2-tetrachloroethane in pentane. 1,1,2,2-Tetrachloroethane had a retention time of 4.9 minutes. A spike of 0.01% 1,1,2,2-tetrachloroethane in pentane, in neat 1,1,2,2-tetrachloroethane (1:1, v:v) at 4.9 minutes retention time, gave a peak larger than any peak in the same region when 1,1,1,2-tetrachloroethane was injected neat under the same conditions. Conclusions: The sample did not contain 1,1,2,2-tetrachloroethane at a level >0.01%.

Instrument: Tracor MT-200

Detector: Flame ionization

Carrier gas: Nitrogen

Column: 20% SP-2100/0.1% Carbowax 1500 on 100/120 Supelcoport, 1.8 m x 4 mm, glass d. System 4 (Acetone)
Inlet temperature: 130°C
Detector temperature: 195°C
Carrier flow rate: 70 cc/min.
Oven temperature program: 50°C isothermal
Standards (6 μ1) were injected containing 0.04% acetone in o-dichlorobenzene. Acetone had a retention time of 1.4 minutes. When injected under the same conditions, at 1.4 minutes neat 1,1,1,2-tetrachloroethane had a peak which was enhanced with the addition of acetone. Acetone in the sample was quantitated against a 0.04% standard of acetone in o-dichlorobenzene.

Conclusions: Sample contained  $0.05\% \pm 0.01\%$  ( $\delta$ ) acetone.

e. System 5 (Tetrachloroethylene)

Inlet temperature: 130°C

Detector temperature: 195°C

Carrier flow rate: 70 cc/min.

Oven temperature program: 55°C isothermal

Standards (8  $\mu$ 1) were injected containing 0.02% tetrachloroethylene in pentane. Tetrachloroethylene had a retention time of 9.5 minutes. When injected under the same conditions, neat 1,1,2-tetrachloroethane had a peak of 9.5 minutes which was enhanced by the addition of tetrachloroethylene. Tetrachloroethylene in the sample was quantitated against a 0.02% tetrachloroethylene standard in pentane.

Conclusions: Sample contained  $0.04\% \pm 0.01$  ( $\delta$ )% tetrachloroethylene.

#### f. System 6 (Trichloroethylene)

Inlet temperature: 130°, 165°, and 200°C. (The sample was injected at three different inlet temperatures to check for inlet decomposition. The area of the trichloroethylene peak remained constant when the inlet temperature was changed.) Detector temperature: 220°C

Carrier flow rate: 60 cc/min.

Oven temperature program: 60°C isothermal

Standards  $(4 \ \mu 1)$  were injected containing 1.0% trichloroethylene in o-dichlorobenzene. Trichloroethylene had a retention time of 3.8 minutes. 1,1,1,2-Tetrachloroethylene had a peak at the same retention time when injected neat under the same conditions. The peak was enhanced by the addition of trichloroethylene. The trichloroethane in the sample was quantitated against a 0.05% standard in o-dichlorobenzene.

Conclusions: Sample contained  $0.06\% \pm 0.01$  ( $\delta$ )% trichloroethylene. g. System 7 (Pentachloroethane)

Inlet temperatures: 125°, 160°, and 200°C (as in System 6 above, the sample was injected at three different inlet temperatures to check for inlet decomposition. Trichloroethylene was found as a decomposition product under the pentachloroethane peak by vapor-phase chromatography/mass spectrometry. The area of the pentachloroethane peak remained constant as the inlet temperature was changed.)

Detector temperature: 210°C

Carrier flow rate: 60 cc/min.

Oven temperature program: 100°C isothermal

Standards (5  $\mu$ 1) were injected containing 0.05%

pentachloroethane in pentane. Pentachloroethane had a retention time of 5.8 minutes. When injected neat under the same conditions, 1,1,1,2-tetrachloroethane at 5.8 minutes had a peak which was enhanced by the addition of pentachloroethane. Pentachloroethane in the sample was quantitated against a 0.1% standard of pentachloroethane in pentane.

### H. VAPOR-PHASE CHROMATOGRAPHY/MASS SPECTROMETRY

Instrument: Varian MAT CH4B mass spectrometer interfaced via a Watson-Biemann helium separator to a Tracor MT 2000 MF vapor-phase chromatograph. Data processed by a Varian 620/i computer.

Vapor-phase chromatograph column: 20% SP2100/0.1% Carbowax 1500 on 100/120 Supelcoport, 1.6 m x 4 mm I.D., glass Inlet temperature: 165°C

iner temperature. 105 C

Oven temperature program: 50°C, 5 min.; 50° to 160°C at 10°C/min.

Sample injected: 1  $\mu$ l neat liquid

Carrier gas: Helium

Carrier flow rate: 70 cc/min.

Results: Major peak and 4 impurities (Table E1). A fifth impurity was detected on the falling edge of the major peak by the total ion current monitor, but it was not sufficiently resolved from the major peak to obtain a spectrum, and it has not been included in the tabulated data.

Conclusions: The sample contained  $0.15\% \pm 0.01$  ( $\delta$ )% pentachloroethane.

#### TABLE E1. CHROMATOGRAPHIC DATA

'eak	Retention Time (min.)	Retention Time (Relative to 1,1,1,2-Tetrachloroethane)	Corresponding Peak by FID in Section G-1-b
	3.6	0.27	2
2	9.8	0.74	6
3	12.8	0.96	7
4	13.3	1.00	8
5	15.7	1.18	12

Conclusions: Comparison with literature spectra (Tables E2 and E3) indicated the following possible impurities.

Peak No. 1	Acetone
Peak No. 2	Trichloroethylene
Peak No. 3	Tetrachloroethane
Peak No. 4	1,1,1,2-Tetrachloroethylene
Peak No. 5	Pentachloroethane and trichloroethylene from decomposition of the major component.

Specific ion searches were also done for masses 62, 64 characteristic of 1,2-dichloroethane, for masses 83, 97

characteristic of 1,1,2-trichloroethane, and for masses 83, 168 characteristic of 1,1,2,2-tetrachloroethane. Masses 82, 64 were observed only under the major peak. Masses 83, 97, and 168 were observed under the major peak and under peak No. 5, identified as pentachloroethane with trichloroethylene formed by decomposition of the major peak.

1,2-Dichloroethane, 1,1,2-trichloroethane, and 1,1,2,2-tetrachloroethane were not in the sample at concentrations greater than 0.01%. Acetone, trichloroethylene, tetrachloroethylene, and pentachloroethane were present as impurities.

Peak	Mass	Percent of Base Peak
1	58	74
	43	100
	42	9
	39	4
	29	31
	27	7
	26	7
	15	37
2	134	32
	132	92
	130	100
	99	8
	97	59
	95	85
	62	6
	60	24
3	168	47
	166	100
	164	78
	133	18
	131	61
	129	62
	96	12
	94	18
4	135	40
	133	100 saturated
	131	100 saturated
	121	39
	119	100 saturated
	117	100 saturated
	97	28
	95	39
5	169	22 (46)(a)
	167	48 (100)
	166	12 (26)
	165	38 (79)
	164	9 (20)
	134	32
	132	91
	130	100
	119	47 (99)
	117	47 (98)
	99 07	9
	97	52
	95 82	88
	82 62 60	3 (7) 9
	04	29

### TABLE E2. MASS SPECTRAL DATA

(a) The numbers in parentheses are calculated based on the mass 167 peak of pentachloroethane being the base peak.

	Lite	rature Spectrum (a)
Compound	Mass	Percent of Base Peak
Acetone	58	42
	43	100
	42	7
	39	3
	29	3 2 4
	27	4
	26	3
	15	14
richloroethylene	134	30
	132	94
	130	98
	99	11
	97	64
	95	100
	62	10
	60	31
etrachloroethylene	168	48
etrachioroethylene	166	100
	164	78
	133	20
	133	62
	129	64
	96	14
	94	21
,1,2-Tetrachloroethane	135	32
	133	96
	131	100
	121	26
	119	78
	117	82
	97	20
	95	28
entachloroethane	169	48
	167	100
	166	60
	165	78
	164	46
	119	97
	117	99
	82	61

### TABLE E3. LITERATURE SPECTRA OF IMPURITIES

(a) Eight peak index

### I. SPECTRAL DATA

Determined

1. Infrared

Instrument: Beckman, IR-12 Cell: 0.025 mm liquid cell, sodium chloride windows Results: See Figure 5

2. Nuclear Magnetic Resonance

Instrument: Varian HA-100 Solvent: Neat Assignments: See Figure 6 (a) s,  $\delta$  4.20 ppm

Integration ratios: (a) 2.00

Literature Values

Consistent with a literature spectrum which was recorded from 400 to 1,200 cm<sup>-1</sup> (Bernstein, 1950)

v = 258.5 cps at 60 MHz = 4.31 ppm (McClellan and Nicksic, 1965,)



Figure 5. Infrared Absorption Spectrum of 1,1,1,2-Tetrachloroethane (Lot No. 102957)

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Figure 6. Nuclear Magnetic Resonance Spectrum of 1,1,1,2-Tetrachloroethane (Lot No. 102957)

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# **APPENDIX F**

# ANALYSIS OF 1,1,1,2-TETRACHLOROETHANE (LOT NO. KB081977)) MIDWEST RESEARCH INSTITUTE

### APPENDIX F

### A. ELEMENTAL ANALYSIS

Element	С	н	Cl
Theory	14.31	1.20	84.49
Determined	14.30	1.20	84.57
	14.42	1.21	84.32

### B. WATER ANALYSIS (Karl Fischer)

 $0.042 \pm 0.001 \ (\delta)\%$ 

### C. TITRATION FOR ACIDIC COMPONENTS

Titration with sodium hydroxide

 $37.7 \pm 1.20$  ( $\delta$ ) ppm (assumed to be HCl)

### D. VAPOR-PHASE CHROMATOGRAPHY

### 1. Impurity Detection

Instrument: Tracor MT-220 Detector: Flame ionization Carrier gas: Nitrogen Carrier flow rate: 70 cc/min.

a. System 1

Inlet temperature:  $195^{\circ}$ C Detector temperature:  $210^{\circ}$ C Column: 10% Carbowax 20M-TPA on 80/100 Chromosorb W(AW), 1.8 m x 4 mm I.D., glass Oven temperature program:  $50^{\circ}$ C, 5 min.;  $50^{\circ}$  to  $200^{\circ}$ C at  $10^{\circ}$ C/min. Sample injected: 5  $\mu$ 1 neat liquid, diluted to 0.5% and 0.25% in hexanes to quantitate major peak and check for overloading

Results: Major peak and two impurities. The areas of the two impurities totaled 0.07% of the area of the major peak.

Peak	Retention Time (min.)	Retention Time (Relative to 1,1,1,2-Tetrachloroethane)	Area (Percent of 1,1,1,2-Tetrachloroethane)
1	0.61	0.05	0.02
2	4.80	0.41	0.05
3	11.71	1.00	100

b. System 2

Inlet temperature: 200°C Detector temperature: 225°C Column: 20% SP 2100/0.1% Carbowax 1500 on 100/120 Supelcoport, 1.8 m x 4 mm I.D., glass

Oven temperature program: 50°C, 5 min.; 50° to 170°C, 10°C/min.

Sample injected: 5  $\mu$ l neat liquid, diluted to 1.0% and 0.5% to quantitate major peak and check for overloading. Results: Major peak and two impurities. Areas of the two

impurities total 0.08% of the area of the major peak.

Peak	Retention Time (min.)	Retention Time (Relative to 1,1,1,2-Tetrachloroethane)	Area (Percent of 1,1,1,2-Tetrachloroethane)
1	9.87	0.94	0.05
2	10.47	1.00	100
3	12.50	1.19	0.03

Identification and Quantitation of Impurities
 Instrument: Tracor MT-220
 Detector: Flame ionization
 Carrier gas: Nitrogen
 Carrier flow rate: 70 cc/min.
 Column: 20% SP-2100/0.1% Carbowax 1500 on 100/120 Supelcoport,
 1.8 m x 4 mm I.D., glass

a. System 1 (Tetrachloroethylene)

Inlet temperature: 130°C

Detector temperature: 200°C Oven temperature program: 70°C isothermal

Standards (4  $\mu$ 1) of 0.04% tetrachloroethylene in pentane were injected. Tetrachloroethylene had a retention time of 7.1 minutes. Neat 1,1,1,2-tetrachloroethane had a peak with a retention time of 7.1 minutes, when injected under the same conditions, which was enhanced by the addition of tetrachloroethylene. Tetrachloroethylene in the sample was quantitated against a 0.04% standard in pentane.

Conclusions: The sample contained  $0.062\% \pm 0.001$  ( $\delta$ )% tetrachloroethylene.

b. System 2 (Pentachloroethane)

Inlet temperature: 140°C

Detector temperature: 215°C

Oven Temperature program: 100°C isothermal

Standards (4  $\mu$ l) of 0.02% pentachloroethane in pentane were injected. Pentachloroethane had a retention time of 6.6 minutes. Neat 1,1,1,2-tetrachloroethane had a peak with a retention time of 6.6 minutes which, when injected under the same conditions, was enhanced by the addition of pentachloroethane. Pentachloroethane in the sample was quantitated against a 0.02% standard in pentane.

Conclusions: The sample contained  $0.052\% \pm 0.001$  ( $\delta$ ) % pentachloroethane.

c. System 3 (1,1,2,2-Tetrachloroethane)

Inlet temperature: 140°C

Detector temperature: 215°C

Oven temperature program: 80°C isothermal

Standards (6  $\mu$ 1) were injected containing 0.01%

1,1,2,2-tetrachloroethane in pentane. 1,1,2,2-Tetrachloroethane had a retention time of 8.0 minutes. Neat 1,1,1,2-tetrachloroethane had a peak with a retention time of 8.0 minutes, when injected under the same conditions, which was enhanced by the addition of 1,1,2,2-tetrachloroethane. 1,1,2,2-Tetrachloroethane in the sample was quantitated against the 0.01% standard in pentane.

Conclusions: The sample contained less than 0.01% 1,1,2,2-tetrachloroethane.

### E. VAPOR-PHASE CHROMATOGRAPHY/MASS SPECTROMETRY

Instrument: Varian MAT CH4B mass spectrometer interfaced via a Watson-Biemann helium separator to a Tracor MT 2000 MF vapor-phase chromatograph. Data processed by a Varian 620/i computer.

Vapor-phase chromatograph column: 20% SP 2100/0.1% Carbowax 1500 on 100/120 Supelcoport, 1.8 m x 4 mm I.D., glass
Inlet temperature: 170°C
Oven temperature program: 100°C, 2 min.; 100° to 170°C at 10°C/min.
Carrier gas: Helium
Carrier gas flow rate: 30 cc/min.

Sample injected:  $1 \mu l$  neat liquid

Results: Major peak and 5 impurities as shown in Table F1.

Note: While the mass spectrum of pentachloroethane was significantly different from the literature spectrum, it was consistent with mass spectra obtained previously for pentachloroethane on the same mass spectrometer. Some variation in relative intensities was observed, but the larger peaks in this spectrum were prominent in all spectra recorded at Midwest Research Institute.

1,1,1,2-Tetrachloroethane

Peak	Retention Time (min.)	Retention Time (Relative to 1,1,1,2-Tetrachloroethane)	Corresponding Peak by FID Section D-1-b (a)
1	4.3	0.6	not reported (<0.01)
2	6.2	0.8	not reported ( $< 0.01$ )
3	6.7	0.9	1
4	7.3	1.0	2
5			
shoulder	8.1	1.1	not reported ( $< 0.01$ )
6	9.8	1.3	3

### TABLE F1. VAPOR-PHASE CHROMATOGRAPHY DATA

Specific ion searches were also done for masses 83 and 97 characteristic of 1,1,2-trichloroethane; masses 49 and 62 characteristic of 1,2-dichloroethane; and masses 43 and 58 characteristic of acetone. Masses 83 and 97 were observed together only under the major peak and peak no. 6 at longer retention time than the major peak. Masses 49 and 62 were observed together only under the major peak. Masses 43 and 58 were not observed together (Table F2).

Conclusions: The sample contained trichloroethylene; a hydrocarbon similar in structure to 2,6-dimethylundecane; tetrachloroethylene; 1,1,2,2-tetrachloroethane; pentachloroethane; and 1,1,1,2-tetrachloroethane, the major component. It did not contain 1,1,2-trichloroethane, acetone, or 1,2-dichloroethane at levels greater than 0.01%.

Peak				Lit	terature
	Mass	Percent of Base Peak		Mass	Percent of Base Peak
1	134	31	Trichloroethylene (a)	134	30
	132	87	•	132	94
	130	100		130	98
	99	7		99	11
	97	52		97	64
	95	84		95	100
	62	7		62	10
	60	33		60	31
2	98	1	2,6-Dimethyl-	98	8
	85	1	undecane or	85	6
	71	16	similar hydro-	71	36
	70	5	carbon (a)	70	8
	57	100		57	100
	56	42		56	14
	44	9		44	7
	43	18		43	20

#### **TABLE F2. MASS SPECTROMETRY DATA**

(a) Eight peak index.

Peak	Mass			Lit	terature
		Percent of Base Peak	Identity	Mass	Percent of Base Peak
3	168	42	Tetrachloroethylene (a)	168	48
	166	100		166	100
	164	73		164	78
	133	15		133	20
	131	51		131	62
	129	52		129	64
	96	11		96	14
	94	15		94	21
4	135	28	1,1,1,2-Tetra-	135	32
	133	97	chloroethane (a)	133	<del>9</del> 6
	131	98		131	100
	121	29		121	26
	119	95		119	78
	117	100		117	82
	97	21		<del>9</del> 7	20
	95	31		95	28
5	168	2 (6) <i>(b)</i>	1,1,2,2-Tetra-	168	8
	131	98 (>100)	chloroethane (a)	131	8
	95	31 (>100)		95	11
	87	3 (9)		87	10
	85	17 (60)		85	63
	83	29 (100)		83	100
	61	33 (>100)		61	8
	60	15 (53)		60	8
6	169	25	Pentachloro-	169	48
	167	56	ethane (a)	167	100
	166	2		166	60
	165	49		165	78
	164	1		164	46
	132	30		119	97
	130	34		117	99
	119	77		82	61
	117	80			
	83	100			
	82	14			

### TABLE F2. MASS SPECTROMETRY DATA (Continued)

(a) Eight peak index.

(b) The numbers in parentheses are calculated based on the largest peaks in the literature spectrum of the identified compound being the base peak.

### F. SPECTRAL DATA

1. Infrared

Instrument: Perkin-Elmer 137 Cell: Thin film between AgCl plates Results: See Figure 7 Consistent with literature spectrum, which was recorded from 400 to 1,200 cm<sup>-1</sup> (Bernstein, 1950)

1,1,1,2-Tetrachloroethane



Figure 7. Infrared Absorption Spectrum of 1,1,1,2-Tetrachloroethane (Lot No. KB081977)

2. Ultraviolet/Visible

Instrument: Cary 118. No absorbance between 350 and 800 nm (visible region). No maximum between 212 and 350 nm (ultraviolet region), but a gradual increase in absorbance toward the solvent cut-off at 212 nm. Concentration: 1%, 0.1%, and 0.01% Solvent: Methanol No literature reference found.

3. Nuclear Magnetic Resonance

Instrument: Varian EM-360 60 MHz Solvent: Neat, tetramethyl silane added Assignments: See Figure 8 (a) s,  $\delta$  4.29 ppm Integration Ratios: (a) 2.00 Literature Values: v = 258.2 cps at 60 MHz = 4.31 ppm (McClellan and Nicksic, 1965)



Y

EM-360 60 MHz NMR SPECTROMETER

1,1,1,2-Tetrachloroethane

# **APPENDIX G**

# STABILITY ANALYSIS OF 1,1,1,2-TETRACHLOROETHANE IN CORN OIL

# **MIDWEST RESEARCH INSTITUTE**

### A. SAMPLE PREPARATION

A 1% (w/v) sample solution of 1,1,1,2-tetrachloroethane in corn oil was prepared for each day of the study as follows: 10 ml of corn oil was transferred into a 50-ml Hypo-vial, the vial was sealed, and then approximately 95 mg of 1,1,1,2-tetrachloroethane was added via a 100- $\mu$ 1 syringe. The samples were shaken and stored at room temperature from 1 to 7 days, respectively.

### **B. EXTRACTION AND ANALYSIS**

The samples were extracted with 20 ml of methanol, which was injected into the sample vial via a 10-ml syringe. Samples for analysis were withdrawn directly from the top methanol layer in the vial and analyzed by vapor-phase chromatography, according to the following systems.

Days 1 through 3:

Instrument: Bendix 2500 Column: Chromosorb 102, 100/120 mesh, glass, 1.8 m x 4 mm I.D. Detection: Flame ionization Oven temperature: 250°C, isothermal Detector temperature: 295°C Inlet temperature: 250°C

Days 4 through 7:

Instrument: Tracor MT-220 Column: 10% Carbowax 20 M on 80/100 Chromosorb W AW, glass, 1.8 m x 4 mm I.D. Detection: Flame ionization Oven temperature: 90°C, isothermal Inlet temperature: 200°C Detector temperature: 265°C

### C. RESULTS

End of Day	Average Percent Compound (a)		
1	$1.02 \pm 0.05$		
2	$0.99 \pm 0.05$		
3	$1.06 \pm 0.05$		
4	$0.99 \pm 0.05$		
5	$1.02 \pm 0.05$		
6	$0.94 \pm 0.05$		
7	$0.99 \pm 0.05$		

(a) Corrected for a spiked recovery value of 65.8%.

#### D. CONCLUSION

1,1,1,2-Tetrachloroethane mixed in corn oil is stable for 7 days at room temperature.

# **APPENDIX H**

# ANALYSIS OF 1,1,1,2-TETRACHLOROETHANE IN CORN OIL FOR CONCENTRATIONS OF 1,1,1,2-TETRACHLOROETHANE

# **GULF SOUTH RESEARCH INSTITUTE**

Samples of selected dose preparations administered during the chronic study were analyzed for concentrations of 1,1,1,2-tetrachloroethane in corn oil.

Duplicate 1.0-ml samples of corn oil containing tetrachloroethane were diluted with benzene to a final volume of 10 ml. The resulting concentration was 5 mg/ml. Four  $\mu$ l aliquots for gas chromatography injections were used.

Reference standards were prepared by diluting pure tetrachloroethane (1.5532 g/ml) by a factor of 1:500 with benzene. This dilution yielded a concentration of 3.1064 mg/ml, injected in 5  $\mu$ l aliquots.

Instrument: MT 220 Column: 20% SP 2100 Detector temperature: 250°C Column temperature: 100°C Inlet temperature: 230°C Carrier gas: N<sub>2</sub> Flow: 30 ml/min. Detector: Flame ionization Retention time for 1,1,1,2-tetrachloroethane: 3.94 minutes Results: See Table H1

Date Mixed	Week Used	Concentration of 1,1,1,2-Tetrachloroethane for Target Concentration of 50 mg/ml (a)		
1/03/78	1/04/78	48.4		
2/23/78	2/24/78	46.4		
4/13/78	4/14/78	48.0		
6/15/78	6/16/78	47.0		
7/07/78	7/08/78	54.0		
11/23/78	11/24/78	48.9		
2/08/79	2/09/79	52.0		
5/03/79	5/04/79	51.8		
8/17/79	8/18/79	53.0		
10/25/79	10/26/79	50.0		
ng/ml)	<u></u>	49.9		
rd deviation		2.6		
ent of variation (%	6)	5.6		
(mg/ml)	~/	46.4-54.0		
r of samples		10		

### TABLE H1. CONCENTRATION OF 1,1,1,2-TETRACHLOROETHANE IN CORN OIL

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

# **APPENDIX I**

# CUMULATIVE MEAN BODY WEIGHT CHANGE OF ANIMALS ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE IN THE CHRONIC STUDY

	Week No.	Cumulative Mean Body Weight Change (grams)			Weight Change Relative to Controls (a) (Percent)	
		Control	Low Dose	High Dose	Low Dose	High Dose
Males	0	138 <i>(b)</i>	137 (b)	136 <i>(b)</i>		
	2	39	38	50	- 3	+28
	23	229	232	236	+ 1	+ 3
	43	276	273	277	- 1	0
	63	287	290	304	+ 1	+ 6
	83	318	326	311	+ 3	- 2
	103	294	301	287	+ 2	- 2
Females	0	108 <i>(b)</i>	110 <i>(b)</i>	105 <i>(b)</i>		
	2	17	25	28	+47	+65
	23	92	93	97	+ 1	+ 5
	43	117	113	110	- 3	- 6
	63	142	139	141	- 2	- 1
	83	172	154	163	-10	- 5
	103	170	166	175	- 2	+ 3

#### TABLE 11. CUMULATIVE MEAN BODY WEIGHT CHANGE (RELATIVE TO CONTROLS) OF RATS ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE IN THE CHRONIC STUDY

(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.

### TABLE 12. CUMULATIVE MEAN BODY WEIGHT CHANGE (RELATIVE TO CONTROLS) OF MICE ADMINISTERED 1,1,1,2-TETRACHLOROETHANE BY GAVAGE IN THE CHRONIC STUDY

	Week No.	Cumulative Mean Body Weight Change (grams)			Weight Change Relative to Controls (a) (Percent)	
		Control	Low Dose	High Dose	Low Dose	High Dose
Males	0	25 (b)	25 <i>(b)</i>	26 (b)		
	2	1	2	0	+100	-100
	23	17	15	11	- 12	- 35
	43	23	19	12	- 17	- 48
	63	22	20	13	- 9	- 41
	83	20	19		- 5	
	103	18	19		+ 6	
Females	0	20 <i>(b)</i>	20 <i>(b)</i>	19 <i>(b)</i>		
	2	- 1	+ 1	+ 1	(c)	(c)
	23	9	9	9	0	0
	43	17	18	13	+ 6	- 24
	63	22	22	16	0	- 27
	83	25	22		- 12	—
	103	19	19		0	<u> </u>

(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) Controls lost weight.