NATIONAL TOXICOLOGY PROGRAM Technical Report Series No. 238



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 BIOSASSAY OF ZIRAM

(CAS NO. 137-30-4)

IN F344/N RATS AND B6C3F1 MICE (FEED 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 A-306, Landow Building, Bethesda, MD 20205 (301-496-1152) or at Research Triangle Park, NC 27709 (919-541-3991).

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

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ZIRAM

CAS NO. 137-30-4 C₆H₁₂N₂S₄Zn Mol. Wt. 305.82

ABSTRACT

A carcinogenesis bioassay of ziram (89% pure, with 6.5% thiram), a fungicide and a rubber vulcanization accelerator, was conducted in F344/N rats and in B6C3F₁ mice. Groups of 50 rats of each sex received diets containing 300 or 600 ppm of commercial grade ziram for 103 weeks; groups of 49 or 50 mice of each sex received diets containing 600 or 1,200 ppm ziram; and groups of 50 rats and 50 mice of each sex served as untreated controls.

The average daily consumption of ziram by low- and high-dose rats, through the majority of the study, was about 11 and 22 mg/kg for males and 13 and 26 mg/kg for females. The average daily consumption of ziram by low- and high-dose mice, through the majority of the study, was 122 and 196 mg/kg for males and about 131 and 248 mg/kg for females.

Survival and feed consumption and mean body weights of rats of each sex were not adversely affected by ziram; rats of each sex possibly could have tolerated higher doses.

C-Cell carcinomas of the thyroid in male rats occurred with a statistically significant positive trend (P<0.01) and the incidence in the high-dose group was significantly higher (P<0.05) than that in the controls (control, 0/50, 0%; low dose, 2/49, 4%; high dose, 7/49, 14%) and higher than that previously observed in control male rats at the same laboratory (18/584, 3%; range 0% to 8%). The combined incidence of males with either C-cell adenoma or carcinoma also showed a statistically significant (P<0.05) positive trend (control, 4/50, 8%; low dose, 9/49, 18%; high dose, 12/49, 24%). There were no significant histopathologic changes noted in the follicular cells.

Survival of male and female mice was not adversely affected by ziram in feed; mean body weight gain by dosed male mice throughout the study and by high-dose female mice after week 80 was depressed by 15% to 20% relative to the controls. Average daily feed consumption by high-dose males and highdose females was, respectively, 78% and 85% that of the controls. Mice probably could not have tolerated higher doses.

The incidence of alveolar/bronchiolar adenomas was significantly (P<0.05) increased in female mice (control, 2/50, 4%; low-dose, 5/49, 10%; high-dose, 10/50, 20%). The combined incidence of alveolar/bronchiolar adenomas or carcinomas in female mice showed a statistically significant (P<0.05) positive trend. The incidence in the high-dose group was significantly (P<0.05) higher than that in the controls (control, 4/50, 8%; low-dose, 6/49, 12%; high-dose, 11/50, 22%). Pulmonary adenomatous hyperplasia consistent with chronic Sendai virus infection (confirmed by serologic analyses performed on untreated animals from the same animal shipment and present in the same room) was observed in control and dosed male mice (control, 15/49, 31%; low-dose, 19/50, 38%; high-dose, 16/49, 33%) as well as in control and dosed female mice (control, 18/50, 36%; low-dose, 27/49, 55%; high-dose, 26 50, 52%). Six of the 26 high-dose females with the adenomatous hyperplasia had pulmonary tumors, whereas 4 of the 24 high-dose females with adenomatous hyperplasia had a pulmonary tumor.

There was a significant decrease in the incidence of mammary fibroadenomas in high-dose female rats (control, 16/50, 32%; low-dose, 17/50, 34%; high-dose, 8/50, 16%). Significant dose-related decreased incidences of liver carcinomas in male mice (control, 13/49, 27%; low-dose, 8/50, 16%; high-dose, 1/49, 2%) and of liver adenomas in female mice (control, 7/50, 14%; low-dose, 2/50, 4%; high-dose, 0/50, 0%) were observed.

Under the conditions of these studies, ziram was carcinogenic for male F344/N rats, causing increased incidences of C-cell carcinomas of the thyroid gland. Ziram was not carcinogenic for either female F344/N rats or for male B6C3F₁ mice. Increased incidences of alveolar/bronchiolar adenomas and of combined alveolar/bronchiolar adenomas or carcinomas occurred in female B6C3F₁ mice. However, the interpretation of this increase in lung tumors is complicated by an intercurrent Sendai virus infection.

CONTRIBUTORS

The bioassay of ziram was conducted at Southern Research Institute under a subcontract to Tracor Jitco, Inc., the prime contractor for the Carcinogenesis Testing Program. The two-year study in rats was begun in April 1978 and completed in April 1980. The two-year study in mice was begun in June 1977 and completed in June 1979.

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SUMMARY OF PEER REVIEW COMMENTS ON THE BIOASSAY OF ZIRAM

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. Swenberg, a principal reviewer for the report on the bioassay of ziram, said that the reporting of non-tumor toxicology and pathology could be expanded and made into a separate section. He raised an objection to the uniform practice and presentation of the combined incidence of benign and malignant, organ-site tumors for evaluating carcinogenic responses. Dr. Norton Nelson, speaking for the NTP, stated that combining these tumors was appropriate for informational purposes and, further, that for certain tumors this was scientifically valid.

As a second principal reviewer, Dr. Hitchcock agreed with the conclusions for male and female rats and male mice. With regard to female mice, she suggested that the increased incidence of alveolar/bronchiolar adenomas was likely associated with exposure to Sendai virus. She said certain negative trends should be highlighted, including a significant decrease in the incidence of mammary fibroadenomas in high-dose female rats and dose-related decreased incidences of liver carcinomas in male mice and liver adenomas in female mice.

As a third principal reviewer, Dr. Breslow said the evidence for carcinogenesis stemming from the observed increase in C-cell carcinomas in male rats is strengthened by the fact that the thyroid would be expected to be a target organ for ziram. He noted that no comment was made in the abstract or discussion about the increase in malignant lymphocytic lymphoma in high-dose female mice. Some consideration of variations in historical incidence, of the lack of a similar result in male mice or rats, or of the difficulty of pathology diagnosis would be appropriate to support the apparent dismissal of the finding as a statistical fluke. He observed that retinopathy was diagnosed in both male and female rats at levels ranging from 14 to 96 percent among treatment groups, which again raises the issue of finding appropriate ways to account for the effects of cage or position in relation to fluorescent light exposure, if any, and to the carcinogenic process. Finally, Dr. Breslow discussed the large variations seen in several types of non-tumor lesions, particularly between treated and control groups, and requested some discussion be added to the report.

There was a lengthy discussion on whether there were predisposing or possible co-carcinogenic effects of intercurrent Sendai virus infection as related to pulmonary adenomatous hyperplasia observed in female mice. Dr. Holland said that Sendai viral pneumonia has been shown to be co-carcinogenic, and that many of the hyperplastic lesions show morphologic changes indistinguishable from those induced by chemicals; thus, etiology of the pulmonary adenomas remains obscure. Dr. Goldman, NTP, said that these mice as well as other mice tested with two other chemicals were obtained from the same supplier and were housed in the same room. All mice, both in control and dosed groups, of all three test chemical bioassays showed about the same incidence of pulmonary adenomatous hyperplasia, yet only the females in the ziram study showed a statistically significant increase in lung adenomas.

Dr. Swenberg moved that the report on the bioassay of ziram be accepted with the modifications discussed. Dr. Vore seconded the motion and the technical report was approved unanimously by the Peer Review Panel.

I. INTRODUCTION



ZIRAM

CAS NO. 137-30-4 C₆H₁₂N₂S₄Zn Mol. Wt. 305.82

Ziram (zinc dimethyldithiocarbamate), a derivative of dithiocarbamate (H2NCSSH), is a ubiquitous chemical produced in large quantities worldwide. It has principal uses as an accelerator in the process of rubber vulcanization (Kirk-Othmer, 1968) and as a contact fungicide in agriculture (Fishbein, 1976) and industry (EPA, 1973). During the past 30 years of use, the dithiocarbamates have gained wide acceptance as replacements for the fixed copper fungicides. In 1979, production of ziram in the United States was approximately 1.7 million kilograms (USITC, 1980); production worldwide was several times higher (IARC, 1976b). Agricultural and food uses of ziram include antifungal treatment of field and storage crops, cereals, seeds, and household flowers. Allowable residues of ziram range from 0.1 ppm on some nuts to 7 ppm for fruits and vegetables (U.S. Code of Fed. Reg., 1976). Minor antifungal uses of ziram include treatment of industrial cooling water, adhesives, paper and paper products, and food packagings.

Ziram, in common with other bisdithiocarbamates, may be goitrogenic in laboratory animals and, possibly, in humans. Earlier studies, however, showed that while both disodium- and zinc-ethylene(bis)dithiocarbamates (nabam and zineb) were goitrogenic in rats (Smith et al., 1953; Hodge et al., 1956), neither ziram nor ferbam (the iron salt of dimethyldithiocarbamate) were goitrogenic (Hodge et al., 1956). Other toxic reactions of ziram, and other dithiocarbamates, include glycogenolysis, accumulation of acetaldehyde in the blood of animals fed ethanol, and testicular atrophy (Fishbein, 1976; IARC, 1976a, 1976b). In a study of workers engaged in the manufacture of thiram, the thyroid appeared as the primary target organ; thyroid enlargement, one adenocarcinoma, as well as "other abnormalities" were reported (Cherpak et al., 1971 and Kaskevich and Bezugly, 1973).

Central nervous system disturbances have been reported following the oral administration of ziram, ferbam, or thiram. Hodge et al. (1956) found cystic brain lesions in female rats fed ferbam, convulsive seizures in beagle dogs fed ziram or ferbam, and a peculiar hind leg grasping reaction plus other motor changes in rats fed ziram or ferbam. Neurotoxicity and central and peripheral nervous system degeneration followed oral administration of thiram (tetramethylthiuram disulfide) to female rats (Lee and Peters, 1976).

The administration of ferbam to pregnant rats during days 6-15 of gestation caused a slight increase in soft and skeletal tissue abnormalities (Minor et al., 1974); ziram and maneb manganese ethylene(bis) dithiocarbamate both showed teratogenic and embryotoxic activities in rats, mice, and rabbits (Antonovich et al., 1972).

An IARC review (1976b) of earlier carcinogenicity tests of ziram found the results of these studies to be of questionable value. The review included results published by Innes et al. (1969), Chernov and Khitsenko (1969), Andrianova and Alekseev (1970), and Hodge et al. (1956). Each earlier study was found to be qualitatively or quantitatively inadequate.

The mutagenicity of ziram has been tested many times. Ziram was mutagenic, with and without metabolic activation, when tested against the base substitution-sensitive Salmonella typhimurium strains TA 1535 and TA 100 (Hedenstedt et al., 1979; Seiler, 1973); mutagenicity was questionable when tested against the framshiftsensitive mutants TA 1538 and TA 98. Thiram, the disulfide equivalent of ziram, is also mutagenic to strains TA 1535 and TA 100; with metabolic activation, thiram is also mutagenic to TA 1538 and TA 98. Zdzienicka et al. (1979) reported similar results and added that the mutagenic activity of thiram was abolished in the presence of sulfhydryl groups. There has been one negative result reported for ziram mutagenicity. In tests against standard strains of Salmonella typhimurium (TA 1535, TA 1537, TA 1538, TA 98, and TA 100), with and without metabolic activation, DeLorenzo et al. (1978) found that ziram was not mutagenic. Murthy (1979) reported that ziram did not induce gene conversion in Saccharomyces cerevisiae, a diploid veast. Ziram was mutagenic in S. typhimurium without exogenous metabolic activation (TA 100) and with 9000 x g liver supernatant (S-9) fractions induced with Aroclor-1254 (TA 98, TA 100, TA 1535); ziram was not mutagenic for TA 1537 (NTP 1982c). Shirasu et al. (1977) had earlier reported that ziram and thiram were weakly positive in the recombination assay using the H17 Rec+O and M45 Rec-(DNA damage) strains of Bacillus subtilis.

There has been one report of chromosome and chromatid aberrations in cultured lymphocytes derived from industrial workers handling ziram (Pilinskaya, 1970). The induced chromosomal breaks were non-random, confined mainly to chromosome 2.

Ziram and similar dithiocarbamates are probably metabolized principally by the liver microsomal mixed function oxidase. Neal et al. (1977) have suggested that the known impairment of microsomal drug metabolism by sulfur-containing compounds, and, especially carbon disulfide, is due to binding of an active form of sulfur to the microsomal and cytochrome P450 systems. Zematis and Greene (1979) later showed that thiram and dimethyldithiocarbamate reduced the *in* vivo and *in vitro* activity of several liver microsomal enzymes associated with hepatic drug metabolism and suggested that this reduction could enhance the pharmacologic effects of other drugs taken simultaneously or already present in the affected individual.

Ziram, along with other dithiocarbamates, decomposes under acid conditions to dimethylamine (Lopatecki and Newton, 1952; Houben-Weyl, 1955), probably through the intermediate formation of dimethyldithiocarbamic acid (Eisenbrand et al., 1974). Secondary amines can be nitrosated under acid conditions in the presence of nitrite (IARC, 1972; Mirvish, 1975). Mirvish (1975) and others (Eisenbrand et al., 1974; IARC, 1972) have suggested that nitrosation of dimethylamine (or dimethyldithiocarbamic acid) to dimethylnitrosamine (DMN) can proceed under the acid conditions of the stomach; the nitrite presumably enters via saliva or as a food additive. While both in vivo and in vitro experiments have shown that DMN can be recovered from the acid-catalyzed reaction of sodium nitrite and ziram (Eisenbrand et al., 1974; IARC, 1972; Mirvish, 1975), these experiments do not take into account the effect of the simultaneous presence in the stomach of ziram, nitrite, and food. It is likely that there would be sufficient alternate nitrogenous compounds present to effectively inhibit the specific formation of DMN in the fed animal. There is ample evidence on the carcinogenicity of DMN; there is not adequate evidence showing that DMN can be formed in the fed animal.

The NTP Bioassay Program tested ziram because of its rate of production, industrial exposure, exposure of the general population via the food and agriculture industries, and because previous tests for carcinogenicity were considered to be inadequate.

Ziram

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II. MATERIALS AND METHODS

CHEMICAL ANALYSES

DOSAGE AND DIETARY PREPARATION

SHORT-TERM STUDIES

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

TWO-YEAR STUDIES Clinical Examinations and Pathology Data Recording and Statistical Methods

CHEMICAL ANALYSES

Ziram (CAS No. 137-30-4) was obtained from Uniroyal Chemical (Naugatuck, CT) as the commercial product "Methazate UO" in one batch (Lot No. 319400). The material was analyzed for purity and identity at Midwest Research Institute. Infrared, ultraviolet, and nuclear magnetic resonance spectra were consistent with those expected for the structure (Appendix E). The results of elemental analyses for carbon and sulfur were lower than the expected values, while the results for zinc were higher. Two impurities were detected by thin-layer chromatography in two different systems. Two impurities were detected by high-pressure liquid chromatography (HPLC). One of these impurities was identified by comparative retention time measurements as thiram (tetramethyldithiocarbamoyl disulfide), a metabolite of ziram (Vekshtein and Khitsenko, 1971). Quantitation with a thiram standard showed that this lot of ziram contained 6.47% of thiram. The other impurity, about 2% of the

HPLC area, was not identified. Within the limits of HPLC detection, this lot of ziram contained no bis(dimethylthiocarbamoyl) sulfide.

This lot of ziram also contained an acetonitrileinsoluble impurity (see Appendix E, Section D). According to the manufacturer of ziram, Uniroyal Chemical, the manufacturer's specifications allow "as much as 2% (benzene or toluene) insolubles," which are probably unreacted zinc salts used in the manufacturing process. This would also account for the discrepancies in the elemental analysis noted above.

The ziram used in the present study, accordingly, contained about 89% ziram, 6.5% thiram, 2% other zinc salts, and 2% of an unidentified additional impurity. Southern Research Institute periodically analyzed this chemical by HPLC and infrared spectrometry throughout the study and noted no change in composition. Ziram used in this study was stored in the dark at 5° C.

DOSAGE AND DIETARY PREPARATION

The dosage mixture in the single-dose study was obtained by combining weighed portions of ziram with corn oil immediately before administration (Table 1). In the 14-day study and the 13-week study, a measured amount of ziram was placed in a plastic bag with approximately one cup of Wayne Lab Blox® and shaken by hand until uniformly mixed (Table 1). This premix was added to the remaining feed and mixed in an 8-quart Patterson-Kelly® Twin Shell blender for 15 minutes. In the two-year study, the appropriate amount of weighed chemical was mixed with about the same amount of weighed feed (Table 1). The remaining weighed feed was combined with the premix in a 16-quart Patterson-Kelly® Twin Shell blender equipped with an intensifier bar and mixed for 15 minutes. This mixing time resulted in the most homogeneous mixture. Fresh formulated diets were prepared

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every 14 days in the 13-week study and in the two-year study.

Analysis of the stability of ziram in formulated diets was performed at Midwest Research Institute by assaying samples of feed mixtures containing 99,500 ppm test chemical that had been stored for 2 weeks at temperatures of -20°, 5°, 25°, or 45° C. Ziram was found to be stable for 2 weeks at temperatures up to $45^{\circ}C$ (Appendix F). Analyses were initially (in the 13-week study and for the first 18 months of the two-year study) based on the spectrophotometric determination of the copper complex of bis(dimethyldithiocarbamate) following solvent extraction of the dosed feed sample. A more satisfactory method of analysis was developed based on zinc analysis by atomic absorption. Blank, spiked samples (for a standard curve) and dosed feed samples all were made from the same lot of feed.

SHORT-TERM STUDIES

Male and female F344/N rats and $B6C3F_1$ mice obtained from Frederick Cancer Research Center (Frederick, MD) were used for all prechronic studies. Details of the experimental design, animal maintenance, and preparation of chemical-vehicle or chemical-feed mixtures for these studies are presented in Table 1.

Single-Dose Study

Animals were held for 10 days before the test began and were 6 weeks old when placed on study. Groups of five rats and five mice of each sex were administered ziram in corn oil by gavage at doses of 125, 250, 500, 1,000, or 2,000 mg/kg body weight and then observed for mortality for 14 days. Necropsies were not performed.

Fourteen-Day Study

Rats and mice were held for 10 days before the test began and were 6 weeks old when placed on study. Groups of five male and five female rats were fed diets containing 6,000, 12,500, 25,000, 50,000, or 100,000 ppm ziram for 14 days, and groups of five male and five female mice were fed diets containing 1,200, 2,500, 5,000, 10,000, or 20,000 ppm ziram for the same period. No controls were used. The rats and mice were observed twice daily for mortality and were weighed weekly. Animals were fed undosed control diet from day 15 until they were killed (days 16 or 17). Necropsies were performed on animals when they died or when they were killed at termination of the study (days 16 or 17).

Thirteen-Week Study

The thirteen-week study was conducted to evaluate the 90-day cumulative toxicity of ziram

and to determine the concentrations to be used in the two-year study.

Four-week-old rats and mice were observed for 7 days and then assigned to cages and test groups according to tables of random numbers. Groups of 10 rats and 10 mice of each sex were fed diets containing 0, 300, 600, 1,200, 2,500, or 5,000 ppm ziram for 13 weeks.

Animals were checked for mortality and signs of morbidity twice daily. Those animals that were judged moribund were killed and necropsied. Each animal was given a clinical examination weekly, including palpation for tissue masses or other abnormalities. Body weight and feed consumption data were collected weekly.

On days 92-101, survivors were killed with carbon dioxide, and necropsies were performed on animals that survived to the end of the study and on all animals not completely autolyzed or cannibalized. 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 tissues were examined for control groups and for groups administered 2,500 or 5,000 ppm ziram: gross lesions, tissue masses, abnormal lymph nodes, skin, mandibular lymph nodes, mammary gland, thigh muscle, bone marrow, thymus, trachea, lungs and bronchi, heart, thyroid, parathyroid, esophagus, stomach, duodenum, jejunum, ileum, colon, mesenteric lymph nodes, liver, gallbladder (mice), pancreas, spleen, kidneys, adrenals, urinary bladder, seminal vesicles/prostate/testes or ovaries/uterus, brain, and pituitary. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin.

TWO-YEAR STUDIES

Three-week-old male and female F344/N rats from Harlan Industries (Indianapolis, IN) were observed for 13 days and assigned to cages according to a table of random numbers; the cages were then assigned to control and dosed groups according to another table of random numbers. Four-week-old male and female $B6C3F_1$ mice from Frederick Cancer Research Center (Frederick, MD) were observed for 7 days and then assigned to cages and groups according to the procedures used for rats (Table 1).

Mice fed ziram were housed in the same room as mice fed eugenol (CAS No. 97-53-0) for the first year of the study and with mice fed Dmannitol (CAS No. 69-65-8) for the entire study. Rats fed ziram were housed in a separate room where no other chemicals were on test.

Clinical Examinations and Pathology

All animals were observed twice daily for signs of morbidity or mortality. Body weights and feed consumption by cage, along with clinical signs, were recorded monthly. The mean body weight of each group was calculated by dividing the total weight of all animals in the group by the number of surviving animals in the group. The average feed consumption per animal was calculated by dividing the total feed consumption measured for all cages by the number of surviving animals in the group. Moribund animals and animals that survived to the end of the bioassay were killed with carbon dioxide and necropsied.

Examinations for grossly visible lesions were performed on major tissues or organs. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. The following were examined microscopically: tissue masses, abnormal lymph nodes, skin, mandibular lymph nodes, mammary gland, salivary gland, thigh muscle, sciatic nerve, bone marrow, costochondral junction (rib), thymus, larynx, trachea, lungs and bronchi, heart, thyroid, parathyroid, esophagus, stomach, duodenum, jejunum, ileum, colon, mesenteric lymph nodes, liver, gallbladder (mice), pancreas, spleen, kidneys, adrenals, urinary bladder, seminal vesicles/prostate/testes or ovaries/ uterus, nasal cavity, brain, pituitary, and spinal cord. Special staining techniques were used as necessary.

Necropsies were performed on all animals not excessively autolyzed or cannibalized. 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.

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 verified, and histotechnique evaluated. All tumor diagnoses, all target tissues, and all tissues from a randomly selected 10 percent of the animals were evaluated by an experienced rodent pathologist. Slides of all target tissues and those on which the original and quality assurance pathologists disagreed were submitted to the Chairperson of the Pathology working Group (PWG) for evaluation. Representative slides selected by the PWG Chairperson were reviewed blindly by the PWG's experienced rodent pathologists, 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 Ward et al., 1978). The final diagnosis represents a consensus of contractor pathologists and the NTP Pathology Working Group. In this study the tumor target tissues were the thyroid (male and female rats), lung (male and female mice) and liver (male mice).

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-dosed groups with controls and tests for overall dose-response trends.

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

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

In addition to these tests, one other set of statistical analyses was carried out and reported in the tables analyzing primary tumors: the Fisher's exact test for pairwise comparisons and the Cochran-Armitage linear trend test for doseresponse trends (Armitage, 1971; Gart et al., 1979). These 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	14-Day Study	13-Week Study	2-Year Study	
Experimental Design					
Size of Test Groups	5 males and 5 females of each species	5 males and 5 females of each species	10 males and 10 females of each species	49 or 50 males and 50 females of each species	
Doses	125, 250, 500, 1,000, or Rats: 6,000, 12,500, 25,000, 0, 300, 600, 1,200, 2,000 mg/kg body weight ziram in corn oil 50,000 or 100,000 ppm ziram in feed 2,500 or 5,000 ppm ziram in feed Mice: 1,200, 2,500 5,000, 10,000, or 20,000 ppm ziram in feed 0, 300, 600, 1,200, 2,500 or 5,000 ppm ziram in feed		2,500 or 5,000 ppm ziram in feed	Rats: 0, 300, or 600 ppm ziram in feed Mice: 0, 600, or 1,200 ppm ziram in feed	
Duration of Dosing	Single dose	14 days; control diets fed on day 15; rats killed day 17, mice killed days 16-17	13 weeks; rats killed days 92-101; mice killed days 92-100.	103 weeks; rats killed days 729-745; mice killed days 729-742.	
Type and Frequency of Observation	Observed twice daily for mortality for 14 days	Observed twice daily for mortality and weighed weekly	Observed twice daily for mortality and signs of morbidity; body weight and feed consumption data collected weekly.	Observed twice daily for signs of morbidity or mortality; clinical signs, body weights, and feed consumption recorded monthly.	
Necropsy and Histopathologic Examination	None performed	All animals necropsied	All animals necropsied; animals in the two highest dose groups received histopathological examination	All animals necropsied and examined histo- pathologically.	
Animals and Animal Maintena	nce				
Species	F344/N Rats; B6C3F1 Mice	F344/N Rats; B6C3F1 Mice	F344/N Rats; B6C3F1 mice	F344/N Rats; B6C3F1 Mice	
Animal Source	Frederick Cancer Research Center (Frederick, MD)	Frederick Cancer Research Center (Frederick, MD)	Frederick Cancer Research Center (Frederick, MD)	Rats: Harlan Research Labs (Indianapolis, IN); Mice: Frederick Cancer Research Center (Frederick, MD)	
Time Held Before Start of Test	10 days	10 days	7 days	Rats: 13 days Mice: 7 days	

TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS

Ziram

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	Single-Dose	14-Day Study	13-Week Study	2-Year Study
Animals and Animal Mainte	nance (Continued)			
Age When Placed on Study	6 weeks	6 weeks	5 weeks	Rats: 5 weeks Mice: 6 weeks
Age When Killed	8 weeks	8 weeks	18-20 weeks	109-112 weeks
Method of Animal Distribution	Assigned to cages according to a table of random numbers, then to dosed groups according to a second table of random numbers	Same as single-dose study	Same as single-dose study	Same as single-dose study
Feed	Wayne [®] Lab Blox, Allied Mills (Chicago, IL)	Same as single-dose study	Same as single-dose study	Same as single-dose study; feeders changed weekly
Bedding	Beta Chips® Northeastern Products Corp. (Warrensburg, NY)	Same as single-dose study	Same as single-dose study. Bedding changed twice weekly	Mice: same as single-dose study, except changed to sawdust for days 234-344, 371-555, 620-630; Rats: sawdust for days 1-177, 242-272; bedding changed twice weekly.
Water	Tap water in bottles available ad libitum	Same as single-dose study	Same as single-dose study. Water bottles changed weekly	Automatic Edstrom Industries, Inc. (Waterford, WI)
Cages	Stainless steel Hahn Roofing & Sheet Metal Co. (Birmingham, AL)	Same as single-dose study	Same as single-dose study. Cages changed twice weekly	Polycarbonate cages sus- pended on stainless steel racks; changed twice weekly; Lab Products, Inc. (Garfield, NJ)
Cage Filters	Fiberglass	Same as single-dose study	Same as single-dose study	Reemay spun-bonded polyester; changed every two weeks. Snow Filtration

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

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(Cincinnati, OH)

Ziram

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

	Single-Dose	14-Day Study	13-Week Study	2-Year Study
Animals per Cage	5	5	5	5
Animal Room Environment	21° ±3°C, 30%-60% humidity, air changed 15 times per hour; 9 hrs of fluorescent light per day	Same as single-dose study	Same as single-dose study	$21^{\circ} \pm 3^{\circ}$ C, 30% - 60% humidity; room air changed at least 15 times per hour; illumination by fluorescent lighting 12 hrs per day.
Other Chemicals on Test in the same room	Stannous chloride, propyl gallate, D-mannitol, zearalenone	Mice: D-mannitol, stannous chloride, propyl gallate; Rats: propyl gallate, D-mannitol, zearalenone	Mice: D-mannitol, stannous chloride, ethyl acrylate, eugenol, allyl isothiocyan- ate, propyl gallate, zearal- enone; Rats: D-mannitol, stannous chloride, propyl gallate, zearalenone	Mice: 1st year: D-mannitol and eugenol; 2nd year: D-mannitol Rats: none
Chemical-Vehicle or Chemical- Feed Mixture Preparation	Weighed portions of ziram mixed with corn oil immediately preceding administration	A measured amount of ziram was placed in a plastic bag with approximately 1 cup of feed and shaken until uniform. This mixture was added to the remain- ing feed and mixed in an 8-qt. Patterson-Kelly®Twin Shell blender for 15 minutes.	Same as 14-day study	Weighed chemical was pre- mixed with approximately the same amount of weighed feed. Remaining weighed feed was then combined with the pre- mix in a 16-qt. Patterson-Kelly®Twin Shell blender equipped with intensifier bar; ziram/feed mixture was mixed for 15 minutes.
Maximum Storage Time	Used when mixed	14 days	14 days	14 days
Storage Conditions			Sealed plastic containers at 21°C ±3°C	Doubled plastic bags inside sealed, labeled, rigid plastic containers; stored in the dark at 4° C for 7 days, followed by no more than 7 days at 21° ±3°C.

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III. RESULTS

RATS

SHORT-TERM STUDIES

Single-Dose Study

Fourteen-Day Study

Thirteen-Week Study

TWO-YEAR STUDIES

Body Weights and Clinical Signs Survival

Pathology and Statistical Analyses of Results

MICE

SHORT-TERM STUDIES

Single-Dose Study

Fourteen-Day Study

Thirteen-Week Study

TWO-YEAR STUDIES

Body Weights and Clinical Signs Survival

Pathology and Statistical Analyses of Results

SHORT-TERM STUDIES

Single-Dose Study

All rats administered 2,000 mg/kg ziram were dead by day 4. No other compound-related deaths occurred (Table 2). Diarrhea was observed in rats of each sex receiving 1,000 or 2,000 mg/kg, but not in animals receiving lower doses.

Fourteen-Day Study

All rats receiving 12,500, 25,000, 50,000, or 100,000 ppm ziram died; two of the five male rats receiving 6,000 ppm died (Table 3). All rats receiving 12,500 - 100,000 ppm ziram had diarrhea. No compound-related gross pathologic effects were observed.

Thirteen-Week Study

One female rat receiving the highest dose (5,000 ppm) died (Table 4). No other deaths occurred. Mean body weight gain was depressed by more than 16% in males receiving 1,200, 2,500, or 5,000 ppm and in females receiving 600-5,000 ppm. No compound-related histopathologic effects were observed.

Because of the weight-gain decrement observed in the 13-week study, doses selected for rats in the two-year study were 300 and 600 ppm ziram in feed.

TABLE 2. SURVIVAL OF RATS ADMINISTERED A SINGLE DOSE OF ZIRAM BY GAVAGE

Dose	Surviv	al (a)
(mg/kg)	Males	Females
125	5/5	5/5
250	5/5	2/5 (b)
500	5/5	5/5
1,000	5/5	2/5 (b)
2,000	0/5 (c)	0/5(d)

(a) Number surviving/number per group.

(b) Deaths due to gavage error.

(c) One animal died on day 2; the rest died on day 3,

(d) One animal died on day 1, one animal died on day 3, and three animals died on day 4.

TABLE 3. SURVIVAL AND MEAN BODY WEIGHTS OF RATS FED DIETS CONTAINING ZIRAM FOR 14 DAYS

			Mean Body Weights (grams)			
Dose (ppm)	Survival (a)	Day of Death	Initial	Final	Change	
Males						
6,000	3/5	12,13	84	84	0	
12,500	0/5	5,5,5,6,6	85	-	-	
25,000	0/5	4,5,5,5,5	82	-	-	
50,000	0/5	5,5,5,5,6	83			
100,000	0/5	5,5,5,5,6	89	-	-	
Females						
6,000	5/5		78	79	+1	
12,500	0/5	6,6,6,6,8	74	-	_	
25,000	0/5	5,6,6,6,7	81	-		
50,000	0/5	5,5,5,6,6	81		-	
100,000	0/5	5,5,5,6,6	76	_	_	

(a) Number surviving/number per group.

Dose (ppm)		Mea	in Body Weights (g	rams)	Weight Change Relative to	Average Daily Feed	Daily	rage Dose d (mg/kg)
	Survival (a)	Initial	Final	Change	Controls (c) (Percent)	Consumption (grams)	Initial	Final
ales								
0	10 10	966±311	304 1 ± 10 26	+207 5 ± 8 95		16		
300	10/10	935±198	3301 ± 496	+236 6 ± 4 45	+14 0	16	513	20 3
600	10 10	92 5 ± 2 86	314 I ± 5 25	+221 6 ± 4 41	+ 68	14	90 8	26 7
1,200	10 10	91 7 ± 2 26	265 7 ± 4 31	+1740 ± 355	16 1	15	179	67 9
2,500	10/10	920±216	263 0 ± 5 32	+1710±465	176	13	353	124
5 000	10 10	92 5 ± 1 74	2185 ± 393	$+1260 \pm 404$	39 3	14	757	320
males								
0	10 10	80 8 ± 3 3	194 1 ± 4 1	$+1133 \pm 26$		11		
300	10/10	77.3 ± 2.1	1840 ± 35	$+1067 \pm 34$	58	10	38 8	16 3
600	10/10	799±17	1723 ± 23	$+924 \pm 20$	18 4	9	67 6	313
1 200	10 10	80 5 ± 2 3	1748 ± 46	+ 94 3 ± 3 1	168	10	149	68 6
2 500	10 10	75 2 ± 2 6	1536±13	+ 784 ± 18	30 8	9	299	146
5,000	9 10(d)	760±24	1436±21	+ 676 ± 27	40 3	9	592	313

TABLE 4 SURVIVAL, MEAN BODY WEIGHTS, AND COMPOUND CONSUMPTION OF RATS FED DIFTS CONTAINING ZIRAM FOR 13 WEEKS

(a) Number surviving number initially in the group All calculations are based on those animals surviving to the end of the study

(b) Mean weight change of the survivors of the group ± standard error of mean

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

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

Weight Change (Control Group)

(d) Death occurred on day 15

TWO-YEAR STUDIES

× 100

Body Weights and Clinical Signs

Throughout the last year of the study, mean body weights of high-dose male rats were slightly higher than those of the controls. Mean body weights of high-dose female rats were slightly lower than those of the controls (Table 5 and Figure 1). The average daily feed consumption per animal by low- and high-dose rats was 102% and 101% that of the controls for males and 99%

and 95% for females (Table 6). The average daily consumption of ziram per animal by low- and high-dose rats, after the first 26 weeks of the study, was about 11 and 22 mg/kg for male rats and about 13 and 26 mg/kg for female rats (Table 7). These daily intake amounts should be considered as useful approximations that are dependent on the accuracy of the measurement of feed consumption. There were no remarkable clinical signs.

TABLE 5 CUMULATIVE MEAN BODY WEIGHT CHANGE (RELATIVE TO CONTROLS) OF RATS FED DIETS CONTAINING ZIRAM IN THE 2-YEAR STUDY

		Cumulative Mean Body Weight Change (grams)			Weight Change Relative to Controls	
	Week No	Control	Low Dose	High Dose	Low Dose	High Dose
Males	0	106 <i>(b)</i>	107 <i>(b)</i>	108 <i>(b)</i>		
	4	81	88	84	+9	+4
	26	253	263	262	+4	+4
	48	315	323	319	+3	+1
	68	331	340	338	+3	+2
	84	333	338	338	+2	+2
	104	312	306	312	2	0
	Final Weight	418	413	420	-1	+1
Females	0	93 (b)	93 <i>(b)</i>	93 (b)		
	4	36	39	36	+8	0
	26	106	105	103	1	-3
	48	138	136	130	1	6
	68	181	174	166	4	-8
	84	196	200	188	+2	4
	104	212	219	204	+3	-4
	Final Weight	305	312	297	+2	-3

(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



Figure 1. Growth Curves for Rats Fed Diets Containing Ziram

	Control Low Dose		Dose	e High Dose		
Week	Grams Feed/ Day (a)	Grams Feed/ Day <i>(a)</i>	Low/ Control (b)	Grams Feed/ Day <i>(a)</i>	High/ Control (b)	
Males						
4	15.4	15.4	1.0	14.5	0.9	
26	15.0	16.0	1.1	16.0	1.1	
48	17.6	17.6	1.0	17.6	1.0	
68	16.0	15.9	1.0	16.0	1.0	
84	13.7	13.7	1.0	13.8	1.0	
104	13.6	14.5	1,1	13.6	1.0	
Mean	15.2	15.5	1.0	15.3	1.0	
SD (c)	1.5	1.3	0.1	1.6	0.1	
CV (d)	9.9	8.4	10.0	10.5	10.0	
Females	····					
4	9.6	10.0	1.0	9.6	1.0	
26	11.0	11.0	1.0	10.0	0.9	
48	11.4	11.4	1.0	10.4	0.9	
68	11.0	11.0	1.0	11.0	1.0	
84	10.3	10.3	1.0	10.3	1.0	
104	11.8	10.9	0.9	10.9	0.9	
Mean	10.9	10.8	1.0	10.4	1.0	
SD (c)	0.8	0.5	0.0	0.5	0.1	
CV (d)	7.3	4.6	0.0	4.8	10.0	

TABLE 6. FEED CONSUMPTION BY RATS RECEIVING ZIRAM IN THE 2-YEAR STUDY

(a) Grams of feed consumed per animal per day.

(b) Grams of feed consumed per day by the dosed group divided by that for the controls.

(c) Standard deviation.

(d) Coefficient of variation = (standard deviation/mean) x 100

TABLE 1. COMPOUND CONSUMPTION DI KAIS RECEIVING LIRAM IN THE 2-TEAK STUDT	TABLE 7. COMPOUNE	CONSUMPTION BY RATS RECEIVING ZIRAM IN THE 2-YEAR STUDY
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	Low Dose				High Dose		
	Week No.	Body Weight (a)	Grams Feed/Day <i>(b)</i>	Dose, mg/kg/Day (c)	Body Weight (a)	Grams Feed/Day <i>(b)</i>	Dose, mg/kg/Day (d)
Males	4	195	15.4	23.7	192	14.5	45.3
	26	370	16.0	13.0	370	16.0	25.9
	48	430	17.6	12.3	427	17.6	24.7
	68	447	15.9	10.7	446	16.0	21.5
	84	445	13.7	9.2	446	13.8	18.6
	104	413	14.5	10.5	420	13.6	19.4
Females	4	132	10.0	22.7	129	9.6	44.7
	26	198	11.0	16.7	196	10.0	30.6
	48	229	11.4	14.9	223	10.4	28.0
	68	267	11.0	12.4	259	11.0	25.4
	84	293	10.3	10.5	281	10.3	22.0
	104	312	10.9	10.4	297	10.9	22.0

(a) Group body weight average from Table 5

(b) From Table 6

(c) Low-dose = 300 mg/kg of feed. Dose calculation =

(c) Low-dose = 300 mg/kg of feed. Dose calculation = $\begin{bmatrix} Grams Feed/Day \\ Body Wt (Kg) \end{bmatrix} x 300 / 1000$ (d) High Dose = 600 mg/kg of feed. Dose calculation = $\begin{bmatrix} Grams Feed/Day \\ Body Wt (Kg) \end{bmatrix} x 600 / 1000$

Survival

Estimates of the probabilities of survival of male and female rats fed diets containing ziram at the concentrations used in the 2-year study, and those of the controls, are shown by the Kaplan and Meier curves in Figure 2. The survival of female rats in the high-dose group was significantly higher (P=0.023) than that in the control group. No other significant differences were observed between the survival of any groups of rats of either sex. Among male rats, 33/50 (66%) of the controls, 34/50 (68%) of the low-dose group, and 40/50 (80%) of the high-dose group lived to the end of the study at 104-106 weeks. Among female rats, 37/50 (74%) of the controls, 44/50 (88%) of the low-dose group, and 46/50 (92%) of the high-dose group lived to the end of the study at 104-106 weeks. The numbers of low-dose animals include two males and one female that died natural deaths during the termination period of the study; these were included in the statistical analysis of the terminal incidence shown in Tables 8 and 9.



Figure 2. Survival Curves for Rats Fed Diets Containing Ziram

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 and female rat studies, respectively. Findings on nonneoplastic lesions are summarized in Appendix C, Tables C1 and C2. Tables 8 and 9 contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups.

Thyroid: C-cell carcinomas occurred at a significantly increased incidence (P<0.05) in highdose male rats, and with a significant (P<0.01) dose-related trend (control 0/50; low-dose, 2/49, 4%; high-dose, 7/49, 14%). The doserelated trend was significant (P<0.05) for male rats with C-cell adenomas or carcinomas (control 4/50, 8%; low-dose, 9/49, 18%; high-dose 12/49; 24%). Neither C-cell adenomas nor C-cell carcinomas were significantly increased in dosed female rats. C-cell hyperplasia of the thyroid gland was observed in male rats (control, 7/50, 14%; low-dose, 12/49, 24%; high-dose, 11/49, 22%) and in female rats (control, 16/50, 32%; low-dose, 11/50, 22%; high-dose, 19/50, 38%). Thyroglossal duct cysts occurred in male rats (control, 0/50; low-dose 3/49, 6%; high-dose, 1/49, 2%) and in female rats (control, 0/50; low-dose, 7/50, 14%; high-dose, 5/50, 10%). Follicular-cell adenomas or carcinomas occurred at all incidences in all groups of male and female rats (Tables A1 and A2).

Mammary Gland: Fibroadenomas were observed in decreased incidence in the mammary gland of high-dose female rats (P < 0.05), even though more high-dose than control females lived to the end of the study. There was evidence of a dose-related decrease in the incidence of females with adenocarcinomas (P=0.040, life table trend test).

Eye: Retinopathy was observed at increased incidences in high-dose males and in dosed females (control males, 32/50, 64%; low-dose males, 7/50, 14%; high-dose males, 45/50, 90%; control females, 9/50, 18%; low-dose females, 48/50, 96%; high-dose females, 30/50, 60%).

	Control	Low Dose	High Dose
Subcutaneous Tissue: Fibroma	<u> </u>		
Tumor Rates			
Overall (b)	2/50(4%)	6/50(12%)	0/50(0%)
Adjusted (c)	6.1%	14.2%	0.0%
Terminal (d)	2/33(6%)	1/34(3%)	0/40(0%)
Statistical Tests (e)	2/ 55(070)	1/34(370)	0/40(0%)
Life Table	P=0.222N	P=0.145	P=0.197N
Incidental Tumor Test	P=0.440N	P=0.099	P=0.197N
Cochran-Armitage Trend,	1 0, ++010	1 -0.077	1-0.19714
Fisher Exact Tests	P=0.253N	P=0.134	P=0.247N
Hematopoletic System: Undifferentiated	Leukemia		
Tumor Rates			
Overall (b)	10/50(20%)	11/50(22%)	10/50(20%)
Adjusted (c)	25.3%	26.8%	22.5%
Terminal (d)	5/33(15%)	5/34(15%)	6/40(15%)
Statistical Tests (e)			
Life Table	P=0.408N	P=0.516	P=0.451N
Incidental Tumor Test	P=0.389	P=0.401	P=0.521
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.549	P=0.500	P=0.598
Hematopoietic System: Lymphoma or I	eukemia		
Tumor Rates			
Overall (b)	10/50(20%)	11/50(22%)	11/50(22%)
Adjusted (c)	25.3%	26.8%	24.2%
Terminal (d)	5/33(15%)	5/34(15%)	6/40(15%)
Statistical Tests (e)			
Life Table	P=0.497N	P=0.516	P=0.541N
Incidental Tumor Test	P=0.275	P=0.401	P=0.386
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.452	P=0.500	P=0.500
Pituitary: Adenoma			
Tumor Rates			
Overall (b)	13/50(26%)	9/50(18%)	8/49(16%)
Adjusted (c)	32.5%	25.2%	19.3%
Terminal (d)	7/33(21%)	8/34(24%)	6/39(15%)
Statistical Tests (e)	-		D 0 1000
Life Table	P=0.078N	P=0.231N	P=0.102N
Incidental Tumor Test	P=0.185N	P=0.274N	P=0.273N
Cochran-Armitage Trend,		D	
Fisher Exact Tests	P=0.141N	P=0.235N	P=0.176N
Pituitary: Adenoma or Carcinoma			
	15/50(2007)	11/50(2207)	10/49(20%)
Overall (b) Adjusted (c)	15/50(30%) 37.7%	11/50(22%) 30.9%	23.3%
Terminal (d)	• •		23.3% 7/39(18%)
Statistical Tests (e)	9/33(27%)	10/34(29%)	7 33(10%)
Life Table	D-0 063M	P=0.238N	P=0.107N
	P=0.082N	P=0.281N P=0.281N	P=0.231N
Incidental Tumor Tast			
Incidental Tumor Test Cochran-Armitage Trend,	P=0.166N	1 =0.28114	1-0.25111

TABLE 8. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (a)

	Control	Low Dose	High Dose
<u></u>			
Adrenal: Pheochromocytoma			
Tumor Rates			
Overall (b)	7/50(14%)	6/50(12%)	7/50(14%
Adjusted (c)	17.5%	15.9%	17.5%
Terminal (d)	3/33(9%)	4/34(12%)	7/40(18%
Statistical Tests (e)			
Life Table	P=0.443N	P=0.493N	P=0.494N
Incidental Tumor Test	P=0.457	P=0.562N	P=0.504
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.558	P=0.500N	P=0.613
Thyroid: Follicular-Cell Carcinoma			
Tumor Rates			
Overall (b)	1/50(2%)	3/49(6%)	1/49(2%)
Adjusted (c)	2.6%	8.1%	2.6%
Terminal (d)	0/33(0%)	2/34(6%)	1/39(3%)
Statistical Tests (e)			
Life Table	P=0.563N	P=0.317	P=0.734N
Incidental Tumor Test	P=0.563	P=0.275	P=0.716
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.602	P=0.301	P=0.747
Thyroid: Follicular-Cell Adenoma or Ca	ircinoma		
Fumor Rates			
Overall (b)	1/50(2%)	5/49(10%)	1/49(2%)
Adjusted (c)	2.6%	13.9%	2.6%
Terminal (d)	0/33(0%)	4/34(12%)	1/39(3%)
Statistical Tests (e)	0,00(070)	(12/0)	1,05(070)
Life Table	P=0.533N	P=0.113	P=0.734N
Incidental Tumor Test	P=0.575	P=0.094	P=0.716
Cochran-Armitage Trend,	1 0.070	1 0.074	1 0.710
Fisher Exact Tests	P=0.584	P=0.098	P=0.747
		1 0.050	• ••••
Ihyroid: C-Cell Adenoma			
Tumor Rates	4/50/000	R (10/1 100)	E (10 (10 m)
Overall (b)	4/50(8%)	7/49(14%)	5/49(10%)
Adjusted (c)	12.1%	18.2%	12.8%
Terminal (d)	4/33(12%)	4/34(12%)	5/39(13%)
Statistical Tests (e)	D -0 63 0	D-0.001	D =0.404
Life Table	P=0.538	P=0.281	P=0.605
Incidental Tumor Test	P=0.456	P=0.243	P=0.605
Cochran-Armitage Trend, Fisher Exact Tests	B-0 133	D=0.061	D-0.407
	P=0.422	P=0.251	P=0.487
hyroid: C-Cell Carcinoma			
umor Rates			
Overall (b)	0/50(0%)	2/49(4%)	7/49(14%)
Adjusted (c)	0.0%	5.9%	17.9%
Terminal (d)	0/33(0%)	2/34(6%)	7/39(18%)
tatistical Tests (e)			
Life Table	P=0.006	P=0.245	P=0.016
Incidental Tumor Test	P=0.006	P=0.245	P=0.016
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.003	P=0.242	P=0.006

TABLE 8. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (a) (Continued)

	Control	Low Dose	High
	Control	Dose	Dose
Thyroid: C-Cell Adenoma or Carcinoma	ı		
Tumor Rates			
Overall (b)	4/50(8%)	9/49(18%)	12/49(24%
Adjusted (c)	12.1%	23.7%	30.8%
Terminal (d)	4/33(12%)	6/34(18%)	12/39(31%
Statistical Tests (e)			
Life Table	P=0.048	P=0.132	P=0.055
Incidental Tumor Test	P=0.032	P=0.109	P=0.055
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.020	P=0.109	P=0.024
Pancreatic Islets: Adenoma or Carcinom	8		
Fumor Rates			
Overall (b)	2/50(4%)	4/50(8%)	3/50(6%)
Adjusted (c)	6.1%	10.7%	7.0%
Terminal (d)	2/33(6%)	2/34(6%)	1/40(3%)
Statistical Tests (e)			
Life Table	P=0.499	P=0.350	P=0.577
Incidental Tumor Test	P=0.343	P=0.316	P=0.445
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.417	P=0.339	P=0.500
Preputial Gland: Adenoma			
Tumor Rates			
Overall (b)	3/50(6%)	5/50(10%)	2/50(4%)
Adjusted (c)	7.9%	14.7%	5.0%
Terminal (d)	1/33(3%)	5/34(15%)	2/40(5%)
Statistical Tests (e)			
Life Table	P=0.337N	P=0.373	P=0.437N
Incidental Tumor Test	P=0.399N	P=0.342	P=0.555N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.421N	P=0.357	P=0.500N
Preputial Gland: Carcinoma			
fumor Rates			
Overall (b)	4/50(8%)	3/50(6%)	4/50(8%)
Adjusted (c)	10.8%	6.9%	9.1%
Terminal (d)	1/33(3%).	0/34(0%)	2/40(5%)
Statistical Tests (e)			
Life Table	P=0.519N	P=0.494N	P=0.573N
Incidental Tumor Test	P=0.407	P=0.498N	P=0.413
Cochran-Armitage Trend,	D A F (
Fisher Exact Tests	P=0.576	P=0.500N	P=0.643
Preputial Gland: Adenoma or Carcinoma	R		
Tumor Rates			
Overall (b)	7/50(14%)	8/50(16%)	6/50(12%)
Adjusted (c)	17.9%	20.6%	13.9%
Terminal (d)	2/33(6%)	5/34(15%)	4/40(10%)
statistical Tests (e)	B 6 615	D 0 (0757	•
Life Table	P=0.517	P=0.407N	P=0.407N
Incidental Tumor Test	P=0.551N	P=0.489	P=0.518
Cochran-Armitage Trend,	D-0 44951	D-0 500	D _0 50031
Fisher Exact Tests	P=0.443N	P=0.500	P=0.500N

TABLE 8. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (a) (Continued)
	Control	Low Dose	High Dose	
Testis: Interstitial-Cell Tumor	· · · · · · · · · · · · · · · · · · ·			
Tumor Rates				
Overall (b)	41/50(82%)	42/50(84%)	45/50(90%)	
Adjusted (c)	93.0%	93.3%	93.7%	
Terminal (d)	30/33(91%)	31/34(91%)	37/40(93%)	
Statistical Tests (e)	, (,			
Life Table	P=0.317N	P=0.560	P=0.351N	
Incidental Tumor Test	P=0.119	P=0.338	P=0.191	
Cochran-Armitage Trend,				
Fisher Exact Tests	P=0.162	P=0.500	P=0.194	

TABLE 8. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (a) (Continued)

(a) Dosed groups received doses of 300 or 600 ppm of ziram in the diet.

(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.

⁽d) Beneath the control incidence are the P-values associated with the trend test. Beneath the dosed group incidence are the P-values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying before the 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 is indicated by (N).

	Control	Low Dose	High Dose
Hematopoietic System: Lymphoma, Al	ll Malignant		
Tumor Rates	- / / / /		
Overall (b)	3/50(6%)	1/50(2%)	0/50(0%)
Adjusted (c)	7.3%	2.1%	0.0%
Terminal (d)	1/37(3%)	0/44(0%)	0/46(0%)
Statistical Tests (e)			
Life Table	P=0.042N	P=0.247N	P=0.092N
Incidental Tumor Test	P=0.229N	P=0.554N	P=0.457N
Cochran-Armitage Trend, Fisher Exact Tests	D=0.041 N	D-0 200N	D-0 101N
	P=0.061N	P=0.309N	P=0.121N
Hematopoietic System: Undifferentiate	d Leukemia		
	A (80(907)	4 (50 (907)	4150(00)
Overall (b)	4/50(8%)	4/50(8%)	4/50(8%)
Adjusted (c) Terminal (d)	10.0%	8.5%	8.4%
Statistical Tests (e)	2/37(5%)	2/44(5%)	3/46(7%)
Life Table	P=0.451N	P=0.537N	P=0.520N
Incidental Tumor Test	P=0.571	P=0.608N	P=0.629
Cochran-Armitage Trend,	1 -0.571	1-0.00011	1-0.027
Fisher Exact Tests	P=0.573	P=0.643	P=0.643
Hematopoietic System: Lymphoma or 1	Leukemia		
Fumor Rates			
Overall (b)	7/50(14%)	5/50(10%)	4/50(8%)
Adjusted (c)	16.7%	10.4%	8.4%
Terminal (d)	3/37(8%)	2/44(5%)	3/46(7%)
Statistical Tests (e)		2/ ((070)	
Life Table	P=0.127N	P=0.269N	P=0.166N
Incidental Tumor Test	P=0.378N	P=0.486N	P=0.509N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.210N	P=0.380N	P=0.262N
Pituitary: Adenoma			
Tumor Rates			
Overall (b)	19/50(38%)	18/49(37%)	19/49(39%
Adjusted (c)	47.1%	39.0%	42.2%
Terminal (d)	16/37(43%)	15/43(35%)	19/45(42%)
Statistical Tests (e)			
Life Table	P=0.265N	P=0.285N	P=0.294N
Incidental Tumor Test	P=0.393N	P=0.353N	P=0.452N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.510N	P=0.531N	P=0.551N
Pituitary: Carcinoma			
umor Rates			
Overall (b)	3/50(6%)	0/49(0%)	2/49(4%)
Adjusted (c)	7.8%	0.0%	4.4%
Terminal (d)	2/37(5%)	0/43(0%)	2/45(4%)
tatistical Tests (e)		B 6 65 65	
Life Table	P=0.321N	P=0.096N	P=0.410N
Incidental Tumor Test	P=0.317N	P=0.079N	P=0.404N
Cochran-Armitage Trend, Fisher Exact Tests	D-A 200NT	D-0 135N	D-0 61031
FISHER EXACT TESTS	P=0.398N	P=0.125N	P=0.510N

TABLE 9. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS (a)

	Control	Low Dose	High Dose
Pituitary: Adenoma or Carcinoma		.,	
Tumor Rates			
Overall (b)	22/50(44%)	18/49(37%)	21/49(43%)
Adjusted (c)	53.3%	39.0%	46.7%
Terminal (d)	18/37(49%)	15/43(35%)	21/45(47%)
Statistical Tests (e)			
Life Table	P=0.189N	P=0.118N	P=0.203N
Incidental Tumor Test	P=0.291	P=0.137N	P=0.328N
Cochran-Armitage Trend, Fisher Exact Tests	P=0.493N	P=0.298N	P=0.535N
Adrenal: Pheochromocytoma			
Tumor Rates			
Overall (b)	1/50(2%)	1/50(2%)	3/50(6%)
Adjusted (c)	2.7%	2.3%	6.3%
Terminal (d)	1/37(3%)	1/44(2%)	2/46(4%)
Statistical Tests (e)	,		,,
Life Table	P=0.263	P=0.723N	P=0.392
Incidental Tumor Test	P=0.260	P=0.723N	P=0.393
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.202	P=0.753	P=0.309
Thyroid: C-Cell Adenoma			
Tumor Rates			
Overall (b)	6/50(12%)	8/50(16%)	6/50(12%)
Adjusted (c)	14.5%	18.2%	13.0%
Terminal (d)	3/37(8%)	8/44(18%)	6/46(13%)
Statistical Tests (e)		D A F 1A	
Life Table	P=0.400N	P=0.518	P=0.475N
Incidental Tumor Test	P=0.380	P=0.230	P=0.359
Cochran-Armitage Trend,	D-0.660	D-0 197	D=0 (20
Fisher Exact Tests	P=0.558	P=0.387	P=0.620
Thyroid: C-Cell Carcinoma Tumor Rates			
Overall (b)	3/50(6%)	1/50(2%)	3/50(6%)
Adjusted (c)	8.1%	2.3%	6.3%
Terminal (d)	3/37(8%)	1/44(2%)	2/46(4%)
Statistical Tests (e)	5/5/(0/0)	1/ +1(2/0)	2/40(470)
Life Table	P=0.499N	P=0.246N	P≈0.555N
Incidental Tumor Test	P=0.498N	P=0.246N	P=0.552N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.593	P=0.309N	P=0.661
hyroid: C-Cell Adenoma or Carcinoma			
Sumor Rates			
Overall (b)	9/50(18%)	9/50(18%)	9/50(18%)
Adjusted (c)	22.0%	20.5%	19.1%
Terminal (d)	6/37(16%)	9/44(20%)	8/46(17%)
Statistical Tests (e)		_	
Life Table	P=0.361N	P=0.449N	P=0.412N
Incidental Tumor Test	P=0.450	P=0.496	P=0.462
Cochran-Armitage Trend, Fisher Exact Tests	P=0.551	P=0.602	P=0.602
- Sher Dauet 1 esta	1-0.551	1 -0.002	1-0.002

TABLE 9. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS (a) (Continued)

•

	Control	Low Dose	High Dose
	· · · · · · · · · · · · · · · · · · ·		
Mammary Gland: Adenocarcinoma			
Fumor Rates	A (FR (C ()	1 (50 (307)	0 (50 (0 0)
Overall (b)	3/50(6%)	1/50(2%)	0/50(0%)
Adjusted (c)	8.1%	2.1%	0.0%
Terminal (d)	3/37(8%)	0/44(0%)	0/46(0%)
Statistical Tests (e)	D 0 0 10 1		
Life Table	P=0.040N	P=0.242N	P=0.086N
Incidental Tumor Test	P=0.038N	P=0.221N	P=0.086N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.061N	P=0.309N	P=0.121N
Mammary Gland: Fibroadenoma			
Fumor Rates			
Overall (b)	16/50(32%)	17/50(34%)	8/50(16%)
Adjusted (c)	39.7%	37.6%	17.0%
Terminal (d)	13/37(35%)	16/44(36%)	7/46(15%)
Statistical Tests (e)			
Life Table	P=0.011N	P=0.437N	P=0.015N
Incidental Tumor Test	P=0.024N	P=0.548N	P=0.019N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.046N	P=0.500	P=0.050N
Clitoral Gland: Carcinoma			
fumor Rates			
	2/50/601)	E (EQ (1007)	A (50(907)
Overall (b)	3/50(6%)	5/50(10%)	4/50(8%) 8.7%
Adjusted (c)	8.1%	11.4%	
Terminal (d) Statistical Tests (e)	3/37(8%)	5/44(11%)	4/46(9%)
Life Table	D-0 663	D-0 455	P=0.618
Incidental Tumor Test	P=0.552	P=0.455	
	P=0.552	P=0.455	P=0.618
Cochran-Armitage Trend,	D-0 (27	D-0 167	D=0.600
Fisher Exact Tests	P=0.427	P=0.357	P=0.500
Clitoral Gland: Adenoma or Carcinoma			
umor Rates			
Overall (b)	5/50(10%)	7/50(14%)	5/50(10%)
Adjusted (c)	13.5%	15.9%	10.9%
Terminal (d)	5/37(14%)	7/44(16%)	5/46(11%)
statistical Tests (e)	D 0 41037	D 0 605	D 0 40055
Life Table	P=0.410N	P=0.505	P=0.489N
Incidental Tumor Test	P=0.410N	P=0.505	P=0.489N
Cochran-Armitage Trend,	D 0 4/4	D A A A A	D 0 (20
Fisher Exact Tests	P=0.562	P=0.380	P=0.630
Iterus: Endometrial Stromal Polyp			
umor Rates			
Overall (b)	5/50(10%)	7/49(14%)	7/50(14%)
Adjusted (c)	12.4%	15.9%	14.8%
Terminal (d)	3/37(8%)	7/44(16%)	6/46(13%)
tatistical Tests (e)		· · ·	
Life Table	P=0.477	P=0.498	P=0.529
Incidental Tumor Test	P=0.353	P=0.388	P=0.406
~ · · · · · ·			
Cochran-Armitage Trend,			

TABLE 9. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS (a) (Continued)

	Control	Low Dose	High Dose	
Uterus: Endometrial Stromal Polyp o	r Sarcoma			
Tumor Rates				
Overall (b)	6/50(12%)	7/49(14%)	7/50(14%)	
Adjusted (c)	14.1%	15.9%	14.8%	
Terminal (d)	3/37(8%)	7/44(16%)	6/46(13%)	
Statistical Tests (e)				
Life Table	P=0.523N	P=0.611	P=0.587N	
Incidental Tumor Test	P=0.353	P=0.388	P=0.406	
Cochran-Armitage Trend,				
Fisher Exact Tests	P=0.442	P=0.484	P=0.500	

TABLE 9. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS (a) (Continued)

(a) Dosed groups received doses of 300 or 600 ppm of ziram in the diet.

(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 before the 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 is indicated by (N).

SHORT-TERM STUDIES

Single-Dose Study

Four of five males and 1/5 females administered 2,000 mg/kg, 1/5 males receiving 1,000 mg/kg, and 1/5 males receiving 250 mg/kg died (Table 10). All mice receiving 250, 500, 1,000, or 2,000 mg/kg had dose-related diarrhea.

Fourteen-Day Study

All mice receiving 10,000 or 20,000 ppm ziram died (Table 11). Dose-related diarrhea was observed. No compound-related gross pathologic effects were noted.

TABLE 10. SURVIVAL OF MICE ADMINISTERED A SINGLE DOSE OFZIRAM BY GAVAGE

Dose	Surviv	al (a)
(mg/kg)	Males	Females
125	5/5	5/5
250	4/5 (b)	5/5
500	5/5	5/5
1,000	4/5(c)	5/5
2,000	1/5(d)	4/5 (e)

(a) Number surviving/number per group.

(b) Deaths occurred on day 4.

(c) Deaths occurred on day 2.

(d) Two deaths occurred on day 2, and one death on each of days 5 and 6.

(e) Death occurred on day 9.

TABLE 11. SURVIVAL AND MEAN BODY WEIGHTS OF MICE FED DIETS CONTAINING ZIRAM FOR 14 DAYS

		Me	an Body Weights (gra	ams)
Dose (ppm)	Survival (a)	Initial	Final	Change
Males				
1,200	5/5	21	26	+5
2,500	5/5	20	24	+4
5,000	5/5	19	19	0
10,000	0/5 (Ъ)	19		
20,000	0/5 <i>(b)</i>	20		
Females				
1,200	5/5	16	19	+3
2,500	5/5	15	18	+3
5,000	5/5	16	16	0
10,000	0/5(c)	16	_	
20,000	0/5(d)	16		

(a) Number surviving/number per group.

(b) All deaths occurred on day 6.

(c) All deaths occurred on day 7.

(d) One animal died on day 5 and the rest on day 6.

Thirteen-Week Study

Eight of ten male mice and 8/10 female mice fed diets containing 5,000 ppm, and 1/10 male mice receiving 600 ppm ziram died (Table 12). Weight gain was depressed 26% or more in males and females receiving 2,500 or 5,000 ppm. The depressions in mean body weight gains were dose-related. No compound-related histopathologic effects were observed.

Doses of 600 and 1,200 ppm ziram in feed were selected for mice in the two-year study due to the weight gain decrements observed in the 13-week study.

TABLE 12. SURVIVAL, MEAN BODY WEIGHT	S, AND COMPOUND CONSUMPTION OF MICE F	ED DIETS CONTAINING ZIRAM FOR 13 WEEKS
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	Mean Body Weights (grams)		Weight Change Relative to	Average Daily Feed	Average Daily Dose Consumed (mg/kg)			
Dose (ppm)	Survival (a)	Initial	Final	Сһялде	Controls (c) (Percent)	Consumption (grams)	Initial	Final
es								
0	10/10	20.9 ±0.55	32.2 ± 0.59	+11.3 ±0.50		9		
300	10/10	21.3 ±0.47	30.0 ± 0.63	+ 8,7 ±0.45	-23.0	8	113	80
600	9/10 (d)	21.0 ±0.60	29.4 ± 0.69	+ 8.4 ±0.44	-25.7	9	257	183
1,200	10/10	21.2 ±0.63	29.5 ± 0.93	+ 8.3 ±0.63	-26.5	9	509	366
2,500	10/10	21.3 ±0.45	27.1 ± 0.78	+ 5.8 ±0.63	-48.7	7	821	646
5,000	2/10 (e)	20.0 ± 2.00	22.0 ± 1.00	+ 2.0 ±1.00	-82.3	7	1750	1590
ales								
0	10/10	16.7 ±0.33	24.0 ± 0.47	+ 7.3 ±0.21		9		
300	9/10 (7)	17.4 ±0.24	25.3 ± 0.50	+ 7.9 ±0.42	+ 8.2	6	103	71
600	10/10	17.2 ±0.36	25.2 ± 0.44	+ 8.0 ±0.42	+ 9.6	6	209	143
1,200	10/10	17.0 ±0.30	23.6 ± 0.34	+ 6.6 ±0.40	- 9.6	5	353	254
2,500	8/10 <i>(f</i>)	17.1 ±0.30	22.5 ± 0.42	+ 5.4 ±0.38	-26.0	5	731	556
5,000	2/10 (g)	17.5 ±0.50	18.5 ± 1.50	$+ 1.0 \pm 2.00$	-86.3	8	2286	2162

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(a) Number surviving, number initially in the group. All calculations are based on those animals surviving to the end of the study.

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

(c) 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)

(d) Death occurred on day 8.

(e) Five mice died during week 3: three mice died during week 4.

(f) Animals were missing.

(g) Three animals died during week 3. three animals died during week 4. one animal died during week 5. and one animal during week 8.

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of dosed male mice were lower than those of the controls throughout the study. For the first 80 weeks of the study, mean body weights of high-dose and control females were comparable; during the rest of the study, mean body weights of the high-dose females were lower than those of the controls. The mean body weights of low-dose females were higher than those of the controls throughout most of the study (Figure 3 and Table 13). The average daily feed consumption per mouse by low- and highdose mice was 94% and 78% that of the controls for males and 96% and 85% for females (Table 14). No other compound-related clinical signs



Figure 3. Growth Curves for Mice Fed Diets Containing Ziram

were observed. The daily ziram consumption per animal by low-dose male mice, after the first halfyear of the study, ranged from 169 to 75 mg/kg with an average of 122 mg/kg; the high-dose male mice consumed from 263 to 126 mg/kg with an average of 196 mg/kg during the same period. The corresponding daily compound intake by low-dose female mice ranged from 193 to 79 mg/kg with an average of 131 mg/kg, and for the high-dose female mice from 323 to 145 mg/kgwith an average of 248 mg/kg (Table 15). These daily intake amounts should be considered as useful approximations that are dependent on the accuracy of the measurement of feed consumption.

		Mean	Cumulative Body Weight ((grams)	Change	Rel to Co	Change ative ontrols ccent)
	Week No.	Control	Low Dose	High Dose	Low Dose	High Dose
Males	0	18 <i>(b)</i>	19 <i>(b)</i>	19 <i>(b)</i>		
	6	9	7	7	-22	-22
	27	17	13	13	-24	-24
	48	21	16	16	-24	-24
	65	24	21	19	-13	-21
	87	24	21	19	-13	-21
	104	24	19	18	-21	-25
	Final Weight	42	38	37	-10	-12
Females	0	16 <i>(b)</i>	16 <i>(b)</i>	16 <i>(b)</i>		
	6	6	5	5	-17	-17
	27	11	12	10	+ 9	- 9
	48	13	16	13	+23	0
	65	16	20	16	+25	0
	87	20	22	17	+10	-15
	104	22	21	17	- 5	-23
	Final Weight	38	37	33	- 3	-13

TABLE 13. CUMULATIVE MEAN BODY WEIGHT CHANGE (RELATIVE TO CONTROLS) OF MICEFED DIETS CONTAINING ZIRAM IN THE 2-YEAR STUDY

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

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

Weight Change (Control Group)

(b) Initial weight

× 100

	Control	Low	Dose	High	Dose
Week	Grams Feed/ Day (a)	Grams Feed/ Day <i>(a)</i>	Low/ Control (b)	Grams Feed/ Day (a)	High/ Contro <i>(b)</i>
Males					
6	10.0	10.0	1.0	10.0	1.0
27	9.0	9.0	1.0	7.0	0.8
48	9.0	8.0	0.9	7.0	0.8
65	9.0	9.0	1.0	7.0	0.8
87	7.0	5.0	0.7	4.0	0.6
104	6.0	6.0	1.0	4.0	0.7
Mean	8.3	7.8	0.9	6.5	0.8
SD (c)	1.5	1.9	0.1	2.3	0.1
CV (d)	18.1	24.4	11.1	35.4	12.5
Females	<u></u>			· · · · · · · · · · · · · · · · · · ·	
6	10.0	10.0	1.0	10.0	1.0
27	9.0	9.0	1.0	7.0	0.8
48	8.0	7.0	0.9	7.0	0.9
65	8.0	9.0	1.1	8.0	1.0
87	7.0	5.0	0.7	5.0	0.7
104	6.0	6.3	1.1	4.0	0.7
Mean	8.0	7.7	1.0	6.8	0.9
SD (c)	1.4	1.9	0.2	2.1	0.1
CV (d)	17.5	24.7	20.0	30.9	11.1

TABLE 14. FEED CONSUMPTION BY MICE RECEIVING ZIRAM IN THE 2-YEAR STUDY

(a) Grams of feed consumed per animal per day.

(b) Grams of feed consumed per day by the dosed group divided by that for the controls.

(c) Standard deviation.

(d) Coefficient of variation = (standard deviation/mean) x 100

TABLE 15. COMPOUND CONSUMPTION BY MICE RECEIVING ZIRAM IN THE 2-YEAR STUDY

			Low Dose			High Dose	
	Week No.	Body Weight <i>(a)</i>	Grams Feed/Day <i>(b)</i>	Dose, mg/kg/Day (c)	Body Weight (a)	Grams Feed/Day <i>(b)</i>	Dose, mg/kg/Day (d)
Males	6	26	10.0	231	26	10.0	462
	27	32	9.0	169	32	7,0	262
	48	35	8.0	137	35	7.0	240
	65	40	9.0	135	38	7.0	221
	87	40	5.0	75	38	4.0	126
	104	38	6.0	95	37	4.0	130
Females	6	21	10.0	286	21	10.0	571
	27	28	9.0	193	26	7.0	323
	48	32	7.0	131	29	7.0	289
	65	36	9.0	150	32	8.0	300
	87	38	5.0	79	33	5.0	182
	104	37	6.3	102	33	4.0	145

(a) Group body weight average from Table 13

(b) From Table 14

(c) Low-dose = 300 mg/kg of feed. Dose calculation =

 $\frac{\text{Grams Feed/Day}}{\text{Body Wt (Kg)}} \begin{bmatrix} x & 600 / 1000 \end{bmatrix}$

(d) High Dose = 600 mg/kg of feed. Dose calculation =

Grams Feed/Day x 1200/1000

Body Wt (Kg)

Survival

Estimates of the probabilities of survival of male and female mice fed diets containing ziram at the concentrations used in this bioassay and the estimates for the control groups are shown by the Kaplan and Meier curves in Figure 4. No significant differences in survival were observed among any groups of male or female mice.

In male mice, 40/50 (80%) of the controls, 35/50 (70%) of the low-dose group, and 37/49 (76%) of the high-dose group lived to the end of

the study at 104-106 weeks. In female mice, 32/50 (64%) of the controls, 40/50 (80%) of the low-dose, and 40/50 (80%) of the high-dose group lived to the end of the study at weeks 104-106. These figures include two control males, two high-dose males, one control female, one low-dose female, and three high-dose females that died during the termination period of the study; these animals were included in the analysis of the terminal incidence shown in Tables 16 and 17. One female was discovered in the high-dose male group and was eliminated from the study.



Figure 4. Survival Curves for Mice Fed Diets Containing Ziram

Pathology and Statistical Analyses of Results

Histopathologic findings on neoplasms occurring in mice are summarized in Appendix B, Tables B1 and B2; Tables B3 and B4 give the survival and tumor status for each individual animal in the male and female mouse studies, respectively. Findings on nonneoplastic lesions are summarized in Appendix D, Tables D1 and D2. Tables 16 and 17 contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups.

Lung: The incidence of alveolar/bronchiolar adenomas in female mice was 2/50 (4%) in the controls, 5/49 (10%) in the low-dose, and 10/50(20%) in the high-dose group. The incidence in the high-dose group was significantly (P < 0.05) increased relative to controls and the dose response trend was significant (P < 0.05) as well. When alveolar/bronchiolar adenomas or carcinomas were combined, the life table trend test was not significant (P=0.071), while the Cochran-Armitage and the incidental tumor trend tests remained significant (P < 0.05). The combined incidence of alveolar/bronchiolar adenomas or carcinomas in female mice was 4/50 (8%) in the controls, 6/49 (12%) in the low-dose, and 11/50(22%) in the high-dose group.

The incidence of male mice with adenomas or carcinomas (combined) was 8/49 (16%) in the controls, 8/50 (16%) in the low-dose group, and 12/49 (24%) in the high-dose group. Pulmonary

adenomatous hyperplasia consistent with chronic Sendai virus infection (confirmed by serologic analyses performed on untreated animals from the same animal shipment and present in the same room) was observed in control and dosed male mice (control, 15/49, 31%; low-dose 19/50, 38%; high-dose, 16/49, 33%) as well as in control and dosed female mice (control, 18/50, 36%; low-dose, 27/49, 55%; high-dose, 26/50, 52%). Six of the 26 high-dose females with adenomatous hyperplasia had pulmonary tumors, whereas 4 of the 24 high-dose females without pulmonary adenomatous hyperplasia also had pulmonary tumors. Only 1 of 27 low-dose females with adenomatous hyperplasia had a pulmonary tumor.

Hematopoietic System: Malignant lymphomas were observed at increased incidences in highdose female mice (controls, 6/50, 12%; low-dose, 6/50, 12%; high-dose, 12/50, 24%), but none of the statistical tests were significant at a P=0.05 level. The incidence of female mice with malignant lymphocytic lymphomas showed a statistically significant (P<0.05) increasing trend. Lymphoid hyperplasia was observed at increased incidences in dosed females (controls, 0/50; lowdose, 2/50, 4%; high-dose, 7/50, 14%). No significant results were observed in the incidences of male mice with lymphomas of any type.

Thyroid: Cystic follicles occurred at increased incidences in high-dose females (controls, 0/47; low-dose, 1/43, 2%; high-dose, 21/48, 44%).

Liver: Carcinomas were observed in male mice in a significant decreasing trend ($P \le 0.002$). In female mice the incidence of liver adenomas showed a significant dose-related decrease ($P \le 0.003$).

	Control	Low Dose	High Dose
Lung Alveolar/Bronchiolar Adenoma			
Tumor Rates			
Overall (b)	6/49(12%)	5 50(10%)	8/49(16%)
Adjusted (c)	15.0%	14.3%	20.4%
Terminal (d)	6/40(15%)	5 35(14%)	6/37(16%)
Statistical Tests (e)			
Life Table	P=0.276	P=0.594N	P=0.330
Incidental Tumor Test	P=0.276	P=0.594N	P=0.335
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.325	P=0.486N	P=0.387
Lung: Alveolar/Bronchiolar Carcinon	12		
Tumor Rates		((0))	4.40(000)
Overall (b)	3/49(6%)	4/50(8%)	4;49(8%)
Adjusted (c)	7.5%	11.0%	9.9%
Terminal (d)	3 40(8%)	3 35(9%)	2/37(5%)
Statistical Tests (e)	D =0.297	D=0.430	D-0.443
Life Table Incidental Tumor Test	P=0.386	P=0.432 P=0.500	P=0.463
Cochran-Armitage Trend,	P=0.348	P=0.500	P=0.419
Fisher Exact Tests	P=0.424	P=0.511	P=0.500
· ···· · · · · · · · · · · · · · · · ·			1 0.000
L ung Alveolar/Bronchiolar Adenoma Tumor Rates	or Carcinoma		
Overall (b)	8 40(160)	8.50/160/1	12 40/240/
Adjusted (c)	8,49(16%) 20.0%	8: 50(16%) 22.2%	12/49(24% 29.1%
Terminal (d)	20.0% 8∛40(20%)	7÷35(20%)	
Statistical Tests (e)	8+40(20%)	///////////////////////////////////////	8/37(22%)
Life Table	P=0.146	P=0.496	P=0.181
Incidental Tumor Test	P=0.128	P=0.544	P=0.164
Cochran-Armitage Trend,	1 0.120	1 0.511	1 0.104
Fisher Exact Tests	P=0,184	P=0.590N	P=0.226
lematopoietic System: Malignant Lyr	nphoma, Mixed Type		
Tumor Rates			
Overall (b)	1/ 49(2 %)	0 50(0%)	4 49(8%)
Adjusted (c)	2.5%	0.0%	10.5%
Ferminal (d)	1+ 40(3 °č)	0 35(0%)	3/37(8%)
Statistical Tests (e)			
Life Table	P=0.075	P=0.526N	P=0.160
Incidental Tumor Test	P=0.070	P=0.526N	P=0.164
Cochran-Armitage Trend.	D-0.002	D-0.405N	D 0 101
Fisher Exact Tests	P=0.082	P=0.495N	P=0.181
Iematopoietic System: All Malignant	Lymphoma		
l'umor Rates			
Overall (b)	3/49(6%)	1 50(2%)	5 49(10%)
Adjusted (c)	7.5%	2.4%	13.1%
Terminal (d)	3. 40(8%)	0 35(0°¿)	4 37(11%)
Statistical Tests (e)	D=0.227	10-0 147N	D-0 115
Life Table	P=0.236	P=0.347N	P=0.315
Incidental Tumor Test	P=0.234	P=0.267N	P=0.320
Cochran-Armitage Trend, Fisher Exact Tests	P=0.263	P=0.301N	P=0.357
I ISHCI LACI IESIS	r=0.205	1-0.0011	r-0.557

TABLE 16. ANALYSIS OF PRIMARY TUMORS IN MALE MICE (a)

	Control	Low Dose	High Dose
Circulatory System: Hemangiosarcoma			
Tumor Rates			
Overall (b)	3/49(6%)	4/50(8%)	3/49(6%)
Adjusted (c)	7.5%	10.1%	7.3%
Terminal (d)	3/40(8%)	1/35(3%)	1/37(3%)
Statistical Tests (e)	,		
Life Table	P=0.539	P=0.444	P=0.628
Incidental Tumor Test	P=0.505	P=0.584	P=0.584
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.579	P=0.511	P=0.661
Liver: Adenoma			
Tumor Rates			
Overall (b)	6/49(12%)	1/50(2%)	8/49(16%)
Adjusted (c)	15.0%	2.4%	21.6%
Terminal (d)	6/40(15%)	0/35(0%)	8/37(22%)
Statistical Tests (e)			
Life Table	P=0.264	P=0.081N	P=0.325
Incidental Tumor Test	P=0.265	P=0.057N	P=0.325
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.308	P=0.053N	P=0.387
Liver: Carcinoma			
Tumor Rates			
Overall (b)	13/49(27%)	8/50(16%)	1/49(2%)
Adjusted (c)	28.5%	21.2%	2.6%
Terminal (d)	8/40(20%)	6/35(17%)	0/37(0%)
Statistical Tests (e)			
Life Table	P=0.002N	P=0.256N	P=0.002N
Incidental Tumor Test	P=0.002N	P=0.326N	P=0.002N
Cochran-Armitage Trend.			
Fisher Exact Tests	P=0.001N	P=0.150N	P=0.001N
Liver: Adenoma or Carcinoma			
Fumor Rates			
Overall (<i>b</i>)	19/49(39%)	9/50(18%)	9/49(18%)
Adjusted (c)	41.9%	23.2%	23.6%
Terminal (d)	14/40(35%)	6/35(17%)	8/37(22%)
Statistical Tests (e)			
Life Table	P=0.031N	P=0.061N	P=0.046N
Incidental Tumor Test	P=0.033N	P=0.054N	P=0.052N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.013N	P=0.019N	P=0.022N
hyroid: Follicular-Cell Adenoma			
Fumor Rates			
Overall (b)	2 49(4%)	0/50(0%)	5/48(10%)
Adjusted (c)	5.0%	0.0%	13.5%
Terminal (d)	2:40(5%)	0/35(0%)	5/37(14%)
Statistical Tests (e)			
Life Table	P=0.104	P=0.268N	P=0.185
Incidental Tumor Test	P=0.104	P=0.268N	P=0.185
Cochran-Armitage Trend.			D • • • •
Fisher Exact Tests	P=0.113	P=0.242N	P=0.209

TABLE 16. ANALYSIS OF PRIMARY TUMORS IN MALE MICE (a) (Continued)

TABLE 16. ANALYSIS OF PRIMARY TUMORS IN MALE MICE (a) (Continued)

- (a) Dosed groups received doses of 600 or 1,200 ppm of ziram in the diet.
- (h) 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 before the 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 is indicated by (N).

	Control	Low Dose	High Dose
Lung: Alveolar/Bronchiolar Adenoma	· · · · · · · · · · · · · · · · · · ·	······································	
Tumor Rates			
Overall (b)	2/50(4%)	5/49(10%)	10/50(20%)
Adjusted (c)	5.9%	12.0%	24.4%
Terminal (d)	1/32(3%)	4/40(10%)	9/40(23%)
Statistical Tests (e)			
Life Table	P=0.022	P=0.311	P=0.041
Incidental Tumor Test	P=0.012	P=0.248	P=0.024
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.009	P=0.210	P=0.014
ung: Alveolar/Bronchiolar Adenoma	or Carcinoma		
Fumor Rates			
Overall (b)	4/50(8%)	6/49(12%)	11/50(22%)
Adjusted (c)	10.1%	14.2%	26.8%
Terminal (d)	1/32(3%)	4/40(10%)	10/40(25%)
Statistical Tests (e)	-/ - (- (- /))	.,(
Life Table	P=0.071	P=0.486	P=0.108
Incidental Tumor Test	P=0.013	P=0.240	P=0.023
Cochran-Armitage Trend,	1 0.015	1 0.210	1 0.000
Fisher Exact Tests	P=0.031	P=0.357	P=0.045
Tematopoietic System: Malignant Ly	nphoma, Lymphocytic Type	•	
Tumor Rates			
Overall (b)	1/50(2%)	1/50(2%)	7/50(14%)
Adjusted (c)	3.1%	2.3%	16.9%
Terminal (d)	1/32(3%)	0/40(0%)	6/40(15%)
Statistical Tests (e)			
Life Table	P=0.019	P=0.713N	P=0.064
Incidental Tumor Test	P=0.011	P=0.755	P=0.049
Cochran-Armitage Trend,	_		
Fisher Exact Tests	P=0.011	P=0.753	P=0.030
Hematopoietic System: Malignant Lyr	nphoma, Histiocytic Type		
Fumor Rates	0 / 5 0 / 0 2 0	4 (60 (0 ~)	0.00000
Overall (b)	0/50(0%)	4/50(8%)	2/50(4%)
Adjusted (c)	0.0%	10.0%	4.4%
Terminal (d)	0/32(0%)	4/40(10%)	0/40(0%)
Statistical Tests (e)	D-0 284	D=0.005	D-0 275
Life Table Incidental Tumor Test	P=0.284	P=0.095	P=0.275
Cochran-Armitage Trend,	P=0.180	P=0.095	P=0.073
Fisher Exact Tests	P=0.222	P=0.059	P=0.247
		1-0.007	1-0.247
lematopoietic System: Malignant Lyr Jumor Rates	nphoma, Mixed Type		
Overall (b)	3/50(6%)	1/50(2%)	2/50(4%)
Adjusted (c)	8.4%	2.4%	5.0%
Terminal (d)	2/32(6%)	0/40(0%)	2/40(5%)
statistical Tests (e)	, , , , , , ,		
Life Table	P=0.328N	P=0.247N	P=0.416N
Incidental Tumor Test	P=0.447N	P=0.318N	P=0.529N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.400N	P=0.309N	P=0.500N

TABLE 17. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE (a)

	Control	Low Dose	High Dose
Hematopoietic System: All Malignant	Lymphoma		······································
Tumor Rates	• •		
Overall (b)	6/50(12%)	6/50(12%)	12/50(24%)
Adjusted (c)	17.0%	14.2%	27.6%
Terminal (d)	4/32(13%)	4/40(10%)	9/40(23%)
Statistical Tests (e)			/ · · · · ·
Life Table	P=0.146	P=0.476N	P=0.212
Incidental Tumor Test	P=0.051	P=0.583N	P=0.073
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.067	P=0.620	P=0.096
Hematopoietic System: Lymphocytic 1	Leukemia		
Tumor Rates			
Overall (b)	5/50(10%)	1/50(2%)	2/50(4%)
Adjusted (c)	11.3%	2.1%	5.0%
Terminal (d)	0/32(0%)	0/40(0%)	2/40(5%)
Statistical Tests (e)			
Life Table	P=0.110N	P=0.085N	P=0.181N
Incidental Tumor Test	P=0.591N	P=0.409N	P=0.657N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.133N	P=0.103N	P=0.218N
Hematopoietic System: Lymphoma or	Leukemia		
Tumor Rates			
Overall (b)	11/50(22%)	7/50(14%)	14/50(28%)
Adjusted (c)	26.4%	16.0%	32.3%
Terminal (d)	4/32(13%)	4/40(10%)	11/40(28%)
Statistical Tests (e)			
Life Table	P=0.443	P=0.136N	P=0.520
Incidental Tumor Test	P=0.064	P=0.416N	P=0.093
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.271	P=0.218N	P=0.322
Liver: Adenoma			
Fumor Rates			
Overall (b)	7/50(14%)	2/50(4%)	0/50(0%)
Adjusted (c)	21.1%	5.0%	0.0%
Terminal (d)	6/32(19%)	2/40(5%)	0/40(0%)
Statistical Tests (e)			
Life Table	P=0.001N	P=0.041N	P=0.004N
Incidental Tumor Test	P=0.002N	P=0.048N	P=0.006N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.003N	P=0.080N	P=0.007N
liver: Adenoma or Carcinoma			
Fumor Rates			
Overall (h)	9/50(18%)	4/50(8%)	1/50(2%)
Adjusted (c)	26.1%	10.0%	2.5%
Terminal (d)	7/32(22%)	4/40(10%)	1/40(3%)
Statistical Tests (e)			
Life Table	P=0.002N	P=0.055N	P=0.004N
Incidental Tumor Test	P=0.003N	P=0.070N	P=0.006N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.005N	P=0.117N	P=0.008N

TABLE 17. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE (a) (Continued)

TABLE 17. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE (a) (Continued)

- (a) Dosed groups received doses of 600 or 1,200 ppm of ziram in the diet.
- (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 before the 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 is indicated by (N).

IV. DISCUSSION AND CONCLUSIONS

The doses selected for rats in the 2-year study, 300 or 600 ppm ziram in feed, were chosen because of the depressions in mean body weight gains found in the 13-week study. However, in the 2-year study the mean body weights of dosed male and female rats did not vary greatly from the mean body weights of the control animals. In addition, survival and feed consumption of male and female rats were not affected by administration of ziram. These findings indicate that male and female rats could have tolerated higher doses of ziram.

In mice, survival was not adversely affected by administration of ziram, but mean body weight gain was depressed by more than 10% (relative to that of controls) in dosed males throughout the chronic study and in high-dose females after week 80. Final body weights were less than those of controls for low- (10%) and high-(12%) dose male mice and for low- (3%) and high- (13%)dose female mice. Average daily feed consumption by high-dose males and females was 78%and 85% that of the controls. Since feed consumption was inversely related to dose, further decreases in feed consumption might have resulted from the administration of higher doses. Mice could not have tolerated higher doses of ziram.

The thyroid has been recognized as a target organ for the thiocarbamate compounds, such as ziram, and their metabolites. Unidentified metabolites of 35S-ziram have been located in the thyroid of female rats 24 hours after a single dose of ziram was administered by gavage (Izmirova and Marinov, 1972). The iron analog of ziram (ferbam, the ferric salt of dimethyldithiocarbamic acid) increased the concentration of protein iodine in the serum of Wistar rats when administered by gavage (Mlynarozyk et al., 1981). Both ferbam and thiram (another metabolite of ziram) have been associated with squamous metaplasia of the thyroid in rats administered 20 or 52 mg/kg per day for 80 days (Lee et al., 1978). Several thiourea compounds have been shown to have antithyroid effects (Gilman et al., 1980); thus thyroid effects from tetramethylthiourea (another ziram metabolite) are likely.

In the present 2-year study the thyroid C-cell was a target site in male rats fed diets containing ziram. C-cell carcinomas of the thyroid occurred in male rats with a statistically significant (P < 0.01) positive trend, and the incidence in the high-dose group was significantly (P < 0.05) higher than that in the controls (control, 0/50, 0%; low-dose, 2/49, 4%; high-dose, 7/49, 14%). This tumor has

been found in control male F344/N rats at the same laboratory at an incidence of 18/584 (3.1%, range, 0/50 to 3/40) and in control males in all bioassay laboratories at an incidence of 87/3160 (2.8%). (Appendix H, Table H1).

There was a statistically significant (P < 0.05) positive dose-related trend in the combined incidence of C-cell adenomas or carcinomas of the thyroid in male rats fed ziram (control 4/50, 8%: low-dose 9/49, 18%; high-dose, 12/49, 24%). However, pair-wise comparison between highdose and control male rats shows a marginal (P=0.055) increase in the incidence of total C-cell tumors. Historically, the combined incidence of control male F344/N rats with thyroid C-cell adenomas or carcinomas is 65/584 (11.1%) at the same laboratory and 251/3160 (7.9%, range 0/47, 0% to 10/49, 20%) for all bioassay laboratories (Appendix H). The observed incidence of thyroid C-cell tumors in high-dose male rats fed ziram exceeded even the maximum historical control rate. Although the morphological criteria for distinguishing between thyroid C-cell adenomas and carcinomas are difficult and perhaps controversial, the NTP Pathology Working group has developed and uses set criteria for these diagnoses.

In the present study the incidence of thyroid C-cell adenomas or carcinomas was not significantly increased in dosed female rats. C-cell adenomas or carcinomas were not found in mice of either sex. Neither rats nor mice had any ziramrelated increases in follicular-cell tumors.

Fibroadenomas of the mammary gland occurred at a decreased (P < 0.05) incidence in highdose female rats: there was also evidence of a negative trend for adenocarcinomas of the mammary gland (Table 9). In both cases, the incidences of dosed animals with tumors in the present study fell within the historical incidence ranges for control animals with these tumors both in the laboratory which carried out this bioassay as well as in the Bioassay Program as a whole. The incidence of mammary gland adenocarcinomas in the control female rats (3/50, 6%) was higher in this bioassay than in previous ones carried out at the Southern Research Institute (See Appendix H, Table H2). The significance of these observations is not clear.

Retinopathy, observed at increased incidences in high-dose male rats and in dosed female rats, has been found previously in rats in the top positions of the cage racks at the same laboratory. This effect is considered to be related to the animals' proximity to fluorescent light and not to administration of ziram.

Administration of ziram, its metabolites, or compounds structurally related to ziram has produced various pulmonary effects in mice. Pathologic "pre-cancerous" changes were reported in rats administered ziram orally (dose and duration not specified; World Health Organization, 1975). Lung congestion, with patches of bronchopneumonia and emphysema, was observed in rats administered 0.05 ml carbon disulfide (a ziram metabolite) in 0.2 ml olive oil by intramuscular injection daily for 40 to 60 days (Issa et al., 1977); Vekshtein and Khitsenko (1971) demonstrated the formation of carbon disulfide by rats given ziram orally. Lung tumors have been found at increased incidences in B6C3F1 mice in carcinogenesis bioassays of tellurium diethyl dithiocarbamate (NCI, 1979a), sodium diethyl dithiocarbamate (NCI, 1979b), and tetraethyl thiuram disulfide (NCI, 1979c)-compounds structurally related to ziram (Table 18). These compounds have carbon disulfide as a common metabolite (Fishbein, 1976; Stromme, 1965; Vekshtein and Khitsenko, 1971).

Pulmonary effects of ziram in mice were also seen in the present study. Alveolar/bronchiolar adenomas occurred in female mice with a statistically significant (P < 0.05) positive trend. The incidence in the high-dose group was significantly higher than in the controls (P < 0.05). Alveolar/bronchiolar adenomas or carcinomas (combined) were observed with a statistically significant positive trend in female mice (P < 0.05), and the incidence in the high-dose group was significantly higher than that in the controls (P<0.05). The incidence of high-dose female mice in this study with alveolar/bronchiolar adenomas was 10/50 (20%); for alveolar/bronchiolar adenomas or carcinomas (combined), the incidence was 11/50 (22%). Life table analysis for these lung tumors showed only a weak trend (P=0.071), primarily because three of the four control animals with lung tumors died before the end of the study. Since these tumors are not considered life threatening, use of life table analyses would be misleading. Alveolar/bronchiolar adenomas have been observed in 18/501 (3.6%) of the control female B6C3F1 mice at this bioassay laboratory and in 134/2788 (4.8%) of the female mouse controls across the Bioassay Program with a range of 0/50 to 7/50 (14%). The combined incidence of alveolar/bronchiolar adenomas or carcinomas in control female $B6C3F_1$ mice at this bioassay laboratory is 25/501 (5.0%) and in all Bioassay Program laboratories it is 184/2788 (6.6%) with a range of 0/50 to 8/50(16%). (See Appendix H, Table H3.) The lung tumor rate in the high-dose female mice was greater than the maximum historical control incidence.

Pulmonary adenomatous hyperplasia, consistent with the chronic pulmonary lesions following Sendai virus infection, confirmed by serological test, was observed in more than 30% of the male and female mice in both control and dosed groups. The lesions consisted of alveolar macrophages, increased Type II pneumocytes and areas of squamous metaplasia. The histopathological interpretation of lung microscopic sections clearly differentiates between this hyperplasia and pulmonary alveolar/bronchiolar adenomas or carcinomas. The mice on the ziram study were obtained from the same supplier and housed in the same room as mice on two other Bioassay Program tests, D-mannitol and eugenol (Table 1). All mice, both in control and dosed groups of all three test chemical bioassays, showed about the same incidence of pulmonary adenomatous hyperplasia. Only the female mice administered ziram showed a statistically significant increase in pulmonary tumor incidence (Table 19). Thus, it is unlikely that the increase in lung tumors in female mice receiving ziram was produced by the combined action of the test chemical and the infection. No correlation was found between the presence of pulmonary adenomatous hyperplasia and pulmonary tumors in the dosed female mice. In the high-dose female mice, 6 of the 26 animals with adenomatous hyperplasia had pulmonary tumors, whereas 4 of the 24 without the adenomatous hyperplasia had pulmonary tumors. In the low-dose females, only 1 of 27 animals with adenomatous hyperplasia had a pulmonary tumor. Rats on the ziram study showed serological evidence of Sendai infection, but histopathological examination showed neither pulmonary adenomatous hyperplasia nor tumors.

Hepatocellular carcinomas in high-dose male mice and hepatocellular adenomas in high-dose female mice were observed at statistically significant decreased incidences. Hepatocellular carcinomas occurred in 13/49 (27%) control males, 8/50 (16%) low-dose males, and 1/49 (2%) highdose males in this study. Hepatocellular carcinomas occurred in 94/490 (19.2%) control males at this laboratory and in 602/2690 (22.4%) control males in all Bioassay Program laboratories. Hepatocellular adenomas occurred in 7/50 (14%) of control females, 2/50 (4%) of low-dose females, and 0/50 (0%) of high-dose females in the present study. Hepatocellular adenomas occurred in 14/498 (2.8%) control females at this laboratory and in 89/2795 (3.2%) control females in all Bioassay Program laboratories. Incidences from all Bioassay Program laboratories are presented in Appendix H, Tables H4 and H5.

Conclusions: Under the conditions of these studies, ziram was carcinogenic for male F344/N rats, causing increased incidences of C-cell carcinomas of the thyroid gland. Ziram was not carcinogenic for either female F344/N rats or for male $B6C3F_1$ mice. Increased incidences of alveolar/bronchiolar adenomas and of combined alveolar/bronchiolar adenomas or carcinomas occurred in female $B6C3F_1$ mice. However, the interpretation of this increase in lung tumors is complicated by an intercurrent Sendai virus infection.

				Adenomas Carcinon			Adenomas or nas Carcinomas						
Study Sex		Duration (weeks)	Control	Low Dose	High Dose	Control	Low Dose	High Dose	Control	Low Dose	High Dose	Reference	
Zinc dimethyl dithiocarbamate	F	600 or 1,200	103	2/50	5/49	10/50 <i>(a)</i>	2/50	1/49	2/50	4/50	6/49	11/50 <i>(b)</i>	This study
Tellurium diethyl dithiocarbamate	M F	1,255 or 3,132 2,132 or 4,915 (time weighted av	106 vg)	0/17 1/19	2/46 4/49	0/46 6/48	0/17 2/19	14/46 (c) 5/49	11/46 (c) 6/48	0/17 3/19	16/46 <i>(d)</i> 9/49	11/46 <i>(d)</i> 12/48	(NCI, 1979a)
Sodium diethyl dithiocarbamate	F	500 or 4,000	108- 109	0/20	4/49	4/50	0/20	3/49	4/50	0/20	7/49	8/50	(NCI, 1979b)
Tetraethylthiuram disulfide	F	100 or 500	108	0/20	0/49	5/49	1/20	4/49	4/49	1/20	4/49	9/49 <i>(e)</i>	(NCI, 1979c)

TABLE 18. COMPARISON OF LUNG TUMOR INCIDENCES IN B6C3F₁ MICE IN BIOASSAY PROGRAM STUDIES OF SOME DITHIOCARBAMATES AND RELATED COMPOUNDS

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(a) $P \le 0.022$ for all trend tests; for comparison between high-dose and control group, P=0.024 for incidental tumor test and P=0.014 for Fisher exact test

(b) P≤0.031 for trend (Incidental tumor and Cochran-Armitage tests); for comparison between high-dose and control group, P=0.023 in the incidental tumor test and P=0.045 for Fisher exact test

(c) For Fisher exact test comparison between low-dose and control incidences and between high-dose and control incidence, P=0.006 and P=0.022, respectively

(d) For Fisher exact test comparison between low-dose and control incidences and between high-dose and control incidences, P=0.003 and P=0.022, respectively

(e) P=0.036 for trend by the Cochran-Armitage test

	Ziram (b)				D-Mannitol (c)			Eugenol (d)		
	Control	Low	High	Control	Low	High	Control	Low	High	
Males								· ·		
l Alveolar/bronchiolar adenomas	6/49 (12%)	5/50 (10%)	8/49 (16%)	6/50 (12%)	7/50 (14%)	7,49 (14%)	9/49 (18%)	7/49 (14%)	8/50 (16%)	
2 Alveolar/bronchiolar carcinomas	3/49 (6%)	4/50 (8%)	4/49 (8%)	3/50 (6%)	6/50 (12%)	4/49 (8%)	5/49 (10%)	2/49 (4%)	3/50 (6%)	
3 Alveolar/bronchiolar adenomas or carcinomas	8/49 (16%)	8/50 (16%)	12/49 (24%)	9/50 (18%)	12/50 (24%)	11/49 (22%)	13/49 (27%)	8/49 (16%)	9/50 (18%)	
4 Adenomatous hyperplasia	15/49 (31%)	19/50 (38%)	16/49 (33%)	11/50 (22%)	10/50 (20%)	26/49 (53%)	17/49 (35%)	21/49 (43%)	18/50 (36%)	
Females	<u>.</u>							~		
1 Alveolar/bronchiolar adenomas	2/50 (4%)	5/49 (10%)	10/50 (20%)	1/48 (2%)	1/48 (2%)	1/49 (2%)	4/50 (8%)	5/49 (10%)	4/48 (8%)	
2 Alveolar/bronchiolar adenomas or carcinomas	4/50 (8%)	6/49 (12%)	11/50 (22%)	3/48 (6%)	2/48 (4%)	1/49 (2%)	4/50 (8%)	6/49 (12%)	5/48 (10%)	
3 Adenomatous hyperplasia	18/50 (36%)	27/49 (55%)	26/50 (52%)	10/48 (21%)	19/48 (40%)	16/49 (33%)	22/50 (44%)	22/49 (45%)	26/48 (54%)	

TABLE 19. RELATIONSHIP BETWEEN TEST CHEMICAL EXPOSURE, LUNG TUMOR INCIDENCE, AND ADENOMATOUS HYPERPLASIA IN B6C3F1 MICE (a)

(b) This study

(c) NTP Technical Report on D-Mannitol (NTP, 1982a)
(d) NTP Technical Report on Eugenol (NTP, 1982b)

(a) All mice were from the same supplier

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APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS FED DIETS CONTAINING ZIRAM

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TABLE A1.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS FED DIETS CONTAINING ZIRAM

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN SQUAMOUS CELL PAPILLOMA SQUAMOUS CELL CARCINOMA BASAL-CELL CARCINOMA SEBACEOUS ADENOMA KERATOACANTHOMA	(50) 1 (2%)	(50) 2 (4%) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%)
*SUBCUT TISSUE SQUAMOUS CELL PAPILLOMA TRICHOEPITHELIOMA KERATOACANTHOMÁ SARCOMA, NOS FIBROMA NEURILEMOMA	(50) 1 (2%) 1 (2%) 2 (4%) 1 (2%)	(50) 1 (2%) 6 (12%) 1 (2%)	(50) 2 (4%)
RESPIRATORY SYSTEM			
#LUNG CARCINOMA,NOS SQUAMDUS CELL CARCINOMA ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	(50) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%) 1 (2%)	(50) 2 (4%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Malignant lymphoma, mixed type undifferentiated leukemia	(50) 7 (14%)	(50) 10 (20%)	(50) 1 (2%) 9 (18%)
#SPLEEN SARCOMA, NOS	(50)	(50)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
#LIVER UNDIFFERENTIATED LEUKEMIA	(50) 3 (6%)	(50) 1 (2%)	(50) 1 (2%)
CIRCULATORY SYSTEM			
*FOOT HEMANGIOMA	(50)	(50) 1 (2%)	(50)
#SPLEEN HEMANGIOSARCOMA	(50)	(50) 1 (2%)	(50)
DIGESTIVE SYSTEM			
*INTESTINAL TRACT MUCINOUS ADENOCARCINOMA	(50)	(50)	(50) 1 (2%)
#LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA	(50) 2 (4%)	(50) 1 (2%) 1 (2%)	(50) 1 (2%)
#STOMACH , Squamous cell papilloma	(50)	1 (2%)	(50)
JRINARY SYSTEM			
#KIDNEY/PELVIS TRANSITIONAL-CELL CARCINOMA	(50)	(50)	(50) 1 (2%)
#URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	(50)	(50)	(48) 1 (2%)
ENDOCRINE SYSTEM			
<pre>#PITUITARY CARCINOMA,NOS ADENOMA, NOS CRANIOPHARYNGIOMA</pre>	(50) 2 (4%) 13 (26%)	(50) 2 (4%) 9 (18%) 1 (2%)	(49) 2 (4%) 8 (16%
#ADRENAL CORTICAL ADENOMA	(50)	(50) 2 (4%)	(50)

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
PHEOCHROMOCYTOMA		6 (12%)	7 (14%)
#THYROID FOLLICULAR-CELL ADENOMA FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA	(50) 1 (2%) 4 (8%)	2 (4%)	(49) 1 (2%) 5 (10%) 7 (14%)
#PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	(50) 2 (4%) 1 (2%)	(50) 2 (4%) 2 (4%)	(50) 2 (4%) 1 (2%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Adenocarcinoma, nos fibroadenoma	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%) 2 (4%)
*PREPUTIAL GLAND CARCINOMA,NOS ADENOMA, NOS	(50) 4 (8%) 3 (6%)	(50) 3 (6%) 5 (10%)	(50) 4 (8%) 2 (4%)
#TESTIS INTERSTITIAL-CELL TUMOR	(50) 41 (82%)	(50) 42 (84%)	(50) 45 (90%)
NERVOUS SYSTEM			
#CRANIAL DURA MATER Carcinoma, nos, invasive	(50)	(50)	(50) 1 (2%)
#BRAIN Carcinoma, Nos, Invasive Glioma, Nos Astrocytoma	(50) 1 (2%)	(50) 1 (2%) 1 (2%)	(50)
SPECIAL SENSE ORGANS			
*EAR CANAL Sebaceous Adenocarcinoma	(50)	(50) 1 (2%)	(50)
<pre>*ZYMBAL'S GLAND CYSTADENOMA, NOS</pre>	(50)	(50)	(50)

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

CONTROL	LOW DOSE	HIGH DOSE
		(50)
(50)	(50) 1 (2%)	(50)
(50) 1 (2%)	(50)	(50) 1 (2%)
50 3 14 5	50 4 14	50 1 9
28	32	40
	(50) (50) (50) (50) 1 (2%) 50 3 14 5	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	48 104	50 125	50 109
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	47 80	46 91	49 73
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	20 21	24 32	29 34
TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS	2 2		2 2
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total Uncertain Tumors	3 3	2 2	2 2
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS			
PRIMARY TUMORS: ALL TUMORS EXCEPT SE SECONDARY TUMORS: METASTATIC TUMORS			DJACENT ORGAI

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

TABLE A2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS FED DIETS CONTAINING ZIRAM

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SUBCUT TISSUE BASAL-CELL CARCINOMA FIBROMA	(50) 1 (2%)	(50) 2 (4%)	(50)
RESPIRATORY SYSTEM			
#LUNG ALVEOLAR/BRONCHIOLAR ADENOMA	(50) 1 (2%)	(50)	(50)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS MALIG.LYNPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE UNDIFFERENTIATED LEUKEMIA	(50) 2 (4%) 4 (8%)	(50) 1 (2%) 4 (8%)	(50) 4 (8%)
#MESENTERIC L. NODE Malignant Lymphoma, Mixed type	(49) 1 (2%)	(50)	(50)
#THYMUS THYMOMA	(48) 1 (2%)	(50)	(50)
CIRCULATORY SYSTEM			
NONE			
DIGESTIVE SYSTEM			
*TONGUE SQUAMOUS_CELL_PAPILLOMA	(50)	(50)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
#STOMACH		(50)	
JRINARY SYSTEM			
NONE			
ENDOCRINE SYSTEM			
#PITUITARY CARCINOMA,NOS ADENOMA, NOS	(50) 3 (6%) 19 (38%)	(49) 18 (37%)	2 (4%)
#ADRENAL Cortical Adenoma Pheochromocytoma	(50) 2 (4%) 1 (2%)	(50) 1 (2%) 1 (2%)	(50) 1 (2%) 3 (6%)
#THYROID Follicular-cell Adenoma	(50)	(50) 1 (2%)	(50) 2 (4%)
FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA	1 (2%) 6 (12%) 3 (6%)	1 (2%) 1 (2%) 8 (16%) 1 (2%)	6 (12%) 3 (6%)
#PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	(50) 1 (2%) 1 (2%)	(50) 1 (2%)	(50)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Adenocarcinoma, nos	(50) 3 (6%)	(50) 1 (2%) 1 (2%)	(50)
PAPILLARY ADENOMA Fibroadenoma	16 (32%)	1 (2%) 17 (34%)	8 (16%)
*PREPUTIAL GLAND ADENOMA, NOS	(50)	(50)	(50) 1 (2%)
*CLITORAL GLAND Carcinoma,nos Adenoma, nos	(50) 3 (6%) 2 (4%)	(50) 5 (10%) 2 (4%)	(50) 4 (8%) 1 (2%)
#UTERUS ENDOMETRIAL STROMAL POLYP	(50) 5 (10%)	(49) 7 (14%)	(50) 7 (14%)

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)
	CONTROL	LOW DOSE	HIGH DOSE
ENDOMETRIAL STROMAL SARCOMA	1 (2%)		
#UTERUS/ENDOMETRIUM PAPILLARY ADENOCARCINOMA	(50)	(49)	(50) 1 (2%)
NERVOUS SYSTEM			
#CEREBELLUM MENINGIOMA	(49) 1 (2%)	(50)	(50)
SPECIAL SENSE ORGANS			
NONE			
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*MESENTERY SARCOMA, NOS	(50)	(50)	(50)
NEUROFIBROSARCOMA	1 (2%)		
ALL OTHER SYSTEMS			
NONE			

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	50	50	50
NATURAL DEATHA	5	1	1
MORIBUND SACRIFICE SCHEDULED SACRIFICE ACCIDENTALLY KILLED	8 5	6	3
TERMINAL SACRIFICE Animal missing	32	43	46
INCLUDES AUTOLYZED ANIMALS			

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	43 79	42 74	39 63
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	37 54	38 61	32 48
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	23 25	12 13	14 15
TOTAL ANIMALS WITH SECONDARY TUMORS Total secondary tumors	#		
TOTAL ANIMALS WITH TUMORS UNCERTAIN Benign or malignant Total uncertain tumors	-		
TOTAL ANIMALS WITH TUMORS UNCERTAIN PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS	-		
<pre>PRIMARY TUMORS: ALL TUMORS EXCEPT SH SECONDARY TUMORS: METASTATIC TUMORS</pre>			DJACENT ORGAN

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

TABLE A3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR **STUDY OF ZIRAM**

CONTROL

ANIMAL HUMBER	5 0	5 0 2	5 0 3	5 0 4	5 0 5	5 0 6	5 0 7	5 0 8	5	5	5	2	5	5	5	5	5 1 7	5	5	520	5	5 2 2 0	5 2 3	524	2
WEEKS ON Study	ò	0	0	0	9	0	80	0	9	0	9	9	0	0	0	0	0	9	0	0	0	9	0	0	0
INTEGUMENTARY SYSTEM	41	4	4	41	8	4	01	6	61	61	01	51	_1_	6	6	6	.61	91	. 61	6	_61	.71	61	61	_6
SKIN Squamous cell papilloma	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+
SUBCUTANEDUS TISSUE Squamdus cell papilloma Keratoacanthoma Fibroma Neurilemoma	+	+	+	+	•	+	+	٠	•	•	+	+ x	+ X	+	+ x	+	+	+	+	٠	+	+	* ×	+	+
ESPIRATORY SYSTEM	<u> </u>								_			-													
LUNGS AND BRONCHI Carcinoma, nos Alveolar/Bronchiolar adenoma Alveolar/Bronchiolar carcinoma	•	+	+	+	+	+	+	+ ×	+	•	+	+	+	+	*	+	+	+	•	٠	+	+	•	+	+
TRACHEA	+	+	+	٠	٠	+	÷	+	+	+	+	+	+	•	٠	٠	+	+	+	+	+	+	+	+	+
EMATOPOIETIC SYSTEM																									
BONE MARROW	+	+	. <u>*</u>	_ +	+ +	+	+	+	+	+	+	+ +	+	+ +	++	+	+	+	++	+	+	+	+	<u>+</u>	+
SARCOMA, NOS		·		-	-			· · · ·	· · · ·				·			-	·	-				<u> </u>	<u> </u>		ż
LYMPH NODES	+	+	+	+	+	÷	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+
THYMUS	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+
HEART																									
HEART VIGESTIVE SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	*	+	+	+	+
SALIVARY GLAND	+	+	+	+	÷	+	+	+	÷	+	+	÷	÷	÷	÷	÷	÷	÷	÷	+	+	+	+	+	+
LIVER NEOPLASTIC NODULE UNDIFFERENTIATED LEUKEMIA	+	+	+	+ ×	+	٠	+	+	+	+	+	+	+ ×	+	+	+	+	+	+	+	+	+	+	+ ×	+
BILE DUCT	+	+	÷	+	÷	÷	÷	+	•	÷	+	•	+	+	÷	+	÷	÷	÷	÷	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N.	N	N	N	N	+	N	N	Ν	N	Ν	N	Ν.	N	N	N	N	N	N	+	N	н	N	N	N
PANCREAS	+	÷	+	+	+	. <u>+</u>	<u>+</u>	+	+	+	+	•	+	÷	+	+	+	+	+	+	+.	t	+	+	÷
ESCPHAGUS	+	<u>+</u>	+	+	+	+	-	+	+	+	+	+	+	÷	+	+	+	+	•	+	+	+	+	+	+
STOMACH .	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+		+	+	<u>+</u>	+	+	+	+	+	+	+	٠	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+
RINARY SYSTEM																									
KIDNEY	+	+	+	+	*	+	<u>+</u>								+			+	+		+	+	+	+	+
URINARY BLADDER NDOCRINE SYSTEM	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	*	+	+	+	+	+
PITUITARY CARCINOMA, NOS ADENOMA, NOS	+	+	·	٠	+	+	÷	+	+	+	+ x	+	+ x	+ x	+ X	÷	* ×	+ X	٠	÷	÷	+ X	+ X	+	+
ADRENAL Cortical Adenoma Pheochromocytoma	+	+	•	•	+	+	+ x	+	+	+ x	+	+	+	+	+	+	+	+ ×	+	+	+	+	+	+	+
THYROID Follicular-cell carcinoma C-cell adenoma	+	+	+	•	*	+	+	+ x	+	+	+	٠	+	+	•	+	+	+	+	+	+	+	+	+	+
PARATHYRDID	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	-	+	+	+	+	÷	+	+	÷	+	+
PANCREATIC ISLETS Islet-Cell Adenoma Islet-Cell Carcinoma	+	* ×	+	٠	٠	•	+	+	٠	٠	•	+		+ ××	+	+	+	•	+	•	•	+	٠	+	+
EPRODUCTIVE SYSTEM Mammary Gland Fibroadenoma	٠	÷	N	÷	+	+	·	·	÷	÷	•	+	+	+	N	+	+	+	N	•	•	+	+	+	+
TESTIS Interstitial-cell tumor	* ×	* X	*	×	*	*	*	*	*	*	*	<u>*</u>	٠	<u>*</u>	* X	*.	+	+	ż	÷.	ż	+	*	ż	ż
PROSTATE PREPUTIAL/CLITORAL GLAND CARCINOMA,NOS	+ N	<u>+</u> н	+ N	+ Н	+ N	+ N	+ N	+ N	+ H	+ N	+ N	<u>+</u>	+ N	+ N	+ N	+ N	+ N	+ N X	+ N	+ N	+ N	+ N	+ N	N	+ N
ADENOMA, NOS Ervous system				x	×																	×			
BRAIN Carcinoma, NDS, Invasive	٠	٠	÷	٠	÷	٠	÷	٠	٠	٠	·	٠	÷	+	÷	+	+	÷	+	+	+	·	+	÷	÷
USCULOSKELETAL SYSTEM																								_	
MUSCLE Follicular-cell carcinoma, invasi LL other systems	•	+	+	+	*	•	·	•	+	+	+	+	+	+	+	+	+	+	•	•	•	+	٠	•	+
MULTIPLE ORGANS NDS MESOTHELIOMA, NDS UNDIFFERENTIATED LEUKEMIA	н	N	н	N	н	н	н		N X	н Х	N	N	н	N	н	H	н	н		н х	N X	N	н	N	N
+: TISSUE EXAMINED MICROSCOP) -: REQUIRED TISSUE NOT EXAMIN X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO	ICALI HED MIC	Y NICR	050 600	0001 010	CAL EXA	LY MIN	ATI	ОN		A		ND NEC AUT ANI ND	MAL	- m 1	551	NG				UE	TTE TO	PRO	100	:0L	

ANIMAL NUMBER	2	2	28	29	3	3	3	3	3	3	3	3	3	3	4	4	2	31	41	4	6	4/1	8	5	5	TOTAL
WEEKS ON STUDY	0	1	ļ	6	9	8	8	0	0		0	. 9	8 0 9	0	0	0	0	0	9	1	6 0 9	0	8		ġ	TUMOR
INTEGUMENTARY SYSTEM			1_0	<u> </u>					01	01		_ 0_	01	91	01	01		<u>8.</u>	1.1	<u>v</u>	2.1	×	<u>v</u> _	<u>v</u> 1	*	
SKIN Squamdus cell papilloma	, *	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SUBCUTANEOUS TISSUE Squamdus cell papilloma	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	÷	÷	÷	+	+	÷	÷	+	50,
SQUAMOUS CELL PAPILLOMA Keratoacanthoma Fibroma Neurilemoma																	x									
RESPIRATORY SYSTEM	+																								+	
LUNGS AND BRONCHI Carcinoma.nos Alvedlar/bronchiolar adenoma Alveolar/bronchiolar carcinoma	+	+	٠	+	+	+	+	+	+	+	+	+	÷	٠	+	+ x	•	+	+	+	•	+	+	+	+	50
TRACHEA	+	+	+	÷	+	+	•	÷	+	+	+	+	+	+	+	+	+	+	•	+ •		+	+	+	+	50
HEMATOPOIETIC SYSTEM						-										_									+	
BONE MARROW	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	÷		•	+	+ .	+	+	50
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	ŧ.	+ •	+	+	+	+	+	50
SARCOMA, NOS	+																					-			+	1
LYMPH NODES	+-	+	+	+	<u>+</u>	_+	+	+	+_	t.	+	+	+	+	+	+	+	+	•	<u>+</u>	+	<u> </u>	+	+	+	50
THYMUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ ·	+	+ •		+	+	+	+	49
CIRCULATORY SYSTEM																										
HEART	+	+	+	+	+	+	+	+	+	*	+		+	+	-	÷	+	•	-	+ .			•	•	+	50
DIGESTIVE SYSTEM		1		1							4					÷		•		•		÷	_	•	+	49
SALIVARY GLAND LIVER	†		- †		-	- <u>*</u> -	<u> </u>	-	•	- <u>-</u>	- <u>-</u>	*	- <u>-</u>	. <u>.</u>	+	÷	+	+ -		<u> </u>	i	•		; +	+	50
NEOPLASTIC NODULE UNDIFFERENTIATED LEUKEMIA	Ļ	+	•	*	<u> </u>	-	•	•	•			•	-	x		×	-								+	3
BILE DUCT	+.	+	+	+	+	<u>t</u>	+	+	+	+	+	+	+	+		+	•	<u>+ ·</u>		+	_	<u>,</u>	<u>+ · ·</u>	+	+	50
GALLBLADDER & COMMON BILE DUCT	<u>+ N</u>	<u>N</u>	N	Ν.	<u>N</u>	<u>N</u>	N	Ν	N	N	N	N	N			<u>N</u>	<u>N</u>	<u>N 1</u>		<u>N 1</u>	<u> </u>	<u> </u>	4	N	N	50×
PANCREAS	++	+	+	+	.	+	+	+	.+	+	<u>+</u>	÷.	+	+	+	+	+	+ ·	·	+ +		<u>, </u>	• •	+	╧┼╴	50
ESOPHAGUS	++-	+	+	+	+	_+	+	+	+	+	<u>+</u>	+	+	+	+	<u>+</u>	+	+ •	• •	+ +		<u>, </u>	<u> </u>	<u>+</u>	+	49
STOMACH		+	• •	+	.	*	+	+	+	*	+	+	+	<u>+</u>	+	+	<u>+</u>	<u>+ · ·</u>		+		<u></u>	<u>, ,</u>	+	+	50
SMALL INTESTINE	┼┷	+	+	+	+	+	-	+	+	+	+	+	+			<u>+</u>	+	<u>+ +</u>	·	<u>+ +</u>	-		<u>, </u>	+	* -	49
LARGE INTESTINE	+	+	+	+	+	+	-	+	+	+	+	+	+	+	*	+	+	+ +		• •	· · ·	• •	+ •	+	+	49
JRINARY SYSTEM																						L .	. .			50
KIDNEY	+	 +	+	+	+	- <u>*</u> +	+	+	*	+	+	+	+ +					• •		+ +			•	<u>.</u>	+	50
URINARY BLADDER			· ·	Ŧ	-	-		<u> </u>	·	-		*	· ·												4	
PITUITARY CARCINOMA,NOS ADENOMA,NOS	+	+ ×	+	÷	+ X	+	÷	+ x	÷	+	+	+ x	+	+ ×	+	*	+	• •		· ·			• •	•	+	50 2 13
ADRENAL Cortical Adenoma Pheochromocytoma	+	+	+	+	÷	+ X	÷	* X	+	+	+ ×	+××	÷	+	+	+	+	• •		• •	•	. , (• •	•	+	50 27
THYROID Follicular-cell Carcinoma C-cell Adenoma	+ X	+	+	+	٠	+	+	+	+	+	+	+	+	+ X	+ X	+	+	+ +		• •	•	• •	• •	•	+	50 1 4
PARATHYROID	+	+	t	÷	+	+	+	+	+	+	+	+	+	+	+	+	+		_	÷+	•	<u> </u>	<u> </u>		+	49
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	+	٠	+	+	٠	+	٠	+	+	÷	٠	+	•	+	•	• •	•	• •	•	• •	• •	•	+	50 2 1
REPRODUCTIVE SYSTEM	1								_							_									1	
MAMMARY GLAND FIBROADENOMA	+	+	+	+	+	* x	N	+	+	+	+	+	+	+	+	+	+	• •	•	+ +	•	• •	• •	•	+	50× 1
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	ŧ	•	• •		•	•				+	50
INTERSTITIAL-CELL TUMOR	<u>⊦×</u>		. <u>X</u>			<u>×</u>	<u>×</u>	<u>×</u>	×	×	<u>×</u>		<u>×</u>	<u>×</u>	<u>×</u>	x	×	<u> </u>		<u>×</u>	×	Z	<u> </u>	<u> </u>	+-	41
PROSTATE PREPUTIAL/CLITORAL GLAND CARCINOMA,NOS ADENOMA, NOS	H X	H	N	N	N	N	+	N	π N	N	N	N	H X	т .	т N	* N	N 1	н <u>н</u>	 N	I N X	N		1 1		N .	49 50× 4 3
ERVOUS SYSTEM	1-																								+	
BRAIN Carcinoma, NOS, Invasive	+	+	+	+	٠	+	+	+	+	÷	÷	÷	٠	+	+	×	• •	• •	+	• •	+	•	• •	• •	+	50 1
UŠČULOSKELETAL ŠYŠTEM																_									T	
MUSCLE Follicular-cell Carcinoma, invasi LL other systems	+	+	+	+	+	+	+	+	+	+	+	+	•	•	+	+ -	• •	• •	+	+	+	•			+	50× 1
MULTIPLE DRGANS NDS MESOTHELIOMA, NDS	N	Ņ	н	H	N	N	N	н	N	N	Ň	N	H	N	N	N	N I	• •	۲	н	N	())		• 1	н	50×

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

TABLE A3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR **STUDY OF ZIRAM**

LOW DOSE

ANIMAL NUMBER	5	5		4	5	5	5 0 7	5 0] 8	5	5	5	5	5	5	5 1 5	5	5	5	5 1 9	5 2 0	2	5 2 2	5	5	
WEEKS ON Study	0	1	0 5	t o	0	6 0 9	1	8 0 9	0		0	0	0	9	5 0 9	6 1 0	0	1	9	1	1	11	0	1	F
INTEGUMENTARY SYSTEM			<u> </u>	قـــا	1_2		21	8	2	21	-21	41	51	41	_01.	21	21	4	8		_2	21	-91	_2	-
SKIN Squamous cell papilloma Basal-Cell Carcinoma Sebaceous adenoma Keratoacanthoma	+	+ 	+	•	* ×	+	* ×	+	+	+	+	•	+	•	+	+	•	•	٠	+	+	•	+	+	
SUBCUTANEDUS TISSUE TRICHOEFITHELIOMA FIBROMA NEURILEMOMA	+	+	+	+ X	٠	+ x	+	+	+	+	+	+	+ X	+	٠	÷	٠	٠	٠	٠	+	٠	٠	٠	
RESPIRATORY SYSTEM					—																			_	-
LUNGS AND BRONCHI Squamous cell carcinoma Alveolar/Bronchiolar carcinoma	+	+	+	+	+	×	•	+	٠	•	•	+	•	+	+	+	+	+	•	+ x	+	•	+	•	
TRACHEA	+	+	+	+	+	+	+	+	٠	+	+	+ '	+	+	+	+	+	+	+	+	+	+	+	+	
EMATOPOLÉTIC SYSTEM																									
BONE MARROW Spleen Hemangiosarcoma	+	+	+	+ ;	+	+	+	•	•	+	+		+	+			+ +	•	+	+	+	+	+	++	
	+-	+	+	<u> </u>		+	+	+	+		+												<u> </u>	+	-
LYMPH NODES Thymus	Ţ.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
IRCULATORY SYSTEM																								_	
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•
IGESTIVE SYSTEM																									
SALIVARY GLAND	11	+	+	+	+	+ ,	+	+	+	•	•	+	+	*	•	•	*	+	+		•	+	+	+	1
LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA UNDIFFERENTIATED LEUKEMIA	+	+	+	+	+	•	+	* x	+	•	+	•	+	•	+	•	+ x	+	•	+	+	•	+	+	
BILE DUCT	+	+	÷	÷	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	N.	N	N	N	<u>N</u>	. н	H	N	N	N	N.	Ν.	N	N	N	N	<u>N</u>	N	N	N	N	N_	N	N	_
PANCREAS	+	+	÷	+	+	+	+	+.	+	+	+	+	+	+	+	<u>+</u>	*	+	+	÷	+	+	+	+.	
ESOPHAGUS	+-+-	+	+	+	+	+	+	. <u>+</u>	+	+	+	+	+	+	.t	+	+	+	+	+	+	+	<u>+</u>	+	-
STOMACH Squamous cell papilloma	+	+	+	+	<u> </u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	*	
SMALL INTESTINE	++	÷	÷	t	.	+	+	+	+	+	+	+	+	•	+	ł	<u>+</u>	÷	+	+	+	+	+	+	•
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+
RINARY SYSTEM																									
KIDNEY	+	<u>+</u> .	t .	+	+	+	+	+	+	+	+			+			+	+	+	+	+	+		* *	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•
NDOCRINE SYSTEM																								÷	
PITUITARY Carcinoma, nos Adenoma, nos Craniopharyngioma	Ļ	•	•	•	• 	•	×	+	ž	•	•	+ x	+ 	•		+ ×	•	•	•	-	•	• 	·	×	
ADRENAL Cortical Adenoma Phedchromocytoma	+	+ X	+	•	+	+	+	+	•	+	+	•	•	+	+	•	* 	+ x	+	+	•	+	+	+	+
THYROID Follicular-Cell Adenoma Follicular-Cell Carcinoma C-Cell Adenoma C-Cell Carcinoma	+	+ ×	+	+	+ ×	+ x	+	+ x	+	+	+	•	* ×	•	+ · ×	•	+	+	+	+	+ x	+		+ x x	1
	+																<u>×_</u> _								
PARATHYROID	+	+	+	+	-	+	+	•	+	+	+	•	•	+	• ·	ŀ	+	•	*	•	•	+	+	*	+
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA PRODUCTIVE SYSTEM	1	•	+	+	+	×	+	+	+	+	+	+ ·	+	+	+ ·	·	•	•	•	+	*	•	•	•	+
MAMMARY GLAND FIBROADENOMA	+	+	+	•	+	٠	٠	÷	+	÷	+	+	+ ×	+	+	•	+	÷	÷	÷	÷	÷	+	+	+
TESTIS Interstitial-cell tumor	+ x	+	+	*	.*	*	* x	+ x	+ x	* x	÷ ×	+ x;		+ X	+ x;	:	*	* x	* x	* ×	* x	* x	*	*	+
PROSTATE	+	+	+	+	+	+	+	+	+	÷	<u>.</u>	+	t	+	+·	·	•	•	+	+	+	+		÷	+
PREPUTIAL/CLITORAL GLAND CARCINOMA,NOS ADENOMA, NOS	N	N X	XX	Ħ	N	N	N	N X	N		N X	N I	1 1	N	N P	• •	4	N	N X	N X	H	N	н	н	N
ERVOUS SYSTEM							_				_													_	-
BRAIN GLIOMA, NOS Astrocytoma	+	٠	+	٠	+	+	•	+	+	+	•	• •	•	+	+ ·	• •	+	*	•	+	+	+	+	+	+ ×
PECIAL SENSE ORGANS EAR	N		N	N	N	N	N	N	N	N	н	н 1			N 1			N		N .	N	N	N	N	N
SEBACEDUS ADENOCARCINOMA	+	-	11						.,						,, ,							•••••			-
ZYMBAL'S GLAND Cystadenoma, nos	N	*	N	N	N	Ħ	N	N	N	N	N	N I	4 1	N	N P	1	N	N	N	N	N	N	N	Ν	N
ODY CAVITIES	+							·																	_
	N	N	N	N	N X	N	N	N	N	H	н	н и	1	м	N P		N	N	N	N	н	N	N	N	N
MESENTERY Sarcoma, Nos					_							_						_	_						
MESENTERY SARCOMA, NOS L OTHER SYSTEMS Multiple Organs NOS Undifferentiated Leukemia	н	HX	N	NX	N	N	N	н Х	N	N	N	N 1		N .	н н Х	1	4	N X	N	N	N	N	N	N	N

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

.

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

ANIMAL NUMBER	5	5	5	5	5	5	5	5	5	5	5 3 6	5 3 7	5	5	5	5	5	5	5	5	5	5	5	5	5	
WEEKS ON STUDY		-7 1 0	8 0 9	9	0	-1	2	3	4	3	6	7	8	9	0	1 0 9	2 8	3	8	5	6 1 0	7	8 1 0	9	0	TOTAL TISSUES TUMORS
INTEGUMENTARY SYSTEM	51	Š	8	5	ši	Š	5	5	õi	اف	šİ	ši.	اف	Š	8	é	4	ŏ]	žİ	5	<u>š</u>	<u>š</u>	5L	ě.	-5	
SKIN Squamous Cell Papilloma Basal-Cell Carcinoma Sebaceous Adenoma Keratoacanthoma	+	٠	٠	+	+	٠	+	+	+	* x	+	+	+ X	•	+	٠	•	+	+	+	٠	+	+	٠	+	50* 2 1 1
SUBCUTANEGUS TISSUE TRICHOEPITHELIOMA FIBROMA HEURILEMOMA	+	•	+ ×	+	+	+	+	+	+	+	+	+	+	+	+ ×	+ X	+	+	+ ×	+	+	* ×	+	+	+	50× 1 6 1
RESPIRATORY SYSTEM	1																									
LUNGS AND BRONCHI Squamous cell carcinoma Alveolar/Bronchiolar carcinoma	+	+	+	+	+	+	*	+	+	+	+	+	•	+	+	+	-	+	•	+	+	*	+	+	+	49 1 1
TRACHEA HEMATOPOIETIC SYSTEM	+	+	+	. <u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
BONE MARROW	1.		+			÷			+	+	+	•	+	+	÷	+	+	÷		+	÷	+	+	+	+	50
SPLEEN	†÷		+	. <u>.</u>		+		+	+	+	+	+	_	- <u>`</u>			+		+	+	÷	+	÷	+	+	50
HEMANGIDSARCOMA	+-	·		·					<u> </u>		<u> </u>							<u> </u>				-			-1	1
LYMPH NODES	++	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	. <u>+</u>	+	+	+	-+	50
THYMUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	49
CIRCULATORY SYSTEM	1.																									
DIGESTIVE SYSTEM	+	+	+	÷	+	<u>+</u>	+	+	+	+	+	*	+	+	+	+	-	+	+	+	+	+	+	+	+	49
DIGESTIVE SYSTEM SALIVARY GLAND	.	+	÷	+	+	÷	+	+	÷	+	+	+	+	÷	+	÷	+	÷	÷	+	÷	+	+	+	+	50
LIVER Nedplastic Nodule Hepatocellular carcinoma	+	+	+	+	* *	+	•	•	+	+	+	+	•	•	+	•	•	•	•	•	+	+	•	•	+	50
UNDIFFERENTIATED LEUKEMIA	+																									
BILE DUCT	++	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	<u>⊢ №</u>	<u>N</u> .	<u>N</u>	<u>_N_</u>	<u>N</u>	<u>N</u>	N	<u>N</u>	<u>N</u>	N	<u>N</u>	<u>N</u>	<u>N</u>	N	<u>N</u>	N	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	N	<u>50×</u>
PANCREAS ESOPHAGUS	f:	. <u>+</u>	- <u>+</u>	+	+	<u>*</u>	<u>*</u>	*	*	. <u>+</u>	+	<u>+</u>	+	+	+	. <u>+</u>	+	<u>+</u>	<u>*</u>	+	+	<u>+</u>	*	*	+	50
STOMACH	+	+	+	+	+	+	+	+	+	+		+		+		+	+	+	+	+	+	+	+	+	+	50
SQUANDUS CELL PAPILLOMA	+											_							_				-		-	
SMALL INTESTINE	++	+	+	+	+	+	+	+	+	+	+	+			+	+	-	+	+	+	+	+	+	+	+	49
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	50
URINARY SYSTEM																										
KIDNEY	†÷	+	+	+	+ +	+ +			+	+		+			_	+	• •	_	+ +	+ +	+	+	+	+	+	<u>50</u> 50
URINARY BLADDER	Ļ				· · ·	<u> </u>	•	· .		+	·		<u> </u>	_	<u> </u>	-			-	·	<u> </u>	-	_		-	
PITUITARY	+	+	+	+	÷	÷	+	+	+	•	+	÷	÷	+	•	+	+	÷	÷	+	+	÷	+	+	+	50
CARCINOMA,NOS Adendma, Nos Craniopharyngioma	L×.			x						x			x	x				×					x			2 9 1
ADRENAL Cortical Adenoma Pheochromocytoma	+	+	* x	+	+	+ <u>×</u>	*	+	+	+	+	+ x_	+	+	+ x	+	+	+	+	*	+	+	+	+	+	50 2 6
THYROID Follicular-Cell Adenoma Follicular-Cell Carcinoma C-Cell Adenoma C-Cell Carcinoma	+	•	* x	+ ×	* ×	•	•	•	+	+ x	+	+	•	•	+	•	-	•	+	+	+	+	•	+	+	49 2 3 7
PARATHYROID	1.	-	+	+	+	+	+	÷	+	+	+	+	+	+	+		+	+	÷	÷	+	+	+	+	+	47
PANCREATIC ISLETS	+	٠	+	٠	÷	+	÷	÷	÷	+	+	+	+	+	+	÷	+	+	+	+		+ x	+	÷	+	50
ISLET-CELL ADENOMA ISLET-CELL CARCINOMA REPRODUCTIVE SYSTEM																x										22
MAMMARY GLAND Fibroadenoma	l+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50*
TESTIS Interstitial-Cell Tumor	×	* ×_	<u>*</u>	* x	*	*	* ×	* ×	+	*	* x	*	+	+	*	* ×	*	+	+ x	*	* ×	*	<u>*</u>	+	×	50 42
PROSTATE PREPUTIAL/CLITORAL GLAND Carcinoma, nos Adenoma, nos	* *	+ N	N	H N	+ N	+ N	+ N	+ N				+ N		+ N	N	+ N		<u>+</u> N	<u>+</u> N	+ N	_	<u>+</u> н		+ N	+ N	50 50×1 5
NÊRVOUS SYSTEM Brain Glîdma, nos Astrocytoma	+	÷	·	+	+	+	+	+	÷	+	+	÷	÷	+	÷	+	+	* *	+	•	+	+	+	+	•	50
SPECIAL SENSE ORGANS	+										_														-+	
EAR SEBACEOUS ADENOCARCINOMA	N	N	н	N	N	N	÷	N	N	H	N	N	N	N	N	N	N	N	н	N	N	N	N	N	н	50×
ZYMBAL'S GLAND	t n	N	N	N	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	50×
CYSTADENOMA, NOS	1																			_	_		_		-	'
BODY CAVITIES Mesentery Sarcoma, Nos	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	м	50¥
ALL OTHER SYSTEMS MULTIPLE ORGANS NOS UNDIFFERENTIATED LEUKEMIA	к	N	N	N X	N	N X	N	N	N X.	N	N	N	N	н	N	N	N X	N	N	N	N	N	N	N	N	50× 10
FOOT NOS Hemangioma															_			_			_	_			_	1
		-	~																							

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

 # ANIMALS RECROPSIED
 : NO TISSUE INFORMATION SUBMITTED

 +: TISSUE EXAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBMITTED

 -: REQUIRED TISSUE ENTERAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBMITTED

 -: NUMOR INCIDENCE
 : NO TISSUE SUBMITED

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

 B: NO RECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 B: NO RECROPSY PERFORMED

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TABLE A3.

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

HIGH DOSE

ANIMAL	1 5	т <u>5</u>		1 5	T 5	5									= = =		5			5	5				
NUMBER	0	0	0	04	iò	0	0	0	09	1	1	5 1 2	1	1	5 1. 5	5	1	1	1 9	20	2	22	23	524	25
WEEKS ON Study	1	1	1	1	0	1 1	0	8 1 0	1	1	1	2	1	1	1	6 0 7	0	8 1 0	0	1	1	1	1	0	5 0 9
INTEGUMENTARY SYSTEM	- 4	4	4	4	15	1.4	4	4	4	_4	4	4	4	4]	4	4	4	4	4	4	4	4	4	4	6
SKIN Squamous cell papilloma Squamous cell carcinoma	×	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+
SUBCUTANEDUS TISSUE Sarcoma, nos	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	×
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI Alveolar/bronchiolar carcinoma	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+		+	+
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																									
BONE MARROW	++	+	+	+			<u>+</u>	_ <u>+</u>	.+		÷.	+	+	_ <u>+</u>	. <u>+</u> _	+	+	+	+	+	+	_ +	<u>+</u>	+	+
SPLEEN Lymph Nodes	+	- *		+	<u>_</u>	+	- <u>+</u>	+	+	+	<u>.</u>	•	•	+		<u>+</u>	•	<u>.</u>	÷.	+	+	+	<u>+</u>	<u>+</u>	+
THYMUS	Ť.	+		 +		*	+	÷	+	_ <u>*</u> _	+	- <u>-</u> -		÷	+	+	+	+	+	<u>*</u>	+	+	+	+	<u>*</u>
CIRCULATORY SYSTEM	<u> </u>			*					*					*			Ŧ	•						·	
HEART	1.	+	+	+	+	+	÷	÷	÷	÷	+	÷	÷	+	+	+	+	÷	+	+	+	÷	÷	÷	+
DIGESTIVE SYSTEM	- <u> </u>			*								·	•								•		,		
SALIVARY GLAND	1+	+	+	+	+	_+	_,	+	+	÷	+	+	+	÷	÷	+	t	÷	÷	÷	÷	+	+	•	+
LIVER NEOPLASTIC NODULE UNDIFFERENTIATED LEUKEMIA	+	+	+	+	+	٠	+	÷	+	+	÷	÷	* x	+	+	+	+	+	+	÷	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	L.N.	N	, N	N	<u>N</u>	. <u>.</u> N	, N	N	N	м	N	.N.	N	N		. <u>N</u>	N.	Ň	N	N	Ň	<u>N</u>	, N	. N	т н
PANCREAS	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	. +	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	• •	+	+
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	÷	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	÷	+	+	+	+	+	+	<u>+</u>	÷	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	÷	+	+	+	٠	+	+	+	+	+
URINARY SYSTEM	+																								
KIDNEY	++-	+	+	+	+	+	+	. +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
KIDNEY/PELVIS TRANSITIONAL-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	+	+	+	+	÷	+	+	* ×	-	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM					-																		·		-
PITUITARY Carcinoma,nos Adenoma, nos	+	+	+	-	+ ×	+	+	+	٠	٠	+	+	+	+	٠	÷	* X	٠	+	+ x	+ x	+	+ X	+	+
ADRENAL Pheochromocytoma	ŀ	+	+	+	+	+	+	•	÷	+	+	+	٠	* x	* *	+	* x	+	* x	+	*	÷	+	÷	÷
THYROID Follicular-cell Carcinoma C-cell Adenoma C-cell Carcinoma	•	+	+	+	+	+	+	+ X	+	+	+	* X	٠	+ .	+	+	+	+	+ x	+	+	+	+ x	+	+
	+	_					<u>×</u> .							X			Χ	<u>×</u>							-
PARATHYROID	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	. +	+
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	1	+	+	+	+ ×	+	+	+	+	* ×	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM	+																								1
MAMMARY GLAND Adenocarcinoma, nos Fibroadenoma	к	+	+	+	+	+	+	* x	+	+	+ ×	+	+	+	+	N	+	+	+	+	+	+	+	+	+
TESTIS	t	t	÷	÷	+	t	÷	t	t	t	t	t	t	t	÷	t	+	t	t	t	+	t	t	t	t
ÎNTÊRSTITIAL-CELL TUMOR Prostate	+ ×	<u>×</u>	_X,.	<u>×</u>		_ <u>×</u>	<u>×</u>	<u>×</u>	. <u></u>	- <u>×</u>	<u>×</u>	<u>×</u>	<u>×</u>	Ă	<u>.</u>	<u>~</u>		<u>×</u>	<u>Å</u>	<u>.</u>		<u>م</u> _	<u>×</u>	<u>^</u> _	쉬
PREPUTIAL/CLITORAL GLAND	X	N	N	N	N X	N	N	N	N X	N	N	N	N	N	H	N N	N	N	N	N	N	N	N	Ν.	N
ADENDIA, RUS	1																			x					_
NERVOUS SYSTEM Brain Carcinoma, nos, invasive	+	٠	÷	÷	÷	٠	+	•	+	÷	·	÷	+	+	+	+	٠	٠	٠	+	+	+	٠	٠	٠
MUSCULOSKELETAL SYSTEM	+																								-
MUSCLE C-CELL CARCINOMA, INVASIVE	+	+	٠	+	÷	٠	+	+	+	+	÷	٠	•	+	+	÷	+	* ×	+	+	٠	+	٠	+	۰
ALL OTHER SYSTEMS	1						-																		1
MULTIPLE DRGANS NOS MESOTHELIOMA, NOS MALIGNANT LYMPHOMA, MIXED TYPE UNDIFFERENTIATED LEUKEMIA	N	N	N	N X	H	N	N	N	N	N	N X	N	N	N	N	N	H X	N	N	N	N	N	N	N X	N
INTESTINAL TRACT	1	_		<u> </u>							<u> </u>						^					_		^	1
MUCINOUS ADENOCARCINOMA	L																					<u>×</u> _			_
AT TREUE EVANTHED MICROCOM																									

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

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

ANIMAL NUMBER	5		5 2 8		5 3 0	5	5	5	5	5	5	5 3 7	538	5	5 4 0	5	4	3 !	5	5 4 5	5 4 6	5 4 7	5	5 4 9	5 5	TOTAL
WEEKS ON Study	, o	9	-8	, 0	11	1	2	1	4 0 8	5		1	8 0 5	9	1	1	1	î	1	1	1	1	8	1		TISSU
INTEGUMENTARY SYSTEM	4	4	4	4	4	4	-41	4	<u>¢</u> j	4	41	4	4	21	2	4	4	4	41.	<u>si</u>	4	4 [4	4	-4	
SKIN Squamdus cell papilloma Squamous cell carcinoma	+	٠	+	٠	٠	+	٠	+	+	٠	٠	٠	٠	÷	+	÷	÷	•	+	+	+	+	٠	٠	+	50
SUBCUTANEGUS TISSUE Sarcoma, nos	+	+	+	+	+	÷	÷	+	÷	٠	+	÷	+	* x	٠	+	÷	÷	+	÷	+	+	+	+	+	50
RESPIRATORY SYSTEM								_																	-	
LUNGS AND BRONCHI Alveolar/bronchiolar carcinoma	+	٠	+	+	+	•	+	•	+	+	•	*	+	•	•	•	+	+	+	+	+	•	+	+	•	50
TRACHEA	+	+	٠	+	+	+	+	+	+	+	+	+	-	+	+	•	•	+	•	+	+	+	+	+	*	49
EMATOPOIETIC SYSTEM	1																									
BONE MARROW	++	+		•	+	+	+	+	+	+	+	+	+	<u>+</u>	+	<u>+</u>	+	<u>+</u>	<u>+</u>	<u>+</u>	+	+	+	+	+	50
SPLEEN	++	+	+	+	+	+		.+	+	+	+	+	+	÷	<u>.</u>	÷	+ -	+	+	+	+	+	+	+	+	50
LYMPH NODES	++-	. + .	+	+	+	+	+	٠	+	+	+	+	+	*	+	+	+ ·	<u>+</u>	<u>+</u>	+	+	+	+	_ <u>+</u>	+	50
THYMUS	+	+	+	٠	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	50
IRCULATORY SYSTEM																										
HEART	+	+	+	+	+	+	+	+	•	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	50
IGESTIVE SYSTEM	1																									
SALIVARY GLAND	++-		+	+	+	+		+	-	+	+	+	+	*	+	+	+	+	+	+	•	+	. <u>+</u>	+	+	49
LIVER NEOPLASTIC NODULE UNDIFFERENTIATED LEUKEMIA	+	•	+	+	+	+	+	+	+	+	+	•	•	•	+ ·	•	•	•	+	+	+	+	+	+	+	50
BILE DUCT	+	+	+	٠	٠	+	+	+	+	٠	٠	+	٠	+	+ ·	+	+ ·	+	+	÷	÷	+	+	٠	+	50
GALLBLADDER & COMMON BILE DUCT	N	N	N	<u>N</u>	N	N	N	N	N	N	N	<u>N</u>	N	N	<u>N</u>	1	N I	4	N	<u>N</u>	N	H	N	N	N	501
PANCREAS	+	+	+	<u>+</u>	+	÷	+	+	+	+	+	+	٠	+	<u>+ </u>	ł	•	+	+	+	+	+	+	+	+	50
ESOPHAGUS	++	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	•	+ ·	+	+	<u>*</u>	+	+	+	+	-+	50
STOMACH	++	+	+	+	+	<u>.</u>	÷	٠	÷	+	+	•	+	+	+ ·	+	<u>t</u>	t	+	+	+	+	+	+	+	50
SMALL INTESTINE	++	+	+	+	+	+.	+	+	+	+	+	+	+	<u>+</u>	+ •	•	• •	<u>ا</u>	<u>t</u>	<u>+</u>	+	+	+	<u>+</u>	+	50
LARGE INTESTINE	+	+	+	٠	+	+	+	+	+	+	+	+	•	+	• •	•	+ •	ŀ	+	+	+	+	+	٠	+	50
RINARY SYSTEM												_														
KIDNEY	+	+	+	+	+	+	+	+		+	+	+	+	+	+	t	+ -	•	+	<u>+</u>	<u>+</u>	+	٠	÷	*	
KIDNEY/PELVIS TRANSITIONAL-CELL CARCINOMA	+	+	+	+	* *	+	+	+	+	+	+	+	•	+	+ ·	•	•	•	+	+	+	+	+	+	+	50
URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	+	+	+	+	+	٠	+	+	+	+	+	+	-	+	• •	•	+ •	ŀ	+	+	+	+	*	•	+	48
NDOCRINE SYSTEM						_																	~		+	
PITUITARY Carcinoma,nos Adenoma, nos	+	٠	٠	٠	٠	٠	+	÷	٠	٠	٠	٠	* ×	+ ·	• •	•	+ + x	•	•	+	+ x	÷	+	+	+	49
ADRENAL PHEOCHROMOCYTOMA	•	+	* x	+	* ×	+	+	+	+	+	+	+	+	+	+ •	•	+ •	•	+	+	+	+	+	+	+	50
THYROID Follicular-cell carcinoma	+	+	٠	•	•	٠	+	+	+	٠	٠	+	+	+	•	ŀ	+ •	•	+	÷	٠	-	+	+	+	49
FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA	ļ		X	×				x											x						×	
PARATHYRDID	++	-	+	•	+	+	+	+	+	÷	+	<u>+</u>	+	÷	• •				•	+	-	-	+	+	+	45
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	٠	+	+	+	+	+	+	+	+	+	÷	* X	+ +	•	+ +	•	+	+	+	+	+	+	+	50
EPRODUCTIVE SYSTEM																									+	
MAMMARY GLAND Adendcarcinoma, Nos Fibroadenoma	+	+	+	+	٠	* ×	٠	٠	+	÷	+	٠	+	+	• •		+ +		•	+	+	+	+	+	+	50)
TESTIS INTERSTITIAL-CELL TUMOR	ż	* x	* x	*	* x	* ×	* x	*	* ×	* *	*	* ×	+	÷ x	÷		+ ; x ;	; ;	+	*	+	ż	*	* ×	ż	50 4
PROSTATE	+	+	+	+	+	•	+	+	+	+	+	+	+	+	• •	<u> </u>	+•		•	•	•	+	+.	+	+	49
PREPUTIAL/CLITORAL GLAND Carcindma.nos Adenoma, nos	*	N	N	N	N	N	N	N	X	N		N X	N	N I	4 X	ł	N 1		H	N	H	H	N	Ν	N	50
ERVOUS SYSTEM	-																								+	
BRAIN CARCINDMA, NDS, INVASIVE	+	+	+	+	•	+	+	+	•	+	+	+	* ×	+ •	• •		• •		•	•	•	+	+	+	+	50
USCULOSKELETAL SYSTEM																						_			T	
MUSCLE C-CELL CARCINGMA, INVASIVE	+	•	•	+	•	+	•	+	+	•	•	+	+	+ ·	• •	•	• •		•	•	•	+	•	+	*	50>
LL OTHER SYSTEMS			U	N																						
MULTIPLE ORGANS NOS MESOTHELIOMA, NOS Malignant Lymphoma, mixed type Undifferentiated leukemia	N	N	м	N	N	N	N X	N	N	H	N	n		н і х:			N N		•	×	ri X	Ч	N	X	X	50*
	\square			_										o						-	^					
INTESTINAL TRACT MUCINDUS ADENOCARCINDMA				_																~						

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

ALS NECROPSIED +1 TISSUE EXAMINED MICROSCOPICALLY -1 REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X1 TUMOR INCIDENCE H: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: Necropy, No Histology due to Protocol A: Autolysis N: Animal Missing B: No Necropy Performed

TABLE A4.

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

CONTROL

AN IMAL NUMBER	5 0 1	5	5	5 0 4 0 9	5 0 5	5	507	5	5 0 9	5 1 0	5 1 1	5 1 2	5 1 3	5	5 1 5	5	5	5	5 1 9	5 2 0 7	5 2 1	5 2 2 1 0		524	
WEEKS ON STUDY	0	v 1		9	0	0	0	8 0 9	0	- 11	8	0	3	8	7	6	0	0	0	?	0	0	0	ò	
INTEGUMENTARY SYSTEM		4	.4	_ 5	_4]	-41	4	51	6	. 61	-41	6	_61	8	91	_6_	61	-21	61		_0_	_61	_61	-01	
SUBCUTANEOUS TISSUE BASAL-CELL CARCINOMA	+	+	+	٠	+	+	* X	+	+	٠	+	+	+	+ '	٠	+	٠	+	٠	٠	+	+	+	+	•
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI Alveolar/bronchiolar Adenoma	ŀ	+	÷	+	* X	+	٠	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	1
TRACHEA	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•
IEMATOPOIETIC SYSTEM										_															-
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	t_	+	+	+	
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	t_	+	+	+	+	+	÷	+	+	+	+	+	
LYMPH NODES	+	÷	÷	-	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	÷	+	
MALIGNANT LYMPHOMA, MIXED TYPE	+	<u>×</u> . +	+	-	+	+	+	-	+	+	+	+	+	+	+	* *	+	+	+	+	+	٠	+	÷	
ТНУЙОМА																									_
IRCULATORY SYSTEM HEART	+	÷	÷	÷	÷	+	•	+	+	+	÷	+	+	.+	÷	+	+	+	+	÷	÷	+	+	÷	
IGESTIVE SYSTEM	<u> </u>		•		*	*	*	·		·	·			<u>_</u>	<u></u>	<u> </u>	<u></u>	·	<u></u>						
SALIVARY GLAND	1			÷					÷		+	÷	+	+	÷	•	+	÷	÷	+	+	÷	+	÷	
LIVER	Ť.	- <u>-</u>	<u>,</u>			<u>.</u>		+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	Ξ,
BILE DUCT	1		<u>-</u> -		-	-							+		+	•	+	+	+	+	•	+	+	+	
	H	N.	N	N		N	N	N	N	- <u>'</u> -	N	N	N.	N	N	N	N	Ν.	N	N	N	N	N	N	
GALLBLADDER & COMMON BILE DUCT	+				<u> </u>		<u></u>	. n.	_ <u>n_</u>	+	<u>_n</u>		+	+	+	+	+	+				+		•	
PANCREAS	1	+	•		Ţ	Ţ		•	Ţ	•	Ţ	Ţ	Ţ	Ţ	Ţ	Ţ	Ţ		Ť	Ĩ	Ì			Ì	
ESCPHAGUS	+	+	+	+	+	+	+	+	_ <u>+</u>	. <u>.</u>	<u>.</u>	•	.+	+	+	÷	+		<u> </u>			<u>*</u>		- <u>-</u>	_
STOMACH	++	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	<u>.</u>	*	+	+	-*	+	<u> </u>	-
SMALL INTESTINE	+-+-	<u>+</u>	+		_+_	+	+	+	+	+	. •	+	+	+	+	+	. <u>+</u>	+	.		+	- <u>+</u>	+	- <u>+</u>	-
LARGE INTESTINE	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
RINARY SYSTEM																									
KIDNEY	++-	+	+	+	+	+	+	+	+	_ <u>+</u>	+	+	+	+	+	+	+	+	+		+	+	+	+	_
URINARY BLADDER	-	÷	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1
NDOCRINE SYSTEM																	_								
PITUITARY CARCINOMA,NDS ADENOMA, NOS	+	+	+ ×	* X	+ X.	+	+	٠	+ x	+ x	+ X.	+	*	+	+ X	+ ×	+	+ ×	+	+	+ x	+	* 	+	
ADRENAL CORTICAL ADENOMA Phedchromocytoma	+	+	+	+	+	+	+	+	+	÷	٠	•	+	+	+	+	+	+	+	+	+	+	+	+	•
	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYROID Follicular-cell carcinoma C-cell Adenoma C-cell carcinoma					x					x				x					<u>×</u>						
PARATHYROID	+	+	+	+	+	+	+	-	÷	+	+	+	+	+	÷	-	+	+	+	-	+	+	+	+	
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+ x	٠	* ×	+	+	
																				<u></u>					
EPRODUCTIVE SYSTEM						,		,	,		+							+	÷	+			•		
MAMMARY GLAND Adenocarcinoma, nos Fibroadenoma	Ļ	* 	+	+ 	+	•	+ _×_	×	*	+	•	+	+	+	+	ż	+	-	·	-		• 	. <u>×</u>		
PREPUTIAL/CLITORAL GLAND Carcinoma, NOS Adenoma, NOS	N	н	N	N	N	N	N	N	N	NX	N	N	N	N	N	N	N	N	NX	H	N	N	N	N	1
UTERUS ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA	+ ×	+	+	٠	+	+	+	+	+	٠	+	٠	+	+	+	+	+	+	+	* ×	+	+	+	+	
DVARY	T.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	
ERVOUS SYSTEM		-	-	-							_														-
BRAIN MENINGIOMA	+	+	+	+	+	٠	+	+	+	+	+	+	+	* ×	+	+	+	+	٠	-	+	+	+	+	
ODY CAVITIES															~ ~										-
MESENTERY NEUROFIBROSARCOMA	N	N	N X	N	N	N	N	N	N	N	N	н	N	N	N	N	N	N	N	N	N	N	N	N	
LL OTHER SYSTEMS																						-			
MULTIPLE ORGANS NOS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE UNDIFFERENTIATED LEUKEMIA	н	N	N	N	N	N	N	N	N	N	N	н	Ν	N	N	N	N	N	N	N	N	N	N	N	

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

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

ANIMAL NUMBER	5	2	5 2 8	ž	3	3	3	3	3	5 3 5	3	37	5	39	ŝ	1	2	4		4	6	ź	ã	á	5	TOTAL
WEEKS ON STUDY	9	0	0	0	0	0	0	0	80	0	2	0	0	2	0	2	8	9	2		8	į	9		è	TISSU
NTEGUMENTARY SYSTEM	1 .		01		- 01	- 0 1	_01	01		01		01	- 81	-91	<u>.</u>		<u> </u>		91			-		<u>v</u> .	-	
SUBCUTANEOUS TISSUE BASAL-CELL CARCINOMA	+	•	•	+	+	•	+	+	+	+	+	+	+	+	+	•	•	+	+	•	+	*	+	•	-	50
ESPIRATORY SYSTEM																								•	+	50
LUNGS AND BRONCHI Alveolar/bronchidlar Adenoma	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	*	+	+	+	+		+			50
	+	+	+	+	+	•	+	+	+	+	+	+	+	•	+	+	+	+	*	+	•	+	•	+	-	50
EMATOPOLETIC SYSTEM	1.																					÷				50
BONE MARROW	+	÷.	<u>.</u>	.	+	÷	+	. <u>+</u>	<u>+</u>	<u>.</u>	<u>+</u>	. <u>+</u>	+	<u>.</u>	<u>+</u>		<u>.</u>		<u>.</u>				÷	<u>.</u>	1	50
SPLEEN Lymph Nodes	1	+		+	+	+	+	÷	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
MALIGNANT LYMPHOMA, MIXED TYPE . Thymus	+-	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
THYMOMA																_										
IRCULATORY SYSTEM	1															÷		÷		+	÷	•	+	•	+	50
HEART	+	•		*	+	<u> </u>	*	+	+	+	+	_	+	<u> </u>	<u> </u>	·	+	+	-	<u> </u>	-	<u> </u>	-			
IGESTIVE SYSTEM Salivary gland	1.	+	*	+	+	4	÷	÷	÷	÷	÷	+	+	÷	÷	÷	+	•	+	÷	+	÷	+	+	_+	49
LIVER	Ī.	+	_+	+	+	+	+	÷	•	+	+	÷.	+	÷	+	+	+	+	+	+	+	•	+	+	+	50
BILE DUCT	Ŀ	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	N	N.		Ν.	N.	N	N	N	_N_	N	N	N	N	N	N	Ν	N	н	N_	N	Ν.	N	N	N	N	50
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	÷	+	+	+	+	50
ESOPHAGUS	+	+	+	+	÷	•	+	+	-	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	<u>+</u>	+	49
STOMACH	+	+	+	÷	t.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	49
SMALL INTESTINE	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	4	48
LARGE INTESTINE	+	+	+	+	+	÷	+	+	+	٠	+	+	+	+	+	+	•	+	+	+	٠	+	+	٠	+	50
RINARY SYSTEM			*****			-																			1	
KIDNEY	+ '	+	+	+	+	+	+	+	+	+	+		+	+	+	+	•	+	+	+	+	+	+	ŧ	*	50
URINARY BLADDER	+	+	+	+	-	+	+	+	+	+	+	+	*	+	+	*	+	+	+	+	+	+	+	+	+	48
NDOCRINE SYSTEM Pituitary Carcindma, Nos	+	+	•	+	÷	٠	+	•	÷	* ×	÷	÷	÷	+	+	+	+	+	•	٠	÷	+	÷	÷	+	50
ADENOMA, NOS Adrenal Cortical Adenoma	× +	- <u>×</u> -+	<u>×</u> +	+	÷	+	•	<u>×</u> +	+	+	-×	÷	+	* *	*	* *	+	+	<u>×_</u>	+	+	÷	٠	+	+	1 50
PHEOCHROMOCYTOMA	<u> </u>									X	_				<u></u>										+	
THYROID Follicular-Cell Carcinoma C-Cell Adenoma C-Cell Carcinoma	•	+	+	+	+	٠	٠	+	+	+	+	+	+	•	+	*	٠	+ X	+	+	•	+ X	* x	+	*	50
	-							<u>×</u> _																	4	
PARATHYROID PANCREATIC ISLETS	•	+	+	+	+		+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	• •	• •	+	+	<u>61</u> 50
ISLET-CELL ADENOMA ISLET-CELL CARCINOMA																										
EPRODUCTIVE SYSTEM	1								_					-		_			_					-	T	
MAMMARY GLAND ADENOCARCINOMA, NOS FIBROADENOMA	•	+	• X	+	+ x	+	+ X	+ X	+	• x	×	+ X	* ×	+ X	+ X	+	+	+	+ x	+ x_	* x	+	•	•	•	50
PREPUTIAL/CLITORAL GLAND CARCINOMA, NOS ADENOMA, NOS	N	N	H	N	N	N	N	N	N	N	N	N X	N	N	N X	N X	H	N	N	N	н	N	N .	н	н	50
UTERUS ENDOMETRIAL STROMAL POLYP	+ ×	٠	+	٠	* ×	*	* ×	٠	٠	÷	+	٠	٠	÷	+	•	+	÷	+	٠	+	٠	÷	•	+	50
ENDOMETRIAL STROMAL SARCOMA	+	+	+	+	+	+	•	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	•	50
ERVOUS SYSTEM	1	-			-							_													4	
BRAIN MENINGIOMA	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	+	٠	٠	÷	٠	٠	+	٠	+	٠	÷	٠	٠	٠	49
DDY CAVITIES																									-+	
MESENTERY NEUROFIBROSARCOMA	N	N	N	N	N	н	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	H	N	N	н	50
LL OTHER SYSTEMS Multiple organs nos Malig.lymphoma, lymphocytic type undiferentiated leukemia	N	H	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	H X	N	H	N	N	N X	N	H	50

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

TABLE A4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR **STUDY OF ZIRAM**

LOW DOSE

ANIMAL	1 5	5	5	5	51	5	5	5	5	51	5	5	51	51	5	51	5	5]	5	51		51	51	51	
NUMBER	0	2	0	0	0 5	0	0 7	8	9	1		2	3	1	5	1	71	1	3	2	5	2	2	2	25
WEEKS ON Study	0	0	1	ò	0	0	0	1	0	0	0	1	9	0	0	8	1	0	0	0	0	-1	1	0	5
INTEGUMENTARY SYSTEM		5	5	_51	_51	0	_51	5	_5	5	5	51	8	5	5	51	5	5	5	51	5	5	51	51	6
SUBCUTANEOUS TISSUE FIBROMA	+	+	+	+	٠	+	+	N	+	+	+	٠	+	+	٠	+	•	+	٠	+	+	+	+	÷	÷
RESPIRATORY SYSTEM	+																			_				-	
LUNGS AND BRONCHI	+	t	÷	+	÷		+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	÷	÷
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	÷	+	+	+	+	÷
HEMATOPOIETIC SYSTEM				•••												-					-				
BONE MARROW	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	÷		+	+	÷	+
SPLEEN	+	+	+	.+	+	+	+	t.	+	+	+	+	+	+	+	÷	÷	+	+	+	+	÷	+	÷	ŧ
LYMPH NODES	++	+	+	+	+	+	+	+	+	٠	<u>+</u>	+	+	+	+	+	+	+	+	÷	+	+	+	+	+
THYMUS	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	٠	÷	+	÷	+	+	÷	+	+	÷	+
CIRCULATORY SYSTEM	1																					_			-
HEART	+	+	٠	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷
DIGESTIVE SYSTEM	+						_	_							-				_						-
GRAL CAVITY Squamqus Cell Papilloma	N	N	N	N	н	н	N	N	H	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SALIVARY GLAND	++	+	t	+	+	+	+	+	+	÷	<u>+</u>	+	+	<u>+</u>	+	t	+	+	+	+	+	+	+	ŧ	+
LIVER	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+ .	ŧ.	•	ŧ.	+	+	+	+	+	+	.+
BILE DUCT	++	•	+	+	+	.t	+	+	+	+	+	+	+	+	+	+	•	+	<u>+</u>	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	L.N.	N	N	N	N	N	N	N	N	N	Ν.,	н	N	N	н.,	N	N i	N	N	N	N	N	N	N	N.
PANCREAS	+	+	+	+	+	٠	٠	+	+	+	+	+	÷	÷	+ -	÷	•	+	+	+	+	+	+	÷	+
ESOPHAGUS	++	+	+	<u>+</u>	÷	+	+	+	+	+	+	+	+	+	+ .:		•	+	+	÷	+	+	+	• •	÷
STOMACH Squamdus Cell Papilloma	+	•	+	+	•	+	•	+	+	+	+	+	+	+	+ •	• •	• •	+	•	+	+	+	+	+	* ×
SMALL INTESTINE	++	÷	+	+	+	+	+	+	+	+	+	+	+	+	+		<u>.</u>	<u>+</u>	+	+	÷	+	<u>+</u>	÷	+
LARGE INTESTINE	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+ +	• •	• •	ŀ	+	+	+	+	÷	+	+
URINARY SYSTEM	1						_																_		-
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ •	·		ŀ	<u>+</u>	÷	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	٠	+	+	+	+	+	+	•	+ +	• •	• •	•	+	+	٠	+	+	+	+
ENDOCRINE SYSTEM	\square														_										1
PITUITARY Adenoma, nos	<u> -</u>	•	+	+	* x	* x	<u>*</u>	+	+	+	•	+	<u>*</u> ;	*_;	<u>t</u>	_		•	+	+	+	+	+	+	+
ADRENAL Cortical Adenoma Pheochromocytoma	+	•	•	*	+	+	+	+	+	+	+	+	+	+	+ +	• •	• •	•	+	+	+	+	* X	+	٠
THYROID	+	+	+	٠	+	+	+	•	+	+	+	+	+ .	+ .	• •				• •	+	+	+	+ •	+	+
FOLLICULAR-CELL ADENOMA FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA		x			x				x							,	:								
PARATHYRDID	+							-										<u> </u>	. <u> </u>						+
	.	÷	•	*	÷	÷	<u>*</u>	<u>~</u>		• •	•	+ -			· ·				•; •	ž	<u> </u>	<u>.</u>	<u> </u>	•	커
PANCREATIC ISLETS ISLET-CELL ADENOMA		,	•	•				•	•	*	•	1	* *							•	•	•	Ŧ '	•	1
REPRODUCTIVE SYSTEM	1																	•••••		_	•				+
MAMMARY GLAND Adenocarcinoma, nos Papillary Adenoma	+	+	+	+	+	* ×	+	+	+	+	•	+	+ +	• •	• •	•	+	•	•	•	+	+	+ +	•	+
FIBRUADENOMA	+		×				X	<u>×</u>		<u>×</u>						_			;	<u>K</u>		X			4
PREPUTIAL/CLITORAL GLAND Carcinoma, Nos Adenoma, Nos	N	N	H	N	N	N	H	N		н Х	N I	N I X	N N	• •	1 1	N	N	•	• •		N	N	X	*	H
UTERUS Endometrial stromal polyp	+	+	•	+ 	•	+	+	+	* x	ż	+	+ ·	• •	•	• •	+	* x		• •	+	+	•	<u>*</u>	+	+
OVARY	+	+	٠	+	+	+	+	÷	+	+	+	+ ·	+ +	• •	• •	+	+	•	• •	•	÷	•	• •	•	+
RERVOUS SYSTEM	-			_																					†
BRAIN	+	+	+	+	+	+	÷	+	÷	÷	+	• . •	+ +	• •	• •	+	+	•	• •	+ -	+	+	• •	•	+
ALL OTHER SYSTEMS	<u> </u>												••••			-		-		-					+
MULTIPLE ORGANS NOS Malig.lymphoma, histiocytic type Undifferentiated leukemia	N	N	N	N	N	N I	N	H	N	N	N	H ;	N N X	•	I N	N	N	۲	• •	•	н	N	4 4	• •	н

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY :: TUTOR INCLOBENCE N: HECROFSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION HECROFSY, NO MICROSCOPIC EXAMINATION HECROFSY, HEROFSY, HER

ANIMAL Number	5 2 6	5 2 7	528	5 2 9	5 3 0 8	5	532	533	55409	5 3 5 1	536	537	5 3 8	53	5	5	21	5 4 3	5 4 4	5 4 5	5	5 4 7	5 4 8	5	5	TOTAL
WEEKS ON Study	1 01	1	1	0	8	1	0	0	9	0	0	0	- 11	0	11	0	0	11	0	1	0	-	1	1	0	TISSUE
INTEGUMENTARY SYSTEM	61	31	61	6	Q	6		61	4	.4	61	61	6	61	61	6	6	6	61	01	6	6	6	_61	-6	
SUBCUTANEOUS TISSUE FIBROMA	+	×	+	•+	+	+	٠	+	+	+	+	+	+	+	* ×	+	+	+	+	+	+	+	+	+	+	50,
ESPIRATORY SYSTEM	Τ															_										
LUNGS AND BRONCHI	++	+	_ <u>+</u> _	+	+	+	<u> </u>	- <u>+</u>	+	+	+	+	+	+	•	÷	+	+	+	+		+	+	+	-++	50
	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+		50
EMATOPOIETIC SYSTEM Bone Marrow			1					1	1							4										50
SPLEEN	1+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	+	+	+	+	50
THYMUS	+	+	+	+	÷	÷	+	+	+	•	÷	+	+	+	+	+	+	+	÷	÷	+	+	+	+	+	50
IRCULATORY SYSTEM	+																								-+	
HEART	+	+	+	÷	÷	÷	÷	+	÷	÷	÷	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	50
IGESTIVE SYSTEM	+																								-	
DRAL CAVITY Squamous cell papilloma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N	N	N X	H	N	N	М	50*
SALIVARY GLAND	+	+	+	t	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	50
LIVER	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	50
BILE DUCT	+	+	÷	÷	+	+	÷	+	+	+	<u>+</u>	+	÷	+ .	<u>+</u>	+	+	+	+	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	<u>N</u>	N	N	N	N.	N	N	N	N	Ν_	N	N	N	Ν.	Ν	<u>N_</u>	N	N	Ν.	N	N	Ν.,	н	N	N	50>
PANCREAS	+	+	٠	+	+	+	+	٠	÷	+	+	+	+	+	+	٠	•	+	+	+	+	+	+	+	+	50.
ESOPHAGUS	++	+	. t .	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	*	+	+	+	+	+	+	50
STOMACH Squamous cell papilloma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SMALL INTESTINE	+	+	+	÷	+.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	. <u>+</u>	+	+	+	+	5.0
LARGE INTESTINE	+	+	+	+	+	+	+	÷	÷	÷	٠	÷	+	+	+	÷	٠	٠	+	+	٠	٠	+	٠	+	50
RIHARY SYSTEM	+			_																					-	
KIDNEY	++-	+	+	+	+	+	+	+	+	+	<u>+</u>	<u>+</u>	+	<u>+</u>	+	+	+	•	÷	+	+	+	+	+	-++	50
URINARY BLADDER	+	+	+	+	٠	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
NDOCRINE SYSTEM																										
PITUITARY ADENOMA, NOS	+	+	+	+	+	*	*.	+	+	*	+	+	+	+	* ×	+ X	+	+	* x	* X	+	*	*	*	*	49
ADRENAL Cortical Adenoma Pheochromocytoma	+	÷	+	+	+	+	÷	÷	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	÷	+	50
TUNDOLD	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	÷	+	+	+	+	+	+	+	+	50
FOLLICULAR-CELL ADENOMA FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA			x	x								x	×								x				x	1
	+				_																				-	
PARATHYROID Pancreatic islets islet-cell adenoma	+	- <u>+</u> +	÷	+	+	+	+	÷	+	+	÷	+	. <u>+</u>		+	+ +	• •	* +	+	+	+ +	+	+	+	+	<u>49</u> 50
		-																								
EPRODUCTIVE SYSTEM MAMMARY GLAND Adenocarcinoma, nos Papillary Adenoma Fibroadenoma	+	+	٠	٠	+	٠	٠	٠	+	+	+	+	٠	+	+	+	+	+	+	+ x	÷	٠	÷	÷	+	50×
FIBROADENOMA	<u> </u>		x		х	x				x					_	<u>x</u>		<u>x</u>	<u>×</u>	<u></u>	x		X		×	17
PREPUTIAL/CLITORAL GLAND Carcindma, nos Adenoma, nos	R	N	N	N	N	N	N	N	N	N	N	N	N X	N	N		N X	N	N	N	N	N	N	N	N X	50× 5
UTERUS ENDOMETRIAL STROMAL POLYP	1 ±	+	٠	+	-	+	+	+	+	+	+	+	+	+	+	+	+	* ×	* ×	+	+	+	+	÷	+	49
OVARY	+	+	+	+	-	+	÷	÷	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	+	49
ERVOUS SYSTEM	+		_						_							_										
BRAIN	+	+	+	+	+	+	+	٠	٠	÷	+	+	٠	+	+	÷	+	+	+	+	+	+	+	+	+	50
LL OTHER SYSTEMS MULTIPLE ORGANS NOS MALIG.LYMPHOMA, HISTIOCYTIC TYPE UNDIFFERENTIATED LEUKEMIA	N	н	н	н	H	N	н	н	N	н	н	н	N	N	н	N	N	N	H	N	N	N	N	н	н	50×
UNDIFFERENTIATED LEUKEMIA ANIMALS HEGROPSIED +: TISSUE EXAMINED MIGROSG -: REQUIRED TISSUE NOT EXA X: TUMOR INCIDENCE UNDER INCIDENCE									X	X							X								l .	4

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

TABLE A4.

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

HIGH DOSE

ANIMAL NUMBER	5	5	5		5	5	5 0 7	5	5	5	5	5	5	5	5	5	5	5	5	520	5	522	52	52	Ī
WEEKS ON STUDY	+;			4	5 0 9	6 1 0	7	8	9	0	-1	2 0 9 7	-	4	5	-6 -1 0	7	8	9	0	1	11	3	4	╀
RESPIRATORY SYSTEM	4	4	4	4	ġ	4	4	4	8	4	4	7	4	4	4	4	4	4	4	4	4	4	4	4	L
LUNGS AND BRONCHI	1.	+	+	•	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+		+	+	+	+	
TRACHEA	1.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM											—												-		
BONE MARROW	1.	+	+	÷	÷.	+	+	+	+	+	÷	+	+	+	+	+	+	÷	+	÷	÷	+	+	+	
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	÷	+	+	+	+	+	
LYMPH NODES	+	+	+	+	•	+	+	÷	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	÷	+	
THYMUS	1.	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	÷	4
CIRCULATORY SYSTEM	-+																					_	_		
HEART	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	
DIGESTIVE SYSTEM	+										_		···· /			-									
SALIVARY GLAND	1+	+	+	+	÷	+	÷	+	+	+	+	+	+	÷	÷	+	÷	÷	+	+	÷	+	٠	+	4
LIVER	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BILE DUCT	+	+	+	+	+	+	+	÷	+	+	+	+	÷	÷	+	+	+	+	+	÷	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	Ν.	N	N	H	N	N	N	N	N	N	N	N	Þ
PANCREAS	Ţ.	+	. +	+	•	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	÷	+	+	-
ESOPHAGUS	L +	÷	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	+	+	4
STOMACH	+	•	t.	÷	+	+	+	+	+	+	+	÷	+	+	+	÷	•	+	+	+	+	+	÷	+	+
SMALL INTESTINE	L+	+	+	+	+	+	+	+	÷	٠	+	-	+	+	+	+	+	+	+	+	÷	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	÷	+	+
URINARY SYSTEM	+															_									
KIDNEY	+	+	+	+	+	+	+	+	÷	÷	+	.+	+	÷	+	+	+	÷	÷	÷	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+-	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM	+																								_
PITUITARY Carcinoma,nos Adenoma, nos	+ x	+	+	+ X	٠	-	+	÷	٠	+ X	+	+	+ x	÷	+ X	+ x	+ x	+ x	+	٠	٠	+ X	+ x	÷	+ x
ADRENAL Cortical Adenoma Pheochromocytoma	+	+	+	+	+	÷	٠	+	+	+	+	+ ×	+	÷	+	+	+	+	+	+	*	+	+	+	+
THYROID	+	÷	÷	+	+	+	÷	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+
FOLLICULAR-CELL ADENOMA C-CELL ADENOMA C-CELL CARCINOMA			x						x		×		x			<u>x</u>									
PARATHYROID	+	٠	+	+	+	+	+	+	+	+	+	٠	+	+	-	+	+	+	+	+	-	+	٠	+	+
REPRODUCTIVE SYSTEM	1																								
MAMMARY GLAND Fibroadenoma	+	ż.	+	+	* ×	+	+	+	+	*	+	+	<u>x</u>	+	* ×	*		+	+	+	+	+	+	+	+
PREPUTIAL/CLITORAL GLAND Carcinoma,nos Adenoma, nos	N	N	н	N	N	N	N	N	N	N	N	N	N X	N	N	н Х.—	H	N	N	н	N	H	H	N	N
UTERUS PAPILLARY ADENOCARCINGMA ENDOMETRIAL STROMAL POLYP	+	+	+	+	+	+ X	+ X	+	+	+	+	+	+	+	+	+ X	+	+	+	* X	•	٠	+	+	+
OVARY	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	*	+	+	+	+	+	+	+	+	÷	+
NERVOUS SYSTEM	+															_									
BRAIN	+	•	+	+	÷	÷	÷	+	÷	+	÷	÷	+	÷	+	• ·	÷	÷	+	+	÷	+	+	÷	+
BODY CAVITIES	+																								
MESENTERY Sarcoma, Nos	N	N	N	н	н	N	N	N	N	N	н	н	н	N	N	N	N	N	N	N	н	Ņ	N	н	N
	-					•••••																			
ALL OTHER SYSTEMS																									

 +: TISSUE EXAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBMITTED

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

 X: TUMOR INCIDENCE
 AUTOLYSIS

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

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

ANIMAL NUMBER	526	27	5	2 9	3	3	32	533	34	3	3	5 3 7	5 3 8	3	4	4	2421	43	54410	5	44	4	4	4	5	TOTAL
WEEKS ON Study	1	1	1	11	1	1-1	1	1	1	1	11	1	1	1 í	1	1	1	3	-	- 17	6	0	8 0 9	1	1	TISSUE
RESPIRATORY SYSTEM		L. 2	5	5	1 5	15	عا	5	5	5	5	5	5	1.5	5	_51	_51	5	_5;	-51	.51	. 51	_8)	51	5	
LUNGS AND BRONCHI	+	+	+	+	+	+	ŧ.	+	+	+	+.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
TRACHEA	+	+	+	+	+	÷	÷	+	÷	+	+	÷	÷	+	+	+	+	`+	+	÷	+	+	+	+	+	50
HEMATOPOIETIC SYSTEM	+																								-	
BONE MARROW	1 t	+	+	+	+	+	+	+	+	. +	+	_+	+	+	+	+	+	+	+		. +	+	+	.	-+	5.0
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	<u>+</u>	ţ.	+	÷	+	50
LYMPH NODES	+	+	. +	+	ŧ	+	+	+.	t	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+		50
THYMUS	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+]	50
CIRCULATORY SYSTEM															,											
HEART	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	÷	٠	٠	÷	+	÷	+	٠	+	+	50
DIGESTIVE SYSTEM																									-	
SALIVARY GLAND	+	÷	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	+	+	•	+	+	+	+	-	+	49
LIVER	++	. +	+	+	+	+	+	. +	+	ŧ	÷	+	•	+	+	.+	•	t	٠	+	+	÷	+	+	. +	50
BILE DUCT	+		+	+	+	+	+	+	÷	÷	+	+	+	. +	. .	÷	÷	+	+	.t.	÷	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	N	N	N	<u>.</u> N	N	N	N	N	N	N.	N	<u> </u>	N	N	N	N	N	N	N	N	N	N	N	N	N	50×
PANCREAS	++	+	•	+	÷	+	+	+	+	٠	+	+	+	+	+	+	+	<u>.</u>	+	+	+	+		+	+	50
ESOPHAGUS	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	50
STOMACH	+	+	+	+	+	. +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	t	+	
SMALL INTESTINE	++	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	ŧ	+	+	t	+	÷	+	49_
ARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	÷	٠	٠	+	+	+	+	٠	+	+	+	٠	٠	+	50
RINARY SYSTEM													_												-	
KIDNEY	+	+	+	+	+	+	÷	+	t	+	+	+	+			+	٠	+	+	. <u>+</u>	+	+	+	+	+	50
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	÷	٠	+	+	+	+	+	+	+	+	+	+	÷	+	50
NDOCRINE SYSTEM																									-+	
PITUITARY Carcinoma, Nos Adenoma, Nos	+	+	+	٠	+ •	+ v	ţ.	+	+	+ ¥	*	٠	+	٠	+ ¥	+	+	٠	+	* ×	+	÷	٠	+ ×	+	49 ,2
ADENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	÷	+	÷	+	+	50
	+	<u>^</u>						_ <u></u>												<u> </u>						
THYROID Follicular-cell Adenoma C-cell Adenoma C-cell Carcinoma	1.	+	•	•	+	•	* X	+	+	+	•	+	+	+	+ ×	•	×	+	ţ	•	•	• ×	ž	•	×	50 2 6 3
PARATHYROID	1+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
EPRODUCTIVE SYSTEM																									-+	
MAMMARY GLAND FIBROADENOMA	+	+	+	+	+	÷	٠	٠	+	+	+	, x	+	+	+	+	+	+	+	+	+	٠	+	*	+	50×
PREPUTIAL/CLITORAL GLAND Carcinoma,nos Adenoma, nos	H	N X	N	N	N	N X	N	N	N	N	N	N	N	N	н	N	м	N	ĸ	N	н	N	N X	N	N	50× 4 2
UTERUS PAPILLARY ADENOCARCINOMA	+	+	+	+	+	+	÷	÷	÷	÷	+	+	+	+	÷	+,	+	÷	+	+	+	+	+	+	+	50
ENDÖMETRIAL STROMAL PÖLYP	+	_ <u>*</u>	 +		<u>×</u>	+	+	+	+	+	+	-ă- +	+	+	+	+	+	+	+	 +	+	+	*	+	+	<u> </u>
OVARY	- <u> </u>		Ť		7	+	<u> </u>				•	<u> </u>		· ·	- -	<u> </u>	<u> </u>	·		-	•	*		,	4	
ERVOUS SYSTEM		+	+	+	+	+	÷	÷							+			÷	÷	•	÷		+	+		50
BRAIN DDY CAVITIES		*	•		+	*	•	<u> </u>	*		·	<u> </u>	*	*	· ·		•	•	•		•	•	•	•	-	
DDY CAVITIES Mesentery Sarcoma, NDS	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Ņ	N	N	N	н	н	H	N	N	N	50× 1
LL OTHER SYSTEMS	—																								+	
MULTIPLE ORGANS NOS UNDIFFERENTIATED LEUKEMIA	н	хи	н	N	н	N	н	н	н	N	н	N	н Х	н	н	н	н	н Х	н	н	н	H	N X	н	H	50×

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

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+: 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: Anthal Missing B: No Necropsy Performed

Ziram

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APPENDIX B

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE FED DIETS CONTAINING ZIRAM

TABLE B1.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE FED DIETS CONTAINING ZIRAM

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 49 49	50 50 50 50	50 49 49
INTEGUMENTARY SYSTEM			
BASAL-CELL CARCINOMA	(49) 1 (2%) 2 (4%)	(50) 1 (2%)	(49)
RESPIRATORY SYSTEM			
#LUNG HEPATOCELLULAR CARCINOMA, METAST ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	(49) 2 (4%) 6 (12%) 3 (6%)	(50) 1 (2%) 5 (10%) 4 (8%)	(49) 8 (16%) 4 (8%)
HEMATOPOIETIC SYSTEM			
<pre>*MULTIPLE ORGANS MALIG.LYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE</pre>	(49) 2 (4%) 1 (2%)	(50) 1 (2%)	(49) 1 (2%) 4 (8%)
CIRCULATORY SYSTEM			
*MULTIPLE ORGANS HEMANGIOSARCOMA	(49) 1 (2%)	(50)	(49)
#SPLEEN Hemangiosarcoma	(49) 2 (4%)	(50) 2 (4%)	(48) 1 (2%)
*FEMUR HEMANGIOSARCOMA	(49)	(50) 1 (2%)	(49)
*SKELETAL MUSCLE Hemangiosarcoma	(49)	(50)	(49)

	CONTROL	LOW DOSE	HIGH DOSE
#LUNG HEMANGIOMA	(49)	(50) 1 (2%)	(49)
#HEART HEMANGIOSARCOMA, METASTATIC	(49)	(50)	(48) 1 (2%)
#MYOCARDIUM Hemangiosarcoma, metastatic	(49)	(50) 1 (2%)	(48)
#LIVER HEMANGIOSARCOMA HEMANGIOSARCOMA, METASTATIC	(49) 1 (2%)	(50) 1 (2%)	(49) 1 (2%)
*MESENTERY HEMANGIOMA	(49)	(50) 1 (2%)	(49)
DIGESTIVE SYSTEM			
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEPATOCELLULAR CARCINOMA, METAST	(49) 6 (12%) 13 (27%) 1 (2%)	(50) 1 (2%) 8 (16%)	
#SMALL INTESTINE Adenocarcinoma, nos	(46) 1 (2%)	(49)	(47)
JRINARY SYSTEM None			
ENDOCRINE SYSTEM			
#ADRENAL Cortical Adenoma	(49) 1 (2%)	(49)	(49)
#THYROID Follicular-cell Adenoma	(49) 2 (4%)	(50)	(48) 5 (10%)
#PANCREATIC ISLETS ISLET-CELL ADENOMA	(48)	(50)	(48)

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
REPRODUCTIVE SYSTEM			
*EPIDIDYMIS SARCOMA, NOS	(49) 1 (2%)	(50) 1 (2%)	(49) 1 (2%
NERVOUS SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
NONE			
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*MEDIASTINUM Hepatocellular carcinoma, metast	(49)	(50) 1 (2%)	(49)
ALL OTHER SYSTEMS			
NONE			
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY Natural deathg Moribund sacrifice Scheduled sacrifice	50 6 2	50 6 9	50 6 8
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	36	35	35
a includes autolyzed animals	••••••••••••••••••••••••••••••••••••••		

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	31 42	24 28	25 36
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	13 15	9 9	18 22
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	23 27	17 19	13 14
TOTAL ANIMALS WITH SECONDARY TUMORS TOTAL SECONDARY TUMORS	‡ 4 4	3 3	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			DJACENT ORGAN

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

TABLE B2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE FED DIETS CONTAINING ZIRAM

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50 50
INTEGUMENTARY SYSTEM None			
RESPIRATORY SYSTEM			
#LUNG ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA SARCOMA, NOS, METASTATIC	(50) 2 (4%) 2 (4%) 2 (4%)	(49) 5 (10%) 1 (2%)	(50) 10 (20%) 2 (4%)
HEMATOPOIETIC SYSTEM			
<pre>*MULTIPLE ORGANS MALIGNANT LYMPHOMA, NOS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE LYMPHOCYTIC LEUKEMIA</pre>	(50) 1 (2%) 1 (2%) 3 (6%) 5 (10%)	(50) 1 (2%) 3 (6%) 1 (2%)	(50) 1 (2%) 7 (14%) 1 (2%) 2 (4%) 2 (4%)
#SPLEEN Malignant Lymphoma, Nos	(49) 1 (2%)	(49)	(50)
<pre>#MESENTERIC L. NODE MALIG.LYMPHOMA, HISTIOCYTIC TYPE</pre>	(49)	(50) 1 (2%)	(50)
#LIVER MALIG.LYMPHOMA, HISTIOCYTIC TYPE	(50)	(50)	(50) 1 (2%)
*MESENTERY Malignant Lymphoma, mixed type	(50)	(50) 1 (2%)	(50)
CIRCULATORY SYSTEM			
*SPINAL CORD Hemangiosarcoma, metastatic	(50)	(50)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
*MEDIASTINUM HEMANGIOMA	(50)	(50) 1 (2%)	(50)
*SKIN HEMANGIOMA	(50) 1 (2%)	(50)	(50)
#SPLEEN HEMANGIOMA HEMANGIOSARCOMA	(49)	(49) 2 (4%) 2 (4%)	(50)
*MESENTERY HEMANGIOSARCOMA, METASTATIC	(50)	(50) 1 (2%)	(50)
#UTERUS HEMANGIOMA	(50)	(50)	(50) 1 (2%)
#OVARY HEMANGIOMA	(44)	(50)	(50)
DIGESTIVE SYSTEM			
#LIVER BILE DUCT CARCINOMA	(50)	(50)	(50)
HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA ALVEOLAR/BRONCHIOLAR CA, METASTA	7 (14%) 2 (4%)	2 (4%) 2 (4%)	1 (2%)
#SMALL INTESTINE mucinous adenocarcinoma	(46) 1 (2%)	(46)	(48)
JRINARY SYSTEM			
NONE			
ENDOCRINE SYSTEM			
#PITUITARY Carcinoma,nos Adenoma, nos	(44) 1 (2%)	(40)	(40)
#ADRENAL Pheochromocytoma	(47)	(50)	(50) 1 (2%)

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
#THYROID FOLLICULAR-CELL ADENOMA FOLLICULAR-CELL CARCINOMA	(47) 1 (2%)	(43)	(48) 1 (2%)
#PANCREATIC ISLETS ISLET-CELL ADENOMA	(48)	(48) 1 (2%)	(47)
EPRODUCTIVE SYSTEM			
*MAMMARY GLAND Adenocarcinoma, Nos	(50)	(50) 1 (2%)	(50) 2 (4%)
#UTERUS ENDOMETRIAL STROMAL POLYP	(50) 2 (4%)	(50)	(50) 1 (2%)
#OVARY/OVIDUCT Papillary adenoma	(50) 1 (2%)	(50)	(50)
PECIAL SENSE ORGANS			
USCULOSKELETAL SYSTEM			
*SKELETAL MUSCLE Sarcoma, Nos	(50) 1 (2%)	(50)	(50)
ODY CAVITIES			
*MESENTERY LIPOMA	(50)	(50) 1 (2%)	(50)
LL OTHER SYSTEMS			
*MULTIPLE ORGANS SARCOMA, NOS	(50)	(50) 1 (2%)	(50)

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE SCHEDULED SACRIFICE	50 8 10 1	50 4 7	50 6 7
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	1 30	39	37
) INCLUDES AUTOLYZED ANIMALS			
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	28 34	19 27	23 34
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	13 14	1 t 1 3	14 14
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	18 20	1 1 1 4	17 20
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	3 3	1 2	
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			DJACENT ORGAN

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

TABLE B3.

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

CONTROL

AHIMAL HUMBER	0	0	0	0	0	0	0	0 0 8	0 9	0	0	0 1 2 1	0	0	0	0 1 6	0	0 1 8 1	0	020	21	2	2	24	025
WEEKS ON STUDY	01	6	0	0	0	-11	6	ò	01	0	9	0	3 0 8	0	0	0	0	0	21	0	0	0	2	0	0
INTEGUMENTARY SYSTEM	61	6	6	6]	61	6	61	6	6	6	8	6	7	6	61	6[6	.6	<u>4</u>]	_0	<u> </u>	6	6.1		-
SUBCUTANEOUS TISSUE Malignant melanoma Sarcoma, nos	+	+	٠	+	+	+	+ ×	+	+	٠	٠	+	٠	•	+	+	٠	+	н	+	٠	+	+	A	+
RESPIRATORY SYSTEM		-	-												-										
LUNGS AND BRONCHI HEPATOCELULLAR OMRCINOMA, METASTA Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	+ ×	+	+ 	+ ×	+	•	•	+	+	+	+	+	+	+	+	+	+ ×	+	+	+	×	×	•	A	+
TRACHEA	+	+	٠	+	+	+	+	٠	+	+	+	٠	+	+	+	٠	+	٠	÷	٠	+	+	+	A	+ i
HEMATOPOIETIC SYSTEM						_																			
BONE MARROW	+	+	+	_*	+	+	+	+.	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	<u>+</u>	*	+	<u>A</u>	+
SPLEEN HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* x	+	*	*	+	+	+	A	+
LYMPH HODES	+	÷	÷	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+	+	+	Α	÷
THYMUS	+	+	÷	+	٠	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	-	+	+	A	+
CIRCULATORY SYSTEM	<u> </u>				_														-	_					-
HEART	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	÷	+	+	+	+	A	+
DIGESTIVE SYSTEM	\vdash														_										-
SALIVARY GLAND	+	+	+	_+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	<u>+</u>	+	+	+	+	Α	+
LIVER	+	٠	+	+	+	+	٠	+	+	٠	+	٠	+	+	* ×	* x	+	+	+	+	+	+	+	A	+
HERATOCELLULAR ADENOMA HERATOCELLULAR CARCINOMA HERATOCELLULAR CARCINOMA, METASTA HEMANGIDSARCOMA, METASTATIC	×			×			x		×		x						x				x	x	x		×
AILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	A	+
GALLBLADDER & COMMON BILE DUCT	N	+	+	÷	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	N	+	+	Α.	+
PANCREAS .	<u> </u> +-	+	+	+	+	+	+	+	+	+	+	+	_+	+	+	+	+	+	+	. <u>+</u>	÷.	+	+	A	+
ESOPHAGUS .	+	+	+	<u></u>	+	+	+	+		+	*	<u>+</u>	+	+	+	. <u>+</u>	+	+	+	+	+	+	+	<u>A</u>	+
STOMACH	++	•	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	<u>A</u>	+
ADENOCARCINOMA, NOS	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+		+	+	+	+	-	+	+	A	_
LARGE INTESTINE	+	+	÷	+	+	+	+	٠	+	+	+	+	+	٠	٠	+	٠	+	+	÷	-	+	+	A	+
URINARY SYSTEM	1									_															
KIDNEY	∔÷-	+	+	+	+	+	+	•	+	+.	+	+	+	+	+	•	+	+	+	+	+	+	+	Α_	+
URINARY BLADDER	+	+	+	٠	٠	+	+	٠	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	A	+
ENDOCRINE SYSTEM	-			-		-																		_	
PITUITARY	<u> -</u> -	+	+	t.	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+		+	_ <u>+</u>	Α.	+
ADRENAL Cortical Adenoma	1+	* ×	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	A	+
THYROID	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	÷	٠	+	+	+	+	A	+
FOLLICULAR-CELL ADENOMA	┼──												_		<u>×</u> .	<u> </u>			•		•	+	+	A	•
PARATHYROID	+	+	+	+	+	*	-	+				+	_	+	+	+	+	<u> </u>	•	•	-	_		<u> </u>	_
REPRODUCTIVE SYSTEM	H	N	N	N	N	N	N	N	N	N	н	N	N	N	N	н	N	N	N	N	N	N	N		
MAMMARY GLAND	1					- 11	-	4		<u>_a</u>	_a_ •	+	+	•	+	+	+	*	•	+	+	+	+	A	+
TESTIS PROSTATE	۲÷	+	<u>'</u>	÷.	- <u>'-</u>		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+
EPIDIDYMIS	N	Ň	N	N	N	N	N	N	н	N	N	N	N	N	N	N	N	H	N	N	N	N	N	A	N
SARCOMA, NOS	1				1.											_		_							
NERVOUS SYSTEM	Γ																								
BRAIN	+	+	+	+	*	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	<u>.</u>	+	+	A	+
ALL OTHER SYSTEMS Multiple organs nos Hemangiosarcoma Malig.lymphoma, histiocytic type Malignami lymphoma, mixed type	N	N	N	N	N	H	H	н	Я	N	N	N	н	N	N	н	H	×	N	H	N	N	н	A	N
+: TISSUE EXAMINED MICROSCOP -: REQUIRED TISSUE NOT EXAMI X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, N	ICAL NED 0 M1	MIC	ROS	COP OPIC	ICA EX	LLY	NAT	ION			: C: A: M: B:	NO AU AU	TI CRO TOL IMA NE	SSU PSY YSI L M CRO	E I S ISS PSY	NFD 0 H 1NG PE	RMA IST RFD	TIO OLO RME	N S GY D	UBM DUE	1 T T T O	ed Pr	010	COL	

ANIMAL NUMBER WEEKS ON	0 2 6	0 2 7	0 2 8	0 2 9	0 3 0	0 3 1	0 3 2	33	0 3 4	0 3 5	036	0 3 7 1	0 3 8	039	4 0	4	2	4	4	4 5	6	0 4 7	8	4 9	5	TOTAL
STUDY	6	6	0	0 4	072	4	ŝ	6	6	6	6	0	6	ġ	7	6	6	0	6	6	0	1 0 4	1 0 6	1 0 6	0	TUMORS
INTEGUMENTARY SYSTEM SUBCUTANEOUS TISSUE MALIGNANT MELANOMA	+	٠	+	+	+	÷	÷	÷	٠	÷	+	+	÷	* ×	٠	÷	+	÷	÷	÷	÷	٠	÷	٠	٠	49× 1
SARCOMA, NOS RESPIRATORY SYSTEM					×																		_		_	2
LUNGS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA ALVEDLAR/BRONCHIDLAR ADENOMA ALVEDLAR/BRONCHIDLAR CARCINOMA	·	+	·	÷	·	+	+	+	٠	٠	٠	÷	+	+	÷	+	+ ×	+ ×	+	+	+ ×	+ X	•	+	+	49 2 6 3
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+ -	+	+	÷	+	+	+	49
HEMATOPOIÈTIC SYSTEM							-																			_
BONE MARROW	+	+	+	÷	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	49
SPLEEN HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* x	+	+	+	49 2_
LYMPH NODES	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	-+	49
THYMUS	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	47
CIRCULATORY SYSTEM																									+	
HEART	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	49
DIGESTIVE SYSTEM																									+	
SALIVARY GLAND	+	+	+	+	+	. +	+	+	+	<u>+</u>	t.	+	ŧ	+	ŧ	+	+	+	+	+	+	+	+	+	+	49
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEPATOCELLULAR CARCINOMA, METASTA HEMANGIOSARCOMA, METASTATIC	*	+	+	+	+	٠	٠	* X	+	+	+	+	* ×	+	+ x	+	* ×	+	* ×	+ X	٠	٠	+	* x	+	49 13 1
BILE DUCT	+	÷	+	*	+	÷	+	+	+	+	+	+	+	+	•	÷	+	+	÷	+	+	÷	+	+	+	49
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	N		N	+	+	+	+	+	+	+	+	+	+	49×
PANCREAS	+	+	. +	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	48
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	49
STOMACH		+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
SMALL INTESTINE ADENGCARCINOMA, NOS	+	+	+	÷	+	+	+	+	+	+	+	+	+	-	-	+	+	* ×	+	+	÷	+	+	+	+	46
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	-	+	+	+	+	÷	+	÷	+	+	+	47
URINARY SYSTEM																									-+	
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	٠	+	+.	+	<u>+</u>	+	<u>+</u>	+	+	+	+	+	+	+	49
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	49
ENDOCRINE SYSTEM									-											_					+	
PITUITARY	+	-	+	+	+	+	+	+	+	+	+		+	-	+	+	+	+	•	-	+	+	+	+	+	43
ADRENAL CORTICAL ADENOMA	+	+	+	+	+	+	+	+	•	+	•	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	49 1
THYROID Follicular-cell adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	×	492
PARATHYROID	+	+	+	+	-	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	42
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND	Ν.	N	N	+	N	N	N	. N	N	N	N			<u>N</u>		<u>N</u>	N	N	N	N	N	N	N	N	- 14	498
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+			+	<u>+</u>	+	<u>+</u>	+	+	+	+	+	+	┿	49
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	*	<u>+</u>	+	+	49
EPIDIDYMIS Sarcoma, Nos	N	N	н	N	N	N	N	н	н	N	N	N	н	N	N X	N	N	N	н	₩	N	N	H	N	N	49× 1
ERVOUS SYSTEM				_																						
BRAIN	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+.	+	+	49
LL OTHER SYSTEMS																										
MULTIPLE ORGANS NOS Hemangjosarcoma Malig.lymphoma, histiocytic type Malignant Lymphoma, mixed type	н	H	N	××		н х	N	N	N		н Х	N	H	N	н		N X	N	N	N	N	H	H	N	H	49# 1 2 1

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

TABLE B3.

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

LOW DOSE

ANIMAL NUMBER	0	0 0 2	0 0 3	0	0 0 5	0 0 6	0 0 7	008	0 0 9	0 1 0	0 1 1	0 1 2	1	0 1 4	1	0 1 6	0 1 7	0 1 8	0 1 9	0 2 0	0 2 1	0 2 2	0 2 3	0 2 4	
WEEKS DN Study	ò	1	0	9	0	6 2 2 0	1		0	0	0	0	o	0	9	0	0	8 0 9	0	0	0	0	0	0	
INTEGUMENTARY SYSTEM	1-21	2)	- 21	_01	-21		<u> </u>		U	_21		21			.0.1	- 21	21		21		-21	2	-21	- 41	•
SUBCUTANEOUS TISSUE BASAL-CELL CARCINOMA	•	٠	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	*	+	٠	٠	+	+	+	
RESPIRATORY SYSTEM	+															•••••									-
LUNGS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA Alveolar/Bronchiolar Adendma Alveolar/Bronchiolar Carcinoma Hemangioma	+ ×	+	*	+	* ×	+	+ ×	+	+	• x	* ×	+	+	+ ×	+	+	+	+	+	+	+	+	• ×	•	
TRACHEA	+	+	÷	+	+	+	+	+	+	٠	+	+	+	+	+	+	٠	+	+	+	+	+	+	٠	
HEMATOPOIETIC SYSTEM				• ••	· ·				-					• ····											-
BONE MARROW	<u>↓</u> .	<u>+</u>	_ <u>+</u> _			+	ł	+	t	+		+	+	+	-	•	+	+	+	+	+	+			
SPLEEN Hemangiosarcoma	+ ×	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	ŧ	+	+	+	+	+	
LYMPH NODES	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+.	t.	÷	+	<i>.</i>	_
THYMUS	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
CIRCULATORY SYSTEM	+																								-
HEART Hemangiosarcoma, metastatic	+	+	+	÷	+	+	+	+	+	+	+	٠	٠	٠	+	+	٠	+	٠	+	٠	+	٠	+	
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	+	+	+	+	.+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	÷	
LIVER Hepatocellular Adenoma Hepatocellular Carcinoma	. +	+	+ X	* ×	+	+	+	+	+	٠	+	÷	+ x	+ X	+	+	+	+ x	٠	٠	٠	+	+	+	
HEMANGIOSARCOMA	i		Ŷ										^	î				^							
BILE DUCT	+	+	t	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+`	_
GALLBLADDER & COMMON BILE DUCT	<u>+</u>	+	+	+	<u></u>	. N.	+.	. +	.+	+	.+	+	+	+	<u>N</u>	+	+	N	+	+	+	+	+	+	_
PANCREAS	+	+	+	+	<u>_</u> *_	+	t.	+	+	+	+	+	+	+	+.	+	+	.+	+	+	+	+	+	+	-
ESOPHAGUS -	+	+	. +	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
SMALL INTESTINE	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
JRÍNARY SYSTEM																									
KIDNEY	+	+ +	<u>+</u>	<u>+</u>	+	+	+	 +	_ <u>+</u>	+	+	. <u>+</u>	. <u>+</u>	• •	+	+	+	•	. <u>*</u>	+	+	•	+	+	-
ENDOCRINE SYSTEM	<u>,</u>	+	+	*	•	<u> </u>	+	*	+			+	+	•	+	<u> </u>		-		<u> </u>	-	•	+	*	_
PITUITARY	+	÷												÷	÷		-		•			÷			
ADRENAL	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
THYROID	+	+	+	+	+	+	+	+	+	÷	+	÷	+	÷	÷	+	÷	÷	+	+	+	÷	+	÷	
PARATHYROID	+	÷	+	-	+	-	-	-	-	÷	+	-		-	+	+	÷	+	-	+	+	+	-	÷	
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	٠	+	+	+	+	+	÷	٠	+	+	* ×	+	+	+	٠	+	+	•	+	+	٠	٠	+	
REPRODUCTIVE SYSTEM																									-
MAMMARY GLAND	N	N	+	N	+	N	+	N	N.,	N	+	N	N	N	N	+	N	N	Ν	N	+.	+	N	N.,	
TESTIS	+	+	+	÷	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	
PROSTATE	+	+	÷	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+_	+	+	
EPIDIDYMIS Sarcoma, Nos	н	Ν	N	N	н	N	н	N	N	н	N	н	N	N	N	N	N X	N	N	N	N	N	N	N	
VERVOUS SYSTEM																					•				-
BRAIN	+	+	+	+	+	+	+	+	÷	+	+	+	٠	÷	+	+	+	+	+	+	+	+	+	+	
NUSCULOSKELETAL SYSTEM																									-
BONE HEMANGIOSARCOMA	м	н	н	н	N	н	н	N	H	Ν	Ν	N	N	N	н	N	N	N	H	N	н	N	H	N	
ODY CAVITIES																									-
MEDIASTINUM Hepatocellular carcinoma, metasta	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N X	N	н	N	N	N	N	
MESENTERY HEMANGIOMA	н	N	N	N	N	H	н	N	N	N	N	N	N	н	N	N	N	N	N	N	N	N	N	N	
LL OTHER SYSTEMS																									-
																								н	

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

ANIMAL NUMBER	2	0 2 7	028	029	0 3	3	0 3 2	0 3 3	034	0 3 5	0 3 6	037	03	3	04	0	4	0 4 3	044	0 4 5	0 4 6	0 4 7	04	049	0 5 0	TOTAL
WEEKS ON STUDY	1	1	5 0	1	i	1	1	0	0 1	0 8 5	1	1	1 0	1	1	1	2	0	1	1	2	1	8 0 3 2	1	1	TISSUE
INTEGUMENTARY SYSTEM	15		5	5	5	5	5	5		_5	01	51	5	51	_5	5	1	3	51	_51	9	5	2	-51	5	
SUBCUTANEOUS TISSUE Basal-Cell carcinoma	+	+	+	÷	+	+	+	+	÷	N	+	٠	٠	+	٠	+	٠	٠	+	+	+	٠	+	+	+	50× 1
RESPIRATORY SYSTEM	1						_												-			,			-	
LUNGS AND BRONCHI Hepatocellular Carcinoma, metasta Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma Hemangioma	ŀ	* ×	+	•	+	+	+	* ×	+	+	+	+	+	+	+	+	•	+	+	٠	+	•	+	+	+	50 1 5 4 1
TRACHEA	+	٠	٠	٠	٠	٠	+	+	+	+	+	+	+	+	٠	+	+	+	+	÷	+	÷	+	٠	+	50
HEMATOPOIETIC SYSTEM	1						-				_														-1	
BONE MARROW	<u></u> ∔+	•	•	•	+	+	+	+	+	+	+_	÷	+	+	+	.+	+	÷	+	+	+	+	+	+	+	49
SPLEEN HEMANGIOSARCOMA	+	٠	+	٠	+	+	٠	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	50
LYMPH NODES	+	+	+	+	•	•	+		+	+	+	+	+	+	+	÷	÷	+	<u> </u>	•	+		+	+	+	
THYMUS	+	+	+	+	+	÷	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
CIRCULATORY SYSTEM	+																								- İ	
HEART Hemangiosarcoma, metastatic	+	٠	+	٠	+	٠	٠	٠	٠	٠	٠	+	+	+	٠	٠	٠	* x	+	+	+	+	+	÷	+	⁵⁰ ,
DIGESTIVE SYSTEM	1																								-†	
SALIVARY GLAND	+	+	+	+	+	+	+	+	<u>+</u> .	+	+	ŧ	+	+	. t	-	+	+	+	+	+	+	+	+	+	49
LIVER Hepatocellular Adenoma Hepatocellular Carcinoma Hemangiosarcoma	+	٠	+	•	٠	•	٠	•	+	+ ×	٠	+	+ x	+	+ x	+	٠	•	+	+	+	+	٠	+ x	+	50, 8
BILE DUCT	1.									Ŷ.																
GALLBLADDER & COMMON BILE DUCT	T.	<u>`</u>	- <u>`</u> -	÷	÷	•	÷	÷	÷	. <u>т</u>	÷	-	T N	<u>.</u>	<u>~</u>	. <u>*</u>	<u>.</u>	÷	÷.	<u>.</u>	<u>t.</u>	<u>+</u>	+	<u>+</u>		<u>50</u>
PANCREAS	†÷	<u>`-</u>	 +	÷	•	÷	÷	-			<u>.</u>	÷	-	÷	- <u>t</u>	Ť	-	÷	Ť	<u> </u>	<u> </u>	<u> </u>			Ţ	50
ESOPHAGUS	1.	+	+	 +	*	+	+	+	+	+		*	+	+	+	+	+	+	+	+	+	+	+	+		50
STOMACH	+	+	+	. +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SMALL INTESTINE	I.	+	+	+	+	÷	+	+	+	-	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	49
LARGE INTESTINE	+	٠	+	٠	+	+	٠	٠	÷	-	+	+	+	+	٠	+	+	+	+	+	÷	٠	+	+	+	49
URINARY SYSTEM	+										_				_										-†	
KIDNEY	++	+	•	+	+	+	<u>+</u>	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	<u>+</u>	+	٠	+	50
URINARY BLADDER	+	+	+	+	+	+	٠	+	+	+	+	+	٠	+	+	+	+	+	+	+	٠	٠	+	٠	+	50
ENDOCRINE SYSTEM																** ***									-	
PITUITARY	+	•	_ <u>+</u>	÷	+	٠	+	+	•	-	+	÷	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	47
ADRENAL	++-	+	+	+	+	+	<u></u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	. 49
THYROID	++	+	+	+	+	+	+	+	+	+	. <u>+</u>	+	+	+	+	.+	+	+	+	+	+	+	+	+	+	50
PARATHYROID	+	•	<u>+</u>	<u> </u>	*	<u>+</u>	+	-	+		<u> </u>	+	-		+	-	-	÷	+		+	+	+	-	┿	2.9
PANCREATIC ISLETS ISLET-CELL ADENOMA REPRODUCTIVE SYSTEM	ŀ	•	•	*	+	+	+	+	+	+	+	•	+	+	•	+	+	+	+	•	+	+	*	•	*	50 1
MAMMARY GLAND	N	N		N	+	÷	н	N	N	N	N	N		÷	N	N	Ν	N	N	N	N	N	N	к	нĺ	50×
TESTIS	T,	+	+	•	+	+	+	+	+	+	•	+	+	+	*	+	+	+	+	+	+	+	+	+	-" -	50
PROSTATE	1.	+	+	+	+	+	+	+	+	+	•	+	+	+	•	÷	+	+	+	+	+	+	+	+	+	50
EPIDIDYMIS Sarcoma, Nos	н	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	N	N	50×
NERVOUS SYSTEM	<u> </u>						_																		+	
BRAIN	+	+	٠	٠	٠	+	+	+	+	٠	+	+	+	+	+	+	+	•	+	+	+	+	+	+	٠	50
USCULOSKELETAL SYSTEM															-										1	
BONE HEMANGIOSARCOMA	н	N	N	N	N	N	N	H	н	н	X	N	H	N	N	N	H	н	N	м	N	н	N	N	N	50* 1
BODY CAVITIES																									T	
MEDIASTINUM HEPATOCELLULAR CARCINOMA, METASTA Mesentery	H	N N	к н	н н	N N	N N	н н	N N	н н	н 	N N	א N	н н		N N						-		N N		H	50* 1 50*
HEMANGIOMA												.,								x						1
ALL DIHER SYSTEMS																										
MULTIPLE ORGANS NOS Malig Lymphoma, Histiocytic type	(N	N	N	H	н	н	N	H	H	N	N	N	N	N	N	N	H	M	N	ĸ	н	H	H	N	N	50*

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

ALS RECROPSIED : NO TISSUE INFORMATION SUBMITTED -1 TISSUE EXAMINED MICROSCOPICALLY : NO TISSUE INFORMATION SUBMITTED -1 Required Tissue NOT EXAMINED MICROSCOPICALLY C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL X: Tumor Incidence N: Necropsy, NO Autolysis, NO Microscopic Examination M: Antimal Missing B: NO Necropsy Performed

TABLE B3.

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

HIGH DOSE

AN IMAL NUMBER	0		0	0	0	0	0 0 8	0	0	0	0	0	0	0	0	0	0	0	020	0 2	0 2 2	0 2 3	0 2 4	25	
WEEKS ON STUDY				0	1	1 0		1	1	1	1	0 9	1	1	0	0	1	1	0	0	1	1	1	8	
RESPIRATORY SYSTEM	4	4	12	2	4	4	41	41	.4	4	4	_5	4	4	4	4	4	4	2	8	1	41	. 4	_9	-
LUNGS AND BRONCHI Alvedlar/bronchiolar Adenoma Alveolar/bronchiolar carcinoma	+	+	+	+ X	+	٠	٠	+	+	+	* x	* x	+	* X	+	+	+	+ X	+	+ _X	+	+	+	+	
TRACHEA	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	
HEMATOPOIETIC SYSTEM	+																								-
BONE MARROW	+	÷	÷	÷	÷	÷	÷	÷	÷	+	÷	+	+	+	+	+	+	+	+	+	-	+	÷	÷	
SPLEEN HEMANGIOSARCOMA	+	+	+	-	+	+	+	٠	٠	+	+	* x	+	+	+	+	+	+	+	+	•	+	+	+	
LYMPH NODES	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	.+_	+	t	+	+	+	+	_
THYMUS	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	
SIRCULATORY SYSTEM																									
HEART HEMANGIOSARCOMA, METASTATIC	•	•	+	+	+	+	٠	+	-	+	+	* ×	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM	Τ																								
SALIVARY GLAND	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+.	+	+	+	+	+	+	_
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEMANGIOSARCOMA	Ľ	×	•	+	+	×	+	•	+	*	+	•	+	•	•	•	+	+	+	+	* ×	+	+	*	
BILE DUCT	+	+	÷	٠	÷	+	+	+	+	+	+	÷	+	+		+	+	t.	.+	+	÷	÷	÷	÷	_
GALLBLADDER & COMMON BILE DUCT	+	+	+	N	+	+	+	+	N	+	+	٠	+	+	+	+	+	+	+	+.	+	+	+	+	_
PANCREAS	+	÷	÷	-	÷	÷	+	+	+	+	<u>+</u>	<u>+</u>		+	+	+	+	+	+	÷	+	+	٠	+	_
ESOPHAGUS	++	+	٠	+	٠	٠	+	٠	٠	٠	+	٠	+	+	+	+	+	+	+	+	+	+	٠	٠	
STOMACH	++	+	+		+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_
SMALL INTESTINE	+	+	+	-	+	+	+	. <u>+</u>	t	<u>.</u>	+.	+	+	+	•	+	+	+	+	+	+	+	÷	+	-
LARGE INTESTINE	+	+	*	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
RINARY SYSTEM																									
KIDNEY	++	<u>.</u>	<u>.</u>	-+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	1.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_
NDOCRINE SYSTEM	Ι.													÷											
PITUITARY ADRENAL	†	-		÷	-	-	+	*	•	-	•	•	•	÷	+	+	+	- <u>-</u>	. <u>.</u>	÷	- <u>*</u>			÷	-
THYROID	1÷	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷.	+	+	•	÷	÷	÷	-
FOLLICULAR-CELL ADENOMA	Ļ				<u> </u>			<u> </u>	-			•	•		*	ž	·	ž	·	·	-	<u> </u>	<u> </u>	•	_
PARATHYROID	+±	_ t.	+	-	-	+	+	-	-	+	-	÷	-	-	-	+	-	-	+	+	-	-	+	-	_
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	٠	-	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	
EPRODUCTIVE SYSTEM																									
MAMMARY GLAND	<u>I N</u>	N	N	N	N	N	<u>N</u>	Ν.,	N	N	N	Ν.	<u>N</u> _	<u>N</u>	<u>N</u>	N	N	N	N	N	+	N	N	N	_
TESTIS	+	+	•	+	+	*	+	+	+	+	+	<u>+</u>	*	+	+	+	÷.	+	+	+	+	+	+	+	
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	t	*		.+	+	+.	+	-
EPIDIDYMIS Sarcoma, Nos	N	NX	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N	N	N	H	N	N	
ERVOUS SYSTEM																									-
BRAIN	+	٠	٠	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	٠	÷	+	+	+	+	<u>.</u>	•
USCULOSKELETAL SYSTEM																									-
MUSCLE Hemangiosarcomá	+	٠	+	+	+	٠	+	٠	+	•	٠	+	+	+	•	÷	+	+	+	+	N	+	÷	+	
LL OTHER SYSTEMS	1																								
MULTIPLE ORGANS NOS Malig.lymphoma, histiocytic type Malignant lymphoma, mixed type	н	H	N	N	N	N	N	N X	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	Η.	۲

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

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

ANIMAL NUMBER	0.2	0 2 8	2	0 3 0	3	31	3	31	3	0 3 6	0 3 7	0 3 8	3/	0 4 0	4	2	0 4 3	4	0 4 5	4	0 4 7	4	049	5	TOTAL
WEEKS ON Study	1	0	0	-1[3	2	1	0	1	0	0	1	01	0	1	4	0	6	0	8	0	2	TUMOR
RESPIRATORY SYSTEM	+-24					- 2.1.					_3.1.		- - - L		-1.5		-71	-71	-7.1		<u> </u>				
LUNGS AND BRONCHI Alvedlar/bronchidlar Adenoma Alvedlar/bronchidlar Carcinoma	+	+	+	. +	+	+	•	+	*	* ×	•	+	+	*	+ x	+	+ '	+	*	•	•	*	+	+	49
TRACHEA	+	÷	÷	+	+	+	٠	٠	٠	+	٠	٠	+	+	+	+	+	٠	٠	+	٠	•	+	+	49
HEMATOPOIETIC SYSTEM	+			••••	-																				
BONE MARROW	++	+	+	٠	_+	+	+	+	÷	+	+	•	+	٠	+	<u>+</u>	+	+	<u>+</u>	+	+	+	+		48
SPLEEN HEMANGIOSARCOMA	+	+	+	+		+	+	•	+	+	+	•	+	+	•	+	+	+	+	+	•	+	•	+	48
LYMPH NODES	++	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	. .	+	+	+	+	<u>+</u>	+	4.9
THYMUS	+	+	+	+	+	+	+	+	+	+	٠	+	+	•	+	-	+	+	٠	+	+	+	+	+	47
CIRCULATORY SYSTEM	1																								1
HEART Hemangiosarcoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	٠	+	•	+	٠	+	٠	+	48
DIGESTIVE SYSTEM	1																								1
SALIVARY GLAND	++		+	+	+	+	+	÷.,	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEMANGIOSARCOMA	+	+	+	+	+	+	* ×	+	•	•	•	×	•	•	×	*	*	+	+	×	•	×	•	+	49
BILE DUCT	++	+	+	+	. +	+	+	+	+	+	+	<u>+</u>	+	+	<u>+</u>	•	+	+	+	+	+	•	+	•	49
GALLBLADDER & COMMON BILE DUCT	++	+	+.	+	<u>+</u> .	<u>.</u>	н	N	+	+	÷	*	+	+	+	+	+	+	t	+	<u>N_</u>	+	+	<u>N</u>	49*
PANCREAS	++	+	<u>+</u>	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	48
ESOPHAGUS	+	٠	+	+	+	+	+	+	+	+	٠	+	+	+	+	٠	+	+	+	+	+	٠	٠	+	49
STOMACH	<u>+-</u>	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	48_
SMALL INTESTINE	++	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	-	+	+	+	*	+	+	+	. <u>+</u>	47.
LARGE INTESTINE	+	+	٠	+	٠	٠	-	٠	٠	+	÷	+	+	+	٠	-	+	+	+	+	٠	+	٠	+	45
JRINARY SYSTEM	+	_																							1
KIDNEY	++	÷	+	+	+	+	÷	+	+	+	<u>+</u>	+	+	.+	+	+	+	+	•	+	+	+	+	+	49
URINARY BLADDER	+	٠	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
ENDOCRINE SYSTEM									_																
PITUITARY	++	+	+	+	-	.+	+	-	+	+	+	.+	+	+	+	-	•	+	+	+	+	+	+	+	38
ADRENAL	++-	+.	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	<u>+</u>	+	+	+	÷	+	+	49
THYROID Follicular-cell Adenoma	+	+	+	٠	+	+	+	+	+	* ×	+	+	+	+	+	+	* x	* ×	+	٠	+	+	+	+	48
PARATHYROID	1	-	+	+	+	-	+	+	-	+	+	+	-	-		+	+	+	+	-	+	-	+	+	28
PANCREATIC ISLETS ISLET-CELL ADENOMA	ŀ	+	+	+	+	+	+	+	÷	+	+	+	+	+	٠	+	÷	÷	+	+	+	+	+	+	48 1
EPRODUCTIVE SYSTEM	+																								
MAMMARY GLAND	N	N	N	N	N.	N	N	Ν	N	N	N	N	N	N	N	N	<u>N</u>	+	<u>N</u>	N	+	N	N .	<u>N</u>	49×
TESTIS	++	+	<u>+</u>	+	•	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	49
PROSTATE	+.	_ <u>t</u> _	÷	+	<u>+</u>	+	+	<u>+</u>	÷	+	+	+	+	+	+	<u>+</u>	٠	+	+	+	+	+	+	<u>+</u>	49
EPIDIDYMIS Sarcoma, Nos	н	N	H	м	N	N	N	H	Ν.	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	49 * 1
IERVOUS SYSTEM	1																			_					
BRAIN	+	+	+	+	+ 1	+	+	+	+	٠	+	+	+	+	÷	+	+	+	+	+	+	+	٠	٠	49
NUSCULOSKELETAL SYSTEM	+				<u> </u>					_	_														
MUSCLE Hemangiosarcoma	+	٠	÷	٠	٠	÷	+	+	٠	+	+	+	٠	+	+	+	+	٠	+	+	* ×	+	٠	•	49*
LL OTHER SYSTEMS	1																						-		
MULTIPLE ORGANS NOS Malig.lymphoma, histiocytic type Malignant_lymphoma, mixed type	н	N	N	N	N	N	N	N	N X	N	N	N	N	N	N Y	N X	н	N	N	N	N	N	N	N	49*

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

* ANIMALS NECROPSIED +1 TISSUE EXAMINED MICROSCOPICALLY -1 REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X1 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 B4.

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

CONTROL

3 1 0 6 + <t< th=""><th>+ + + + + + + + + + + + + + + + + + +</th><th>5 1 0 6 + + + + + + + + + + + + +</th><th>6 0 8 1 + + + + + + + + + + + + +</th><th>7 1 0 6 + + + + + + + + + + + + +</th><th>8 1 0 6 + <t< th=""><th>993 +X + + + + + + + + + + + + + X + N -</th><th>+ + + + + +</th><th>61 + + + + + + + + + +</th><th>+ + + +</th><th>+ + + + + +</th><th>+ +</th><th>5 1 6 + + + + + + + + + + + + +</th><th>6 + + + + + + + +</th><th>+ + +</th><th>6 </th><th>٥]</th><th>9 9 + + + + + + + +</th><th></th><th><pre>7 7 7 + + + + K + + + + + + + + + + + + + +</pre></th><th>+ + + + + + + + + + + + + + + + + + + +</th></t<></th></t<>	+ + + + + + + + + + + + + + + + + + +	5 1 0 6 + + + + + + + + + + + + +	6 0 8 1 + + + + + + + + + + + + +	7 1 0 6 + + + + + + + + + + + + +	8 1 0 6 + <t< th=""><th>993 +X + + + + + + + + + + + + + X + N -</th><th>+ + + + + +</th><th>61 + + + + + + + + + +</th><th>+ + + +</th><th>+ + + + + +</th><th>+ +</th><th>5 1 6 + + + + + + + + + + + + +</th><th>6 + + + + + + + +</th><th>+ + +</th><th>6 </th><th>٥]</th><th>9 9 + + + + + + + +</th><th></th><th><pre>7 7 7 + + + + K + + + + + + + + + + + + + +</pre></th><th>+ + + + + + + + + + + + + + + + + + + +</th></t<>	993 +X + + + + + + + + + + + + + X + N -	+ + + + + +	61 + + + + + + + + + +	+ + + +	+ + + + + +	+ +	5 1 6 + + + + + + + + + + + + +	6 + + + + + + + +	+ + +	6	٥]	9 9 + + + + + + + +		<pre>7 7 7 + + + + K + + + + + + + + + + + + + +</pre>	+ + + + + + + + + + + + + + + + + + + +
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ANIMAL NUMBER	2	2	0 2 8 1 0	2	3	3	3	0 0 0 3 3 3	035	3	0 3 7	0 3 8	0 3 9	040	4	04210	0 0		4	0 4 7	0 4 8 1 0	0 4 9	0 5 0	TOTAL
WEEKS ON Study	0	0	0	9	0	0	0 5	0 1 7 0 9 6	3 5 0 7 7	036 07 7	0	0	0 6 7	0	0	0			0.6	1 0 6	1 0 6	1 0 6	0 7 8	TUMOR
INTEGUMENTARY SYSTEM																		,						
SKIN Hemangioma	+	+	+	+	+	+	+	+ +	• •	+	+	+	+	+	+	+	• •	• •	• •	+	N	+	+	50× 1
RESPIRATORY SYSTEM																								
LUNGS AND BRONCHI Alvedlar/bronchiolar Adenoma Alvedlar/bronchiolar carcinoma Sarcoma, nos, metastatic	+	+	+	•	+	•	+	+ +	• •	+	+	+	+ x	*	+	+	+ •	· ·	· ·	•	+	+	+	50 2 2
TRACHEA	+	+	-	+	+	÷	+	+ +	• +	+	÷	+	+	-	-	-	• •		-	-	-	-	+	40
HEMATOPOIETIC SYSTEM																							+	
BONE MARROW	.+	+	+	<u>.</u>	+	+	+	<u>+</u> +	• •	+	+	+	+	+	+	+	<u>.</u>		+	+	+	+	-+	50
SPLEEN Malignant Lymphoma, NOS	+	+	+	+	٠	٠	+	+ +	• •	+	+	+	+	+	+	+	+ •	•	+	+	+	+	+	49
LYMPH NODES	+	+	+	+	+	+	+	<u>+ +</u>	•	+	+	+	+	-	+	+	+ +		+	+	+	+	+	49
THYMUS	+	+	+	+	+	+	÷	+ +	• •	÷	÷	+	+	-	+	+	• •	•	+	+	-	-	+	47
CIRCULATORY SYSTEM																						_	-†	
HEART	+	+	+	÷	÷	٠	÷	• •	• •	+	٠	+	+	+	+	+	• •	•	+	+	÷	+	+	50
DIGESTIVE SYSTEM																							1	
SALIVARY GLAND	+	+	+	+	+	÷	•	<u>+ +</u>		+	+	+	•	+	+	<u>+</u>	+ +	·	+	+	+		-+	
LIVER	+	+	+	+	+	+	ŧ	• •	• +	+	+	٠	+	+	+	+	+ +	•	+	+	٠	+	+	50 1
BILÈ DUCT CARCINOMA HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA ALVEOLAR/BRONCHIOLAR CA, METASTAT													<u>x</u>	×		×	,	(x			7 2
BILE DUCT	+	÷	+	٠	٠	÷	÷	+ +	• •	+	+	+	÷	+	+	+	+ +		+	+	÷	+	+	50
GALLBLADDER & COMMON BILE DUCT	N	÷	+	+	÷	+	÷	+ +	+ +	+	+	+	+	N	+	+ .	÷	<u> </u>	• +	+	N	N	+	50×
PANCREAS	+	+	+	+	÷	+	+	+ +	+	+	+	+	+	+	+	+	+ _		• +	+	+	+	÷	48
ESOPHAGUS	+	+	+	+	+	+	+	+ +		+	+	+	+	-	+	+	+ •	ب ا	•	÷	÷	+	.+	49
STOMACH	+	÷	+	+	+	+	+	+ +	• •	+	+	+	+	+	+	÷	+	••	+	+	÷	+	+	49
SMALL INTESTINE Mucinous Adenocarcinoma	+	-	+	+	+	+	+	+ +	• •	+	+	+	+	+	+	+	+ •	• •	+	+	+	+	·	46
LARGE INTESTINE	+	-	٠	+	+	+	÷	+ +	+ +	+	+	+	+	+	+	+	+ •	• •	+	+	+	٠	+	47
URINARY SYSTEM																							-	
KIDNEY	+	+	÷	+	+	+	+	• •	+	+	+	+	+	+	+	+ _	+	<u> </u>	• •	+	+	+	+	50
URINARY BLADDER	+	+	+	-	+	+	+	+ +	+	+	+	+	+	+	÷	+	+ •	• •	• •	+	-	-	+	46
ENDOCRINE SYSTEM															-									
PITUITARY CARCINOMA,NOS	+	+	+	+	+	-	+	+ •	• •	+	+	+	+	-	+	+	+ +		+	+	+	-	*	44 1
ADRENAL	+	+	٠	+	+	+	+	+ •	+	+	+	+	+	-	+	+	+ +		+	+		-	+	47
THYROID Follicular-cell Adendma	+	+	+	+	+	+	+	+ •	+	+	+	+	+	-	+	+	• •	• •	• +	+	-	-	+	47
PARATHYROID	+	-	-	-	-	+	+	+ +		+	+	+	-	-	٠	-	+ -		-	+	-	~	-	20
REPRODUCTIVE SYSTEM	-																	-					-	
MAMMARY GLAND	+	+	+	+	N	+	÷	+ +	+	+	+	+	+	+	+	+	+ +		L+.	N.	+	+	+	50×
UTERUS Papillary Adenoma Endometrial Stromal Polyp	+	+	+	+	+	+	•	+ +	• •	+	+	+	+	•	+	•	• •	• •	•	+	+	+	+	50 1 2
GVARY	+	+	+	÷	+	+	+	+ +	• •	+	+	+	+	-	٠	٠	- +		-	+	-	-	+	44
ERVOUS SYSTEM																							-	
BRAIN	+	+	+	÷	+	+	÷	+ +	+	+	+	+	+	+	÷	+	• •	• •	. ·	+	+	٠	+	50
MUSCULOSKELETAL SYSTEM	1																							
MUSCLE Sarcoma, nos	+	٠	+	+	+	+	+	+ +	• •	٠	+	+	+	+	+	+	+ •	• •	+	+	+	+	+	50× 1
ALL OTHER SYSTEMS	1																							
MULTIPLE ORGANS NOS Sarcoma, nos Malignant Lymphoma, nos Malig.Lymphoma, Lymphocytic type	N	н	N	N	N	N	N	н †	нн	н	H	N	N	N	N	N	ні	4 3	х х	N	N	к	н	50× 1 1
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE Malignánt Lymphoma, mixed type Lymphocytic Leukemia				x				x	x	x										x	x			3

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

ANIMALS RECROPSIED
 +1 TISSUE EXAMINED MICRUSCOPICALLY
 -1 REQURED TISSUE NOT EXAMINED MICROSCOPICALLY
 X1 TUMOR INCIDENCE
 NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

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

TABLE B4.

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

LOW DOSE

ANIMAL	101	01	01	01	01	01	01	01	01	01		01	01	01	- 01	01	01	0	0	01	01	0	0	02	02
NUMBER	0	2	0	0	0 5	0	2	0	9	<u>_</u>	1	2	3	4	5	6		8		21	2	02209	3	4	- 5
WEEKS ON STUDY	0	0	0	0	1	0	0	0	10	1	0	209	8	9	0	0	è	0	0	0	0	9	0	3	ġ
RESPIRATORY SYSTEM	21	21	21	2	2	51	2	-21	-21	0	-21		21	61	_21	-51	-21	-21	-21	21	-21		-21	.21	-2
LUNGS AND BRONCHI Alveolar/bronchiolar Adenoma Alveolar/bronchiolar carcinoma	+	+	+	+	•	•	•	+	+	•	•	*	+	٠	×	•	+	+	•	•	+	•	•	-	+
TRACHEA	+	+	+	+	+	+	+	+	+	+	٠	÷	+	+	٠	٠	+	+	+	٠	+	+	+	-	+
HEMATOPOIETIC SYSTEM			_							_															
BONE MARROW	+-	+	+	+	+	+	+	+	+	+	. . .	t.	-	÷	+	+	+	+	+	+	÷	+	.+	<u>+</u>	+
SPLEEN Hemangioma Hemangiosarcoma	+ X	+	•	+	+	+	+	•	•	+	+	•	•	+ x	+	•	+	•	+	×	+	•	•	•	•
LYMPH NODES Malig.lymphoma, histiocytic type .	+	+	+	+	٠	+	+	+	٠	+	٠	٠	+	+	* ×	٠	+	+	+	+	+	+	+	+	+
THYMUS	+	÷	+	÷	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	÷
CIRCULATORY SYSTEM	╞																								
HEART	+	÷	÷	÷	÷	+	÷	÷	÷	÷	+	+	÷	+	+	÷	•	÷	+	+	+	÷	+	-	٠
DIGESTIVE SYSTEM																					•••••				
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	•	+	÷	+	+	+ -	+	t	•	+	+	÷	+	+	+	÷
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	t	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	٠	+
	<u> </u>						<u>×</u>		• • • •					+								+	+	+	
BILE DUCT	+	+		+	+	*	.+.	*	T	<u> </u>	+	+ N	+ N	<u>,</u>	<u>+</u>	<u>.</u>	<u>,</u>	-	÷	•	*	Y N		- <u>*</u>	
GALLBLADDER & COMMON BILE DUCT	t:	+	÷	_rt	+		+		+		+			+	+	*	<u>,</u>	+	 +	+	+	+	+	+	- +
ESOPHAGUS	1	<u>†</u>	•	+	+	*	+	* +	<u>+</u>	 +	+	+	+	+	+	+	+	+	÷	+	• •	 +		+	+
STOMACH	+	÷	•	÷	+	+	÷	•	•	+	•		-	+	÷	•	+	+	+	+	÷	+	•	+	+
SMALL INTESTINE	+	+	+	+	+	+	-	+	+	+	+	-	-	+	+	÷	+	+	+	+	+	÷	+	+	+.
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	-	÷	+	+	÷	+	+	+	+	+	+	+	+
URINARY SYSTEM																									-
KIDNEY	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	t	+	ŧ	÷	÷	÷	+	<u>+</u>	+	+
URINARY BLADDER	+	٠	٠	+	+	÷	÷	÷	+	+	+	+	+	٠	+	+	÷	+	÷	+	٠	÷	+	+	+
ENDOCRINE SYSTEM																	-	÷						-	-
PITUITARY Adenoma, NDS	+	٠	+	+	-	+	-	+	-	+	-	+	+	+	-	+	+	+	+	* x	•	+	+	+	+
ADRENAL	+	+	+	+	+	+	+	+	+	.+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+
THYROID	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	-	-
PARATHYROID	+	-	+	+	-	-	-		. .	-	-	+	+	+			. <u> </u>	. <u>-</u>	-	+	-	+		-	-
PANCREATIC ISLETS ISLET-CELL ADENOMA	٠	+	+	+	+	+	+	+	+	+	+		-	+	+	+	+	+	+	+	+	+	+	•	+
REPRODUCTIVE SYSTEM	-																_								
MAMMARY GLAND Adendcarcinoma, NOS	+	•	+	+	+	+	+	+	•	+	+	N	+	.+	<u>*</u>	+	+	+	+	+	+	N	•	•	+
UTÉRUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OVARY	+	+	+	*	*	+	+	+	+	+	+	+	+	+	+	•	+	*	*	*	+	+	+	+	+
NERVOUS SYSTEM																									,
BRAIN	+	+	+ 	+	+	<u>+</u>	<u>+</u>	+	+	<u>+</u>	<u>+</u>	. <u>+</u>	<u>+.</u>	<u>+</u>	*	*	*	+ N	-+ N	+ N	+ N	+	+ N	+ N	÷
SPINAL CORD Hemangiosarcoma, metastatic	N	н	N	H	N	N	N	N	N	N	N	N	N	* ×	N	N	N	n	R	'n	"	Ť	п		"
BODY CAVITIES						•																			
MEDIASTINUM HEMANGIOMA	N	N	N	N	N	N	N	N	н	N	N	N	N	Ħ	N	N	N	H	H	N X	н	N	N	N	N
MESENTERY Lipoma Hemangiosarcoma, metastatic Maligkant Lymphoma, mixed type	и	N	N	N	N	H	N	N	N	N	н	н	н	н Х	н	N	н	н	н	н	н	H X	N	н	и
ALL OTHER SYSTEMS																		-							-
MULTIPLE ORGANS NOS Sarcoma, Nos Malig.lymphoma, lymphocytic type Malig.lymphoma, histiocytic type Lymphocytic leukemia	н	N	н	N	N	н	H	N	N	×	N	H X	н	N	N	N	H	N	N	N	N	N	N	N	м

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

AHIMAL NUMBER	2	0 2 7	0 2 8	29	030	_1	32	0 3 3	034	035	036	0 3 7	0 3 8	91	4	0 4 1	0 4 2	040	044	0 4 5	0 4 6	0 4 7	0 4 8	0 4 9	0 5 0	TOTAL
WEEKS ON Study		0	0	1	1	1	0	1	1	8	0	9	0	0	6	8	ò	ò	1	ò	0	0	0	8	0	TISSUI Tumor
RESPIRATORY SYSTEM	5	1	5	4	5	5	5	5	5	(5.	1.2	<u> </u>	_5_	5	5	9	5	5	5	.5	.51	51	51		- 5	
LUNGS AND BRONCHI Alveolar/bronchidlar Adenoma Alveolar/bronchidlar carcinoma	+	+ ¥	+	٠	* x	+	٠	÷	+	٠	٠	٠	+	٠	٠	+	+	+	* x	* x	+	+	+	+	+	49
TRACHEA	•	÷	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	49
HEMATOPOIETIC SYSTEM	Ť	•	+	•	•	•							·			`	•	•		· ·	·	•				
BONE MARROW																	+		÷			÷	÷	÷		49
SPLEEN	+	+		+	+	+	+	+	+	+	+	+	•		+	+	+	+	+	+	+	+	+	4	+	49
HEMANGIOMA Hemangiosarcoma				-		-						×														
LYMPH NODES Malig.lymphoma, histiocytic type	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
THYMUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	-	٠	+	+	٠	٠	+	-	+	+	47
CIRCULATORY SYSTEM	-																								-	
HEART	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	÷	+	+	49
DIGESTIVE SYSTEM		_																								
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	٠	+	+.	+	-	_ t	+	49
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	+	+	+	+	+	+	* ×	٠	+	+	+	+	+	÷	+	٠	٠	٠	+	٠	٠	* ×	+	+	٠	50 2
	1.	,						<u>.</u>						,	,	,	,	,						,		2
BILE DUCT	+	+	+	+	*	+	+	+	•	+	+	+	<u>+</u>		- <u>+</u>	<u>.</u>	*		•	•	+	+	+	*	+	50
GALLBLADDER & COMMON BILE DUCT	N	+	+	+	*	+	+	+	+	+	+		+	+	+.			 ,	- <u>*</u>	•	•	+	+	N	+	50×
PANCREAS	+	<u>+</u>	+	+	*	+	+	•	+	• •	+	+	+	*	+	+	+	+		+	+	+	•	+	+	48
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	50
STDMACH .	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	÷	+	*	+	+	+	-+	49
SMALL INTESTINE	+	+	+	_ + -	_+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	<u>+</u>	. <u>+</u>		+	46
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	49
URINARY SYSTEM																										
KIDNEY	+	+	+	+	. <u>+</u>	_ <u>+</u>	.			+				+				+	•	+	<u> </u>	÷	+	+	+	50
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	50
ENDOCRINE SYSTEM																										
PITUITARY Adenoma, nos	+	-	-	+		+	+	+	+	+	+		<u> </u>	-	+	-	*	+	+	•	•	*	*		+	40
ADRENAL	÷	+	÷	÷	+	+	+	+	+	<u>+</u>	+	+	+	+	+	÷	+	+	+ .	<u>+</u>	+	+	+	+	+	50
THYROID	-	+	-	+	÷	-	+	+	+	+	+	+	+	+	÷	÷	÷	+	÷	+	+	+	+	. <u>+</u>	+	43
PARATHYROID	-	+	-	-	+	-	+	+	+	+	+	+	+	_	÷	÷	-	+	÷	•	-	+	+	+	+	26
PANCREATIC ISLETS ISLET-CELL ADENOMA	٠	+	٠	+	+	+	+	+	+	+	+	+	+	* x	٠	٠	+	+	+	٠	+	+	+	+	+	48 ₁
REPRODUCTIVE SYSTEM	-																								+	
MAMMARY GLAND	+	+	+	+	+	+	+	+	+	+	+	N	÷	+	٠	٠	÷	÷	+	+	+	+	+	+	+	50×
ADENOCARCINOMA, NOS	-																								-	
UTERUS .	+	+	+	+	+	+	+	+	+	+	+.	<u>+</u> -		*	+	+	+	+	+	+	*	*	*	. <u>+</u>	+	50
OVARY	+	+	+	*	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	50
NERVOUS SYSTEM																										
BRAIN	+	+	•	<u>.</u>		+	- <u>+</u>		.		+ N	*	*	+	+	+ 	+	•	<u>+</u>	*		÷	, N	ŧ N	H	<u>50</u> 50×
SPINAL CORD Hemangiosarcoma, metastatic	м	N	N	N	N	N	N	N	N	N	N	H	H	N	H	H	N	N	ĸ	п	N	M	n	R	٦ļ	508
BODY CAVITIES																									-+	
MEDIASTINUM HEMANGIOMA	N	N	N	N	H	N	H	N	N	N	N	N	N	H	N	N	N	N	N .	N	N	N	N	N	N	50× 1
MESENTERY Lipoma Hemangiosarcoma, Metastatic Malignant Lymphoma, Mixed Type		N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	50* 1 1
ALL OTHER SYSTEMS																									+	
MULTIPLE ORGANS NOS Sarcoma, Nos Malig.lymphoma, lymphocytic type Malig.lymphoma, histiocytic type Lymphocytic levenia	N	н	N	N X	N	N	м Х	м	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	H	H	N	50* 1 3 1
ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCO -: REQUIRED TISSUE NOT EXAM X: Tumor Incidence N: Necropsy, no Autolysis,	PICA Ined No M	LL M	Y ICR Ros	OSC COP	0P I 1 C	CAL EX/	LY MII	IAT:	ION	_	_	: C: A: M: B:	NC AL AL	D TI ECRO ITOL ITOL IIM/ D NE	(55) (55) (57) (57) (57) (57)	JE (5 115) DPS	INF 10 5 In 7 P	ORM His G Erf	ATI TOL	ON OGY IED	SUE	MII JE 1	TTE TO	D Pro	100	:0L

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

TABLE B4.

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

HIGH DOSE

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	1	1	1	0	0	1	1	1	0	2	2	0	027	2	2	Γ
WEEKS ON Study	0	-1	1	4	1	-			긞	-		1	-1	8	1		1	1		-	늼	-1	0	1	۲
RESPIRATORY SYSTEM	لقط	4	4	4	4	41	4	ši	5	اف		ś	أف	ži	il.	1	<u>i</u> l	5	Š	اف	لغ	2		Ğ	Ц
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	+	+	+	* ×	٠	٠	• _x	+	+	+	+	* ×	+	+	•	+	+	×	+	+	+	٠	•	٠	
TRACHEA	+	+	÷	+	+	+	+	÷	+	+	+	+	+	+	+	+	-	+	÷	+	+	+	+	+	
HEMATOPOIETIC SYSTEM					_												_								
BONE MARROW	+	+.	٠	+	÷	+	_+	+	+	+	+	+	÷	+	+	+	٠	+	•	•	•	+	+	.+	_
SPLEEN	+.		.	+	+	+	+	+.	÷	+	+	+	+	•	+	+	+	+	+	+.	٠	+		ŧ.	
LYMPH NODES	+	÷	÷	+	÷	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	
THYMUS	+	÷	-	+	+	+	+	+	٠	+	+	+	+	-	+	+	٠	+	+	+	+	٠	+	+	
TRCULATORY SYSTEM																					_				
HEART	+	+	+	+	÷	+	٠	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	٠	•
DIGESTIVE SYSTEM																-									
SALIVARY GLAND	+	+	+	÷	÷	÷	+	+	+_	.+	+	+	+	+	+	÷	+	÷	٠	+	+	+	+	+.	
LIVER HEPATOCELLULAR CARCINOMA MALIG.LYMPHOMA, HISTIOCYTIC TYPE	+	•	+	•	+	٠	•	٠	+	+	•	+	+	+	+ x	•	•	•	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	•	÷	+	+	+	ŧ.,	+	+	+	÷	+	+	+	.+	+	+	+	÷	÷	+	
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	+	+	+	+	+	+.	÷	+	+	+	+	N	N	÷	Ν.	. +	+	+	+	
PANCREAS	+	+	÷	+	+	+	+	+	+	+	+	+	۰.		+	+	÷	÷	+	+	+	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	÷	•	+	+		+	÷	-
STOMACH	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	÷	+	٠	+	÷	+	٠	٠	
SMALL INTESTINE	+	+	-	+	÷	+	+	+	+	+	+	•	•	•	+	÷	•	+	+	.t	+	+	+	•	
LARGE INTESTINE	+	+	+	+	÷	+	+	+	÷	÷	+	•	+	+	+	+	+	+	•	+	+	•	+	+	
RINARY SYSTEM														·											
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	•	+	+	
URINARY BLADDER	+ +	+	÷	+	+	+	+	+	•	+	-	+	•	÷	+	+	÷	+	+	+	+	+	+	+	
NDOCRINE SYSTEM																									-
PITUITARY	-	+	+	+	+	+	+	+ .	+	+	-	•	+		-	•	÷	÷	+.	+	+	+	+	+	
ADRENAL Phedchromocytoma	+	•	+	٠	٠	٠	•	•	•	+	+	•	•	+	+	•	•	+	+	•	+	+	ż	٠	+
THYROID Follicular-cell carcinoma	+	+	*	+	+	+	+	+	+	•	+	+	+	+	•	+	-	+	+	•	٠	+	+	+	•
PARATHYROID	-	+	+	+	÷	+	+	-	+	+	-	•	+	-	-	+	-	+	-	-	-	-		-	
EPRODUCTIVE SYSTEM																				_					
MAMMARY GLAND Adenocarcinoma, nos	÷	+	+	+	+	٠	•	+	+	+	•	•	•	÷	•	•	•	•	•	•	•	•	+	٠	•
UTERUS ENDOMETRIAL STROMAL POLYP HEMANGIOMA	+	+	•	٠	+	•	•	+	•	+	•	+	+	+ x	•	+	+	+	•	•	+	•	+	•	•
OVARY Hemangioma	+	+	÷	+	+	+	+	+	÷	+	+	+	÷	÷	•	•	+	+	+	+	+	٠	٠	٠	+
ERVOUS SYSTEM															-						-				-
BRAIN	+	+	+	+	٠	+	+	+	+	÷	÷	٠	+	+	•	+	+	÷	+	+	٠	+	٠	٠	+
LL OTHER SYSTEMS															-		-								~
MULTIPLE ORGANS NOS MAIIGNANT LYMPHOMA, NOS MAIIG.LYMPHOMA, VIYPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE LYMPHOCYTIC LEVERTIA	N	м	××	N	N	H		N X	N	N	ĸ	N		N X	H I	N	N	N	N	N	N	N	M	H	H

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

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Autolysis N: Anital Missing B: No Necropsy Performed
ANIMAL NUMBER	2	027	28	2	3	0	3	3	034	0 3 5	3	0 3 7	0 3 8	3	0 4 0	4	4	0 4 3	4	0 4 5	4	0 4 7	0 4 8	0 4 9	0 5	TOTAL
WEEKS DN Study	0	1	1	- Ť	0	1	1	1	1	1	1	01		0		01	0	0	0	1	0	1	0	0 9	0 4	TISSUE
RESPIRATORY SYSTEM	-51	_5	5	5	5_	51	51	5	_5	-51	41	-51-	51	-21	3	-51	51	51	-01	-51	_51	5!	-51	8	-5	
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	+	+	*	•	* ×	+	+	+	+	+	+ ×	+	* ×	* ×	*	+	+	* ×	+	+	•	+	+	+	+	50 1(
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	÷	+	÷	+	49
HÉMATOPOIETIC SYSTEM																										
BONE MARROW	+	+	+	+	+ .	+	÷	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPLEEN	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	+	+	+	+	+	+	t.	+	÷.	+	+	50
LYMPH NODES	+	+	+	+	+	÷	+	.+	ŧ	+	•	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	50
THYMUS	+	+	+	+	+	+	+	+	÷	÷	٠	÷	+	+	+	+	+	+	÷	÷	+	+	-	+	-	46
CIRCULATORY SYSTEM																				-						
HEART	+	÷	÷	÷	+	+	+	÷	٠	+	÷	+	+	+	+	+	÷	÷	÷	÷	+	÷	+	+	+	50
DIGESTIVE SYSTEM	<u> </u>						-												··· .							
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	ŧ.	+	+	+	+	+	_+	50
LIVER HEPATOCELLULAR CARCINOMA Malig.lymphoma, histiocytic type	+	+	+	+	+	+	+	+	÷	÷	÷	+	+	+	+	+	ż	÷	÷	+	+	+	+	+	+	50
BILE DUCT	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	+	+	+	4	+	+	÷	+	+	+	н	+	+	+	N	+	+	+	+	N	+	+	N	+	N	50,
PANCREAS	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	47
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
STOMACH	+	+	+	+	+	÷	÷	+ '	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	+	50
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		÷	÷	+	+	+.	+	+	-	48
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	-	49
JRINARY SYSTEM										-															-	
KIDNEY	.	+	÷	+	÷	÷	÷	+	+	+	+	+	+	÷	+	÷		÷	÷	÷	+	+	+	+	+	50
URINARY BLADDER	+	+	÷	+	+	÷	÷	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	-	48
ENDOCRINE SYSTEM	–																									
PITUITARY	1+	÷	+	+	+	+	÷	+	+	+		+	+	-	+	-	-	•	÷	+	+	÷	+	÷	_	40
ADRENAL Pheochromocytoma	+	+	÷	÷	+	÷	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	50
THYROID Follicular-cell carcinoma	+	+	+	+	+	+	+	+	+	÷	+	-	÷	+	٠	+	+	+	+	+	+	+	+	+	+	48
PARATHYROID	-	-	-	+	+	+	-	-	+	-	-	-	-	-	-	-	+	+	+	+	+	+	-	+	+	23
REPRODUCTIVE SYSTEM	 																			• • •					-	
MAMMARY GLAND Adendcarcinoma, nos	+	+	+	•	•	+	+	+	+	+	* x	+	+	+	* x	•	+	+	+	+	•	+	+	+	+	50×
UTERUS Endometrial stromal Polyp Hemangioma	+	+	+	*	•	•	•	+	+	•	+	+	+	+	•	+	+	•	•	+	•	+	•	+	+	50
OVARY Hemangioma	+	٠	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	* ×	+	50
IERVOUS SYSTEM																				·						
BRAIN	+	÷	+	+	+	+	+	÷	+	٠	+	÷	+	+	+	+	÷	÷	÷	+	٠	+	+	+	+	50
ALL OTHER SYSTEMS						-																			┥	
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, NOS MALIGLYMPHOMA, VIYPHOCYTIC TYPE MALIGLYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE LYMPHOCYTIC LEVERMIA	N X	м	н	N X	H	н	N	н	н	N		N X		N X	N	H X	N X	N X	N	N	N	N	м	N X	н	50× 1 7 1 2

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

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

: HO TISSUE INFORMATION SUBMITTED C: NECROPSY, HO HISTOLOGY DUE TO PROTOCOL A: AUTOLYSIS H: ANIMAL MISSING B: NO MECROPSY PERFORMED

APPENDIX C

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS FED DIETS CONTAINING ZIRAM

TABLE C1.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS FED DIETS CONTAINING ZIRAM

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN CYST, NOS EPIDERMAL INCLUSION CYST ULCER, CHRONIC INFLAMMATION, CHRONIC FOCAL FIBROSIS HYPERPLASIA, FOCAL HYPERKERATOSIS	(50) 2 (4%) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%)
*SUBCUT TISSUE EPIDERMAL INCLUSION CYST HEMORRHAGIC CYST	(50) 1 (2%)	(50)	(50)
RESPIRATORY SYSTEM #LUNG CONGESTION, NOS INFLAMMATION, INTERSTITIAL INFLAMMATION, PYOGRANULOMATOUS HYPERPLASIA, ADENOMATOUS HYPERPLASIA, ALVEOLAR EPITHELIUM		(49) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%)
HEMATOPOIETIC SYSTEM			
<pre>*MULTIPLE ORGANS LEUKOCYTOSIS, NOS HEMATOPOIESIS</pre>	(50)	(50) 1 (2%) 1 (2%)	(50)
#BONE MARROW FIBRIN BODY ATROPHY, NOS	(50)	(50)	(50) 1 (2%)

	CONTROL	LOW DOSE	HIGH DOSE
#SPLEEN Congestion, Nos Fibrosis	(50) 1 (2%) 1 (2%)	(50)	(50)
FIBROSIS, FOCAL	1 (2%)	2 (4%)	1 () *
LIPOIDOSIS HEMATOPOIESIS	2 (4%)	1 (2%)	1 (2%
#MANDIBULAR L. NODE	(50)	(50)	(50)
HYPERPLASIA, PLASMA CELL Hyperplasia, lymphoid		1 (2%)	1 (2%
#CERVICAL LYMPH NODE Hyperplasia, reticulum cell	(50)	(50) 1 (2%)	(50)
#LIVER Leukocytosis, nos	(50) 3 (6%)	(50) 1 (2%)	(50)
<pre>#PEYER'S PATCH Hyperplasia, Lymphoid</pre>	(49) 6 (12%)	(49) 5 (10%)	(50) 2 (4%
IRCULATORY SYSTEM			
*FOOT Thrombosis, Nos	(50)	(50) 1 (2%)	(50)
#MANDIBULAR L. NODE Lymphangiectasis	(50)	(50)	(50) 1 (2%
#LUNG Thrombus, Fibrin	(50)	(49) 1 (2%)	(50)
#HEART Inflammation, Chronic	(50)	(49)	(50) 1 (2%
#HEART/ATRIUM Thrombus, Mural	(50)	(49) 1 (2%)	(50)
#AURICULAR APPENDAGE Thrombus, Mural	(50)	(49) 2 (4%)	(50)
#MYOCARDIUM	(50)	(49)	(50)
INFLAMMATION, ACUTE/CHRONIC Inflammation, Chronic	33 (66%)	2 (4%) 35 (71%)	28 (56

	CONTROL	LOW DOSE	HIGH DOSE
*ARTERY PERIARTERITIS	(50)	(50)	(50) 1 (2%)
#SALIVARY GLAND Thrombus, Fibrin	(49) 1 (2%)	(50)	(49)
#LIVER Thrombosis, Nos	(50)	(50) 1 (2%)	(50)
#PANCREAS PERIARTERITIS	(50)	(50)	(50) 1 (2%)
*MESENTERY PERIARTERITIS	(50) 1 (2%)	(50) 1 (2%)	(50)
#ADRENAL Thrombus, Canalized	(50)	(50) 1 (2%)	(50)
IGESTIVE SYSTEM			
#SALIVARY GLAND Inflammation, nos	(49) 1 (2%)	(50)	(49)
#LIVER INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, FOCAL GRANULOMATOU CYTOPLASMIC CHANGE, NOS CYTOPLASMIC VACUOLIZATION BASOPHILIC CYTO CHANGE FOCAL CELLULAR CHANGE ANGIECTASIS	(50) 1 (2%) 4 (8%)	(50) 1 (2%) 1 (2%) 6 (12%) 2 (4%) 1 (2%)	(50) 2 (4%) 3 (6%) 1 (2%) 3 (6%) 2 (4%)
#LIVER/CENTRILOBULAR CYTOPLASMIC VACUOLIZATION	(50) 1 (2%)	(50) 1 (2%)	(50)
#LIVER/HEPATOCYTES Degeneration, cystic	(50)	(50) 1 (2%)	(50)
#BILE DUCT Hyperplasia, nos	(50) 4 (8%)	(50) 7 (14%)	(50) 6 (12%)
<pre>#PANCREAS INFLAMMATION, CHRONIC</pre>	(50)	(50)	(50)

	CONTROL		
INFLAMMATION, CHRONIC FOCAL ATROPHY, NOS ATROPHY, FOCAL		3 (6%)	1 (2%) 3 (6%) 2 (4%)
#PANCREATIC ACINUS Atrophy, Nos Atrophy, Focal	(50)	(50) 1 (2%)	(50) 1 (2%)
#GASTRIC SUBMUCOSA EDEMA, NOS	(50)	(50) 1 (2%)	(50)
#COLON Inflammation, Chronic Focal Nematodiasis	(49) 1 (2%) 1 (2%)	(50) 1 (2%)	(50)
#COLONIC SUBMUCOSA INFLAMMATION, CHRONIC FOCAL	(49) 1 (2%)	(50)	(50)
URINARY SYSTEM			
#KIDNEY INFLAMMATION, CHRONIC DEGENERATION, HYALINE NEPHROSIS, NOS	(50) 45 (90%)	(50) 44 (88%) 1 (2%) 1 (2%)	(50) 42 (84%)
PIGMENTATION, NOS	1 (2%)		1 (2%)
#KIDNEY/TUBULE PIGMENTATION, NOS	(50) 1 (2%)	(50) 1 (2%)	(50)
#U. BLADDER/MUCOSA Hemorrhage	(50)	(50) 1 (2%)	(48)
#U.BLADDER/SUBMUCOSA INFLAMMATION, ACUTE/CHRONIC	(50) 1 (2%)	(50)	(48)
ENDOCRINE SYSTEM		· · · · · · · · · · · · · · · · · · ·	
#PITUITARY Cyst, nos Hemorrhagic cyst	(50) 1 (2%) 2 (4%)	(50) 1 (2%)	(49)
HYPERPLASIA, FOCAL Anglectasis	2 (74)	1 (2%)	1 (2%)
#ADRENAL Cyst, Nos	(50)	(50)	(50) 1 (2%)

	CONTROL	LOW DOSE	HIGH DOSE
NECROSIS, ISCHEMIC Cytoplasmic vacuolization Angiectasis	1 (2%) 1 (2%)		1 (2%)
#ADRENAL CORTEX CYST, NOS CYTOPLASMIC VACUOLIZATION	(50) 1 (2%)	(50) 7 (14%)	(50) 4 (8%)
#ADRENAL MEDULLA CYST, NOS HYPERPLASIA, FOCAL	(50) 2 (4%)	(50) 1 (2%) 3 (6%)	(50) 3 (6%)
<pre>#THYROID THYROGLOSSAL DUCT CYST ULTIMOBRANCHIAL CYST CYSTIC FOLLICLES FOLLICULAR CYST, NOS INFLAMMATION, CHRONIC FDCAL PIGMENTATION, NOS HYPERPLASIA, CYSTIC HYPERPLASIA, C-CELL</pre>	(50) 1 (2%) 1 (2%) 1 (2%) 7 (14%)	(49) 3 (6%) 1 (2%) 3 (6%) 12 (24%)	(49) 1 (2%) 3 (6%) 1 (2%) 1 (2%) 11 (22%)
#PARATHYROID Hyperplasia, focal	(49) 1 (2%)	(47)	(45)
<pre>#PANCREATIC ISLETS HYPERPLASIA, NOS</pre>	(50)	(50)	(50) 1 (2%)
REPRODUCTIVE SYSTEM			
<pre>*MAMMARY GLAND CYSTIC DUCTS HYPERPLASIA, CYSTIC</pre>	(50) 7 (14%)	(50) 6 (12%) 2 (4%)	(50) 5 (10%)
*MAMMARY LOBULE Hyperplasia, nos	(50) 1 (2%)	(50)	(50) 1 (2%)
*PENIS Inflammation, acute/chronic	(50) 1 (2%)	(50)	(50)
*PREPUCE INFLAMMATION, NECROTIZING INFLAMMATION, ACUTE/CHRONIC	(50) 1 (2%)	(50) 1 (2%)	(50)
*PREPUTIAL GLAND CYSTIC DUCTS	(50) 1 (2%)	(50)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC SUPPURATIV	1 (2%) 1 (2%)	1 (2%)	
<pre>#PROSTATE INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC SUPPURATIV ABSCESS, CHRONIC HYPERPLASIA, FOCAL</pre>	(49) 11 (22%)	(50) 12 (24%)	(49) 3 (6%) 1 (2%) 4 (8%) 1 (2%) 1 (2%)
*SEMINAL VESICLE Inflammation, chronic	(50)	(50) 1 (2%)	(50)
#TESTIS	(50)	(50)	(50)
ATROPHY, NOS Hyperplasia, interstitial cell	2 (4%)	4 (8%) 7 (14%)	1 (2%) 5 (10%)
NERVOUS SYSTEM			
#BRAIN Hydrocephalus, Nos Hemorrhage	(50)	(50)	(50) 1 (2%) 1 (2%)
GLIOSIS		1 (2%)	(24)
*SPINAL CORD HEMORRHAGE	(50)	(50)	(50) 1 (2%)
SPECIAL SENSE ORGANS			
*EYE	(50)	(50)	(50)
HEMORRHAGE Retinopathy Phthisis bulbi	3 (6%) 32 (64%)	7 (14%)	5 (10%) 45 (90%) 1 (2%)
*EYE/RETINA Degeneration, nos	(50)	(50)	(50) 1 (2%)
*EYE/CRYSTALLINE LENS CATARACT	(50) 2 (4%)	(50)	(50) 3 (6%)
*EYE APPENDAGE Inflammation, Chronic Focal	(50) 1 (2%)	(50)	(50)
*EAR ULCER, FOCAL	(50)	(50)	(50) 1 (2%)

	CONTROL	LOW DOSE	HIGH DOSE
KERATIN-PEARL FORMATION	(50)	1 (2%)	(50)
1USCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*ABDOMINAL WALL Adhesion, nos	(50)	(50) 1 (2%)	(50)
*PERITONEUM Adhesion, nos	(50) 1 (2%)	(50)	(50)
*MESENTERY STEATITIS Lymphocytic inflammatory infiltr	(50)	(50) 6 (12%) 1 (2%)	(50)
INFLAMMATION, CHRONIC NECROSIS, FAT	6 (12%)	1 (2%) 4 (8%)	3 (6%)
LL OTHER SYSTEMS			
*MULTIPLE ORGANS Inflammation, necrotizing	(50) 1 (2%)	(50)	• (50)
OMENTUM NECROSIS, FAT	1		1
PECIAL MORPHOLOGY SUMMARY			
NONE			

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TABLE C2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS FED DIETS CONTAINING ZIRAM

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN EPIDERMAL INCLUSION CYST ULCER, NOS ULCER, FOCAL INFLAMMATION, CHRONIC FOCAL FIBROSIS, FOCAL	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2% 1 (2% 1 (2%
*SUBCUT TISSUE EPIDERMAL INCLUSION CYST INFLAMMATION, ACUTE/CHRONIC ABSCESS, CHRONIC INFLAMMATION, GRANULOMATOUS	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(50)	(50)
RESPIRATORY SYSTEM			
#LUNG Congestion, nos	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%
#LUNG/ALVEOLI HISTIOCYTOSIS	(50)	(50)	(50) 1 (2%
IEMATOPOIETIC SYSTEM			
#BONE MARROW Atrophy, NOS Hyperplasia, reticulum cell	(50) 1 (2%)	(50) 1 (2%) 1 (2%)	
#SPLEEN Congestion, NOS Fibrosis Hemosiderosis	(50) 1 (2%) 2 (4%)	(50)	(50) 1 (2% 1 (2%

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

Ziram

	CONTROL	LOW DOSE	HIGH DOSE
HEMATOPOIESIS	1 (2%)		3 (6%)
#RENAL LYMPH NODE Angiectasis	(49)	(50) 1 (2%)	(50)
#INGUINAL LYMPH NODE Hyperplasia, lymphoid	(49) 1 (2%)	(50)	(50)
#LIVER Leukocytosis, Nos	(50)	(50) 2 (4%)	(50) 3 (6%)
#PEYER'S PATCH Hyperplasia, Lymphoid	(48) 4 (8%)	(50) 2 (4%)	(49) 2 (4%)
CIRCULATORY SYSTEM			
#MESENTERIC L. NODE Lymphangiectasis	(49) 1 (2%)	(50)	(50)
#HEART PERIARTERITIS	(50)	(50)	(50) 1 (2%)
#HEART/ATRIUM Thrombus, Mural	(50)	(50) 1 (2%)	(50)
#MYOCARDIUM INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC FOCAL	(50) 21 (42%) 2 (4%)	(50) 21 (42%)	(50) 20 (40%)
#LIVER THROMBOSIS, NOS	(50)	(50)	(50) 1 (2%)
DIGESTIVE SYSTEM			
*TONGUE EPIDERMAL INCLUSION CYST	(50)	(50) 1 (2%)	(50)
#SALIVARY GLAND CYSTIC DUCTS	(49)	(50)	(49) 1 (2%)
#LIVER INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC FOCAL	(50)	(50)	(50) 6 (12%) 1 (2%)

	CONTROL	LOW DOSE	HIGH DOSE
MITOTIC ALTERATION Cytoplasmic change, nos Cytoplasmic vacuolization Focal cellular change Atrophy, nos	1 (2%) 1 (2%) 1 (2%) 5 (10%)	3 (6%) 2 (4%)	1 (2%)
#LIVER/CENTRILOBULAR Cytoplasmic Vacuolization	(50) 1 (2%)	(50) 1 (2%)	(50)
#BILE DUCT Hyperplasia, Nos	(50) 1 (2%)	(50) 1 (2%)	(50)
#PANCREAS Inflammation, Chronic Necrosis, Fat Atrophy, Nos	(50) 2 (4%) 1 (2%) 2 (4%)	(50) 1 (2%)	(50) 1 (2%)
#PANCREATIC ACINUS Atrophy, nos Atrophy, focal	(50) 1 (2%)	(50) 1 (2%)	(50)
#GASTRIC SUBMUCOSA EDEMA, NOS	(49) 1 (2%)	(50) 1 (2%)	(50)
#PEYER'S PATCH Hyperplasia, Nos	(48) 1 (2%)	(50)	(49)
*COLON NEMATODIASIS	(50) 1 (2%)	(50)	(50) 1 (2%)
*RECTUM EPIDERMAL INCLUSION CYST	(50) 1 (2%)	(50)	(50)
RINARY SYSTEM			
#KIDNEY . LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, INTERSTITIAL INFLAMMATION, CHRONIC	(50) 7 (14%)	(50) 1 (2%) 5 (10%)	(50) 1 (2%) 3 (6%)
#URINARY BLADDER Hyperplasia, epithelial	(48) 1 (2%)	(50)	(50)
NDOCRINE SYSTEM			
#PITUITARY CYST, NOS	(50)	(49) 1 (2%)	(49) 1 (2%)

TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
HEMORRHAGIC CYST Hyperplasia, NOS Angiectasis		1 (2%) 1 (2%) 1 (2%)	1 (2%) 1 (2%)
#ADRENAL CYTOPLASMIC VACUOLIZATION ANGIECTASIS	(50)	(50) 1 (2%) 2 (4%)	(50) 2 (4%)
#ADRENAL CORTEX CYTOPLASMIC VACUOLIZATION ANGIECTASIS	(50) 3 (6%) 1 (2%)	(50) 5 (10%)	(50) 5 (10%)
#ADRENAL MED'ILLA Hyperplasia, focal	(50) 1 (2%)	(50)	(50)
#THYROID THYROGLOSSAL DUCT CYST CYSTIC FOLLICLES FOLLICULAR CYST, NOS HYPERPLASIA, C-CELL	(50)	(50) 7 (14%) 1 (2%) 11 (22%)	(50) 5 (10%) 1 (2%) 19 (38%)
REPRODUCTIVE SYSTEM			
<pre>*MANMARY GLAND CYSTIC DUCTS HYPERPLASIA, CYSTIC</pre>	(50) 20 (40%) 1 (2%)	(50) 16 (32%) 2 (4%)	(50) 13 (26%) 3 (6%)
*MAMMARY LOBULE Hyperplasia, nos	(50) 3 (6%)	(50) 3 (6%)	(50) 1 (2%)
*PREPUTIAL GLAND INFLAMMATION, SUPPURATIVE	(50) 1 (2%)	(50)	(50)
*CLITORAL GLAND CYSTIC DUCTS INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC SUPPURATIV HYPERPLASIA, NOS	(50) 3 (6%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(50) 3 (6%) 1 (2%) 1 (2%) 1 (2%)	(50)
#UTERUS Abscess, chronic	(50)	(49) 1 (2%)	(50)
#UTERUS/ENDOMETRIUM CYST, NOS	(50) 2 (4%)	(49) 1 (2%)	(50)

TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
INFLAMMATION, SUPPURATIVE Hyperplasia, Nos	1 (2%)	2 (4%)	
HYPERPLASIA, FOCAL Hyperplasia, focal Hyperplasia, cystic	1 (2%)		3 1641
HYPERPLASIA, ADENOMATOUS	2 (4%) 1 (2%)	1 (2%)	3 (04)
#OVARY CYSTIC FOLLICLES	(50)	(49)	(50) 1 (2%)
IERVOUS SYSTEM			
#BRAIN HEMORRHAGE	(49) 1 (2%)	(50)	(50)
PECIAL SENSE ORGANS			
*EYE	(50)	(50)	(50)
HEMORRHAGE Retinopathy	9 (18%)	(50) 3 (6%) 48 (96%)	1 (2%) 30 (60%
*EYELID INFLAMMATION, PYOGRANULOMATOUS		(50)	1 (2%)
IUSCULOSKELETAL SYSTEM			
NONE			
ODY CAVITIES			
*MESENTERY TORSION	(50) 1 (2%)	(50)	(50)
STEATITIS INFLAMMATION, CHRONIC	1 (2%)	9 (18%)	
NECROSIS, FAT	8 (16%)	3 (6%)	4 (8%)
LL OTHER SYSTEMS			
NONE			
PECIAL MORPHOLOGY SUMMARY			
NONE			

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TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

* NUMBER OF ANIMALS NECROPSIED

Ziram

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APPENDIX D

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE FED DIETS CONTAINING ZIRAM

TABLE D1.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE FED DIETS CONTAINING ZIRAM

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 49 49	50 50 50	50 49 49
INTEGUMENTARY SYSTEM			
*SKIN INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC FOCAL FIBROSIS FIBROSIS, FOCAL KELOID	(49) 1 (2%) 2 (4%) 1 (2%)	(50) 1 (2%) 1 (2%)	(49) 1 (2%)
*SUBCUT TISSUE CYSTIC DUCTS INFLAMMATION, ACUTE/CHRONIC ABSCESS, CHRONIC INFLAMMATION, PYOGRAHULOMATOUS	(49)	(50) 1 (2%) 3 (6%) 1 (2%)	(49) 1 (2%)
RESPIRATORY SYSTEM			
#LUNG/BRONCHIOLE Hyperplasia, NOS Hyperplasia, Epithelial	(49) 1 (2%)	(50) 1 (2%)	(49)
#LUNG INFLAMMATION, SUPPURATIVE BRONCHOPNEUMONIA SUPPURATIVE INFLAMMATION, NECROTIZING INFLAMMATION, GRANULOMATOUS INFLAMMATION, FOCAL GRANULOMATOU	(49)	(50) 3 (6%) 2 (4%) 1 (2%) 1 (2%)	(49) 2 (4%)
INFLAMMATION, PYOGRANULOMATOUS PERIVASCULAR CUFFING CHOLESTEROL DEPOSIT PIGMENTATION, NOS	3 (6%)	1 (2%) 1 (2%) 2 (4%)	2 (4%) 1 (2%)
ALVEOLAR MACROPHAGES Hyperplasia, <u>Adenomatous</u>	<u> </u>	19 (38%)	16 (33%

	CONTROL	LOW DOSE	HIGH DOSE
HYPERPLASIA, ALVEOLAR EPITHELIUM	4 (8%)	2 (4%)	3 (6%)
IEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS LEUKOCYTOSIS, NEUTROPHILIC HYPERPLASIA, LYMPHOID	(49) 1 (2%)	(50)	(49) 3 (6%)
#BONE MARROW MYELOFIBROSIS Hyperplasia, neutrophilic Hyperplasia, reticulum cell	-	(49)	(48) 1 (2%)
#SPLEEN HEMATOPOIESIS	(49) 1 (2%)	(50)	(48)
#MESENTERIC L. NODE ANGIECTASIS HEMATOPOIESIS	(49) 2 (4%) 2 (4%)	(50)	(49)
#INGUINAL LYMPH NODE Hyperplasia, lymphoid	(49)	(50) 1 (2%)	(49) 1 (2%)
#LUNG/BRONCHUS Hyperplasia, lymphoid	(49) 1 (2%)	(50)	(49)
#LUNG Leukocytosis, nos	(49)	(50) 1 (2%)	(49) 1 (2%)
#LIVER HEMATOPOIESIS	(49)	(50)	(49) 1 (2%)
<pre>#PEYER'S PATCH HYPERPLASIA, LYMPHOID</pre>	(46) 1 (2%)	(49) 2 (4%)	(47)
CIRCULATORY SYSTEM			*
#HEART INFLAMMATION, ACUTE/CHRONIC	(49) 1 (2%)	(50)	(48)
#MYOCARDIUM MINERALIZATION INFLAMMATION, INTERSTITIAL	(49) 1 (2%)	(50)	(48) 3 (6%)

TABLE D1. MALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
*PULMONARY VEIN Thrombosis, nos	(49)	(50)	(49) 2 (4%)
#KIDNEY/GLOMERULUS EMBOLUS, SEPTIC	(49)	(50) 1 (2%)	(49)
DIGESTIVE SYSTEM			
#SALIVARY GLAND PERIVASCULAR CUFFING	(49)	(49)	(48) 1 (2%)
#LIVER CYST, NOS	(49)	(50)	(49)
INFLAMMATION, FOCAL GRANULOMATOU		1 (2%)	2 (4%)
NECROSIS, FOCAL NECROSIS, COAGULATIVE Infarct, NOS Cytoplasmic change, NOS	4 (8%) 1 (2%)	1 (2%)	1 (2%) 2 (4%) 1 (2%) 1 (2%)
	1 (2%)	1 (2%)	1 (2%)
#LIVER/KUPFFER CELL HYPERPLASIA, FOCAL	(49)	(50)	(49) 1 (2%)
*GALLBLADDER LYMPHOCYTIC INFLAMMATORY INFILTR	(49)	(50)	(49) 1 (2%)
#BILE DUCT	(49)	(50)	(49)
DILATATION, NOS CYST, NOS	1 (2%)		1 (2%)
MULTIPLE CYSTS Inflammation, acute/chronic	1 (2%)		1 (2%)
#PANCREAS CYSTIC DUCTS	(48)	(50) 1 (2%)	(48)
#STOMACH Inflammation, suppurative	(49)	(50)	(48) 1 (2%)
#GASTRIC MUCOSA Inflammation, suppurative	(49)	(50) 1 (2%)	(48)
#GASTRIC SUBMUCOSA INFLAMMATION, SUPPURATIVE	(49)	(50)	(48)

	CONTROL	LOW DOSE	HIGH DOSE
#GASTRIC MUSCULARIS INFLAMMATION, SUPPURATIVE	(49) 1 (2%)	(50)	(48)
	(46)		(47)
RINARY SYSTEM			
#KIDNEY MINERALIZATION PYELONEPHRITIS, FOCAL LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, CHRONIC GLOMERULONEPHRITIS, CHRONIC PERIVASCULAR CUFFING	(49) 2 (4%) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%) 2 (4%) 1 (2%) 1 (2%)
#KIDNEY/PELVIS DILATATION, NOS LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, SUPPURATIVE	(49)	(50) 1 (2%) 1 (2%)	(49)
#URINARY BLADDER INFLAMMATION, CHRONIC SUPPURATIV PERIVASCULAR CUFFING	(49) 1 (2%)	(50)	(49) 1 (2%
#U. BLADDER/MUCOSA Hyperplasia, epithelial	(49) 1 (2%)	(50)	(49)
#U.BLADDER/SUBMUCOSA FIBROSIS	(49) 1 (2%)	(50)	(49)
NDOCRINE SYSTEM			
#THYROID CYSTIC FOLLICLES FOLLICULAR CYST, NOS DEGENERATION, CYSTIC HYPERPLASIA, FOLLICULAR-CELL	(49) 1 (2%)	(50) 2 (4%) 3 (6%)	(48) 2 (4% 1 (2% 1 (2%
#THYROID FOLLICLE Hyperplasia, cystic	(49)	(50)	(48)

	CONTROL	LOW DOSE	HIGH DOSE
REPRODUCTIVE SYSTEM			
*PENIS HEMORRHAGE	(49)	(50)	(49) 1 (2%)
*PREPUCE Inflammation, Chronic Suppurativ	(49) 1 (2%)	(50)	(49)
*PREPUTIAL GLAND DILATATION, NOS CYST, NOS CYSTIC DUCTS INFLAMMATION, SUPPURATIVE INFLAMMATION, ACUTE SUPPURATIVE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC SUPPURATIV ABSCESS, CHRONIC	(49) 1 (2%)	(50) 1 (2%) 2 (4%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 2 (4%)	(49) 1 (2%) 2 (4%) 2 (4%) 1 (2%)
*SEMINAL VESICLE DILATATION, NOS INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC DIFFUSE INFLAMMATION, CHRONIC SUPPURATIV HYPERPLASIA, EPITHELIAL	1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%) 3 (6%) 1 (2%)
*EPIDIDYMIS INFLAMMATION, GRANULOMATOUS	(49)	(50)	(49) 1 (2%)
NERVOUS SYSTEM			
#BRAIN Corpora Amylacea	(49) 1 (2%)	(50) 17 (34%)	(49)
#BRAIN/THALAMUS Corpora Amylacea	(49) 27 (55%)	(50)	(49)
#CEREBELLUM PERIVASCULAR CUFFING	(49)	(50) 1 (2%)	(49)
SPECIAL SENSE ORGANS			
<pre>*HARDERIAN GLAND</pre>	(49)	(50)	(49)

TABLE D1. MALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
MUSCULOSKELETAL SYSTEM			
*KNEE JOINT METAPLASIA, CARTILAGINOUS	(49)	(50) 1 (2%)	(49)
BODY CAVITIES			
*MESENTERY INFLAMMATION, SUPPURATIVE NECROSIS, FAT	1 (2%)	(50)	(49)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS INFLAMMATION, SUPPURATIVE	(49)	(50) 2 (4%)	(49)
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED Autolysis/no necropsy	4 1	3	7
# NUMBER OF ANIMALS WITH TISSUE EX * NUMBER OF ANIMALS NECROPSIED	AMINED MICROSCOP	ICALLY	

TABLE D2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE FED DIETS CONTAINING ZIRAM

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN ULCER, NOS	(50)	(50) 1 (2%)	(50)
INFLAMMATION, CHRONIC GRANULATION, TISSUE	3 (6%)	(24)	1 (2%)
FIBROSIS	1 (2%)		
*SUBCUT TISSUE INFLAMMATION, CHRONIC FOCAL	(50)	(50) 1 (2%)	(50)
ESPIRATORY SYSTEM			
#LUNG/BRONCHIOLE Hyperplasia, NDS	(50)	(49)	(50) 1 (2%)
#LUNG INFLAMMATION, FOCAL	(50) 4 (8%)	(49)	(50)
INFLAMMATION, MULTIFOCAL INFLAMMATION, INTERSTITIAL	1 (2%)		1 (2%)
PNEUMONIA, ASPIRATION INFLAMMATION, SUPPURATIVE	1 (2%)		1 (2%)
BRONCHOPNEUMONIA SUPPURATIVE Inflammation, acute/chronic			1 (2%) 2 (4%)
PNEUMONIA, CHRONIC MURINE Inflammation, focal granulomatou	1 (2%)	2 (4%) 2 (4%)	1 (2%)
	1 (2%)	0 ((1))	2 (4%)
PERIVASCULAR CUFFING PIGMENTATION, NOS	1 (2%)	2 (4%)	
PIGMENTATION, NOS HYPERPLASIA, ADENOMATOUS HYPERPLASIA, ALVEOLAR EPITHELIUM	18 (36%) 2 (4%)	27 (55%) 4 (8%)	26 (52%) 10 (20%)
EMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Hyperplasia, lymphoid	(50)	(50) 2 (4%)	(50) 7 (14%)

	CONTROL	LOW DOSE	HIGH DOSE
HEMATOPOIESIS			1 (2%
*BLOOD LEUKEMOID REACTION	(50) 1 (2%)	(50)	(50)
#BONE MARROW ATROPHY, NOS MYELOFIBROSIS HYPERPLASIA, HEMATOPOIETIC HYPERPLASIA, NEUTROPHILIC HYPERPLASIA, RETICULUM CELL	(50) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%) 1 (2%)	(50)
#SPLEEN ANGIECTASIS HYPERPLASIA, RETICULUM CELL HYPERPLASIA, LYMPHOID HEMATOPOIESIS	(49) 1 (2%) 3 (6%)	(49) 1 (2%) 1 (2%)	(50) 1 (2% 1 (2%
#MANDIBULAR L. NODE EDEMA, NOS	(49)	(50) 1 (2%)	(50)
#LUMBAR LYMPH NODE Hyperplasia, plasma cell	(49) 1 (2%)	(50)	(50)
#MESENTERIC L. NODE Hyperplasia, lymphoid	(49)	(50) 2 (4%)	(50)
#LUNG/BRONCHUS Hyperplasia, lymphoid	(50)	(49) 2 (4%)	(50)
#LUNG Hyperplasia, lymphoid	(50)	(49)	(50) 1 (2%
#LIVER HEMATOPOIESIS	(50) 1 (2%)	(50)	(50)
#PEYER'S PATCH Hyperplasia, lymphoid	(46) 1 (2%)	(46) 1 (2%)	(48)
#URINARY BLADDER HYPERPLASIA, LYMPHOID	(46)	(50) 1 (2%)	(48)
IRCULATORY SYSTEM			
#MYOCARDIUM Inflammation, interstitial	(50)	(49)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
*PULMONARY ARTERY HYPERTROPHY, NOS	(50)	(50) 1 (2%)	(50)
DIGESTIVE SYSTEM			
#LIVER INFLAMMATION, SUPPURATIVE NECROSIS, COAGULATIVE	(50) 1 (2%) 1 (2%)	(50)	(50)
CYTOPLASMIC VACUOLIZATION Focal cellular change Angiectasis		1 (2%) 1 (2%)	1 (2%) 2 (4%)
*GALLBLADDER HYPERPLASIA, EPITHELIAL	(50) 1 (2%)	(50)	(50)
<pre>#PANCREAS CYSTIC DUCTS EDEMA, NOS INFLAMMATION, NECROTIZING INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC</pre>	(48) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(48) 1 (2%)	(47)
#PANCREATIC ACINUS Atrophy, Nos	(48)	(48) 1 (2%)	(47)
#GASTRIC SUBMUCOSA INFLAMMATION, ACUTE/CHRONIC	(49) 1 (2%)	(49)	(50)
URINARY SYSTEM			
#KIDNEY LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, INTERSTITIAL INFLAMMATION, NECROTIZING		(50) 1 (2%)	(50) 1 (2%)
INFLAMMATION, CHRONIC			1 (2%)
ENDOCRINE SYSTEM			
#ADRENAL CORTEX CYST, NOS	(47) 1 (2%)	(50)	(50)
#THYROID CYSTIC FOLLICLES	(47)	(43)	(48) 21 (44%

	CONTROL		HIGH DOSE
FOLLICULAR CYST, NOS INFLAMMATION, SUPPURATIVE INFLAMMATION, ACUTE/CHRONIC DEGENERATION, CYSTIC ATROPHY, SENILE	3 (6%)	1 (2%) 3 (7%)	1 (2%) 1 (2%)
HYPERPLASIA, FOLLICULAR-CELL #THYROID FOLLICLE	1 (2%)	(43)	1 (2%)
ATROPHY, FOCAL HYPERPLASIA, CYSTIC	(47)	(43)	(487 1 (2%) 5 (10%
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND CYSTIC DUCTS	(50) 1 (2%)	(50)	(50)
#UTERUS INFLAMMATION, SUPPURATIVE	(50) 3 (6%)	(50) 1 (2%)	(50)
#UTERUS/ENDOMETRIUM Inflammation, suppurative Hyperplasia, cystic	(50) 4 (8%) 19 (38%)	(50) 2 (4%)	(50)
#ENDOMETRIAL GLAND Hyperplasia, cystic	(50) 23 (46%)	(50) 41 (82%)	(50) 46 (92%)
#OVARY CYSTIC FOLLICLES FOLLICULAR CYST, NOS INFLAMMATION, SUPPURATIVE ABSCESS, NOS ABSCESS, CHRONIC	(44) 1 (2%) 2 (5%) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%)	(50) 3 (6%)
NERVOUS SYSTEM		~	
#BRAIN MALACIA	(50)	(50) 1 (2%)	(50)
#BRAIN/THALAMUS Corpora Amylacea Psammoma Bodies	(50) 5 (10%) 4 (8%)	(50)	(50)

NONE

	CONTROL	LOW DOSE	HIGH DOSE
MUSCULOSKELETAL SYSTEM			
*FEMUR FIBROUS OSTEODYSTROPHY	(50)	(50)	(50) 1 (2%
*ABDOMINAL MUSCLE Inflammation, Chronic Suppurativ	(50)	(50) 1 (2%)	(50)
BODY CAVITIES			_
*ABDOMINAL CAVITY Inflammation, suppurative	(50) 1 (2%)	(50)	(50)
*PERITONEUM	(50)	(50)	(50)
INFLAMMATION, SUPPURATIVE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC SUPPURATIV	1 (2%) 1 (2%)	1 (2%)	
*MESENTERY HEMORRHAGE	(50)	(50)	(50)
INFLAMMATION, CHRONIC SUPPURATIV	1 (2%) 3 (6%)	1 (2%)	
LL OTHER SYSTEMS			
NONE			
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED	1	1	1

* NUMBER OF ANIMALS NECROPSIED

APPENDIX E

ANALYSIS OF ZIRAM (LOT NO. 319400) MIDWEST RESEARCH INSTITUTE

APPENDIX E

A. ELEMENTAL ANALYSIS

Element	С	Н	Ν	S	Zn
Theory	23.56	3.96	9.16	41.94	21.38
Determined	22.79 22.97	3.93 4.00	8.95 9.16	39.56 39.59	$23.1\pm0.3~(\delta)\%$

B. MELTING POINT

Determined	Literature Values
249° to 255°C (capillary visual) gray residue remained 255° to 258°C (Dupont 900 DTA)	249° to 252°C (Maasen, 1958)

C. THIN-LAYER CHROMATOGRAPHY

1. System 1

Plates: Silica gel 60 F-254 Amount spotted: 50 and 150 μ g

Solvent system: Chloroform, 100%

Rf: 0.80 (major), 0.67 (minor), 0.20 (minor, streak to origin)

 R_{st} : 0.99, 0.67, 0.25

2. System 2

Plates: Aluminum oxide, type E, activated 1 hour at 140°C

Amount spotted: 100 and 300 μ g

Solvent system: Methanol: concentrated aqueous ammonium hydroxide (75:25)

R_f: 0.61 (major), 0.52 (minor), origin (minor)

R_{st}: 0.94, 0.80, origin

Ref. Standard: Ziram (Chem Service, Lot No. PS21) Visualization: Ultraviolet, 254 nm and 366 nm, and zincon (Fisher Chemical Co.)

D. HIGH-PRESSURE LIQUID CHROMATOGRAPHY

Instrument: Waters ALC 202

Column: C₁₈ µBondapak, 300 x 4 mm I.D.

Detector: Ultraviolet, 254 nm

Solvent: 45% acetonitrile in water

Flow: 1.5 ml/min

Results: Major peak and two minor peaks, one of which had the same retention time as a thiram standard.

This sample has a fairly large percent composition of inert material which was not soluble in acetonitrile. A suspension formed, and solutions had to be centrifuged.

Peak	Retention Time (min)	Retention Time (Relative to Ziram)	Area (Relative to Ziram)
1	6.7	0.39	11.0
2	13.4	0.79	2.8
3	17.0	1.00	100.0

Peak No. 1 had the same retention time as thiram; when compared with a thiram standard, ziram contained 6.47% by weight thiram. There was no peak with the same retention time as the bis(dimethyl-thiocarbamyl) sulfide standard.

E. SPECTRAL DATA

1. Infrared Instrument: Beckman IR-12

Cell: 1% potassium bromide pellet Peaks at ~3,500 and 1,630 cm⁻¹ in literature spectrum (Sadtler Standard Spectra) but not in sample spectrum

Results: See Figure 5

2. Ultraviolet/Visible

Instrument: Cary 118

Literature Values: Determined: ε x 10³ ε x 10³ $\lambda \max(nm)$ λ max(nm) ~281 ~18.9 $0.154 \pm 0.08 \ (\delta)$ 430 29.0 262 275 0.177 ± 0.6 (δ) (no visible absorption reported) 257 30.1 ± 2 (δ) (Romagnoli et al., 1969)

Solvent: Chloroform

Solvent: Acetonitrile

Ziram





Figure 5. Infrared Absorption Spectrum of Ziram (Lot No. 319400)

3. Nuclear Magnetic Resonance

Instrument: Varian HA-100

Solvent: Dimethylsulfoxided₆ with internal tetramethylsilane

Spectrum recorded on the supernatant solution

Assignments: (See Figure 6)

(a) s, δ 3.40 ppm
(b) s, δ 3.35 ppm (impurity)

Integration Ratios:

(a) 12.0

(b) Could not be integrated separately from ziram peak No literature spectrum found



Figure 6. Nuclear Magnetic Resonance Spectrum of Ziram (Lot No. 319400)

APPENDIX F

ANALYSIS OF FORMULATED DIETS FOR STABILITY OF ZIRAM MIDWEST RESEARCH INSTITUTE

A. MIXING AND STORAGE: Ziram (2.4118 g) and Wayne Lab-Blox[®] Rodent Feed (21.8276 g) were mixed in a mortar. Samples of the mixture were removed and stored for 2 weeks at -20° , 5° , 25° , and 45° C, respectively.

B. EXTRACTION AND ANALYSIS: Half-gram samples of the chemical/feed mixtures were combined with 50 ml of chloroform in an ultrasonic vibratory bath for 1 minute and then triturated for 1 minute using a Polytron high-speed blender. The resulting mixture was filtered through a fine-pore paper (Whatman No. 42), and the feed residue was reextracted in this same manner with 50 ml fresh chloroform. The combined filtrates were made up to exactly 100 ml with additional chloroform. Five-ml aliquots of these solutions were each mixed with 5 ml of freshly prepared aqueous 0.0024 M cuprous chloride solution, and this was made up to 100 ml with 95% ethanol. The optical absorbance of these final solutions was measured at 395 nm.

Instrument: Cary 118

C. RESULTS:

Sample (°C)	Average Percent Compound Recovered (a)
-20	9.9 ± 0.3
5	10.0 ± 0.3
25	10.2 ± 0.3
45	9.9 ± 0.3

(a) Corrected for spiked recovery yield of 92.3%. Theoretical yield, 9.95%.

APPENDIX G

ANALYSIS OF FORMULATED DIETS FOR CONCENTRATIONS OF ZIRAM SOUTHERN RESEARCH INSTITUTE

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APPENDIX G

Three-gram samples of the chemical/feed mixtures were combined with 50 ml of chloroform and triturated for 1.5 minutes using a Polytron high-speed blender. The resulting mixture was filtered through a fiberglass filter paper and the feed residue was reextracted in this same manner with 50 ml of fresh chloroform. The combined filtrates were made up to exactly 100 ml with additional chloroform. Five-milliliter aliquots* of these solutions were mixed with 5 ml aqueous 0.0024 M cuprous chloride solution** and diluted to 50 ml with 95% ethanol. The optical absorbance of these final solutions was measured at 395 nm.

Plain feed samples were made up in the same manner as the chemical/feed mixtures. Spiked feed references were made by weighing the plain feed and adding an accurately known weight of the pure compound. Plain and spiked feed samples were analyzed with each set of dosage mixture samples.

The method described above was used from June, 1977 until July, 1979 by Southern Research Institute (SoRI) and was originally developed by Midwest Research Institute (MRI) for analysis at the 100,000 ppm level. However, the levels being mixed for the chronic study were only 300-1200 ppm. Due to the insensitivity of this method, most of the analyses performed in this time period produced results that were usually more than 10% lower than the target concentration. A simple modification** was made to attempt to correct this deficiency since the blank values were extremely high. However, it did not appear to help appreciably. MRI reported on a new procedure based on atomic absorption in July, 1979 that was sensitive to 100 ppm. SoRI initiated use of this procedure immediately (August, 1979) and the majority of the analyses conducted between August, 1979 and April, 1980 using this procedure indicated that the samples were formulated properly. This would imply that most of the formulations in this study were properly mixed. The procedure used in the last eight months of the study was as follows:

Two-gram feed samples were weighed into 50 ml, acid-washed, Pyrex beakers. Five ml of acetone was added to each chemical/feed mixture and to the undosed feed blanks. Spiked samples (standard curve) were prepared by adding 5 ml of a ziram stock solution in acetone to undosed feed.

The samples were covered with acid-washed watch glasses and placed in a cold muffle furnace. The temperature was set for approximately 800° F and held constant until samples were completely ashed. The samples were allowed to cool to room temperature and Ultrex (J.T. Baker Chemical Co.) nitric acid (2 ml) and distilled water (8 ml) were added to each sample. The solutions were then refluxed for 1 hour.

The samples were diluted to 25 ml with water. An aliquot (2 ml) of these samples was further diluted to 50 ml with 5% nitric acid in water.

The diluted solutions were then analyzed by atomic absorption spectroscopy using the following instrumental parameters.

Instruments: Perkin-Elmer AA Model 603

Hollow cathode lamp current: 20 mA

Wavelength: 215.2 nm (The instrument was calibrated routinely with a zinc standard before the chemical/vehicle analyses were performed.)

Slit width: 0.2 nm

Flame: Air/acetylene

Gas flows: Air, 30 psi

Acetylene, 12 psi

Background correction: Hydrogen lamp

Results: See Table G1

 Method Modification by SoRI: 15-ml aliquots of extracts were mixed with 15 ml of the cuprous chloride solution.

****** Method Modification:

Aqueous cuprous chloride:

100 mg cuprous chloride + 20 ml 0.3 N hydrochloric acid diluted to 100 ml with 95% ethanol.

This solution was made fresh on each analysis day.

		Concentration (b) of Ziram in Feed for target concentration of				
Date Mixed	Week Used	300 ppm	600 ppm	1,200 ppm		
10/17/77	10/24/77	360	620	1,210		
11/18/77	11/25/77	230	540	1,080		
12/13/77	12/20/77	280	550	1,000		
12/13/77	12/20/77	260		1.070		
10-16-27	10:00:77	220	510	1,070		
12/16/77	12/23/77	230	490			
01/17/78	01/24/78	250	470			
			480			
02 21 78	02/28/78					
02 23 78	02/30/78			1,200		
03/14/78	03/21/78		680			
03/15/78	03/22/78			760		
03/21/78	03/28/78		490	1,120		
04/18/78	04 - 25 / 78	170	420			
05/16/78	05/23/78		500	1,140		
06/20/78	06/27/78	170	480	1,130		
07/11/78	07/18/78	210	480	1,040		
08/8/78	08/15/78	230	500			
09/5/78	09/12/78	230	450	1,090		
10/3/78	10/10/78	250	440			
11/6/78	11/13/78	240	520			
11/21/78	11/28/78	260	600	1,110		
12/19/78	12/26/78	200	485	1,110		
12/21/78	12/26/79	200	-10J	1,080		
		200	530			
01/23/79 01/25/79	01/30/79	220	5.50	1,030		
	01/30/79	220	400			
02/20/79	02/27/79	210	490	1 000		
03/13/79	03/20/79			1,080		
03/15/79	03/20/79	250	620			
04/12/79	04/17/79	220	500			
05/17/79	05/24/79	180	490			
06/13/79	06/19/79	180	440			
07/10/79	07/17/79	200	460			
1ean (ppm)		227	509	1,081		
tandard deviation		42.7	61.6	106		
oefficient of variation	(%)	18.8	13.9	9.8		
lange (ppm)		170-370	420-680	760-1,210		
umber of samples		21	26	14		
08 7/79 (c)	08/14/79	340	740			
09 4 79 (c)	09/11/79	300	600			
10/2/79 (c)	10/9/79	320	600			
10/30/79 (c)	11/6/79	280	660			
11/27/79 (c)	12/4/79	300	620			
12/26/79 (c)	01/1/80	280	560			
01/22/80 (c)	01/29/80	320	540			
01/22/80(c) 02/19/80(c)	02/25/80	300	540			
		500	540			
02/22/80 (c) 03/18/80 (c)	02/25/80	270				
03/16/60 (<i>C)</i>	03/25/80	370 370	540			
Mean (p)	318	600			
	•		67.1			
Standard d		32.9				
	ariation (%)	10.3 280-370	11.2 540-740			

TABLE G1. ANALYSIS OF FORMULATED DIETS FOR CONCENTRATIONS OF ZIRAM (a)

(a) The mouse study began in June 1977 and the rat study in April 1978.(b) The data presented are the average of the results of duplicate analyses.

(c) New analytical procedure used.

Ziram

APPENDIX H

HISTORICAL INCIDENCES OF TUMORS IN F344/N RATS AND B6C3F1 MICE

	C-Cell A	Adenoma	C-Cell C	arcinoma	Combined	
Battelle	3/238	(1.3%)	11/238	(4.6%)	14/238	(5.9%)
Dow	7/89	(7.8%)	1/89	(1.1%)	8/89	(9.0%)
Frederick	38/462	(8.2%)	8/462	(1.7%)	46/462	(10.0%)
Hazleton	1/192	(0.5%)	9/192	(4.7%)	10/192	(5.2%)
Litton	35/655	(5.3%)	11/655	(1.7%)	46/655	(7.0%)
Mason	33/940	(3.5%)	29/940	(3.1%)	62/940	(6.6%)
Southern (b)	48/584	(8.2%)	18/584	(3.1%)	65/584	(11.1%)
Total	165/3160	(5.2%)	87/3160	(2.8%)	251/3160	(7. 9 %)
Range						
High	8/49	(16.3%)	4/48	(8.3%)	10/49	(20.4%)
Low	0/89	(0.0%)	0/53	(0.0%)	0/47	(0.0%)

TABLE H1. HISTORICAL INCIDENCES OF THYROID TUMORS IN CONTROL MALE F344/N RATS (a)

(a) Data as of January 17, 1981. Range is presented for groups in which at least 35 animals were examined microscopically. Interim death (<104 weeks) animals are included.

(b) Southern Research Institute conducted the bioassay described in this report.

	Adenoca	arcinoma	Fibroa	denoma
Battelle	2/238	(0.8%)	42/238	(17.7%)
Dow	3/100	(3.0%)	22/100	(22.0%)
Frederick	4/470	(0.9%)	74/470	(15.7%)
Hazleton	2/200	(1.0%)	39/200	(19.5%)
Litton	4.737	(0.5%)	82/737	(11.1%)
Mason	18:1071	$(1.7c_{c})$	286/1071	(26.7%)
Southern (b)	13 591	$(2.2^{c_{\ell}})$	157, 591	(26.6%)
Total	46 3407	$(1.4 S_{C}^{*})$	702/ 3407	(20.6%)
Range				
High	3 50	(6.0%)	23/50	(46.0%)
Low	0 52	(0.0%)	4 50	(8.0%)

TABLE H2. HISTORICAL INCIDENCES OF MAMMARY TUMORS IN CONTROL FEMALE F344/N RATS (a)

(a) Data as of January 17, 1981. Range is presented for groups in which at least 35 animals were examined microscopically. Interim death (<104 weeks) animals are included.

(b) Southern Research Institute conducted the bioassay described in this report.

		Alveolar/Bronchiolar				
	Ade	noma	Carci	noma	Carcinoma	oma or Combined
Battelle	13/349	(3.7%)	5/349	(1.4%)	18/349	(5.2%)
Dow	5/95	(5.3%)	1/95	(1.1%)	6/95	(6.3%)
Frederick	18/428	(4.2%)	11/428	(2.6%)	29/428	(6.8%)
Hazleton	5/99	(5.1%)	1/99	(1.0%)	6/99	(6.1%)
Litton	25/502	(5.0%)	4/502	(0.8%)	29/502	(5.8%)
Mason	50/814	(6.1%)	21/814	(2.6%)	71/814	(8.7%)
Southern (b)	18/501	(3.6%)	8/501	(1.6%)	25/501	(5.0%)
Total	134/2788	(4.8%)	51/2788	(1.8%)	184/2788	(6.6%)
Range:						
High	1	(14.0%)	3/50	(6.0%)	•	(16.0%)
Low	0/50	(0.0%)	0/50	(0.0%)	0/50	(0.0%)

TABLE H3. HISTORICAL INCIDENCES OF LUNG TUMORS IN CONTROL FEMALE B6C3F1MICE (a)

(a) Data as of January 17, 1981. Range is presented for groups in which at least 35 animals were examined microscopically. Interim death (<104 weeks) animals are included.

(b) Southern Research Institute conducted the bioassay described in this report.

	Adenoma		Carcinoma		Combined	
Battelle	5/348	(1.4%)	21/348	(6.0%)	25/348	(7.2%)
Dow	3/98	(3.1%)	5/98	(5.1%)	7/98	(7.1%)
Frederick	10/431	(2.3%)	13/431	(3.0%)	22/431	(5.1%)
Hazleton	1/100	(1.0%)	4/100	(4.0%)	5/100	(5.0%)
Litton	21/511	(4.1%)	11/511	(2.2%)	32/511	(6.3%)
Mason	35/809	(4.3%)	39/809	(4.8%)	73/809	(9.0%)
Southern (b)	14/498	(2.8%)	18/498	(3.6%)	31/498	(6.2%)
Total	89/2795	(3.2%)	111/2795	(4.0%)	195/2795	(7.0%)
Range						
High Low	· · · · · · · · · · · · · · · · · · ·	(18.4%) (0.0%)		(14.6%) (0.0%)	,	(20.4%) (0.0%)

TABLE H4. HISTORICAL INCIDENCES OF LIVER TUMORS IN CONTROL FEMALE B6C3F1 MICE (a)

(a) Data as of January 17, 1981. Range is presented for groups in which at least 35 animals were examined microscopically. Interim death (<104 weeks) animals are included.

(b) Southern Research Institute conducted the bioassay described in this report.

	Adenoma		Carcinoma		Combined	
Battelle	30/347	(8.7%)	75/347	(21.6%)	102/347	(29.4%)
Dow	13/98	(13.3%)	33/98	(33.7%)	46/98	(46.9%)
Frederick	31/407	(7.6%)	100/407	(24.5%)	131/407	(32.2%)
Hazleton	3/49	(6.1%)	17/49	(34.7%)	20/49	(40.8%)
Litton	47/499	(9.4%)	85/499	(17.0%)	132/499	(26.5%)
Mason	71/800	(8.9%)	198/800	(24.8%)	264/800	(33.0%)
Southern (b)	42/490	(8.6%)	94/490	(19.2%)	134/490	(27.3%)
Fotal	237/2690	(8.8%)	602/2690	(22.4%)	829/2690	(30.8%)
Range						
High	11/50	(22.0%)	24/54	(44.4%)	29/50	(58.0%)
Low	0/49	(0.0%)	4/50	(8.0%)	8/50	(16.0%)

TABLE H5. HISTORICAL INCIDENCES OF LIVER TUMORS IN CONTROL MALE B6C3F1 MICE (a)

(a) Data as of January 17, 1981. Range is presented for groups in which at least 35 animals were examined microscopically. Interim death (<104 weeks) animals are included.

(b) Southern Research Institute conducted the bioassay described in this report.

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