

NATIONAL TOXICOLOGY PROGRAM
Technical Report Series
No. 246



LIFETIME CARCINOGENESIS STUDIES
OF
CHRYBOTILE ASBESTOS
(CAS NO. 12001-29-5)
IN SYRIAN GOLDEN HAMSTERS
(FEED STUDIES)

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

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.

Special Note: This Technical Report was peer reviewed in public session and approved by the NTP Board of Scientific Counselor's Technical Reports Review Subcommittee on June 23, 1981 [see page 10]. Thereafter, the NTP adopted the policy that the experimental data and laboratory records from all NTP toxicology and carcinogenesis studies not yet printed and distributed would be audited. The audit report was reviewed by NTP staff, who determined that none of the discrepancies influenced the final interpretation of the results of these studies. All errors detected in the audit of the draft report were corrected in this final Technical Report. The audit report is on file at the NIEHS/NTP Quality Assurance Office and is available for review.

Because printing and distribution of this Technical Report has been delayed, the format differs from that of Technical Reports peer reviewed more recently. The categories of evidence of carcinogenicity adopted by the NTP in June 1983 were not used to evaluate these data. This final Technical Report supersedes all previous drafts of this report that have been distributed.

**NTP TECHNICAL REPORT
ON THE
LIFETIME CARCINOGENESIS STUDIES
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(CAS NO. 12001-29-5)
IN SYRIAN GOLDEN HAMSTERS
(FEED STUDIES)**



**NATIONAL TOXICOLOGY PROGRAM
Research Triangle Park
Box 12233
North Carolina 27709**

July 1990

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**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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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 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 designed and conducted at the National Institute of Environmental Health Sciences, National Toxicology Program.

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

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

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CARCINOGENESIS STUDIES OF CHRYSOTILE ASBESTOS

ABSTRACT

Carcinogenesis studies of short range (SR), intermediate range (IR), or intermediate range chrysotile asbestos in combination with the intestinal carcinogen 1,2-dimethylhydrazine dihydrochloride (DMH) were conducted with male and female Syrian golden hamsters. Both forms of chrysotile asbestos were administered at the concentration of 1% in pelleted diet for the entire lifetime of the hamsters starting with mothers of the test animals. Group sizes varied from 125 to 253. Starting at 6 weeks of age, male and female hamsters in the intermediate range chrysotile/DMH study were given oral doses of DMH (4 mg/kg) every other week for a total of 5 doses. There was no adverse effect on body weight gain or survival by either form of asbestos or by asbestos in combination with DMH.

A significant increase ($P < 0.05$) in adrenal cortical adenomas was observed in male hamsters exposed to SR and IR chrysotile asbestos and in females treated with IR chrysotile asbestos when compared to the pooled control groups (males: pooled controls, 25/466, 5%; SR chrysotile, 26/229, 11%; IR chrysotile, 24/244, 10%; females: pooled controls, 15/468, 3%; IR chrysotile, 18/234, 8%). However, statistical significance was lost when these dosed groups were compared with concurrent control groups (males: SR control, 7/115, 6%; IR control, 7/115, 6%; females: SR control, 4/112, 4%; IR control, 6/118, 5%).

The results of the combination study (IR chrysotile plus DMH) did not yield a significant increase in tumors above the background level observed in the DMH group alone or in the untreated control group. The DMH failed to yield a background level of intestinal tumors high enough to provide a valid test of the cocarcinogenic potential of chrysotile asbestos. For this reason, the cocarcinogenic potential of orally administered asbestos should be considered untested.

Under the conditions of these studies, neither short range chrysotile nor intermediate range chrysotile asbestos was carcinogenic when ingested at 1% levels in the diet by male and female Syrian golden hamsters. While there were increases in the rates of adrenal cortical adenomas in male and female hamsters exposed to intermediate range chrysotile asbestos compared with pooled control groups, these incidence rates were not different when compared with the concurrent control groups. Additionally, the biologic importance of adrenal tumors in the absence of target organ (gastrointestinal tract) neoplasia is questionable. The cocarcinogenesis studies using IR chrysotile asbestos and 1,2-dimethylhydrazine dihydrochloride were considered inadequate because there was no increase in intestinal neoplasia in the DMH group.

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SUMMARY OF PEER REVIEW COMMENTS

On June 23, 1981, this technical report on the carcinogenesis studies of chrysotile asbestos underwent peer review and was approved by the National Toxicology Program Board of Scientific Counselors' Technical Report Review Subcommittee and associated Panel of Experts at an open meeting held in Building 101, National Toxicology Program, Research Triangle Park, North Carolina.

Dr. Swenberg, as a principal reviewer, agreed with the conclusions that the ingestion via the diet of short range (SR) or intermediate range (IR) chrysotile asbestos was not carcinogenic in male and female Syrian golden hamsters. The asbestos was made available in pelleted diet, 1%, for the lifetime of the hamsters. While there were significant increases in the rates of adrenal cortical adenomas in male (SR or IR) and female (IR) hamsters exposed to chrysotile asbestos compared to pooled control groups, they were no longer significant when contrasted to the concurrent control groups. Additionally, the biologic importance of adrenal tumors in the absence of intestinal or mesothelial neoplasia is questionable. Combination studies using IR chrysotile and 1,2-dimethylhydrazine (DMH) were considered inadequate because of the lack of an increase in intestinal neoplasia in the DMH group.

Dr. Swenberg said that several aspects of the study conduct and reporting could use more attention: missexed animals; fluctuations in animal body weights; information on the DMH experiment; non-tumor pathology; and more detailed review of the clinical records for autolyzed or cannibalized animals.

As a second principal reviewer, Dr. Mirer emphasized the variations in duration of exposure in the absence of terminal sacrifice, which differs from past or standard experimental design. He noted there were large differences in median fiber length for both SR and IR as measured by electron microscopy versus light microscopy; this difference may relate to the distribution of fiber sizes found in the diet samples. He reiterated the inadequacy of the DMH studies in that a literature report indicated a higher incidence of hemangiomas and hemangiosarcomas in DMH-treated hamsters than were seen in the current study. Dr. Mirer asked for available references to studies in hamsters of asbestos exposure by other routes of administration. He emphasized again that the nature of the test material is most important before meaningful conclusions can be made.

Dr. Williams suggested that the DMH studies may have been inadequate because the DMH was not appropriately buffered to prevent decomposition. He asked that summary data be included from an EPA report showing various forms of asbestos to be inactive genetically (Reiss et al., 1979). Dr. Mirer elaborated further on experiments not done which might have aided interpretation of the results. One had to do with uptake and translocation of asbestos fibers in the body, while the other related to whether asbestos pelleted in diet is available to be absorbed and/or translocated in the same way that asbestos suspended in drinking water would be.

Dr. Moore, NTP, said there was disagreement between the original pathologist and the Pathology Working Group for both this report and the amosite asbestos report. Dr. Swenberg felt that this was handled well in the reports. He said that the quality assurance review findings should also be included in the report or there should at least be a statement to the effect that the findings are available on request.

Dr. Swenberg moved that the technical report on the carcinogenesis studies of chrysotile asbestos be approved following the insertion of the minor revisions indicated. Dr. Mirer seconded the motion and the technical report was approved unanimously by the Peer Review Panel.

I. INTRODUCTION

I. INTRODUCTION

The term asbestos has a commercial/industrial derivation limited to naturally occurring fibrous minerals of the serpentine or amphibole series. Chrysotile is the only asbestos in the serpentine series, whereas the amphibole series is represented by actinolite, amosite, anthophyllite, crocidolite, and tremolite. The essential characteristic of asbestos minerals is their fibrous nature. The gross fibers which are visible to the naked eye are actually bundles of much finer fibrils that are submicroscopic in size.

Studies during the past 25 years have clearly established an association between occupational exposure to asbestos and increased risk of cancer. Human studies have shown that increased tumor risk is associated with chrysotile, amosite, and anthophyllite exposure; animal studies also implicate crocidolite.

Excellent reviews of the carcinogenic and public health effects associated with asbestos are those by Selikoff (1980), the Environmental Protection Agency (1980), Selikoff and Hammond (1979), and the International Agency for Research on Cancer (1977).

Lung cancer and mesothelioma are neoplasms most frequently observed in people exposed to asbestos, with the latter tumor perhaps unique in its association with these fibers. A modest increase in the incidence of gastrointestinal tumors has also been observed among asbestos insulation workers, miners, and factory workers. The increased incidence of gastrointestinal cancer and possible peritoneal mesothelioma in occupationally exposed populations may be a consequence of direct fiber ingestion or ingestion of inhaled fibers cleared from the nasal or tracheobronchus portions of the respiratory system by mucociliary processes.

Large portions of the population ingest asbestos through consumption of food and water. Analysis of water samples from 365 cities found 45% to have detectable levels of asbestos (Millette, 1979). Forty-one cities had asbestos concentrations in water that exceeded 10 million fibers per liter. Asbestos or asbestos-like fibers may gain access to water supplies as a result of mining (Lake Superior), presence of natural serpentine or amphibole deposits in water sheds (Seattle, Washington, and San Francisco, California), or, under certain conditions, through the use of asbestos-cement pipe by municipal water supplies (EPA, 1980). In the latter instance erosion of fibers is associated with the "aggressiveness" of the water, a term representing a

mathematical expression of pH, alkalinity, and calcium content. Approximately 69% of U.S. water systems utilize water that is potentially capable of eroding asbestos-cement pipe (EPA, 1980).

Harrington et al., (1978) failed to detect an association between the use of asbestos-cement pipe for municipal water supplies and the incidence of gastrointestinal cancer. In a study of the cancer incidence in the San Francisco Bay area, Cooper et al., (1979) reported a statistically significant trend for the incidence of several cancer types including stomach, gallbladder, esophageal and peritoneal cancer when analyzing census tracts on a gradient of low to high asbestos content in municipal water. In subsequent studies, Cooper et al. (1979) confirmed the association between asbestos levels in San Francisco Bay area drinking water and cancer of the digestive tract.

Furthermore, beers and wines could contain asbestos, possibly as a consequence of the use of asbestos filters in the preparation of these products (Cunningham and Pontefract, 1971). The ingestion of rice treated with talc that contains asbestos has been hypothesized to be associated with an increased incidence of stomach cancer (Merliss, 1971a and 1971b).

A number of studies have provided evidence that ingestion of asbestos in either food or water can result in the migration of asbestos fibers through the gastrointestinal mucosa and distant organ sites in humans (Carter and Taylor, 1980), in rats (Cunningham et al., 1977), and in baboons (Storeygard and Brown, 1977). Electron microscopic studies confirmed the presence of amphibole mineral fibers in the urine of people who ingested water containing these fibers (Cook and Olson, 1979).

Studies in animals have shown that the inhalation of asbestos can produce lung carcinoma and mesothelioma in the pleural cavity. Intrapleural, intratracheal, and intraperitoneal injection of asbestos will also produce neoplasia in several species of laboratory animals. A review of these studies is given by Levine (1978).

Asbestos (chrysotile, amosite, and crocidolite) has been shown to be cytotoxic *in vitro* to human embryonic intestine, mouse epithelial-like colon-derived cells, and rat liver epithelial cells (Reiss et al., 1979). However, chrysotile asbestos was far more cytotoxic than the amphibole fibers, and effects were more pronounced in the intestine-derived cells than in those from the

I. INTRODUCTION

liver. Asbestos was also found to be cytotoxic to Syrian hamster peritoneal macrophages (Bey and Harrington, 1971).

Using the HGPRT locus/resistance to 6-thioguanine assay system, Reiss et al. (1979) showed that the above three forms of asbestos were not mutagenic. In addition, no mutagenic activity was demonstrated using chrysotile, amosite, or crocidolite asbestos in *Escherichia coli* or *Salmonella typhimurium* systems (Chamberlain and Tarmy, 1977). From these data, asbestos is not likely to be genotoxic, but rather a carcinogen of the solid state type (Weisburger and Williams, 1979).

In 1973 the National Institute of Environmental Health Sciences and the Environmental Protection Agency cosponsored a symposium on the possible biological effects of ingested asbestos (EHP, 1974). This conference concluded that a paucity of data existed concerning the effects of ingested asbestos and that specific research was needed.

A Subcommittee of the DHEW Committee to Coordinate Toxicology and Related Programs subsequently reviewed existing data and pre-

pared a draft research protocol that the Committee felt was responsive to the major public health consensus. The protocol was widely distributed for comment within and outside the government. On the basis of the comments received, a revised protocol was developed which required long-term animal toxicology and carcinogenesis studies to evaluate the ingestion of several forms of asbestos for carcinogenic effect. The forms of asbestos to be studied included chrysotile (a serpentine asbestos) (NTP TR 246), amosite (NTP TR 249 for studies in Syrian golden hamsters and TR 279 for studies in F344/N rats) and crocidolite (representative of amphibole asbestos) (NTP TR 280), and a nonfibrous tremolite (NTP TR 267), which contained low levels of asbestiform fibers.

All materials were to be tested in the Fischer 344 strain of rat, whereas two forms of asbestos were to be tested in hamsters. All studies were to encompass the lifetime of the animal, defined as the period from which the animal commences eating solid food until death.

This technical report presents the results of those studies undertaken to determine the effects of short range and intermediate range chrysotile asbestos in the diet fed to male and female Syrian golden hamsters.

II. MATERIALS AND METHODS

TEST MATERIALS

TEST DIETS

SOURCE AND SPECIFICATIONS OF TEST ANIMALS

ANIMAL MAINTENANCE

CLINICAL EXAMINATIONS AND PATHOLOGY

DATA RECORDING AND STATISTICAL METHODS

PILOT STUDY FOR DOSE SETTING OF INTESTINAL CARCINOGEN

II. MATERIALS AND METHODS: TEST MATERIALS

TEST MATERIALS

Asbestos is a general term applied to certain natural mineral silicates when they appear in a fibrous form. Chrysotile is the fibrous member of the serpentine mineral group; its chemical structure is $Mg_3Si_2O_5(OH)_4$. Two chrysotile test materials were selected for testing and are referred to as short range (SR) and intermediate range (IR) chrysotile. Intermediate range chrysotile differs from short range chrysotile in that the former contains fibers extending into relatively large sizes both with respect to length and diameter.

The short range chrysotile was purchased from the Union Carbide Corporation, Niagara Falls, New York, which referred to the material as COF-25. The chrysotile was mined from the New Idria serpentine mass located in the southern part of the Diablo Range in the southwestern San Benito and western Fresno counties of California.

The intermediate range chrysotile was purchased from the Johns Manville Company, which referred to the material as Plastobest-20. This is a particularly clean grade of chrysotile used in the plastics industry. The chrysotile was obtained from the Jeffrey Mine, Asbestos, Quebec, Canada.

The two chrysotile test materials were each purchased in quantities of about 1,000 pounds. Each material was packaged in new fiberboard

drums in quantities of 25 (short range) or 50 pounds (intermediate range) and stored with other forms of asbestos in a special warehouse room at Research Triangle Park, North Carolina. Each drum received a color marking unique to the specific asbestos type.

The homogeneity of the samples and the physical and chemical properties of the materials were extensively characterized by the Bureau of Mines, U.S. Department of the Interior (Supt. of Documents No. I 28.23:8452) and by the Fine Particle Laboratories, Illinois Institute of Technology Research Institute, Chicago, Illinois (Special Report and Addendum on project L6085, contract NO1-ES-5-3157). Copies of these reports are available upon request from the National Toxicology Program.

Selected chemical and physical properties which define differences between the two chrysotile samples are given below and in Table 1.

Short range chrysotile was detected at greater than 96% by volume; minor amounts of calcite, brucite, talc, feldspar, quartz, and opaques were present.

Intermediate range chrysotile was detected at greater than 96% by volume; minor amounts of platy serpentine, calcite, brucite, pyroxene, talc, magnetite, and other opaques were present.

TEST DIETS

The feed used was NIH-31 open formula rodent diet prepared by Zeigler Brothers Inc., Gardners, PA. The appropriate chrysotile asbestos was incorporated to a level of 1% by weight into the test diet. Pilot studies determined that homogeneous mixing of asbestos and feed would occur when a 55 cu. ft. Patterson Kelly "V" blender was loaded by alternate layering of feed and asbestos. All feed was pelleted with a

Sprout-Waldron pelleter; the pellets were of oval configuration, 3/8" by 3/4" in size. Pelleted feed was packaged in 25 pound aliquots in standard paper feed bags which were color coded to minimize the occurrence of feeding errors at the test laboratory. Each lot of blended feed was analyzed for asbestos concentration; the results of these analyses are given in Appendix A.

TABLE 1. FIBER CHARACTERISTICS AND CHEMICAL-INSTRUMENTAL ANALYSES OF CHRYSOTILE ASBESTOS (a)

	Short Range	Intermediate Range
Fiber Characteristics		
Surface area (m ² /g)	54.3 ± 3.9 (b)	20.2 ± 0.1 (b)
	54.2 ± 0.9 (c)	24.9 ± 2.2 (c)
Density (g/cm ³)	2.577 ± .022SD	2.607 ± .016 SD
Measurement, transmission electron microscopy		
fiber count/gram	.6081 x 10 ¹³	.1291 x 10 ¹²
median length (μm)	0.66	0.82
range of length (μm) (d)	0.088 - 51.1	0.104 - 783.4
median diameter (μm)	0.059	0.089
range of diameter (μm)	0.019 - 1.67	0.019 - 11.5
median fiber aspect ratio (l/d)	11.1698	8.435
Chemical Instrument Analyses (expressed as weight percent)		
Al ₂ O ₃	0.66	1.47
CaO	0.32	0.05
FeO	Not Detected	Not Detected
Fe ₂ O ₃	2.02	2.93
MgO	40.62	40.26
K ₂ O	Not Detected	0.08
SiO ₂	39.77	39.90
Na ₂ O	0.01	0.04
TiO ₂	0.03	0.04
MnO	0.07	0.06
Cr ₂ O ₃	0.17	0.06
NiO	0.17	0.06
Co ₂ O ₃	0.01	Not Detected
CO ₂	0.78	0.51
H ₂ O ⁻	1.54	1.17
H ₂ O ⁺	12.69	12.81
Benzene extracted organics	0.026	0.011

(a) Measurements by transmission electron microscopy were performed at the Illinois Institute of Technology Research Institute; all other analyses were performed by the Bureau of Mines.

(b) As measured with the Quantachrome surface area instrument on 15-30 independent samples.

(c) As measured with the Perkin-Elmer surface area instrument on 15-30 independent samples.

(d) SR is comprised of short fibers, with 98% < 10 μm. IR consists of 65% > 10 μm, with a significant number of fibers (~14%) longer than 100 μm.

II. MATERIALS AND METHODS: SOURCE AND SPECIFICATIONS OF TEST ANIMALS

SOURCE AND SPECIFICATIONS OF TEST ANIMALS

Disease free, mated female outbred Syrian golden hamsters were obtained over a period of 20 weeks in 1977 from Charles River Lakeview

Laboratories, Wilmington, MA. The hamsters had been mated 6 days prior to shipping.

ANIMAL MAINTENANCE

Upon arrival, the mated female hamsters were weighed and sorted into weight ranges. They were then distributed randomly between control and treatment groups, which were housed in separate rooms. The first shipment of mated females was assigned to the short range (SR) chrysotile study, the second to the intermediate range (IR) chrysotile study, the third shipment to the IR chrysotile plus DMH study, the fourth group to the amosite study and their respective control groups. Each dam was placed in an individual cage with filter top in its respective room. Control or formulated diets were provided *ad libitum* in feed jars on the floor of each cage. Water was provided *ad libitum* via bottles. The hamsters were not handled except when the cages were changed just before the litters were due to be born. Once the litters were born, they were left undisturbed until they were approximately 10 days of age. Then, the cages were changed weekly until the offspring were 4 weeks of age, at which time they were weaned. Details of animal maintenance are presented in Table 2.

At weaning, the offspring were individually weighed and separated by sex. The test groups were randomly placed into groups of 3 males or 3 females and housed in polycarbonate cages for the remainder of the lifetime study. The dams were killed at this time. Twenty male and 20 female offspring were removed from the study for endo- and ectoparasite examination (Appendix B) to confirm that the test groups were of a desired health status. Extra hamsters were not discarded at this time, in case animals had been missexed. Approximately 6 weeks after weaning, all missexed hamsters were killed along with their cage mates and were replaced with these alternates which had received maintenance identical to that received by the original hamsters. The remaining hamsters were killed. The experimental design insured that ingestion of asbestos spanned the entire phase of solid food consump-

tion during the lifetime of the animal. Food consumption was not determined because of the hamster's habit of sequestering its feed in the bedding. Control hamsters were housed in separate rooms. The number of animals in the study is shown in Table 3.

Starting at 6 weeks of age, male and female hamsters in the intermediate range chrysotile/1,2-dimethylhydrazine dihydrochloride (DMH) study (Table 3) were given oral doses of DMH (4 mg/kg) every other week for a total of 5 doses. The dose of DMH used in this study was based on the results of a pilot study carried out previously in the same facility (see Pilot Study section for details). The latter was conducted in a manner similar to that reported in rats (McConnell et al., 1980). The DMH (Aldrich Chemical Co., Milwaukee, WI) was used as received and was dissolved in 0.9% saline to give a concentration of 2.00 mg/ml. The solutions were made up within one hour prior to the dosing of the hamsters. All dosing was completed in less than 3 hours. The DMH was analyzed after each dosing (Appendix C).

During the test period, the room temperature was maintained at $22^{\circ}\text{C} \pm 2^{\circ}\text{C}$ and the relative humidity ranged from 40% to 80%. To minimize contamination of room air with asbestos, each cage was totally enclosed. Incoming air to the cages was passed through fiberglass filters, while exit air was passed through a fiberglass roughing filter followed by a bag housing filter. The cage air pressure was negative relative to the room and the room was maintained at a slightly negative pressure in relation to corridor air. Air flow within the animal rooms was maintained with a minimum of 20 air changes per hour. Fluorescent lighting was provided 12 hours per day.

TABLE 2. MATERIALS AND METHODS FOR ANIMAL MAINTENANCE

Item	Manufacturer	Specifications	Frequency of Change or Cleaning
Cages	Maryland Plastics New York, NY	Econo-Cage Polycarbonate 19" x 10-1/2" x 8"	Weekly
Racks	Bussy Products	Stainless Steel 20 cages/rack	Weekly
Bedding	Ab-sorb-Dri, Inc. Rochelle Park, NJ	Hardwood 50 lb/bag	Weekly
Cage tops	Able Molded Plastics, Inc. Chicago, IL	GE Lexan Polycarbonate	Weekly
Cage Filter	Associated Air Filter Co. Rosemont, IL	3" Diameter cut from FG50 Filter Mats	Weekly
Metal Holder for Cage Filter	C.D. Cash Manufacturing Chicago, IL	Outer shell with screen and baffle Inner shell with screen	Weekly
Snap Ring for Holder	Keats-Lorenz Spring Co. Chicago, IL	Phosphor Bronz Spring tempered	Weekly
Feed dish with Metal Lips	W. Braun Company Chicago, IL	16 oz. Opal or clear glass jars	Weekly
Feed Follower	Unifab Corp. Kalamazoo, MI	Stainless Steel with 7 holes	Weekly
Water Bottles	Continental Glass Co. Chicago, IL	Pint Flint glass	Weekly
Watering Tube	Wahmann Mfg. Co. Timonium, MD	Stainless Steel 5/16" OD, 7-1/2" length with 120° bend 1-1/2" from bottle	Weekly
Feed	Ziegler Brothers Gardners, PA	NIH-31 Diet 25- or 50-lb bags	Weekly
Cage & Bottle Washer	Blakeslee Cicero, IL	Tunnel Wash	Daily check Monthly maintenance
Autoclaves	American Sterilizer	Models 1) Medallion 2) RSP (Vacumatic S)	Bimonthly maintenance
Washing Compounds	Economics Labs, Inc. St. Paul, MN	Spearhead Lime Away	
Room Air Filters (Exhaust)	(Roughing Filters) Air Filter Equip. Corp. Chicago, IL (Bag Housing) Pure Air Filter Chicago, IL	Amer-Glass Filters Type G filters Dri Pak 2100 H Class II Absolute Filters Am. Air Filter Astrocel	
Rack Washer	Metal Wash Machinery Elizabeth, NJ	Mark V	Daily check Monthly maintenance

TABLE 3. DISPOSITION OF HAMSTERS FROM THE CHRYSOTILE ASBESTOS FEED STUDY

Group	Sex	On Test	Histopathologic Evaluation	Missing	Cannibalized	Autolyzed	Missexed
SR Chrysotile	M	126	115	0	3	6	2
Control	F	126	114	1	1	6	5
IR Chrysotile	M	126	116	0	0	8	2
Control	F	126	119	0	0	4	3
DMH and IR Chrysotile	M	125	119	0	0	3	3
Control	F	128	120	1	0	2	5
Amosite	M	127	122	0	0	4	1
Control	F	126	119	1	0	1	5
SR Chrysotile	M	253	233	0	1	10	9
	F	252	228	1	0	17	6
IR Chrysotile	M	251	245	0	0	3	3
	F	252	244	1	0	3	4
DMH	M	127	127	0	0	0	0
	F	126	122	0	0	1	3
DMH and IR Chrysotile	M	176	173	0	0	2	1
	F	173	161	3	0	6	4

CLINICAL EXAMINATIONS AND PATHOLOGY

All hamsters were observed daily for signs of toxicity. Body weights of individual animals were recorded weekly for the duration of the study. All animals were allowed to die or were killed with pentobarbital sodium when moribund. A complete post-mortem examination was performed on all animals not severely cannibalized or autolyzed. Thus, the number of animals from which particular organs or tissues were examined microscopically varies and does not necessarily represent the number of animals that were placed on study in each group (Table 3).

The gastrointestinal tract, chosen as one of the target organs prior to the study, was handled in a manner slightly different than in standard rodent lifetime studies. Prior to placement in fixative, the entire esophagus was opened and pinned with the exterior surface adjacent to cardboard. The stomach and cecum were prepared similarly. Two-centimeter lengths of duodenum and ileum and 2 portions of jejunum were placed unopened in fixative. The remaining small intestine was opened, washed gently with saline, and then carefully examined. Suspected lesions were processed separately and identified

individually as to location. Likewise, the entire colon with anus was opened, examined, and pinned to cardboard prior to fixation. The size and location of masses were recorded. Masses greater than 1 mm in diameter were removed as separate specimens for processing. After fixation and prior to embedding, the colon was "carpet-rolled" starting at the posterior end, with the mucosal surface inward.

All tissues were fixed in 10% neutral buffered formalin, sectioned, and stained with hematoxylin and eosin. Tissues/organs examined microscopically were: tissue masses, the above-mentioned portions of gastrointestinal tract, mesenteric and bronchial lymph nodes, salivary gland, bone marrow (sternum), larynx, trachea, lungs and bronchi, heart, thyroid, parathyroid, liver, gallbladder, pancreas, spleen, kidneys, adrenal glands, urinary bladder, seminal vesicles/prostate/ testes, ovaries/uterus, brain and pituitary gland. Mammary gland, thigh muscle, nasal cavity with turbinates, eyes, and spinal cord were examined grossly.

The findings of the contracting pathologist were subjected to a quality assurance review by an independent pathology contractor. This

II. MATERIALS AND METHODS: ANIMAL MAINTENANCE

review consisted of an examination of all tumors diagnosed by the original pathologist, target organs (gastrointestinal tract) from all animals, and all organs from 10% randomly selected hamsters, and of a tissue count on all animals. Sections from all tumors and from any other organ in which a discrepancy existed between the original and reviewing pathologists were submitted to the NTP Pathology Working Group (NTP/

PWG) for subsequent review. When there was a discrepancy in tumor diagnosis between the original pathologist and the NTP/PWG, all slides in question were returned to the original pathologist for reevaluation. The tables in this report represent the original pathologist's final diagnosis. Cases in which the original pathologist did not agree with the NTP/PWG are reported separately.

DATA RECORDING AND STATISTICAL METHODS

The individual animal pathology data from this experiment were recorded in the Carcinogenesis Bioassay Data System. The data elements include descriptive information on the chemicals, animals, experimental design, clinical observations, survival, and individual pathologic results.

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. Differences in survival were evaluated by Cox's (1972) life table method.

As noted earlier, concurrent studies were conducted in this laboratory with another form of asbestos (amosite) with exactly the same protocol (NTP, 1983). Although the results of these studies are not given in this report, the amosite controls were included with the chrysotile control groups for statistical purposes as part of the pooled controls.

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

The first method of analysis assumed that all tumors of a given type 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 treated 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 were then combined by the Mantel-Haenszel methods to obtain an overall probability (P) value. This method of adjusting for intercurrent mortality is Cox's life table method (1972).

The second method of analysis assumed that all tumors of a given type 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 treated and control groups were compared in each of five time intervals. For male hamsters these time intervals were 0-52 weeks, 53-78 weeks, 79-92 weeks, 93-103 weeks, and beyond 103 weeks. For female hamsters whose median survival was considerably less than that of the males, the time intervals were 0-44 weeks, 45-52 weeks, 53-60 weeks, 61-68 weeks, and beyond 68 weeks. 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.)

In addition to these tests, one other set of statistical analyses was carried out for each primary tumor: the Fisher exact test based on

II. MATERIALS AND METHODS: DATA RECORDING AND STATISTICAL METHODS

the overall proportion of tumor-bearing animals (Gart et al., 1979). All reported P values are one

sided. Except where noted, the three alternative analyses gave similar results.

PILOT STUDY FOR DOSE SETTING OF INTESTINAL CARCINOGEN

This pilot study was designed to determine the dose of a known intestinal carcinogen that would produce a low incidence ($10\% \pm 5\%$) of intestinal cancer and relatively little toxicity or neoplasia at other sites in the body. This experiment was conducted in a manner similar to that reported in rats (McConnell et al., 1980). The chemicals chosen were methylazoxymethanol acetate (MAM) and 1,2-dimethylhydrazine dihydrochloride (DMH) (Aldrich Chemical Co., Milwaukee, WI). The chemical which most nearly met these two criteria would be used in the cocarcinogenesis studies.

MAM or DMH was used as received and dissolved in 0.9% saline to a concentration of 1.5% (15 mg/ml), then diluted with saline to give the appropriate concentration for dosing. The solutions were made up within one hour prior to dosing the animals. To obviate decomposition of the chemical, all dosing was completed in less than 3 hours following preparation of the solutions.

While in the rooms, personnel wore full protective clothing and activated charcoal respirators during the actual dosing and for an additional 2 weeks following the last dose. After this time, normal safety precautions were used.

Four-week-old male and female Syrian golden hamsters were obtained from A.R. Schmidt Co. (Madison, WI) for this pilot study. The animals were acclimatized to their environment for 2 weeks; during this period, 2 males and 2 females were chosen randomly for qualitative disease diagnosis as described earlier. Caging, bedding, and feeding were also handled as described earlier (Table 1). At 6 weeks of age, hamsters were sorted by weight and assigned randomly to the dose groups prior to compound administration. DMH or MAM solutions were administered by gastric intubation, 0.2 ml/kg body weight every other week for 10 weeks (5 doses). Dose levels and group sizes are shown in Table 4. The unbalanced group sizes were selected so that the largest numbers of animals would be included in dosage groups in which the desired effects were most likely to be observed. The study was terminated 9 months following the last dose of the carcinogen.

TABLE 4. DOSE LEVELS AND GROUP SIZES OF HAMSTERS USED IN THE PILOT STUDIES OF METHYL-AZOXYMETHANOL (MAM) AND 1,2-DIMETHYLHYDRAZINE DIHYDROCHLORIDE (DMH)

Dose Level (mg/kg b.w.)	Group Size		
	Males	Females	Total
0 (0.9% saline control)	30	30	60
0.2	30	30	60
1	27	27	54
4	27	27	54
7.5	27	27	54
15	21	21	42
30	18	18	36

All hamsters were observed daily and weighed once per week. (Statistical analyses were not done on body weight gain.) Clinical signs were not recorded unless considered pertinent to pathological observations. Fecal samples were collected and analyzed for the presence of occult blood (clintest tablets) at 3 months after the dosing regimen started (blood in the feces is often associated with the presence of intestinal neoplasms). A slight positive reaction is normally observed, due to the presence of undigested myoglobin in the feed. Any increase in intensity was considered to be a qualitative indication of occult blood.

All hamsters were subjected to a complete post-mortem examination as described earlier. While all hamsters were necropsied, not all animals were submitted for histopathological evaluation. Tissues from animals selected for histology were taken predominantly from the control groups of hamsters, from animals showing macroscopic tumors, and from those hamsters treated with lower doses of DMH, since it was obvious early in the study that DMH produced less hepatic toxicity than MAM (see below). Tissues routinely selected for histopathologic examination included representative portions of the entire gastrointestinal tract, liver, kidneys, mesenteric and colo-rectal lymph nodes, and any macroscopically visible or suspect lesions. Methods used for the handling of

II. MATERIALS AND METHODS: PILOT STUDY FOR INTESTINAL CARCINOGEN

these tissues were identical to those described previously.

Only the highest dose (30 mg/kg) of either MAM or DMH caused a marked effect on body weight gain. Females were more affected than males. The 30 mg/kg and 15 mg/kg doses of either MAM or DMH markedly decreased the survival rate, with females again being more affected than males at the same dose. Many of these hamsters died early in the study due to hepatic toxicity. (Note: body weight and survival data are not given.)

Of those animals receiving the two higher doses (30 and 15 mg/kg) of either compound, the majority that did not die early in the study due to toxic hepatitis had macroscopically visible masses in the colon and/or cecum; the colonic masses often adhered to the abdominal wall and in many instances contained large abscesses (Table 5). However, because animals died early in the study due to toxic hepatitis, the relationship between the dose administered and the tumor incidence in these groups could not be determined.

TABLE 5. INTESTINAL TUMOR INCIDENCE IN HAMSTERS GIVEN 1,2-DIMETHYLHYDRAZINE DIHYDROCHLORIDE (DMH) BY GAVAGE (a)

Dosage Group	Effective Number of Animals (b)	Number of Animals Examined Histopathologically	TBA (c)	% TBA (d)	Total No. of Tumors	
					Benign	Malignant
Males						
Saline control	29	9	2	7%	2	0
0.2 mg/kg	27	14	6	22%	9	0
1 mg/kg	27	14	6	22%	18	2
4 mg/kg	27	7	4	15%	5	0
7.5 mg/kg	27	10	7	26%	14	25
Females						
Saline control	29	18	2	7%	2	0
0.2 mg/kg	27	11	3	11%	3	0
1 mg/kg	27	13	3	11%	4	0
4 mg/kg	27	11	3	11%	2	5
7.5 mg/kg	26	13	13	50%	29	114

(a) DMH was administered once per week every other week for 10 weeks (5 doses).

(b) Effective Number of Animals = original number in group minus animals lost to autolysis.

(c) Based on histopathological evaluation = intestinal tumor-bearing animals.

(d)
$$\% \text{ TBA} = \frac{\text{TBA}}{\text{Effective No. Animals}} \times 100$$

The effective number of animals was used in the denominator because these lesions are seen at necropsy and are examined microscopically for confirmation and differentiation.

II. MATERIALS AND METHODS: PILOT STUDY FOR INTESTINAL CARCINOGEN

Tumors of the colon were comparable morphologically to those described in the similar study in Fischer 344 rats given DMH (McConnell et al., 1980) and in a single-dose study of MAM (Ward, 1975). These neoplasms varied from adenomatous polyps to tubular or mucinous adenocarcinomas with invasion through the muscle wall and local metastases to regional lymph nodes (Table 6). Cystic epithelial hyperplasia of the cecum was commonly observed, but was probably not related to carcinogen exposure.

In addition to effects on the gastrointestinal tract, marked hepatic toxicity (dose related) was observed both at necropsy and histopathologically and was present to a greater extent in hamsters given MAM than in those given DMH. Affected livers had a diffuse nodular appearance and a coarse, granular surface. Some livers contained large sac-like structures filled with blood; at times, these replaced most of the affected lobe. Microscopically, the liver lesions encompassed a variety of changes, including focal necrosis with blood-filled spaces, hepatocellular vacuolization, cellular and nuclear pleomorphism, and focal nodular hyperplasia. Hepatotoxicity in hamsters administered DMH was judged to be

minimal at doses of 7.5 and 4 mg/kg and was not observed below the latter dose. Lesions in the liver that were not related to chemical administration included periportal amyloidosis, bile-duct proliferation, and intrahepatic biliary cysts. These changes were found in almost every hamster.

In those hamsters that survived the hepatic toxicity there was increasing mortality, apparently due to severe nephropathy. This appeared in all dose groups and in the controls. The kidneys from these animals were pale and granular and had a thin cortex. Most of these animals were emaciated, and the liver often had a granular appearance. Microscopically, the kidneys were characterized by diffuse and often massive accumulations of amyloid. The glomerulus seemed to be primarily affected, but involvement of the entire cortex, and to a lesser extent of the medulla, was also observed. Inflammation was conspicuously absent.

In conclusion, both chemicals induced dose-related intestinal tumors, but DMH had fewer toxic side effects than MAM; for this reason, DMH was chosen for the cocarcinogenesis studies. The dose selection for females was relatively

TABLE 6. NUMBERS AND TYPES OF INTESTINAL TRACT TUMORS IN HAMSTERS GIVEN 1,2-DIMETHYLHYDRAZINE DIHYDROCHLORIDE (DMH) BY GAVAGE

Group	Number of Animals Examined Histopathically	Tumor-Bearing Animals	Number of Tumors					Location
			Adenomatous Polyp	Adenoma, Sessile	Adeno CA (Sessile)	Adeno CA (in situ)	Mucinous Adeno CA	
Males								
Saline (DMH)	9	2	2	0	0	0	0	Colon
DMH, 0.2 mg/kg	14	6	9	0	0	0	0	Colon, Cecum
DMH, 1 mg/kg	14	6	11	7	0	1	1	Colon, Cecum
DMH, 4 mg/kg	7	4	4	1	0	0	0	Colon, Cecum
DMH, 7.5 mg/kg	10	7	14	0	13	12	0	Colon, Cecum
Females								
Saline (DMH)	18	2	2	0	0	0	0	Colon
DMH, 0.2 mg/kg	11	3	3	0	0	0	0	Colon
DMH, 1 mg/kg	13	3	1	3	0	0	0	Colon
DMH, 4 mg/kg	11	3	2	0	0	5	0	Colon
DMH, 7.5 mg/kg	13	13	29	0	28	86	0	Colon, Cecum

II. MATERIALS AND METHODS: PILOT STUDY FOR INTESTINAL CARCINOGEN

straightforward: 4 mg/kg produced the desired incidence (11%) of tumors of the large intestine (benign and malignant), while 7.5 mg/kg caused a high incidence (50%) of intestinal tumors, and 1 mg/kg caused no malignant tumors (Tables 4-6). The data for males were more difficult to interpret because of the lack of a clear dose-response. Four mg/kg was also chosen for these

cocarcinogenesis studies because 7.5 mg/kg caused too high an incidence of malignant tumors. Even though malignant tumors were not observed at the 4 mg/kg dose, they were observed at a low incidence in the 1 mg/kg dose group; as interpreted, these data suggested that 4 mg/kg should produce a higher yield of intestinal tumors in the subsequent study.

III. RESULTS

ESTABLISHMENT OF TEST GROUPS

BODY WEIGHTS AND CLINICAL SIGNS

SURVIVAL

PATHOLOGY AND STATISTICAL ANALYSES OF RESULTS

III. RESULTS: ESTABLISHMENT OF TEST GROUPS

ESTABLISHMENT OF TEST GROUPS

The experiments were designed to evaluate the effects of orally ingested chrysotile asbestos during the entire life of the animal, starting from the time it was able to eat. For this reason, the mated female hamsters were placed on the test diets for approximately 2 weeks before the first litters were born. Ten to 15 percent of the females were either not pregnant or aborted, or their litters died immediately after birth. Several more dams died after showing a prolapsed rectum in the week following birth. The incidences of infertility and neonatal deaths were unrelated to the test diet. To minimize the chance that the mothers would reject or cannibalize their young, the litters were not handled during lactation. Many of the pups which died during the nursing period were cannibalized by their mothers. In those pups in which a postmortem examination was possible, the stomachs were typically without food (milk), suggesting maternal rejection or

inability to compete with litter mates. None of these observations were compound related.

Approximately 2% of the offspring in all groups died between weaning and 14 weeks of age due to cage fighting or an enteritis of undetermined origin. Histologically, the disease was compatible with the acute form of proliferative ileitis ("wet tail"), a common disease of hamsters. Combinations of cage fighting and enteritis were also observed. These deaths were not compound related, although cage fighting was more severe in the SR chrysotile and its concurrent control groups than in the other two portions of the study. Replacement hamsters were incorporated into the groups (in additional cages) to maintain group sizes until the animals were 12 weeks of age; from this time on, no additional hamsters were added to the experimental groups. The extra hamsters were killed (Figure 1).

Figure 1. Schedule of Major Events in the Chrysotile Asbestos Study

Weeks	Events
- 1	Pregnant dams obtained: —SR Chrysotile - 9 Feb 77 —IR Chrysotile - 29 March 77 —IR Chrysotile + DMH - 26 April 77 —Amosite - 6 July 77
	Start test diet
0	Birth
+ 4	Weaned Weighed Sexed Randomly grouped 3/cage Ecto + endoparasite exam
+10	Missexed hamsters discarded Alternates added Remaining extra hamsters discarded
Lifetime	Natural death or moribund sacrifice

III. RESULTS: BODY WEIGHTS AND CLINICAL SIGNS

BODY WEIGHTS AND CLINICAL SIGNS

Body weight gain was not adversely affected in any dose group, including the group given 1,2-dimethylhydrazine dihydrochloride (DMH) (Figures 2-7). In fact, hamsters eating diets containing chrysotile asbestos appeared to have increased body weights in most of the dosed groups. The inordinately sharp rise in weight gain of male and female hamsters in the SR chrysotile study at week 29 and sharp decrease in

male and female IR chrysotile-exposed animals at week 18 could not be explained, but was felt to be a spurious observation. No compound-related clinical signs were observed during the entire study. Occasional skin lesions and bite wounds were observed in both sexes, but were more apparent in males; these became less of a problem after the hamsters were 20 weeks of age.

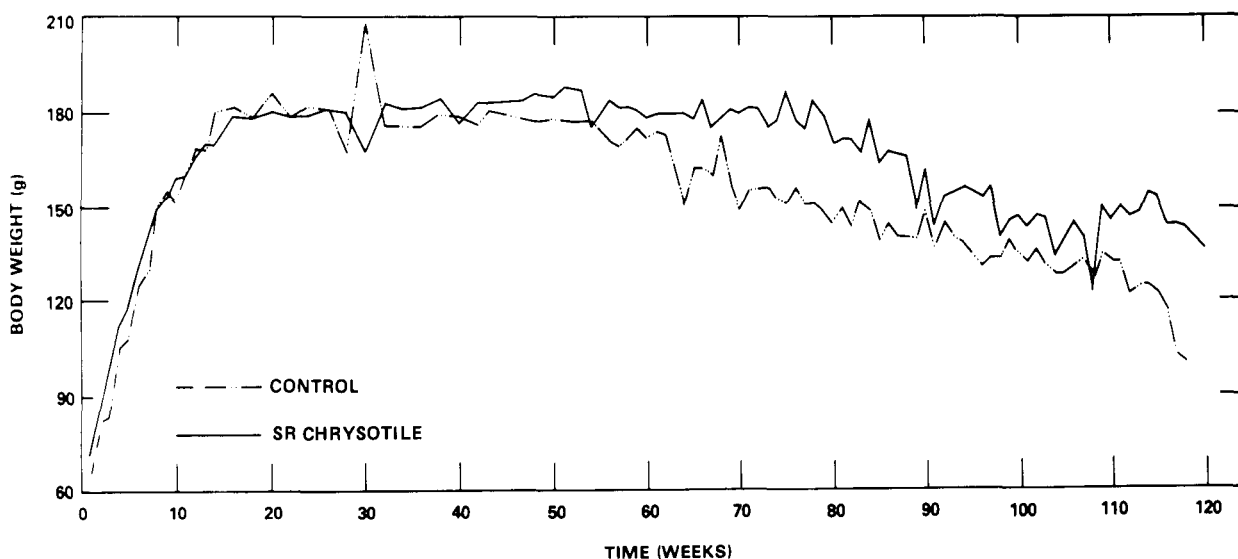


Figure 2. Growth Curves for Male Hamsters Administered Short Range (SR) Chrysotile Asbestos in the Diet

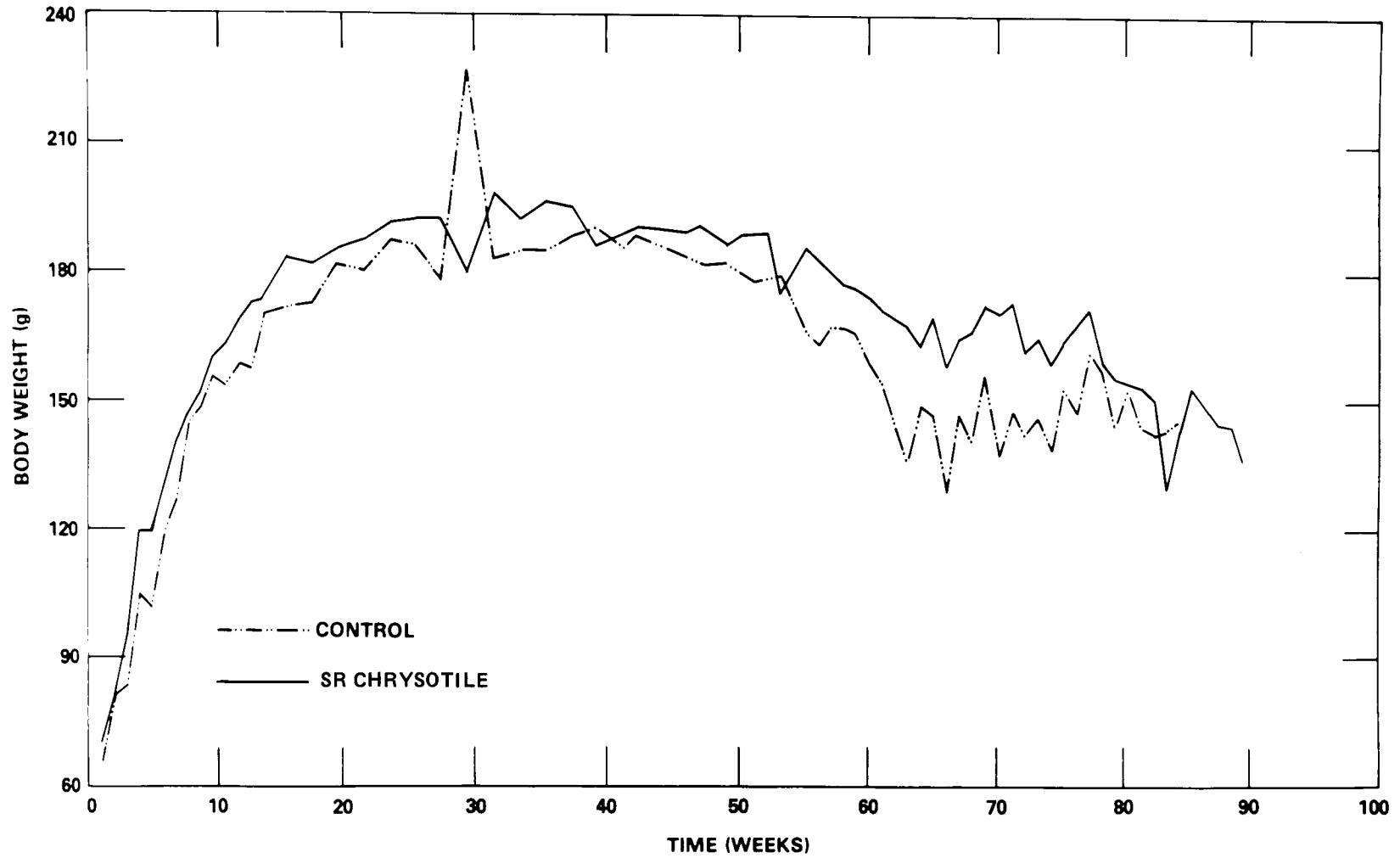


Figure 3. Growth Curves for Female Hamsters Administered Short Range (SR) Chrysotile Asbestos in the Diet

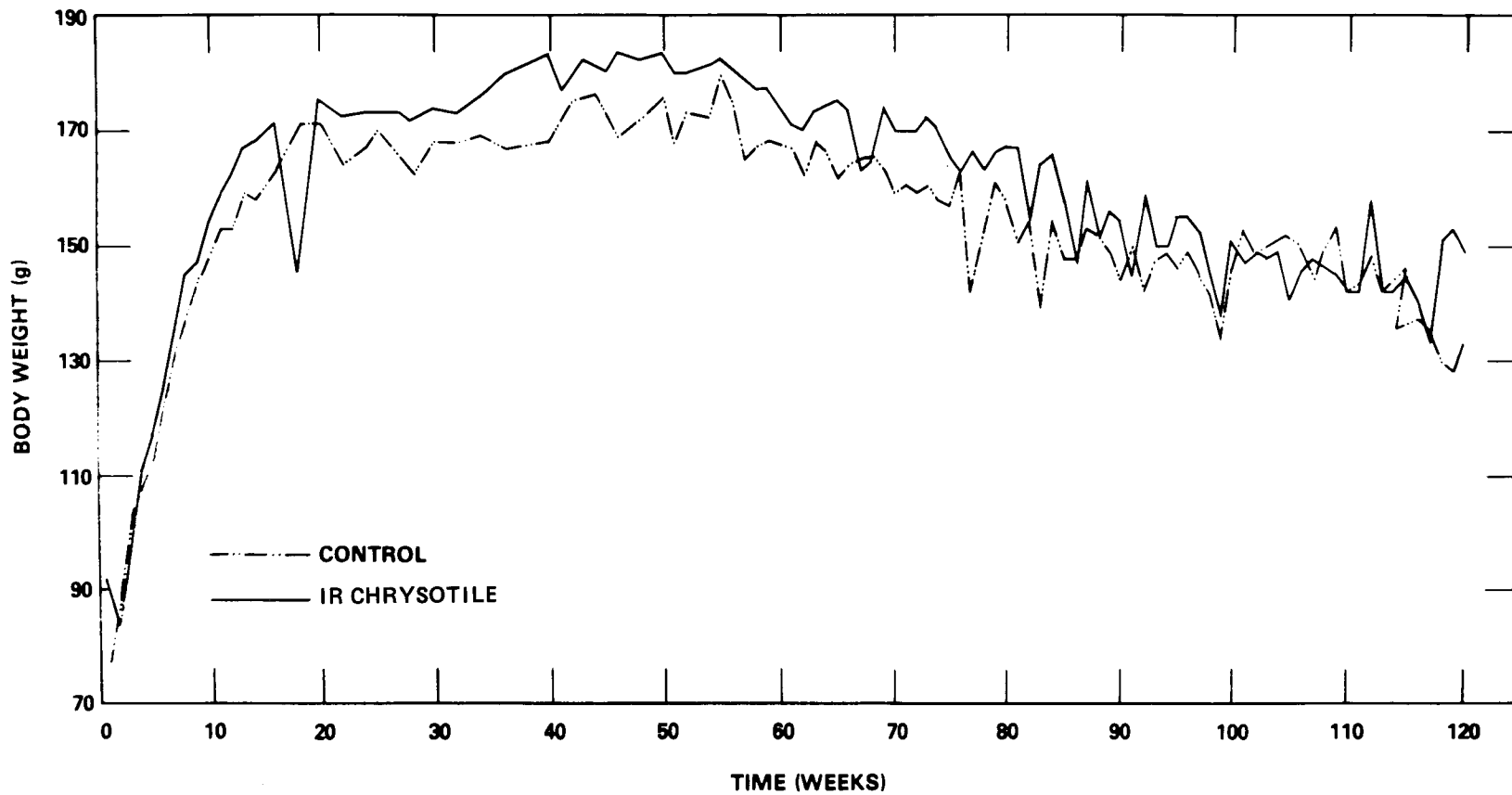


Figure 4. Growth Curves for Male Hamsters Administered Intermediate Range (IR) Chrysotile Asbestos in the Diet

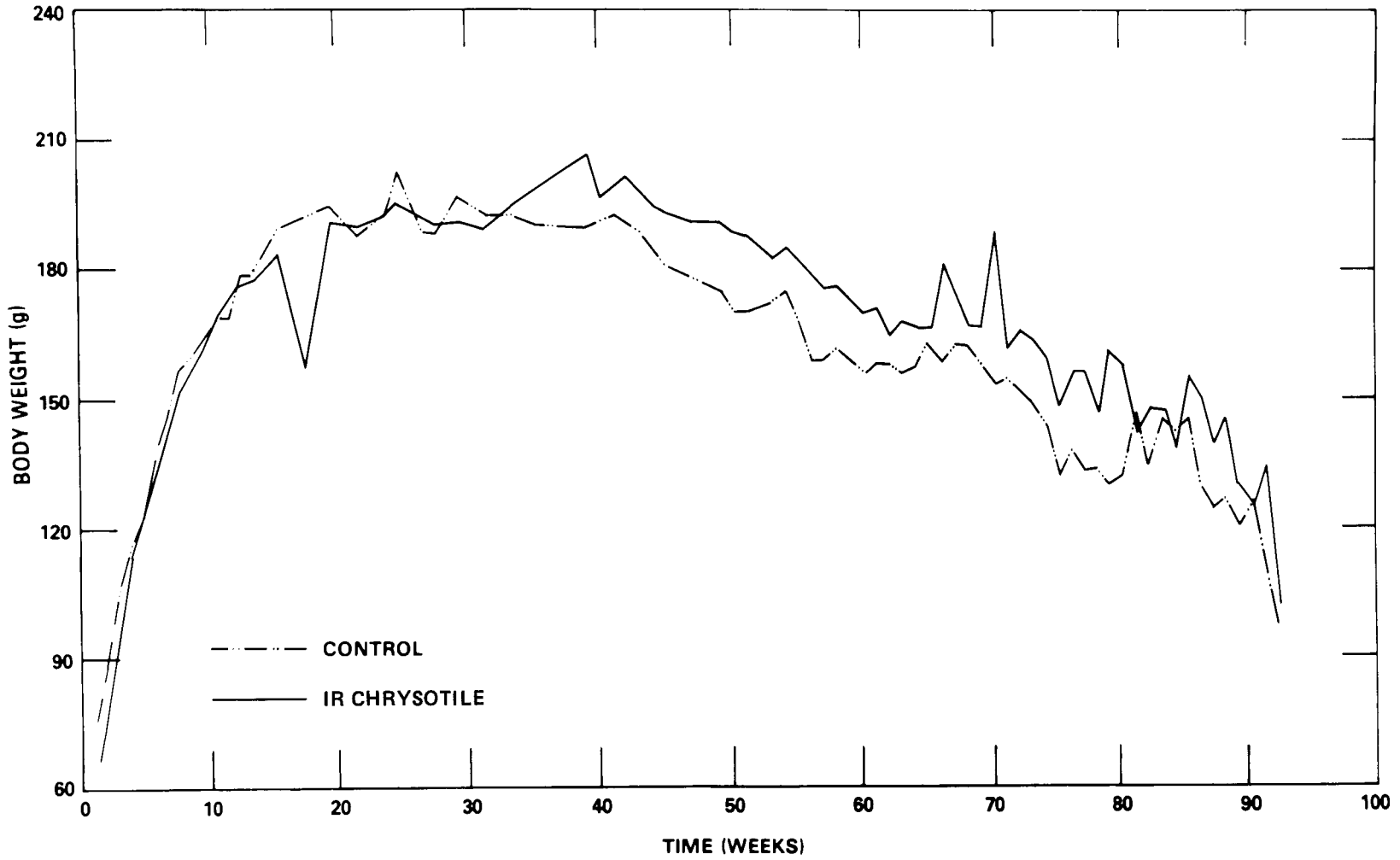


Figure 5. Growth Curves for Female Hamsters Administered Intermediate Range (IR) Chrysotile Asbestos in the Diet

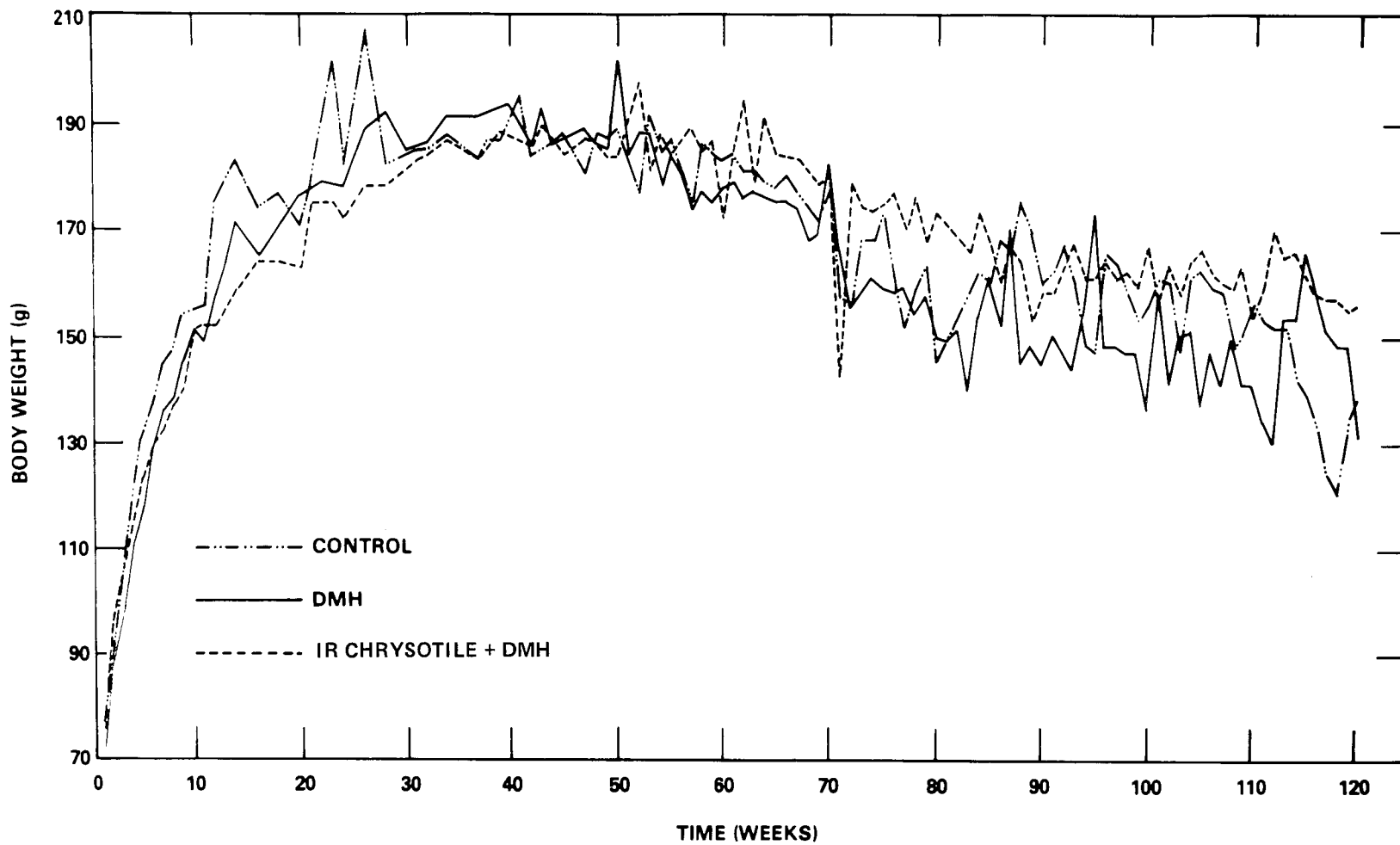


Figure 6. Growth Curves for Male Hamsters Administered 1,2-Dimethylhydrazine Dihydrochloride (DMH) by Gavage or 1,2-Dimethylhydrazine Dihydrochloride (DMH) Plus Intermediate Range (IR) Chrysotile Asbestos in the Diet

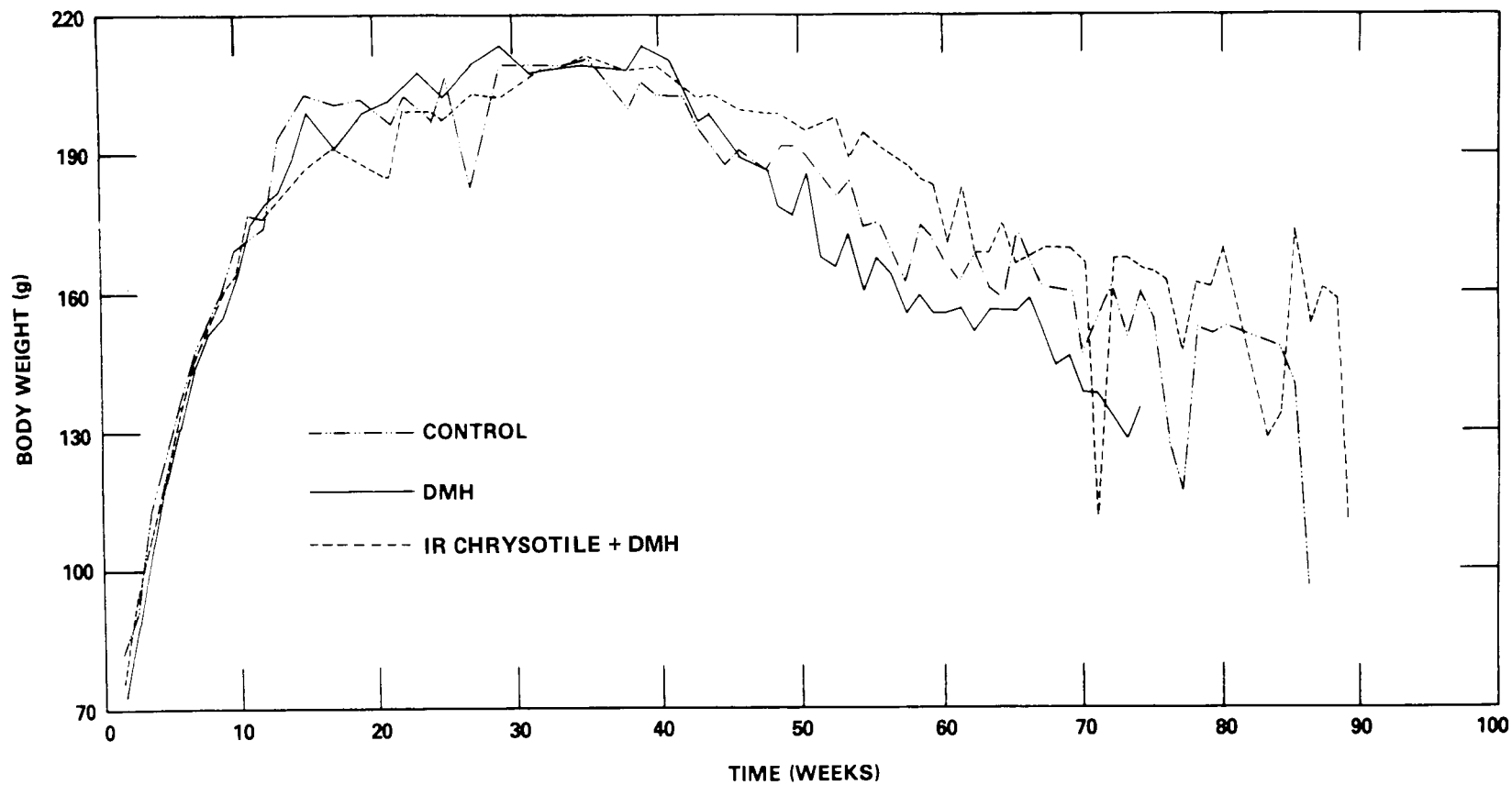


Figure 7. Growth Curves for Female Hamsters Administered 1,2-Dimethylhydrazine Dihydrochloride (DMH) by Gavage or 1,2-Dimethylhydrazine Dihydrochloride (DMH) Plus Intermediate Range (IR) Chrysotile Asbestos in the Diet

III. RESULTS: SURVIVAL

SURVIVAL

Survival was not adversely affected by any of the test diets (Figures 8-13) with the possible exception of DMH-treated female hamsters (Figure 13). Survival rates were higher in the SR and IR chrysotile groups relative to the concurrent controls. The median life spans of females

(control and treated) were shorter than those of corresponding groups of males (Table 7). The median survival of control female groups was 57-61 weeks, compared to 77-83 weeks for control male hamsters (Figures 8-13 and Table 7).

TABLE 7. MEDIAN LIFE SPANS OF HAMSTERS RECEIVING 1% CHRYSOTILE ASBESTOS IN THE DIET FOR THEIR LIFETIME

Group	Sex	Median Life Span (Weeks)
IR Chrysotile Control	M	84
	F	62
IR Chrysotile	M	87
	F	60
.....		
SR Chrysotile Control	M	78
	F	57
SR Chrysotile	M	87
	F	63 (a)
.....		
DMH and IR Chrysotile Control	M	81
	F	56
DMH	M	82
	F	54 (b)
IR Chrysotile and DMH	M	90
	F	62 (a)

(a) Significantly ($P < 0.05$) improved overall survival relative to controls (life table analysis).

(b) Significantly ($P < 0.05$) reduced overall survival relative to controls (life table analysis).

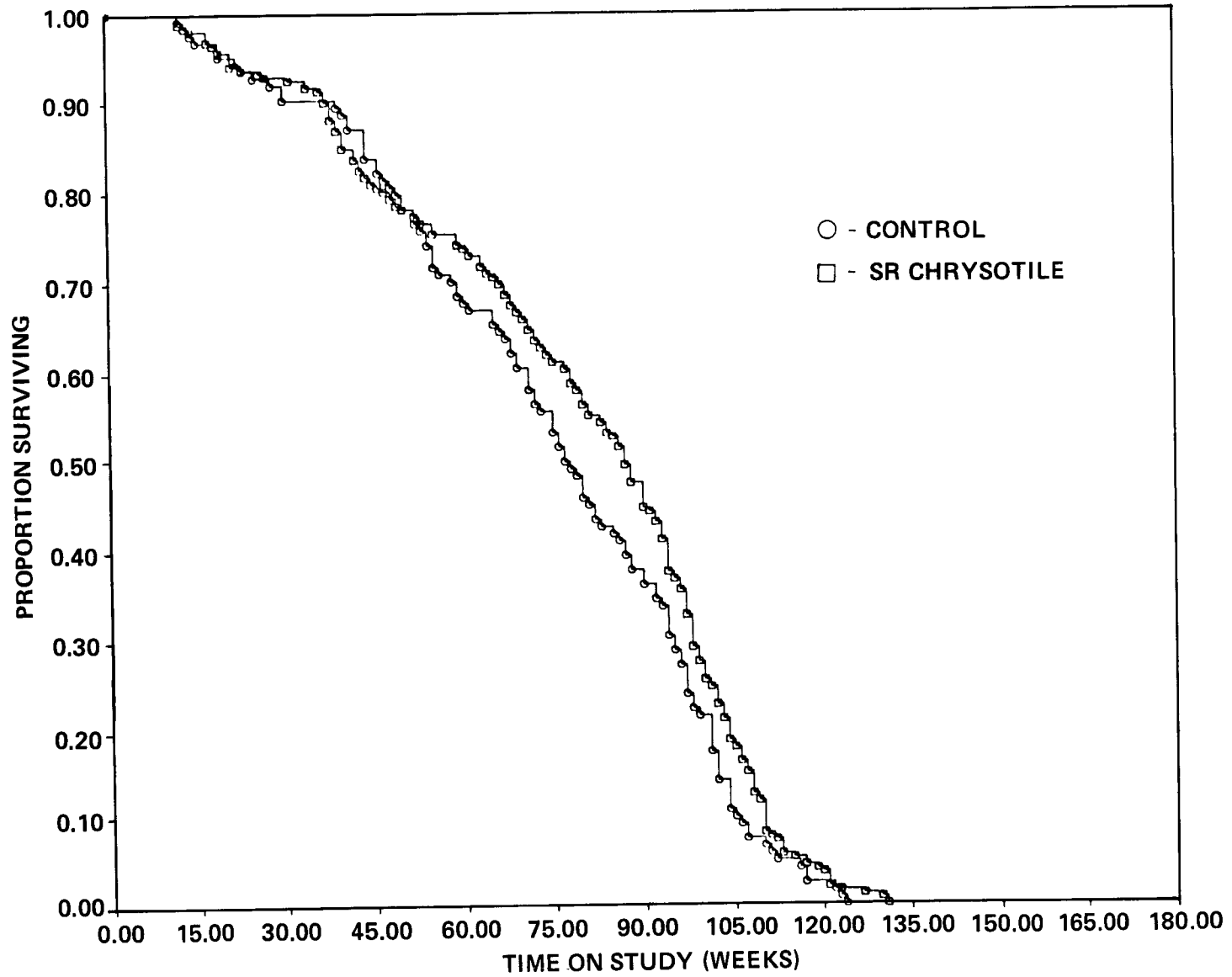


Figure 8. Survival Curves for Male Hamsters Receiving Short Range (SR) Chrysotile Asbestos in the Diet

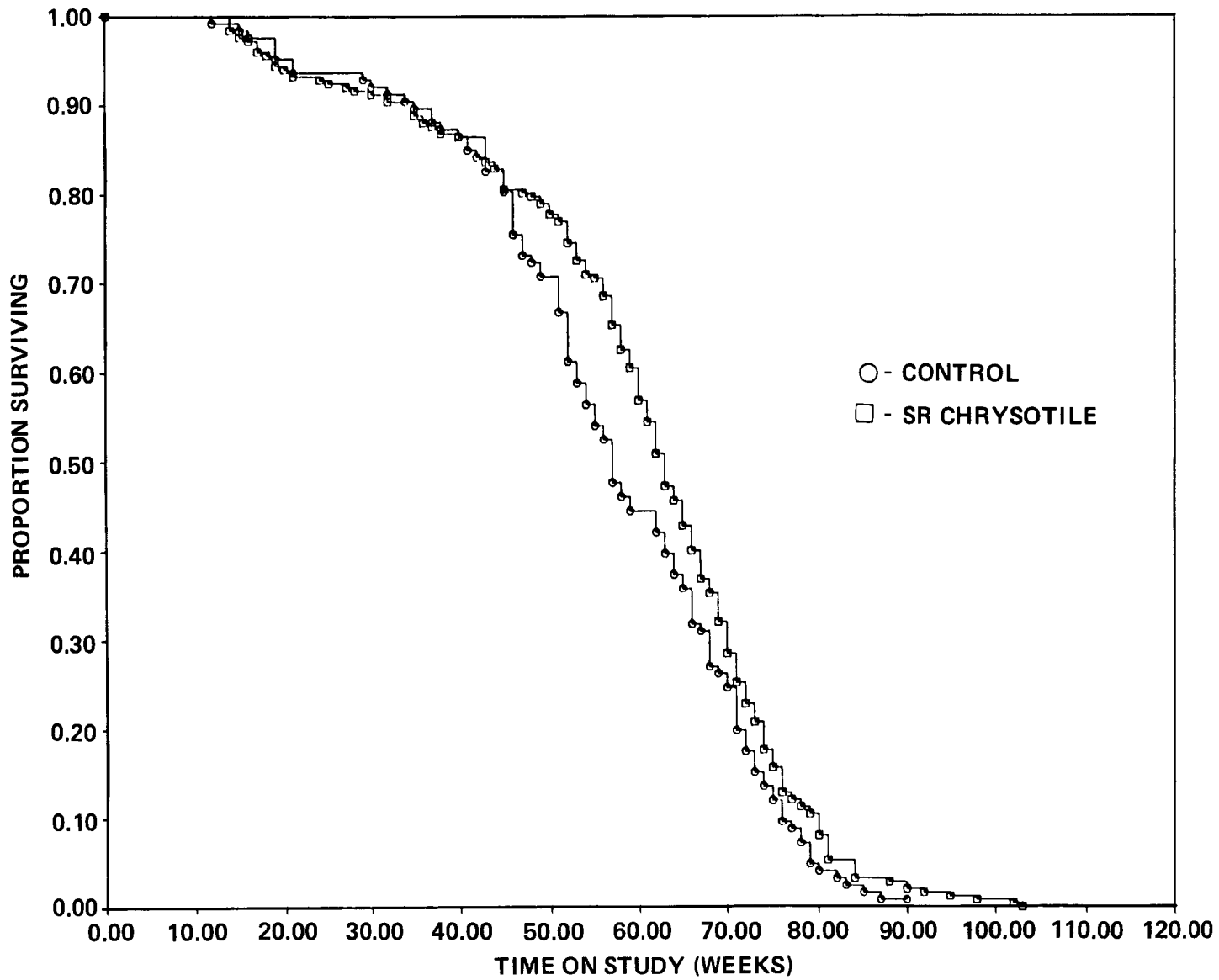


Figure 9. Survival Curves for Female Hamsters Receiving Short Range (SR) Chrysotile Asbestos in the Diet

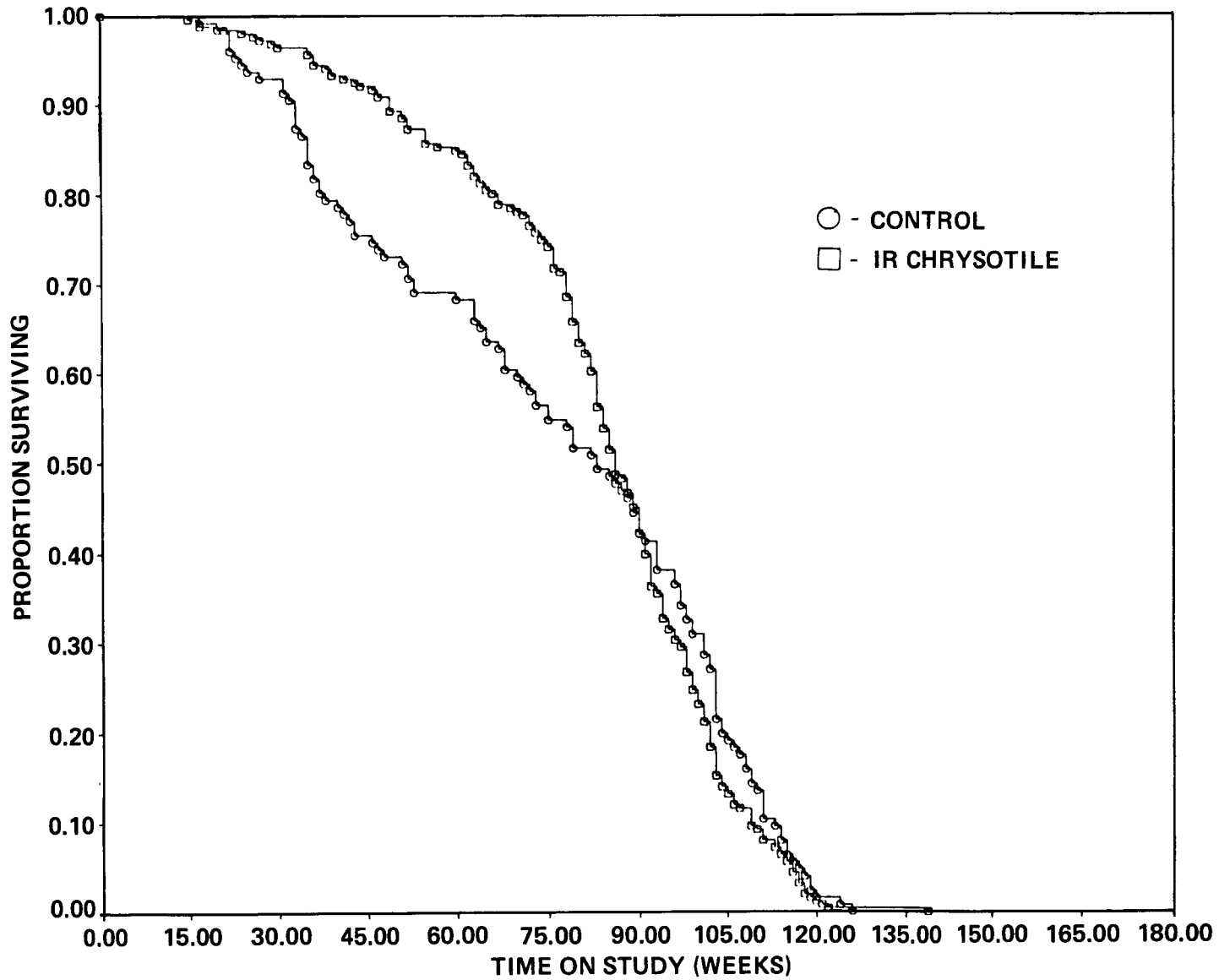


Figure 10. Survival Curves for Male Hamsters Receiving Intermediate Range (IR) Chrysotile Asbestos in the Diet

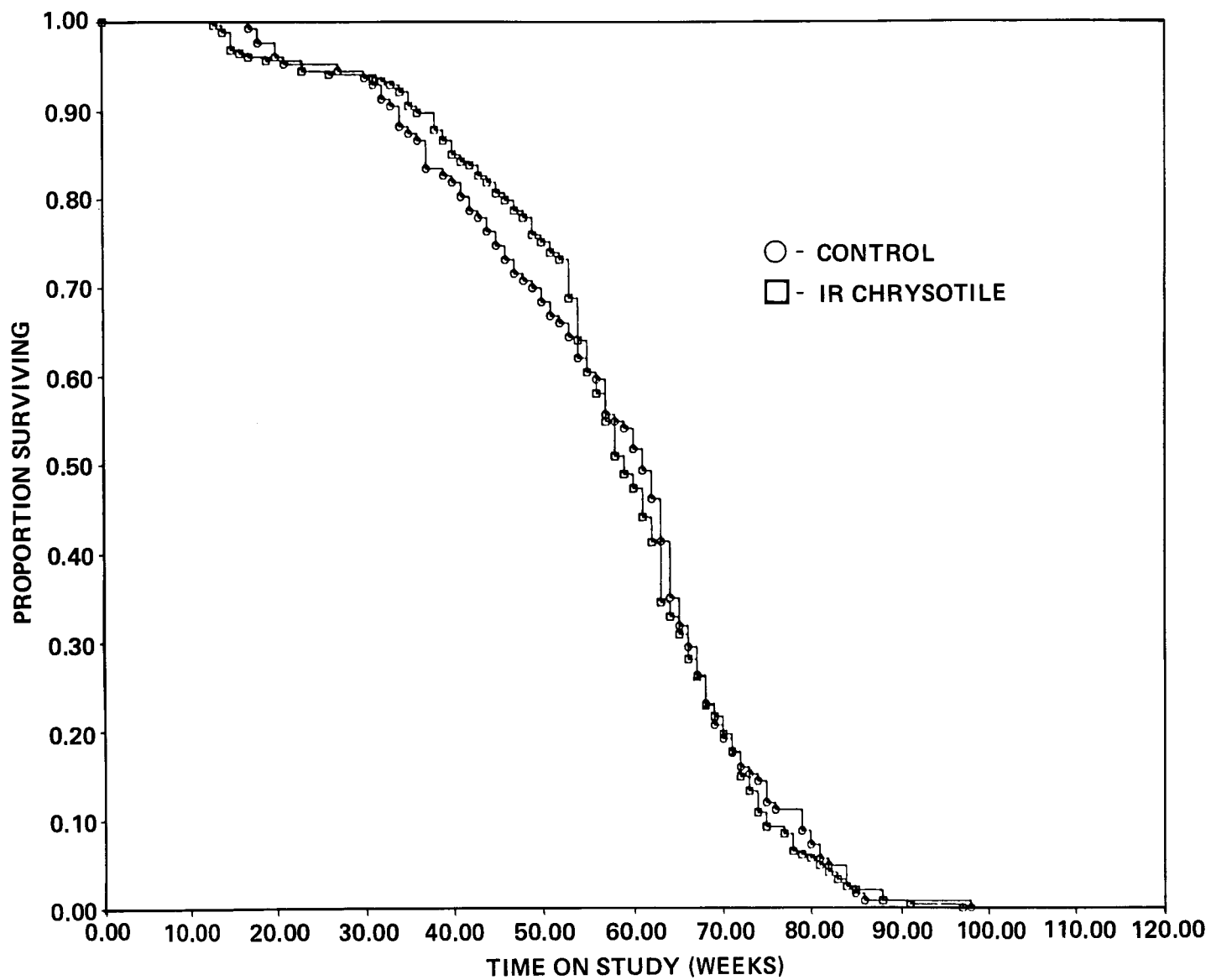


Figure 11. Survival Curves for Female Hamsters Receiving Intermediate Range (IR) Chrysotile Asbestos in the Diet

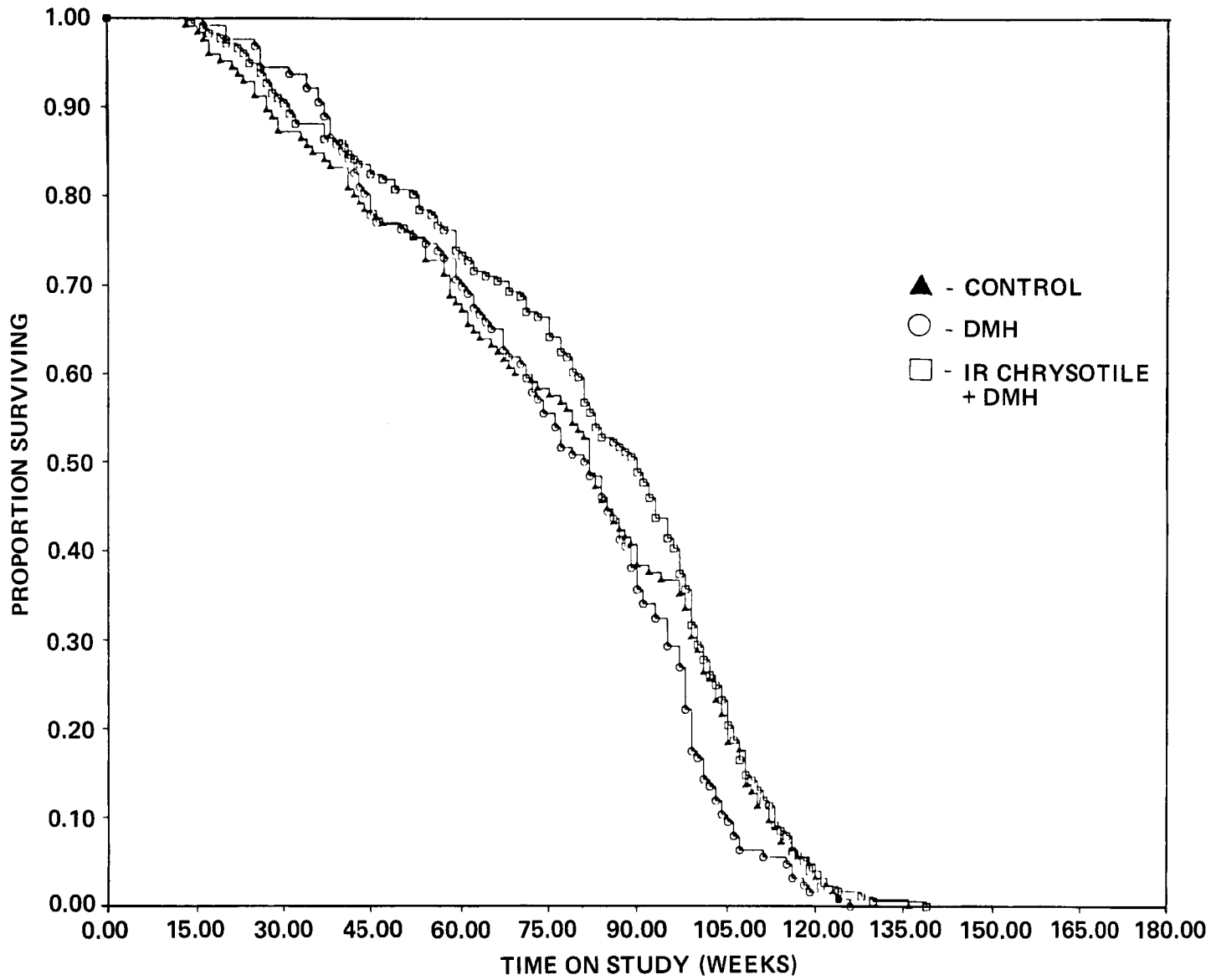


Figure 12. Survival Curves for Male Hamsters Receiving 1,2-Dimethylhydrazine Dihydrochloride (DMH) by Gavage or DMH plus Intermediate Range (IR) Chrysotile Asbestos in the Diet

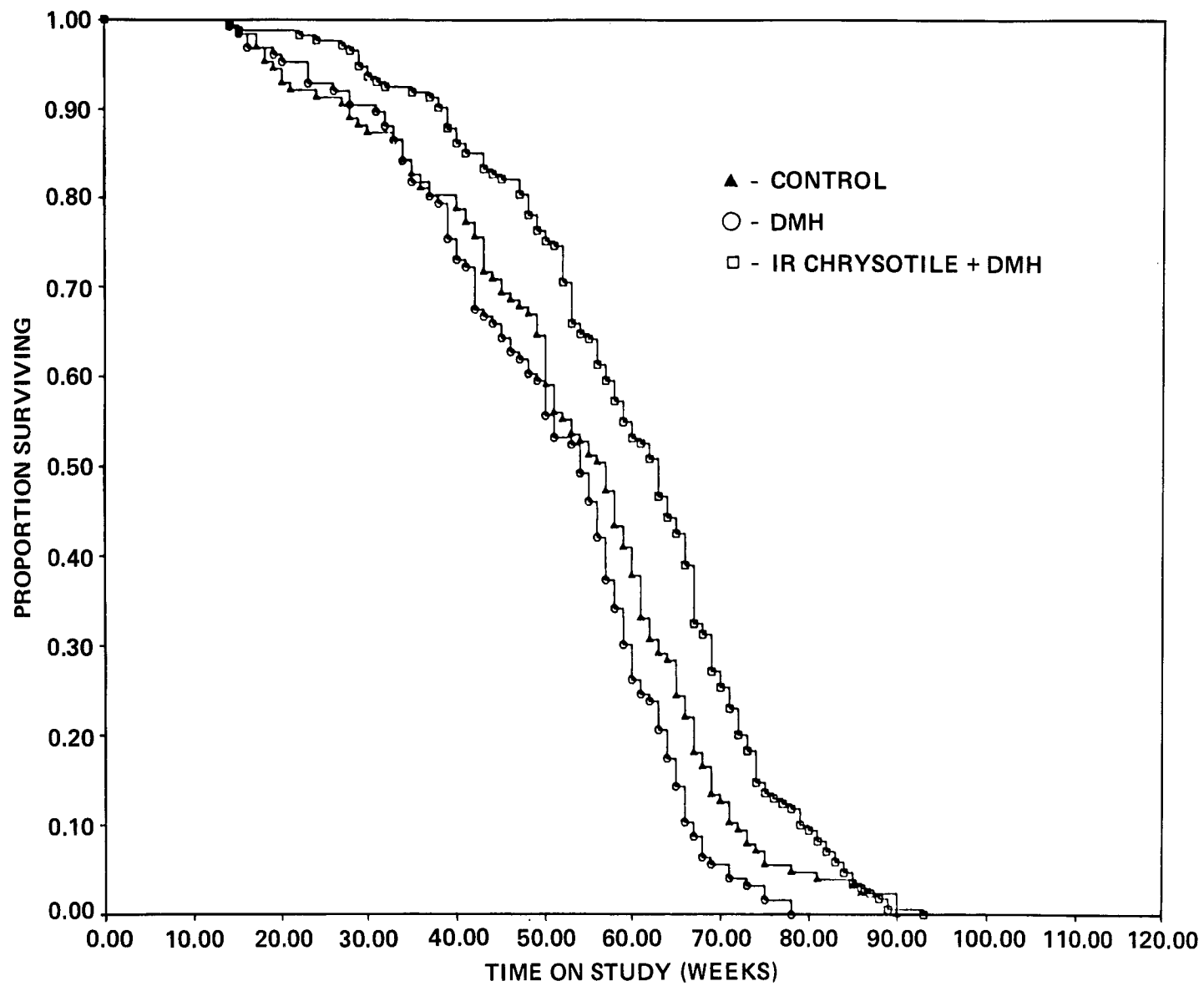


Figure 13. Survival Curves for Female Hamsters Receiving 1,2-Dimethylhydrazine Dihydrochloride (DMH) by Gavage or DMH plus Intermediate Range (IR) Chrysotile Asbestos in the Diet

III. RESULTS: PATHOLOGY AND STATISTICAL ANALYSES OF RESULTS

PATHOLOGY AND STATISTICAL ANALYSES OF RESULTS

The number of hamsters available for histopathologic examination is shown in Table 3. Most animals not examined pathologically were excluded because of autolysis or cannibalization. Review of the clinical records of hamsters lost to autolysis or cannibalization gave no indication that these animals had neoplasia.

A variety of neoplasms were observed in control (Tables 8 and 9) and chrysotile-exposed

hamsters (Tables 10-15). The proportions of control male or female hamsters bearing primary tumors were not statistically different among the 4 control groups. Thus, statistical comparisons were made with pooled controls as well as with temporal controls. Overall, the male hamsters had a slightly higher rate of neoplasia than the females. This response was also seen in the amosite studies (NTP, 1983).

TABLE 8. INCIDENCES OF PRIMARY TUMORS IN MALE HAMSTER CONTROL GROUPS

	Short Range Chrysotile Control	Intermediate Range Chrysotile Control	DMH & Intermediate Range Chrysotile Control	Amosite Control
Animals with primary tumors	21/115 (18%)	26/116 (22%)	27/119 (23%)	21/122 (17%)
Skin or sub. tissue: All tumors	0/115 (0%)	1/116 (1%)	1/119 (1%)	0/122 (0%)
Lung or trachea: All tumors	0/115 (0%)	0/116 (0%)	0/119 (0%)	0/120 (0%)
Adrenal:				
Cortical adenoma	7/115 (6%)	7/115 (6%)	3/117 (3%)	8/119 (7%)
Cortical carcinoma	3/115 (3%)	3/115 (3%)	4/117 (3%)	3/119 (3%)
Pheochromocytoma	2/115 (2%)	5/115 (4%)	3/117 (3%)	3/119 (3%)
Other tumors	0/115 (0%)	3/115 (3%)	2/117 (2%)	1/119 (1%)
Pancreas:				
Islet-cell adenoma	2/111 (2%)	7/110 (6%)	8/110 (7%)	3/114 (3%)
Islet-cell carcinoma	1/111 (1%)	0/110 (0%)	0/110 (0%)	0/114 (0%)
Thyroid:				
C-cell adenoma	3/109 (3%)	3/106 (3%)	0/107 (0%)	1/106 (1%)
C-cell carcinoma	1/109 (1%)	1/106 (1%)	0/107 (0%)	1/106 (1%)
Other tumors	0/109 (0%)	0/106 (0%)	1/107 (1%)	0/106 (0%)
Parathyroid: Adenoma	0/72 (0%)	1/71 (1%)	1/64 (2%)	0/64 (0%)
G.I. Tract: All tumors	2/115 (2%)	1/116 (1%)	2/119 (2%)	1/122 (1%)
Pituitary: All tumors	0/84 (0%)	0/77 (0%)	0/80 (0%)	0/81 (0%)
Kidney: All tumors	0/115 (0%)	2/116 (2%)	1/119 (1%)	1/120 (1%)
Liver: All tumors	0/115 (0%)	0/116 (0%)	0/119 (0%)	0/120 (0%)
Leukemia or malignant lymphoma	2/115 (2%)	1/116 (1%)	4/119 (3%)	1/122 (1%)
Hemangioma or hemangiosarcoma	0/115 (0%)	0/116 (0%)	3/119 (3%)	2/122 (2%)
All other tumors	1/115 (1%)	0/116 (0%)	3/119 (3%)	1/122 (1%)

TABLE 9. INCIDENCES OF PRIMARY TUMORS IN FEMALE HAMSTER CONTROL GROUPS

	Short Range Chrysotile Control	Intermediate Range Chrysotile Control	DMH & Intermediate Range Chrysotile Control	Amosite Control
Animals with primary tumors	19/114 (17%)	17/119 (14%)	15/120 (12%)	15/119 (13%)
Skin or sub. tissue: All tumors	0/114 (0%)	0/119 (0%)	0/120 (0%)	0/119 (0%)
Lung or trachea: All tumors	0/114 (0%)	0/119 (0%)	0/119 (0%)	0/119 (0%)
Adrenal:				
Cortical adenoma	4/112 (4%)	6/118 (5%)	3/120 (2%)	2/118 (2%)
Cortical carcinoma	0/112 (0%)	0/118 (0%)	0/120 (0%)	0/118 (0%)
Pheochromocytoma	0/112 (0%)	0/118 (0%)	0/120 (0%)	0/118 (0%)
Other tumors	0/112 (0%)	0/118 (0%)	0/120 (0%)	0/118 (0%)
Pancreas:				
Islet-cell adenoma	2/109 (2%)	5/116 (4%)	5/116 (4%)	3/115 (3%)
Islet-cell carcinoma	1/109 (1%)	0/116 (0%)	0/116 (0%)	0/115 (0%)
Thyroid:				
C-cell adenoma	2/107 (2%)	3/115 (3%)	0/112 (0%)	1/106 (1%)
C-cell carcinoma	0/107 (0%)	0/115 (0%)	1/112 (1%)	0/106 (0%)
Other tumors	2/107 (2%)	0/115 (0%)	0/112 (0%)	0/106 (0%)
Parathyroid: Adenoma	3/68 (4%)	1/77 (1%)	1/74 (1%)	1/61 (1%)
G.I. Tract: All tumors	1/114 (1%)	2/119 (2%)	1/120 (1%)	1/119 (1%)
Pituitary: All tumors	0/77 (0%)	2/67 (3%)	0/62 (0%)	0/79 (0%)
Kidney: All tumors	0/114 (0%)	1/119 (1%)	0/120 (0%)	0/119 (0%)
Liver: All tumors	0/114 (0%)	0/119 (0%)	0/119 (0%)	0/118 (0%)
Leukemia or malignant lymphoma	2/114 (2%)	0/119 (0%)	3/120 (2%)	2/119 (2%)
Hemangioma or hemangiosarcoma	0/114 (0%)	0/119 (0%)	1/120 (1%)	1/119 (1%)
Uterus: All tumors	3/113 (3%)	1/119 (1%)	2/120 (2%)	2/119 (2%)
All other tumors	3/114 (3%)	0/119 (0%)	1/120 (1%)	2/119 (2%)

TABLE 10. INCIDENCES OF PRIMARY TUMORS IN MALE HAMSTERS ADMINISTERED 1% SHORT RANGE CHRYSOTILE IN THE DIET

	Pooled Controls	Short Range Chrysotile Controls	Short Range Chrysotile
Animals with primary tumors	95/472 (20%)	21/115 (18%)	64/233 (27%) (a)
Skin or sub. tissue: All tumors	2/472 (<1%)	0/115 (0%)	0/233 (0%)
Lung or trachea: All tumors	0/470 (0%)	0/115 (0%)	0/231 (0%)
Adrenal:			
Cortical adenoma	25/466 (5%)	7/115 (6%)	26/229 (11%) (b)
Cortical carcinoma	13/466 (3%)	3/115 (3%)	8/229 (3%)
Pheochromocytoma	13/466 (3%)	2/115 (2%)	4/229 (2%)
Other tumors	6/466 (1%)	0/115 (0%)	1/229 (<1%)
Pancreas:			
Islet-cell adenoma	20/445 (4%)	2/111 (2%)	15/218 (7%)
Islet-cell carcinoma	1/445 (<1%)	1/111 (1%)	0/218 (0%)
Thyroid:			
C-cell adenoma	7/428 (2%)	3/109 (3%)	3/207 (1%)
C-cell carcinoma	3/428 (1%)	1/109 (1%)	1/207 (<1%)
Other tumors	1/428 (<1%)	0/109 (0%)	0/207 (0%)
Parathyroid: Adenoma	2/271 (1%)	0/72 (0%)	3/132 (2%)
G.I. Tract: All tumors	6/472 (1%)	2/115 (2%)	0/233 (0%)
Pituitary: All tumors	0/322 (0%)	0/84 (0%)	0/159 (0%)
Kidney: All tumors	4/470 (1%)	0/115 (0%)	3/232 (1%)
Liver: All tumors	0/470 (0%)	0/115 (0%)	0/232 (0%)
Leukemia or malignant lymphoma	8/472 (2%)	2/115 (2%)	3/233 (1%)
Hemangioma or hemangiosarcoma	5/472 (1%)	0/115 (0%)	4/233 (2%)
All other tumors	5/472 (1%)	1/115 (1%)	3/233 (1%)

(a) $P = 0.152$ (life table); $P = 0.065$ (incidental tumor test) and $P = 0.019$ (Fisher's exact test) vs. pooled controls.

(b) $P < 0.05$ vs. pooled controls.

TABLE 11. INCIDENCES OF PRIMARY TUMORS IN FEMALE HAMSTERS ADMINISTERED 1% SHORT RANGE CHRYSOTILE IN THE DIET

	Pooled Controls	Short Range Chrysotile Controls	Short Range Chrysotile
Animals with primary tumors	66/472 (14%)	19/114 (17%)	28/228 (12%)
Skin or sub. tissue: All tumors	0/472 (0%)	0/114 (0%)	3/228 (1%)
Lung or trachea: All tumors	0/471 (0%)	0/114 (0%)	0/228 (0%)
Adrenal:			
Cortical adenoma	15/468 (3%)	4/112 (4%)	8/226 (4%)
Cortical carcinoma	0/468 (0%)	0/112 (0%)	0/226 (0%)
Pheochromocytoma	0/468 (0%)	0/112 (0%)	3/226 (1%)
Other tumors	0/468 (0%)	0/112 (0%)	1/226 (<1%)
Pancreas:			
Islet-cell adenoma	15/456 (3%)	2/109 (2%)	2/217 (1%) (a)
Islet-cell carcinoma	1/456 (<1%)	1/109 (1%)	0/217 (0%)
Thyroid:			
C-cell adenoma	6/440 (1%)	2/107 (2%)	0/214 (0%)
C-cell carcinoma	1/440 (<1%)	0/107 (0%)	0/214 (0%)
Other tumors	2/440 (<1%)	2/107 (2%)	0/214 (0%)
Parathyroid: Adenoma	6/280 (2%)	3/68 (4%)	3/139 (2%)
G.I. Tract: All tumors	5/472 (1%)	1/114 (1%)	1/228 (<1%)
Pituitary: All tumors	2/285 (1%)	0/77 (0%)	1/132 (1%)
Kidney: All tumors	1/472 (<1%)	0/114 (0%)	0/228 (0%)
Liver: All tumors	0/472 (0%)	0/114 (0%)	0/228 (0%)
Leukemia or malignant lymphoma	7/472 (1%)	2/114 (2%)	2/228 (1%)
Hemangioma or hemangiosarcoma	2/472 (<1%)	0/114 (0%)	1/228 (<1%)
Uterus: All tumors	8/471 (2%)	3/113 (3%)	5/226 (2%)
All other tumors	6/472 (1%)	3/114 (3%)	3/228 (1%)

(a) P < 0.05 decrease relative to pooled controls (life table and incidental tumor test).

TABLE 12. INCIDENCES OF PRIMARY TUMORS IN MALE HAMSTERS ADMINISTERED 1% INTERMEDIATE RANGE CHRYSOTILE IN THE DIET

	Pooled Controls	Intermediate Range Chrysotile Controls	Intermediate Range Chrysotile
Animals with primary tumors	95/472 (20%)	26/116 (22%)	78/245 (32%) (a,b)
Skin or sub. tissue: All tumors	2/472 (<1%)	1/116 (1%)	0/245 (0%)
Lung or trachea: All tumors	0/470 (0%)	0/116 (0%)	1/245 (<1%)
Adrenal:			
Cortical adenoma	25/466 (5%)	7/115 (6%)	24/244 (10%) (c)
Cortical carcinoma	13/466 (3%)	3/115 (3%)	7/244 (3%)
Pheochromocytoma	13/466 (3%)	5/115 (4%)	11/244 (5%)
Other tumors	6/466 (1%)	3/115 (3%)	1/244 (<1%)
Pancreas:			
Islet-cell adenoma	20/445 (4%)	7/110 (6%)	15/226 (7%)
Islet-cell carcinoma	1/445 (<1%)	0/110 (0%)	1/226 (<1%)
Thyroid:			
C-cell adenoma	7/428 (2%)	3/106 (3%)	5/216 (2%)
C-cell carcinoma	3/428 (1%)	1/106 (1%)	4/216 (2%)
Other tumors	1/428 (<1%)	0/106 (0%)	1/216 (<1%)
Parathyroid: Adenoma	2/271 (1%)	1/71 (1%)	4/138 (3%)
G.I. Tract: All tumors	6/472 (1%)	1/116 (1%)	3/245 (1%)
Pituitary: All tumors	0/322 (0%)	0/77 (0%)	0/182 (0%)
Kidney: All tumors	4/470 (1%)	2/116 (2%)	1/245 (<1%)
Liver: All tumors	0/470 (0%)	0/116 (0%)	0/244 (0%)
Leukemia or malignant lymphoma	8/472 (2%)	1/116 (1%)	10/245 (4%)
Hemangioma or hemangiosarcoma	5/472 (1%)	0/116 (0%)	1/245 (<1%)
All other tumors	5/472 (1%)	0/116 (0%)	2/245 (1%)

(a) P < 0.01 vs. pooled controls.

(b) P < 0.05 vs. intermediate range chrysotile controls.

(c) P < 0.05 vs. pooled controls.

TABLE 13. INCIDENCES OF PRIMARY TUMORS IN FEMALE HAMSTERS ADMINISTERED 1% INTERMEDIATE RANGE CHRYSOTILE IN THE DIET

	Pooled Controls	Intermediate Range Chrysotile Controls	Intermediate Range Chrysotile
Animals with primary tumors	66/472 (14%)	17/119 (14%)	39/244 (16%)
Skin or sub. tissue: All tumors	0/472 (0%)	0/119 (0%)	2/244 (1%)
Lung or trachea: All tumors	0/471 (0%)	0/119 (0%)	0/243 (0%)
Adrenal:			
Cortical adenoma	15/468 (3%)	6/118 (5%)	18/234 (8%) (a)
Cortical carcinoma	0/468 (0%)	0/118 (0%)	1/234 (<1%)
Pheochromocytoma	0/468 (0%)	0/118 (0%)	1/234 (<1%)
Other tumors	0/468 (0%)	0/118 (0%)	0/234 (0%)
Pancreas:			
Islet-cell adenoma	15/456 (3%)	5/116 (4%)	4/236 (2%)
Islet-cell carcinoma	1/456 (<1%)	0/116 (0%)	0/236 (0%)
Thyroid:			
C-cell adenoma	6/440 (1%)	3/115 (3%)	2/223 (1%)
C-cell carcinoma	1/440 (<1%)	0/115 (0%)	0/223 (0%)
Other tumors	2/440 (<1%)	0/115 (0%)	1/223 (<1%)
Parathyroid: Adenoma	6/280 (2%)	1/77 (1%)	1/148 (1%)
G.I. Tract: All tumors	5/472 (1%)	2/119 (2%)	1/244 (<1%)
Pituitary: All tumors	2/285 (1%)	2/67 (3%)	2/164 (1%)
Kidney: All tumors	1/472 (<1%)	1/119 (1%)	0/243 (0%)
Liver: All tumors	0/472 (0%)	0/119 (0%)	0/243 (0%)
Leukemia or malignant lymphoma	7/472 (1%)	0/119 (0%)	2/244 (1%)
Hemangioma or hemangiosarcoma	2/472 (<1%)	0/119 (0%)	1/244 (<1%)
Uterus: All tumors	8/471 (2%)	1/119 (1%)	7/240 (3%)
All other-tumors	6/472 (1%)	0/119 (0%)	2/244 (1%)

(a) P < 0.05 vs. pooled controls.

TABLE 14. INCIDENCES OF THE PRIMARY TUMORS IN MALE HAMSTERS ADMINISTERED 1,2-DIMETHYLHYDRAZINE DIHYDROCHLORIDE (DMH) OR INTERMEDIATE RANGE CHRYSOTILE AND DMH (a)

	Pooled Controls	DMH & Intermediate Range Chrysotile Controls	DMH	DMH & Intermediate Range Chrysotile
Animals with primary tumors	95/472 (20%)	27/119 (23%)	29/127 (23%)	51/173 (29%) (b)
Skin or sub. tissue: All tumors	2/472 (<1%)	1/119 (1%)	0/127 (0%)	1/173 (1%)
Lung or trachea: All tumors	0/470 (0%)	0/119 (0%)	0/126 (0%)	0/173 (0%)
Adrenal:				
Cortical adenoma	25/466 (5%)	3/117 (3%)	3/127 (2%)	8/171 (5%)
Cortical carcinoma	13/466 (3%)	4/117 (3%)	2/127 (2%)	7/171 (4%)
Pheochromocytoma	13/466 (3%)	3/117 (3%)	4/127 (3%)	6/171 (4%)
Other tumors	6/466 (1%)	2/117 (2%)	0/127 (0%)	1/171 (1%)
Pancreas:				
Islet-cell adenoma	20/445 (4%)	8/110 (7%)	6/114 (5%)	10/167 (6%)
Islet-cell carcinoma	1/445 (<1%)	0/110 (0%)	0/114 (0%)	1/167 (1%)
Thyroid:				
C-cell adenoma	7/428 (2%)	0/107 (0%)	2/118 (2%)	3/163 (2%)
C-cell carcinoma	3/428 (1%)	0/107 (0%)	0/118 (0%)	1/163 (1%)
Other tumors	1/428 (<1%)	1/107 (1%)	0/118 (0%)	0/163 (0%)
Parathyroid: Adenoma	2/271 (1%)	1/64 (2%)	0/81 (0%)	2/118 (2%)
G.I. Tract: All tumors	6/472 (1%)	2/119 (2%)	3/127 (2%)	4/173 (2%)
Pituitary: All tumors	0/322 (0%)	0/80 (0%)	1/87 (1%)	2/123 (2%)
Kidney: All tumors	4/470 (1%)	1/119 (1%)	0/127 (0%)	0/173 (0%)
Liver: All tumors	0/470 (0%)	0/119 (0%)	2/127 (2%)	1/173 (1%)
Leukemia or malignant lymphoma	8/472 (2%)	4/119 (4%)	7/127 (6%) (c)	8/173 (5%)
Hemangioma or hemangiosarcoma	5/472 (1%)	3/119 (3%)	2/127 (2%)	2/173 (1%)
All other tumors	5/472 (1%)	3/119 (3%)	1/127 (1%)	4/173 (2%)

(a) DMH was given by gastric intubation at 4 mg/kg b.w. once every other week for 10 weeks; chrysotile asbestos was offered in the diet at a 1% level.

(b) P = 0.257 (life table); P = 0.038 (incidental tumor test); P = 0.009 (Fisher's exact test) vs. pooled controls.

(c) P < 0.05 vs. pooled controls.

TABLE 15. INCIDENCES OF PRIMARY TUMORS IN FEMALE HAMSTERS ADMINISTERED 1,2-DIMETHYLHYDRAZINE DIHYDROCHLORIDE (DMH) OR INTERMEDIATE RANGE CHRYSOTILE AND DMH (a)

	Pooled Controls	DMH & Intermediate Range Chrysotile Controls	DMH	DMH & Intermediate Range Chrysotile
Animals with primary tumors	66/472 (14%)	15/120 (12%)	15/122 (12%)	19/161 (12%)
Skin or sub. tissue: All tumors	0/472 (0%)	0/120 (0%)	1/122 (1%)	0/161 (0%)
Lung or trachea: All tumors	0/471 (0%)	0/119 (0%)	0/122 (0%)	1/160 (1%)
Adrenal:				
Cortical adenoma	15/468 (3%)	3/120 (2%)	2/120 (2%)	6/158 (4%)
Cortical carcinoma	0/468 (0%)	0/120 (0%)	0/120 (0%)	2/158 (1%)
Pheochromocytoma	0/468 (0%)	0/120 (0%)	0/120 (0%)	0/158 (0%)
Other tumors	0/468 (0%)	0/120 (0%)	0/120 (0%)	0/158 (0%)
Pancreas:				
Islet-cell adenoma	15/456 (3%)	5/116 (4%)	2/119 (2%)	4/149 (3%)
Islet-cell carcinoma	1/456 (<1%)	0/116 (0%)	0/119 (0%)	0/149 (0%)
Thyroid:				
C-cell adenoma	6/440 (1%)	0/112 (0%)	0/108 (0%)	0/141 (0%)
C-cell carcinoma	1/440 (<1%)	1/112 (1%)	0/108 (0%)	0/141 (0%)
Other tumors	2/440 (<1%)	0/112 (0%)	0/108 (0%)	0/141 (0%)
Parathyroid: Adenoma	6/280 (2%)	1/74 (1%)	2/57 (4%)	0/91 (0%)
G.I. Tract: All tumors	5/472 (1%)	1/120 (1%)	2/122 (2%)	0/161 (0%)
Pituitary: All tumors	2/285 (1%)	0/62 (0%)	0/59 (0%)	0/109 (0%)
Kidney: All tumors	1/472 (<1%)	0/120 (0%)	0/122 (0%)	0/161 (0%)
Liver: All tumors	0/472 (0%)	0/119 (0%)	0/121 (0%)	0/161 (0%)
Leukemia or malignant lymphoma	7/472 (1%)	3/120 (2%)	2/122 (2%)	3/161 (2%)
Hemangioma or hemangiosarcoma	2/472 (<1%)	1/120 (1%)	0/122 (0%)	1/161 (1%)
Uterus: All tumors	8/471 (2%)	2/120 (2%)	2/116 (2%)	2/156 (1%)
All other tumors	6/472 (1%)	1/120 (1%)	2/122 (2%)	2/161 (1%)

(a) DMH was given by gastric intubation at 4 mg/kg b.w. once every other week for 10 weeks; chrysotile asbestos was offered in the diet at a 1% level.

III. RESULTS: PATHOLOGY AND STATISTICAL ANALYSES OF RESULTS

A greater than 4% incidence of neoplasia in dosed or control groups was observed in the adrenal gland, pancreas (Islets of Langerhans), parathyroid, and reticuloendothelial system. Of these, only the adrenal cortex showed an increased rate of neoplasia in chrysotile-exposed hamsters compared to the controls. In male hamsters, the incidence of cortical adenomas was significantly increased ($P < 0.05$) in the SR and IR chrysotile groups compared with the pooled controls (Tables 10 and 12) but not in the DMH chrysotile group (Table 14). None of the chrysotile groups showed a significant ($P < 0.05$) increase in cortical adenomas relative to their concurrent control groups. A similar increase in cortical adenomas was observed in the female IR chrysotile group compared with pooled controls, but this also ceased to be significant when compared with the concurrent control group (Tables 11 and 13). Combining male hamsters with either adenomas or carcinomas of the adrenal glands resulted in significantly ($P < 0.05$) increased incidences in both the SR (34/229, 14.8%) and IR (31/244, 12.7%) groups compared with pooled controls. For females only the IR group (18/234, 7.7%) was different ($P < 0.05$) from pooled controls. In every comparison significance was eliminated using concurrent controls.

Males and females administered DMH did not show a significant ($P < 0.05$) increase in intestinal neoplasia. Nor did the intermediate range chrysotile produce a higher rate of intestinal neoplasia in DMH-dosed animals. A summary of all gastrointestinal tumors observed in this study is given in Table 16.

In only two other instances did specific tumor types show significant effects relative to pooled

or concurrent controls. Female hamsters administered SR chrysotile showed a significantly ($P < 0.05$) decreased incidence of islet-cell adenoma of the pancreas relative to pooled controls (Table 11). Male hamsters administered DMH showed a significantly ($P < 0.05$) increased incidence of leukemia or malignant lymphoma relative to pooled controls (Table 14).

The only group to show a significant ($P < 0.05$) increase in overall primary tumors was the male IR chrysotile group (Table 14). This increase was due primarily to adrenal tumors. Male hamsters receiving SR chrysotile or DMH and IR chrysotile also showed an elevated incidence of primary tumors relative to pooled controls. However, when survival differences were taken into account by life table analyses, these differences were not statistically significant (Tables 10 and 14). Female chrysotile groups showed little evidence of an increased incidence of primary tumors relative to concurrent or pooled controls.

The diagnoses of the NTP Pathology Working Group differed from the original pathologist's interpretation, as shown in Table 17. The major diagnostic difference concerned the issue of whether certain adrenal tumors originated in the medulla or cortex. As shown in Table 17, the PWG diagnoses reduced the significance of adrenal cortical tumors in the male SR chrysotile group, but did not materially alter the results in other groups. To diagnose adrenal tumors, the NTP/PWG used the criteria reported by Homburger and Russfield (1970), Matsuyama and Suzuki (1970), and Murthy and Russfield (1966).

TABLE 16. INCIDENCES OF GASTROINTESTINAL TRACT TUMORS IN HAMSTERS IN THE CHRYSOTILE ASBESTOS STUDIES

	Pooled Controls		Short Range Chrysotile		Intermediate Range Chrysotile		DMH		DMH & Intermediate Range Chrysotile	
	M	F	M	F	M	F	M	F	M	F
Stomach (no. examined)	(464)	(468)	(222)	(224)	(244)	(242)	(127)	(118)	(170)	(160)
Squamous cell papilloma	3				1				2	
Carcinoma in-situ					1					
Papillary adenoma					1	1 (a)				
Small Intestine (no. examined)	(467)	(469)	(226)	(227)	(244)	(244)	(127)	(120)	(170)	(159)
Adenoma	1									
Adenocarcinoma	1									
Large Intestine (no. examined)	(464)	(468)	(222)	(226)	(241)	(243)	(126)	(118)	(170)	(159)
Papilloma									1	
Adenoma		1 (a)					1			
Papillary adenoma							1			
Adenocarcinoma		1		1						
Lipoma		1								
Adenomatous polyp								1 (a)		
Rectum (no. examined)	(472)	(472)	(233)	(228)	(245)	(244)	(127)	(122)	(173)	(161)
Adenoma	1	1 (a)								
Papillary adenoma									1 (a)	
Fibrosarcoma							1			
Squamous cell carcinoma								1		
Fibroma		1								

(a) These lesions were diagnosed by the original pathologist and were not confirmed by the NTP Pathology Working Group.

TABLE 17. COMPARISON OF ADRENAL TUMOR INCIDENCE AS DETERMINED BY ORIGINAL PATHOLOGIST (OP) AND BY THE NTP PATHOLOGY WORKING GROUP (PWG)

	Pooled Controls	SR Chrysotile Controls	SR Chrysotile	IR Chrysotile Controls	IR Chrysotile	DMH & IR Chrysotile Controls	DMH	DMH & IR Chrysotile
Males (OP)								
Cortical adenoma	25/466 (5%)	7/115 (6%)	26/229 (11%)(a)	7/115 (6%)	24/244 (10%)(a)	3/117 (3%)	3/127 (2%)	8/171 (5%)
Cortical carcinoma	13/466 (3%)	3/115 (3%)	8/229 (3%)	3/115 (3%)	7/244 (3%)	4/117 (3%)	2/127 (2%)	7/171 (4%)
Pheochromocytoma	13/466 (3%)	2/115 (2%)	4/229 (2%)	5/115 (4%)	11/244 (5%)	3/117 (3%)	4/127 (3%)	6/171 (4%)
Other	6/466 (1%)	0/115 (0%)	1/229 (<1%)	3/115 (3%)	1/244 (<1%)	2/117 (2%)	0/127 (0%)	1/171 (1%)
Males (PWG)								
Cortical adenoma	31/466 (7%)	7/115 (6%)	26/229 (11%)	9/115 (8%)	29/244 (12%)(a)	6/117 (5%)	5/127 (4%)	11/171 (6%)
Cortical carcinoma	14/466 (3%)	3/115 (3%)	9/229 (4%)	3/115 (3%)	7/244 (3%)	5/117 (4%)	4/127 (3%)	8/171 (5%)
Pheochromocytoma	7/466 (2%)	2/115 (2%)	2/229 (1%)	4/115 (3%)	7/244 (3%)	0/117 (0%)	2/127 (2%)	1/171 (1%)
Other	2/466 (<1%)	0/115 (0%)	1/229 (<1%)	1/115 (1%)	1/244 (<1%)	1/117 (1%)	0/127 (0%)	1/171 (1%)
Females (OP)								
Cortical adenoma	15/468 (3%)	4/112 (4%)	8/226 (4%)	6/118 (5%)	18/234 (8%) (a)	3/120 (2%)	2/120 (2%)	6/158 (4%)
Cortical carcinoma	0/468 (0%)	0/112 (0%)	0/226 (0%)	0/118 (0%)	1/234 (<1%)	0/120 (0%)	0/120 (0%)	2/158 (1%)
Pheochromocytoma	0/468 (0%)	0/112 (0%)	3/226 (1%)	0/118 (0%)	1/234 (<1%)	0/120 (0%)	0/120 (0%)	0/158 (0%)
Other	0/468 (0%)	0/112 (0%)	1/226 (<1%)	0/118 (0%)	0/234 (0%)	0/120 (0%)	0/120 (0%)	0/158 (0%)
Females (PWG)								
Cortical adenoma	19/468 (4%)	4/112 (4%)	9/226 (4%)	7/118 (6%)	23/234 (10%)(a)	4/120 (3%)	2/120 (2%)	7/158 (4%)
Cortical carcinoma	0/468 (0%)	0/112 (0%)	0/226 (0%)	0/118 (0%)	1/234 (<1%)	0/120 (0%)	0/120 (0%)	2/158 (1%)
Pheochromocytoma	0/468 (0%)	0/112 (0%)	2/226 (1%)	0/118 (0%)	1/234 (<1%)	0/120 (0%)	0/120 (0%)	0/158 (0%)
Other	0/468 (0%)	0/112 (0%)	1/226 (<1%)	0/118 (0%)	0/234 (0%)	0/120 (0%)	0/120 (0%)	0/158 (0%)

(a) P < 0.05 relative to pooled controls

III. RESULTS: PATHOLOGY AND STATISTICAL ANALYSES OF RESULTS

Adrenal Cortex

Focal hyperplasia—There was a proliferation of cells appearing normal and resembling those of the zona fasciculata. The cells were of uniform size and morphology, and mitotic figures were not observed. These lesions were invariably observed in adrenals showing severe amyloidosis. Another type of hyperplastic lesion encountered was the presence of extracapsular nodules of cortical tissue that had a normal appearance. These were completely encased in a connective tissue capsule.

Cortical adenoma—Two types were observed. One was composed of cells resembling the zona fasciculata; these cells were somewhat pheomorphic and were compressing the adjacent parenchyma. The second type contained cells similar to those of the first, except that admixed between them were spindle-shaped cells which resembled fibroblasts. Mitotic figures were rare. The border of both types of adenomas was well defined but no capsule was evident.

Neurolemmoma—This tumor was composed of delicate spindle cells arranged in parallel palisades. It was well circumscribed but nonencapsulated. No mitotic figures were observed. This type of tumor was of much lower incidence than the previously described adenomas.

Cortical carcinoma—Carcinomas were composed of cells resembling both types of the adenomas described above. They were differentiated from adenomas on the basis of pleomorphism, nuclear atypia, increased numbers of mitotic figures, and invasive growth through the capsule and/or into adjacent blood vessels. Areas of necrosis and hemorrhage were common.

Adrenal Medulla

Hyperplasia—This lesion was characterized by proliferation of cells that appeared normal, although an increase in basophilia was sometimes noted. The normal architecture was preserved, and the lesion was usually diffuse.

Pheochromocytoma—This lesion consisted of a focal nodular proliferation of uniform cells that appeared fairly normal, although they were often smaller than normal. Mitotic figures were not observed. Growth was by expansion. The borders were distinct, and there appeared to be a delicate capsule.

Malignant pheochromocytoma—The major distinguishing characteristics of this neoplasm were nuclear atypia and invasive growth.

The major difference in terminology between the original pathologist and the NTP/PWG was in regard to the adrenal tumors (benign and malignant) composed of a mixture of spindle-shaped cells and eosinophilic hepatoid-like cells. The original pathologist diagnosed these as pheochromocytomas or malignant pheochromocytomas, while the PWG called them cortical adenomas or carcinomas.

While this study was not designed to evaluate nonneoplastic disease, noteworthy lesions were observed. None appeared to be dosage related; rather, they were consistent with lesions that are normally found in aging hamsters. The pathologist opined that the most important lesion, responsible for many deaths, was generalized amyloidosis. The kidneys were particularly affected by diffuse accumulation of amyloid, which replaced glomeruli and infiltrated tubular interstitium to a point where the normal cortical architecture was obliterated. Other organs which showed significant accumulations of amyloid were the adrenal gland, liver, spleen, and the epithelium of the small intestine. Amyloid was observed within the walls of blood vessels in many tissues.

Many of the livers were cirrhotic, infiltrated with amyloid, and contained large cystic structures filled with a lightly staining proteinaceous fluid. These structures were interpreted as cystic bile ducts and are consistent with what others have termed "retention cysts." At times, these cysts were so large and/or numerous that less than half of the livers remained.

Other nonneoplastic lesions that were observed in more than 5% of the hamsters in any of the experimental groups were:

1. Skin—chronic dermatitis
2. Lung—interstitial pneumonitis
3. Spleen—lymphoid atrophy
4. Lymph node—hyperplasia
5. Heart—atrial thrombosis
6. Gallbladder—edema and calculi
7. Stomach (nonglandular)—hyperkeratosis or acanthosis
8. Colon—intussusception, inflammation
9. Urinary bladder—chronic inflammation, hyperplasia
10. Adrenal gland—cortical and medullary hyperplasia
11. Thyroid gland—follicular atrophy
12. Pituitary gland—degeneration

III. RESULTS: PATHOLOGY AND STATISTICAL ANALYSES OF RESULTS

13. Ovary—atrophy

14. Uterus—inflammation, endometrial hyperplasia.

15. Vagina—acute inflammation, squamous metaplasia

None of these lesions were dose related.

IV. SUMMARY, COMMENTS, AND CONCLUSIONS

IV. SUMMARY, COMMENTS, AND CONCLUSIONS

The clinicopathologic results in this study showed that chronic ingestion of 1% chrysotile [short range (SR) or intermediate range (IR) fiber lengths] asbestos in the diet did not have any adverse effect on body weight gain and survival. In fact, both weight gain and survival seemed to be enhanced. An explanation for these observations is not apparent.

The only organ which showed a statistically significant ($P < 0.05$) increased rate of neoplasia was the adrenal cortex in male and female hamsters exposed to IR chrysotile asbestos and males exposed to SR chrysotile asbestos when compared with pooled controls. However, statistical significance was lost when these groups were compared to their concurrent controls. Also, the increased incidence in SR males was not statistically significant when the diagnoses of the NTP/PWG were used. The increase in body weight may have been a factor in adrenal cortical tumorigenesis, but this is speculative. It is difficult to imagine how orally administered asbestos, even though it is known to be absorbed through the gastrointestinal tract (Cook and Olson, 1979), could cause an increased tumor rate in the adrenal cortex without causing similar increases in tumors in other abdominal organs and tissues, i.e., gastrointestinal tract and peritoneum. For these reasons, the biologic importance of adrenal tumors in this study is doubtful. The overall increase in total primary tumors in male IR chrysotile hamsters can be explained primarily on the basis of an increased incidence of adrenal tumors in this group. The enhanced survival of animals in the chrysotile groups also contributed to the elevated incidence of primary tumors observed in these groups compared with controls. Similar increases were not observed in the amosite asbestos studies (NTP, 1983).

The only other instance of an increased rate of neoplasia was a significant ($P < 0.05$) increase in leukemia or malignant lymphoma in male hamsters exposed to DMH when compared to pooled controls. Again, statistical significance was lost when this group was compared to its concurrent control group. This finding also loses importance because it was not observed in the DMH plus IR chrysotile group.

Other such studies involving the long-term ingestion of asbestos are few. Donham et al., (1980) reported equivocal results in F344 rats which were fed a diet containing 10% chrysotile for their lifetime. While they did not observe a statistically significant ($P < 0.05$) increase in the number of tumors in exposed animals, the

authors believed that there was a trend toward increased colon lesions in general, evidence of penetration of asbestos into the colonic mucosa and possible cytotoxicity to colonic tissues and they suggested a possible relationship to peritoneal mesothelioma. Another equivocal study is that reported by Gibel et al. (1976), who described an increase in malignant tumors in the lung, kidney, liver, and reticuloendothelial system, but no increase in intestinal neoplasia in Wistar rats fed asbestos filter material (20 mg/day) for a period of 8-14 months. Cunningham et al. (1977) reported 2 studies in male Wistar rats administered 1% chrysotile in the diet, one study of 24 months and one of 30 months. No intestinal tumors were found in the control rats. Negative results were reported by Gross et al., (1974), who fed rats a diet containing 5% chrysotile asbestos for a period of 21 months with no evidence of intestinal neoplasia.

The only other oral asbestos study in hamsters was reported by Smith et al. (1980). They exposed groups of 30 male and 30 female hamsters via drinking water for lifetime to amosite asbestos, mine tailings, beach rock, and Lake Superior drinking water. They did not observe adverse effects on body weight or survival time in any of the groups. A peritoneal mesothelioma, one pulmonary carcinoma, and two early squamous cell carcinomas of the nonglandular stomach were found in the hamsters exposed to amosite, but the incidence was not statistically significant ($P > 0.05$). They concluded that these studies were essentially negative.

Except for those by Donham et al. (1980) and Smith et al. (1980), these studies were conducted with relatively small numbers of animals. Also, some were conducted for periods of time insufficient to adequately test the carcinogenic potential of ingested asbestos.

The results of the combination study (IR chrysotile plus DMH) did not yield a significant increase in tumors above the background level observed in the DMH group alone or in the untreated control group. The DMH failed to yield a background level of intestinal tumors high enough to provide a valid test of the cocarcinogenic potential of chrysotile asbestos. For this reason, the cocarcinogenic potential of orally administered asbestos should be considered untested. However, the DMH plus chrysotile group provides an additional IR chrysotile group for comparative purposes.

IV. SUMMARY, COMMENTS, AND CONCLUSIONS

Why the DMH dosed group of hamsters failed to show an increased incidence of intestinal neoplasia remains unclear. The results from the pilot study indicated that the dose of DMH used should have caused an incidence of approximately 10% to 15%. DMH solutions rapidly decompose if they are at room temperature or if they are not properly buffered. For these studies, however, precautions were taken to prevent decomposition.

The only long-term study designed to determine the cocarcinogenic potential of asbestos was reported by Ward et al. (1980). They administered 1 mg amosite asbestos in saline by gavage to 6-week-old F344 rats 3 times per week for 10 weeks. Once per week during this same period, half of the rats received subcutaneous injections of 7.4 mg/kg azoxymethane (AOM), a known intestinal carcinogen in animals. All surviving rats were killed at 94-95 weeks of age. Ward et al. reported an intestinal tumor incidence of 66.7% for AOM alone, 77.1% for amosite plus AOM, and 32.6% for amosite alone. The authors concluded that while amosite did not significantly add to the incidence of AOM-induced intestinal neoplasia, amosite alone caused a relatively high rate of intestinal neoplasia. However, there was no untreated control group with which to compare the treated groups. These authors also reported a 14% incidence of Zymbal gland tumors in the rats exposed to amosite alone. The historical rate of Zymbal gland tumors in the Program is 0.34%, indicating that this neoplasm is an extremely rare spontaneous tumor. However, AOM is known to induce Zymbal gland tumors with a single dose of 5.1 mg/kg in male F344 rats producing a 14% incidence of tumors in this organ (Ward, 1975); in this study 5.1 mg/kg AOM also caused a 24% incidence of

intestinal neoplasia. An appropriate explanation for the high incidence of Zymbal gland tumors in the amosite group would be that those animals were inadvertently exposed to AOM. If this occurred, animals would also be expected to show a high incidence of intestinal neoplasia.

This investigation of the carcinogenic and cocarcinogenic potential of ingested asbestos is a two-animal-species effort by the National Institute of Environmental Health Sciences/National Toxicology Program. While the results in the hamster appear to be negative, carcinogenesis studies involving more types of asbestos but using essentially the same protocol (1% diet) in rats are currently being evaluated. The concurrent study (NTP, 1983) using 1% amosite in the diet of hamsters did not show any significant increase in tumor incidence compared to pooled or concurrent control groups.

Conclusions: Under the conditions of these studies, neither short range chrysotile nor intermediate range chrysotile asbestos was carcinogenic when ingested at 1% levels in the diet by male and female Syrian golden hamsters. While there were increases in the rates of adrenal cortical adenomas in male and female hamsters exposed to intermediate range chrysotile asbestos compared with pooled control groups, these incidence rates were not different when compared with the concurrent control groups. Additionally, the biologic importance of adrenal tumors in the absence of target organ (gastrointestinal tract) neoplasia is questionable. The cocarcinogenesis studies using IR chrysotile asbestos and 1,2-dimethylhydrazine dihydrochloride were considered inadequate because there was no increase in intestinal neoplasia in the DMH group.

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APPENDIX A
ANALYSIS OF FEED

APPENDIX A

Five pellets from the asbestos dosed and seven pellets from the control diet were individually crushed, transferred to a tared crucible, and weighed. The sample sizes used for the assays were 350 to 500 mg of asbestos-containing diet and 1,000 to 1,500 mg of control diet. The crucibles containing the diet were placed in a muffle furnace and ashed overnight at 550°C. After cooling, the ashed samples were quantitatively transferred to 100-ml beakers. Twenty ml of a 1:1:2 solution of nitric and hydrochloric acid in distilled water were added to each beaker and the samples were gently boiled for 8 hours. The digested sample was quantitatively transferred to a volumetric flask and a sufficient quantity of a stock solution containing potassium, lanthanum, and hydrochloric acid was added to provide a final concentration of 100 mg/l of K⁺ and 30 mg/l of La⁺⁺ at a pH below 3. The quantity of asbestos was determined by measuring the magnesium content by atomic absorption spectroscopy.

Results of the analyses are presented in Tables A1 and A2.

**TABLE A1. CALCULATED VALUES OF SHORT RANGE
CHRYSTILE ASBESTOS IN INDIVIDUAL
LOTS OF FEED AS DETERMINED BY
MAGNESIUM CONTENT**

Feed Preparation Date	Calculated Asbestos Content (%)
03/23/77	1.05 ± 0.07
03/14/77	0.96 ± 0.07
05/20/77	0.89 ± 0.38
06/23/77	1.29 ± 1.96
06/23/77	0.94 ± 0.07
09/21/77	0.96 ± 0.13
12/07/77	1.00 ± 0.06
02/01/78	0.94 ± 0.06
09/78	0.93 ± 0.06
10/79	0.97 ± 0.07

Mean = 0.98 ± 0.22

**TABLE A2. CALCULATED VALUES OF INTERMEDIATE RANGE
CHRYSTILE ASBESTOS IN INDIVIDUAL LOTS OF
FEED AS DETERMINED BY MAGNESIUM CONTENT**

Feed Preparation Date	Calculated Asbestos Content (%)
03/14/77	1.02 ± 0.04
05/20/77	1.00 ± 0.11
06/23/77	1.64 ± 1.49
06/23/77	1.09 ± 0.39
06/23/77	0.94
06/23/77	0.89 ± 0.06
09/21/77	0.89
09/21/77	0.85
12/07/77	1.02 ± 0.05
02/01/78	1.03 ± 0.13
02/01/78	1.02 ± 0.17
07/11/78	0.97 ± 0.02
10/27/78	0.92 ± 0.07
10/79	1.00
<hr/>	
Mean = 0.96 ± 0.12	
<hr/>	

APPENDIX B

DISEASE STATUS OF HAMSTERS EXPOSED IN THE CHRYSOTILE ASBESTOS STUDIES

APPENDIX C

ANALYSES OF 1,2-DIMETHYLHYDRAZINE DIHYDROCHLORIDE

TABLE C1. ANALYSIS OF 1,2-DIMETHYLHYDRAZINE DIHYDROCHLORIDE SOLUTIONS

Date Prepared and Used	Theoretical Concentration	Actual Concentration
6/22/77	2.00 mg/ml	2.004 ± 0.03 mg/ml
7/6/77	2.00 mg/ml	1.75 ± 0.04 mg/ml
7/20/77	2.00 mg/ml	2.51 ± 0.08 mg/ml
8/3/77	2.00 mg/ml	1.92 ± 0.06 mg/ml
8/17/77	2.00 mg/ml	1.68 ± 0.14 mg/ml

The concentration of 1,2-dimethylhydrazine dihydrochloride was determined by the pentacyanoamino ferrate colorimetric method. Quantity modifications were made to avoid the small and fraction milliliter quantities and to make possible the use of standard laboratory ware.

All solutions and solid reagents in use or storage were kept cold, at about ice temperatures in a *cold* refrigerator.

REAGENTS

1. Trisodium salt of pentacyanoamino ferrate; concentration 20 mg/ml dissolved in cold borate buffer.
2. Stock 1,2-DMH•2HCl solution; approximately 40 mg/200 ml; dissolved in cold acetate buffer; concentration, approximately 200 µg/ml.
3. 0.05 M Borate buffer:
 - 0.05 M H₃BO₃:3.08 g/l
 - 0.5 M Na₃B₄O₇•10 H₂O:19.06 g/l
 - Add the salt to boric acid until pH 8.5.
4. 0.2 M acetate buffer
 - 0.2 M HOAc:11.4 ml conc glacial acetic acid per liter. Conc HOAc=17.6M
 - 0.2 M NaOAc:27.2 g/liter of NaOAc•3H₂O
 - Add HOAc to the salt solution until pH 5.
5. 1-1 HCl solution.
6. Color development reagent (combined reagent) 12.0 ml (by pipette) of pentacyanoamino ferrate reagent diluted to 250 ml with cold borate buffer. Keep cold.

EQUIPMENT

Beckman spectrophotometer; 1 cm cells. Wavelength 536 nm.

CALIBRATION CURVE

No attempt was made to weigh 40.0 mg of the symmetrical DMH•2HCl because of its unstable nature at room temperature and its tendency to pick up water. 40 mg or more were quickly weighed and immediately dissolved in cold acetate buffer and diluted to 200 ml in a volumetric flask.

To prepare the calibration curve, 6 standard solutions were prepared from which 5 ml aliquots were taken to obtain each absorbance value.

Std Solution		If Stock is 210 $\mu\text{g/ml}$	
ml Stock	ml OAc ⁻ Buffer	Std Sol $\mu\text{g/ml}$	Calib. Sol. $\mu\text{g/ml}$
4	36	21	3.44
8	32	42	6.88
10	30	52.5	8.61
12	28	63	10.3
16	24	84	13.8
20	20	105	17.2

The calibration curve points were obtained by 5 aliquots of 5 ml each diluted with 25 ml color reagent and 0.5 ml of 1-1 HCl solution or a total of 30.5 ml. Concentration in $\mu\text{g/ml}$ for each of these calibration points is $(5 \text{ ml} \times \text{conc each std } \mu\text{g/ml}) \div 30.5 \text{ ml}$ and is included in the above table. The blank consists of 5 ml OAc⁻ buffer with 25 ml indicator and 0.5 ml 1-1 acid.

The color develops and fades very rapidly, even when cold. To obtain reasonably consistent values for 5 aliquots, the acid was measured with a fast pipette, and a dry cuvette was filled and read immediately. If any motion is delayed, this is reflected in a bad reading. A typical calibration curve and a copy of a data sheet are attached.

A new calibration curve was prepared for each sample analyzed. Because these curves were prepared from somewhat different concentrations (plotted according to ml), two curves prepared from two different concentrations two weeks apart were converted to equivalent concentrations and plotted. The two curves were nearly identical.

SAMPLE ANALYSES

For sample analyses, samples were received as a solution; three separate aliquots were taken from the original sample. These were diluted to 50 ml; then, a 10 ml sample was taken from each and diluted to 50 ml. From the latter, 5 separate samples were taken, each diluted to 30.5 ml, and the absorbance values were averaged to determine the concentration. The 5 absorbance values were averaged to give the concentration of each aliquot.

APPENDIX D

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN HAMSTERS ADMINISTERED CHRYSOTILE ASBESTOS IN THE DIET

TABLE D1.

**SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE HAMSTERS ADMINISTERED
SHORT RANGE (SR) CHRYSOTILE ASBESTOS IN THE DIET**

	CONTROL	SR CHRYSOTILE
ANIMALS INITIALLY IN STUDY	126	253
ANIMALS NECROPSIED	115	233
ANIMALS EXAMINED HISTOPATHOLOGICALLY	115	233

INTEGUMENTARY SYSTEM		
NONE		

RESPIRATORY SYSTEM		
#PERITRACHEAL TISSUE SARCOMA, NOS, METASTATIC	(115)	(228) 1 (0%)
#LUNG PARANGLIOMA, METASTATIC SARCOMA, NOS, METASTATIC	(115)	(231) 1 (0%) 1 (0%)

HEMATOPOIETIC SYSTEM		
*MULTIPLE ORGANS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE GRANULOCYTTIC LEUKEMIA	(115) 1 (1%) 1 (1%)	(233) 2 (1%) 1 (0%)
#LYMPH NODE C-CELL CARCINOMA, METASTATIC	(114)	(230) 1 (0%)
#THYMUS PARANGLIOMA, METASTATIC	(90)	(137) 1 (1%)

CIRCULATORY SYSTEM		
#SPLEEN HEMANGIOSARCOMA	(112)	(229) 1 (0%)
#HEART PARANGLIOMA, MALIGNANT	(114)	(230) 1 (0%)
#LIVER HEMANGIOSARCOMA	(115)	(232) 2 (1%)
#TESTIS HEMANGIOMA	(112)	(229) 1 (0%)

DIGESTIVE SYSTEM		
#LIVER OSTEOSARCOMA, METASTATIC	(115)	(232) 1 (0%)
#CARDIAC STOMACH SQUAMOUS CELL PAPILLOMA	(113) 1 (1%)	(222)
#DUODENUM ADENOMA, NOS	(114) 1 (1%)	(226)

URINARY SYSTEM		
#KIDNEY TUBULAR-CELL ADENOMA	(115)	(232) 2 (1%)
#KIDNEY/CORTEX ADENOMA, NOS	(115)	(232) 1 (0%)

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

TABLE D1. MALE HAMSTERS: NEOPLASMS (CONTINUED)

	CONTROL	SR CHRYSOTILE
ENDOCRINE SYSTEM		
#ADRENAL	(115)	(229)
CORTICAL ADENOMA	7 (6%)	26 (11%)
CORTICAL CARCINOMA	3 (3%)	8 (3%)
PHEOCHROMOCYTOMA	2 (2%)	4 (2%)
NEURILEMOMA		1 (0%)
#THYROID	(109)	(207)
C-CELL ADENOMA	3 (3%)	3 (1%)
C-CELL CARCINOMA	1 (1%)	1 (0%)
#PARATHYROID	(72)	(132)
ADENOMA, NOS		3 (2%)
#PANCREATIC ISLETS	(111)	(218)
ISLET-CELL ADENOMA	2 (2%)	15 (7%)
ISLET-CELL CARCINOMA	1 (1%)	

REPRODUCTIVE SYSTEM		
NONE		

NERVOUS SYSTEM		
#BRAIN	(114)	(223)
ASTROCYTOMA	1 (1%)	

SPECIAL SENSE ORGANS		
NONE		

MUSCULOSKELETAL SYSTEM		
*SKELETAL MUSCLE	(115)	(233)
FIBROSARCOMA		1 (0%)

BODY CAVITIES		
*THORACIC CAVITY	(115)	(233)
OSTEOSARCOMA		1 (0%)

ALL OTHER SYSTEMS		
NONE		

ANIMAL DISPOSITION SUMMARY		
ANIMALS INITIALLY IN STUDY	126	253
NATURAL DEATHS	112	221
MORIBUND SACRIFICE	11	29
SCHEDULED SACRIFICE		
ACCIDENTALLY KILLED		2
TERMINAL SACRIFICE		
ANIMAL MISSING		

^a INCLUDES AUTOLYZED ANIMALS

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

TABLE D1. MALE HAMSTERS: NEOPLASMS (CONTINUED)

	CONTROL	SR CHRYSOTILE
TUMOR SUMMARY		
TOTAL ANIMALS WITH PRIMARY TUMORS*	21	64
TOTAL PRIMARY TUMORS	24	74
TOTAL ANIMALS WITH BENIGN TUMORS	15	48
TOTAL BENIGN TUMORS	16	56
TOTAL ANIMALS WITH MALIGNANT TUMORS	8	18
TOTAL MALIGNANT TUMORS	8	18
TOTAL ANIMALS WITH SECONDARY TUMORS#		4
TOTAL SECONDARY TUMORS		6
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 SECONDARY TUMORS

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

TABLE D2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE HAMSTERS ADMINISTERED
SHORT RANGE (SR) CHRYSOTILE ASBESTOS IN THE DIET

	CONTROL	SR CHRYSOTILE
ANIMALS INITIALLY IN STUDY	126	252
ANIMALS MISSING	1	1
ANIMALS NECROPSIED	114	228
ANIMALS EXAMINED HISTOPATHOLOGICALLY	114	228

INTEGUMENTARY SYSTEM		
*SUBCUT TISSUE	(114)	(228)
SARCOMA, NOS		1 (0%)
FIBROSARCOMA		1 (0%)
LIPOMA		1 (0%)

RESPIRATORY SYSTEM		
#LUNG	(114)	(228)
SARCOMA, NOS, METASTATIC		2 (1%)

HEMATOPOIETIC SYSTEM		
*MULTIPLE ORGANS	(114)	(228)
MALIGNANT LYMPHOMA, NOS	1 (1%)	
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE		2 (1%)
#LYMPH NODE	(114)	(227)
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	1 (1%)	

CIRCULATORY SYSTEM		
#SPLEEN	(112)	(226)
HEMANGIOMA		1 (0%)

DIGESTIVE SYSTEM		
#COLON	(114)	(226)
ADENOCARCINOMA, NOS	1 (1%)	1 (0%)

URINARY SYSTEM		
NONE		

ENDOCRINE SYSTEM		
#PITUITARY	(77)	(132)
CHROMOPHOBE ADENOMA		1 (1%)
#ADRENAL	(112)	(226)
CORTICAL ADENOMA	4 (4%)	8 (4%)
PHEOCHROMOCYTOMA		3 (1%)
NEURILEMOMA		1 (0%)
#THYROID	(107)	(214)
FOLLICULAR-CELL ADENOMA	2 (2%)	
C-CELL ADENOMA	2 (2%)	
#PARATHYROID	(68)	(139)
ADENOMA, NOS	3 (4%)	3 (2%)
#PANCREATIC ISLETS	(109)	(217)
ISLET-CELL ADENOMA	2 (2%)	2 (1%)
ISLET-CELL CARCINOMA	1 (1%)	

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

TABLE D2. FEMALE HAMSTERS: NEOPLASMS (CONTINUED)

	CONTROL	SR CHRYSOTILE
REPRODUCTIVE SYSTEM		
*VAGINA	(114)	(228)
PAPILLARY ADENOMA	1 (1%)	
#UTERUS	(113)	(226)
PAPILLOMA, NOS		1 (0%)
PAPILLARY CARCINOMA		1 (0%)
ADENOMA, NOS		1 (0%)
PAPILLARY ADENOMA		1 (0%)
LEIOMYOMA	2 (2%)	1 (0%)
ENDOMETRIAL STROMAL POLYP	1 (1%)	
#OVARY	(112)	(222)
FIBROMA		1 (0%)

NERVOUS SYSTEM		
NONE		

SPECIAL SENSE ORGANS		
NONE		

MUSCULOSKELETAL SYSTEM		
NONE		

BODY CAVITIES		
*THORACIC CAVITY	(114)	(228)
OSTEOSARCOMA	1 (1%)	

ALL OTHER SYSTEMS		
PERINEUM		
PAPILLOMA, NOS	1	
SITE UNKNOWN		
SARCOMA, NOS		1
OSTEOSARCOMA		1

ANIMAL DISPOSITION SUMMARY		
ANIMALS INITIALLY IN STUDY	126	252
NATURAL DEATH ^a	112	231
MORIBUND SACRIFICE	13	19
SCHEDULED SACRIFICE		
ACCIDENTALLY KILLED		
TERMINAL SACRIFICE		
ANIMAL MISSING	1	1

^a INCLUDES AUTOLYZED ANIMALS

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

TABLE D2. FEMALE HAMSTERS: NEOPLASMS (CONTINUED)

	CONTROL	SR CHRYSOTILE
TUMOR SUMMARY		
TOTAL ANIMALS WITH PRIMARY TUMORS*	19	28
TOTAL PRIMARY TUMORS	23	33
TOTAL ANIMALS WITH BENIGN TUMORS	16	24
TOTAL BENIGN TUMORS	18	25
TOTAL ANIMALS WITH MALIGNANT TUMORS	5	7
TOTAL MALIGNANT TUMORS	5	8
TOTAL ANIMALS WITH SECONDARY TUMORS#		2
TOTAL SECONDARY TUMORS		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 SECONDARY TUMORS

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

TABLE D3.

**SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE HAMSTERS ADMINISTERED
INTERMEDIATE RANGE (IR) CHRYSOTILE ASBESTOS IN THE DIET**

	CONTROL	IR CHRYSOTILE
ANIMALS INITIALLY IN STUDY	126	251
ANIMALS NECROPSIED	116	245
ANIMALS EXAMINED HISTOPATHOLOGICALLY	116	245

INTEGUMENTARY SYSTEM		
*SUBCUT TISSUE SARCOMA, NOS	(116) 1 (1%)	(245)

RESPIRATORY SYSTEM		
#TRACHEA CARCINOMA, NOS	(116)	(244) 1 (0%)

HEMATOPOIETIC SYSTEM		
*MULTIPLE ORGANS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	(116)	(245) 8 (3%)
MALIG. LYMPHOMA, HISTIOCYTIC TYPE	1 (1%)	1 (0%)
#CERVICAL LYMPH NODE CARCINOMA, NOS	(116)	(244) 1 (0%)
C-CELL CARCINOMA, METASTATIC		1 (0%)
#LYMPH NODE OF THORAX SARCOMA, NOS, METASTATIC	(116)	(244) 1 (0%)
#MEDIASTINAL L. NODE ADENOCARCINOMA, NOS, METASTATIC	(116) 1 (1%)	(244)
#PANCREATIC L. NODE ADENOCARCINOMA, NOS, METASTATIC	(116) 1 (1%)	(244)
#MESENTERIC L. NODE MALIG. LYMPHOMA, HISTIOCYTIC TYPE	(116)	(244) 1 (0%)

CIRCULATORY SYSTEM		
#SPLENIC CAPSULE HEMANGIOMA	(112)	(242) 1 (0%)

DIGESTIVE SYSTEM		
#LIVER ADENOCARCINOMA, NOS, METASTATIC	(116) 1 (1%)	(244)
#CARDIAC STOMACH SQUAMOUS CELL PAPILOMA	(115)	(244) 1 (0%)
PAPILLARY ADENOMA		1 (0%)
#GASTRIC FUNDUS CARCINOMA-IN-SITU, NOS	(115)	(244) 1 (0%)
#JEJUNUM ADENOCARCINOMA, NOS	(116) 1 (1%)	(244)

URINARY SYSTEM		
#KIDNEY ADENOCARCINOMA, NOS	(115) 1 (1%)	(245)
TUBULAR-CELL ADENOCARCINOMA		1 (0%)
#KIDNEY/CORTEX ADENOCARCINOMA, NOS	(115) 1 (1%)	(245)

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

TABLE D3. MALE HAMSTERS: NEOPLASMS (CONTINUED)

	CONTROL	IR CHRYSOTILE
ENDOCRINE SYSTEM		
#ADRENAL	(115)	(244)
CORTICAL ADENOMA	7 (6%)	24 (10%)
CORTICAL CARCINOMA	3 (3%)	7 (3%)
PHEOCHROMOCYTOMA	5 (4%)	9 (4%)
PHEOCHROMOCYTOMA, MALIGNANT		2 (1%)
GANGLIONEUROMA	1 (1%)	
NEUROBLASTOMA	2 (2%)	1 (0%)
#THYROID	(106)	(216)
ADENOMA, NOS		1 (0%)
C-CELL ADENOMA	3 (3%)	5 (2%)
C-CELL CARCINOMA	1 (1%)	4 (2%)
#PARATHYROID	(71)	(138)
ADENOMA, NOS	1 (1%)	4 (3%)
#PANCREATIC ISLETS	(110)	(226)
ISLET-CELL ADENOMA	7 (6%)	15 (7%)
ISLET-CELL CARCINOMA		1 (0%)

REPRODUCTIVE SYSTEM		
NONE		

NERVOUS SYSTEM		
NONE		

SPECIAL SENSE ORGANS		
NONE		

MUSCULOSKELETAL SYSTEM		
NONE		

BODY CAVITIES		
NONE		

ALL OTHER SYSTEMS		
*MULTIPLE ORGANS	(116)	(245)
CARCINOMA, NOS, METASTATIC		1 (0%)
FIBROSARCOMA		1 (0%)

ANIMAL DISPOSITION SUMMARY		
ANIMALS INITIALLY IN STUDY	126	251
NATURAL DEATH	102	218
MORBUND SACRIFICE	24	33
SCHEDULED SACRIFICE		
ACCIDENTALLY KILLED		
TERMINAL SACRIFICE		
ANIMAL MISSING		

∞ INCLUDES AUTOLYZED ANIMALS

NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY

* NUMBER OF ANIMALS NECROPSIED

TABLE D3. MALE HAMSTERS: NEOPLASMS (CONTINUED)

	CONTROL	IR CHRYSOTILE
TUMOR SUMMARY		
TOTAL ANIMALS WITH PRIMARY TUMORS*	26	78
TOTAL PRIMARY TUMORS	35	91
TOTAL ANIMALS WITH BENIGN TUMORS	19	55
TOTAL BENIGN TUMORS	24	61
TOTAL ANIMALS WITH MALIGNANT TUMORS	10	30
TOTAL MALIGNANT TUMORS	11	30
TOTAL ANIMALS WITH SECONDARY TUMORS#	1	3
TOTAL SECONDARY TUMORS	3	3
TOTAL ANIMALS WITH TUMORS UNCERTAIN- BENIGN OR MALIGNANT		
TOTAL UNCERTAIN TUMORS		
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC		
TOTAL UNCERTAIN TUMORS		

* PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY TUMORS

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

TABLE D4.

**SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE HAMSTERS ADMINISTERED
INTERMEDIATE RANGE (IR) CHRYSOTILE ASBESTOS IN THE DIET**

	CONTROL	IR CHRYSOTILE
ANIMALS INITIALLY IN STUDY	126	252
ANIMALS MISSING		1
ANIMALS NECROPSIED	119	244
ANIMALS EXAMINED HISTOPATHOLOGICALLY	119	244

INTEGUMENTARY SYSTEM		
*SKIN	(119)	(244)
MALIGNANT MELANOMA		1 (0%)
*SUBCUT TISSUE	(119)	(244)
SARCOMA, NOS		1 (0%)

RESPIRATORY SYSTEM		
NONE		

HEMATOPOIETIC SYSTEM		
*MULTIPLE ORGANS	(119)	(244)
MALIG.LYMPHOMA, HISTIOCYTIC TYPE		1 (0%)
#LYMPH NODE	(119)	(243)
MALIG.LYMPHOMA, HISTIOCYTIC TYPE		1 (0%)

CIRCULATORY SYSTEM		
#SPLEEN	(118)	(241)
HEMANGIOMA		1 (0%)

DIGESTIVE SYSTEM		
#GASTRIC FUNDUS	(118)	(242)
PAPILLARY ADENOMA		1 (0%)
#COLON	(118)	(243)
ADENOMA, NOS	1 (1%)	

*ANUS	(119)	(244)
FIBROMA	1 (1%)	

URINARY SYSTEM		
#KIDNEY/CORTEX	(119)	(243)
ADENOCARCINOMA, NOS	1 (1%)	

ENDOCRINE SYSTEM		
#PITUITARY	(67)	(164)
ADENOMA, NOS	1 (1%)	1 (1%)
CHROMOPHOBE ADENOMA	1 (1%)	
CHROMOPHOBE CARCINOMA		1 (1%)
#ADRENAL	(118)	(234)
CORTICAL ADENOMA	6 (5%)	18 (8%)
CORTICAL CARCINOMA		1 (0%)
PHEOCHROMOCYTOMA		1 (0%)
#THYROID	(115)	(223)
FOLLICULAR-CELL ADENOMA		1 (0%)
C-CELL ADENOMA	3 (3%)	2 (1%)
#PARATHYROID	(77)	(148)
ADENOMA, NOS	1 (1%)	1 (1%)
#PANCREATIC ISLETS	(116)	(236)
ISLET-CELL ADENOMA	5 (4%)	4 (2%)

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

TABLE D4. FEMALE HAMSTERS: NEOPLASMS (CONTINUED)

	CONTROL	IR CHRYSOTILE
REPRODUCTIVE SYSTEM		
#UTERUS	(119)	(240)
PAPILLOMA, NOS		1 (0%)
ADENOMA, NOS		1 (0%)
ADENOCARCINOMA, NOS		1 (0%)
PAPILLARY ADENOMA		2 (1%)
LEIOMYOMA	1 (1%)	2 (1%)
NERVOUS SYSTEM		
NONE		
SPECIAL SENSE ORGANS		
NONE		
MUSCULOSKELETAL SYSTEM		
*THORACIC VERTEBRA SARCOMA, NOS	(119)	(244) 1 (0%)
BODY CAVITIES		
*MESENTERY OSTEOMA	(119)	(244) 1 (0%)
ALL OTHER SYSTEMS		
NONE		
ANIMAL DISPOSITION SUMMARY		
ANIMALS INITIALLY IN STUDY	126	252
NATURAL DEATH	114	235
MORIBUND SACRIFICE	12	16
SCHEDULED SACRIFICE		
ACCIDENTALLY KILLED		
TERMINAL SACRIFICE		
ANIMAL MISSING		1
ⓐ INCLUDES AUTOLYZED ANIMALS		
# NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY		
* NUMBER OF ANIMALS NECROPSIED		
TUMOR SUMMARY		
TOTAL ANIMALS WITH PRIMARY TUMORS*	17	39
TOTAL PRIMARY TUMORS	21	45
TOTAL ANIMALS WITH BENIGN TUMORS	16	33
TOTAL BENIGN TUMORS	20	37
TOTAL ANIMALS WITH MALIGNANT TUMORS	1	8
TOTAL MALIGNANT TUMORS	1	8
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		
* PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY TUMORS		
# SECONDARY TUMORS: METASTATIC TUMORS OR TUMORS INVASIVE INTO AN ADJACENT ORGAN		

TABLE D5.

**SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE HAMSTERS ADMINISTERED
1,2-DIMETHYLHYDRAZINE DIHYDROCHLORIDE (DMH) PLUS INTERMEDIATE RANGE (IR)
CHRYSTOLE ASBESTOS IN THE DIET**

	CONTROL	DMH	IR CHRYSTOLE PLUS DMH
ANIMALS INITIALLY IN STUDY	125	127	176
ANIMALS NECROPSIED	119	127	173
ANIMALS EXAMINED HISTOPATHOLOGICALLY	119	127	173

INTEGUMENTARY SYSTEM			
*SKIN	(119)	(127)	(173)
SARCOMA, NOS	1 (1%)		
*SUBCUT TISSUE	(119)	(127)	(173)
FIBROSARCOMA			1 (1%)

RESPIRATORY SYSTEM			
#LUNG	(119)	(126)	(173)
UNDIFFERENTIATED CARCINOMA METAS		3 (2%)	3 (2%)
SARCOMA, NOS, METASTATIC	1 (1%)		

HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS	(119)	(127)	(173)
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	2 (2%)	2 (2%)	3 (2%)
MALIG. LYMPHOMA, HISTIOCYTIC TYPE	1 (1%)	5 (4%)	5 (3%)
GRANULOCYTIC LEUKEMIA	1 (1%)		
#LYMPH NODE OF THORAX	(118)	(127)	(173)
C-CELL CARCINOMA, METASTATIC			1 (1%)
#COLO-RECTAL L. NODE	(118)	(127)	(173)
FIBROSARCOMA, METASTATIC			1 (1%)

CIRCULATORY SYSTEM			
#LIVER	(119)	(127)	(173)
HEMANGIOMA	1 (1%)	2 (2%)	1 (1%)
HEMANGIOSARCOMA	1 (1%)		1 (1%)
#CECUM	(116)	(126)	(170)
HEMANGIOMA	1 (1%)		

DIGESTIVE SYSTEM			
#LIVER	(119)	(127)	(173)
HEPATOCELLULAR ADENOMA		2 (2%)	
SARCOMA, NOS			1 (1%)
#PANCREAS	(110)	(114)	(167)
MESOTHELIOMA, METASTATIC	1 (1%)		
#CARDIAC STOMACH	(116)	(127)	(170)
SQUAMOUS CELL PAPILLOMA	1 (1%)		2 (1%)
#COLON	(116)	(126)	(170)
ADENOMA, NOS		1 (1%)	
FIBROSARCOMA, METASTATIC			1 (1%)
#CECUM	(116)	(126)	(170)
PAPILLOMA, NOS			1 (1%)
PAPILLARY ADENOMA		1 (1%)	
*RECTUM	(119)	(127)	(173)
ADENOMA, NOS	1 (1%)		
PAPILLARY ADENOMA			1 (1%)
*ANUS	(119)	(127)	(173)
FIBROSARCOMA		1 (1%)	

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

TABLE D5. MALE HAMSTERS: NEOPLASMS (CONTINUED)

	CONTROL	DMH	IR CHRYSOTILE PLUS DMH
URINARY SYSTEM			
#KIDNEY TUBULAR-CELL ADENOMA	(119) 1 (1%)	(127)	(173)

ENDOCRINE SYSTEM			
#PITUITARY CARCINOMA, NOS	(80)	(87)	(123)
ADENOMA, NOS		1 (1%)	1 (1%)
#ADRENAL CORTICAL ADENOMA	(117) 3 (3%)	(127) 3 (2%)	(171) 8 (5%)
CORTICAL CARCINOMA	4 (3%)	2 (2%)	7 (4%)
PHEOCHROMOCYTOMA	3 (3%)	4 (3%)	3 (2%)
PHEOCHROMOCYTOMA, MALIGNANT			3 (2%)
NEUROBLASTOMA			1 (1%)
NEURILEMOMA	1 (1%)		
#ADRENAL MEDULLA NEUROBLASTOMA	(117) 1 (1%)	(127)	(171)
#THYROID ADENOMA, NOS	(107) 1 (1%)	(118)	(163)
C-CELL ADENOMA		2 (2%)	3 (2%)
C-CELL CARCINOMA			1 (1%)
#PARATHYROID ADENOMA, NOS	(64) 1 (2%)	(81)	(118) 2 (2%)
#PANCREATIC ISLETS ISLET-CELL ADENOMA	(110) 8 (7%)	(114) 6 (5%)	(167) 10 (6%)
ISLET-CELL CARCINOMA			1 (1%)

REPRODUCTIVE SYSTEM			
*EPIDIDYMIS ADENOMA, NOS	(119)	(127)	(173) 1 (1%)

NERVOUS SYSTEM			
#BRAIN SARCOMA, NOS	(113)	(124)	(169) 1 (1%)
ASTROCYTOMA	1 (1%)		

SPECIAL SENSE ORGANS			
NONE			

MUSCULOSKELETAL SYSTEM			
*STERNUM OSTEOMA	(119) 1 (1%)	(127)	(173)
*MUSCLE HIP/THIGH RHABDOMYOSARCOMA	(119)	(127)	(173) 1 (1%)

BODY CAVITIES			
*ABDOMINAL CAVITY FIBROSARCOMA	(119)	(127)	(173) 1 (1%)
*PERITONEUM FIBROSARCOMA	(119)	(127) 1 (1%)	(173)
MESOTHELIOMA, MALIGNANT	1 (1%)		

ALL OTHER SYSTEMS			
NONE			

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

TABLE D5. MALE HAMSTERS: NEOPLASMS (CONTINUED)

	CONTROL	DMH	IR CHRYSOTILE PLUS DMH
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	125	127	176
NATURAL DEATH ^a	98	101	141
MORIBUND SACRIFICE	27	25	35
SCHEDULED SACRIFICE			
ACCIDENTALLY KILLED		1	
TERMINAL SACRIFICE			
ANIMAL MISSING			
^a INCLUDES AUTOLYZED ANIMALS			
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS*	27	29	51
TOTAL PRIMARY TUMORS	36	33	61
TOTAL ANIMALS WITH BENIGN TUMORS	19	20	31
TOTAL BENIGN TUMORS	23	21	33
TOTAL ANIMALS WITH MALIGNANT TUMORS	12	12	26
TOTAL MALIGNANT TUMORS	13	12	28
TOTAL ANIMALS WITH SECONDARY TUMORS#	2	3	5
TOTAL SECONDARY TUMORS	2	3	6
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 SECONDARY TUMORS

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

TABLE D6.

**SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE HAMSTERS ADMINISTERED
1,2-DIMETHYLHYDRAZINE DIHYDROCHLORIDE (DMH) BY GAVAGE OR DMH PLUS
INTERMEDIATE RANGE (I.R.) CHRYSOTILE ASBESTOS IN THE DIET**

	CONTROL	DMH	IR CHRYSOTILE PLUS DMH
ANIMALS INITIALLY IN STUDY	128	126	174
ANIMALS MISSING	1		2
ANIMALS NECROPSIED	120	122	161
ANIMALS EXAMINED HISTOPATHOLOGICALLY	120	122	161

INTEGUMENTARY SYSTEM			
*SUBCUT TISSUE FIBROSARCOMA	(120)	(122) 1 (1%)	(161)

RESPIRATORY SYSTEM			
#LUNG	(119)	(122)	(160)
UNDIFFERENTIATED CARCINOMA METAS			1 (1%)
ALVEOLAR/BRONCHIOLAR CARCINOMA			1 (1%)
SARCOMA, NOS, METASTATIC		1 (1%)	3 (2%)
FIBROSARCOMA, METASTATIC		1 (1%)	
OLIGODENDROGLIOMA, METASTAT.		1 (1%)	

HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS	(120)	(122)	(161)
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	2 (2%)	1 (1%)	3 (2%)
LEUKEMIA, NOS	1 (1%)		
#SPLEEN	(119)	(121)	(159)
FIBROSARCOMA, METASTATIC		1 (1%)	
#LYMPH NODE	(119)	(121)	(161)
MALIG.LYMPHOMA, HISTIOCYTIC TYPE		1 (1%)	
#CERVICAL LYMPH NODE	(119)	(121)	(161)
UNDIFFERENTIATED CARCINOMA METAS			1 (1%)
SARCOMA, NOS			1 (1%)

CIRCULATORY SYSTEM			
*MULTIPLE ORGANS	(120)	(122)	(161)
HEMANGIOSARCOMA	1 (1%)		

#UTERUS	(120)	(116)	(156)
ADENOCARCINOMA, NOS		1 (1%)	
CYSTADENOMA, NOS	1 (1%)		
FIBROMA			1 (1%)
LEIOMYOMA			1 (1%)
ENDOMETRIAL STROMAL POLYP		1 (1%)	
#CERVIX UTERI	(120)	(116)	(156)
PAPILLARY ADENOMA	1 (1%)		

NERVOUS SYSTEM			
#BRAIN	(118)	(119)	(156)
OLIGODENDROGLIOMA		1 (1%)	

SPECIAL SENSE ORGANS			
*EYE APPENDAGE	(120)	(122)	(161)
SARCOMA, NOS		1 (1%)	

MUSCULOSKELETAL SYSTEM			
NONE			

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

TABLE D6. FEMALE HAMSTERS: NEOPLASMS (CONTINUED)

	CONTROL	DMH	IR CHRYSOTILE PLUS DMH
BODY CAVITIES			
NONE			

ALL OTHER SYSTEMS			
NONE			

#SPLEEN HEMANGIOMA	(119)	(121)	(159) 1 (1%)

DIGESTIVE SYSTEM			
*GALLBLADDER PAPILLOMA, NOS	(120) 1 (1%)	(122)	(161)
#COLON ADENOMATOUS POLYP, NOS	(120)	(118) 1 (1%)	(159)
#CECUM LIPOMA	(120) 1 (1%)	(118)	(159)
*RECTUM SQUAMOUS CELL CARCINOMA	(120)	(122) 1 (1%)	(161)

URINARY SYSTEM			
#KIDNEY UNDIFFERENTIATED CARCINOMA METAS	(120)	(122)	(161) 1 (1%)

ENDOCRINE SYSTEM			
#PITUITARY OLIGODENDROGLIOMA, METASTAT.	(62)	(59) 1 (2%)	(109)
#ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA	(120) 3 (3%)	(120) 2 (2%)	(158) 6 (4%) 2 (1%)
#THYROID C-CELL CARCINOMA	(112) 1 (1%)	(108)	(141)
#PARATHYROID ADENOMA, NOS	(74) 1 (1%)	(57) 2 (4%)	(91)
#PANCREATIC ISLETS ISLET-CELL ADENOMA	(116) 5 (4%)	(119) 2 (2%)	(149) 4 (3%)

REPRODUCTIVE SYSTEM			
*VAGINA PAPILLOMA, NOS	(120)	(122)	(161) 1 (1%)

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

TABLE D6. FEMALE HAMSTERS: NEOPLASMS (CONTINUED)

	CONTROL	DMH	IR CHRYSOTILE PLUS DMH
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY	128	126	174
NATURAL DEATH ^a	115	108	163
MORIBUND SACRIFICE	12	18	8
SCHEDULED SACRIFICE			
ACCIDENTALLY KILLED			
TERMINAL SACRIFICE			
ANIMAL MISSING	1		2
^a INCLUDES AUTOLYZED ANIMALS			
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS*	15	15	19
TOTAL PRIMARY TUMORS	18	15	21
TOTAL ANIMALS WITH BENIGN TUMORS	12	8	14
TOTAL BENIGN TUMORS	13	8	14
TOTAL ANIMALS WITH MALIGNANT TUMORS	5	7	7
TOTAL MALIGNANT TUMORS	5	7	7
TOTAL ANIMALS WITH SECONDARY TUMORS#		3	4
TOTAL SECONDARY TUMORS		5	6
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 SECONDARY TUMORS

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

APPENDIX E

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF HAMSTERS ADMINISTERED CHRYSOTILE ASBESTOS IN THE DIET

TABLE E1.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE HAMSTERS ADMINISTERED SHORT RANGE CHRYSOTILE ASBESTOS IN THE DIET

CONTROL

ANIMAL NUMBER	WEEKS ON STUDY																				
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
RESPIRATORY SYSTEM																					
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																					
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN	+	+	-	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+
CIRCULATORY SYSTEM																					
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																					
SALIVARY GLAND	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	+	N	+	N	+	N	+	N	+	N	+	N	+	N	+	N	+	N
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+
STOMACH	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+
SQUAMOUS CELL PAPILLOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ADENOMA, NOS																		X			
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																					
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																					
PITUITARY	-	+	+	-	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+
ADRENAL	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CORTICAL ADENOMA																					
CORTICAL CARCINOMA								X	X												
PHEOCHROMOCYTOMA											X										
THYROID	+	+	+	-	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+
C-CELL ADENOMA																					
C-CELL CARCINOMA																					
PARATHYROID	+	+	-	-	+	+	+	+	+	+	-	+	-	+	+	+	+	-	-	+	-
PANCREATIC ISLETS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ISLET-CELL ADENOMA																					
ISLET-CELL CARCINOMA																					
REPRODUCTIVE SYSTEM																					
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	-	+	+
NERVOUS SYSTEM																					
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ASTROCYTOMA																					
X																					
ALL OTHER SYSTEMS																					
MULTIPLE ORGANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE																					
MALIG. LYMPHOMA, HISTIOCYTIC TYPE																					

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

TABLE E1. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	272	277	281	283	285	291	292	293	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320
WEEKS ON STUDY	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
RESPIRATORY SYSTEM																													
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
TRACHEA	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM																													
BONE MARROW	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS	+	-	+	+	+	+	+	-	A	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	
CIRCULATORY SYSTEM																													
HEART	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																													
SALIVARY GLAND	+	+	+	+	+	-	+	-	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BILE DUCT	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	+	+	N	N	A	N	N	N	+	N	+	N	N	N	N	N	N	N	N	N	N	+	N	N	
PANCREAS	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	A	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH SQUAMOUS CELL PAPILLOMA	+	+	+	+	+	+	+	+	A	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE ADENOMA, NOS	+	+	+	+	+	+	+	+	A	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE	+	+	+	+	+	+	+	+	A	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY SYSTEM																													
KIDNEY	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																													
PITUITARY	+	-	+	-	+	+	-	+	A	+	+	-	+	-	+	+	-	+	-	+	-	+	+	-	+	+	+		
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYROID C-CELL ADENOMA C-CELL CARCINOMA	-	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	
PARATHYROID	-	-	-	+	+	+	-	+	A	-	+	+	+	+	+	+	+	-	-	+	-	+	+	+	+	+	+		
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
REPRODUCTIVE SYSTEM																													
MAMMARY GLAND	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
TESTIS	+	+	+	+	+	+	+	+	A	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	
PROSTATE	+	+	-	+	+	+	+	+	A	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
NERVOUS SYSTEM																													
BRAIN ASTROCYTOMA	+	+	+	+	+	+	+	+	A	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ALL OTHER SYSTEMS																													
MULTIPLE ORGANS NOS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	

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

TABLE E1.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE HAMSTERS ADMINISTERED SHORT RANGE CHRYSOTILE ASBESTOS IN THE DIET

SHORT RANGE CHRYSOTILE

ANIMAL NUMBER	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
WEEKS ON STUDY	0	1	0	1	1	1	1	1	1	1	1	0	1	1	0	1	1	0	1	1	0
RESPIRATORY SYSTEM																					
LUNGS AND BRONCHI PARANGLIOMA, METASTATIC SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
TRACHEA SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
HEMATOPOIETIC SYSTEM																					
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	-	+	+
SPLEEN HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
LYMPH NODES C-CELL CARCINOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
THYMUS PARANGLIOMA, METASTATIC	-	-	-	-	-	-	-	+	+	+	+	-	A	-	-	-	-	-	-	-	A
CIRCULATORY SYSTEM																					
HEART PARANGLIOMA, MALIGNANT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
DIGESTIVE SYSTEM																					
SALIVARY GLAND	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
LIVER HEMANGIOSARCOMA OSTEOSARCOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
URINARY SYSTEM																					
KIDNEY ADENOMA, NOS TUBULAR-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
ENDOCRINE SYSTEM																					
PITUITARY	+	+	+	+	-	+	+	+	+	+	+	-	-	-	A	-	-	+	-	-	+
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA NEURILEMOMA	+	+	+	+	X	X	X	+	+	+	+	+	+	+	+	A	+	+	+	+	+
THYROID C-CELL ADENOMA C-CELL CARCINOMA	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	A	-	+	+	+	+
PARATHYROID ADENOMA, NOS	+	-	+	+	+	-	-	-	-	+	+	-	-	-	A	-	-	+	-	-	-
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
REPRODUCTIVE SYSTEM																					
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N
TESTIS HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
PROSTATE	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
NERVOUS SYSTEM																					
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	-	+	+	+
MUSCULOSKELETAL SYSTEM																					
MUSCLE FIBROSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N
BODY CAVITIES																					
PLEURA OSTEOSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N
ALL OTHER SYSTEMS																					
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE GRANULOCYTIC LEUKEMIA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N

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

TABLE E1. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) SHORT RANGE

ANIMAL NUMBER	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
WEEKS ON STUDY	9	9	0	0	0	1	1	1	2	2	2	3	3	3	4	4	5	5	5	6	6	6	7	7	7	7	7	8	8	8	8	8	8	8	8	8					
RESPIRATORY SYSTEM																																									
LUNGS AND BRONCHI PARANGLIOMA, METASTATIC SARCOMA, NOS, METASTATIC	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
TRACHEA SARCOMA, NOS, METASTATIC	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																																									
BONE MARROW	A	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN HEMANGIOSARCOMA	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES C-CELL CARCINOMA, METASTATIC	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS PARANGLIOMA, METASTATIC	A	+	-	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CIRCULATORY SYSTEM																																									
HEART PARANGLIOMA, MALIGNANT	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																																									
SALIVARY GLAND	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER HEMANGIOSARCOMA OSTEOSARCOMA, METASTATIC	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
PANCREAS																																									
ESOPHAGUS	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																																									
KIDNEY ADENOMA, NOS TUBULAR-CELL ADENOMA	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	A	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																																									
PITUITARY	A	-	+	-	-	-	-	-	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA NEURILEMOMA	A	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYROID C-CELL ADENOMA C-CELL CARCINOMA	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID ADENOMA, NOS	A	-	+	-	-	-	-	-	-	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																																									
MAMMARY GLAND	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
TESTIS HEMANGIOMA	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	A	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM																																									
BRAIN	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MUSCULOSKELETAL SYSTEM																																									
MUSCLE FIBROSARCOMA	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
BODY CAVITIES																																									
PLEURA OSTEOSARCOMA	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
ALL OTHER SYSTEMS																																									
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE GRANULOCYTIC LEUKEMIA	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	

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

TABLE E1. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) SHORT RANGE

ANIMAL NUMBER	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2						
WEEKS ON STUDY	7	8	8	8	9	9	9	0	0	0	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2					
	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1					
RESPIRATORY SYSTEM																																		
LUNGS AND BRONCHI PARANGLIOMA, METASTATIC SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+		
TRACHEA SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
HEMATOPOIETIC SYSTEM																																		
BONE MARROW	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
SPLEEN HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
LYMPH NODES C-CELL CARCINOMA, METASTATIC	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
THYMUS PARANGLIOMA, METASTATIC	+	+	-	+	+	+	+	-	-	+	-	+	-	+	+	-	+	+	-	+	+	-	+	+	-	+	+	A	+	-	+	+	+	
CIRCULATORY SYSTEM																																		
HEART PARANGLIOMA, MALIGNANT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
DIGESTIVE SYSTEM																																		
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
LIVER HEMANGIOSARCOMA OSTEOSARCOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	+	N	N	+	N	N	N	N	N	N	+	N	N	N	N	N	N	+	N	N	N	N	N	N	N	N	N	N	N	A	+	N	N	N
PANCREAS	-	+	-	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
URINARY SYSTEM																																		
KIDNEY ADENOMA, NOS TUBULAR-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
URINARY BLADDER	+	+	-	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
ENDOCRINE SYSTEM																																		
PITUITARY	+	-	-	+	+	-	-	-	-	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	A	+	+	-	-	
ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA NEURILENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
THYROID C-CELL ADENOMA C-CELL CARCINOMA	+	+	+	+	+	+	+	+	X	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	-	
PARATHYROID ADENOMA, NOS	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	-	-	-	-	-	-	-	-	+	A	+	+	+	-		
PANCREATIC ISLETS ISLET-CELL ADENOMA	-	+	-	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
REPRODUCTIVE SYSTEM																																		
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N
TESTIS HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
PROSTATE	+	-	+	+	+	+	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
NERVOUS SYSTEM																																		
BRAIN	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	
MUSCULOSKELETAL SYSTEM																																		
MUSCLE FIBROSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N
BODY CAVITIES																																		
PLEURA OSTEOSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N
ALL OTHER SYSTEMS																																		
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, LYMPHOBLASTIC TYPE GRANULOCYTIC LEUKEMIA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N

+: 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
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M: ANIMAL MISSING
B: NO NECROPSY PERFORMED

TABLE E1. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) SHORT RANGE

ANIMAL NUMBER	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	
WEEKS ON STUDY	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	1	1	2	
RESPIRATORY SYSTEM																											
LUNGS AND BRONCHI PARANGLIOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SARCOMA, NOS, METASTATIC																											
TRACHEA SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM																											
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES C-CELL CARCINOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS PARANGLIOMA, METASTATIC	+	-	-	-	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
CIRCULATORY SYSTEM																											
HEART PARANGLIOMA, MALIGNANT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																											
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
OSTEOSARCOMA, METASTATIC																											
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	+	N	+	+	N	N	N	N	N	N	N	N	N	N	+	N	N	+	N	N	A	A	N	N	N	N	
PANCREAS	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY SYSTEM																											
KIDNEY ADENOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
TUBULAR-CELL ADENOMA																											
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																											
PITUITARY	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ADRENAL CORTICAL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
CORTICAL CARCINOMA																											
PHEOCHROMOCYTOMA																											
NEURILEMOMA																											
THYROID C-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
C-CELL CARCINOMA																											
PARATHYROID ADENOMA, NOS	+	+	+	+	+	+	-	-	-	+	+	-	-	-	-	+	+	+	+	+	+	+	+	+	+	+	
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
REPRODUCTIVE SYSTEM																											
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
TESTIS HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PROSTATE	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
NERVOUS SYSTEM																											
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
MUSCULOSKELETAL SYSTEM																											
MUSCLE FIBROSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
BODY CAVITIES																											
PLEURA OSTEOSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
ALL OTHER SYSTEMS																											
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE GRANULOCYTIC LEUKEMIA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	

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

TABLE E1. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) SHORT RANGE

ANIMAL NUMBER	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	
WEEKS ON STUDY	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHT PARANGLIOMA, METASTATIC																									
SARCOMA, NOS, METASTATIC	+	+	+	+	A	A	-	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	+	+
TRACHEA SARCOMA, NOS, METASTATIC	+	+	+	+	A	A	-	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	+	-
HEMATOPOIETIC SYSTEM																									
BONE MARROW	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGIOSARCOMA	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	+	+
LYMPH NODES C-CELL CARCINOMA, METASTATIC	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	-	+	+
THYMUS PARANGLIOMA, METASTATIC	-	+	-	-	A	A	-	-	+	-	+	-	-	+	-	B	-	+	-	-	+	+	+	-	-
CIRCULATORY SYSTEM																									
HEART PARANGLIOMA, MALIGNANT	+	+	+	+	A	A	-	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	+	-
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	+	+	+	A	A	-	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	-	+
LIVER HEMANGIOSARCOMA OSTEOSARCOMA, METASTATIC	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	+	N	A	A	+	N	N	N	N	N	N	N	N	B	N	+	N	N	+	N	N	N	+
PANCREAS	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	-	+	+
STOMACH	+	+	+	+	A	A	-	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	-	+	+
LARGE INTESTINE	+	+	+	+	A	A	-	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	-	+	+
URINARY SYSTEM																									
KIDNEY ADENOMA, NOS TUBULAR-CELL ADENOMA	+	+	+	+	A	A	-	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	A	A	-	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	-	+
ENDOCRINE SYSTEM																									
PITUITARY	+	-	+	+	A	A	-	+	+	+	+	+	-	+	B	-	+	+	-	+	-	+	+	-	+
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA NEURILENOMA	+	+	+	+	A	A	-	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	-	+	+
		X	X					X				X			X						X	X		X	
THYROID C-CELL ADENOMA C-CELL CARCINOMA	+	+	+	+	A	A	-	+	+	+	+	+	+	+	+	B	+	+	-	-	+	-	+	-	-
PARATHYROID ADENOMA, NOS	+	+	+	-	A	A	-	+	+	+	-	+	-	+	B	+	+	-	-	+	-	+	+	-	-
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	+	X
REPRODUCTIVE SYSTEM																									
MAMMARY GLAND	N	N	N	N	A	A	N	N	N	N	N	N	N	N	N	B	N	N	N	N	N	N	N	N	N
TESTIS HEMANGIOMA	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	-	+
PROSTATE	+	+	+	+	A	A	-	+	+	+	+	+	+	+	+	B	+	+	-	+	+	+	+	-	+
NERVOUS SYSTEM																									
BRAIN	+	+	+	+	A	A	-	+	+	+	+	+	+	+	+	B	+	+	+	+	+	+	+	-	+
MUSCULOSKELETAL SYSTEM																									
MUSCLE FIBROSARCOMA	N	N	N	N	A	A	N	N	N	N	N	N	N	N	N	B	N	N	N	N	N	N	N	N	N
BODY CAVITIES																									
PLEURA OSTEOSARCOMA	N	N	N	N	A	A	N	N	N	N	N	N	N	N	N	B	N	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS																									
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE GRANULOCYTIC LEUKEMIA	N	N	N	N	A	A	N	N	N	N	N	N	N	N	N	B	N	N	N	N	N	N	N	N	N

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

TABLE E1. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) SHORT RANGE

ANIMAL NUMBER	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5		
WEEKS ON STUDY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
RESPIRATORY SYSTEM																															
LUNGS AND BRONCHI PARANGLIOMA, METASTATIC SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																															
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES C-CELL CARCINOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS PARANGLIOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CIRCULATORY SYSTEM																															
HEART PARANGLIOMA, MALIGNANT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																															
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER HEMANGIOSARCOMA OSTEOSARCOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																															
KIDNEY ADENOMA, NOS TUBULAR-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																															
PITUITARY	-	-	+	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA NEURILEMOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYROID C-CELL ADENOMA C-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID ADENOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																															
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
TESTIS HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM																															
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MUSCULOSKELETAL SYSTEM																															
MUSCLE FIBROSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
BODY CAVITIES																															
PLEURA OSTEOSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS																															
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE GRANULOCYTIC LEUKEMIA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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

TABLE E1. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) SHORT RANGE

ANIMAL NUMBER	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
WEEKS ON STUDY	0	1	1	0	0	0	1	1	1	2	2	2	3	3	3	4	4	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
RESPIRATORY SYSTEM																																								
LUNGS AND BRONCHI PARANGLIOMA, METASTATIC SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	
TRACHEA SARCOMA, NOS, METASTATIC	-	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																																								
BONE MARROW	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN HEMANGIOSARCOMA	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES C-CELL CARCINOMA, METASTATIC	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS PARANGLIOMA, METASTATIC	+	-	-	-	+	A	+	-	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	-	+	+	+	+	+	+	+	+	+	+	+
CIRCULATORY SYSTEM																																								
HEART PARANGLIOMA, MALIGNANT	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																																								
SALIVARY GLAND	-	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
LIVER HEMANGIOSARCOMA OSTEOSARCOMA, METASTATIC	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	+	N	+	A	+	N	N	N	+	N	A	N	N	N	N	N	N	N	+	A	+	N	N	N	N	+	A	+	N	N	N	N	N	N	N	N	
PANCREAS	+	+	+	+	-	+	A	+	+	+	+	+	+	+	+	-	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	-	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																																								
KIDNEY ADENOMA, NOS TUBULAR-CELL ADENOMA	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																																								
PITUITARY	-	+	+	+	-	+	A	-	+	+	-	+	+	A	-	+	+	-	+	+	A	-	+	+	-	+	A	-	+	+	-	+	+	+	+	+	+	+	+	
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA NEURILEMOMA	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+
THYROID C-CELL ADENOMA C-CELL CARCINOMA	-	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID ADENOMA, NOS	-	+	+	+	+	-	A	+	+	+	-	-	+	A	-	+	+	+	+	+	+	+	+	+	+	+	A	-	+	+	+	+	+	+	+	+	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	-	+	A	+	+	+	+	+	+	+	+	-	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																																								
MAMMARY GLAND	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	
TESTIS HEMANGIOMA	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM																																								
BRAIN	-	+	+	+	+	+	A	+	+	+	-	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	
MUSCULOSKELETAL SYSTEM																																								
MUSCLE FIBROSARCOMA	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	
BODY CAVITIES																																								
PLEURA OSTEOSARCOMA	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	
ALL OTHER SYSTEMS																																								
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE GRANULOCYTIC LEUKEMIA	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	

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

TABLE E1. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) SHORT RANGE

ANIMAL NUMBER	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7						
WEEKS ON STUDY	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	1	1	2	2	5	5	6	6	7	7	7	7	7	7	7	7		
RESPIRATORY SYSTEM																																			
LUNGS AND BRONCHI PARANGLIOMA, METASTATIC SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	A	-	+	+	+	+	+	+	+	+	+	+	+	+	X	+			
TRACHEA SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	A	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
HEMATOPOIETIC SYSTEM																																			
BONE MARROW	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
SPLEEN HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			
LYMPH NODES C-CELL CARCINOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
THYMUS PARANGLIOMA, METASTATIC	+	+	+	+	+	+	+	+	+	-	A	+	-	-	+	+	A	+	-	+	-	+	-	+	-	+	-	-	-	+	-	+	+		
CIRCULATORY SYSTEM																																			
HEART PARANGLIOMA, MALIGNANT	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	A	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X		
DIGESTIVE SYSTEM																																			
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
LIVER HEMANGIOSARCOMA OSTEOSARCOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
BILE DUCT	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
GALLBLADDER & COMMON BILE DUCT	+	N	N	N	+	+	+	+	+	N	N	A	+	N	N	+	N	A	+	N	N	N	N	N	+	N	+	N	+	+	+	+	+		
PANCREAS	+	+	+	+	+	+	+	+	+	-	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS	+	-	+	+	+	+	+	+	+	+	A	+	-	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH	-	-	+	-	+	+	+	+	+	+	A	+	-	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE	+	-	+	+	+	+	+	+	+	+	A	+	-	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE	-	-	+	+	+	+	+	+	+	+	A	+	-	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	-	-	+	+	+	+	
URINARY SYSTEM																																			
KIDNEY ADENOMA, NOS TUBULAR-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																																			
PITUITARY	-	+	-	+	-	+	+	+	+	+	A	-	+	+	+	+	A	+	+	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA NEURILEMOMA	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X
THYROID C-CELL ADENOMA C-CELL CARCINOMA	+	+	+	+	-	+	+	+	+	+	A	-	+	+	+	-	A	-	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	
PARATHYROID ADENOMA, NOS	+	+	+	+	+	+	+	+	+	+	A	-	+	+	+	-	A	-	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																																			
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
TESTIS HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	A	+	-	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PROSTATE	+	+	-	+	+	-	+	+	+	+	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM																																			
BRAIN	+	+	+	+	+	+	+	+	+	+	A	-	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
MUSCULOSKELETAL SYSTEM																																			
MUSCLE FIBROSARCOMA	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
BODY CAVITIES																																			
PLEURA OSTEOSARCOMA	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
ALL OTHER SYSTEMS																																			
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE GRANULOCYTIC LEUKEMIA	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	X	

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

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

TABLE E2.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE HAMSTERS ADMINISTERED SHORT RANGE CHRYSOTILE ASBESTOS IN THE DIET

CONTROL

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1				
WEEKS ON STUDY	2	2	2	4	4	4	6	6	6	7	7	7	8	8	8	9	9	9	0	0	0	1	1	1	1	2				
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2				
RESPIRATORY SYSTEM																														
LUNGS AND BRONCHI	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	A	+	+		
TRACHEA	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
HEMATOPOIETIC SYSTEM																														
BONE MARROW	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
SPLEEN	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	-	+	+	+	+	+	+	A	+	+	
LYMPH NODES MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
																						X								
THYMUS	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
CIRCULATORY SYSTEM																														
HEART	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
DIGESTIVE SYSTEM																														
SALIVARY GLAND	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
LIVER	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
BILE DUCT	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
GALLBLADDER & COMMON BILE DUCT	A	+	+	+	N	N	N	+	N	N	N	+	N	+	A	N	N	N	N	N	N	N	N	N	N	A	+	+	+	
PANCREAS	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
ESOPHAGUS	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
STOMACH	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
SMALL INTESTINE	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
LARGE INTESTINE ADENOCARCINOMA, NOS	A	+															A	+	+	+	+	+	+	+	+	+	A	+	+	
																						X								
URINARY SYSTEM																														
KIDNEY	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
URINARY BLADDER	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
ENDOCRINE SYSTEM																														
PITUITARY	A	+	+	-	+	+	-	-	+	+	-	+	-	-	-	A	-	+	+	+	+	-	+	+	+	-	A	-	+	
ADRENAL CORTICAL ADENOMA	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
																												X		
THYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA	A	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	A	-	+	+	+	+	+	+	+	+	A	+	+	
																						X								
PARATHYROID ADENOMA, NOS	A	+	-	+	-	+	+	+	+	+	+	+	+	+	+	+	A	-	+	+	-	-	+	+	+	A	-	+	+	
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
																												X		
REPRODUCTIVE SYSTEM																														
MAMMARY GLAND	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	A	N	N	
VAGINA PAPILLARY ADENOMA	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	A	N	N	
UTERUS LEIOMYOMA ENDOMETRIAL STROMAL POLYP	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	
																											X			
OVARY	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	-	+	
BODY CAVITIES																														
PLEURA OSTEOSARCOMA	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	A	N	N	
ALL OTHER SYSTEMS																														
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, NOS	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	A	N	N	
PERINEUM NOS PAPILLOMA, NOS	A																A										A			

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

TABLE E2. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2
WEEKS ON STUDY	2	2	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	0	0	0	0	0
	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
TRACHEA	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
HEMATOPOIETIC SYSTEM																									
BONE MARROW	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
SPLEEN	+ A + + + + + + + + + A + + + M + + A + - + + + + A																								
LYMPH NODES MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
THYMUS	+ A - + + - + + + + + A + + + M + + A + + + + + + A																								
CIRCULATORY SYSTEM																									
HEART	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+ A + + + + + + - + + A + + + M + + A + - + + + + A																								
LIVER	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
BILE DUCT	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
GALLBLADDER & COMMON BILE DUCT	N A N N N N N N N N N N N A N + + M N + A + N N + + A																								
PANCREAS	+ A - + + + + + + + + A + + + M + + A + - + + + + A																								
ESOPHAGUS	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
STOMACH	+ A + + - + + + + + + A + + + M + + A + + + + + + A																								
SMALL INTESTINE	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
LARGE INTESTINE ADENOCARCINOMA, NOS	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
URINARY SYSTEM																									
KIDNEY	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
URINARY BLADDER	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
ENDOCRINE SYSTEM																									
PITUITARY	+ A - + + + - + + + - A - - + M + - A + - - - + A																								
ADRENAL CORTICAL ADENOMA	+ A + + + + + + + + + A + + + M + + A + - + + + + A																								
THYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA	+ A - + + + + + + + + A + + + M + + A - + + + + + A X																								
PARATHYROID ADENOMA, NOS	+ A - + - + - - - - + A + + - M - - A - + + + - A																								
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+ A - + + + + + + + + A + + + M + + A + - + + + + A																								
REPRODUCTIVE SYSTEM																									
MAMMARY GLAND	N A N N N N N N N N N N N A N N N M N N A N N N N N A																								
VAGINA PAPILLARY ADENOMA	N A N N N N N N N N N N N A N N N M N N A N N N N N A																								
UTERUS LEIOMYOMA ENDOMETRIAL STROMAL POLYP	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
OVARY	+ A + + + + + + + + + A + + + M + + A + + + + + + A																								
BODY CAVITIES																									
PLEURA OSTEOSARCOMA	N A N N N N N N N N N N N A N N N M N N A N N N N N A																								
ALL OTHER SYSTEMS																									
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, NOS	N A N N N N N N N N N N N A N N N M N N A N N N N N A																								
PERINEUM NOS PAPILLOMA, NOS	A A X M A A																								

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

TABLE E2. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3
WEEKS ON STUDY	2	4	4	4	6	6	6	8	8	8	9	9	10	10	11	11	11	12	12	12	13	13	13	13	
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
TRACHEA	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM																									
BONE MARROW	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS	+	A	A	+	+	-	+	+	+	+	-	+	+	+	+	+	-	+	+	+	+	+	+	+	
CIRCULATORY SYSTEM																									
HEART	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	A	A	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	
LIVER	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BILE DUCT	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	+	A	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
PANCREAS	+	A	A	+	+	-	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE ADENOCARCINOMA, NOS	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY SYSTEM																									
KIDNEY	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																									
PITUITARY	+	A	A	+	-	-	+	+	+	+	+	-	+	+	+	-	+	+	-	+	-	-	+	-	
ADRENAL CORTICAL ADENOMA	+	A	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	
THYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA	+	A	A	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PARATHYROID ADENOMA, NOS	+	A	A	+	-	-	+	+	-	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	A	A	+	+	-	+	+	+	+	+	+	-	+	X	+	+	+	+	+	+	+	+	+	
REPRODUCTIVE SYSTEM																									
MAMMARY GLAND	N	A	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
VAGINA PAPILLARY ADENOMA	N	A	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
UTERUS LEIOMYOMA ENDOMETRIAL STROMAL POLYP	+	A	A	+	+	-	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	
OVARY	+	A	A	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BODY CAVITIES																									
PLEURA DSTEOSARCOMA	N	A	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
ALL OTHER SYSTEMS																									
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, NOS	N	A	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
PERINEUM NOS PAPILLOMA, NOS	A	A																							

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

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

TABLE E2. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4			
WEEKS ON STUDY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
RESPIRATORY SYSTEM																																										
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
TRACHEA	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM																																										
BONE MARROW	+	+	+	+	-	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+		
SPLEEN	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	
CIRCULATORY SYSTEM																																										
HEART	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																																										
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BILE DUCT	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	N	+	N	+	N	+	N	+	N	A	N	N	N	N	N	N	N	N	N	+	N	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
PANCREAS	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE ADENOCARCINOMA, NOS	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY SYSTEM																																										
KIDNEY	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																																										
PITUITARY	+	+	+	+	-	+	+	+	+	A	-	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	-	+	
ADRENAL CORTICAL ADENOMA	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+
THYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X
PARATHYROID ADENOMA, NOS	+	+	+	-	+	+	+	+	+	A	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+
REPRODUCTIVE SYSTEM																																										
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
VAGINA PAPILLARY ADENOMA	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
UTERUS LEIOMYOMA ENDOMETRIAL STROMAL POLYP	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OVARY	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BODY CAVITIES																																										
PLEURA OSTEOSARCOMA	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
ALL OTHER SYSTEMS																																										
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, NOS	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
PERINEUM NOS PAPILLOMA, NOS										A																																

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

TABLE E2. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	TOTAL TISSUES EXAMINED	
WEEKS ON STUDY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	114
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	114
HEMATOPUIETIC SYSTEM																										
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	112
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	112
LYMPH NODES MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	114
THYMUS	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	106
CIRCULATORY SYSTEM																										
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	114
DIGESTIVE SYSTEM																										
SALIVARY GLAND	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	109
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	114
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	114
GALLBLADDER & COMMON BILE DUCT	N	+	+	+	N	+	N	N	+	N	+	N	N	+	N	N	+	+	+	N	N	N	N	A	N	114x
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	109
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	114
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	113
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	114
LARGE INTESTINE ADENOCARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	114
URINARY SYSTEM																										
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	114
URINARY BLADDER	-	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	112
ENDOCRINE SYSTEM																										
PITUITARY	-	+	+	-	-	+	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	77
ADRENAL CORTICAL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	112
THYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	107
PARATHYROID ADENOMA, NOS	+	-	-	-	+	+	-	-	+	-	-	-	-	+	-	-	+	-	-	-	-	-	-	-	+	68
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	109
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	114x
VAGINA PAPILLARY ADENOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	114x
UTERUS LEIOMYOMA ENDOMETRIAL STROMAL POLYP	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	113
OVARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	112
BODY CAVITIES																										
PLEURA OSTEOSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	114x
ALL OTHER SYSTEMS																										
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	114x
PERINEUM NOS PAPILLOMA, NOS																									A	1

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

TABLE E2.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE HAMSTERS ADMINISTERED SHORT RANGE CHRYSOTILE ASBESTOS IN THE DIET

SHORT RANGE CHRYSOTILE

ANIMAL NUMBER	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35		
WEEKS ON STUDY	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35		
INTEGUMENTARY SYSTEM																																						
SUBCUTANEOUS TISSUE SARCOMA, NOS FIBROSARCOMA LIPOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM																																						
LUNGS AND BRONCHI SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																																						
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	-	+	+	+	+	-	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
CIRCULATORY SYSTEM																																						
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																																						
SALIVARY GLAND	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE ADENOCARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																																						
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																																						
PITUITARY CHROMOPHOBE ADENOMA	+	-	+	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA NEURILEMOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYROID	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID ADENOMA, NOS	-	+	+	+	-	+	-	+	-	+	-	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																																						
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
UTERUS PAPILLOMA, NOS PAPILLARY CARCINOMA ADENOMA, NOS PAPILLARY ADENOMA LEIOMYOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OVARY FIBROMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS																																						
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
SITE UNKNOWN SARCOMA, NOS OSTEOSARCOMA																																						

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

TABLE E2. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) SHORT RANGE

ANIMAL NUMBER	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
WEEKS ON STUDY	0	0	1	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18
INTEGUMENTARY SYSTEM																																							
SUBCUTANEOUS TISSUE SARCOMA, NOS FIBROSARCOMA LIPOMA	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	A	N	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A		
RESPIRATORY SYSTEM																																							
LUNGS AND BRONCHI SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A
HEMATOPOIETIC SYSTEM																																							
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	A	+	+	+	+	+	+	+	+	A	
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A
THYMUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A
CIRCULATORY SYSTEM																																							
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
DIGESTIVE SYSTEM																																							
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
GALLBLADDER & COMMON BILE DUCT	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
LARGE INTESTINE ADENOCARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
URINARY SYSTEM																																							
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A		
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A		
ENDOCRINE SYSTEM																																							
PITUITARY CHROMOPHOBE ADENOMA	-	A	-	+	+	+	+	+	-	-	-	+	-	+	+	A	+	+	-	A	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A		
ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA NEURILEMOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
THYROID	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
PARATHYROID ADENOMA, NOS	-	+	-	+	+	+	+	+	+	-	+	-	+	+	A	+	+	+	A	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	A	
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
REPRODUCTIVE SYSTEM																																							
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	
UTERUS PAPILLOMA, NOS PAPILLARY CARCINOMA ADENOMA, NOS PAPILLARY ADENOMA LEIOMYOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A
OVARY FIBROMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	
ALL OTHER SYSTEMS																																							
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	
SITE UNKNOWN SARCOMA, NOS OSTEOSARCOMA																																						A	

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

TABLE E2. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) SHORT RANGE

ANIMAL NUMBER	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
WEEKS ON STUDY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WEEKS ON STUDY	4	3	5	7	1	1	1	3	9	8	6	5	6	5	2	2	3	5	8	5	9	3	3	5	6	0	5	2
INTEGUMENTARY SYSTEM																												
SUBCUTANEOUS TISSUE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+
SARCOMA, NOS																												
FIBROSARCOMA																												
LIPOMA																												
RESPIRATORY SYSTEM																												
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SARCOMA, NOS, METASTATIC																												
TRACHEA																												
HEMATOPOIETIC SYSTEM																												
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGIOMA																												
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CIRCULATORY SYSTEM																												
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																												
SALIVARY GLAND	+	+	+	+	+	+	-	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PANCREAS	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ADENOCARCINOMA, NOS																												
URINARY SYSTEM																												
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																												
PITUITARY CHROMOPHOBE ADENOMA	-	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	-	-	-	-	-	-
ADRENAL CORTICAL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PHEOCHROMOCYTOMA																												
NEURILEMOMA																												
THYROID	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID ADENOMA, NOS	-	-	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																												
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UTERUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PAPILLOMA, NOS																												
PAPILLARY CARCINOMA																												
ADENOMA, NOS																												
PAPILLARY ADENOMA																												
LEIOMYOMA																												
OVARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
FIBROMA																												
ALL OTHER SYSTEMS																												
MULTIPLE ORGANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE																												
SITE UNKNOWN																												
SARCOMA, NOS																												
OSTEOSARCOMA																												

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

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

TABLE E2. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) SHORT RANGE

ANIMAL NUMBER	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
WEEKS ON STUDY	6	6	6	7	7	7	8	8	8	9	9	0	0	0	1	1	1	2	2	2	2	3	3	3	3	4
INTEGUMENTARY SYSTEM																										
SUBCUTANEOUS TISSUE SARCOMA, NOS FIBROSARCOMA LIPOMA	+	+	+	+	+	+	N	N	N	+	+	+	N	+	A	+	+	+	+	+	+	+	+	+	+	A
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
HEMATOPOIETIC SYSTEM																										
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
THYMUS	+	+	-	+	-	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
CIRCULATORY SYSTEM																										
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
DIGESTIVE SYSTEM																										
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
GALLBLADDER & COMMON BILE DUCT	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N	A	+	N	N	N	+	N	N	N	+	A
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	-	+	+	+	+	+	+	+	+	A
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
LARGE INTESTINE ADENOCARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
URINARY SYSTEM																										
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
URINARY BLADDER	+	+	+	-	+	+	+	+	-	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
ENDOCRINE SYSTEM																										
PITUITARY CHROMOPHOBE ADENOMA	-	+	+	+	+	+	-	-	+	-	-	+	+	+	A	-	+	+	-	-	+	-	-	+	A	
ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA NEURILENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
THYROID	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
PARATHYROID ADENOMA, NOS	+	+	-	-	+	+	+	-	+	+	+	+	-	-	A	+	-	+	-	-	-	-	-	-	+	A
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	-	+	+	+	+	+	+	+	+	A
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	A
UTERUS PAPILLOMA, NOS PAPILLARY CARCINOMA ADENOMA, NOS PAPILLARY ADENOMA LEIOMYOMA	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
OVARY FIBROMA	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A
ALL OTHER SYSTEMS																										
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	A
SITE UNKNOWN SARCOMA, NOS OSTEOSARCOMA																A										A

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

TABLE E2. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) SHORT RANGE

ANIMAL NUMBER	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6			
WEEKS ON STUDY	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2		
INTEGUMENTARY SYSTEM																											
SUBCUTANEOUS TISSUE SARCOMA, NOS FIBROSARCOMA LIPOMA	+	A	+	A	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	X	
RESPIRATORY SYSTEM																											
LUNGS AND BRONCHI SARCOMA, NOS, METASTATIC	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																											
BONE MARROW	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGIOMA	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	+	A	+	A	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CIRCULATORY SYSTEM																											
HEART	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																											
SALIVARY GLAND	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	A	N	A	N	N	N	N	N	N	N	N	N	N	N	+	N	N	+	N	N	N	N	N	N	N	N
PANCREAS	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE ADENOCARCINOMA, NOS	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																											
KIDNEY	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	-	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																											
PITUITARY CHROMOPHOBE ADENOMA	-	A	+	A	+	+	+	-	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA NEURILEMOMA	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYROID	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID ADENOMA, NOS	+	A	-	A	-	-	+	+	+	+	+	+	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																											
MAMMARY GLAND	N	A	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UTERUS PAPILLOMA, NOS PAPILLARY CARCINOMA ADENOMA, NOS PAPILLARY ADENOMA LEIOMYOMA	-	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OVARY FIBROMA	-	A	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS																											
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE	N	A	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SITE UNKNOWN SARCOMA, NOS OSTEOSARCOMA	A	A																									

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

TABLE E2. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) SHORT RANGE

ANIMAL NUMBER	653	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680								
WEEKS ON STUDY	4	4	6	4	6	1	1	5	4	5	5	7	5	4	2	9	6	4	6	4	4	6	5	8	1	3	5	2	3
INTEGUMENTARY SYSTEM																													
SUBCUTANEOUS TISSUE SARCOMA, NOS FIBROSARCOMA LIPOMA	+ A + + + A A + + + + + + + + + + + + + + + + +																												
RESPIRATORY SYSTEM																													
LUNGS AND BRONCHI SARCOMA, NOS, METASTATIC TRACHEA	+ A + + + A A + + + + + + + + + + + + + + + + +																												
HEMATOPOIETIC SYSTEM																													
BONE MARROW SPLEEN HEMANGIOMA LYMPH NODES THYMUS	+ A + + + A A + + + + + + + + + + + + + + + + + + A + + + A A + + + + + + + + + + + + + + + + + + A + + + A A + + + + + + + + + + + + + + + + + + A + + + A A + + + + + + + + + + + + + + + + +																												
CIRCULATORY SYSTEM																													
HEART	+ A + + + A A + + + + + + + + + + + + + + + + +																												
DIGESTIVE SYSTEM																													
SALIVARY GLAND LIVER BILE DUCT GALLBLADDER & COMMON BILE DUCT PANCREAS ESOPHAGUS STOMACH SMALL INTESTINE LARGE INTESTINE ADENOCARCINOMA, NOS	- A + + + A A + + + + + + + + + + + + + - + + + + + + A + + + A A + + + + + + + + + + + + + + + + + + A + + + A A + + + + + + + + + + + + + + + + + + A N + N A A N N N N N + N N + N N N + N N N N + - A + + + A A + + + + + + + + + + + + + - + + + + + + A + + + A A + + + + + + + + + + + + + + + + + + A + + + A A + + + + + + + + + + + + + + + + + + A + + + A A + + + + + + + + + + + + + + + + + + A + + + A A + + + + + + + + + + + + + + + + + + A + + + A A + + + + + + + + + + + + + + + + +																												
URINARY SYSTEM																													
KIDNEY URINARY BLADDER	+ A + + + A A + + + + + + + + + + + + + + + + + + A + + + A A + + + + + + + + + + + + + + + + +																												
ENDOCRINE SYSTEM																													
PITUITARY CHROMOPHOBE ADENOMA ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA NEURILEMDMA THYROID PARATHYROID ADENOMA, NOS PANCREATIC ISLETS ISLET-CELL ADENOMA	- A - + - A A + + + - + - + + + - + - - + - + - + A + + + A A + + + + + + + + + + + + + + + + + + A - + + A A + + + + + + + + + + + + + + + + + + A - + + A A + + + - + + + + + + + + + - + - + + - A + + + A A + + + + + + + + + + + + + + + + + X X																												
REPRODUCTIVE SYSTEM																													
MAMMARY GLAND UTERUS PAPILLOMA, NOS PAPILLARY CARCINOMA ADENOMA, NOS PAPILLARY ADENOMA LEIOMYOMA OVARY FIBROMA	N A N N N A A N N N N N N N N N N N N N N N N N + A + + + A A + + + + + + + + + + + + + + + + + + A + + + A A + + + + + + + + + + + + + + + + +																												
ALL OTHER SYSTEMS																													
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE SITE UNKNOWN SARCOMA, NOS OSTEOSARCOMA	N A N N N A A N N N N N N N N N N N N N N N N N A A A																												

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

TABLE E2. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) SHORT RANGE

ANIMAL NUMBER	7 6 1	7 6 2	7 6 3	7 6 1	7 6 2	7 6 3	7 6 1	7 6 2	7 6 3	8 0 1	8 0 2	8 0 3	8 0 1	8 0 2	8 0 3	8 0 1	8 0 2	8 0 3	8 0 1	8 0 2	8 0 3	8 0 1	8 0 2	8 0 3	8 0 1	8 0 2	8 0 3	8 0 1	8 0 2	8 0 3		
WEEKS ON STUDY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
INTEGUMENTARY SYSTEM																																
SUBCUTANEOUS TISSUE SARCOMA, NOS FIBROSARCOMA LIPOMA	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
RESPIRATORY SYSTEM																																
LUNGS AND BRONCHI SARCOMA, NOS, METASTATIC TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
HEMATOPOIETIC SYSTEM																																
BONE MARROW	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	-	
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
THYMUS	+	-	+	-	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	-	+	+	
CIRCULATORY SYSTEM																																
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
DIGESTIVE SYSTEM																																
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
GALLBLADDER & COMMON BILE DUCT	N	N	+	N	N	+	N	+	N	N	N	N	+	N	+	N	N	N	A	+	N	N	N	N	N	N	N	A	+	N	N	
PANCREAS	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
STOMACH	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	-	
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
LARGE INTESTINE ADENOCARCINOMA, NOS	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
URINARY SYSTEM																																
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
ENDOCRINE SYSTEM																																
PITUITARY CHROMOPHOBE ADENOMA	+	-	+	+	-	+	+	+	+	-	+	+	-	+	-	-	-	-	-	-	-	-	-	-	-	-	-	A	+	+	-	
ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA NEURILEIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
THYROID	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
PARATHYROID ADENOMA, NOS	+	+	+	-	-	+	-	+	-	-	-	-	+	+	+	+	-	-	A	+	+	+	+	+	+	+	+	A	+	+	-	
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
REPRODUCTIVE SYSTEM																																
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	
UTERUS PAPILLOMA, NOS PAPILLARY CARCINOMA ADENOMA, NOS PAPILLARY ADENOMA LEIOMYOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+
OVARY FIBROMA	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	
ALL OTHER SYSTEMS																																
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	
SITE UNKNOWN SARCOMA, NOS OSTEOSARCOMA																												A				

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

TABLE E3. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
WEEKS ON STUDY	0	0	1	1	1	1	2	2	3	3	3	3	5	5	5	6	6	7	7	7	8	8	8	9	9	9	
	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
	0	0	0	1	0	0	1	0	0	1	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	
	3	9	7	2	2	6	1	7	5	0	5	9	9	8	1	3	2	4	2	1	7	7	7	1	6		
	6	8	9	0	2	5	6	2	2	3	2	0	9	3	9	6	0	3	2	1	3	5	8	7	8		
INTEGUMENTARY SYSTEM																											
SUBCUTANEOUS TISSUE SARCOMA, NOS	+ + + + A + + + + + + + A + N + + A A + N A + + + +																										
RESPIRATORY SYSTEM																											
LUNGS AND BRONCHI	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
TRACHEA	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
HEMATOPOIETIC SYSTEM																											
BONE MARROW	+ + + + A + + - + + + A + + + + A A + - A + + + +																										
SPLEEN	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
LYMPH NODES ADENOCARCINOMA, NOS, METASTATIC	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
THYMUS	+ + + + A - + + + - + A + + - + A A + + A + + + +																										
CIRCULATORY SYSTEM																											
HEART	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
DIGESTIVE SYSTEM																											
SALIVARY GLAND	+ + + + A + + + + + + + A + - + + A A + + A + + + +																										
LIVER ADENOCARCINOMA, NOS, METASTATIC	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
BILE DUCT	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
GALLBLADDER & COMMON BILE DUCT	N N N N A + N + + N + A N N + N A A N N A + N N N																										
PANCREAS	+ + + + A + + + + + + + A + + + + A A + + A - + + +																										
ESOPHAGUS	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
STOMACH	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
SMALL INTESTINE ADENOCARCINOMA, NOS	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
LARGE INTESTINE	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
URINARY SYSTEM																											
KIDNEY ADENOCARCINOMA, NOS	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
URINARY BLADDER	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
ENDOCRINE SYSTEM																											
PITUITARY	- + - - A + + + + + - A + + + + A A + - A + + - +																										
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA GANGLIONEUROMA NEUROBLASTOMA	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
THYROID C-CELL ADENOMA C-CELL CARCINOMA	+ + - - A - + + + + - A + + + + A A + - A + + + +																										
PARATHYROID ADENOMA, NOS	+ + - - A - - - + - A + + + + A A + + A - - -																										
PANCREATIC ISLETS ISLET-CELL ADENOMA	+ + + + A + + + + + + + A + + + + A A + + A - + + +																										
REPRODUCTIVE SYSTEM																											
MAMMARY GLAND	N N N N A N N N N N N A N N N N A A N N A N N N N																										
TESTIS	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
PROSTATE	+ + - + A + + + + + + + A + + + + A A + + A + + + +																										
NERVOUS SYSTEM																											
BRAIN	+ + + + A + + + + + + + A + + + + A A + + A + + + +																										
ALL OTHER SYSTEMS																											
MULTIPLE ORGANS NOS MALIGNANT LYPHOMA, HISTIOCYTIC TYPE	N N N N A N N N N N N A N N N N A A N N A N N N N																										

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

TABLE E3. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		
WEEKS ON STUDY	1	1	0	0	1	1	1	2	2	2	3	3	3	5	5	5	6	6	6	7	7	7	7	8	8	8		
	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	
	0	1	0	0	1	1	1	0	1	0	1	0	0	1	0	0	0	0	0	1	1	0	0	0	0	0	0	
	4	4	3	2	1	9	1	5	3	5	7	6	3	1	2	1	8	3	3	7	5	4	3	1	3	3		
INTEGUMENTARY SYSTEM																												
SUBCUTANEOUS TISSUE SARCOMA, NOS	+ + + + + + + + + + + A + A + + + + + + + + + +																											
RESPIRATORY SYSTEM																												
LUNGS AND BRONCHI	+ + + + + + + + + + + A + A + + + + + + + + + +																											
TRACHEA	+ + + + + + + + + + + A + A + + + + + + + + + +																											
HEMATOPOIETIC SYSTEM																												
BONE MARROW	+ + + + + + + + + + + A + A + + + + + + + + + +																											
SPLEEN	+ + + + + + + + + + + A + A - + + + + + + + + + +																											
LYMPH NODES ADENOCARCINOMA, NOS, METASTATIC	+ + + + + + + + + + + A + A + + + + + + + + + +																											
THYMUS	- + + + - + - + + - + A - A + + + + + + - A - + +																											
CIRCULATORY SYSTEM																												
HEART	+ + + + + + + + + + + A + A + + + + + + + + + +																											
DIGESTIVE SYSTEM																												
SALIVARY GLAND	+ + + + + + + + + + + A + A + + + + + + + + + +																											
LIVER ADENOCARCINOMA, NOS, METASTATIC	+ + + + + + + + + + + A + A + + + + + + + + + +																											
BILE DUCT	+ + + + + + + + + + + A + A + + + + + + + + + +																											
GALLBLADDER & COMMON BILE DUCT	N N N N + N N N + N N + A N A + N N N + N A + N N																											
PANCREAS	+ + + + + + + + + + + A + A + + + + + + + + + +																											
ESOPHAGUS	+ + + + + + + + + + + A + A + + + + + + + + + +																											
STOMACH	+ + + + + + + + + + + A + A + + + + + + + + + +																											
SMALL INTESTINE ADENOCARCINOMA, NOS	+ + + + + + + + + + + A + A + + + + + + + + + +																											
LARGE INTESTINE	+ + + + + + + + + + + A + A + + + + + + + + + +																											
URINARY SYSTEM																												
KIDNEY ADENOCARCINOMA, NOS	+ + + + + + + + + + + A + A + + + + + + + + + +																											
URINARY BLADDER	+ + + + - + + + + + + A + A + + + + + + + + + +																											
ENDOCRINE SYSTEM																												
PITUITARY	+ - + - + - - + + + - + A + A + + + + - + - A - - -																											
ADRENAL CORTICAL ADENOMA	+ + + + + + + + + + + A + A + + + + + + + + + +																											
CORTICAL CARCINOMA	X																											
PHEOCHROMOCYTOMA	X																											
GANGLIONEUROMA	X																											
NEUROBLASTOMA	X																											
THYROID C-CELL ADENOMA	+ + + + + + + + + + - + A + A + + + + + + + + + +																											
C-CELL CARCINOMA	X																											
PARATHYROID ADENOMA, NOS	+ - + + + + - - + - - + A + A - - + + - + A + - +																											
PANCREATIC ISLETS ISLET-CELL ADENOMA	+ + + + + + + + + + + A + A + + + + + + + + + +																											
X	X																											
REPRODUCTIVE SYSTEM																												
MAMMARY GLAND	N N N N N N N N N N N N A N A N N N N N N A N N N																											
TESTIS	+ + + + + + + + + + + A + A + + + + + + + + + +																											
PROSTATE	+ + + + + + + + + + + A + A + + + + + + + + + +																											
NERVOUS SYSTEM																												
BRAIN	+ + + - + + + + + + + A + A + + + + + + + + + +																											
ALL OTHER SYSTEMS																												
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, HISTIOCYTIC TYPE	N N N N N N N N N N N N A N A N N N N N N A N N N																											

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

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

TABLE E3. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	3772	3773	3774	3775	3776	3777	3778	3779	3780	3781	3782	3783	3784	3785	3786	3787	3788	3789	3790	3791	3792	3793	3794	3795	3796	3797	3798	3799	3800	TOTAL ISSUES
WEEKS ON STUDY	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	116
	6	2	8	4	2	7	4	7	7	9	3	1	2	7	8	1	3	6	4	6	9	7	9	6	8	7	1	1	1	1
INTEGUMENTARY SYSTEM																														
SUBCUTANEOUS TISSUE SARCOMA, NOS	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116	
RESPIRATORY SYSTEM																														
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116	
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116	
HEMATOPOIETIC SYSTEM																														
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	113	
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	112	
LYMPH NODES ADENOCARCINOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116	
THYMUS	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	76	
CIRCULATORY SYSTEM																														
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116	
DIGESTIVE SYSTEM																														
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	110	
LIVER ADENOCARCINOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116	
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116	
GALLBLADDER & COMMON BILE DUCT	N	N	N	+	+	N	N	N	+	+	N	N	A	N	N	N	N	+	N	N	N	+	N	N	N	N	N	N	116	
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	110	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116	
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	115	
SMALL INTESTINE ADENOCARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116	
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116	
URINARY SYSTEM																														
KIDNEY ADENOCARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	115	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	113	
ENDOCRINE SYSTEM																														
PITUITARY	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	77	
ADRENAL CORTICAL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	115	
ADRENAL CORTICAL CARCINOMA																													7	
ADRENAL PHEOCHROMOCYTOMA																													3	
ADRENAL GANGLIONEUROMA																													5	
ADRENAL NEUROBLASTOMA																													1	
ADRENAL NEUROBLASTOMA																													2	
THYROID C-CELL ADENOMA	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	106	
THYROID C-CELL CARCINOMA																													3	
PARATHYROID ADENOMA, NOS	+	+	-	+	-	+	+	-	+	+	+	+	-	A	-	+	+	-	+	+	+	+	+	+	+	+	+	+	71	
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	110	
REPRODUCTIVE SYSTEM																														
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	116	
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	114	
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	112	
NERVOUS SYSTEM																														
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	112	
ALL OTHER SYSTEMS																														
MULTIPLE ORGANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	116	
MALIG. LYMPHOMA, HISTIOCYTIC TYPE																													1	

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

TABLE E3.

**INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE HAMSTERS ADMINISTERED
INTERMEDIATE RANGE CHRYSOTILE ASBESTOS IN THE DIET**

INTERMEDIATE RANGE CHRYSOTILE

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
WEEKS ON STUDY	0	0	0	1	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0	0	1
	8	9	8	0	8	8	1	7	5	9	9	7	0	0	9	7	2	9	1	6	8	0	9	7	0	
	2	4	9	3	0	6	7	9	1	2	2	6	3	0	0	2	9	6	7	5	3	2	9	8	6	
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
TRACHEA CARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
HEMATOPDIETIC SYSTEM																										
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	-	+	+	+	+	+	
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
LYMPH NODES CARCINOMA, NOS C-CELL CARCINOMA, METASTATIC SARCOMA, NOS, METASTATIC MALIG. LYMPHOMA, HISTIOCYTIC TYPE	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
THYMUS	+	-	-	-	+	+	+	+	+	-	-	-	+	+	+	+	A	-	+	+	-	-	-	+	-	
CIRCULATORY SYSTEM																										
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																										
SALIVARY GLAND	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	-	+	+	+	+	+	
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N	N	A	N	+	N	N	N	N	N	N	
PANCREAS	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
GASTROINTESTINAL SYSTEM																										
STOMACH CARCINOMA-IN-SITU, NOS SQUAMOUS CELL PAPILLOMA PAPILLARY ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	-	+	+	+	+	+	+	+	
URINARY SYSTEM																										
KIDNEY TUBULAR-CELL ADENOCARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																										
PITUITARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	-	-	+	+	+	+	+	+	
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT NEUROBLASTOMA	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	A	+	+	+	+	X	X	X	+	
THYROID ADENOMA, NOS C-CELL ADENOMA C-CELL CARCINOMA	-	+	-	+	+	+	+	-	+	+	-	+	+	+	+	+	A	+	+	-	+	+	-	+	X	
PARATHYROID ADENOMA, NOS	-	+	-	+	+	+	+	-	-	-	-	+	+	+	+	+	A	+	-	-	-	+	+	-	+	
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
X																										
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
NERVOUS SYSTEM																										
BRAIN	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	
ALL OTHER SYSTEMS																										
MULTIPLE ORGANS NOS CARCINOMA, NOS, METASTATIC FIBROSARCOMA MALIG. LYMPHOMA, LYMPHOCYTIC TYPE MALIG. LYMPHOMA, HISTIOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	

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

TABLE E3. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) INTERMEDIATE RANGE

ANIMAL NUMBER	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
WEEKS ON STUDY	2	3	4	5	6	7	8	8	8	8	8	8	8	9	9	9	9	9	9	10	10	11	11	11	11	12	12	12
RESPIRATORY SYSTEM																												
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA CARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																												
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES CARCINOMA, NOS C-CELL CARCINOMA, METASTATIC SARCOMA, NOS, METASTATIC MALIGNANT LYMPHOMA, HISTIOCYTIC TYPE	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	-	+	+	+	+	+	-	-	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	-
CIRCULATORY SYSTEM																												
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																												
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	+	N	N	+	N	N	N	N	N	+	+	+	+
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH CARCINOMA-IN-SITU, NOS SQUAMOUS CELL PAPILLOMA PAPILLARY ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																												
KIDNEY TUBULAR-CELL ADENOCARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																												
PITUITARY	+	-	-	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT NEUROBLASTOMA	X	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYROID ADENOMA, NOS C-CELL ADENOMA C-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID ADENOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																												
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM																												
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS																												
MULTIPLE ORGANS NOS CARCINOMA, NOS, METASTATIC FIBROSARCOMA MALIGNANT LYMPHOMA, LYMPHOCYTIC TYPE MALIGNANT LYMPHOMA, HISTIOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
	X							X																				X

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

TABLE E3. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) INTERMEDIATE RANGE

	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2			
ANIMAL NUMBER	7	8	8	8	9	9	9	0	0	0	1	1	1	2	2	2	2	2	2	3	3	3	3	3	4	4	4	5	5	5	5	5	5	5	6	6	6	6	6	6			
WEEKS ON STUDY	0	0	0	0	1	1	0	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	9	0	3	7	7	5	9	0	7	2	9	3	3	1	9	9	2	4	1	1	1	1	7	9	9	1	8	9	9	9	9	9	9	9	9	9	9	9	9	9			
RESPIRATORY SYSTEM																																											
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
TRACHEA CARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM																																											
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
LYMPH NODES CARCINOMA, NOS C-CELL CARCINOMA, METASTATIC SARCOMA, NOS, METASTATIC MALIG. LYMPHOMA, HISTIOCYTIC TYPE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
THYMUS	+	-	-	+	+	-	-	+	-	+	-	+	-	+	-	A	-	-	-	+	+	-	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
CIRCULATORY SYSTEM																																											
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
DIGESTIVE SYSTEM																																											
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N	N		
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH CARCINOMA-IN-SITU, NOS SQUAMOUS CELL PAPILLOMA PAPILLARY ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY SYSTEM																																											
KIDNEY TUBULAR-CELL ADENOCARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																																											
PITUITARY	+	+	+	+	-	-	+	-	+	-	+	+	+	+	+	+	+	A	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT NEUROBLASTOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYROID ADENOMA, NOS C-CELL ADENOMA C-CELL CARCINOMA	+	+	+	+	-	+	-	+	+	+	+	+	+	+	+	+	+	A	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	
PARATHYROID ADENOMA, NOS	+	-	+	-	-	+	-	-	+	+	+	+	+	+	+	+	+	A	+	-	+	+	-	+	-	-	-	-	-	-	-	-	+	+	+	+	+	+	+	+	+	+	
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																																											
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
NERVOUS SYSTEM																																											
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
ALL OTHER SYSTEMS																																											
MULTIPLE ORGANS NOS CARCINOMA, NOS, METASTATIC FIBROSARCOMA MALIG. LYMPHOMA, LYMPHOCYTIC TYPE MALIG. LYMPHOMA, HISTIOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		

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

TABLE E3. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) INTERMEDIATE RANGE

ANIMAL NUMBER	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
WEEKS ON STUDY	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
RESPIRATORY SYSTEM																													
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA CARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																													
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES CARCINOMA, NOS C-CELL CARCINOMA, METASTATIC SARCOMA, NOS, METASTATIC MALIG. LYMPHOMA, HISTIOCYTIC TYPE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CIRCULATORY SYSTEM																													
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																													
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PANCREAS	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH CARCINOMA-IN-SITU, NOS SQUAMOUS CELL PAPILLOMA PAPILLARY ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																													
KIDNEY TUBULAR-CELL ADENOCARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																													
PITUITARY	+	-	+	+	-	+	+	+	A	+	+	+	-	+	+	+	+	-	+	+	+	+	-	+	+	+	+	+	+
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT NEUROBLASTOMA	+	+	+	+	X	X	+	+	+	+	+	+	X	X	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+
THYROID ADENOMA, NOS C-CELL ADENOMA C-CELL CARCINOMA	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+
PARATHYROID ADENOMA, NOS	+	+	-	-	+	+	-	+	+	+	+	+	+	+	+	+	+	-	-	-	-	+	-	+	-	-	-	-	+
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	+	+	-	+	X	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																													
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+
NERVOUS SYSTEM																													
BRAIN	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS																													
MULTIPLE ORGANS NOS CARCINOMA, NOS, METASTATIC FIBROSARCOMA MALIG. LYMPHOMA, LYMPHOXYTIC TYPE MALIG. LYMPHOMA, HISTIOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
																													X

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

TABLE E3. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) INTERMEDIATE RANGE

ANIMAL NUMBER	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	
WEEKS ON STUDY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1
	9	6	8	6	9	7	0	5	7	8	8	8	7	9	1	9	9	0	8	9	9	1	4	9	1	1	
	2	5	8	4	4	4	5	0	4	4	3	8	8	5	1	3	0	3	4	7	6	9	6				
RESPIRATORY SYSTEM																											
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
TRACHEA CARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM																											
BONE MARROW	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES CARCINOMA, NOS C-CELL CARCINOMA, METASTATIC SARCOMA, NOS, METASTATIC MALIG. LYMPHOMA, HISTIOCYTIC TYPE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS	-	+	-	-	-	-	-	+	+	+	-	+	-	+	-	-	-	-	-	-	-	-	-	-	-	+	
CIRCULATORY SYSTEM																											
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																											
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	+	N	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N	
PANCREAS	-	+	+	-	+	+	-	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH CARCINOMA-IN-SITU, NOS SQUAMOUS CELL PAPILLOMA PAPILLARY ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY SYSTEM																											
KIDNEY TUBULAR-CELL ADENOCARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																											
PITUITARY	+	+	+	+	+	+	-	+	+	-	+	+	+	+	-	+	+	+	-	-	+	+	+	+	+	+	
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT NEUROBLASTOMA	+	+	+	+	+	+	+	X	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYROID ADENOMA, NOS C-CELL ADENOMA C-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PARATHYROID ADENOMA, NOS	+	-	-	-	-	-	-	-	-	+	-	+	+	-	+	+	+	+	+	+	+	-	-	-	-	-	
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	-	+	+	-	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
REPRODUCTIVE SYSTEM																											
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
NERVOUS SYSTEM																											
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ALL OTHER SYSTEMS																											
MULTIPLE ORGANS NOS CARCINOMA, NOS, METASTATIC FIBROSARCOMA MALIG. LYMPHOMA, LYMPHOCYTIC TYPE MALIG. LYMPHOMA, HISTIOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
				X									X														

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

TABLE E3. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) INTERMEDIATE RANGE

ANIMAL NUMBER	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5
WEEKS ON STUDY	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
RESPIRATORY SYSTEM																											
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA CARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																											
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES CARCINOMA, NOS																											
C-CELL CARCINOMA, METASTATIC	X																										
SARCOMA, NOS, METASTATIC																											
MALIG. LYMPHOMA, HISTIOCYTIC TYPE																											
THYMUS	-	+	-	-	-	-	-	+	+	-	+	+	A	-	-	+	-	+	-	+	-	+	-	+	-	+	-
CIRCULATORY SYSTEM																											
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																											
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH CARCINOMA-IN-SITU, NOS																											
SQUAMOUS CELL PAPILLOMA																											
PAPILLARY ADENOMA																											
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																											
KIDNEY TUBULAR-CELL ADENOCARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																											
PITUITARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ADRENAL CORTICAL ADENOMA																											
CORTICAL CARCINOMA																											
PHEOCHROMOCYTOMA																											
PHEOCHROMOCYTOMA, MALIGNANT																											
NEUROBLASTOMA																											
THYROID ADENOMA, NOS	+	+	-	+	+	+	+	-	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+
C-CELL ADENOMA																											
C-CELL CARCINOMA	X																										
PARATHYROID ADENOMA, NOS	+	-	-	+	+	+	-	-	+	+	+	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-
PANCREATIC ISLETS ISLET-CELL ADENOMA																											
ISLET-CELL CARCINOMA																											
REPRODUCTIVE SYSTEM																											
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM																											
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS																											
MULTIPLE ORGANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
CARCINOMA, NOS, METASTATIC																											
FIBROSARCOMA																											
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE																											
MALIG. LYMPHOMA, HISTIOCYTIC TYPE																											

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

TABLE E3. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) INTERMEDIATE RANGE

ANIMAL NUMBER	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	51	61	61
WEEKS ON STUDY	0	0	1	0	0	0	0	1	0	1	1	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
RESPIRATORY SYSTEM																												
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA CARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																												
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES CARCINOMA, NOS C-CELL CARCINOMA, METASTATIC SARCOMA, NOS, METASTATIC MALIG. LYMPHOMA, HISTIOCYTIC TYPE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	-	+	+	+	+	+	-	+	-	-	+	-	+	+	+	+	+	+	-	+	-	-	+	+	+	+	+	
CIRCULATORY SYSTEM																												
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																												
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	+	N	N	N	N	N	N	N	N	+	N	+	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH CARCINOMA-IN-SITU, NOS SQUAMOUS CELL PAPILLOMA PAPILLARY ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																												
KIDNEY TUBULAR-CELL ADENOCARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																												
PITUITARY	+	+	-	-	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA, MALIGNANT NEUROBLASTOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYROID ADENOMA, NOS C-CELL ADENOMA C-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID ADENOMA, NOS	-	+	-	+	+	-	-	-	+	+	+	+	+	-	+	-	-	+	-	-	+	-	-	-	-	-	-	-
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																												
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM																												
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS																												
MULTIPLE ORGANS NOS CARCINOMA, NOS, METASTATIC FIBROSARCOMA MALIG. LYMPHOMA, LYMPHOCYTIC TYPE MALIG. LYMPHOMA, HISTIOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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

TABLE E3. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) INTERMEDIATE RANGE

ANIMAL NUMBER	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
WEEKS ON STUDY	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0
RESPIRATORY SYSTEM	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA CARCINOMA, NOS	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																				
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES CARCINOMA, NOS C-CELL CARCINOMA, METASTATIC SARCOMA, NOS, METASTATIC MALIG. LYMPHOMA, HISTIOCYTIC TYPE																				X
THYMUS	+	-	+	+	A	+	+	+	-	-	-	-	-	+	+	-	+	+	+	-
CIRCULATORY SYSTEM																				
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																				
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PANCREAS	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	-
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH CARCINOMA-IN-SITU, NOS SQUAMOUS CELL PAPILLOMA PAPILLARY ADENOMA																				
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																				
KIDNEY TUBULAR-CELL ADENOCARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																				
PITUITARY	+	-	+	+	A	+	-	+	+	-	+	+	-	+	+	-	+	-	+	-
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT NEUROBLASTOMA												X		X	X					X
THYROID ADENOMA, NOS C-CELL ADENOMA C-CELL CARCINOMA	+	+	+	+	A	+	+	-	+	+	-	+	+	+	-	+	+	+	+	+
PARATHYROID ADENOMA, NOS	+	-	+	+	A	+	-	+	+	-	+	+	-	+	+	-	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
REPRODUCTIVE SYSTEM																				
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM																				
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS																				
MULTIPLE ORGANS NOS CARCINOMA, NOS, METASTATIC FIBROSARCOMA MALIG. LYMPHOMA, LYMPHOCYTIC TYPE MALIG. LYMPHOMA, HISTIOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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

TABLE E4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE HAMSTERS ADMINISTERED INTERMEDIATE RANGE CHRYSOTILE ASBESTOS IN THE DIET

CONTROL

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
WEEKS ON STUDY	2	2	2	3	3	3	4	4	5	5	5	6	6	6	7	7	8	8	8	9	9	9	1
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	
RESPIRATORY SYSTEM																							
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA	+	+	+	+	+	+	-	+	+	+	+	+	+	A	+	A	A	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																							
BONE MARROW	+	+	+	-	+	+	+	+	+	+	+	+	+	A	+	A	A	+	-	+	+	+	-
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+	+	+	+	+
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+	+	+	+	+
THYMUS	+	-	+	-	+	+	-	-	-	+	+	-	A	+	A	A	+	+	-	+	+	+	+
CIRCULATORY SYSTEM																							
HEART	+	+	+	+	+	-	+	+	+	+	+	+	+	A	+	A	A	+	+	+	+	+	+
DIGESTIVE SYSTEM																							
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	A	-	A	A	+	+	+	+
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	A	N	N	N	N	N	N
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+	+	+
ESOPHAGUS	+	+	+	+	+	-	+	+	+	+	+	+	+	A	+	A	A	+	+	+	+	+	+
STOMACH	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+	+	+
LARGE INTESTINE ADENOMA, NOS	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+	+	+
RECTUM FIBROMA	+	+	+	+	+	N	N	+	+	+	+	+	+	+	+	A	+	A	A	+	+	+	+
URINARY SYSTEM																							
KIDNEY ADENOCARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	A	A	-	+	+	+
ENDOCRINE SYSTEM																							
PITUITARY ADENOMA, NOS CHROMOPHOBE ADENOMA	-	-	-	+	+	-	-	+	-	-	-	-	-	A	+	A	A	-	+	+	-	-	+
ADRENAL CORTICAL ADENOMA	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+	+	+
THYROID C-CELL ADENOMA	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+
PARATHYROID ADENOMA, NOS	+	-	-	+	+	-	+	+	+	-	-	+	+	+	+	A	+	A	A	+	-	-	-
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+
REPRODUCTIVE SYSTEM																							
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	A	N	A	N	N	N	N
UTERUS LEIOMYOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+
OVARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	A	A	+	+

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

TABLE E4. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
WEEKS ON STUDY	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	7	9	9
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4	4	9	7	6	6	4	9	7	7	0	1	1	7	4	4	9	0	1	2	4	7	1	6	6	
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
TRACHEA	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
HEMATOPOIETIC SYSTEM																										
BONE MARROW	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
SPLEEN	+ - + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
LYMPH NODES	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
THYMUS	+ + + + + + + + + + + + + + + - A - + + + A + - + A + + +																									
CIRCULATORY SYSTEM																										
HEART	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
DIGESTIVE SYSTEM																										
SALIVARY GLAND	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
LIVER	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
BILE DUCT	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
GALLBLADDER & COMMON BILE DUCT	N N + N + + N N N N N N N N N A N N N A + N N A N N																									
PANCREAS	+ - + + + + + + + + + + + + + - + A + + + + A + + + + A + + +																									
ESOPHAGUS	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
STOMACH	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
SMALL INTESTINE	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
LARGE INTESTINE	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
ADENOMA, NOS																										
RECTUM	+ + + + + + + + + + + + + + + N W A + + + + A + + + + A + + +																									
FIBROMA																										
URINARY SYSTEM																										
KIDNEY	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
ADENOCARCINOMA, NOS	X																									
URINARY BLADDER	+ + + + + - + + - + + + + + - A + + + + A + + + + A + + +																									
ENDOCRINE SYSTEM																										
PITUITARY	- + + + - - + + + - + - + + + A + - + A - - + A - + X																									
ADENOMA, NOS																										
CHROMOPHOBIC ADENOMA																										
ADRENAL	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
CORTICAL ADENOMA	X X																									
THYROID	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
C-CELL ADENOMA	X																									
PARATHYROID	- + + + + + + + + + - - + A + - - A - + - A + + +																									
ADENOMA, NOS																										
PANCREATIC ISLETS	+ - + + + + + + + + + + + + + - + A + + + + A + + + + A + + +																									
ISLET-CELL ADENOMA	X																									
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND	N N N N N N N N N N N N N N N A N N N A N N N A N N																									
UTERUS	+ + + + + + + + + + + + + + + A + + + + A + + + + A + + +																									
LEIOMYOMA																										
OVARY	+ + + + + + + + + + + + + + + A + + - A + + + + A + + +																									

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

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

TABLE E4. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
WEEKS ON STUDY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	6	6	4	6	4	6	4	6	4	6	4	6	4	6	4	6	4	6	4	6	4	6	4	6	4	6	4	6	4	6	
	8	3	5	4	7	0	2	3	3	7	1	1	1	2	6	5	5	3	5	5	0	1	2	2	2	1	2	5	4	6	
RESPIRATORY SYSTEM																															
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																															
BONE MARROW	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	-	+	-	+	-	+	+	
CIRCULATORY SYSTEM																															
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																															
SALIVARY GLAND	-	+	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	+	+	+	+	N	N	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ADENOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RECTUM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
FIBROMA																															
URINARY SYSTEM																															
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ADENOCARCINOMA, NOS																															
URINARY BLADDER	+	+	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																															
PITUITARY	-	-	+	+	-	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	-	-	+	+	+	+	-	-	+	+	-
ADENOMA, NOS																															
CHROMOPHOBE ADENOMA																															
ADRENAL	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CORTICAL ADENOMA																															
THYROID	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
C-CELL ADENOMA											X																				
PARATHYROID	+	-	+	-	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	
ADENOMA, NOS																															
PANCREATIC ISLETS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ISLET-CELL ADENOMA																															
REPRODUCTIVE SYSTEM																															
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UTERUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LEIOMYOMA																															
Ovary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

+: TISSUE EXAMINED MICROSCOPICALLY
 -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
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 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 E4. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	
WEEKS ON STUDY	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45
RESPIRATORY SYSTEM																																														
LUNGS AND BRONCHI	+																																													
TRACHEA	+																																													
HEMATOPOIETIC SYSTEM																																														
BONE MARROW	+																																													
SPLEEN	+																																													
LYMPH NODES	+																																													
THYMUS	+																																													
CIRCULATORY SYSTEM																																														
HEART	+																																													
DIGESTIVE SYSTEM																																														
SALIVARY GLAND	+																																													
LIVER	+																																													
BILE DUCT	+																																													
GALLBLADDER & COMMON BILE DUCT	N																																													
PANCREAS	+																																													
ESOPHAGUS	+																																													
STOMACH	+																																													
SMALL INTESTINE	+																																													
LARGE INTESTINE	+																																													
ADENOMA, NOS																																														
RECTUM	N																																													
FIBROMA																																														
URINARY SYSTEM																																														
KIDNEY	+																																													
ADENOCARCINOMA, NOS																																														
URINARY BLADDER	+																																													
ENDOCRINE SYSTEM																																														
PITUITARY	+																																													
ADENOMA, NOS																																														
CHROMOPHOB ADENOMA																																														
ADRENAL	+																																													
CORTICAL ADENOMA																																														
THYROID	+																																													
C-CELL ADENOMA																																														
PARATHYROID	+																																													
ADENOMA, NOS																																														
PANCREATIC ISLETS	+																																													
ISLET-CELL ADENOMA																																														
REPRODUCTIVE SYSTEM																																														
MAMMARY GLAND	N																																													
UTERUS	+																																													
LEIOMYOMA																																														
OVARY	+																																													

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

TABLE E4. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	TOTAL ISSUES TUMORS
WEEKS ON STUDY	2	2	4	4	4	5	5	5	6	6	6	8	8	8	9	9	9	1	1	1	4	4	4	5	5	5	5	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
RESPIRATORY SYSTEM																												
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	119
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	118
HEMATOPOIETIC SYSTEM																												
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	118
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	119
THYMUS	+	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	97
CIRCULATORY SYSTEM																												
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	118
DIGESTIVE SYSTEM																												
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	112
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	119
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	119
GALLBLADDER & COMMON BILE DUCT	N	+	N	N	N	N	N	+	N	N	+	N	N	N	+	N	+	N	N	+	N	N	N	N	N	N	N	119*
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	118
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	118
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	118
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	118
ADENOMA, NOS																												1
RECTUM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	119*
FIBROMA																												1
URINARY SYSTEM																												
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	119
ADENOCARCINOMA, NOS																												1
URINARY BLADDER	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	111
ENDOCRINE SYSTEM																												
PITUITARY	-	-	+	+	-	+	-	+	+	+	-	-	+	+	-	+	+	-	+	-	+	-	-	+	+	+	+	67
ADENOMA, NOS																												1
CHROMOPHOBE ADENOMA																												1
ADRENAL	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	118
CORTICAL ADENOMA																												6
THYROID	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	115
C-CELL ADENOMA																												3
PARATHYROID	-	-	+	+	+	-	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	77
ADENOMA, NOS																												1
PANCREATIC ISLETS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116
ISLET-CELL ADENOMA																												5
REPRODUCTIVE SYSTEM																												
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	119*
UTERUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	119
LEIOMYOMA																												1
OVARY	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	115

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

TABLE E4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE HAMSTERS ADMINISTERED INTERMEDIATE RANGE CHRYSOTILE ASBESTOS IN THE DIET

INTERMEDIATE RANGE CHRYSOTILE

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
WEEKS ON STUDY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
INTEGUMENTARY SYSTEM																						
SKIN MALIGNANT MELANOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+
SUBCUTANEOUS TISSUE SARCOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	N	+	+
RESPIRATORY SYSTEM																						
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																						
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES MALIGNANT LYMPHOMA, HISTIOCYTIC TYPE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CIRCULATORY SYSTEM																						
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																						
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	+	N	N	N	N	N	N	N	N	N	N	N	+	N	N	N	+	+	N	N
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH PAPILLARY ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																						
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																						
PITUITARY ADENOMA, NOS CHROMOPHOBE CARCINOMA	+	-	+	-	+	+	+	-	-	+	+	-	-	-	+	-	+	+	+	+	-	-
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	X	+
THYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID ADENOMA, NOS	+	-	+	+	-	+	+	-	-	-	-	+	+	+	+	+	+	+	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																						
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UTERUS PAPILLOMA, NOS ADENOMA, NOS ADENOCARCINOMA, NOS PAPILLARY ADENOMA LEIOMYOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OVARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MUSCULOSKELETAL SYSTEM																						
BONE SARCOMA, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
BODY CAVITIES																						
MESENTERY OSTEOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS																						
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, HISTIOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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

TABLE E4. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) INTERMEDIATE RANGE

ANIMAL NUMBER	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3										
WEEKS ON STUDY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
	5	2	5	1	5	8	4	2	5	0	4	8	8	6	5	4	7	7	9	2										
INTEGUMENTARY SYSTEM																														
SKIN MALIGNANT MELANOMA	N	+	+	+	+	+	+	+	+	N	+	N	+	N	+	A	+	+	+	+	A	+	+							
SUBCUTANEOUS TISSUE SARCOMA, NOS	N	+	+	+	+	+	+	+	+	N	+	N	+	N	+	A	+	+	+	+	+	A	+	+						
RESPIRATORY SYSTEM																														
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+						
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+					
HEMATOPOIETIC SYSTEM																														
BONE MARROW	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	A	+	+	+	+	A	+	+					
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	-	+					
LYMPH NODES MALIG.LYMPHOMA, HISTIOCYTIC TYPE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+					
																		X												
THYMUS	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	-	-	A	+	-	+	+	A	+	+					
CIRCULATORY SYSTEM																														
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	A	+	+	+	+	A	+	+					
DIGESTIVE SYSTEM																														
SALIVARY GLAND	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	-	A	+	+	+	-	A	+	+				
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+				
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+				
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	+	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	+	A	N	N				
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	-	A	+	+				
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+				
STOMACH PAPILLARY ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+				
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+				
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+				
URINARY SYSTEM																														
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+				
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	A	+	+	+	+	A	+	+				
ENDOCRINE SYSTEM																														
PITUITARY ADENOMA, NOS	+	+	+	-	+	-	-	-	+	-	-	-	-	-	-	-	-	+	A	+	+	+	-	-	A	-	+			
CHROMOPHOBE CARCINOMA																														
ADRENAL CORTICAL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	A	+	-	+	+	A	+	+		
CORTICAL CARCINOMA																														
PHEOCHROMOCYTOMA																														
THYROID FOLLICULAR-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	-	-	+	+	+	A	+	+		
C-CELL ADENOMA																														
PARATHYROID ADENOMA, NOS	-	+	+	-	+	+	+	+	-	-	+	+	+	+	-	+	+	+	A	-	-	+	-	+	A	+	+			
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	-	A	+	+			
REPRODUCTIVE SYSTEM																														
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	A	N	N	
UTERUS PAPILLOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	A	+	+	+	+	A	+	+	+		
ADENOMA, NOS																														
ADENOCARCINOMA, NOS																														
PAPILLARY ADENOMA																														
LEIOMYOMA																														
OVARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	A	+	+	+	+	A	+	+		
MUSCULOSKELETAL SYSTEM																														
BONE SARCOMA, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	A	N	N	
BODY CAVITIES																														
MESENTERY	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	A	N	N
OSTEOID																														
ALL OTHER SYSTEMS																														
MULTIPLE ORGANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	A	N	N
MALIG.LYMPHOMA, HISTIOCYTIC TYPE																														

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

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

TABLE E4. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) INTERMEDIATE RANGE

ANIMAL NUMBER	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	
WEEKS ON STUDY	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	
INTEGUMENTARY SYSTEM																											
SKIN MALIGNANT MELANOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SUBCUTANEOUS TISSUE SARCOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
RESPIRATORY SYSTEM																											
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM																											
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES MALIG. LYMPHOMA, HISTIOCYTIC TYPE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS	+	+	-	+	-	+	+	-	+	+	+	+	+	+	-	+	-	+	+	+	+	+	+	+	-	+	
CIRCULATORY SYSTEM																											
HEART	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																											
SALIVARY GLAND	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	
LIVER	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BILE DUCT	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	+	N	+	N	N	+	N	N	N	+	N	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N	
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH PAPILLARY ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY SYSTEM																											
KIDNEY	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																											
PITUITARY ADENOMA, NOS CHROMOPHOBE CARCINOMA	+	+	+	+	+	-	-	+	+	+	+	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PARATHYROID ADENOMA, NOS	+	-	-	-	-	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
REPRODUCTIVE SYSTEM																											
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
UTERUS PAPILLOMA, NOS ADENOMA, NOS ADENOCARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PAPILLARY ADENOMA LEIOMYOMA															X												
OVARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
MUSCULOSKELETAL SYSTEM																											
BONE SARCOMA, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
BODY CAVITIES																											
MESENTERY OSTEOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
ALL OTHER SYSTEMS																											
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, HISTIOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	

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

TABLE E4. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) INTERMEDIATE RANGE

ANIMAL NUMBER	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5				
WEEKS ON STUDY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INTEGUMENTARY SYSTEM																																																				
SKIN MALIGNANT MELANOMA	+ + + A + N + + + + +																																																			
SUBCUTANEOUS TISSUE SARCOMA, NOS	+ + + A + N + + + + +																																																			
RESPIRATORY SYSTEM																																																				
LUNGS AND BRONCHI	+ + + A +																																																			
TRACHEA	+ + + A +																																																			
HEMATOPOIETIC SYSTEM																																																				
BONE MARROW	+ + + A +																																																			
SPLEEN HEMANGIOMA	+ + + A +																																																			
LYMPH NODES MALIG. LYMPHOMA, HISTIOCYTIC TYPE	+ + + A +																																																			
THYMUS	+ - - A + - + + + + -																																																			
CIRCULATORY SYSTEM																																																				
HEART	+ + + A +																																																			
DIGESTIVE SYSTEM																																																				
SALIVARY GLAND	+ + + A +																																																			
LIVER	+ + + A +																																																			
BILE DUCT	+ + + A +																																																			
GALLBLADDER & COMMON BILE DUCT	+ N N A N																																																			
PANCREAS	+ + + A +																																																			
ESOPHAGUS	+ + + A +																																																			
STOMACH PAPILLARY ADENOMA	+ + + A +																																																			
SMALL INTESTINE	+ + + A +																																																			
LARGE INTESTINE	+ + + A +																																																			
URINARY SYSTEM																																																				
KIDNEY	+ + + A +																																																			
URINARY BLADDER	+ + + A +																																																			
ENDOCRINE SYSTEM																																																				
PITUITARY ADENOMA, NOS CHROMOPHOBE CARCINOMA	- - + A + + + + + + + - + + - - - + + + + - - + +																																																			
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA	+ + + A + X X X																																																			
THYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA	+ + - A + - + X																																																			
PARATHYROID ADENOMA, NOS	+ + - A - - + + + + + + + - + - - - + + - - - +																																																			
PANCREATIC ISLETS ISLET-CELL ADENOMA	+ + + A +																																																			
REPRODUCTIVE SYSTEM																																																				
MAMMARY GLAND	N N N A N																																																			
UTERUS PAPILLOMA, NOS ADENOMA, NOS ADENOCARCINOMA, NOS PAPILLARY ADENOMA LEIOMYOMA	+ + + A + X																																																			
OVARY	+ + + A +																																																			
MUSCULOSKELETAL SYSTEM																																																				
BONE SARCOMA, NOS	N N N A N																																																			
BODY CAVITIES																																																				
MESENTERY OSTEOA	N N N A N																																																			
ALL OTHER SYSTEMS																																																				
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, HISTIOCYTIC TYPE	N N N A N																																																			

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

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

TABLE E4. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) INTERMEDIATE RANGE

ANIMAL NUMBER	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	
WEEKS ON STUDY	9	0	0	0	1	1	1	2	2	2	2	3	3	3	3	4	4	4	4	5	5	5	6	6	6	6
	3	1	2	3	1	2	3	1	2	3	1	2	3	4	4	3	1	2	1	1	1	2	3	7	7	8
	4	4	6	7	5	5	4	7	6	6	8	1	3	5	6	6	6	1	2	6	6	5	6	5	7	5
	1	9	0	0	7	4	8	1	1	5	2	5	3	8	7	3	5	5	6	4	4	1	3	2	2	
INTEGUMENTARY SYSTEM																										
SKIN	+																									
MALIGNANT MELANOMA	+																									
SUBCUTANEDUS TISSUE	+																									
SARCOMA, NOS	+																									
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI	+																									
TRACHEA	+																									
HEMATOPDIETIC SYSTEM																										
BONE MARROW	+																									
SPLEEN	+																									
HEMANGIOMA	+																									
LYMPH NODES	+																									
MALIG.LYMPHOMA, HISTIOCYTIC TYPE	+																									
THYMUS	+																									
CIRCULATORY SYSTEM																										
HEART	+																									
DIGESTIVE SYSTEM																										
SALIVARY GLAND	+																									
LIVER	+																									
BILE DUCT	+																									
GALLBLADDER & COMMON BILE DUCT	N																									
PANCREAS	+																									
ESOPHAGUS	+																									
STOMACH	+																									
PAPILLARY ADENOMA	+																									
SMALL INTESTINE	+																									
LARGE INTESTINE	+																									
URINARY SYSTEM																										
KIDNEY	+																									
URINARY BLADDER	+																									
ENDOCRINE SYSTEM																										
PITUITARY	-																									
ADENOMA, NOS	-																									
CHROMOPHOBE CARCINOMA	-																									
ADRENAL	-																									
CORTICAL ADENOMA	-																									
CORTICAL CARCINOMA	-																									
PHEOCHROMOCYTOMA	-																									
THYROID	+																									
FOLLICULAR-CELL ADENOMA	+																									
C-CELL ADENOMA	+																									
PARATHYROID	+																									
ADENOMA, NOS	+																									
PANCREATIC ISLETS	+																									
ISLET-CELL ADENOMA	+																									
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND	N																									
UTERUS	+																									
PAPILLOMA, NOS	+																									
ADENOMA, NOS	+																									
ADENOCARCINOMA, NOS	+																									
PAPILLARY ADENOMA	+																									
LEIOMYOMA	+																									
OVARY	+																									
MUSCULOSKELETAL SYSTEM																										
BONE	N																									
SARCOMA, NOS	N																									
BODY CAVITIES																										
MESENTERY	N																									
OSTEOMA	N																									
ALL OTHER SYSTEMS																										
MULTIPLE ORGANS NOS	N																									
MALIG.LYMPHOMA, HISTIOCYTIC TYPE	N																									

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

TABLE E4. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) INTERMEDIATE RANGE

ANIMAL NUMBER	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	
	8	8	9	9	9	0	0	1	1	2	2	2	3	3	3	3	4	4	4	5	5	5	5	6	6	6
WEEKS ON STUDY	0	0	1	1	1	0	0	1	1	2	2	2	2	2	2	2	3	3	3	4	4	4	5	5	6	6
INTEGUMENTARY SYSTEM																										
SKIN MALIGNANT MEL./MOL.	+	+	+	N	A	A	+	+	+	+	+	+	+	+	N	+	A	+	+	+	N	+	N	+	+	N
SUBCUTANEOUS TISSUE SARCOMA, NOS	+	+	+	N	A	A	+	+	+	+	+	+	+	+	N	+	A	+	+	+	N	+	N	+	+	N
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+
TRACHEA	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	-	+	+
HEMATOPOIETIC SYSTEM																										
BONE MARROW	+	+	+	-	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	-	+	+	+
SPLEEN HEMANGIOMA	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+
LYMPH NODES MALIGNANT LYMPHOMA, HISTIOCYTIC TYPE	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+
THYMUS	+	+	+	+	A	A	+	-	+	+	+	+	+	+	+	+	A	+	+	+	+	+	-	-	+	-
CIRCULATORY SYSTEM																										
HEART	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	-	+	+	+
DIGESTIVE SYSTEM																										
SALIVARY GLAND	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	-	+	+	+
LIVER	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	A	A	N	N	N	N	N	N	N	N	N	N	A	+	+	+	+	+	+	+	+	+
PANCREAS	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+
STOMACH PAPILLARY ADENOMA	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																										
KIDNEY	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																										
PITUITARY ADENOMA, NOS CHROMOPHOBE CARCINOMA	+	-	+	+	A	A	+	-	+	+	+	+	+	+	+	-	A	+	+	-	-	-	+	+	-	+
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	-	+	+	+
THYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	-	-	+	+
PARATHYROID ADENOMA, NOS	-	-	-	-	A	A	-	-	+	+	-	+	-	+	-	-	A	-	-	-	-	-	-	+	-	+
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND	N	N	N	N	A	A	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N
UTERUS PAPILLOMA, NOS ADENOMA, NOS ADENOCARCINOMA, NOS	+	+	+	+	A	A	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	-	+	+	+
PAPILLARY ADENOMA LEIOMYOMA																										
OVARY	+	+	+	+	A	A	+	-	+	+	+	+	+	+	+	+	A	+	+	+	+	+	-	+	+	+
BODY CAVITIES																										
MESENTERY OSTEOOMA	N	N	N	N	A	A	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS																										
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, HISTIOCYTIC TYPE	N	N	N	N	A	A	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	N

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

TABLE E5.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE HAMSTERS ADMINISTERED 1,2-DIMETHYLHYDRAZINE DIHYDROCHLORIDE (DMH) BY GAVAGE WITH AND WITHOUT INTERMEDIATE RANGE CHRYSOTILE ASBESTOS IN THE DIET

CONTROL

Table with columns for Animal Number (0-30) and Weeks on Study (0-3). Rows include various organ systems: INTEGUMENTARY SYSTEM (SKIN SARCOMA, NOS), RESPIRATORY SYSTEM (LUNGS AND BRONCHI SARCOMA, NOS, METASTATIC; TRACHEA), HEMATOPOIETIC SYSTEM (BONE MARROW; SPLEEN; LYMPH NODES; THYMUS), CIRCULATORY SYSTEM (HEART), DIGESTIVE SYSTEM (SALIVARY GLAND; LIVER HEMANGIOMA, HEMANGIOSARCOMA; BILE DUCT; GALLBLADDER & COMMON BILE DUCT; PANCREAS MESOTHELIOMA, METASTATIC; ESOPHAGUS; STOMACH SQUAMOUS CELL PAPILOMA; SMALL INTESTINE; LARGE INTESTINE HEMANGIOMA; RECTUM ADENOMA, NOS), URINARY SYSTEM (KIDNEY TUBULAR-CELL ADENOMA; URINARY BLADDER), ENDOCRINE SYSTEM (PITUITARY; ADRENAL CORTICAL ADENOMA, CORTICAL CARCINOMA, PHEOCHROMOCYTOMA, NEURBLASTOMA, NEURILENOMA; THYROID ADENOMA, NOS; PARATHYROID ADENOMA, NOS; PANCREATIC ISLETS ISLET-CELL ADENOMA), REPRODUCTIVE SYSTEM (MAMMARY GLAND; TESTIS; PROSTATE), NERVOUS SYSTEM (BRAIN ASTROCYTOMA), MUSCULOSKELETAL SYSTEM (BONE OSTEOMA), BODY CAVITIES (PERITONEUM MESOTHELIOMA, MALIGNANT), and ALL OTHER SYSTEMS (MULTIPLE ORGANS NOS; MALIG. LYMPHOMA, LYMPHOCYTIC TYPE; MALIG. LYMPHOMA, HISTIOCYTIC TYPE; GRANULOCYTIC LEUKEMIA).

+: TISSUE EXAMINED MICROSCOPICALLY ; NO TISSUE INFORMATION SUBMITTED
-: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL
X: TUMOR INCIDENCE A: AUTOLYSIS
M: ANIMAL MISSING
B: NO NECROPSY PERFORMED

TABLE E5. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
WEEKS ON STUDY	0	0	0	0	1	1	1	2	2	2	3	3	3	4	4	4	5	5	6	6	6	8	8	8	9	9		
	1	0	0	0	0	0	0	0	0	0	1	1	1	1	0	1	0	1	0	0	1	0	0	1	0	0		
	8	1	6	6	1	2	5	9	8	5	4	5	0	8	2	7	8	1	3	8	7	3	4	3	4			
INTEGUMENTARY SYSTEM																												
SKIN SARCOMA, NOS	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	X		
RESPIRATORY SYSTEM																												
LUNGS AND BRONCHI SARCOMA, NOS, METASTATIC	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
TRACHEA	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
HEMATOPOIETIC SYSTEM																												
BONE MARROW	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
SPLEEN	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
LYMPH NODES	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
THYMUS	-	+	-	+	A	+	-	-	+	-	-	-	-	-	+	+	+	-	+	-	+	-	+	+	+	+		
CIRCULATORY SYSTEM																												
HEART	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
DIGESTIVE SYSTEM																												
SALIVARY GLAND	-	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
LIVER HEMANGIOMA HEMANGIOSARCOMA	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
BILE DUCT	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
GALLBLADDER & COMMON BILE DUCT	N	N	+	+	A	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
PANCREAS MESOTHELIOMA, METASTATIC	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
ESOPHAGUS	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
STOMACH SQUAMOUS CELL PAPILLOMA	+	-	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
SMALL INTESTINE	+	-	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
LARGE INTESTINE HEMANGIOMA	+	-	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
RECTUM ADENOMA, NOS	+	N	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	N	+	
URINARY SYSTEM																												
KIDNEY TUBULAR-CELL ADENOMA	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
URINARY BLADDER	+	-	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
ENDOCRINE SYSTEM																												
PITUITARY	+	+	+	+	A	+	+	+	+	+	-	+	+	+	+	-	+	-	+	-	+	-	+	+	+	+		
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA NEUROBLASTOMA NEURILEMOMA	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
THYROID ADENOMA, NOS	+	-	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
PARATHYROID ADENOMA, NOS	+	-	+	+	A	+	+	+	+	+	-	+	+	+	-	-	+	+	+	+	+	+	+	-	+	+		
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
REPRODUCTIVE SYSTEM																												
MAMMARY GLAND	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
TESTIS	+	-	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
PROSTATE	+	-	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
NERVOUS SYSTEM																												
BRAIN ASTROCYTOMA	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+
MUSCULOSKELETAL SYSTEM																												
BONE OSTEOOMA	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
BODY CAVITIES																												
PERITONEUM MESOTHELIOMA, MALIGNANT	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
ALL OTHER SYSTEMS																												
MULTIPLE ORGANS NOS	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	X																											
MALIG.LYMPHOMA, HISTIOCYTIC TYPE	X																											
GRANULOCYTIC LEUKEMIA		X																										

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

TABLE E5. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
WEEKS ON STUDY	1	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
INTEGUMENTARY SYSTEM																							
SKIN	+	+	+	+	+	N	+	A	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+
SARCOMA, NOS																							
RESPIRATORY SYSTEM																							
LUNGS AND BRONCHI	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SARCOMA, NOS, METASTATIC																							
TRACHEA	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																							
BONE MARROW	+	+	+	+	+	-	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	-	+	-
LYMPH NODES	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	+	-	A	-	-	-	-	A	+	+	+	+	+	+	-	-	-	-	+	-	+	-	+
CIRCULATORY SYSTEM																							
HEART	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																							
SALIVARY GLAND	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+
LIVER	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMANGIOMA																							
HEMANGIOSARCOMA	X																						
BILE DUCT	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	+	N	N	N	N	N	N	N	N	N	N	+	N	N	N	N	+	N	N	N	N
PANCREAS	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	-	-
MESOTHELIOOMA, METASTATIC																							
ESOPHAGUS	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SQUAMOUS CELL PAPILLOMA																							
SMALL INTESTINE	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	A	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+
HEMANGIOMA	X																						
RECTUM	+	+	+	+	+	+	+	A	+	+	+	+	+	+	N	+	N	N	+	+	+	+	+
ADENOMA, NOS																							
URINARY SYSTEM																							
KIDNEY	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TUBULAR-CELL ADENOMA																							
URINARY BLADDER	+	+	A	+	+	+	+	A	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																							
PITUITARY	+	+	A	+	+	+	-	A	+	+	+	-	+	+	-	+	-	-	+	-	-	-	-
ADRENAL	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
CORTICAL ADENOMA																							
CORTICAL CARCINOMA																							
PHEOCHROMOCYTOMA	X																						
NEUROBLASTOMA																							
NEURILEMOMA																							
THYROID	+	+	+	+	+	+	+	A	+	+	-	-	+	+	+	+	+	+	+	+	+	-	+
ADENOMA, NOS	X																						
PARATHYROID	+	+	+	+	+	-	+	A	+	-	-	-	+	-	-	-	-	-	-	-	-	+	-
ADENOMA, NOS																							
PANCREATIC ISLETS	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	-	-	+
ISLET-CELL ADENOMA	X																						
REPRODUCTIVE SYSTEM																							
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TESTIS	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	+	+	+	+	+	+	+	A	+	+	-	+	+	+	+	+	+	+	-	+	+	+	+
NERVOUS SYSTEM																							
BRAIN	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ASTROCYTOMA																							
MUSCULOSKELETAL SYSTEM																							
BONE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
OSTEOMA																							
BODY CAVITIES																							
PERITONEUM	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MESOTHELIOOMA, MALIGNANT																							
ALL OTHER SYSTEMS																							
MULTIPLE ORGANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MALIG. LYMPHOMA, LYMPHOCTIC TYPE																							
MALIG. LYMPHOMA, HISTIOCYTIC TYPE																							
GRANULOCYTIC LEUKEMIA																							X

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

TABLE E5. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED)

CONTROL

ANIMAL NUMBER	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
WEEKS ON STUDY	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
INTEGUMENTARY SYSTEM																																							
SKIN SARCOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM																																							
LUNGS AND BRONCHI SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																																							
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	+	+	-	-	-	+	+	+	-	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CIRCULATORY SYSTEM																																							
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																																							
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER HEMANGIOMA HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
PANCREAS MESOTHELIOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH SQUAMOUS CELL PAPILLOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RECTUM ADENOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																																							
KIDNEY TUBULAR-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																																							
PITUITARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA NEUROBLASTOMA NEURILEMOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYROID ADENOMA, NOS	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID ADENOMA, NOS	-	-	+	-	-	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																																							
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM																																							
BRAIN ASTROCYTOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MUSCULOSKELETAL SYSTEM																																							
BONE OSTEOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
BODY CAVITIES																																							
PERITONEUM MESOTHELIOMA, MALIGNANT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
ALL OTHER SYSTEMS																																							
MULTIPLE ORGANS NOS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE GRANULOCYTIC LEUKEMIA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	

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

TABLE E5.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE HAMSTERS ADMINISTERED 1,2-DIMETHYLHYDRAZINE DIHYDROCHLORIDE (DMH) BY GAVAGE WITH AND WITHOUT INTERMEDIATE RANGE CHRYSOTILE ASBESTOS IN THE DIET

DMH

ANIMAL NUMBER	0	1	1	1	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9
WEEKS ON STUDY	0	1	0	0	0	0	0	0	0	0	0	0	1	2	0	1	0	0	0	0	0	1	0	0	0	0
	8	1	2	2	0	1	7	9	7	4	2	6	0	0	6	3	3	1	0	1	2	1	3	0	2	
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
UNDIFFERENTIATED CARCINOMA METAST.																										
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM																										
BONE MARROW	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS	-	+	+	+	+	-	+	-	-	+	+	-	-	+	-	+	+	-	+	-	+	-	-	+	-	
CIRCULATORY SYSTEM																										
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																										
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEPATOCELLULAR ADENOMA																										
HEMANGIOMA																										
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	N	+	+	N	N	+	N	N	N	N	N	N	+	+	N	N	+	+	N	+	+	+	N	N		
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ADENOMA, NOS																										
PAPILLARY ADENOMA																										
RECTUM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
FIBROSARCOMA																										
URINARY SYSTEM																										
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																										
PITUITARY	+	+	-	+	+	+	+	+	+	-	-	+	-	-	+	+	+	-	+	+	-	+	-	+	-	
CARCINOMA, NOS																										
ADRENAL	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
CORTICAL ADENOMA																										
CORTICAL CARCINOMA																										
PHEOCHROMOCYTOMA																										
THYROID	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
C-CELL ADENOMA	X																									
PARATHYROID	+	+	-	-	-	+	+	+	+	-	+	-	-	+	-	-	+	-	+	-	+	-	-	+	-	
PANCREATIC ISLETS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ISLET-CELL ADENOMA																										
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PROSTATE	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
NERVOUS SYSTEM																										
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BODY CAVITIES																										
PERITONEUM	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
FIBROSARCOMA																										
ALL OTHER SYSTEMS																										
MULTIPLE ORGANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE																										
MALIG. LYMPHOMA, HISTIOCYTIC TYPE																										

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

TABLE E5. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) DMH

ANIMAL NUMBER	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
WEEKS ON STUDY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
RESPIRATORY SYSTEM																													
LUNGS AND BRONCHI UNDIFFERENTIATED CARCINOMA METAST	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM																													
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS	-	-	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
CIRCULATORY SYSTEM																													
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																													
SALIVARY GLAND	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER HEPATOCELLULAR ADENOMA HEMANGIOMA	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	N	N	N	+	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	+	+	N	N	+	
PANCREAS	+	+	-	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE																													
LARGE INTESTINE ADENOMA, NOS PAPILLARY ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
RECTUM FIBROSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	
URINARY SYSTEM																													
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																													
PITUITARY CARCINOMA, NOS	+	-	+	+	+	+	+	+	-	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	-	+	-	+	
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYROID C-CELL ADENOMA	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PARATHYROID	+	-	+	+	+	+	+	+	+	+	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	-	+	+	
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	-	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
REPRODUCTIVE SYSTEM																													
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
NERVOUS SYSTEM																													
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BODY CAVITIES																													
PERITONEUM FIBROSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
ALL OTHER SYSTEMS																													
MULTIPLE ORGANS NOS MALIG. LYMPHOMA, LYMPHOCYTIC TYPE MALIS. LYMPHOMA, HISTIOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	

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

TABLE E5. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) DMH

ANIMAL NUMBER	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
WEEKS ON STUDY	0	0	1	0	1	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
RESPIRATORY SYSTEM																														
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
UNDIFFERENTIATED CARCINOMA METAST			X																											
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																														
BONE MARROW	+	-	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	-	+	-	+	+	-	+	+	-	+	+	-	+	-	+	+	+	-	+	+	+	-	+	-	+	-	+	-	+	-
CIRCULATORY SYSTEM																														
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																														
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	-
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEPATOCELLULAR ADENOMA																														
HEMANGIOMA																														
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	+	N	+	+	N	N	N	N	N	N	N	N	N	N	N	N	N	+	N	+	N	N	N	N	N	N	N	N	N	N
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	-	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ADENOMA, NOS																														
PAPILLARY ADENOMA																														
RECTUM	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
FIBROSARCOMA																														
URINARY SYSTEM																														
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																														
PITUITARY	+	+	+	+	+	-	+	+	+	+	+	+	-	+	-	+	-	+	-	+	+	+	+	+	+	+	+	+	+	+
CARCINOMA, NOS																														
ADRENAL	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CORTICAL ADENOMA																														
CORTICAL CARCINOMA																														
PHEOCHROMOCYTOMA																														
THYROID	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
C-CELL ADENOMA																														
PARATHYROID	+	+	+	A	+	-	+	+	+	+	+	-	+	+	+	+	+	-	+	-	-	+	-	+	-	+	-	+	-	+
PANCREATIC ISLETS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ISLET-CELL ADENOMA																														
REPRODUCTIVE SYSTEM																														
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM																														
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BODY CAVITIES																														
PERITONEUM	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
FIBROSARCOMA																														
ALL OTHER SYSTEMS																														
MULTIPLE ORGANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MALIG. LYMPHOMA, LYMPHOXYTIC TYPE																														
MALIG. LYMPHOMA, HISTIOCYTIC TYPE																														

+: TISSUE EXAMINED MICROSCOPICALLY
 -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
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 : NO TISSUE INFORMATION SUBMITTED
 C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL
 A: AUTOLYSIS
 M: ANIMAL MISSING
 B: NO NECROPSY PERFORMED

TABLE E5. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) IR CHRYSOTILE PLUS DMH

ANIMAL NUMBER	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
WEEKS ON STUDY	8	8	9	9	0	0	0	1	1	1	2	2	2	2	3	3	3	4	4	4	5	5	5	5	6	6	6	6	6	
NERVOUS SYSTEM																														
BRAIN SARCOMA, NOS	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
MUSCULOSKELETAL SYSTEM																														
MUSCLE RHABDOMYOSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
BODY CAVITIES																														
PERITONEUM FIBROSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
ALL OTHER SYSTEMS																														
MULTIPLE ORGANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE																														
MALIG. LYMPHOMA, HISTIOCYTIC TYPE																														X

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

TABLE E5. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) IR CHRYSOTILE PLUS DMH

ANIMAL NUMBER	27	27	27	28	28	28	29	29	30	30	30	31	31	31	32	32	32	33	33	33	34	34	34	35	35	35	
WEEKS ON STUDY	1	0	0	1	1	0	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
INTEGUMENTARY SYSTEM																											
SUBCUTANEOUS TISSUE FIBROSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
RESPIRATORY SYSTEM																											
LUNGS AND BRONCHI UNDIFFERENTIATED CARCINOMA METAST	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM																											
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES C-CELL CARCINOMA, METASTATIC FIBROSARCOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS	+	+	+	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CIRCULATORY SYSTEM																											
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																											
SALIVARY GLAND	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER SARCOMA, NOS HEMANGIOMA HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
PANCREAS	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH SQUAMOUS CELL PAPILLOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE PAPILLOMA, NOS FIBROSARCOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
RECTUM PAPILLARY ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY SYSTEM																											
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																											
PITUITARY CARCINOMA, NOS ADENOMA, NOS	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT NEUROBLASTOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYROID C-CELL ADENOMA C-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PARATHYROID ADENOMA, NOS	+	+	-	+	+	-	+	+	-	-	+	-	-	+	-	-	+	-	-	+	-	-	+	-	-		
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	-	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
REPRODUCTIVE SYSTEM																											
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
EPIDIDYMS ADENOMA, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	

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

TABLE E5. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) IR CHRYSOTILE PLUS DMH

ANIMAL NUMBER	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5
WEEKS ON STUDY	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	1	1
INTEGUMENTARY SYSTEM																									
SUBCUTANEOUS TISSUE FIBROSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI UNDIFFERENTIATED CARCINOMA METAST	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																									
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES C-CELL CARCINOMA, METASTATIC FIBROSARCOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	+	+	+	-	-	+	+	-	-	+	+	+	+	-	+	+	-	+	-	-	-	-	-	-	+
CIRCULATORY SYSTEM																									
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER SARCOMA, NOS HEMANGIOMA HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH SQUAMOUS CELL PAPILLOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE PAPILLOMA, NOS FIBROSARCOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RECTUM PAPILLARY ADENOMA	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+
URINARY SYSTEM																									
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																									
PITUITARY CARCINOMA, NOS ADENOMA, NOS	-	-	+	+	-	+	+	+	+	+	+	+	+	-	-	+	+	-	-	-	-	+	-	+	+
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT NEUROBLASTOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYROID C-CELL ADENOMA C-CELL CARCINOMA	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID ADENOMA, NOS	+	+	+	-	-	+	+	-	-	+	+	-	-	+	+	+	+	-	+	+	-	+	+	-	+
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																									
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
EPIDIDYMS ADENOMA, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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

TABLE E5. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) IR CHRYSOTILE PLUS DMH

ANIMAL NUMBER	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5
WEEKS ON STUDY	0	0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	1	1	1	0
NERVOUS SYSTEM																										
BRAIN SARCOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MUSCULOSKELETAL SYSTEM																										
MUSCLE RHABDOMYOSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
BODY CAVITIES																										
PERITONEUM FIBROSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS																										
MULTIPLE ORGANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE																										
MALIG. LYMPHOMA, HISTIOCYTIC TYPE	X																							X	X	

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

TABLE E5. MALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) IR CHRYSOTILE PLUS DMH

ANIMAL NUMBER	522	531	532	533	534	541	542	543	551	552	553	554	555	556	557	558	559	560	600	601	602	603	TOTAL TISSUES TUMORS	
WEEKS ON STUDY	0	0	0	1	1	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	
INTEGUMENTARY SYSTEM																								
SUBCUTANEOUS TISSUE FIBROSARCOMA																							173*	
RESPIRATORY SYSTEM																								
LUNGS AND BRONCHI UNDIFFERENTIATED CARCINOMA METAST																							173	
TRACHEA																							170	
HEMATOPOIETIC SYSTEM																								
BONE MARROW																							163	
SPLEEN																							170	
LYMPH NODES C-CELL CARCINOMA, METASTATIC FIBROSARCOMA, METASTATIC																							173	
THYMUS																							98	
CIRCULATORY SYSTEM																								
HEART																							173	
DIGESTIVE SYSTEM																								
SALIVARY GLAND																							168	
LIVER SARCOMA, NOS HEMANGIOMA HEMANGIOSARCOMA																							173	
BILE DUCT																							173	
GALLBLADDER & COMMON BILE DUCT																							173*	
PANCREAS																							167	
ESOPHAGUS																							169	
STOMACH SQUAMOUS CELL PAPILLOMA																							170	
SMALL INTESTINE																							170	
LARGE INTESTINE PAPILLOMA, NOS FIBROSARCOMA, METASTATIC																							170	
RECTUM PAPILLARY ADENOMA																							173*	
URINARY SYSTEM																								
KIDNEY																							173	
URINARY BLADDER																							173	
ENDOCRINE SYSTEM																								
PITUITARY CARCINOMA, NOS ADENOMA, NOS																							123	
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT NEUROBLASTOMA																							171	
THYROID C-CELL ADENOMA C-CELL CARCINOMA																							163	
PARATHYROID ADENOMA, NOS																							118	
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA																							167	
REPRODUCTIVE SYSTEM																								
MAMMARY GLAND																							173*	
TESTIS																							173	
PROSTATE																							165	
EPIDIDYMS ADENOMA, NOS																							173*	

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

TABLE E6. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2		
WEEKS ON STUDY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RESPIRATORY SYSTEM																																						
LUNGS AND BRONCHI	+ + + + + + + + A + + + + + + A +																																					
TRACHEA	+ + + + + + + + A + + + + + + A - +																																					
HEMATOPOIETIC SYSTEM																																						
BONE MARROW	+ + + + - + + A + + + + + + A +																																					
SPLEEN	+ + + + + + + + A + + + + + + A +																																					
LYMPH NODES	+ + + + + + + + A + + + + + + A +																																					
THYMUS	- + + + + - + A + + + + + - A - +																																					
CIRCULATORY SYSTEM																																						
HEART	+ + + + + + + + A + + + + + + A +																																					
DIGESTIVE SYSTEM																																						
SALIVARY GLAND	+ + + + + + + + A + + + + + - A + + + + + - + + + - + + + + + + + + + + + +																																					
LIVER	+ + + + + + + + A + + + + + + A +																																					
BILE DUCT PAPILOMA, NOS	+ + + + + + + + A + + + + + + A +																																					
GALLBLADDER & COMMON BILE DUCT	+ N N + N N N A N N N N N A N N N + N + + N N + N N																																					
PANCREAS	+ + + + + + + + A + + + + + + A +																																					
ESOPHAGUS	+ + + + + + + + A + + + + + + A +																																					
STOMACH	+ + + + + + + + A + + + + + + A +																																					
SMALL INTESTINE	+ + + + + + + + A + + + + + + A +																																					
LARGE INTESTINE LIPOMA	+ + + + + + + + A + + + + + + A +																																					
URINARY SYSTEM																																						
KIDNEY	+ + + + + + + + A + + + + + + A +																																					
URINARY BLADDER	+ + + + + + + + A + + + + + + A +																																					
ENDOCRINE SYSTEM																																						
PITUITARY	+ - + - - + + A + + + - + A - + + + - + - - - - - - - - - -																																					
ADRENAL CORTICAL ADENOMA	+ + + + + + + + A + + + + + + A +																																					
THYROID C-CELL CARCINOMA	+ + + + + - + A + - + + + A - + - + + + + + + + + + + + + + + + + +																																					
PARATHYROID ADENOMA, NOS	- - + + - - + A + - + - + A - + - + + + + + + + + + + + + + + + +																																					
PANCREATIC ISLETS ISLET-CELL ADENOMA	+ + + + + + + + A + + + + + + A +																																					
REPRODUCTIVE SYSTEM																																						
MAMMARY GLAND	N N N N N N N A N N N N N A N N N N N N N N N N N N N N N																																					
UTERUS PAPILLARY ADENOMA CYSTADENOMA, NOS	+ + + + + + + + A + + + + + + A +																																					
OVARY	+ + + + + + + + A + + + + + + A - +																																					
ALL OTHER SYSTEMS																																						
MULTIPLE ORGANS NOS HEMANGIOSARCOMA MALIG. LYMPHOMA, LYMPHOCYTIC TYPE LEUKEMIA, NOS	N N N N N N N A N N N N N A N N N N N N N N N N N N N N N																																					

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

TABLE E6. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	
WEEKS ON STUDY	0	9	7	5	7	4	7	4	7	9	4	1	6	8	7	5	4	7	0	0	0	0	0	0	0	0	0	0	
RESPIRATORY SYSTEM																													
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM																													
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS	+	-	+	+	+	+	+	+	-	+	-	-	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	
CIRCULATORY SYSTEM																													
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																													
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
BILE DUCT PAPILOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	+	+	+	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE																													
LARGE INTESTINE LIPOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY SYSTEM																													
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM																													
PITUITARY	+	-	-	+	+	-	-	+	+	-	+	-	-	-	+	+	-	-	+	+	-	+	+	-	+	+	+	+	
ADRENAL CORTICAL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYROID C-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PARATHYROID ADENOMA, NOS	+	+	+	+	+	-	-	+	+	-	-	-	-	+	-	+	-	-	-	+	+	+	+	+	+	+	+	+	
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
REPRODUCTIVE SYSTEM																													
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
UTERUS PAPILLARY ADENOMA CYSTADENOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
OVARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ALL OTHER SYSTEMS																													
MULTIPLE ORGANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
HEMANGIOSARCOMA																													
MALIG. LYMPHOMA, LYMPHOCYTIC TYPE																													
LEUKEMIA, NOS						X																							

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

TABLE E6. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) CONTROL

ANIMAL NUMBER	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	
WEEKS ON STUDY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
RESPIRATORY SYSTEM																														
LUNGS AND BRONCHI	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
TRACHEA	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																														
BONE MARROW	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	A	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CIRCULATORY SYSTEM																														
HEART	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																														
SALIVARY GLAND	A	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT PAPILOMA, NOS	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PANCREAS	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE LIPOMA	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																														
KIDNEY	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																														
PITUITARY	A	-	-	+	+	-	+	+	-	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ADRENAL CORTICAL ADENOMA	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYROID C-CELL CARCINOMA	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID ADENOMA, NOS	A	-	+	+	-	-	+	-	-	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																														
MAMMARY GLAND	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
UTERUS PAPILLARY ADENOMA CYSTADENOMA, NOS	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OVARY	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS																														
MULTIPLE ORGANS NOS HEMANGIOSARCOMA MALIG. LYMPHOMA, LYMPHOCYTIC TYPE LEUKEMIA, NOS	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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

TABLE E6.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE HAMSTERS ADMINISTERED
1,2-DIMETHYLHYDRAZINE DIHYDROCHLORIDE (DMH) BY GAVAGE WITH AND
WITHOUT INTERMEDIATE RANGE CHRYSOTILE ASBESTOS IN THE DIET

IR CHRYSOTILE PLUS DMH

ANIMAL NUMBER	0	1	1	1	2	2	2	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	0	0	0	0	0	0	0	0	0	0	
WEEKS ON STUDY	0	6	8	8	8	9	9	4	5	6	7	9	2	2	7	9	4	3	4	5	5	6	6	9	9	9	0	0	0	0	0	0	0	0	0	0		
RESPIRATORY SYSTEM																																						
LUNGS AND BRONCHI UNDIFFERENTIATED CARCINOMA METAST ALVEOLAR/BRONCHIOLAR CARCINOMA SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM																																						
BONE MARROW	+	+	+	+	-	+	-	+	+	+	+	+	+	-	A	+	+	-	-	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES UNDIFFERENTIATED CARCINOMA METAST SARCOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
THYMUS	+	+	+	-	+	+	-	+	+	-	+	+	+	+	A	+	+	-	+	A	-	+	-	+	-	+	+	+	+	+	+	+	+	+	+	+	+	
CIRCULATORY SYSTEM																																						
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																																						
SALIVARY GLAND	-	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
PANCREAS	-	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																																						
KIDNEY UNDIFFERENTIATED CARCINOMA METAST	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																																						
PITUITARY	+	+	+	-	+	+	-	+	+	+	+	+	+	+	A	-	+	+	+	A	+	-	+	+	-	+	+	-	+	+	+	+	+	+	+	+	+	+
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYROID	-	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	-	+	A	+	-	-	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID	-	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	-	-	+	A	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA	-	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM																																						
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
VAGINA PAPILLOMA, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
UTERUS FIBROMA LEIOMYOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
OVARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS																																						
MULTIPLE ORGANS NOS MALTG. LYMPHOMA, LYMPHOCTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		

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

TABLE E6. FEMALE HAMSTERS: TUMOR PATHOLOGY (CONTINUED) IR CHRYSOTILE PLUS DMH

ANIMAL NUMBER	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	
WEEKS ON STUDY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
RESPIRATORY SYSTEM																											
LUNGS AND BRONCHI UNDIFFERENTIATED CARCINOMA METAST ALVEOLAR/BRONCHIOLAR CARCINOMA SARCOMA, NOS, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A -
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A -
HEMATOPOIETIC SYSTEM																											
BONE MARROW	+	+	+	+	+	-	+	+	+	-	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	A +
SPLEEN HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A +
LYMPH NODES UNDIFFERENTIATED CARCINOMA METAST SARCOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A +
THYMUS	-	+	+	-	+	+	+	-	+	+	+	+	+	+	+	+	+	-	-	+	+	+	-	+	+	+	A -
CIRCULATORY SYSTEM																											
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A -
DIGESTIVE SYSTEM																											
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A -
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A +
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A +
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A N
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A -
ESOPHAGUS																											
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A +
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A +
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A +
URINARY SYSTEM																											
KIDNEY UNDIFFERENTIATED CARCINOMA METAST	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A +
URINARY BLADDER	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A -
ENDOCRINE SYSTEM																											
PITUITARY	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	A -
ADRENAL CORTICAL ADENOMA CORTICAL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A -
THYROID	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A -
PARATHYROID	-	+	+	+	+	-	-	+	-	+	+	+	+	+	+	+	-	-	-	-	+	+	+	+	+	+	A -
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A -
REPRODUCTIVE SYSTEM																											
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A N
VAGINA PAPILLOMA, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A N
UTERUS FIBROMA LEIOMYOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A -
OVARY	+	+	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A -
ALL OTHER SYSTEMS																											
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, LYMPHOCYTIC TYPE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A N

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

