NATIONAL TOXICOLOGY PROGRAM Technical Report Series No. 251



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, tosting and test development/validation efforts, and the dissemination of toxicological information to the public and scientific communities and to the research and regulatory agencies.

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

TOXICOLOGY AND CARCINOGENESIS STUDIES OF COMMERCIAL GRADE 2,4 (80%)- AND 2,6 (20%)-TOLUENE DIISOCYANATE

(CAS NO. 26471-62-5)

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

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NOTE TO THE READER

These studies are designed and conducted to characterize and evaluate the toxicologic potential, including carcinogenic activity, of selected chemicals in laboratory animals (usually two species, rats and mice). 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.

Although every effort is made to prepare the Technical Reports as accurately as possible, mistakes may occur. Readers are requested to identify any mistakes 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. Comments and questions about the National Toxicology Program Technical Reports on Toxicology and Carcinogenesis Studies should be directed to Dr. J.E. Huff, National Toxicology Program, P.O. Box 12233, Research Triangle Park, NC 27709 (919-541-3780).

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Special Note: This Technical Report was peer reviewed in public session and approved by the NTP Board of Scientific Counselors' Technical Reports Review Subcommittee on September 22, 1982 [see pages 11 and 12]. Thereafter, the NTP adopted the policy that the experimental data and laboratory records from all NTP Toxicology and Carcinogenesis Studies not yet printed and distributed would be audited. [A summary of the data audit is presented in Appendix M.] Consequently, printing and distribution of this Technical Report have been delayed and 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 supercedes all previous drafts of this report that have been distributed.

Toluene Diisocyanate

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TOXICOLOGY AND CARCINOGENESIS STUDIES OF COMMERCIAL GRADE 2,4 (80%)- AND 2,6 (20%)-TOLUENE DIISOCYANATE

MIXTURE OF



TOLUENE DIISOCYANATE

CAS NO. 26471-62-5

ABSTRACT

Groups of 50 female F344/N rats and 50 female $B6C3F_1$ mice were administered commercial grade toluene diisocyanate (80% 2,4- and 20% 2,6-) in corn oil by gavage at doses of 60 or 120 mg/kg body weight, 5 days per week for 105 or 106 weeks. Groups of 50 male F344/N rats received 30 or 60 mg/kg and groups of 50 male $B6C3F_1$ mice received 120 or 240 mg/kg on the same schedule. Dosage analyses of toluene diisocyanate indicated that the chemical had reacted in the corn oil vehicle, resulting in actual gavage concentrations 77% to 90% of theoretical values. Groups of 50 rats and 50 mice of each sex received corn oil only and served as vehicle controls.

Survival in all groups of dosed rats in the 2-year studies was shorter ($P \le 0.005$) than that of the controls; depressions in mean body weight gain relative to controls were greater than 10% in all dosed rat groups throughout most of the study. A dose-dependent pattern of cumulative toxicity began at 70 weeks and culminated in excessive mortality, indicating the estimated maximum tolerated dose had been exceeded for rats. Acute bronchopneumonia occurred at increased incidences in groups of dosed male and female rats (males: control, 2/50; low dose, 6/50; high dose, 14/50; females: 1/50, 10/50, 25/49).

Subcutaneous tissue fibromas or fibrosarcomas (combined) in male rats occurred with a positive trend (P < 0.01; 3/50, 6/50, 12/50). The incidence in the high dose group was higher than that in the controls ($P \le 0.01$). The same tumor comparisons were significant (P < 0.001) in female rats by the life table analysis. Mammary gland fibroadenomas in female rats occurred with a positive trend (P < 0.001), and the incidences in low and high dose groups were significantly higher than that in controls ($P \le 0.01$).

Pancreatic acinar cell adenomas in male rats occurred with a positive trend (P < 0.05; 1/47, 3/47, 7/49). The incidence in the high dose group was higher than that in the controls (P < 0.05).

The incidences of pancreatic islet cell adenomas in female rats were higher by the incidental tumor test $(P \le 0.01)$ in low dose (6/49) and high dose (2/47) groups than in controls (0/50). An islet cell carcinoma was also observed in a low dose female rat. The incidences of female rats with neoplastic nodules in the liver occurred with a positive trend (P < 0.05; 3/50, 8/50, 8/48), and the incidence in the high dose group was higher (P < 0.05) than that in the controls.

Survival of high dose male mice in the 2-year study was significantly shorter than that of the controls (P < 0.001). During the second year of the study, mean body weight gains of high dose male mice were less than those of the controls. Cytomegaly of kidney tubular epithelium was found in 45/48 (94%) low dose male mice and 41/50 (82%) high dose male mice but not in any of the controls.

Hemangiomas or hemangiosarcomas (combined) of the circulatory system in female mice occurred with a positive trend ($P \le 0.01$; control, 0/50; low dose, 1/50; high dose, 5/50). The incidence in the high dose group was significantly higher than that in the controls (P < 0.05).

Hepatocellular adenomas in female mice occurred with a positive trend ($P \le 0.001$; 2/50, 3/50, 12/50), and the incidence in the high dose group was higher than that in the controls (P < 0.01).

Toluene diisocyanate was mutagenic in *Salmonella typhimurium* strains TA98 and TA100 in the presence (but not the absence) of Aroclor 1254-induced male Sprague-Dawley rat or male Syrian hamster liver S9; it was not mutagenic in strains TA 1535 or 1537.

An audit of the experimental data for these 2-year toxicological and carcinogenicity studies on commercial grade 2,4- and 2,6-toluene diisocyanate was conducted. There were no data discrepancies that influenced the final interpretations.

Under the conditions of these gavage studies, commercial grade toluene diisocyanate in corn oil was carcinogenic for F344/N rats, causing subcutaneous fibromas and fibrosarcomas (combined) in males and females, pancreatic acinar cell adenomas in males, and pancreatic islet cell adenomas, neoplastic nodules of the liver, and mammary gland fibroadenomas in females. Toluene diisocyanate was not carcinogenic for male $B6C3F_1$ mice. TDI was carcinogenic for female $B6C3F_1$ mice, causing hemangiomas or hemangiosarcomas (combined), as well as hepatocellular adenomas.

CONTRIBUTORS

These carcinogenesis studies of toluene diisocyanate were conducted at Litton Bionetics, Inc. under a subcontract to Tracor Jitco, Inc., the prime contractor for the Carcinogenesis Testing Program. The 2-year studies for F344, N rats and B6C3F₁ mice were begun in December 1978 and completed in January 1981.

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SUMMARY OF PEER REVIEW COMMENTS ON THE CARCINOGENESIS STUDIES OF COMMERCIAL GRADE TOLUENE DIISOCYANATE

On 22 September 1982 this technical report on the carcinogenesis studies of commercial grade toluene diisocyanate underwent peer review by the National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee and associated Panel of Experts. This public review meeting began at 9:00 a.m. in the Conference Center, Building 101, South Campus, National Institute of Environmental Health Sciences, Research Triangle Park, North Carolina. The following precis represents the critiques made by the principal reviewers, as well as comments from and discussion by the Peer Review Panel, NTP staff, and attendees.

Dr. Elashoff, a principal reviewer, agreed with the conclusions. He noted that due to the common lethal nontumorigenic toxicity, the life table and incidental tumor tests were the appropriate statistical analyses. As a second principal reviewer, Dr. Mirer said the conclusions were appropriate. He criticized the storage of gavage solutions at room temperature in view of the reactivity of TDI with corn oil. He said the compound and dose related toxicity indicated the doses may have been too high in rats yet this did not compromise the conclusions.

As a third principal reviewer, Dr. Holland accepted the report as written. He commented that the interpretation of these studies was complicated by the instability of the material in contact with water, as would occur in the gastrointestinal tract. However, since similar degradation would occur if exposure were by the respiratory route, the data were, in his opinion, a valid representation of TDI tumorigenicity. Dr. M. Dieter, NTP, said the corn oil was not anhydrous or kept in a desiccator, and degradation rates of TDI would be given in the report.

In discussion from the floor, Dr. L. Rampy, Dow Chemical Company and representing the International Isocyanate Institute, reiterated and added to comments sent to the review panel and NTP staff prior to the meeting. First, since the occupational route of exposure to TDI was mainly inhalation, he said the gavage route was improper because toxicity, spectrum of metabolites, and other factors would likely differ between the routes. He opined that TDI would be converted after oral dosing to toluene diamine, a known animal carcinogen. He requested that the report be deferred.

Dr. Swenberg stated the study should have been stopped at one year due to excessive mortality and chemically associated toxicity. He said that bronchial pneumonia may have been a cause of the animals dying early. Dr. Holland said the effect of reducing a sample size in a positive study is of less overall concern than the effect of reducing sample size in the case of a negative study. Dr. Elashoff noted that, in the case of TDI, despite reduction of power and sensitivity due to early mortality, the tumorigenic effects were such that there was significance both in trend tests and pairwise comparisons at a number of target sites.

Dr. Scala requested that statements be added about exceeding the maximum tolerated dose in rats, and possibly in male mice. Dr. Mirer asked that there be in the abstract a comment about the reactivity of TDI with corn oil.

Dr. Elashoff moved that the report on the carcinogenesis studies of toluene diisocyanate be accepted conditional on the revisions, written and discussed. Dr. Holland seconded the motion and the technical report was approved by the Peer Review Panel (nine affirmative votes and one abstention; Dr. Schwetz).

Toluene Diisocyanate

I. INTRODUCTION



MIXTURE OF

TOLUENE DIISOCYANATE

CAS NO. 26471-62-5

Toluene diisocyanate (TDI) is commercially produced as an approximate 80:20 mixture of the 2,4- and 2,6-isomers. In 1980, 580,000 pounds of this chemical were produced in the United States, primarily for use in the manufacture of flexible polyurethane foams (USITC, 1981). These foam elastomers are found in furniture and automobile cushions, carpet underlays, pillow filling, mattresses. insulation, shoes, purses, and toys (Kirk-Othmer, 1970). TDI is also used to produce polyurethane coatings for lacquers and wood finishes (1ARC, 1979).

TDI reacts readily with polyols, water, urea, urethanes, amines, and other basic compounds (E.I. DuPont, 1969; Ehrlicher, 1974). Concentrations as high as 10 ppm TDI have been measured in the air above urethane foams during their production (Buist, 1970). The maximum allowable 8-hour time weighted average concentration of 2,4-toluene diisocyanate to which workers can be exposed is 0.02 ppm (U.S. CFR, 1974).

The oral LD50 value for TD1 in rats is 5.8 g/kg body weight (Zapp, 1957), and the LC50 values for rats and mice are 14 and 10 ppm, respectively (Duncan, 1962).

Skin, eye, and respiratory tract irritation has been reported in both humans and rats exposed to TDl in air (Union Carbide, 1976; Patty, 1963). Hypersensitivity to TDl, manifested as an asthma-like response, has been reported in workers exposed to the chemical (Parkes, 1970; Taylor, 1970; Sangha and Alarie, 1979), and a 10-hour TWA exposure concentration of 5 ppb TDI has been recommended for workplace air (NIOSH, 1979).

Toluene 2,6-diisocyanate (2,6-TDI) is unstable in hydroxylic solvents and reacts even more rapidly with primary and secondary amines. At very low concentrations in water, it hydrolyzes stepwise to first form 2-amino-6-isocyanatotoluene, then 2,6-diaminotoluene. At higher concentrations, poly-ureas are formed by the reaction of amino groups of the hydrolysis products with the isocyanate. In an aqueous suspension of stomach contents the half-life of 2,6-TDI was less than 2 minutes. The half-life of 2,6-TDI in serum was less than 30 seconds (RTI, 1985).

When 2,6-TDI was given orally to 11 adult male Fischer 344 rats in corn oil, most of the 2,6-TDI formed polymers in the gastrointestinal tract (RTI, 1985). At doses of 900 mg/kg body weight, the 2,6-TDI usually polymerized and lined the stomach, slowing or preventing the migration of food into the intestines. In these cases, the stomachs became greatly distended. At doses of 60 mg/kg body weight, these results were not observed.

I. INTRODUCTION

Most 2.6-TDI-derived materials were excreted in feces or were found in the gastrointestinal tract 72 hours after dosing. Excretion in breath was insignificant. Approximately 2.5 times as much 2.6-TDI-derived materials were excreted in urine after a 60 mg/kg oral dose (12%) than after a 900 mg/kg dose (5%). More than half of the xenobiotic related material excreted in urine was 2.6bis(acetylamino)toluene. Increased urinary excretion of metabolites of 2,6-TDI with decreasing dosage is consistent with the lower concentration of 2,6-TDI in the stomach permitting increasing amounts of the 2,6-TDI to be hydrolyzed completely to monomeric 2,6diaminotoluene rather than forming polymers. The 2,6-diaminotoluene could then be absorbed, acetylated, and excreted in urine. 2,6-TDIderived materials were not concentrated in any tissues (RTI, 1985).

Both 2,4- and 2,6-diaminotoluene were mutagenic in Salmonella typhimurium TA1538 (Dybing and Thorgeirsson, 1977; Andersen et al., 1980). Although 2,4-toluene diisocyanate was reported as not mutagenic in S. typhimurium TA1535, TA1538, TA98, and TA100, with or without metabolic activation with S-9 preparation from Aroclor 1254-induced Sprague-Dawley rats (Anderson and Styles, 1978), an 80:20 mixture of 2,4- and 2,6-toluene diisocyanate was mutagenic in a narrow dose range in S. typhimurium TA100, TA98, and TA1538 after metabolic activation with rat liver S-9 preparation from phenobarbital-induced rats (Andersen et al., 1980). Differences in the results from the two studies are probably due to differences in the test conditions. Using the micronucleus mutagenesis test procedure, Loeser (1983) observed no mutagenic responses in groups of five male or female Sprague-Dawley rats or CD-1 mice exposed to TDI vapors at doses of 0, 0.05, or 0.15 ppm (v/v) 6 hr/day, 5 days/wk for 4 weeks.

Both 2,6-TDI and a mixture of 2,4- and 2,6-TDI were mutagenic in Salmonella typhimurium strains TA98 and TA100 in the presence but not the absence of metabolic activation provided by 9000 \times g liver supernatant (S-9) fractions from Aroclor 1254-induced male Sprague-Dawley rats or Syrian golden hamsters (Appendix L). Toluene diisocyanate was not mutagenic in S. typhimurium strains TA1535 or TA1537 with or without metabolic activation.

No evidence of 2,4-/2,6-TDl (80/20)-associated benign or malignant lesions was reported by Loeser (1983) following vapor exposure of male and female Sprague-Dawley rats and CD-1 mice to 0, 0.05, or 0.15 ppm (6 hr/day, 5 days/wk) for approximately two years.

A commercial TD1 mixture was tested since a large number of workers (approximately 40,000) are potentially exposed to these isomers and because no long-term studies were available.

Toluene Diisocyanate

II. MATERIALS AND METHODS

CHEMICAL ANALYSES

DOSE PREPARATION

SHORT-TERM STUDIES

SINGLE-DOSE STUDIES

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES

TWO-YEAR STUDIES

Study Design Source and Specifications of Test Animals Animal Maintenance Clinical Examinations and Pathology Data Recording and Statistical Methods

CHEMICAL ANALYSES

Toluene diisocyanate (Hylene®) was obtained in two lots from E.I. duPont de Nemours and Co. (Wilmington, DE). Lot no. 228 was used for the single-dose, 14-day, and 13-week studies and for the first 14 months of the 2-year studies. Lot no. 414417 was obtained to complete the 2-year studies.

Purity and identity analyses were conducted on both lots at Midwest Research Institute (Appendix G). The results of elemental analyses of lot 228 for carbon, hydrogen, and nitrogen and of lot 414417 for carbon and hydrogen agreed with the theoretical values. The results for nitrogen in lot 414417 were slightly high. When both lots were analyzed in comparable systems by vapor-phase chromatography, lot 228 was found to contain six trace impurities, each with an area of less than 0.02% of the major peak, while lot 414417 contained only two of these impurities (both totalling 0.2% of the major peak). Lot 414417 still exhibited only two impurities when analyzed in a second system. The infrared, ultraviolet, and nuclear magnetic resonance spectra for both lots were consistent with the literature spectra and with each other, Comparison of the integration ratios of the nuclear magnetic resonance for the protons on the 2,4-and 2,6-isomers indicated that lot 228 consisted of approximately 80% of the 2.4- and 20% of the 2,6-isomers, and lot 41447 was approximately 85% of the 2,4- and 15% of the 2,6-isomers.

As a part of the initial stability analysis of gavage solutions, Midwest Research Institute determined that TDI reacted very rapidly with water — approximately 20% remained less than 15 minutes after the aqueous solution was prepared (MRI Report, August 7, 1975). Campbell et al., (1975 and 1976) have reported that, upon reaction with water, TDI forms a disubstituted urea, N,N'-bis(3-isocyanato-4-methylphenyl) urea (Figure 1). This material is insoluble in TDI and precipitates, thereby inhibiting further reaction to form polymers (Figure 2). If TDI is warmed to increase the solubility of this disubstituted urea, the relative amount of the polymers can be increased. It was therefore important that TDI be stored in a dry environment.

Lot 228 was initially received at the bioassay laboratory in two 10-pound metal cans. Storage conditions were varied over the course of its use in an attempt to determine the most suitable conditions. These storage conditions may have contributed to the cloudy appearance in the first can. The cloudiness was first noticed in March 1979 (the 2-year studies began in December 1978), and the testing laboratory was directed to use the second can. Use of the second can began in July 1979, and this too was found to be cloudy. Analysis of this material by Midwest Research Institute (Appendix H) indicated that the sample contained approximately 0.5% (w/w) of a nonvolatile material dissolved in the bulk liquid.

The isolated dried precipitate was analyzed by mass spectrometry and was determined to be the urea (Figure 1) and its polymeric analogs (Figure 2). Quantitation of the precipitated material indicated that there was 0.3% (w/w) of this precipitate suspended in the bulk liquid. Since these materials may be formed once the TDI reaches the stomach of the animal, this small amount was



Figure 1. Structure of N,N'-Bis(3-isocyanato-4-methylphenyl)Urea

II. MATERIALS AND METHODS: DOSE PREPARATION



Figure 2. Polymeric Analog of N,N'-Bis(3-isocyanato-4-methylphenyl)Urea

not considered to be a serious problem. However, a new lot of the chemical (414417) was procured and placed on test after being analyzed and found to be suitable (May 1980). No evidence of any polymer was detected in this lot over the 10-month period that it was used and stored in a desiccator at the testing laboratory. Analysis by infrared spectrometry and vaporphase chromatography (using the same system used for lot 228) indicated no change in the purity of the bulk chemical liquid, despite the presence of the precipitate in lot 228.

DOSE PREPARATION

TDI was administered by gavage because the chemical is unstable in water or in feed. Doses were prepared by weighing appropriate amounts of TDI and mixing them with enough corn oil of normal moisture content (0.05%) to give the desired concentrations. (The stability of TDI in corn oil and the results of analysis of the corn oil for moisture are presented in Appendixes I and J.) All glassware was oven dried and stored in a dessicator until used. Gavage solutions were stored at room temperature outside of a desiccator.

The concentration of TDI in the corn oil formulations was analyzed periodically at the bioassay laboratory (Appendix K). Since TDI corn oil formulations were used for no more than 7 days, only those analyses performed during this time period are presented in Table K1. According to the MRI report (Appendix 1), the animals could have received 77-90% of the target dose at the end of the dosing period (7 days after preparation). The results from the bioassay laboratory indicate the importance of glassware preparation and sample handling, since the results did not always parallel those predicted by the MRI stability study.

On the average, the groups of animals that received 9, 18, 36, or 72 mg/ml formulations received approximately 77%, 82%, 90%, or 84% of the target doses, respectively. When doses in the 2-year study are examined in terms of the milligrams of TDI administered per kilogram of body weight, the following estimated doses can be calculated:

	Rats			Mice		
	Ma	ales	Fen	nales	Males	Females
Target dose (mg/kg)	30	60	60	120	120 240	60 120
Estimated dose (mg/kg)	23	49	49	108	108 202	49 108

SINGLE-DOSE STUDIES

Male and female F344/N rats and $B6C3F_1$ mice (C57BL/6N×C3H/HeN MTV-) were obtained from Frederick Cancer Research Center, quarantined, and held for approximately 6 weeks before the test began. Animals were approximately 10 weeks old when placed on study.

Groups of five rats of each sex were administered a single dose of TDI (2,150, 3,160, 4,640, 6,810, 10,000, or 14,700 mg/kg body weight) in corn oil by gavage, and groups of five mice of each sex received doses of 2,150 (males only), 3,160, 4,640, 6,810, or 10,000 mg/ kg by the same route. No controls were used. All animals were observed for mortality for 14 days; observations were made every 30 minutes for the first 8 hours and then daily for the rest of the study.

Rats were housed two or three per cage and mice were housed five per cage. Animals received water and feed *ad libitum* during the observation period. Details of animal maintenance are presented in Table 1. Necropsies were performed on all animals.

FOURTEEN-DAY STUDIES

Male and female F344/N rats and $B6C3F_1$ mice were obtained from Frederick Cancer Research Center and held for 2 to 3 weeks before the study began. Animals were 6 to 7 weeks old when placed on study.

Two studies were conducted. In the first, groups of five rats and mice of each sex were administered TDI in corn oil at doses of 0, 500, 1,000, 2,000, 3,000, or 4,000 mg/kg for 14 consecutive days. Similar groups of rats and mice in

the second study received doses of 0, 30, 60, 120, 240, or 500 mg/kg on the same schedule.

Rats were housed two to three per cage and mice five per cage and received water and feed *ad libitum*. Details of animal maintenance are presented in Table 1.

Rats and mice were observed daily for mortality and were weighed on days 0, 7, and 14. Necropsies were performed on all animals.

THIRTEEN-WEEK STUDIES

Two 13-week studies were conducted to evaluate the cumulative toxicity of TDI and to determine the doses to be used in the 2-year studies.

Three-to-four-week-old male and female F344 rats and $B6C3F_1$ mice were obtained from Frederick Cancer Research Center for the first study and from Charles River Breeding Laboratories for the second study. Animals on the first study were held for 12 days, randomized by weight, and then assigned to test groups so that average cage weights were approximately equal for all animals of the same sex and species. Rats were 6 weeks old and mice 5 weeks old when placed on study. For the second study, rats were held 8 weeks and mice 5 weeks before the test began; the animals were 12 and 9 weeks old, respectively, when placed on study. Rats and mice were housed five per cage in polycarbonate cages (Table 1). They received Purina® Lab meal and water in bottles (acidified to pH 2.5 for bacterial control) ad libitum.

In the first study, groups of 10 rats of each sex received TD1 in corn oil by gavage at doses of 0, 7, 15, 30, 60, 120, or 240 mg/kg body weight, 5 days per week for 13 weeks, and groups of 10 mice of each sex received doses of 0, 6, 12, 25, 50, or 100 mg kg on the same schedule. Rats and mice in the second study were administered TD1 at doses of 0, 15, 30, 60, 120, or 240 mg kg.

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

At the end of the 91-day study, survivors were killed, and necropsies were performed on animals that survived to the end of the study and on all animals found dead, unless precluded in whole or in part by autolysis or cannibalization. Thus, the number of animals from which particular organs or tissues were examined microscopically varies and does not necessarily represent the number of animals that were placed on study in each group. The following specimens were examined histopathologically for control and high dose groups: gross lesions, tissue masses, abnormal lymph nodes, skin, mandibular lymph nodes, mammary gland, salivary gland, thigh muscle, sciatic nerve, bone marrow, costochondral junction (rib), thymus, larynx, trachea, lungs and bronchi, heart, thyroid, parathyroid, esophagus, stomach, duodenum, jejunum, ileum, colon, mesenteric lymph nodes, liver, gallbladder (mice), pancreas, spleen, kidneys, adrenals, bladder, seminal vesicles/prostate/ testes or ovaries/uterus, nasal cavity, brain, pituitary, and spinal cord. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin.

TWO-YEAR STUDIES

Study Design

Groups of 50 male rats received TDI in corn oil by gavage at doses of 0, 30, or 60 mg/kg body weight; groups of 50 male mice received 0, 120, or 240 mg/kg; groups of 50 female rats and 50 female mice received 0, 60, or 120 mg/kg. Doses were administered 5 days per week for 106 weeks (rats) or 105 weeks (mice).

Additional groups of 50 rats and 50 mice of each sex were started as untreated controls but were subsequently sacrificed at 87 weeks.

Source and Specifications of Test Animals

Six-week-old male and female F344/N rats and B6C3F₁ mice were obtained from Harlan Industries, observed for 6 weeks, and then assigned to cages according to a table of random numbers. The cages were then assigned to control and dosed groups according to another table of random numbers. Rats and mice were 12 weeks old when placed on study.

Animal Maintenance

Rats and mice were housed five per cage in polycarbonate cages covered with nonwoven filter sheets (Table 1). Racks and filters were changed once every 2 weeks. Cages, bedding, and glass water bottles (equipped with stainless steel sipper tubes) were replaced twice per week. Tap water (acidified to pH 2.5 for bacterial control) and feed were available *ad libitum*. The temperature in the animal rooms was 20°-26°C and the humidity was 20%-78%. Twelve to 15 changes of room air per hour were provided. Fluorescent lighting provided illumination 12 hours per day.

Clinical Examinations and Pathology

All animals were observed twice daily for mortality and morbidity. Clinical signs and the results of palpations were recorded every 4 weeks. Body weights were recorded once per week for the first 13 weeks and then monthly thereafter. The mean body weight of each group was calculated by dividing the total weight of all animals in the group by the number of surviving animals in the group. Moribund animals and animals that survived to the end of the study were killed with carbon dioxide and necropsied.

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

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

The classification of neoplastic nodules was done according to the recommendations of Squire and Levitt (1975) and the National Academy of Sciences (1980).

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

Data Recording and Statistical Methods

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

Probabilities of survival were estimated by the product-limit procedure of Kaplan and Meier (1958) and are presented in this report in the form of graphs. All animals dying of accidents or found to be missing were statistically censored from the survival analysis at the time of death. Statistical analyses for a possible dose-related effect on survival used the method of Cox (1972) for testing two groups for equality and Tarone's (1975) extensions of Cox's methods for testing for a dose-related trend. All reported P values for the survival analysis are two-sided.

The incidence of neoplastic or nonneoplastic lesions has been given as the ratio of the number of animals bearing such lesions at a specific anatomic site to the number of animals in which that site was examined. In most instances, the denominators included only those animals for which that site was examined histologically. However, when macroscopic examination was required to detect lesions (e.g., skin or mammary tumors) prior to histologic sampling, or when lesions could have appeared at multiple sites (e.g., lymphomas), the denominators consist of the numbers of animals necropsied.

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

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

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

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

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

	Single-Dose Studies	14-Day Studies	13-Week Studies	2-Year Studies
Experimental Design			99 - La Jan Jan Jan Jan Jan Jan Jan Jan Jan Ja	1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -
Size of Test Groups	5 males and 5 females of each species	5 males and 5 females of each species	10 males and 10 females of each species	50 males and 50 females of each species
Doses	Rats: males and females 2,150, 3,160, 4,640, 6,810, 10,000 or 14,700 mg/kg body weight toluene diisocyanate in corn oil	Rats: 1st study: 0, 500, 1,000, 2,000, 3,000, or 4,000 mg/kg; 2nd study: 0, 30, 60, 120, 240, or 500 mg/kg body weight toluene diisocyanate in corn oil	Rats: males and females— 1st study: 0, 7, 15, 30, 60, 120, or 240 mg/kg body weight toluene diisocyanate in corn oil; 2nd study: 0, 15, 30, 60, 120, or 240 mg/kg body weight toluene diisocyanate in corn oil	Rats: males: 0, 30, or 60 mg/kg body weight; females: 0, 60, or 120 mg/kg body weight toluene diisocyanate in corn oil
	Mice: males: 2,150, 3,160, 4,640, 6,810, or 10,000 mg/kg; females: 3,160, 4,640, 6,810, or 10,000 mg/kg body weight toluene diisocyanate in corn oil	Mice: 1st study: 0, 500, 1,000, 2,000, 3,000, or 4,000 mg/kg toluene diisocyanate in corn oil; 2nd study: 0, 30, 60, 120, 240, or 500 mg/kg	Mice: males and females lst study: 0, 6, 12, 25, 50, or 100 mg/kg body weight toluene diisocyanate in corn oil; 2nd study: 0, 15, 30, 60, 120, or 240 mg/kg body weight TD1 in corn oil.	Mice: males: 0, 120 or 240 mg/kg body weight; females: 0, 60, or 120 mg/kg body weight toluene diisocyanate in corn oil.
Duration of Dosing	Single dose	Daily for 14 days	Five days per week for 13 weeks	Five days per week for 106 weeks (rats) or 105 weeks (mice)
Type and Frequency of Observation	Observed for mortality every 1/2 hour for first 8 hrs and then daily	Observed daily for mortality and morbidity	Observed twice daily for mortality and morbidity; weighed weekly	Observed twice daily for mortality and morbidity; clinical signs taken and palpation done every 4 weeks; weighed once per week for 13 weeks, then monthly
Necropsy and Histologic Examination	Necropsies were performed on all animals	Necropsies were performed on all animals	Necropsies were performed on all animals; histopatho- logic examinations performed on control and high-dose groups	Necropsies and histopathologic examinations were performed on all animal

TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS

	Single-Dose Studies	14-Day Studies	13-Week Studies	2-Year Studies
Animals and Animal Mainter	nance			
Species	ecies F344/N rats; F344/N rats; B6C3F1 mice B6C3F1 mice		F344/N rats; B6C3F1 mice	F344/N rats; B6C3F1 mice
Animal Source	Frederick Cancer Research Center (Frederick MD)	Frederick Cancer Research Center	Ist study: Frederick Cancer Research Center 2nd study: Charles River Breeding Laboratories (Wilmington, DE)	Harlan Industries, Inc. (Indianapolis, IN)
Fime Held Before Start of Test	6 weeks	1st study: 3 weeks 2nd study: 2 weeks	1st study: 12 days 2nd study: rats: 8 weeks; mice: 5 weeks	Rats: 6 weeks Mice: 6 weeks
Age When Placed on Study	10 weeks	lst study: 7 weeks 2nd study: 6 weeks	lst study: rats: 6 weeks; mice: 5 weeks 2nd study: rats: 12 weeks mice: 9 weeks	Rats: 12 weeks Mice: 12 weeks
Age When Killed	12 weeks	1st study: 9 weeks 2nd study: 8 weeks	1st study: rats: 19 weeks mice: 18 weeks 2nd study: rats: 25 weeks mice: 22 weeks	119 weeks
Method of Animal Distribution			Animals were randomized by weight	Animals assigned to groups according to a series of computer- generated random numbers
Feed	Purina [®] Laboratory Chow (ground), Ralston Purina Co. (St. Louis, MO); provided <i>ad libitum</i>	Same as single-dose study	Same as single-dose study	Same as single-dose study but supplied pellets
Bedding	Ab-sorb-dri® hard- wood chips Lab Products, Inc (Garfield, NJ)	Same as single-dose study	Same as single-dose study	Same as single-dose study
Water	Tab water acidified to pH 2.5 provided by water bottles <i>ad libitum</i>	Same as single-dose study	Same as single-dose study	Same as single dose study

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

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

	Single-Dose Studies	14-Day Studies	13-Week Studies	2-Year Studies
Animals and Animal Mainter	nance			a sister - and and
Cages	Polycarbonate Lab Próducts, Inc. Garfield, NJ)	Polycarbonate	Polycarbonate	Polycarbonate
Cage Filters	-	-	Non-woven polyester	Non-woven polyester filter paper, Snow Filtration Co. (Cincinnati, OH)
Animals Per Cage	Rats: 2-3 per cage; Mice: 5 per cage	Rats: 2-3 per cage; Mice: 5 per cage	5 per cage	5 per cage
Animal-Room Environment		_	22° to 25°C; 30%-70% relative humidity	20° to 26°C; 20%-78% relative humidity; 12-15 room air changes per hour; 12 hours per day fluorescent light
Other Chemicals on Test in Same Room	Rats: diallyl phthalate, 2,6-dichloro- p-phenylenediamine, caprolactam; Mice: diallyl phthalate, 2,6-dichloro-p-phenylene- diamine, caprolactam	Diphenyl methane diisocyanate	None	None
Chemical/Vehicle Mixture				
Preparation	Toluene diisocyanate was dissolved in corn oil at a concentration of 500 mg/ml	Toluene diisocyanate was dissolved in corn oil at a concentration of 250 mg/ml for the 1st study and 45 mg/ml for the 2nd study	Toluene diisocyanate was dissolved in corn oil at concentrations of 16 or 32 mg/ml	Toluene diisocyanate was dissolved in corn oil at concentrations of 9, 18, 36, or 72 mg/ml
Maximum Storage Time	Prepared within 2 hours of dosing	Prepared within 2 hours of dosing	Prepared daily	l week
Storage Conditions	-	-	-	Room temperature

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III. RESULTS

RATS

SINGLE-DOSE STUDIES

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES

TWO-YEAR STUDIES Body Weights and Clinical Signs Survival Pathology and Statistical Analyses of Results

MICE

SINGLE-DOSE STUDIES

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES

TWO-YEAR STUDIES

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

III. RESULTS: RATS—SINGLE-DOSE STUDIES

SINGLE-DOSE STUDIES

Mortality was proportional to the dose of TDI administered (Table 2). Loss in mean body weight was greater than 10 g in all groups of dosed males. In rats receiving 10,000 or 14,700 mg/kg, death was preceded by labored breathing, inactivity, and diarrhea. White, crystalline material was found in the stomach and dark red lungs were observed at necropsy; these findings were dose related.

FOURTEEN-DAY STUDIES

Two 14-day studies were conducted because the initial study resulted in excessive mortality in all dosed groups (Table 3). Dose levels for the second 14-day study were an order of magnitude less than those in the original study; few animals died and deaths were not dose related. Mean body weight relative to controls was depressed by more than 10% in male rats administered doses of 120 mg/kg or more and female rats administered 500 mg/kg.

Dose	Survival (a)	Mean Body Weights (grams)				
(mg/kg)	(Day of Death)	Initial	Final	Change		
MALES						
2,150	3/5 (5,9)	272	260	-12		
3,160	2/5 (1,3,14)	264	244	-20		
4,640	3/5 (2,10)	238	214	-24		
6,810	3/5 (4,5)	222	204	-18		
10,000	0/5 (1,1,1,2,2)	263				
14,700	0/5 (2,2,2,2,2)	241	_	—		
FEMALES						
2,150	5/5	162	165	+ 3		
3,160	3/5 (3,3)	163	161	- 2		
4,640	3/5 (2,2)	150	144	- 6		
6,810	0/5 (2,2,3,4,4)	150	_			
10,000	1/5 (3,3,3,3)	157	133	-24		
14,700	0/5 (1,2,2,2,2)	144	-	_		

TABLE 2. SURVIVAL AND MEAN BODY WEIGHTS OF RATS ADMINISTERED A SINGLE DOSE OFTOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

(a) Number surviving/number per group

Ð		Mea	Final Body Weigh Relative to		
Dose (mg/kg)	Survival (a) – (Day of Death)	Initial	Final	Change	 Controls (b) (Percent)
	ala da forma na sugar di na cili anno na su n	FI	RST STUDY		
MALES					
0	4 5 (11)	120	174	+54	
500	2 5 (1,2,9)	119	131	+12	-25
1,000	1 5 (1.1.7.10)	120	164	+44	- 6
2.000	0 5 (2,2,3,3,5)	120			
3,000	0 5 (2,3,4,6,6)	119			
4.000	0 5 (2,2,3,3,4)	119		_	
FEMALES					
0	55	99	126	+27	
500	3 5 (8.9)	99	111	+12	-12
1,000	1 5 (2,6,6,9)	98	98	0	-22
2,000	1 5 (2.2.2.3)	99	100	+ 1	-21
3,000	0/5 (2.2.4.5.6)	99			
4,000	0/5 (3,3,3,4,6)	99		6.9×6.	-
		SEC	COND STUDY		
MALES					
0	5 5	97	163	+66	
30	4/5 (10)	97	158	+61	- 3
60	5,5	97	156	+59	- 4
120	5/5	98	144	+46	-12
240	4/5 (5)	97	126	+29	-23
500	5/5	97	106	+ 9	-35
FEMALES					
0	5/5	87	126	+39	_
30	4/5 (3)	87	125	+38	- 1
60	5,5	87	119	+32	- 6
120	5/5	87	119	+32	- 6
240	4/5 (7)	87	120	+33	- 5
500	4/5 (4)	86	105	+19	-17

TABLE 3. SURVIVAL AND MEAN BODY WEIGHTS OF RATS ADMINISTERED TOLUENEDIISOCYANATE IN CORN OIL BY GAVAGE FOR 14 DAYS

(a) Number surviving/number per group

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

Weight (Dosed Group) - Weight (Control Group)

Weight (Control Group)

× 100

THIRTEEN-WEEK STUDIES

Two 13-week studies were conducted. In the initial study, additional groups were started at doses of 0, 120, and 240 mg/kg when no weight gain depression was observed in the original test groups after 60 days on study (Table 4). Since the patterns of mortality between the two 120 mg/kg groups were inconsistent and there was no dose-response relationship when 240 mg/kg was administered, the second 13-week study was conducted.

In the second study, only one death (a female receiving 240 mg/kg) was considered to be compound related (Table 4). Mean body weight, relative to controls, was depressed by 10% or more in male rats receiving 120 or 240 mg/kg; weight gain was not depressed in female rats. Mucoid bronchopneumonia was mild to moderate in 8/10 males that received 240 mg/kg, moderate to

severe in 2/10 females administered 240 mg/kg, and moderate in 1/2 males that received 120 mg/kg and died before the end of the study. The accumulation of mucoid material in bronchioles was referred to as "mucoid bronchopneumonia," even though this lesion was not entirely inflammatory. The less severe lesions consisted of mucoid material and a few plump macrophages that were assumed to have originated as alveolar macrophages. The more pronounced lesions had more neutrophils.

Doses of 30 and 60 mg/kg were selected for males and doses of 60 and 120 mg/kg were selected for females in the 2-year study because depression in mean body weight gain and mucoid bronchopneumonia had been observed at higher doses.

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of dosed rats were lower than those for the controls after week 10 in males and week 20 in females. The depressions in mean body weight gains were dose related (Table 5 and Figure 3). No other compound-related clinical signs were observed.

Survival

Estimates of the probabilities of survival of male and female rats administered TDI in corn oil at the doses used in these studies, and those of the controls, are shown by the Kaplan and Meier curves in Figure 4. In male rats, the survival of animals in the two dosed groups was significantly shorter than that of the controls (P<0.001). In females, the survival in each dosed group was significantly shorter than that in the controls (high dose, P<0.001; low dose, P=0.005), and the survival in the high dose group was significantly shorter than that in the low dose group (P=0.001). One control, six low dose, and three high dose males and one high dose female and five low dose females were accidentally killed and were censored from the statistical analysis of survival.

In male rats, 36/50 (72%) of the controls, 14/50 (28%) of the low dose, and 8/50 (16%) of the high dose group lived to the end of the study at 108 weeks. In female rats, 36/50 (72%) of the controls, 19/50 (38%) of the low dose, and 6/50(12%) of the high dose group lived to the end of the study at 108 weeks. The survival data included one control male and one high dose female that died during the termination period of the study. For statistical purposes, these animals are considered to have been killed at the end of the study. Because of the reduced survival in dosed male and female rats, the statistical procedures that adjust for intercurrent mortality (life table and incidental tumor tests) were regarded as more meaningful than the "unadjusted" analyses in the evaluation of tumor incidence data in these groups.

		Me	Final Body Weights Relative to				
Dose (mg/kg)	Survival (a) – (Week of Death)	Initial Final (d) Cha			—— Controls (b) (Percent)		
		F	IRST STUDY				
MALES				. *	• •		
0	10/10	110	288	+178			
7	9/10 (8)	111	283	+172	- 2		
15	10/10	112	284	+172	- 1		
30	7/10 (1,2,7)	112	277	+165	- 4		
60	8/10 (6,6)	108	270	+165	- 6		
120		108	249	+102	-14		
	7/10 (6,6,7)	99			-14		
0 (c)	10/10		288	+189			
120 (c)	9/10 (12)	99	276	+177	- 4		
240 (c)	7/10 (10,13,13)	99	237	+138	-18		
FEMALES							
0	10/10	96	190	+ 94			
7	9/10 (7)	95	190	+ 95	0		
15	9/10 (7)	96	184	+ 88	- 3		
30	7/10 (1,1,5)	95	181	+ 86	- 5		
60	7/10 (2,5,5)	96	177	+ 81	- 7		
120	6/10 (1,1,6,6)	96	172	+ 76	- 9		
0 (c)	10/10	81	185	+104			
120 (c)	10/10	82	175	+ 93	- 5		
240 (c)	10/10	81	155	+ 74	-16		
		SE	COND STUDY	,			
MALES							
0	10/10	189	317	+128			
15	10/10	178	315	+137	- 1		
30	10/10	185	316	+131	0		
60	9/10 (7)	172	312	+140	- 2		
120	8/10 (8,9)	177	283	+106	-11		
240	10/10	182	278	+ 92	-12		
FEMALES							
0	10/10	150	198	+ 48			
15	10/10	144	193	+ 49	- 3		
30	10/10	147	193	+ 46	- 3		
60	10/10	148	198	+ 50	. 0		
120	10/10	149	192	. + 43	- 3		
240	9/10(7)	152	189	+ 37	- 5		

TABLE 4. SURVIVAL AND MEAN BODY WEIGHTS OF RATS ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE FOR 13 WEEKS

(a) Number surviving number per group

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

Weight (Dosed Group) - Weight (Control Group)

(c) Started 2 months after other group

(d) Weight at day 84

× 100

Weight (Control Group)

Week	Vehicle Control		Low Dose			High Dose					
on Study	Av. WL (grams)	No. of Survivors	Av. Wt. (grams)	WL (percent No. of of veh controls) Survivors		Av. Wt. (grams)	WL (percent No. of				
MALE											
٥	184	50	182	99	50	198	109	50			
1	200 211	50 50	190 210	95 100	50 50	200 212	100 100	50 50			
S	224	50	227	101	50	228	102	49			
4 5	240 232	50 50	240 238	100 103	50 48	239 237	100 102	48 48			
6	253	50 50	249	96	48	256	101	47			
7	263	50	260	99	47	268	102	47			
8.9	272 288	50 50	263 277	97 96	45 44	266 276	98 96	45 44			
10	283	50	268	95	43	266	94	43			
11	296	50	280	95	41	266 272	90 92	42 40			
12 13	297 302	50 50	284 290	96 96	41 41	278	92	40			
18	323	50	306	95	41	294	91	39			
20 24	355 357	50 49	338 336	96 95	41 41	309 323	88 90	39 39			
28 32	371	49	351	95	39	390	89	36			
32	584	49	365	95	39	841	89 85	36 36			
36 40	395 402	49 49	367 378	93 94	89 37	338 341	85	35			
40 44	411	49	378	92	37	339	82	33			
48	418	49	387	93	37 35	343 337	82 81	32 32			
52 56	418 426	49 49	385 386	92 91	33	335	79	30			
60	421	49	379	90	38	325	77	29			
64 68	429 425	49 49	386 382	90 90	39 31	332 324	77 76	29 29			
72	427	49	376	88	31	324	78	27			
78	430	48	377	88	30	925	78 77	25 23			
60 84	425 424	47 47	870 870	67 67	28 27	329 327	77	20			
88	410	46	354	88	27	323	79	20			
92 98	4.æ 412	45 42	358 365	88 89	26 22	314 318	77 77	18 14			
100	4.	39	358	87	20	309	75	13			
104	403	36	350	86	18	318	78	10			
EMAL											
0 1	180 137	50 #/	134 138	10 3 101	50 50	139 145	107 108	50 50			
2	146	5% (* 1777) 1	145	99	50	149	102	50			
3	154	0 ,	151	98	50 50	155 162	101 101	50 50			
4 5	161 161	50 50	157 161	98 100	48	166	103	50			
6	167	50	185	99	47	166	99	50 50			
78	171 174	50 50	171 173	100 99	48 44	173 17 3	101 99	50 49			
9	178	50	178	100	43 42	182	102	47			
10 11	180 181	50 50	178 182	98 101	42 42	175 176	97 97	47 47			
12	185	50	179	97	41	181	98				
13 18	186	50 50 50	179 182 186	98 97	41 41	179	96 96 94	47 47			
20	191 205	50 50	197	96	41	183 193	94	45			
24	209	50	203 200	97	41	199	95 91	44			
20 24 28 32 36	211 220 228	50 50 50 50 50 50 50 50 50 50 50 50 50 5	200 206	95 94	39 39 39 39 39 39 39 39 39 39 39 39 39 3	191 195	89	47 47 45 45 43 43 43 43 43 43 43 43 41 40			
36	228	50	210	92	39	195 195	86 83	43			
40	232	50	211 208 211	91 86 89	39	193 195	83	43			
44	238 237 237	50	208 211	66 89	39	196	82 85 81	41			
53	237	50	206	87	39	198	81	40			
40 44 53 56 64 68 75 76 80 84	246	50 50	212 209	87 86 85 83 81 79 76	39 39	192 187	78 77	40 40 39 37			
64	258	50	214	65	89	191	77 76	40			
68	252 261 267 275 277	49	214 215	82	38 95	165 189 190	71 71 69	39			
76	275	48	215	79	36	190	69	35 30			
80	277	47	218 216	76	36	184 189	68	30			
84 68	284 283	45 45	218 215	76 76	35 54	189 192	67 66	26			
92	286	45 44	214	75	SO	189	55	23			
96 100	291 299 297	41 41	216 218	74 74 74	30	198 208 224	67 71	28 26 23 20 15			
	2525	41	218	74	20	208	(1	19			

TABLE 5. MEAN BODY WEIGHTS AND SURVIVAL OF RATS IN THE TWO-YEAR GAVAGE STUDIES OF TOLUENE DIISOCYANATE



Figure 3. Growth Curves for Rats Administered Toluene Diisocyanate in Corn Oil by Gavage



Figure 4. Kaplan-Meier Survival Curves for Rats Administered Toluene Diisocyanate in Corn Oil by Gavage

Toluene Diisocyanate
Pathology and Statistical Analyses of Results

Histopathologic findings on neoplasms in rats are summarized in Appendix A, Tables A1 and A2: Appendix Tables A3 and A4 give the survival and tumor status for individual male and female rats. Findings on nonneoplastic lesions are summarized in Appendix C, Tables C1 and C2. Historical incidences of tumors in control animals are listed in Appendix E. Because of the reduced survival observed in dosed groups relative to controls, a direct comparison of overall tumor incidences in dosed groups and historical controls may be misleading. The historical control data are included primarily to determine how representative the tumor incidences observed in concurrent vehicle controls are with respect to other studies in the bioassay program. Appendix F, Tables F1 and F2, contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups. The statistical analyses used are discussed in chapter II (Data Recording and Statistical Methods) and Appendix F (footnotes).

Untreated Controls: At week 87 untreated controls were sacrificed and examined. The incidence and type of tumors in individual rats did not appear different from the normal background of tumors in the F344/N rat. Thus these data are not given in this report.

Subcutaneous Tissue: Fibromas or fibrosarcomas occurred in male rats with a statistically significant positive trend, and the incidence in the high dose males was significantly higher than that in the controls (Table 6). (See Appendix E, Table El for a comparison of these test incidences with a combined historical control rate of 6.5%.)

Fibromas or fibrosarcomas also occurred in female rats with a statistically significant positive trend, and the incidence in the high dose females was higher than that in the controls by life table analysis (Table 6). (See Appendix E, Table E2 for a comparison of these test incidences with a combined historical control rate of 1.6%.)

Mammary Gland: By life table and incidental tumor test analyses, there were statistically significant increases in the incidence of combined mammary gland tumors in female rats in both low dose and high dose groups (Table 7). Since these mammary gland tumors and subcutaneous tissue tumors were all found in the axillary and inguinal areas, they are regarded as all arising from mammary tissue. The survival-adjusted tumor incidences provide a more meaningful comparison than unadjusted overall tumor rates. For example, the first tumor was seen in an animal dying at week 84, and the proportions of animals surviving at least to week 84 with combined mammary gland tumors were: controls, 17/45 (38%); low dose, 25/36 (69%); and high dose, 21/28 (75%). See Appendix E, Table E3 for a comparison of these test incidences with a historical control rate of 23% for combined mammary gland tumors.

There we no differences in the incidence of mammary gland fibroadenomas in male rats after 30 or 60 mg/kg TDI treatment compared to controls (Appendix F, Table F1).

	MALES		
	Vehicle	30	60
	Control	mg/kg	mg/kg
Fibroma			
Overall Incidence	3/50 (6%)	3/50 (6%)	9/50 (18%)
Adjusted Incidence	8.3%	16.5%	56.6%
Terminal Incidence	3/36 (8%)	1/14 (7%)	3/8 (38%)
Life Table Test	P<0.001	P=0.258	P<0.001
Incidental Tumor Test	P=0.002	P=0.415	P=0.004
Fibrosarcoma			
Overall Incidence	0/50 (0%)	3/ 50 (6%)	3/50 (6%)
Adjusted Incidence	0.0%	19.0%	23.1%
Terminal Incidence	0/36 (0%)	2/14 (14%)	0/8 (0%)
Life Table Test	P=0.003	P=0.020	P=0.008
Incidental Tumor Test	P=0.021	P=0.044	P=0.089
Fibroma or Fibrosarcoma			
Overall Incidence	3/50 (6%)	6/ 50 (12%)	12/50 (24%)
Adjusted Incidence	8.3%	33.5%	66.6%
Terminal Incidence	3/36 (8%)	3/14 (21%)	3/8 (38%)
Life Table Test	P<0.001	P=0.016	P<0.001
Incidental Tumor Test	P<0.001	P=0.056	P<0.001

TABLE 6. INCIDENCES OF RATS WITH SUBCUTANEOUS TUMORS

		FEMALE	S
	Vehicle	60	120
	Control	mg/kg	mg/kg
Fibroma			
Overall Incidence	0/50 (0%)	1/50 (2%)	3/50 (6%)
Adjusted Incidence	0.0%	5.3%	35.7%
Terminal Incidence	0/36 (0%)	1/19 (5%)	1/6 (17%)
Life Table Test	P<0.001	P=0.373	P=0.001
Incidental Tumor Test	P=0.019	P=0.373	P=0.083
Fibroma or Fibrosarcoma			
Overall Incidence	2/50 (4%)	1/50 (2%)	5/50 (10%)
Adjusted Incidence	5.3%	5.3%	51.8%
Terminal Incidence	1/36 (3%)	1/19 (5%)	2/6 (33%)
Life Table Test	P<0.001	P=0.715N	P<0.001
Incidental Tumor Test	P=0.038	P=0.609N	P=0.092

TABLE 7. COMBINED INCIDENCES OF MAMMARY GLAND TUMORS AND SUBCUTANEOUSTISSUE TUMORS IN FEMALE RATS

	Vehicle	60	120
	Control	mg/kg	mg/kg
Overall Incidence	17/50 (34%)	25/50 (50%)	21/50 (42%
Adjusted Incidence	43.1%	88.8%	91.1%
Terminal Incidence	14/36 (39%)	16/19 (84%)	4/6 (67%)
Life Table Test	P<0.001	P<0.001	P<0.001
Incidental Tumor Test	P<0.001	P<0.001	P=0.009

III. RESULTS: RATS-TWO-YEAR STUDIES

Hematopoietic System: Monocytic leukemia was observed in male and female rats with a statistically significant decreasing trend (Table 8), and the pairwise comparisons between the control and dosed groups were significant. These decreases were not significant by life table analysis. See Appendix E, Tables E4 and E5 for a comparison of these test incidences with a historical control rate of 9.6% (males) and 13.2%(females) for leukemia.

Pancreas: Acinar cell adenomas were observed in male rats with a statistically significant trend, and the incidence in the high dose group was significantly higher than that in the controls (Table 9). See Appendix E, Table E6 for a comparison of these test incidences with a historical control rate of 0.6%. In high dose female rats one acinar cell adenoma and one acinar cell carcinoma were observed.

The adenomas were sharply demarcated from the surrounding tissue and were characterized by a loss of acinar structure, an increase in the number of basophilic cells, and enlarged and irregular nuclei with increased mitotic activity. (Mitoses often averaged one to three per highpower field.) The lesions were usually small, often less than 1 to 2 millimeters in diameter.

A dose-related increase also was observed in the number of male rats with nodular hyperplasia of the pancreatic acinus (control, 0%; low dose, 4%; high dose, 8%).

Islet cell adenomas occurred in female rats with a statistically significant positive trend (Table 9); the incidences of dosed females with these tumors were significantly higher than those in the controls. An islet cell carcinoma was observed in a low dose female rat. (See Appendix E, Table E7 for a comparison of these test incidences with a historical control rate of 0.8% for adenomas and 0.1% for carcinomas.) The markedly reduced survival in high dose female rats may have been responsible for the lower incidence of islet cell tumors in this group relative to the low dose group. In male rats, pancreatic islet cell adenoma or carcinoma (combined) showed a positive trend and increased incidence in the high dose group by the life table test (Table 9).

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TABLE 8. INCIDENCES OF MONOCYTIC LEUKEMIA IN RATS

	MALES			
	Vehicle Control	30 mg/kg	60 mg/kg	
Overall Incidence	11/50 (22%)	4/50 (8%)	4/50 (8%)	
Adjusted Incidence	25.5%	19.0%	19.2%	
Terminal Incidence	5/36 (14%)	0/14 (0%)	0/8 (0%)	
Life Table Test	P=0.559N	P=0.423N	P=0.574	
Incidental Tumor Test	P=0.027N	P=0.053N	P=0.039N	

	FEMALES				
	Vehicle Control	60 mg/kg	120 mg/kg		
Overall Incidence	21/50 (42%) (a)	7/50 (14%)	4/50 (8%)		
Adjusted Incidence	47.4%	26.3%	32.9%		
Terminal Incidence	13/36 (36%)	2/19 (11%)	1/6 (17%)		
Life Table Test	P=0.168N	P=0.120N	P=0.392N		
Incidental Tumor Test	P<0.001N	P=0.006N	P=0.001N		

(a) One lymphoma was observed in this group.

TABLE 9. INCIDENCES OF PANCREATIC LESIONS IN RATS

	MALES					
	Vehicle	30	60			
	Control	mg/kg	mg/kg			
Acinar Cell						
Nodular Hyperplasia	0/47 (0%)	2 47 (4%)	4 49 (8%)			
Adenoma						
Overall Incidence	1/47 (2%)	3 47 (6%)	7 49 (14%)			
Adjusted Incidence	2.9%	18.2%	59.2 %			
Terminal Incidence	1 35 (3%)	2 14 (14%)	4 8 (50%)			
Life Table Test	P<0.001	P=0.075	P<0.001			
Incidental Tumor Test	P<0.001	P=0.128	P=0.001			

	MALES				
	Vehicle	30	60		
	Control	mg/kg	mg/kg		
Islet Cell					
Adenoma or Carcinoma					
Overall Incidence	1/47 (2%)	0, 47 (0%)	4 49 (8%)		
Adjusted Incidence	2.9%	0.0%	24.2%		
Terminal Incidence	1/35 (3%)	0/14 (0%)	1 8 (13%)		
Life Table Test	P=0.007	P=0.682N	P=0.013		
Incidental Tumor Test	P=0.075	P=0.682N	P=0.180		

		FEMALES	
	Vehicle Control	60 mg/kg	120 mg/kg
Islet Cell			
Adenoma			
Overall Incidence	0/50 (0%)	6/49 (12%) (a)	2/47 (4%)
Adjusted Incidence	0.0%	24.2%	33.3%
Terminal Incidence	0/36 (0%)	3/19 (16%)	2/6 (33%)
Life Table Test	P=0.008	P=0.003	P=0.006
Incidental Tumor Test	P=0.054	P=0.010	P=0.006

(a) One islet cell carcinoma was also observed in this group.

Liver: The incidence of female rats with neoplastic nodules occurred with a statistically significant positive trend; the incidence of high dose females with these nodules was significantly higher than that of the controls (Table 10). (See Appendix E, Table E8 for a comparison of these test incidences with a historical control rate of 1.5% for liver tumors.)

Brain: Gliomas were found in two high dose male rats and a pinealoma was found in a third high dose male. (See Appendix E, Table E9 for a comparison of these test incidences with a historical control rate of 1.0% for all brain tumors.) *Lungs:* Acute bronchopneumonia was found in increased incidence in dosed rats (males: control, 2/50, 4%; low dose, 6/50, 12%; high dose, 14/50, 28%; females: control, 1/50, 2%; low dose, 10/50, 20%; high dose, 25/49, 51%; Appendix C).

Lung sections were examined from 11 male and 10 female rats that died during the first 4 months of the studies. All lungs showed marked congestion and variable amounts of pulmonary edema. Edema occurred in the bronchioles and alveoli and in a perivascular location. Slight to

	Vehicle	60	120
······································	Control	mg/kg	mg/kg
Overall Incidence	3/50 (6%)	8/50 (16%)	8/48 (17%)
Adjusted Incidence	8.0%	30.6%	60.1%
Terminal Incidence	2/36 (6%)	3/19 (16%)	3/6 (50%)
Life Table Test	P<0.001	P=0.014	P<0.001
Incidental Tumor Test	P=0.035	P=0.068	P=0.022

TABLE 10. INCIDENCES OF NEOPLASTIC NODULES OF THE LIVER IN FEMALE RATS

moderate amounts of perivascular lymphoplasmacytosis were observed in four rats. Necrotizing suppurative pneumonia was detected in two rats, and the lungs of one of these animals contained numerous bacteria. Bacteria were also detected in the lungs of two other rats, and a clump of foreign material (presumably of vegetable origin) was found in the bronchus of another animal. Mucocellular exudate was observed in bronchiolar lumens in a moderate number of rats. The presence of trace to very small quantities of pale yellow, slightly refractile material was detected in terminal portions of the respiratory tree (alveoli and terminal bronchioles) in 13/21 lungs examined. In the bronchioles, the material was associated with a stringy pink substance that was suggestive of fibrin and that appeared as an aggregate of vacuoles and strands. Very pale, refractive material was sometimes observed in the vacuoles. Larger, pale yellow, globular bodies were found in respiratory bronchioles and alveoli. The bodies occasionally appeared "fractured" and were sometimes associated with an inflammatory reaction.

III. RESULTS: MICE-SINGLE-DOSE STUDIES

SINGLE-DOSE STUDIES

Mortality was proportional to the dose of TDI administered, but the death rate for males was higher than that for females (Table 11). White, crystalline material was found in the stomach at necropsy; this finding was dose related.

TABLE 11. SURVIVAL AND MEAN BODY WEIGHTS OF MICE ADMINISTERED A SINGLE DOSEOF TOLUENE DIISOCYANATE BY GAVAGE

Dose	Survival (a)	М	ums)	
(mg/kg)	(Day of Death)	Initial	Final	Change
MALES			<u>, , , , , , , , , , , , , , , , , , , </u>	
2,150	5/5	28	30	+2
3,160	5/5	26	25	-1
4,640	1/5 (2,7,7,8)	21	22	+1
6,810	0/5 (2,2,2,4,4)	24		
10.000	0/5 (1,1,1,2,2)	26		
FEMALES				
3,160	5/5	20	20	0
4,640	4/5 (5)	19	18	-1
6,810	1/5 (1,2,2,2)	17	23	+6
10,000	0/5 (1,2,2,2,2)	19		

(a) Number surviving/number per group

FOURTEEN-DAY STUDIES

Two 14-day studies were conducted because all animals in the first study (administered 500 to 4,000 mg/ kg) died by day 12.

Doses of 30 to 500 mg/kg were administered to animals in the second study. Deaths and changes in mean body weight gains were not dose related (Table 12).

Data	Suminal (a)	Mean Body Weights (grams)			Final Body Weigh Relative to	
Dose Survival (a) (mg/kg) (Day of Death)		Initial	Final	Change	— Controls (b) (Percent)	
MALES			······································			
0	5/5	22	23	+1	<u>. </u>	
30	3/5 (8,9)	22	23	+1	0	
60	4/5 (8)	22	23	+1	0	
120	4/5 (14)	22	24	+2	+ 4	
240	4,5(8)	23	23	0	0	
500	3 5 (6.10)	23	24	+1	+ 4	
FEMALES						
0	5/5	19	20	+1	_	
30	5;5	19	19	0	- 5	
60	5/5	19	19	0	- 5	
120	5.5	19	20	+1	0	
240	3, 5 (7,10)	19	22	+3	+10	
500	5/5	19	19	0	- 5	

TABLE 12. SURVIVAL AND MEAN BODY WEIGHTS OF MICE ADMINISTERED TOLUENE DIISOCYANATE FOR 14 DAYS

(a) Number surviving/number per group

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

Weight (Dosed Group) - Weight (Control Group)

Weight (Control Group)

THIRTEEN-WEEK STUDIES

× 100

Two 13-week studies were conducted, the first using doses of 6 to 100 mg/kg and the second employing doses of 15 to 240 mg/kg. In the first study, decrements in mean body weight gain and food consumption and respiratory noises were interpreted as being related to administration of TDI (Table 13). The second study failed to confirm any of the previous data; only two females administered 240 mg/kg and one female receiving 120 mg/kg died as a result of chemical administration. Livers from two of these animals had necrosis or inflammation, but no compound-related lesions were observed in other mice. The doses for females in the 2-year study (60 and 120 mg/kg) were selected because of the deaths observed in the 13-week studies. Doses of 120 and 240 mg/kg were selected for male mice.

D	Suminal (a)	Mea	n Body Weights (gr	ams)	Final Body Weights Relative to
Dose (mg/kg)	Survival (a) – (Day of Death)	Initial	Final	Change	Controls (b) (Percent)
		FI	RST STUDY		
MALES					
0	6/10(1,1,1,1)	18	31	+13	_
6	9 10 (1)	17	30	+13	- 3
12	8/10 (1,4)	16	27	+11	-13
25	9/10 (3)	17	25	+ 8	-19
50	9/10 (6)	17	25	+ 8	-19
100	7 10 (1,3,5)	17	23	+ 6	-26
FEMALES					
0	10/10	14	22	+ 8	_
6	9/10(1)	13	21	+ 8	- 5
12	9/10 (5)	13	20	+ 7	- 9
25	8/10 (1,2)	14	20	+ 6	- 9
50	7/10 (3,4,5)	14	18	+ 4	-18
100	5/10 (1.2.2.2.2)	14	19	+ 5	-14
		SEC	COND STUDY		· · · · · · · · · · · · · · · · · · ·
MALES					
0	5/10 (c)	18.9	23.6	+ 4.7	_
15	5/10 (c)	18.9	27.0	+ 8.1	+14
30	10/10	17.6	26.3	+ 8.7	+11
60	10/10	18.8	26 .0	+ 7.2	+10
120	10/10	18.3	26.5	+ 8.2	+12
240	5/10 (c)	17.9	25.2	+ 7.3	+ 7
FEMALES					
0	10/10	15.8	21.0	+ 5.2	_
15	10/10	17.1	20.8	+ 3.7	- 1
30	5/10 (c)	17.0	20.0	+ 3.0	- 5
60	5/10 (c)	16.4	22.2	+ 5.8	+ 6
120	9/10 (d)	16.4	21.6	+ 5.2	+ 3
240	8/10 (e)	16.0	21.1	+ 5.1	0

TABLE 13. SURVIVAL AND MEAN BODY WEIGHTS OF MICE ADMINISTERED TOLUENEDIISOCYANATE FOR 13 WEEKS

(a) Number surviving/number per group

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

Weight (Dosed Group) - Weight (Control Group)

× 100

Weight (Control Group) (c) Deaths were due to drowning during week 13

(d) Death was during week 10

(e) Deaths were during weeks 6 and 9

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of dosed male mice (throughout the study) and of high dose female mice (after week 56) were lower than those of the controls. The depressions in mean body weight were dose related (Table 14 and Figure 5). No other compound-related clinical signs were observed.

Survival

Estimates of the probabilities of survival of male and female mice administered TDI in corn oil at the doses used in these studies, and those of the controls, are shown by the Kaplan and Meier curves in Figure 6. In male mice, the survival of the high dose group was significantly shorter than that of the controls (P < 0.001) and of the low dose group (P=0.003). In female mice, the survival of the high dose group was significantly shorter than that of the low dose group (P=0.028). One female control mouse was accidentally killed.

In male mice, 46/50 (92%) of the controls, 40/50 (80%) of the low dose, and 26/50 (52%) of the high dose group lived to the termination period of the study at 107 weeks. In female mice, 34/50 (68%) of the controls, 43/50 (86%) of the

low dose, and 33/50(66%) of the high dose group lived to the termination period of the study at 107 weeks.

Pathology and Statistical Analyses of Results

Histopathologic findings on neoplasms in mice are summarized in Appendix B, Tables B1 and B2; Appendix Tables B3 and B4 give the survival and tumor status for individual male and female mice. Findings on nonneoplastic lesions are summarized in Appendix D, Tables D1 and D2. Historical incidences of tumors in control animals are listed in Appendix E. Because of the reduced survival observed in dosed groups relative to controls, a direct comparison of overall tumor incidences in dosed groups and historical controls may be misleading. The historical control data are included primarily to determine how representative the tumor incidences observed in concurrent vehicle controls are with respect to other studies in the bioassay program. Appendix F, Tables F3 and F4, contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups. The statistical analyses used are discussed in chapter II (Data Recording and Statistical Methods) and Appendix F (footnotes).

Weeks Vehicle Control			Low Dose			High Dose		
011	Av. Wt.	No. of	Av. Wt.	Wt. (percent	No. of	Av. Wt.	Wt. (percent	No. of
Study	(grams)	Survivors	(grams)	of veh controls)	Survivors	(grams)	of veh controls)	Survivors
IALE								
0	24.5	50	24.1		50	25.1	102	50
1 2	26.3 27.0	50 50	25.0 27.1		50 50	24.7 25.4	94 94	49 49
3	26.9	50	26.0		50	26.2	97	49
4	29.0	50				25.2	87	46
5 6	29.4 29.8	50 50	27.1 28.0		50 47	26.4 26.4	90 8 9	44 44
7	30.0	50	29.0		47	27.3	91	4
8	31.1	50	30.1	97	47	28.3	91	44
9	31.7	50	30.8		47	29.3	92	44 44
10 11	30.9 33.0	50 50	30. 3 31.1		47 47	29.0 29.4	94 92	44
12	32.3	50	31.0		47	28.8	89	44
13	31.9	50	30.1		47	28.9	91	44
16	32.5	50	31.0		47	29.6	90	43
20 24	33.6 34.3	50 50	32.8 33.0		48 48	30.0 30.0	89 87	43 42
28	36.0	50	33.7	94	46	31.4	87	41
32	34.5	50	\$3.6	97	46	32.6	94	41
36 40	38.5 38.0	50 50	35.9 36.0		46 46	34.6 34.1	90 90	41 41
44	38.0 38.9	50	36.7		46	34.2	88	41
46	37.7	50	35.8	95	46	33.8	90	41
52	37.5	50	35.7		46	33.2	89	40
56 60	37.4 38.0	50 50	35.9 36.3		48 48	33.4 33.6	89 88	40 40
64	37.5	50	36.1		46	32.9	88	40
66	38.0	50	36.3	96	46	33.4	88	40
72	38.8	50	37.2		48	34.8	90	40
76 80	37.8 39.7	50 50	37.0 37.0		45 45	34.4 33.2	91 84	39 36
84	39.8	50	37.5		45	34.4	86	34
88	38.9	49	36.7	94	45	33.9	87	33
92	38.8	49	36.2		45	33.6	87	33
96 100	38.4 36.9	47 47	36.2 35.4		42 40	33.9 33.0	88 89	31 30
104	36.1	46	35.1		40	32.8	91	29
EMALI	C							
0	19.3	50	19.2		50	19.5	101	50
1	90.5	50 50	18.3		50 48	18.1 19.8	88 94	49
2 3	21.0 21.5	50 50	20.0 21.0		48	20.3		45 44
4	22.2	50	21.7	96	48	20.3	91	41
5	22.0	50	21.7		48	21.7	99	41
6 7	22.2 23.1	50 50	31.6 22.6		48 48	21.6 22.3	97 101	41 41
8	23.1	50	23.1		48	23.5	102	40
9	24.4	50	25.6	97	48	23.9	98	40
10	23.8	50	23.5		48	24.2	102	40 40
11 12	23.8 23.8	50 50	23.9 23.5		48 48	24.2 23.8	102 100	40
13 16	23.4	50 50	23.3	100		24.1	103	40
16	23.6	50	23.9	101	48 48 47 47	24.5	104	40
20 24 28 32 36	24.7 25.0	50 50	24 .7 25 .0	100 100	47 47	24.6 25.0	100 100	40 40
28	26.0	50 50	26.5	102	47	26.7 27.4	103 100	40
32	27.5	50	27.7	101	47	27.4	100	40
36 40	26.0 27.5 29.0 29.4	50 50	29.1 30.1	100	47 47	28.6 29.5	99 100	40 40
44-45	50.0	50	30.2	101	47	28.9	96	40
44-45 48 52	30.0 29.3 29.4 29.5 30.7	50	30.2 29.7	101 101	47	28.5	96 97	40
52	19.4	50	29.8	101	47	28.7	96 99	40
58 60 64 68 72 76 60 84	19.5	50 50	30.4 30.8	108	47 47	29. 1 29.0	99 94	40 40
64	30.7 31.4	50	30.8 31.4		47	30 .0	96	40
68	\$1.7	50	\$1.8	1,00	47	30.2	96 95 96	39
72	32.8 33.0	49 47	\$5.3	102	47	31.6	96	39 S
76 60	33.0 34.9	47 48	33.5 \$4.5	103	47 45	31.7 31.8	96 91	40 39 39 39 39 39 38 38
84	54.4	45 45	35.2	103	45 45 45	31.9	93	38
88	34.8	44	34.6	99	45	31.4	90	38
92 96	34.8	43	34.8	100	45 45 45 44	31.1	89	37 37
100	34.9	40	34.4	99	45	31.6	91	37
100	34.2 33.9	39 34	33.4 32.7	99 96 96	4R	31.2 31.0	91	34 33

TABLE 14. MEAN BODY WEIGHTS AND SURVIVAL OF MICE IN THE TWO-YEAR GAVAGE STUDIESOF TOLUENE DIISOCYANATE



Figure 5. Growth Curves for Mice Administered Toluene Diisocyanate in Corn Oil by Gavage





Toluene Diisocyanate

Untreated Controls: At week 87 untreated controls were sacrificed and examined. The incidence and type of tumors in individual mice did not appear different from the normal background of tumors in the $B6C3F_1$ mouse. Thus these data are not given in this report.

In male mice, no tumors occurred at statistically significant incidences.

Circulatory System: Hemangiosarcomas (of the liver, ovaries, or peritoneum) were observed

with a statistically significant positive trend in female mice (Table 15). The combined incidences of hemangiomas (of the spleen, or subcutaneous tissue) or hemangiosarcomas occurred with a statistically significant positive trend, and the results of pairwise comparisons between the control and high dose groups were significant. (See Appendix E, Table E10 for a comparison of these test incidences with a combined historical control rate of 2.9%.)

	Vehicle Control	60 mg/kg	120 mg/kg
Hemangiosarcoma			
Overall Incidence	0/50 (0%)	0/50 (0%)	3/50 (6%)
Adjusted Incidence	0.0%	0.0%	8.0%
Terminal Incidence	0/34 (0%)	0/43 (0%)	0/33 (0%)
Life Table Test	P=0.029		P=0.105
Incidental Tumor Test	P=0.015	_	P=0.037
Hemangioma or Hemangiosarcoma			
Overall Incidence	0/50 (0%)	1/50 (2%)	5/50 (10%)
Adjusted Incidence	0.0%	2.3%	13.3%
Terminal Incidence	0/34 (0%)	1/43 (2%)	1/33 (3%)
Life Table Test	P=0.008	P=0.547	P=0.029
Incidental Tumor Test	P=0.003	P=0.547	P=0.005

TABLE 15. INCIDENCES OF FEMALE MICE WITH TUMORS OF THE CIRCULATORY SYSTEM

Liver: Hepatocellular adenomas occurred in female mice with a statistically significant positive trend, and the pairwise comparisons between the control and high dose groups were significant (Table 16). Adenomas or carcinomas (combined) occurred with a significant positive trend, and the results of pairwise comparisons between the control and high dose groups were significant. See Appendix E, Table E11 for a comparison of these test incidences with a combined historical control rate of 6.7%.

Hematopoietic System: Leukemia was observed in female mice with a statistically significant, decreasing trend (Table 17). The results of pairwise comparisons were not significant. Malignant lymphoma in female mice was observed with a statistically significant, increasing trend, and the results of pairwise comparisons between the control and high dose group were significant. The incidence of leukemia or lymphoma (combined) was not significantly different for dosed or control male or female mice.

Kidney: Cytomegaly, mainly in tubules near the corticomedullary junction, was observed in 45/48 (94%) low dose male mice and 41/50 (82%) high dose male mice compared with 0/50 in the controls.

	Vehicle	60	120
	Control	mg/kg	mg/kg
Hepatocellular Adenoma			
Overall Incidence	2/50 (4%)	3/50 (6%)	12/50 (24%)
Adjusted Incidence	5.3%	6.7%	36.4%
Terminal Incidence	1/34 (3%)	2/43 (5%)	12/33 (36%)
Life Table Test	P<0.001	P=0.571	P=0.003
Incidental Tumor Test	P<0.001	P=0.325	P=0.003
Hepatocellular Carcinoma			
Overall Incidence	2/50 (4%)	2/50 (4%)	3/50 (6%)
Adjusted Incidence	5.0%	4.7%	8.8%
Terminal Incidence	1/34 (3%)	2/43 (5%)	2/33 (6%)
Life Table Test	P=0.376	P=0.629N	P=0.463
Incidental Tumor Test	P=0.248	P=0.644	P=0.308
Hepatocellular Adenoma or Carcin	oma		
Overall Incidence	4/50 (8%)	5/50 (10%)	15/50 (30%)
Adjusted Incidence	10.1%	11.2%	44.1%
Terminal Incidence	2/34 (6%)	4/43 (9%)	14/33 (42%)
Life Table Test	P=0.001	P=0.601	P=0.004
Incidental Tumor Test	P<0.001	P=0.321	P=0.001

TABLE 16. INCIDENCES OF FEMALE MICE WITH LIVER TUMORS

TABLE 17. INCIDENCES OF FEMALE MICE WITH TUMORS OF THE HEMATOPOIETIC SYSTEM

	Vehicle	60	120
	Control	mg/kg	mg/kg
Leukemia			
Overall Incidence	3/50 (6%)	0/50 (0%)	0/50 (0%)
Adjusted Incidence	7.4%	0.0%	0.0%
Terminal Incidence	0/34 (0%)	0/43 (0%)	0/33 (0%)
Life Table Test	P=0.040N	P=0.102N	P=0.147N
Incidental Tumor Test	P=0.119N	P=0.414N	P=0.240N
Malignant Lymphoma			
Overall Incidence	10/50 (20%)	17/50 (34%)	16/50 (32%)
Adjusted Incidence	25.8%	38.6%	44.2%
Terminal Incidence	7/34 (21%)	16/43 (37%)	13/33 (39%)
Life Table Test	P=0.082	P=0.241	P=0.101
Incidental Tumor Test	P=0.029	P=0.085	P=0.033
Lymphoma or Leukemia			
Overall Incidence	13/50 (26%)	17/ 50 (34%)	16/50 (32%)
Adjusted Incidence	31.3%	38.6%	44.2%
Terminal Incidence	7/34 (21%)	16/43 (37%)	13, 33 (39%
Life Table Test	P=0.241	P=0.503	P=0.273
Incidental Tumor Test	P=0.089	P=0.151	P=0.098

IV. DISCUSSION AND CONCLUSIONS

Because the 2,4 (80%)/2,6 (20%)-toluene diisocyanate (TDI) reacted with the moisture in the corn oil vehicle, the doses received by rats and mice in the 2-year studies were reduced to 77% to 90% of the target doses (female rats and mice: 60 or 120 mg/kg; male rats: 30 or 60 mg/kg; male mice: 120 or 240 mg/kg). Despite the reduced doses, mean body weight gains of male and female rats were less than those of the controls after week 20. Early deaths occurred in groups of dosed male and female rats, but by week 60 only the high dose male rats were dving as a result of TDI administration. At this time, a decision was made to continue the studies of rats: however, an apparent dose-related pattern of mortality began to emerge at week 70, and persisted until the end of the study. The delayed cumulative toxicity caused by TDI administration indicated that the estimated maximum tolerated doses had been exceeded in rats. Mortality in male mice was also dose related and significantly higher than in controls, but it was not as excessive as that in rats.

Bronchopneumonia was the most prominent nonneoplastic effect seen in the short-term and 2-year phases of these gavage studies. The respiratory effects observed were similar to those seen in rats exposed by inhalation to TDI at a concentration of 0.1 ppm for 6 hours per day, once per week, for 38 weeks: tracheitis, bronchitis, pneumonia, and purulent bronchiectasis (Niewenhuis et al., 1965). The major lesion was described as a fibrous tissue proliferation, often blocking the bronchioles, and was similar to what has been described in animals exposed to higher concentrations of inhaled TDI (Duncan et al., 1962). The control rats in the Niewenhuis study also had mild to marked pneumonitis. Loeser (1983) observed dose-related respiratory tract irritation in mice exposed by vapor inhalation to 2.4 - 1/2.6-TDI (80/20) at 0.05 or 0.15 ppm for 2 years; none was apparently found in rats.

TDI stimulates the trigeminal nerve and is one of the more potent sensory irritants (Sangha and Alarie, 1979). Occupational asthma, or reversible obstruction of the airways in response to TDI, has been seen in workers exposed to the chemical (Weil et al., 1981). Workers exposed to TDI at concentrations of less than 0.1 ppm had marked declines in forced respiratory volume, with reductions in the ratio of forced expiratory flow was 25%-50% of the forced vital capacity. Bronchial hypersensitivity to TDI developed in 4.3% of these workers, but there were no predictive indices for this response. Respiratory hypersensitivity has been shown to develop in guinea pigs exposed to 0.005 ppm TDl after dermal contact with the chemical (Karol et al., 1981).

In the present study, the late-appearing pattern of mortality in rats could be a reflection of delayed hypersensitivity, as well as direct respiratory irritation. The incidences of bronchopneumonia were dose related in male and female rats, and this effect may have weakened the animals' resistance to further chemical challenge. The increased rate of mortality may also be due, in part, to TDI's inhibition of acetylcholinesterase, which could have compounded the animals' respiratory difficulty (Brown et al., 1982). The study by Brown and co-workers showed that 2.6-toluene diisocvanate was 60 times more effective than the 2.4-isomer in inhibiting human serum cholinesterase. The commercial mixture of TDI used in the present studies consisted of 80% 2,4-isomer and 20% 2,6-isomer, the latter being the active enzyme inhibitor.

Despite the reduced survival, there was unequivocal evidence of dose-related increases in tumors in rats and mice in the 2-year studies. About 50% of the tumors detected were observed in animals killed at the end of these studies; the rest were found in animals dying between weeks 77 and 108.

Tissues associated with the digestive system were primary sites of tumor induction and included acinar cell adenomas of the pancreas in male rats, and liver tumors in female rats and mice. There were also increased incidences of islet cell adenomas in Iow dose female rats. Dose-related increases were observed in the number of male rats with nodular hyperplasia of the pancreatic acinus (control, 0%; low dose, 4%; high dose, 8%) and in the incidence of acinar cell adenomas (control, 2%; low dose, 6%; high dose, 14%). The corn oil vehicle used in these gavage studies may have contributed to the incidences of acinar cell tumors in male and female rats. High dietary fat levels were shown to enhance the carcinogenic effect of azaserine in rat pancreas (Longnecker et al., 1981; Roebuck et al. 1981), and enhanced pancreatic tumorigenesis occurred in rats pretreated with azaserine whose diets were supplemented with 20% corn oil (Longnecker et al., 1979). The National Toxicology Program reexamined pancreata of untreated and corn oil gavage control male rats from 37 chronic studies and found a positive association between corn oil administration and the increased incidence of acinar cell hyperplasia, adenoma, and carcinoma of the pancreas

(Boorman and Eustis, 1984). However, further evaluation of the data revealed the increased incidences of pancreatic cell adenoma in the corn oil gavage control male rats were also associated with elevated body weights relative to untreated controls (Haseman et al., 1985). There was no such relationship here since depression of body weight gain commenced at 10-20 weeks TDI treatment, and was dose-related throughout the remainder of the study.

The systemic nature of the carcinogenicity of TDI was demonstrated by the appearance of tumors at multiple sites in male rats (fibromas and fibrosarcomas of the skin), in female rats (mammary gland fibroadenomas, adenomas, papillary adenomas, cystadenomas and subcutaneous fibroadenomas and fibromas), and in female mice (hemangiomas and hemangiosarcomas).

The tumors observed in the liver, pancreas, mammary gland, and subcutaneous tissues of F344/N rats in these studies are the same type as those seen when 2,4-diaminotoluene-a possible hydrolysis product of 2,4-toluene diisocyanate--was administered to the same strain (NCI, 1979). In the 2,4-diaminotoluene study, increased incidences of neoplastic nodules and hepatocellular carcinomas were found in males fed diets containing 79 or 176 ppm and in females fed 171 ppm. Increased incidences of pancreatic acinar cell adenomas were observed in dosed males and in females that received 171 ppm. The incidences of mammary gland fibroadenomas in females were 10-fold greater in the low and high dose groups compared with controls. Furthermore, subcutaneous fibromas were found at significantly increased incidences relative to controls in dosed male rats.

In addition, 2,4-diaminotoluene causes increases in hemangiomas and hemangiosarcomas in male mice and significant increases in hepatocellular neoplasms in both sexes of mice. Although TDI caused the same type of neoplasms in the present study, they were seen in female mice but not in males. There are no available metabolic data that might account for this difference in response. A probable hydrolysis product of 2,6-toluene diisocyanate (2,6diaminotoluene) was not considered to be carcinogenic for F344/N rats or $B6C3F_1$ mice (NTP, 1980).

Disposition studies of 2,6-TDl in F344 rats showed that the majority of a 14 C labelled 60 mg/kg dose administered by gavage was excreted in urine and feces, accounting for 67%-

78% of the dosage in 72 hours (RT1, 1985). Very low amounts of ¹⁴C were recovered in tissues, ranging from 0.012% to 0.16% of the dose recovered in blood, muscle, skin, adipose tissue, liver, and kidney. At 24 hours after treatment, about 10% of the administered dosage was recovered in urine. The major urinary metabolite was identified by HPLC and confirmed by mass spectrometry and reverse isotopic dilution techniques. More than half (54%) of the 2,6-TDIderived material in urinary ¹⁴C was 2,6-bis (acetylamino)toluene, suggesting the parent 2,6-TDI was hydrolyzed to 2,6-diaminotoluene which was subsequently acetylated and excreted.

Other noteworthy effects observed in rats in the current studies included the brain tumors found in high dose males (two had gliomas and one had a pinealoma). Gliomas have been found in 3/995 controls in the bioassay program and pinealomas have not been previously diagnosed (Appendix E, Table E9). The evidence suggests a possible association between these tumors and administration of TD1.

Differences in mean body weight gains, hypersensitivity, and the incidences of neoplastic and nonneoplastic lesions in animals in the present studies emphasize differences in the degree to which TDI is toxic in different species and sexes. Both female rats and female mice received doses of 60 or 120 mg/kg, and most of the rats died during the study. Male mice received higher doses (120 and 240 mg/kg) than male rats (30 and 60 mg/kg), yet mortality and decreases in mean body weights were less severe in the former group, and no tumors were detected at statistically significant incidences in male mice. Male and female rats and female mice showed positive evidence of carcinogenicity associated with TDI administration. The species and sex differences in sensitivity to TDI may be metabolic, but no experimental data are available.

Loeser (1983) exposed groups of 126 male and female Sprague-Dawley CD rats and 120 CD-1 mice of each sex to 0, 0.05, or 0.15 ppm 2,4-/2,6toluene diisocyanate (80/20) for 6 hr/day, 5 days/wk by whole-body vapor inhalation for 108-110 weeks (rats) or 104 weeks (mice). Survival for rats was similar among groups at the end of the study (males: controls, 35%; low-dose, 33%; high dose, 29%; females: 32%, 25%, 36%). Survival for mice at study termination was: male mice—controls, 22%; low dose, 30%; high dose, 30%; female mice—40%, 23%, 26%. In both sexes of rats there was a dose-related increase in the incidence of rhinitis in the anterior portion of

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the nasal cavity. The lesions were characterized by squamous metaplasia and hyperplasia of the epithelium, variably accompanied by leukocytic infiltration in the lamina propria and exudate in the lumen. For mice, chronic or necrotic rhinitis was common in exposed groups, with lesser lesions of the lower respiratory tract (bronchitis) and eyes, particularly in the 0.15 ppm group. No evidence of TDI-associated benign or malignant tumor induction was reported. The exposure levels used by Loeser correspond to daily gavage doses of less than 1 mg/kg, even assuming 100% retention of inhaled TDI, and may not have been optimal doses to adequately detect a potential carcinogenic response.

There are also conflicting reports about the mutagenicity of TDI. Anderson and Styles (1978) originally reported that 2,4-toluene diisocyanate of unknown purity was non-mutagenic in a study of 120 chemicals performed by Purchase et al. (1978), but several known mutagens were also reported as negative, suggesting a lack of definition in these studies. Andersen et al. (1980) later optimized the procedure for testing volatile isocyanates, and in a study with adequate positive and negative controls showed that a mixture of 2,4- and 2,6-toluene diisocyanate (Desmodur T80) caused a dose-dependent mutagenic response utilizing S-9 activation in Salmonella typhimurium strains TA98, TA100, and TA1538. The positive control was 2,4-diaminotoluene, a probable hydrolysis product of 2,4toluene diisocyanate, which Ames et al. (1975) reported to be mutagenic. In the NTP tests, both 2,6-TDI and a mixture of 2,4- and 2,6-TDI were mutagenic in Salmonella typhimurium strains TA98 and TA100 in the presence (but not the absence) of Aroclor 1254-induced male Sprague-Dawley rat or Syrian hamster liver S9. Neither sample was mutagenic in S. typhimurium strains TA1535 or TA1537 with or without metabolic activation (Appendix L). Loeser (1983) reported the results of a micronucleus test as showing no dose- or treatment-related percentage increase of micronucleated erythrocytes from rats and mice exposed to 0.05 or 0.15 ppm (v/v) TDI vapor for four weeks (6 hr/day, 5 days/wk).

Toxicology studies with 4,4'-diphenylmethane diisocyanate (MDI) were recently deferred by NTP because of problems similar to those encountered with TDI—difficulties with dose preparation and unexplained toxicity in the short-term studies. For an adequate examination of the toxic reponses to this class of chemicals, particularly to define the metabolism and to evaluate the biochemical and immunological toxicity, it would be necessary to conduct further tests at lower dose levels. Such a comparison of the toxicological properties of TDI, MDI, and other commercially important isocvanates in polyurethane production would be useful, since annual production of these exceeds 1 million tons (Sangha and Alarie, 1979) and only limited toxicological information is available (Woolrich, 1982). It would be preferable to test these chemicals by the inhalation route, since potential human exposure occurs primarily during their production (Weil et al., 1981) or during fires, when the pyrolysis products of polyurethanes are released. Woolley and Raftery (1976) stated that the yellow smoke released during decomposition of flexible polyurethane foam at 200°-300°C appeared to be a polymerized form of TDI. In another study, results of gas chromatographic analysis and mass spectrometry indicated that toluene monoisocyanate was the major decomposition product from combustion of flexible polyurethane foams (Alarie et al., 1975). A report on the occupational hazards of firefighting specifically cites the dangers of exposure to isocyanates produced from the combustion of polyurethane or encountered as neat chemical (Axford et al., 1976).

In summary, the commercial mixture of 2,4and 2,6-toluene diisocyanate has been shown to produce a variety of toxic effects in humans and animals, including asthma, decreased respiratory function, delayed pulmonary hypersensitivity, bronchopneumonia, and inhibition of acetylcholinesterase. A possible hydrolysis product (2,4-diaminotoluene) of the 2,4-isomer and the mixture of the 2,4- and the 2,6-isomers of TDI have been shown to be mutagenic. In the present studies, the pattern of multifocal tumors was similar to the carcinogenic responses produced by the hydrolysis product of the 2,4isomer.

Conclusions: Under the conditions of these gavage studies, commercial grade toluene diisocyanate in corn oil was carcinogenic for F344/N rats, causing subcutaneous fibromas and fibrosarcomas (combined) in males and females, pancreatic acinar cell adenomas in males, and pancreatic islet cell adenomas, neoplastic nodules of the liver, and mammary gland fibroadenomas in females. Toluene diisocyanate was not carcinogenic for male mice. TDI was carcinogenic for female B6C3F₁ mice, causing hemangiomas or hemangiosarcomas (combined) as well as hepatocellular adenomas.

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APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

TABLE A1.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN PAPILLOMA, NOS Squamous cell papilloma	(50) 1 (2%)	(50)	(50) 1 (2%)
SQUANDUS CELL CARCINOMA TRICHOEPITHELIDMA	1 (2%)		1 (2%)
KERATOACANTHOMA	1 (2%)		1 (2%)
BASAL-CELL TUMOR Adenocarcinoma, nos	(50) 1 (2%) 1 (2%)	(50)	(50)
SARCOMA, NOS Fibroma Fibrosarcoma Fibrosarcoma, invasive	1 (2%) 3 (6%)	3 (6%) 3 (6%) 1 (2%)	9 (18%) 3 (6%)
FIBROADENOMA Mesothelioma, invasive		1 (2%)	1 (2%)
OSTEOSARCOMA NEURILEMOMA, MALIGNANT		1 (2%)	1 (2%)
RESPIRATORY SYSTEM			
*LUNG ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	(50) 1 (2%) 1 (2%)	(50)	(50)
OSTEOSARCOMA, METASTATIC		1 (2%)	
EMATOPOIETIC SYSTEM			· · · · · · · · · · · · · · · · · · ·
*MULTIPLE ORGANS Monocytic leukemia	(50) 11 (22%)	(50) 4 (8%)	(50) 4 (8%)
*MEDIASTINUM Thymoma	(50) <u>1 (2%)</u>	(50)	(50)

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS ADMINISTERED TOLUENE DIISDCYANATE IN CORN OIL BY GAVAGE

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

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#THYMUS Alveolar/bronchiolar ca, invasiv	(27) 1 (4%)	(37)	(36)
IRCULATORY SYSTEM			
*MULTIPLE ORGANS Hemangiosarcoma, invasive	(50)	(50) 1 (2%)	(50,)
#HEART Neurofibroma	(50)	(50) 1 (2%)	(50)
#LIVER HEMANGIOSARCOMA	(50)	(50) 1 (2%)	(50)
DIGESTIVE SYSTEM			
#SUBMAXILLARY GLAND Sarcoma, nos	(50)	(50) 1 (2%)	(48)
#LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA	(50) 7 (14%)	(50) 2 (4%) 1 (2%)	(50) 2 (4%) 2 (4%)
#PANCREA5 ACINAR-CELL ADENOMA	(47) 1 (2%)	(47) 3 (6%)	(49) 7 (14%)
#STOMACH MESOTHELIOMA, METASTATIC	(49) 1 (2%)	(49)	(47)
JRINARY SYSTEM			
#KIDNEY Adenocarcinoma, Hos	(50) 1 (2%)	(48)	(49)
PHEOCHROMOCYTOMA, METASTATIC FIBROSARCOMA, METASTATIC	1 (24)	1 (2%)	1 (2%)
NEPHROBLASTOMA			1 (2%)
#PERIRENAL TISSUE LIPOMA	(50) 1 (2%)	(48)	(49)
ENDOCRINE SYSTEM			
#PITUITARY ADENOMA, NOS	(50) 2 (4%)	(44)	(49)

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
CHROMOPHOBE ADENOMA	3 (6%)	4 (9%)	7 (14%) 1 (2%)
#ADRENAL CORTICAL CARCINOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT GANGLIONEUROMA	(50) 1 (2%) 12 (24%) 1 (2%)	(49) 7 (14%)	(50) 6 (12%) 1 (2%)
#THYRDID C-CELL ADENOMA C-CELL CARCINOMA	(46) 2 (4%) 1 (2%)	(49) 2 (4%) 2 (4%)	(47) 2 (4%)
#PARATHYROID Adenoma, nos	(34)	(36)	(33)
	(47) 1 (2%)	(47)	(49) 2 (4%) 2 (4%)
EPRODUCTIVE SYSTEM			
MAMMARY GLAND FIBROADENOMA	(50) 7 (14%)	(50) 1 (2%)	(50) 3 (6%)
*PREPUTIAL GLAND Adenoma, nos	(50) 7 (14%)	(50)	(50) 1 (2%)
#TESTIS INTERSTITIAL-CELL TUMOR INTERSTITIAL-CELL TUMOR, MALIGNA MESOTHELIOMA, NOS	(50) 48 (96%)	(50) 35 (70%) 2 (4%)	(50) 29 (58%) 1 (2%)
MESOTHELIOMA, NOS MESOTHELIOMA, MALIGNANT	2 (4%)	2 (44)	1 (2%)
IERVOUS SYSTEM			
CHROMOPHOBE CARCINOMA, INVASIVE Pinealoma Gitoma. Nos	(50)	(49)	(50) 1 (2%) 1 (2%) 2 (4%)
SPECIAL SENSE ORGANS			
*EAR Squamdus cell carcindma	(50)	(50)	(50) 1 (2%)

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY MUMBER OF ANIMALS NECROPSIED

TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
MUSCULDSKELETAL SYSTEM			
*ABDOMINAL MUSCLE FIBROSARCOMA	(50) 1 (2%)	(50)	(50)
*CARTILAGE,NOS LIPOMA	(50) 1 (2%)		(50)
ODY CAVITIES			
*MEDIASTINUM Alveolar/bronchiolar ca, invasiv	(50) 1 (2%)	(50)	(50)
*ABDOMINAL CAVITY Interstitial-cell tumor, metasta	(50)	(50)	(50) 1 (2%)
*PERITONEAL CAVITY Myxosarcoma Lipoma	(50) 1 (2%) 2 (4%)	(50)	(50)
*MESENTERY MYXOSARCOMA LIPOMA	(50) 1 (2%)	(50) 1 (2%) 1 (2%)	(50)
	(50)	(50)	(50) 1 (2%)
ALL OTHER SYSTEMS			
<pre>*MULTIPLE ORGANS ADENOCARCINOMA, NOS, METASTATIC MYXOSARCOMA, METASTATIC</pre>	(50) 1 (2%) 1 (2%)	(50)	(50)
MESOTHELIOMÁ, NOS MESOTHELIOMA, INVASIVE MESOTHELIOMA, METASTATIC	1 (2%)	1 (2%)	1 (2%)

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

TABLE A1.	MALE RATS:	NEOPLASMS	(CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY Natural Deatha Moribund Sacrifice	50 6 8	50 26 4	50 27 12
DOSING ACCIDENT	35	14	8
ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED OTHER CASES	1	6	3
Ə INCLUDES AUTOLYZED ANIMALS			
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total Primary tumors	49 127	35 77	33 95
TOTAL ANIMALS WITH BENIGN TUMORS Total Benign Tumors	48 98	35 58	31 67
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	18 22	13 14	18 23
TOTAL ANIMALS WITH SECONDARY TUMORS# Total Secondary Tumors	5 7	3 4	4 4
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors	7	5 5	5 5
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Primary or metastatic Total uncertain tumors			

* SECONDARY TUMORS: METASTATIC TUMORS OR TUMORS INVASIVE INTO AN ADJACENT DRGAN

TABLE A2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM	×		
*SKIN Papilloma, nos	(50)	(50) 1 (2%)	(50)
*SUBCUT TISSUE BASAL-CELL TUMOR	(50)	(50) 1 (2%)	(50)
FIBROMA FIBRUSARCOMA LEIOMYOSARCOMA	2 (4%)	1 (2%)	3 (6%) 2 (4%) 1 (2%)
RHABDOMYOSARCOMA FIBROADENOMA	2 (4%)	4 (8%)	1 (2%) 2 (4%)
RESPIRATORY SYSTEM			
#LUNG Alveolar/bronchiolar Adenoma	(50)	(50) 1 (2%)	(49) 1 (2%)
	1 (2%)	1 (2%)	1 (2%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS	(50)	(50)	(50)
MALIGNANT LYMPHOMA, NOS Monocytic leukemia	20 (40%)	7 (14%)	2 (4%)
#SPLEEN Monocytic Leukemia	(50) 1 (2%)	(50)	(47)
#LUNG Monocytic Leukemia	(50)	(50)	(49) 1 (2%)
ALIVER MONOCYTIC LEUKEMIA	(50)	(50)	(48)

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

	VEHICLE CONTROL	LOW DOSE	HIGH DOSE
#THYMUS Thymoma	(30)	(31) 1 (3%)	(28)
CIRCULATORY SYSTEM			
#HEART ALVEOLAR/BRONCHIOLAR CA, INVASIV	(50)	(50) 1 (2%)	(49)
DIGESTIVE SYSTEM			
#LIVER Neoplastic Nodule	(50) 3 (6%)	(50) 8 (16%)	(48) 8 (17%)
<pre>#PANCREAS ACINAR-CELL ADENOMA ACINAR-CELL CARCINOMA</pre>	(50)	(49)	(47) 1 (2%) 1 (2%)
#STOMACH Squamous cell papilloma	(50) 1 (2%)	(49)	(45)
ADENDCARCINOMA, NDS	(50)	(46) 1 (2%)	(43)
JRINARY SYSTEM			
NDNE			
ENDOCRINE SYSTEM			
#PITUITARY	(50)	(49)	(49)
ADENOMA, NOS Chromophobe Adenoma Chromophobe Carcinoma	1 (2%) 25 (50%) 2 (4%)	15 (31%)	16 (33%)
#ADRENAL Cortical Adenoma Pheochromocytoma	(50) 2 (4%) 2 (4%)	(50) 3 (6%) 5 (10%)	(48) 5 (10%) 4 (8%)
#THYROID Follicular-cell carcinoma	(50)	(47)	(41)

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

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

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	VEHICLE Control	LOW OOSE	HIGH DOSE
C-CELL ADENOMA C-CELL CARCINOMA	7 (14%) 1 (2%)	4 (9%)	2 (5%) 1 (2%)
#PARATHYROID Adenoma, nos	(31) 1 (3%)	(38)	(31)
<pre>#PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA</pre>	(50)	(49) 6 (12%) 1 (2%)	(47) 2 (4%)
EPRODUCTIVE SYSTEM			
*MAMMARY GLAND ADENOMA, NOS PAPILLARY ADENOMA CYSTADENOMA, NOS LIPOMA FIBROADENOMA	(50) 15 (30%)	(50) 1 (2%) 1 (2%) 1 (2%) 21 (42%)	(50) 1 (2%) 1 (2%) 18 (36%)
*CLITORAL GLAND Carcinoma,nos Adenoma, nos	(50) 1 (2%)	(50) 4 (8%)	(50)
*VAGINA squamous cell papilloma adenomatous polyp, nos	(50)	(50)	(50) 1 (2%) 1 (2%)
#UTERUS Adendcarcinoma, Nos	(50) 1 (2%)	(50)	(47)
LEIOMYOSARCOMA Endometrial stromal polyp Endometrial stromal sarcoma	12 (24%) 1 (2%)	9 (18%)	1 (2%) 8 (17%)
#OVARY/PAROVARIAN LIPOMA	(49) 1 (2%)	(50)	(48)
ERVOUS SYSTEM			
	(50) 1 (2%)	(50)	(49)

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*THORACIC CAVITY Alveolar/bronchiolar ca, invasiv	(50)	(50) 1 (2%)	(50)
*ABDOMINAL CAVITY Lipoma	(50)	(50) 1 (2%)	(50)
MESENTERY LIPOMA	(50) 2 (4%)	(50)	(50)
ALL OTHER SYSTEMS			
MULTIPLE ORGANS FIBROSARCOMA, METASTATIC	(50) 1 (2%)	(50)	(50)
OSTEUSARCOMA, UNC PRIM OR META			1 (2%)
PERIORBITAL REGION Fibroma		1	
NECK C-CELL CARCINOMA, INVASIVE		1	
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ	50 8	50 19	50 31
MORIBUND SACRIFICE	6	7	13
SCHEDULED SACRIFICE Terminal sacrifice Dosing accident	36	19	5
ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED OTHER CASES		5	١
NINCLUDES AUTOLYZED ANIMALS			

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

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

TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	45 106	36 99	34 87
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	40 71	33 77	33 66
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	28 32	13 14	11 12
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	2 2	2 3	
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors	3 3	8 8	8 8
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC Total uncertain tumors			1

PRIMART TUMURS: ALL TUMURS EXCEPT SECONDART TUMURS # SECONDARY TUMORS: METASTATIC TUMORS OR TUMORS INVASIVE INTO AN ADJACENT ORGAN

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ANIMAL Number	0	0 0 2	0	0 4	0 0 5	0 0 6	0 0 7	000	0 9	0	0	2	1	11	0	1	0 1 7	1	0	5	21	22	2	24	L
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LIVER NEOPLASTIC MODULE	Ļ			•				×.						-		ż_	<u>.</u>	x	•	<u> </u>		•		x	~~
BILE DUCT	+ ·	•••••	<u>.</u>		+		<u>+</u>	+			<u>+</u>	*	<u>*</u>	<u>*</u>		<u>*</u>	*	+	+	<u> </u>	• •	*	+	+	
OALLBLADDER & COMMON BILE DUCT Pancreas	H.	- <u>N</u> -	*	- <u>H</u> -+		_‼_ •	- <u>H</u> -	<u>.</u> +	н +	<u>N</u>	<u>N</u>	- <u>×</u>	+	<u>N</u>	- <u>N</u>	м	<u>+</u>	<u>н</u>	-¥ +	- <u>M</u>	M +	<u></u>	_ <u>N_</u>	. <u>H</u>	-
ACINAR-CELL ADEHOMA	+																								-
ESOPHAGUS Stomach	t:	+	• •		<u>+</u>	*	•	÷	<u>+</u>	*	•	•	*	*	+	+ +	+	* •	• •	*	*	* +	<u>_</u>	• •	-
MESOTHELIOMA, METASTATIC	Ļ								<u> </u>	·	<u> </u>	×.				<u> </u>			<u> </u>				•	<u>,</u>	-
SMALL INTESTINE	1-	•		•	. *	•	*	+	<u>.</u>	*	*	•	<u>+</u>	•	+	*	*	•	.+	*	*	•	+	*	
LARGE INTESTINE RINARY SYSTEM	1·	*	•	<u>.</u>	•	·	*	<u>.</u>		•	<u>.</u>	•	<u>*</u>			<u>.</u>		•	•	•	•	•	<u> </u>		_
KIDARI JIJICI Kidney Adekocarcikoma, kos Lipoma	+	٠	٠	٠	٠	٠	÷	٠	٠	•	+	٠	٠	÷	•	·	٠	٠	•	ł	٠	٠	+	٠	
URINARY BLADDER	1.	•	•	•	+	•	-	+	+	+	-	+	+	•	•	+	•	+	-	•	+	•	•	+	-
NBOCRINE SYSTEM Pltuitary Adenoma, NDS Chromophobe Adenoma Chromophobe Carcinoma	•	•	•	•	•	•	•	•	•	•	•	•	×	•	÷	•	•	•	•	•	•	•	•	•	-
AOREMAL Cortical Carcinoma Pheochromocytoma	ŀ	•	•	• ×	+	•	•	•	*	•	•	+ x	+	•	•	•	·	+ ×	+	•	•	٠	+	•	-
GANGLJONEUROMA Thyroid C-Cell Adenoma	•	٠	•	•	•	•	•	•	×	+	•	•	•	•	•	+	+	•	•	•	•	•	•	-	-
C-GELL CARCINOMA Parathyrgid	t.																								~
	1.	:	:	÷	•	:	•	÷	÷	•		•	•	•	•	:				•	:	:	•	÷	
PANCREATIC ISLETS ISLET-CELL ADENOMA EPRODUCTIVE SYSTEM																	-			×					_
MAMMARY GLAND		•		N	•	н		N	•	•			N	÷	•	•		+		•	٠	•	N	N	
FIBROADENOMA Testis	+											•		-	-				<u>×</u>		ž	×			-
INTERSTITIAL~CELL TUMOR MESOTHELIOMA+ MALIGNANT	L.	×	x	x	x	×	ż	ż	x	×	×	x	×	x	,	×	×	×	×	x	x	x	×	×	
PROSTATE	ŀ	•	÷	•	•	•	+	•	*	÷	.+	-	+	•	+	•	+	•	-		•	+	-		-
PREPUTIAL/CLITORAL OLAND Adengma, NOS	X	M	N	N	N	H	Ħ	H	H	N	н	H	N	ĸ	H	X	H	N	N	H X	H	м.	H	N	
ERVOUS SYSTEM	<u>†</u>											*													•
BRAIN	ļ •	•	<u>.</u>	•	•	•	+	•	+	+	•	•	+	•	•	•	•	+	•	÷	•	*	•	•	
USCULOSKELETAL SYSTEM Muscle	N	N	N	N	н	ж	N	N	N	N	N	N	N	н	N	N	N	N	н.	N		N	N		
FIBROSARCOMA							•••••									_	~								-
CARTILAGE Lipoma		H	H	N	M	н	H	ж	N	Ň	N	N	H	N	н	N	N	н	H	N	N	N	н	H	
DY CAVITIES	1											**													••
MEDIASTINUM Alveolar/bronchiolar Ca, invasive Thyngma	1	N		H		н		H		H			H				×				×		H		
PEAITONEUM Myxosarcona Lipona	n	н	н	N	N	H	М	N	M	N	H	H	H I	M	N	N	H	N	N	R	N	ж	N	N	
MESENTERY LIPOMA	N	N	н	H	N	н	N	H	н	N	ĸ	N	N 1	H	N :	H	×	N	ж	N	н	н	N	H	
L OTHER SYSTEMS	1-														·										-
MULTIPLE ORGANS NGS Adenocarcinoma, Hos, Metastatic Myxosarcoma, Metastatic Mesothelioma, Newasive Mesothelioma, Metastatic Menocytic Leukenja	N	M	N	M	N	N	H	H	N			N X	н	H	N	N			×	N	M	н	N	N	
MONOCYTIC LENGTH							*																	¥	

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: VEHICLE CONTROL

.

X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION S: Animal Mis-Sexed

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

Toluene Diisocyanate

ANIMAL HUMBER	1 0	0	1 2	1 2	13	3	i 1	3	3	13	3	0 3 7	0	3	01	21	2	0	2	1	1	0	2	2	Ç 5	
WEEKS ON STUDY	19	1	5	TT	1 1	H	11	1	+ 4	ł	6 1 0	0	8 1 0	- ?	01	1	21	31		1		7	-	9	. 81	TOTAL TISSUE TUMOR
INTEGUMENTARY SYSTEM	+é	ف	Lé	مّل	L.	Lě	1 8	فْ	L.e.	L	Lå	ú		اغ	1	š	81	11	8	ši	41	.81	8		å	TUNUK
SKIN Squamdus Gell Papilloma Tricydepithelioma Reratorathoma	+	+	•	•	•	+	•	٠	•	•	+	•	•	٠	+	*	•	•	+	•	•	•	٠	٠	•	50m
SUBCUTANEOUS TISSUE BASAL-CELL TUMOR Adenocaegingma, nds Sargona, ndi Fibroma	•	٠	•	٠	•	•	٠	•	٠	٠	•	٠	٠	•	•	٠	+ ×	•	٠	•	•	•	٠	•	•	50# 1 1 3
ESPIRATORY SYSTEM	+-																								-	
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcingma	ŀ	•	•	•	•	•	•	•	+	+	•	•	•	•	•	•	•	•	•	•	*	•	•	•	-	30
TRACHEA	1.	•		*		•	•	*	~~~~~	+	•	-	·		•	<u>.</u>	-	-	-						-	37
BONE MARROW	<u> </u>	+		:	•		<u>.</u>	+	•	•		•	÷	•	•	<u>.</u>	<u>.</u>	•	•	•	. <u>.</u>	<u>.</u>		*	•	47
SPLEEN	<u> </u> .				<u>.</u>	<u> </u>	<u>.</u>	٠			<u></u>	•	- :		•	<u>.</u>	<u>.</u>	•	*	÷	<u></u>	•	•	*	-	49
LYMPN NODES	+÷	<u> </u>	-		·		_ <u>`</u>	•	: -	*	<u> </u>	*	<u>.</u>		<u>_</u>	•	<u>.</u>	•	•	*	*	<u>.</u> +	*	*	+	48
THYMUS Alveolar/Bronchidlar CA, invasive	-	•	-	+	•	•	-	-	~	*	*	•	+	٠	-	-	•	•	+	+	-	-	•	•	-	27,
IRCULATORY SYSTEM	1																									
HEART DIGESTIVE SYSTEM	Ľ	*	•	*	*	•		•	*	+	*	•	*		•		+	•	•	•	•	+	+	<u>.</u>	-1	59
SALTVARY GLAND	+	٠	•			•	÷	*		•	٠	٠	•	•	+	٠		+	•	٠	٠		+	٠	+	50
LIVER NEOPLASTIC NODULE	•	:	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	•	٠	٠	+	÷	٠	•	50,
BILE DUCT	<u>t</u> ,			+	_ +	•	•		•	+	+		_+		•	+		•	•		+	÷		<u>*</u>		50
GALLBLADOER & COMMON BILE DUCT	IN	H	.N.	N	N	N.	N	N	N.	. N.	N	H	H	N	N.	N_	H.	H	м	N	N_	H	H	N	N	50-
PANCREAS ACINAR-CELL ADENOMA	+	+	٠	•	٠	+	-	+	٠	٠	٠	-	÷	٠	•	+	•	•	•	•	٠	٠	+	٠	•	47
ESOPHAGUS		+	+	+	•	+	•	+	•	+	+	+	+	+		*	•	+	•	+	÷	•	÷	Ţ		49
STOMACH MESOTHELIOMA, METASTATIC	•	٠	٠	+	٠	٠	+	٠	٠	٠	•	+	٠	٠	٠	٠	٠	•	+	•	٠	٠	÷	٠	+	49
SMALL INTESTINE	1-	+	•	•		•	+	+	+	+	+	-	+	•	ŧ.	•	+		+	+	•	+	•	+	+	46
LARGE INTESTINE	+	+	+	+	-	٠	+	٠	•	•	•	+	+	+	•	٠	+	+	+	٠	+	٠	•	٠	•	44
RINARY SYSTEM Kidney Adengcarcinoma, Nos	+	* *	•	+	•	•	1	•	•	+	+	•	•	•	+	•	+	•	•	•	•	+	•	•	•	50,
LIPOMA	<u> </u>												x	·											+	
URINARY BLADDER NDOCRINE SYSTEM	Ŀ	+				*	·	÷		*	•		•	<u> </u>	+		-	•	•	·	<u> </u>	• 	-	<u> </u>	4	44
PITUITARY Adenoma Nos Chronophobe Adenoma Chronophobe Carcingma	•	* ×	•	٠	•	•	٠	٠	•	•	×	•	٠	• x	٠	•	•	• ×		• ×	÷	÷	٠	•	٠	50 2 3
ADRENAL Cortical Carcinoma Phegchromocytôma Ganglioneuroma	+	•	•	•	*	+	•	+ X	•	٠	* ×	• x	٠	• x	•	٠	+ X	*	+ X	•	٠	+	•	+ X	•	50 12
THYRDID C-CELL ADEHOMA C-CELL CARC.NOMA	•	•	•	•	~	•	٠	×	٠	٠	+	-	•	•	•	•	۲ X	•	•	•	•	•	•	×	•	46 2
PARATHYRDID	+	+	•	-		+	•	•	+	٠	+	-	-	+	+	•	-	-	-	+	•	•	•	-	-	34
PANCREATIC ISLETS ISLET-CELL ADENOMA	•	•	•	•	•	•	•	•	+	•	+	-	+	•	+	•	•	-	•	•	•	•	•	•	*	47,
EPRODUCTIVE SYSTEM Mammary Olihd Fibroadendma	•	٠	н	٠	н	N	H	٠	н	÷	÷	٠	+ *	÷	÷	٠	٠	•	+	•	٠	+	÷	÷	+	50 x
TESTIS Interstitial-cell tumor Mesothe(10MA, Malighant	* ×	×	ż	×	ż	×	×	ż	ż	ż	×	ź	ż	ź	ž	×	ż	•		ż	ż	×	ż	* ×	ż	50 48 2
PROSTATE	+	t.			+	•	+	•	t.	+	+	•	•	+		٠	•	•	•	<u>+</u>	•	+	<u>+</u>	+	4	.54
PREPUTIAL/CLITDRAL GLAND ADENDMA, NDS	N	X	H	N	N	N	H	H	H	N	H	H	N	N	N	H	H I	N.	N X	H	N	H	Ħ	N	M	50 ×
ERVOUS SYSTEM																									+	
BRAIN USCULOSKELETAL JYSTEM	•			*	*	*	+			+	+		+	•	<u>.</u>	+	•	•	•	•		•	+	.	4	59
MUSCLE	н	H	H	N	N	N	ĸ	н	N	н	н	н	ы	N	N	N	H I	4	N	N	N	N	N	N	N	50+
FIBROSARCOMA	H			N	 N	N	N			 N		 Ni			N	<u>х</u>					н				+	504
LIPOMA	Ľ	.,			.,																			<i></i>	"	
DDY AVITIES Mediastikum Alvedlar/Brongmidlar Ca, invasive Thymoma	N	N	н	H	N	н	N	N	H	м	н	N	H	н	н	N	N 1	•	H	н	M	N	H	н	N	50 # 1
PERITONEUM Myxusarcona Lipoma	N	H	н	N	N	N	н	H	н	н	H X	N	N	H	N X	H	N I X	4	N	н	H	н	н	N	M	50× 1 2
MESENTERY LIPOMA	N	н	H	N X	н	н	н	H	н	н	N	н	N	м	N	N	H I	4	H :	N	N	н	н	H	H	50 M
LL DTHER SYSTEMS MULTIPLE DRGANS NOS Adenocarcinoma, Nos, metastatic Myxosarcoma, metastatic	н	N	H	H	н	н	N	N	н	н	н	н	N	H	H		н I х	•	N	ĸ	N	N	N	м	н	50×
ADENOCARCINOMA, NOS, METASTATIC MYKOSARCOMA, METASTATIC MESDIHELIOMA, METASTATIC MESDIHELIOMA, METASTATIC MEMORYLIC LEUKEMIA	x	x								×											<u>x</u>			××		

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

ANIMALS HEGREPSIED
 ANIMALS HEGREPSIED
 TISSUE ENAMINED MICROSCOPICALLY
 TEODIFED ITSSUE NOT EXAMINED MICROSCOPICALLY
 TUMOR INCIDENCE
 TUMOR INCIDENCE
 NETROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO NISTOLOGY DUE TO PROTOCOL 4: AUTOLYSIS N: ANITAL MISSINO 8: NO NECROPSY PERFORMED

AN IMAL MUMBER	0	020	0 0 3	0		0	0	8	9	ě		2	i.	1	1	6	2		•	51	2	21	2	2	-
WEEKS ON STUDT	0 7	0	82	0	9	5	0	5	9	31	0	004	0	21	0	0 0 9	2 7 9	8	21	2	04	9		1 3 5	
INTEGUMENTARY SYSTEM																									-
SUBCUTANEOUS TISSUE Fibroma Fibrosarcoma Fibrosarcoma, invasive Fibroadenoma Osteosarcoma	•	•	+ x	٠	•	•	•	÷	•	٠	•	•	•	•	•	•	•	•	•	•	•	•	•	* X	
ESPIRATORY SYLTEM		-																							
LUNGS AND BRONCHI Ditedsargoma, metastatic	ŀ	•	ż	•	*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
TRACHEA	•	+	٠	+	٠	٠	٠	٠	+	٠	٠	٠	-	•	٠	٠	-	~	٠	٠	٠	+	٠	٠	
EMATOPOIETIC SYSTEM	1-				_	·																			-
BONE MARROW	++		<u> </u>	<u> </u>	*	•	•	•	*	<u>.</u>	<u> </u>		•	•	+	*	•	•	+	÷	•	•	+		
SPLEEN	+	<u></u>	<u>.</u>	<u>.</u>	<u>.</u>	<u></u>	<u>+</u>	<u>.</u>	<u>*</u>	÷	<u>*</u>	÷.		<u>*</u>	<u>*</u>	<u>*</u>	-	<u>*</u>	÷	<u>.</u>	<u>.</u>	<u>.</u>	<u></u>	. <u>*</u>	
LYMPH HODES Thymus	†	<u>.</u>	÷	- <u>;</u>		•	<u>.</u>	•	÷	÷	•	÷	•	÷	•	•	•	<u>.</u>	•	÷	÷	÷.	÷	÷	-
TROULATORY SYSTEM																				_					
HEART WEURDF1BROMA	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	•	٠	•	•	٠	•	٠	٠	٠	٠	٠	٠	٠	2
IGESTIVE SYSTEM	-																								-
SALIVARY GLAND Sarcoma, 305 Liver	+	•	<u>.</u>	+	<u>.</u>	*	•	•	• •	<u>.</u>	• •	• •	• •	•	•	•	•	• 	•	• •	•	+	<u>.</u>	<u>.</u>	
NEOPLASTIC NODULE MEPATOCELLULAR CARCINOMA Memangiosarcoma		·	•	•	,	·	x	·	•	·	•	·	•	·	•	•	•	x	x	·	·	·	,	·	
BILE DUCT	+÷		<u></u>	.	<u></u>		<u>+</u>		<u>+</u>	*		+	•	*	*	•	<u>+</u>	<u>+</u>	<u>.</u>	*	<u>*</u>	+	<u>+</u>	+	
GALLBLADDER & COMMON BILE DUCT Pancreas	+-	<u>N</u>	<u>N</u>	<u>N</u>	<u>.</u>	<u>_H</u>	_ <u>N_</u>	•		<u>+</u>	<u>N</u>	<u>.</u> M					₩ •		<u>H</u> +	*	*	. <u>N</u>	<u> </u>	<u>.</u>	-
ACIMAR-CELL ADEMOMA	1	-	_	×	•		<u> </u>			ż.	-	•	•	-	•	•	-			<u> </u>		<u> </u>		-	_
ESOPHAGUS	+.		*	+		*	<u>.</u>	<u></u>	+	*	•	- <u>t</u>	*	*	•		*	*	*	<u>+</u>	*	*	+	<u>.</u>	
STOMACK	+	•	•	*	*	+	•	*	*	+	*		<u>.</u>	•	•	<u>+</u>	*	<u>.</u>	+	*	*	*		•	
SMALL INTESTINE	†÷	<u>+</u>	*	•	÷	•	÷.	÷	•	÷	÷	<u>+</u> -	<u>.</u>	•	<u>.</u>	•	 •	÷		<u>*</u>	•	* +	. <u></u>	+	-
RINARY SYSTEM	+-								<u> </u>			· .					·	·				<u> </u>		·	
KIDHEY FIBROSARCOMA, METASTATIC	ŀ	•		•	•	+	•	•	•	•	•	+	•	•	•	•	•	•	•	•	•	+	•	•	
URIHARY BLADVER	•	•	*	٠	٠	٠	٠	*	•	•	-	٠	٠	•	•	-	•	*	•	•	*	•	٠	٠	
NDOCRINE SYSTEM Pituitary Chromophobe Adenoma	-	•	•	+	÷	•	•	•	-	•	÷	•	•	•	•	•	•	•	•	•	•	•	+	•	
ADR HAL Ph.uchromosytoma	ŀ	•	•	÷	+	•	×	•	•	•	ż.	٠	ż	+	•	+	•	•	+		•	ż.	•	•	
THYRGID C-Cell Alendma C-Cell Carcingma	ŀ	•	+	•	•	•	•	•	•	•	•	•	•	•	+	•	•	٠	•	٠	•	٠	•	• x	
PARATHYROID EPRODUCTIVE SYSTEM	·	+	•	•	٠	-	+	•	+	•	-	+	•	•	•	-	•	•	•	•	-	•	•	-	~
MAMMARY GLANG FIBROADENOMA	ŀ	•	н	•	н	•	•	м	•	H	•	•	•	•	• 1	۱ I	H	•	н	•	•	٠	N	•	•
TESTIS Interstitial-Cell Tumor Mesothelioma, Nos	×	٠	×	×	ż	×	×	٠	ž	×	*	٠	+ X X	•	* X	•		* X	×	•	t	*	¥	* ×	;
PRDSTATE	1.	٠	٠	٠	٠	٠	•	•	•	٠	•	٠	٠	•	•	•	•	•	+	÷	٠	•	٠	÷	•
ERVOUS SYSTEM	+						~~				·····														~
BRAIN	•	•	•	•	٠	٠	•	+	•	+	•	٠	•	•	•	•	•	+	•	•	•	٠	•	+	•
NESENTERY MESENTERY MYXQSARCOMA	H	ĸ	н	н	н	N	N	N			H X	H	n i	H	N 1		4	H i	N	M	H	N	н	H	,
L JPOMA	4									×								_							
HULTIPLE ORGANS NOS Mesothelioma, nos Mesothelioma, nos Memangiosarcoma, invasive Mongoytic Leukenja	N	H	N	н	M	N	H	N	N X			N	N		н 1	1 1		x		H			M	H	۲
+: TISSUE EXAMINED MICROSCOJ -: Regired Tissue not exami X: Tumo. Incidence H: Necro.st, no Autolysis, p 3: Animal Mis-Sexed	HED	LY MIC CRO	RDS SCO	COP P1c	ICA EX	LLY AMII	TATI	ON		c	×	ND NEC AUT ANI	TIS: ROP: DLY: MAL NECI	SUE SY, SIS MIS	ND ND INI	ORP HIS	IAT ITO	10H 10G	su 9 D	AMI UE		D PRC	700	OL	-

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: LOW DOSE
AHIMAL	1 01	0	61	61			-77		- 61	61	- ñ T	- 01	- <u>-</u>	DT.	0T	01	ÖT	01	01	- 61	-ii	- 11	01	- 11	01	
NUMBER	2	ż	028	29	3	3	322	3	3	3	3	3	0 3 8	39	â			\$	4	4		2	8	4	0500	TOTAL
WEEKS ON STUDY	0	0	5	0	1	6		0	0	0 6	2	3			0	0	1	2	è	2	0	2	0	0	9	TUMOR
INTEGUMENTARY SYSTEM	1.2	الكليب							81	-			-4.3-		<u></u>		-		<u>_</u> <u>e</u> 1	- 24			بع		- 84	
SUBCUTANEOUS TIBSUE Fibroma Fibrosarcoma Fibrosarcoma, invasive Fibroadenoma DSTEOSARCOMA	×	* * * *	•	•	٠	•	+	+ x	٠	٠	•	•	•	•	•	•	•	•	•	* ×	•	•	*x	•	×	50% 3 1 1
RESPIRATORY SYSTEM	1									-															-1	
LUNGS AND BRONCHI Ostedbarcoma, metastatic	ŀ	•	+	+	+	+	+	*	+	+	+	+	•	•	•	+	•	•	+	+	•	•	•	•	╧┥	50
TRACHEA	1+	-	٠	٠	+	-	+	+	+	+	٠	٠	~	٠	+	٠	٠	•	٠	-	-	٠	+	٠	+	41
HEMATDPOIETIC SYSTEM	T																								T	
BONE MARROW	+	<u>_</u>		+	+	<u>+</u>	*	+	•	*	+	*	*	+	+	+	+	+	+	*	+	*	+	+	+	49
SPLEEN	+·	+			+	+	•	•	<u>+</u>	+	•	<u>+</u>	*	*	*	+	+	*	*	<u> </u>	<u>+</u>	<u>.</u>	+	+	+	48
LYMPH HODES	1	+	t	<u>.</u>	*	<u>+</u>	<u>+</u>	+	*	*	+	•	~	+	· ·	+	<u> </u>		+	+	*	+	+	. <u>+</u> .,	-+	41
THYMUS	+	+	+	+	*	•	+	+	+	-	*	-	-	*	+	-	-	+	+	+	•	+	-	+	•	37
CIRCULATORY SYSTEM	T]	
MEART NEUROFIBROMA	+	+	+	•	•	•	+	+	•	+	•	•	•	•	•	•	*	+	+	+	•	•	•	+	*	50,
DIGESTIVE SYSTEM																										
SALIVARY GLAND Sarcoma, Nos	1	•		•	+	-		•	-	*	•	+	*		-	•	+	•		•	+	-	+	•	-	50
LIVER Meoplastic Nodule Nepatocellui,ar Carcinoma Hemangidsaruuma	•	•	•	~•	•	+	٠	•	+	•	+	•	•	+ X	+	+	٠	•	•	•	•	•	٠	•	•	50 2 1
BILE DUCT	+·	+	+	. +	+	*	•	+	+	•	+	+	<u>+</u>	•	+	+	+	.*	*		*	•	<u>t</u>	+	+	56
GALLBLADDER & COMMON BILE DUCT	1 N	N.	н.	Ν.	N	H	н	N	N.	N	N	N	.N	N	N.	H_	<u>K</u>	<u>N</u>	N.	н	8	Н.	N	N.	н	50×
PANCREAS ACINAR-CELL ADENOMA	Ŀ	ż	*	•	•	•	+	*	*	•	•	•	+	•	•	•	-	•	•	-	•	•	•	•	·	<u>47</u> 3
ESOPHAGUS	+·	+	<u>.</u>	+	•	+	+	+	_ <u>t</u>		+	-	<u>+</u>	*	+	*	+	*	•	+		+	+	•	-+	
STOMACH	+·		+	*	+	+	t	*	<u>.</u>	*	•	*	•	*	<u>.</u>	<u>t</u>	<u>.</u>	+	•	+	+	+	<u>+</u>	+	+	- 12
SMALL INTESTINE	+·	+		•	•	+	+	•	+		<u> </u>	<u>.</u>	+	÷	+	•	•	+		-	•	<u> </u>	<u>+</u>	<u>+</u>	+	39
LARGE INTESTINE	1 +	+	٠	٠	+	٠	٠	٠	•	٠	٠	٠	•	٠	+	٠	-	٠	٠	٠	٠	•	•	-	+	47
URINARY SYSTEM	+																									
KIDNEY FIBROSARCOMA, METASTATIC	<u>↓</u> •	×	•	•	*	+	•	÷	•	*	-	<u>.</u>				<u>.</u>	-	•		•	•	-	<u>.</u>	<u>.</u>	-	48,
URINARY BLADDER	•	٠	٠	+	٠	٠	٠	٠	٠	٠	+	+	+	•	+	*	+	٠	٠	٠	٠	-	٠	٠	+	47
ENDOCRINE SYSTEM Pituitary	1.	•	•	•	•	-	•	•	•		•	•	•	•		•	•	•	,	•	•	_	-	•		44
CHLOHOPHOBE ADENOMA	+								~	<u>×</u>		•	X		-				~						-	
ADRENAL Phedchromocytoma	+	×	•	•	•	+	•		•				•			•	•	•	ż	×	•	-	•	<u>+</u>	-+	*! ,
THYRDID C-Cell Aderoma C-Cell Carcinoma	Ŀ	•	*	×	<u>.</u>	•	•	.x	•	•	•	•	•	•	•	*	•	•	+	×	•	*	•	<u>.</u>		41 2
PARATHYRDID	•	٠	٠	٠	-	•	+	+	•	٠	٠	•	•	٠	٠	٠	-	٠	٠	٠	٠	-	٠	٠	-	36
REPRODUCTIVE SYSTEM	-														·						_				1	
MAMMARY GLANU FIBROADENOMA	÷	•	•	•	•	•	+	+	•	•	•	•	N	H	•	•	•	•	ż.	•	•	N	•	•	-	5¢# 1
TESTIS Interstitial-cell tumor mesothelioma, nos	x	* X	×	×	٠	*	* X	* × ×	×	×	* ×	٠	÷	* ×	•	٠	٠	*x	*	×	٠	•	×	+	ż	30 32
PRUSTATE	1.	٠	٠	٠	٠	÷	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	•	+	50
NERVOUS SYSTEM	1					-/																			1	
BRAIN	•	+	+	+	•	*	•	•	*	+	•	*	•	•	-	•	*	+	•	•	•	•	.*.	+	•	49
NESENTERY MESENTERY MIXDSARCOMA	н	N	H	M	N	ĸ	N	N	N	N	N	M	N	H	N	N	H	H	M	н	н	M	N	H	M	507
LIPOMA ALL OTHER SYSTEMS																									_	1
ALL OTHER SYSTEMS Multiple organs nos Mesotheliota, nos Memanoiosarcoma, invasive Monocytic leukemia	N	N	N	N	N	N	N	N	н	н	H	н	N	H	N	M	N	H	N	N	H	H	N	H	N	50 H

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

*

A ANIMALS NEGROPSED - INSUL EXAMINED MICROSCOPICALLY - FONDIEC INSUL MICROSCOPICALLY - FONDIEC INSUL MICROSCOPICALLY - TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC ALLY - NO MICROSCOPICALLY - NO TISSUE MICROSCOPICALLY - NO TISSUE INFORMATION SUBNITIED - NO TISSUE INFORMATION SUBNITIED - NO TISSUE AUTOLYSIS - NO TISS

AN IMAL NUMBER	0	01	0	0	0	0	0 7	0	01	0	1		01	0 1 4	1	0 1 6	17	0	0	2	2	2	2	24
WEEKS ON Study	¢ 5	0	1	0 7	500	0	0	0	91	0	0	1	0	0	502	0	0	8	3	0	0	0 9	2302	6
NTEGUMENTARY SYSTEM	2	- 91	01	81	. 8.	81	01	<u>.</u>	81	21	_71	91	81	_01	ēl	. 51	41	- 4	<u>.</u> ē1	-51		6 !	4	
SKIN Papilloma. Nos Squamdus cell carcinoma Keratoacantigma	*	+	+	H	•	•	+	+	• x	•	•	•	•	*	+	•	•	•	*	•	+	+	•	+
SUBCUTANEDUS TISSUE FIROMA FIROSARCOMA Mesuthelioma, invasive Heurilemoma, malionant	+	•	×	н	٠	٠	٠	+	* x	٠	+	٠	٠	٠	+	٠	٠	+	٠	٠	•	+ x	٠	•
ESPIRATORY SYSTEM																				÷.,				
LUNGS AND BRONCHI	+	+	•	+		+		<u>+</u>		<u></u>	t	+	+		+	4	*	+	+	+	<u>.</u> +	*	<u> </u>	<u></u>
TRACHEA	-	-	٠	-	٠	ŧ	-	+	٠	+	-	٠	٠	+	-	÷	٠	-	-	٠	٠	٠	+	+
EMATOPOIETIC SYSTEM																								
BONE MARROW	+	*	*	-	<u>+</u>	+	+	<u>+</u>	+	<u></u>	.	*	+	*		*	*	+	<u>.</u>	+	*	+	+	<u>_</u> *
SPLEEN	+	*	+	*	*	+	٠	+	4	*		*	+	•		+	+	+	*	*	*	+	+	<u>_</u>
LYMPH NODES	+-			*	*		•	<u>+</u>				+	+	*	_+_	+	+	*	+	*	+	+		<u>+</u>
THYMUS	-	+	+	+	*	+	*	•	•	-	-	*	•	*	-	*	-	*	+	*	-	~	+	*
IRCULATORY SYSTEM																								
HEART IGESTIVE SYSTEM	·	+	+	*	+	<u> </u>	+		*	*	+	•	+	+	+	•	*	÷	+	+		+	+	<u> </u>
SALIVARY GLAND											4				•	+	÷							
LIVER NEOPLASTIC NODULE , MEPATRCFILUL>P CARCINOMA	÷	+	÷	+	+	+	+	+	+	+	+	•	•	+	•	+	+	+	+	+	+ ×	+	+	+
BILE DUCT	+		+	÷	•	÷	+	÷		+	÷	+	+	÷	+	÷	+	•	÷	÷	•	+	+	+
CALLBLADOER & COMMON BILE OUCT	N	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	H	N	N	N
PANCREAS	+	•	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	•	+	+	+	+
ACIHAR-CELL ADENOMA				<u>x</u>					<u>×</u>												Å.			
ESOPHAGUS	_+_	<u>+</u>		+	- <u>+</u>	+	+	+	+	+	+	+	+	+	+	+	-	<u>+</u>	+	+	+	+	<u> </u>	- -
STOMACH	+	+	+	+		+	. . .	*	+	<u></u>	+	+	+		<u> </u>	-	-+	<u>+</u>	+	•	+	*	_*	*
SMALL INTESTINE	+	*	- <u>+</u>	*	<u>.</u>	*	+		*	*	*	+	*				*	<u>+</u>		+	*	+	*	*
LARGE INTESTINE	•	*	•	-	•	+	•	+	•	٠	*	+	+	+	•		•	•	*	+	+	-	•	+
RINARY SYSTEM KIDNEY Pheochromocytoma, metastatic Nephroblastoma	٠	٠	+	•	ŧ	٠	÷	•	٠	÷	•	٠	+	٠	-	+	•	٠	٠	٠	* x	•	÷	٠
URINARY BLADDER	•					•	•	•	+	•	•	•	•	-	+	•	+	+		•		*	•	•
NDOCPINE SYSTEM		·									<u> </u>		, 							·				<u> </u>
PITUITARY CHROMOPHOBE ADENOMA Chromophobe Carcinoma	٠	٠	٠	ż	+	٠	+	٠	•	•	٠	٠	٠	٠	•	ż	٠	٠	٠	٠	٠	٠	٠	٠
ADRENAL Pheochromocytoma Pheochromocytoma, Malignant	•	•	*	•	٠	+	•	* ×	•	•	•	•	•	+	+	+	٠	•	*	•	+ x_	+	•	٠
THYRDID		٠	٠		+	+	٠	*	•	+	٠	٠	•	٠	-	٠	٠	+	+	٠	•	÷	+	*
C-DELL CARCINOMA								<u>×</u>																
PARATHYROID Adenoma, Nos	•	+		•	<u> </u>	•	·	+	-	•	+	÷	+	-	-	•	*	-	•		ż.	*		-
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA ERODUCTIVE SYSTEM	•	•	+	•	•	•	•	•	×	•	•	•	•	•	-	•	•	•	+	•	•	•	•	•
MANNARY GLANI		•	٠			÷	м	+	•	•	N	÷	N			•		•	N	N	÷		•	٠
FIBROADENOMA																	X	X						
TESTIS INTERSTITIAL-CELL TUMOR INTERSTITIAL-CELL TUMOR, MALIGNAN MESUTHELIOMA, MALIGNANT	÷	•	*	×	*	ż	×	×	×	•	•	+	•	+	•	•	x	x	•	•	ż	×	•	ż
PROSTATE	+	+		+	•	•	+	•	•	+	•	+	+	<u>_</u>	*	+	+	+		*	*	+	+	+
PREPUTIAL/CLITORAL GLAND ADENOMA, NOS	N	H	N	N	H	N	N	N	м	н	H	н	ĸ	N	Ņ	Ņ	N	N	N	Ħ	N	N	N	N
ERVOUS SYSTEM																						,	·	
BRAIN CHROMOPHOBE CARCINDMA, INVASIVE PINEALDMA	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	٠	÷	•	٠	٠	٠	٠	٠	• x	٠	٠
GLIOMA, HOS		-							~										×					x
PECTAL SENSE ORGANS												_												
EAR SQUAMDUS CELL CARCINOMA	м	н	н	N	н	H	N	н	N	H	N	N	н	н	•	н	н 	н	N	н 	н	N	•	H
PERITONEUM Interstitial-cell tumor, metastat	N	н	н	N	H	N	N	N	N	N	н	N	N	Ħ	N	H	H	H	н	N	н	N	н	н
TUNICA VAGINALIS MESOTHELIOMA, NOS	•	٠	+	•	٠	•	•	•	•	•	•	•	•	+	•	+	•	+	•	٠	•	•	•	•
L OTHER SYSTEMS																								•
MULTIPLE ORGANS NOS MESOTNELIONA, NOS	N	N	H	N	N	N	N	N	N	M	н	н	M	H	н	N	N	N	N	н	H	N	N	N

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEARSTUDY OF TOLUENE DIISOCYANATE: HIGH DOSE

Toluene Diisocyanate

WEEKS ON STUDY	0	27 09	2 8 0 7	0 2 9	0200-	8	2	3	3	3	3	31 7 11 01	31	3	<u>0</u> j		4204	04309	04410	5	500	7	-8	- 0	0	TOTAL TISSUE TUMORS
NTEGUMENTARY SYSTEM	ěi.	é	4	للغ	z	ŝi	ži	8	é.	91	ă.	3	8Ì	ż.	21	<u>.</u>	31	61	8	31	õ i	6	31	21	ŝ	1000KS
SKIN Papilloma, NOS Squamous, Cel. Carcinoma Keratdacanthuma	* X	٠	•	+	•	•	٠	·	•	٠	٠	٠	•	٠	•	•	•	•	٠	٠	٠	•	٠	٠	• X	50
SUBCUTANEQUS TISSUE FIBRORA FIBROSARCOMA MESOTHELIOMA, INVASIVE NEURILEMOMA, MALIONAMI	* X	• ×	٠	×	•	* ×	•	٠	+ × ×	×	٠	•	* X	÷	•	•	•	•	÷	* x	•	×	+	×	•	50× 9 3
ESPIRATORY SYSTEM																									-+	
LUNGS AND BRUNCHI	•		•	+	•	<u>.</u>	<u>.</u>	<u>.</u>	*	•	÷	+	. <u>+</u>	•	<u>.</u>	•	<u>+</u>	•	•	4	+	·		+	•	50
TRACHER	•		+	· 	-	<u>+</u>	-	•	<u> </u>	•	+	•	•	<u>.</u>	•	* 	-	*	-	•	+		+	•	-	36
BONE MARROW	•	+	÷	•	+	+	•	•	÷	+	÷	÷	•	÷	•	-	•		•	+	•	÷			+	47
SPLEEN	<u>+</u>	+	+	÷	*	+		٠	+	+	+		<u>+</u>	t	+	<u>.</u>	+	•	<u>+</u>	•	,	+		+	•	49
LYMPH NODES	+	+	+	*			•		*	<u> </u>		*	•	•	<u>.</u>	+	+	*	÷	+	+	+	÷	+	-+	43
THYMUS INCULATORY SYSTEM	+	*	*		*	*	*	*	_	-	*		*	•	•	•	*	•	*	-	<u>.</u>	+	+		-+	36
HEART	•	٠	+	٠	+	+	٠	•	+	٠	÷	+	÷	÷	٠	÷	+	+	٠	+	٠	٠	٠	+	÷	50
IGESTIVE SYSTEM																									t	
SALIVARY GLAND	· · · · ·	÷-			• •		+		<u>.</u>		*	•	•	•	•	<u>.</u>	* •	<u>+</u>	•	•	•		<u>+</u>	<u>*</u>	+	48
HEOPLASTIC NOLULE HEPATOCELLULAR CARCINGMA	Ĩ		-	×	•	•	,		•	•	÷	,	•	,	•	,		x		x	•	•	*	,		50 2
BILE DUCT	+	+	+	•		+	+	•			+	•	+	<u>.</u>	+	•	•	•	<u>+</u>	+	+	+	+	•	+	50
GALLBLADDER & COMMON BILE DU"T	N	N	N	N	N	N	N	N	N	N.				ĸ						N		ĸ	<u>N</u>	N	-N	50*
PANCREAS ACINAR-CELL ADENOMA	*	+	+	+	•	*	•	+	x	*	+	+	<u>×</u>	*	•	•	•	+	•	*	<u>.</u>	•	•	+	-	• ° 7
ESOPHAGUS	+	+	•	*	<u>,</u>	•	•	+	.*		+	+	+	<u>+</u>	<u>•</u>	•	•	+	•	<u>.</u>	÷	•	+	•	•	47
STOMACH SMALL INTESTINE	<u>+</u>	<u>*</u>	*		+	<u>*</u>	*	<u>+</u>	<u></u>	<u>+</u>	*	<u>*</u>	<u>.</u>	<u>*</u>	•	+	<u>•</u>	<u>.</u>	<u>*</u>	•	<u>*</u>	<u>.</u>	<u>.</u>	<u>+</u>	+	47
LARGE INTESTING	- <u>t</u>	 +	*	+	-	+	+	• •	+	-	÷	+	+	-	+	*	• •	+	·		•	÷		+	Ť	44
REHARY SYSTEM																			~						-	
KIDNEY Phedchromdcytoma, Metastatic Nephroblastoma	+	•	•	+	•	+	•	•	•	•	+ x	•	+	•	•	•	•	•	•	•	•	•	+	•	•	69 1
URIMARY BLADDER NDOCRINE SYSTEM	+	+	*	<u> </u>	*	*		•	+	•	+	•	•	+	* ·		•	•	*	•		<u>·</u>			4	<u> </u>
PITUITARY CHROMOPHOBE ADENOMA CHROMOPHOBE CARCINOMA	+	* ×	+	+	٠	+	•	+	-	•	* X	* x x	•	+	+	+		* ×	•	×	•	•	•	•	•	49
ADRENAL Pheochromocytoma Pheochromocytoma, Malignant	+	+	•	×	•	•	•	•	* ×	•	*	•	•	•	•	•	•	+		x	•	+	+	•	•	50 6 1
THYBDID C-CELL CARCINOMA	4	+	٠	+	+	٠	-	+	•	٠	* x	+	٠	+	•	+	+	+	+	+	*	*	-	٠	+	47 2
PARATHYRDID ADENDMA, NOS	*		÷	+	-	-	-	-	•	-	-	+	-	-	٠	•	•	+	+	÷	•	٠	٠	-	•	32
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA EFRODUCTIVE SISTEM	٠	•	٠	+	+	+	+	+	÷	•	•	•	•	+	•	+	•	+ x	*	•	ż	÷	•	•	•	49
PRODUCTIVE SISTEM MAMMARY GLAND FIDRCADENOMA	٠	÷	÷	н	÷	÷	N	÷	N	÷	٠	ţ	ĸ	÷	٠	٠	٠	٠	÷	÷	•	н	•	÷	H	50×
TESTIS INTERSTITIAL-CELL TUMOR INTERSTITIAL-CELL TUMOR, MALIGNAN MESOTHELIONA, MALIGNANT	+ X	* X	×	*	÷	* ×	×	+	*	* ×	* ×	ż	*	+	•	+		* ×	+ X	* ×	*	, x	+	*	x	50 29
PROSTATE	+	+	-	+	٠	÷	+	+	+	+	+	+	÷	+	+	۰	•	•	+	-	÷	+	÷	•	•	47
PREPUTIAL/CLITORAL GLAND Adenoma, NOS Ervous System	н	ĸ	М	н	H	н	N	H	M	H	н	N X	H	н	н	N	н	H	H	H	н	н	н	н	м	50× 1
BRAIN CHROMDFHOBE CARCINOMA, INVASIVE FINEALOMA GLIOMA, NOS	٠	•	٠	•	•	•	•	•	٠	٠	٠	×	•	•	•	•	•	+	•	•	·	•	÷	٠	+	50 } 2
PECIAL SENSE ORGANS Ear Squamdus celi carcinoma	N	* X	н	N	N	N	N	N	н	H	N	н	м	•	H	н	N	N	н	N	N	N	÷	N	N	50× 1
JDY CAVITIES Peritoneum	н		N	N	N	N	N	N	N	N	H	н	N	N	н	н	N		N	N	N		~~~~	N	N.	30×
INTERSTITIAL-CELL TUMOR, METASTAT TUNICA VAGINALIS MESOTHELIONA, NOS	<u>×</u> +	+	+	•	•	+	+	•	•	•								+		•	+	•	+	•	•	1 50*
LL OTHER SYSTEMS Multiple Drgans Hos Mesoimelioma, Nos	N	Ħ	N	N	H	н	N	н	N	H X	N	N	H	н	N	н М	н	н	H	N	H	N	N	N	H	50 # 1 4

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

ANIMAL HUMBER	0	007	0	0	100	100	4	0	000	1	1	1	1	1	1	1	1	1	0 - 9	0 2 0	021	220	2	2	
WEEKS ON STUDY	1	07	0,9	0 9	0	6 1 0	1		1	- 0		1	1	1	1	0	1	10	0	1	1	1	1	i v	
NTEGUMENTARY SYSTEM	L.	ć	6	6	Ŷ	Å	.6		ð	. 6	اه_	ě	å	å	ě.	نڌ	Ž	ě	ģ	š	Ľ	š	š	ě	L
SUBCUTANEOUS TISSUE	•		+	+	÷	÷	•		+	٠	٠	+	+	+	•		٠	٠	٠	÷	٠	+	٠	•	
FIBROSARCOMA FIBROADENOMA					,×	X																			
ESPIRATORY SYSTEM	+							_								_									~
LUNGS AND BRONCHI Alveolar/Bronchidlar Carcinoma	+	•	٠	*	+	٠	•	٠	*	•	•	*x	•	•	٠	٠	•	+	+	+	•	٠	+	•	
TRACHEA	•	+	+	•	+	+	+	+	•	٠	+	+	+	+	•	•	•	-	+	•	+	+	•	•	
EMATOPOIETIC SYSTEM	\vdash				~			•												•••••					
BONE MARROW .	++	+	+	•	+	•	+			+	+	•	÷	•	<u>.</u>	+	+			+	+	•		•	_
SPLEEN Monocytic Leukemia	•	٠	٠	+	+	+	٠	٠	٠	+	٠	٠	•	*	+	*	٠	*	•	•	*	*	•	+	
LYMPH NODES	•	ł	•	•	+	-	+	+	÷	+	•	•	+	+	+	+	+	-	ŧ	•	+	-	÷	+	
THYRUS	•	-	-	-	•	+	٠	+	,	•	+	٠	-	+	٠	÷	٠	•	+	٠	+	~	-	+	
IRCULATORY SYSTEM	<u>†</u>																								
HEART	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	
IGESTIVE SYSTEM	1																					·			
SALIVARY GLAND	<u>+</u> +	<u></u>	•	+	+	+	+	*	*		+	+	•	+	•	+	*	*	+	+		+			
HEOPLASTIC PODULE	<u> </u> •	*	•	+	•	+	•	•	•	+	•	+	*	*	•	•	+	•	•	+	+	•	•	•	
BILE DUCT	ŀ	+	•	+	+	•	+	•	+	•	•	+	+	+	•	+	+	+	+	+	+	•	+	+	
GALLBLADDER & COMMON BILE DUCT	N	ĸ	н	N	<u>N</u> .	H	N	N	ĸ	<u>N</u> .	ĸ	N	N	н	N	N	N	н	N		N	N	N.	N	
PANEREAS	•	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	
ESOPHAGUS .	<u>+ •</u>	•	•	*			<u>.</u>	t.	•	*	<u>.</u>			٠	+	*	+	*			+	•	•	+	
STUMACH Squamdus cell papilluma	ŀ	+	•	•	*	•	+	•	•	•	•	*	•	*	+	+	•	*	*	•	+	+	+	+	
SMALL INTESTINE	+	<u>.</u>	•	+	•	•	•	÷	+	•	t	•	+	+			+		_t_	. +	•			•	
LARDE INTESTINE	•	٠	٠	٠	+	٠	٠	٠	÷	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	+	
RINARY SYSTEM	1																								-
KIDNEY .	ŀ	+	•	+	÷.,	<u>_</u> *_	+	+	+		+	•	•	*.	*	+		+	+	+	+	<u> </u>	+		
URINARY BLADUER	+	*	٠	+	+	••	•	•	٠	+	+	+	•	+	+	+	•	•	+	+	+	•	•	٠	
NDOCRINE SYSTEM																									
PITUITARY Adenoma, Nos	•	٠	•	+	٠	+	•	•	٠	٠	*	+	+	•	+	٠	•	•	•	•	•	•	•	•	
CHPOMOPHOBE ADENOMA Chi amophobe carcinoma		×	×			x					<u>×</u>			×	x		×		X		×	×		×	
ADRENAL Cortical Adendia	+	٠	٠	٠	٠	٠	٠	÷	+	+	٠	٠	•	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	+	
PHEOCHROMCCYTOMA	 							<u></u>					X												
THYROID Foiitcular-cell carcinoma	•	٠	٠	٠	٠	٠	٠	+	٠	+	٠	٠	•	+	+	٠	٠	+	٠	+	٠	+	٠	٠	
FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA								×		_			x	x				_	×				×		
PARATHYROID	-	+	-	•	+	-	-	•	٠	+	٠	+	+	•	-	+	+	-	•	+	-	÷	•	-	
ADENOMA, HOS Eproductive system	L																×								
MAMMARY GLAND		•	+	•			+	+		н		•	•	÷		÷	÷			•		+		•	
FIBROADENOMA	<u> </u>		×											×.	<u>x</u>								X		-
PREPUTIAL/CLITORAL GLAND CARCINOMA,NDS	N	N	N	н	N	N	н	H	N	N	H	N	N	H	N	N	N	H	H	н	N	М	н	N	
UTERUS	+	+	٠	+	+	•	+	+	+	+	٠	•	+	+	•	+	+	+	+	+	÷	٠	•	٠	
ADEMOCARCIMOMA, NOS Endometrial stromal Polyp Endometrial stromal Sarcoma			x	x			x				x							x		x	x				
ENDOMETRIAL STROMAL SARCOMA Ovary	•	•	•	•	• X								•	•		•	÷		•		•			•	
LIPOMA	ľ			,	ŕ		•			ŕ			•			,		Ĵ		ŕ	,	ĺ	, î	r	
ERVOUS SYSTEM										_						-									_
BRAIN Chromophobe carcinoma, metastatic	•	+	+	٠	٠	÷	+	٠	٠	٠	+	٠	٠	۰.	٠	*	+	٠	•	+	*	٠	+	٠	
DY CAVITIES																	•				h			·	
MESERTERY LIPOMA	N	H X	N	M	N	н	N	N	ĸ	м	N	N	N	N	N	н	N	N	N	N	N	N	N	Ņ	l
L OTHER SYSTEMS														••••											
MULTIPLE OPDANS NOS	н	н	H	N	N	N	H	N	ĸ	N	N	N	N	N	N	н	N	N	н	H	H	N	N	N	1
FIBROSARCOMA, METASTATIC Malignant Lymphoma, Nos Monocytic Leukemia				٣												J	~							, u	
				X				X			X		X			X	X							<u>×</u>	

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: VEHICLE CONTROL

NUMBER WEEKS OH	026-	2	4	29	1	3	32	3	3	3	3	2	3	3	ê	1	1	3	-	-	-	1	4	1	-	TISSUE
STUDY	0	07	0	0	03	8	8	0	0	0	0	0	8	8	0	8	0	3	0		8	4	9		ŝ	TUMOR
INTEGUMENTARY LYSTEM	1						15																			
SUBCUTANEOUS TISSUE Fibrosarcoma Fibroadenoma	1.	×	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	×	•	•	•	•	1	50
RESPIRATORY SYSTEM	1			-		-					-				-				-		-		-	_	-	100
LUNGS AND BRONCHI Alvedlar/Bronchiolar Carcinoma	+	+	+	•	+	+	+	+	+	+	٠	•	.+	٠	•	+	+	+	•	+	+	٠	+	+	•	50
TRACHEA				+		+	+		+	+	+	+		•	+	•	+	•	+	+			-		+	45
HEMATOPDIETIC SYSTEM	1-	-	-			-	-		-	-	-	-	-	-	-	-		-	-	-	-	-	-	-		-
BONE MARROW	1 -	+	+	+	+	•	+	•	+	+	•	+	•	+		+			•	+	+		+	+	+	49
SPLEEN Monocytic Leukemia	•	+	•	+	+	+	+	+	•	*	*	+	+	*	+	+	+	٠	+	*	*	+	+	+	+	50
LYMPH NODES	++		+	+	+	+	+	+		+	+	-	+	+	+			+		+	+	+				45
THYMUS	-	-	Ċ.	+	+	•	-	+	+	٠	+	۲	-	•	+	٠	•	•	•	+	•	•	•	•	-	30
CIRCULATORY SYSTEM	T					1		-	-					-				1					-	-		
HEART	+	+	+	+	+	+	+	٠	+	*	+	+	+	٠	+	٠	+	•	+	+	٠	•	+	•	+	50
DIGESTIVE SYSTEM												17							0				1			12.5
SALIVARY GLAND LIVER	+	*	*	*	*	+	+	+	+	•	*	*	*	+	•	*	+	*	*	*	*	*		*	*	- 54
NEOPLASTIC NODULE	Ŀ	•	•	•	*	•	+	+	•	ż	•	+	•	+	×	+	•	*	•	+	•	*	x	+	-	50,
BILE DUCT	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			•	50
GALLBLADDER & COMMON BILE DUCT	H.	N	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	H	N	N	N	N	N			50.
PANCREAS		٠	٠	٠	+	+	٠	+	٠	٠	٠	•	+	٠	*	•	•	•	٠	•	•	*	٠	+		50
ESOPHAGUS	++	•	+	•	+	•	+	+	•	+			+	+	•	+	•	•	+	•	+	•	*	+	+	48
STOMACH Squamous Cell Papilloma	+	*	+	+	*	+	+	•	+	•	•	+	×	+	+	*	*	•	+	+	•	+	*	+	*	50
SMALL INTESTINE		+		+	+		+			+	+	+	+	+		+			+	+	+		+			
LARGE INTESTINE	+	+	٠	٠	+	٠	+	٠	•	+	•	•	٠	٠	•	٠	•	•	+	+	٠	٠	٠	٠	•	49
URINARY SYSTEM																							_		1	
KIDNEY	+ •	+	+	+	+	+	•	+	+	•	+	+	•	+	+	•	+	+	+	+	•	•	+	•	+	50
URIHARY BLADDER	•	*	*	•	•	+	•	•	+	•	•	+	•	•	•	*	+	*	•	•	*	•	*	•		48
PITUITARY							1			1				i.							5					
AD HOMA, NOS CHAOMOPHOBE ADENOMA CHROMOPHOBE CARCINOMA		*	•	:		×			*	*	•	* x	*	* ×	x	*		•	•	×	×	×	×	*	×	25
CHROMOPHOBE CARCINOMA	-	_	x	^	-	^	_	-	^	^	_	^	-	^	-	^	x	_		^	-		_	^	1	2
ADRENAL Cortical Adenoma Pheochromocytoma	•	*	+	•	*	•	×	+	+	•	•	+	•	•	•	•	+	+	+	•	•	•	•	•	•	50
THYROID Follicular-Cell Carcinoma	•		+	+	*	•	+	٠	•	•	+	٠	+	•	•	•	+	+	•	•	•	•	٠	•	+	50
C-CELL ADENOMA C-CELL CARCINOMA							x				×				10					x					1	7
PARATHYROID	-	٠	-				•	-					+	+		-		+	-	•	+					31
ADENOMA, NOS REPRODUCTIVE SYSTEM		_	_	_	_	1				-	_	_		_		_				_	-		_	_	4	1
MAMMARY GLAND	N				N			+																		50×
FIBROADENOMA	-	-	X	-	-	-	X	-	X	÷	-	x	-	x	x	X	<u>×</u> _	-	X	-	-	X	-	x	+	- 12
PREPUTIAL/CLITORAL GLAND CARCINOMA.NOS	H	X	N	H	H	H	H	N	H	N	H	H	H	H	H	H	N	H	N	H	N	N	H	N	"	50*
UTERUS		•	•	+	٠	٠	٠	٠	+	•			•	•	•	٠		•		•	٠	•	+	٠	+	50
ADENOCARCINOMA, NOS ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA	×		×	x														x						x	×	12
OVARY		÷			•		+					+	•		•				+		•	•			.)	49
LIPOMA NERVOUS SYSTEM	-						_	-		_	_	_	_	×	_	_	_			_	_	_	_	_	-	
BRAIN																										50
CHROMOPHOBE CARCINOMA, METASTATIC							Ċ.	Ê.					÷.				×	÷.,	ć		·	÷.,	Č.,			
DDY CAVITIES	1			5									5.1	Ū.					5			1.1				120
MESENTERY LIPOMA	M	H	H	N	H	X	ĸ	H	H	N	N	M	H	N	N	M	M	ĸ	N	ĸ	N	ĸ	N	N	N	500
LL OTHER SYSTEMS	-	-	-		-		-	-	-	-	-		-	-	-	-	-			-		-			+	
MULTIPLE ORGANS NOS Fibrosarcoma, metastic Malignant Lymphoma, nos	H	×	H	H	H X	H	H	N	N	H	H	H	H	H	H	H	N	H	N	H	N	N	*	H	*	50*
MONOCYTIC LEUKEMIA	x	×			^				x	×		x	X			x	_	×	x	X		x	x	x		20

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

ANIMAL Number Weeks on	0 1 0	2	0	004	3	0	0	0000	9	0	1	2	*	-		-	7	8	9	21	21	-21	2	24	1
STUDY	1	8	0	Å	ŝ	8	8	1	9	8	3	ŝ	5	ě	8	ğ	0	ò.	5	8	2	8	7	8	L
SKIN		•				•	÷		•	÷		+	•	÷			•	•	•	+	•	÷	÷	•	
PAPILLOMA, NOS																									
SUBCUTANEDUS TISSUE Basal-Celi tumor Firoma Fibroademoria	•	•	•	•	×	•	•	•	•	•	•	•	•	•	•	•	•	•	x	٠	•	•	•	•	
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI Alveolar/Bronchidlar Adenoma Alveolar/Bronchidlar Carcinoma	•	•	*	•	+	•	•	+	•	* 	•	` 	•	•	•	•	•	•	•	+	+	•	•	•	
TRACHEA HEMATOPOIETIC SYSTEM	Ŀ	+	+		•	•	-	+	• 		+	•		•	•	•	•	•	•	•	+	•	•	•	_
BONE MARTON	+	+	•	+	•	+	-	•	•	+	•	+		+	+	•	+	•	•		+	+	٠	+	
SPLEEN	+	٠	•		+	٠	+	+	+	+	+	•		+	+	•	•	•		+	٠	_t	+	<u>.</u>	
LYMPH NODES		*	+		•	+	•	+	*	<u>+</u>	_ 	•	•	<u>.</u>	<u>.</u> †	*	_ <u>+</u> _	<u> </u>		+	<u>.</u>	<u>+</u>	<u>+</u>	+	
THYMUS Thymoma	•	*	٠	•	-	*	-	•	-	-	-	•	•	*	-	-	+	•	+	-	-	•	-	+	
IRCULATORY SYSTEM			~								à														
MEART Alveolar/brokchiolar ca, invasive Digestive bystem	•	•	•	•	•	•	•	•	•	x	+	•	•	•	•	•	•	•	•	*	•	•	•	+	
SALIVARY GLAND	•	+	+	•	+	+	<u>+</u>	+	•	•	+	•	•	4	<u>+</u>	+	+	+	•			•	•	•	
LIVER Neoplastic Nodule	٠	÷	•	•	÷	•	•	٠	•	٠	÷	٠	٠		÷	٠	+	٠	+	٠	•	+	٠	٠	
BILE DUCT	,	•	+	+	•	+	+	±	+	+	÷	•	+	•	÷	•	+	+	+	+	+	+	+	*	
DALLBLADDER & COMMON BILE DUCT	H	N.,	ĸ	N	H.	N	N	N	N	N	н	N	N	N	N	H	N	N	N	N	N	N	N	N	_
PANCREAS .	•	+	+	•	+		<u>.</u>	+	+	+		•	+	<u>+</u>	•	+	+	•	+	+	+	+	•	+	
ESOPHAGUS	•	+	+	*	•	+	+	+	+	+	.+	+	•	•	*	*	•	•	•	+	*		+	+	-
STOMACH Small Intestine	•	•	- <u>*</u>	•	+	• •		*	*	•	+	+	<u>.</u>	• -	÷	- <u>*</u> -	•	<u>,</u>	+	<u>*</u>	÷	<u>.</u>	•	<u>*</u>	-
ADENOCARCINOMA, HUS	•							<u> </u>	-						-		·								_
LARGE INTESTINE JRINARY SYSTEM	+	+	*	<u>.</u>	+	÷	•	•	+	<u>.</u>	•	•	*	•	•	<u>.</u>	•	+	•	*	<u>.</u>	<u>.</u>		•	
KIO.EY	•	. •	•	÷	÷	+		+		•	÷	•	•	• .	+	+	÷	•	+	+	÷	+	+		
URINARY BLADDER	٠	•	+	+	+	•	•	+	•	•	•	•		•	•	+	•	•	+	•	٠	•	+	•	
ENDOCRINE SYSTEM																								*****	
PITUITARY Chromophobe Adenoma	•	×	+	•	-	+	•	•	×_	•	•	*	•	•	ż.		*	•	•	•	•	×	•	•	
ADREMAL Cortical ademoma PMEOCHROMOCYTOMA		x	•	•	Ť	·	Ť	•	•	Ţ	××	•	•	•	x	•	·	Ť	•	Ţ	•	•		x	
THTRO10	•	•	•	•	-	•	+	•	•	•	+	+	•	+	•	•	•	•	+	•	+	+	+	+	
C-CELL CARCINOMA Parathyroid							-															<u>×</u>	•		
PANGREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINGMA	•	•	•	+	•	•	•	•	+	+	*	+	•	•	×	•	•	•	•	×	•	•	•	+	-
REPRODUCTIVE SYSTEM																									
MAMMARY GLAND Adenoma, Nos Cystadenoma, Nos Lipoma	٠	٠	•	•	•	٠	•	•	٠	٠	٠	ż	٠	N	•	٠	+	٠	* X	•	•	•	h	٠	
FIBROADENOMA PREPUTIAL/CLITORAL GLAND	н	X N	N	N N	н	N	X N	м	N	N	X N	X N	н	N	N	N	N	н	н	X N	н	×	N	X	
ADENOMA, NOS																						×			
ENDOMETRIAL STROMAL POLYP	+	ż	•	+	•	×	*	•	ż	•	ż	ż	•	•	•	<u>.</u>	•	•	•	×	•	•	•	•	
GVART	•	•	•	•	•	•	٠	٠	•	•	•	•	•	٠	+	•	•	٠	•	•	•	•	•	+	_
BRAIN	•	,																		_	•		•	,	
ODY CAVITIES	•						Ŧ						•		-			-							-
PLEURA	N	ĸ	N	н	н	N	N	M	ĸ	H	N	н	N	N	N	H	H	N	N	м	N	н	N	н	
ALVEOLAR/BRONCHIOLAR CA, INVASIVE PERITONEUM	M	N.		*		н	H	N N	N	<u>.х</u>	N	N	N	 N	N	N		н	н			 N	N	H	-
LIFOMA																				.,					
LL OTHER SYSTEMS	μ.		N		N	н			×	N	H	N	H	ĸ	н		N	N	H	н	ų	N	 بر	N	
MULTIPLE ORGANS MDS Monocytic Leukemia Periorbital Region Fibroma					×.						×								 x					,1 Minere	
NECK HOS																									
C-CELL CARCINOMA, INVASIVE																									

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: LOW DOSE

AN IMAL NUMBER	21	2	21	29	ΟL	3	3	3	3	31	0 3 6	0 3 7	3	51	040	94	4	4	0 4 4	4	2	4	4	41	_0	TOTAL
WEEKS ON STUDY	0	- 11	0	-	01	01	2	0	0	5	01	01	0	0		0	01	1	8	8	9	0	01	9	ċ	TISSUES
INTEGUMENTARY SYSTEM	1 81	-31	91	81	41	01	<u>8</u> .	-2.1	_21	<u>ē</u> 1	41		<u>8</u>]		31	0	<u>.</u>	<u>.</u>	01	81	-11	\$1.	81	- 21	-	
SKIN Papilloma, nos	ŀ	•	•	+	•	•	+	+	•	*	*	•	*	•	•	+	•	*	*	+	•	+	+		•	50*
SUBCUTANEOUS TISSUE Basal-Cell Tumor Fibroma Fibroma	·	٠	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	* x	•	٠	•	• x	٠	٠	٠	•	• x	٠	* X	50 4 1 1
RESPIRATORY SYSTEM	<u> </u>																	.,								
LUNGS AND BRONCHI Alveolar/bronchidlar adenoma Alveolar/bronchidlar carcinoma	·	*	•	•	٠	•	•	•	•	•	•	+	•	•	•	•	•	x	•	•	•	•	•	•	•	50
TRACHEA HEMATOPOIETIC SYSTEM	+	•	•	•	•	•	•	+	-	•	-	-	•	*	•	•	•	+	•	-	-	•	•	-	+	38
BONE MARRON			÷	•	÷	•	÷	+		•	÷	÷	÷	•	•	•		•			٠	÷		+		49
SPLEEN	+	+	+	÷		+	•	.+_	+	+	,	•	+	+	•	÷	÷	•	•	•	÷	•		•	•	50
LYMPH NODES	•	•	-	•	•		•	٠	•	+	•	•	•	•	•	•	•	•	•	•		•		•		47
THYMUS THYMOMA	•	٠	٠	٠	٠	•	•	-	٠	-	٠	+	-	-	٠	•	٠	٠	+	-	•	٠	٠	+	+	31,
CIRCULATORY SYSTEM																		_						~~	_	
HEART ALVEGLAR/BRONCHIOLAR CA, INVASIWE	•	+	•	•	+	•	•	+	•	•	•	٠	٠	•	•	•	*	•	•	٠	•	+	•	٠	•	50 ,
DIGESTIVE SYSTEM Salivary gland			,																							
LIVER NEDPLASTIC NODULE	•		•	•	+	+	•	+	•	•	+	•	+	•	•	•	•	+ x	•	÷ ×	ż	+	•	•	•	<u>50</u>
BILE DUCT	ŀ	*	•	•	.+		•	•	•	•	•	+	•	+	•	*	<u>.</u>	•	*	<u>.</u>	•	+	•	+	+	50
GALLBLADDER & COMMON BILE DUCT	<u> </u>	N	N	N	N	H	<u>N</u>	N	N	N	N	N	N	N	<u>N</u>	N	<u>N</u>	N	<u>H</u>	N	H	<u>N</u>	N	H	- 1	50*
PANCREAS	<u>+</u>	<u>.</u>	+	*	<u>.</u>	<u>.</u>	*	*	•	•	•	*	*	<u>+</u>	<u> </u>	*	<u>*</u>	•	<u>*</u>	+	. <u>*</u>	*	*	+	+	49
ESOPHAGUS Stomach	+	- <u>+</u>	<u>+</u>	- <u>t</u>	<u>.</u>	<u>+</u>	<u>.</u>	<u>+</u>	<u>+</u>	<u>*</u>	÷	÷	÷	<u>+</u>	<u>+</u>	<u>.</u>	<u>.</u>	<u>+</u>	<u>.</u>	<u>.</u>	<u>+</u>	. <u>+</u>	÷	. <u>+</u>	-	49
SMALL INTESTINE ADENDCARCINOMA, NDS	+	•	*	·	•	+	•	•	+	+		÷.	•	+	•	+	+	+	•	+	•	+	*	•	•	46,
LARGE INTESTINE	•	+	+	•	+	•	٠	•	÷	•	•	+	•	+	+	+	*	+	+	+	+	+	٠	+	+	30
URINALY SYSTEM	-																								+	
KIDNEY .	<u> </u>	•	•	<u>.</u>	. <u>.</u>	÷	<u></u>	+	•	<u></u>	<u>.</u>	*	•	+	÷	•	*	.+	•	•	•	<u>.</u>	•	•	*	50
URINARY BLADDER	+	*	*	<u>.</u>	<u>.</u>	<u> </u>	*	•	•	<u>*</u>	*	*	•	*	*	+	*	<u>.</u>	-	*	-	*	•	+	*	48
ENDOGRINE SYSTEM PITUITARY Chronophobe adendma	+	+	+	*	+	*	•	+	•	÷ ×	+	•	ż	<u>×</u>	•	* ×	+	•	+	•	•	÷.	, x	* *	•	49
ADRENAL Cortical Adenoma Fhedchromocytoma	•	•	+	•	•	۰ x	+	•	+	•	•	•	•	•	ż	•	•	+	•	•	ż	•	+	•	•	50 3 5
THYRDID C-CELL CARCINOMA	:	٠	+	+	+	+	٠	+	٠	•	٠	:	٠	٠	÷	٠	٠	•	٠	٠	٠	•	٠	٠	•	474
PARATHYRCID	Î.	•		•	•		-	+	•	+		<u>~</u>	+	•	•	-	•	*		•		+	•	+	-	38
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	•	+	+	+	٠	•	•	*	-	+	* x	•	•	•	÷		÷ x	•	•	• x	+	+	+	49 6 1
REPRODUCTIVE SYSTEM																									-†	
MAMMARY GLAND Adenoma, No5 Cystadenoma, No5 Lipoma Fibroadenoma	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	H	٠	•	•	٠	•	•	•	•	•	٠	٠	٠	٠	•	50×
	×	ĸ	N	5	н		X N		н	X H	N		X N	н	X N	X N		X N	н	н		X N	N	н	X	2 i 50*
PREPUTIAL/CLITORAL GLAND ADENOMA, NDS UTERUS	N +	+	N +	н +	•	<u>x</u> +	÷	н —— +	+	н +	+		н +	•	•	•	•	•		+	+	•	÷	•	•	50
ENDOMETRIAL STROMAL POLYP Ovary	•	•	•	+	•	 •	•	•	•	•	•	<u>م</u> ۔۔۔ +		•	•	•	•	•	۸ ۲	+	•	+	•	+	+	<u> </u>
VART SYSTEM		-													-										+	
BRAIN	٠	٠	٠	٠	٠	+	+	٠	•	٠	٠	٠	+	÷	ŧ	•	+	•	•	٠	+	٠	•	+	•	50
SCDY CAVITIES																									-+	
PLEURA Alveglar/bronchiglar ca, invasive,			H																		•	N			N	50×
PERITONEUM LIPOMA ILL OTHER SYSTEMS	H	N	н	N	N	н	H X	н 	H	H	H	N	N	н	N	H	M	н 	N	H	*	H	H	N	N	50 H
MULTIPLE DRGANS NDS Mondgytic Leukemia	N	H X	N	N	N	N	N	N	н	N	H	н	H	H	N	N	N X	H X	н	N X	н Х	N	н	H	N	50× 7
PERIGRBITAL REGION Fibruma																									_	1
NECK NOS C-Cell Carcindma, invasive												x _											_			1

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

. ANIMALS RECROPSIED

TISSUE EXAMINED MICROSCOPICALLY
 REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 TUMOR INCIDENCE
 NECROPSY, HO AUTOLYSIS, NO NICROSCÓPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A Autolysis N: Antal Missing B: NO NECROPSY PERFORMED

ANIMAL NUMBER	0	0	0	01	0	0	0	0	0 0	0			0 1 3	0 1 4	015	0	1	0 1 8	0 1 9	0 2 0	2	22	2	024	
WEEKS ON Study	1	0 Z	0		5	ů c	0		Ê	0	81	0	01	0	5 0 9	0	0	2	1	8	2		3	1	
NTEGUMENTARY SYSTEM	- ě	31	ź	5	õ	9	żİ	5	61	4	<u>.</u> 21	41	zi	6	<u></u>	7	91	41	4	<u>ē i</u>	i	8	ç	6	Ĺ
SUBCUTANEOUS TISSUE FIBROMA FIBROSARCOMA LEIOMYOSARCOMA RHABDOMYOSARCOMA FIBROADENDMA	•	٠	٠	•	٠	٠	٠	×	• x	٠	٠	٠	N	٠	•	•	٠	٠	• ×	٠	•	+ ×	٠	* ×	
ESPIRATORY SYSTEM	4_								÷																_
LUNGS AND BRONCHI Alveolar/Bronchidlar Adenoma Alveolar/Bronchidlar Carcinoma Monocytic Leukenia		•	+	•	+	•	•	٠	٠	•	•	•	• ×	•	•	•	•	•	+	٠	•	٠	•	•	
TRACHEA	•	-	-	٠	٠	-	+	٠	٠	-	٠	٠	٠	٠	-	٠	-	٠	٠	-	٠	٠	-	٠	
EMATOPOIETIC SYSTEM	-											^											-		-
BONE MARROW		•	•	•	٠	٠	•	<u>.</u>		÷	•	٠	<u>.</u>	•	٠	+	+	+	٠	+	<u>.</u>		•	•	_
SPLEEN	+-	-	•	.	•	-	٠	•	•	•	<u>.</u>	٠	٠	٠	•	+	•	+	-	٠	•	•	•	+	-
LYMPH NODES	1-	+	•	٠	٠	-		+	٠	÷	•			٠	٠	٠	+	-	•	•	+	+	•	•	_
THYMUS	í -	٠	-	-	٠	+	+	+	٠	+	-	-	-	-	٠	٠	-	٠	-	٠	-	٠	-	٠	
IRCULATORY SYSTEM	+-																				_				
NEART	+	-	٠	٠	٠	+	٠	+	٠	+	٠	+	٠	+	٠	•	٠	٠	+	+	٠	٠	٠	٠	
IGESTIVE SYSTEM	T																				-				
SALIVARY GLAND	+	•	+	+	•		•	•	.+	•	-+	•	•	_•_	•	•	•		•	+	+	+	+	+	-
LIVER NEOPLASTIC NODULE MONOCYTIC LEUKEMIA	×	-	•	٠	•	-	•	•	•	•	•	•	•	•	•	•	•	•	* ×	•	•	×	•	•	
BILE DUCT	++				*	-	•	*	<u>.</u>	•	<u> </u>	•	<u>.</u>	<u>.</u>	•	<u>+</u>	<u>.</u>	•	•	<u>.</u> н	- <u>+</u>	•	<u>.</u>		-
GALLBLADDER & COMMON BILE DUCT	H	<u>N</u>	<u> </u>	N	N	<u>. H</u>	<u>N</u>	<u> </u>	N	<u> </u>	<u> H </u>	N	<u> </u>	<u>N</u>	. <u>N</u>	<u>. N</u>	<u>N</u>	<u> </u>	H	<u>N</u>	<u>N</u>	<u>. н</u> .	<u>N</u>	<u> </u>	-
PAHCREAS ACINAR-CELL ADENOMA ACINAR-CELL CARCINOMA	+	-	•	•	•	-	+	•	-	•	•	•	• 	•	•	•	•	•		•	•	•	•	•	_
ESOPHAGUS	++	•	+	+	٠	+		+	+	+	<u>+</u>	<u>.</u>	٠	٠	+	+	+	+	+	+	+		+	+	-
STOMACH	++	•	+	+	<u>.</u>	-	+	+	+	.+		+	٠	+	+	+	+	+	+	+	+	+	÷	+	-
SMALL INTESTINE	++	<u>.</u> .		+	+	-	+		+	+	· ·	•	+	+	+	+		+	+	+	+	+-	•	-*-	-
LARGE INTESTINE	-	٠	+	-	٠	-	. •	+	+	+	•	•	+	-	٠	+	*	+	+	+	+	+	•	+	
RINARY SYSTEM																									
KIDNEY	++		+	+	+		*	+	+	+	·	•	•	+	+	+	*	+	+	+	+	+	<u></u>		-
URINARY BLADDER	1.	•	+	+	+	-	+	•	•	+	+	•	<u>.</u>	*	•	-	•	•		+	<u>.</u>	•	•	+	_
NDOCRINE SYSTEM PITUITARY	.	+	•	•	٠	-	٠	÷	•	•	•	•	•	٠	•	٠	٠	÷	٠	÷	٠	•	٠	+	
CHROMOPHOBE \DENOMA Adrenal Cortical Adenoma	÷	•	×	٠	٠	•	+	× •	٠	+	•	•	•	٠	<u>×</u> +	•	•	•	+	٠	+	ż	•	* *	
PHEOCHROMOCYTOMA	+			X											<u>×</u>						~~~	<u>×</u>			-
THYROID C-Cell Adenoma C-Cell Carcinoma	1.	-	+	* x	٠	-	•	+	•	+	•	•	•	٠	+	-	•	+	+	-	+	+	+	•	
	+																 ,							,	-
PARATHYROID	+-	.+		<u>+</u>	•	-	<u>.</u>	<u>.</u>	•	•	<u>.</u>		+	•	+	<u> </u>	<u>+</u> -	·*		-	<u>+</u>	•	.*.	•	-
PANCREATIC ISLETS ISLET-CELL ADENOMA	x	-	•	+	٠	-	•	•	•	•	+	•	*	•	•	Ť	*	•	-	,	*	*	•	•	
EPRODUCTIVE SYSTEM	1-															-									-
MAMMARY GLAND Papillary Adenoma Cystadenoma, Hos Fibroadenoma	+ ×	N	• ×	+ x	٠	N	H	• ×	٠	H	٠	٠	* x	+ ×	•	•	٠	٠	+	٠	٠	٠	٠	* x	
VAGINA Squamous Cell Papilloma Adenomatous Polyp, Nos	H	N	N	N	H	N	H	н	н	м	N X	N	N	N	N	M	н	N	N	н	H	н	H	N	
UTERUS LEIOMYOSARCOMA	·	•	+	+	+	-	+	-	٠	٠	+	+	+	٠	٠	+	+	٠	٠	+	•	•	+	+	
ENDOMETRIAL STROMAL POLYP Ovary	1.	-	•	+	•		- <u>×</u> +	+	+	•	<u>*</u>	+	+	+	+	+	+	+	•	+	+	*	+	+	-
ERVOUS SYSTEM	+									-															
BRAIN	+	+	٠	٠	÷	-	÷	٠	٠	٠	٠	+	+	+	+	÷	+	٠	+	+	٠	÷	٠	+	
LL OTHER SYSTEMS	+																								
MULTIPLE ORGANS NOS Osteosarcoma, unc prim or meta Monocytic Leukemia	N X	H	H	N	н	N	N	ĸ	н	н	N	н	N	н	н	H	H	н	HX	н	н	н	H	H	

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: HIGH DOSE

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

														•••												
ANIMAL HUMBER	2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	2	0	4	0	4	-	1	4	4	ŝ	
WEEKS ON	- 1	6	- 8	?	- 81	귀	0	귀	3	-	-	;	-	ð	ㅐ	9		-	-1	-1	1	-11	-	ļ	-	TOTAL TISSUE TUMOR
STUDY	3	5 7	8	4	5	8	2	ŝ	3	i	8	2	31	8		3	1	3	8	8	21	8	:	31	1	TUMON
SUBCUTANEOUS TISSUE	1.		+	•	•	•		•	+	•		•						ĸ				N		٠		581
FIBROMA FIBROSARCOMA	1								x														x			
1 EIOMYOSARCOMA						x			<u></u>																	1
RHABDOMYOSARCOMA Fibroadenoma	1																	x								
RESPIRATORY SYSTEM	+											_														
	1.									•	•					•										47
LUNGS AND BRDNCNI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma Monocytic Leukemia			•		•		·		•	•		x			•		_		•			•	×	·	Ì	
TRACHEA		•	+	+	٠	•		•	-	-	٠	-	٠	•		-	-	٠	-	-	-	٠		•	+	31
EMATOPOTETIC SYSTEM	+																								-+	
BONE MARROW	1.	•	•		•	+				•		•								•	•	•				4.
SPLEEN	1.					÷					*			*		-		4							Ì	47
LYMPH NODES	+	- <u>-</u>	<u> </u>	Z				<u> </u>		÷	•			÷	•	÷	- <u>*</u>		<u>T</u>		- <u>-</u> -	- <u></u>	- <u>×</u>	- <u>-</u>		
	+				- <u>*</u>			<u> </u>								-			-		-					
THYMUS	1-	<u>.</u>	•		<u>.</u>	*	+	-		-	<u>.</u>	•	•	*	+	-	+	-	-	•	-		-	-	-	28
CIRCULATORY SYSTEM									_																T	
HEART	+	٠	•	٠	٠	•	•	٠	•	*	٠	•	+	+	٠	٠	•	•	٠	٠	+	٠	+	+	+	49
DIGESTIVE SYSTEM	1																						-		-1	
BALIVARY GLAND	++	*	+	*		+	-	*		+	*	•	+	•	+	<u>.</u>	•	÷.,	•	•	•	•	<u>+</u>	•		- 63
LIVER	1.	٠	•	+	•	٠	٠	٠	٠	•	•	*	ż	•	÷	•	* X	٠	٠	٠	٠		٠	+		48
NEOPLASTIC HODULE Monocytic Leukemia			x									X	x		×		X								×	1
BILE DUCT	++	+	+		+	*	+	+	+			+	*	+	٠	+	+	*	+	+	٠.	+	.*	+	. +	48
GALLBLADDER & "JMMON BILE DUCT	K		H	<u>N</u> _	N	N.	N	<u>N</u>	<u>N</u> _	N	н	N	N	8	<u>N</u>	N	Ν.	N	8	N	N.,	N.	N	н.	- 11	501
PAHCREAS		٠		•	+		÷	•	٠	٠	•	•	•	•	٠	•	•	•	٠	٠	•	٠	+	٠	+	47
ACINAR-CELL ADENOMA ACINAR-CELL CARCINOMA						×														x			_			
ZSOPHAGUS	T.	•	•		+	+	+	+	+	+	+	+	•	•	•	+	•	•	+	•	+	+	•	+	1	50
STOM'.CH	1.			•	•	4	•	4						•	•	•	*	+	-	•		•	•			45
SMALL INTESTINE					*	 							÷				<u>.</u>	-	_						Ť	4.7
	1.	•	•	- <u>-</u>	•	•	•		+	-	•		<u> </u>	- <u>-</u>	+	÷	•	+	•	•	+	*	•	-	-	42
LARGE INTESTINE	Ľ.			<u>.</u>	<u> </u>	<u> </u>	· ·	•			<u>.</u>		•	<u>+</u>	-	•	<u> </u>	<u> </u>	-		<u>.</u>	<u> </u>	÷		4	*z
JRIHARY SYSTEM	1																								1	
KIDNEY	+	+		+	-	.	•	<u>.</u>	+	<u>+</u>	+		. <u>t</u>	+		+	*	*	+	-1	+	*	+	*	4	
URINARY BLADDER	•	٠	-	-	+	٠	٠	٠	٠	٠	•	+	٠	•	•	•	•	•	٠	•	+	•	٠	٠	•	44
INDOCRINE SYSTEM	1																									
PITUITARY CHROMOPHOBE ADENOMA	Li	•	+	•	•	ż	•	•	•	•	•	÷	ż	•	÷	ż.	•	•	ż.	ż	•	•	ż	•	ż	47
ADRENAL	+	٠		•	+	•	•	•	•	•	•	•	٠	٠	٠	٠	•	+	•	٠	•	٠	•	•	•	48
CORTICAL ADENDMA Pheochromocytoma	×											-							×						x	5
THYDAID	1.	•			+	+	-	•	+		•	•	٠	•	٠	4	•	*	+	•	•		٠	•		41
C-CELL ADENOMA C-CELL CARCINOMA						X										x						_				2
PARATHYRGID	1.	•	-	•	•	+	-	-	-	•	•	•		,	•	•	+		•	+	•	•		•		31
	Ť	<u></u>			÷	•			÷	<u> </u>	 •	- <u>-</u>		 •				•			•	•			1	47
PANCREATIC ISLETS ISLET-CELL ADENOMA	1	•		•	٠	ż.	-	•	•	•	•	۳	٠	•	•		•	•	۲	Ť	٠	•	•	•	1	z
EPRODUCTIVE SYSTEM	+																								+	
HAMMARY GLAND			+	•	N	•	•	٠	٠	٠	٠	+	•	•	٠	•	+	+	+	•		٠	•	٠	•	50 -
MAMMARY GLAND Papillary Adendma Cystadenòma, Nos Filrgadenòma	1					x			x																	1
	×					X		x		X			x				X		X	x	x	X	X			18
VAGINA Squamous cell papilloma Adenomatous Polyp, nds	-	N	X	N	H	N	H	N	H	H	8	N	H	N	N	"	H	N	M	×	N	H	N	"	-	. 34n
VTERUS Leidmyosarcoma Endometrial stromal polyp	•	٠	٠	• ×	• ×	•	٠	•	•	•	•	•	٠	•	•	•	• X	•	•	*	•	•	•	•	•	•7
DVARY	1.	•	•	•	•	•	•	•	•	•	•	•	•		÷	•	•	•	•	,	•	•	•	•		48
IERVOUS SYSTEM	<u>+-</u>	<u> </u>	<u> </u>	<u> </u>		<u>,</u>				<u> </u>	_		<u> </u>								-				4	
		,																				•				49
BRAIN	1 *	*	*	+	•	•	+	*	•	•	•	•	•	<u>.</u>	•	*	<u>.</u>	<u>.</u>	•	<u>.</u>	+		*	*	1	49
ALL OTHER SYSTEMS																								-	ſ	
MULTIPLE DROANS NOS DSTEDSARCOMA, UNC PRIM DR META MONDEVTIC LEUKEMIA	Î N	N	N	N	H	8	N	N	N	N	N	N	N	N.	N	N .	N	N	N	N	M	1	N	N	N	589

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

* ANIMALS NECROPSIED

+: TISSUE EXAMINED MICROSCOPICALLY >: Rendired Tissue not examined microscopically ': Tumpr incidence n: Necropsy: No Autolysis, no microscopic examination

: HD TISSUE INFORMATION SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: AUTOTISIA M: ANIMAL HISSING B: NG NECROPSY PERFORMED

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Toluene Diisocyanate

80

APPENDIX B

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

TABLE B1.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE ADMINISTERED	
TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE	

	VEHICLE Control	LOW DOSE	HIGH DOSE
NIMALS INITIALLY IN STUDY NIMALS NECROPSIED NIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 49 49	50 50 50
NTEGUMENTARY SYSTEM			
×SKIN Fibroma	(50) 2 (4%)	(49)	(50)
FIBROSARCOMA Neurofibroma		4 (8%) 1 (2%)	
*SUBCUT TISSUE Sarcoma, nos Fibrosarcoma	(50) 1 (2%) 1 (2%)	(49)	(50)
ESPIRATORY SYSTEM			
<pre>#LUNG HEPATOCELLULAR CARCINOMA, METAST ALVEOLAR/BRONCHIOLAR ADENOMA</pre>	(50)	(48) 1 (2%)	(49)
ALVEOLAR/BRONCHIOLAR ADENOMA Alveolar/Bronchiolar Carcinoma	t (2%) t (2%)	3 (6%) 2 (4%)	2 (4%)
EMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Malignant Lymphoma, Nos	(50) 3 (6%)	(49) 2 (4%)	(50) 2 (4%)
#SPLEEN Malignant Lymphoma, Nos	(48)	(47) 2 (4%)	(49)
<pre>#MEDIASTINAL L.NODE ALVEOLAR/BRONCHIOLAR CA, METASTA</pre>	(41) 1 (2%)	(35)	(37)
<pre>#MESENTERIC L. NODE Malignant Lymphoma, Nos</pre>	(41) 2 (5%)	(35)	(37)
<pre>#LIVER Malig.lymphoma, Histiocytic type</pre>	(49)	(48)	(50) 1 (2%)

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#DUODENUM Malignant lymphoma, nos	(46)	(44) 1 (2%)	(37)
#JEJUNUM Malignant Lymphoma, Nos	(46) 1 (2%)	(44)	(37)
CIRCULATORY SYSTEM			
*EPIDIDYMIS HEMANGIOSARCOMA	(50) 1 (2%)	(49)	(50)
DIGESTIVE SYSTEM			
#LIVER Hepatocellular Adenoma Hepatocellular carcinoma	(49) 5 (10%) 6 (12%)	(48) 3 (6%) 9 (19%)	(50) 2 (4%) 3 (6%)
#FORESTOMACH Papilloma, Nos	(48) 1 (2%)	(47)	(50)
#DUODENUM Papilloma, nos	(46) 1 (2%)	(44)	(37)
JRINARY SYSTEM			
#KIDNEY TUBULAR-CELL ADENOMA	(50)	(48) 1 (2%)	(50)
ENDOCRINE SYSTEM			
<pre>#PITUITARY ADENOMA, NOS</pre>	(46)	(42) 1 (2%)	(41)
#ADRENAL Cortical Adenoma	(49) 1 (2%)	(48) 1 (2%)	(50)
#THYROID Follicular-cell adenoma	(46)	(39) 1 (3%)	(44) 1 (2%)
<pre>#PANCREATIC ISLETS ISLET-CELL CARCINOMA</pre>	(49)	(47) <u>1 (2%)</u>	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
REPRODUCTIVE SYSTEM			
#TESTIS INTERSTITIAL-CELL TUMOR	(49)	(49) 1 (2%)	(50)
NERVOUS SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
<pre>*HARDERIAN GLAND ADENOMA, NOS</pre>	(50) 2 (4%)	(49)	(50)
IUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
NONE	****		
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS FIBROSARCOMA, METASTATIC	(50)	(49) 1 (2%)	(50)
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ	50 4	50 8	50 20
MORIBUND SACRIFICE Scheduled Sacrifice	7	1	4
TERMINAL SACRIFICE DOSING ACCIDENT ACCIDENTALLY KILLED, NDA	46	40	26
ACCIDENTALLY KILLED, NOS Animal Missing			
ANIMAL MISSEXED Other cases		1	
INCLUDES AUTOLYZED ANIMALS			

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
IMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS*	22	27	9
Total primary tumors	29	33	1 1
TOTAL ANIMALS WITH BENIGN TUMORS	11	11	4
TOTAL BENIGN TUMORS	13	12	5
TOTAL ANIMALS WITH MALIGNANT TUMORS	14	19	6
TOTAL MALIGNANT TUMORS	16	21	6
TOTAL ANIMALS WITH SECONDARY TUMORS	# 3	2	
Total Secondary Tumors	3	2	
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors	-		
TOTAL ANIMALS WITH TUMORS UNCERTAIN Primary or metastatic Total uncertain tumors	-		

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

TABLE B2.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN FIBROSARCOMA MYXOSARCOMA	(50)	(50) 1 (2%)	(50) 1 (2%) 1 (2%)
*SUBCUT TISSUE Sarcoma, nos	(50) 1 (2%)	(50)	(50)
RESPIRATORY SYSTEM			
#LUNG HEPATOCELLULAR CARCINOMA, METAST ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA SARCOMA, NOS, METASTATIC OSTEOSARCOMA, METASTATIC OSTEOSARCOMA, UNC PRIM OR META	(49) 1 (2%) 1 (2%) 4 (8%)	(50) 1 (2%) 2 (4%)	
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Malignant Lymphoma, NOS Malig.Lymphoma, Histiocytic Type Leukemia,NOS	(50) 9 (18%) 3 (6%)	(50) 14 (28%)	(50) 12 (24%) 2 (4%)
#MEDIASTINAL L.NODE ALVEOLAR/BRONCHIOLAR CA, METASTA OSTEOSARCOMA, METASTATIC OSTEOSARCOMA, UNC PRIM OR META MALIGNANT LYMPHOMA, NOS	(45)	(44) 1 (2%)	(44) 1 (2%) 1 (2%) 1 (2%)
#MESENTERIC L. NODE Malignant Lymphoma, Nos	(45)	(44) 2 (5%)	(44)

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
<pre>#INGUINAL LYMPH NODE Malig.lymphoma, histiocytic type</pre>	(45) 1 (2%)	(44)	(44)
#JEJUNUM Malignant Lymphoma, Nos	(45)	(50) 1 (2%)	(41)
#THYMUS Malignant Lymphoma, Nos	(38)	(34)	(40) 1 (3%)
IRCULATORY SYSTEM			
*ABDOMINAL CAVITY Hemangiosarcoma	(50)	(50)	(50) 1 (2%)
*SUBCUT TISSUE Hemangioma	(50)	(50)	(50) 2 (4%)
#SPLEEN HEMANGIOMA	(50)	(50) 1 (2%)	(49)
#LIVER HEMANGIOSARCOMA	(50)	(50)	(50) 1 (2%)
#OVARY HEMANGIOSARCOMA	(47)	(47)	(48) 1 (2%)
IGESTIVE SYSTEM			
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA SARCOMA, NOS, METASTATIC	(50) 2 (4%) 2 (4%) 1 (2%)	(50) 3 (6%) 2 (4%)	(50) 12 (24%) 3 (6%)
#DUODENUM Papillary Adenoma	(45)	(50)	(41) 1 (2%)
#CECUM LEIOMYOSARCOMA	(45) 1 (2%)	(50)	(46)
RINARY SYSTEM			
#KIDNEY OSTEOSARCOMA, METASTATIC	(50)	(50)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
ENDOCRINE SYSTEM			
#PITUITARY ADENOMA, NOS	(46) 4 (9%)	(44) 3 (7%)	(43) 1 (2%)
#ADRENAL Pheochromocytoma	(47)	(49) 1 (2%)	(49)
#THYROID Follicular-cell adenoma	(44) 1 (2%)	(44) 1 (2%)	(48)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Adënocarcinoma, ngs	(50)	(50)	(50) 1 (2%)
CARCINOSARCOMA		1 (2%)	1 (2%)
#UTERUS LEIOMYOMA	(50)	(50)	(50) 1 (2%)
ENDOMETRIAL STROMAL POLYP	1 (2%)	2 (4%)	
#OVARY TERATOMA, NOS		(47)	1 (2%)
NERVOUS SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
*HARDERIAN GLAND ADENOMA, NOS	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
MUSCULOSKELETAL SYSTEM			
*BONE Osteosarcoma	(50) 1 (2%)	(50)	(50) 1 (2%)
*VERTEBRAL COLUMN OSTEOSARCOMA	(50) 2 (4%)	(50)	(50)

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE CONTROL	LOW DOSE	HIGH DOSE
*RIB OSTEOSARCOMA	(50)	(50)	(50)
BODY CAVITIES			
*MEDIASTINUM OSTEOSARCOMA, METASTATIC	(50) 1 (2%)	(50)	(50)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS FIBROSARCOMA, METASTATIC	(50)	(50) 1 (2%)	(50)
NIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE	50 11 4	50 5 2	50 17
SCHEDULED SACRIFICE TERMINAL SACRIFICE DOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING	34	43	33
ANIMAL MISSEXED OTHER CASES DINCLUDES AUTOLYZED ANIMALS			
		ICALLY	
OTHER CASES INCLUDES AUTOLYZED ANIMALS NUMBER OF ANIMALS WITH TISSUE EX	VEHICLE	ICALLY LOW DOSE	HIGH DOSE
OTHER CASES INCLUDES AUTOLYZED ANIMALS NUMBER OF ANIMALS WITH TISSUE EX NUMBER OF ANIMALS NECROPSIED	VEHICLE		HIGH DOSE
OTHER CASES INCLUDES AUTOLYZED ANIMALS NUMBER OF ANIMALS WITH TISSUE EX NUMBER OF ANIMALS NECROPSIED	VEHICLE Control		HIGH DOSE
OTHER CASES INCLUDES AUTOLYZED ANIMALS NUMBER OF ANIMALS WITH TISSUE EX NUMBER OF ANIMALS NECROPSIED UMOR SUMMARY TOTAL ANIMALS WITH PRIMARY TUMOR	VEHICLE CONTROL 25* 26 30	LOW DOSE	30
OTHER CASES INCLUDES AUTOLYZED ANIMALS NUMBER OF ANIMALS WITH TISSUE EX NUMBER OF ANIMALS NECROPSIED UMOR SUMMARY TOTAL ANIMALS WITH PRIMARY TUMOR TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS	VEHICLE CONTROL S* 26 30 7 8	LOW DOSE 31 36 11	30 48 15
OTHER CASES INCLUDES AUTOLYZED ANIMALS NUMBER OF ANIMALS WITH TISSUE EX NUMBER OF ANIMALS NECROPSIED UMOR SUMMARY TOTAL ANIMALS WITH PRIMARY TUMOR TOTAL ANIMALS WITH BENIGN TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUM	VEHICLE CONTROL 30 7 8 10RS 21 22	LOW DOSE 31 36 11 13 21	30 48 15 19 22
OTHER CASES INCLUDES AUTOLYZED ANIMALS NUMBER OF ANIMALS WITH TISSUE EX NUMBER OF ANIMALS WITH TISSUE EX NUMBER OF ANIMALS WITH PRIMARY TUMOR TOTAL ANIMALS WITH PRIMARY TUMOR TOTAL ANIMALS WITH BENIGN TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUM TOTAL ANIMALS WITH MALIGNANT TUM TOTAL ANIMALS WITH SECONDARY TUM	VEHICLE CONTROL 25* 26 30 7 8 10RS 21 22 10RS # 6 9	LOW DOSE 31 36 11 13 21 23 2	30 48 15 19 22 26 1

																									• •
ANIMAL Number	0	0 0 2	0 0 3	004	0	0	0 0 7	0	0 0 9	0	0	0 1 2	0 1 3	014	1	1	0 1 7	0 1 8	0 1 9	20	0 2 1	222	2	0 2 4	
WEEKS ON Study	ċ	0	0	0	0	i	ò	0	1	6	0	1	0		0	0	1	0	-	0	0	8	0	0	
INTEGUMENTARY SYSTEM	+ 71		7			. 71		_71	_71		71	71	7.1	.71	. 71	_71	.71	_71	_71	71	71	_ 71	1	_71	-
SKIN	•	+	٠	٠	٠	٠	÷	ţ	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	+	
FIBROMA Subcutaneous tissue	1.	.	•	•	•	•	•	÷	•	•	•	•	+	•	•	•	•	•		•	•	•	•	•	
SARCOMA, NOS FIBROSARCOMA		Ċ		·																					
RESPIRATORY SYSTEM	+					•				_															-
LUNGS AND BRONCHI Hepatocelular Carcinoma, metasta Alveolar/Sronchiolar Adenoma Alveolar/Sronchiolar Carcinoma	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	• ×	٠	• ×	٠	٠	٠	٠	ż	٠	٠	٠	
TRACHEA	•	٠	•	+	+	+	•	+	•	+	•	+	•	+	+	٠	•	•	+	+	+	+	•	٠	
EMATOPOIETIC SYSTEM	╋																								-
BDNE MARROW	L.	+		•	-	-	÷	÷	÷	+	÷	+	٠	+	•	•	•	•	•	+	<u>+</u>	+	•	•	
SPLEEN		•	•	+	•	+	+	+	+	+	+	+	+	٠	•	•	+	+.	•	•	•	-	+	•	_
LYMPH NODES Alveolar/bronc:iolar ca, metastat Malignant lymphoma, nos	+	٠	٠	• ×	٠	•	٠	٠	٠	•	٠	•	٠	•	٠	×	-	٠	٠	٠	٠	٠	٠	٠	
TNYMUS	•	-	•	+	+	•	٠	+		-	÷	-	+	•	+	+	+	-	-	+	-	+	+	•	
CIRCULATORY SYSTEM	+																								-
NEART		٠	٠	+	٠	٠	+	+	+	٠	+	+	+	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	
DIGESTIVE SYSTEM	+													÷											-
SALIVARY GLAND	ŀ	•	٠	٠	٠	+	٠	٠	٠	•	+	•	+	+	+		•	+	•	•	•	•	•	•	_
LIVER Nepatocellular adenoma Hepatocellular carcinoma	•	٠	٠	٠	٠	* x	٠	• ×	٠	٠	٠	٠	٠	•	×	٠	٠	+	+ x	٠	+ x	٠	٠	٠	
BILE DUCT	+	•	•	+	+	+	٠	+	٠	+	+	•	÷	÷	+	+	÷	+	+	٠	+	٠	+		
GALLBLADDER 3 COMMON BILE DUCT	Ŀ	•	+		+	+	+	N	÷	•	+	+	+	. <u>+</u>	+	+	+	.+	. +	۰.	N		+	ŧ	
PANCREAS	Ŀ	+	÷	+	٠	+	٠	+	+	•	+	٠	+	٠	٠	+		+	. <u>.</u>	•	•	+	٠	٠	_
ESOPHAGUS	Ŀ	+	٠	+	•	٠	•	+_	+	٠	+	+	٠	٠	+	+	+		•	+	٠	٠	٠	٠	_
STOM*CH Pap Lloma, Nos	ŀ	•	•	•	•	+	•	•	٠	•	•	•	+	+	+	+	٠	٠	•	+	+	•	+	+	_
SMALL INTESTINE Papilloma, nos Malighant Lymphoma, nos	Ŀ	•	. <u>*</u>	•	+	•	•	•	•	•	•	•	•	•	+	•	•	+	+	+	+	*	+	+	
LARGE INTESTINE	•	٠	٠	٠	+	٠	+	٠	٠	٠	٠	٠	+	+	٠	+	٠	+	+	+	+	+	+	+	
IRINARY SYSTEM	+																	-							
KIDNEY	Ļ∙	•	+	+	+	+	+	+	<u>.</u>	+	٠	+	٠	٠	٠	•	+	•	•	+	•	+	+	+	-
URINARY BLADDER	+	٠	-	٠	٠	+	+	٠	+	٠	٠	٠	٠	٠	-	٠	٠	+	-	٠	٠	٠	٠	٠	
NDOCRINE SYSTEM	—												-												
PITUITARY	<u>+</u>	+	+	+	+	•	+	•	-	+	٠	+	<u>.</u>	<u>+</u>	+	+	+	+	+	+	+	+	•	+	-
ADRENAL Cortical Adenoma	ŀ	+	•	+	+	ż	+	٠	•	٠	•	•	+	•	-	*	٠	+	+	+	•	•	•	+	
THYROID	Ŀ	•	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	•	+	•	+	+		+	
PARATHYROID	-	-	+	+	٠	-		-	-	-	-	-	-		-	-	-	-	-	-	•	-	-	-	
REPRODUCTIVE SYSTEM	+																								-
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	N	н_	N	N	N	N	N	N	Ν.	N	N	N	
TESTIS	L.	•	+	+	+	+	+	+	•	+	+	•	+	+	+	+	+	+	+	+	•	+	•	+	
PROSTATE	ŀ	+	+	+	÷	÷	+	÷	+	+	•	+	÷	+	+ .	+	+	+	+	+	٠	+	•	+	
FRIDIDYMIS	N	н	н	N	н	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	N	
HEMANGIOSARCOMA	+							-								<u>x</u>		-							-
BRAIN	•	٠	٠	٠	+	٠	+	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	+	٠	
PECIAL SENSE ORGANS	+								~~~~~		-														
HARDERIAN GLAND Adenoma, Nos	м	N	H	H	N	H	н	N	H,	H	м	N	N	N	H	H	N	N	H	н	н	N	N	N	
ALL OTHER SYSTEMS																									
MULTIPLE ORGANS NOS Malignant Lymphoma, NOS	N N	н	N	N	N	к	N	N	N	N	N	N	N	н	N	N	н	N	N	н	N	N	н	N	

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEARSTUDY OF TOLUENE DIISOCYANATE: VEHICLE CONTROL

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: Tungh Incidence H: Necrofs, ND Autolysis, No Microscopic Examination S: Animak Mis-Sexed

: HO TISSUE INFORMATION SUBMITTED C: HEEROPSY. HO HISTOLOGY DUE TO PROTOCOL A: AUTOLYSIS M: ANIMAL MISSING B: HO HEEROPSY PERFORMED

ANIMAL NUMBER	2	2	2	2	3	3	5	3	3	3	3	3	3	3	1	1	1	Ţ	-	1	:	-	1	Ţ	\$	
WEEKS ON STUDY		9	1	1	0	-	1		1	1	1	1	1	#	-	뷞	1		1	퀾	1	#	1	-#	-	TETAL TISSUES TUMORS
INTEGUMENTARY SYSTEM	ļil	i	<u>.</u> 1	ě	4	ž	7	2	<u>i</u>	ž	1	<u>;</u>]	<u>ال</u>	žİ.	?	ž	3	<u>i</u>	ž	7	ž	<u>il</u>	21	;	-1	LOUNDERS
SKIN FIDROMA	•	٠	٠	٠	٠	•	•	٠	٠	٠	•	٠	٠	٠	•	•	•	٠	٠	٠	•	٠	٠	٠	•	30=
SUBČUTANEDUS TISSUE Sarcoma, nos Fibrosarcoma	ŀ	×	•	٠	• ×	•	•	•	٠	•	•	•	•	•	•	•	•	٠	•	4	•	•	٠	•	•	90x
RESPIRATORY SYSTEM	┿																								-	
LUNGS AND SRONCHI Mepatocellular Carcinoma, Metasta Alveolar/Bronchiolar Adenoma Alveolar/Brokhiolar Carcinoma	ŀ	•	•	•	•	•	•	+	•	•	•	•	•	•	•	÷	•	•	•	•	•	•	•	•	·	50
TRACHEA		~	٠	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	٠	•	•	•	٠	٠	•	٠	٠	-	٠	•	48
HENATOPOTETIC SYSTEM	 											-							~~~						-	
BONE MARROW	Ŀ	+	•	+		•	+	<u>.</u>	•	+	ŧ.,	•	•	•	+	•	-	<u>.</u>	<u>+</u>	•	•	-	٠	*	-	- 45
SPLEEN	<u>L+</u>	-		+	+	<u>+</u>	+	•	<u>+</u>	+	<u>.</u>	+	+	÷,	+	•	+	<u>+</u>	<u>+</u>	+	+	•	•	•		- 48
LYMPM NUDES Alveolar/Brunchiular CA, Métastat Malignant Lymphoma, Nus	-	-	•	-	•	•	•	•	•	•	•	•	•	•	•	• ×	•	•	•	•	•	-	•	•	·	41
THYMUS	•	-	٠	-	-	٠	٠	٠	٠	٠	٠	٠	+	•	•	•	٠	•	•	-	•	•	•	٠	•	37
CIRCULATORY SYSTEM	t																								+	
NEART	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	•	•	•	٠	٠	٠	٠	٠	+	51
DIGESTIVE SYSTEM						_																			+	
SALIVARY GLAND	++	÷	*	+	+	+	<u>+</u>	•	•	<u>+</u>	•	+	<u>.</u>	•	•	•	ŧ	•	•	•	•	+	•	•	4	- 50
LJVËR Hepatocellular Adendma Hepatocellular carcinoma	×	-	٠	+	٠	×	•	• x	•	•	٠	•	+	•	•	+ X	•	•	•	•	٠	•	×	¥	•	"?
BILE DUCT	+	-	•	•	•	+	+	+	•	•	•	•	+	•	+	•	•	•	•	•	+	•	•	•		
GALLBLADDER & COMMON BILE DUCT	ŀ	N	<u>.</u>	N	N	•		+	+	•	+	•	+	•	н	<u>+</u>		<u>.</u>	•	•	•	•	+	•	•	
PANCREAS	Ŀ	-	•	+	+	+	+	+	*	•	+	+		+	<u>*</u>	•	•	•	<u>+</u>	<u>.</u>	•	•	•	•	•	49
ESDP4AGU3	<u> .</u>		*	*	+	*	•	. *	*	+	•	•	+	+	•	•	•	<u>.</u>	•	<u>+</u>	ŧ	•	•	۰		48
STOMACH Papilloma, nos	•	-	•	-	•	•	ż	٠	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	·	48 ₁
SMALL INTESTIME Papilloma, nos Malignant Lymphoma, nos	·	-	•	-	-	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	·	44
LARGE INTESTINE	•	-	•	+	•	٠	•	•	٠	•	•	•	+	•	+	+	•	•	•	•	-			٠	•	48
URINARY SYSTEM																					-				+	~~
KIDNEY	L+	•			•	•		•	+	<u>.</u>	•	•	+	•	•	<u>+</u>	•	•	•	<u>*</u>	*	•	1	•		
URINARY BLADDER	•	-	٠	•	٠	٠	٠	•	•	٠	•	٠	•	•	•	•	٠	•	÷	٠	٠	•	•	•	•	46
ENDOCRINE SYSTEM	<u> </u>																								+	
PITUITARY .	++-	•	+	-	4	+	+	•	<u>+</u>	+		+	+	<u>*</u>	•	•	+		•	+	<u>+</u>	•	+	+	4	
ADRENAL CDRTICAL ADENOMA	ŀ	•	+	•	•	•	•	<u>.</u>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	·	41
THYROID		+	+	+	+	•		+	+	+	•		-	•	+	+	•	•	_	-	+	•	•	•	•	46
PARATHYROID	•	٠		•	•	-	-	•	•	•	•		-	•	-	-		•	•	-	-	•	•	-		18
REPRODUCTIVE SYSTEM	├						-																		+	
MAMMARY GLAND	L.N.	H.,	N	H	н	<u>N</u>	н	N	<u>N_</u>	8	<u>×</u>	M	H	N	<u>N </u>	N	<u>N_1</u>		×	N	H	N	н	H		54*
169115	•	-		+	+	•	*	÷	+	•	•	+	•	•	•	•	•	<u>.</u>	<u>.</u>	+	•	•	•	+		49
PROSTATE	·		+	+	•	+	+	•	•	•	•	•	•	•	<u>+</u>	\$	•	•	•	<u>.</u>	•	•	•	•	•	- 19
EPIDIDYMIS Hemangios <u>i Rcoma</u> Nervous System	и	N	Η	N	H	N	N	N	H	H	H	N	N	M	N	H	N	H I	N	N	N	N	M	N	-	504
BRAIN	•	٠	•	•	•	•	•	•	•	٠	•	•	•	•	•	•	• •	• •	•	•	•	•	•	٠	٠	50
SPECIAL SENSE DRGANS																					2			×	Ţ	50+
NARDERIAN GLAND Adenoma, NDS	N	X	M	*	н 	N X	# 															,,	4		1	,,,, ,,,
ALL OTHER SYSTEMS	н	H	N	ĸ	ĸ	N	N		R	N	N	N	N	M	н і	NI	н 1				M	N	N	N	,	50×
MULTIPLE DRGANS NOS Malignant Lymphoma, Nos							ź.	4					н					<u> </u>	Ĺ			ri	-		1	i

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

ANITALS MECROPSIED
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 ANITALS
 ANITALS

ANIMAL NUMBER WEEKS ON	0	002	ŝ	4	5	006	-	å	9	į.	1	ł	1		1	4	1	8	į	0200	2	Ž	2	P N G	
STUDY	<u></u>	, ,	ç	9	9	ģ	2	<u>;</u>	;	3	<u>ģ</u>	<u>;</u>	ż	9	3	?	?	?	ġ	0	9	9	0 7 3	97	
SKIN FIBROSARCOMA	•	٠	٠	٠	٠	٠	٠	•	* ×	+	٠	÷	٠	٠	5	٠	٠	٠	+	٠	÷×	٠	٠	÷ x	
NEUROFIBROMA			_																		X			,	
ESPIRATORY SYSTEM	Τ																	-							
LUNGS AKO BRONCHI Mepatoceliular carcinoma, metasta Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar carcinoma	Ĺ	•	•	•	•	•	•	•	•	• ×	•	*	•	•	\$	• ×	•	•	•	•	•	+	•	+	
TRACHEA	+	+	*	٠	+	٠	٠	٠	٠	•	٠	+	٠	٠	5	+	+	٠	+	-	•	•	+	٠	
EMATOPOIETIC SYSTEM	1					••••																			-
BOME MARROW	<u> +</u>	+	•		+	. <u>*</u>	.	+	<u>+</u>	-	*	+	•	<u>+</u>	5	+	+	+	+	+	+	+	+	+	_
SPLEEN Malignant Lymphona, Nos	•	٠	٠	٠	٠	•	٠	+	٠	-	+	٠	+	٠	5	+	•	٠	+	٠	٠	٠	٠	٠	
LYMPH NODES	I.t	+		÷		+	+	+	÷	÷	-	~	+	+	5	-	+	+	•	•	-	+	+	+	
THYMUS	•	•	٠	+	٠	-	+	•	~	•	•	+	٠	•	5	٠	•	+	+	-	-	٠	-	•	
STREULATORY SYSTEM	+																								-
HEART	+	٠	٠	٠	٠	٠	٠	÷	٠	+	+	•	٠	٠	5	٠	٠	٠	٠	٠	+	٠	٠	٠	
DIGESTIVE SYSTEM	\uparrow																							~~~~	-
BALIVARY GLAND	+	٠.	+	+	÷	•	+	+	+	+	<u>.</u>	+	+	<u>+</u>	\$	+	*-	+	•	۰.	+	+	+		-
LIVER Hepatocellular Adenoma Hepatocellular carcingma	×	•	+	•	•	•	•	+	•	-	+	•	•	+	5	ż	•	*	+ 	•	•	•	+ x_	•	
BILE DUCT	•	•	٠	٠	٠	٠	٠	٠	٠	-	٠	+	•	•	5	•	٠	+	•	٠	٠	٠	+	٠	
GALLBLADDER & COMMON BILE DUCT	<u> •</u>	N	+	+	+	*	+	+ .	. <u>+</u>	N	•	+	+	+	5	±	+	٠	+	+	•		N	•	_
PANCREAS	ŀ	+	+	۰.	+		+	.t	+	•	+			•	<u>s</u>	<u>+</u>	+	•	+		+	+	+	+	_
ESOPHAGUS	++	•	<u>+</u>	+	+	+	+	+	<u>.</u>	*	*	÷	+	•	5	+	*	٠	+	+	+	+	•	٠	_
STOMACH	<u> •</u>	<u>.</u>	+	.t.,	•	+	+ .	•	+		*	+	+	<u>+</u>	5	+	+	+	+	•	+ .	•	+	+	-
SMALL INTESTINE Malignant Lymphôma, hos	L+	+	+	•	÷	+	+	*	+	-	•	•	•	•	5	+	*	+	•	+	•	•	-	-	
LARGE INTESTINE	+	٠	٠	٠	٠	٠	+	•	٠	-	÷	•	٠	÷	5	÷	٠	•	٠	-	•	٠	٠	٠	
RIHARY SYSTEM	t-																					-			-
KIDNEY Tubular-Cell Adenoma	ŀ	*	+	•		•	•	•	•	-	•	×	+	+	5	·	÷	•	•	•	•	•	•	•	-
URINARY BLADDER	•	٠	٠	+	٠	٠	٠	٠	٠	-	٠	•	٠	٠	5	٠	٠	٠	٠	٠	٠	٠	٠	•	
NDOCRINE SYSTEM	1																_								
PITUITARY Adendma, Hos	<u>↓</u>	•	+	•	•	•	•	•	+								•				-	•		+	-
ADREWAL Cortical Ademoma	Ľ	•	•	•	•	•	*	٠	+		*	*	•	* x	5	+	•	*	*	•	<u>.</u>	+	<u>.</u>	•	_
THYROID Follicular-Cell Adendma	-	-	-	•	-	٠	•	•	•	•	•	•	•	•	5	+	•	•	•	-	•	•	•	•	
PARATHYROID	. .	-	-	÷		+	•	•		•			•	•	\$		+	*	-	-	-	•	-	•	-
PANCREATIC ILLETS ISLET-CELL C.RCINOMA EPRODUCTIVE SYSTEM	•	×	•	•	•	+	•	•	•	•	+	•	•	+	5	•	•	•	• .	•	•	•	•	•	
MAMMARY GLAND	N	м			5		N	N				N	н.	N	e.	EL I		н	н	N		N	ĸ	н	
769719	1.		•	•	•	•		•	•	- <u></u> +					5	•		•	•	•	•	*		•	
INTERSTITIAL-CELL TUMOR	ļ							<u>x</u>															-		-
PROSTATE ERVOUS SYSTEM	+-	<u>.</u>	+	*	.	•	*	<u>*</u>	<u>.</u>	•	*	•	*	•	5	*	*	•	•	•	*	*	<u>.</u>	*	
BRAIN	•	٠	٠	+	٠	٠	٠	•	•	•	•	•	٠	•	5	٠	٠	٠	٠	•	٠	٠	•	•	
LL OTHER SYSTEMS																									-
MULTIPLE ORGANS HOS Fibrosarcoma, metastatic Malignant lymphoma, hos	*	N	N	N	*	N	н	N	N	H	H	N	N	н 	s	N	N	N	N	H	N	N	н	×	1
MULTIPLE DRGAMS MOS FIBROSARCOMA, MELASTATIC Raitgnami synchona, MOS -: Tissue Examined Mi'rdisco- -: Reguired Tissue Exc Issue Er; Exami X: Tumor incidence N: Mecropsy, Mo Autolysis, N S: Animal Mis-Sered			N ROSI SCOI	N COP: P1C	H ICAL EXJ	N .LY	N 		N		:	NC NEC AUT	TIS ROP DLY MAL	SUE 515	IN NG		HAT	IDR	1 5L					_	

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: LOW DOSE

ANIHAL Number Weeks Ch	2	27	11	2	30	3	3	3	41.	51	01	3	<u>-</u>	₩-	ę.	4	0420	#	4	+	6	47	8	9	5	TOTAL ISSUE TUMOR
STUDY INTEGUMENTARY SYSTEM	2	2	0 7	<u></u>	0 7	2	?	?	?	?	ż	?	9	1	<u></u>	7	3	7	;	?	<u></u>	9	ç 7	51	;	TUHBR
ŠKIM Fibrušarcoma Heurofibroma	+	٠	•	٠	٠	٠	•	٠	•	٠	٠	•	•	•	•	•	•	•	•	•	•	•	* ×	٠	•	6 9 1
RESPIRATORY SYSTEM	1		•											-							· ···				+	
LUNGS AND BRONCHI Nepatoceluular carcinoma, metasta Alveolar/Bronchiolar adenoma Alveolar/Bronchiolar carcinoma	×	•	•	•	•	•	×	•		• x	•	•	• •	•	•	•	•	*	• x	•	•	•	•	•	•	48
TRACHEA	+	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	•	• •	•	-	•	+	٠	•	•	٠	٠	٠	٠	•	4.6
NEMATOPOIETIC SYSTEM	1-											,							~~~						-	
SONE MARRON	<u>}</u>	.	•	·	•	*	÷	*	+	. <u>*</u>			<u>+</u>				<u>*</u>	<u>.</u>	•	•	*	•	•	<u>.</u>	· -	47
SPLEEN Malignant Lymphoma, NOS	•	*	•	•	ż	•	•	•	•	*	•	•	• •	•	+	•	•	*	* X	•	+	•	•	+	*	47
LYMPH NODES	,	-		•	•	٠	+	•	•	+		-	-		+	•	-	-	+	•	•		•	-	+	35
THYMUS	1.	٠	٠	-	-	•	٠	٠	٠	•	-	٠	•	-	•	•	-	٠	*	٠	٠	٠	٠	٠	+	35
CIRCULATORY SYSTEM	1																								+	
HEART	•	*	•	•	•	•	+	•	•	•	•	•	• •		•	•	•	•	•	•	•	•	•	•	•	49
DIGESTIVE SYSTEM																										
SALIVARY GLAND	<u> •</u>	+	+	÷	*	<u>.</u>	<u>+</u>	<u>.</u>	•	<u>+</u>			•				•	•	•	<u>.</u>	*	•	<u>.</u>	<u>.</u>	+	49
LIVER Hepatocellular Adênoma Hepatocellular Carcinoma		•	•	•	*	•	•	•	•	•	•		ř.	•		*	•	•	+	•	*	ż	•	•	•	48
BILE DUCT	1×	•		~ă					•	•	•		• •			×	ă			•					+	48
GALLBLADDER à COMMON BILE DUCT		÷	,				÷	•	•		•						N					Ì	Ì		1	49
PANCREAS			•	+	•	•	•			+	+	•		•		•	•	,	*		•	•	+	*		47
ESOPHAGUS	-		+	•	4	•	÷	+		•	+	•			•	•	•	•	•	•	•	٠	•	•	•	46
STOMACH	<u></u>	•		•		•	•	•	•	4	•	•	••		•	<u>+</u>	•	•	<u>.</u>	<u>.</u>	•	•	+	+	<u>.</u>	62
SMALL INTESTINE Malignant "Ymphuma, Nos	•	+	٠	٠	+	•	٠	٠	٠	٠	•	٠		•	•	٠	-	•	٠	٠	٠	٠	٠	٠	•	64
LARGE INTESTINE		•		+	•	•	•	+	•	•	•	•	• •	,		•		+	•	•	•	•	•	•	-	44
URINARY SYSTEM																					~~~				+	
KIDNEY Tubular-Cell Adenoma	·	•	•	•	•	•	•	•	•	•	•	•	• •	•	•	•	•	•	•	•	•	•	•	•		43
URINARY BLADDER	•	•	٠	٠.	٠	٠	+	*	*	•	•	•	• •	•	•	•	•	•	•	•	•	٠	•	•	+].	48
ENDOCRINE SYSTEM	1																								1	
PITUITARY Adenoma, NOS	ŀ.	•	ż	*	*	•	<u>.</u>	•	-	•	•	•	• •	,	•	•	•	•	•		•	•	-		•	42
ADRENAL CORTICAL ADENOMA	+	*	۴	+	*	*	*	•	٠	•	•	•	• •	•	•	•	•	•	•	+	•	•	*	+	•	48
THYROID Follicular-Cell Adenoma	+	-	٠	-	٠	-	٠	•	•	•	•	•	- •	,	•	•	•	•	÷	•	•	*	+	•	•	39
PARATNYROID		-	-	-	-	-	•	-		-	-	-			-	-	-	-	-	•	-	-	-	*	-	11
PANCREATIC IS. ETS	•	+	•	+	•	+	•	•	•	•	•	•			•	4	-	•	•	÷	•	•	•	•	•	47
ISLET-CELL CARCINDMA						····																				1
MAMMARY GLAND	н	N		N	N	н	N		N	N	н і		N N		н і	N	н	N J		N	N	н	N			494
TESTIS	+		•	•	•	•	•						+ +					•				•	•	•	•	49
INTERSTITIAL-CELL TUMOR																								•	-	
PROSTATE IERVOUS SYSTEM	•	*	<u>.</u>	<u>*</u>	<u>.</u>	<u></u>	<u>+</u>		*	<u>+</u>	<u></u>	·	·		*	<u>.</u>	<u>.</u>		·	<u>*</u>	*	<u> </u>		£	4	49
BRAIN	•	٠	٠	٠	٠	٠	٠	٠	٠	•	•	•	••		•	•	•	•	ł	÷	•	٠	•	٠	•	49
LL DTHER SYSTEMS															••••										+	
MULTIPLE ORGANS NOS Fibrosarcoma, metastatic Malignant Lymphoma, nos	H	н	H	H	H	н	H	N	н	H	н ; ;	۰۱ د	H H		N 1		•	н і Х	•	H 1	N 	H	H	H	H	49×
I ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOPI Reguired Tissue hat examin -: Tumor incidence N: Necropsy, no Autolysis, no 	CALL' ED M MJCI	Y ICR RD5	03CC COP1	0P10	EXAP	.¥ 11na	110	N		: [] A::] B:	- AN	Inte	SSUI PSY YSI L Mi CROI	55	ING				UBN DUE	111 To	ED PR	678	COL			

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

ANIMAL Number Weeks on	0	0 0 0 0		0 4 0 7	51	0	0	0	000	0	1	2	1	1	5	0 1 6	0 1 7 1	8	0 1 9	02002	21	2	23	24	
STUDY	3	8		7	?	?	?	0	0 4	?!	0 7	9	2	51	1	4	0 7	<u>9</u>	8	2	3	9	3 7	0 7	4
ESPIRATORY SYS EM Lungs and Bronchi				÷									•				•	٠	•				•		
ALVEOLAR/BRONCHIOLAR ADENOMA	Ļ	,		•	-				· · ·	×.			·	·		•	•	•	•	<u> </u>				<u> </u>	_
TRACHEA	•	•	+	•	+	+	•	-	•	٠	•	٠	•	٠	•	•	•	•	•	-	٠	٠	٠	•	
EMATOPOIETIC SYSTEM								•																	
		-	•	+	<u>.</u>	•	<u>.</u>	٠				+	*	*	.+	<u>+</u>	*	•	*	•	•	-	•	•	_
	┝╧╍	•	•	+	+		+	•	<u>+</u>	+	•	+	-	<u> </u>		· · ·	-	·	*	- :		<u>.</u>			
	┝╧		•	-	•	-	•	-	+	-	<u></u>		·	-	•	-	•	•	-	•	•	•	•	•	
	•	-	٠	+	•	•	-	•	٠	•	•	•	•	•	-	-	-	•	•	•	-	•	•	-	
	•	•	•	•	•	•	٠	•	•	٠	•	•	•	•	•	•	•	•	•	*	•	•	•	•	
	+	•	•	•	+	+	+	•	+	. • _	<u>.</u>	•			*	•	•	<u>.</u>	<u>.</u>	<u>.</u>	•	•	•	<u>.</u>	_
HEPATOCELLULAR ADEHOMA Hepatocellular carcinoma	·	* x	٠	٠	٠	٠	•	•	•	•	٠	٠	٠	•	•	• x	•	٠	•	٠	•	•	•	•	
		•	+	+		•	+	+	÷	+	÷	+	÷	÷	•	+	•	÷	÷	÷	٠	+	÷	•	,
	•	•	٠	N	٠	+	٠	+	+	•	•	+	•	•	N	N	•	+	•	N	Ν.	+	•	+	,
PANCREAS	•	•	+	+	•	٠	+	•	÷	+	•	+	•	+	•	+	÷	+ .	۰.	.+	٠	+	+		_
ESOPHAGUS		•	•	. +	•	+	•	•	•	+	÷	<u>.</u>	÷	•	•	•	•	•	÷	•	÷	+	•	•	
STOMACH	•	٠	•	+	٠	٠	٠	•	•	٠	٠	٠	٠	٠	٠	•	÷.	÷	٠	٠	٠	٠	٠	٠	
SMALL INTESTINE	<u>.</u>	•	•	-	•	٠	•	•	•	+	•	+	•	•	-	+	٠	٠	٠	٠	-	٠	٠	•	
LARGE INTESTINE	•	٠	٠	٠	•	٠	٠	٠	•	٠	٠	+	٠	٠	٠	•	•	•	٠	-	-	٠	٠	•	
RINARY SYSTEM	<u></u>																								-
KIDHEY	<u>.</u>	+	÷	+	•	٠	+	•		+	+	+	+	•	•	+	•	+	÷	٠	٠	+	÷	÷	
URINARY BLADDER	•	٠	+	٠	+	٠	٠	+	+	٠	٠	٠	٠	•	٠	•	•	٠	٠	٠	٠	٠	٠	٠	,
NDOCRINE SYSTEM	<u> </u>																								-
PITUITARY		+	-	+	.	+	٠	+	-	+	+	+	•		+	+	<u>+</u>	•	+	+	•	<u>.</u>	+	•	
ADRENAL	+	٠	+	•		٠	٠	•	+	•	٠	٠	٠	÷	•	•	+		+	÷	٠	٠	٠	٠	
THYROID Follicular-cell adenoma	ŀ	•	•	•	•	•	•	-	•	•	٠	+								•	-	٠	٠	•	•
	Ŀ		-	-	*	-	•	-	•	-	•	-	-	-	-	•	-	-	*	•	-	-	•	•	_
	<u>N</u>	<u> </u>	_N_	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u> .	N .	<u>N</u>	N		<u>N</u>					<u>n</u>	<u>N</u>	<u>N</u> .	<u>N</u>	<u>N</u>	<u>N</u>	N		
	Ť.		•	÷	•	:	•	•	:	•	•	•	•		•	•		•	•	•	•	•	•	<u>.</u>	4
	Ľ		-				•	<u> </u>	•		•	<u> </u>	<u>.</u>	•	·	<u>.</u>	•	·	<u>.</u>	•	•	•	<u>.</u>	<u> </u>	
	Ľ	_	•	•	Ť	•			-	-			·	•		·	•	*	<u> </u>	·	·	<u> </u>	·	<u> </u>	_
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, NOS	N	H	н	H	N	N	N X	N	H	N	N	N	н Х	N	н	N	H	N	N	N	N	N	н	N	,
BORE MARROL + + + + + + + + + + + + + + + + + +																									

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: HIGH DOSE

AN IMAL NUMBER	2	27	2	21	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	050	TOTAL
WEEKS ON Study	0	0	1	0	0	-	9	1	0	0	-	ò	0		-	9	9	0	e l	5	2	8		1	0	TISSUE
RESPIRATORY SYSTEM	1-71	21		11	-21	,71	8	.71	- 41	-21	<u>_</u> 21		5	<u>5</u> 1	-71.	61	71	71.	41		51	- 61	41	-71	-4	
LUNGS AND BRONCHI Alveolar/bronchiolar adenoma	Ŀ	•	+	•	•	•	•	٠	•	•	+	•	•	•	•	•	•	•	•	•	•	-	•	•	·	49
TRACHEA	•	٠	+	+	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	-	٠	٠	•	47
REMATOPOIETIC SYSTEM	<u>+</u>																									
BONE MARROW	_	*	+	+	+	÷	.t	+	+		+	+	<u>+</u>	+	+	<u>+</u>		+	٠	•	+	+		+	+	48
SPLEEN	<u>↓.</u>	+	+	+	+	+	+	+	+			+	+	*	+		<u>*</u>	*	+	4	٠	+	+	٠	-	- 62
LYMPH HODES	<u> •</u>	t	+	<u>+</u>	+	<u></u>			+	<u>*</u>	+	<u>+</u>	•		•	+	<u>.</u>		٠		+		+	-		37
THYMUS	-	+	٠	+	+	-	٠	-	+	٠	٠	-	-	٠	-	٠	-	+	٠	٠	-	-	٠	٠	-	28
CIRCULATORY SYSTEM	+																									
HEA. T	+	٠	٠	٠	÷	٠	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	+	٠	٠	٠	+	-	٠	٠	•	49
DIGESTIVE SYSTEM	1																	*****							-	
SALIVARY GLAND	<u>↓</u> .	t	+	+		+	*	+	•	+	•	•	+	+	. <u>+</u>	+	+	<u>.</u>	<u>+</u>	<u>+</u>	+	<u>.</u>	•	+		50
LIVER Hepatocellular adenoma Hepatocellular carcinoma Maijg.lymphoma, histiocytic type	×	×	+	•	•	•	•	•	+	+	•	•	• ×	+ ×	•	•	•	•	•	•	•	+	•	•	•	50
BILE DUCT	1.	<u>+</u>			+	<u>.</u>		*	+		+	•	•	*	+	•	+	•	•	+	•	+	÷	•		50
GALLBLADDER & COMMON BILE DUCT	L.	٠	+	+	+	+	N		. N.	+	•		N	t	+	н_	+	+	N	4	N	N	N.,	•	•	50
PANCREAS	•	+	+	+	+	+	•	+	+	+	•	+	+	+	+	+	÷	+	•	•	+	+	•	+		50
ESOPHAGUS	Γ,		+.	+	+	+	+	•	+	+	+	•	+	+	+	+	+	÷	•	+	•		•		,	\$7
STOMACH	1+	•	+	+	•	•	+	•	+	,	+	•	•	+	•	+	•	٠	•	•	•	•	•	•	•	50
SMALL INTESTINE	+	+	+	-	+	÷	~		-		+	+	-	•	+	-	÷	+	-			-		+		37
LARGE INTESTINE	•	+	•	-	+	•	•	•	•	•			•		•	+	+	٠	-	•	•	•	•	•	+	46
URIHARY SYSTEM	+				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~																				-	
KIDNEY	L.	+	+	_ <u>+</u>	•	•	•	•	•	+	+	+		•	•	•	<u>+</u>	•	•	•	+	+	•	+	•	50
URIMARY BLADDER		٠	٠	+	•	٠	•	٠		٠	•		•		•	•	•	•	÷	٠	•	-	٠	٠	•	49
NDOCRINE SYSTEM	+																								-+	
PITUTTARY		+	-	*	*		+	•	-	•	-	•	*	+	•	+	•	•	+	+	-	•			•	41
ADRENAL	Γ,	•	+	+	+	+	+	•	+	•	+_	+	+	÷	+	•	,	+	•	+	+	•	+			59
THYROID Follicular-cell Adenoma	ŀ	•	•	-	•	•	•	+	٠	٠	•	-	•	ż			•	٠	•	+	•	-	•	÷	٠	44
PARATHYROID	-	٠	-	-	-	-	•	~	-	+	-	-	-	٠	-	•	-	٠	÷	٠	٠	-	-	٠	•	16
EPRODUCTIVE SYSTEM	+																								-1	
MAMMARY GLAND	LN.	. N.	н	N.	N	Ν.	N	N	м	N	н	N	N	N	N	N	н	Ν.	N		N	<u>N</u>	N	N		501
TESTIS	T.	+	+	+.	+	•	•	+	•	+	+	+	•		÷	•	•	4	4	+	+		•	+.		50
PROSTATE	1.	•	•	+	•	•	•	•	•	+	•	•	•	•	•	•	•	•	•	+	+	•	•	•	•	47
ERVOUS SYSTEM	+	_																							-	
BRAIN	1.	•	٠	٠		٠			÷	•	÷	•	•	÷	•	•	٠	÷	•	٠	•	•	÷	•	+	50
LL OTHER SYSTEMS	+																			•••••					-	
MULTIPLE ORGANS NOS Malignant Lymphoma, Hos	ĸ	N	N	N	N	H		N	N	N	H	×	N	H	ж	N	н	н	N	H	M	N	N	Ņ	N	50
 INIMALS NECROPSIED ITISSUE EXAMINED MICROSCOPI -/ REGUIRED TISSUE NOT EXAMIN Tumor Incidence N: Necropsy, No Autolysis, Ne 	1E0 P	1104					ATI	ON		C A M B		UTO N1P	LYS	.ү, 15 МІЗ	INF No SINI T PI	415' 6	TDL	DGY	DU	NIT E T	TED G P	RGTI	aca	ι		

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

				*																					
AHIMAL Kumber	0	0	0	0	0	0	0	0	0	1	1	1	1	1	1	2	1	0	0	2	2	2	2	2	I
WEEKS DN Study		1	-	1	-	;	1	0	1	<u>ș</u>	9	1	9	1	1	1	1	1	1	1	1	8	1	1	T
INTEGUMENTARY SYSTEM	ži	ž	<u>i</u>	žl	61	لف	<u>i</u> í	<u>i</u>	1	<u>il</u>	żİ.	ž	jį.	j	21	<u>i</u>]	ž	ž	ÿ	Ļį	Li	ق	Li	Li	1
SUBCUTANEOUS TIBSUE Sarcoma, NDS	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	*	٠	٠	٠	٠	٠	٠	+	+	* X	+	•	
RESPIRATORY SYSTEM	1																								
LUNGS AND BRONCHI Mepatocellular carcinoma, metasta Sarcoma, nos, metastatic Ostedsarcoma, metastatic	ŀ	•	•	•	•	•	•	+	*	+	+	•	•	•	•	•	•	•	+	•	•	+ ×	•	•	
TRACHEA	•	-	٠	+	•	•	٠	•	•	•	+	•	-	•	•	+	•	+	•	+	•	٠	٠	•	
IEMATOPOIETIC SYSTEM																									
BONE MARRON	+÷	t		*	*		*	•	+	*	+	•	*	÷	±	*	+	.*	+	<u>*</u> .	+	+			
SPLEEN .		+		+	+	<u> </u>	•	+	+	. <u>*</u>	<u>.</u>	*	<u>+</u>	<u>*</u>	*	+		<u>.</u>	<u>.</u>			+	+	*	
LYMPH HODES Malig.lymphoma, histiocytic type	Ŀ	-	•	*	*	<u> </u>	•	<u>.</u>	•	•	*	•	•	•	+	•	*	+	+	•	+	-	•		
THYMUS	+	-	+	•	~	-	٠	-	•	-	•	•	•	•	-	•	+	٠	٠	•	٠	-	٠	•	
IRCULATORY SYSTEM																									
HEART DIGESTIVE SYSTEM	L.	-	•	•	·	<u>.</u>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	*	. •
SALIVARY GLAND		-											•	•	÷				2			1		4	
LIVER	t:		<u></u>		<u>.</u>	÷	<u>.</u>	• •	*	<u> </u>	<u>*</u>			<u>.</u>	÷		. <u></u>	- <u>-</u> -	- <u>-</u> -	_ <u>_</u>		- <u>*</u>	÷	- <u>r</u>	
HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINDMA Sarcuma, NDS, METASTATIC	Ŀ	•	•	•	×		×		* *	•	•	•	• 	•	<u> </u>	•	•	•	•		•	X	•	•	
BILE DUCT	•	+	+	٠	+	٠	•	٠	•	•	•	÷	•	٠	٠	•	•	٠	•	٠	+	٠	+	٠	•
GALLBLADDER & COMMON BILE DUCT	+	N	+	+	•	+	*	+	•	н	H	*	•	<u>*</u>	<u>+</u>	•	+	+	•	٠	+	N	+	•	*
PANCREAS	·	•	•	•	+	÷	÷	*	•	*	+	<u>*</u>	•	+	<u>+</u>	•	•	+	+	+		+	•	+	
ESOPHAGUS	+	<u> </u>	+	•	÷	+	•	<u>+</u>	+	•	•	•	•	•	•	•	+	•	•	+	+	t	٠	+	
STOMACH	+	+	+	•	+	+	+	÷	*	*	*	<u>+</u>	+	*	<u>*</u>	•	<u>+</u>	+	+	+	+	+	+	4	
SMALL INTESTINE	<u> </u>		+	+	+	<u></u>	+	÷	ŧ.,	÷	•	•	•	•	<u>*</u>	<u>*</u>	<u>+</u>	+	+	•	-	+		<u>.</u>	
LARGE INTESTINE Leidmydsarcoma	•	•	•	*	+	•	•	•	•	•	•	•	•	+	•	•	•	٠	٠	~	٠	x	٠	•	•
RIMARY SYSTEM																									
KIDEEY DB'EDSARCOMA, METASTATIC	•	•	•	•	•	•	•	•	•	•	•	• •	•	•	+ •	•	*	•		*	•	•	•	•	•
URIHARY BLADDER	•	٠	•	•	+	•	•	٠	•	• •	•	• •	•	+	•	۰,	٠	٠	٠	٠	٠	٠	٠	٠	•
NDOCRINE SYSTEM																									
PITUITARY ADENOMA, NOS	٠	-	•	•	•	+	٠	-	* ×		•	• •		•	•	•	+	*	٠	+	٠	•	٠	٠	٠
ADRENAL		+	+	+	*	•	•	-	•	•	•	ŧ:		•		•	•		*	+	•	÷	•	÷	•
THYROID	•	-	-	•	÷	•	+	-	•	•	•	• •	-	•	•	•	•	•	٠	+	÷	٠	•	-	+
FOLLÍCULAR-GELL ADENOMA		-			<u>.</u>												-	•				•	•	~	
PARATHYRDID EPRODUCTIVE SYSTEM		<u> </u>	-	-	-	-	-	-			- •							·	-	-	_	•			•
MAMMARY GLAND		H		•	·	N	•	•	•				• •	•	•		•	•	•	н			÷	н	ų
LITERUS	•		•	•	•	•	• •	•	•	• •					•		•	•	•	•	•	÷	•	*	•
ENDOMETRIAL STROMAL SARCOMA		<u> </u>		•	•	•				• •			• •	•						<u>×</u>	•	•		•	
OVARY ERVOUS SYSTEM	-	+	•	•	•		•	•	•	• •	•				+ .	•	•	+	•	•	•	•		·	
BRAIN	+		<u>.</u>	<u>.</u>	÷	•	•	•	•	•	•	•	· · · ·		<u>t</u>	<u> </u>	<u>.</u>	۰.	•	+.	<u>.</u>	۰.		•	•
PECIAL SENSE ORGANS Harderian gland Adenoma, Nds	N	N	н	M	N	N 1	н 1	N 7				• •	• •	.,	• •		N	ж	N	N	H	N	H	×	N
1																									
USCULOSKELETAL SYSTEM Bone DSTEDSARCOMA	H	н	H	N	H ·	н	н ,	н Р	• •			4 N		. ,	• •	1 1	N	N	N	N	N	N	H	N	N
DDY CAVITIES						·····																			
MEDIASTINUM DSTEOSARCOMA, METASTATIC	H	H	н	н	H	H	H I	N 1	• •	1 #			• •	()	• •		н	N	N	H	м	N	N	H	H
L OTHER SYSTEMS																		~~~~							

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: VEHICLE CONTROL

ARTIGUERS : NO TISSUE EXAMINED MICROSCOPICALLY : NO TISSUE INFORMATION SUBMITTED -: REQUIRED MISSUE MOT EXAMINED MICROSCOPICALLY C: MECROPSY. NO MISTOLOGY DUE TO PROTUCUL A: LUCAT INCIDENCE N: MICROPSY. NO AUTOLYSIS. NO MICROSCOPIC EXAMINATION S: ANIMAL MISSING B: NO MECROPSY PERFORMED

ANIMAL NUMBER	2	2	21	2	3	31	3	31	41	51 (3	1 0 1	40	4	0420	3	4	51	0 4 6	0 4 7		91	0 5 0 TCTA
WEEKS ON STUDY	01	4 7	01	81 71	0	01	1	0	1		0		1 01	0	è	2	0		11	11	01	01	0	TUMOS
INTEGUMENTARY SYSTEM	+0		-4	_4				-16-		4	1.0	1				<u></u>	4	4	4.		<u></u>	4		
SUBCUTANEOUS TISSUE Sarcoma, nos	•	٠	٠	٠	٠	٠	٠	•	٠	•	• •	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	N	• 50
RESPIRATORY SYSTEM	1																							1
LUNGS AND BRONCHI Mepatocelular Carcinoma, metasta Sarcoma, nos, metastatic Osteosarcoma, metastatic	ŀ	•	•	• 	•	*	•	• ×	•	•	• •	٠	+ X	•	•	×	•	•	-	•	٠	•	۰ x	+ 69
TRACHEA		•	•	+	•	•	•	•	•	• •	• •	•	•	•	•	+	•	•	•	•	•	•	-	47
EMATCPOIETIC SYSTEM	┼──				<u></u>				~															
BONE MARPOW	Ŀ	•	•		*		<u>.</u>	+	<u>+</u>	<u>.</u>	<u>.</u>	<u> </u>		+	•	. <u>+</u>	•	<u>.</u>	+	•	•	•	•	- 30
SPLEEN	4	•	•	•	•		<u>t.</u>	•	•	•	• •	٠	•		•	•		•	•	•	•	•	<u>.</u>	50
LYMPH HODES Malig.lymphoma, histibeytic type .			•	•	*	•	•	•	•		• •	•	•	•	-	•	•	+	•	•	-	<u>*</u>	-	45
THYMUS		٠	~	-	٠	٠	*	•	•	• •	•	٠	٠	+	٠	٠	•	•	٠	•	-	•	-	- 38
CIRCULATORY SYSTEM	<u>†</u>						~~~~																	·f
HEART	+	٠	٠	٠	٠	+	٠	•	•	• •	•	٠	٠	+	٠	•	*	*	٠	*	٠	٠	٠	49
DIGESTIVE SYSTEP	1																							+
SALIVARY GLAND	++	+	+	÷	*	+	•	<u>.</u>	<u></u>	<u>.</u>	+			<u>.</u>	<u> </u>		<u>.</u>	<u>+</u>	•	•	-	•		4-46
LIVER Hepatocellular adenoma Hepatocellular carcinoma Sarcoma, Nos, metastatic	•	•	*	•	•	+	•	•	• •	• •	• •	•	•	٠	•	+ X	•	•	•	*	•	•	•	50
BILE DUCT	+	+	•	•	•	•	4	•	• •	• •	•	٠	+	+	٠	•	•	÷	•	+	•	•	•	50
GALLELADDER & COMMON BILE DUCT	1.	•	+	N	•	•	•	H	•	• •	•		H	+		<u>×</u>	<u>.</u>	<u>+</u>	<u>.</u>	•	H	•	<u>N -</u>	504
PANCREAS	++	•	+	•	•		•	•	•		•	<u>.</u>	*	•	•	±	•	*	•	<u>.</u>	<u>.</u>	·		49
ESOPHAGUS			•		•	•	•	+	<u>.</u>	<u> </u>	•	+	<u>.</u>		+	<u>+</u>	<u>+</u>	•	<u>*</u>	•	•	•		48
STOMACH	L.	<u>.</u>	*	•	•	•		*	•	<u>.</u>		•	•	•	•	*	<u>.</u>	<u>.</u>	<u>.</u>	•	•	<u>.</u>		49
SMALL INTESTINE	•	•	+		•		•	•	• •	<u> </u>				•	•	*	•	+	ŧ	•		•		45
LARGE INTESTINE Leidnycsarcoma	+	+	٠	٠	٠	٠	٠	•	• •	• •	•	٠	-	٠	٠	٠	٠	•	+	+	•	•	• •	45
RINA"Y SYSTEM										~														1
KIDNEY Osteosarcoma, metastatic	+	+	•	÷.	•	•	•	•	• •	•	•	٠	٠	٠	+	+	*	•	•	•	•	•	• •	50
URINARY BLADDER	•	•	+	•	•	•	•	-	+ +	• •	•	+	-		•	+	•	+	+	•	•	•		44
NDOCRINE SYSTEM	-																							+
PITUITARY ADEHUMA, NOS	•	٠	÷	+	÷	٠	٠	•	• •	• •	٠	٠	٠	٠	٠	٠	٠	•	•	•	•	•		46
ADRENAL	+		*	•	+	•	+	• •			+		•	+	+	+		•	•	•	+	,		47
THYROID	+	•	•	+	•	•	•	•	• •		+	•	+		+	•	+	•	• •	+	+ .	•	- •	44
FOLLICULAR+CELL ADENOMA																								<u> </u>
PARATHYROID	-	•	٠	+	•	•	-	•	- •	• •	*	•	-	-	-	٠	-	-	• •	-	• •	•	• •	16
EPRODUCTIVE SYSTEM		-																						1
MAMMARY GLAND	<u>.</u> N	N	N	*	<u>.</u>	+	•	<u>*</u>	• •	· •	t	*	+	+	*	<u>+</u>	<u>*</u>	<u>.</u>	•	<u>-</u>	<u>.</u>	·	<u>N</u>	50*
UTERUS Endometrial stromal sarcoma	•	•	•	•	•	•	•	• •	• •	•	+	+	•	+	•	•	•	•		•	• •		• •	50,
QVARY	•	+	٠	•	•	+	•	• •	• •	•	•	+	•	+	•	+	•	•		•	•			47
ERVOUS SYSTEM																								
BRAIN PECIAL SENSE ORGANS	<u>.</u>	. <u>*</u>	÷	•	<u>.</u>	<u>+</u>	•	<u>+</u>	• •	<u> </u>	+	.	<u>.</u>	•	<u>+</u>	•		<u>.</u>	<u>.</u>	<u>ا</u>	<u> </u>	·	<u>.</u>	48
HARDERIAN GLAND Adendma, NGS	H	N	N	н	н	н	N	н н	4 H	н	NX	н	N	N	N	N I	N 1	н		• •	н)	()	чн	50=
USCULOSKELETAL SYSTEM								_			×											1.4		· · ·
BONE	ж	N	N	N	ы	N	N	н н	4 N	. N	м	м	н	N	N	н	N						4 H	50*
OSTEOSARCOMA				X	-		.,	×				ſ	×						. '	•	. ,	1	e "	304
ODY CAVITIES Mediastinum Betegsarcoma, metastatic	N	N	N	н	~	N	N	 N P		н	н	H	N	M	N	н 1	H 1	4 1	• •	• •	• •	. ,	 H	504
LL OTHER SYSTEMS								^											_					<u> </u> '
LL OTHER SYSTEMS MULTIPLE DRGANS NOS MALIGNANT LYMPHOMA, NOS	N	H	Ħ	N	н	Ņ	N	N F	4 H	N N	N	H	H	N	N	м)		۰, <i>۱</i>	•	• •	• •	, ,	۱. H	50×

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

A ANIALS MECROPSTED + ATIALS MECROPSTED : NO TISSUE IMFORMATION SUBHITTED - REQUIRED TISSUE AND MICROSCOPICALLY - REQUIRED TISSUE AND MICROSCOPICALLY - NUMOR INCIDENCE N: MECROPSY, HO AUTOLYSIS, NO MICROSCOPIC EXAMINATION H: ANIAL MISSING B: NO MECROPSY PERFORMED

NUMBER WEEKS ON		2	0	01	-	-	0	0	-	4	4	2	3		4	-	11	11	0			2200	ŝ	4	_
STUDY STUDY	ş	ġ	Ś	ĝ	9	9	<u>,</u>	2	2	?	ġ	ŝ	2	ii 8	2	2	ŝ	?	9	ġ	ġ	2	ŝ	2	
5K1H	1.	•		•	٠			٠		•	•					•		•	•		٠	•		•	
FIBROSARCOMA														_											
ESPERATORY SYSTEM	1.																								
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	Ĺ					•		·																•	
TRACHEA		٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	-	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	
EMATOPOIETIC SYSTEM	1																								
BOHE MARKOW	+·	+	<u> </u>	•	•	•		•	•	÷		•	*	•	•	•	•	•	•	-	*	<u> </u>		*	-
SPLEEK Hemangioms	Ŀ	•		•	•	•	•	<u>.</u>		•	•	•	*	•	<u>.</u>	•	•	•	×.	•	•	*		•	
LYMPH HODES Alveolar/Bronchiglar Ca. Metastat Malignant Lymphoma, Ngs	ŀ	• ×	•	•	•	•	•	•	•	•	•	•	٠	•	•	•	•	•	٠	•	•	•	-	-	
THYMUS	•	٠	-	+	٠	٠	٠	٠	٠	*	٠	-	٠	-	•	•	-	٠	-	•	٠	٠	٠	-	
IRCULATORY SYCTEM																					******				
HEAAT GESTIVE SYSTEM	ŀ	•	•	•	<u>.</u>	•	•	•	•	•	<u>.</u>	•	•	•	•	•	•	•	•	•	•	•	•	•	
BALLVARY GLAND		•	•	•	•	٠	•	٠	÷	•		•	•	•	÷		÷	•				-	-	•	
LIVER Hepatoceliular adendma Hepatoceliular carcinoma	÷	•	•	•	•	•	•	•	٠	•	٠	•	ż	•	٠	•	•	•	٠	٠	•	+	•	•	
BILE DUCT		•	•	٠		•	•	٠	+	•	•	٠	+	*	٠	•	•	•	٠	•	+	•	•	٠	
GALLBEADDER & COMMON BILE DUCT	1.	•			•	+	•	•	•	•		•	•	H.	н.	•	N		+	+	•	N	•	•	
PANCREAS	++	+		ţ.	•			•	+		•	•	+		•	<u>+</u>	+	•		<u>.</u>	+	•	+	+	
ESOPHAGUS	+.	<u>.</u>		•	•	•	+	+	•	+		•		•	*		+	•		+	+	÷	<u>.</u>	•	-
STOMACH	++	*	<u> </u>		•	*	•	٠	*	<u>.</u>	+	•	<u>.</u>	•	•	•		•		•	٠	. .	*	•	_
SMALL INTESTINE Malignant Lymphoma, Nos	Ŀ	•	<u>.</u>	•	+	•	•	•	•	ż	•	•	•	•	•	•	•	•	•	•	•	•	·	·	
LARGE INFESTINE		٠	٠	٠	٠	+	٠	٠	•	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	٠	
CINARY SYSTEM	+																								-
KIDNEY	+•	+	•	+	. +	•	<u>+</u>	<u>.</u>	<u>.</u>	<u>+</u> -	•	*	•	.•	+	٠	+	<u>+</u>		۰.	•		<u>+</u>	4	-
URINARY BLADDER NDOCRIHE SYSTEM	·	•	<u> </u>	•	+	•	•	•		•	•		•	-	٠	٠	•	<u>.</u>	+	•	•	•	•	•	
PITUITARY ADEMOMA, NGS		٠	•	٠	ţ	٠	٠	٠	٠	•	•	٠	•	•	٠	٠	•	÷	٠	٠	٠	٠	-	٠	
ADRENAL	1.	٠	•	•	+	•	•	•	+	•	+	٠	+	+	•	•	•	•	•	•	•	•	•	+	~
PHEOCHROMOCYTONA Thyroid	t-	•		•	•	•	•	•	•	•		•	•	•	-	.×	•	•	•	•	•	-	•	•	
FOLLICULAR-CELL ADENOMA																		X			••••••				
PARATHYROID	·	•	*	*	-	*	•	<u>.</u>	•	-	-	*	-	•	*	•	•	<u>.</u>			•	-	•	-	
MANTARY GLAND		٠	•	٠	•	٠	•	•		N	ĸ	N	•	٠	N	٠	ĸ	•	٠	•	•	•	•	•	
CARCINOSARIOMA UTERUS	1.	•	•	•	•	Ĩ,	•	•	•	+	•	•	•	•	•	•	•	*	+	•	•	•	•	<u>×</u>	-
ENDOMETAJAL STROMAL POLYP	+-	•	•	•	+	•	•	•	•		+	•	•	•	•	•		•	+	•		•	•		
DVARY ERVOUS SYSTEM	1																								
BRAIN FECTAL SENSE ORGANS	ŀ	•	<u>+</u>	•	•		•	•	•	•	•	÷	•	•	•	•	•	•	+	•	•	•	•	•	_
"ECIAL SENSE ORGANS Harderian gland Adenoma, mos		ĸ	H	N	H	н	н	H	H	M	H	H	H	M	N	N	M	N	м	H	N	M	N	M	
L OTHER SYSTEMS	1-	-																							-
MULTIPLE ORGANS NOS Fibrosarcoma, metastatic Malignant Lymphoma, nos	N	N	N	H	ĸ	N X	H	H	H	Ħ	N	H X	H	H	Ħ	H	M	H	M	N X	H Y	Ħ	H	Ħ	

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: LOW DOSE

HUMBER 2 2 2 3 3 3 3 3 4 <th< th=""><th>ļ</th><th>₫ TOTAL 1 TISSUE 3 TUROR 7 • \$99 • \$90 • /th></th<>	ļ	₫ TOTAL 1 TISSUE 3 TUROR 7 • \$99 • \$90 •
INTEGUMENTARY SYSTEM Image: Constraint of the second sec	•	+ 30
RESPIRATORY SYSTEM LUNGS AND BRDHCHI LUNGS AND BRDHCHI + + + + + + + + + + + + + + + + + + +	•	+ 30
LUNGS AND BRONCHI AVVEDLAR/BRONCHIDLAR ADENOMA AVVEDLAR/BRONCHIDLAR CARCINONA TRACHEA MEMATOPOIE.IC SYSTEM	• •	
ALVEOLAR/BRONCHIDLAR ADEMONA ALVEOLAR/BRONCHIDLAR CARCINONA TRACHEA + + + + + + + + + + + + + + + + + + +	+ + +	
HEMATOPOLE.IC SYSTEM	• •	• • • •
BONE MARRCH	<u>+</u>	T
		4 46
SPLEEN + + + + + + + + + + + + + + + + + +	+	· · · · ·
LYMPH MODES	•	1
THYMUS + - + + + + + + + + + + + + + + + + +	-	• 54
CIRCULATORY SYSI TH		1
HEART	٠	• 50
DIGESTIVE SYSTEM		
SALIVARY QLAND 4 + + + + + + + + + + + + + + + + + +		
LIVER + + + + + + + + + + + + + + + + + + +	•	+ 54 X 2
aile buct	٠	+ 50
GALLBLADDER & COMMON BILE DUCT	N	
PANCREAS	•	1 50
	+	
STDMACH	•	
SMALL INTESTINE + • + • + • • • • • • • • • • • • • •	•	· 30
LARGE INTESTINE + + + + + + + + + + + + + + + + + + +	•	+ 50
URINARY SYSTEM		
RIDNEY		· _ 58_
URINARY BLADDER	•	+ +
ENDOCRINE SYSTEM		
PITUITARY	•	• ••
ADRENAL	+	• ••
THYROID FOLLICULAR-CELL ADEMOMA	+ ·	+ ••
PARATHYROID	•	- 17
REPRODUCTIVE SYSTEM		1
MAMARY GLARD + + + + + + + + + + + + + + + + + + +	•	- 50-
UTERUS EHOOMETRIAL STROMAL POLYP		· <u>"</u>
DVARY • <td><u> </u></td> <td>+ 47-</td>	<u> </u>	+ 47-
BRAIN	•	+ 50
SPECIAL SENSE ORDANS		+
NARDERIAN GLAND N N N N N N N N N N N N N N N N N N	M 3	* 507
ALL OTHER SYSTEMS		1
MULTIPLE ORGANS NOS NNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN FIBROSARCOMA. MEIASTATIC X MALIGANAL LYMPRONA, NOS X X X X X X X X X	н я Х Х	N 541

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

ANIMALS NECROPSIED
 ANIMALS NECROPSIED
 IISSUE EXAMINED MICROSCOPICALLY
 ISSUE EXAMINED MICROSCOPICALLY
 INCOREC IISSUE HOT EXAMINED MICROSCOPICALLY
 IUMOR INCIDENCE
 IUMOR INCIDENCE
 NO MISTOLOGY DUE TO PROTOCOL
 ANTAL MISSING
 MICROSCOPIC EXAMINATION
 MICROSCOPIC EXAMINATION
 MICROSCOPIC EXAMINATION
 MICROSCOPIC EXAMINATION
 MICROSCOPIC EXAMINATION
 MICROSCOPIC EXAMINATION

ANIMAL Number	0	0	0	0	0	,	007	0	0	1	0	1	0	1	1	0	0	1	0	2	2	2	2	2	Γ
WEEKS ON Study	8	1	1	0	0	9	1 0	1		1	-	-	0		-	1	0	0	1	1			1	1	
HTEOUMENTARY SYSTEM	1.	Li	į	فا	<u>l</u> š	<u>i</u>	1	_1	لتـ	1	j	<u>j</u>	71	ž	л	ž	<u> </u>	31	ž	ž	_i	į	ž	_ī	Ĺ
SKIN Fibrosarcoma Myxosarcoma	Ŀ	+	•	•	+	+	٠	+	+ x	٠	+	•	•	•	•	•	•	+	•	+	•	+	+	•	
SUBCUTANEOUS TISSUE Hemangioma	•	٠	٠	*	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	ł	•	٠	٠	٠	٠	٠	٠	٠	٠	
ESPIRATORY SYSTEM	Τ																								
LUNGS AND BRONCNI Alveolar/Bronchiolar Adendma DSTEDSARCOMA, METASTATIC DSTEDSARCOMA, UNC PRIM DR META	Ŀ	•	•	+	•	* x	• ×	*	•	•	٠	•	•	•	+	•	•	•	•	•	•	•	×	•	
TRACHEA		+	٠	•	٠	+		+	٠	•	•	•	٠	٠	٠	٠	+	+	٠	٠	٠	٠	•	٠	
EMATOPOIETIC SYSTEM	+														_										
BONE MARROW	++	+	<u>+</u>		•	+	•		. <u>+</u>	<u></u>		•	+	+	.		*	+	+	+	+	+	•	*	
SPLEEM	+-	*	+	.+	+	*	*	+	<u>.</u>	+		*	•	+	<u>+</u>	*				*	*	<u> </u>	*	*	
LYMPH NODES Osteosarcoma, metastatic Osteosarcoma, unc prim or meta Malignant lymphoma, mos	Ľ	-	-	•	•	×	×	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
TNYMUS Malignant lymphôma, nos	-	٠	٠	٠	٠	-	٠	٠	٠	-	•	٠	×	-	•	•	•	٠	٠	*	•	+	٠	•	
IRCULATORY SYSTEM	T														-										
HEART	ŀ	*	+	+	*	•	+	•	•		*	•	*	*	<u> </u>		•	•		•		<u>.</u>	*	•	_
IGESTIVE SYSTEM SALIVARY GLAND	١.																								
LIVER HEPATOCELLUIAR ADENOMA HEPATOCELLUIAR CARCINOMA HEMANDIDSARCITA		•	•	•	•	•	•	ż	* ×	*	÷	•	•	÷	•	•	•	•	•	•	ž	•	×	ż	
	–																	<u>×</u>							
BILE DUCT Gallbladder & common bile duct	H H	<u>+</u>	<u>+</u>	<u></u>	<u>+</u> -	<u>.</u>	+	*	•	•	<u>.</u>	t	<u>.</u>	<u>.</u>	_ <u>*</u>	<u>+</u>	+		<u></u>	<u> </u>	<u>+</u>		<u>+</u>	÷	
PANCREAS	1.	÷	<u>*</u> -		<u>,</u>	÷	•	•		÷	÷	- <u>*</u>	÷	••••	تى د	÷	•	•	- <u>-</u> -	- <u>`-</u>	•	•	<u>-</u> -	- <u>*</u> -	-
ESOPHAGUS	1.	. +	+	•	•	÷	•	.+	+	,	•	+	•	 +	*	+	•	+	÷	+	-		+	•	
STOMACH		+	•	+	+		•	+	+	+	•	ţ.	+	+	•	+	+	+	•		•			•	_
SMALL INTESTINE	-	٠	٠	٠	٠	-	t	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	-	٠	٠	٠	+	÷	٠	
PAPILLARY ADENOMA Large intestine	<u>t.</u>				•		<u>^</u>	•	•	•	•	•	•	•	+	•	•	-	•	•	•	•	*	+	-
EINARY SYSTEM																									-
KIDNEY	Ŀ	t					•	•		<u>.</u>	<u>.</u>		+	+	•	•	•	•	•	•		•			_
URINARY BLADDER	•	٠	٠	٠	٠	٠	٠	٠	٠	-	٠	+	٠	٠	٠	٠	٠	-	٠	٠	٠	٠	٠	٠	
NDOCRINE SYSTEM	T																						-		
PITUITARY Adenoma, NGS	Ŀ		•	•			+	•	<u>.</u>	•	•		<u>.</u>	•	•	<u>.</u>		•	•	-	•	<u>.</u>	•	*	
ADREMAL	1.			*							•			•	<u>.</u>	. <u>+</u>	•	•					.	+	_
1HYRDIO	<u>+</u> -*-	*	•	+		•	t		•	+			•	-	<u>.</u>	*	•	+	*	•	*		*	<u>.</u>	
PARATNYRGID	1		*	*	-	-	-	•	-	-	<u> </u>	-	•		÷	-	<u> </u>	<u>.</u>	•	-		•	·	<u> </u>	
EPRODUCTIVE SYSTEM Mammary Gland Adenocarcingma, Mos	ŀ	٠	٠	٠	٠	N	٠	•	•	٠	•	٠	•	·	•	•	H	÷ ×	•	٠	H	٠	•	•	
UTERUS	•	•	٠	٠	٠	•	٠	٠	٠	٠	٠	•	٠	•	٠	٠	٠	٠	•	٠	٠	+	٠	٠	
LEIOMYOMA Ovary Teratoma, NJS Memangidsircoma	+	٠	٠	٠	٠		٠	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	* ×	٠	٠	
ERVOUS SYSTEM	–								••																
BRAIN	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	•	
PECIAL SENSE ORGANS																									
HARDERIAN GLAND Adenoma, Nos Isculoskeletal system	M	H	M	н	н	к	N	*	*	N	N	N	H	N	N	N	H	•	H	M	M	н	ж	н	
BONE OSTEOSARCOMA	н	N	N	N	H	N X	M	M	H	M	M	N	N	N	M	N	H	н	M	×	N	M	N	Ħ	
PERITONEUM	H	4	N	H	м	N	м	M	н	N	N	H	n	н	H	N	N	N	N	M	н	N	M	M	
HEMANGIDEARCOMA	ļ																								_
MULTIPLE CREAKS HOS	NX	N	N X	HX	H	M	N	N X	N	M	N	N	н	N	H	M	H	N	N	H	N	H	NX	M	

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: HIGH DOSE

AN IMAL HUMBER	2	27	81	220	31	31	3	31	11	31	31	31	01 31 81.	31	4		2	1		47		41		61	- 53	
WEEKS ON STUDY	0	0	0		0	10	61	eT.	01	01	01	01	4	01	0	01	el.	0	01	OT	0	01	4	0	01	TOTAL TISSUE TUMORS
INTEGUMENTARY SYSTEM	+1	21	-14	-71		-11	11	21	لمقد	4	<u></u>	<u></u> j		- 6 4-	<u>_'</u>	لملكم	-1	4	_/1		-11	11	11	<u>_î</u>	-4	
SKIN Fibrosarcoma Nyxosarcoma	ŀ	•	•	•	•	•	+	•	•	•	•	ž	•	•	•	•	•	•	•	•	•	•	•	•	•	50.
SUBCUTANEQUS TISSUE Memangioma	•	٠	٠	٠	•	+	•	٠	٠	٠	٠	٠	٠	٠	٠	* x	٠	٠	•	٠	٠	٠	٠	.+	•	50 2
RESPIRATORY SYSTEM	+																									
LUNGS AND BRUNCHI Alveqlar-bronchidlar adenoma Osteosarcoma, meiastatic Osteosarcoma, unc prim dr meta	·	•	٠	•	•	·	٠	•	•	•	٠	+	•	•	•	•	•	•	٠	•	•	•	٠	•	٠	50
TRACHEA	•	-	-	•	•	•	•	•	•	•	•	•	•	•	•	•	+	•	•	٠	•	•	•	•	•	48
NEMATOPOIETIC SYSTEM	+				~~~~																				-	
BONE MARROW	÷.	•	•	•	•		•	•			. <u>.</u>	.*	•	•	<u>.</u>	. <u>.</u>	•	<u>.</u>			<u>.</u>	•	•			68
SPLEEN	1.		. .	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	•		-t	•		<u>.</u>	•		•	•	•	•	<u>.</u>	•	•	•	•	÷	
LYM H HODES OS.EDSARCOMA METASTATIC DSTEDSARCOMA, UNC PRIM OR META Maligham? Lymphoma, Hos	• 	•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	-	•	•		•	•	•	•	1
THYMUS Malighant Lymphoma, Nos	-	•	•	٠	-	•	•	-	٠	•	+	-	٠	•	•	•	•	•	•	-	•	٠	+	٠	•	* ¢ 1
CIRCULATORY SYSTEM	Γ																									
HEART	·	<u>.</u>	•	<u> </u>	•	<u>.</u>	•	*	*	•	•	•	<u>.</u>	<u>.</u>		*	•	<u>.</u>	•	•	<u>.</u>	<u> </u>	•			50
DIGESTIVE SYSTEM	1.																							,		47
SALIVARY GLAKD LIVER		ì	;	•		•	•	•	÷	÷	•		•		;	•	•	•	•	•	•	•		•		50
NÉPÂTUCELLULA ADENOMA Nepatucellula carcinuma Nemangiosarcoma	-		×		×							×				×	×		×					×	×	12
BILE DUCT	++	•	•	+	+	*	<u>.</u>		+	•	<u>.</u>	÷	·	<u></u>	<u>.</u>	÷	•	*	<u></u>	•	· ·	<u>.</u>		•	•	- 20-
GALLBLADDER & COMMON BILE DUCT	1-11		•	н.	+	•	<u>*</u>	<u>.</u>	<u>H</u>	. <u>.</u>	<u>.</u>	<u>.</u>			<u>H</u>	4_	<u>.</u>	•		<u>.</u>	<u>.</u>	<u>.</u>	<u>+</u>	•	-	<u>50×</u>
PANCREAS Esophagus	t	<u>.</u>	<u>.</u>	<u>.</u>	<u>+</u>	<u>+</u>	. <u>.</u>	. <u>*</u>	<u>*</u> -	÷	÷	<u>.</u>	÷	<u>.</u>	<u>.</u>	÷	÷	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	÷	<u>.</u>	<u>*</u>	-+	48
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TABLE B4. FEMALE MICE: TUMOR PATHOLOGY (CONTINUED) HIGH DOSE

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APPENDIX C

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

TABLE C1.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
<pre>*SKIN EPIDERMAL INCLUSION CYST HEMORRHAGE INFLAMMATION, ACUTE∕CHRONIC HYPERKERATOSIS</pre>	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%) 1 (2%)
*SUBCUT TISSUE Inflammation, focal granulomatou	(50) 1 (2%)	(50)	(50)
RESPIRATORY SYSTEM		****************	
*NASAL MUCOSA Hemorrhage Lymphocytic inflammatory infiltr	(50)	(50) 1 (2%)	(50) 1 (2%)
*LARYNX Ultimobranchial cyst Hemorrhage	(50)	(50) 1 (2%) 1 (2%)	(50)
×LARYNGEAL GLAND DILATATION, NOS	(50) 1 (2%)	(50)	(50)
#TRACHEA Inflammation, acute Inflammation, acute/chronic	(37)	(41) 3 (7%) 1 (2%)	(36)
#LUNG/BRONCHUS BRONCHIECTASIS	(50)	(50) 1 (2%)	(50)
#LUNG MINERALIZATION Congestion, Nos	(50) 2 (4%) <u>3 (6%)</u>	(50) 1 (2%)	(50) 2 (4%)

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
EDEMA, NOS HEMORRHAGE LYMPHOCYTIC INFLAMMATORY INFILTR PNEUMONIA, ASPIRATION	2 (4%) 4 (8%) 3 (6%)	12 (24%) 1 (2%) 6 (12%)	4 (8%) 3 (6%) 5 (10%) 1 (2%)
BRONCHOPNEUMONIA, ACUTE INFLAMMATION, ACUTE INFLAMMATION, ACUTE/CHRONIC PNEUMONIA, CHRONIC MURINE BRONCHOPNEUMONIA, CHRONIC	2 (4%) 2 (4%)	6 (12%) 2 (4%) 1 (2%) 1 (2%) 1 (2%)	14 (28%) 3 (6%)
INFLAMMATION, GRANULOMATOUS GRANULOMA, NOS CHOLESTEROL DEPOSIT	1 (2%) 1 (2%)	1 (2%)	2 (4%) 1 (2%)
FOREIGN MATERIAL, NOS PIGMENTATION, NOS Hyperplasia, alveolar epithelium Histiocytosis	1 (2%) 13 (26%)	2 (4%) 1 (2%) 9 (18%)	2 (4%) 9 (18%)
HISTICCTOSIS			
*MULTIPLE ORGANS HEMATOPOIESIS	(50) 4 (8%)	(50) 1 (2%)	(50) 2 (4%)
#BONE MARROW Myelofibrosis	(49) 4 (8%)	(49) 3 (6%)	(47) 1 (2%)
#SPLEEN Congestion, nos fibrosis, focal	(49) 1 (2%)	(48)	(49) 1 (2%)
NECROSIS, NOS HEMOSIDEROSIS LYMPHOID DEPLETION HEMATOPOIESIS	8 (16%) 5 (10%)	8 (17%) 1 (2%) 2 (4%)	1 (2%) 5 (10%)
#SPLENIC CAPSULE LYMPHOCYTIC INFLAMMATORY INFILTR SIDEROPHAGOCYTOSIS	(49) 1 (2%)	(48) 1 (2%)	(49)
#SPLENIC RED PULP Collapse	(49) 2 (4%)	(48)	(49) 1 (2%)
#LYMPH NODE Edema, nos Plasmacytosis	(48)	(47)	(43) 1 (2%) 1 (2%)
#MANDIBULAR L. NODE DILATATION, NOS	(48)	(47)	(43)

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
CYST, NOS	1 (2%)	1 (2%)	
EDEMA, NOS Hemorrhage Nuclamation Agute	1 (24)	1 (2%)	4 (9%) 1 (2%)
INFLAMMATION, ACUTE Plasmacytosis	22 (46%)	18 (38%)	14 (33%)
MEDIASTINAL L.NODE	(48) 12 (25%)	(47) 7 (15%)	(43) 5 (12%)
HEMDRRHAGE HISTIOCYTOSIS	1 (2%)	7 (134)	
PLASMACYTOSIS	1 (2%)		1 (2%)
MESENTERIC L. NODE DILATATION, NOS	(48)	(47)	(43) 1 (2%)
INFLAMMATION, ACUTE	((-)		1 (2%)
RENAL LYMPH NODE Hemorrhage	(48)	(47) 1 (2%)	(43)
STOMACH	(49)	(49)	(47)
SIDEROPHAGOCYTOSIS	1 (2%)		
COLON Hyperplasia, lymphoid	(48) 1 (2%)	(47)	(44)
FADRENAL	(50)	(49)	(50)
HEMATOPOIESIS	3 (6%)	1 (2%)	1 (2%)
CYST, NOS	(27) 2 (7%)	(37)	(36) 3 (8%)
HEMORRHAGE Necrosis, cortical		3 (8%)	1 (3%) 1 (3%)
LYMPHOID DEPLETION	***	1 (3%)	2 (6%)
IRCULATORY SYSTEM			
BRAIN Thrombosis, Nos	(50) 1 (2%)	(49)	(50)
	(50)	(50)	(50)
THROMBOSIS, NOS	1 (2%)		
HEART	(50) 2 (4%)	(50)	(50)
THROMBOSIS, NOS	2 (4%)	1 (2%)	1 (2%)

TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)
	VEHICLE Control	LOW DOSE	HIGH DOSE
HEMDRRHAGE Lymphocytic Inflammatory Infiltr	1 (2%)	2 (4%) 3 (6%) 2 (4%)	3 (6%) 1 (2%)
HEMDRRHAGE LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC FIBROSIS FIBROSIS, FOCAL	1 (2%) 46 (92%) 1 (2%)	2 (4%) 34 (68%)	3 (6%) 31 (62%)
CORDNARY ARTERY Inflammation, chronic	(50) 1 (2%)	(50)	
*PULMONARY ARTERY MINERALIZATION	(50) 14 (28%)	(50)	(50) 5 (10%)
#ADRENAL Thrombosis, Nos	(50)	(49)	(50) 2 (4%)
IGESTIVE SYSTEM			
#SALIVARY GLAND Inflammation, acute∕chronic Fibrosis	(50)	(50)	(48) 1 (2%) 1 (2%)
ATROPHY, NOS	2 (4%)	2 (4%)	6 (13%)
#LIVER Abnormal curvature Cyst, Nos	(50) 2 (4%)	(50) 1 (2%)	(50) 3 (6%) 1 (2%)
CONGESTION, NOS Inflammation, acute		1 (2%)	3 (6%)
GRANULOMA, NOS	4 (8%)	2 (4%)	1 (2%)
DEGENERATION, CYSTIC Necrosis, nos Necrosis, central	7 (14%) 1 (2%)	1 (2%) 3 (6%)	6 (12%) 5 (10%)
CYTOPLASMIC VACUOLIZATION	3 (6%)	1 (2%)	5 (10%)
DASUPHILIC CTIU CHANGE Ensinophilic cyto change	42 (84%)	32 (64%) 28 (56%)	33 (66%) 21 (42%)
CYST, NOS CONGESTION, NOS INFLAMMATION, ACUTE GRANULOMA, NOS DEGENERATION, CYSTIC NECROSIS, NOS NECROSIS, CENTRAL CYTOPLASMIC VACUOLIZATION BASOPHILIC CYTO CHANGE EDSINOPHILIC CYTO CHANGE ATYPIA, NOS ANGIECTASIS	4 (8%) 1 (2%)	1 (2%)	1 (2%)
#LIVER/KUPFFER CELL Hyperplasia, NOS		(50)	(50) 1 (2%)
BILE DUCT Hyperplasia, Nos	(50) 45 (90%)	(50) 30 (60%)	(50) 28 (56%)
PANCREAS ACCESSORY STRUCTURE	(47)	(47)	(49) 1 (2%)

TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
CYST, NOS Inflammation, chronic	2 (4%) 1 (2%)	1 (2%)	
CYTOPLASMIC VACUOLIZATION Atrophy, Nos	2 (4%)		1 (2%)
<pre>#PANCREATIC ACINUS CYST, NOS</pre>	,	(47)	(49) 1 (2%)
CYTOPLASMIC VACUOLIZATION Atrophy, Nos Atrophy, Exhaustion	1 (2%) 10 (21%)	6 (13%) 1 (2%)	6 (12%)
HYPERPLASIA, NODULAR	,	2 (4%)	4 (8%)
#PERIPANCREATIC TISSU NECROSIS, FAT	(47)	(47)	(4 9) 1 (2%)
#ESOPHAGUS Inflammation, Chronic	(49)	(48) 1 (2%)	(47)
#STOMACH MINERALIZATION	(49) 1 (2%)	(49)	(47)
INFLAMMATION, NECROTIZING Inflammation, acute Ulcer, acute	14 (29%)	9 (18%) 1 (2%)	1 (2%) 7 (15%)
INFLAMMATION, ACUTE/CHRONIC Fibrosis	1 (2%)	1 (24)	1 (2%)
HYPERPLASIA, EPITHELIAL	5 (10%)	1 (2%)	-
#GASTRIC FUNDAL GLAND DILATAŢION, NOS	(49) 1 (2%)	(49)	(47)
#JEJUNUM Ectopia	(46) 1 (2%)	(39) 1 (3%)	(44) 1 (2%)
INFLAMMATION, GRANULOMATOUS Hyperplasia, epithelial	1 (2%)		1 (2%)
#COLON Hemorrhage	(48) 1 (2%)	(47)	(44)
PARASITISM	1 (2%)	1 (2%)	4 (9%)
RECTUM Polyp, Inflammatory	(50)	(50) 1 (2%)	(50)
RINARY SYSTEM			
#KIDNEY MINERALIZATION	(5D) 3 (6%)	(48) 1 (2%)	(49)

TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

_____ VEHICLE HIGH DOSE CONTROL LOW DOSE _____ HYDRONEPHROSIS 2 (4%) 6 (12%) 1 (2%) 1 (2%) CONGESTION, NOS 1 (2%) 1 (2%) HEMORRHAGE GLOMERULONEPHRITIS, NOS PYELONEPHRITIS, ACUTE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC 1 (2%) 1 (2%) 1 (2%) 48 (96%) 2 (4%) 38 (79%) 2 (4%) NEPHROPATHY 35 (71%) PIGMENTATION, NOS HISTIOCYTOSIS 1 (2%) #KIDNEY/PELVIS (50) (48) (49) HYPERPLASIA, EPITHELIAL 1 (2%) #URINARY BLADDER (47) (44) (44) 1 (2%) EDEMA, NOS Lymphocytic inflammatory infiltr 2 (5%) 1 (2%) 1 (2%) INFLAMMATION, ACUTE ULCER, ACUTE HEMDRRHAGIC 1 (2%) ENDOCRINE SYSTEM (44) 4 (9%) 3 (7%) 1 (2%) (49) 7 (14%) 3 (6%) (50) **#PITUITARY** 6 (12%) 12 (24%) CYST, NOS Hyperplasia, chromophobe-cell Angiectasis #ADRENAL (50) (49) (50) 1 (2%) 1 (2%) 3 (6%) 1 (2%) CONGESTION, NOS 3 (6%) INFLAMMATION, ACUTE Cytoplasmic vacuolization 3 (6%) ANGIECTASIS 1 (2%) #ADRENAL CORTEX CYTOPLASMIC CHANGE, NOS CYTOPLASMIC VACUOLIZATION (50) (49) (50) 1 (2%) 4 (8%) 8 (16%) 1 (2%) 8 (16%) 4 (8%) HYPERPLASIA, NODULAR #ADRENAL MEDULLA HYPERPLASIA, NOS (50) 8 (16%) (49) (50) 3 (6%) 3 (6%) (47) 2 (4%) <u>2 (4%)</u> #THYROID (46) (49) 1 (2%) <u>1 (2%)</u> ULTIMOBRANCHIAL CYST MINERALIZATION 2 (4%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
	6 (13%)	4 (8%) 4 (8%)	2 (4%) 2 (4%)
#PARATHYROID Hyperplasia, Nos	(34) 12 (35%)	(36) 9 (25%)	(33) 4 (12%)
#PANCREATIC ISLETS Hyperplasia, NOS	(47) 1 (2%)	(47) 1 (2%)	(49) 1 (2%)
EPRODUCTIVE SYSTEM			
*MAMMARY GLAND DILATATION/DUCTS INFLAMMATION, ACUTE/CHRONIC	(50) 2 (4%)	(50) 2 (4%)	(50) 1 (2%)
DILATATION/DUCTS INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, GRANULOMATOUS Hyperplasia, NOS Hyperplasia, Epithelial Lactation	3 (6%) 3 (6%) 2 (4%)	1 (2%)	2 (4%) 3 (6%)
*PENIS Inflammation, acute	(50)	(50)	(50) 1 (2%)
*PREPUTIAL GLAND Epidermal inclusion cyst Inflammation, chronic	(50) 1 (2%)	(50) 1 (2%)	(50)
INFLAMMATION, ACUTE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC INFLAMMATION, GRANULOMATOUS FIBROSIS		(50) 5 (10%) 5 (10%) 1 (2%) 1 (2%) 2 (4%)	(47) 3 (6%) 2 (4%) 1 (2%) 1 (2%) 4 (9%) 1 (2%)
*SEMINAL VESICLE Inflammation, acute/chronic	(50) 1 (2%)	(50)	(50)
#TESTIS MINERALIZATION INFLAMMATION, GRANULOMATOUS GRANULOMA, NOS	(50) 25 (50%)	(50) 17 (34%) 1 (2%)	(50) 21 (42%)
ATYPIA, NOS	• • • • • • • • • • • • • • • • • • • •	1 (2%)	

	VEHICLE Control	LOW DOSE	HIGH DOSE
ATROPHY, NOS Hyperplasia, interstitial cell	2 (4%)	1 (2%) 1 (2%)	1 (2%) 3 (6%)
EPIDIDYMIS Inflammation, acute/chronic	(50)	(50) 3 (6%)	(50)
INFLAMMATION, CHRONIC FIBROSIS	2 (4%) 1 (2%)	1 (2%)	1 (2%)
VOUS SYSTEM			
HOROID PLEXUS MINERALIZATION	(50)	(50) 1 (2%)	(50)
RAIN MINERALIZATION	(50)	(49)	(50) 1 (2%)
EDEMA, NOS HEMORRHAGE	1 (2%)	1 (2X) 1 (2X)	1 (2%)
GLIOSIS Malacia	2 (4%) 1 (2%)		
ANGIECTASIS	1 (2%)		
CIAL SENSE ORGANS			
YE Retinopathy	(50) 4 (8%)	(50)	(50) 1 (2%)
CATARACT	4 (8%)		2 (4%)
CLERA MINERALIZATION	(50) 1 (2%)	(50)	(50)
YE/CORNEA Inflammation, acute	(50)	(50)	(50) 1 (2%)
ORNEA SUBSTANTIA PR Inflammation, acute	(50)	(50)	(50) 1 (2%)
AR Inflammation, Acute/chronic	(50)	(50) 2 (4%)	(50) 4 (8%)

MUSCULOSKELETAL SYSTEM

NONE

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

• /

	VEHICLE Control	LOW DOSE	HIGH DOSE
BODY CAVITIES			
*PERITONEAL CAVITY Inflammation, acute/chronic Necrosis, fat	(50) 1 (2%) 1 (2%)	(50)	(50)
*MESENTERY HEMATOMA, NOS	(50) 1 (2%)	(50)	(50)
INFLAMMATION, CALC GRANULOMATOUS Necrosis, Fat	2 (4%)	1 (2%)	
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS Congestion, nos	(50) 8 (16%)	(50) 24 (48%)	(50) 26 (52%)
HEMORRHAGE Lymphocytic inflammatory infiltr	1 (2%)	1 (2%)	2 (4%)
INFLAMMATION, ACUTE Inflammation, acute/chronic	1 (2%) 1 (2%)		1 (2%)
FIBROSIS Hyperplasia, epithelial			1 (2%) 1 (2%)

TABLE C2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
NIMALS INITIALLY IN STUDY NIMALS NECROPSIED NIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
NTEGUMENTARY SYSTEM			
*SKIN EPIDERMAL INCLUSION CYST ACANTHOSIS	(50)	(50)	(50) 1 (2%) 1 (2%)
ESPIRATORY SYSTEM			
*LARYNX Hemorrhage Inflammation, acute	(50)	(50) 1 (2%)	(50) 1 (2%)
#TRACHEA INFLAMMATION, ACUTE	(45)	(38) 1 (3%)	(31) 1 (3%)
<pre>#LUNG MINERALIZATION VEGETABLE FOREIGN BODY CONGESTION, NOS EDEMA, NOS HEMORRHAGE LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, INTERSTITIAL BRONCHOPNEUMONIA, ACUTE INFLAMMATION, ACUTE/ INFLAMMATION, ACUTE/ GRANULOMA, NOS FIBROSIS FOREIGN MATERIAL, NOS PIGMENTATION, NOS HYPERPLASIA, ALVEOLAR EPITHELIUM HISTIOCYTOSIS</pre>	3 (6%) 1 (2%) 1 (2%) 1 (2%)	2 (4%) 10 (20%) 1 (2%) 2 (4%) 5 (10%) 2 (4%)	4 (8%)
EMATOPOIETIC SYSTEM			
MULTIPLE ORGANS Plasmacytosis	(50)	(50) 1 (2%)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
HEMATOPOIESIS		4 (8%)	9 (18%)
<pre>#BONE MARROW OSTEOSCLEROSIS Myelofibrosis</pre>	(49)	(49) 1 (2%) 4 (8%)	(49) 5 (10%)
#SPLEEN Granuloma, Nos Fibrosis	(50)	(50)	(47) 1 (2%) 1 (2%)
HEMOSIDEROSIS Lymphoid depletion	24 (48%) 1 (2%)	14 (28%)	15 (32%) 2 (4%)
HEMATOPOIESIS	1 (2%)	6 (12%)	2 (4%)
RLYMPH NODE Plasmacytosis	(45)	(47)	(45) 1 (2%)
MANDIBULAR L. NODE Hemorrhage	(45)	(47)	(45)
GRANULOMA, NOS	1 (2%)	1 (2%)	1 (2%)
NECROSIS, NOS Atrophy, Nos	1 (2%)		1 (2%)
PLASMACYTOSIS	23 (51%)	19 (40%)	16 (36%)
MEDIASTINAL L.NODE Hemorrhage Inflammation, acute Granuloma, nos	(45) 5 (11%)	(47) 6 (13%) 1 (2%) 1 (2%)	(45) 7 (16%) 3 (7%)
PIGMENTATION, NOS Plasmácytosis	1 (2%) 2 (4%)	2 (4%)	2 (4%)
PANCREATIC L.NODE Edema, nos	(45) 1 (2%)	(47)	(45)
RENAL LYMPH NODE Hemorrhage	(45)	(47) 2 (4%)	(45)
LIVER LEUKEMOID REACTION HEMATOPOIESIS	(50)	(50)	(48) 1 (2%) 2 (4%)
THYMUS Cyst, NOS Hemorrhage Necrosis, cortical	(30) 3 (10%)	(31) 2 (6%) 1 (3%) 1 (3%)	(28) 2 (7%) 1 (4%)

TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
CIRCULATORY SYSTEM			
<pre>*MULTIPLE ORGANS THROMBOSIS, NOS</pre>	(50)	(50)	(50) 1 (2%)
<pre>#HEART Thrombosis, NOS Hemorrhage Lymphocytic inflammatory infiltr</pre>	(50)	(50) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%)
INFLAMMATION, ACUTE Fibrosis	37 (74%)	2 (4%) 29 (58%)	1 (2%) 30 (61%)
*PULMONARY ARTERY MINERALIZATION	(50) 4 (8%)	(50) 2 (4%)	(50)
*SPLENIC ARTERY Inflammation, granulomatous	(50)	(50) 1 (2%)	(50)
#LIVER Thrombosis, Nos	(50) 2 (4%)	(50)	(48) 1 (2%)
#UTERUS Thrombosis, NDS	(50) 1 (2%)	(50)	(47)
#ADRENAL Thrombosis, nos	(50)	(50)	(48) 1 (2%)
DIGESTIVE SYSTEM			
*SALIVARY GLAND FIBROSIS	(50)	(49)	(45) 1 (2%)
ATROPHY, NOS		3 (6%)	7 (16%)
*LIVER ABNORMAL CURVATURE LYMPHOCYTIC INFLAMMATORY INFILTR	(50) 6 (12%)	(50)	(48) 3 (6%) 1 (2%)
INFLAMMATION, ACUTE NECROTIZING Inflammation, acute/chronic	1 (2%)		2 (4%)
INFLAMMATION, GRANULOMATOUS Granuloma, nos	20 (40%)	2 (4%) 4 (8%)	4 (8%)
FIBROSIS Necrosis, Nos Pigmentation, Nos	4 (8%) 1 (2%)	5 (10%)	1 (2%) 3 (6%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
CYTOPLASMIC VACUOLIZATION BASOPHILIC CYTO CHANGE EOSINOPHILIC CYTO CHANGE ATYPIA, NOS ANGIECTASIS		1 (2%) 37 (74%) 22 (44%) 2 (4%) 1 (2%)	2 (4%) 43 (90%) 31 (65%)
#BILE DUCT Hyperplasia, NOS #Pancreas	(50) 26 (52%)	(50) 10 (20%)	(48) 3 (6%)
	(50) 1 (2%) 1 (2%)	(49)	(47) 1 (2%)
HEMORRHAGE Lymphocytic inflammatory infiltr fibrosis Atrophy, nos	2 (4%) 1 (2%)		1 (2%) 1 (2%)
#PANCREATIC ACINUS Cytoplasmic vacuolization	(50)	(49)	(47)
ATROPHY, NOS	6 (12%)	5 (10%)	2 (4%)
ESOPHAGUS Inflammation, Chronic	(48)	(49) 1 (2%)	(50)
#STOMACH CYST, NOS	(50) 1 (2%)	(49)	(45)
			1 (2%)
EDEMA, NOS INFLAMMATION, NOS INFLAMMATION, ACUTE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC	22 (44%)	7 (14%)	1 (2%)
INFLACIONALIUNA CONUNIC	7 (14%)		1 (2%) 2 (4%)
#GASTRIC FUNDAL GLAND DILATATION, NOS	(50) 1 (2%)	(49) 1 (2%)	(45) 1 (2%)
	(50) 1 (2%)	(46) 2 (4%)	(43)
#COLON PARASITISM	(49)	(50) 1 (2%)	(42) 2 (5%)
RINARY SYSTEM			
#KIDNEY MINERALIZATION	(50) 10 (20%)	(50) 3 (6%)	(48) 2 (4%)

TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)	TABLE C2.	FEMALE RATS:	NONNEOPLASTIC	LESIONS	(CONTINUED)
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	VEHICLE Control	LOW DOSE	HIGH DOSE
CYST, NOS CONGESTION, NOS PYELONEPHRITIS, CHRONIC NEPHROPATHY DEPOSIT, NOS PIGMENTATION, NOS	1 (2%) 1 (2%) 1 (2%) 34 (68%)	36 (72%) 1 (2%)	40 (83%)
		(50)	(48) 1 (2%)
#URINARY BLADDER Lymphocytic inflammatory infiltr	(48) 2 (4%)	(48) 2 (4%)	(44)
NDOCRINE SYSTEM			
<pre>#PITUITARY MINERALIZATION CYST, NOS GRANULOMA, NOS PIGMENTATION, NOS HYPERPLASIA, CHROMOPHOBE-CELL ANGLECTASIS</pre>	(50) 1 (2%) 22 (44%)	(49) 21 (43%)	(49) 15 (31%)
ANGLECIAJIJ	2 (44)	4 (8%)	2 (4%) 1 (2%)
#ADRENAL Congestion, Nos Degeneration, Cystic Necrosis, Nos	(50) 2 (4%)	(50) 2 (4%) 2 (4%)	(48) 5 (10%) 2 (4%)
PIGMENTATION, NOS Cytoplasmic vacuolization Hyperplasia, nodular Angiectasis		4 (8%) 1 (2%) 4 (8%)	1 (2%) 1 (2%) 2 (4%) 1 (2%)
#ADRENAL/CAPSULE FIBROSIS	(50)	(50) 1 (2%)	(48)
#ADRENAL CORTEX FIBROSIS Degeneration, cystic cytoplasmic change, nos	(50)	(50) 1 (2%)	(48) 1 (2%) 2 (4%)
CYTOPLASMIC CHANGE, NUS CYTOPLASMIC VACUOLIZATION HYPERPLASIA, NODULAR Hyperplasia, focal	6 (12%) 18 (36%) 1 (2%)	2 (4%) 14 (28%)	4 (8%)
#ADRENAL MEDULLA Hyperplasia, Nos	(50) 6 (12%)	(50) 4 (8%)	(48) 2 (4%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#THYROID	(50)	(47)	(41)
MINERALIZATION Follicular cyst, nos hyperplasia, c-cell hyperplasia, follicular-cell	10 (20%) 11 (22%)	3 (6%) 12 (26%) 1 (2%)	1 (2%) 4 (10%)
<pre>#THYROGLOSSAL DUCT ULTIMOBRANCHIAL CYST</pre>	(50)	(47)	(41) 1 (2%)
<pre>#PARATHYROID Hyperplasia, Nos</pre>	(31) 4 (13%)	(38) 7 (18%)	(31) 1 (3%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Dilatation/Ducts Galactocele	(50) 7 (14%)	(50) 10 (20%) 1 (2%)	(50) 4 (8%) 2 (4%)
INFLAMMATION, ACUTE Inflammation, granulomatous	1 (2%) 1 (2%)		
HYPERPLASIA, NOS Hyperplasia, epithelial Hyperplasia, cystic	2 (4%)	3 (6%) 1 (2%)	1 (2%)
LACTATION	14 (28%)	1 (2%) 10 (20%)	9 (18%)
*CLITORAL GLAND Impaction, Nos	(50)	(50)	(50) 1 (2%)
*VAGINA Inflammation, acute necrotizing	(50)	(50)	(50) 1 (2%)
#UTERUS	(50)	(50)	(47)
CYST, NOS Inflammation, acute Necrosis, fat	1 (2%)		1 (2%) 1 (2%)
#UTERUS/ENDOMETRIUM Cyst, Nos Inflammation, acute Hyperplasia, Nos	(50) 7 (14%) 1 (2%) 1 (2%)	(50) 1 (2%)	(47) 3 (6%)
HYPERPLASIA, EPITHELIAL	1 (24)		1 (2%)
#FALLOPIAN TUBE Inflammation, acute	(50)	(50)	(47)

TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

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	VEHICLE Control	LOW DOSE	HIGH DOSE
#OVARY/PAROVARIAN NECROSIS, FAT	(49) 1 (2%)	(50) 1 (2%)	(48)
#OVARY CYST, NOS Follicular cyst, Nos	(49) 3 (6%) 1 (2%)	(50) 1 (2%)	(48) 4 (8%)
		1 (2%)	
IERVOUS SYSTEM #BRAIN MINERALIZATION HYDROCEPHALUS, NOS	(50) 1 (2%) 1 (2%)	(50)	(49) 1 (2%)
EDEMA, NOS HEMORRHAGE	2 (4%) 2 (4%)	1 (2%) 1 (2%)	1 (2%)
PECIAL SENSE ORGANS			· .
*EYE MINERALIZATION	(50) 1 (2%)	(50)	
INFLAMMATION, CHRONIC Retinopathy Cataract	5 (10%) 3 (6%)	4 (8%) 5 (10%)	1 (2%) 2 (4%)
USCULOSKELETAL SYSTEM			
*STERNUM Osteosclerosis	(50)	(50)	(50) 1 (2%)
*CARTILAGE,NOS NECROSIS, FAT	(50)	(50)	(50) 1 (2%)
ODY CAVITIES			
*MEDIASTINUM Inflammation, acute	(50)	(50)	(50) 2 (4%)
*MESENTERY Inflammation, Acute/Chronic Necrosis, Fat	(50)	(50) 1 (2%)	(50)

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TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

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

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	VEHICLE Control	LOW DOSE	HIGH DOSE
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS	(50)	(50)	(50)
MINERALIZATION Congestion, nos Inflammation, acute	2 (4%) 3 (6%)	19 (38%)	29 (58%) 1 (2%)
ADIPOSE TISSUE Inflammation, granulomatous	1		
SPECIAL MORPHOLOGY SUMMARY			
NONE			
<pre># NUMBER OF ANIMALS WITH TISSUE EX/ * NUMBER OF ANIMALS NECROPSIED</pre>	MINED MICROSCOPI	ICALLY	

APPENDIX D

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

TABLE D1.

	VEHICLE Control	LOW DOSE	HIGH DOSE
NNIMALS INITIALLY IN STUDY NNIMALS NECROPSIED NNIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 49 49	50 50 50
NTEGUMENTARY SYSTEM			
*SKIN FIBROSIS	(50) 1 (2%)	(49)	(50)
ESPIRATORY SYSTEM			
×LARYNX Inflammation, suppurative	(50)	(49) 1 (2%)	(50)
#TRACHEA Inflammation, suppurative	(48)	(46) 1 (2%)	(47) 3 (6%)
#LUNG/BRONCHUS BRONCHIECTASIS	(50)	(48)	(49) 1 (2%)
<pre>#LUNG CONGESTION, NOS HEMORRHAGE BRONCHOPNEUMONIA, NOS INFLAMMATION, INTERSTITIAL ABSCESS, NOS INFLAMMATION, CHRONIC BRONCHOPNEUMONIA, CHRONIC PERIVASCULAR CUFFING</pre>	(50) 9 (18%) 1 (2%) 16 (32%) 1 (2%) 1 (2%)	(48) 8 (17%) 12 (25%) 1 (2%) 1 (2%)	(49) 1 (2%) 8 (16%) 5 (10%) 17 (35%) 1 (2%)
EPITHELIALIZATION #LUNG/ALVEOLI HISTIDCYTOSIS	(50)	1 (2%) (48) 1 (2%)	(49) 1 (2%)
HEMATOPOIETIC SYSTEM			
#BONE MARROW NECROSIS, NOS	(43)	(47)	(48) 1 (2%)

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY NUMBER OF ANIMALS NECROPSIED

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	VEHICLE Control	LOW DOSE	HIGH DOSE
MYELOFIBROSIS Hyperplasia, Hematopoietic Hyperplasia, Reticulum Cell		1 (2%)	1 (2%) 1 (2%)
#SPLEEN Hyperplasia, lymphoid Hematopoiesis	(48) 1 (2%)	(47) 3 (6%) 2 (4%)	(49) 1 (2%)
#LYMPH NODE Inflammation, Chronic Hyperplasia, Lymphoid	(41) 1 (2%) 1 (2%)	(35)	(37)
#MANDIBULAR L. NODE Hyperplasia, lymphoid	(41)	(35) 1 (3%)	(37)
#MEDIASTINAL L.NODE Plasmacytosis Hyperplasia, lymphoid	(41)	(35) 1 (3%) 1 (3%)	(37) 1 (3%) 1 (3%)
#MESENTERIC L. NODE Hemorrhage	(41) 5 (12%)	(35) 2 (6%)	(37)
#RENAL LYMPH NODE Plasmacytosis	(41)	(35)	(37) 1 (3%)
#LIVER HEMATOPOIESIS	(49)	(48) 1 (2%)	(50)
#ILEUM HYPERPLASIA, LYMPHOID	(46) 2 (4%)	(44)	(37)
#THYMUS CYST, NOS Hyperplasia, Lymphoid	(37) 1 (3%)	(35)	(28) 2 (7%) 1 (4%)
IRCULATORY SYSTEM			
#HEART INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC POLYANGIITIS	(50) 1 (2%)	(49) 1 (2%) 1 (2%)	(49)
#MYOCARDIUM Inflammation, suppurative	(50)	(49)	(49) 1 (2%)

TABLE D1. MALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#CARDIAC VALVE Pigmentation, Nos	(50) 1 (2%)	(49)	(49)
*BLOOD VESSEL PolyangIITIS	(50)	(49) 1 (2%)	(50)
VAS DEFERENS POLYANGIITIS	(50)	(49) 1 (2%)	(50)
IGESTIVE SYSTEM			
#SALIVARY GLAND Lymphocytic inflammatory infiltr fibrosis Atrophy, nos	(50) 4 (8%)	(49) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%)
#LIVER TORSION CONGESTION, NOS LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, MULTIFOCAL	2 (44)	(48)	(50) 1 (2%) 1 (2%)
NÉCROSIS, COÀGULATIVE Cytoplasmic vacuolization Ground-glass cyto change Angiectasis	1 (2%) 4 (8%)	1 (2%) 2 (4%)	1 (2%)
#PANCREAS DILATATION/DUCTS CYST, NOS	(49)	(47) 1 (2%) 1 (2%)	(50) 1 (2%)
PANCREATIC ACINUS Atrophy, nos	(49)	(47) 2 (4%)	(50)
ESOPHAGUS INFLAMMATION, SUPPURATIVE	(48)	(46) 1 (2%)	(47)
NSTOMACH LYMPHOCYTIC INFLAMMATORY INFILTR EROSION HYPERPLASIA, EPITHELIAL	(48)	(47)	(50) 1 (2%) 1 (2%) 1 (2%)
GASTRIC MUCOSA CYST, NOS	(48)	(47)	(50) 1 (2%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
URINARY SYSTEM			
#KIDNEY Calculus, nos Mineralization	(50) 1 (2%)	(48) 1 (2%)	(50)
PYELONEPHRITIS, NOS Lymphocytic inflammatory infiltr Inflammation, interstitial		4 (8%) 1 (2%)	1 (2%) 5 (10%)
INFLAMMATION, SUPPURATIVE Inflammation, Chronic Nephropathy Necrosis, Nos	1 (2%) 1 (2%) 1 (2%)	1 (2%)	1 (2%)
CYTOMEGALY Hyperplasia, tubular cell Metaplasia, osseous	1 (2%)	45 (94%)	41 (82%) 1 (2%)
<pre>#KIDNEY/TUBULE DEGENERATION, NOS</pre>	(50)	(48) 1 (2%)	(50)
#URINARY BLADDER LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, CHRONIC	(46)	(48) 1 (2%)	(49) 3 (6%)
*URETHRA HEMORRHAGE	(50)	(49)	(50) 1 (2%)
NDOCRINE SYSTEM			
#PITUITARY CYST, NOS FOCAL CELLULAR CHANGE	(46) 1 (2%)	(42) 1 (2%) 1 (2%)	(41)
#ADRENAL MINERALIZATION	(49)	(48) 1 (2%)	(50)
#ADRENAL CORTEX Focal cellular change	(49) 2 (4%)	(48) 2 (4%)	(50) 1 (2%)
#ADRENAL MEDULLA Focal cellular change	(49)	(48) 1 (2%)	(50)
#THYROID PERSISTENT_EMBRYONIC_STRUCTURE	(46)	(39)	(44)

	VEHICLE Control	LOW DOSE	HIGH DOSE
EPRODUCTIVE SYSTEM			
*PENIS Congestion, Nos	(50)	(49)	(50) 1 (2%)
*PREPUTIAL GLAND DILATATION/DUCTS	(50)	(49) 1 (2%)	(50) 2 (4%)
INFLAMMATION, SUPPURATIVE Abscess, nos Inflammation, chronic	1 (2%) 1 (2%) 1 (2%)	1 (2%)	
HYPERPLASIA, NOS			2 (4%)
<pre>#PROSTATE INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC</pre>	(49) 1 (2%)	(49) 1 (2%)	(47)
#TESTIS MINERALIZATION	(49) 19 (39%)	(49) 12 (24%)	(50) 4 (8%)
NECROSIS, NOS Hypospermatogenesis	1 (2%) 1 (2%)	2 (4%)	4 (8%)
*EPIDIDYMIS INFLAMMATION, GRANULOMATOUS	(50) 1 (2%)	(49)	
GRANULOMA, SPERMATIC			1 (2%)
ERVOUS SYSTEM			
<pre>#BRAIN/MENINGES INFLAMMATION, SUPPURATIVE</pre>	(50)	(49)	(50) 1 (2%)
PIGMENTATION, NOS	2 (4%)	1 (2%)	
#BRAIN Congestion, nos Hemorrhage	(50)	(49)	(50) 1 (2%) 1 (2%)
#BRAIN/THALAMUS CALCULUS, NOS MINERALIZATION	1 (2%)	(49) 19 (39%)	
PECIAL SENSE ORGANS			
*EYE CATARACT	(50)	(49)	(50) 1 (2%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
*EAR Inflammation, suppurative	(50)	(49)	(50) 1 (2%)
USCULOSKELETAL SYSTEM			
INFLAMMATION, CHRONIC		(49) 1 (2%) 5 (10%)	
SODY CAVITIES			
*MEDIASTINUM HEMORRHAGE	(50) 5 (10%)	(49)	(50)
ALL OTHER SYSTEMS	in,		
*MULTIPLE ORGANS Lymphocytic Inflammatory Infiltr	(50) 34 (68%)	(49) 30 (61%)	(50) 26 (52%)
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED Animal Mis-Sexed/no necropsy		1	1
NUMBER OF ANIMALS WITH TISSUE EXAMIN	NED MICROSCOPI	CALLY	

Toluene Diisocyanate

TABLE D2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE ADMINISTERED
TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
RESPIRATORY SYSTEM			
#TRACHEA INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC	(47)	(49) 1 (2%)	(48) 1 (2%)
<pre>#LUNG/BRONCHUS INFLAMMATION, SUPPURATIVE</pre>	(49)	(50)	(50) 1 (2%)
#LUNG CONGESTION, NOS HEMORRHAGE BRONCHOPNEUMONIA, NOS INFLAMMATION, INTERSTITIAL PNEUMONIA, ASPIRATION INFLAMMATION, SUPPURATIVE PERIVASCULAR CUFFING HEMOSIDEROSIS	(49) 3 (6%) 16 (33%) 1 (2%) 1 (2%)	(50) 4 (8%) 1 (2%) 17 (34%) 1 (2%)	(50) 1 (2%) 5 (10%) 4 (8%) 18 (36%) 2 (4%)
#LUNG/ALVEOLI HISTIOCYTOSIS	(49)	(50) 1 (2%)	(50) 2 (4%)
HEMATOPOIETIC SYSTEM			
#BONE MARROW Myelofibrosis	(50) 41 (82%)	(46) 38 (83%)	(48) 32 (67%)
#SPLEEN HYPERPLASIA, RETICULUM CELL	(50)	(50)	(49)

	VEHICLE Control	LOW DOSE	HIGH DOSE
HYPERPLASIA, LYMPHOID Hematopoiesis	1 (2%) 3 (6%)	2 (4%)	4 (8%) 2 (4%)
#LYMPH NODE Plasmacytosis Hematopoiesis	(45) 1 (2%) 1 (2%)	(44)	(44)
#MANDIBULAR L. NODE Hyperplasia, lymphoid	(45)	(44)	(44) 1 (2%)
#MEDIASTINAL L.NODE HEMORRHAGE PLASMACYTOSIS	(45) 1 (2%)	(44)	(44) 1 (2%)
#HEPATIC LYMPH NODE Hyperplasia, lymphoid	(45)	(44)	(44) 1 (2%)
#MESENTERIC L. NODE Hemorrhage Mastocytosis	(45) 1 (2%)	(44)	(44) 1 (2%)
#RENAL LYMPH NODE Hyperplasia, lymphoid	(45) 1 (2%)	(44) 1 (2%)	(44) 1 (2%)
SACRAL LYMPH NODE Hyperplasia, lymphoid	(45)	(44) 1 (2%)	(44) 1 (2%)
INGUINAL LYMPH NODE Hyperplasia, lymphoid	(45)	(44) 1 (2%)	(44)
STERNUM Myelofibrosis	(50) 1 (2%)	(50)	(50)
LIVER LEUKOCYTOSIS, NOS HEMATOPOIESIS	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
#THYMUS Hyperplasia, lymphoid	(38) 1 (3%)	(34) 1 (3%)	(40)
IRCULATORY SYSTEM			
HEART ARTERIOSCLEROSIS, NOS	(49)	(50)	(50)

	VEHICLE Control	LOW DOSE	HIGH OOSE
#MYOCARDIUM Inflammation, granulomatous	(49) 1 (2%)	(50)	(50)
#CARDIAC VALVE Pigmentation, nos	(49) 1 (2%)	(50) 2 (4%)	(50)
¥AORTA MINERALIZATION	(50) 1 (2%)	(50)	(50)
AUTERUS POLYANGIITIS	(50) 1 (2%)	(50)	(50)
IGESTIVE SYSTEM			
#SALIVARY GLAND Lymphocytic inflammatory infiltr Inflammation, acute	(46) 1 (2%)	(48)	(47) 1 (2%) 1 (2%)
<pre>\$LIVER LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, MULTIFOCAL FIBROSIS</pre>	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%)	(50)
NECROSIS, NOS NECROSIS, COAGULATIVE METAMORPHOSIS FATTY	1 (2%) 2 (4%)	1 (2%)	1 (2%) 2 (4%) 2 (4%)
CYTOPLASMIC VACUOLIZATION BASOPHILIC CYTO CHANGE GROUND-GLASS CYTO CHANGE EDSINOPHILIC CYTO CHANGE	1 (2%) 3 (6%)	2 (4%) 1 (2%)	2 (4%) 2 (4%) 1 (2%)
<pre>#PANCREAS Inflammation, suppurative Inflammation, chronic</pre>	(49)	(50) 1 (2%)	(48) 1 (2%)
<pre>#PANCREATIC ACINUS ATROPHY, NOS</pre>	(49) 1 (2%)	(50)	(48) 1 (2%)
#ESOPHAGUS Inflammation, suppurative	(48)	(48)	(47) 1 (2%)
#STOMACH Ulcer, Nos	(49) 1 (2%)	(50)	(48)

	VEHICLE Control	LOW DOSE	HIGH DOSE
URINARY SYSTEM			
#KIDNEY Cyst, Nos	(50) 1 (2%)	(50)	(50)
CYST, NOS GLOMERULONEPHRITIS, NOS LYMPHOCYTIC INFLAMMATORY INFILTR METAMORPHOSIS FATTY	1 (2%) 9 (18%)	1 (2%)	1 (2%)
METAMORPHOSIS FATTY Metaplasia, osseous		1 (2%)	1 (2%)
#URINARY BLADDER LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, SUPPURATIVE	(44)	(46) 1 (2%)	(46)
LYMPHOCYTIC INFLAMMATORY INFILTR Inflammation, suppurative	6 (14%) 1 (2%)	1 (2%)	1 (2%)
ENDOCRINE SYSTEM			
#PITUITARY	(46)	(44)	(43)
CYST, NOS Hemorrhage		1 (2%) 1 (2%)	
FOCAL CELLULAR CHANGE Angiectasis	3 (7%)	4 (9%) 1 (2%)	4 (9%)
#ADRENAL	(47)	(49)	(49)
CONGESTION, NOS			1 (2%)
#ADRENAL CORTEX Focal cellular change	(47)	(49) 3 (6%)	(49) 2 (4%)
#ADRENAL MEDULLA Focal cellular change	(47)	(49)	(49) 1 (2%)
	(66)	(44)	(48)
		1 (2%)	
ATROPHY, FOCAL	10 (23%)	10 (23%)	9 (19%)
EPRODUCTIVE SYSTEM			
*MAMMARY GLAND DILATATION/DUCTS	(50) 1 (2%)	(50)	(50) 1 (2%)
#UTERUS MINERALIZATION	(50)	(50)	(50) 1 (2%)
<pre>#UTERUS/ENDOMETRIUM Hyperplasia, cystic</pre>	(50) 42 (84%)	(50)	(50) 33 (66%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#OVARY	(47)	(47)	(48)
#DVARY MINERALIZATION FOLLICULAR CYST, NOS PARUVARIAN CYST HEMORRHAGIC CYST ABSCESS, NOS ANGIECTASIS	2 (4%) 7 (15%) 1 (2%)	2 (4%) 6 (13%)	1 (2%) 9 (19%) 1 (2%)
ANGIECTASIS			1 (2%)
IERVOUS SYSTEM			
<pre>#BRAIN/MENINGES</pre>	(48) 1 (2%)	(50) 4 (8%)	(50)
<pre>#BRAIN HEMOSIDEROSIS</pre>	(48) 1 (2%)	(50)	
<pre>#BRAIN/THALAMUS CALCULUS, NOS</pre>	(48) 16 (33%)	(50) 10 (20%)	(50) 11 (22%)
SPECIAL SENSE DRGANS			
*EYE Abscess, NDS Cataract		(50)	(50) 1 (2%)
MUSCULOSKELETAL SYSTEM			
*STERNUM NECROSIS, NOS	(50) 1 (2%)	(50) 6 (12%)	(50) 3 (6%)
BODY CAVITIES			
*ABDOMINAL CAVITY Hematoma, nos Necrosis, fat	(50)	(50) 1 (2%) 1 (2%)	(50)
<pre>*MESENTERY CYST, NOS</pre>	(50) 1 (2%)	(50)	(50)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS Lymphocytic inflammatory infiltr	(50) 26 (52%)	(50) 34_(68%)	(50) <u>24 (48%</u>)

INFLAMMATION, CHRONIC 1 (2%) PECIAL MORPHOLOGY SUMMARY NO LESION REPORTED 1		VEHICLE Control	LOW DOSE	HIGH DOSE
	INFLAMMATION, CHRONIC	1 (2%)		
	PECIAL MORPHOLOGY SUMMARY No lesion reported			1

Toluene Diisocyanate

APPENDIX E

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

Laboratory	Skin Fibroma	Skin Fibrosarcoma	Subcutaneous Fibroma	Subcutaneous Fibrosarcoma
Battelle	0/100 (0.0%)	0/100 (0.0%)	6/100 (6.0%)	2/100 (2.0%)
Gulf South	0/294 (0.0%)	0/294 (0.0%)	12/294 (4.1%)	1/294 (0.3%)
Hazleton	0/50 (0.0%)	0/50 (0.0%)	2/50 (4.0%)	1/50 (2.0%)
Litton	0/130 (0.0%)	0/130 (0.0%)	5/130 (3.8%)	0/130 (0.0%)
Mason	0/125 (0.0%)	0/125 (0.0%)	10/125 (8.0%)	1/125 (0.8%)
Papanicolaou	0/50 (0.0%)	0/50 (0.0%)	4/50 (8.0%)	0/50 (0.0%)
Southern	0/250 (0.0%)	0/250 (0.0%)	16/250 (6.4%)	5/250 (2.0%)
Total	0/999 (0.0%)	0/999 (0.0%)	55/999 (5.5%)	10/999 (1.0%)
erall Historical Rang	ge			
High	0/50	0/50	6/50	5/50
Low	0/50	0/50	0/50	0/50

TABLE E1. HISTORICAL INCIDENCE OF SUBCUTANEOUS TUMORS IN MALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of November 30, 1981 for studies of at least 104 weeks. The range is presented for groups of 35 or more animals.

TABLE E2. HISTORICAL INCIDENCE OF SUBCUTANEOUS TUMORS IN FEMALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

Laboratory	Skin Fibroma	Skin Fibrosarcoma	Subcutaneous Fibroma	Subcutaneous Fibrosarcoma
Battelle	0/100 (0.0%)	0/100 (0.0%)	0/100 (1.0%)	2/100 (2.0%)
Gulf South	0/295 (0.0%)	0/295 (0.0%)	4/295 (1.4%)	1/295 (0.3%)
Hazleton	0/50 (0.0%)	0/50 (0.0%)	3/50 (6.0%)	2/50 (4.0%)
Litton	0/130 (0.0%)	0/130 (0.0%)	0/130 (0.0%)	2/130 (1.5%)
Mason	0/124 (0.0%)	0/124 (0.0%)	0/124 (0.0%)	0/124 (0.0%)
Papanicolaou	0/50 (0.0%)	0/50 (0.0%)	1/ 5 0 (2.0%)	0/5 (0.0%)
Southern	2/250 (0.8%)	0 250 (0.0%)	1/250 (0.4%)	1/250 (0.4%)
Total	2/999 (0.2%)	0/999 (0.0%)	8 999 (0.8%)	8/999 (0.8%)
erall Historical Rang	ge			
High	1 / 50	0 50	3 50	2/50
Low	0/50	0 50	0 50	0/50

Laboratory	G	mmary land Idenomas	G	mmary land nors <i>(b)</i>	Т	utaneous issue 10rs <i>(c)</i>		mmary or neous (b,c)
Battelle	11 100	(11%)	15 100	(15.0%)	0 100	(0°7)	15 100	(15.0°¿)
Gulf South	46 295	(15.6°¿)	55 295	(18.6%)	7 295	$(2.4c_{\ell})$	62 295	(21.0°¿)
Hazieton	8 50	(16%)	9 50	(18.0%)	3 50	(6.0°7)	12 50	(24.0°¿)
Litton	23 130	(17.7%)	23 130	(17.7%)	2 130	(1.5%)	25 130	(19.2%)
Mason	34 124	$(27.4c_{C}^{c})$	36 124	(29.0%)	0 124	$(0^{c_{t}})$	36 124	(29.0°¿)
Papanicolaou	9 50	(18.0%)	9 50	(18.0%)	1 50	(2.0%)	10 50	$(20.0 c_\ell)$
Southern	63 250	(25 .2%)	65 250	(26 .0°¿)	2 250	(0.8%)	67 250	(26.8°¿)
Total	194 999	(19.4 %)	212 999	(21.2%)	15 999	(1.5 ^r i)	227 999	(22.7%)
Overall Historical R	ange							
High	18 50		18 50		4 50		18 50	
Low	1 48		4 50		0 50		4 48	

TABLE E3. HISTORICAL INCIDENCE OF FIBROMAS AND ADENOMAS OF THE MAMMARYGLAND AND SUBCUTANEOUS TISSUE IN FEMALE F344/N RATS RECEIVING CORNOIL BY GAVAGE (a)

(a) Data as of November 30, 1981 for studies of at least 104 weeks. The range is presented for groups of 35 or more animals.

(b) Mammary tumors include: fibroadenoma, adenoma, NOS, fibroma, papillary adenoma, cystadenoma, papillary cystadenoma.

(c) Subcutaneous tissue tumors include: fibroadenoma, fibroma.

TABLE E4. HISTORICAL INCIDENCE OF HEMATOPOIETIC TUMORS IN MALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

Laboratory	Leukemia		Lymphoma		Lymphoma or Leukemia	
Battelle	14/100	(14.0%)	4 100	(4.0%)	18/100	(18%)
Gulf South	29/294	(9.9%)	4 294	(1.4%)	31/294	(10.5%)
Hazleton	12/50	(24.0%)	2/50	(4.0%)	14/50	(28.0%)
Litton	13/130	(10.0%)	0/130	(0.0%)	13/130	(10.0%)
Mason	13/125	(10.4%)	2/125	(2.0%)	15/125	(12.0%)
Papanicolaou	5/50	(10.0%)	1/50	(2.0%)	6/50	(12.0%)
Southern	10/250	(4.0%)	1/250	(0.4%)	11/250	(4.4%)
Total	96/999	(9.6%)	14/999	(1.4%)	108/999	(10.8%)
Overall Historical Range						
High	12/50	(24%)	4/50	(1.4%)	14/50	(28.0%)
Low	1/50	(2.0%)	0/50	(0.0%)	1/50	(2.0%)

Laboratory	Leukemia		Lymphoma		Lymphoma or Leukemia	
Battelle	18/100	(18.0%)	3/100	(3.0%)	21/100	(21%)
Gulf South	30/295	(10.2%)	6/ 295	(2.0%)	36/295	(12.2%)
Hazleton	2/50	(4.0%)	1/50	(2.0%)	3/50	(6.0%)
Litton	28/130	(21.5%)	2/130	(1.5%)	30/130	(23.1%)
Mason	14/124	(11.3%)	1/124	(0.8%)	15/124	(12.1%)
Papanicolaou	14/50	(28.0%)	0/50	(0.0%)	14/50	(28.0%)
Southern	26/250	(10.4%)	2/250	(0.8%)	28/250	(11.2%)
Total	132/999	(13.2%)	15/999	(1.5%)	147/999	(14.7%)
Overall Historical Range						
High	21/50		3/49		22/50	
Low	1/49		0/50		2/50	

TABLE E5. HISTORICAL INCIDENCE OF HEMATOPOIETIC TUMORS IN FEMALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of November 30, 1981 for studies of at least 104 weeks. The range is presented for groups of 35 or more animals.

TABLE E6. HISTORICAL INCIDENCE OF PANCREATIC ACINAR CELL ADENOMAS IN MALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

	Laboratory		
<u></u>	Battelle	0/100 (0%)	
	Gulf South	2/286 (0.7%)	
	Hazleton	0/49 (0%)	
	Litton	1/125 (0.8%)	
	Mason	1/121 (0.8%)	
	Papanicolaou	0/47 (0%)	
	Southern	2/248 (0.8%)	
	Total	6/976 (0.6%)	
	Overall	Historical Range	
	High	1/47	
	Low	0/50	

(a) Data as of November 30, 1981 for studies of at least 104 weeks. The range is presented for groups of 35 or more animals. No acinar cell carcinomas have been observed in male rats receiving corn oil by gavage.

Laboratory	Islet Cell Adenoma	Islet Cell Carcinoma	
Battelle	1/96 (1.0%)	1/96 (1.0%)	
Gulf South	1/288 (0.3%)	0/288 (0.0%)	
Hazleton	4/50 (8.0%)	0/50 (0.0%)	
Litton	0/125 (0.0%)	0/125 (0.0%)	
Mason	0/122 (0.0%)	0/122 (0.0%)	
Papanicolaou	0/48 (0.0%)	0/48 (0.0%)	
Southern	2/247 (0.8%)	0/247 (0.0%)	
Total	8/976 (0.8%)	1/976 (0.1%)	<u></u>
Overall Historical Range			
High	4/50	1/50	
Low	0/50	0/ 50	

TABLE E7. HISTORICAL INCIDENCE OF PANCREATIC ISLET TUMORS IN FEMALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of November 30, 1981 for studies of at least 104 weeks. The range is presented for groups of 35 or more animals.

TABLE E8.	HISTORICAL INCIDENCE OF LIVER	TUMORS IN FEMALE	F344/N RATS RECEIVING
	CORN OIL BY GAVAGE (a)		

Laboratory	Neoplastic Nodule		Hepatocellular Carcinoma		Neoplastic Nodule of Carcinoma	
Battelle	1/99	(1.0%)	0/99	(0.0%)	1/99	(1.0%)
Gulf South	6/244	(2.5%)	I / 244	(0.4%)	7/244	(2.9%)
Hazleton	0/50	(0.0%)	0/50	(0.0%)	0/50	(0.0%)
Litton	4/129	(3.1%)	0/129	(0. 0 %)	4/129	(3.1%)
Mason	2/124	(1.6%)	0/124	(0.0%)	2/124	(1. 6 %)
Papanicolaou	0/50	(0.0%)	0/50	(0.0%)	0/50	(0.0%)
Southern	1/250	(0.4%)	0/250	(0.0%)	1/250	(0.4%)
Total	14/946	(1.5%)	1/946	(0.1%)	15/946	(1.6%)
Overall Historical Range						
High	4/49		1/49		4/49	
Low	0/50		0/50		0/50	

Laboratory	Site	Diagnosis		
Battelle	Cerebrum	Astrocytoma	1/100	(1.0%)
Gulf South	Brain, NOS Medula Oblongata, NOS	Glioma Neuroma		(0.7%) (0.3%)
Hazleton			0/50	(0.0%)
Litton	Brain, NOS	Ependymoma	1/129	(0.8%)
Mason	Brain, NOS Cerebellum, NOS	Glioma Astrocytoma	,	(0.8%) (0.8%)
Papanicolaou	`		0/49	(0.0%)
Southern	Brain, NOS	Astrocytoma	3/250 <i>(b)</i>	(1.2%)
Total incidence of all	brain tumors		10/995	(1.0%)

TABLE E9. HISTORICAL INCIDENCE OF BRAIN TUMORS IN MALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of November 30, 1981 for studies of at least 104 weeks.

(b) Two astrocytomas were found in a group of 50.

TABLE E10. HISTORICAL INCIDENCE OF CIRCULATORY SYSTEM TUMORS IN FEMALE B6C3F1 MICE RECEIVING CORN OIL BY GAVAGE (a)

Laboratory	Hemangioma		Hemangiosarcoma		
Battelle	1/99	(1.0%)	6/99	(6.1%)	
Gulf South	2/341	(0.6%)	6/341	(1.8%)	
Litton	1/119	(0.8%)	2/119	(1.7%)	
Mason	1/150	(0.7%)	3/150	(2.0%)	
Papanicolaou	1/48	(2.1%)	0/48	(0.0%)	
Southern	1/250	(0.4%)	5/250	(2.0%)	
Total	7/1007	(0.7%)	22/1007	(2.2%)	
Overall Historical Range					
High	2/50		3/49		
Low	0/97		0/50		

Laboratory	Hepatoceilular Adenoma	Hepatocellular Carcinoma	Hepatocellular Adenoma or Carcinoma	
Battelle	4 98 (4.1%)	3 98 (3.1%)	6 98 (6.1°¿)	
Gulf South	15 334 (4.5%)	11/334/(3.3%)	26 334 (7.8%)	
Litton	2 118 (1.7%)	3 118 (2.5%)	5 118 (4.2%)	
Mason	8 148 (5.4°¿)	3 148 (2.0%)	11 148 (7.4%)	
Papanicolaou	$2/48/(4.2^{\circ}e)$	2 48 (8.3%)	4 48 (8.3%)	
Southern	7 250 (2.8%)	8 250 (3.2%)	15 250 (6.0°c)	
Total	38 996 (3.8%)	30 996 (3.0%)	67 996 (6.7°¿)	
Overall Historical Range				
High	5 50	3 49	7 50	
Low	0 50	0 49	1 50	

TABLE E11. HISTORICAL INCIDENCE OF LIVER TUMORS IN FEMALE B6C3F1 MICE RECEIVING CORN OIL BY GAVAGE (a)

Toluene Diisocyanate
APPENDIX F

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

	Control	30 mg/kg	60 mg/kg
Subcutaneous Tissue: Fibroma			
Tumor Rates			
Overall (a)	3/50 (6%)	3/50 (6%)	9/50 (18%)
Adjusted (b)	8.3%	16.5%	56.6%
Terminal (c)	3/36 (8%)	1/14 (7%)	3/8 (38%)
Statistical Tests (d)			
Life Table	P<0.001	P=0.258	P<0.001
Incidental Tumor Test	P=0.002	P=0.415	P=0.004
Cochran-Armitage Trend Test	P=0.033		
Fisher Exact Test		P=0.661	P=0.061
Subcutaneous Tissue: Fibrosarcoma			
Tumor Rates			
Overall (a)	0/50 (0%)	3/50 (6%)	3/50 (6%)
Adjusted (b)	0.0%	19.0%	23.1%
Terminal (c)	0/36 (0%)	2/14 (14%)	0/8 (0%)
Statistical Tests (d)		,	
Life Table	P=0.003	P=0.020	P=0.008
Incidental Tumor Test	P=0.021	P=0.044	P=0.089
Cochran-Armitage Trend Test	P=0.101		
Fisher Exact Test		P=0.121	P=0.121
Subcutaneous Tissue: Fibroma or Fibros	arcoma		
Tumor Rates			
Overall (a)	3/50 (6%)	6/50 (12%)	12/50 (24%)
Adjusted (b)	8.3%	33.5%	66.6%
Terminal (c)	3/36 (8%)	3/14 (21%)	3/8 (38%)
Statistical Tests (d)	5,50 (670)	5/14(21/0)	5/0 (5070)
Life Table	P<0.001	P=0.016	P<0.001
Incidental Tumor Test	P<0.001	P=0.056	P<0.001
Cochran-Armitage Trend Test	P=0.007	r-0.050	r < 0.001
Fisher Exact Test	P-0.007	P=0.243	D-0.011
		P=0.243	P=0.011
Subcutaneous Tissue: All Sarcomas			
Overall (a)	1/50 (2%)	4/50 (8%)	3/50 (6%)
Adjusted (b)	2.3%	21.9%	23.1%
Terminal (c)	0/36 (0%)	2/14 (14%)	0/8 (0%)
Statistical Tests (d)	0/30(0%)	2/14 (14%)	0/8(0%)
Life Table	D-0.016	D-0.016	D-0.030
Incidental Tumor Test	P=0.016	P=0.035	P=0.039
	P=0.129	P=0.122	P=0.246
Cochran-Armitage Trend Test Fisher Exact Test	P=0.252	P=0.181	P=0.309
		F-0.161	F-0.309
lematopoietic System: Monocytic Leuke	mia		
Tumor Rates	11/60 (000)	A 150 1001	A (EA (00%)
Overall (a)	11/50 (22%)	4/50 (8%)	4/50 (8%)
Adjusted (b)	25.5%	19.0%	19.2%
Terminal (c)	5/36 (14%)	0/14 (0%)	0/8 (0%)
statistical Tests (d)			
Life Table	P=0.559N	P=0.423N	P=0.574
Incidental Tumor Test	P=0.027N	P=0.053N	P=0.039N
Cochran-Armitage Trend Test	P=0.025N		
Fisher Exact Test		P=0.045N	P=0.045N

TABLE F1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS

2/50 (4%) 12.3% 0/8 (0%) P=0.656 P=0.329N P=0.080N
12.3% 0/8 (0%) P=0.656 P=0.329N
12.3% 0/8 (0%) P=0.656 P=0.329N
0/8 (0%) P=0.656 P=0.329N
P=0.656 P=0.329N
P=0,329N
P=0,329N
P=0.090N
P=0.090N
1 -0.000 N
4/50 (8%)
30.9%
1/8 (13%)
P=0.199
P=0.559
P=0.262N
7/49 (14%
59.2%
4/8 (50%)
P<0.001
P=0.001
P=0.034
7/49 (14%
38.7%
1/8 (13%)
., 0 (1570)
P=0.002
P=0.057
1 0.007
P=0.151
7/49 (14%
38.7%
30.7% 1/8 (13%)
1/0 (15%)
P=0.004
P=0.120
1-0.120
P=0.251

	Control	30 mg/kg	60 mg/kg
Pituitary: Adenoma or Carcinoma	<u>,</u>		
Tumor Rates			
Overall (a)	6/50 (12%)	4/44 (9%)	7/49 (14%
Adjusted (b)	16.1%	18.3%	38.7%
Terminal (c)	5/36 (14%)	0/13 (0%)	1/8 (13%)
Statistical Tests (d)			.,
Life Table	P=0.013	P=0.371	P=0.012
Incidental Tumor Test	P=0.236	P=0.564N	P=0.199
Cochran-Armitage Trend Test	P=0.424		
Fisher Exact Test		P=0.454N	P=0.484
drenal: Pheochromocytoma			
Fumor Rates			
Overall (a)	12/50 (24%)	7/49 (14%)	6/50 (12%)
Adjusted (b)	31.4%	39.5%	48.6%
Terminal (c)	10/36 (28%)	4/14 (29%)	2/8 (25%)
Statistical Tests (d)			
Life Table	P=0.080	P=0.305	P=0.112
Incidental Tumor Test	P=0.313	P=0.563	P=0.374
Cochran-Armitage Trend Test	P=0.071N		
Fisher Exact Test		P=0.166N	P=0.096N
Adrenal: All Pheochromocytomas			
fumor Rates			
Overall (a)	12/50 (24%)	7/49 (14%)	7/50 (14%)
Adjusted (b)	31.4%	39.5%	57.1%
Terminal (c)	10/36 (28%)	4/14 (29%)	3/8 (38%)
Statistical Tests (d)	B 0.034	D 4 444	B 4 4 4
Life Table	P=0.034	P=0.305	P=0.043
Incidental Tumor Test	P=0.172	P=0.563	P=0.199
Cochran-Armitage Trend Test	P=0.118N	D-0 166N	D-0 164N
Fisher Exact Test	_	P=0.166N	P=0.154N
Fhyrold: C-Cell Adenoma or Carcinom Fumor Rates	2		
Overall (a)	3/46 (7%)	4/49 (8%)	2/47 (4%)
Adjusted (b)	8.3%	23.8%	25.0%
Terminal (c)	3/36 (8%)	2/14 (14%)	2/8 (25%)
Statistical Tests (d)			-/- (0)
Life Table	P=0.099	P=0.110	P=0.236
Incidental Tumor Test	P=0.216	P=0.265	P=0.236
Cochran-Armitage Trend Test	P=0.405N		
Fisher Exact Test		P=0.536	P=0.490N
Pancreatic Islets: Islet-Cell Adenoma or	Carcinoma		
Fumor Rates			
Overall (a)	1/47 (2%)	0/47 (0%)	4/49 (8%)
Adjusted (b)	2.9%	0.0%	24.2%
Terminal (c)	1/35 (3%)	0/14 (0%)	1/8 (13%)
statistical Tests (d)			
Life Table	P=0.007	P=0.682N	P=0.013
Incidental Tumor Test	P=0.075	P=0.682N	P=0.180
Cochran-Armitage Trend Test	P=0.088		
Fisher Exact Test		P=0.500N	P=0.194

	Control	30 mg/kg	60 mg/kg
Mammary Gland: Fibroadenoma			
Tumor Rates			
Overall (a)	7/50 (14%)	1/50 (2%)	3/50 (6%)
Adjusted (b)	19.4%	7.1%	20.1%
Terminal (c)	7/36 (19%)	1/14 (7%)	0/8 (0%)
Statistical Tests (d)			
Life Table	P=0.436	P=0.265N	P=0.360
Incidental Tumor Test	P=0.517N	P=0.265N	P=0.638
Cochran-Armitage Trend Test	P=0.090N		
Fisher Exact Test		P=0.030N	P=0.159N
Preputial Gland: Adenoma			
Tumor Rates			
Overall (a)	7/50 (14%)	0/50 (0%)	1/50 (2%)
Adjusted (b)	18.7%	0.0%	7.7%
Terminal (c)	6/36 (17%)	0/14 (0%)	0/8 (0%)
Statistical Tests (d)			
Life Table	P=0.174N	P=0.094N	P=0.463N
Incidental Tumor Test	P=0.103N	P=0.064N	P=0.317N
Cochran-Armitage Trend Test	P=0.007N		
Fisher Exact Test		P=0.006N	P=0.030N
Testis: Interstitial Cell Tumor			
Tumor Rates			
Overall (a)	48/50 (96%)	35/50 (70%)	29/50 (58%)
Adjusted (b)	100.0%	100.0%	96 .7%
Terminal (c)	36/36 (100%)	14/14 (100%)	7/8 (88%)
Statistical Tests (d)			
Life Table	P<0.001	P<0.001	P<0.001
Incidental Tumor Test	P=0.339N	P=0.520	P=0.515N
Cochran-Armitage Trend Test	P<0.001N		
Fisher Exact Test		P<0.001N	P<0.001N
Testis: Interstitial Cell Tumor or Intersti	tial Cell Tumor, Malignan	t	
Tumor Rates			
Overall (a)	48/50 (96%)	35/50 (70%)	30/50 (60%)
Adjusted (b)	100.0%	100.0%	96.7%
Terminal (c)	36/36 (100%)	14/14 (100%)	7/8 (88%)
Statistical Tests (d)			
Life Table	P<0.001	P<0.001	P<0.001
Incidental Tumor Test	P=0.539N	P=0.520	P=0.602
Cochran-Armitage Trend Test	P<0.001N		
Fisher Exact Test		P<0.001N	P<0.001N

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

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

(c) Observed tumor incidence at terminal kill.

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

	Control	60 mg/kg	120 mg/kg
Subcutaneous Tissue: Fibroma		с , , , , , , , , , , , , , , , , , , ,	
Tumor Rates			
Overall (a)	0/50 (0%)	1/50 (2%)	3/50 (6%)
Adjusted (b)	0.0%	5.3%	35.7%
Terminal (c)	0/36 (0%)	1/19 (5%)	1/6 (17%)
Statistical Tests (d)			
Life Table	P<0.001	P=0.373	P=0.001
Incidental Tumor Test	P=0.019	P=0.373	P=0.083
Cochran-Armitage Trend Test	P=0.060		
Fisher Exact Test		P=0.500	P=0.121
ubcutaneous Tissue: Fibroadenoma			
umor Rates			
Overall (a)	2/50 (4%)	4/50 (8%)	2/50 (4%)
Adjusted (b)	4.9%	18.1%	16.1%
Terminal (c)	1/36 (3%)	1/19 (5%)	0/6 (0%)
Statistical Tests (d)			
Life Table	P=0.085	P=0.130	P=0.266
Incidental Tumor Test	P=0.496N	P=0.341	P=0.625N
Cochran-Armitage Trend Test	P=0.588		
Fisher Exact Test	1 0.000	P=0.339	P=0.691
S ubcutaneous Tissue: Fibroma or Fibro s Fumor Rates	sarcoma		
Overall (a)	2/50 /407)	1 (60 (00))	E 1 60 (100)
	2/50 (4%) 5.3%	1/50 (2%) 5 2%	5/50 (10%
Adjusted (b) Terminal (c)	1/36 (3%)	5.3% 1/19 (5%)	51.8% 2/6 (33%)
statistical Tests (d)	1/30 (3%)	1/19 (5%)	2/0 (33%)
Life Table	P<0.001	P=0.715N	P<0.001
Incidental Tumor Test	P=0.038	P=0.609N	P=0.092
Cochran-Armitage Trend Test	P=0.133	F=0.00914	1 -0.092
Fisher Exact Test	F=0.155	P=0.500N	P=0.218
		1-0.50014	1-0,210
lematopoietic System: Monocytic Leuk	emia		
Tumor Rates	21 (60 (420)	7.50 (1477)	A (60 (0 m)
Overall (a)	21/50 (42%)	7/50 (14%)	4/50 (8%)
Adjusted (b)	47.4%	26.3%	32.9%
Terminal (c)	13/36 (36%)	2/19 (11%)	1/6 (17%)
itatistical Tests (d) Life Table	P=0.168N	P=0.120N	P=0.392N
Incidental Tumor Test	P<0.001N	P=0.006N	P=0.001N
Cochran-Armitage Trend Test	P<0.001N	1-0.00014	1-0.0011
Fisher Exact Test	r Nourin	P=0.002N	P<0.001N
		1-0.00210	1 (0.0011)
lematopoietic System: Lymphoma or L	eukemia		
umor Rates			
Overall (a)	22/50 (44%)	7/50 (14%)	4/50 (8%)
Adjusted (h)	48.7%	26.3%	32.9%
Terminal (c)	13/36 (36%)	2/19 (11%)	1/6 (17%)
tatistical Tests (d)	D-0 12251	D-0.007 N	D-0 34651
Life Table	P=0.133N	P=0.096N	P=0.345N
Incidental Tumor Test	P < 0.001 N	P=0.002N	P<0.001N
Cochran-Armitage Trend Test	P<0.001N	D-0.00131	
Fisher Exact Test		P=0.001N	P<0.001N

TABLE F2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS

	Control	60 mg/kg	120 mg/kg
Liver: Neoplastic Nodule			
Tumor Rates			
Overall (a)	3/50 (6%)	8/50 (16%)	8/48 (17%)
Adjusted (b)	8.0%	30.6%	60.1%
Terminal (c)	2/36 (6%)	3/19 (16%)	3/6 (50%)
Statistical Tests (d)			
Life Table	P<0.001	P=0.014	P<0.001
Incidental Tumor Test	P=0.035	P=0.068	P=0.022
Cochran-Armitage Trend Test Fisher Exact Test	P=0.075	P=0.100	P=0.087
Pituitary: Chromophobe Adenoma		F-0.100	F-0.087
Tumor Rates			
Overall (a)	25/50 (50%)	15/49 (31%)	16/49 (33%)
Adjusted (b)	60.6%	55.5%	79.2%
Terminal (c)	20/36 (56%)	8/19 (42%)	3/6 (50%)
Statistical Tests (d)			
Life Table	P=0.003	P=0.487	P<0.001
Incidental Tumor Test	P=0.497N	P=0.336N	P=0.560
Cochran-Armitage Trend Test	P=0.046N		
Fisher Exact Test		P=0.039N	P=0.061N
Pituitary: Chromophobe Adenoma or Ca	rcinoma		
Tumor Rates			
Overall (a)	27/50 (54%)	15/49 (31%)	16/49 (33%)
Adjusted (b)	63.9%	55.5%	79 .2%
Terminal (c)	21/36 (58%)	8/19 (42%)	3/6 (50%)
Statistical Tests (d)			
Life Table	P=0.007	P=0.549N	P=0.003
Incidental Tumor Test	P=0.319N	P=0.201N	P=0.463N
Cochran-Armitage Trend Test Fisher Exact Test	P=0.019	P=0.015N	D-0.036 N
Adrenal: Cortical Adenoma		F~0.0151	P=0.026N
Tumor Rates			
Overall (a)	2/50 (4%)	3/50 (6%)	5/48 (10%)
Adjusted (b)	5.6%	12.1%	46.5%
Terminal (c)	2/36 (6%)	1/19 (5%)	2/6 (33%)
Statistical Tests (d)			
Life Table	P=0.003	P≈0.263	P=0.002
Incidental Tumor Test	P=0.064	P=0.395	P=0.043
Cochran-Armitage Trend Test	P=0.144		
Fisher Exact Test		P≈0.500	P=0.201
Adrenal: Pheochromocytoma			
Tumor Rates Overall (a)	3160 (AM)	5 (60 (1007)	ALAD (DOT)
Adjusted (b)	2/50 (4%) 5.3%	5/50 (10%) 22.2%	4/48 (8%) 43.2%
Terminal (c)		22.2% 3/19 (16%)	43.2% 2/6 (33%)
Statistical Tests (d)	1/36 (3%)	5/17 (10%)	2/0 (33%)
Life Table	P=0.003	P=0.055	P=0.004
Incidental Tumor Test	P=0.003 P=0.074	P≈0.033 P≈0.130	P=0.004 P=0.137
Cochran-Armitage Trend Test		1 -0.130	1-0.157
	P=0.263	D-0.219	D-0 310
Fisher Exact Test		P=0.218	P=0.319

	Control	60 mg/kg	120 mg/kg
Thyroid: C-Cell Adenoma			
Tumor Rates			
Overall (a)	7/50 (14%)	0/47 (0%)	2/41 (5%
Adjusted (b)	18.4%	0.0%	25.0%
Terminal (c)	6/36 (17%)	0/19 (0%)	1/6 (17%
Statistical Tests (d)			
Life Table	P=0.393N	P=0.050N	P=0.546
Incidental Tumor Test	P=0.221N	P=0.040N	P=0.555N
Cochran-Armitage Trend Test	P=0.048N		
Fisher Exact Test		P=0.008N	P=0.136N
Thyroid: C-Cell Carcinoma			
Tumor Rates			
Overall (a)	1/50 (2%)	4/47 (9%)	1/41 (2%
Adjusted (b)	2.8%	17.9%	2.9%
Terminal (c)	1/36 (3%)	3/19 (16%)	0/6 (0%)
Statistical Tests (d)	, (, _ ,		, , , ,
Life Table	P=0.172	P=0.055	P=0.538
Incidental Tumor Test	P=0.318	P=0.062	P=0.734
Cochran-Armitage Trend Test	P=0.522		
Fisher Exact Test		P=0.162	P=0.701
Thyroid: C-Cell Adenoma or Carcinoma			
Tumor Rates			
Overall (a)	8/50 (16%)	4/47 (9%)	3/41 (7%)
Adjusted (b)	21.1%	17.9%	27.2%
Terminal (c)	7/36 (19%)	3/19 (16%)	1/6 (17%)
Statistical Tests (d)			
Life Table	P=0.406	P=0.545N	P=0.396
Incidental Tumor Test	P=0.462N	P=0.497N	P=0.597N
Cochran-Armitage Trend Test	P=0.117N		
Fisher Exact Test*		P=0.210N	P=0.174N
Pancreatic Islets: Islet Cell Adenoma			
Tumor Rates			
Overall (a)	0/50 (0%)	6/49 (12%)	2/47 (4%)
Adjusted (b)	0.0%	24.2%	33.3%
Terminal (c)	0/36 (0%)	3/19 (16%)	2/6 (33%)
Statistical Tests (d)			
Life Table	P=0.008	P=0.003	P=0.006
Incidental Tumor Test	P=0.054	P=0.010	P=0.006
Cochran-Armitage Trend Test	P=0.229	D-0.010	D-0 010
Fisher Exact Test		P=0.012	P=0.232
Pancreatic Islets: Islet Cell Adenoma or C	Carcinoma		
Fumor Rates	_		-
Overall (a)	0/50 (0%)	7/49 (14%)	2/47 (4%)
Adjusted (b)	0.0%	29.0%	33.3%
Terminal (c)	0/36 (0%)	4/19 (21%)	2/6 (33%)
Statistical Tests (d)	B 4 4	B (A + + +	
Life Table	P=0.005	P<0.001	P=0.006
Incidental Tumor Test	P=0.038	P=0.004	P=0.006
Cochran-Armitage Trend Test	P=0.238		
Fisher Exact Test		P=0.006	P=0.232

;	Control	60 mg/kg	120 mg/kg
Mammary Gland: Fibroadenoma			
Tumor Rates			
Overall (a)	15/50 (30%)	21/50 (42%)	18/50 (36%)
Adjusted (b)	39.2%	82.8%	88.6%
Terminal (c)	13/36 (36%)	15/19 (79%)	4/6 (67%)
Statistical Tests (d)			
Life Table	P<0.001	P<0.001	P<0.001
Incidental Tumor Test	P<0.001	P=0.002	P=0.010
Cochran-Armitage Trend Test	P=0.301		
Fisher Exact Test		P=0.149	P=0.335
Clitoral Gland: Adenoma			
Tumor Rates		÷	
Overall (a)	0/50 (0%)	4/50 (8%)	0/50 (0%)
Adjusted (b)	0.0%	18.8%	0.0%
Terminal (c)	0/36 (0%)	3/19 (16%)	0/6 (0%)
Statistical Tests (d)			
Life Table	P=0.173	P=0.015	(e)
Incidental Tumor Test	P=0.295	P=0.023	(e)
Cochran-Armitage Trend Test	P=0.622		
Fisher Exact Test		P=0.059	(e)
Clitoral Gland: Adenoma or Carcinoma			
Fumor Rates			
Overall (a)	1/50 (2%)	4/50 (8%)	0/50 (0%)
Adjusted (b)	2.6%	18.8%	0.0%
Terminal (c)	0/36 (0%)	3/19 (16%)	0/6 (0%)
Statistical Tests (d)			
Life Table	P=0.303	P=0.053	P=0.855N
Incidental Tumor Test	P=0.619	P=0.108	P=0.362N
Cochran-Armitage Trend Test	P=0.390N	D 0 101	D 0 60001
Fisher Exact Test		P=0.181	P=0.500N
Uterus: Endometrial Stromal Polyp			
Tumor Rates Overall (a)	12/50 (2407)	0/50 (1907)	9/47 (1707)
Adjusted (b)	12/50 (24%) 30.1%	9/50 (18%) 33.2%	8/47 (17%) 35.3%
Terminal (c)	9/36 (25%)	4/19 (21%)	1/6 (17%)
Statistical Tests (d)); 50 (1 570)	-, ., (2170)	1/0 (1/70)
Life Table	P=0.084	P=0.366	P=0.096
Incidental Tumor Test	P=0.374N	P=0.563N	P=0.491N
Cochran-Armitage Trend Test	P=0.229N		
Fisher Exact Test		P=0.312N	P=0.276N
Jterus: Endometrial Stromal Polyp or Sa	rcoma		
fumor Rates			
Overall (a)	13/50 (26%)	9/50 (18%)	8/47 (17%)
Adjusted (b)	31.7%	33.2%	35.3%
Terminal (c)	9/36 (25%)	4/19 (21%)	1/6 (17%)
tatistical Tests (d)			
Life Table	P=0.127	P=0.445	P=0.144
Incidental Tumor Test	P=0.241N	P=0.443N	P=0.317N
Cochran-Armitage Trend Test	P=0.164N		
Fisher Exact Test		P=0.235N	P=0.205N

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- (a) Number of tumor-bearing animals/number of animals examined at the site.
- (b) Kaplan-Meier estimated lifetime tumor incidence after adjusting for intercurrent mortality.
- (c) Observed tumor incidence in surviving animals killed at end of study.
- (d) Beneath the control incidence are the P-values associated with the trend test. Beneath the dosed group incidence are the P-values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying before the end of the study as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend or lower incidence is indicated by (N).
- (e) Not significant. No tumors observed in dosed and control groups.

		120	240
	Control	mg/kg	mg/kg
skin: Fibrosarcoma			
fumor Rates			
Overall (a)	0.50 (0%)	4/49 (8%)	0/ 50 (0%)
Adjusted (h)	0.0%	9.4%	0.0%
Terminal (c)	0 46 (0%)	2/40 (5%)	0/26 (0%)
tatistical Tests (d)			, , , , , ,
Life Table	P=0.469	P=0.052	(e)
Incidental Tumor Test	P=0.573N	P=0.066	(e)
Cochran-Armitage Trend Test	P=0.621		
Fisher Exact Test		P=0.056	(e)
kin or Subcutaneous Tissue: Fibrosarco	oma		
umor Rates			
Overall (a)	1/50 (2%)	4/49 (8%)	0/50 (0%)
Adjusted (b)	2.0%	9.4%	0.0%
Terminal (c)	0/46 (0%)	2/40 (5%)	0/26 (0%)
itatistical Tests (d)			
Life Table	P=0.559N	P=0.150	P=0.585N
Incidental Tumor Test	P=0.276N	P=0.194	P=0.331N
Cochran-Armitage Trend Test	P=0.391N		
Fisher Exact Test		P=0.175	P=0.500N
ung: Alveolar/Bronchiolar Adenoma			
umor Rates			0
Overall (a)	1/50 (2%)	3/48 (6%)	2/49 (4%)
Adjusted (b)	2.2%	7.7%	7.7%
Terminal (c)	1/46 (2%)	3/39 (8%)	2/26 (8%)
tatistical Tests (d)	D A A A	D 0 0 40	D 0 00/
Life Table	P=0.200	P=0.249	P=0.306
Incidental Tumor Test	P=0.200	P=0.249	P=0.306
Cochran-Armitage Trend Test	P=0.392		
Fisher Exact Test		P=0.293	P=0.492
ung: Alveoiar/Bronchiolar Adenoma o umor Rates	r Carcinoma		
Overall (a)	2/50 (4%)	5/48 (10%)	2/49 (4%)
Adjusted (b)	4.3%	12.3%	7.7%
Terminal (c)	2/46 (4%)	4/39 (10%)	2/26 (8%)
tatistical Tests (d)	-/ - (- /)		
Life Table	P=0.321	P=0.161	P=0.476
Incidental Tumor Test	P=0.387	P=0.180	P=0.476
Cochran-Armitage Trend Test	P=0.573		
Fisher Exact Test	1 01010	P=0.201	P=0.684
ematopoietic System: Malignant Lymp	homa		
umor Rates			
Overall (a)	6/50 (12%)	5/49 (10%)	3/50 (6%)
Adjusted (b)	13.0%	12.5%	10.9%
Terminal (c)	6/46 (13%)	5/40 (13%)	2/26 (8%)
tatistical Tests (d)			
Life Table	P=0.496N	P=0.598N	P=0.565N
Incidental Tumor Test	P=0.434N	P=0.598N	P=0.474N
Cochran-Armitage Trend Test	P=0.196N		
Fisher Exact Test		P=0.514N	P=0.243N

TABLE F3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE

	Control	I20 mg/kg	240 mg/kg
Liver: Adenoma		······································	
Tumor Rates			
Overall (a)	5/49 (10%)	3 48 (6%)	2 50 (4 ^c i)
Adjusted (b)	10.9%	7.5%	7.7%
Terminal (c)	5/46 (11%)	3.40 (7%)	2 26 (8%)
Statistical Tests (d)			
Life Table	P=0.382N	P=0.435N	P=0.491N
Incidental Tumor Test	P=0.382N	P=0.435N	P=0.491N
Cochran-Armitage Trend Test	P=0.153N		
Fisher Exact Test		P=0.369N	P=0.210N
Liver: Carcinoma			
Tumor Rates			
Overall (a)	6/49 (12%)	9/48 (19%)	3 50 (6%)
Adjusted (b)	13.0%	20.7%	9.8%
Terminal (c)	6/46 (13%)	6/40 (15%)	0 26 (0%)
Statistical Tests (d)			
Life Table	P=0.552N	P=0.207	P=0.546N
Incidental Tumor Test	P=0.144N	P=0.321	P=0.233N
Cochran-Armitage Trend Test	P=0.211N		
Fisher Exact Test		P=0.273	P=0.233N
Liver: Adenoma or Carcinoma			
Tumor Rates			
Overall (a)	11/49 (22%)	12/48 (25%)	5/50 (10%)
Adjusted (b)	23.9%	27.7%	16.7%
Terminal (c)	11/46 (24%)	9/40 (23%)	2/26 (8%)
Statistical Tests (d)	, . ,		
Life Table	P=0.418N	P=0.359	P=0.420N
Incidental Tumor Test	P=0.114N	P=0.481	P=0.193N
Cochran-Armitage Trend Test	P=0.073N		
Fisher Exact Test		P=0.477	P=0.079N

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

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

(c) Observed tumor incidence at terminal kill.

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

(e) Not significant. No tumors observed in dosed and control groups.

	Control	60 mg/kg	I 20 mg/kg
ung: Alveolar/Bronchiolar Adenoma o	r Carcinoma		·····
Tumor Rates			
Overall (a)	0/49 (0%)	3/50 (6%)	1/50 (2%)
Adjusted (b)	0.0%	7.0%	3.0%
Terminal (c)	0/33 (0%)	3/43 (7%)	1/33 (3%)
Statistical Tests (d)	0,00 (070)		1,00 (070)
Life Table	P=0.372	P=0.172	P=0.500
Incidental Tumor Test	P=0.372	P=0.172	P=0.500
Cochran-Armitage Trend Test	P=0.384		
Fisher Exact Test		P=0.125	P=0.505
łematopoietic System: Leukemia			
Tumor Rates			
Overall (a)	3/50 (6%)	0/50 (0%)	0/50 (0%)
Adjusted (b)	7.4%	0.0%	0.0%
Terminal (c)	0/34 (0%)	0/43 (0%)	0/33 (0%)
Statistical Tests (d)	0,0,00		-,(-,0)
Life Table	P=0.040N	P=0.102N	P=0.147N
Incidental Tumor Test	P=0.119N	P=0.414N	P=0.240N
Cochran-Armitage Trend Test	P=0.037N		
Fisher Exact Test		P=0.121N	P=0.121N
lematopoietic System: Malignant Lymp	homa		
fumor Rates			
Overall (a)	10/50 (20%)	17/50 (34%)	16/50 (32%)
Adjusted (b)	25.8%	38.6%	44.2%
Terminal (c)	7/34 (21%)	16/43 (37%)	13/33 (39%
Statistical Tests (d)			
Life Table	P=0.082	P=0.241	P=0.101
Incidental Tumor Test	P=0.029	P=0.085	P=0.033
Cochran-Armitage Trend Test	P=0.112		
Fisher Exact Test		P=0.088	P=0.127
lematopoietic System: Lymphoma or L	eukemia		
umor Rates			
Overall (a)	13/50 (26%)	17/50 (34%)	16, 50 (32%)
Adjusted (b)	31.3%	38.6%	44.2%
Terminal (c)	7/34 (21%)	16/43 (37%)	13/33 (39%)
itatistical Tests (d)			
Life Table	P=0.241	P=0.503	P=0.273
Incidental Tumor Test	P=0.089	P=0.151	P=0.098
Cochran-Armitage Trend Test Fisher Exact Test	P=0.294	P=0.257	P=0.330
		P=0.237	1-0.330
Circulatory System: Hemangiosarcoma			
Overall (a)	0.50 (0%)	0/50 (0%)	3/50 (6%)
Adjusted (b)	0.0%	0.0%	8.0%
Terminal (c)	0.34 (0%)	0.0%	0/33 (0%)
itatistical Tests (d)	ען דינ ט (ע/ע)	v +v (v/()	\mathbf{U}_{1} \mathbf{U}_{2} (\mathbf{U}_{2})
Life Table	P=0.029	(e)	P=0.105
Incidental Tumor Test	P=0.015	(e)	P=0.037
			. 0.057
Cochran-Armitage Trend Test	P=0.037		

TABLE F4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE

	Control	60 mg/kg	120 mg/kg
Circulatory System: Hemangioma or He			
Tumor Rates	manglosarcoma		
	0/50 (00%)	1/50 (20%)	5/50 (100%)
Overall (a)	0/50 (0%) 0.0%	1/50 (2%) 2.3%	5/50 (10%)
Adjusted (b)	-	2.3%	13.3%
Terminal (c) Statistical Tests (d)	0/34 (0%)	1/43 (2%)	1/33 (3%)
Life Table	P=0.008	P=0.547	P=0.029
Incidental Tumor Test	P=0.003	P=0.547	P=0.005
Cochran-Armitage Trend Test	P=0.011	1-0.547	1-0.005
Fisher Exact Test	1-0.011	P=0.500	P=0.028
Liver: Hepatocellular Adenoma			
Tumor Rates			
Overall (a)	2/50 (4%)	3/50 (6%)	12/50 (24%
Adjusted (b)	5.3%	6.7%	36.4%
Terminal (c)	1/34 (3%)	2/43 (5%)	12/33 (36%)
Statistical Tests (d)		, , ,	
Life Table	P<0.001	P=0.571	P=0.003
Incidental Tumor Test	P<0.001	P=0.325	P=0.003
Cochran-Armitage Trend Test	P=0.001		
Fisher Exact Test		P=0.500	P=0.004
Liver: Hepatocellular Carcinoma			
Tumor Rates			
Overall (a)	2/50 (4%)	2/50 (4%)	3/50 (6%)
Adjusted (b)	5.0%	4.7%	8.8%
Terminal (c)	1/34 (3%)	2/43 (5%)	2/33 (6%)
Statistical Tests (d)			
Life Table	P=0.376	P=0.629N	P=0.463
Incidental Tumor Test	P=0.248	P=0.644	P=0.308
Cochran-Armitage Trend Test	P=0.406		
Fisher Exact Test		P=0.691	P=0.500
Liver: Hepatocellular Adenoma or Carci	noma		
Tumor Rates Overall (a)	4/50 (8%)	5/50 (10%)	15/50 (30%)
Adjusted (b)	10.1%	11.2%	44.1%
Terminal (c)	2/34 (6%)	4/43 (9%)	14/33 (42%)
Statistical Tests (d)	2/ 54 (070)	4) 40 (970)	14/00 (42/0,
Life Table	P=0.001	P=0.601	P=0.004
Incidental Tumor Test	P<0.001	P=0.321	P=0.001
Cochran-Armitage Trend Test	P=0.002	1-0.521	1 -0.001
Fisher Exact Test	1-0.002	P=0.500	P=0.005
Pituitary: Adenoma			
Fumor Rates			
Overall (a)	4/46 (9%)	3/44 (7%)	1/43 (2%)
Adjusted (h)	11.3%	7.7%	3.2%
Terminal (c)	3/33 (9%)	3/39 (8%)	1/31 (3%)
Statistical Tests (d)			
Life Table	P=0.143N	P=0.417N	P=0.204N
Incidental Tumor Test	P=0.160N	P=0.500N	P=0.221N
Cochran-Armitage Trend Test	P=0.150N		
Fisher Exact Test		P=0.525N	P=0.202N

	Control	60 mg/kg	120 mg/kg
Skeletal System: Osteosarcoma			<u></u>
Tumor Rates			
Overall (a)	4 50 (8°¿)	0 50 (0%)	1 50 (2%)
Adjusted (b)	9.2%	0.0%	2.8%
Terminal (c)	0 34 (0%)	0 43 (0%)	0 33 (0%)
Statistical Tests (d)			
Life Table	P=0.098N	P=0.057N	P=0.225N
Incidental Tumor Test	P=0.309N	P=0.343N	P=0.472N
Cochran-Armitage Trend Test	P=0.082N		
Fisher Exact Test		P=0.059N	P=0.181N

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

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

(c) Observed tumor incidence at terminal kill.

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

(e) Not significant. No tumors observed in dosed and control groups.

APPENDIX G

ANALYSIS OF TOLUENE DIISOCYANATE

A. ELEMENTAL ANALYSIS

Element	С	Н	Ν
Theory	62.07	3.47	16.09
1. Lot No. 228: Determined	62.40	3.64	16.40
	62.33	3.60	16.35
2. Lot No. 414417: Determined	62.46	3.61	16.89
	62.66	3.52	16.60

B. BOILING POINT

Determined Lot No. 228: b.p. 254° to Literature Value b.p. ~240°C (Fieser and Fieser, 1968)

255°C at 742.8 mm

C. INDEX OF REFRACTION

Lot No. 228: n_D²⁰ 1.5687

 n_D^{25} 1.5658 for 99.6% in chlorobenzene (Goldberg et al., 1959)

D. TITRATION

1. Procedure

Reaction of the isocyanate groups with an excess of di-n-butylamine and titration of the unreacted amine with 1.0 N hydrochloric acid using bromophenol blue as an indicator (Annual Book of ASTM Standards, 1974).

2. Results

Lot. No. 414417 $102.6\% \pm 0.7(\delta)\%$

E. VAPOR PHASE CHROMATOGRAPHY

1. Lot No. 228

Instrument: Tracor MT-220
Column: 3% OV-1 on 80/100 Supelcoport, 1.8 m x 4 mm I.D.
Detector: Flame ionization
Oven Temperature Program: 5 min hold at 100°C, then programmed from 100° to 235°C at 10°C/min
Results: Major peak and six impurities

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Peak	Retention Time (min)	Retention Time (Relative to Major Peak)	Area (Percent of Major Peak Area)
1	2.2	0.29	Тгасе
23	5.2	0.68	Trace
3	5.4	0.71	Trace
4	7.6	1.00	100
5	8.9	1.17	Trace
6	9.3	1.22	Trace
7	16.4	2.16	Trace
2. Lot	No. 414417		
Inst	rument: Hewlett-Pack	ard 5730A	
Dete	ctor: Flame ionizatio	n	
Inle	Temperature: 200°C		
	ector Temperature: 25	0°C	
	•		
Cari	ier Gas: Nitrogen		
a. 5	ystem 1		
C	olumn: 3% SP-2100 c silylated glass	on 100/120 Supelcoport, 1.8 n	n x 2 mm I.D.,
C	arrier Flow Rate: 70	ml min	
C	followed by a 8°C n	gram: Initial 4-min hold at 75 nin increase to 250°C for the mal at 125°C for major peak	detection
S	detect and determine	of a 10% (v/v) solution in here the area of impurities; $3-5 \mu l$ ions in hexane to determine n detector response.	of 1.0
R		ties, four preceding and eigh peaks, were detected. Only tw	

Peak	Retention Time (min)	Retention Time (Relative to Major Peak)	Area (Percent of Major Peak Area)
1	[3.3	1.00	100
2	15.6	1.17	0.2
3	27.3	2.05	0.2

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b. System 2

Column: 3% Dexsil 400 on 80–100 Chromosorb W(AW), 1.8 m x 4 mm I.D., silylated glass

Carrier Flow Rate: 70 ml min

Oven Temperature Program: Initial hold at 70°C for 4 min, programmed to 250°C at 8°C min for impurity detection.

Isothermal at 140°C to monitor detector response.

Samples Injected: 6 μ l of 10%, 1%, and 0.5% (v v) solutions in n-pentane to detect and determine relative areas of all volatile impurities.

Results: One major peak followed by two impurities with relative areas greater than 0.1% were detected.

Peak	Retention Time (min)	Retention Time (Relative to Major Peak)	Area (Percent of Major Peak Area)
]	14.1	1.00	100.0
2	15 .7	1.12	0.21
3	26.0	1.85	0.15

F. SPECTRAL DATA

1. Infrared (Both lots	;)		
Instrument: Beckman IR 12 Cell: Neat liquid between sodium chloride plates (Lot 228) or silver chloride plates (Lot 41447) Results: See Figures 7 and 8		The spectra were consistent with a literature spectrum (Sadtler Standard Spectra)	
2. Ultraviolet/Visible:			
a. Lot No. 228 Instrument: Cary I	18	Literature Values	
λ max (nm)	$\varepsilon \times 10^{-3}$	λ max (nm)	ε x 10 ⁻³
284	$1.03 \pm 0.01(\delta)$	282 290 Solvent: Dioxane	1.3 (shoulder)
No maxima obs 350 and 800 r concentration			
Solvent: Heptan	e		
b. Lot No. 414417			
$\lambda \max(nm)$	$\varepsilon \times 10^{-3}$		
284 290 (shoulder)	0.95 ± 0.01 0.89 ± 0.01		
Solvent: n-Penta	ine		



Figure 7. Infrared Absorption Spectrum of Toluene Diisocyanate (Lot No. 228)

ι

พลายสารแก่ง และการแก่ง
4uda 34uda 34uda 32ud 3uud 28ou 2uud 24oo 22uu 20uo 14oo 14oo 14oo 14oo 14oo 14oo 14oo 14

G. NUCLEAR MAGNETIC RESONANCE

1. Lot No. 228

Instrument: Varian HA-100

Solvent: Neat with added internal tetramethylsilane Assignments: See Figure 9 No literature spectrum found.

Spectrum consistent with literature spectrum for 2.4isomer (Sadtler Standard Spectra)

Consistent with literature

mixed isomers for Lot

No. 228

spectrum for 2,4-isomer and

also with the spectra of the

79.7% 2,4-Toluene diisocyanate; 20.3% 2,6toluene diisocyanate

(a) s, $\delta = 2.06$ ppm (b) d, $\delta = 6.39$ ppm (J_{bc} = 2 Hz) (c) d, AB pattern, $\delta = 6.57$ ppm (J_{cd} = 8 Hz) (d) d, $\delta = 6.85$ ppm (e) s, $\delta = 2.00$ ppm (f) d, $\delta = 6.65$ ppm (J_{fg} = 9 Hz) (g) t, $\delta = 6.85$ ppm

Integration Ratios:

- (a) 3.00 (b) 1.02 (c) 1.1 (d) 1.2 (e) 3.00 (f) 2.1
- (g) 1.2
- 2. Lot No. 414417

Instrument: Varian EM360 Solvent: Neat with a TMS internal standard Assignments: See Figure 10

Determined

```
(a) s, \delta = 2.07 ppm
(b) d, \delta = 6.42 ppm, J<sub>bc</sub> = 2 Hz
(c) d, \delta = 6.57 ppm, J<sub>cd</sub> = 8 Hz
(d) d, \delta = 6.92 ppm
(e) s, \delta = 2.01 ppm
(f) d, \delta = 6.69 ppm, J<sub>fg</sub> = 8 Hz
(g) t, \delta = 6.93 ppm
Integration Ratios:
(a) 8.25/3.29 □ 2.51
(b)
      6.36/3.29 = 1.93
(c)
(f)
(d)
      3.80/3.29 = 1.15
(g))
(e) 1.41/3.79 = 0.43
Isomer Ratio:
```

Percent 2,4 = 8.25/9.66 x 100 = 85.4 Percent 2,6 = 1.41/9.66 x 100 = 14.6



Figure 9. Nuclear Magnetic Resonance Spectrum of Toluene Diisocyanate (Lot No. 228)



Figure 10. Nuclear Megnetic Resonance Spectrum of Toluene Diisocyanate (Lot No. 414417)

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Toluene Diisocyanate

APPENDIX H

ANALYSIS OF TOLUENE DIISOCYANATE FOR DISUBSTITUTED UREAS

APPENDIX H

A. ANALYSIS

A sample of TDI stored in a septum vial and free of precipitate or suspended material was analyzed for nonvolatile residue by the following procedure.

A 50-ml round bottom flask (chromic acid washed, rinsed, and oven dried) was flame dried while being flushed with dry N₂. It was then immediately connected to a dry ice acetone trap and vacuum pump, and a vacuum was drawn until the flask had cooled. The vacuum was released through a valve fitted with a CaSO4 tube. An inverted funnel was arranged directly above the flask and connected via a CaSO4 drying tube to a N₂ tank. The N₂ flow rate was adjusted to provide a N₂ atmosphere in the immediate vicinity of the flask. Within the cone of the inverted funnel, the TDI vial was opened and approximately 20 g of TDI was poured into the flask. The vacuum was then reapplied and the flask heated to approximately 100°C with an electric heating mantle. Gentle hand swirling of the flask was used to prevent bumping. When only a few grams of TDI remained, the flask was cooled and the vacuum released. The contents were then transferred, under N₂ with a Pasteur pipette and two 2-ml acetonitrile washes (Burdick and Jackson, UV grade), into a dry, tared. 10-ml round bottom flask. The vacuum was reapplied and evaporation conducted as before. This was continued for 30 minutes after no liquid remained in the flask to ensure drying. The flask was then cooled, the vacuum was released, and the weight of nonvolatile residue was determined by difference on a Mettler H51AR analytical balance. This entire procedure was repeated with a second sample of TDI.

	First Determination	Second Determination
Mass of TDI	18.3 ± 0.05 g	19.9 ± 0.05 g
Mass of nonvolatile residue	0.0583 ± 0.0001 g	0.06791 ± 0.00005 g
Mass percentage	$0.318 \pm 0.001\%$	$0.341 \pm 0.001\%$
.		

Values expressed as \pm standard deviation.

The residue does not melt up to 250°C, suggesting that it is a polymer (11) (m.p. 230°C) formed from (1) (m.p. 170°-180°C) during distillation (Eight Peak Index, 1970).

B. IDENTIFICATION OF THE NONVOLATILE RESIDUE

I. Sample Preparation

a. Isolation of the Precipitate from the Sample

Ten milliliters of toluene diisocyanate containing the precipitate was centrifuged for 5 minutes, and the supernatant toluene diisocyanate was drawn off with a dispo-pipet. The precipitate was then washed with two 5-ml portions of chloroform and dried using vacuum filtration.

In addition, 4.0 ml of toluene diisocyanate, as received from Litton, was filtered through a preweighed 0.5 μ m filter, washed with chloroform (saturated with the precipitate compound), and the isolated precipitate was dried at room temperature. The weight of precipitate per given volume of toluene diisocyanate was then calculated.

b. Preparation of Suspected Compound

Since the precipitate was suspected to be the reaction product of toluene diisocyanate with moisture in the headspace of the sample bottle, the following reactions were conducted:

(1) Reaction with Water At Elevated Temperatures

Distilled water (2 ml) was added to 2 ml of freshly filtered toluene diisocyanate in a small beaker. The mixture was swirled and gently warmed on a hotplate. When a reaction began to occur, the beaker was removed from the hotplate and allowed to cool to room temperature. The product was vacuum filtered and then spread thinly on a glass plate to dry.

(2) Reaction with Water at Room Temperature

Distilled water (2 ml) was added to 2 ml of freshly filtered toluene diisocyanate in a test tube. After 2 hours, the reaction product was isolated by vacuum filtration and then spread thinly on a glass plate to dry.

(3) Reaction with Moist Air at Room Temperature

Five milliliters of toluene diisocyanate was placed in a small uncovered beaker in a hood. After 2 days, the toluene diisocyanate had completely reacted. The product was spread thinly on a glass plate to dry.

2. Mass Spectrometry

Electron impact mass spectra (70 ev) were obtained for each of the precipitate samples using a Varian CH4-B mass spectrometer. Samples were introduced by direct inlet at a probe temperature of 220°C. The data were processed by a Varian 620/i computer.

C. RESULTS

The spectra obtained from the precipitate in the Litton sample (Figure 11) and samples reacted with water and air (Figure 12) were all consistent with a literature spectrum and with the structure of N,N-bis-(3-isocyanato, 4-methylphenyl) urea. This compound is one of the expected reaction products of toluene diisocyanate and water. (The others should be positional isomers and possible polymers.)

Filtration of 4 ml of toluene diisocyanate (as received from Litton) yielded 21.49 mg of precipitate assumed to be bis-(3-isocyanato, 4-methyl-phenyl) urea.

Spectrum Obtained from Precipitate in Litton Sample (Figure 11)		Spectrum Obtained from the Reaction Product of Toluene Diisocyanate and Water (Figure 12)	
m/e	Relative Intensity (Percent of Base Peak)	m/e	Relative Intensity (Percent of Base Peak)
148	100	148	100
174	91	174	93
147	47	322	37
322	42	147	33
44	36	145	22
145	25	173	18
173	21	146	18
146	18	- 44	16
119	13	132	11
120	12	119	10
132	11	175	9
77	10	323	9
149	9	51	9
51	9	77	9
175	9	149	8
323	9		



Figure 11. Mass Spectrum of Precipitate from Litton Bionetics, Inc. Sample of Toluene Diisocyanate



Figure 12. Mass Spectrum of Precipitate from Reaction of Toluene Diisocyanate with Water

m/e	Relative Intensity (Percent of Base Peak)
148	100
174	39
147	21
146	11
44	10
149	9
43	9
57	8
M+ 322	7.30

Literature Spectrum of N,N'-Bis-(3-isocyanato, 4-methylphenyl) Urea (Eight Peak Index, 1970)

Isotopic contributions to the M⁺ + 1 ion are in agreement with the molecular formula for the assigned structure.

		Relative Intensities (Percent of m/e 322)		
m/e	Precipitate	Reaction Product with Water	Theoretical for C17H14N4O3	
M+ 322 M++1 323	100 21.7	100 24.2	100 20.8	

D. CONCLUSIONS

The mass spectrum of the precipitate in the Litton sample is consistent with the structure and with a literature spectrum of N.N^{*}-bis-(3-isocyanato, 4-methylphenyl) urea. The spectrum is also identical with a spectrum obtained from the reaction product of toluene diisocyanate and water, as well as with a spectrum of the material obtained when toluene diisocyanate is allowed to react completely with moist air. Although the spectrum matches well, it is possible that the precipitate contains other positional isomers as well as polymers. The spectrum obtained probably represents the most volatile materials present. Quantitation by filtration and gravimetric analysis indicated the toluene diisocyanate from Litton contained 0.54% (w/w) or 0.44% (w/w) precipitate. Assuming the precipitate is bis-(3-isocyanato, 4-methylphenyl) urea, this represents reaction of 0.47% of the toluene diisocyanate with water.

APPENDIX I

STABILITY OF TOLUENE DIISOCYANATE IN CORN OIL

A. PURPOSE

This study was conducted to determine the stability of toluene diisocyanate at low, medium, and high dose concentrations in corn oil with a normal water content, and in corn oil which had been dried to remove as much water as possible. Also requested with the stability study was a determination of the rate of moisture absorption by the dried oil during exposure to environmental conditions similar to those encountered at the bioassayer's laboratory.

B. CORN OIL DRYING STUDIES

1. Drying Procedure

A 1-liter round bottom flask (24/40 neck) containing approximately 400 ml of corn oil was connected to a Buchi rotatory vacuum evaporator apparatus equipped with a 100°C oil bath. A vacuum of approximately 16 mm Hg was maintained over a 3-hour period while rotating the flask partially immersed in the oil bath.

At the end of the drying period, dry nitrogen was bled into the flask until atmospheric pressure had been reached; then the flask was removed from the apparatus and tightly stoppered. The residual water content of the oil was determined by the Karl Fischer analysis method below.

2. Karl Fischer Analysis Method for Water Content

a. Titrating Medium - 200 ml of reagent grade chloroform was mixed with 100 ml of anhydrous reagent grade methanol.

b. Karl Fischer Reagent - Purchased reagent approximately 5 to 7 mg/ml water titer. (Fisher Scientific Company, Catalog No. SO-K-3)

c. Diluted Karl Fischer Reagent - Reagent (B-2) diluted to a water titer of approximately 1 mg/ml using Fisher Scientific Company KF Diluent, Catalog No. SO-K-5.

d. Instrumentation and Operating Parameters

Instrument: E-536 Metrohm Herisau Potentiograph with E-456 Polarizer, E-535 Dosimat and E-549 Titrating Stand

Potentiograph Settings: Stop-% full scale: 70% Titrating speed: 5 min/100% vol Range: 1 V Counter-voltage: 300 mv Slope adaption: 100% Selector switch: mv/pH Volume axis: 200 mm/100% vol

Polarizer Settings: Amps 250 mV: 100 U Pol. +: 250 mV

e. Procedure

A 50-ml volume of chloroform-methanol titrating medium was transferred to an autotitrator reaction vessel containing a magnetic stirring bar. Karl Fischer reagent (2 to 3 ml of undiluted reagent) was added and the vessel was immediately connected to the apparatus. The mixture was stirred for about 2 minutes while the headspace of the vessel was being continuously purged with a gentle stream of dry nitrogen; then the solvent mixture was automatically titrated to a zero water endpoint, using the diluted Karl Fischer reagent.

Without delay, 10 ml of corn oil sample was drawn into a dry 25-ml syringe and weighed to the nearest 0.01 g. The sample was immediately injected into the titration vessel containing the anhydrous base and was titrated to the typical zero water endpoint. The syringe was reweighed to determine the weight of the sample by difference.

f. Standardization of the Karl Fischer Reagent

The Karl Fischer titrant was standardized by adding 2, 3, and 4 μ l volumes of water into 50 ml anhydrous titrating medium as prepared above, using a calibrated 10 μ l syringe. The syringe was calibrated by injecting 2, 3, and 4 μ l quantities of water into a small, tared septum vial and reweighing the vial. The mean weight of water from at least 3 injections of each volume was used for calculating the KF titer.

A special study was also conducted to determine whether the presence of 10 ml of corn oil in the titrating medium would have an effect on the water titer determination. For this work, 50 ml of titrating medium, 10 ml of corn oil, and 3 ml of undiluted KF were combined and titrated to anhydrous condition. Aliquots of 2, 3, and 4μ l of water were added and titrated. The results showed no significant difference from the titer values obtained with no corn oil present.

g. Calculations

The titer of the Karl Fischer reagent was computed as follows:

KF Titer (as mg H₂O₁ ml) = $\frac{\mu l H_2O \text{ injected } x \text{ mg } H_2O_1 \mu l}{\text{ml of Karl Fischer reagent used}}$

Then using the KF titer, the water content of the samples was computed as,

Percent H₂O = KF Titer(as mg H₂O/ml) x ml KF consumed by sample x 100

Sample Weight (g) x 1000

3. Experimental Summary

The experiments to find an effective method for removing water from corn oil as completely as possible were conducted under conditions which were thought to be sufficiently mild so as not to adversely affect the corn oil. The drying techniques evaluated included heating the corn oil in a rotatory vacuum evaporator for various times and temperatures and direct heating of the oil up to 135°C for varying periods of time while continuously gassing with dry nitrogen. Temperatures above 135°C were not used because of the risk of causing chemical changes in the unsaturated fatty acids in the triglycerides.

4. Results/Conclusion

It was determined from these experiments that corn oil could not be easily dried below a moisture content of approximately 0.005%. For practical reasons, drying conditions were chosen to require 3 hours of drying at 100°C on a rotatory vacuum evaporator operated at a pressure of approximately 16 mm Hg. Water analyses on different corn oils dried by this method ranged from 0.0053% to 0.0068%.

C. STABILITY OF TOLUENE DIISOCYANATE IN NORMAL AND DRY CORN OIL

I. Test Parameters

Concentrations: 9, 36, and 72 mg/ml Vehicle: Corn oil, normal water content, and dried oil Duration: 7 days, with sampling for analysis after 0, 1, and 7 days storage Temperature: Room temperature

APPENDIX I

In preparing for the stability study, a decision had to be made as to what moisture content should be chosen for the "normal corn oil." Water analyses on corn oil samples from various sources ranged widely. For example, two freshly opened bottles of Mazola[®] corn oil purchased from a local grocery analyzed 0.029% and 0.034% water. Corn oil from a gallon bottle in current use for gavage experiments in this laboratory contained 0.045% water, and two samples of corn oil received recently from a bioassayer analyzed 0.060% and 0.69%. As a practical compromise, and for the purpose of testing the stability of TDI in two media with significantly different water contents, the "normal corn oil" used in the study was adjusted to a water content of 0.050%. The dried corn oil used for the stability study contained approximately 0.0053% water.

2. Sample Preparation and Storage

For the stability study, approximately 400 ml quantities each of normal corn oil and dried corn oil (B-1) were prepared. The oils were carefully analyzed for their water content by the Karl Fischer method (B-3); then solutions with TDI (50 ml) were prepared in duplicate at dose levels of 9, 36, and 72 mg/ml, using the normal and dried oils. The oil solutions were stored in amber glassware at room temperature for the stability study.

Analyses for TDI content were run initially and again after 1 day and 7 days of storage, using the analysis method described below.

3. Analysis Procedure for TDI

Samples (1 g) were placed into dry 50-ml amber volumetric flasks and weighed to the nearest 0.1 mg. They were then immediately prepared for gas chromatographic analysis by one of the methods described below, depending on the dose concentration.

9 mg/ml dose level - 5 ml of internal standard solution (hexadecane, 0.5 mg/ml in hexane) was added to the flask; then the contents were diluted to 50 ml with hexane and thoroughly mixed. The resulting solution was used without further dilution.

36 mg/ml dose level - The sample was diluted to 50 ml with hexane and thoroughly mixed; then, a 10-ml aliquot was pipetted into a 50-ml septum vial containing 26 ml of hexane and 4 ml of internal standard solution (see 9 mg/ml dose). After sealing and mixing thoroughly, the TDI content of the solution was determined by the gas chromatography system described below.

Vial seals were Microsep F-138 gas chromatography septa with Teflon® film facing available from Canton Biomedical Products, Inc., Boulder, Colorado 80302; the aluminum crimp seals and vials are available from Wheaton Scientific Company, Inc., Millville, New Jersey.

72 mg/ml dose level - The sample was diluted to 50 ml with hexane and thoroughly mixed; then, a 5-ml aliquot was pipetted into a 50-ml septum vial containing 31 ml of hexane and 4 ml of internal standard solution (see 9 mg/ml dose). After sealing and mixing thoroughly, the TDI content of the solution was determined by the gas chromatography system described below.

Instrument: Varian 3700 gas chromatograph with a CDS-111 Integrator and Autosampler Column: 3% OV-17 on 100/120 mesh Supelcoport, 1.8 m x 2 mm I.D., glass, silanized Detector: Flame Ionization Temperatures: Oven, 130°C isothermal Injector, 160°C Detector, 250°C Carrier Gas: Nitrogen Volume Injected: 3 µl Retention Times: TDI - 2.6 min Hexadecane - 4.1 min
The gas chromatograph was calibrated with two independently prepared standards as follows: 50 mg of TDI was weighed to the nearest 0.1 mg and diluted to 50 ml with hexane. A 10-ml aliquot of each standard solution was mixed with 5 ml of hexadecane internal standard solution (0.5 mg/ml in hexane) and was diluted to 50 ml with hexane. Standards were injected after every third sample injection to maintain calibration.

The analysis results were calculated from relative response factors (RRF) computed from electronically integrated peak areas of the standards using the following equations:

then the mg/g chemical in the vehicle was calculated as,

where D.F. = dilution factor

The linearity of the chromatograph detector response was evaluated with solutions of TDI in hexane at concentrations of 0.115, 0.192, and 0.230 mg/ml. The correlation coefficient was 0.9992. The test results are shown on the Tables II-13 and Figure 13.

Dosage Level (mg/mł)	Corn Type	mg TD1/ml (Theoretical)	mg TDI/ml (Found)	Percent Recovery (Found/Theoretical x 100)
9	Dry	8.97	9.15	102.0
		9.03	8.86	98.1
				$\bar{x} = 100.1 \pm 2.1$
9	Normal	8.60	8.24	95.8
		9.05	8.97	99.1
				$\bar{x} = -97.5 \pm 1.7$
36	Dry	36.80	37.45	101.8
		36.72	36.18	98.5
				$\bar{x} = 100.2 \pm 1.7$
36	Normal	36,52	35.50	97.2
		36.53	36.86	100.9
				$\bar{x} = -99.1 \pm 1.9$
72	Dry	72.38	72.41	100.0
		72.58	72.11	99.4
				$x = -99.7 \pm 0.3$
72	Normal	73.18	71.57	97.8
		72.85	71.68	98.4
				$\dot{x} = 98.1 \pm 0.3$

TABLE II. TOLUENE DIISOCYANATE STABILITY IN CORN OIL: ZERO TIME ANALYSES

(a) The mean water content of the dry and normal corn oil used for the stability study was 0.0053% and 0.0500%, respectively. Water analyses could not be run on the TDI-corn oil blends because TDI reacts with Karl-Fischer reagent.

Dosage Level (mg/ml)	Corn Type	mg TDI/ml (Theoretical)	mg TDI/ml (Found)	Percent Recovery (Found/Theoretical x 100)
9	Dry	8.97	7.44	82.9
	-	9.03	8.05	89.1
				$\bar{x} = 86.0 \pm 3.1$
9	Normal	8.60	6.26	72.8
		9.05	6.85	75.7
				$\overline{\mathbf{x}} = 74.3 \pm 1.5$
36	Dry	36.80	34.11	92.7
		36.72	33.41	91.0
				$\bar{x} = 91.9 \pm 0.9$
36	Normal	36.52	29.29	80.2
		36.53	30.30	82.9
				$\bar{x} = 81.6 \pm 1.4$
72	Dry	72.38	69.27	95.7
		72.58	65.81	90.7
				$\bar{x} = 93.2 \pm 2.5$
72	Normal	73.18	64.35	87.9
		72.85	63.63	87.3
				$\bar{x} = 87.6 \pm 0.3$

TABLE 12. TOLUENE DIISOCYANATE STABILITY IN CORN OIL: 24-HOUR STABILITY ANALYSES

TABLE 13. TOLUENE DIISOCYANATE STABILITY IN CORN OIL: 7-DAY STABILITY ANALYSES

Dosage Level (mg/ml)	Corn Type	mg TDI/ml (Theoretical)	mg TDI/ml (Found)	Percent Recovery (Found/Theoretical x 100)
9	Dry	8.97	4.42	49.3
		9.03	4.21	46.6
				$\bar{x} = 48.0 \pm 1.4$
9	Normal	8.60	1.76	20.5
		9.05	lost	lost
36	Dry	36.80	25.11	68.2
		36.72	24.79	67.5
				$\bar{x} = 67.9 \pm 0.4$
36	Normal	36.52	17.69	48.4
		36.53	19.65	53.8
				$\bar{x} = 51.1 \pm 2.7$
72	Dry	72.38	57.91	80.0
		72.58	59 .07	81.4
				$\tilde{x} = 80.7 \pm 0.7$
72	Normal	73.18	53.57	73.2
		72.85	52.43	72.0
				$\ddot{x} = 72.6 \pm 0.6$



Figure 13. Stability of Toluana Diisocyanata in Normal and Dried Corn Oil at 25°C

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Foluene Diisocyanate

4. Discussion

During the stability study, the gavage samples were inspected daily. All of the samples prepared with the dried oil remained clear over the 7-day period, and all of the hexane dilutions prepared from these samples for GC analysis were also free of insoluble matter.

The gavage solutions prepared with the "normal corn oil" remained clear for the first 24 hours, but showed evidence of insoluble matter after 48 hours. All of the hexane dilutions prepared from the "normal oil" samples exhibited a white precipitate in proportion to the dose level, except the zero time samples. Since no precipitate was observed in the gavage solutions prepared with dried corn oil, one can infer that the precipitate observed in the normal oil samples was probably caused by reaction products of TDI with water.

"Wet" corn oil containing 0.05% water corresponds to $25.4 \,\mu$ mol water/ml corn oil (0.916 g ml x 0.0005/18 = 25.4); whereas, "dry" corn oil with 0.0053% water corresponds to $3.5 \,\mu$ mol water ml corn oil. One mole of water will consume two moles of TD1. Therefore, the water in one ml of "wet" corn oil will react with $50.8 \,\mu$ mol of TD1 and "dry" will react with $5.4 \,\mu$ mol. The following table summarizes the amount of TD1 consumed at each dose level.

Dose mg/ml (mol)	Percent TDI that reacts with Water				
	Wet Co	Dry Corn Oil			
	Theo. (a)	Act. (b)	Theo.	Act	
9.0 (51.7)	98.3	79.5	10.4	52.0	
36.0 (206.8)	24.6	48.9	2.6	32.1	
72.0 (413.6)	12.3	27.4	1.3	19.3	

(a) Calculated

(b) From this study

It is evident that the amount of water present in normal ("wet") corn oil is sufficient to account for 45%-100% of the decomposition of TDI observed in this study. The "dry" corn oil theoretical values can only account for 6%-20% of the actual observed results. Even if the dry corn oil absorbed enough water to approach the day one value of 0.0128%, this would still only account for 16%-46% of the observed results. Thus, it is obvious that TDI must also react with components of the corn oil other than water, but the dry corn oil appears to be more destructive than the normal material.

A literature study of the possible decomposition of TDI in corn oil was conducted by Midwest Research Institute. Besides the reaction of TDI with water in the corn oil to form aromatic amines and disubstituted urea, TDI could also react with the sterols, tocopherols, and triterpene alcohols contained in the corn oil; it is most likely the remaining loss of TDI was due to dimer formation, but this was not experimentally determined.

5. Conclusions

Toluene diisocyanate (TDI) was unstable in gavage solutions prepared with corn oil of normal moisture content (0.05%) and with corn oil which had been dried to a water content of 0.005%. After 7 days storage at room temperature, gavage solutions in normal corn oil at dose levels of 9, 36, and 72 mg/ml showed losses of 80%, 49%, and 27%, respectively. Gavage solutions prepared at the 9, 36, and 72 mg/ml dose levels with the dried corn oil showed losses of 52%, 32%, and 19% respectively after 7 days at room temperature.

An evaluation of stability test results revealed that over 90% of the TDI loss measured in the gavage solutions prepared with dried corn oil was caused by reaction of TDI with components in the corn oil other than water. The same calculations applied to gavage solutions prepared with normal corn oil showed that 12%-98% of the loss could have been caused by reaction with the available water in the oil (theoretical basis) and the remainder was due to reaction of TDI with components of the corn oil.

APPENDIX J

ANALYSIS OF CORN OIL FOR WATER CONTENT

A. SAMPLE IDENTIFICATION AND ANALYSIS RESULTS

Two 4 oz bottles of corn oil were received from Litton Bionetics on 8/24/79 identified as follows:

1. Corn oil, 8/23/79, LBI No. 4313, Lab No. RO-4325-S79

2. Corn oil, 8 23/79, LBI No. 4332, Lab No. RO-4326-S79

The samples were analyzed by the Karl Fischer method using chloroform/methanol (3/1) as the titrating medium. For purposes of comparison, the corn oil currently being used at MRI for conducting gavage stability studies (Mazola[®] food grade corn oil) was run along with the samples.

Litton No. 4313	Litton No. 4332	MRI Oil
0.069	0.061	0.047
0.070	0.060	0.043
0.068	0.058	0.045
$\bar{x} = 0.069 \pm 0.001$	0.060 ± 0.002	0.045 ± 0.002

WATER CONTENT OF CORN OIL SAMPLES (as Percent H₂O)

B. DISCUSSION

The moisture content of the two oil samples from Litton Bionetics was significantly higher than that of the MRI sample included for comparison purposes. However, according to Mr. Jack Ackerboom, Director of Research at Corn Products Company Research Center in Princeton, New Jersey, these samples are within the range of moisture content for typical Mazola[®] oil, although they are on the high side of the range. According to Mr. Ackerboom, the average moisture content of Mazola[®] oil will be around 0.05%.

If it is necessary to dry corn oil prior to preparing gavage solutions, the recommended procedure is to heat the oil to 135°C in a glass vessel while bubbling dry nitrogen through it for about 30 minutes. Heating the oil to 135°C under a vacuum with a dry nitrogen sweep would be the ideal method, according to Mr. Ackerboom.

C. CONCLUSION

Two samples of corn oil from Litton Bionetics showed moisture contents of 0.060% and 0.069% by the Karl Fischer method. While these values fell within the normal moisture range for Mazola oil (average 0.05% according to the manufacturer), they favored the high end of the range and were significantly higher than the moisture content (0.045%) of corn oil used at MRI for gavage stability studies.

APPENDIX K

ANALYSIS OF TOLUENE DIISOCYANATE/CORN OIL MIXTURES FOR CONCENTRATIONS OF TOLUENE DIISOCYANATE

APPENDIX K

A. METHOD A

A few drops of corn oil suspension, accurately weighed, were diluted with benzene to a suitable volume. The solution was analyzed by gas chromatography on a Varian Model 2100 instrument equipped with flame ionization detectors. The column used was 1.8 m x 2 mm I.D. glass packed with 3% OV-1 on 80 100 mesh Supelcoport. The column temperature was 105° with a nitrogen (carrier) flow rate of 34 ml minute. Concentrations were determined by analysis of standard solution of toluene diisocyanate in benzene under the same parameters.

The recovery study was performed by weighing accurately a few drops of control corn oil and adding an amount of the test compound in benzene equivalent to the theoretical concentration of the dosage solutions. The recovery sample was then diluted to a suitable volume with benzene and analyzed as described above.

In both instances, the concentration of test compound was determined as mg per gram of corn oil. This value was converted to gm per ml of corn oil using its density value of 0.918 gm/ml.

B. METHOD **B**

A 2.0-ml aliquot of the corn oil dosage mixture was extracted with 20 ml of acetonitrile containing biphenyl as an internal standard (1 mg/ml). Analysis of the extract was performed by the gas chromatography system described below:

Instrument: Hewlett Packard 5880A or 5840A equipped with a 7672 Automatic Sampler

Column: 3% OV-17 on 80/100 mesh Supelcoport, 1.8 m x 2 mm I.D., glass, silanized

Detector: Flame ionization

Temperature: Oven, 120°C, isothermal Injector, 240°C Detector, 280°C

Carrier gas: Nitrogen

Flow rate: 30 ml/min

The concentration of the test compound was determined by reference to a calibration curve prepared by analysis of a set of TDI working standards.

C. RESULTS: See Table K1

	Concentration (a) of Toluene Diisocyanate in Corn Oil for Target Concentration (mg/ml)				
Date Mixed	9	18	36	72	
Aethod A					
2/05/79	3.9	10.0	24.7	-	
3/01/79	5.9	12.5	34.0	58.8	
3/22/79	-	-	-	46.3	
fethod B					
8/23/79	7.0	-	-	-	
9/06/79	-	-	-	72.8	
9/20/79	-	16.2	•	-	
10/04/79	8.3	-	31.6	-	
10/04/79	8.0	•	37.9	-	
11/01/79	5.6	12.4	29.1	62.9	
11/15/79	-	15.2	-	32.8	
11/29/79	-	•	34,9	-	
12/13/79	8.2	-	-	-	
12/27/79	-	-	-	70.2	
1/09/80	5.8	13.0	-	-	
		(17.0, MRI)			
1/24/80	-	-	33.1	-	
2/07/80	6.9	-	•	-	
2/21/80	-	-	•	67.2	
3/06/80	-	15.8	-	-	
3/20/80	-	-	30.8	-	
5/15/80	-	-	33.4	-	
6/12/80	8.0	-	•	66 .6	
6/26/80	-	17.8	-	•	
7/10/80	•	•	33.0	-	
7/24/80	7.6	-	•	-	
8/07/80	•	-	-	66.4	
8/21/80	-	17.8 •	-	•	
9/04/80	-	•	32.4	-	
9/18/80	7.8	-	•	•	
10/17/80	•	14.7	-	-	
10/30,80	-	-	30.5	•	
11/04/80	-	-	36.5	-	
				(66.8, MRI)	
11/30/80	-	•	-	64.0	
12/11/80	-	17.3	-	-	
12/24/80	-	•	31.6	•	
Mean (mg mi)	6.9	14.8	32.4	60.8	
Standard deviation	1.4	2.5	3.2	12.2	
Coefficient of variation (%)	19.7	17.2	10.0	20.1	
Range (mg ml)	3.9-8.3	10.0-17.8	24 .7 - 37.9	32.8-72.8	
No. of samples	11	11	14	10	

TABLE K1. ANALYSES OF CORN OIL MIXTURES

(a) The data presented are the average of the results of duplicate analyses. Only values verified in the data audit are presented.

APPENDIX L MUTAGENICITY OF TOLUENE DIISOCYANATE IN SALMONELLA

	_	Revertants/plate (a)			
Strain	Dose (µg/plate)	-59	+59 (rat)	+S9 (hamster)	
TA100	0	170 ± 2.6	99 ± 0.3	95 ± 5.3	
	3		102 ± 3.0	109 ± 3.9	
	10	157 ± 8.5	118 ± 15.4	97 ± 9.6	
	33	138 ± 10.5	144 ± 15.3	118 ± 6.4	
	100	132 ± 16.0	159 ± 12.7	143 ± 6.1	
	333	111 ± 6.7 ppt (b)	178 ± 6.0	134 ± 4.4	
	1000	$145 \pm 17.5 \text{ppt}$			
	3333	••			
	10000				
TA1535	0	26 ± 6.4	14 ± 5.5	10 ± 2.3	
	10	25 ± 2.4			
	33	20 ± 1.9			
	100	17 ± 1.9	19 ± 4.5	11 ± 2.2	
	333	15 ± 3.8 ppt	20 ± 3.5	14 ± 6.1	
	1000	12 ± 1.3 ppt	22 ± 7.7	11 ± 2.1	
	3333		14 ± 2.3 ppt	7 ± 1.7 ppt	
	10000		9 ± 2.0 ppt	3 ± 2.7 ppt	
TA1537	0	5 ± 1.2	14 ± 1.9	4 ± 0.9	
	10	8 ± 0.9			
	33	11 ± 1.5			
	100	8 ± 2.4	20 ± 2.6	15 ± 1.0	
	333	12 ± 2.0 ppt	17 ± 5.1	19 ± 2.7	
	1000	8 ± 1.2 ppt	20 ± 2.3	14 ± 1.2	
	3333		7 ± 1.2 ppt	14 ± 1.5 ppt	
	10000		8 ± 0.9 ppt	8 ± 0.9 ppt	
ТА98	0	19 ± 1.5	20 ± 1.3	31 ± 3.8	
	3		21 ± 2.6	35 ± 1.0	
	10	17 ± 4.9	25 ± 0.7	31 ± 4.1	
	33	20 ± 3.5	30 ± 4.0	34 ± 8.4	
	100	17 ± 2.2	52 ± 0.6	58 ± 7.3	
	333	14 ± 1.2 ppt	67 ± 0.9	97 ± 8.6	
	1000	16 ± 2.8 ppt			

TABLE L1. MUTAGENICITY OF TOLUENE DIISOCYANATE (2,4 AND 2,6-MIXTURE) IN SALMONELLA (CAS# 26471-62-5)

(a) The S9 fractions were prepared from the livers of Aroclor 1254-induced animals (male Sprague-Dawley rats and male Syrian hamsters). Cells and test compound or solvent (DMSO) were incubated for 20 min at 37°C in the presence of either S9 or buffer. After the addition of soft agar, the contents of each tube were poured onto minimal medium, and the plates were incubated at 37°C for 48 hr (Haworth et al., 1983). Experiment was performed twice, each in triplicate: because the results were similar, data from only one experiment are shown.

(b) Precipitate observed.

		Revertants/plate (a)			
	Dose				
Strain	(µg/plate)	-59	+S9 (rat)	+S9 (hamster)	
FA100	0	97 ± 4.6	162 ± 5.8	162 ± 14.4	
	3		156 ± 18.6	189 ± 4.7	
	10	96 ± 6.1	178 ± 5.1	212 ± 4.2	
	33	93 ± 5.7	202 ± 2.0	261 ± 7.4	
	100	97 ± 3.5	251 ± 8.8	312 ± 4.9	
	333	91 ± 1.7 ppt (b)	253 ± 17.8 ppt	$327 \pm 4.9 \text{ ppt}$	
	666	95 ± 7.8 ppt			
FA1535	0	8 ± 2,2	8 ± 1.3	9 ± 2.5	
	10	6 ± 0.9			
	33	7 ± 1.2			
	100	6 ± 0.9	8 ± 1.3	9 ± 0.3	
	333	7 ± 0.7 ppt	7 ± 0.6 ppt	9 ± 0.7 ppt	
	666	9 ± 1.8 ppt			
	1000		5 ± 1.5 ppt	4 ± 1.8 ppt	
	3333		3 ± 0.7 ppt	5 ± 1.5 ppt	
	10000		5 ± 1,5 ppt	5 ± 1.9 ppt	
A1537	0	102 ± 16.2	185 ± 8,5	175 ± 6.2	
	10	135 ± 0.9			
	33	118 ± 7.9			
	100	97 ± 10.1	156 ± 10.5	184 ± 10.3	
	333	$112 \pm 4.5 \text{ ppt}$	143 ± 25.7 ppt	223 ± 17.6 ppt	
	666	91 ± 9.8 ppt	•••		
	1000		$115 \pm 22.9 \text{ ppt}$	150 ± 13.2 ppt	
	3333		$121 \pm 17.3 \text{ ppt}$	193 ± 8.2 ppt	
	10000		124 ± 21.5 ppt	116 ± 51.1 ppt	
A98	0	12 ± 2.1	31 ± 0.9	38 ± 2.3	
	3		35 ± 3.2	60 ± 5.1	
	10	10 ± 1.7	50 ± 8.5	75 ± 1.5	
	33	11 ± 1.9	65 ± 0.9	117 ± 7.1	
	100	10 ± 2.6	84 ± 0.3	155 ± 5.0	
	333	14 ± 2.5 ppt	106 ± 6,8 ppt	170 ± 12.3 ppt	
	666	16 ± 1.2 ppt			

TABLE L2. MUTAGENICITY OF 2,6-TOLUENE DIISOCYANATE (CAS# 91-08-7) IN SALMONELLA

(a) The S9 fractions were prepared from the livers of Aroclor 1254-induced animals (male Sprague-Dawley rats and male Syrian hamsters). Cells and test compound or solvent (DMSO) were incubated for 20 min at 37°C in the presence of either S9 or buffer. After the addition of soft agar, the contents of each tube were poured onto minimal medium, and the plates were incubated at 37°C for 48 hr (Haworth et al., 1983). Experiment was performed twice, each in triplicate; because the results were similar, data from only one experiment are shown.

(b) Precipitate observed.

Toluene Diisocyanate

APPENDIX M DATA AUDIT SUMMARY

DATA AUDIT SUMMARY

The experimental data and summary tables of the NTP Technical Report No. 251 on the toxicology and carcinogenesis studies of commercial grade 2,4- and 2,6-toluene diisocyanate were examined for completeness, consistency, and accuracy and for procedures consistent with Good Laboratory Practice requirements. An audit of the data was conducted by Immuquest Laboratories, Inc. under a contract for NTP (N01-ES-38947). The individuals involved in the audit were P.H. Errico, M.A.; L.H. Brennecke, D.V.M.; C.S. Reese, M.S.; and K.M. Witkin, Ph.D. The two-year chronic studies in rats and mice were begun in December, 1978 and completed in January, 1981, at Litton Bionetics, Inc., Kensington, Maryland, under a subcontract with Tracor Jitco, Inc.

The full report of the NTP audit is on file at the National Toxicology Program, NIEHS, and is available upon request. The audit included, but was not limited to, a review of the records of the in-life portion of the studies for 10% of the animals, 100% of the available chemistry data, and a random 50% sample of the chemical mix calculations. All Individual Animal Data Records were examined for correspondence between necropsy observations and histopathologic findings. All wet tissue bags were counted and 10% were reviewed for animal identification and the presence of untrimmed lesions. A complete slide-block match for both sexes of both species in the high dose and control groups was performed.

The audit indicated there were some gross observations suggesting possible tumors but with no correlation of microscopic diagnoses. These included 7 gross lesions in treated animals and 1 gross lesion in controls that had not been trimmed. Mortality records indicated that two more mice and five more rats may have died from gavage trauma. The accuracy of the TDI dose mixtures were uncertain because of reactivity with water and the unknown nature of the decomposition products that resulted from preparation of the TDI-corn oil mixtures. Although not every potential discrepancy identified in the audit was fully resolved it was concluded that the data reported were adequate to support the conclusions presented in this Technical Report.