NATIONAL TOXICOLOGY PROGRAM Technical Report Series No. 263

TOXICOLOGY AND **CARCINOGENESIS STUDIES** OF **1,2-DICHLOROPROPANE** (Propylene Dichloride) (CAS NO. 78-87-5) IN F344/N RATS AND B6C3F₁ MICE (GAVAGE STUDIES)

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

NATIONAL TOXICOLOGY PROGRAM

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

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

Special Note: This Technical Report was peer reviewed in public session by the NTP Board of Scientific Counselors' Technical Reports Review Subcommittee on February 28 and June 29, 1983 [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 N.] Consequently, printing and distribution of this Technical Report have been delayed and the format differs from that of Technical Reports peer reviewed more recently.

NTP TECHNICAL REPORT ON THE

TOXICOLOGY AND CARCINOGENESIS STUDIES OF 1,2-DICHLOROPROPANE (Propylene Dichloride)

(CAS NO. 78-87-5)

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



NATIONAL TOXICOLOGY PROGRAM Box 12233 Research Triangle Park North Carolina 27709

August 1986

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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.

Evidence of Carcinogenicity

Five categories of interpretative conclusions have been adopted for use in the Technical Reports series to specifically emphasize consistency and the concept of actual evidence of carcinogenicity. For each definitive study result (male rats, female rats, male mice, female mice) one of the following categories will be selected to describe the findings. These categories refer to the strength of the experimental evidence and not to either potency or mechanism.

- Clear Evidence of Carcinogenicity is demonstrated by studies that are interpreted as showing a chemically-related increased incidence of malignant neoplasms, studies that exhibit a substantially increased incidence of benign neoplasms, or studies that exhibit an increased incidence of a combination of malignant and benign neoplasms where each increases with dose.
- Some Evidence of Carcinogenicity is demonstrated by studies that are interpreted as showing a chemically-related increased incidence of benign neoplasms, studies that exhibit marginal increases in neoplasms of several organs/tissues, or studies that exhibit a slight increase in uncommon malignant or benign neoplasms.
- Equivocal Evidence of Carcinogenicity is demonstrated by studies that are interpreted as showing a chemically-related marginal increase of neoplasms.
- No Evidence of Carcinogenicity is demonstrated by studies that are interpreted as showing no chemically-related increases in malignant or benign neoplasms.
- Inadequate Study of Carcinogenicity demonstrates that because of major qualitative or quantitative limitations the studies cannot be interpreted as valid for showing either the presence or absence of a carcinogenic effect.

Additionally, the following concepts (as patterned from the International Agency for Research on Cancer Monographs) have been adopted by the NTP to give further clarification of these issues.

The term *chemical carcinogenesis* generally means the induction by chemicals of neoplasms not usually observed, the earlier induction by chemicals of neoplasms that are commonly observed, or the induction by chemicals of more neoplasms than are usually found. Different mechanisms may be involved in these three situations. Etymologically, the term *carcinogenesis* means the induction of cancer, that is, of malignant neoplasms; however, the commonly accepted meaning is the induction of various types of neoplasms or of a combination of malignant and benign neoplasms. In the Technical Reports the words *tumor* and *neoplasm* are used interchangeably.

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

Although every effort is made to prepare the Technical Reports as accurately as possible, mistakes may occur. Readers are requested to communicate any mistakes to the Deputy Director, NTP (P.O. Box 12233, Research Triangle Park, NC 27709), so that corrective action may be taken. Further, anyone who is aware of related ongoing or published studies not mentioned in the report is encouraged to make this information known to the NTP. Comments and questions about the National Toxicology Program Technical Reports on Carcinogenesis Studies should be directed to the National Toxicology Program, located at Research Triangle Park, NC 27709 (919-541-3991) or Room 835B, Westwood Towers, 5401 Westbard Ave., Bethesda, MD 20205 (301-496-1152).

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TABLE OF CONTENTS

	Page
Abstract	. 7
Contributors	. 9
Reviewers	. 10
Summary of Peer Review Comments	
I. Introduction	
II. Materials and Methods	
Chemical Analyses	
Dose Preparation	
Fourteen-Day Studies	
Thirteen-Week Studies	
Two-Year Studies	
Study Design	
Source and Specifications of Test Animals	
Animal Maintenance	
Clinical Examinations and Pathology	20
Data Recording and Statistical Methods	20
III. Results	
Rats	
Fourteen-Day Studies	
Thirteen-Week Studies	
Two-Year Studies.	
Body Weights and Clinical Signs	
Survival	
Pathology and Statistical Analyses of Results	
Mice	
Fourteen-Day Studies	
Thirteen-Week Studies	
Two-Year Studies	
Body Weights and Clinical Signs	
Survival	
Pathology and Statistical Analyses of Results	
IV. Discussion and Conclusions	
V. References	. 4/

TABLES

Table 1	Experimental Design and Materials and Methods	22
Table 2	Survival and Mean Body Weights of Rats Administered 1,2-Dichloropropane by Gavage for 14 Days	26
Table 3	Survival and Mean Body Weights of Rats Administered 1,2-Dichloropropane by Gavage for 13 Weeks	27
Table 4	Analysis of Mammary Gland Tumors in Female Rats	31
Table 5	Analysis of Uterine Tumors in Female Rats	31
Table 6	Analysis of Pancreatic Islet Cell Tumors in Male Rats	32
Table 7	Analysis of Pituitary Tumors in Female Rats	33
Table 8	Analysis of Adrenal Tumors in Male Rats	33
Table 9	Survival and Mean Body Weights of Mice Administered 1,2-Dichloropropane by Gavage for 14 Days	34

Table 10	Survival and Mean Body Weights of Mice Administered 1,2-Dichloropropane by Gavage for 13 Weeks	35
Table 11	Analysis of Liver Tumors in Male Mice	39
Table 12	Analysis of Liver Tumors in Female Mice	39
Table 13	Analysis of Follicular Cell Tumors of the Thyroid in Female Mice	40
Table 14	Analysis of Lung Tumors in Female Mice	41
Table 15	Analysis of Integumentary Tumors in Male Mice	41

FIGURES

Figure 1	Growth Curves for Rats Administered 1,2-Dichloropropane by Gavage
Figure 2	Survival Curves for Rats Administered 1,2-Dichloropropane by Gavage
Figure 3	Growth Curves for Mice Administered 1,2-Dichloropropane by Gavage
Figure 4	Survival Curves for Mice Administered 1,2-Dichloropropane by Gavage
Figure 5	Infrared Absorption Spectrum of 1,2-Dichloropropane (Lot No. A7XB) 172
Figure 6	Nuclear Magnetic Resonance Spectrum of 1,2-Dichloropropane (Lot No. A7XB)

APPENDIXES

Appendix A	Summary of the Incidence of Neoplasms in Rats Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years	51
Table A1	Summary of the Incidence of Neoplasms in Male Rats Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years	52
Table A2	Summary of the Incidence of Neoplasms in Female Rats Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years	57
Table A3	Individual Animal Tumor Pathology of Male Rats in the Two-Year Study of 1,2-Dichloropropane	62
Table A4	Individual Animal Tumor Pathology of Female Rats in the Two-Year Study of 1,2-Dichloropropane	68
Appendix B	Summary of the Incidence of Neoplasms in Mice Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years	75
Table B1	Summary of the Incidence of Neoplasms in Male Mice Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years	76
Table B2	Summary of the Incidence of Neoplasms in Female Mice Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years	80
Table B3	Individual Animal Tumor Pathology of Male Mice in the Two-Year Study of 1,2-Dichloropropane	84
Table B4	Individual Animal Tumor Pathology of Female Mice in the Two-Year Study of 1,2-Dichloropropane	90

Appendix C	Summary of the Incidence of Nonneoplastic Lesions in Rats Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years 97
Table Cl	Summary of the Incidence of Nonneoplastic Lesions in Male Rats Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years 98
Table C2	Summary of the Incidence of Nonneoplastic Lesions in Female Rats Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years103
Appendix D	Summary of the Incidence of Nonneoplastic Lesions in Mice Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years109
Table D1	Summary of the Incidence of Nonneoplastic Lesions in Male Mice Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years110
Table D2	Summary of the Incidence of Nonneoplastic Lesions in Female Mice Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years115
Appendix E	Mean Body Weights of Rats and Mice Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years
Table E1	Mean Body Weights of Rats Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years
Table E2	Mean Body Weights of Mice Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years125
Appendix F	Historical Incidences of Tumors in Vehicle Control F344/N Rats and B6C3F ₁ Mice127
Table F1	Historical Incidence of Liver Tumors in Male B6C3F ₁ Mice Receiving Corn Oil by Gavage
Table F2	Historical Incidence of Liver Tumors in Female B6C3F ₁ Mice Receiving Corn Oil by Gavage129
Table F3	Historical Incidence of Stomach Tumors in Female F344/N Rats Receiving Corn Oil by Gavage130
Table F4	Historical Incidence of Stomach Tumors in Male B6C3F ₁ Mice Receiving Corn Oil by Gavage131
Table F5	Historical Incidence of Stomach Tumors in Female B6C3F ₁ Mice Receiving Corn Oil by Gavage
Table F6	Historical Incidence of Thyroid Follicular Cell Tumors in Female F344/N Rats Receiving Corn Oil by Gavage
Table F7	Historical Incidence of Thyroid Follicular Cell Tumors in Female B6C3F ₁ Mice Receiving Corn Oil by Gavage
Table F8	Historical Incidence of Mammary Gland Tumors in Female F344/N Rats Receiving Corn Oil by Gavage
Table F9	Historical Incidence of Pancreatic Islet Tumors in Male F344/N Rats Receiving Corn Oil by Gavage
Appendix G	Analyses of Primary Tumors in Rats and Mice Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years
Table Gi	Analysis of Primary Tumors in Male Rats Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years
Table G2	Analysis of Primary Tumors in Female Rats Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years
Table G3	Analysis of Primary Tumors in Male Mice Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years
Table G4	Analysis of Primary Tumors in Female Mice Administered 1,2-Dichloropropane in Corn Oil by Gavage for Two Years
Appendix H	Mutagenesis Results for 1,2-Dichloropropane in Salmonella typhimurium

Table H1	Mutagenicity of 1,2-Dichloropropane in Salmonella typhimurium
Appendix I	In Vitro Cytogenetic Testing
Table I1	Cytogenetic Effects of 1,2-Dichloropropane in Chinese Hamster Ovary (CHO) Cells
Appendix J	NTP Sentinel Animal Data
Table J1	Murine Virus Antibody Determinations for Rats in the Two-Year Study
Table J2	Murine Virus Antibody Determinations for Mice in the Two-Year Study
Appendix K	Analysis of 1,2-Dichloropropane—Lot No. A7XB167
Appendix L	Analysis of 1,2-Dichloropropane in Corn Oil for Stability of 1,2-Dichloropropane
Appendix M	Analysis of 1,2-Dichloropropane in Corn Oil for Concentrations of 1,2-Dichloropropane
Table M1	Analysis of 1,2-Dichloropropane in Corn Oil
Appendix N	Data Audit Summary

CI CI-CH2-CH-CH3

1,2-DICHLOROPROPANE

CAS NO. 78-87-5

C₃H₆Cl₂ Mol. Wt. 112.99

ABSTRACT

Carcinogenesis studies of 1,2-dichloropropane (propylene dichloride; >99% pure) were conducted by administering the chemical in corn oil by gavage to groups of 50 female F344/N rats and 50 male and 50 female B6C3F₁ mice at doses of 125 or 250 mg/kg body weight and to groups of 50 male F344/N rats at doses of 62 or 125 mg/kg body weight. Doses were administered five times per week for 103 weeks. Vehicle control groups of 50 rats and 50 mice of each sex received an equivalent amount of corn oil by gavage on the same dosing schedule.

Survival was reduced for high dose female rats (P < 0.001) and for high dose female mice (P < 0.05) relative to controls; 16/50 high dose female rats and 26/50 high dose female mice survived to the end of the experiment. Survival in the other groups was comparable to the control groups. In female mice, ovarian, uterine, or multiple organ infections may have contributed to the deaths of 5/11 vehicle control, 9/14 low dose, and 14/22 high dose animals that died before the end of the study. There was no evidence of an adverse effect on survival in male rats or in male mice.

Mean body weights of high dose male (-14%) and high dose female (-24%) rats were lower than those of the controls. Low dose rats and all groups of mice had mean body weights comparable to the controls.

High dose female rats had increased incidences of both clear-cell changes and necrosis of the liver; but there was no increase in the incidence of liver tumors in the female rats. There were no treatmentrelated effects observed in the male rats, other than decreased body weights.

Dose-related increases were observed for adenomas of the liver in both male (control, 7/50; low dose, 10/50; high dose, 17/50) and female (1/50, 5/50, 5/50) mice. The increase in the frequency of liver carcinomas supported the evidence that there was a neoplastic response in the mouse liver for both sexes (males: 11/50, 17/50, 16/50, females: 1/50, 3/50, 4/50). Hepatocytomegaly and hepatic necrosis were increased in male mice, but not in female mice.

A dose related increase in adenocarcinomas of the mammary gland was observed in female rats (control, 1/50; low dose, 2/50; high dose, 5/50) with the majority of these tumors being found at the end of the study (1/37, 3%; 2/43, 5%; 4/16, 25%). The incidence of mammary adenocarcinomas was increased when compared to the historical controls for this laboratory (3/150, 2.0%) and for all laboratories combined (11/895, 1.2%). Mammary fibroadenomas were decreased in the high dose treated female rats (15/50, 20/50, 7/50).

The mutagenic activity of 1,2-dichloropropane was marginal. The compound was tested in strains TA 100, TA 98, TA 1537, and TA 1535 of *Salmonella* in the presence or absence of S9 and no clearly positive response was obtained. Chromosomal aberration and sister chromatid exchange data showed that 1,2,-dichloropropane caused increases in both in the absence or presence of S9.

Under the conditions of these 2 year gavage studies, there was no evidence of carcinogenicity* for male F344/N rats receiving 62 or 125 mg/kg. For female rats there was equivocal evidence of carcinogenicity in that 250 mg/kg 1,2-dichloropropane caused a marginally increased incidence of adenocarcinomas in the mammary gland; these borderline malignant lesions occurred concurrent with decreased survival and reduced body weight gain. There was some evidence of carcinogenicity for male and female B6C3F₁ mice exposed to 1,2-dichloropropane, as indicated by increased incidences of hepatocellular neoplasms, primarily adenomas.

*Categories of evidence of carcinogenicity are defined in the Note to the Reader on page 2.

CONTRIBUTORS

These studies of 1,2-dichloropropane were conducted at E.G. & G. Mason Research Institute under a subcontract to Tracor Jitco, Inc., the prime contractor for the Carcinogenesis Testing Program. The short-term phases of the studies were begun in May 1978. The 2-year studies in rats were begun in May 1979. The 2-year studies in mice were begun in April 1979.

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^{**}Chairperson of 29 June 1983 meeting.

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

On 28 February and on 29 June 1983, this technical report on 1,2-dichloropropane underwent peer review by the National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee and associated Panel of Experts. The public review meetings 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.

Peer Review Meeting of 28 February 1983

Dr. Friess, a principal reviewer for the report on the carcinogenesis studies of 1,2-dichloropropane, agreed with the conclusions in rats but questioned the conclusions in mice since there were significant increases in hepatocellular adenomas but not in carcinomas. Dr. J. Lamb, NTP, agreed that the evidence in mice was due mainly to benign liver lesions. However he emphasized that carcinomas of the liver in both male and female mice were numerically increased and that the combination of benign and malignant tumors increased the significant differences when compared to vehicle controls. Dr. Friess said that the genetic homogeneity of the parent C3H mice was less than optimum, and that the high doses were toxic for both female mice and rats, but neither finding would invalidate these studies.

As a second principal reviewer, Dr. Swenberg said that the conclusions are more equivocal than presented in the abstract since the increased weight loss and stress may be responsible for the increase in adenocarcinomas of the mammary gland. Dr. Lamb indicated he would search the literature for evidence of this possibility, and offered the observation that reduced body weight is often correlated with decreased incidences of mammary gland tumors. Dr. Swenberg stated that no mention is made in the discussion as to the possible consequences of the toxic doses and how this may have affected the results. Dr. Holland cautioned against continually belaboring the issue of maximally tolerable dose (MTD) but rather it should be considered in relation to the quality of the science and the quality of the experimental data. With regard to the mouse liver tumors, Dr. Swenberg said there was little question that there was an increase in adenomas; he asked that some discussion center on possible mechanisms. He opined that the report over-interpreted the data.

As a third principal reviewer, Dr. Beliczky said the mammary adenocarcinomas in female rats appear to be the major significant finding. Although increases in liver adenomas in mice were significant, he stated that combining liver adenomas and carcinomas was not realistic. [As stated by the NTP, combining liver tumors was considered appropriate since benign and malignant neoplasms may represent stages of a progression.] He said that assumptions and speculative judgment introduced into the discussion apparently make more of a case for carcinogenicity than just the mammary adenocarcinomas in female rats. More discussion was needed regarding mutagenic testing and screening for chromosome aberrations and sister chromatid exchanges. Dr. Beliczky said that doses selected were too high, survivorship was decreased, potential effects on genetic integrity were introduced into the study, and comparison with more potent chemical carcinogens was inappropriate.

Dr. Swenberg reiterated that the evidence was equivocal and at best there was probable or possible evidence for carcinogenicity. He requested a pathology reexamination of the mammary tumors. Dr. G. Boorman, NTP, said a review and grading would be done and included in the revised report. Dr. Moore said it would be useful to learn whether the study was appropriate for a carcinogenic interpretation based on the mammary tumors. Dr. Haseman pointed out that NTP historical control data on mammary adenocarcinomas indicate that these are rare and late-appearing tumors. Dr. Swenberg commented that tumors induced by known mammary carcinogens are early appearing (strain and species not specified). Dr. Scala mentioned two other possible factors which could influence interpretation of the data, one being an unacceptable degree of temperature fluctuation and the other being a mixing of species in the same animal room. Dr. Davis said sentinel animal data should be included.

Dr. Lamb said changes would be made in the abstract with regard to combining liver adenomas and carcinomas, including more discussion of the necrogenic activity of 1,2-dichloropropane; there would be a fuller discussion using literature references on how toxicity and possibly an altered nutritional state may relate to development of mammary tumors and for this experiment in female rats.

Dr. Swenberg moved that the technical report on the bioassay of 1,2-dichloropropane be deferred for revision. Dr. Friess seconded the motion and the report would be reconsidered at the next meeting of the Peer Review Panel.

Peer Review Meeting of 29 June 1983

Dr. Beliczky, a principal reviewer for the revised technical report on the carcinogenesis studies of 1,2-dichloropropane, agreed with the conclusions. In the new categories of evidence he considered the connotation of "some evidence" to be negative and said the "some" should be eliminated. He said that in retrospect, the selection of a more representative high dose might have resulted in more definitive conclusions. Further there was no question that 1,2-dichloropropane is toxic to the liver, and the judgment as to whether or not DCP is a complete animal carcinogen depends on its mechanism of action.

As a second principal reviewer, Dr. Swenberg agreed with the conclusions with minor rewording. He noted the experimental design was appropriate except for excessive toxicity in the high dose rats. He said mention should be made in the technical report that the animals had titers to pathogenic organisms even though the significance of the findings remains unknown. He submitted a computer search listing that contained references showing the influence of stress (both increase and decrease) on the incidence of mammary tumors. Where appropriate, these citations should be added to the technical report.

As a third principal reviewer, Dr. Freiss stated he agreed with the conclusions within the framework of the new categories for strength of evidence recently defined by the NTP (see the Note to the Reader). He expressed concern about the low survival in high dose female rats although he could accept the data as adjusted for survival by the life table and the incidental tumor tests.

In discussions from the floor, Dr. T. Torkelson, Dow Chemical USA, said the current draft was much improved over the February draft. In their opinion the mutagenesis data were overstated.

Dr. Davis said the dose-related increases in hematopoiesis in female rats and mice should be mentioned in the text, and, in general, significant nonneoplastic effects should be included in the abstract. Dr. Freiss asked whether NTP plans to focus more attention on chronic toxicity. Dr. Moore, NTP, said yes, but NTP had been limited until now by the uneven quality of the non-tumor data, and where acceptable to the Program these data will continue to be included.

Dr. J. Lamb, NTP, said concerns about high mortality in female rats were reflected in the decision to describe the findings as equivocal evidence. DCP was a hepatotoxin but the conclusions were not dependent on whether one considers DCP to be a promoter. Dr. Moore said that since the liver was a target organ for neoplastic and nonneoplastic effects in mice the hepatotoxicity data would be included in the abstract.

There was considerable discussion as to what should be the minimum survival in animal groups for a study to be considered adequate. Dr. Hook noted there seemed to be a consensus on the Panel for development of guidelines in the area. Dr. Huff, NTP, said a draft working paper was in preparation. Dr. Swenberg said the new categories describing the strength of evidence for carcinogenicity should be displayed in the front of each technical report. [They are given in the Note to the Reader section of each technical report.]

Dr. Beliczky moved that the technical report on the carcinogenesis studies of 1,2-dichloropropane be accepted with modifications discussed and with inclusion of the definitions of the new categories. Dr. Swenberg seconded the motion and the technical report was approved unanimously by the Peer Review Panel.

I. INTRODUCTION

I. INTRODUCTION

1,2-DICHLOROPROPANE

CAS NO. 78-87-5

C3H6Cl2 Mol. Wt. 112.99

1,2-Dichloropropane (propylene dichloride) is a chemical intermediate widely used in the production of tetrachloroethylene and carbon tetrachloride. It is an oil and fat solvent in certain furniture finishes, dry cleaning fluids, and paint removers and has been used to fumigate grain and soil and to control peach tree borers (Aviado, 1977; Fishbein, 1979; Spencer, 1973; Merck, 1976; Farm Chemical Handbook, 1977; Kirk-Othmer, 1981). Approximately 77 million pounds of 1,2-dichloropropane were produced in the United States in 1980 (USITC, 1981). The current 8-hour time-weighted-average concentration to which workers may be exposed is 75 ppm (USCFR, 1974).

An oral LD_{50} value of 2.19 g/kg has been reported for rats of unspecified strain or sex (Smyth et al., 1969). The 4-hour LC₅₀ value is approximately 2,000 ppm for Sherman rats (Carpenter et al., 1949). Inhalation studies on the organ toxicity of 1,2-dichloropropane have used an exposure of 400 ppm 1,2dichloropropane, seven hours a day, five days a week for 128 to 140 exposures. Of the 80 C3H mice that received just 37 exposures of 1,2dichloropropane, including the exposure and the subsequent 7-month observation period, only three animals survived; multiple hepatomas were seen in the three treated but not in control mice but the 400 ppm exposure levels were clearly toxic. The inhalation exposures demonstrated that rats, guinea pigs, and dogs were less suceptible than mice to 1,2-dichloropropane toxicity; exposures of 400 ppm 1,2dichloropropane produced no compoundrelated histologic effects in any of the three species and little treatment-related mortality was observed (Heppel et al., 1948).

1,2-Dichloropropane is hepatotoxic in laboratory animals (Heppel et al., 1948; Drew et al., 1978; Sidorenko et al., 1976), characterized by centrilobular necrosis and large increases in serum liver enzymes. Ingestion of cleaning solvent (50 ml) containing 1,2-dichloropropane by a man produced coma followed by delirium, irreversible shock, cardiac failure, and death (Larcan et al., 1977). Histopathological study indicated that this acute poisoning produced "centri- and mediolobular hepatic necrosis." However, other potential chemical components of this solvent were not described.

1,2-Dichloropropane is metabolized to a variety of metabolic products including certain intermediates which may be related to the toxicity of the compound. Administration of a single oral dose of 1 mg 1,2-dichloro [1-14C] propane to strain E rats resulted in less than 7% of the dose being excreted in the feces; over 50% of the dose was excreted in the urine, and the remaining radioactivity (40%) was recovered in the expired air within 96 hours following dosing (Hutson et al., 1971). Approximately 1/2 (20%) of the expired dose was identified as carbon dioxide, with the remaining portion being other expired unidentified radiolabeled compounds. Some unmodified dichloropropane was excreted in the expired air in Sprague-Dawley rats, but not in the urine; dichloropropane oxidation yielded the mercapturic acid N-acetyl-S-(2-hydroxypropyl) cysteine (Jones and Gibson, 1980). Both 1chloro-2-hydroxypropane and 1,2-epoxypropane are proposed intermediates in the metabolism to the mercapturic acid. The 1,2-epoxypropane can also be metabolized to propanediol which is further metabolized to pyruvate and enters the tricarboxylic acid cycle; carbon dioxide is released and then expired. Epoxypropane may also be conjugated with glutathione and excreted in the urine. Jones and Gibson (1980) further proposed that the 1-chloro-2-hydroxypropane may be metabolized to beta-chlorolactaldehyde and beta-chlorolactate.

I. INTRODUCTION

Principe et al. (1981) tested DCP for mutagenic activity in Salmonella strains TA1535, TA1537, TA1538, TA98 and TA100 to a maximum of 11 mg/ plate. The results indicated that DCP was marginally mutagenic in TA1535 and TA100 at 11 mg/plate. De Lorenzo et al. (1977) examined DCP mutagenicity in Salmonella strains TA1535, TA1978 and TA100 with and without S9 from Aroclor-1254-induced rat liver. Their results indicated that DCP at 10, 20, and 50 mg/plate caused a significantly increased mutant yield. Stolzenberg and Hines (1980) detected no mutagenic activity of DCP in strain TA100 up to 10 mg/plate; at 100 mg/plate, DCP completely inhibited bacterial growth. Principe et al. (1981) also reported that DCP (up to 1.1

mg/plate) failed to induce resistance to a low dose of streptomycin in *Streptomyces coelicolor*. These authors did find that DCP was mutagenic in *Aspergillus nidulans* and toxic at 4.4 mg/plate.

1,2-Dichloropropane (purity>99%) was tested because large amounts are produced annually and humans are exposed to the compound occupationally and may be exposed through commercial products. Also, no previous long-term studies on 1,2-dichloropropane were available and structurally-related chemicals (1,2-dichloroethane, NCI 1978c; 1,2-dibromoethane, NCI, 1978b, 1982a; 1,2-dibromo-3-chloropropane, NCI, 1978a, 1982b) were carcinogenic in rats and mice.

1,2-Dichloropropane

16

II. MATERIALS AND METHODS

CHEMICAL ANALYSES

DOSE PREPARATION

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

II. MATERIALS AND METHODS: CHEMICAL ANALYSES

CHEMICAL ANALYSES

Reagent grade 1,2-dichloropropane was obtained from Fisher Scientific Company (St. Louis, MO) in one batch (Lot No. A7XB). Purity and identity analyses were conducted at Midwest Research Institute. Identity was verified by determining physical properties and spectral characteristics. Purity was determined by elemental analysis, titration of free acid, and gas chromatography (Appendix K).

Gas chromatographic analysis of Lot A7XB indicated an approximate purity of 99.4%.

Toluene was identified as an impurity constituting 0.24% v/v of the compound by combined gas chromatography and mass spectrometry.

1,2-Dichloropropane was stored in the dark at $0^{\circ} \pm 5^{\circ}$ C in brown glass bottles. Periodic reanalysis of the bulk chemical at Mason Research Institute by vapor-phase chromatography, titration of free-acid, and infrared spectroscopy indicated that no notable changes occurred throughout the study.

DOSE PREPARATION

Selected samples of 1,2-dichloropropane/ corn oil mixtures were analyzed periodically (Appendix M). Results of chemical/vehicle analyses and of referee analyses at Midwest Research Institute indicated that the stock solutions were properly prepared. 1,2-Dichloropropane and corn oil were mixed to give the desired concentration based on a dosing volume of 3 ml/kg body weight (Table 1). 1,2-Dichloropropane in corn oil was found to be stable for at least 7 days at room temperature (Appendix L).

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ANALYSIS OF 1,2-DICHLOROPROPANE IN CORN OIL

	Concentration of 1,2-Dichloropropane in Corn Oil for Target Concentration		
	21 mg/ml	42 mg/ml	83 mg/ml
Mean	20.0	41.6	83.1
Standard deviation	0.76	1.17	1.58
Coefficient of variation (%)	3.9	2.8	1.9
Range (mg/ml)	19.0-22.0	39.8-44.0	80.5-86.5
Number of samples	14	14	14

FOURTEEN-DAY STUDIES

No single-dose studies of dichloropropane were done in rats or mice.

For the 14-day studies, male and female F344/N rats and $B6C3F_1$ mice (C57BL/6N ×

C3H/HeN MTV-) were obtained from Harlan Industries and held for approximately 14 days before the studies began. The animals were approximately 6 weeks old when placed on study.

II. MATERIALS AND METHODS: THIRTEEN-WEEK STUDIES

Groups of five rats and five mice of each sex were administered 1,2-dichloropropane in corn oil by gavage at doses of 0, 125, 250, 500, 1,000, or 2,000 mg/kg. The doses were administered for 14 consecutive days and were followed by one day of observation. Animals were housed five per cage and received water and feed *ad libitum*. Details of animal maintenance are presented in Table 1. The rats and mice were observed twice daily for mortality. Necropsies were performed on all animals.

THIRTEEN-WEEK STUDIES

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

Four- to five-week-old male and female F344/N rats were obtained from Harlan Industries and 10- to 11-week-old $B6C3F_1$ mice were obtained from Charles River Breeding Laboratories. Rats were observed for 18 days and mice for 33 days and then randomized by weight and assigned to test groups so that average cage weights were approximately equal for all animals of the same sex and species.

Rats and mice were housed five per cage and received water and feed *ad libitum* (Table 1). Groups of 10 rats of each sex were administered 1,2-dichloropropane in corn oil by gavage, 5 days per week for 13 weeks, at doses of 0, 60, 125, 250, 500, or 1,000 mg/kg. Groups of 10 mice of each sex were administered 0, 30, 60, 125, 250, or 500 mg/kg on the same schedule.

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

At the end of the 91-day studies, survivors were killed and necropsies were performed. The specimens examined histopathologically are listed in Table 1. 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 female rats and groups of 50 male and female mice were administered 1,2dichloropropane in corn oil by gavage, 5 days per week for 103 weeks, at doses of 0, 125, or 250 mg/kg. Groups of 50 male rats received doses of 0, 62, or 125 mg/kg on the same schedule.

Source and Specifications of Test Animals

Four- to six-week-old F344/N rats and hybrid B6C3F₁ (C57BL/6N × C3H/HeN MTV⁻) mice were obtained from Charles River Breeding Laboratories, observed for approximately 3 weeks, and then assigned to cages according to a table of random numbers. The cages were then assigned to dosed and control groups according to another table of random numbers.

A quality control skin grafting program has been in effect since early 1968 to monitor the genetic integrity of the inbred mice used to produce the hybrid $B6C3F_1$ test animal. In mid-1981, data were obtained that showed incompatibility between the NIH C3H reference colony and the C3H colony from a carcinogenesis studies program supplier. In August 1981, inbred parental lines of mice were further tested for genetic homogeneity via isozyme and protein electrophoregrams which demonstrate phenotype expressions of known genetic loci. The C57BL/6 mice were homogeneous at all loci tested. Eighty-five percent of C3H mice monitored were variant at one to three loci, indicating some heterogeneity in the C3H line from this supplier. Nevertheless, the genome of this line is more homogeneous than those of randomly bred stocks.

Male mice from the C3H colony and female mice from the C57BL/6 colony were used as parents for the hybrid $B6C3F_1$ mice used in these studies. The influence of the potential genetic non-uniformity in the hybrid mice on the results of these studies is not known, but should not affect the validity of the studies since matched concurrent controls were included.

Animal Maintenance

Rats and mice were housed five per cage in polycarbonate cages covered with nonwoven polyester filter sheets (Table 1). Cages and bedding were replaced twice per week. Feed and water were available *ad libitum*.

The rats were housed in room 550 for quarantine from April 5, 1979 to April 30, 1979; the temperature range in that room was 21° to 23°C and the relative humidity was 30% to 74% during that time. Mice were housed in room 530 beginning March 27, 1979, along with rats beginning April 30, 1979 until February 2, 1981; the temperature in room 530 from March 27, 1981 to February 2, 1981 was in the range of 20° to 27°C 92% of the time. The high extreme was 28°C (May 11 and 12, 1979), the low extreme was 18°C (July 17, 1980; August 12, 14, 16, and 17, 1980; September 3 and 4, 1980). The relative humidity was in the range of 32% to 77% for 92% of the time. The high extreme was 80% (June 9, 1979) and the low extreme was 21% (January 21, 1980, February 24 and 25, 1980). The remaining animals were moved to room 550 for the last 3 months of the study (February 2, 1981 to May 26, 1981). The temperature in room 550 was 22° to 24°C for all readings; the relative humidity was 49% to 78% for all readings.

Clinical Examinations and Pathology

All animals were observed twice daily for mortality and moribundity. Clinical signs were recorded daily. 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 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 tissues examined microscopically are listed in Table 1.

Necropsies were performed on all animals found dead and on those killed at the end of the study, unless precluded 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.

When the pathology examination was completed, the slides, individual animal data records, and summary tables were sent to an independent quality assurance laboratory. Individual animal records and tables were compared for accuracy, slides and tissue counts were verified, and histotechniques were evaluated. All tumor diagnoses, target tissues, and tissues from a randomly selected 10% of the animals were evaluated by an experienced rodent pathologist. Slides of all target tissues and those on which the original and quality assurance pathologists disagreed were submitted to the Chairperson of the Pathology Working Group (PWG) for evaluation. Representative slides selected by the PWG Chairperson were reviewed in a blind fashion by the PWG's pathologists, who reached a consensus and compared their findings with the original diagnoses. When conflicts were found, the PWG sent the appropriate slides and its 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). Survival Analyses—Probabilities of survival were estimated by the product-limit procedure of Kaplan and Meier (1958) and are presented in this report in the form of graphs. Animals were statistically censored as of the time that they died of other than natural causes or were found to be missing; animals dying from natural causes were not statistically censored. Statistical analyses for a possible dose-related effect on survival used the method of Cox (1972) for testing two groups for equality and Tarone's (1975) extensions of Cox's methods for testing for a dose-related trend. All reported P values for the survival analysis are two-sided.

Incidence Data—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.

Life Table Analyses—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 method 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).

Incidental Analyses-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.)

Trends and Pairwise Comparisons-In addition to these tests, one other set of statistical analyses was carried out and reported in the tables analyzing primary tumors: 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 tumorbearing 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.

TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS

Animals and Animal Maintenance Species Animal Source	F344/N rats; B6C3F1 mice Harlan Industries,	F344/N rats; B6C3F1 mice	
Species	Harlan Industries,	F344/N rats; B6C3F1 mice	
1	Harlan Industries,	F344/N rats; B6C3F1 mice	
Animal Source	,		F344/N rats; B6C3F1 mice
Animar Source	(Indianapolis, IN)	Rats: Harlan Industries Mice: Charles River, (Portage, MI)	Charles River
Time Held Before Start of Test	14 days	Rats: 18 days Mice: 33 days	Rats: 25 days Mice: 22 days
Age when placed on study	6 weeks	Rats: 7 to 8 weeks Mice: 15 weeks	7 to 9 weeks
Age when Killed	8 weeks	Rats: 20 to 21 weeks Mice: 28 weeks	111 to 113 weeks
Method of Animal Distribution	Animals distributed to cages on a weight basis	Same as 14-day study	Animals were assigned to cages and test groups according to table of random numbers
Feed	Ground Wayne Lab Blox®	Wayne Lab Blox [®] meal	Same as 13-week study
Bedding	Aspen Bed [®] hardwood chips	Same as 14-day study	Same as 14-day study
Vater	Glass bottles with rubber stoppers and stainless steel sipper tubes; changed twice weekly	Edstrom automatic watering system (Edstrom Industries, Waterford, WI)	Same as 13 week study
Cages	Polycarbonate	Same as 14-day study	Same as 14-day study
Cage Filters	Non-woven fiber filter	Same as 14-day study	Same as 14-day study
Animals per Cage	Five	Five	Five
Animal Room Environment	Temperature and relative humidity not given. 12 hours of fluorescent light per day; 10 room air changes per hour	21°-27°C (mean temperature: 22°C);14%-79% relative humidity (mean: 41%); 12 hours of fluorescent light per day; 10 room air changes per hour	18°-28°C (mean temperature: 23°C); 20%-80% relative humidity; 12 hours of fluorescent light per day; 12 room air changes per hour
Other Chemicals on Test in Same Room	Not stated	None	None
Experimental Design			
Size of Test Group	5 males and 5 females of each species	10 males and 10 females of each species	50 males and 50 females of each species

	Fourteen-Day Studies	Thirteen-Week Studies	Two-Year Studies
Experimental Design			
Dose	0, 125, 250, 500, 1,000, or 2,000 mg/kg body weight in corn oil by gavage (dose volume: 3 ml/kg body weight)	Rats: 0, 60, 125, 250, 500, or 1,000 mg/kg body weight in corn oil by gavage (dose volume: 3 ml/kg)	Rats: female - 0, 125 or 250 mg/kg male - 0, 62, or 125 mg/kg body weight by gavage (dose volume: 3 ml/kg body weight)
		Mice: 0, 30, 60, 125, 250, or 500 mg/kg body weight in corn oil by gavage (dose volume: 3 ml/kg)	Mice: 0, 125, or 250 mg/kg body weight in corn oil by gavage (dose volume: 3 ml/kg body weight)
Duration of Dosing	14 consecutive days	13 weeks (5 days per week)	103 weeks (5 days per week)
Type and Frequency of Observations	Observed twice daily for clinical signs of toxicity; initial and final individual body weights recorded	Observed twice daily for clinical signs of toxicity; individual animal weights measured weekly	Observed twice daily for mortality and moribundity; weighed once weekly for first 13 weeks and then monthly thereafter
Necropsy and Histological Examination	Necropsies performed on all animals; no histopathologic examination performed	Necropsies performed on all animals; following tissues examined in control, 500, and 1,000 mg/kg groups of rats and in control and 500 mg/kg groups of mice: tissue masses, gross lesions, mandibular and mesenteric lymph nodes, mammary gland, salivary gland, sternebrae, thymus, trachea, lungs and bronchi, thyroid, parathyroid, esophagus, stomach, small intestine, colon, liver, pancreas, gall bladder (mice), spleen, kidneys, adrenal, urinary bladder, prostate/testes or ovaries/uterus, brain, pituitary, abnormal lymph nodes, spinal cord, and skin	Necropsies performed on all animals; following tissues exam- ined in all groups: tissue masses, gross lesions, abnormal lymph nodes, mandibular and mesenteric lymph nodes, mammary gland, salivary gland, bone marrow, thymus, trachea, larynx, lungs and bronchi, heart, thyroid, parathyroid, esophagus, stomach, intestine, colon, liver, gall bladder (mice only), pancreas, spleen, kidneys, adrenals, urinary bladder, prostate/testes or ovaries/uterus, brain, pituitary, skin, costochondral junction

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

23

	Foundation Date Standing	Thirteen-Week Studies	Two-Year Studies
	Fourteen-Day Studies	I mirieen- week Studies	1 wo- 1 car Studies
Chemical/Vehicle Mixture			
Preparation	1,2-Dichloropropane (99.4% pure) and corn oil were mixed in a ground glass stoppered graduate cylin- der by manual inversion; lower doses were made by serial dilu- tion of the high dose formulation	Same as 14-day study	1,2-Dichloropropane formulations were prepared with corn oil on a weight/volume basis
Maximum Storage Time	One week	One week	10 days
Storage Conditions	4°C in brown glass bottles, protected from light	4°C in brown glass bottles, protected from light	0°±5°C in brown glass bottles, protected from light

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

III. RESULTS

RATS

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES

TWO-YEAR STUDIES

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

MICE

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES

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

FOURTEEN-DAY STUDIES

All rats receiving 2,000 mg/kg died during the study (Table 2). Final mean body weight relative to controls was depressed 14% to 15% in the surviving high dose (1,000 mg/kg) groups of rats.

At necropsy the renal medullae were red in 4/5 males and 5/5 females receiving 2,000 mg/kg but not in rats receiving lower doses. However, histopathology was not performed on any tissues in the 14 day studies.

D.		Mean Body Weights (grams)			Final Body Weights Relative
Dose (mg/kg)	Survival (a)	Initial	Final	Change (b)	to Controls (c) (Percent)
MALES					
0	5/5	114.0 ± 3.5	167.7 ± 6.2	53.7 ± 3.0	
125	4/5	113.7 ± 5.0	150.8 ± 4.9	37.1 ± 3.0	- 10
250	5/5	114.8 ± 3.0	150.2 ± 4.7	35.4 ± 2.6	- 10
500	5/5	114.6 ± 2.9	144.6 ± 5.1	30.0 ± 2.4	- 14
1000	5/5	114.7 ± 3.2	144.8 ± 5.1	30.1 ± 3.2	- 14
2000	0/5	(d)	(d)	(d)	
FEMALES					
0	5/5	94.8 ± 6.0	122.9 ± 8.2	28.1 ± 2.7	
125	5/5	97.5 ± 9.0	120.0 ± 7.9	22.5 ± 2.0	- 2
250	5/5	95.5 ± 4.9	116.3 ± 5.9	20.8 ± 1.2	- 5
500	5/5	96.6 ± 4.2	112.9 ± 5.4	16.3 ± 1.3	- 8
1000	5/5	95.3 ± 4.6	105.0 ± 4.8	9.7 ± 3.0	- 15
2000	0/5	(d)	(d)	(d)	

TABLE 2. SURVIVAL AND MEAN BODY WEIGHTS OF RATS ADMINISTEREDI,2-DICHLOROPROPANE BY GAVAGE FOR 14 DAYS

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

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

(c) Final weight of the dosed survivors relative to the survivors of the controls ■ Final Weight (Dosed Group) - Final Weight (Control Group)

Final Weight (Control Group)

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

III. RESULTS: RATS-THIRTEEN-WEEK STUDIES

THIRTEEN-WEEK STUDIES

All male and female rats receiving 1,000 mg/kg and 5/10 males receiving 500 mg/kg died before the necropsy (Table 3). Final mean body weights relative to those of controls were depressed 16% in males and 8% in females that received 500 mg/kg.

The liver was the target of non-neoplastic lesions in the high dose rats from the 13 week study. Centrilobular congestion of the liver occurred in 5/10 males and 2/10 females receiv-

ing 1,000 mg/ kg. Hepatic fatty changes and centrilobular necrosis were observed in 2/10 females receiving 1,000 mg/kg.

Doses of 62 and 125 mg/kg were set for males and 125 and 250 mg/kg for females in the 2-year studies based on the short-term studies and because of the concern about the cumulative adverse effects which had been observed in bioassays of other short-chain chlorinated hydrocarbons.

Data		Mean Body Weights (grams)			Final Body Weights Relative to Controls (c)
Dose (mg/kg)	Survival (a)	Initial	Final	Change (b)	(Percent)
MALES					
0	10/10	135.7 ± 2.8	300.1 ± 7.8	164.4 ± 5.9	
60	10/10	136.6 ± 2.7	334.3 ± 7.7	197.7 ± 6.1	+ 11
125	10/10	135.0 ± 2.8	308.2 ± 8.3	173.2 ± 7.6	+ 3
250	10/10	136.4 ± 2.8	297.7 ± 4.0	161.3 ± 3.7	- 1
500	5/10	135.7 ± 4.9	252.4 ± 14.7	116.7 ± 12.8	- 16
1000	0/10	(d)	(d)	(d)	
FEMALES					
0	10/10	100.7 ± 2.1	188.2 ± 2.9	87.5 ± 2.2	
60	10/10	100.9 ± 1.9	191.5 ± 3.7	90.6 ± 2.5	+ 2
125	10/10	100.9 ± 1.7	191.2 ± 3.7	90.3 ± 2.8	+ 2
250	10/10	100.9 ± 2.2	183.7 ± 4.5	82.8 ± 3.4	- 2
500	10/10	101.0 ± 1.8	173.3 ± 3.0	72.3 ± 2.7	- 8
1000	0 / 10	(d)	(d)	(d)	

TABLE 3. SURVIVAL AND MEAN BODY WEIGHTS OF RATS ADMINISTERED 1,2-DICHLOROPROPANE BY GAVAGE FOR 13 WEEKS

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

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

(c) Final weight of the dosed survivors relative to the survivors of the controls ■ Final Weight (Dosed Group) - Final Weight (Control Group) × 100

Final Weight (Control Group)

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

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Throughout most of the study, mean body weights of dosed rats of each sex were lower than those of the controls (Figure 1, and Appendix E, Table E1). The depressions in mean body weights were dose related. Final body weights for low dose males and females were 5% less than control values, whereas the high dose male body weights were 14% lower and the high dose female body weights were decreased 24% compared to controls.

Survival

Estimates of the probabilities of survival of male and female rats administered 1,2-dichloropropane in corn oil at the doses of these studies, and those of the vehicle controls, are shown by Figure 2. The survival of high dose female rats was less than that observed for the vehicle controls and low dose group (P < 0.001). The large numbers of females killed around the ninety-fourth week of the study were the result of both spontaneous deaths and of the sacrifice of moribund animals. No other significant differences in survival were observed.

Survival was adversely affected in the high dose female rats but not in the low dose female or male rats. In male rats, 39/50 (78%) of the vehicle controls, 42/50 (84%) of the low dose, and 41/50 (82%) of the high dose group lived to the end of the study at 105-108 weeks. In female rats, 37/50 (74%) of the vehicle controls, 43/50 (86%) of the low dose, and 16/50 (32%) of the high dose group lived to the end of the study. The survival incidences include one low dose male, one high dose male, one control female, and one low dose female that died during the termination of the study. For purposes of statistical analysis these animals have been pooled with those killed at the end of the study.

Pathology and Statistical Analyses of Results

Histopathologic findings on neoplasms in rats are summarized in Appendix A, Tables Al 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 Cl and C2. Historical incidences of selected tumors in control animals are listed in Appendix F. Appendix G, Tables G1 and G2, 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 G (footnotes).

Because of the reduced survival in high dose female rats, the statistical procedures that adjust for intercurrent mortality (life table and incidental tumor tests) were regarded as more meaningful than the "unadjusted" analysis in the evaluation of tumor incidence data in female rats.

Mammary Gland: Mammary gland hyperplasia was increased in the low dose female rats (controls, 10/50; low dose, 20/50) but, perhaps due to poor survival and the increased incidence of adenocarcinoma, there was only one high dose animal with mammary hyperplasia (1/50). Adenocarcinoma was increased in female rats with a significant positive trend, and the incidence in the high dose group was significantly higher than that in the vehicle controls (Table 4). The overall incidence of fibroadenomas occurred with a significant negative trend and decrease in the high dose group by the Cochran-Armitage test, but these decreases were not statistically significant when survival differences were taken into account (life table and incidental tumor tests). Neither tumor was observed in significant proportions in male rats.

Uterus: Endometrial stromal polyps occurred with a statistically significant positive trend (life table test; Table 5), but the incidence was not significantly increased in low or high dose groups.

Thyroid: Follicular cell carcinomas were found in two low dose female rats that were killed at the end of the study. These tumors were not seen in control or high dose females and were not significantly increased in the low dose group. The historical incidence of follicular cell carcinoma in controls is 1/150 (0.7%) from this laboratory and the interlaboratory value is only 2/859 (0.2%) (Appendix F, Table F6).



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



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

1,2-Dichloropropane

	Vehicle Control	125 mg/kg	250 mg/kg
Adenocarcinoma			
Overall Rates	1/50 (2%)	2/50 (4%)	5/50 (10%)
Adjusted Rates	2.7%	4.7%	26.7%
Terminal Rates	1/37 (3%)	2/43 (5%)	4/16 (25%)
Life Table Test	P=0.005	P=0.552	P=0.012
Incidental Tumor Test	P=0.011	P=0.552	P=0.018
Cochran-Armitage Trend Test	P=0.060		
Fisher Exact Test		P=0.500	P=0.102
Fibroadenoma			
Overall Rates	15/50 (30%)	20/50 (40%)	7/50 (14%)
Adjusted Rates	39.4%	46.5%	37.0%
Terminal Rates	14/37 (38%)	20/43 (47%)	5/16 (31%)
Life Table Test	P=0.441	P=0.381	P=0.561
Incidental Tumor Test	P=0.490N	P=0.383	P=0.406N
Cochran-Armitage Trend Test	P=0.047N		
Fisher Exact Test		P=0.201	P=0.045N

TABLE 4. ANALYSIS OF MAMMARY GLAND TUMORS IN FEMALE RATS

TABLE 5. ANALYSIS OF UTERINE TUMORS IN FEMALE RATS (a)

	Vehicle Control	125 mg/kg	250 mg/kg
Endometrial Stromal Polyp			
Overall Rates	10/50 (20%)	17/49 (35%)	11/50 (22%)
Adjusted Rates	25.1%	37.5%	45.6%
Terminal Rates	8/37 (22%)	14/42 (33%)	6/16 (38%)
Life Table Test	P=0.024	P=0.174	P=0.051
Incidental Tumor Test	P=0.253	P=0.113	P=0.256
Cochran-Armitage Trend Test	P=0.454		
Fisher Exact Test		P=0.078	P=0.500

(a) One control female rat with an endometrial stromal polyp also had an endometrial stromal sarcoma; an endometrial stromal sarcoma was also observed in an additional low dose animal.

Stomach or Forestomach: Squamous cell papillomas were found in two high dose female rats. The lesions were not significantly increased compared to controls. Squamous cell papillomas or carcinomas have been observed in only $3/870 \ (0.3\%)$ corn-oil dosed controls from this program and in $0/149 \ (0\%)$ controls at this testing facility. (Appendix F, Table F3).

Liver: Nonneoplastic liver lesions were increased in female rats treated with 1,2-dichloropropane. Foci of clear cell change were

found at an increased incidence in dosed female rats (vehicle controls: 3/50, 6%; low dose, 5/50, 10%; high dose, 11/50, 22%). Necrosis (focal and centrilobular combined) occurred at increased incidences in high dose females (vehicle control, 2/50, 4%; low dose, 1/50, 2%; high dose, 12/50, 24%). No increases in liver tumors were observed in male rats (control, 3/50, 6%; low dose, 3/50, 6%; high dose, 2/50, 4%) or in dosed female rats (1 neoplastic nodule in a control female). Pancreas: Islet cell carcinomas occurred with a positive trend in male rats (Table 6). However, the incidence of adenomas was greatest in controls and the combined incidence of adenomas or carcinomas was not different among groups. These tumors were not observed in female rats. The historical rates for these lesions in males at this laboratory are 9/146 (6%) for adenomas and 4/146 (3%) for carcinomas. The interlaboratory rates in males for adenomas and carcinomas are 38/876 (4.3%) and 22/876 (2.5%) for adenomas and carcinomas, respectively (Appendix F, Table F9).

TABLE 6	ANALYSIS	OF PANCREATIC	ISLET CELL	TUMORS IN MALE RATS
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	Vehicle Control	62 mg/kg	125 mg/kg
Islet Cell Adenoma			
Overall Rates	4/48 (8%)	1/50 (2%)	3/50 (6%)
Adjusted Rates	10.5%	2.4%	6.9 %
Terminal Rates	4/38 (11%)	1/42 (2%)	2/41 (5%)
Life Table Test	P=0.379N	P=0.151N	P=0.461N
Incidental Tumor Test	P=0.382N	P=0.151N	P=0.465N
Cochran-Armitage Trend Test	P=0.393N		
Fisher Exact Test		P=0.168N	P=0.477N
Islet Cell Carcinoma			
Overall Rates	0/48 (0%)	0/50 (0%)	3/50 (6%)
Adjusted Rates	0.0%	0.0%	7.3%
Terminal Rates	0/38 (0%)	0/42 (0%)	3/41 (7%)
Life Table Test	P=0.040		P=0.135
Incidental Tumor Test	P=0.040		P=0.135
Cochran-Armitage Trend Test	P=0.039		
Fisher Exact Test			P=0.129
Islet Cell Adenoma or Carcinoma			
Overall Rates	4/48 (8%)	1/50 (2%)	6/50 (12%)
Adjusted Rates	10.5%	2.4%	14.1%
Terminal Rates	4/38 (11%)	1/42 (2%)	5/41 (12%)
Life Table Test	P=0.316	P=0.151N	P=0.416
Incidental Tumor Test	P=0.314	P=0.151N	P=0.413
Cochran-Armitage Trend Test	P=0.301		
Fisher Exact Test		P=0.168N	P=0.397

Pituitary: The increased incidence of adenomas in low dose females was statistically significant by the Fisher exact test (Table 7). However, this increase was not statistically significant when survival differences were taken into account (life table and incidental tumor tests). The incidence of pituitary carcinomas was greater in the control female rats than in the low dose female rats. The combined incidences of adenomas and carcinomas were not significantly increased in the treated groups.

Adrenal Glands: Pheochromocytomas occurred in male rats with a negative trend (Table 8). No significant differences were observed between dosed and control groups for the combined incidence of pheochromocytoma or malignant pheochromocytoma.

Spleen: Hemosiderosis (control, 0/50, 0%; low dose, 0/50, 0%; high dose, 20/47, 43%) and hematopoiesis (control, 1/50, 2%; low dose, 1/50, 2%; high dose, 7/47, 15%) were seen at higher incidences in high dose female rats. Review of the slides for the incidence and severity of these lesions by NTP pathologists indicated that there may have been only a slight increase in hemosiderosis in the high dose female rats and no increase in hematopoiesis.

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	Vehicle Control	125 mg/kg	250 mg/kg
Adenoma		·····	
Overall Rates	16 49 (33%)	26, 50 (52%)	10/46 (22%)
Adjusted Rates	40.6%	55.3%	46.9%
Terminal Rates	14 37 (38%)	22/43 (51%)	6/16 (38%)
Life Table Test	P=0.157	P=0.122	P=0.312
Incidental Tumor Test	P=0.453N	P=0.093	P=0.503N
Cochran-Armitage Trend Test	P=0.172N		
Fisher Exact Test		P=0.040	P=0.168N
Carcinoma			
Overall Rates	3 49 (6%)	2 50 (4%)	0+46 (0°c)
Adjusted Rates	8,107	4.7%	0.0%
Terminal Rates	3 37 (8%)	2 43 (5%)	0/16 (0%)
Life Table Test	P=0.183N	P=0.431N	P=0.301N
Incidental Tumor Test	P=0.183N	P=0.431N	P=0.301N
Cochran-Armitage Trend Test	P=0.089N		
Fisher Exact Test		P=0.490N	P=0.133N
Adenoma or Carcinoma			
Overall Rates	19 49 (39%)	28/50 (56%)	10/46 (22%
Adjusted Rates	48.3%	59.6%	46.9%
Terminal Rates	17 37 (46%)	24/43 (56%)	6/16 (38%)
Life Table Test	P=0.292	P=0.187	P=0.484
Incidental Tumor Test	P=0.282N	P=0.151	P=0.323N
Cochran-Armitage Trend Test	P=0.062N		
Fisher Exact Test		P=0.065	P=0.057N

TABLE 7. ANALYSIS OF PITUITARY TUMORS IN FEMALE RATS

TABLE 8. ANALYSIS OF ADRENAL TUMORS IN MALE RATS

· · · · · · · · · · · · · · · · · · ·	Vehicle	62	125
۰	Control	mg/kg	mg/kg
Pheochromocytoma			
Overall Rates	11/50 (22%)	5/49 (10%)	5/50 (10%)
Adjusted Rates	28.2%	11.7%	11.8%
Terminal Rates	11/39 (28%)	4/41 (10%)	4/41 (10%)
Life Table Test	P=0.046N	P=0.069N	P=0.071N
Incidental Tumor Test	P=0.046N	P=0.071N	P=0.071N
Cochran-Armitage Trend Test	P=0.057N		
Fisher Exact Test		P=0.093N	P=0.086N
Pheochromocytoma or Pheochromocy	toma, Malignant		
Overall Rates	11/50 (22%)	5/49 (10%)	7/50 (14%)
Adjusted Rates	28.2%	11.7%	16.6%
Terminal Rates	11/39 (28%)	4/41 (10%)	6/41 (15%)
Life Table Test	P=0.141N	P=0.069N	P=0.185N
Incidental Tumor Test	P=0.141N	P=0.071N	P=0.185N
Cochran-Armitage Trend Test	P=0.166N		
Fisher Exact Test		P=0.093N	P=0.218N

III. RESULTS: MICE—FOURTEEN-DAY STUDIES

FOURTEEN-DAY STUDIES

All male mice receiving 1,000 or 2,000 mg/kg and all female mice receiving 2,000 mg/kg died (Table 9). Three of five males receiving 500 mg/kg and 4/5 females receiving 1,000 mg/kg also died. Mean body weights of surviving mice were not adversely affected by administration of 1,2-dichloropropane. Renal medullae were red in all mice receiving 2,000 mg/kg, in 3/5 males receiving 500 mg/kg, in 3/5 females receiving 1,000 mg/kg and in 1/5 females in each of the 125, 250, and 500 mg/kg groups. No other compound-related effects were observed at necrospy. No histopathology was performed on any tissues in this study.

Deer		Mean Body Weights (grams)			Final Body Weights Relative
Dose (mg/kg)	Survival (a)	Initial	Final	Change (b)	to Controls (c) (Percent)
MALES		. <u> </u>			<u></u>
0	5/5	21.7 ± 0.6	24.6 ± 0.5	2.9 ± 0.5	
125	5/5	22.3 ± 0.3	25.6 ± 0.7	3.3 ± 0.5	+ 4.1
250	5/5	22.5 ± 0.4	25.6 ± 0.5	3.1 ± 0.2	+ 4.1
500	2/5	23.2 ± 0.0	27.7 ± 0.3	4.5 ± 0.3	+ 12.6
1000	0/5	(d)	(d)	(d)	
2000	0/5	(d)	(d)	(d)	
FEMALES					
0	5/5	18.1 ± 0.3	19.6 ± 0.5	1.5 ± 0.2	
125	5/5	18.4 ± 0.4	19.9 ± 0.3	1.5 ± 0.3	+ 1.5
250	5/5	18.3 ± 0.5	21.2 ± 0.7	2.9 ± 0.4	+ 8.2
500	5/5	18.5 ± 0.5	21.5 ± 0.4	3.0 ± 0.3	+ 9.7
1000	1/5	18.8 ± 0.0	21.7 ± 0.0	2.9 ± 0.0	+ 10.7
2000	0/5	(d)	(d)	(d)	

TABLE 9. SURVIVAL AND MEAN BODY WEIGHTS OF MICE ADMINISTERED I,2-DICHLOROPROPANE BY GAVAGE FOR 14 DAYS

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

- × 100

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

(c) Final weight of the dosed survivors relative to the survivors of the controls

Final Weight (Dosed Group) - Final Weight (Control Group)

Final Weight (Control Group)

(d) No data is presented due to the 100% mortality in this group.
III. RESULTS: MICE-THIRTEEN-WEEK STUDIES

THIRTEEN-WEEK STUDIES

One male receiving 60 mg/kg died during the 1st week of the study, and a female receiving 500 mg/kg died during the 12th week. Mean body weight changes among males were not dose-related (Table 10). Body weights were depressed 4% to 5% for males that received 30 or 500 mg/kg and 3% to 4% for females that received

250 or 500 mg/kg compared to controls. No compound-related histopathologic effects were recorded.

The dosages selected for the 2-year studies were 125 and 250 mg/kg and the selection was based on the lack of mortality and marginal body weight differences in the 13-week studies.

		Mea	Final Body Weights Relative		
Dose (mg/kg)	Survival (a)	Initial	Final	Change (b)	to Controls (c) (Percent)
MALES					
0	10/10	27.5 ± 0.5	36.1 ± 0.6	8.6 ± 0.3	
30	10/10	27.4 ± 0.5	34.5 ± 1.1	7.1 ± 0.8	- 4.4
60	9/10	27.5 ± 0.4	35.6 ± 0.5	8.1 ± 0.3	- 1.4
125	10/10	27.5 ± 0.4	35.7 ± 1.0	8.2 ± 0.7	- 1.1
250	10/10	27.2 ± 0.5	36.2 ± 0.7	9.0 ± 0.6	+ 0.3
500	10/10	27.1 ± 0.4	34.3 ± 0.6	7.2 ± 0.4	- 5.0
FEMALES					
0	10/10	21.8 ± 0.3	28.1 ± 0.9	6.3 ± 0.8	
30	10/10	21.6 ± 0.4	27.8 ± 0.6	6.2 ± 0.4	- 1.1
60	10/10	21.9 ± 0.4	28.0 ± 0.6	6.1 ± 0.7	- 0.4
125	10/10	22.0 ± 0.5	28.1 ± 0.8	6.1 ± 0.5	0
250	10/10	22.1 ± 0.5	27.2 ± 0.6	5.1 ± 0.4	- 3.2
500	9/10	22.0 ± 0.4	27.1 ± 0.6	5.1 ± 0.3	- 3.6

TABLE 10 SURVIVAL AND MEAN BODY WEIGHTS OF MICE ADMINISTERED 1,2-DICHLOROPROPANE BY GAVAGE FOR 13 WEEKS

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

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

(c) Final weight of the dosed survivors relative to the survivors of the controls =

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of treated and vehicle control mice were comparable (Figure 3 and Appendix E, Table E2). No compound-related clinical signs were recorded.

Survival

Estimates of the probabilities of survival of male and female mice administered 1,2dichloropropane in corn oil at the doses of these studies, and those of the vehicle controls, are shown in Figure 4. The survival of high dose female mice was less than that of the vehicle control group (P=0.035). In male mice, 35/50(70%) of the vehicle controls, 33/50(66%) of the low dose, and 35/50 (70%) of the high dose group lived to the termination period of the study at 105-107 weeks. In female mice, 35/50 (70%) of the vehicle controls, 29/50(58%) of the low dose, and 26/50 (52%) of the high dose group lived to the termination period of the study at 105-107 weeks. The survival incidences include one control male, one low dose male, one control female, and two high dose females that died during the termination of the study. For statistical purposes, these animals have been pooled with those killed at the end of the study. The decreased survival of the female mice may have been in part related to infections. In female mice which died before the end of the study, 5/11controls, 9/14 low dose, and 14/22 high dose females had inflammation of the reproductive tract.

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 F. Appendix G, Tables G3 and G4, 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 G (footnotes).

Liver: 1,2-Dichloropropane caused nonneoplastic liver lesions in male mice. Hepatocytomegaly occurred at increased incidences in dosed male mice (vehicle control, 3/50, 6%; low dose, 5/49, 10%; high dose, 15/50, 30%). Hepatic necrosis (focal, NOS, and centrilobular combined) was increased in dosed males (vehicle controls, 2/50, 4%; low dose, 5/49, 10%; high dose, 10/50, 20%). These lesions did not occur at increased incidences in dosed female mice.

Liver tumors were increased in treated male and female mice. Liver adenomas occurred with positive trends in male and female mice. The tumor incidences in high dose males and in low and high dose females were significantly higher than those in the controls (Tables 11 and 12). The dosed animals had slightly higher incidences of carcinoma but they were not significantly increased. The historical incidence of liver adenomas in B6C3F₁ mice in the performing laboratory is 22/149, 14.7% for males and 8/148, 5.4% for females (Appendix F, Tables F1 and F2).

Thyroid: Two high dose female mice had follicular cell carcinomas. No follicular cell carcinomas were observed in the control or low dose female mice. The historical rate at this laboratory for carcinoma is 0/139 (0%), the interlaboratory rate is 3/818 (0.4%) (Appendix F, Table F7). The combined incidence of follicular cell adenomas or carcinomas in the high dose group was significantly higher than that in the controls but no adenomas or carcinomas were observed in the low dose female mice (Table 13). The historical incidence of thyroid follicular cell adenomas or carcinomas combined is 2/139(1%) at this laboratory and the interlaboratory rate is 31/818 (3.8%) (Appendix F, Table F7). These tumors did not occur in male mice at statistically significant incidences; one male in the high dose group had follicular cell adenoma and another had follicular cell carcinoma.



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



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

1,2-Dichloropropane

	Vehicle Control	125	250
	Control	mg/kg	mg/kg
Adenoma			
Overall Rates	7/50 (14%)	10/50 (20%)	17/50 (34%)
Adjusted Rates	20.0%	28.8%	45.5%
Terminal Rates	7/35 (20%)	9/33 (27%)	15/35 (43%)
Life Table Test	P=0.011	P=0.248	P=0.017
Incidental Tumor Test	P=0.010	P=0.213	P=0.023
Cochran-Armitage Trend Test	P=0.012		
Fisher Exact Test		P=0.298	P=0.017
Carcinoma			
Overall Rates	11/50 (22%)	17/50 (34%)	16/50 (32%)
Adjusted Rates	28.1%	41.9%	37.3%
Terminal Rates	8/35 (23%)	10/33 (30%)	9/35 (26%)
Life Table Test	P=0.213	P=0.132	P=0.226
Incidental Tumor Test	P=0.358	P=0.226	P=0.337
Cochran-Armitage Trend Test	P=0.161		
Fisher Exact Test		P=0.133	P=0.184
Adenoma or Carcinoma			
Overall Rates	18/50 (36%)	26/50 (52%)	33/50 (66%)
Adjusted Rates	46.7%	62.9%	74.7%
Terminal Rates	15/35 (43%)	18/33 (55%)	24/35 (69%)
Life Table Test	P=0.006	P=0.069	P=0.007
Incidental Tumor Test	P=0.008	P=0.101	P=0.010
Cochran-Armitage Trend Test	P=0.002		
Fisher Exact Test		P=0.079	P=0.002

TABLE 11. ANALYSIS OF LIVER TUMORS IN MALE MICE

TABLE 12. ANALYSIS OF LIVER TUMORS IN FEMALE MICE

	Vehicle	125	250
	Control	mg/kg	mg/kg
Adenoma			
Overall Rates	1/50 (2%)	5/50 (10%)	5/50 (10%)
Adjusted Rates	2.9%	17.2%	19.2%
Terminal Rates	1/35 (3%)	5/29 (17%)	5/26 (19%)
Life Table Test	P=0.036	P=0.064	P=0.047
Incidental Tumor Test	P=0.036	P=0.064	P=0.047
Cochran-Armitage Trend Test	P=0.090		
Fisher Exact Test		P=0.102	P=0.102
Carcinoma			
Overall Rates	1/50 (2%)	3/50 (6%)	4/50 (8%)
Adjusted Rates	2.9%	9.7%	12.6%
Terminal Rates	1/35 (3%)	2/29 (7%)	2/26 (8%)
Life Table Test	P=0.080	P=0.238	P=0.117
Incidental Tumor Test	P=0.103	P=0.245	P=0.147
Cochran-Armitage Trend Test	P=0.133		
Fisher Exact Test		P=0.309	P=0.181
Adenoma or Carcinoma			
Overall Rates	2/50 (4%)	8/50 (16%)	9/50 (18%)
Adjusted Rates	5.7%	26.4%	30.8%
Terminal Rates	2/35 (6%)	7/29 (24%)	7/26 (27%)
Life Table Test	P=0.006	P=0.022	P=0.008
Incidental Tumor Test	P=0.008	P=0.023	P=0.010
Cochran-Armitage Trend Test	P=0.025		
Fisher Exact Test		P=0.046	P=0.026

	Vehicle	125	250
	Control	mg/kg	mg/kg
Adenoma			
Overall Rates	1/48 (2%)	0/45 (0%)	3/46 (7%)(a)
Adjusted Rates	2.9%	0.0%	12.5%
Terminal Rates	1/34 (3%)	0/27 (0%)	3/24 (13%)
Life Table Test	P=0.110	P=0.546N	P=0.189
Incidental Tumor Test	P=0.110	P=0.546N	P=0.189
Cochran-Armitage Trend Test	P=0.168		
Fisher Exact Test		P=0.516N	P=0.292
Carcinoma			
Overall Rates	0/48 (0%)	0/45 (0%)	2/46 (4%)
Adjusted Rates	0.0%	0.0%	2.3%
Terminal Rates	0/34 (0%)	0/27 (0%)	2/24 (8%)
Life Table Test	P=0.065	<i>(b)</i>	P=0.165
Incidental Tumor Test	P=0.065	<i>(b)</i>	P=0.165
Cochran-Armitage Trend Test	P=0.093		
Fisher Exact Test		<i>(b)</i>	P=0.237
Adenoma or Carcinoma			
Overall Rates	1/48 (2%)	0/45 (0%)	5/46 (11%)
Adjusted Rates	2.9%	0.0%	20.8%
Terminal Rates	1/34 (3%)	0/27 (0%)	5/24 (21%)
Life Table Test	P=0.015	P=0.546N	P=0.040
Incidental Tumor Test	P=0.015	P=0.546N	P=0.040
Cochran-Armitage Trend Test	P=0.034		•
Fisher Exact Test		P=0.516N	P=0.092

TABLE 13. ANALYSIS OF FOLLICULAR CELL TUMORS OF THE THYROID IN FEMALE MICE

(a) Includes one animal with a cystadenoma, NOS.

(b) No statistical analyses were done because no tumors were observed in control or low dose groups.

Forestomach: Acanthosis of the surface epithelium in the forestomach occurred at increased incidences in high dose males and low and high dose females: males—vehicle control, 0/50; low dose, 0/48; high dose, 2/49, 4%; females vehicle control, 0/50; low dose, 5/50, 10%; high dose, 4/50, 8%. Squamous cell papillomas occurred in dosed male and female mice: males—vehicle control, 0/50; low dose, 1/48, 2%; high dose, 3/49, 6%; females-vehicle control, 0/50; low dose, 2/50, 4%; high dose, 2/50, 4%. One high dose female mouse had a squamous cell carcinoma. The historical incidence for squamous cell papillomas at this laboratory is 0/146 for males and 0/147 for females; the interlaboratory rates are 2/855 (0.2% males) and 3/879 (0.3% females) (Appendix F, Tables F4 and F5).

Multiple Organs: Suppurative inflammation was found in the ovary, uterus, or multiple

organs of 5/11 vehicle control, 9/14 low dose, and 14/22 high dose female mice that died before the end of the study.

Lung: Alveolar/bronchiolar adenomas and alveolar/bronchiolar adenomas or carcinomas (combined) occurred in female mice with statistically significant negative trends (Table 14). The incidence of adenomas in the low dose group was significantly lower than that of the controls. These tumors were not observed at significant incidences in male mice.

Integumentary System: Fibromas or fibrosarcomas of the subcutaneous tissue and fibromas or fibrosarcomas of the skin or subcutaneous tissue occurred with significant negative trends in male mice (Table 15). The incidences in the high dose group were significantly lower than those in the controls.

	Vehicle Control	125 mg/kg	250 mg/kg
Alveolar/Bronchiolar Adenoma	· · · · · · · · · · · · · · · · · · ·		
Overall Rates	5/50 (10%)	0/50 (0%)	1/50 (2%)
Adjusted Rates	13.6%	0.0%	3.8%
Terminal Rates	4/35 (11%)	0/29(0%)	1/26 (4%)
Life Table Test	P=0.073N	P=0.056N	P=0.189N
Incidental Tumor Test	P=0.061N	P=0.052N	P=0.162N
Cochran-Armitage Trend Test	P=0.037N		
Fisher Exact Test		P=0.028N	P=0.102N
Alveolar/Bronchiolar Carcinoma			
Overall Rates	1/50 (27%)	1/50 (2%)	0/50 (0%)
Adjusted Rates	2.9%	2.5%	0.0%
Terminal Rates	1/35 (3%)	0/29 (0%)	0/26 (0%)
Life Table Test	P=0.386N	P=0.726	P=0.559N
Incidental Tumor Test	P=0.348N	P=0.744N	P=0.559N
Cochran-Armitage Trend Test	P=0.331N		
Fisher Exact Test		P=0.753N	P=0.500N
Alveolar/Bronchiolar Adenoma or Carc	inoma		
Overall Rates	6/50 (12%)	1/50 (2%)	1/50 (2%)
Adjusted Rates	16.4%	2.5%	3.8%
Terminal Rates	5/35(14%)	0/29 (0%)	1/26 (4%)
Life Table Test	P=0.051N	P=0.100N	P=0.123N
Incidental Tumor Test	P=0.039N	P=0.079N	P=0.104N
Cochran-Armitage Trend Test	P=0.023N		
Fisher Exact Test		P=0.056N	P=0.056N

TABLE 14. ANALYSIS OF LUNG TUMORS IN FEMALE MICE

TABLE 15. ANALYSIS OF INTEGUMENTARY TUMORS IN MALE MICE

	Vehicle Control	125 mg/kg	250 mg/kg
Skin or Subcutaneous Tissue: Fibro			
Overall Rates	7/50 (14%)	4/50 (8%)	1/50 (2%)
		1 (, , ,
Adjusted Rates	20.0%	12.1%	2.3%
Terminal Rates	7/35 (20%)	4/33 (12%)	0/35 (0%)
Life Table Test	P=0.021N	P=0.292N	P=0.031N
Incidental Tumor Test	P=0.016N	P=0.292N	P=0.021N
Cochran-Armitage Trend Test	P=0.021N		
Fisher Exact Test		P=0.262N	P=0.030N

1,2-Dichloropropane

IV. DISCUSSION AND CONCLUSIONS

Short-term studies of 1,2-dichloropropane (DCP) used doses up to 2,000 mg/kg in rats and mice in the 14 day studies. Red renal medullae in both rats and mice were the only treatment related effects described in those studies. The kidney lesions were not examined histologically. Doses of 1,000 mg/kg for rats and 500 mg/kg for mice were selected as the high dose levels in the 13 week studies because of the mortality observed at higher dosages in the 14 day studies. Fatty changes and centrilobular congestion of the liver were observed in female rats at the highest dosage after 13 weeks exposure to DCP. No DCP-related lesions were observed in the male rats or in mice of either sex in the 13 week studies. Doses selected for the 2 year carcinogenesis studies were 62 and 125 mg/kg for the male rats and 125 and 250 mg/kg for the female rats and the male and female mice. Lower dosages were chosen for the male rats than for the female rats because of the greater mortality observed for males than for females during the 13 week studies. The high dose selected for female rats was considered to be toxic for the 2 year studies as reflected by reduced survival late in the study and lowered body weights. Only 16 female rats from the high dose group survived to the end of the 2 year studies.

Decreased survival in the dosed female mice was related to an increased incidence of reproductive tract infections in the animals which died before the end of the studies (control, 5/11; low dose, 9/14; high dose, 14/22). The infectionrelated deaths decreased the group sizes, especially for the treated groups; 26 high dose and 29 low dose female mice survived to the terminal sacrifice compared to 35 controls. Significant increases were observed in virus antibody titers for both rats and mice. The relationship of these increases to decreased survival, to nonneoplastic lesions, or to neoplastic lesions is unclear.

The principal target organ for DCP toxicity was the liver of rats and mice. Centrilobular congestion was seen in both male and female rats and fatty changes were observed in male rats receiving 1,000 mg/kg for 13 weeks. Clear cell changes and necrosis were increased in the livers of treated female rats in the 2 year studies. Hepatocytomegaly was increased in a doserelated manner in the male mice, but not in female mice.

Liver toxicity has been associated with DCP exposure in other investigations. DCP caused significant hepatic toxicity in laboratory animals whether administered orally or by inhalation (Heppel et al., 1948; Drew et al., 1978; Sidorenko et al., 1976; Belyaeva et al., 1977; Larcan et al., 1977). The nonneoplastic liver lesions have been identified as centrilobular necrosis in both humans (Larcan et al., 1977) and rats (Sidorenko et al., 1976). Similar centrilobular hepatic lesions have been observed with other shortchain halogenated hydrocarbons such as carbon tetrachloride, chloroform, trichloroethylene, 1,1,2-trichloroethane (Plaa, 1980), 1,2,3-trichloropropane, and perchloroethylene (Sidorenko et al., 1976). The liver zonal specificity of these compounds may be related to the relatively high concentrations of microsomal enzymes in that zone of the hepatic lobule which may activate the compounds to toxic intermediates (Plaa, 1980; Sidorenko et al., 1976). Hepatic enzyme changes have been identified in animals exposed to DCP. Inhalation of DCP by rats caused significant increases in the serum levels of glutamic oxaloacetic transaminase (Drew et al., 1978).

In the present study, neoplastic liver lesions were observed in B6C3F1 mice. Oral exposure to DCP caused significant dose-related increases in the frequency of hepatocellular adenomas in both male and female B6C3F1 mice (males: control, 7/50; low dose, 10/49; high dose, 16/50; females: 0/50, 4/50, 5/50). If the incidences of adenoma are combined with the incidences of carcinoma, the liver tumor incidences remain significantly higher than those in the controls. The increases in the frequency of liver carcinoma alone were not significant for dosed males and females versus controls but there was a numerical increase (males: 11/50, 16/49, 16/50; females: 1/50, 3/50, 4/50); this parallels the finding that DCP caused an increase in liver adenomas in male and female mice.

The concurrent control data for the incidence of liver neoplasia in these studies were essentially equal to the historical control data for this laboratory or for all laboratories combined (see Appendix F, Table F1). Despite the fact that there is some evidence of genetic heterogeneity of the C3H mouse strain used as the paternal stock for the B6C3F₁ mice for these studies, the impact of this variable on the usefulness of the historical control data should be considered in the total context of the evolution of the program (e.g., improved environmental controls, better quality control, more rigorous pathology, and improved control of nutrition). In these studies, as in other studies, the program relies first on the data from the concurrent controls, then on the data derived from recent studies performed in the same laboratory using the same route of exposure, and finally on the control data from other laboratories using the same route of exposure.

To speculate about the mechanism by which 1.2-dichloropropane caused toxicity or increased the incidence of hepatocellular neoplasms in mice is beyond the scope of these carcinogenicity studies. Male B6C3F1 mice have a high incidence of spontaneous benign liver tumors which can be further increased both by carcinogens, such as N-2-acetylaminofluorene and chlordane, and also by promoters, such as phenobarbital (Becker, 1982). Those studies have shown that promoting agents do not increase the incidence of liver adenomas in animals which do not have high incidences of spontaneous liver adenomas, like the C57B1/6 mouse; carcinogen exposure was associated with increases in both benign and malignant liver tumors in mice, regardless of whether or not they developed the spontaneous liver tumors. In the present studies, DCP caused a significant increase in the incidence of hepatocellular adenomas in both male and female $B6C3F_1$ mice. The male, but not the female, has a high incidence of spontaneous liver tumors (historical control data at all laboratories combined, adenomas or carcinomas combined, males: 273/884, 30.9%; females: 67/978, 6.9%). Liver carcinomas alone were only slightly elevated but were not statistically increased, but considering the apparent inability of promoting agents to increase malignant liver tumor incidences (Becker, 1982), we cannot state whether DCP acts as a promoting agent.

There was a significant increase in the combined incidence of thyroid follicular cell tumors in the high dose female mice but no follicular cell tumors were observed in the low dose female mice. Neither follicular cell adenomas alone nor follicular cell carcinomas alone were significantly increased in the treated groups as compared to the controls. The historical incidence of thyroid follicular cell tumors in female mice is 2/139 (1%) at this laboratory (Appendix F, Table F7). Since deaths occurred earlier in the treated groups than in the controls and all follicular cell tumors occurred in animals sacrificed at the end of the study (control, 1/34; high dose, 5/24), the results of this study may underestimate the real incidence of thyroid tumors. We cannot be certain whether the thyroid lesions were related to the exposure to 1,2-dichloropropane or not.

Neoplastic lesions were not significantly increased in the male rats treated with DCP. In the female rats, the only neoplastic lesions which may have been treatment related were mammary gland adenocarcinomas (control, 1/50, 2%; low dose, 2/50, 4%; high dose, 5/50, 10%). The association between DCP exposure and this increase is strengthened by: 1) mammary gland adenocarcinomas are relatively uncommon neoplasms in female F344/N rats (the historical incidence in this laboratory is 3/150, 2%; and it is 11/895, 1.2% for all laboratories in this program; 2) the incidence of tumors was 4/16 (25%) for the high dose group female rats surviving to the end of the study: 3) lower body weights, if due to reduced food intake, would be expected to decrease the incidence of spontaneous mammary tumors (high dose animal body weights were decreased compared to controls). The relationship between DCP exposure and mammary adenocarcinomas is diminished by: 1) the 250 mg/kg dose level was toxic and may have compromised the responses of female rats' normal metabolic, immune or endocrine systems; 2) there was a decrease in the overall incidence of mammary fibroadenomas in the high dose female rats; 3) the adenocarcinomas were neither metastatic, anaplastic nor highly invasive; in fact, some pathologists have diagnosed these tumors as highly cellular fibroadenomas.

There are no known data which would associate the increase in mammary gland adenocarcinomas for the high dose female rats with the decreased body weight gain. In studies where feed intake or dietary fat intake are restricted with a subsequent decrease in body weight gain, there seems to be an inverse relationship with spontaneous tumor incidence (Wyndner, et al., 1981; Haseman, 1983). Altered endocrine status and elevated fat intake may play a role in mammary carcinogenesis. Prolactin can act as a promoter in breast cancer and prolactin secretion is increased in Sprague-Dawley rats fed high fat diets (Wyndner et al., 1981). Also, Nnitrosomethylurea induced mammary tumors were increased in F344 rats fed diets containing high levels of fat (Wyndner et al, 1981). These findings are consistent with a decrease, rather than an increase, in mammary tumorigenesis in a study like this one where body weight gain is reduced. There was a decrease in the overall incidence of mammary fibroadenomas in the high dose female rats, but not among those females which survived the full term of the study. There is no apparent association between nutritional status and the increase in mammary adenocarcinomas in the high dose female rats, but the high dose toxicity may have affected other mechanisms resulting in the elevated incidence of mammary adenocarcinomas.

The mammary adenocarcinomas found in the female rats were characterized by a welldifferentiated glandular pattern often containing cystic spaces filled with eosinophilic proteinaceous material. Cells lining the glands were single to multiple layered usually containing large clear cytoplasmic vacuoles. Nuclei were round to oval, and contained prominent nucleoli and some evidence of nuclear crowding. Mitotic figures were uncommon and evidence of invasion was minimal. Three of the five mammary adenocarcinomas in the high dose females were judged to be of low grade malignancy. There were no metastases or local invasion. While the tumors were cellular with little fibrous stroma, the cells showed orderly arrangement and little atypia. The morphological features are such that some pathologists would diagnose this as a highly cellular variant of a fibroadenoma or as an adenofibroma rather than adenocarcinoma. The biological potential of this morphological entity is not known.

The short chain halogenated hydrocarbons are widely used in agriculture and industry. The toxicity, carcinogenicity, and mutagenicity of the chemicals in this class varies widely (Van Duuren, 1977; Weisburger, 1977; Fishbein, 1979; IARC, 1979; Chu and Milman, 1981). The direct acting carcinogens in this class include the epoxides and the halo ethers; the indirect acting compounds (those requiring metabolic activation) may be metabolically activated to the ultimate carcinogen in tissues such as the liver. stomach, lung, or kidney (Van Duuren, 1977). Epoxide intermediates are demonstrated metabolites of trichloroethylene (epoxy-1,1,2-trichloroethane), allyl chloride (epichlorohydrin and glycialdehyde), and 1,2-dibromo-3chloropropane (epichlorohydrin and glycialdehyde) (Van Duuren, 1977). Some of the halogenated hydrocarbons, such as 1,2dibromomethane and 1,2-dichloroethane, are thought to be direct alkylating agents (Chu and Milman, 1981). DCP is reportedly metabolized to 1,2-epoxypropane (Jones and Gibson, 1980). DCP has not been shown to have any direct alkylating activity, while the metabolite 1,2-epoxypropane has

been shown to be an alkylating agent (Jones and Gibson, 1980). The role of metabolic activation in DCP toxicity is not clear.

The mutagenic activity of 1,2-dichloropropane is marginal. This compound was tested in strains TA100, TA98, TA1537, and TA1535 of Salmonella (Appendix H) in the presence or absence of S9. No clearly positive response was obtained. In the absence of activation, there was a dose-related response in TA100 and in TA1535, with marginally positive responses at the highest doses tested (1 to 2 mg/ plate). The potential for impurities to have caused the marginal, mutagenic response at these doses clouds the interpretation of these data. The dose-related response was not observed in TA100 or TA98 in the presence of S9 suggesting that the DCP or the impurity (if present) may be detoxified. These results agree with results reported by Principe et al. (1981) who tested up to 11 mg/plate, and by De Lorenzo et al. (1977) who tested doses between 10 and 50 mg/plate. De Lorenzo also observed a mutagenic response with DCP in strains TA100 and TA98 with S9, but only at these high dose levels. Stolzenberg and Hines (1980) reported no mutagenic activity of DCP up to 1.1 mg/plate and at 11 mg/plate their preparation was completely toxic. These authors also showed a wide variation in the mutagenic response of various halogenated propanes, with 1,2-dichloropropane eliciting one of the least mutagenic responses.

Chromosomal aberration and sister-chromatid exchange data showed that DCP was active in the absence or presence of S9 (Appendix H).

Conclusions: Under the conditions of these 2 year gavage studies, there was no evidence of carcinogenicity* for male F344/N rats receiving 62 or 125 mg/kg. For female rats there was equivocal evidence of carcinogenicity in that 250 mg/kg 1,2-dichloropropane caused a marginally increased incidence of adenocarcinomas in the mammary gland; these borderline malignant lesions occurred concurrent with decreased survival and reduced body weight gain. There was some evidence of carcinogenicity for male and female B6C3F₁ mice exposed to 1,2-dichloropropane, as indicated by increased incidences of hepatocellular neoplasms, primarily adenomas.

* Categories of evidence of carcinogenicity are defined in the Note to the Reader on page 2.

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APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

TABLE A1.

	VEHICLE Control	LOW DOSE	HIGH DOSE
NNIMALS INITIALLY IN STUDY NNIMALS NECROPSIED NNIMALS EXAMINED HISTOPATHOLOGICALLY	50 50	50 50 50	50 50 50
NTEGUMENTARY SYSTEM			
*SKIN SQUAMOUS CELL PAPILLOMA SQUAMOUS CELL CARCINOMA ADNEXAL ADENOMA KERATOACANTHOMA	(50) 2 (4%) 2 (4%) 2 (4%)	(50) 3 (6%) 2 (4%) 1 (2%) 1 (2%)	(50) 1 (2%)
SQUAMUUS CELL CARCINUMA	(50) 1 (2%)	(50)	(50)
SARCOMA, NOS FIBROMA FIBROSARCOMA LIPOMA	6 (12%) 1 (2%)	6 (12%) 1 (2%)	1 (2%) 6 (12%) 2 (4%)
<pre>#THYROID CAPSULE FIBROUS HISTIOCYTOMA, MALIGNANT</pre>	(49) 1 (2%)	(49)	(50)
ESPIRATORY SYSTEM			
#LUNG UNDIFFERENTIATED CARCINOMA METAS ADENOCARCINOMA, NOS, METASTATIC		(50)	(50) 1 (2%) 1 (2%) 1 (2%)
ADENOCARCINOMA, NOS, METASTATIC Alveolar/bronchiolar adenoma Sebaceous adenocarcinoma, metast Fibrosarcoma, metastatic	2 (44)	1 (2%) 1 (2%)	. (24)
IEMATOPOIETIC SYSTEM			
<pre>*MULTIPLE ORGANS MALIG.LYMPHOMA, HISTIOCYTIC TYPE MYELOMONOCYTIC LEUKEMIA MONOCYTIC LEUKEMIA</pre>	(50) 7 (14%) 1 (2%)	(50) 1 (2%) 6 (12%)	(50) 6 (12%)

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

	VEHICLE Control	LOW DOSE	HIGH DOSE
#LYMPH NODE Squamous cell carcinoma, metasta	(48)	(49) 1 (2%)	(48)
#MANDIBULAR L. NODE FIBROSARCOMA, METASTATIC	(48)	(49) 1 (2%)	(48)
#LIVER MALIG.LYMPHOMA, HISTIOCYTIC TYPE	(50)	(50) 1 (2%)	(50)
IRCULATORY SYSTEM			
#SPLEEN HEMANGIOSARCOMA	(50)	(49)	(50) 1 (2%)
DIGESTIVE SYSTEM			
#SALIVARY GLAND Adenocarcinoma, nos	(48)	(50)	(50) 1 (2%)
#LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA PHEOCHROMOCYTOMA, METASTATIC	(50) 1 (2%) 2 (4%)	(50) 1 (2%) 2 (4%)	(50) 2(4%) 1(2%)
#PANCREAS ACINAR-CELL ADENOMA	(48) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
#FORESTOMACH SQUAMOUS CELL PAPILLOMA	(50) 1 (2%)	(50)	(50)
#COLON Adenomatous Polyp, Nos	(49)	(49) 1 (2%)	(49)
JRINARY SYSTEM			
#KIDNEY LIPOMA	(50)	(50) 1 (2%)	(50)
#URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	(49)	(47)	(49) <u>1 (2%)</u>

TABLE A1. MALE RATS:	NEOPLASMS	(CONTINUED)
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	VEHICLE Control	LOW DOSE	HIGH DOSE
ENDOCRINE SYSTEM			
#PITUITARY Carcinoma, nos Adenoma, nos	(50) 3 (6%) 19 (38%)	(48) 3 (6%) 12 (25%)	(47) 3 (6%) 15 (32%)
#ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT GANGLIONEUROMA	(50) 3 (6%) 11 (22%) 1 (2%)	(49) 2 (4%) 5 (10%)	(50) 5 (10%) 2 (4%)
#THYROID Follicular-cell carcinoma C-cell Adenoma C-cell carcinoma	(49) 1 (2%) 1 (2%) 1 (2%)	(49) 4 (8%)	(50) 1 (2%)
#THYROID CAPSULE Sarcoma, Nos	(49) 1 (2%)	(49)	(50)
#PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	(48) 4 (8%)	(50) 1 (2%)	(50) 3 (6%) 3 (6%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND FIBROADENOMA	(50)	(50) 1 (2%)	(50) 2 (4%)
*PREPUCE UNDIFFERENTIATED CARCINOMA	(50)	(50)	(50) 1 (2%)
*PREPUTIAL GLAND Carcinoma,nos squamous cell carcinoma adenoma, nos	(50) 1 (2%) 1 (2%)	(50) 2 (4%)	(50) 4 (8%) 1 (2%)
#TESTIS INTERSTITIAL-CELL TUMOR	(50) 45 (90%)	(47) 46 (98%)	(50) 46 (92%)
*SCROTUM FIBROSARCOMA	(50)	(50)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
NERVOUS SYSTEM			
#CEREBRUM ASTROCYTOMA	(50)	(50)	(50) 1 (2%)
#CEREBELLUM ASTROCYTOMA	(50) 1 (2%)	(50)	(50)
SPECIAL SENSE ORGANS			
*EXTERNAL EAR Squamous cell carcinoma	(50) 1 (2%)	(50)	(50)
*EAR CANAL Sebaceous adenocarcinoma	(50)	(50) 2 (4%)	(50)
*ZYMBAL'S GLAND Sebaceous Adenocarcinoma	(50)		(50) 1 (2%)
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*BODY CAVITIES Mesothelioma, Nos	(50) 1 (2%)	(50)	(50) 1 (2%)
*PERITONEUM Mesothelioma, Nos	(50)	(50) 1 (2%)	(50)
*TUNICA VAGINALIS Mesothelioma, Nos	(50) 2 (4%)	(50) 2 (4%)	(50) 2 (4%)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS FIBROSARCOMA LEIOMYOSARCOMA	(50)	(50) 1 (2%) 1 (2%)	(50)
TAIL FIBROSARCOMA	1		

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
AXILLA FIBROMA			1
LEG Sarcoma, Nos	1		
NIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE SCHEDULED SACRIFICE TERMINAL SACRIFICE DOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED OTHER CASES	50 5 6 5 34	50 5 4 41	50 3 7 40
INCLUDES AUTOLYZED ANIMALS			
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	49 130	48 111	49 115
TOTAL ANIMALS WITH BENIGN TUMORS Total Benign tumors	48 98	47 85	48 85
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	25 28	18 22	21 25
TOTAL ANIMALS WITH SECONDARY TUMORS Total Secondary Tumors	#	3 4	3 3
TOTAL ANIMALS WITH TUMORS UNCERTAIN Benign or malignant Total uncertain tumors	- 4 4	3 4	4 5
TOTAL ANIMALS WITH TUMORS UNCERTAIN PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS	-		
PRIMARY TUMORS: ALL TUMORS EXCEPT S SECONDARY TUMORS: METASTATIC TUMORS	ECONDARY TUM OR TUMORS I	IORS INVASIVE INTO AN A	DJACENT ORGAN

TABLE A2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS ADMINISTERED **1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS**

	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 Keratoacanthoma	(50) 1 (2%)	(50)	(50) 1 (2%)
*SUBCUT TISSUE FIBROMA	(50)	(50) 2 (4%)	(50)
RESPIRATORY SYSTEM			
	(50) 2 (4%)	(50)	(49)
HEMATOPOIETIC SYSTEM			
<pre>*MULTIPLE ORGANS MALIGNANT LYMPHOMA, NOS</pre>	(50) 1 (2%)	(50)	(50)
MALIG.LYMPHOMA, UNDIFFER-TYPE Myelomonocytic leukemia	9 (18%)	11 (22%)	1 (2%) 5 (10%)
#BONE MARROW Malig.lymphoma, histiocytic type	(49)	(50)	(47)

	VEHICLE Control	LOW DOSE	HIGH DOSE
CIRCULATORY SYSTEM			
DIGESTIVE SYSTEM			
#LIVER NEOPLASTIC NODULE	(50) 1 (2%)	(50)	(50)
#STOMACH Squamous cell papilloma	(50)	(50)	(48) 1 (2%)
#FORESTOMACH Squamous cell papilloma	(50)	(50)	(48) 1 (2%)

 	_
	_

	VEHICLE Control	LOW DOSE	HIGH DOSE
IDOCRINE SYSTEM			
#PITUITARY CARCINOMA,NOS ADENOMA, NOS	(49) 3 (6%) 16 (33%)	(50) 2 (4%) 26 (52%)	(46) 10 (22%)
ADRENAL Cortical Adenoma Pheochromocytoma Ganglioneuroma	(49) 5 (10%) 2 (4%) 1 (2%)	(50) 2 (4%) 3 (6%)	(50) 4 (8%) 1 (2%)
THYROID FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA	(50) 1 (2%)	(49) 2 (4%) 3 (6%)	(44) 1 (2%)
EPRODUCTIVE SYSTEM			
<pre>*MAMMARY GLAND ADENOCARCINOMA, NOS FIBROADENOMA</pre>	(50) 1 (2%) 15 (30%)	(50) 2 (4%) 20 (40%)	(50) 5 (10%) 7 (14%)
CLITORAL GLAND Carcinoma,nos	(50) 1 (2%)	(50)	(50)
#UTERUS ADENOCARCINOMA, NOS LEIOMYOMA	(50)	(49) 2 (4%)	(50)
LEIOMYOSARCOMA Endometrial stromal polyp Endometrial stromal sarcoma	10 (20%) 1 (2%)	1 (2%) 17 (35%) 1 (2%)	11 (22%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#OVARY GRANULOSA-CELL TUMOR	(49) 1 (2%)	(50)	(50)
IERVOUS SYSTEM			
#BRAIN Astrocytoma	(50)	(50)	(50) 1 (2%)
#PONS SQUAMOUS CELL CARCINOMA, INVASIV	(50) 1 (2%)	(50)	(50)
PECIAL SENSE ORGANS			
*EXTERNAL EAR FIBROSARCOMA	(50)	(50) 1 (2%)	(50)
*ZYMBAL'S GLAND Squamdus cell carcinoma	(50) 1 (2%)	(50)	
NUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
NONE			
ALL OTHER SYSTEMS			
NONE			
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ Moribund sacrifice Scheduled sacrifice	50 7 7 5	50 4 4	50 19 15
TERMINAL SACRIFICE DOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED OTHER CASES	31	42	16
NINCLUDES AUTOLYZED ANIMALS NUMBER OF ANIMALS WITH TISSUE EXAMI	NED MICROSCOP		

	VEHICLE Control	LOW DOSE	HIGH DOSE
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	42 72	46 95	30 51
TOTAL ANIMALS WITH BENIGN TUMORS Total Benign Tumors	36 52	39 72	26 37
TOTAL ANIMALS WITH MALIGNANT TUMORS Total Malignant Tumors	16 18	21 23	13 14
TOTAL ANIMALS WITH SECONDARY TUMORS# Total Secondary tumors	i 1 1	1 1	
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total Uncertain Tumors	22		
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS			
PRIMARY TUMORS: ALL TUMORS EXCEPT SE Secondary Tumors: Metastatic Tumors	CONDARY TUMO OR TUMORS IN	RS Vasive into an a	DJACENT ORGAN

1,2-Dichloropropane

TABLE A3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR STUDY OF 1,2-DICHLOROPROPANE

ANIMAL NUMBER	-		0	0	0	0	0	0	0	1	1	;	3	1	1	1	17	1	-	2020	2	22	23	2
WEEKS CH Study	0	7			0	0	1	1	0	ð	1	9	1	1	1	9	1	1	1	-	1	5	-	-
NTEGUMENTARY SYSTEM	17	6	1.3	1_7	1.7	1_2	_7	_7	_5	8		21		.71	.71	51	- 21	21		_71	5	_11		5
SKIH Squamous Cell Papilloma Squamous Cell Carcinoma Keratoacanthoma	ŀ	•	•	•	• •	•	•	н	•	•	•	+	•	•	+	•	•	•	+	+	•	•	×	•
SUBCUTANEOUS TISSUE Squamous cell carcinoma Fibroma Fibroma	+	×	•	+ x	•	* ×	+	H	٠	٠	٠	+	٠	+	٠	+ X	+	+	٠	+	٠	٠	٠	٠
RESPIRATORY SYSTEM	+	_															-							
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Trachea	÷	•	+	•	+	+	+	+	•	+	+	+	+	•	+	+	+	+	+	+	•	•	•	•
IEMATOPOLETIC SYSTEM	Ļ		•		_					-	_	•			-	•	<u> </u>	•				-		•
BONE MARROW	L.	+	+	•	+	+	+	+	+	+	+	÷	+	+	+	•	+	•	•	+		+	+	
SPLEEN	+	+	+	+	+	+	÷	+	+		t	<u>+</u>		÷	÷	<u>+</u>	<u>.</u>	+	•	+	+	<u>+</u>	.	<u>t</u>
LYMPH NODES	+±.	*	+	+	+	<u>+</u>	+	+	+	+	+	÷	+	+	+	٠	+	÷	+	-	+	٠	+	÷
THYMUS	-	+	+	+	+	-	+	+	+	-	-	-	+	•	-	+	+	+	+	٠	+	-	+	+
CIRCULATORY SYSTEM	1																							
HEART DIGESTIVE SYSTEM	+	+	+		+	+	*	*	+	+	+	+	+	•	+	+	+	+	+		+	+	+	+
SALIVARY GLAND	L.		+		+	+	+	•	÷	+	+	•	+	÷	+	+	+.	+_	+	+	+	+	<u>+</u>	+
LIVER	+	+	٠	+	+	+	+	٠	+	+	+	+	+	÷	+	+	+	÷	+	÷	÷	÷	•	+
NEOPLASTIC NODULE Hepatocellular carcinoma	4										_					<u>x</u>								
BILE DUCT	++	+	+	+	+	<u>.</u>	t.	+	+	+	+	. .	<u>.</u>	•	÷	÷	+	+	.+	+	ŧ	+	<u>.</u>	÷
GALIBLADDER & COMMON BILE DUCT	H	H	N	ĸ	_H	N	N	N	ĸ	N	N			N	N	N	<u>N</u>	н.	N	N	Ν	N	N	N
PANCREAS Acinar-cell Adenoma	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	*	+	+	-	+	*	•	+
ESOPHAGUS	1.	+				+	÷	÷	÷	<u>*</u>	<u>.</u>	+	+	+	-	+	<u>.</u>	+	+		+	•	+	+
STOMACH Squamous Cell Papilloma	+	+	+	+	+	+	+	+	+	٠	+	٠	+	٠	+	+	÷	٠	÷	+	+	+	÷	+
SMALL INTESTINE	1.	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	÷	÷	÷	+	+	÷	÷	÷	+	÷	+	÷	٠
URINARY SYSTEM	+																							
KIDHEY	++-	ŧ	+	+	+		+	+	+	+	+	. <u>.</u> t	+	+	+	+	<u>+</u>	•	+	+	+	<u>+</u>	+	+
URINARY BLADDER	+	+	+	+	+	٠	+	+	+	+	+	٠	+	•	+	+	+	•	+	+	+	+	+	+
PITUITARY Carcingma, Nos	+	+	* ×	÷	÷	÷	٠	÷	÷	÷	÷	* ×	÷	÷	÷	÷	÷	٠	•	÷	+	÷	+	÷
ADENOMA, NOS Adrenal Cortical Adenoma	+	•	÷	<u>×</u>	+	+	-X- +	+	+	+	* *	•	•	+	*	*	+	*	÷	+	+	+	*	÷
PNEDCHROMOCYTOMA Ganglioneuroma	×				×				ž.					×				×	×			_		
THYRDID Follicular-Cell Carcinoma C-Cell Adenoma C-Cell Carcinoma Sarcoma, NOS	·	٠	٠	٠	٠	٠	٠	+	٠	٠	•	٠	٠	+ ×	•	•	٠	•	•	+ ×	٠	÷	+	٠
SARCOMA, NOS Fibrous Histiocytoma, Malignant	L																···	ž						_
PARATHYROID	++		•	-			+	•	-	-		-	-	-	-	-		-	-	-		+	~	-
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	٠	٠	+	٠	+	+	٠	•	٠	+	٠	٠	•	•	+	* ×	٠	٠	-	+	+	+	٠
REPRODUCTIVE SYSTEM	+	-																						
MAMMARY GLAND	- M-	N	N	N.	+	N	N	٠	N	+	N.,	+	N	N	N	+	N	N	<u>N.,</u>	<u>N</u>	N	N	N.	+
TESTIS Interstitial-cell tumor	×	* x	* x	*	_ ż	ż	*	*	ż	* x	*	+	*	* ×	* ×	ż	*	ż	*	ż.	*	٠	+	*
PROSTATE	++	_t	_ <u>t</u> .	+	+	. t .	+	+	*		+	+	<u>.</u>	+	+	<u>+</u>	•	+	÷	+ .	+	٠	+	+
PREPUTIAL/CLITORAL GLAND Carcinoma,nos Squamdus cell carcinoma	H	н	H	H X	H	H	N	H	H	N	H	N	N	н	н	н	N	N	N	N	N	N	н	N
ERVOUS SYSTEM	1	_		-							_			-										
BRAIN Astrocytoma	+	+	+	+	+	+	+	+	+	٠	+	+	+	•	+	+	+	+	•	+	+	٠	٠	٠
PECIAL SENSE ORGANS	+																							
EAR Squamous cell carcinoma	H	N	N	N	H	N	N	H	H	H	н	N	N	N	N	N	N	N	H	N	M	N	N	N
TUNICA VAGINALIS Mesothelioma, Nos	1.	•	+	÷	•	÷	•	÷	÷	÷	÷	•	•	÷	•	·	÷	÷	+	+	÷	•	•	•
MESOTHELIOHA, NOS Body Cavities Mesothelioma, Nos	H H	N	N	N	N	N	N	N	N	N					N	x								H
MESOTHELIOMA, NOS	+																							
MULTIPLE ORGANS NOS Myelononocytic leukemia Monocytic leukemia	M	N	N	N	N	N	N X	N	н	N X	N	н	ž	H	N	H	H	N	H X	H	N	н	H	N
TAIL FIBRGSARCOMA	T																							
FIBRGSARCOMA Leg Hos	+										~							X						
SARCOMA, NOS	_												· .											
SCROTUM NOS FIBROSARCOMA	1														x									

VEHICLE CONTROL

TISSUE EXAMINED MICROSCOPICALLY
 Required Tissue not Examined Microscopically
 Tumar Incluence
 Neckopsy, no Autolysis. No Microscopic Examination
 Antmar Nis-Serve

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO NISTOLDGY DUE TO PROTOCOL A UTOLYSIS M: Animal Missing 3: No Necropsy Performed

AHIMAL	1 01	01	01	01	न्त	01	01	0]	01	61	01	0	01	01	0	01	01	01	01	01	01	01	- 61	01	01	
NUMBER WEEKS ON	2	21	2 8	2 9	3	3	3	3	3 4	3	3	37	3	3	4	4	2	4 3	4	5	6	7	8	9	5	TOTAL
STUDY	8	6	2	0	è	0 8	0	0	0	8	8	0	8	å	0		2	5	8	å	6 8 8	0	0		0	TUMORS
NTEGUMENTARY SYSTEM	1.	+	•	÷	+	+		•		+	÷	+	÷	÷	+	÷	÷	•	+	÷		+	+	÷		50×
SQUAMOUS CELL PAPILLOMA Squamous cell carcinoma Keratdacanthoma		·	×	· · ·	×				×		·	·		·		·	x	<u> </u>	<u> </u>		·	-				222
SUBCUTANEOUS TISSUE Squamdus cell carcinoma Fibroma Fibrosarcoma	+	+	+	+	* ×	٠	+	+	+	+	* ×	٠	٠	٠	+	+	+	+ x	+	+	٠	+	+	* ×	+	50× 1 6 1
ESPIRATORY SYSTEM			-																						1	
LUNGS AND BRONCHI Alveolar/bronchiolar adenoma Trachea	+++++++++++++++++++++++++++++++++++++++	+	+	+	+	+	+	+	+	+	+	+	* *	+	+	• •	+	+	* *	<u>*</u> _	-	+	•	+	+	49 2 49
EMATOPOIETIC SYSTEM	-								_																	
BONE MARROW	++	+	+	+	+	+	+		+	. .	+	+	+	+	+	÷.	+	*	+	÷	.+	+	+	•	+	50
SPLEEN	++	+	. <u>+</u>	. +	<u>+</u>	<u>+</u> .	+	+	- <u>+</u> -	+	+	+	. +	+	. <u>*</u>	+	+	+	<u>*</u>	<u>+</u>	•	+	<u>.</u>		*	50
LYMPH NODES Thymus	+	+	<u>.</u>	+	<u> </u>	- <u>-</u>	+	÷	<u>,</u>	+	÷	-	+	+	+	+	-	÷	+	+	-	+	, ,	+	+	<u>48</u> 35
CIRCULATORY SYSTEM																					-	-	-		-	
HEART	+	+	÷	٠	٠	+	+	٠	+	+	+	+	÷	+	+	÷	+	+	+	٠	-	÷	+	+	+	49
DIGESTIVE SYSTEM																							,			/-
SALIVARY GLAND LIVER	++	+	.+ +	+	*	+	<u>+</u>	+	+	+	+	+	+	+	*	*	• •	÷ •	• •	+	+	+	÷	+	+	<u>- 48</u> 50
NEOPLASTIC NODULÉ HEPATOCELLULAR CARCINOMA	1	Ť.		ŕ	<i>.</i>	÷.	'		x	í	<i>.</i>			•		•			x	•		ŕ	í	Ĩ.	.	2
BILE DUCT	+	÷	÷	+	÷	÷	+	÷	÷	÷	÷	÷	÷	+	+	÷	÷	+	+	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	H.	N	N	. N.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	.н.	N	N	50×
PAHCREAS ACINAR-CELL ADENDMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	-	+	+	٠	•	48,
ESOPHAGUS	÷	+	÷	-	-	+	÷	-	+	+	+	+	+	_	+	+	÷	+	+	-	-	+	÷	+	+	42
STOMACH	+	t	٠	٠	+	+	٠	٠	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	50
SQUAMOUS CELL PAPILLOMA Small intestine	+	- <u>^</u>	+	•	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	49
LARGE INTESTINE	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	49
RINARY SYSTEM																									+	
KIDNEY	+	+	+	+	_+	+	*	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	. +	+	-+	50
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	49
NDOCRINE SYSTEM PITUITARY CARCINOMA, NOS ADENOMA, NOS	+	٠	٠	٠	+ ×	٠	٠	٠	÷	+	٠	٠	+	+ ×	+ X	+ X	÷	÷	+ x	+ ×	٠	+ x	+ X	÷	٠	50 3 19
ADRENAL Cortical Adenoma Preochromocytoma	+ x	+	+	٠	+	+	+	+	÷	+ ×	٠	+××	٠	•	+	+ x	+	+	+	•	+	+	*	+ ×	+	50 3 11
GANGLIDNEUROMA Thyroid Follicular-cell carcinoma C-cell Adenoma C-cell carcinoma Sarcoma, NGS Fibrous histiocytoma, Malignant	·	+	+	•	+	* x	·	•	+	•	•	+	+	+	+	+	+	+	+	•	-	•	+	+	•	49
PARATHYROID	+	+	-	-	-	-				-	-	+	-	-	-	+	+	_	+	_	-	_	-	-	+	12
PANCREATIC ISLETS TSIFT-CFLL ADENDMA	* ×	٠	٠	٠	+	•	+	+	*	.+	•	+	٠	•	٠	•	÷	+	*	•	-	+	+	+	·	48 4
EPRODUCTIVE SYSTEM			ы		ы	N	N	N	N	5	N		N			N	N		N	ы		N	N	J		50×
MAMMARY GLAND TESTIS	+	+	+	+	 +	+		+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	50
INTERSTITIAL-CELL TUMOR PROSTATE	+ ×	<u>×</u>	×	<u>×</u>	_×	×	×	X	<u>×</u>	<u>×</u>	<u>×</u>	. <u>×</u>	×	<u>×</u>	×	×	X	<u>×</u> _	×	<u>×</u>	<u>×</u>		×	×	×	45 50
PRUSTATE PREPUTIAL/CLITORAL GLAND CARCINDMA,NOS SQUAMQUS CELL CARCINOMA	н	H	H	N	N	N	N	N	N	N X	N	H	N	N	N	H	N	N	N	N	N	N	N	N	Ň	50×
ERVOUS SYSTEM	+																								-†	
BRAIN ASTROCYTOMA	+	* x	٠	٠	٠	+	٠	+	+	٠	٠	+	+	٠	+	+	+	+	+	+	*	٠	٠	٠	*	50,
PECIAL SENSE DRGANS	+																							•	+	
EAR Squamous cell carcinoma Ody cavities	N	N	N	N	N	н	н	н	H	N	н	N	н	N	N	H	N	н	H	H	N	N	н	N	N	50× 1
TUNICA VAGINALIS Mesothelioma, Nos	+	*	+	•	+	+	+	٠	+	•	+	+	+	•	+	+	+	+	+	+	•	•	٠	٠	•	50 H 2
BODY CAVITIES Mesothelioma, NDS	н	N	N	H	H	N X	н	N	N	N	N	N	N	N	H	H	H	N	H	н	N	N	H	N	N	50× 1
ILL DTHER SYSTEMS Multiple organs NDS Myelomonocytic leukemia Monocytic leukemia	N	N	N	н	N	н	N X	н	N	N	N	N	N	N	N	N	N	N	N	H	HX	н	н	N	н	50 M 7 1
TAIL FIBROSARCOMA																										
LEG NOS Sarcoma, Nos				~																					T	1
SARCOMA, HOS Scrotum Hos	+			<u> </u>																						
FIBROSARCOMA	<u> </u>																									. 1

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

INVISION FUNCTION AND A CONTRACT OF A CON

: NO TISSUE INFORMATION SUBMITTED C: MECROPSY, NO NISTOLOGY DUE TO PROTOCOL A: Autolysis M: Animal Missing B: No Recordsy Performed

TABLE A3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR STUDY OF 1,2-DICHLOROPROPANE

LOW DOSE

ANIMAL	0	0	0	004	0	0	0	0	0	0	0	0	0	01	0	0	0	0	0	2	2	0 2 2	0 2 3	24	2
WEEKS ON STUDY	1	1	-	1	1	1	1	1	9	1	1	1		11	1	9	1	1	97	1	1	0	ö	1	0
INTEGUMENTARY SYSTEM	61	6	6	6	61	6	6	6	5	6	6	6	61	ži	6	01	žĹ	<u>,</u>	Ż	_71	ź	1	2	71	2
SKIN Squamous cell papilloma Squamous cell carcinoma Adnexal Adendma Keratoacantnoma	٠	+	٠	٠	+	+	•	+	×	٠	* x	+	٠	+	•	N	٠	+	•	+	+	+	•	+ ×	•
SUBCUTANEOUS TISSUE Fibroma Fibrosarcoma	·	* x	+	+	+	* X	+ x	* ×	•	+	+	٠	•	* x	٠	N	+	+	+	+	+	+	+	+	* X
RESPIRATORY SYSTEM										_			-			_							-		
LUNGS AND BRONCHI Sebaceous adenocarcinoma, metasta Fibrosarcoma, metastatic	+	•	•	+	+	+	+ x	•	* x	+	•	•	•	+	+	+	•	+	•	*	*	+	*	•	+
TRACHEA	+	+	+	٠	+	+	+	+	٠	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM												_		_											
BONE MARROW	+ <u>+</u> -	+	<u>+</u>	<u>+</u>	÷	+	*	+	+		+	+	+	÷	+	+	+	+	*	÷.	•	<u></u>	+	+	+
SPLEEN Lymph Hodes Squamous cell carcinoma, metastat Fibrosarcoma, metastatic	•	+	+	+	+	+	+	+	•	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	+	•	•	+	+	-	<u>_</u>	÷		+	+	+	+	+	+		-	+	+	+	+	+	+	_	-
CIRCULATORY SYSTEM	+-		_	-				-											-						_
HEART	+	+	+	+	٠	+	+	+	٠	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	٠	+
DIGESTIVE SYSTEM	-	_	-			-								-	-								-		
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA MALIG.LYMPHOMA, HISTIOCYTIC TYPE .	+	•	+	+	•	•	+	•	*	•	•	+	*	+ ×	•	+	+	•	•	+	•	•	+	+	+
BILE DUCT	+	<u>+</u>	+	t	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	- N-	N	N	N	N	N	<u>N</u>	Ν.	N	N	N	N	N	N_	N	N	N	N	N	N	N	<u>N</u>	H	N	<u>.</u> N
PANCREAS ACINAR-CELL ADENOMA	+	+	+	٠	+	+	+	+	+	+	٠	٠	+	+	٠	+	٠	+	+	+	+	+	٠	+	+
ESOPHAGUS	+	+	+	+	+	+	+		+	+	÷	+	+	+	+	-	+	÷	+	+	-	+	+	+	+
STOMACH	+	÷	+	+	•	+	.+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	L.	+	+	+		+	.+	÷	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE ADENOMATOUS POLYP, NOS	+	٠	+	٠	+	+	+	٠	٠	٠	٠	+	+	+	+	+	* x	+	٠	٠	+	+	+	٠	+
URINARY SYSTEM	-																								-
KIDNEY	+	+	+	+	+	÷	+	÷	+	+	+	٠	+	÷	+	+	+	+	+	٠	+	+	+	+	+
LIPOMA .	-		+	<u>×</u>	+	+	+	+	•	•	•	+	•	+	+	+	+	+	+	+	+	+	+	•	-
URINARY BLADDER	Ļ	_		<u> </u>		•		·		<u> </u>	·		<u> </u>			·			-						<u> </u>
PITUITARY Carcinoma, Nos Adenoma, Nos	+	+	+ x.	+ 	+ x	+	+ x	+ x	•	•	×	+	•	+ X	+	-	+	+	+	-	+	*	+ X	+	•
ADRENAL Cortical Adenoma Pheochromocytoma	+	+	٠	+	•	+	+	*	+	•	+ X_	+	.*	•	-	+	+	•	+	*	•	+	+	+	+
THYROID	+	+	٠	+	٠	+	÷	٠	+	٠	+	+	+	+	-	+	+	+	+	٠	٠	*	+	+	+
C-CELL ADENOMA .	-	_	+		+	-	-	-	•	-	-	-	-	-	-	+	-	-	+	+	+	+	+	-	_
PANCREATIC ISLETS ISLET-CELL ADENOMA	·	+	+	+	+	+	÷	٠	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM MAMMARY GLAND FIBROADENOMA	•	N	+	N	н	N	N	N	N	ж	+	н	N	N	N	N	N	* ×	N	N	N	н	N	н	+
TESTIS INTERSTITIAL-CELL TUMOR	+ ×	*	*	*	* x	* x	* ×	* x	* ×	*	* ×	*	*	* X	×	* x	* x	* ×	-	* ×	*	* ×	*.	* ×	* ×
PROSTATE		+	+	+	+	+	•	t	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷
PREPUTIAL/CLITORAL GLAND CARCINGMA, NDS	H	N	H	N	н	н	н	н	H	н	N	н	N	N X	H	н	N	N	н	H	н	N	N	н	H
BRAIN	ĺ.	+	+	+		+	+	+	+	+	+	+	÷	+	+	+		+	+	+	+	+	+	+	+
SPECIAL SENSE DRGANS		_	-			_						-					-					-		-	
EAR Sebacequs Adenocarcindma	н	N	н	N	N	н	N	H	*	*	н	N	H	N	H	N	H	м	н	н	н	N	н	н	N
ODY CAVITIÉS Peritoneum Mesothelioma, Nos	н	N	H	N	н	N	N	н	H	н	N	N	н	N	N	N	N	N	N	N	N	N	N	N	N
TUNICA VAGINALIS	•	+	+	٠	÷	٠	+	+	٠	+	٠	٠	÷	٠	+	٠	٠	+	N	٠	+	٠	٠	٠	+
MESOTHELIOMA, NOS					×						_												_		
NLL UTHER STSTEMS MULTIPLE DRGANS NOS F188038RCOMA LEIOMYDSARCOMA MALIG.LYMPHOMA, HISTIOCYTIC TYPE MYELOMONOCYTIC LEUKEMIA	N	н	H	н	N	H	M	н	н	H	н	N	H	N	N	N X	×	N	۲ X	N	*	×	N	N X	*
+: TISSUE EXAMINED MICROSCOP) -: REQUIRED TISSUE NOT EXAMIN X: TUMOR INCIDENCE H: NECROPST, NO AUTOLYSIS, NO S: ANIMAL MIS-SEXED	CAL NED	LY Mic Cro	RDS	COP PIC	ICA EX	AMI	NAT	ION		i	:	AN.	TIS CROP TOLY IMAL NEC		155	ING				UBM DUE	117	ED PR	010	COL	

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

AN IMAL Number	2	2	028	2	3	3	3	3	3	3	36	3	3	31	4	0 4 1	42	0 4 3	044	ŝ	04	0 4 7	8	049	5	TOTAL
WEEKS ON Study	1	ġ	0107	1	0	0	2	2	0	04	9	0	0	0	0	0	ļ	0	0	9	ç	01	0	0	0	TUNO
INTEGUMENTARY SYSTEM	+-	_//		4	_11	_/1	4		_21	01	51	-41	71	-4-1	71.		/1	_/1	-4	-31	_4	-71			- '-	
SKIN Squamdus Cell Papilloma Squamdus Cell Carcinoma Advexal Adenoma Keratorathoma	ŀ	•	* x	•	+ x	٠	•	×	•	•	٠	٠	+	•	٠	•	•	•	•	+ ×	•	+	N	+	•	50
SUBCUTANEOUS TISSUE FIBROMA FIBROSARCOMA	•	+	+	+	•	٠	+	·	+	+	٠	+	٠	* ×	٠	÷	٠	٠	٠	•	+	٠	N	٠	+	50
RESPIRATORY SYSTEM	+						_	_	_										-	_	_					
LUNGS AND BRONCHI Sebaceous Adenocarcingma, metast/ Fibrosarcoma, metastatic	Ļ.	• 	•	+	+	+	•	•	•	+	•	+	•	+	*	+	•	+	•	•	•	•	+	•	+	50
TRACHEA HEMATOPOIETIC SYSTEM	Ļ		-		<u> </u>	-	+	+	+	<u>+</u>	•	+	*		•	•	-	_			-	•	-		-	49
BONE MARROW	L .	+	+	+	+	-	+	•	+	+	÷	+	÷	+	÷	+	÷	+	+	+	+	+	+	+	+	49
SPLEEN	+	+	+	+	+	+	•	+	+.	-	•	÷	+	+	+	+	+ .	+	+	+	+	+	+	+	+	49
LYMPH NODES Squamous cell carcinoma, metastat Fibrosarcoma, metastatic	ŀ	•	+	•	×	•	•	•	•	•	•	•	•	•	+	-	•	•	•	•	+	+	•	•	+	49
THYMUS	+	+	-	-	+	-	-	+	-	+	+	+	-	•	+	+	*	+	*	٠	٠	٠	*	-	+	36
CIRCULATORY SYSTEM																										
HEART DIGESTIVE SYSTEM	Ļ	+	•	+	<u> </u>	+	<u> </u>	*	•	+	•	<u>.</u>	•	+	+	+	<u>*</u>	<u>+</u>	<u>+</u>	<u>.</u>	<u>.</u>	<u>+</u>	<u> </u>	•	-	50
SALIVARY GLAND	1.	+	+	÷	+	÷	÷	+	+	÷	+		+	+	•	÷	÷	•	÷	+	+	•	+	•	+	50
LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA MALIG.LYMPHOMA, HISTIOCYTIC TYPE	·	+	•	•	•	•	•	+	+ ×	·	•	* ×	•	·	•	•	+	+	•	+	+	•	×	•	·	50
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	÷	+	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	N	N.	н	N	N	Ν.	N	н	N	N	N	N	N	N	N	N	N.	N	N	N	N	N	N	N	N	50×
PANCREAS ACINAR-CELL ADENOMA	+	+	٠	+	٠	٠	٠	٠	٠	+	+	٠	+	* x	*	+	٠	•	٠	٠	+	+	٠	٠	+	50
ESOPHAGUS	Ŀ		+	+	+	+	+	+	+	+	•	+	÷	-	+	+	•	-	-	÷	+	-	+	+	+	42
STOMACH	++	+	+	•	•	+	4	+	+	+	•	+	÷	+	+	+.	+	+	+	+	+	+	+	•	+	50
SMALL INTESTINE	<u><u></u>++-</u>	+	+	+	•	+	•	<u>+</u>	+	+	+	•	+	<u>+</u>	+	+	•	+	+	+	<u>+</u>	+	+	•	+	50
LARGE INTESTINE Adenomatous Polyp, Nos	1.	+	-	+	٠	+	•	•	٠	٠	•	•	٠	•	+	+	•	•	•	*	٠	٠	٠	•	*	49,
JRIHARY SYSTEM KIDNEY LIPOMA		+	+	•	•	+	•	•	•	•	•	+	•	•	•	+	+	+	•	•	+	•	•	÷	+	50
URINARY BLADDER	•	+	+	+	÷	+	+	-	+	+	÷	÷	+	÷	+	+	+	+	-	+	÷	+	-	+	+	47
NDOCRINE SYSTEM	+	_									_														+	
PITUITARY Carcinoma, nos Ademoma, nos	ŀ	•	•	+ x	+	•	+	•	•	•	•	•	• x	+	•	+	•	•	×	•	+ x_	*	+ x	+	+ X	48 3 12
ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA	+	+	+ x	+	٠	*	+ X	•	•	•	•	•	+	•	•	+	•	+	+	+ X	+	+	+ x	٠	۰ĺ	49 2
THYROID C-Cell Adendma	+	+	+	+	÷	+	+	÷	+	÷	÷	•	÷	÷ ×	+	•	+	* ×	+	+	+	÷	+	•	+	49
PARATHYROID	-	-	-	+	+		+	-	-	+	-	-	-	-	-	•	-	+	-	<u>+</u>		+	-	-	+	19
PANCREATIC ISLETS ISLET-CELL ADENOMA EPRODUCTIVE SYSTEM	•	+	•	×	•	•	•	•	•	•	•	•	•	•	•	•	*	•	•	•	•	•	•	•	•	50
MAMMARY GLAND FIBROADENOMA	н	N	N	+	+	•	N	N	н	N	н	H	ĸ	н 1	н –	н	н	N	N	н	+	N	N	N	N	50×
TESTIS Interstitial-cell tumor	÷	* x	÷ ×	÷	÷	* ×	*	* ×	÷	+	÷	*	÷	*	÷ ×	-	÷	+ ×	÷	* *	-	+ ×	÷	+ ×	÷.	47
PROSTATE	+	+	+	+	+	+	+	+	•	+	+	ŧ.	+	+	•	+	•	+	+	+	+	÷	÷	÷	+	50
PREPUTIAL/CLITORAL GLAND CARCINOMA,NOS	ĸ	H	N	N	N	H	N	N	N	ĸ	H	H	N	N I	N I	ĸ	N	N	N	N	H	H	N	H	N	50× 2
ERVOUS SYSTEM BRAIN PECIAL SENSE ORGANS	÷	•	+	•	+	+	•	•	•	•	•	•	•	•	•		+	•	•	•	·	•	•	•	٠	50
EAR Sebaceous Adenocarcinoma	N	N	N	N	H	N	N	N	N	N	H	N	N	н 1	N	N 1	H	H	H	N	н	H	H	H	N	50× 2
DDY CAVITIES Peritoneum	N	н	N	н	н	H	N	N	N	н.	N 1	•	N	N 1	N 1		N 1	N	N	N	N	N	N	N	N	50×
MESOTHELIOMA, HOS Tunica Vaginalis Mesothelioma, Hos	-		_		+		_		_		•		+	_		4			<u>×</u>					•	+	50×
MESOTHELIDHA, NOS																			×							2
MULTIPLE ORGANS HOS FIBROSARCOMA Leiomyosarcoma Maligi.tymphoma, Histiocytic type	N	H	H	H	N	N	н		N I				N 1			• •	N	N	N	N	N	N	N	N	×	50%
MYELOMONOCYTIC LEUKEMIA										,	× ,	٢	_									x			x	

41 TISSUE EXAMINED MICROSCOPICALLY -1 REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X1 Tumor Incidence N1 Necropey, No Autolysis, No Microscopic Examination

NO TISSUE INFORMATION SUBMITTED
 HECROPSY, NO HISTOLOGY DUE TO PROTOCOL
 Autolysis
 Autalysis
 Animal Missing
 No Recropsy Performed

TABLE A3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR STUDY OF 1,2-DICHLOROPROPANE

------ANIMAL WEEKS OF INTEGUMENTARY SYSTEM SKIN Squamous cell papilloma SUBCUTANEDUS TISSUE Sarcoma, Hos Fibroma Lipoma ÷ • ٠ . . x 2 RESPIRATORY SYSTEM LUNGS AND BRONCHI UNDIFFERENTIATED CARCINOMA METASI Adenocarcinoma, Nos, metastatic Alveolar/broncolar Adendma TRACHEA HEMATOPOIETIC SYSTEM BONE MARROW SPLEEN HEMANGIOSARCOMA TYMPH HODES THYMUS CIRCULATORY SYSTEM HFART DIGESTIVE SYSTEM SALIVARY GLAND ADENGCARCINOMA, NOS LIVER NEOPLASTIC NODULE Pheochromocytoma, metastatic BILE DUCT GALLBLADDER & COMMON BILE DUCT PANCREAS ACINAR-CELL ADENOMA ESDPHAGUS STOMACH SMALL INTESTINE LARGE INTESTINE UPTHARY SYSTEM KIDNEY URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA ENDOCRINE SYSTEM PITUITARY CARCINOMA, NOS ADENDMA, NOS ADRENAL Phedchromocytoma Pheochromocytoma, Malignant C-CELL CARCINOMA PARATHYROID PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA \$ * * * REPRODUCTIVE SYSTEM MAMMARY GLAND FIBROADENOMA • • • : TESTIS INTERSTITIAL-CELL TUMOR * * PROSTATE PENIS UNDIFFERENTIATED CARCINOMA N PREPUTIAL/CLITORAL GLAND Carcinoma, Nos Adenoma, Nos нийнийн ихийн и N.º N ... N N N N ÿ NERVOUS SYSTEM BRAIN ASTROCYTOMA SPECIAL SENSE ORGANS ZYMBAL'S GLAND SEBACEOUS ADENOCARCINOMA BODY CAVITIES TUNICA VAGINALIS MESOTHELIOMA, NOS . BODY CAVITIES MESOTHELIOMA, HOS ALL OTHER SYSTEMS MULTIPLE ORGANS NOS Myelomonocytic Leukemia AXILLA NOS FIBROMA NO TISSUE INFORMATION SUBMITTED NECROPSY, NO HISTOLOSY DUE TO PROTOCOL Autolysis Autoly ng sissing No Hecrofsy Performed +: TISSUE EXAMINED MICROSCOPICALLY -: Reguired Tissue not Examined Microscopically X: Tumon Incidence H: Mecropsy, No Autolysis, No Microscopic Examination S: Anthan Nis-Sexed

ANIMAL	1 0	101	0	01	10	01	01	01	10	0T	0 0	10	10	01	01	01	T	01	01	01	01	01	0T	01	
NUMBER	2	27	2	2 9	3	3	32	3	5	3	3 3	3	3	4	1	2	3	å		ŝ	3	â	1	5	TOTAL
WEEKS ON STUDY	9	0	0	ò	0	0	0	0	-			6	0	7	8	0	1		ò	-	-	6	6	ò	TUMO
INTEGUMENTARY SYSTEM		2	_21	_21		21		_ ف	-1-	21.	21_2	1.2		_				- 81	-01	<u>_</u>			-91	-	
SKIN Squamous cell papilloma	+	+	+	+	+	+	+	+	*	+	• •	+	+	•	+	+	+	+	٠	+	•	٠	٠	+	50
SUBCUTANEOUS TISSUE	1.	+	+	+	+	+	+	+	+	• •	• •	+	+	•	+	+	+	+	+	+	+	+	÷	+	501
SARCOMA, NOS FIBROMA		x		x	x							x	x												
RESPIRATORY SYSTEM	+	~~~	-~	_								_			_						_	×		_	
	1.	٠	+	+	٠	٠	÷	٠		•		•	+	٠	•	÷	•	÷	+	÷	•	+			50
LUNGS AND BRONCHI UNDIFFERENTIATED CARCINOMA METAS Adehocarcinoma, NOS. Metastatic Alvedlar/Bronchiolar Adenoma	T																						•	1	
ALVEDLAR/BRONCHIGLAR ADENOMA TRACHEA	t.	•	•	<u>*</u>	+	+	+	+	•	+ .		•	+	+	+	+	+	•	•	•	+	•	•		50
HEMATOPOIETIC SYSTEM	+	. <u> </u>			Ľ.	-	·								-		-	<u> </u>	•	<u> </u>	<u> </u>	÷	-	-1	
BONE MARROW	+	÷	+	+	+	+	+	+	+	•	•_+	+	+	+	+	+	÷	+	+	+	+	٠	-	+	48
SPLEEN	1+	+	+	+	+	+	•	+	•	+ ,	• •	•	+	+	+	÷	+	+	+	+	+	+	÷	+	50
HEMANGIOSARCOMA	\vdash	·							-	-	_						x							+	
LYMPH NDDES	+	+	+	+	+	+	+	+	+	<u>+</u>		+	+	+	+	•	+	+	+	-	*	+	+	+	48
THYMUS CIRCULATORY SYSTEM	1-		+	-	-	+	+	+	*	<u> </u>	•		+	<u>.</u>	*	+	_	+	+	*	-	-	*	•	40
HEART	1.	•	•	+	+	+	+	÷	•	•	• •	•	+	•	٠	÷	•	÷	÷	÷	•	÷	•		50
DIGESTIVE SYSTEM	+				<i>.</i>	-						_			-	<u> </u>			<i>.</i>	<u> </u>			_	4	30
SALTWARY GLAND	+		٠	+	+	+	+	÷	•	• •	•	•	+	٠	+	÷	٠	÷	+	٠	٠	•	٠	+	50
ADENDCARCINOMA, NOS	+					-				-		-								-				-	
LIVER NEOPLASTIC NODULE Pheochromocytoma, metastatic	+	+	•	•	+	•	•	*	•	•	•	+	•	*	+	+	•	•	•	*	٠	•	•	+	502
BILE DUCT	1.	•	•	+	+	+	•	•	•			+	+	+	+	+	+	+	•	•	•	•	•	-	50
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N.	N.	N	N	Ň.	N_1		Ň	N.	N.	N	Ň	Ň.	Ň	, N	Ň	H	N	N	N	50.8
PANCREAS	1.	+	+	•	•	÷	+	+	+	+ •	+ +	+	+	+	+	+	+	+	+	+	•	+	٠	+	50
ACINAR-CELL ADENOMA	+				<u> </u>						<u> </u>											-			
ESOPHABUS STOMACH	+	<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>44</u>
SMALL INTESTINE	T:	÷	÷	<u>,</u>	<u>,</u>		+	<u>,</u>	÷					- <u>-</u>	<u>,</u>	+	+	÷	+	÷	÷	÷	÷	Ť	
LARGE INTESTINE	t.	•	÷	÷	<u>,</u>	÷	÷	÷	+ .	• •		•	+	÷	•	+	•	÷	÷		•	÷	•	Ţ	49
URINARY SYSTEM	+							_		_														-+	
KIDNEY	ŀ.	•	+	+	÷	+	+	÷	+		• •	+	+	•	+	+	÷	+	÷	•	•	+	+		50
URINARY BLADDER	+	+	+	٠	+	÷	÷	+	•	• •	• •	+	٠	+	+	+	+	÷	•	+	•	٠	+	+	49
TRANSITIONAL-CELL PAPILLOMA																					×			4	
ENDOCRINE SYSTEM	1.		•		•	_			•	• •		•	•	+	•				÷	•				+	47
CARCINOMA, NDS Adenoma, NDS	1	·			·			·		,	, ×		•	·	,	x		×			•	x		×	1
ADRENAL	1.	+	÷	+	+	+	÷	+	+ •			+	+	+	+	+	+	+	+	+	÷	+	+	+	50
PHEOCHROMOCYTOMA Pheochromocytoma, malignant							×				X		_						_					$ \bot $	
THYROID	+	٠	٠	٠	٠	+	٠	٠	+ +		•	٠	٠	٠	t	+	+	٠	٠	٠	٠	+	٠	•	50
C-CELL CARCINOMA PARATHYROID	t.				_		-						-		<u>.</u>								-	1	19
PANCEFATTC ISLETS	1.	<u>,</u>	÷	÷	÷	•	•	+				÷	+	÷	÷	÷	+		•	-	÷	÷		1	50
ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	1								×																3
REPRODUCTIVE SYSTEM	+					_						-						_			-		_	+	
MAMMARY GLAND	N	N	t	N	N	N	+	N	N P	• •	+	N	N	N	٠	N	N	N	N	N	N	N	٠	-	50
FIBROADENOMA Testis	1.	+	 +		•	+	+	•	+ -			•	•	•	•	+	+	+	•	+	+	+	+		50
INTERSTITIAL-CELL TUMOR	+×	×.	×.	x	×.	×	×_	<u>×</u>	<u>x</u>	<u>``</u>	نٽ	. x	x	-	×.	×.	×_	×	x	x	x		×.	×	46
PROSTATE	++	+	+	+	-	+	+	+	• •		+		+	+	+	+	+	+	+	+	+	+	+	+	49
PENIS UNDIFFERENTIATED CARCINOMA	L*	N	N	N	N	N	N	н	H 1	• •	H	м	N	N	н	N	N	N	H	N	N	N	н	"	504
PREPUTIAL/CLITORAL GLAND	N	H	N	N	N	N	×	N	н 7	• •	н	N	N	ĸ	N	N	N	н	H	н	N	N	н	H	50*
CARCINOMA, NOS Adenoma, Nos													x												3
NERVOUS SYSTEM	1												-				_							1	
BRAIN Astrocytoma	1.	.+	٠	٠	٠	٠	٠	+	+ •	• •	•	+	٠	+	+	٠	٠	*	•	•	•	٠	•	•	50,
SPECIAL SENSE ORGANS	1-	-			-																			+	
ZYMBAL'S GLAND Sebacedus Adenocarcinoma	н	N	N	N	×	H	N	H	ни	• •	N	N	M	M	*	N	N	N	N	N	M	N	N	N	50×
DDDY CAVITIES	+																							+	
TUNICA VAGINALIS		+	٠	٠	+	٠	÷	÷		• •	٠		٠			÷		٠	+	٠	٠	٠	÷	+	50×
MESOTHELIOMA, HOS	+							<u>×</u>						μ.						H				*	2
BODY CAVITIES Mesothelioma, HDS	N	N	N	ĸ	N	N	N	н	* •		N	. N	N	H	N	N		H	Ħ	Π.		~	"	"	504
LL OTHER SYSTEMS	1				-				-				_										_	1	
MULTIPLE DRGANS NOS Myelomonocytic leukemia	•	NX	N	N	M	ĸ	N	ĸ		Ň	N	N	N	N	H	H	H	H	H	N	H	H	н	۳	50×
AXILLA NOS	1									-										_				T	
FIBROMA	L X				_	_					_			-	_		_			_	_	_	_		1

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

المراجع التي المراجع ال مراجع المراجع ال

ALS RECAUPLE EXAMINED MICROSCOPICALLY -: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED FISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: MECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: MECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION D: NO MECROPSY PERFORMED D: NO MECROPSY PERFORMED

TABLE A4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEAR STUDY OF 1,2-DICHLOROPROPANE

		1	/ C	п	16	LI		J			nι	1													
ANIMAL	0	8	8	8	18	18	8	8	8	1	P	٩ ۱	0	Ŷ	9	0	0	9	0	2	2	2	2	0	0
WEEKS ON STUDY	1 8	2	1	6	1	+ t	-7	8	12	1	+	2	- 7	9	-1	6	- 7	8	- 1	- 9	1	2	1	-	-
INTEGUMENTARY SYSTEM	3	Ŀź	9 7	1 6	ŝ	7	0 5	5	7	2	9	9	2	3	?	9 7	5	6	0	0 7	0 7	?	9	0 7	5
SKIN Keratoacanthoma	•	* ×	٠	٠	+	٠	٠	+	+	+	+	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠
RESPIRATORY SYSTEM	+																							_	
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma	+	•	٠	+	+	•	•	•	+	+	+	٠	٠	•	٠	٠	+	+	÷	٠	+	٠	٠	+	+
	–				_												_								_
TRACHEA	+	<u>+</u>	+	+	+	+	+	•	+	+	+	+	•	•	*	•	-	+	+	+	+	+	+	•	•
HEMATOPOIETIC SYSTEM																									
BONE MARROW	†÷	÷		*	+	+	+	+	+	+	+	+	+	+	÷	+	*	+	+	+	+	+	+	+	*
SPLEEN Lymph Nodes	++	_ <u>+</u>	•	. *	•	<u></u>	<u></u>		+	+	+	<u>+</u>	<u>.</u>	<u>.</u>	•	+	+	<u>.</u>	<u>.</u>	<u>_</u>	<u>.</u>		. <u>+</u>	+	
THYMUS	t:	+	+	•	•	÷	-			+	•	-	÷	÷	- <u>*</u>	- <u>-</u>		•	+	+	+	_ <u>*</u> .	<u>,</u>	+	-
CIRCULATORY SYSTEM	Ľ	<u> </u>	•	•			-		_	. •	•				<u> </u>	•	_	·	<u> </u>		•	•	·		_
HEART	+	•	•	•	•			•	+		+	-	+	•	•	•	•	+	+	+	•	+	•	•	
DIGESTIVE SYSTEM		_			-	-							-		-	-									<u>.</u>
SALIVARY GLAND	Ŀ	+	. •	+	+	+	+	+	÷	+	÷	+	+	•	+	+	+	+	+	•	+	•	+	+	•
LIVER NEOPLASTIC NODULE	•	٠	+	+	•	•	•	+	٠	+	٠	•	٠	+	+	+	+	٠	+	+	+	٠	•	٠	+
	+													×			• • • •			_					_
BILE DUCT	+	<u>+</u>	*				<u> </u>				•	*	<u>.</u>	<u> </u>		-	•	<u>.</u>	*		+	+	<u>.</u>	•	*
GALLBLADDER & COMMON BILE DUCT	- N	<u></u> N	<u>. N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	N	<u>_N</u> _	<u>. N</u> .	<u>.</u> N	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	N	<u> </u>	<u>N</u>	<u>N</u>
PANCREAS ESOPHAGUS	÷	<u>.</u>	•	+	•	•	•	+	+	+	+	- <u>*</u> -	<u>.</u>	•	•	<u>.</u>	÷.	<u>.</u>	. <u>+</u> .	<u>+</u>	÷.	•	•	<u>+</u>	•
STOMACH	+÷	<u>.</u>	•	-	-	-	<u> </u>	•	÷	•	÷	<u>.</u>	•	+	÷.	÷	•		÷.	+	•	•	÷.	÷	<u>+</u>
	Ē				-	÷	<u>_</u>				-		-	<u>,</u>	- <u></u>	÷.	-	-	Ť	-	Ţ	<u>.</u>	<u>.</u>	<u>.</u>	-
SMALL INTESTINE	t÷.	- <u>-</u> -	+	+	+	÷		+	+	+	•	÷	÷	÷	,	•	+	+	+	÷	÷		÷.	+	÷
URINARY SYSTEM	Ľ	_		<u> </u>	<u> </u>		•	•	•	•		-	<u> </u>		·	•	•	-	<u> </u>	<u> </u>	-		<u> </u>	•	<u> </u>
KIDNEY																									
URINARY BLADDER	Ť.	÷	*	•	÷	÷	•	+	+	•	 +	+	+	+	÷	÷	•	+	-	+	+	+	÷	•	
ENDOCRINE SYSTEM							_	-	-			-					-								
PITHITARY		•	•	•	•		+	•	•	+	+	+	+	•	•	•	•	•	+	÷	+	÷	+	•	•
CARCINOMA, HOS Adenoma, Hos	Lx.	x				x						x		x			x		x	x			x		
ADRENAL Cortical Adenoma Pheochromocytoma Ganglioneuroma	ŀ	*	٠	٠	•	•	•	+	٠	٠	٠	•	٠	٠	٠	٠	•	•	٠	* x	*	٠	•	٠	٠
THYROID C-CELL CARCINOMA	+	+	+	+	+	+	+	•	÷	+	٠	+	•	٠	+	٠	+	+	\$	+	٠	+	+	•	٠
PARATHYROID	-		•	_							•			•					÷			+		•	
REPRODUCTIVE SYSTEM	-	_				-			-					·						_		•	-	·	_
	н	÷	+	H	н	+	+	N	+	+	N	٠	+	٠	÷	N	٠	N	÷	•	N	+	н	N	N
HAMMARY GLAND Adenocarcinoma, nos Fibroadenoma		x	X				<u>×</u>		<u>x</u>	x			x		x		x		x	×					_
PREPUTIAL/CLITORAL GLAND CARCINOMA,NOS	N	X	N	N	H	M	н	N	N	N	N	N	N	.н.	N	N	N	N	N	N	N	N	N	N	N
UTERUS Endometrial Stromal Polyp Endometrial Stromal Sarcoma	ŀ	•	×	•	•	•	•	•	•	•	•	•	•	•	•	*	•	* x	+	•	×	*	•	* ×	×
OVARY GRANULDSA-CELL TUMOR	+	٠	٠	٠	+	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	+	٠	٠	٠
RERVOUS SYSTEM		-																							
BRAIN Squamous cell carcinoma, invasive	·	•	•	•	٠	+	+	٠	٠	٠	•	•	٠	*	٠	•	+	+	+	٠	•	•	•	•	•
PECTAL SENSE ORGANS	H	N	N	N	N			N											N					N	
ZYMBAL'S GLAND Squamous cell carcinoma			м		n	M	R	п	M	N	H	N	N	N	M	н	N	N	~	N		"		"	×
ALL OTHER SYSTEMS			-				-																		
MULTIPLE ORGANS NOS Malighant Lymphoma, nos Myelgmonocytic Leukemia	N	N	H	N X	ж Х	N	H	N	N	N	н	N X	N		_		N X	N	N X	H	N	N X	N	*	N
+: TISSUE EXAMINED MICROSCOP -: REQUIRED TISSUE NOT EXAMI X: TUMOR INCIDENCE N: MECROPSY, NO AUTOLYSIS, N S: ANIMAL MIS-SEXED	ICAL HED 0 MI	LY MIC CRO	R05	COP 10	DICA D	(ANI	r Inat	ION	i		C: A: B:	ND HEU AN	TI CRO TOL IMA NE	SSU PSY YSI L M CRO	E 11 5 155 PSY	ING PE	RMA IST Rf0	TIO OLO RME	N S GY D	UBM DUE	TO	ED	010	COL	

VEHICLE CONTROL

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

ANIMAL	1 0			-			-																	0		
NUMBER	2	2	2	2	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	5	TOTAL
WEEKS DN STUDY	1	0	8	0	ò	1	0	9	1	1	-	1	1	8	1	1	9	1	1	ş	-	-	-	01	1	TISSU
INTEQUMENTARY SYSTEM	12	1	į	ż	į	Ż	ŝ	2	7	71	أقر	-il	Ż	31	j]	žL.	اف	ži	6	é.	7	ŽÌ	-ži	į	2	
SKIN KERATGACANTHOMA	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	+	٠	٠	٠	N	٠	٠	٠	٠	+	50
RESPIRATORY SYSTEM	 																		_							
LUNGS AND BRONCHI Alveolar-Bronchidlar Adenoma	+	+	٠	٠	٠	٠	٠	٠	٠	+	٠	+	٠	+	٠	٠	٠	٠	+	٠	٠	•	+	٠	+	50
	+-	•		•			•	•	<u> </u>								_		-			<u>×</u>	•	_		
TRACHEA HEMATOPOIETIC SYSTEM	Ľ	<u> </u>	•	<u>.</u>	*		<u>.</u>	÷	÷	•	•	<u>.</u>	•	•	<u>.</u>	•	•	+	•	<u>.</u>	•	•	<u>+</u>	<u> </u>	-	49
	1.																								1	
BONE MARROW	1		- <u>*</u> -	<u> </u>	÷	- <u>-</u> -	÷			<u> </u>		<u>.</u>	-	<u>.</u>	÷	÷	÷	-	÷	<u>*</u>		<u>.</u>		-		49
SPLEEN Lymph Nodes	Ľ	÷	- <u>-</u> -				<u> </u>		- <u>+</u> -	<u> </u>	÷	- <u>-</u> -	÷	- <u>*</u>	÷.	•	<u>.</u>		÷	÷	÷			-		50
THYMUS	†÷	÷	÷	<u> </u>	Ť	- <u>*</u> -	÷	- <u>-</u>	÷	÷	÷	÷	÷	÷	÷	÷	•		÷	•	÷	·	÷.	÷	-1	41
IRCULATORY SYSTEM	<u> </u>	· ·						-	<u> </u>	· ·			<u> </u>	·	<u> </u>	·	_	<u> </u>	<u> </u>	_	·	_	-		_	
HEART	١.	•	+	•	•	•	+	÷		+		•		٠	٠			•	•	•	•	•	•	•	+	49
DESTIVE SYSTEM	<u> -</u>	-		<u> </u>		<u> </u>			· ·		<u> </u>		<u> </u>	<u> </u>	÷		·	-	<u> </u>	<u> </u>	<u> </u>		_		-	
SALIVARY GLAND	+		•	+		+		•					÷		•	+	•		+	•			+			50
LIVER	1.	+	+	+	+	*	,	•	•	•	+	÷	÷	•	÷		•	•	+	•	•	÷	•	+	+	50
NEOPLASTIC NODULE	+	-				-				-									<u> </u>							
BILE DUCT	+-	+	•		+	+	*	•	. *	÷	+	+	<u>.</u>	+	+	+	•	<u>.</u> +	*	+	•	•	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	+≞-	<u>N</u>	Ν.	N	N	N		<u>H</u>	<u>N</u>	N	<u>N</u>	<u>N</u>	<u>N</u>	N	N	<u>N</u>	<u>N</u>	<u>N</u>	N	N	N	<u>N</u>	N.	N	- 11	50
PANCREAS	<u>+⁺-</u>	+	+	+	+		÷	<u>+</u>	+	+	*		+	•	+	•	+	*	+	+	+	+	-	<u>+</u>	-++	49
ESOPHAGUS	+÷	+	+	+	•	<u>+</u>	<u>+</u>	+	+	*	+		*	+		+	+	*	*	-	+	•	•	*	+	47
STOMACH	+÷-	+	<u>+</u>	+	<u>+</u>		+	+	*	*	+	+	<u>+</u>	+	+	<u>+</u>	+	•	+	+	+	+	+	*	-+	50
SMALL INTESTINE	┝┷	+	<u>+</u>	+	+	+	÷	<u>+</u>	+	•	<u>+</u>	<u>+</u>	+	+ .	•	*	*	*	+	+	•	•	*	<u>+</u>	+	49
LARGE INTESTINE	Ľ	•	+	-	<u>.</u>	•	*	*	•	+	•	<u>.</u>	•	*	+	•	•	•	-	•	*	•	•	<u>.</u>	•	48
RINARY SYSTEM																										
KIDNEY	+	+	+	_ <u>t</u>	•	+	- <u>+</u>	÷	+	*	+	<u>+</u>	+	+	+	+	+	*	*	+	+	<u>*</u>	+	<u>+</u>	-+	5.0
URINARY BLADDER	L+.	_	+	<u>.</u>	<u>+</u>	<u>+</u>		*	•	<u>.</u>	<u>+</u>	<u>.</u>	*	+	<u>.</u>	<u>.</u>	<u>.</u>	•	•	+	•	<u>.</u>	<u>.</u>	+	+	48
NDOCRINE SYSTEM	1.																									
PITUITARY Carcinoma, NDS Adenoma, NDS	×	•	•	+ ×	ž	•	•	•	•	•	×	•	•	•	*	•	•	• ×	-	*	•	×	* ×	ż	x	49
ADRENAL	-	+	+	+	•	•	•	+	•	+	+	+	+	+	•	÷	•	÷	+	•	٠	•	+	+	+	49
CORTICAL ADENOMA PHEOCHROMOCYTOMA			x			x							x	×												
GANGLIONEURDMA	+						- <u>-</u> -				<u> </u>			×	<u> </u>										_†	
C-CELL CARCINOMA	Ľ	<u>.</u>	<u>+</u>	<u>.</u>	_	<u>+</u>	<u></u>	*	•	·	+	•	+	+	•	<u>.</u>	•	+	*	+	*	<u>+</u>	*	*	-	50
PARATHYROID	-	-	-	٠	-	-	-	٠	-	-	٠	٠	•	•	•	٠	-	-	-	٠	-	-	٠	٠	+	18
EPRODUCTIVE SYSTEM																_			~						+	
MAMMARY GLAND Adenocarcinoma, Nos Fibroadenoma	N	N	N	+	٠	N	٠	٠	٠	٠	Ħ	+	+	N	٠	٠	N	N	N	٠	٠	*	*	*	+	50
PREPUTIAL/CLITORAL GLAND	N	N	N	<u>х</u>	N	N	N	н	N	N	N	N	<u>х</u> н	N	H	N	N	N	N	N	N	<u>х</u>	<u>х</u> н	<u>.х</u> н	H	50
CARCINOMA, NOS																									+	
UTERUS Endometrial stromal polyp Endometrial stromal sarcoma	×	*	•	+	×	•	•	•	•	•	•	*	•	•	•	•	•	•	•	•	•	•	•	•		50
GRANULDSA-CELL TUMOR	•	٠	+	-	٠	+	٠	٠	٠	+	٠	٠	٠	+	+	٠	٠	٠	÷	+	٠	٠	:	٠	+	49
GRANULOSA-CELL TUMOR																							^.		-+	
BRAIN			÷	•	•	•	•		•		•	•	•		•	•	•	•	•	•		•	•	•	+	50
SQUAMOUS CELL CARCINOMA, INVASIVE		·					×									-				<u></u>						
PECIAL SENSE ORGANS	N	н	N	N	N.	N	•	N	н	N			N		н	N	N	N	N	N	N		N	N	H	50,
ZYMBAL'S GLAHD Squamous cell Carcinoma	Ľ						×							.,								_				
LL OTHER SYSTEMS			н				N	N			N	N	H	н	н	н	н		×				N	N	М	30)
MULTIPLE ORGANS NDS Malignant Lymphoma, NOS Myelomonogytic Leukemia	I N								N	N															R L	

ANIMALS MECROPSIED * ANIMALS MECROPSIED * I IISSUE EXAMINED MICROSCOPICALLY * I IISSUE EXAMINED MICROSCOPICALLY * TRAVIED IISSUE MOT EXAMINED MICROSCOPICALLY * TUMOR INCIDENCE * ANIMAL MISSING * MECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION * MECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION * ANIMAL MISSING * MECROPSY PERFORMED

TABLE A4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEAR STUDY OF 1,2-DICHLOROPROPANE

AN IMAL NUMBER	0	0	0	0	0	0	Ô	0	8	0	0	0	0	1	0	0	- 1	0	0	020	0	2	02	2	21
WEEKS ON	++	2	1	4	5	6 0 9	-7	- 1	- 1	-	-	-1	-3	1	-1	6	-7	- 1	9	1	0	1		4	-
STUDY	0	6	0	0	0	3	6	ŝ	6	6	0	6	6	6	0 6	2	0	6	0 6	6	6	6	6	6	J
INTEGUMENTARY SYSTEM																									
SUBCUTANEOUS TISSUE Fibroma	+	+	+	+	+	+	+	*	+	+	N	+	+	٠	•	٠	٠	+	+	+	+	* X	+	+	
RESPIRATORY SYSTEM																								- ,•	-
LUNGS AND BRONCHI C-Cell Carcinoma, metastatic	+	٠	٠	+	+	٠	+	+	÷	+	٠	+	+	+	÷	٠	+	+	•	+	+	+		÷	
	+-				+		+	+	× +	÷	+	+	+	+				+		+	•	•	+	•	-
TRACHEA HEMATOPOIETIC SYSTEM			•				-	•	<u> </u>	-	-	•	•		·		<u> </u>	•							_
BONE MARROW					•					÷	+	•	÷												
SPLEEN	1.			+	-	•		-	•	•		+	+	•	*	•	+	+	+	+	<u>,</u>	+	+	+	
LYMPH NODES	t.	Ť		 			 +		+		•	+	÷	+	•	•	•	÷	÷	÷				•	
THYMUS	Ť		- <u>`</u>	+	+		-	+	+	+	-	-	+	•		<u> </u>		<u>.</u>		<u>`</u>		+	+	+	1
	<u> </u>			•	-	•	_	•	•	<u> </u>	_	-											· ·		_
CIRCULATORY SYSTEM	1.							÷																	
			<u>.</u>	•	•	•	•	•		•	•	•					<u> </u>	<u> </u>			<u> </u>	•		Ţ	
DIGESTIVE SYSTEM					÷.																				
SALIVARY GLAND	+	<u> </u>	+	+.	+	•	+	•	+	•	•	•	+			*	· *	•	•	•	<u> </u>	•	. *	•	-
LIVER	+					•	*	•	+	+	•	+	+	+	•	+	÷	<u>+</u>	•						-
BILE DUCT	+	*	+	+	+	*	+	•	*	.+		. <u>+</u> .	<u> </u>	<u>*</u>	- <u>*</u>	<u>+</u>	<u>.</u>	•	*	+	•	•	*	*	-
GALLBLADDER & COMMON BILE DUCT	H-H-	<u>N</u>	<u>N</u>	N	N	, N	N	N	<u>N</u>	N	N	N	<u>N</u> .	N	<u>_N</u> _	<u>N</u>	_N	<u> N </u>	<u>N</u> .	<u>. N</u>	N	<u>N</u>	<u>N</u>	N	-
PANCREAS	++	_ <u>+</u>		t	-		_ <u>+</u> _		-	*	÷	+	+	+	•	+	+	+	+	+	*	+ _+	+	+	-
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	+	+	+	•	*	*	+	*	*	*	•	*	*	+	•	+	+	+	•	+	+	+	+	+	
URINARY SYSTEM																									
KIDNEY	++	+	+	+	+	+		+	•	+	÷	÷	*	+	•	+	+	+	*	•	<u> </u>	•	+	+	-
URINARY BLADDER	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	*	+	+	*	+	•	<u> </u>	
ENDOCRINE SYSTEM																									
PITUITARY CARCINOMA,NOS	+	+	•	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	•	+	+	•	+	
ADENOMA, NOS	<u>⊢×</u>		X		X		<u> X </u>	<u>X</u>	<u>×</u>	<u>×</u>		X	X			X			X	X		X	X	X	-
ADRENAL Cortical Adenoma	+	+	+	+	+	+	•	+	٠	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	
PHEOCHROMOCYTOMA	+		<u>×</u>	x																X					-
THYROID Follicular-cell carcinoma	+	+	+	~	٠	+	+	+	+	+	+	+	+	+	÷	+	+	٠	+	+	+	+	* ×	+	
C-CELL CARCINOMA	+								X																-
PARATHYROID	-	+	-	-	+	+	-	-	+	-	+	-	-	-	-	+	-	-	-	-	-	-	-	-	
REPRODUCTIVE SYSTEM																								_	
MAMMARY GLAND Adenocarcinoma, Nos	+	+	+	+	н	N	•	*	N	*	+	*	+	*	N	+	٠	+	N	*	+	N	٠	*	
FIBROADENOMA	<u>+-×</u>						×	<u>×</u>		<u>×</u>		X		X						<u>x</u>	<u> </u>			<u> </u>	-
LEIOMYOMA	+	+	٠	+	+	•	+	+	+	٠	-	+	•	+	* X	+	•	+	+	•	٠	+	* ×	٠	
LEIOMYOSARCOMA Engometrial stromal polyp Endometrial stromal sarcoma				×		x			x					×	x	×	x		×					x	
OVARY	1	•	+	+	+	+	+	+	+	+	•	+	+	+	+	+	 -		+	+	•	+	+		•
OVARY NERVOUS SYSTEM	_ <u>_</u>	÷	<u> </u>	*	*	*	•	*	*	*	·				· ·	<u> </u>	Ţ	۲	*	*	<u> </u>	*	*	•	
BRAIN			•	÷	•	•		÷	÷	÷	÷	•	÷	+			•	•	•		+		•		
SPECIAL SENSE ORGANS	<u> </u>		<u> </u>			•	•	Ŧ	•	·	•	•	· · ·			<u> </u>			•		-	+	•	+	
EAR	N	N	N	N	N	N	н	N		N			N	N				N					ы		
FIBROSARCOMA	"	n	M	ri.	ч	r	'n	н	N	N	N	N	N	н	N	н	N	N	N	N	N	N	N	N	
LL OTHER SYSTEMS					• •																				-
MULTIPLE ORGANS NOS Myelomonocytic Leukemia	N	н	м	N	N	N	н	N	N	N	N	N	N	N	N	H	N	N	н	N	N	N	N	H	

LOW DOSE

X: TÜMÖR INCIDENCE A: AUTOLYSIS N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION M: ANIMAL MISSING S: ANIMAL MIS-SEXED B: NO NECROPSY PERFORMED B: NO NECROPSY PERFORMED
TABLE A4. FEMALE RATS: TUMOR PATHOLOGY (CONTINUED) LOW DOSE

AN IMAL NUMBER	2	2	2	1	3	3	3	3	3		1	3	3		-	1	4	1	1		1	1	1	TOTAL
WEEKS ON STUDY	-		1	1	1	;	1	1	1					1	뷞	1	ţ	Ì	計	#	#	1		11115508
INTEGUMENTARY SYSTEM		-61		-61			-	<u>.</u> .	البلغ	1						<u>•1</u>			<u>, i</u>	4 1-	41.	<u>.</u>	<u>. 1</u>	4
SUBCUTANEDUS TISSUE FIBROMA	1.	٠	٠	٠	•	٠	٠	٠	•	•	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	• •
RESPIRATORY SYSTEM	-		- 41																					+
LUNGS AND BRONCHI C-CELL CARCINOMA, METASTATIC	Ŀ	•	*	•	•		•	•	•		•	•	•	•	•	•	•	•	•	•	<u>.</u>	•	•	50
TRACHEA	1.	٠	٠	٠	٠	٠	٠	٠	•	•	÷	٠	٠	٠	٠	٠	٠	٠	• •	٠	٠	٠	•	50
EMATOPOTETIC SYSTEM	+											-							_					
BONE MARROW	+·		•	•	•	+	•	•	•		•	<u>.</u>	+	<u>+</u>	•	<u>.</u>	•	. . .,	•	•	•	•	<u>.</u>	59
SPLEEN	1.		+	+		+		+	• •		•			+	*		ŧ.	+	•	•	<u>.</u>	<u>.</u>	<u>.</u>	50
LYMPH NODES	1·	•	+	*	•	+	•	•	•		•_•	.	<u>+</u>		+	+:	٠	•	•	•	•	•	<u>.</u>	4 50
THYMUS	1.	٠	+	٠	•	٠	-		• •			٠	٠	٠	٠	٠	-	-	-	٠	٠	٠	•	34
IRCULATORY SYSTEM	-+																							1
HEART	1.	•	٠	٠	٠	٠	٠	٠	• •	•	÷ +	٠	۰.	٠	٠	٠	٠	٠	٠		٠	•	•	50
IGESTIVE SYSTEM	+														• • •									+
SALIVARY GLAND			+	•			•	+	• •			•	+	•		•	٠	•	•	•	+	÷	•	50
LIVER	Ŀ	•	+	•	•			÷	• •		•	•	•		+		•				• 1	•		51
BILE DUCT	+	+	•	+		•	•	•	• •				+_	+	•	•	•		•	•	•	•	•	50
GALLBLADDER & COMMON BILE DUCT	N	N	Ň	ĸ		N	N	N					N	N	*		N	N	N	N		N	н 1	501
PANCREAS	•		•		•	•	+	•	• •	•	•	•	•	•	•	•	+	•	•	+	•	•		50
ESOPHAGUS	1.	+	+		•		-	•	• •		•	•	•	•	•	•	•	-	•	•	•	•	• •	48
STOMACH	1.	+	+		•			•		•	•	+	•	•	•				•	•	+	•	+ •	50
SMALL INTESTINE	•	•	•	+	•	•	•	•	• •		•	•	•	•	•	•	•	•	÷		•	•	• •	50
LARGE INTESTINE		•	•	•	•	•	•	•	• •	•	•	+	•	•	•	•	•	•	•	•	•	•		50
RINARY SYSTEM	+																							+
KIDHEY	1.	+	•		•	•		•					•	+	•	•	•	•	•	•	•	•	• •	50
URINARY BLADDER	1.		•			•	•	•	• •	•		•	•	•	•	•	•		•		•	•	• •	58
NDOCRINE SYSTEM															-			_						+
PITUITARY CARCINDMA.NOS	•	•	٠	•	* x	٠	٠	* ×	• •	•	•	٠	٠	٠	•	•	•	٠	•	•	•	•	• •	50
ADENDMA, NOS	1-×			<u>×</u>					<u>×</u>	X	<u>×</u>				X		X		<u>×</u>	×	×.	X		26
ADRENAL Cortical Adenoma Pheochromocytoma	Ŀ	•	•	<u>.</u>	•	<u>.</u>	•		×	•	•	•	•	•	•	·	•	•	•	·	•	×	• •	50
THYROID Follicular-cell Carcinoma C-Cell Carcinoma	•	•	•	•	•	•	:	٠	• •	•	•	•	٠	•	•	٠	٠	•	•	•	•	•	• ;•	2
	1-		•	•	1		<u> </u>						1		1		_		100					1 12
PARATHYROID		-		· •		-	-		<u> </u>						-		-			<u> </u>	-	-	_	1 12
EPRODUCTIVE SYSTEM				·											:									
MAMMARY GLAND Adenocarcinoma, Nos	1.	*	•	N	•	•	•	N	• •	H	•	•	•	•	•	•	•	ĸ	• '	•	•	*	• •	30
FIBRDADENOMA	<u>⊢×</u>		<u>×</u>			<u>×</u> .	<u>×</u>		X		<u> </u>	·,	<u> </u>		<u>×</u>	<u>×</u>			<u>×</u>		<u>x</u>		X	20
UTERUS LEIONYOMA	1.	٠	٠	٠	•	٠	•	٠	• •	.*	•	٠	٠	٠	٠	•	•	•	•	• .	•	•	• •	412
LEIOMYOSARCOMA ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA	×	×				×	×		,	_						x	×.					×		,;
GVARY	•	•	٠	•	•	٠	٠	•	• •		•	+	•	٠	٠	٠	٠	•	•	•	٠	•	• •	50
ERVOUS SYSTEM																								+
BRAIN	•	٠	٠	٠	٠	٠	٠	٠	• •	•	•	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	٠	• •	50
PECIAL SENSE ORGANS	-						_												-					1
EAR Fibrosarcoma	•	N	N	H	N	N	N	M	N 1	×	N	H	N	Ħ	ĸ	N	H	ĸ	M	N	N	N	N: 3	50
LL OTHER SYSTEMS	1	····																						1
MULTIPLE ORGANS NOS Myelomonocytic Leukemia		M	N	N	H	NX	N	N	NR	. 1	N	N	н	NX	N	H	NX	×	H	N	H	N	N P	50

VALS RECORTSICO - TISSUE EXAMINED MICROSCOPICALLY - I REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY - Tumon incidence - Microphy, no autolysis, no microscopic examination - Mecrophy, no autolysis, no microscopic examination

: NO TISSUE INFORMATION SUBMITIED C: NECROPSY, NO HISSOLDAY DUE TO PROTOCOL A: AUTOLYSIS N: ANTRAL MISSING : NO NECROPSY PERFORMED

TABLE A4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEAR STUDY OF 1,2-DICHLOROPROPANE

				•		u			0																
ANIMAL	8	0	0	0	0	0	0	0	0	0	0	0	0	0	01	0	0	0	0	0	0	0	0	0	0
NUMBER	1.11	0 2 0	0	9	5	6	9 7	8	9	0	1	2	1	4	5	6	ł	4	9	0	2	2	2	4	25
WEEKS ON Study	6	9	8	0 7	0	8	8	0 9	0	0 9	9	8	0	9	9	0	9	9	0	0	9	0	0	6	9
INTEGUMENTARY SYSTEM	+"	2		_3		0	. 0	9	2	4	01	2		. 9.1	- 4	- 21	3	-	9	~2	6	1 5	_21		-
SKIN Keratoacanthdma	•	+	٠	•	+	٠	٠	+	٠	+	+	٠	+	+	+	٠	٠	٠	N	+	+	٠	٠	٠	٠
RESPIRATORY SYSTEM	+																								_
LUNGS AND BRONCHI	+-+		+	+	+	+		+	+	+	-	+	+	+	+	+		•	+	+	+	+	+	÷	
TRACHEA	+	٠	٠	+	٠	٠	٠	٠	٠	-	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	+	٠
HEMATOPOIETIC SYSTEM	+															_									-
BONE MARROW Malig.lymphoma, histidcytic type	ŀ	+	+	+	-	+	*	+	٠	٠	•	•	•	•	*	•	•	•	•	+	*	-	•	•	٠
SPLEEN	<u></u> +•-	+	<u>+</u>	+	+	+	+	+	+	+		-	+	+	+	+	+	+	٠	٠	+			+	+
LYMPH NODES	++	+	+	+	. +	+	+	+	+	+	+	-	+	<u>+</u>	+	•	•	+	+	+		+	*	+	+
THYMUS	+	٠	-	+	٠	+	+	٠	+	٠	-	٠	+	٠	-	+	٠	٠	+	٠	٠	+	٠	٠	+
CIRCULATORY SYSTEM	1			-																			_		
HEART	+	٠	+	٠	+	+	٠	٠	٠	٠	٠	+	٠	*	*	*	+	+	+	٠	٠	٠	*	*	+
DIGESTIVE SYSTEM	1																								
SALIVARY GLAND	<u><u></u>++</u>	+_	+	+	+	÷	+	+	+	+	+	-	+	+	+	+	+	+	٠	•		+	+	+	+
LIVER	<u>++</u> -		+		.+	•	+	+	<u>+</u>		+	+	+	+	+	•	+	+		+	+	+	+	+	+
BILE DUCT	<u></u> ++		÷	+	+	+	+	+	+	+	+	+	+	+	+_	+	+	+	+	+	+	+	*	÷.	+
GALLBLADDER & COMMON BILE DUCT	<u> n</u>	N	N	N	N	N.	N	N	N	N	N	N	N	Ν_	N.	N	Ņ	N	<u>N</u>	N	N	N	H_	N	N
PAHCREAS	<u>+-</u> *-	+	•	+	<u>+</u> -	-	+	٠	+	+	-	+	+	.+	+	+	+	+	-	+	•	+	*	+	+
ESOPHAGUS	L+	+	+	+	+	+	+	+	+	-	+	+	+	٠	+	+		+	+	+	+	+	+	•	
STOMACH Squamdus cell papilloma	ŀ	+	•	•	+	+	+	٠	•	+	-	*	•	•	•	•	+	•	•	+	+	+	<u>.</u>	•	٠
SMALL INTESTINE	+	+	+	<u>+</u>	+	. +	+	+	+	٠	-	-	+	+	+	+	+	+	+	•	+	+	+	+	+
LARGE INTESTINE	+	+	+	٠	٠	٠	٠	٠	٠	٠	٠	-	٠	+	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	+
URINARY SYSTEM																	_						_		
KIDNEY .	++-	+	.	+		٠	٠		+	+	+	+	+	*	+	+	+	•	+	+	+	+	+	+	+
URINARY BLADDER	+	٠	+	+	٠	*	٠	•	٠	٠	٠	•	•	+	+	+	٠	٠	٠	٠	٠	٠	•	+	+
ENDOCRINE SYSTEM		_													_										
PITUITARY ADENOMA, NOS	+	-	+	•	•	•	<u>×</u>	+	+	*	*	-	*	•	٠	•	×	+	•	•	×.	+	x	•	+
ADRENAL CORTICAL ADENOMA PHEOCHRDMOCYTOMA	•	٠	•	•	•	•	•	٠	٠	•	•	•	•	•	•	•	•	٠	•	•	•	•	•	•	•
THYROID C-CELL ADENOMA	•	٠	+	+	٠	-	٠	+	+	-	+	+	٠	+	÷.	+	٠	٠	÷	+	+	•	+	+	+
PARATHYROID	-	-	-	-	-	-	-	-	-	-	-	-	-	-	+	+	-	-	-	-	+	-	-	-	+
REPRODUCTIVE SYSTEM	┼				_																				
MAMMARY GLANO Adendcarcinoma, nos fibroadenoma	н	•	м	H	٠	N	N	٠	N	H	٠	N	+	N	N	N	N	N	N	٠	٠	+ x	•	H	н
UTERUS ADENOCARCINOMA, HOS	•	+	+	+	•	•	•	•	+	+	•	•	+ .	٠	•	•	•	•	* ×	•	+	+	+	+	+
ENDOMETRIAL STRDMAL POLYP					X	_				X			-							×					-
OVARY	Ŀ	*	<u>.</u>	*		+	<u>.</u>	*	•	*	•	*	*	+	•	•	*	•	•	*	•	•	<u> </u>	*	*
BRAIN	+		+	•	+	•	•	•	•	•	•	•	•	•	·	•	•	+	•	•		•		•	+
ASTROCYTOMA																									
ALL OTHER SYSTEMS Multiple organs nos Malig.lymphoma, undiffer-type Myrlonodytig leukemia	N X	N	N	×	н	N	N	N	N	H	N	н	N	N	N	N	N	N	N	N	н	N	H	N	N
+: TISSUE EXAMINED MICROSCOPI		Y			<u> </u>		-			×	;	NO	111	55117		FD	MA	110	N 51	IRM		FD	<u>×</u>		

HIGH DOSE

+: TISSUE EXAMINED MICROSCOPICALLY : NO TISSUE INFORMATION SUBMITTED -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY C: NECROPSY, NO MISSOU DUE TO PROTOCOL A: AUTOLYSIS H: RECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION S: ANTMAL MISSOURCE S: ANTMAL MISSOURCE B: NO MECROPSY PERFORMED

ANIMAL	1 01	01	01	- 67		01	01	01	01	01 1	01 0	1 0	01	01	01	0T	0T	01	0 T		01	01	01	ōĪ	
NUMBER	2	2	2	21	3	3	3	3	3	3	3 3 6 7	1 3	31	4	4	41	41	4	4	4	41	4	41	81	TOTAL
WEEKS ON Study	0	1	0 6	9	8	1	1	1			of a	8 0 7	9	0	9	2	3	9	9	0	7 0 9	1	0	9	TOTA Tissu Tumo
INTEGUMENTARY SYSTEM	- 61	-21	_!!	51	_51	51	5)	51_	3	51 0	9 4	5	5	-21	41	51	41	61		5	01	51	5	4	
SKIN KERATDACANTHOMA	•	* ×	٠	+	٠	+	٠	+	•	• •	* *	+	٠	٠	N	٠	N	٠	+	+	+	٠	٠	+	50
RESPIRATORY SYSTEM	+	_								_		~									_			+	
LUNGS AND BRONCHI	1.	+		+		+	<u>+</u>	.t	+		<u>.</u>	+	.+	+	t,	+	+	+	+	+	+	+	+	•	49
TRACHEA	+	٠	٠	٠	٠	+	+	+	•		• •	٠	+	٠	٠	+	٠	٠	-	+	+	÷	+	+	48
HEMATOPOIETIC SYSTEM	+														-			-		-				+	
BONE MARROW MALIG.LYMPHOMA, HISTIDCYTIC TYPE	ŀ	+	٠	•	•	*	+	•	• •		•	+	•	+	•	+	•	*	•	+	-	+	•	•	47
SPLEEN	++	+		+	+	+		+	+ •		•+	+	+	•	•	+	+	<u>.</u>	٠	+	+	÷	+	+	47
LYMPH NODES	++	*		+		+	•	•	<u>+ -</u>			+		+	<u>+</u>	+	+	<u>+</u>	•	+	<u>+</u>	+	•	+	48
THYMUS		٠	-	+	+	-	٠	+	• •		+ +	+	+	~	+	-	+	-	-	+	-	-	٠	-	38
CIRCULATORY SYSTEM	+													<u> </u>				_			_			+·	
HEART	+	+	٠	÷	÷	+	4	÷		• •	• •	٠	٠	٠	٠	٠	+	÷	•	+	٠	÷	•	+	50
DIGESTIVE SYSTEM		-	~											_				_		~				+	
SALIVARY GLAND	1.	+			+	+	•	•	• •			+	+		+	+		•		•	•	÷	•		46
LIVER	+		+	+	+	+	+	+				+	+	+		+	+	•	+	+	+	+	+	.1	50
BILE DUCT	1.	•	+	+	+	+	•	+				+	•	+	•	•	•	+			•		•	+	50
GALIBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	NN	. N	I N	N	N	N	N	N	N	N	N	N		 N		, I	50
PANCREAS	1.	4	-0	-			- <u>C</u>								4					<u>.</u>				1	46
ESOPHAGUS	+	÷	÷	•	÷	-	÷	•	• •	. ,			+	÷		<u>,</u>	-	• •	<u>.</u>	÷	÷	-	÷	1	41
STOMACH Squamous cell papilloma	†+	÷	÷		+		-	•				+	+	+	+				;	+	+	+	÷	+	48
SMALL INTESTINE		+	+	+		+	•		• •		+	+	+	+	+	+	+	•	•	•	+	•		.†	47
LARGE INTESTINE	1.	•	•	•	+	+	•	• •			+	+		+		•					-	÷	+	÷1	48
RINARY SYSTEM		-		_			·											_		~	-	·		4	••
KIDNEY		•		•	•	•	•	• •		•	•	•	٠	•	•	•	+	•	•	•	+	•			
URINARY BLADDER	1.	÷	÷		 •	<u>.</u>		•				+	+		·	_				•		+	<u> </u>	1	50
NDDCRINE SYSTEM	<u> </u>		·		·						· · ·						·	·	_		·		·	4	
PITUITARY	+			•	÷	÷		• •			+			•	•	÷		•	•	•	•				46
ADENOMA, NOS	Ļ	<u> </u>		<u> </u>	ž_	×_	×						<i>,</i> *	x.	-	-	-		_	ž.	-	ž_	_	4	1(
ADRENAL Cortical Adenoma Pheochromocytoma	+	٠	٠	+	+	+ v		× ·	• •	٠	٠	٠	٠	٠	٠		* X	+	+	٠	* ×	÷	• ;	×	50
THYROID C-CELL ADENOMA	+	•	•	+	+	+	+	• •	+ +	+	+	+		-	+		•	•		+	•	+	+	٠Ť	44
PARATHYRGID	-	+	-	+	-	-	-			+		+		-	-	-				-	+			T	9
EPRODUCTIVE SYSTEM										~														+	
MAMMARY GLAND ADENOCARCIKOMA, NOS	+ ×	٠	N	H	N		+ ·	• •	1 N	N	٠	N	N	٠	N	+	N ·	•	N	H	N	+ ×	н		50×
FIBROADENOMA	<u> </u>													x				×	_			×		+-	
UTERUS ADENOCARCINOMA, NOS ENDOMETRIAL STROMAL POLYP	•	+ X	٠	+	+	+ x	•	• •	+	٠	٠	+ x	•	+ x	•	+ X	+	•	+	+ ×	+ x	÷	+ •	*	50
OVARY	+	<u>^</u>	•	+	•	<u>^</u>	•			+	+	+	+	<u>+</u>			• •		+	۸	۸ +	+	+ .		50
ERVOUS SYSTEM	<u> </u>																								
BRAIN ASTROCYTOMA		* x	٠	÷	٠	÷	•	• •	•	+	٠	٠	٠	٠	+	÷	•		+	·	÷	÷	•	•	50
LL OTHER SYSTEMS																								+-	
MULTIPLE ORGANS HOS Malig.lymphoma, undiffer-type Myelomonocytic Leukemia	н	н	H	H	ĸ	N I	н	4 4	N	N	H	N	N	H	N	N I	н и	•	N	н	N	н	н н	-	50 m

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

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ANIMALS RECROPSIED
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 ALIMAL RESSING
 ALIMALS RECROPSIED
 ALIMAL RESSING
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 HO RECROPSY PERFORMED

1,2-Dichloropropane

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APPENDIX B

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

TABLE B1.

		LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN FIBROMA	(50) 1 (2%)	(50)	(50)
*SUBCUT TISSUE Sarcoma, Nos	(50)	(50)	(50) 2 (4%)
	2 (4%) 4 (8%)	1 (2%) 3 (6%)	1 (2%)
RESPIRATORY SYSTEM			
#LUNG HEPATOCELLULAR CARCINOMA, METASI	(50)	(50) 4 (8%)	(50) 4 (8%)
<pre>#LUNG HEPATOCELLULAR CARCINOMA, METAST ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA TUBULAR-CELL ADENOCA, METASTATIC</pre>	9 (18%) 3 (6%) 1 (2%)	8 (16%)	9 (18%) 3 (6%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS MALIGNANT LYMPHOMA, NOS	(50) 7 (14%)	(50) 8 (16%)	(50) 3 (6%)
MALIG.LYMPHOMA, HISTIOCYTIC TYPE Malignant Lymphoma, mixed type Mast-cell sarcoma		1 (2%)	1 (2%) 1 (2%)
<pre>#MESENTERIC L. NODE Malig.lymphoma, Histiocytic type</pre>	(42)	(45) 1 (2%)	(42) 1 (2%)
<pre>#LIVER MALIG.LYMPHOMA, HISTIOCYTIC TYPE</pre>	(50)	(50) 2 (4%)	(50) 2 (4%)
<pre>#PEYERS PATCH Malignant Lymphoma, Nos</pre>	(49) <u>1 (2%)</u>	(47)	(49)

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE ADMINISTERED **1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS**

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#KIDNEY	(49)	(48)	1 (24)
IRCULATORY SYSTEM			
MULTIPLE ORGANS Hemangiosarcoma	(50)	(50) 1 (2%)	(50) 1 (2%)
SPLEEN Hemangiosarcoma	(48)	(47)	(49) 1 (2%)
SKELETAL MUSCLE Hemangiosarcoma	(50)	(50)	(50) 1 (2%)
HEART TUBULAR-CELL ADENOCA, METASTATIC	(50) 1 (2%)	(50)	(50)
LIVER HEMANGIOSARCOMA	(50) 2 (4%)	(50) 2 (4%)	(50)
GESTIVE SYSTEM			*****
	(50)	(50)	(50)
BILE DUCT ADENOMA Hepatocellular Adenoma Hepatocellular carcinoma	7 (14%) 11 (22%)	10 (20%) 17 (34%)	1 (2%) 17 (34%) 16 (32%)
PANCREAS Adenocarcinoma, nos	(48) 1 (2%)	(45)	(48)
FORESTOMACH Squamous cell papilloma	(50)	(48) 1 (2%)	(49) 3 (6%)
ANUS Sarcoma, Nos	(50)	(50)	(50) 1 (2%)
INARY SYSTEM			
KIDNEY TUBULAR-CELL ADENOCARCINOMA	(49)	(48)	(50)

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
ENDOCRINE SYSTEM			
#PITUITARY ADENOMA, NOS	(43) 1 (2%)	(42)	(47)
#ADRENAL Cortical "Adenoma Pheochromocytoma	(45) 2 (4%)	(45) 1 (2%)	(49)
#THYROID Follicular-cell Adenoma Follicular-cell carcinoma	(47)	(45)	(45) 1 (2%) 1 (2%)
#PANCREATIC ISLETS ISLET-CELL ADENOMA	(48) 1 (2%)	(45)	(48)
REPRODUCTIVE SYSTEM		a gradi a da Markaj. Marka	
#PROSTATE PAPILLARY ADENOMA	(49)	(46) 1 (2%)	(48)
#TESTIS INTERSTITIAL-CELL TUMOR	(49)	(48) 1 (2%)	(50)
NERVOUS SYSTEM		an an an Anna Anna Anna Anna Anna Anna	te ser a ser a composition de la compos
NONE			
SPECIAL SENSE ORGANS			8
*HARDERIAN GLAND ADENOMA, NOS PAPILLARY ADENOMA	(50) 1 (2%)	(50) 2 (4%)	(50)
MUSCULOSKELETAL SYSTEM			
BODY CAVITIES None			

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
ALL OTHER SYSTEMS			
XMULTIPLE ORGANS Adenocarcinoma, Nos, Metastatic	(50) 1 (2%)	(50)	(50)
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY Natural Death Moribund Sacrifice	15 1	50 14 4	50 11 4
SCHEDULED SACRIFICE TERMINAL SACRIFICE	5 29	32	35
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total Primary Tumors	33 54	36 60	42 69
TOTAL ANIMALS WITH BENIGN TUMORS Total Benign Tumors	19 24	20 25	26 33
TOTAL ANIMALS WITH MALIGNANT TUMORS Total Malignant tumors	23 30	29 35	28 36
TOTAL ANIMALS WITH SECONDARY TUMORS Total Secondary Tumors	2 3	4 4	4
* PRIMARY TUMORS: ALL TUMORS EXCEPT SE # Secondary Tumors: Metastatic Tumors			DJACENT ORGAN

TABLE B2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

	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 SQUAMOUS CELL CARCINOMA SEBACEOUS ADENOMA	(50) 1 (2%)	(50)	(50) 1 (2%)
*SUBCUT TISSUE SARCOMA, NOS FIBROSARCOMA NEUROFIBROSARCOMA	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%) 2 (4%) 1 (2%)
RESPIRATORY SYSTEM			
<pre>#LUNG SQUAMOUS CELL CARCINOMA, METASTA HEPATOCELLULAR CARCINOMA, METAST ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA OSTEOSARCOMA, METASTATIC</pre>	5 (10%)	(50) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%)
EMATOPOIETIC SYSTEM			_
<pre>*MULTIPLE ORGANS Malignant Lymphoma, NOS Malig.lymphoma, Histiocytic type</pre>	(50) 13 (26%)	(50) 13 (26%) 1 (2%)	(50) 14 (28%)
#SPLEEN Malignant Lymphoma, Nos	(50) 1 (2%)	(50)	(50)
#OVARY MALIG.LYMPHOMA, HISTIOCYTIC TYPE	(50) 1 (2%)	(50)	(45)
IRCULATORY SYSTEM			
#SPLEEN HEMANGIOSARCOMA	(50)	(50)	(50)

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

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#HEART Sarcoma, Nos	(50)	(50) 1 (2%)	(50)
#LIVER HEMANGIOSARCOMA	(50) 1 (2%)	(50)	(50)
UTERUS HEMANGIOMA	(50) 1 (2%)	(49) 1 (2%)	(48)
GESTIVE SYSTEM			
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	(50) 1 (2%) 1 (2%)	(50) 5 (10%) 3 (6%)	(50) 5 (10%) 4 (8%)
FORESTOMACH CARCINOMA IN SITU, NOS SQUAMOUS CELL PAPILLOMA SQUAMOUS CELL CARCINOMA	(50)	(50) 1 (2%) 2 (4%)	(50) 2 (4%) 1 (2%)
RINARY SYSTEM			
NONE			
DOCRINE SYSTEM			
PITUITARY CARCINOMA, NOS ADENOMA, NOS	(38) 2 (5%) 7 (18%)	(45) 1 (2%) 8 (18%)	(44) 1 (2%) 8 (18%)
ADRENAL Cortical Adenoma	(48) 1 (2%)	(47)	(46)
THYROID FOLLICULAR-CELL ADENOMA FOLLICULAR-CELL CARCINOMA	(48) 1 (2%)	(45)	(46) 2 (4%) 2 (4%)
THYROID FOLLICLE Cystadenoma, Nos	(48)	(45)	1 (2%)
EPRODUCTIVE SYSTEM			

INVER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY INVERSE OF ANIMALS NECROPSIED

1

м	VEHICLE Control	LOW DOSE	HIGH DOSE
MIXED TUMOR, MALIGNANT	1 (2%)	• • • • • • • • • • • • • • • • • • •	
*VAGINA Squamous cell carcinoma	(50)	(50)	(50) 1 (2%)
#UTERUS ADENOCARCINOMA, NOS LEIOMYOSARCOMA ENDOMETRIAL STROMAL POLYP	(50)	(49) 1 (2%)	(48) 1 (2%) 1 (2%)
#OVARY GRANULOSA-CELL TUMOR	(50)	(50) 1 (2%)	(45)
IERVOUS SYSTEM			
#BRAIN Carcinoma, Nos, invasive	(50)	(50) 1 (2%)	(50) 1 (2%)
PECIAL SENSE ORGANS			
*HARDERIAN GLAND Adenoma, nos	(50) 1 (2%)	(50)	(50) 1 (2%)
*EAR Squamous cell carcinoma	(50)	(50) 1 (2%)	(50)
*EAR CANAL SQUAMOUS CELL CARCINOMA	(50)	(50) 1 (2%)	(50)
IUSCULOSKELETAL SYSTEM			
*LUMBAR VERTEBRA OSTEOSARCOMA	(50)	(50) 1 (2%)	(50)
BODY CAVITIES			
NONE			
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS Squamous cell carcinoma, metasta	(50)	(50)	(50)

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
HEPATOCELLULAR CARCINOMA, METAST Alveolar/Bronchiolar CA, Metasta		1 (2%) 1 (2%)	
IMAL DISPOSITION SUMMARY			
MORIBUND SACRIFICE	11 5 5	50 14 6	50 22 4
TERMINAL SACRIFICE ACCIDENTALLY KILLED, NOS	29	29 1	24
MOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS¥ Total primary tumors	35 43	29 44	34 51
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	17 17	14 16	18 22
TOTAL ANIMALS WITH MALIGNANT TUMORS Total Malignant tumors	24 26	20 27	28 29
TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS	1 1	4 4	3 3
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or Malignant Total Uncertain Tumors		1	
RIMARY TUMORS: ALL TUMORS EXCEPT SE ECONDARY TUMORS: METASTATIC TUMORS			DJACENT Or gan

TABLE B3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR STUDY OF 1,2-DICHLOROPROPANE

ANIMAL	10	0	0	0	0	0	0	0	01	0	0	0	0	0	01	0	0	0	0	0	01	0	0	0	Í
NUMBER	li	2	3	4	0	6	?	0	9	1	1	2	3	4	5	6	1	8	9	2	2	2	21	2	
WEEKS ON Study	0	0 7 6		0	0	ļ		0	5	0	0	0	0	0	2	0	91	0	0	0	07	07	0	8	
INTEGUMENTARY SYSTEM	+*		يعيد			1.0			-11					-21		_21	- 21	01	_0_	- 0	_1	لعا		ىد	1
SKIN Fibroma	+	+	+	+	+	+	+	٠	+	+	+	٠	+	+	+	+	٠	٠	+	+	٠	N	+	+	
SUBCUTANEOUS TISSUE Fibroma Fibrosarcoma	+	+	+	*	+	+	+	+ ×	+	+	+	+	+ ×	+	+	٠	+	+	+	٠	+	н	+	+	
RESPIRATORY SYSTEM	+												-												•
LUNGS AND BRGNCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma Tubular-Cell Adenocarcinoma, met/		×	+	*	×	+	+	•	+ x	+	×	٠	•	•	+	+	•	+ ×	* ×	* ×	٠	+	+	+	
TRACHEA	+	+	+	٠	+	+	+	٠	+	٠	+	+	+	+	+	+	٠	+	+	٠	÷	+	+	+	
HEMATOPOIETIC SYSTEM	+		•			_																			•
BONE MARROW	<u>+</u> +	+	+	t .	•	+	<u>t</u> _	+	•	+	+	+	-	+	+	+	+	٠	+	<u>+</u>	+	+	+	+	
SPLEEN	++	•	+	•	+	+	+			+	+	.		-	٠	+	+	+	+	+	_ <u>*</u> _	t	+	+	•
LYMPH NODES	++	+-	+	-	+	- *	+	+	-	+	*	+	+			+	+	+		+	+	-	- <u>+</u>	<u>_</u>	
THYMUS	L+	-	+	*	-	-	+	•	-	-	-		-	-	+	-	-	+	-	-	-	-	-	•	
CIRCULATORY SYSTEM HEART Tubular-cell adendcarcinoma, meta	+	+	+	+	+	+	+	+	*	+	+	÷	+	•	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM	÷																								-
SALIVARY GLAND	+	+	•	+	+	+	+		÷	+	٠	÷	÷	÷	•	٠	•	÷	+	÷	•	٠	÷	÷	
LIVER Hepatocellular adehoma Hepatocellular carcinoma Hemanoiosarcoma	+ ×	+	* ×	* ×	+ ×	+ ×	*	+ x	+ ×	+	+	+	*	+	÷	+	+	+	+ x	÷	+	+	+	+	
BILE DUCT	+-				-	+	+			+	+	•	+	+	+	+		-				+	•	•	•
GALLBLADDER & COMMON BILE DUCT	1.	+	+	+	N	N	N	+	N	N	+	N	+	•	+	N		+	N	•	+	+		+	•
PANCREAS ADENOCARCINOMA, NOS	+	+	+	+	+	*	+	÷	+	•	+	+	+	+	+	+	+	+	+	+	-	+	+	+	•
ESOPHAGUS		÷	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	•	•	
STOMACH	Ŀ	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	÷	+	+	+	+	
SMALL INTESTINE Malignant Lymphoma, Nos	+	+	+	+	+	٠	* ×	+	+	+	+	+	+	+	٠	٠	+	+	+	÷	٠	+	٠	+	
LARGE INTESTINE	+	+	-	+	+	+	+	+	+	-	+	+	+	÷	+	+	+	+	+	÷	÷	+	+	+	
JRINARY SYSTEM	╂																					<u> </u>			•
KIDHEY Tubular-cell Adendcarcinoma	+ 	٠	+	+	+	+	+	٠	*	+	+	+	+	+	+	+	-	+	+	+	+	+	•	+	
URINARY BLADDER	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ENDOCRINE SYSTEM	<u> </u>															-									
PITUITARY Adenoma, Nos	+	-	+	•	•	+	•	+						+	+				•	•	•	-	+		
ADRENAL Cortical Adenoma	+	+	*	*	+	-	+	+	+	+	+	+	-	-	+	+	-	*	+	+	+	+	+	+	
THYROID	+	+	٠	+	÷	+	+	+	-	÷	+	+	+	+	+	+	+	+	<u>+</u>	<u>+</u>	+	-	<u>+</u>	+	
PARATHYROID	++	-			-	+	-	+	-	-	<u>+</u>	+	-	+	÷	.+	+	÷	+	+		-	-	+	
PANCREATIC ISLETS ISLET-CELL ADENOMA	٠	٠	٠	+	٠	٠	٠	٠	+	٠	+	•	٠	٠	٠	٠	+	+	+	٠	-	+	٠	٠	
EPRODUCTIVE SYSTEM																								-	•
MAMMARY GLAND	<u>N</u>	N	N	N	<u>N</u>	N	N	N	N	N	<u>N</u>	N	<u>N_</u>	<u>N</u>	N	N	<u>N</u>	N	N	N	<u>N</u>	<u>N</u>	N	N	
TESTIS .	+	+	+	+	+	*	+	+	+	•	*	*	<u>*</u>	÷	<u>+</u>	+	+	+	<u> </u>	•	•	<u>+</u>	*	+	-
PROSTATE	+	+	+	+	+	•	+	+	•	+	+	<u>.</u>	+	+	•	•	+	+	-	•	+	*	•	+	
ERVOUS SYSTEM		÷	÷		÷		÷												_						
BRAIH FECIAL SENSE ORGANS	Ļ.					•	•	+	+	+	+	*	*	+	+	+	+	+	-	*	+	+	+	+	
HARDERIAN GLAND Adenoma, Nos	N	N	ĸ	N	N	N	NX	н	N	N	N	H	N	N	N	N	N	N	N	N	N	N	H	н	
LL OTHER SYSTEMS																								-	•
MULTIPLE DRGANS NOS Adenocarcinoma, Nos, metastatic Malignant Lymphoma, Nos	н	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	

VEHICLE CONTROL

 +: TISSUE EXAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBMITTED

 -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 C. MECROPSY, NO MISTOLOGY DUE TO PROTOCOL

 X: TUNGR INCIDENCE
 A: AUTOLYSIS

 N: NECROPSY, NO AUJOLYSIS, NO MICROSCOPIC EXAMINATION
 MIRAL MISSING

 S: ANIMAL MISSERED
 MICROSCOPIC EXAMINATION

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

ANIMAL NUMBER	2	27	2	2 2	3	31	32	3	3	31	3	31	3	3 9	40	4	4	4 3	41	0 4 5 0 7	0 4 6	4	4	4	5	TOTAL
WEEKS ON STUDY	1	0	1	9	0	6	0	1	0	9	1	1	9	1	1	0	1	9	3	2	01	0	1	0	ò	TUMORS
INTEGUMENTARY SYSTEM	6	61	_61	1	61	21	61		5	01	71	61	21	71	61	01	71	0[01	01	71	5	21	.71	4	
SKIN FIBROMA	+	+	+	+	+	٠	٠	٠	٠	+	* X	٠	N	٠	٠	٠	٠	٠	٠	٠	+	+	٠	+	+	50×
SUBCUTANEOUS TISSUE FIBROMA FIBROSARCOMA	+	+	•	+	•	+	+	+ x	+	+	+	•	N	٠	+	+	٠	+	+	+	+ x	٠	* ×	٠	٠	50× 2
RESPIRATORY SYSTEM													_												-+	
LUNGS AND BRONCHI Alveolar/Bronchidlar Adendma Alveolar/Bronchidlar Carcinoma Tubular-cell Adenocarcinoma, meta	* * *	* ×	•	•	•	•	•	•	*	•	+	•	•	•	•	•	·	•	•	+	•	•	+ X	•	•	50 9 3
TRACHEA	+	٠	٠	٠	٠	٠	٠	٠	÷	÷	+	٠	+	٠	+	٠	٠	+	٠	٠	٠	÷	+	٠	+	50
HEMATOPOIETIC SYSTEM												_				_		_							+	
BONE MARROW	+	+	+		•	+	+	.+	+	+	÷	+	÷	+	+	•	٠	•	÷	+	÷	÷	•	+	+	49
SPLEEN	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	48
LYMPH NODES	+	+	+	-	+	-	÷	+	+	+	•	•	+	•	+	+	+	+	+	+	+	+	+	+	+	42
THYMUS	-	-	+	-	+	-	+	-	-	+	÷	+	-	-	-	-	-	+	-	-	-	+		+	-	15
CIRCULATORY SYSTEM					_						_					_									+	
HEART TUBULAR-CELL ADENOCARCINDMA, META	+	٠	٠	٠	٠	+	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	·	⁵⁰ 1
DIGESTIVE SYSTEM																		_								
SALIVARY GLAND	++	٠	+	+	+	•	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	٠	+	50
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEMANGIOŜARCOMA	×	٠	٠	٠	٠	•	* ×	٠	•	+ x	+ x	+ x	٠	•	•	٠	٠	•	٠	٠	* ×	+ ×	٠	٠	+ X	50 7 11 2
BILE DUCT	+	•	+	•	•	+	+	+	•	+	+	+	•	+	•	•	+	•		+	÷	÷		+	Ĵ	50
GALLBLADDER & COMMON BILE DUCT	+	+	•	N	+	+	+	N	+	•	+	N	+		+	•	+	+	•	+	N	N	+	+	N	50×
PANCREAS ADENOCARCINOMA, NOS	+	+	+	-	•	+	٠	•	+	+	+	+	+	+	+	+	+	•	÷	+	+	+	+	+	t	48,
ESOPHAGUS	+	+	+	+	•	. t	-	+	+	+	+	+	+	+	+	-	+	+	•	+	+	+	+	+	+	48
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SMALL INTESTINE Malignant Lymphoma, Nos	+	+	•	-	•	•	•	+	+	•	•	+	٠	•	+	•	+	+	•	+	+	+	+	+	+	49
LARGE INTESTINE	+	+	٠	-	٠	+	+	-	+	+	÷	+	-	+	+	٠	-	+	٠	٠	+	+	٠	٠	+	44
URINARY SYSTEM	<u> </u>										_				_			_					~		-+	
KIDNEY Tubular-Cell Adenocarcingma	•	+	٠	+	٠	•	•	•	+	+	+	•	+	•	•	•	•	•	•	•	+	+	•	+	+	49
URINARY BLADDER	+	+	-	٠	•	+	+	+	+	٠	*	٠	+	+	+	*	*	+	+	+	+	+	+	+	+	49
NDOCRINE SYSTEM																										
PITUITARY ADENOMA, NOS	├	•	•	+	-			+		_				X		+						+		+	-	43
ADRENAL Cortical Adenoma	±.	*	•	<u>.</u>	*	+	<u>+</u>	+	+	+	+	+	•	+	+	+	+	*	*	+	+	•	÷	•	+	452
THYROID	-	+	+	+	+	+	•	•	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	47
PARATHYROID	-	-	+	+		-	-	+	+	-	+	+_	+	-	+	•			-	-	+	+	+	+	-	27
PANCREATIC ISLETS ISLET-CELL ADENOMA	·	٠	٠	-	+	٠	٠	٠	٠	٠	٠	+	٠	٠	•	+	٠	٠	٠	+	٠	٠	•	* x	•	48 ₁
EPRODUCTIVE SYSTEM				_							_			-	_				_			-	-		+	
MAMMARY GLAND	R.	N	N	N	Ν.,	N	N	N	N.	N	<u>N</u>	N	N	N	N	N	Ν	N	Ν.	N	N	N	N	N	N	504
TESTIS	+ +	•	+	+	٠	•	+	+	+	+	+	•	+	•	+	•	•	+	+	+	+	+.	*	•	+	49
PROSTATE	+	٠	٠	٠	٠	٠	+	+	+	٠	+	٠	•	•	•	+	٠	•	+	٠	+	٠	٠	٠	+	49
ERVOUS SYSTEM	-		-								-				_					_						
BRAIN	+	٠	+	+	+	٠	+	+	٠	٠	+	+	+	+	•	+	•	+	+	+	+	٠	٠	٠	+	49
PECIAL SENSE ORGÁNS Harderian gland Adenoma, hos	н	N	N	н	N	N	N	N	H	н	н	N	н	N	N	N	N	н	N	H	н	N	H	н	н	50%
ADENOTA, NOS																			_		_				_	
NLL OTHER SYSTEMS Multiple organs NDS Adenocarcinoma, NDS, metastatic Malignant lymphoma, NDS	н	N	N	N	N	N	н	N	н	N	н	N	н	N	н	N	H	N	N	N	N	н	N	H	×	50*

* ANIMALS NECROPSIED * ANIMALS NECROPSIED 1 159UE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY -: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION B: NO MECROPSY PERFORMED

TABLE B3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR STUDY OF 1,2-DICHLOROPROPANE

							•	-		6E														· ·		
AN IMAL NUMBER	0	0	1			0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	2	2	0	Ī
WEEKS ON Study		2					1	1	1		1	1	1	3 0 9	1	5	6 	1	8 1 0	9	0	-	1	-1	4	t
INTEGUMENTARY SYSTEM	6	Ĺó	Li	18		61	61	6	6	6	6	6	أغ	<u>. éi</u>	أف	6	5	41	61	أو	Ó	6	6	6	6	ļ
SUBCUTANEOUS TISSUE Fibroma Fibrosarcoma	+	+	•	•		·	٠	٠	٠	* ×	+ x	٠	٠	•	+ x	٠	٠	٠	٠	N	н	٠	٠	٠	٠	
RESPIRATORY SYSTEM	+	_																								-
LUNGS AND BRONCHI HEPATOCELLÜLAR CARCINOMA, METASTA ALVEOLAR/BRONCHIOLAR ADENOMA	ŀ	•	,	•		•	•	+	٠	٠	•	•	٠	٠	٠	٠	٠	×	+ x	•	•	+	+	+ x	•	
TRACHEA	•	•	•	•		•	٠	٠	٠	+	+	٠	٠	٠	+	+	٠	+	٠	-	٠	٠	٠	٠	٠	
HEMATOPOIETIC SYSTEM	+										_												~~~~			-
BONE MARROW	+	+				+	+	+	+	+	+	+	+	+	+	÷	-	٠	+	-	+	•	+	•	+	
SPLEEN	+	-	•			+	+	+	+	+	+	+	•	÷	+	÷	+	+	+	-	. +	+	+	+	+	_
LYMPH NODES Malig.lymphoma, histiocytic type	ŀ	•	+	-			•	+	+	•	+	•	•	٠	+	-	٠	٠	•	-	٠	+	+	•	+	
THYMUS	-	٠	-	•		-	-	٠	٠	+	٠	-	٠	٠	-	+	٠	-	-	-	-	٠	٠	-	-	
CIRCULATORY SYSTEM											_								•••••							
HEART	•	٠	+	•	•	÷	٠	٠	٠	٠	٠	٠	٠	٠	+	+	٠	+	٠	٠	٠	+	٠	٠	٠	
DIGESTIVE SYSTEM					י				-		_	_				_										1
SALIVARY GLAND	+	+	. +	•		•	•	+	. .	+	•	+	+	+	٠	+	+	+	+	-	+	+	•	+	٠	
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEMANGIDSARCOMA Malig.lymphoma, histiocytic type .	·	•	* ×	•			* ×	* x	٠	٠	*x	***	٠	+ ×	* x	٠	٠	+ ×	+ ×	* x	* x	* x	* ×	*	* x	
BILE DUCT	+	+	•	+		÷	•	+	•	+	+	•	+	٠	+	٠	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	+	+	N	+	-	4	+	+	н	+	+	+	+	+	+	N	+	N	+	N	+	+	+	+		
PANCREAS	+	+	+	+		÷	÷	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	.+	+	•	
ESOPHAGUS	+	+	_,	,		ł	+	+	+	+	-	+	+	+	÷	÷	+	+	+	-	+	+	+	+	÷	Ī
STOMACH Squamgus cell papilloma	÷	÷	÷	+	•	۰	+	+	+	+	+	*	٠	+	+	٠	٠	+	+	-	+	•	+	+	•	
SMALL INTESTINE	<u>+</u>	+				•	÷	+	٠	+	+	٠	+	+	+		+	+	÷	-	٠	٠	٠	+	٠	_
LARGE INTESTINE	+	+	•	+	•	·	÷	٠	+	+	+	٠	+	٠	٠	٠	٠	+	٠	-	٠	٠	٠	+	٠	
URINARY SYSTEM							-																		_	
KIONEY		+				ŀ	÷	÷	+	+	٠	+	+		+	+	+	÷	÷	-	+	÷	+	•	+	
URINARY BLADDER	+	٠	٠	+		•	+	٠	٠	+	+	+	+	+	+	٠	+	٠	٠	-	+	+	+	+	٠	
ENDOCRINE SYSTEM	<u> </u>	_	_	_					-																-	
PITUITARY	+ ·	+	+	+		۰	+	+	+	+	٠	•	+	٠	-	+	-	-	+	-	+	+	+	+	+	
ADRENAL Pheochromocytoma	•	-	*	•		•	٠	٠	+	+	•	+	-	+	+	-	+	•	+	-	+	+	•	+	•	
THYROID	L+	+	t	+			-	+	+	+	÷	+	+	.+	+	÷	+	+	+		+	+	+	٠	+	
PARATHYROID	-	+	+	÷	-	-	-	٠	-	+	٠	-	+	-	+	٠	-	-	-	-	+	-	+	٠	+	
REPRODUCTIVE SYSTEM			-						-	_		_														-
MAMMARY GLAND	N	N	N		,	4	N	N	N	H	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
TESTIS INTERSTITIAL-CELL TUMOR	·	•	+	•	_	•	٠	٠	٠	•	•	•	•	٠	•	+	+	٠	•	-	•	+	•	+	٠	
PROSTATE PAPILLARY ADENOMA	ŀ	-	•			•	•	•	•	+	•	+	•	+	•	٠	+	-	٠	-	•	٠	•	•	•	
ERVOUS SYSTEM																										ĺ
BRAIN	+	+	+	+	1	•	+	+	•	•	*	+	+	+	+	+	+	+	٠	•	•	•	*	<u>.</u>	+	
SPECIAL SENSE ORGANS Harderian gland Adenoma, hos	N	N	N	н	٠	4	N	N	N	M	N	н	H	H	N	N	N	м	N	N	H	H	×	H	н	
ALL OTHER SYSTEMS																				-	_	_	~			
MULTIPLE ORGANS HOS HEMARGIOSARCOMA Nalignant Lymphoma, NOS Maliglymphoma, Histiocytic type	H ICAL NED	H	N	N	•		н	N	N	H	H	H	N	N X		N	N		N	H	N X	H	H	H X	H	

LOW DOSE

X: IUNUK ARCIDERCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION S: ANIMAL MIS-SEXED B: NO NECROPSY PERFORMED

ANIMAL	1 01	0	6		0		- <u></u>	01		- T	<u>n1</u>	01	- 11	- 61	BT	01	01	01	ЪŤ		01	01	- 6 1	01	0	
NUMBER	2	27	2	020	3	3	3	3	3	3	3	3	3	39	40	4	2	4	4	4	4	\$	4	4	5	TOTAL
WEEKS ON Study	0	8	0	9	0 5	0 7	1	1	0	0	0	8	9	0	0	0	5	0	9	0	6	0	0	0	0	TISSU TUMO
INTEGUMENTARY SYSTEM	-61	-31	6	,	5	_31	-21	6	61	61	61	6	31	41	6	61	31	6	8	61	41	6	6	6	- 6	
SUBCUTANEOUS TISSUE Fibroma Fibrosarcoma	+	•	+	N	٠	٠	٠	+ X	٠	٠	+	٠	+	٠	٠	٠	+	+	+	+	+	٠	٠	٠	+	50
RESPIRATORY SYSTEM																									-	
LUNGS AND BRONCHI Hepatocellular carcinoma, metasta Alveolar/bronchiolar adenoma	+	+	+ .X.	+	٠	+	+	۰ x	+ x	+	+	*	+	+	+	+	٠	+	+ X	+	+	* ×	+	۰ ×	+ ×	50
TRACHEA	1 +	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	÷	+	+	+	٠	+	+	49
HEMATOPDIETIC SYSTEM	-																								-	
BOHE MARROW	+	+	+	+	+	+.	+	+	+	+	. + .	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	47
SPLEEN	+	+	+	.+	+	. +	+	÷	+	+	÷	+	+	+	+	+	+	+	+	•	+	+	+	•	+	47
LYMPH NODES Malig.lymphoma, Histiocyfic type	+	+	+	+	+	+	•	+	+	+	+	+	+	-	٠	٠	+	+	+	+	+	+	+	+	* ×	45
THYMUS	+	-	+	-	-	+	٠	+	-	٠	٠	-	-	-	-	-	+	-	-	٠	-	-	-	+	+	21
CIRCULATORY SYSTEM													-					_								
HEART	+	+	+	٠	+	+	٠	٠	+	+	+	+	+	+	+	+	÷	+	+	+	٠	+	+	+	+	50
DIGESTIVE SYSTEM	-																	_								
SALIVARY GLAND	+	-±-	+	+	. +	+	*	+	+	+	+	•	+	+	.+	+	÷	+		•	÷	+	<u>+</u>	+	+	.48
LIVER Hepatocellular adenoma Hepatocellular carcinoma Hemangidsarcoma	+	•	+ X	• x	×	٠	٠	* x	*	* ×	•	+ XX	•	•	* X	•	٠	٠	+ X	٠	+	+ X X	* x	٠	•	49
MALIG.LYMPHOMA, HISTIOCYTIC TYPE													·												-	
BILE DUCT	•	÷	.		+	+	<u>+</u>	+	+	+	+	+	+	+	+	*	+	<u>+</u>	+	+	+	+	+		+	49
GALLBLADDER & COMMON BILE DUCT	+		<u>. N</u>	<u>N</u>	+	<u>+</u> .	<u> </u>	÷	*	+	+	.N	.N	+	+	+	+	<u>N</u>	+	+	+	+	+	÷	+	50
PANCREAS	•	<u>+</u>		<u>-</u>	•	+	<u>+</u>	+	- <u>*</u>	<u>+</u>	+	•	•	*	<u>+</u>	•	*	-	+	<u>.</u>		•	+	<u></u>	*	45
ESDPHAGUS Stomach Squamdus Cell Papilloma	+	•	+	•	+	+	+	+	+	+	•	+	+	+	•	+	+	+	•	+	+	+	•	•	+	47
SMALL INTESTINE	+	+	+		+	. +	+	+	+	+	+	÷	+	+	t	+	÷	+		+.	+	+	+	+	+	47
LARGE INTESTINE	+	+	+	+	+	÷	+	-	+	٠	+	÷	+	+	-	•	٠	+	-	+	+	-	+	+	+	44
JRINARY SYSTEM							•																		-	
KIDHEY	+	+	+.	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	48
URINARY BLADDER		+	+	+	+	٠	•	+	+	÷	+	+	+	. +	+	+	٠	+	÷	+	÷	٠	٠	+	+	48
ENDOCRINE SYSTEM																										
PITUITARY	+	. +	+	+	+	. +	~	+	+	÷		-	. t _	+	+	ŧ.	+	+	+	+	+	٠	+	+	÷	42
ADRENAL PHEOCHROMOCYTOMA	٠	+	+	+	+	+	+	+	+	•	٠	•	+	+	+	•	•	•	٠	•	+	+	+	+	÷	43
THYROID .	+	+	ŧ.	٠	•	+	•	+	+	ŧ	+	.t	+	+	+	+		+	+	+	-	٠	+	+	+	45
PARATHYROID	-	-	-	-	÷	+	~	+	٠	-	-	+	٠	-	+	+	٠	٠	-	-	-	٠	-	٠	+	26
REPRODUCTIVE SYSTEM			_					_											-						-1	
MAMMARY GLAND	N	N	N	N	Ν.	<u>N</u>	N	N	N	N	N	<u>N</u> _	N	N.	N	N	N	N	Ν.	<u>N</u>	N	N	N	N	. N	50)
TESTIS Interstitial-Cell Tumor	٠	•	+	•	+	•	+	•	+	•	+	+	+	*.	•	+	•	•	+	•	+	+	•	+	٠	48
PROSTATE PAPILLARY ADENOMA	•	•	+	•	+	•	•	+	•	•	+	•	+	+	+	+	+	+	+	•	+	+	+	•	×	46
ERVOUS BYSTEM																									T	
	+	•	<u></u>	*		<u> </u>	<u> </u>	•	•	+	+	•	•	+	•	•	*	+	•	<u>.</u>	+	+	+		+	50
PECIAL SENSE ORGANS Harderian Gland Adenoma, Hos	M	N	H	M	N	N	N	H	N	N	N X	N	N	N	N	N	H	H	N	H	H	H	H	N	ĸ	50
LL OTHER SYSTEMS										_															-+	-
MULTIPLE ORGANS NOS MEMANGJOSARCOMA Malignant Lymphoma, Nos Maliglymphoma, Histiocytic type	H	N X	H	N	н х	N	H	N	N	N	H	N		N X	N X	N	N X	N	N	N	N X	N	Ħ	N	N	30

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

ANALGILIGENDAL GAALVILLE GALANDE * ANIMALS HECKOPSIED * TISSUE INFORMATION SUBMITTED * TEGUIEE STISSUE AND EXAMINED MICROSCOPICALLY * TEGUIES TISSUE AND EXAMINED MICROSCOPICALLY * TUMOR INCIDENCE NOT EXAMINED MICROSCOPIC EXAMINATION * ANIMAL MESSING * ANIMAL MISSING * ANIMA

TABLE B3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR STUDY OF 1,2-DICHLOROPROPANE

HIGH DOSE

ANIMAL NUMBER	0	0	0	004	1 5	006	0	0	009	1	1	1	1	1	1	1	1	1 8	1	2	2	22	23	2
WEEKS ON Study	1	0	0	0	0	105	1	1	6	0	7	8	0	0	0	0	0	0	0	0	1	2	0	0
INTEGUMENTARY SYSTEM	1	12	2	4	<u> </u>	2				_21	-11			_21	- 21	-21	-21		- 21	21	- 21	21		_2_
SUBCUTANEOUS TISSUE Sarcoma, nos Fibrosarcoma	+	+	+	н	+	٠	٠	+	٠	٠	+	+	+	+	H	٠	+	٠	+	+	+	+	٠	•
RESPIRATORY SYSTEM	+					_							~	• •										
LUNGS AND BRONCHI HEPATOCELULAR CARCINOMA, METASTA Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	Ľ	•	+ x	* ×	+ ×	+	*	٠	+	+	٠	٠	*	+	•	* ×	+ x	•	•	+	+ x	•	•	+
TRACHEA	+	+	+	+	+	+	+	+	٠	+	+	٠	٠	-	+	٠	٠	+	+	٠	+	+	+	+
HEMATOPOIETIC SYSTEM	+										_									-				
BONE MARROW	++	+	_+	+	+		+	+	+	•	+		•	+	٠	+	+	+	•	•	+	+	+	+
SPLEEN HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	-	+	*	٠	+	*	+	٠	+	+ .	٠	+	+
LYMPH NODES	+	+	+	-	+	+	+	+	+	+	÷	-	+	+	-	+	+	+	+	-	+	-	+	+
MALIG.LYMPHOMA, HISTIDCYTIC TYPE	+							X																_
THYMUS	+	_				-		-	-	-	•	-	-	-	+	-	-	-	÷	+.	-	+	-	+
CIRCULATORY SYSTEM																								
HEART	+	+		+	+	+	+	+	+	+	+	+	*	+	+	•	+	+	+	+	+	+	*	+
DIGESTIVE SYSTEM																								
SALIVARY GLAND	<u></u>	<u>.</u>	-	•	•		+	· •	+	•	•	•	-	<u>.</u>	•	- <u>*</u>	<u>*</u>	*	+	•	+	•	<u>.</u>	<u>+</u>
LIVER BILE DUCT ADENOMA	1		•	+	ţ	•	•	•	•	ţ	•	•	•	•	•	.+ ¥	•	•	•	:	ţ	:	-	•
HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA MALIG.LYMPHOMA, HISTIOCYTIC TYPE		x		×	x		x	x		x	x	x	×	x	š	î	x		x	x	×	x	x	
BILE DUCT	÷,	•	+	•	+	•		+	+	•	÷	•	•	+	÷	+	+	•		•	-	-	•	
GALLBLADDER & COMMON BILE DUCT	T.	N	•	N	+	+	N	+	+	+	N	Ň	÷	N	N	+	N	+	Ň	÷	•	N.	N	÷
PANCREAS	+	+	•	+	+	+	+	+	+	+	•	-	+	+	•	+		+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	÷	+	+	+	÷	÷	+	+	+	+	+	+	+	+	+	+	+	+ .	+
STOMACH	+	+	+	+	•	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	÷	+	+	+
SQUAMOUS CELL PAPILLOMA	<u> </u>									_	_					×								
SMALL INTESTINE	+	.+	*		+	*	+	<u>.</u>	+	<u>+</u>	+	-	+	+	•	<u>+</u>	<u>+</u>	<u>+</u>	+	+	+	+	*	+
LARGE INTESTINE	H N	+ N	_+ н	-+ N	+ м		-+- N	• N	+ N	+ N	+ N	 N	 N		+ N	+ N	• N	. <u>+</u>	+ N	* N	+ N	<u>+</u> н	+ N	+ N
SARCOMA, NOS																								
JRINARY SYSTEM																								
KIDNEY Malignant Lymphoma, HDS	+	+	+	×	+	+	*	+	+	+	+	+	+	+	+	•	•	•	*	+	*	+	*	•
URINARY BLADDER	+	+	+	+	+	+	+	+	٠	+	÷	٠	+	٠	+	+	÷	÷	+	+	+	+	+	٠
ENDOCRINE SYSTEM	\vdash																	• ••••						-
PITUITARY	+	+	+		+	+	÷	+	÷	+	+	+	+	+	-	+	+	+	+	-	÷	÷	÷	+
ADRENAL Pheochromocytoma	+	+	•	_*	٠	+	+	•	+	+	•	•	•	+	•	•	+	+	+	+	+	+	+	+
THYROID Follicular-cell Adenoma Follicular-cell carcinoma	+	٠	٠	٠	٠	٠	*	+	+	+	-	٠	٠	-	+	+	+	٠	+	+	+	+	٠	+
		••••																				<u>x</u> .		
PARATHYROID	+	-	-	•	+	+	-	+	*	+	-	*	*	-	-	+	<u>+</u>	-	-	*	•	-	-	*
EPRODUCTIVE SYSTEM MAMMARY GLAND																				N				
	N N	_ <u>N</u>	<u>N</u>	<u>N</u>	<u>-N</u>	_N		<u>N</u>	<u>N</u>	<u>N</u>	<u>N.</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>		n	<u></u>	<u></u>	<u>.</u>		.a	. <u>n</u>	.a
TESTIS PROSTATE	1.	÷	•		÷	÷	÷	÷	÷	+	+	+	÷	÷	÷	÷	<u>.</u>		+	+	÷	•	÷	•
ERVOUS SYSTEM			•	-	_	*	· · · ·	· ·	· · ·						·	•	•	·			-		•	·
BRAIN	+	•		•	•	+	÷	+	÷	÷	+	÷	÷	+	•	•	•	÷	•	•	÷	÷	•	٠
PECIAL SENSE ORGANS																								
HARDERIAN GLAND Papillary Adenoma	N	H	H	N	N	N	N	N	H	H	N	N	N X	H	н	H	N	N	H	N	N	N	H	H
USCULOSKELETAL SYSTEM				· · · · ·																				
MUSCLE Hemangiosarcoma	н	N	N	H	N	N	N	H	N	H	н	N	N	*	H	H	N	H	N	N	N	N	N	H
LL OTHER SYSTEMS																						-		
MULTIPLE ORGANS NOS Hemangiosarcoma Malighant Lymphoma, Nos Malighant Lymphoma, Mixed Type Mast-cell Sarcoma	H	H	N	N	N	N Y	N X	H	N	N	ĸ	H	N	N	N	H	N	M	H		н Х	N		N X
+: TISSUE EXAMINED MICROSCOPI -: REQUIRED TISSUE NOT EXAMIN X: TUMOR INCIDENCE N: MECROPSY, NO AUTOLYSIS, NO S: AMIMAL MIS-SEXED	CALI ED MI	LY MIC CRO	R05 5C0	COP PIC	ICAI EX/					c		ND NEC AUT ANI HO	TIS ROP OLY MAL	SUE SY, SIS MI	1H H0 551	FOR HI	MAT 510	10H LOG	SU Y D	BMI UE	TTE TO	D PRO	TOC	σι

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

AHIMAL NUMBER	0	0	0	0 2 9	0	0	0	0[0 3	0	0	03	0	0	0	0	0 4 2	0	0	0	°	0 4 7	0	0 4	0 5	
WEEKS ON	6	- 7 0 5	-8	-11		ㅐ	- 1	-1	-	-5	-1	-11	8	-1		1	1	-	4	5	6 0 8	7	8	- 21	0 0 8	TOTAL TISSUES TUMORS
STUDY	8	5	0 5	0 5	5	0 j 5 l	0	5	0 5	0 5 (0 5	0 5	6	0 5	0 5	2	0 5	0 5	0	2	8	5	0 5	0 5	7	
SUBCUTANEOUS TISSUE Sarcoma, nos Fibrosarcoma	+	٠	٠	٠	+	+	+	٠	٠	+	+	+	+ ×	* ×	+	* ×	+	N	N	٠	+	+	٠	٠	+	50× 2 1
RESPIRATORY SYSTEM	 —									_																
LUNGS AND BRONCHI Hepatocellular carcinoma, metasta Alveolar/Bronchiolar adenoma Alveolar/Bronchiolar carcinoma	+	+	•	•	+	+	+	+	+	+	+ x	+	•	+	+ x	+	+	+	* X X	+	•	+	+ ×	+ 	+	50 4 9 3
TRACHEA	+	٠	٠	٠	+	+	+	٠	٠	٠	٠	٠	+	+	٠	+	+	÷	+	+	-	+	-	+	+	47
HEMATOPOIETIC SYSTEM	1				_																					
BONE MARROW	+	+	+	+	+	+.	+	+	•	+	<u>.</u> t.	+	+	+	+	+	.+	*	+	+	+	+	+	+	+	49
SPLEEN Hemangidsarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
LYMPH NODES Malig.lymphoma, histiocytic type	+	-	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	-	42
THYMUS	+	-	-	+	-	÷	-	-	-	÷	-	-	+	-	-	-	٠	-	-	-	-	-	-	-	-	12
CIRCULATORY SYSTEM																										
HEART	+	٠	+	٠	٠	+	+	+	+	+	+	٠	+	+	٠	+	+	•	+	٠	+	+	٠	+	٠	50
DIGESTIVE SYSTEM	1				_										_										-	
SALIVARY GLAND	+	÷	+	<u>+</u>	+	÷	+	+	+	+	+	÷	+	+	÷	+	+	+	+	+	+	+	+	+.	+	47
LIVER BILE DUCT ADENOMA	+	+	+	٠	٠	+	+	٠	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	* x	+	501
LIVER Bile Duct Adenoma Hepatdcellular Adenoma Hepatdcellular Carcinoma Malig.lymphoma, Histidcytic type	×		×	X	x		X	X			x			x	×		x	X	x		×	X			x	16 16 2
BILE DUCT	+	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	N	<u>N</u>	N	+	+	+	+	N	÷	ŧ	N.	+	+	N	+	+	÷	÷	+	+	S0×
PANCREAS	+	+	÷	+	+	+	+	+	+	+	+	÷	+	+	÷	+	+	+	+	÷	+	÷	+	+	+	48
ESOPHAGUS .	+	-	+	+	+	+	+	+	•	+	+	÷	÷	+	+	+	÷	+	+	+	÷	+	+	+	+	49
STOMACH Squamous cell papilloma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* x	+	* x	+	49 3
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	÷	+	+	+	+	+	÷	+	49
LARGE INTESTINE	+	+	+	÷	+	•	+	+	+	÷	÷	÷	+	+	+		+	÷	÷	÷	•	+	+	+	+	49
RECTUM Sarcoma, nos	N	н	N	H	H	+	N	N	N	H	N	N	H	'n	N	н	N	N	N	* ×	N	N	H	N	N	50¥ 1
JRINARY SYSTEM										• • • •		• •	÷													
KIDNEY Malignant Lymphoma, Nos	+	+	+	*	*	+	+	+	+	+	+	+	+	+	+	+	+	+	•	•	+	+	+	+	+	50
URINARY BLADDER	+	+	+	+	÷	+	+	+	+	÷	÷	÷	+	+	+	+	+	+	÷	÷	+	+	+	+	+	50
ENDOCRINE SYSTEM																-			• • • •						-+	
PITUITARY	+		+	+	+	+	<u>.</u>	+	+	+	•	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	47
ADRENAL Phegchromocytoma	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	49
THYROID Follicular-cell Adenoma Follicular-cell Carcinoma	•	+	+	•	•	+	•	+	+	+	+	+	+	+	+	-	•	+	٠	+	+	+	-	-	+	45
PARATHYRDID	+	-	+	+	٠	٠	٠	+	-	٠	+	٠	÷	-	-	-	-	+	-	٠	-	+	-	-	-	28
REPRODUCTIVE SYSTEM			~				_																		+	
MAMMARY GLAND	N	N	N	N	<u>N</u>	N	N	N	<u>N</u>	<u>N</u> .	N	N	N				<u>N</u>	Ν.	N	N	N	N	N.	N	N	.50×
TESTIS	+	+	+	t.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
PROSTATE VERVOUS SYSTEM	+	+	+	+	+	*	+	+	. +	+	+	+	+	+	+	.*	.+	+	-	+	+	+	+	+	+	48
REVOUS SYSTEM	+	÷	•			•																			Ţ	
PECIAL SENSE ORGANS		*	•	*	<u> </u>	•	•	+	+	÷	+	•	+	+	+	+	+	+	+	+	*	*	+	+	+	50
HARDERIAN GLAND PAPILLARY ADENDMA	N	ĸ	H	N	ĸ	ĸ	ห	ĸ	н	N	ĸ	N	ĸ	N	ĸ	ĸ	N	H	H	H	H	H	H	H	H	50×
USCULOSKELETAL SYSTEM																									+	
MUSCLE Hemangiosarcoma	N	ж	м	N	н	м	N	N	N	N	H	н	N	N	H	N	н	н	H	N	N	H	н	H	N	50× 1
LL OTHER SYSTEMS MULTIPLE ORGANS NOS HEMANGIOSARCOMA Malighant Lymphoma, NOS Malighant Lymphoma, Mixed Type Mast-Gell Sarcoma	×	н	н	H	H	H	H	н	H	H	H	H	N	N	H	ĸ	н	н	н	н	H	H	N X	N	M	50× 1 3 1

NAVINEL FORMATION * ANIMALS RECROPSIED * ANIMALS RECROPSIED * ANIMALS RECROPSED * TOMOR INCIDENCE * TUMOR INCIDENCE * Hecropsy, HO Autolysis, HD Microscopic Examination

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

TABLE B4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR STUDY OF 1,2-DICHLOROPROPANE

	v	C I		61	. C	U	U	A I	n	U	L,														
ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2	2	22	2	2	-
WEEKS ON STUDY	- 0	1	3 1 0	1	0	6 0 8	1		-1	1		0	-	1	1	1	:	0	-1	- 0 7	;	1			-
INTEGUMENTARY SYSTEM		ž	.7	ž	8	4	7	2	7	7	5	7	ž	<u> </u>	2	7	5	ž	1	نف	4	Ğ	<u>_</u>	<u>, il</u>	
SKIN		+	÷	+	÷	÷	÷	•	+	÷	•	+	÷	÷	•	•	÷	÷	+	•		•	÷.		
SQUAMOUS CELL CARCINOMA	+	•••••				· ·	·										•			· · ·	x		_		_
SUBCUTANEOUS TISSUE Sarcoma, nos	+	+	+	٠	+	٠	+	+	+	+	+	•	•	+	٠	+	+	+	٠	+	٠	+	•	٠	
RESPIRATORY SYSTEM	1	-			_																				-
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar carcinoma Osteosarcoma, metastatic	+	+	* ×	+	•	•	•	+	٠	×	+	•	+	+	•	•	+	+	×	•	•	+	+	•	
TRACHEA	+	+	٠	+	٠	+	+	÷	٠	+	٠	+	٠	٠	+	+	+	+	+	+	+	+	+	+	
HEMATOPOIETIC SYSTEM	+							•••																	_
BONE MARROW	+	+	+	+	+	+	+	+	+	_+	+	+	•	+	+	÷	+	+	+	+	. <u>+</u>	+	٠	+	
SPLEEN Hemangiosarcoma Malignant Lymphoma, nds	+	×	+	•	•	•	+	+	•	•	+	+	٠	٠	+	•	•	•	•	•	+	+	+	•	
LYMPH NODES	++	+	+	+		+	+	+	٠	÷	+	+	÷	٠	+	+	+	-	•	t	+	+	+		_
THYMUS	-	٠	-	٠	-	-	+	+	٠	-	-	+	٠	٠	-	-	-	-	-	-	-	+	-	+	
CIRCULATORY SYSTEM	+						_		÷																
HEART	+	+	+	٠	٠	+	+	+	٠	+	+	+	÷	+	٠	÷	٠	٠	٠	+	+	٠	+	+	
DIGESTIVE SYSTEM	+																								
SALIVARY GLAND	+	+	٠	+	÷	÷	÷	÷	÷	+	÷	+	÷	+	+	+	+	+	+	•	+	•	+	•	_
LIVER Hepatocellular Adenoma Hepatocellular Carcinoma Hemangiosarcoma	+	٠	٠	+	٠	٠	+ .×	٠	٠	+	+	٠	٠	+	+	+ × ×	٠	+	٠	٠	+	+	٠	٠	
BILE DUCT	† +	+	+	+	+	+	+	+	•	 +	•	+	+	•	+	+	+		•	+	+	•	+	+	-
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	+	+	÷	•	N	÷	+	N	•	N	÷	+	÷	+	+	•	•	N	+	
PANCREAS	+	+	+	-	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	Ξ.
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+		
STOMACH	+	÷	+	÷	÷	+.	+	+	+	+	+	÷	÷	÷	÷	+	÷	÷	+		+	•	+	+	,
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY SYSTEM	+						·												-						-
KIDNEY	+	+	+	+	t.	+		+		+	•	+		+	+	<u>+</u>	+	•	+	+	+	+	+	+	4
URINARY BLADDER	+	+	+	٠	+	٠	+	+	•	٠	٠	٠	٠	٠	٠	٠	+	+	+	٠	٠	+	+	+	1
ENDOCRINE SYSTEM	+							-																	
PITUITARY Carcindma,nos Adenoma, Nos	-	+	+	×	+	•	•	+	•	-	+	+ x	+	+	+ ×	•	•	•	-	+	+ x	+	+	+ X_	,
ADRENAL Cortical Adendma	+	+	+	+	٠	•	+	•	+	•	+	+	+	•	+	•	•	•	+	+	+	•	ż	+	4
THYROID Follicular-Cell Adenoma	L+	+	•	•	٠	•	•	+	•	+	•	+	•	+	+	+	•	•	•	•	+	٠	•	+	
PARATHYROID	-	-	-	+	٠	•	٠	٠	٠	-	+	-	+	٠	+	-	+	÷	+	-	÷	-	٠	٠	•
REPRODUCTIVE SYSTEM	1																			_					-
MAMMARY GLAND Adenocarcinoma, NDS Mixed Tumor, Malignant	N	+	N	+	H	N	H	N	к	N	H	н	N	H	N	H	H	×	H	N	H	N	٠	H	1
UTERUS Hemangioma	Ŀ	+	+	+	*	+	+	+	٠	٠	+	•	+	+	+	•	٠	+	+	+	+	+	+	+	1
OVARY Malig.lymphoma, histiocytic type	•	+	+	•	+	+	•	٠	+	+	* ×	٠	+	٠	+	+	+	٠	+	+	٠	٠	•	•	1
VERVOUS SYSTEM																									1
BRAIN	+	*	+	•	٠	+	*	•	+	+	•	+	+	•	•	*	+	•	•	+	•	•	+	+	_
SPECIAL SENSE ORGANS	Γ																								
HARDERIAH GLAND Adenoma, Nos	N	N	N	H	н	N	N	N	N	N	H	N	N	N	N	H	N	H	H	*	H	H	N	N	1
LL OTHER SYSTEMS																									
MULTIPLÉ ORGANS NOS Malignant Lymphoma, nos	N X	N	N	N	N	H	N	N	H	H	N	M	N	N	H	N	N	N	N	H	N	N.	×.	N	1

VEHICLE CONTROL

: NO TISSUE INFORMATION SUBMITTED C: Necropsy, no nistdiagy due to protocol A Auto(Vijs N: Animal Missing B: No necrosy terformed

+: TISSUE EXAMINED MICROSCOPICALLY -: Required Tissue not examined microscopically x: Tumor incidence m: Necropsy, no autolysis, no microscopic examination s: Animal Mis-Sexed

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TABLE B4. FEMALE MICE	: TUMOR PATHOLOGY (CONTINUED)	VEHICLE CONTROL
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ANIMAL NUMBER	2	27	2	2	3	3	3	3	34	3	3	3	3	3	4	4	4	4	4	4	4	4	0 4 8	049	0	
WEEKS ON	6	7	-		1	1	2	3 8	1	1	6 7	1	8 1 0	1	0	1	1	3	1	1 0	9	1	1	9	5 0 0 8	TOTAL TISSUE TUMOR
STUDY	9	7	5	21	7	5	1	1	ži	4	ý	ži	7	žL	ž	žl	žİ.	žİ	5	7	ó	žL	žİ	7	ŝ	
SKIN	+	÷	•	÷	÷	÷	+	÷	٠	÷	+	÷	÷	н	+	N	٠	÷	+	÷	÷	+	÷	÷	•	50×
SQUAMOUS CELL CARCINOMA	+							_												•						1
SUBCUTANEOUS TISSUE SARCOMA, NOS	+	٠	•	+	+	•	•	•	•	٠	+	+	*	H	+	N	•	•	•	•	•	•	*	•	1	50× 1
RESPIRATORY SYSTEM	\square																									
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma Osteosarcoma, Metastatic	Ľ	•	•	•	•	•	•	•	•	+	•	•	•	* x	•	•	•	•	•	×	•	•	×	•	•	50 5 1 1
TRACHEA	+	٠	٠	٠	٠	+	٠	+	٠	٠	-	٠	+	٠	٠	+	+	-	٠	٠	٠	٠	٠	٠	+	48
HEMATOPOIETIC SYSTEM	1				_																					
BONE MARROW	++	+	+	+	+	.+	÷	÷	+	+	+	+	+	÷	٠	+	+	<u>+</u>	<u>+</u>	÷	÷	÷	+	+	-+	50
SPLEEN Hemangiosarcoma Malignant Lymphoma, Nos	+	•	•	* x	٠	٠	•	•	•	+	*	+	٠	+	•	•	•.	•	•	+	•	+	•	+	•	50 2 1
LYMPH NODES	+	+	•	+	+	+	+	÷	+	+	+	+	+	+	÷	÷	+.	-	+	+	-	+	+	٠	+	46
THYMUS	+	٠	-	-	+	٠	-	-	-	-	٠	-	-	٠	-	-	٠	-	٠	-	-	٠	٠	٠	-	21
CIRCULATORY SYSTEM	1-			-																					+	
HEART	+	٠	٠	٠	٠	٠	+	+	+	+	٠	+	٠	٠	+	+	٠	+	٠	٠	٠	٠	٠	٠	+	50
DIGESTIVE SYSTEM	-							-							_											
SALIVARY GLAND	+	•	+	+	+	•	+	+	•	+	+	+	-	+	÷	+	+		<u>+</u>	+	+	+	+	•	+	4.8
LIVER Hepatocellular carcinoma Hemangiosarcoma	·	•	+	*	•	+	•	•	•	+	+	•	+	*	•	+	•	•	•	•	+	•	•	•	+	50
BILE DUCT	++	+	+	t	+	+	+	+	٠	+	+	+	•	<u>+</u>	+	•	٠	÷	÷	+	+	+	+	+	-++	50
GALLBLADDER & COMMON BILE DUCT	+	N	N	ŧ	+	+	N	+	+	<u>H</u>	+	N	+	+	+	+	+	+	N	+	<u>+</u>	<u>N</u>	+	t	+	50×
PANCREAS	+ +-	<u>.</u>	+	t	+	+	+	+	٠	+	+	. <u>+</u>	+	+	+	+	+	÷	+	+	+	+	•	+	+	48
E50PHAGU5	+	÷	+	+	+	. <u>+</u> _	+	+	+	+	-	+	+	-	٠	+	٠	+	+	+	+	+	÷	÷	+	48
STOMACH	++	+	+	. t	+	. <u>+</u> _	+	+	+	+	+	+	+	+	<u>+</u>	<u>+</u>	+	÷	+	+	+	+	+	+	+	50
SMALL INTESTINE	+	+	+	+	+	+	•	+	+	+	•	+	+	<u>+</u>	+	+	+	-	÷	+	+	+	+	+	+	
LARGE INTESTINE	•	-	+	+	+	+	٠	+	•	+	٠	+	*	+	+	+	÷	+	•	+	+	+	+	+	+	48
URINARY SYSTEM																										
KIDNEY	++	+	+	+	+	+	+	+		+	+	+				+	-		•	+	•	+	+	+	+	50
URINARY BLADDER		*	*	+	•	+	+	+	+	+	+	+	٠	•	+	•	+	•	•	•	•	•	*	*	•	50
ENDOCRINE SYSTEM			_					-	+			÷	•	+	•	•	-	-		•	-	÷				
PITUITARY Carcinoma, nos Adenoma, nos	.	•	-	٠	*	•	•	-	÷ ¥	•	-	•	• ×	*	•	•	-	-	+	•	-	•	•	-	•	38
ADRENAL CORTICAL ADENOMA	·	÷	٠	٠	٠	+	٠	+	+	٠	٠	•	+	٠	٠	÷	+	+	÷	+	-	+	-	+	+	48
THYROID FOLLICULAR-CELL ADENOMA	+	+	٠	+	٠	٠	٠	٠	٠	٠	-	÷	٠	+	٠	٠	٠	+	٠	٠	٠	٠	٠	-	+	48
PARATHYROID	•	-	+	-	÷		-	+	•	-	-	-		•	÷	÷	•	+	-		÷	+	•	-		29
REPRODUCTIVE SYSTEM	+		-							-															-	
MAMMARY GLAND ADEHOCARCINOMA, NOS MIXED TUMOR, MALIGNANT	H	N	H	N	+ x	N	N	N	٠	N	H	N	•	N	٠	H	N	N	N	N	N	•	н	•	H	50× 1
UTERUS HEMANGIOMA	·	•	÷	•	٠	+	+	+	+	+	+	÷	+	÷	٠	+	+	+	÷	+	+	+	+	+	+	50
OVARY Malig.lymphoma, histiocytic type	+	٠	٠	٠	+	٠	+	٠	•	÷	٠	٠	+	+	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	·	50
ERVOUS SYSTEM	-																		_						+	
BRAIN	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	50
SPECIAL SENSE ORGANS			_					_																	1	
HARDERIAN GLAND Adenoma, Nos	N	N	N	н	N	N X	N	N	N	H	N	N	N	H	H	N	H	N	N	N	N	N	N	H	N	50×
ALL OTHER SYSTEMS	1	_						-										_				-				
MULTIPLE ORGANS HOS Malighant Lymphoma, Nos	N	N	N	N	ĸ	N	N	N	Ħ	N	N	N	ĸ	N	N	N	н	N	N	N	N	N	N	N	N	50 1

* ANIMALS NECROPSIED * IISSURE XIMINED MICROSCOPICALLY * IISSURE XIISSUE NOT EXAMINED MICROSCOPICALLY * IUNOR INCIDENCE N: MECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

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

TABLE B4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR **STUDY OF 1,2-DICHLOROPROPANE**

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	1	0	1	1	1	1	1	1	1	1	2	21	22	0 2 3	024	
WEERS ON STUDY	0	0	0	0 9	9 7	1	1	1	9	1	1	1	1	;	1	9	9	9	1	0	1	0	1	8	ſ
INTEGUMENTARY SYSTEM	-4	_1	5	1	6	6	6	6	1	6	6	6	6	5	6	5	31	91	6	1	6	31	6	-31	-
SUBCUTANEOUS TISSUE FIBROSARCOMA	•	+	+	+	+	÷	*	+	+	+	+	٠	+	٠	٠	٠	+	+	+	٠	÷	+	٠	٠	
FIBRUSARCUNA RESPIRATORY SYSTEM							x			_	_													~	_
	+	+	+	+	+	+	÷	+	+	+	•	+	+	+	+	* x	+	+	+	+	+	٠	٠	+	
LUHGS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA Alveolar/Bronchiolar carcinoma																x									
TRACHEA	+	٠	+	٠	+	٠	٠	٠	-	٠	٠	-	٠	٠	+	+	٠	٠	+	٠	٠	+	٠	٠	
TEMATOPOIETIC SYSTEM	-			_							_				_						-				-
BONE MARROW	. t.	*	+	+	•	•	+	+	+	+	+	÷	+	-	÷	+	÷	+	+	+	+	+	+	+	-
SPLEEN	+ +		+	+	<u> </u>	<u></u>	+	+	+	<u>+</u>	÷	+	÷	+	•		+	+	<u>+</u>	+		+	+	+	-
LYMPH NODES	+	+		+	+	+	+	+	<u>.</u>	+	-	÷	+		÷	+	+	+	*	-	+	-	.+		-
THYMUS	-	-	-	-	-	+	-	•	-	-	+	+	+	-	+	-	-	-	+	-	-	-	-	<u> </u>	_
CIRCULATORY SYSTEM	.								+	÷	÷	÷													
HEART Sarcoma, Nos	1	•	•	•	'	•	•	•	•	•	Ť	Ţ	Ť	Ť	•	•	*	Ť	Ţ	Ť	Ť	•	•	•	
DIGESTIVE SYSTEM	-											-		_										-	
SALIVARY GLAND	+	. +		+	+	+	+	+	+	.*	+	+	+		+	+	-	+	+	-	•	+	+	+	-
LIVER Hepatocellular Adenoma Hepatocellular carcinoma	•	+	+	+	•	+	٠	+	٠	*	٠	٠	+	+	.*	•	+	+	+	٠	+	+	+	+	
	-		-	_				<u>×</u>			•	<u>.</u>	+		•	<u>×</u>		•		+	•	•	+	-	
BILE DUCT	+	÷	÷		<u>,</u>	+	+	+	÷		•	+	+	+ N	+	+ N	• N	+	+	÷ N	+	÷	- <u>-</u> -		-
GALLBIADDER & COMMON BILE DUCT	+	÷	÷	÷	N	÷	÷	÷	÷	N +	-	+	÷	+	÷	+	+	+	÷	-		÷	÷	÷	
ESOPHAGUS	+	+	+	+	+	+		•	-	+	+	÷	+	+	+	+	+	-	+	+	+	+	+	+	
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	•	+	•	+	+	+	÷	+	+	+	
CARCINOMA-IN-SITU, NOS Squamous Cell Papilldma						x																			
SMALL INTESTINE	+	•	+	+	+	•	+	÷	÷	+	+	+	÷	÷	+	+	+	-	÷	-	÷	+	+	÷	
LARGE INTESTINE	+	+	+	+	-	+	÷	+	-	+	+	+	÷	÷	+	+	+	÷	+	-	+	+	+	+	
URINARY SYSTEM														_						_					-
KIDNEY	+	t	+	+	÷	÷	+	÷	+	÷	÷	÷	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	٠	٠	+	٠	+	+	٠	٠	٠	-	٠	٠	٠	٠	٠	+	٠	٠	-	٠	٠	٠	٠	
ENDOCRINE SYSTEM		_	_					_																	ĩ
PITUITARY Carcindma,ND5 Adenoma, NOS	٠	+	•	* ×	+	•	•	+	+	•	•	•	+	•	+	•	•	•	•	•	+	•	•	•	
ADREHAL	. +	+	+	+	-	+	+	+	+	+	+	+.	+	•	+	+	+	+	+	+	+	•	+	+	_
THYROID		+	+	+	+	+	+	+	-	+	÷	-	+	+	÷	÷	+	÷	+	+	+	+	+	<u>.</u>	
PARATHYROID	-	+	+	+	+	+	+	~	•	+	+	-	-	-	-	+	-	•	+	-	•	-	*	+	
REPRODUCTIVE SYSTEM		_																		_					
MAMMARY GLAND Adengcarcinoma, Kos	N	N	*	н	ĸ	N	N	N	N	N	N	N	•	м	+	N	N	н	N	N	+	N	N	+	
UTERUS Adenocarcinoma, nos Hemangioma	٠	٠	•	٠	-	+	+ X.	+	+	+	+	+	•	•	+	•	٠	٠	•	•	•	+	•	+	
OVARY GRANULOSA-CELL TUMOR	+	+	+	+	٠	٠	•	•	+	+	+	+,	+	+	+	÷	÷	٠	+	+	+	+	+	+	
GRANULOSA-CELL TUMOR		_												_											_
		÷		÷	÷	÷	÷	÷	÷	•		÷	÷	•		•			•		•		÷		
BRAIN Carcinoma, nos, invasive				×								-	-												
PECIAL SENSE ORGANS						_								_											
EAR Squamous cell carcinoma	N	N	N	N	N	N	N	N	N	N	N	ĸ	N	N	N	*	н	N	ĸ	N	H	N	N	N	
USCULOSKELETAL SYSTEM												-	-	-											-
BONE OSTEGSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	ĸ	N	N	Ħ	N	н	
ALL OTHER SYSTEMS																							-		_
	N	н	N	N	N	N	N	N	×	N	N	N	H	N	N	N	N	N	N	N	N	N	N	N	
MULTIPLE ORGANS NOS Hepatocellular carcinoma, metasta Alveolar/Bronchiolar Ca, metastat Malignant lymphoma, nos Malig.lymphoma, histiocytic type	x	x		x				x						×				x			x				
+: TISSUE EXAMINED MICROSCOPI -: REQUIRED TISSUE NOT EXAMIN X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO S: ANIMAL MIS-SEXED	CAL ED MI	LY Mic Cro	ROS	COP	ICA EX	LLY	NAT	IOH				NU AU AN	TIS ROP IDLY MAL	SU ST SIS	IN NO	HFOR HI LNG	RMAT LSTO		N SI SY I	UBM	ITT TO	ED PR(010	:0L	

LOW DOSE

(ADLE D4. FEMALE MICL. IUMUN FAINVLUUT (CUMINVLD) – LUM DU	TABLE B4.	FEMALE MICE:	TUMOR PATHOLOGY (CONTINUE	D) LOW DOS
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ANIMAL NUMBER	2	0 2 7	28	2	3	3	3	3	034	3	0 3 6		0 0 3 3 8 9	0	0 4 1	0 4 2	4	044	0 4 5	046	4	4 8	4	0 5 0 TO1
WEEKS ON STUDY	ļ	0	0 7	-	0	0	0	0	0	?	į	0	8 9	8	9	0 8	0	0	0	1	ò	0	0	TTISS 0 TUP
INTEGUMENTARY SYSTEM	╡╹	ف	5	<u>.</u>	-21	_0_1	<u>.</u>	. 10		41	91	0.	21.0	1.9	[]	_01				P.I.		. 0 (91	•
SUBCUTANEDUS TISSUE Fibrosarcoma	+	٠	+	+	+	+	+	٠	+	+	+	•	+ N	٠	+	+	٠	+	+	٠	+	+	+	+ ;
RESPIRATORY SYSTEM																								
LUNGS AND BRONCHI Hepatocellular carcinoma, metasta Alveolar/Bronchiolar carcinoma	· L ·	+	+	•	+	+	+	+	+	+	+	+	+ +	•	•	+ 	+	+	•	•	+	+	•	+ 5
TRACHEA	+	٠	+	+	-	+	+	+	+	+	+	+	+ +	+	+	+	+	+	+	+	÷	÷	+	+ 4
REMATOPOIETIC SYSTEM	+															-								+
BONE MARROW	+	. +	+	+	-	+	+	+	+	•	+	+	•+	t.	+	+	+		<u>+</u>	+.	÷	÷	. + .	+ 4
SPLEEN	++	.	+	+	.+	÷	•	÷	+	+	÷	•	+ +	٠	÷	+		÷	+	•	+	. <u>+</u>	٠	+ 5
LYMPH NODES	L.	t	<u>.</u>		-	-	٠	+	+	+	+	•	+ .+	-	+	+	+	+	+	<u>+</u>	.+	+	+	+ 4
THYMUS	-	-	~	-	-	+	+	-	+	-	•	•	- +	-	-	-	+	٠	-	+	٠	+	+	- 1
CIRCULATORY SYSTEM	+-																							
HEART Sarcoma, nos	×	٠	٠	٠	٠	+	٠	٠	+	+	+	+ ·	• •	+	+	+	٠	٠	+	٠	٠	٠	+	+ 5
DIGESTIVE SYSTEM	1		_																					
SALIVARY GLAND	++	+	+	*	+	+	+	<u>.</u>	<u>+</u>	•	<u>+</u>	<u>.</u>	<u></u>	+	. +	÷	+	+	÷	+	+	+	÷	+ 4
LIVER Hepatocellular Adenoma Hepatocellular Carcinoma	+ ×	+	+	×	+	+	•	+	•	•	+	• •	• •	+	+	+	×	+	•	+	×	×	•	+ 5
BILE DUCT	Ŀ	+	+	+	+	+	+	+	+	+	+	+ .•	• •	+	+	÷	+	+	+	+	+	+	•	+ 5
GALLBLADDER & COMMON BILE DUCT	+	+	N	+	+	+	+	+	+	÷	+	нн	4 +	N	+	+	+	+	+	+	+	+	+	N 5
PANCREAS	I+	+	+	+	+	+	+	+	+	÷	+	+ •	+ +	+	+	+	+	+.	+	+	+	+	+	+ 4
ESOPHAGUS	<u> </u> +	+	+	+	+	+	+	+	-	÷	÷	÷ .	- +	+	+	+	+	+	+	+	+	•	+	+ 4
STOMACH Carcinoma-in-situ, n os squamous cell papilloma	+	+	+	•	+	٠	•	+	÷	•	+	• •	• •	+	٠	٠	٠	÷	+	+	+	٠	٠	* 5
SMALL INTESTINE	1.	•		+	•		+		+	•								•	÷					+ 4
LARGE INTESTINE	Ť.	<u>-</u>		+	+	+	+	•	+	+	+	• •	• •	-	+	•	•		•	+	<u>.</u>	•	+	+ 4
RINARY SYSTEM		_						-															· .	
KIDNEY	+	+	+	+	+	+	+	÷	÷	÷	÷	+ •	• •	+	+	+	+	•	+	÷	÷	•	÷	+ 5
URINARY BLADDER	+	+	+	+	•	+	+	÷	+	+	+	+ +	• •	÷	٠	÷	٠	+	•	+	•	+	+	• •
ENDOCRINE SYSTEM																								+
PITUITARY Carcinoma,nos Adenoma, nos	-	٠	٠	٠	-	+ ¥	+ ¥	+	٠	٠	+	• •	+ + ¥	٠	+	٠	+ ¥	+ ×	+ ¥	+ ¥	٠	-	+	- 4
ADRENAL	-	+	+	+	+	+	+	+	-	+	+		• •	+	+	+	+	+	+	+	÷	+	+	+ 4
THYROID	+	+	+	+	-	+	÷	+	+	÷	+	+ +	• •	+	+	+	+	+	+	+	÷	÷	+	- 4
PARATHYROID	1.		-	-	-	+	+	-	-		• •				+	-		-	-		-	-	-	+ 2
REPRODUCTIVE SYSTEM	 							•																
MAMMARY GLAND	N	н	N	+	н	N	н	+	N	N	н	N N		N	н	N	N	N	N	÷	N	÷	N	N 5
ADENDCARCINDMA, NOS								x	•										•	-		-		1
UTERUS Adenocarcinoma, nos Hemangioma	L ·	•	+	•	+	+	+	+	+	+	+	+ +	•	+	•	+	+	*	+	+	+	+	•	+ •
OVARY GRANULDSA-CELL, JUMOR	•	+	+	+	٠	٠	+	+	•	+	•	+ +	•	÷	٠	+	٠	+	* ×	٠	٠	•	•	• 5
IERVOUS SYSTEM	[-								1
BRAIN CARCINOMA, NOS, INVASIVE	•	+	+	+	+	•	•	+	+	+	•	• •	• •	+	•	•	+	•	•	+	+	•	•	+ 5
PECIAL SENSE ORGANS																								
EAR Squamous cell carcinoma USCULOSKELETAL System	н	н	N	N	н	N	*	N 1	H	N	N I	н н 	I N	N	N	N.	N	N	N	N	н	H	N	1 5
BDHE Osteosarcoma	N	N	N	N X	N	N	N	N I	N I	N I		H N	N	N	ĸ	N	N	H	H	N	N	N	N	1 51
LL OTHER SYSTEMS										_														+
MULTIPLE ORGANS NOS Hepatocellular carcinoma, metasta Alveolar/bronchiolar ca, metastat Malignant lymphoma, nos Malig.lymphoma, histiocytic type	N X X	N	H	H X	N		N X	N I	N 1	N I	• •	ч н ~	N X	N Y	N	N X	N	N	N	N	H	ĸ	N I	1 51
MALIG.LYMPHOMA, HISTIOCYTIC TYPE	1			-						-		^	· ^	^										1

* AHIMALS HECROPSIED + I TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: Tumor Nicibence H: Mecropsy, Ho Autolysis, Ho Microscopic Examination

: NO TISSUE INFORMATION SUBMITTED C: MECROPSY, NO HISTOLGOY DUE TO PROTOCOL A: AUTOLYSIS M: AMINAL MISSING B: NO MECROPSY PERFORMED

TABLE B4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR STUDY OF 1,2-DICHLOROPROPANE

				н	IG	H	U	0	St					•		2			,				_		
AHIMAL Humber	0	0	0	0	0	0	0 0 7	0	0	0	1	1	0	0	1	1	1	0	0	020	0	2	23	024	ſ
WEEKS ON Study	8	1	105	0	0	8	8	0 7 8	0	0	9	8	0 7 8	5	1 0 5	0	1 0 5	0	4	1 0 5	0	1 0 5	0 7 8	105	
INTEGUMENTARY SYSTEM				•		,	•					•	•	•	+	+	+	•	+	+	+	+	+		1
SKIN Sebaceous Adenoma	ŀ	+	<u> </u>	•	•	+	•	•	+	+	+	<u> </u>	·	÷	•		•	<u> </u>	<u> </u>	-	-			+	-
SUBCUTANEOUS TISSUE Sarcoma, nos Fibrosarcoma Neurofibrosarcoma	+	٠	* x	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	•	•	٠	٠	٠	٠	•	•	٠	+	
RESPIRATORY SYSTEM	+															_									-
LUNGS AND BRONCHI Squamous cell carcinoma, metastat Alveolar/bronchiolar adenoma	ŀ	+	+ x	•	•	•	•	٠	+	+	•	•	*	•	٠	•	+	•	٠	+	•	+	•	+	
TRACHEA	•	٠	+	٠	٠	٠	٠	٠	+	٠	+	٠	+	٠	٠	+	+	٠	-	+	+	+	+	+.	
HEMATOPOIETIC SYSTEM	T																						_		
BONE MARROW	++-	<u>+</u>	+	+	<u>.</u>	•	+	+	+	<u>.</u>	+	•	<u>+</u> .	*	+	•	•	÷	. *	+	÷	÷	<u>+</u>	•	-
SPLEEN Hemangiosarcoma	Ŀ	<u>'</u>	•		÷	•	•	•	-	+	٠	*	+	+	+	·		<u> </u>	+	•		•	-	•	
LYMPH HODES		•+	+	•	+	+.	-	٠	+	<u>+</u>	+	+	+	+	+	÷	+	+	+	+	+	•	+	÷	-
THYMUS	-	+	-	+	-	-	-	+	-	-	-	-	-	+	-	-	-	-	-	-	-	-	-	+	
CIRCULATORY SYSTEM	Γ																				_				
HEART	+	٠	+	•	*	•	+	•	+	•	+	•	+	+	*	+	•	•	*	+	•	+	*	+	
DIGESTIVE SYSTEM													_					,				-	,		
SALIVARY GLAND Liver Hepatocellular adenoma Hepatocellular carcinoma	•	+	•	•	•	•	•	•	+	•	•	•	+	+	• •	• •	+ + x	ž	•	+	+	+	+	+	
	÷				-						•	+	+	-	•	•	* +	+	+	+	+	+	•	+	-
BILE DUCT Gallbladder & Common Bile Duct	Ť.	•	+	+	•		+	+	÷	+	N	+	+	+	+	+	N	N	+	+	+	Ň	+	+	
PANCREAS	-	+	+	+	+	-	+	+	+	-	+	+	•	+	+	+	+	+	-	+	+	+	+	+	
ESOPHAGUS	1.	+	•	+	+	÷	+	٠	+	-	÷	•	+		÷	•	+	+	-	+	÷	÷	+	-	
STOMACH Squamous cell papilloma Squamous cell carcinoma	ŀ	•	•	•	•	•	+	•	•	•	•	•	•	+	•	•	٠	•	•	٠	+	•	•	٠	
SMALL INTESTINE	<u>.</u>	+	٠	+	+	+	+	+	+	+	+	+	+	+	÷	•	٠	+	٠	+	÷	+		٠	
LARGE INTESTINE	+	٠	٠	+	٠	٠	-	٠	٠	٠	-	+	٠	+	٠	٠	٠	+	٠	+	+	+	٠	٠	
URINARY SYSTEM	1																								
KIDNEY	≁	<u>+</u> -	+	+	+	+	+.	+	+	+	•	+	+	<u>+</u>	•	+	+	+	+	.+	+	+	+	•	-
URINARY BLADDER	-	•	+	+	+	•	•	-	•	•	•	•	•	•	•	+	+	*	+	+	+	+	÷	+	
PITUITARY CARCINOMA, NOS	-	-	•	٠	+	٠	٠	٠	٠	-	٠	٠	٠	٠	+	٠	÷	+	-	* x	٠	•	÷	٠	
ADEHOMA, HDS Adrenal	1.		•	•		•	•				+	+	•	•	÷	+	+	<u>+</u>	+	+	+	÷	-	•	
THYROID Follicular-Cell Adenoma Follicular-Cell Carcinoma	-	+	+	*	-	•	•	•	+	•	+	+	+	+	+	•	•	•	+	+	+	+ x	+	+	
CYSTADENOMA, HOS Parathyroid	+_	•		•	-		-	+	+	-	-	-	+	-	+	-	+	+	-	-	•	-	+		
REPRODUCTIVE SYSTEM															-					_					-
MAMMARY GLAND	N	N	+	N	N	N	N	N	N	N	Ν.	N	N	N.,	N	N	N	N	N	н.	N	+	Ν.	+	
VAGINA	N	н	N	N	N	H	N	H	N	N	H	N	ĥ	N	N	N	н	N	H	N	N	N	N	N	
SQUAMDUS CELL CARCIHOMA Uterus Leiomyosarcoma Endometrial Stromal Polyp	ŀ	٠	+	٠	+	+	٠	+	÷	÷	٠	+	+	÷	•	•	•	•	٠	÷	٠	٠	•	•	
OVARY	1.	+	•	•	+	÷	•	+	÷	•	+	+	•	•	+	÷	÷	+	-	+	+	+	+	÷	
RERVOUS SYSTEM		-							-																-
BRAIN CARCINGMA, NOS, INVASIVE	•	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	٠	+	÷	+	•	•	٠	٠	ż	٠	+	+	+	
FECIAL SENSE ORGANS				_					~																1
HARDERIAN GLAND Adenoma, NDS	H	H	H	H	H	H	H	H	H	н	N	N	H	H	N	N	N	H	H	M	H	H	N	H	
LL OTHER SYSTEMS																									1
MULTIPLE DRGANS HOS Squamdus cell carcinoma, metastat Malignant Lymphoma, Nos				x				H	N X	N X	H		н				x		_		x		H X	M	
+: TISSUE EXAMINED MICROSCOP -: Required Tissue Not Examin X: Tumor incidence N: Mecropsy, No Autolysis, N: S: Animal Mis-Sexed	ICAL HED 0 MI	LY MIC CRO	R05	COP PIC	ICA EX	AMI	HAT	ION		í		AU	TIS CROP TOLY IMAL HEC	SIS	H() H]	510	0100	SY I	DUE	TO	ED PRI	070	COL	

HIGH DOSE

TABLE B4. FEMALE MICE	: TUMOR PATHOLOGY (CONTINUED)	HIGH DOSE
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AN IMAL NUMBER	2	2	2	2	3	3	3	3	3	3	3	3	3	0 3 9	040		4	41	04	045	046	4	4 8	049	0 5 0 TO1
WEEKS ON Study	ţ	:	ţ	1	9	1		1	1	07		計	8	1	0	1	4205	1	5	3	0	11	1		
NTEGUMENTARY SYSTEM	اف	ŝ	اف	5	á.	اف	51	5	اف	<u>il</u>	5	51	1	5	3	اف	žĹ.	٥L	2	41	51	3	51	5	7
SKIN	N	+	÷	٠	+	+	+	+	٠	٠	÷	٠	+	÷	+	÷	+	٠	÷	N	+	+	+	+	: :
SEBACEOUS ADENOMA Subcutaneous Tissue	T N										+				+					N	+				× -
SARCOMA, MOS FIBROSARCOMA NEUROFIBROSARCOMA		·	Ť	•	•	Ť	·	×	Ť	•	·	×	•	·	Ţ	•	•	•	•		·		×		
ESPIRATORY SYSTEM	1																								
LUNGS AND BRONCHI Squamous cell carcinoma, metastat Alveolar/bronchiolar adenoma	+	+	+	+	•	+	•	•	•	+	•	•	•	+	•	•	+	+	+	•	+	+	+	+	+ •
TRACHEA	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ 4
EMATOPOIETIC SYSTEM																									
BONE MARROW	<u>++-</u>	+	*	+	<u>.</u>	+	+	+	. +	+		.t	<u>+</u>	÷	+	+	+	+	-	+	+	<u>+</u>	. <u>+</u>	+	+ 4
SPLEEN Hemangiosarcoma	Ľ	+	•	•	•	•	•	+	+	*	*	•	+	+	+	+	•	+	+	+	+	+	+	+	* 5 × 5
LYMPH NODES	<u> -</u>	+	+	. •	+	+	<u>.</u>	+	+	+	•	-	+	+	٠	٠	÷	+	+	+	<u>*</u>	<u>+</u>	+	+	+ 4
THYMUS	-	-	•	+	-	-	-	-	٠	-	٠	-	-	-	-	+	+	-	-	-	-	-	-	+	- 1
IRCULATORY SYSTEM	1					-																			1
HEART	+	+	+	+	+	+	+	+	٠	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+ 5
IGESTIVE SYSTEM	1																								
SALIVARY GLAND	┿┷	<u>+</u>	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	-	*	<u>+</u>	+	+	+	+ 4
LIVER Hepatocellular Adenoma Hepatocellular Carcinoma	Ľ	•	•	×	•	+	*	+	* x	•	*	•	+	+	+ ×	•	•	•	•	•	•	+	÷	•	+ 5
BILE DUCT	┝┷	+	+	+	•	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ 5
GALLBLADDER & COMMON BILE DUCT	ĺ₩.	+	H.	N.		.*	N	.+	. <u>*</u>	<u>.</u>	_ <u>+</u>	Ν	<u>N</u>	•	Ν	•	+	+	N	+	+	+	+	+	N 5
PANCREAS	++	+	+	<u>+</u> .		+	. <u>+</u>		. <u>+</u>	+	<u>+</u>	<u>+</u>	-	+	+	+	•	+	+	+	+	+	+	+	+ 4
ESOPHAGUS	++-	.+.			+		•	<u>+</u>	+	+	<u>+</u>	*	+	-	· · · ·	•	+	+	<u>+</u>		+	+	+	+	+ 4
STOMACH Squamdus Cell Papilloma Squamdus Cell Carcinoma	Ŀ	+	•	•	×	+	•	•	+	•	•	•	+	•	+	•	•	+	+	+	+ x	•	+	*	* 5 ×
SMALL INTESTINE	++	+	+	.*	+		+	<u>+</u>	<u>+</u>	<u>.</u>	. <u>+</u>	•	+	+	+	+	+	+	+	+	+	+	+	+	+ 5
LARGE INTESTINE	-	+	+	٠	٠	+	•	٠	+	+	+	٠	-	+	+	+	-	÷	-	+	+	-	+	•	+ 4
RINARY SYSTEM																									
KIDNEY	++	+	+	+	+	٠	+	+	+	+	+	<u>.</u>	. <u>+</u>	<u>+</u>	+	+	<u>+</u>	·	+	· · · · · ·	<u>+</u>	+	+	+	<u>+ </u> 5
URINARY BLADDER	+	. •	+	*	+	•	+	•	+	•	+	*	•	+	+	+	+	+	+	+	+	+	+	•	+ 4
NDOCRINE SYSTEM Pituitary Carcinoma, Nos Adenoma, Nos	÷	+	•	•	•	•	+	•	•	+	•	+	•	+	+	•	+	•	·	-	~	÷	÷	·	+ 4
	╂			×			Χ.	<u>×</u> _										<u>x</u>						x	
ADRENAL	+	+			+	+		<u>+</u>	<u>.</u>	+	+	*	+	+		<u>+</u>	+	<u>+</u>	+	<u>+</u>		+	+	+	+ 4
THYRDID Follicular-Cell Adenoma Follicular-Cell Carcinoma Cystadenoma, Nos	*	٠	-	+ .x	•	•	•	+	•	+	•	+		+ x	+	•	+	+	+	+	* ×	+	+	-	+ 4
PARATHYRGID	-	÷	-	-	+	-	-	+	٠	-	-	-	+	-	+	+	-	÷	-	-	÷	+	+	-	+ 2
EPRODUCTIVE SYSTEM	 																								+
MAMMARY GLAND	<u> n</u>	N	N	<u>. N</u> _	N	+	N,	+	Ν.	N	N	N	N	Ν.	N	N	N	N	N	N	N	N	N	N	N 5
VAGINA Squamous cell carcinoma	H	N	N	н	N	N	N	N	N	N		н					N				N	N		N	N 5
UTERUS Leiomyosarcoma Endometrial Stromal Polyp	Ŀ	•	•	-	•	+	•	+	•	•	+	+ x	+	•	+	•	•	•	•	* *	•	•	+	+	+ 4
OVARY	-	+	٠	٠	٠	٠	-	٠	٠	٠	٠	-	٠	•	٠	٠	+	•	+	+	-	٠	٠	+	+ 4
ERVOUS SYSTEM	1																								
BRAIN Carcinoma, Nos, invasive	ŀ	•	•	•	•	•	•	•	•	•	•	•	+	•	•	+	•	+	+	•	+	+	+	•	+ 5
PECIAL SENSE ORGANS																									
MARDERIAH GLAND Adënoma, Mos	×	X	N	N	м	N	N	N	N	н	N	N	N	N	N	H	N	N	н	N	N	N	N	N	N 3
LL OTHER SYSTEMS	1										_		_												1
MULTIPLE ORGANS HOS Squamous cell carcinoma, metastat Malignant_lymphoma, hos	N	H	H	N	N	H	N	N	N	N	N	N	N	N	N	N	H	N	H	N	N X	N	N	N	H 5

I NO TISSUE INFORMATION SUBMITTED C: HECROPSY, HO HISTOLOGY DUE TO PROTOCOL AI ADIOLYSIS H: ANIMAL MISSING B: NO MECHNESING B: NO MECHNESING

1,2-Dichloropropane

96

APPENDIX C

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

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			
*SKIN EPIDERMAL INCLUSION CYST	(50) 1 (2%)	(50)	(50)
*SUBCUT TISSUE EPIDERMAL INCLUSION CYST HEMORRHAGE ABSCESS, NOS	(50) 1 (2%)	(50)	(50) 1 (2%) 1 (2%)
RESPIRATORY SYSTEM			
#TRACHEA Inflammation, Chronic Hyperplasia, Papillary	(49)	(49)	(50) 1 (2%) 1 (2%)
#LUNG CONGESTION, NOS HYPERPLASIA, ALVEOLAR EPITHELIUM	(49) 1 (2%) 2 (4%)	(50) 2 (4%)	(50) 2 (4%)
HEMATOPOIETIC SYSTEM			
#SPLEEN HEMOSIDEROSIS HEMATOPOIESIS	(50) 2 (4%) 1 (2%)	(49) 2 (4%)	(50) 1 (2%) 1 (2%)
#LYMPH NODE Hyperplasia, plasma celi	(48)	(49) 1 (2%)	(48)
#MANDIBULAR L. NODE CYST, NOS CONGESTION, NOS	(48) 1 (2%) 1 (2%)	(49)	(48)
HYPERPLASIA, PLASMA CELL	1 (24)	1 (2%)	

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

	VEHICLE Control	LOW DOSE	HIGH DOSE
#MESENTERIC L. NODE CYST, NOS SCLEROSIS	(48) 1 (2%)	(49)	(48) 1 (2%) 1 (2%)
#RENAL LYMPH NODE Hemosiderosis	(48) 1 (2%)	(49)	(48)
#ADRENAL HEMATOPOIESIS	(50)		(50) 1 (2%)
IRCULATORY SYSTEM			
#HEART FIBROSIS, DIFFUSE	(49) 1 (2%)	(50)	(50)
#MYOCARDIUM Degeneration, Nos	(49) 36 (73%)	(50) 25 (50%)	(50) 20 (40%)
IGESTIVE SYSTEM			
HEMORRHAGE NECROSIS, FOCAL METAMORRHOSIS FATTY	(50) 35 (70%) 27 (54%) 13 (26%) 13 (26%) 13 (26%) 1 (2%) 2 (4%)	2 (4%)	1 (2%)
#LIVER/CENTRILOBULAR CONGESTION, NOS NECROSIS, NOS ATROPHY, NOS	(50) 1 (2%) 1 (2%)	(50)	(50) 3 (6%)
#BILE DUCT Hyperplasia, Nos	(50) 37 (74%)	(50) 32 (64%)	(50) 31 (62%)
#PANCREAS Accessory structure	(48)	(50)	(50) <u>1 (2%)</u>

TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
INFLAMMATION, CHRONIC Hyperplasia, focal		1 (2%) 1 (2%)	
<pre>#PANCREATIC ACINUS Atrophy, Nos Atrophy, Focal</pre>	(48) 1 (2%) 2 (4%)	(50)	(50) 2 (4%)
*JEJUNAL LUMEN Hemorrhage	(50) 1 (2%)	(50)	(50)
#STOMACH Hyperplasia, epithelial	(50)	(50)	(50) 1 (2%)
#FORESTOMACH Ulcer, NOS Inflammation, Acute	(50) 1 (2%)	(50) 1 (2%)	(50)
HYPERPLASIA, FOCAL Hyperplasia, diffuse Hyperplasia, basal cell	1 (2%)	2 (4%)	1 (2%) 1 (2%)
#JEJUNUM CYST, NOS	(49)	(50)	(50) 1 (2%)
#COLON NEMATODIASIS	(49) 5 (10%)	(49) 6 (12%)	(49) 7 (14%)
RINARY SYSTEM			
#KIDNEY CAST, NOS	(50) 1 (2%)	(50)	
HYDRONEPHROSIS NEPHROSIS, NOS	43 (86%)	43 (86%)	1 (2%) 45 (90%)
NDOCRINE SYSTEM			
<pre>#PITUITARY CYST, NOS HEMORRHAGIC CYST</pre>	(50) 1 (2%) 1 (2%)	(48) 2 (4%)	(47)
HYPERTROPHY, FOCAL Hyperplasia, focal Angiectasis	1 (2%) 2 (4%) 1 (2%)	1 (2%) 1 (2%)	1 (2%)
#ADRENAL DEGENERATION, LIPOID	(50) 1 (2%)	(49)	(50)

TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
METAMORPHOSIS FATTY Anglectasis		2 (4%) 1 (2%)	
#ADRENAL CORTEX CYST, NOS DEGENERATION, NOS DEGENERATION, LIPOID METAMORPHOSIS FATTY HYPERPLASIA, FOCAL	(50) 6 (12%) 1 (2%)	(49) 1 (2%) 6 (12%) 2 (4%) 1 (2%)	(50) 2 (4%) 2 (4%) 1 (2%) 2 (4%)
#ADRENAL MEDULLA Hyperplasia, focal Angiectasis	(50) 4 (8%) 1 (2%)	(49) 3 (6%)	(50) 3 (6%)
<pre>#THYROID CYSTIC FOLLICLES HYPERPLASIA, C-CELL</pre>	(49) 2 (4%) 4 (8%)	(49) 2 (4%) 1 (2%)	(50) 2 (4%)
<pre>#PANCREATIC ISLETS HYPERPLASIA, NOS</pre>	(48) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
EPRODUCTIVE SYSTEM			
*MAMMARY GLAND DILATATION/DUCTS Hyperplasia, nos Hyperplasia, cystic	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%) 1 (2%)
*PREPUTIAL GLAND Inflammation, suppurative Hyperplasia, nos	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
#PROSTATE INFLAMMATION, SUPPURATIVE INFLAMMATION, ACUTE INFLAMMATION, ACUTE FOCAL INFLAMMATION, CHRONIC FIBROSIS, FOCAL	(50) 4 (8%) 4 (8%) 2 (4%)	(50) 6 (12%) 2 (4%) 1 (2%)	(49) 2 (4%) 1 (2%) 1 (2%)
#TESTIS Atrophy, NOS Hyperplasia, interstitial cell	(50) 3 (6%) 5 (10%)	(47) 2 (4%) 4 (9%)	(50) 2 (4%) 5 (10%)
#TESTIS/TUBULE DEGENERATION, NDS	(50) 2 (4%)	(47)	(50) 2 (4%)

TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
*SCROTUM NECROSIS, FAT	(50)	(50) 1 (2%)	(50)
ERVOUS SYSTEM			
HEMORPHAGE	(50)	1 (2%)	(50)
PECIAL SENSE ORGANS			
NONE			
ODY CAVITIES			(
*MESENTERY NECROSIS, FAT	(50) 2 (4%)	(50)	(50)
LL OTHER SYSTEMS			
ADIPOSE TISSUE NECROSIS, FAT		1	
OMENTUM Necrosis, fat	1		
PECIAL MORPHOLOGY SUMMARY			
NONE			
NUMBER OF ANIMALS WITH TISSUE NUMBER OF ANIMALS NECROPSIED	EXAMINED MICROSCOP	ICALLY	

TABLE C2.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN Inflammation, acute	(50) 2 (4%)	(50)	(50)
RESPIRATORY SYSTEM			
#LUNG INFLAMMATION, INTERSTITIAL BRONCHOPNEUMONIA, ACUTE HYPERPLASIA, ALVEOLAR EPITHELIUM	1 (2%)	(50) 3 (6%)	(49) 1 (2%) 1 (2%) 2 (4%)
#LUNG/ALVEOLI CALCULUS,UNKN GROSS OR MICRO	(50)		(49)
HEMATOPOIETIC SYSTEM			
#SPLEEN HEMOSIDEROSIS HEMATOPOIESIS		(50) 1 (2%)	(47) 20 (43%) 7 (15%)
#MANDIBULAR L. NODE Hyperplasia, plasma cell	(50) 1 (2%)	(50)	(48)
<pre>#PANCREATIC L.NODE FIBROSIS</pre>	(50)	(50)	(48) 1 (2%)
#MESENTERIC L. NODE CYST, NOS	(50) 1 (2%)		(48)
CIRCULATORY SYSTEM			
#MYOCARDIUM Degeneration, Nos	(49) 12_(24%)	(50) 12 (24%)	(50) 13 (26%)

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

	VEHICLE Control	LOW DOSE	HIGH DOSE
NECROSIS, NOS			1 (2%)
IGESTIVE SYSTEM			
#SALIVARY GLAND Inflammation, acute Cytoplasmic Vacuolization	(50)	(50)	(46) 1 (2%) 1 (2%)
#LIVER NECROSIS, FOCAL METAMORPHOSIS FATTY	(50) 1 (2%) 10 (20%)	(50) 10 (20%)	(50) 3 (6%) 5 (10%)
NUCLEAR ENLARGEMENT BASOPHILIC CYTO CHANGE GROUND-GLASS CYTO CHANGE	37 (74%) 2 (4%)	•	1 (2%) 4 (8%)
FOCAL CELLULAR CHANGE Clear-Cell Change Hepatocytomegaly	3 (6%) 2 (4%)	5 (10%) 1 (2%)	1 (2%) 11 (22%)
ANGIECTASIS #PORTAL TRACT SCLEROSIS FIBROSIS, FOCAL	(50)	1 (2%) (50) 1 (2%)	(50) 1 (2%)
#LIVER/CENTRILOBULAR CONGESTION, NOS NECROSIS, NOS METAMORPHOSIS FATTY	(50) 1 (2%)	(50)	(50) 1 (2%) 9 (18%) 2 (4%)
#BILE DUCT INFLAMMATION, CHRONIC HYPERPLASIA, NOS HYPERPLASIA, FOCAL	(50) 1 (2%) 20 (40%) 1 (2%)	(50) 8 (16%)	(50) 1 (2%)
#PANCREAS Ectopia	(49)	(50)	(46) 2 (4%)
<pre>#PANCREATIC ACINUS ATROPHY, FOCAL</pre>	(49)	(50) 2 (4%)	(46)
#ESOPHAGUS POLYP	(47)	(48) 1 (2%)	(41)
#GASTRIC MUCOSA EROSION	(50)	(50)	(48) 1 (2%)

TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

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

	VEHICLE Control	LOW DOSE	
NECROSIS, FOCAL	1 (2%)		1 (2%)
#FORESTOMACH Inflammation, acute Hyperplasia, basal cell	(50)	(50)	(48) 1 (2%) 2 (4%)
#COLON CONGENITAL MALFORMATION, NDS NEMATODIASIS	(48)	(50)	(48)
RINARY SYSTEM			
#KIDNEY NEPHROSIS, NOS	(50) 11 (22%)	(50) 3 (6%)	(50) 3 (6%)
<pre>#KIDNEY/CDRTEX CYST, NOS</pre>	(50)	(50) 1 (2%)	(50)
#KIDNEY/TUBULE NECROŠIS, NOS HEMOSIDEROSIS	(50) 1 (2%) 1 (2%)	(50)	(50)
NDOCRINE SYSTEM			
#PITUITARY CYST, NOS Multilocular Cyst Multiple Cysts	(49) 9 (18%)	(50) 2 (4%)	(46) 3 (7%) 1 (2%) 2 (4%)
HEMORRHAGIC CYST NECROSIS, FOCAL HEMOSIDEROSIS	1 (2%) 1 (2%)	1 (2%)	
HYPERPLASIA, FOCAL	1 (2%)	2 (4%)	1 (2%)
#ADRENAL CYST, NOS NECROSIS, CORTICAL CALCIFICATION, NOS	(49) 1 (2%) 1 (2%) 1 (2%)	(50)	(50)
#ADRENAL CORTEX	(49)	(50)	(50)
HEMORRHAGIC CYST Degeneration, Nos	6 (12%) 1 (2%)	12 (24%)	1 (2%) 4 (8%)
DEGENERATION, LIPOID NECROSIS, FOCAL	1 (2%)	1 (2%)	3 (6%)

TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
LIPOIDOSIS Hyperplastic Nodule	1 (2%)	1 (2%)	
HYPERPLASIA, FOCAL	2 (4%)	3 (6%)	3 (6%)
ADRENAL MEDULLA NECROSIS, NOS	(49) 1 (2%)	(50)	(50)
THYROID CYSTIC FOLLICLES	(50)	(49) 2 (4%)	(44)
HYPERPLASIA, CYSTIC Hyperplasia, C-Cell	1 (2%)	2 (4%)	1 (2%)
THYROID FOLLICLE HYPERPLASIA, CYSTIC	(50) 1 (2%)	(49)	(44) 1 (2%)
PRODUCTIVE SYSTEM			
MAMMARY GLAND	(50)	(50)	(50)
HYPERPLASIA, NOS Hyperplasia, cystic	10 (20%)	6 (12%) 14 (28%)	1 (2%)
MAMMARY LOBULE Hyperplasia, nos	(50)	(50) 1 (2%)	(50)
CLITORAL GLAND INFLAMMATION, SUPPURATIVE	(50)	(50)	(50)
HYPERPLASIA, NOS	1 (24)		2 (4%)
UTERUS HEMORRHAGE	(50) 1 (2%)	(49)	(50)
#UTERUS/ENDOMETRIUM INFLAMMATION, SUPPURATIVE	(50)	(49)	(50)
HYPERPLASIA, CYSTIC	6 (12%)	8 (16%)	4 (8%)
#OVARY CYST, NOS	(49) 4 (8%)	(50) 4 (8%)	(50)
ERVOUS SYSTEM			
NONE			

TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

NONE
	VEHICLE Control	LOW DOSE	HIGH DOSE
MUSCULOSKELETAL SYSTEM None			
BODY CAVITIES			
*MESENTERY NECROSIS, FAT	(50) 1 (2%)	(50) 2 (4%)	(50) 2 (4%)
ALL OTHER SYSTEMS			
TAIL INFLAMMATION, SUPPURATIVE		1	
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED			2
<pre># NUMBER OF ANIMALS WITH TISSUE E> * NUMBER OF ANIMALS NECROPSIED</pre>	AMINED MICROSCOPI	CALLY	

1,2-Dichloropropane

108

APPENDIX D

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

TABLE D1.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN INFLAMMATION, ACUTE INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC FOCAL	(50) 1 (2%) 1 (2%) 1 (2%)	(50)	(50)
*SUBCUT TISSUE Inflammation, acute	(50) 1 (2%)	(50) 1 (2%)	(50)
RESPIRATORY SYSTEM			
#LUNG Hemorrhage Inflammation, interstitial	1 (2%)	(50)	1 (2%)
PNEUMONIA INTERSTITIAL CHRONIC HYPERPLASIA, ALVEOLAR EPITHELIUM	1 (2%) 2 (4%)	1 (2%)	3 (6%)
EMATOPOIETIC SYSTEM			
#SPLEEN Hyperplasia, lymphoid Hematopoiesis	(48) 2 (4%)	(47) 2 (4%) 3 (6%)	(49) 1 (2%) 3 (6%)
#MEDIASTINAL L.NODE HYPERPLASIA, LYMPHOID	(42) 1 (2%)	(45)	(42)
#PANCREATIC L.NODE Inflammation, acute	(42) 1 (2%)	(45)	(42)
#MESENTERIC L. NODE Congestion, Nos Hemorrhage	(42) 10 (24%)	(45) 11 (24%) 1 (2%)	(42) 2 (5%)

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

	VEHICLE Control	LOW DOSE	HIGH DOSE
HYPERPLASIA, LYMPHOID Hematopoiesis	2 (5%)	1 (2%) 1 (2%)	2 (5%)
#LIVER HYPERPLASIA, RETICULUM CELL	(50) 1 (2%)	(49)	(50)
#PEYER'S PATCH Hyperplasia, lymphoid	(49)	(47)	(49) 1 (2%)
#PERIRENAL TISSUE HYPERPLASIA, LYMPHOID	(49)	(48) 1 (2%)	(50)
IRCULATORY SYSTEM			
#LUNG THROMBOSIS, NOS PERIVASCULITIS	(50) 1 (2%)	(50)	(50) 1 (2%)
#HEART Calcification, Nos Calcification, Focal	(50) 1 (2%) 1 (2%)	(50)	(50)
#HEART/ATRIUM Thrombosis, NDS	(50)	(50) 1 (2%)	(50)
#MYOCARDIUM NECROSIS, NOS NECROSIS, FOCAL	(50) 1 (2%)	(50)	(50) 1 (2%)
#CARDIAC VALVE Endocarditis, bacterial	(50) 2 (4%)	(50) 1 (2%)	(50)
#OMENTUM Thrombosis, Nos	(50) 1 (2%)	(48)	
IGESTIVE SYSTEM			
#LIVER INFLAMMATION, CHRONIC NECROSIS, NOS NECROSIS, FOCAL INFARCT HEMORRHAGIC METAMORPHOSIS FATTY		(49) 2 (4%) 1 (2%) 3 (6%) 6 (12%)	(50) 2 (4%) 6 (12%) 1 (2%) 3 (6%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
FOCAL CELLULAR CHANGE HEPATOCYTOMEGALY ANGIECTASIS	4 (8%) 3 (6%) 1 (2%)	1 (2%) 5 (10%)	2 (4%) 14 (28%) 3 (6%)
#LIVER/CENTRILOBULAR NECROSIS, NOS METAMORPHOSIS, FATTY HEPATOCYTOMEGALY	(50) 1 (2%) 3 (6%)	(50) 1 (2%) 3 (6%)	(50) 2 (4%) 1 (2%)
#BILE DUCT CYST, NOS HYPERPLASIA, NOS	(50) 1 (2%) 1 (2%)	(50)	(50)
#PANCREAS CYSTIC DUCTS INFLAMMATION, CHRONIC	(48) 2 (4%) 1 (2%)	(45)	(48) 1 (2%)
#PANCREATIC ACINUS ATROPHY, FOCAL	(48)	(45) 1 (2%)	(48)
#PERIPANCREATIC TISSU STEATITIS NECROSIS, FAT	(48)	(45) 1 (2%) 1 (2%)	(48)
#GASTRIC MUCOSA DILATATION, NOS EROSION	(50)	(48) 1 (2%) 1 (2%)	(49)
#FORESTOMACH INFLAMMATION, CHRONIC HYPERKERATOSIS ACANTHOSIS	(50)	(48)	(49) 1 (2%) 2 (4%) 2 (4%)
#ILEAL MUCOSA NECROSIS, NOS	(49)	(47) 1 (2%)	(49)
RINARY SYSTEM			
#KIDNEY GLOMERULONEPHRITIS, CHRONIC	(49) 1 (2%)	(48)	(50)
INFLAMMATION, CHRONIC FOCAL INFLAMMATION, GRANULOMATOUS			1 (2%) 1 (2%)
SCLEROSIS NEPHROSIS, NOS	1 (2%)	1_(2%)	3 (6%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
CALCIFICATION, NDS	1 (2%)		
#KIDNEY/TUBULE NECROSIS, NOS	(49) 1 (2%)	(48)	(50)
#KIDNEY/PELVIS Hyperplasia, papillary	(49)	(48)	(50) 1 (2%)
#URINARY BLADDER Inflammation, acute	(49) 1 (2%)	(48)	(50)
#U.BLADDER/SEROSA RETENTION OF CONTENT	(49) 1 (2%)	(48)	(50)
ENDOCRINE SYSTEM			
#ANTERIOR PITUITARY CYST, NOS	(43)	(42)	(47) 1 (2%)
#ADRENAL DEGENERATION, NOS	(45) 1 (2%)	(45)	(49)
#ADRENAL MEDULLA Hyperplasia, focal	(45)	(45)	(49) 1 (2%)
#THYROID CYSTIC FOLLICLES	(47)	(45)	(45) 1 (2%)
HYPERPLASIA, CYSTIC Hyperplasia, follicular-cell		3 (7%)	1 (2%) 3 (7%)
REPRODUCTIVE SYSTEM			
*PREPUTIAL GLAND DILATATION/DUCTS	(50) 1 (2%)	(50)	(50)
*SEMINAL VESICLE RETENTION OF CONTENT HEMORRHAGE	(50) 1 (2%) 1 (2%)	(50)	(50)
INFLAMMATION, CHRONIC	1 (2%)	1 (2%)	
*EPIDIDYMIS NECROSIS, FAT	(50)	(50)	(50)

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

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	VEHICLE Control	LOW DOSE	HIGH DOSE
NERVOUS SYSTEM			
#BRAIN/MENINGES INFLAMMATION, ACUTE FOCAL	(49) 1 (2%)	(50)	
SPECIAL SENSE ORGANS			
*HARDERIAN GLAND INFLAMMATION, ACUTE	(50)	(50)	
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*ABDOMINAL CAVITY NECROSIS, FAT	(50)	(50) 1 (2%)	(50)
*PERITONEUM Inflammation, Chronic	(50)	(50) 1 (2%)	(50)
*PLEURA INFLAMMATION, CHRONIC	(50)	(50) 1 (2%)	(50)
*MESENTERY RETENTION OF CONTENT NECROSIS, FAT	4 (2%)	(50)	(50)
ALL OTHER SYSTEMS			
ADIPOSE TISSUE HEMORRHAGE	1		
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED	3	2	2

TABLE D2.

	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			
*SUBCUT TISSUE Abscess, Nos	(50)	1 / 0 / 1	(50)
RESPIRATORY SYSTEM			
#TRACHEA Inflammation, suppurative	(48)	(47) 1 (2%)	(49)
*LUNG/BRONCHIOLE Inflammation, chronic	(50)	(50) 1 (2%)	(50)
#LUNG BRONCHOPNEUMONIA, ACUTE	(50)	(50) 1 (2%)	(50)
INFLAMMATION, ACUTE HEMORRHAGIC Hyperplasia, alveolar epithelium	1 (2%)		2 (4%) 1 (2%)
#LUNG/ALVEOLI HISTIOCYTOSIS	(50) 1 (2%)	(50)	(50)
HEMATOPOIETIC SYSTEM			
#SPLEEN Necrosis, Nos	(50)	(50)	(50)
HYPERPLASIA, LYMPHOID Hematopoiesis Erythropoiesis	1 (2%) 2 (4%)	4 (8%) 8 (16%)	1 (2%) 10 (20%) 1 (2%)
#SPLENIC CAPSULE Inflammation, acute Inflammation, chronic focal	(50) 1 (2%) 1 (2%)	(50)	(50) 1 (2%)
#LYMPH NODE HEMORRHAGIC CYST	(46)	(41)	(46)

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

	VEHICLE Control	LOW DOSE	HIGH DOSE
INFLAMMATION, ACUTE		1 (2%)	
#MANDIBULAR L. NODE Hyperplasia, plasma cell	(46) 1 (2%)	(41)	(46) 1 (2%)
#MEDIASTINAL L'NODE Inflammation, acute Hyperplasia, nos Hyperplasia, plasma cell	(46) 1 (2%)	(41)	(46) 2 (4%) 1 (2%) 3 (7%)
#LUMBAR LYMPH NODE Inflammation, acute Hyperplasia, plasma cell	(46) 1 (2%)	(41) 1 (2%)	(46) 1 (2%)
#MESENTERIC L. NODE Congestion, Nos Inflammation, acute Hyperplasia, Nos Hyperplasia, lymphoid	(46) 1 (2%)	(41) 2 (5%) 1 (2%) 1 (2%)	(46) 3 (7%)
<pre>#RENAL LYMPH NODE HYPERPLASIA, PLASMA CELL</pre>	(46)	(41) 1 (2%)	(46)
#LIVER HYPERPLASIA, RETICULUM CELL HEMATOPOIESIS	(50) 2 (4%)	(50) 6 (12%)	(50) 1 (2%)
#ADRENAL HEMATOPOIESIS	(48)	(47) 2 (4%)	(46)
CIRCULATORY SYSTEM			
*MULTIPLE ORGANS PERIVASCULITIS	(50)	(50)	(50) 1 (2%)
#LUNG PERIVASCULITIS	(50) 1 (2%)	(50) 1 (2%)	(50)
#HEART/ATRIUM Thrombosis, Nos	(50) 1 (2%)	(50)	(50)
#MYOCARDIUM Inflammation, acute Inflammation, acute focal	(50) 1 (2%)	(50)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
INFLAMMATION, CHRONIC DIFFUSE	1 (2%)		
<pre>#CARDIAC VALVE ENDOCARDITIS, BACTERIAL</pre>	(50) 1 (2%)	(50)	(50)
*CORONARY ARTERY PERIVASCULITIS	(50) 1 (2%)	(50)	(50)
#KIDNEY PERIVASCULITIS	(50)	(50) 1 (2%)	(50)
#U.BLADDER/SUBMUCOSA PERIVASCULITIS	(50)	(48) 1 (2%)	(48)
#UTERUS THROMBUS, ORGANIZED	(50) 1 (2%)	(49)	(48)
IGESTIVE SYSTEM			
#SALIVARY GLAND Inflammation, Chronic Focal	(48) 1 (2%)	(46)	(45)
#LIVER INFLAMMATION, CHRONIC NECROSIS, NOS NECROSIS, FOCAL METAMORPHOSIS, FATTY FOCAL CELLULAR CHANGE EOSINOPHILIC CYTO CHANGE	(50) 1 (2%) 4 (8%) 2 (4%)	(50) 1 (2%) 1 (2%) 4 (8%) 2 (4%)	(50) 1 (2%) 6 (12%)
#HEPATIC CAPSULE Inflammation, acute	(50)	(50) 1 (2%)	(50) 3 (6%)
<pre>#LIVER/CENTRILOBULAR NECROSIS, NOS METAMORPHOSIS, FATTY</pre>	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
<pre>#BILE DUCT INFLAMMATION, ACUTE INFLAMMATION, CHRONIC FOCAL HYPERPLASIA, NOS</pre>	(50) 1 (2%) 1 (2%)	(50)	(50) 1 (2%) 1 (2%)
<pre>#PANCREASINFLAMMATION, SUPPURATIVE</pre>	(48)	(47)	(43)

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
INFLAMMATION, CHRONIC	1 (2%)	2 (4%)	1 (2%)
#PANCREATIC ACINUS Atrophy, nos Atrophy, focal	(48) 1 (2%)	(47) 1 (2%)	(43)
GASTRIC MUCOSA Calcification, Nos	(50)	(50) 1 (2%)	(50)
#FORESTOMACH	(50)	(50)	(50) 1 (2%)
ULCER, NOS Inflammation, acute focal Inflammation, chronic Hyperkeratosis Acanthosis	1 (2%)	1 (2%) 1 (2%) 2 (4%) 5 (10%)	4 (8%)
#SMALL INTESTINE Inflammation, chronic	(48) 1 (2%)	(48)	(50)
#ILEUM AMYLOIDOSIS	(48)	(48)	(50) 1 (2%)
RINARY SYSTEM			
#KIDNEY	(50)	(50)	(50)
PYELONEPHRITIS, ACUTE INFLAMMATION, CHRONIC GLOMERULONEPHRITIS, CHRONIC INFLAMMATION, CHRONIC FOCAL	1 (27)	2 (4%) 2 (4%) 2 (4%) 1 (2%)	3 (6%) 1 (2%)
GLOMERULOSCLEROSIS, NOS	1 (24)	1 (2%)	1 (2%)
ŧKIDNEY∕GLOMERULUS Amyloidosis	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
*KIDNEY/TUBULE NECROSIS, NOS	(50)	(50) 1 (2%)	(50)
#U.BLADDER/SUBMUCOSA Inflammation, chronic	(50) 3 (6%)	(48)	(48)
#U.BLADDER/SEROSA Inflammation, acute	(50)	(48) 1 (2%)	(48)
NDOCRINE SYSTEM			
#ADRENAL DEGENERATION, NOS	(48)	(47)	(46)

TABLE D2. FEMALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANGIECTASIS	1 (2%)		
#ADRENAL/CAPSULE Inflammation, acute Hyperplasia, nos	(48) 1 (2%) 1 (2%)	(47)	(46) 1 (2%)
#ADRENAL CORTEX LIPOIDOSIS	(48)	(47) 1 (2%)	(46)
STEATITIS	(48) 1 (2%)	(47) 1 (2%)	(46) 1 (2%)
#THYROID Hyperplasia, follicular-cell	(48) 5 (10%)	(45) 1 (2%)	(46) 3 (7%)
EPRODUCTIVE SYSTEM			
#UTERUS Inflammation, suppurative Amyloidosis	(50)	(49) 1 (2%) 1 (2%)	(48)
#UTERUS/ENDOMETRIUM INFLAMMATION, SUPPURATIVE INFLAMMATION, ACUTE SUPPURATIVE HYPERPLASIA, CYSTIC	(50) 6 (12%) 1 (2%) 35 (70%)	(49) 3 (6%) 31 (63%)	(48) 6 (13%) 23 (48%)
#OVARY CYST, NOS HEMORRHAGIC CYST INFLAMMATION, SUPPURATIVE ABSCESS, NOS	(50) 11 (22%)	(50) 13 (26%)	(45) 6 (13%) 1 (2%)
INFLAMMATION, SUPPURATIVE ABSCESS, NOS	4 (8%) 1 (2%)	10 (20%)	14 (31%)
ERVOUS SYSTEM	~~~~~~~		
#BRAIN/MENINGES Inflammation, Chronic	(50)	(50)	(50) 1 (2%)
#CEREBRUM MALACIA	(50)	(50) 1 (2%)	(50)

NONE

	VEHICLE Control	LOW DOSE	HIGH DOSE
MUSCULOSKELETAL SYSTEM			
*SKELETAL MUSCLE INFLAMMATION, ACUTE	(50)	4 4 6 4 3	(50) 1 (2%)
BODY CAVITIES			
*MEDIASTINUM	(50)	(50)	(50)
INFLAMMATION, ACUTE INFLAMMATION, CHRONIC	2 (4%)		1 (2%)
*ABDOMINAL CAVITY	(50)	(50)	(50)
INFLAMMATION, ACUTE Inflammation, chronic		1 (2%)	2 (4%)
*PERITONEUM ·	(50)	(50)	(50)
INFLAMMATION, ACUTE	1 (2%)		3 (6%)
*PLEURA Inflammation, acute focal	(50)	(50) 1 (2%)	(50)
*PERICARDIUM	(50)	(50)	(50)
INFLAMMATION, ACUTE FOCAL			1 (2%)
*MESENTERY INFLAMMATION, ACUTE	(50)	(50)	(50) 1 (2%)
INFLAMMATION, CHRONIC Necrosis, FAT	1 (2%) 2 (4%)		1 (2%)
ALL OTHER SYSTEMS			
	(50)	(50)	(= 0)
*MULTIPLE ORGANS INFLAMMATION, ACUTE	(50)	(50) 1 (2%)	(50) 1 (2%)
INFLAMMATION, CHRONIC			1 (2%)
OMENTUM STEATITIS		1	
INFLAMMATION, ACUTE Abscess, Nos	2		3
INFLAMMATION, ACUTE/CHRONIC	1	1	1
INFLAMMATION, CHRONIC NECROSIS, FAT	1		1

	VEHICLE Control	LOW DOSE	HIGH DOSE
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED	1	1	
# NUMBER OF ANIMALS WITH TISSUE EXAM * NUMBER OF ANIMALS NECROPSIED	INED MICROSCOP	ICALLY	

1,2-Dichloropropane

APPENDIX E

MEAN BODY WEIGHTS OF RATS AND MICE ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

Weeks	Vehicle	Control	Low Dose			High Dose		
on Study	Av. Wt.	No. of	Av. Wt.	Wt. (percent	No. of	Av. Wt.	Wt. (percent	No. of
	(grams)	Survivors	(grams)	of controls)	Survivors	(grams)	of controls)	Survivors
MALE			<u></u>					
0 1 2 3 4 5 6 7 8 9 0 1 1 1 2 6 0 4 8 2 6 0 4 8 2 6 0 4 8 2 6 0 4 8 2 6 0 4 8 2 6 0 4 8 2 6 0 4 8 2 6 0 4 8 2 6 0 4 8 2 6 0 4 8 2 6 0 4 8 2 6 0 4 8 9 0 1 1 1 2 6 0 4 8 2 6 6 9 8 8 2 6 0 4 8 8 2 6 0 4 8 8 2 6 0 4 8 8 2 6 0 4 8 8 2 6 0 4 8 8 2 6 0 4 8 8 2 6 0 4 8 8 2 6 0 4 8 8 8 8 8 9 9 0 1 8 8 8 8 8 8 9 9 9 10 1 8 8 8 8 8 8 8 8 8 9 9 0 1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 9 9 0 1 8 8 8 8 8 8 8 8 8 9 9 0 1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	$\begin{array}{c} 163\\ 186\\ 202\\ 218\\ 216\\ 2252\\ 263\\ 284\\ 2967\\ 307\\ 325\\ 363\\ 3769\\ 4039\\ 4191\\ 4306\\ 4595\\ 4667\\ 4664\\ 4595\\ 4666\\ 4676\\ 4772\\ 459\end{array}$	50000000000000000999998887777443339	$\begin{array}{c} 166\\ 1840\\ 2018\\ 2398\\ 2570\\ 2871\\ 2977\\ 2876\\ 2977\\ 3185\\ 2977\\ 3185\\ 3528\\ 3939\\ 4023\\ 4523\\ 4559\\ 4559\\ 4559\\ 4559\\ 4559\\ 4559\\ 4559\\ 4559\\ 4559\\ 4559\\ 4559\\ 4559\\ 4559\\ 4548\\ 4544\\ 4544\\ 4548\\ 4559$	$\begin{array}{c} 101.8\\ 989.0\\ 1099.0\\ 999.0\\ 999.4\\ 997.3\\ 200.1\\ 999.4\\ 997.3\\ 997.0\\ 997.0\\ 997.0\\ 997.0\\ 997.0\\ 997.5\\ 6\\ 1.9\\ 997.8\\ 997.8\\ 997.8\\ 997.8\\ 997.8\\ 997.8\\ 997.8\\ 997.8\\ 997.8\\ 997.8\\ 997.8\\ 997.8\\ 997.8\\ 997.8\\ 997.8\\ 997.8\\ 998.6\\ $	50000000000000000099999999999888874442 555555555555555555999999999999999888874442	$\begin{array}{c} 164\\ 185\\ 1996\\ 2038\\ 2248\\ 2277\\ 2883\\ 3242\\ 33242\\ 33655\\ 5998\\ 211\\ 3227\\ 911\\ 2289\\ 422\\ 422\\ 94\\ 422\\ 422\\ 422\\ 422\\ 422$	$\begin{array}{c} 100.6\\ 998.5\\ 998.5\\ 996.3\\ 996.8\\ 988.8\\ 996.3\\ 996.6\\ 996.6\\ 996.6\\ 996.6\\ 995.5\\ 995.6\\ 995.6\\ 995.4\\ 993.6\\ 995.6\\ 995.4\\ 993.6\\ 995.6\\ 995.4\\ 993.6\\ 995.6\\ 99$	50000000000000000000000000000000000000
EMALE								
$\begin{array}{c} 0\\ 1\\ 2\\ 3\\ 4\\ 5\\ 6\\ 7\\ 8\\ 9\\ 10\\ 11\\ 12\\ 16\\ 20\\ 24\\ 28\\ 32\\ 36\\ 40\\ 44\\ 48\\ 55\\ 60\\ 64\\ 88\\ 72\\ 76\\ 80\\ 88\\ 92\\ 99\\ 60\\ 105\\ \end{array}$	$124 \\ 134 \\ 143 \\ 151 \\ 151 \\ 161 \\ 163 \\ 169 \\ 173 \\ 176 \\ 179 \\ 182 \\ 183 \\ 190 \\ 201 \\ 203 \\ 208 \\ 216 \\ 220 \\ 225 \\ 233 \\ 249 \\ 259 \\ 268 \\ 273 \\ 283 \\ 275 \\ 288 \\ 295 \\ 304 \\ 310 \\ 314 \\ 317 \\ 321 $	$\begin{array}{c} 50\\ 50\\ 50\\ 50\\ 50\\ 50\\ 50\\ 50\\ 50\\ 50\\$	$126\\133\\142\\150\\160\\163\\166\\171\\171\\176\\175\\178\\186\\195\\197\\203\\215\\214\\223\\227\\228\\242\\250\\259\\264\\273\\298\\279\\286\\292\\295\\300\\296\\305\\308$	$\begin{array}{c} 101.6\\ 99.3\\ 99.3\\ 99.3\\ 99.3\\ 99.4\\ 100.0\\ 98.8\\ 97.2\\ 99.5\\ 99.$	50 50 50 50 50 50 50 50 50 50 50 50 50 5	$\begin{array}{c} 126\\ 134\\ 142\\ 148\\ 161\\ 161\\ 168\\ 170\\ 177\\ 182\\ 199\\ 188\\ 194\\ 199\\ 188\\ 1946\\ 2032\\ 218\\ 227\\ 2235\\ 940\\ 87\\ 833\\ 252\\ 2340\\ 248\\ 7833\\ 252\\ 252\\ 252\\ 252\\ 252\\ 252\\ 252\\ 2$	$\begin{array}{c} 101.6\\ 100.0\\ 99.3\\ 98.0\\ 99.3\\ 100.0\\ 98.8\\ 97.0\\ 97.1\\ 96.6\\ 95.5\\ 95.6\\ 96.7\\ 95.8\\ 94.5\\ 93.1\\ 90.4\\ 89.8\\ 89.1\\ 89.3\\ 88.0\\ 87.1\\ 85.1\\ 84.2\\ 82.8\\ 83.2\\ 82.0\\ 81.8\\ 79.5\\ 79.3\\ 78.9\\ 80.0\\ 78.7\\ 75.1\\ 75.7\\ 78.5 \end{array}$	$\begin{array}{c} 50\\ 50\\ 50\\ 50\\ 50\\ 50\\ 50\\ 50\\ 50\\ 50\\$

TABLE E1. MEAN BODY WEIGHTS OF RATS ADMINISTERED 1,2-DICHLOROPROPANEIN CORN OIL BY GAVAGE FOR TWO YEARS

Weeks	Vehicle	<u>Control</u>		Low Dose			High Dose	
on Study	Av. Wt. (grams)	No. of Survivors	Av. Wt. (grams)	Wt. (percent of controls)	No. of Survivors	Av. Wt. (grams)	Wt. (percent of controls)	No. of Survivors
	(grams)	Survivors	(grams)	of controls)	Survivors	(grams)	of controls)	Survivors
MALE								
0 1 2 3 4 5 6 7 8 9 10 112 16 0 24 282 36 0 4 4 8 2 5 6 0 4 8 8 2 6 0 4 8 8 2 6 0 4 8 8 2 6 0 4 8 8 2 6 0 4 8 9 10 112 16 0 24 8 2 36 6 7 8 9 10 112 16 0 4 8 9 10 112 16 0 4 8 2 8 2 6 6 7 8 9 10 112 16 0 4 8 9 10 112 16 0 4 8 8 9 10 112 16 0 4 8 8 2 6 6 7 8 9 10 112 16 0 4 8 8 2 6 6 7 8 9 10 112 16 0 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 4 8 8 2 6 6 9 10 1 12 1 8 2 8 2 8 2 8 2 8 2 8 2 8 2 8 2	$\begin{array}{c} 258\\ 299\\ 229\\ 312\\ 335\\ 323\\ 333\\ 44\\ 429\\ 342\\ 452\\ 423\\ 433\\ 444\\ 443\\ 444\\ 443\\ 442\\ 443\\ 444\\ 443\\ 442\\ 443\\ 444\\ 443\\ 442\\ 443\\ 444\\ 443\\ 443\\ 444\\ 443\\ 443\\ 444\\ 443\\ 444\\ 443\\ 444\\ 443\\ 444\\ 443\\ 444\\ 443\\ 444\\ 443\\ 444\\ 443\\ $	50 50 50 50 50 50 50 50 50 50 50 50 50 5	$\begin{array}{c} 25\\ 28\\ 29\\ 309\\ 31\\ 322\\ 333\\ 34\\ 36\\ 76\\ 90\\ 41\\ 42\\ 43\\ 33\\ 42\\ 41\\ 42\\ 41\\ 42\\ 41\\ 42\\ 41\\ 42\\ 41\\ 41\\ 41\\ 41\\ 41\\ 41\\ 41\\ 41\\ 41\\ 41$	$\begin{array}{c} 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 96.9\\ 91.4\\ 100.0\\ 97.0\\ 100.0\\ 97.1\\ 100.0\\ 97.1\\ 100.0\\ 97.4\\ 94.7\\ 97.5\\ 100.0\\ 100$	50 50 50 50 50 50 50 50 50 50 50 50 50 5	227899102122235678002223333244323333312 2333333333333444223333324432333333144444444	$\begin{array}{c} 100.0\\ 96.4\\ 96.6\\ 100.0\\ 100.0\\ 99.8\\ 91.4\\ 96.9\\ 97.0\\ 97.0\\ 97.0\\ 97.1\\ 97.1\\ 97.1\\ 97.2\\ 94.1\\ 97.1\\ 97.4\\ 95.0\\ 100.0\\ 107.7\\ 97.7\\ 102.4\\ 102.4\\ 95.6\\ 102.4\\ 102.4\\ 95.6\\ 102.4\\ 102.4\\ 95.6\\ 102.4\\ 102.4\\ 95.6\\ 102.4\\ 95.6\\ 102.4\\ 95.6\\ 102.4\\ 97.7\\ 9$	50 50 50 50 50 50 50 50 50 50 50 50 50 5
FEMALE								
0 1 2 3 4 5 6 7 8 9 0 11 1 2 0 4 5 6 7 8 9 0 11 1 1 2 0 4 8 9 0 11 1 1 2 0 4 8 9 0 11 1 1 2 0 4 8 9 0 11 1 1 2 0 4 5 6 7 8 9 0 1 11 2 0 4 5 6 7 8 9 0 111 1 2 0 4 5 6 7 8 9 0 1 11 2 0 4 5 6 6 7 8 9 0 1 11 2 0 4 5 6 6 7 8 9 0 1 11 2 6 6 7 8 9 0 1 11 2 6 6 7 8 9 0 1 11 2 6 6 7 8 9 0 1 11 2 6 6 7 8 9 0 1 1 1 2 6 8 9 0 1 1 1 2 6 8 9 0 1 1 1 2 8 8 9 0 1 1 1 2 8 8 9 0 4 4 8 2 6 6 9 4 4 8 2 6 6 9 4 4 8 2 6 6 9 4 4 8 2 6 6 9 1 1 1 1 2 8 8 2 6 6 9 4 4 8 2 5 6 6 9 4 8 8 2 6 6 9 1 1 2 8 8 2 6 6 9 4 8 8 2 6 6 9 4 8 8 2 6 6 9 1 8 9 1 6 9 1 1 2 8 8 2 6 6 9 4 8 2 6 6 8 2 6 6 8 2 8 9 6 6 8 2 8 8 2 6 6 8 2 8 9 6 6 8 2 8 8 2 6 6 8 8 2 6 6 8 2 8 8 8 8	19 222 222 222 222 224 224 222 222 222 22	50 50 50 50 50 50 50 50 50 50 50 50 50 5	$\begin{array}{c} 19\\ 222\\ 232\\ 24\\ 24\\ 255\\ 266\\ 79\\ 332\\ 338\\ 40\\ 40\\ 41\\ 142\\ 222\\ 44\\ 556\\ 66\\ 46\\ 46\\ 46\\ 46\\ 66\\ 66\\ 66\\ 66\\ 6$	$\begin{array}{c} 100.0\\ 100.0\\ 100.0\\ 104.5\\ 100.0\\ 104.3\\ 100.0\\ 104.2\\ 108.3\\ 100.0\\ 104.2\\ 108.3\\ 107.4\\ 106.9\\ 106.7\\ 106.3\\ 106.1\\ 108.6\\ 102.7\\ 114.3\\ 105.3\\ 102.6\\ 105.3\\ 105.1\\ 10$	50 50 50 49 49 49 49 49 49 49 49 49 49 49 49 49	$\begin{array}{c} 19\\ 12\\ 23\\ 22\\ 24\\ 22\\ 22\\ 22\\ 22\\ 22\\ 22\\ 22\\ 22$	$\begin{array}{c} 100.0\\ 100.0\\ 104.5\\ 104.5\\ 104.5\\ 104.5\\ 104.2\\ 108.3\\ 100.0\\ 103.8\\ 103.7\\ 100.0\\ 103.3\\ 103.0\\ 102.9\\ 97.3\\ 105.7\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 100.0\\ 102.6\\ 100.0\\ 97.5\\ 102.5\\ 95.3\\ 95.2\\ 100.0\\ 95.1\\ \end{array}$	50 50 50 50 50 50 50 50 50 50 50 50 50 5

TABLE E2. MEAN BODY WEIGHTS OF MICE ADMINISTERED 1,2-DICHLOROPROPANEIN CORN OIL BY GAVAGE FOR TWO YEARS

1,2-Dichloropropane

APPENDIX F

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

Chemical	Adenoma	Carci	inoma		oma or noma
RAT	ES AT E.G. & G	. MASON RESEA	RCH		
1,2-Dichloropropane	7/50 (14%)) 11/50	(22%)	18/50	(36%)
Bis(2-Chloro-1-methylethyl) Ether	8/50 (16%)	5/50	(10%)	13/50	(26%)
Diglycidyl Resorcinol Ether	7/49 (14%)) 7/49	(14%)	13/49	(26%)
Total SD (b)	22/149 (14.79 1.15%	-,	(15.4%) 1%	1	(29.5%) 7%
RATES	AT NTP TEST	ING LABORATO	RIES (c)		
Total SD <i>(b)</i>	101/884 (11.49 5.63%	- /	(20.6%) 5 9 %	273/884 8.6	(30.9%) 4%
Overall Historical Range					
High	10/48 (21%)	18/50	(36%)	23/50	(46%)
Low	0/50 (0%)	4/48	(8%)	7/50	(14%)

TABLE F1. HISTORICAL INCIDENCE OF LIVER TUMORS IN MALE B6C3F1 MICE RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of January 5, 1983 for studies of at least 104 weeks.

(b) Standard deviation.

(c) Total combined historical incidence from six laboratories: Battelle, Gulf South, Litton, Mason, Papanicolaou, and Southern.

Chemical	Adenoma	Carcinoma	Adenoma or Carcinoma
RAT	ES AT E.G. & G. MAS	SON RESEARCH	
1,2-Dichloropropane	0/50 (0%)	1/50 (2%)	1/50 (2%)
Bis(2-Chloro-1-methylethyl) Ether	5/50 (10%)	2/50 (4%)	7/50 (14%)
Diglycidyl Resorcinol Ether	3/48 (6%)	0/48 (0%)	3/48 (6%)
Total SD (b)	8/148 (5.4%) 5.03%	3/148 (2.0%) 2.00%	11/148 (7.4%) 6.11%
RATES	AT NTP TESTING L	ABORATORIES (c)	
Total SD (b)	39/978 (4.0%) 2.45%	29/978 (3.0%) 1.80%	67/978 (6.9%) 3.26%
Overall Historical Range			
High	5/50 (10%)	3/49 (6%)	7/50 (14%)
Low	0/50 (0%)	0/50 (0%)	1/50 (2%)

TABLE F2. HISTORICAL INCIDENCE OF LIVER TUMORS IN FEMALE B6C3F1 MICE RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of January 5, 1983 for studies of at least 104 weeks.

(b) Standard deviation.

(c) Total = combined historical incidence from six laboratories: Battelle, Gulf South, Litton, Mason, Papanicolaou, and Southern.

Chemical	Incidence	Site	Diagnosis
	RATES AT E.G. &	G. MASON RESEA	ARCH
1.2 Dichloropropane	0/50 (0%)	-	-
Diglycidyl Resorcinol Ether	0/49 (0%) 0/50 (0%)	-	-
Total SD (b)	0/149 (0%) 0.00%	-	-
R	ATES AT NTP TES	STING LABORATO	RIES (c)
Total SD (b)	3/870 (0.3%) 0.77%	(d)	(d)
Overall Historical Range			
High Low	1/47 (2%) 0/50 (0%)		

TABLE F3. HISTORICAL INCIDENCE OF STOMACH TUMORS IN FEMALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of January 5, 1983 for studies of at least 104 weeks.

(b) Standard deviation.

(c) Total \square combined historical incidence from six laboratories: Battelle, Gulf South, Litton, Mason, Papanicolaou, and Southern.

(d) 1 umor sites: stomach, NOS; forestomach. Individual tumor totals: 2 squamous cell papillomas; 1 squamous cell carcinoma.

Chemical	Incidence	Site	Diagnosis
R	ATES AT E.G. &	G. MASON RESEA	RCH
1.2-Dichloropropane	0/50 (0%)	-	-
Bis(2-Chloro-1-methylethyl) Ether	0/49 (0%)	-	-
Diglycidyl Resorcinol Ether	0/47 (0%)	-	-
Total SD (b)	0/146 (0%) 0.00%	-	-
RA	TES AT NTP TE	STING LABORATOR	RIES (c)
Total SD (b)	2/855 (0.2%) 0.65%	(d)	(d)
Overall Historical Range			
High Low	1/48 (2%) 0/50 (0%)		

TABLE F4. HISTORICAL INCIDENCE OF STOMACH TUMORS IN MALE B6C3F1 MICE RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of January 5, 1983 for studies of at least 104 weeks.

(b) Standard deviation.

(c) Total = combined historical incidence from six laboratories: Battelle, Gulf South, Litton, Mason, Papanicolaou, and Southern.

(d) Tumor sites: stomach, NOS; forestomach. Individual tumor totals: 1 squamous cell papilloma; 1 squamous cell carcinoma.

TABLE F5. HISTORICAL INCIDENCE OF STOMACH TUMORS IN FEMALE B6C3F1 MICE RECEIVING CORN OIL BY GAVAGE (a)

Chemical	Incidence	Site	Diagnosis
	RATES AT E.G. &	G. MASON RESEA	ARCH
1.2-Dichloropropane	0/50 (0%)	_	_
Bis(2-Chloro-1-methylethyl) Et	her 0/50 (0%)		_
Diglycidyl Resorcinol Ether	0/47 (0%)		_
Total SD (b)	0/147 (0%) 0.00%		
R	ATES AT NTP TE	STING LABORATO	RIES (c)
Total SD (b)	3/879 (0.3%) 2.54%	(d)	(d)
Overall Historical Range			
High	2/19 (11%)		
Low	0/50 (0%)		

(a) Data as of January 5, 1983 for studies of at least 104 weeks.

(b) Standard deviation.

(c) Total combined historical incidence from six laboratories: Battelle, Gulf South, Litton, Mason, Papanicolaou, and Southern.

(d) Tumor sites: stomach, NOS; forestomach. Individual tumor totals: 3 squamous cell papillomas.

Chemical	Adenoma	Carcinoma	Adenoma or Carcinoma
RA	TES AT E.G. & G. MAS	ON RESEARCH	
1.2-Dichloropropane	0 50 (0%)	0/50 (0%)	0/50 (0%)
Diglycidyl Resorcinol Ether	1/50 (2%) 0/50 (0%)	0750 (0%) 0750 (0%)	1/50 (2%) 0/50 (0%)
Total SD (b)	1/150 (0.67%) 1.15%	0/150 (0%) 0.00%	1/150 (0.67%) 1.15%
RATI	ES AT NTP TESTING LA	ABORATORIES (c)	
Total SD (b)	2/859 (0.2%) 0.65%	2/859 (0.2%) 0.65%	4/859 (0.5%) 0.86%
Overall Historical Range			
High Low	1/50 (2%) 0/50 (0%)	1/50 (2%) 0/50 (0%)	1/50 (2%) 0/50 (0%)

TABLE F6. HISTORICAL INCIDENCE OF THYROID FOLLICULAR CELL TUMORS IN FEMALEF344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of January 5, 1983 for studies of at least 104 weeks.

(b) Standard deviation.

(c) Total= combined historical incidence from six laboratories: Battelle, Gulf South, Litton, Mason, Papanicolaou, and Southern.

Chemical	Adenoma	Carcinoma	Adenoma or Carcinoma
RATE	ES AT E.G. & G. MA	SON RESEARCH	· · · · · · · · · · · · · · · · · · ·
1.2-Dichloropropane	1/48 (2%)	0/48 (0%)	1/48 (2%)
Bis (2-Chloro-1-methylethyl) Ether	0/46 (0%)	0/46 (0%)	0/46 (0%)
Diglycidyl Resorcinol Ether	1/45 (2%)	0/45 (0%)	1/45 (2%)
Total (Mason) SD (b)	2/139 (1%) 1.15%	0/139 (0%) 0.00%	2/139 (1%) 1.15%
RATES	AT NTP TESTING I	ABORATORIES (c)	
Total SD (b)	28/818 (3.4%) 2.88%	3/818 (0.4%) 0.75%	31/818 (3.8%) 2.84%
Overall Historical Range			
High Low	5/50 (10%) 0/46 (0%)	1/45 (2%) 0/50 (0%)	5/50 (10%) 0/46 (0%)

TABLE F7. HISTORICAL INCIDENCE OF THYROID FOLLICULAR CELL TUMORS IN FEMALEB6C3F1 MICE RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of January 5, 1983 for studies of at least 104 weeks.

(b) Standard deviation.

(c) Total = combined historical incidence from six laboratories: Battelle, Gulf South, Litton, Mason, Papanicolaou, and Southern.

Chemical	Adenocarcinoma (NOS)	Fibroadenoma	
	RATES AT E.G. & G. MASO	ON RESEARCH	
1.2-Dichloropropane	1/50 (2%)	15/50 (30%)	
Diglycidyl Resorcinol Ether	2/50 (4%) 0/50 (0%)	18/50 (36%) 17/50 (34%)	
Total SD (b)	3/150 (2%) 2.00%	50/150 (33%) 3.06%	
	RATES AT NTP TESTING LA	BORATORIES (c)	
Total SD (b)	11/895 (1.2%) 1.55%	203/895 (22.7%) 9.79%	
Overall Historical Range			
High Low	2/49 (4%) 0/50 (0%)	18/50 (36%) 2/48 (4%)	

TABLE F8. HISTORICAL INCIDENCE OF MAMMARY GLAND TUMORS IN FEMALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of January 5, 1983 for studies of at least 104 weeks.

(b) Standard deviation.

(c) Total = combined historical incidence from seven laboratories: Battelle, Gulf South, Hazleton, Litton, Mason, Papanicolaou, and Southern.

Chemical	Islet Cell Adenoma	Islet Cell Carcinoma	
	RATES AT E.G. & G. MAS	ON RESEARCH	
1,2-Dichloropropane	4/48 (8%)	0/48 (0%)	
Diglycidyl Resorcinol Ether	2/49 (4%) 3/49 (6%)	3/49 (6%) 1/49 (2%)	
Total SD (b)	9/146 (6.16%) 2.00%	4/146 (2.74%) 3.06%	
]	RATES AT NTP TESTING LA	BORATORIES (b)	
Total SD (b)	38/876 (4.3%) 2.98%	22/876 (2.5%) 2.53%	
Overall Historical Range			
High Low	6/48 (12%) 0/50 (0%)	4/49 (8%) 0/48 (0%)	

TABLE F9. HISTORICAL INCIDENCE OF PANCREATIC ISLET TUMORS IN MALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of January 5, 1983 for studies of at least 104 weeks.

(b) Standard deviation.

(c) Total = combined historical incidence from seven laboratories: Battelle, Gulf South, Hazleton, Litton, Mason, Papanicolaou, and Southern.

APPENDIX G

ANALYSES OF PRIMARY TUMORS IN RATS AND MICE ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

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	Vehicle Control	62 mg/kg	125 mg/kg
Skin: Squamous Cell Papilloma			
Tumor Rates			
Overall (a)	2/50 (4%)	3/50 (6%)	1/50 (2%)
Adjusted (b)	5.1%	6.8%	2.4%
Terminal (c)	2/39 (5%)	2/42 (5%)	1/41 (2%)
Statistical Tests (d)			
Life Table	P=0.382N	P=0.531	P=0.483N
Incidental Tumor Test	P=0.383N	P=0.527	P=0.483N
Cochran-Armitage Trend Test	P=0.399N		
Fisher Exact Test		P=0.500	P=0.500N
ntegumentary System: Squamous Cell (Carcinoma		
Fumor Rates	3/50 (60%)	2/50 (10%)	0/50 (0%)
Overall (a)	3/50 (6%) 7.1%	2/50 (4%) 4.6%	0/50 (0%) 0.0%
Adjusted (b) Terminal (c)			0/41 (0%)
	2/39 (5%)	1/42 (2%)	0/41 (0%)
Statistical Tests (d) Life Table	P=0.079N	P=0.476N	P=0.116N
Incidental Tumor Test	P=0.102N	P=0.540N	P=0.155N
Cochran-Armitage Trend Test	P=0.082N	F=0.34014	1-0.15514
Fisher Exact Test	1-0.0021	P=0.500N	P=0.121N
	Danillama ar Carainama		
ntegumentary System: Squamous Cell I	Papilloma or Carcinoma		
Tumor Rates	5/50 (1000)	5/50 (1007)	1 (50 (207)
Overall (a)	5/50 (10%)	5/50 (10%)	1/50 (2%)
Adjusted (b)	12.1%	11.2%	2.4%
Terminal (c)	4/39 (10%)	3/42 (7%)	1/41 (2%)
Statistical Tests (d)	D -0.094N	D=0 600N1	D-0.005N
Life Table	P=0.084N	P=0.590N	P=0.095N P=0.120N
Incidental Tumor Test	P=0.098N	P=0.620	F-0.120N
Cochran-Armitage Trend Test	P=0.090N	D-0 630	P=0.102N
Fisher Exact Test		P=0.630	F-0.102N
Subcutaneous Tissue: Fibroma Tumor Rates			
Overall (a)	6/50 (12%)	6/50 (12%)	6/50 (12%
Adjusted (b)	14.4%	14.3%	14.6%
Terminal (c)	4/39 (10%)	6/42 (14%)	6/41 (15%
Statistical Tests (d)	4/57 (10/0)	0, 12 (1170)	•, •• (•• /•
Life Table	P=0.531N	P=0.573N	P=0.591N
Incidental Tumor Test	P=0.529N	P=0.577N	P=0.591N
Cochran-Armitage Trend Test	P=0.562	1 0107710	
Fisher Exact Test	1 0.002	P=0.620	P=0.620
Subcutaneous Tissue: Fibroma or Fibro	sarcoma		
Fumor Rates			
Overall (a)	7/50 (14%)	7/50 (14%)	6/50 (12%
Adjusted (b)	16.8%	16.7%	14.6%
Terminal (c)	5/39 (13%)	7/42 (17%)	6/41 (15%
Statistical Tests (d)			
Life Table	P=0.408N	P=0.560N	P=0.469N
•	P=0.407N	P=0.563N	P=0.468N
Incidental lumor lesi			
Incidental Tumor Test Cochran-Armitage Trend Test	P=0.442N		

TABLE G1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

	Vehicle Control	62 mg/kg	125 mg/kg
Hematopoietic System: Myelomonocytic	Loukomia		
Fumor Rates	Leukeima		
Overall (a)	7/50 (14%)	6/50 (12%)	6/50 (1207
Adjusted (<i>b</i>)	16.7%	13.2%	6/50 (12%) 14.1%
Terminal (c)	5/39 (13%)	4/42 (10%)	5/41 (12%
Statistical Tests (d)	57 59 (15%)	4/42 (10%)	5/41 (12%)
Life Table	P=0.413N	P=0.453N	P=0.471N
Incidental Tumor Test	P=0.444N	P=0.619	P=0.471N
Cochran-Armitage Trend Test	P=0.441N	1 0.077	1-0,47114
Fisher Exact Test		P=0.500N	P=0.500N
Hematopoietic System: Leukemia			
Tumor Rates			
Overall (a)	8/50 (16%)	6/50 (12%)	6/50 (12%)
Adjusted (b)	18.5%	13.2%	14.1%
Terminal (c)	5/39 (13%)	4/42 (10%)	5/41 (12%
Statistical Tests (d)	5/ 59 (15%)	4/42 (10%)	5/41 (12%)
Life Table	P=0.308N	P=0.347N	P=0.364N
Incidental Tumor Test	P=0.334N	P=0.561N	P=0.360N
Cochran-Armitage Trend Test	P=0.330N	1-0.50114	1-0.50014
Fisher Exact Test	1-0.55014	P=0.387N	P=0.387N
Hematopoietic System: Lymphoma or L Tumor Rates	eukemia		
	0 (50 (1(0))	0 (60 /1/07)	(IED (1001)
Overall (a)	8/50 (16%)	8/50 (16%)	6/50 (12%)
Adjusted (b)	18.5%	17.3%	14.1%
Terminal (c)	5/39 (13%)	5/42 (12%)	5/41 (12%)
Statistical Tests (d) Life Table	D-0 212N	D=0.554N	D-0.2(4N
Incidental Tumor Test	P=0.313N P=0.338N	P=0.554N P=0.447	P=0.364N
Cochran-Armitage Trend Test	P=0.336N P=0.336N	P~0.447	P=0.360N
Fisher Exact Test	1 -0.33014	P=0.607	P=0.387N
		1 0.007	1 0.50711
Liver: Neoplastic Nodule or Carcinoma			
Tumor Rates	0.00.000		
Overall (a)	3/50 (6%)	3/50 (6%)	2/50 (4%)
Adjusted (h)	7.3%	7.1%	4.9%
Terminal (c)	2/39 (5%)	3/42 (7%)	2/41 (5%)
Statistical Tests (d)	D=0.202N	D =0 (20N)	D-0 493N
Life Table	P=0.392N	P=0.630N	P=0.482N
Incidental Tumor Test	P=0.392N	P=0.633N	P=0.482N
Cochran-Armitage Trend Test Fisher Exact Test	P=0.412N	P=0.661	P=0.500N
		1-0.001	1-0.50011
Pituitary: Adenoma			
Tumor Rates			
Overall (a)	19/50 (38%)	12/48 (25%)	15/47 (32%
Adjusted (b)	47.4%	29.3%	36.9%
Terminal (c)	18/39 (46%)	12/41 (29%)	13/38 (34%
Statistical Tests (d)	D 0 0 001	D 00/D	n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0 n 0
Life Table	P=0.242N	P=0.065N	P=0.286N
Incidental Tumor Test	P=0.261N	P=0.065N	P=0.312N
Cochran-Armitage Trend Test	P=0.291N	D 0 1001	
Fisher Exact Test		P=0.122N	P=0.340N

TABLE G1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS (Continued)

	Vehicle Control	62 mg/kg	125 mg/kg
Pituitary: Carcinoma			
Tumor Rates			
Overall (a)	3/50 (6%)	3/48 (6%)	3/47 (6%)
Adjusted (b)	7.1%	7.3%	7.9 %
Terminal (c)	1/39 (3%)	3/41 (7%)	3/38 (8%)
Statistical Tests (d)			
Life Table	P=0.576	P=0.640N	P=0.656
Incidental Tumor Test	P=0.572	P=0.518	P=0.653
Cochran-Armitage Trend Test Fisher Exact Test	P=0.553	P=0.641	P=0.631
Pituitary: Adenoma or Carcinoma			
Tumor Rates			
Overall (a)	22/50 (44%)	15/48 (31%)	18/47 (38%)
Adjusted (b)	52.2%	36.6%	44.5%
Terminal (c)	19/39 (49%)	15/41 (37%)	16/38 (42%)
Statistical Tests (d)			
Life Table	P=0.257N	P=0.074N	P=0.298N
Incidental Tumor Test	P=0.277N	P=0.104N	P=0.324N
Cochran-Armitage Trend Test	P=0.313N		
Fisher Exact Test		P=0.137N	P=0.358N
Adrenal: Cortical Adenoma			
Overall (a)	3/50 (6%)	2/49 (4%)	0/50 (0%)
Adjusted (b)	7.7%	4.9%	0.0%
Terminal (c)	3/39 (8%)	2/41 (5%)	0/41 (0%)
Statistical Tests (d)			
Life Table	P=0.074N	P=0.477N	P=0.112N
Incidental Tumor Test	P=0.074N	P=0.477N	P=0.112N
Cochran-Armitage Trend Test	P=0.083N		
Fisher Exact Test		P=0.510N	P=0.121N
Adrenal: Pheochromocytoma			
Tumor Rates Overall (a)	11/50 (22%)	5/49 (10%)	5/50 (10%)
Adjusted (b)	28.2%	11.7%	11.8%
Terminal (c)	11/39 (28%)	4/41 (10%)	4/41 (10%)
Statistical Tests (d)	11/39 (20%)	4/41 (10 <i>70)</i>	4/41 (10%)
Life Table	P=0.046N	P=0.069N	P=0.071N
Incidental Tumor Test	P=0.046N	P=0.071N	P=0.071N
Cochran-Armitage Trend Test	P=0.057N	1-0.07114	1-0.07114
Fisher Exact Test	1-0.00714	P=0.093N	P=0.086N
Adrenal: Pheochromocytoma or Pheoch	romocytoma, Malignant		
Fumor Rates			
Overall (a)	11/50 (22%)	5/49 (10%)	7/50 (14%)
Adjusted (b)	28.2%	11.7%	16.6%
Terminal (c)	11/39 (28%)	4/41 (10%)	6/41 (15%)
Statistical Tests (d)	D -0.14131	D -0.0(2)	D -0.1000
Life Table	P=0.141N	P=0.069N	P=0.185N
Incidental Tumor Test	P=0.141N	P=0.071N	P=0.185N
Cochran-Armitage Trend Test	P=0.166N	B-0.0001	D _0 01031
Fisher Exact Test		P=0.093N	P=0.218N

TABLE G1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS (Continued)

	Vehicle Control	62 mg/kg	125 mg/kg
Гhyroid: C-Cell Adenoma			<u></u>
Tumor Rates			
Overall (a)	1/49 (2%)	4/49 (8%)	0/50 (0%)
Adjusted (b)	2.6%	9.4%	0.0%
Terminal (c)	1/39 (3%)	3/41 (7%)	0/41 (0%)
tatistical Tests (d)			
Life Table	P=0.375N	P=0.195	P=0.490N
Incidental Tumor Test	P=0.374N	P=0.194	P=0.490N
Cochran-Armitage Trend Test	P=0.383N		
Fisher Exact Test		P=0.181	P=0.495N
hyroid: C-Cell Adenoma or Carcinon	าล		
umor Rates			
Overall (a)	2/49 (4%)	4/49 (8%)	1/50 (2%)
Adjusted (b)	5.1%	9.4%	2.1%
Terminal (c)	2/39 (5%)	3/41 (7%)	0/41 (0%)
itatistical Tests (d)			
Life Table	P=0.391N	P=0.359	P=0.486N
Incidental Tumor Test	P=0.363N	P=0.358	P=0.442N
Cochran-Armitage Trend Test	P=0.396N		
Fisher Exact Test		P=0.339	P=0.492N
ancreatic Islets: Islet Cell Adenoma			
umor Rates			
Overall (a)	4/48 (8%)	1/50 (2%)	3/50 (6%)
Adjusted (b)	10.5%	2.4%	6.9%
Terminal (c)	4/38 (11%)	1/42 (2%)	2/41 (5%)
tatistical Tests (d)			
Life Table	P=0.382N	P=0.151N	P=0.461N
Incidental Tumor Test	P=0.385N	P=0.151N	P=0.465N
Cochran-Armitage Trend Test	P=0.396N		
Fisher Exact Test		P=0.168N	P=0.477N
ancreatic Islets: Islet Cell Carcinoma			
umor Rates			
Overall (a)	0/48 (0%)	0/50 (0%)	3/50 (6%)
Adjusted (b)	0.0%	0.0%	7.3%
Terminal (c)	0/38 (3%)	0/42 (0%)	3/41 (7%)
tatistical Tests (d)			
Life Table	P=0.040N	(e)	P=0.135
Incidental Tumor Test	P=0.040N	(e)	P=0.135
Cochran-Armitage Trend Test	P=0.039N		
Fisher Exact Test		(e)	P=0.129
ancreatic Islets: Islet Cell Adenoma o	r Carcinoma		
umor Rates			
Overall (a)	4/48 (8%)	1/50 (2%)	6/50 (12%)
Adjusted (b)	10.5%	2.4%	14.1%
Terminal (c)	4/38 (11%)	1/42 (2%)	5/41 (12%)
tatistical Tests (d)		_ · · ·	
Life Table	P=0.314N	P=0.151N	P=0.416
Incidental Tumor Test	P=0.312N	P=0.151N	P=0.413
Cochran-Armitage Trend Test	P=0.299N		
Fisher Exact Test		P=0.168N	P=0.397

TABLE G1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS (Continued)

	Vehicle Control	62 mg/kg	125 mg/kg
Preputial Gland: Carcinoma			· <u>····</u> ······
Tumor Rates			
Overall (a)	2/50 (4%)	2/50 (4%)	4/50 (8%)
Adjusted (b)	5.1%	4.8%	9.8%
Terminal (c)	2/39 (5%)	2/42 (5%)	4/41 (10%)
Statistical Tests (d)			
Life Table	P=0.269	P=0.668N	P=0.360
Incidental Tumor Test	P=0.269	P=0.668N	P=0.360
Cochran-Armitage Trend Test	P=0.252		
Fisher Exact Test		P=0.691	P=0.339
Preputial Gland: Adenoma or Carcino	ma		
Tumor Rates			
Overall (a)	2/50 (4%)	2/50 (4%)	5/50 (10%)
Adjusted (b)	5.1%	4.8%	12.2%
Terminal (c)	2/39 (5%)	2/42 (5%)	5/41 (12%)
Statistical Tests (d)			
Life Table	P=0.158	P=0.668N	P=0.236
Incidental Tumor Test	P=0.158	P=0.668N	P=0.236
Cochran-Armitage Trend Test	P=0.146		
Fisher Exact Test		P=0.691	P=0.218
Preputial Gland or Prepuce: Adenoma	or Carcinoma		
Tumor Rates			
Overall (a)	2/50 (4%)	2/50 (4%)	6/50 (12%)
Adjusted (b)	5.1%	4.8%	14.1%
Terminal (c)	2/39 (5%)	2/42 (5%)	5/41 (12%)
Statistical Tests (d)			
Life Table	P=0.090	P=0.668N	P=0.152
Incidental Tumor Test	P=0.092	P=0.668N	P=0.151
Cochran-Armitage Trend Test	P=0.080		
Fisher Exact Test		P=0.691	P=0.134
Testis: Interstitial Cell Tumor			
Tumor Rates			
Overall (a)	45/50 (90%)	46/47 (98%)	46/50 (92%)
Adjusted (b)	93.7%	100.0%	95.8%
Terminal (c)	36/39 (92%)	40/40 (100%)	39/41 (95%)
Statistical Tests (d)			
Life Table	P=0.455N	P=0.576N	P=0.505N
Incidental Tumor Test	P=0.546N	P=0.093	P=0.616N
Cochran-Armitage Trend Test	P=0.425		
Fisher Exact Test		P=0.117	P=0.500
All Sites: Mesothelioma			
Tumor Rates			
Overall (a)	3/50 (6%)	2/50 (4%)	3/50 (6%)
Adjusted (b)	6.7%	4.8%	7.3%
Terminal (c)	1/39 (3%)	2/42 (5%)	3/41 (7%)
Statistical Tests (d)			
Life Table	P=0.569N	P=0.476N	P=0.644N
Incidental Tumor Test	P=0.561	P=0.540N	P=0.626
Cochran-Armitage Trend Test	P=0.588		
Fisher Exact Test		P=0.500N	P=0.661

TABLE G1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS ADMINISTERED1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS (Continued)

1,2-Dichloropropane
TABLE G1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS ADMINISTERED1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS (Continued)

Vehicle	62	125
Control	mg/kg	mg/kg

(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 in a dosed group is indicated by (N).

(e) Not significant; no tumors were observed in dosed or control groups.

	Vehicle Control	125 mg/kg	250 mg/kg
Hematopoietic System: Myelomonocy	tic Leukemia	·····	<u> </u>
Tumor Rates			
Overall (a)	9/50 (18%)	11/50 (22%)	5/50 (10%)
Adjusted (b)	21.1%	22.6%	19.3%
Terminal (c)	4/37 (11%)	6/43 (14%)	2/16 (13%)
Statistical Tests (d)			
Life Table	P=0.504	P=0.543	P=0.613
Incidental Tumor Test	P=0.051N	P=0.325	P=0.101N
Cochran-Armitage Trend Test	P=0.174N		
Fisher Exact Test		P=0.401	P=0.194N
Hematopoietic System: Lymphoma or	Leukemia		
Tumor Rates			
Overall (a)	10/50 (20%)	11/50 (22%)	7/50 (14%)
Adjusted (b)	22.7%	22.6%	26.6%
Terminal (c)	4/37 (11%)	6/43 (14%)	3/16 (19%)
Statistical Tests (d)			- / (/ 0)
Life Table	P=0.373	P=0.545N	P=0.452
Incidental Tumor Test	P=0.076N	P=0.325	P=0.158N
Cochran-Armitage Trend Test	P=0.261N		
Fisher Exact Test		P=0.500	P=0.298N
Dituitanu. Adamana			
Pituitary: Adenoma			
Tumor Rates	16 (40 (2207)	26 160 (6207)	10/46 (000)
Overall (a)	16/49 (33%)	26/50 (52%)	10/46 (22%)
Adjusted (b)	40.6%	55.3%	46.9%
Terminal (c)	14/37 (38%)	22/43 (51%)	6/16 (38%)
Statistical Tests (d) Life Table	B-0.157	B-0 122	D-0.212
Incidental Tumor Test	P=0.157 P=0.453N	P=0.122	P=0.312
Cochran-Armitage Trend Test	P=0.172N	P=0.093	P=0.503N
Fisher Exact Test	r-0.1/21	P=0.040	P=0.168N
		r -0.040	F-0.100N
Pituitary: Carcinoma			
Tumor Rates			
Overall (a)	3/49 (6%)	2/50 (4%)	0/46 (0%)
Adjusted (b)	8.1%	4.7%	0.0%
Terminal (c)	3/37 (8%)	2/43 (5%)	0/16 (0%)
Statistical Tests (d)			
Life Table	P=0.183N	P=0.431N	P=0.301N
Incidental Tumor Test	P=0.183N	P=0.431N	P=0.301N
Cochran-Armitage Trend Test	P=0.089N	D 0 40001	
Fisher Exact Test		P=0.490N	P=0.133N
Pituitary: Adenoma or Carcinoma			
Tumor Rates			
Overall (a)	19/49 (39%)	28/50 (56%)	10/46 (22%)
Adjusted (b)	48.3%	59.6%	46.9%
Terminal (c)	17/37 (46%)	24/43 (56%)	6/16 (38%)
Statistical Tests (d)	,		
Life Table	P=0.292	P=0.187	P=0.484
Incidental Tumor Test	P=0.282N	P=0.151	P=0.323N
Cochran-Armitage Trend Test	P=0.062N		

TABLE G2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS ADMINISTERED1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

Adrenal: Cortical Adenoma Sumor Rates Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test Cochran-Armitage Trend Test Fisher Exact Test Adrenal: Pheochromocytoma Sumor Rates Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test Cochran-Armitage Trend Test	5/49 (10%) 13.9% 5/36 (14%) P=0.431 P=0.510N P=0.413N 2/49 (4%) 4.6% 0/36 (0%) P=0.585	2/50 (4%) 4.7% 2/43 (5%) P=0.150N P=0.150N P=0.210N 3/50 (6%) 7.0%	4/50 (8%) 14.7% 1/16 (6%) P=0.402 P=0.639N P=0.487N 1/50 (2%)
Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test Cochran-Armitage Trend Test Fisher Exact Test Adrenal: Pheochromocytoma Tumor Rates Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test	13.9% 5/36 (14%) P=0.431 P=0.510N P=0.413N 2/49 (4%) 4.6% 0/36 (0%)	4.7% 2/43 (5%) P=0.150N P=0.150N P=0.210N 3/50 (6%) 7.0%	14.7% 1/16 (6%) P=0.402 P=0.639N P=0.487N
Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test Cochran-Armitage Trend Test Fisher Exact Test Adrenal: Pheochromocytoma Tumor Rates Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test	13.9% 5/36 (14%) P=0.431 P=0.510N P=0.413N 2/49 (4%) 4.6% 0/36 (0%)	4.7% 2/43 (5%) P=0.150N P=0.150N P=0.210N 3/50 (6%) 7.0%	14.7% 1/16 (6%) P=0.402 P=0.639N P=0.487N
Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test Cochran-Armitage Trend Test Fisher Exact Test Adrenal: Pheochromocytoma umor Rates Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test	5/36 (14%) P=0.431 P=0.510N P=0.413N 2/49 (4%) 4.6% 0/36 (0%)	2/43 (5%) P=0.150N P=0.150N P=0.210N 3/50 (6%) 7.0%	1/16 (6%) P=0.402 P=0.639N P=0.487N
tatistical Tests (d) Life Table Incidental Tumor Test Cochran-Armitage Trend Test Fisher Exact Test Adrenal: Pheochromocytoma umor Rates Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test	P=0.431 P=0.510N P=0.413N 2/49 (4%) 4.6% 0/36 (0%)	P=0.150N P=0.150N P=0.210N 3/50 (6%) 7.0%	P=0.402 P=0.639N P=0.487N
Life Table Incidental Tumor Test Cochran-Armitage Trend Test Fisher Exact Test Adrenal: Pheochromocytoma umor Rates Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test	P=0.510N P=0.413N 2/49 (4%) 4.6% 0/36 (0%)	P=0.150N P=0.210N 3/50 (6%) 7.0%	P=0.639N P=0.487N
Incidental Tumor Test Cochran-Armitage Trend Test Fisher Exact Test Adrenal: Pheochromocytoma Tumor Rates Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test	P=0.510N P=0.413N 2/49 (4%) 4.6% 0/36 (0%)	P=0.150N P=0.210N 3/50 (6%) 7.0%	P=0.639N P=0.487N
Cochran-Armitage Trend Test Fisher Exact Test Adrenal: Pheochromocytoma Fumor Rates Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test	P=0.413N 2/49 (4%) 4.6% 0/36 (0%)	P=0.210N 3/50 (6%) 7.0%	P=0.487N
Fisher Exact Test drenal: Pheochromocytoma umor Rates Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test	2/49 (4%) 4.6% 0/36 (0%)	3/50 (6%) 7.0%	
Adrenal: Pheochromocytoma Fumor Rates Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test	4.6% 0/36 (0%)	3/50 (6%) 7.0%	
Tumor Rates Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test	4.6% 0/36 (0%)	7.0%	1/50 (2%)
Overall (a) Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test	4.6% 0/36 (0%)	7.0%	1/50 (2%)
Adjusted (b) Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test	4.6% 0/36 (0%)	7.0%	
Terminal (c) tatistical Tests (d) Life Table Incidental Tumor Test	0/36 (0%)		6.2%
tatistical Tests (d) Life Table Incidental Tumor Test	·	3/43 (7%)	1/16 (6%)
Life Table Incidental Tumor Test	D-0 585		
	P=0.585	P=0.566	P=0.706N
Cochran Armitage Trend Test	P=0.424N	P=0.442	P=0.388N
Coeman-Armitage Trend Test	P=0.391N		
Fisher Exact Test		P=0.509	P=0.492N
hyroid: C-Cell Carcinoma			
umor Rates			
Overall (a)	1/50 (2%)	3/49 (6%)	0/44 (0%)
Adjusted (b)	2.7%	7.1%	0.0%
Terminal (c)	1/37 (3%)	3/42(7%)	0/14 (0%)
tatistical Tests (d)	D (20)	D 0 051	
Life Table	P=0.639N	P=0.351	P=0.693N
Incidental Tumor Test	P=0.639N	P=0.351	P=0.693N
Cochran-Armitage Trend Test Fisher Exact Test	P=0.418N	P=0.301	P=0.532N
hyroid: C-Cell Adenoma or Carcinoma		1 0.001	1 0.0521
umor Rates			
Overall (a)	1/50 (2%)	3/49 (6%)	1/44(2%)
Adjusted (b)	2.7%	7.1%	3.3%
Terminal (c)	1/37 (3%)	3/42 (7%)	0/14 (0%)
tatistical Tests (d)			
Life Table	P=0.356	P=0.351	P=0.616
Incidental Tumor Test	P=0.474	P=0.351	P=0.778N
Cochran-Armitage Trend Test	P=0.565		
Fisher Exact Test		P=0.301	P=0.720
lammary Gland: Adenocarcinoma			
umor Rates	1 (50 (0~))	A (= 0 / / 0.1	
Overall (a)	1/50 (2%)	2/50 (4%)	5/50 (10%
Adjusted (b)	2.7%	4.7%	26.7%
Terminal (c) tatistical Tests (d)	1/37 (3%)	2/43 (5%)	4/16 (25%
Life Table	P=0.005	P=0.552	P=0.012
Incidental Tumor Test	P=0.003	P=0.552	P=0.012 P=0.018
Cochran-Armitage Trend Test	P=0.060	1 -0.332	1-0.010
Fisher Exact Test		P=0.500	P=0.102

TABLE G2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS (Continued)

	Vehicle	125	250
	Control	mg/kg	mg/kg
Mammary Gland: Fibroadenoma		· · · · · · · · · · · · · · · · · · ·	——————————————————————————————————————
Tumor Rates			
Overall (a)	15/50 (30%)	20/50 (40%)	7/50 (14%)
Adjusted (b)	39.4%	46.5%	37.0%
Terminal (c)	14/37 (38%)	20/43 (47%)	5/16 (31%)
Statistical Tests (d)		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
Life Table	P=0.441	P=0.381	P=0.561
Incidental Tumor Test	P≈0.490N	P=0.383	P=0.406N
Cochran-Armitage Trend Test	P=0.047N		
Fisher Exact Test		P=0.201	P=0.045N
Uterus: Endometrial Stromal Polyp			
Tumor Rates			
Overall (a)	10/50 (20%)	17/49 (35%)	11/50 (22%)
Adjusted (b)	25.1%	37.5%	45.6%
Terminal (c)	8/37 (22%)	14/42 (33%)	6/16 (38%)
Statistical Tests (d)			
Life Table	P≈0.024	P=0.174	P=0.051
Incidental Tumor Test	P=0.253	P=0.113	P=0.256
Cochran-Armitage Trend Test	P=0.454		
Fisher Exact Test		P=0.078	P=0.500
Uterus: Endometrial Stromal Polyp or	Sarcoma		
Tumor Rates			
Overall (a)	10/50 (20%)	18/49 (37%)	11/50 (22%)
Adjusted (b)	25.1%	38.9%	45.6%
Terminal (c)	8/37 (22%)	14/42 (33%)	6/16 (38%)
Statistical Tests (d)			
Life Table	P=0.023	P=0.133	P=0.051
Incidental Tumor Test	P=0.291	P=0.079	P=0.256
Cochran-Armitage Trend Test	P=0.455		
Fisher Exact Test		P=0.052	P=0.500

TABLE G2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS (Continued)

(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 in a dosed group is indicated by (N).

Vehicle Control	125 mg/kg	250 mg/kg
A (SO (907)	2150 (607)	1/50 (207)
		1/50 (2%)
		2.3%
4/33 (11%)	5/33 (9%)	0/35 (0%)
P=0.130N	P=0.533N	P=0.172N
		P=0.127N
	1 0.0001	1 0.12/11
	P=0.500N	P=0.181N
4/50 (8%)	3/50 (6%)	3/50 (6%)
11.4%	9.1%	7.5%
4/35 (11%)	3/33 (9%)	1/35 (3%)
P=0.410N	P=0.553N	P=0.482N
P=0.338N	P=0.533N	P=0.357N
P=0.421N		
	P=0.500N	P=0.500N
osarcoma		
() 50 (100)	1/EQ (00)	1.50.000
		1/50 (2%)
	· •	2.3%
0/35 (1/%)	4/33 (12%)	0/35 (0%)
D-0.041N	D-0 405N	D-0.05(N
		P=0.056N P=0.039N
	r=0.4051	F-0.0391
1-0.0421	P=0.370N	P=0.056N
or Fibrosarcoma		
7/50 (14%)	4/50 (8%)	1/50 (2%)
20.0%	12.1%	2.3%
7/35 (20%)	4/33 (12%)	0/35 (0%)
P=0.021N	P=0.292N	P=0.031N
	P=0.292N	P=0.021N
P=0.021N		
	P=0.262N	P=0.030N
0/50 (100)	0/50/1/00	0 E0 (10~)
		9/50 (18%)
		23.2%
0/33 (23%)	1/33 (21%)	6/35 (17%)
P=0 522N	P=0.520N	P=0.582N
		P=0.531N
	r -0.3431N	1 -0.331N
1-0.000	P=0 500N	P=0.602
	1-0.00014	1 -0.002
	Control 4/50 (8%) 11.4% 4/35 (11%) P=0.130N P=0.108N P=0.108N P=0.133N 4/50 (8%) 11.4% 4/35 (11%) P=0.410N P=0.410N P=0.421N Desarcoma 6/50 (12%) 17.1% 6/35 (17%) P=0.041N P=0.033N P=0.042N or Fibrosarcoma 7/50 (14%) 20.0% 7/35 (20%)	Control mg/kg $4/50 (8\%)$ $3/50 (6\%)$ 11.4% 9.1% $4/35 (11\%)$ $3/33 (9\%)$ P=0.130N P=0.533N P=0.108N P=0.533N P=0.133N P=0.500N $4/50 (8\%)$ $3/50 (6\%)$ 11.4% 9.1% $4/35 (11\%)$ $3/33 (9\%)$ P=0.133N P=0.500N $4/35 (11\%)$ $3/33 (9\%)$ P=0.410N P=0.553N P=0.421N P=0.500N DSarcoma $6/50 (12\%)$ $4/50 (8\%)$ 17.1% 12.1% $6/35 (17\%)$ $4/33 (12\%)$ P=0.041N P=0.405N P=0.042N P=0.370N or Fibrosarcoma $7/50 (14\%)$ $4/50 (8\%)$ 20.0% 12.1% P=0.021N P=0.292N P=0.016N P=0.292N P=0.021N P=0.262N $9/50 (18\%)$ $8/50 (16\%)$ 24.7% 23.2% $8/35 (23\%)$ $7/33 (21\%)$

TABLE G3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE ADMINISTERED1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

	Vehicle Control	125 mg/kg	250 mg/kg
Lung: Alveolar/Bronchiolar Carcinoma	1		
Tumor Rates	2 (50 (607)	0/50 (007)	2/50 (607)
Overall (a)	3/50 (6%)	0/50 (0%)	3/50 (6%)
Adjusted (b)	8.6%	0.0%	8.6%
Terminal (c)	3/35 (9%)	0/33 (0%)	3/35 (9%)
Statistical Tests (d)	D= 0.600	D-0 121N	D-0 ((4
Life Table	P=0.600	P=0.131N	P=0.664
Incidental Tumor Test	P=0.600	P=0.131N	P=0.664
Cochran-Armitage Trend Test Fisher Exact Test	P=0.601	P=0.121N	P=0.661
Lung: Alveolar/Bronchiolar Adenoma	or Carcinoma	- •••=	
Tumor Rates	or caromonia		
Overall (a)	11/50 (22%)	8/50 (16%)	12/50 (24%)
Adjusted (b)	30.3%	23.2%	31.1%
Terminal (c)	10/35 (29%)	7/33 (21%)	9/35 (26%)
Statistical Tests (d)		.,	, ee (=e, e)
Life Table	P=0.469	P=0.342N	P=0.518
Incidental Tumor Test	P=0.510	P=0.345N	P=0.568
Cochran-Armitage Trend Test	P=0.451	1 0.54511	1 0.000
Fisher Exact Test	1-0.101	P=0.306N	P=0.500
Hematopoietic System: Malignant Lym	phoma. Histiocytic Type		
Tumor Rates	F		
Overall (a)	0/50 (0%)	4/50 (8%)	3/50 (6%)
Adjusted (b)	0.0%	10.7%	7.5%
Terminal (c)	0/35 (0%)	2/33 (6%)	1/35 (3%)
Statistical Tests (d)			, , , , , , , , , , , , , , , , , , , ,
Life Table	P=0.136	P=0.067	P=0.132
Incidental Tumor Test	P=0.143	P=0.122	P=0.094
Cochran-Armitage Trend Test	P=0.118		
Fisher Exact Test		P=0.059	P=0.121
Hematopoietic System: Lymphoma, Al	l Malignant		
Tumor Rates			
Overall (a)	8/50 (16%)	11/50 (22%)	8/50 (16%)
Adjusted (b)	19.3%	25.5%	20.6%
Terminal (c)	3/35 (9%)	4/33 (12%)	5/35 (14%)
Statistical Tests (d)		D 0 001	D 4 54 01
Life Table	P=0.512N	P=0.321	P=0.564N
Incidental Tumor Test	P=0.456	P=0.215	P=0.562
Cochran-Armitage Trend Test Fisher Exact Test	P=0.552	P=0.306	D =0.607
		P=0.306	P=0.607
Circulatory System: Hemangiosarcoma			
Tumor Rates			
Overall (a)	2/50 (4%)	3/50 (6%)	2/50 (4%)
Adjusted (b)	5.6%	7.7%	5.2%
Terminal (c)	1/35 (3%)	1/33 (3%)	1/35 (3%)
Statistical Tests (d)			
Life Table	P=0.565N	P=0.503	P=0.679N
Incidental Tumor Test	P=0.399N	P=0.675N	P=0.520N
Cochran-Armitage Trend Test Fisher Exact Test	P=0.594		_
		P=0.500	P=0.691

TABLE G3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS (Continued)

	Vehicle Control	125 mg/kg	250 mg/kg
Liver: Adenoma			
Tumor Rates			
Overall (a)	7/50 (14%)	10/50 (20%)	17/50 (34%)
Adjusted (b)	20.0%	28.8%	45.5%
Terminal (c)	7/35 (20%)	9/33 (27%)	15/35 (43%)
Statistical Tests (d)			
Life Table	P=0.011	P=0.248	P=0.017
Incidental Tumor Test	P=0.010	P=0.213	P=0.023
Cochran-Armitage Trend Test	P=0.012		
Fisher Exact Test		P=0.298	P=0.017
Liver: Carcinoma			
Tumor Rates			
Overall (a)	11/50 (22%)	17/50 (34%)	16/50 (32%)
Adjusted (b)	28.1%	41.9%	37.3%
Terminal (c)	8/35 (23%)	10/33 (30%)	9/35 (26%)
Statistical Tests (d)			
Life Table	P=0.213	P=0.132	P=0.226
Incidental Tumor Test	P=0.358	P=0.226	P=0.337
Cochran-Armitage Trend Test	P=0.161	D 0 100	D 0 104
Fisher Exact Test		P=0.133	P=0.184
Liver: Adenoma or Carcinoma			
Tumor Rates			
Overall (a)	18/50 (36%)	26/50 (52%)	33/50 (66%)
Adjusted (b)	46.7%	62.9%	74.7%
Terminal (c)	15/35 (43%)	18/33 (55%)	24/35 (69%)
Statistical Tests (d)			
Life Table	P=0.006	P=0.069	P=0.007
Incidental Tumor Test	P=0.008	P=0.101	P=0.010
Cochran-Armitage Trend Test	P=0.002	D -0.070	D=0.000
Fisher Exact Test		P=0.079	P=0.002
Forestomach: Squamous Cell Papillom	a		
Tumor Rates			
Overall (a)	0/50 (0%)	1/48 (2%)	3/49 (6%)
Adjusted (b)	0.0%	3.0%	8.6%
Terminal (c)	0/35 (0%)	1/33 (3%)	3/35 (9%)
Statistical Tests (d)	D 0 0/1	D 0 400	
Life Table	P=0.062	P=0.488	P=0.121
Incidental Tumor Test	P=0.062	P=0.488	P=0.121
Cochran-Armitage Trend Test Fisher Exact Test	P=0.059	B-0 400	D-0 117
FISHER EXACT TEST		P=0.490	P=0.117

TABLE G3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS (Continued)

(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 in a dosed group is indicated by (N).

	Vehicle Control	125 mg/kg	250 mg/kg
Subcutaneous Tissue: All Sarcomas			
Tumor Rates	1 (60 (00))	1 (50 (00))	
Overall (a)	1/50 (2%)	1/50 (2%)	4/50 (8%)
Adjusted (b) Terminal (c)	2.9% 1/35 (3%)	3.4%	15.4%
Statistical Tests (d)	1/33 (3%)	1/29 (3%)	4/26 (15%)
Life Table	P=0.055	P=0.720	P=0.100
Incidental Tumor Test	P=0.055	P=0.720	P=0.100
Cochran-Armitage Trend Test	P=0.101	1-0.720	1 -0.100
Fisher Exact Test	F-0.101	P=0.753	P=0.181
Lung: Alveolar/Bronchiolar Adenoma			
Tumor Rates			
Overall (a)	5/50 (10%)	0/50 (0%)	1/50 (2%)
Adjusted (b)	13.6%	0.0%	3.8%
Terminal (c)	4/35 (11%)	0/29 (0%)	1/26 (4%)
Statistical Tests (d)		0, => (0,0)	-, (-,0)
Life Table	P=0.073N	P=0.056N	P=0.189N
Incidental Tumor Test	P=0.061N	P=0.052N	P=0.162N
Cochran-Armitage Trend Test	P=0.037N		
Fisher Exact Test		P=0.028N	P=0.102N
Lung: Alveolar/Bronchiolar Adenoma	or Carcinoma		
Tumor Rates			
Overall (a)	6/50 (12%)	1/50 (2%)	1/50 (2%)
Adjusted (b)	16.4%	2.5%	3.8%
Terminal (c)	5/35 (14%)	0/29 (0%)	1/26 (4%)
Statistical Tests (d)			, , , , , , , , , , , , , , , , , , , ,
Life Table	P=0.051N	P=0.100N	P=0.123N
Incidental Tumor Test	P=0.039N	P=0.079N	P=0.104N
Cochran-Armitage Trend Test	P=0.023N		
Fisher Exact Test		P=0.056N	P=0.056N
Hematopoietic System: Lymphoma, Al	l Malignant		
Tumor Rates			
Overall (a)	15/50 (30%)	14/50 (28%)	14/50 (28%)
Adjusted (b)	39.1%	36.5%	41.8%
Terminal (c)	12/35 (34%)	6/29 (21%)	8/26 (31%)
Statistical Tests (d)	D 0 010	D 0 442	D 0 000
Life Table	P=0.310	P=0.443	P=0.355
Incidental Tumor Test	P=0.497N	P=0.583N	P=0.570N
Cochran-Armitage Trend Test	P=0.456N	D-0 600N	D-0 600N
Fisher Exact Test		P=0.500N	P=0.500N
Circulatory System: Hemangiosarcoma			
Tumor Rates			1 (50 (0%))
Overall (a)	3/50 (6%)	0/50 (0%)	1/50 (2%)
Adjusted (b)	7.6%	0.0%	3.1%
Terminal (c)	2/35 (6%)	0/29 (0%)	0/26 (0%)
Statistical Tests (d)	D-0 041N	D-0 151N	D-0 401N
Life Table	P=0.241N	P=0.151N	P=0.401N
Incidental Tumor Test	P=0.196N	P=0.122N	P=0.336N
Cochran-Armitage Trend Test	P=0.176N	D-0 101N	D-0 200N
Fisher Exact Test		P=0.121N	P=0.309N

TABLE G4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE ADMINISTERED1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS

	Vehicle Control	125 mg/kg	250 mg/kg
Circulatory System: Hemangioma or I	Iemangiosarcoma		
Tumor Rates			
Overall (a)	4/50 (8%)	1/50 (2%)	1/50 (2%)
Adjusted (b)	9.8%	3.4%	3.1%
Terminal (c)	2/35 (6%)	1/29 (3%)	0/26 (0%)
Statistical Tests (d)			
Life Table	P=0.166N	P=0.247N	P=0.272N
Incidental Tumor Test	P=0.119N	P=0.204N	P=0.192N
Cochran-Armitage Trend Test	P=0.101N	D 4 10131	D 0 101N
Fisher Exact Test		P=0.181N	P=0.181N
Liver: Adenoma			
Tumor Rates			
Overall (a)	1/50 (2%)	5/50 (10%)	5/50 (10%)
Adjusted (b)	2.9%	17.2%	19.2%
Terminal (c)	1/35 (3%)	5/29 (17%)	5/26 (19%)
Statistical Tests (d)			
Life Table	P=0.036	P=0.064	P=0.047
Incidental Tumor Test	P=0.036	P=0.064	P=0.047
Cochran-Armitage Trend Test	P=0.090		
Fisher Exact Test		P=0.102	P=0.102
Liver: Carcinoma			
Tumor Rates			
Overall (a)	1/50 (2%)	3/50 (6%)	4/50 (8%)
Adjusted (b)	2.9%	9.7%	12.6%
Terminal (c)	1/35 (3%)	2/29 (7%)	2/26 (8%)
Statistical Tests (d)	1,55 (570)	-/-/(//0)	
Life Table	P=0.080	P=0.238	P=0.117
Incidental Tumor Test	P=0.103	P=0.245	P=0.147
Cochran-Armitage Trend Test	P=0.133		
Fisher Exact Test		P=0.309	P=0.181
Liver: Adenoma or Carcinoma			
Tumor Rates			
Overall (a)	2/50 (4%)	8/50 (16%)	9/50 (18%)
Adjusted (b)	5.7%	26.4%	30.8%
Terminal (c)	2/35 (6%)	7/29 (24%)	7/26 (27%)
Statistical Tests (d)			
Life Table	P=0.006	P=0.022	P=0.008
Incidental Tumor Test	P=0.008	P=0.023	P=0.010
Cochran-Armitage Trend Test	P=0.025		
Fisher Exact Test		P=0.046	P=0.026
Forestomach: Squamous Cell Papillor	na or Carcinoma		
Tumor Rates	na or Carcinonia		
Overall (a)	0/50 (0%)	2/50 (4%)	3/50 (6%)
Adjusted (b)	0.0%	6.9%	9.9%
Terminal (c)	0/35 (0%)	2/29 (7%)	1/26 (4%)
Statistical Tests (d)		-, (, , , , , ,	
Life Table	P=0.051	P=0.198	P=0.078
Incidental Tumor Test	P=0.069	P=0.198	P=0.115
Cochran-Armitage Trend Test	P=0.082		

TABLE G4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE ADMINISTERED1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS (Continued)

•

1,2-Dichloropropane

	Vehicle Control	125 mg/kg	250 mg/kg
Tumor Rates			
Overall (a)	7/38 (18%)	8/45 (18%)	8/44 (18%)
Adjusted (b)	22.8%	32.0%	31.6%
Terminal (c)	6/29 (21%)	8/25 (32%)	7/24 (29%)
Statistical Tests (d)			
Life Table	P=0.271	P=0.365	P=0.323
Incidental Tumor Test	P=0.307	P=0.390	P=0.380
Cochran-Armitage Trend Test	P=0.547N		
Fisher Exact Test		P=0.581N	P=0.600N
Pituitary: Adenoma or Carcinoma			
Tumor Rates			
Overall (a)	9/38 (24%)	9/45 (20%)	9/44 (20%)
Adjusted (b)	29.5%	34.2%	35.6%
Terminal (c)	8/29 (28%)	8/25 (32%)	8/24 (33%)
Statistical Tests (d)			
Life Table	P=0.353	P=0.449	P=0.406
Incidental Tumor Test	P=0.406	P=0.500	P=0.464
Cochran-Armitage Trend Test	P=0.417N		
Fisher Exact Test		P=0.443N	P=0.465N
Thyroid: Follicular Cell Adenoma			
Tumor Rates			
Overall (a)	1/48 (2%)	0/45 (0%)	3/46 (7%)
Adjusted (b)	2.9%	0.0%	12.5%
Terminal (c)	1/34 (3%)	0/27 (0%)	3/24 (13%)
Statistical Tests (d)			
Life Table	P=0.110	P=0.546N	P=0.189
Incidental Tumor Test	P=0.110	P=0.546N	P=0.189
Cochran-Armitage Trend Test	P=0.168		
Fisher Exact Test		P=0.516N	P=0.292
Thyroid: Follicular Cell Adenoma or C	Carcinoma		
Tumor Rates			
Overall (a)	1/48 (2%)	0/45 (0%)	5/46 (11%)(e)
Adjusted (b)	2.9%	0.0%	20.8%
Terminal (c)	1/34 (3%)	0/27 (0%)	5/24 (21%)
Statistical Tests (d)			
Life Table	P=0.015	P=0.546N	P=0.040
Incidental Tumor Test	P=0.015	P=0.546N	P=0.040
Cochran-Armitage Trend Test	P=0.034		
Fisher Exact Test		P=0.516N	P=0.092

TABLE G4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE ADMINISTERED 1,2-DICHLOROPROPANE IN CORN OIL BY GAVAGE FOR TWO YEARS (Continued)

(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 in a dosed group is indicated by (N).

(e) Includes one cystadenoma, NOS.

APPENDIX H

MUTAGENESIS RESULTS FOR 1,2-DICHLOROPROPANE IN SALMONELLA TYPHIMURIUM

A. METHODS FOR SALMONELLA/MICROSOME MUTAGENICITY TEST SYSTEM

1.2-Dichlorpropane was tested and evaluated blindly in each of four tester strains of Salmonella typhimurium, using a preincubation modification (Yahagi et al., 1975) of Salmonella assay (Ames et al, 1975). Strains of TA98 and TA1537 are more sensitive to chemicals that express frameshift mutagenic activity; strains TA100 and TA1535 are more sensitive to chemicals that cause base-pair substitutions. 1.2-Dichloropropane was dissolved in dimethyl sulfoxide (DMSO) and then added to the suspension culture. The mixture was then incubated with the tester strains in suspension culture (20 minutes at 37° C) prior to the addition of soft agar and plating for detection of induced mutants. Exogenous metabolic activation was provided by liver S-9 preparations from Arochlor-1254[®] induced rats and hamsters. Coded chemicals were tested at 5 doses (μ g/ plate), in triplicate (A,B, and C), in each strain and were retested at least two weeks later.

B. RESULTS

See Table H1.

	Dose			
Strain	(µg/plate)	-59	+S9 (rat)	+S9 (hamster)
TA100	0	135 ± 6.6	133 ± 4.4	123 ± 4.3
	33	125 ± 7.4	125 ± 4.4	109 ± 6.2
	100	143 ± 11.0	136 ± 6.9	137 ± 4.2
	333	152 ± 13.9	128 ± 4.1	114 ± 9.2
	1,000	196 ± 17.0	141 ± 5.5	120 ± 2.0
	2,000	153 ± 9.5	146 ± 8.0	118 ± 8.7
TA1535	0	28 ± 2.3	17 ± 1.3	12 ± 1.0
	33	30 ± 1.2	17 ± 2.3	15 ± 2.7
	100	31 ± 3.9	15 ± 1.0	12 ± 1.2
	333	34 ± 4.0	16 ± 2.5	17 ± 4.2
	1,000	54 ± 3.7	19 ± 2.9	19 ± 4.9
	2,000	54 ± 2.1	20 ± 1.7	18 ± 3.6
TA1537	0	7 ± 0.7	19 ± 2.1	15 ± 2.9
	33	11 ± 0.9	21 ± 2.9	18 ± 0.3
	100	11 ± 2.1	19 ± 2.1	18 ± 4.0
	333	11 ± 0.6	14 ± 1.5	15 ± 1.5
	1,000	11 ± 0.9	24 ± 3.2	16 ± 1.7
	2,000	12 ± 1.9	14 ± 1.5	16 ± 1.5
TA98	0	28 ± 0.9	37 ± 2.3	44 ± 3.0
	33	26 ± 0.9	43 ± 3.8	45 ± 4.3
	100	33 ± 3.5	45 ± 4.9	41 ± 2.3
	333	28 ± 2.2	43 ± 3.1	51 ± 8.7
	1,000	31 ± 3.2	35 ± 0.9	41 ± 2.9
	2,000	26 ± 0.9	36 ± 1.5	34 ± 1.2

TABLE HI.	MUTAGENICITY OF	1,2-DICHLOROPROPANE IN SALMONELLA TYPHIMURIUM

^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 (Yahagi et al., 1975). 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. (Ames et al., 1975). The experiment was performed twice, each time in triplicate; because the results were similar, data from only one experiment are shown.

1,2-Dichloropropane

APPENDIX I

IN VITRO CYTOGENETIC TESTING

APPENDIX I

A. MATERIALS

1. Chinese Hamster Ovary Cells

Chinese hamster ovary cells (CHO) were obtained from Dr. S. Wolff at the Laboratory of Radiobiology, University of California Medical Centre, San Francisco, and were cloned in the laboratory of Dr. A. Bloom, Columbia University Medical Centre, New York. The cells have been designated CHO-W-B1. The cells were not used at passage levels of more than 15 after cloning and were thawed routinely from liquid nitrogen storage and maintained by transferring twice a week.

2. Medium and Cell Cultures

CHO cells were grown at 37° C in an atmosphere of 5% CO₂ in air, in McCoy's 5a medium supplemented with 10% fetal calf serum, (FCS) L-glutamine, penicillin and streptomycin. Cultures were set up 24 hours prior to treatment by seeding in 75 cm² plastic flasks in 10 ml of fresh medium. Cells were seeded at approximately 8x10⁵ per flask for SCE experiments, or up to 1.2 x 10⁶ for aberration experiments.

A single culture was used for each dose level or control in both tests (with and without metabolic activation). Cultures were protected from light.

3. Metabolic Activation System

The *in vitro* metabolic activation system comprised rat liver enzymes and an energy-producing system necessary for their function (NADP and isocitric acid). The enzymes were contained in a preparation of liver microsomes (S9 fraction) from male rats treated previously with the alkylating agent Arochlor 1254 to induce enzymes capable of transforming chemicals to more active forms.

Liver S9 fraction (Litton biological Products, Inc.,) was retained frozen at -80°C until use. This S9 fraction was thawed immediately before use and added to a "core" reaction mixture to form the following activation system:

Component	Volume per Culture	Final Concentration per ml of Medium
Core NADP (sodium salt) Isocitric acid	600 <i>µ</i> l	2.4mg 4.5 mg
S9 fraction Liver homogenate	150 µ1	15 µ

4. Test Compound and Controls

Immediately before use, a stock solution of the test compound was prepared in a suitable solvent such as culture medium, distilled water, dimethylsulfoxide, acetone, or absolute ethanol. Serial dilutions were prepared in the same solvent to achieve desired final concentrations by addition of 100 μ l of test solution to each 10 ml culture, unless limited solubility required use of a larger volume.

Nothing was added to the negative controls, which contained simply cells and culture medium with or without the S9 fraction. Solvent controls contained the same concentration of solvent as the test cultures (usually 1%)

Known mutagenic and chromosome breaking agents were used:

		Final Concentration		
Positive Control Compound	=/- S9 Fraction	For Aberration Test	For SCE Test	
Triethylene- melamine	-	250-500 ng/ml	15 ng/ml	
Cyclophosphamide	+	25-50 µg/ ml	1. 5-2.0 μg /ml	

B. SOLUBILITY, TOXICITY, AND DOSE DETERMINATION

The approximate dose range is determined prior to cytogenetic testing.

1. Solubility Testing

Solvents tested in order of preference were medium, water, dimethylsulfoxide (DMSO), ethanol, and acetone.

a. Solids

A sample of the compound was weighed and an attempt made to prepare a stock solution at 500 mg/ml to obtain a maximum final concentration of 5 mg/ml in cultures. If sonication, mixing on a Vortex, or warming to about 37° C did not dissolve the compound, more solvent was added until a solution was obtained. From this maximum concentration a series of dilutions was made to achieve ten or eleven doses in a half-log series.

b. Liquids

Liquids were used "neat" to achieve a top dose of $10 \,\mu$ /ml in cultures. Solubility or miscibility with solvents was tested as for solids, and a five-log range of concentrations in a half-log series was tested in the first trials.

2. Toxicity Testing

The toxicity test was incorporated into the first trial for each assay (SCE and aberrations). Cultures were exposed to a five-log range of concentrations of test compound. Immediately before fixation, the cultures were examined under the inverted microscope. The degree of confluency of the monolayer was noted, along with the occurrence of large, round healthy cells (mitotic) on the surface of the cell sheet or floating in the medium.

If no evidence of toxicity was found, only the top five or six dose levels were fixed. If there was toxicity, the highest dose likely to yield results was fixed in series with the five does levels below it.

C. ASSAY FOR SISTER CHROMATID EXCHANGE IN CHINESE HAMSTER OVARY CELLS

1. Objective

The objective of this in vitro assay was to evaluate the ability of a test compound or its metabolites to induce sister chromatid exchange (SCE) in Chinese hamster ovary (CHO) cells.

2. Rationale

The frequency of sister chromatid exchanges (SCEs) is a very sensitive indicator of exposure of the genetic material to chemical mutagens. The SCE test simply involved treating cultured cells with a test compound, growing the cells with 5-bromo-deoxyuridine (BrdU) for 2 cell cycles, and making chromosome preparations that were stained for detection of XCE.

- 3. Cell Treatment
 - a. Assay without the metabolic activation system

One day after culture initiation, the medium was replaced with fresh medium and cells were treated with test or control compounds for about 2 hours to allow some interaction with cells before addition of BrdU. BrdU was added (final concentration $10 \,\mu$ M) and incubation was continued for about 24 hours. The medium was then removed to allow an opportunity to wash off any test compound precipitate that might have interfered with cell fixation and to avoid harvest of cultures containing suspect compounds. Fresh medium containing BrdU ($10 \,\mu$ M) and colcemid (final concentration $0.1 \,\mu$ g/ml) was added, and incubation was continued for 2 to 3 hours.

The total incubation time with test compound was thus about 26 hours, and total time with BrdU was also about 26 hours, beginning about 2 hours after addition of test compound.

b. Assay with the metabolic activation system

One day after culture initiation, medium was replaced with medium without fetal calf serum. Cells were incubated for two hours in the presence of the test or control compound and the S9 reaction mixture. The short incubation time was used because prolonged exposure to the S9 mixture is toxic to cells; also, enzyme activity is lost rapidly at 37° C. Serum was omitted to avoid the possible inactivation from the binding to serum proteins or short-lived, highly reactive intermediates produced by S9 enzymes. After the 2 hour exposure period, cells were washed at least twice with buffered saline, and complete culture medium containing 10% FCS and 10 μ M BrdU was added. Cells were incubated for a further 26 hours, with colcemid (0.1 μ g/ml) present for the final two to three hours of incubation.

c. Summary

	Incubation times from addition of test/control compound				
Type of Assay	Test/Control Compound	BrdU	Colcemid		
With S9 Without S9	0-2 hr. 0-26 hr.	2.5-28.5 hr. 2.5-28.5 hr.	26.5-28.5 hr. 26.5-28.5 hr.		

- 4. Cell Harvest and Fixation
 - a. Initial Harvest

Two to three hours after addition of colcemid, cells were collected by mitotic shake-off (Terasima and Tolmach, 1961) and treated for about 3 minutes at room temperature with hypotonic KCL (75 mM). Cells were then washed twice with fixative (3:1, methanol: glacial acetic acid, v/v), dropped on to slides, and air-dried.

b. Test for Cell Cycle Delay and Repeated Harvests

Because many compounds cause cell cycle delay, a technique was used for assessing this and necessary performing later harvests on the same cultures. After 2 to 3 hours incubation with colcemid, cells were harvested by mitotic shake-off and centrifuged to collect as a pellet. The supernatant medium could then be returned to appropriate flasks that were reincubated at 37° C. After fixation of cells, test slides were made and stained for 10 minutes in Hoechst $33258 (0.5 \,\mu g/ml$ in phosphate buffer, pH 6.8), rinsed in water, and mounted in the same buffer. These slides could be examined by fluorescence microscopy to assess the frequency of cells that had completed two cell cycles in BrdU. If there was significant delay, the same cultures could be harvested repeatedly until an adequate yield of cells showing complete differentiation between chromatids was obtained.

5. Staining and Scoring of Slides

Staining for detection of SCE was accomplished by a modified fluorescence plus Giemsa (FPG) technique (after Perry and Wolff, 1974 and Goto, et al., 1978). Slides were stained for 10 minutes with Hoechst 33258 (5 μ g/ml) in phosphate buffer (pH 6.8), mounted in the same buffer and exposed at 55°-65°C to "black-light" from 15 Watt tubes for the amount of time required for differentiation between chromatids (about 5 minutes). Finally, slides were stained with 5% Giemsa for 5 to 20 minutes and air dried.

For control of bias, all slides were coded prior to scoring and scored "blind."

M2 cells were scored for the frequency of SCE per cell. Fifty cells were scored per dose from the top three dose levels fixed. If these were clearly negative or positive no further scoring was carried out. Lower doses were scored if necessary to establish a dose relation.

D. ASSAY FOR CHROMOSOME ABERRATIONS IN CHINESE HAMSTER OVARY CELLS

1. Objective

The objective of this *in vitro* assay is to evaluate the ability of a test article to induce chromosome aberrations in Chinese hamster ovary (CHO) cells with or without an *in vitro* metabolic activation system.

2. Rationale

The objective is to establish whether the test article or its metabolites can interact with cells to induce gross chromosomal breaks, or changes in chromosome numbers. Chemically induced lesions may result in breaks in chromatin that are either repaired by the cell in such a way as to be undetectable, or can result in visible change. Aberrations are a consequence of failure or mistakes in repair processes that result in lack of rejoining of breaks, or rejoining in abnormal configurations (Evans, 1962).

Aberrations are examined when cells enter mitosis for the first time after chemical exposure, before they can be lost during the division process or converted into complex derivatives during subsequent cell cycles. For the CHO cells used here, most dividing cells examined 10 to 12 hours after treatment were in their first mitosis (M1 cells).

- 3. Cell Treatment
 - a. Assay Without the Metabolic Activation System

One day after culture initiation, the medium was replaced with fresh medium and cells were treated with test or control compounds for 8 to 10 hours. The medium was then removed, cultures were washed if any precipitate was evident, and the medium was replaced with fresh medium containing colcemid $(0.1 \, \mu g/ml)$. After a further 2-3 hours of incubation cells were harvested by mitotic shake-off and fixed as described previously.

b. Assay With the Metabolic Activation System

One day after culture initiation, the medium was replaced with medium without fetal calf serum. Cells were incubated for two hours in the presence of the test or control compounds and the S9 reaction mixture. Cultures were then washed at least twice with buffered saline and incubation was continued for 8 to 10 hours. Colcemid was present for the last 2 to 3 hours of the incubation. Cells were harvested and fixed as above.

4. Staining and Scoring of Slides

Slides were stained in 5% Giemsa for 5 to 10 minutes. For control of bias, all slides were coded and scored blind. One hundred cells were scored for each dose.

TABLE 11. CYTOGENETIC EFFECTS OF 1,2-DICHLOROPROPANE IN CHINESE HAMSTER OVARY (CHO) CELLS

Siste	r Chromat	ic Exchanges (a)		Chromosome Aberrations (b)				
-59	-S9 +S9			-S9	+\$9				
µg/ml	SCE/Cell	µg/ml	SCE/Cell	µg∕ml	Abs/100 Ceils (% ceils w/abs)	µg/ml	Abs/100 Cells (% cells w/abs)		
DMSO (10 µl)	10.1	DMSO (10 μl)	9.1	DMSO (10 µl)	3 (3)	DMSO (10 μl)	> 4 (2)		
112.7	12.6	112.7	10.7	1180	3 (3)	460	4 (2)		
376.0	21.2	376.0	18.4	1370	16 (11)	660	17 (15)		
1127.0	36.2	1127.0	22.1	1580	> 47 (26)	950	>16 (13)		
Mitomycin C (0.01)	36.6	Cyclophos- phamide (1.5)	27.5	Mitomycin C (0.125)	>102 (50)	Cyclophos- phamide (50)	46 (24)		

- (a) In the absence of S9, CHO cells were incubated with test compound or solvent for 2 hr. at 37° C. Then BrdU was added and incubation continued for 24 hr. Cells were washed, fresh medium containing BrdU (10 μ M) and colcemid (0.1 μ g/ml) was added, and incubation was continued for 2-3 hr. Cells were then collected by mitotic shake-off, treated for 3 min. with KCl (75 mM), washed twice with fixative, and dropped onto slides and air-dried. Staining was by a modified technique (after Perry and Wolff, 1974; Goto *et al.*, 1978). In the presence of S9, cells were incubated with test compound or solvent for 2 hr. at 37° C. Then cells were washed, and medium contining 10 μ M BrdU was added. Cells were incubated for a further 26 hr., with colcemid (0.1 μ g/ml) present for the final 2-3 hr.
- (b) In the absence of S9, CHO cells were incubated with test compound or solvent for 8-10 hr. at 37° C. Cells were then washed, and fresh medium containing colcemid $(0.1 \,\mu g/ml)$ was added. After a further 2-3 hr. of incubation, cells were harvested by mitotic shake-off, fixed, and stained in 6% Giemsa. In the presence of S9, cells were incubated with test compound or solvent for 2 hr. at 37° C. Cells were then washed, medium was added, and incubation continued for 8-10 hr. Colcemid $(0.1 \,\mu g/ml)$ was added for the last 2-3 hr. of incubation, then cells were harvested and fixed as above.
- (c) S9 from the livers of Aroclor-1254®-induced male Sprague-Dawley rats.

-S9 +S9 Conclusions: SCE + +

ons. See

CA + +

1,2-Dichloropropane

APPENDIX J

NTP SENTINEL ANIMAL DATA

APPENDIX J

A. METHODS

Rodents used in the carcinogenesis studies program of the National Toxicology Program are produced in optimally clean facilities to eliminate potential pathogens that may affect test results. The Sentinel Animal Program is part of the monitoring of animal health that occurs during the toxicologic evaluation of chemical compounds. Under this program the disease state of the rodents in the carcinogenesis studies program is monitored via viral serology on serum from extra (sentinel) animals in the test rooms. These animals are untreated, and both these animals and the test animals are subject to the identical environmental conditions. The sentinel animnals come from the same production source and weanling groups as the animals used for the carcinogenesis studies of chemical compounds.

Fifteen B6C3F1 mice of both sexes and 15 F344/N rats of both sexes are selected at the time of randomization and allocation of the animals to the various study groups. Five animals of each designated sentinel group are killed at 6, 12, and 18 months on study. Data from animals surviving 24 months are collected from 5/50 randomly selected control animals of each sex and species. The blood from each animal is collected and clotted and the serum is separated. The serum is cooled on ice and shipped to Microbiological Associates' Comprehensive Animal Diagnostic Serice for determination of the viral titers. The following tests are performed:

Chor-

	Hemagglutination Inhibition	Complement Fixation
Mice	 PVM (Pneumonia Virus of Mice) Reo 3 (Reovirus, Type I) GDVII (Strain of Murine Encephalomyelitis Virus) Poly (Polyoma Virus) Sendai (Sendai Virus) MVM (Minute Virus of Mice) Ectro (Infectious Ectromelia Virus of Mice) 	M. Ad. LCM (Lymphocytic Chor- iomeningitis Virus of Mice)
Rats	PVM (Pneumonia Virus of Mice) Sendai (Sendai Virus) KRV (Kilham Rat Virus) H-l (Toolan's H-l Virus)	RCV (Rat Corona Virus)

B. RESULTS

See Tables JI and J2.

Hemagglutination Inhibition							etion
Sample No.	Sex	PVM	KRV	H-1	Sendai	RCV	Senda
SIX MONTHS							
1	м	80					
2	М	80					
3	М	80	320	·			
4	М	80	160	~~ ′			
5	М	80		******		1007-p	
1	F	80					
2	F	80	160		and all the		
3	F	80			******		
4	F	80	320				
5	F	80	-	-		**	
IWELVE MONTH	S						
6	М	40			_		80
7	M	80	40				80
8	M	80	-			10	40
9	М	(a)	<i>(a)</i>	(a)		(a)	(a)
10	М	40	40				40
6	F	80	-			40	80
7	F	80					80
8	F	80		*		10	40
9	F	80	*****			20	40
10	F	80				10	80
EIGHTEEN MONT	THS			·			
11	М	80	80				80
12	М	80	80			10	80
13	М	80	80	·			
14	М	80	80				20
15	М	40	80				80
11	F	80				10	80
12	F	80	80			10	80
13	F	80			******	10	80
14	F	80	80			40	40
15	F	80				10	80
WENTY-FOUR M 9		90	80		30		
21	M M	80 40	80		20 10		
24	M	40 80			10		
24 37	M	80 80	80				
43	M	40	40			· · · ·	
43 25	F	40 80	40 80		10		
23 19	F	80 80	00	_	20	20	
36	г F	80 80			20	20 (b)	
30 7	г F	80				(0)	
8	F	80	80		20	40	
gnificant Titer	Highen d i - 1123 - 1129 - 12 900 in	20	20	20	10	. 10	10

TABLE J1. MURINE VIRUS ANTIBODY DETERMINATIONS FOR RATS IN THE TWO-YEAR STUDY

(a) Insufficient serum

(b) Anticomplimentary serum

SIX MONTH 1 2 3 4 5 1 2 3 4 5 TWELVE MO 6 7 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 10 10 10 10 10 10 10 10 10				Hemagglutination Inhibition						Complement Fixation			
 2 3 4 5 1 2 3 4 5 TWELVE MO 6 7 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 7 8 9 10 8 11 10 10 10 10 10 10 10 10 10 10 10 10	Sex	PVM	Reo 3	GDVII	Poly	MVM	Ec- tro	Sen- dai	Sen- dai	M. Ad	мну	LCM	
2 3 4 5 1 2 3 4 5 TWELVE MO 6 7 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 8 9 10 11 11 12 10 10 10 10 10 10 10 10 10 10 10 10 10	IS	<u></u>											
3 4 5 1 2 3 4 5 TWELVE MO 6 7 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 1 1 2 3 4 5 5 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10	М	_					_	_			_		
4 5 1 2 3 4 5 FWELVE MO 6 7 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Μ		—	_	_				_				
5 1 2 3 4 5 FWELVE MO 6 7 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 11 2 5	Μ				_	_	<u> </u>	_	-	-			
1 2 3 4 5 7 WELVE MO 6 7 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 11 12	Μ		<u> </u>	_			_	_	_		_		
2 3 4 5 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 6 7 8 9 10 7 8 9 10 8 10 8 10 10 10 10 10 10 10 10 10 10 10 10 10	Μ				_		_	_				_	
3 4 5 FWELVE MC 6 7 9 10 6 7 8 9 10 EIGHTEEN M 11 12	F	40	-	—		_		_	_	_			
4 5 FWELVE MC 6 7 9 10 6 7 8 9 10 EIGHTEEN M 11 12	F	80	_	—		—	-				_		
5 FWELVE MC 6 7 9 10 6 7 8 9 10 EIGHTEEN M 11 12	F	20							_	_			
FWELVE MC 6 7 9 10 6 7 8 9 10 EIGHTEEN M 11 12	F	80									-		
6 7 9 10 6 7 8 9 10 EIGHTEEN N 11 12	F	40	—	_		—		_	_	_	—		
7 9 10 6 7 8 9 10 EIGHTEEN M 11 12	ONTI	HS											
7 9 10 6 7 8 9 10 EIGHTEEN M 11 12	М	80		(b)			_	_	80	(c)	(c)	(c)	
9 10 6 7 8 9 10 EIGHTEEN M 11 12	M	80				_	_		40				
10 6 7 8 9 10 EIGHTEEN M 11 12	Μ	40							80	(c)	(c)	(c)	
6 7 8 9 10 EIGHTEEN N 11 12	Μ	40			_				40	(c)	(c)	(c)	
7 8 9 10 EIGHTEEN M 11 12	F	40				_			(c)	(d)	(c)	(c)	
8 9 10 EIGHTEEN M 11 12	F	40		(b)	_							_	
9 10 E IGHTEEN M 11 12	F								(c)	(d)		(c)	
10 E IGHTEEN M 11 12	F	80		_		—			20	(d)	<u></u>	(d)	
11 12	F	20	-		—		-		(c)	(d)		(d)	
12	MON	THS											
	М	80						_					
	Μ									_			
13	М	20		_		_			_		(c)		
15	М	-			_		_		(c)		(c)	(c)	
11	F		—			—			(c)		(c)	(c)	
12	F				_	_			(c)		(c)	(c)	
13	F	(a)		—					40		(c)	(a)	
14	F									—			
15	F							—		—	<u> </u>	_	
WENTY-FO	DUR	MONTH	IS										
	Μ			-	(b)							-	
	Μ	20			(b)	(b)	—	(Ь)		(c)	(c)	(c)	
	Μ	40				—				(c)	(c)	(c)	
	Μ	20			_				—	(c)	(c)	(c)	
	Μ								_	(c)	(c)	(c)	
	F	-						-		-	—		
	F			(b)							(c)	(d)	
	F					-			_		(d)	(d)	
	F	10					_			(d)	40	(d)	
11	F	(a)			(c)		—				(Ь)	(d)	
Significant Fiter		20	20	20	20	20	20		10	10	10	10	

TABLE J2. MURINE VIRUS ANTIBODY DETERMINATIONS FOR MICE IN THE TWO-YEAR STUDY*

(a) Insufficient serum

(b) Serum agglutinates red blood cells

(c) Anticomplimentary serum

(d) Serum reacts with control antigen

APPENDIX K

ANALYSIS OF 1,2-DICHLOROPROPANE LOT NO. A7XB

A. ELEMENTAL ANALYSIS

Element	С	н	C1
Theory	31.89	5.35	62.76
Determined	31.99	5.17	62.65
	32.14	5.21	62.84

B. WATER ANALYSIS (Karl Fisher)

<0.1%

C. TITRATION

Titration for acidic components with sodium hydroxide; 4 ± 1 ppm acidity (assumed to be HCl).

D. BOILING POINT

Determined	Literature Values
b.p.: $97.8 \pm 0.2(\delta)^{\circ}$ C at 758 mm	b.p.: 96.37°C at
(visual, capillary boiling point)	760 mm
	(Weast, 1976-1977)

E. INDEX OF REFRACTION

Determined

Literature Values

 n_D^{20} : 1.4382

F. DENSITY

Determined

Literature Values

 d_{22}^{24} : 1.1481 g/ml

d₄²⁰: 1.1560 g/ml (Weast, 1976-1977)

 n_D^{20} : 1.4339 (Weast, 1976-1977)

G. VAPOR-PHASE CHROMATOGRAPHY

Instrument: Tracor MT 220 Detector: Flame ionization Carrier gas: Nitrogen Flow carrier gas: 70 cc/min

a. System 1

Column: 20% SP 2100/0.1% Carbowax 1500 on 100/120 Supelcoport, 1.8 m x 4 mm 1.D., glass
Oven temperature program: 50°C, 5 min; 50°-170°C at 10°C/min
Inlet temperature: 170°C
Detector temperature: 230°C
Sample injected: 5 μl neat liquid diluted to 1% and 0.5% in pentane to quantitate major peak and check for overloading
Results: Major peak and six impurities. The largest impurity has an area 0.50% of the area of the major peak. The areas of the other impurities total less than 0.2% of the area of the major peak.

Peak	Retention Time (min)	Retention Time (Relative to 1,2,-Dichloropropane)	Area (Percent of 1,2,-Dichloropropane)
1	3.0	0.67	0.02
2	4.5	1.00	100
3	7.5	1.67	0.50
4	10.4	2.31	0.02
5	10.6	2.36	0.02
6	13.8	3.07	0.02
7	14.1	3.13	0.03

b. System 2

Column: 10% Carbowax 20 M-TPA on 80/100 Chromosorb W. AW, 1.8 m x 4 mm I.D., glass

Oven temperature program: 60°C, 5 min: 60°-200°C

at 10°C min

Inlet temperature: 180°C

Detector temperature: 250°C

Sample injected: 5 μ l neat liquid diluted to 1% and 0.5% in hexanes to quantitate major peak and check for overloading

Results: Major peak and five impurities. The areas of the impurities total 0.1% of the area of the major peak.

Peak	Retention Time (min)	Retention Time (Relative to 1,2-Dichloropropane)	Area (Percent of 1,2-Dichloropropane)	
1	6.6	1.00	100	
2	8.9	1.35	0.02	
3	9.3	1.41	0.02	
4	12.1	1.83	0.04	
5	12.3	1.86	* *shoulder	
6	12.5	1.89	0.02	

c. System 3 (as used by Mason for reanalysis) Column: 0.1% SP-1000 on Carbopack C (Supelco), 6 ft x 1/4 in., 1.D., glass Oven temperature program: 70° - 200° at 6°C/mintemperature: 185°C Detector temperature: 220°C Sample injected: 0.5 μl of 1% solution in pentane Results: Major peak and one impurity

Peak	Retention Time (min)	Retention Time (Relative to 1,2-Dichloropropane)	Area (Percent of 1,2-Dichloropropane)
1	6.1	1.00	100
2	15.3	2.51	0.50

H. IDENTIFICATION OF IMPURITY PEAK 3 IN SYSTEM 1

1. Vapor-Phase Chromatography/Mass Spectrometry

a. Instrumental Parameters

Instrument: Varian MAT CH 4B mass spectrometer interfaces via a Watson-Biemann helium separator to a Tracor MT 2000MF vapor-phase chromatograph. Data processed by a Varian 620/i computer.

Vapor-phase chromatograph column: GP 20% SP2100/0.1% Carbowax 1500 on 100/120

Supelcoport, 1.8 m x 2 mm I.D., glass

Inlet temperature: 175° C Oven temperature program: 5 min at 50° C, then 50 to 170° C at 10° C/min Ionization voltage: 70 EV

1,2-Dichloropropane in n-pentane was injected $(1 \mu l; 40 \mu g/\mu l)$ into the above system. The retention times, determined by the total ion current monitor, of the major component and the impurity were 3.1 and 6.3 minutes, respectively. Mass spectral data for the impurity peak are given below.

b. Results

Mass	Spectrum Obtained for Impurity (Percent of Base Peak)	Literature Spectrum (Eight Peak Index) of Toluene (Percent of Base Peak)	
91	100	100	
92	69	65	
65	8	11	
39	8	9	
63	3	6	
51	4	5	
93	3	5	
45	3	4	

2. Vapor-Phase Chromatography - Spiking

a. Instrument Parameters

Instrument: Varian 3740 Detector: Flame ionization Carrier Gas: Nitrogen Carrier Gas Flow: 70 cc/min Column: GP 20% PS2100/0.1% Carbowax 1500 on 100/120 Supelcoport, 1.8 m x 4 mm I.D., glass. Inlet Temperature: 200° C Detector Temperature: 270° C Oven Temperature Program: 50° C, 5 min, 50° C to 170° C at 10° C/min

b. Results: Toluene, when injected on the above system $(6\mu l of 0.5\% v/v solution of toluene in n-pentane)$ gave a peak with a retention time of 8.3 min. Injection of 1,2-dichloropropane $(6\mu l, neat)$ under the same conditions gave an impurity peak with a retention time of 8.6 minutes. When a spike (a 1:1 mixture of the 1,2-dichloropropane and 0.5% v/v toluene in n-pentane) was injected, this peak was enhanced, yielding a single peak with a retention time of 8.5 minutes.

I. QUANTITATION OF TOLUENE IN 1,2-DICHLOROPROPANE BY VAPOR-PHASE CHROMATOGRAPHY

1. Instrument Parameters

Toluene was quantitated in 1,2-dichloropropane using the vapor-phase chromatographic system described in Section H-2-a except that the oven temperature was maintained at an isothermal temperature of 70° C.

2. Results

Toluene had a retention time of 5.5 minutes on this system. Injection of the spiked sample described in Section H-2-a yielded an enhanced peak under these conditions. Standards $(0.25\% v/v \text{ toluene in n-pentane}, 5\mu)$ were compared to neat injections of 1,2-dichloropropane (5μ) to quantitate the toluene.

Results: Percent toluene in 1,2-dichloropropane

 $0.24\% \pm 0.02$ (δ) % v/v or $0.18\% \pm 0.01$ (δ) % w/w

3. Conclusions

The impurity (peak 3; system 1; was identified to be toluene present at a concentration of 0.24% (v/v) or 0.18% (w/w).

J. SPECTRAL DATA

1. Infrared

Instrument: Beckman IR-12 Cell: Between silver chloride plates Results: See Figure 5 Consistent with literature spectrum (Sadtler Standard Spectra)

2. Ultraviolet/Visible

No literature spectrum found

Instrument: Cary 118

<u>λ max (nm)</u>	ε x 10		
268.5	6.01 ± 0.07 (δ)		
264 shoulder	5.51 ± 0.04 (δ)		
262	$7.13 \pm 0.04 (\delta)$		
259 shoulder	$6.25 \pm 0.04 (\delta)$		
256	$5.67 \pm 0.04 \ (\delta)$		
249 shoulder	$4.24 \pm 0.04 (\delta)$		
243	3.51 ± 0.03 (b)		
Solvent: Meth	anol		



APPENDIX K

 Nuclear Magnetic Resonance Instrument: Varian EM-360-A

Solvent: Deuterated chloroform with internal tetramethylsilane

Assignments: (see Figure 6)

(a) d, δ 1.58 ppm, J_{ac} = 7 Hz;

- (b) m. δ 3.35-3.80 ppm;
- (c) m. δ 3.80-4.50 ppm;
- (d) 7.20 ppm impurity

Integration Ratios:

- (a) 3.05
- (b) 1.79
- (c) 1.17
- (d) did not integrate

Consistent with literature spectrum (Sadtler standard spectra)



174

APPENDIX L

ANALYSIS OF 1,2-DICHLOROPROPANE IN CORN OIL FOR STABILITY OF 1,2-DICHLOROPROPANE

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A. SAMPLE PREPARATION AND STORAGE

Two stock solutions of 1,2-dichloropropane in corn oil were prepared for each storage as follows: 2 ml (2.31 g) of the chemical was pipetted into each of two 60-ml septum vials containing 37.998 g and 38.000 g of corn oil, respectively, and the vials were sealed immediately (Microsep F-138 gas chromatography septa with Teflon® film facing, from Canton Biomedical Products, Inc.; aluminum crimp seals from Wheaton Scientific Company, Inc.). Each vial was manually shaken, agitated on a vortex mixer for 10 sec., and placed in an ultrasonic vibratory bath for 1 minute. These clear solutions were stored at room temperature (25° C) for 7 days with no effort made to protect them from light.

B. SAMPLE EXTRACTION AND ANALYSIS

At time-zero (just after preparation) and after storage for 1, 5, 6, and 7 days, the sample solutions were remixed on the vortex-mixer and ultrasonic vibratory bath as described in the preceding paragraph. The vials were unsealed, and two samples from each stock solution were removed $(2.02 \pm 0.01 \text{ g}, accurately weighed})$. The stock solution vials were resealed and the samples were each placed in a clean 60-ml vial. Absolute methanol (20 ml, pipetted) containing 6.02 mg/ml of amyl alcohol was added to each sample vial, and these were sealed in turn. The methanol/amyl alcohol solution was prepared by weighing 3.01 g of amyl alcohol in a small vial on an analytical balance, quantitatively transferring it to a 500-ml volumetric flask with methanol, and diluting the solution to the volume mark with additional methanol.

The corn oil methanol test samples were then mixed thoroughly by manual shaking, treatment by vortex mixer, and treatment by ultrasonic vibratory bath. After the layers had separated and the methanol phase had become clear, 5 ml of each methanol phase was placed in a small (8.5 ml) septum vial and sealed, for analysis by the gas chromatographic system described below:

Instrumental Parameters Instrument: Bendix 2500 Column: 20% SP-2100/0.1% Carbowax 1500 on 100/120 mesh Supelcoport, 1.8 m x 4 mm I.D., glass Detection: Flame ionization Temperatures: Oven, 100°C isothermal; inlet, 150°C; detector, 225°C Carrier gas: Nitrogen; flow rate, 30 cc/min Retention time of test chemical: 1.5 min Retention time of amyl alcohol reference: 2.2 min

C. QUALITY CONTROL PROCEDURES

Analysis was performed in duplicate, using amyl alcohol in methanol as an internal reference standard. Recovery studies (zero-time samples) were performed in duplicate at the same concentration level as the test samples, both at the start and at the end of the 7-day period. Gas chromatographic detector linearity was determined with standard solutions in methanol at 6.96, 4.64, and 2.32 mg/ml concentrations for the 1,2-dichloropropane, and 6.33, 4.22, and 2.11 mg/ml for the amyl alcohol reference. The least squares plot correlation coefficients were greater than 0.999 (i.e., approximately 1.0, linear) for both compounds.

D. RESULTS

Average Percent (w/w) Chemical Found in Chemical/ Vehicle Mixture (a)	
5.7 ± 0.2 (c)	
5.6 ± 0.2	
5.5 ± 0.2	
5.4 ± 0.2	

(a) Zero-time recovery yield, $100\% \pm 4\%$. Theoretical concentration of chemical in corn oil, $5.75\% \pm 0.03\%$. The error values in this table are standard deviations obtained in the instrumental measurements of the test solutions, propagated by standard numerical methods in the calculation of the tabulated quantities.

E. CONCLUSION

1.2-Dichloropropane in corn oil solution of the 5.7% dose level is stable within experimental error when stored at room temperature (25°C) for 7 days.

1,2-Dichloropropane

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APPENDIX M

ANALYSIS OF 1,2-DICHLOROPROPANE IN CORN OIL FOR CONCENTRATIONS OF 1,2-DICHLOROPROPANE

Duplicate aliquots of 1 ml of the 21, 42, and 83 mg/ml formulations were extracted with 10, 25, and 50 ml, respectively, of methanol containing 2 mg/ml of n-amyl alcohol as an internal standard. Spiked corn oil standards samples at three concentrations, bracketing the range of sample concentrations, were prepared and extracted in the same manner to establish a calibration curve. Analyses of the supernatant solutions were by VPC-FID at 90° on a 6 ft. x 1/4 in. x 2 mm I.D., glass column packed with 20% SP2100/0.1% Carbowax 1500 on 100/120 Supelcoport.

Results of analyses are presented in Table M1.

Date Mixed (a)	Analysis Date	Concentration (a) of 1,2-Dichloropropane in Corn Oil for Target Concentration			
		21 mg/ml	42 mg/ml	83 mg/ml	
4/30/79	5/01/79	20.5	44.0	81.0	
7/23/79	7/24/79	19.0	41,0	82.0	
8/13/79	8/14/79	20.0	41.0	80.5	
10/15/79	10/16/79	19.8	41.3	84.0	
11/26/79	11/27/79	22.0	41.0	84.5	
,		(20.8) (b)			
1/28/80	1/29/80	22.0	43.3	85.0	
1/30/80	1/30/80	20.0			
4/21/80	4/23/80	19.0	40.0	83.0	
6/16/80	6/18/80	19.5	39.8	83.2	
, , ,			(42.8) (b)		
7/21/80	7/24/80	20.8	42.5	82.3	
9/15/80	9/16/80	19.5	41.0	83.0	
11/17/80	11/18/80	20.0	42.0	82.0	
1/17/80	1/20/81	20.0	41.6	82.8 (80.1) (b)	
2 17/81	2/18/81	20.0	42.0	83.5	
4/13/81	4/14/81	20.0	42.5	86.5	
	. ,		(41.7) <i>(b)</i>		
Mean (mg/ ml)		20.0	41.6	83.1	
Standard deviation		0.76	1.17	1.58	
Coefficient of variation %		3.9	2.8	1.9	
Range (mg/ml)		19.0-22.0	39.8-44.0	80.5-86.5	
Number of samples	Number of samples		14	14	

TABLE M1. ANALYSIS OF 1,2-DICHLOROPROPANE IN CORN OIL

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

(b) Results of referee analysis at Midwest Research Institute

APPENDIX N

DATA AUDIT SUMMARY

DATA AUDIT SUMMARY

An audit was conducted on the archival data and pathology materials for the 2 year toxicology and carcinogenesis studies of 1,2-dichloropropane in rats and mice. The laboratory studies were conducted at EG&G Mason, Worcester, MA, under a subcontract with Tracor Jitco from the National Cancer Institute. The study was conducted from April 1979 to May 1982 and was initiated prior to the requirement of compliance to Good Laboratory Practices by NTP in October 1981. The audit was conducted Nov. 5-9, 1984, at the NTP Archives, Rockville, MD, and involved the following Dynamac personnel: C. Dippel, M. Phil.; F. Garner, D.V.M.; L. Keifer, Ph.D.; J. Konz, M.S.P.H.; J. Plautz, M.S.; R. Schueler, D.V.M.; and C. Sexsmith, B.S. Additional participants were: A. Grant (NTP), S. Corson (Pathology Associates, Inc.), and R. Joftes, (NTP). The complete audit report has been reviewed and approved by NTP personnel and is on file at NIEHS, Research Triangle Park, NC.

The audit consisted of an in-depth review of the data and pathology materials collected during the conduct of the study as well as review of the correspondence, laboratory final report, and draft Technical Report. For the in-life toxicology data, this review involved examination of 100% of the records on animal receipt and husbandry, mortality, environmental conditions, sentinel animals, and dosing. Body weight and clinical observation data for 10% of the animals were also reviewed. In the review of the chemistry data associated with the study, all of the records were examined pertaining to receipt and use of the chemical, analysis of the bulk chemical and dose solutions by the study laboratory, and characterization of the bulk chemical and analysis of the dose solutions by the referee laboratory. The audit of the pathology materials included review of 100% of the Individual Animal Data Records (IADRs) for correlation between gross and microscopic diagnosis and for clerical errors, examination of the wet tissues of 10% of the animals for unidentified lesions and animal identification, correlation of slides and tissue blocks for 6 of 10 animal groups, and verification of the pathology in the Technical Report on a 10% sample of the animals.

Several minor problems were noted in the study's documentation and conduct. Records of the quarantine and randomization of animals were not available for review and clinical observation data were limited by infrequent and nondetailed entries. No consistent record of mortalities was maintained in-life; IADRs were used as the primary record of mortality. Comparison of the available in-life records with the IADRs found several differences in recording cause of death. Review of the environmental data found that air temperature in the animal rooms was not well maintained during the study; many daily low temperatures were recorded as being under 70° F. No relationship was found between these periods and mortality. Review of the draft Technical Report found that all of the procedures, body weight data, and sentinel animal data have been accurately reported.

A review of all of the available chemistry data showed that the chemical was received, prepared into dosing mixtures, and reanalyzed as required. Data were not present for the corn oil peroxide analysis, the gas chromatographic analysis of the bulk chemical at the study laboratory, and exact use dates of the dose solutions; however, the lack of these data did not adversely affect achieving the objectives of the study.

The audit of the pathology materials revealed minor discrepancies in the labeling of bags and slides, and several slides were missing. Numerous discrepancies were noted between gross and microscopic diagnoses. Animal identification was acceptable in the majority of the animals checked. Potential tumors (enlargements, nodules, or masses with neoplastic diagnoses) in the target organ (liver) were noted in 7 mice. Potential tumors in nontarget organs were found in 26 mice and 27 rats. Untrimmed potential tumors in nontarget organs were noted only in the high dose male and female mouse groups and in the vehicle and low dose male and female rat groups. As a result of the audit the livers of all the mice were reexamined, and the results of these diagnoses are presented in the text and tables of the Technical Report. Additional adenomas were found in one high dose male mouse and in one control and one low dose female mouse; an additional carcinoma was found in one high dose male mouse. No gavage-related deaths were noted in the rats; 4 occurred in the mice.

Overall, the audit identified no problems that affected the interpretation of the studies. Those discussed in the audit report were adequately resolved or were determined not to affect the outcome of the study. In conclusion, the data examined in this audit are considered adequate to meet the objectives and conclusions of the study.