NATIONAL TOXICOLOGY PROGRAM Technical Report Series No. 311



TOXICOLOGY AND CARCINOGENESIS

STUDIES OF

TETRACHLOROETHYLENE

(PERCHLOROETHYLENE)

(CAS NO. 127-18-4)

IN F344/N RATS AND B6C3F1 MICE

(INHALATION 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 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 made up of four charter DHHS agencies: the National Cancer Institute (NCI), National Institutes of Health; the National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health; the National Center for Toxicological Research (NCTR), Food and Drug Administration; and the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control. In July 1981, the Carcinogenesis Bioassay Testing Program, NCI, was transferred to the NIEHS.

NTP TECHNICAL REPORT ON THE

TOXICOLOGY AND CARCINOGENESIS TETRACHLOROETHYLENE (PERCHLOROETHYLENE)

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(INHALATION STUDIES)



NATIONAL TOXICOLOGY PROGRAM P.O. Box 12233 Research Triangle Park, NC 27709

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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.

Five categories of interpretative conclusions were adopted for use in June 1983 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 quintet 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 generally found. Different mechanisms may be involved in these situations. Etymologically, the term *carcinogenesis* means 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 Bioassay Program, now part of the National Institute of Environmental Health Sciences, National Toxicology Program. The studies described in this Technical Report have been conducted in compliance with NTP chemical health and safety requirements and must meet or exceed all applicable Federal, state, and local health and safety regulations. All NTP toxicology and carcinogenesis studies are subjected to a data audit before being presented for peer review.

Although every effort is made to prepare the Technical Reports as accurately as possible, mistakes may occur. Readers are requested to identify any mistakes so that corrective action may be taken. Further, anyone who is aware of related ongoing or published studies not mentioned in this report is encouraged to make this information known to the NTP. Comments and questions about the National Toxicology Program Technical Reports on Toxicology and Carcinogenesis Studies should be directed to Dr. J.E. Huff, National Toxicology Program, P.O. Box 12233, Research Triangle Park, NC 27709 (919-541-3780).

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(CAS No. 127-18-4)

C₂Cl₄ Molecular weight 165.8

Synonyms: Carbon bichloride, carbon dichloride, ethylene tetrachloride, per, perc, perchlor, perchlorethylene, perchloroethylene, perchloroethylene, 1,1,2,2-tetrachloroethylene

Trade names: Ankilostin, Antisal 1, Dee-Solv, Didakene, Dow-Per, ENT 1860, Fedal-Un, Nema, Perclene, Percosolv, Perklone, PerSec, Tetlen, Tetracap, Tetraleno, Tetravec, Tetroguer, Tetropil

ABSTRACT

Toxicology and carcinogenesis studies of tetrachloroethylene (99.9% pure) were conducted by inhalation exposure of groups of 50 male and 50 female F344/N rats and B6C3F₁ mice 6 hours per day, 5 days per week, for 103 weeks. The exposure concentrations used (0, 200, or 400 ppm for rats and 0, 100, or 200 ppm for mice) were selected on the basis of results from 13-week inhalation studies in which groups of 10 rats and 10 mice of each sex were exposed to tetrachloroethylene at 100-1,600 ppm for 6 hours per day, 5 days per week.

During the 13-week studies, 1,600 ppm tetrachloroethylene was lethal to 20%-70% of the rats and mice and reduced the final body weights of survivors. In rats, tetrachloroethylene at 200-800 ppm caused minimal to mild hepatic congestion. In dosed male and female mice, minimal to mild hepatic leukocytic infiltration, centrilobular necrosis, bile stasis (400-1,600 ppm), and mitotic alteration (200-1,600 ppm) were produced. Tetrachloroethylene exposure also caused minimal renal tubular cell karyomegaly in mice at concentrations as low as 200 ppm.

During the 2-year studies, exposure to tetrachloroethylene did not consistently affect body weight gains in either rats or mice. Exposure at 400 ppm tetrachloroethylene reduced the survival of male rats (control, 23/50; low dose, 20/50; high dose, 12/50). This reduced survival may have been related to an increased incidence of mononuclear cell leukemia. Tetrachloroethylene at both exposure concentrations reduced the survival of male mice (46/50; 25/50; 32/50), whereas exposure at 200 ppm reduced female mouse survival (36/50; 31/50; 19/50). Early deaths in mice may have been related to the development of hepatocellular carcinomas.

Both concentrations of tetrachloroethylene were associated with increased incidences of mononuclear cell leukemia in male rats (28/50; 37/50; 37/50). In female rats, tetrachloroethylene increased the incidence of leukemia (18/50; 30/50; 29/50) and decreased the time to occurrence of the disease. Tetrachloroethylene produced renal tubular cell karyomegaly in male and female rats, renal tubular cell hyperplasia in male rats, and renal tubular cell adenomas or adenocarcinomas (combined) in male rats (1/49; 3/49; 4/50). The incidence of the renal tubular cell tumors was not statistically significant; these uncommon tumors have been consistently found at low incidences in male rats in other 2-year studies of chlorinated ethanes and ethylenes. One low dose male rat had a kidney lipoma, and another had a nephroblastoma. Four high dose male and two high dose female rats had gliomas of the brain, whereas one control male and one control female had this tumor.

In male and female mice, tetrachloroethylene caused dose-related increases in the incidences of hepatocellular neoplasms. In males, tetrachloroethylene at 200 ppm increased the incidence of hepatocellular adenomas (11/49; 8/49; 18/50) and at both concentrations increased the incidence of hepatocellular carcinomas (7/49; 25/49; 26/50). In female mice, tetrachloroethylene at both concentrations increased the incidences of hepatocellular carcinomas (1/48; 13/50; 36/50). Tetrachloroethylene also produced renal tubular cell karyomegaly in both sexes of mice, and one low dose male mouse had a tubular cell adenocarcinoma.

In these inhalation studies, there were no neoplastic changes in the respiratory tracts of either species, but there was an increase in the incidence of squamous metaplasia in the nasal cavities in dosed male rats (0/50; 5/50; 5/50).

Tetrachloroethylene was not mutagenic in Salmonella typhimurium strains TA98, TA100, TA1535, or TA1537 in the presence or absence of male Syrian hamster or male Sprague-Dawley rat liver S9. Tetrachloroethylene was not mutagenic in L5178Y/TK^{+/-} mouse lymphoma cells with or without metabolic activation and did not induce sex-linked recessive lethal mutations in Drosophila melanogaster. Tetrachloroethylene did not induce sister-chromatid exchanges or chromosomal aberrations in Chinese hamster ovary cells in the presence or absence of metabolic activation.

An audit of the experimental data was conducted for these 2-year studies on tetrachloroethylene. No data discrepancies were found that influenced the final interpretations.

Under the conditions of these 2-year inhalation studies, there was *clear evidence of carcinogenicity*^{*} of tetrachloroethylene for male F344/N rats as shown by an increased incidence of mononuclear cell leukemia and uncommon renal tubular cell neoplasms. There was *some evidence of carcinogenicity* of tetrachloroethylene for female F344/N rats as shown by increased incidences of mononuclear cell leukemia. There was *clear evidence of carcinogenicity* for B6C3F₁ mice as shown by increased incidences of both hepatocellular adenomas and carcinomas in males and of hepatocellular carcinomas in females.

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

A summary of the Peer Review comments and the public discussion on this Technical Report appears on pages 14-15.

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The NTP Technical Report on the Toxicology and Carcinogenesis Studies of Tetrachloroethylene is based on the 13-week studies that began in February 1980 and ended in May 1980 and on the 2-year studies that began in February 1981 and ended in February 1983 at Battelle Pacific Northwest Laboratories.

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PEER REVIEW PANEL

The members of the Peer Review Panel who evaluated the draft Technical Report on tetrachloroethylene on August 14, 1985, are listed below. Panel members serve as independent scientists, not as representatives of any institution, company, or governmental agency. In this capacity, Panel members have five major responsibilities: (a) to ascertain that all relevant literature data have been adequately cited and interpreted, (b) to determine if the design and conditions of the NTP studies were appropriate, (c) to ensure that the Technical Report presents the experimental results and conclusions fully and clearly, (d) to judge the significance of the experimental results by scientific criteria, and (e) to assess the evaluation of the evidence of carcinogenicity and other observed toxic responses.

National Toxicology Program Board of Scientific Counselors Technical Reports Review Subcommittee

Jerry B. Hook, Ph.D. (Chair) Vice President, Preclinical Research and Development Smith Kline & French Laboratories, Philadelphia, Pennsylvania

Frederica Perera, Dr. P.H. Division of Environmental Sciences School of Public Health, Columbia University New York, New York James Swenberg, D.V.M., Ph.D. Head, Department of Biochemical Toxicology and Pathobiology Chemical Industry Institute of Toxicology Research Triangle Park, North Carolina

Ad Hoc Subcommittee Panel of Experts

John J. Crowley, Ph.D. Division of Public Health Science The Fred Hutchinson Cancer Research Center Seattle, Washington

Kim Hooper, Ph.D. Hazard Evaluation System and Information Services Department of Health Services State of California Berkeley, California

Thomas C. Jones, D.V.M. Professor, Comparative Pathology New England Regional Primate Research Center Harvard Medical School Southborough, Massachusetts

Richard J. Kociba, D.V.M., Ph.D. Dow Chemical USA Midland, Michigan

David Kotelchuck, Ph.D. Environmental Health Science Program Hunter School of Health Sciences New York, New York

*Unable to attend

Franklin E. Mirer, Ph.D. Director, Health and Safety Department International Union, United Auto Workers, Detroit, Michigan

I.F.H. Purchase, Ph.D. Central Toxicology Laboratory Imperial Chemical Industries, PLC Alderley Park, England

Robert A. Scala, Ph.D.* Senior Scientific Advisor, Medicine and Environmental Health Department Research and Environmental Health Division, Exxon Corporation East Millstone, New Jersey

Steven R. Tannenbaum, Ph.D. Professor, Department of Nutrition and Food Science Massachusetts Institute of Technology Cambridge, Massachusetts

Bruce W. Turnbull, Ph.D. Professor and Associate Director College of Engineering Cornell University Ithaca, New York

SUMMARY OF PEER REVIEW COMMENTS ON THE TOXICOLOGY AND CARCINOGENESIS STUDIES OF TETRACHLOROETHYLENE

On August 14, 1985, the draft Technical Report on the toxicology and carcinogenesis studies of tetrachloroethylene (perchloroethylene) received peer review by the National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee and associated Panel of Experts. The meeting was held at the National Institute of Environmental Health Sciences, Research Triangle Park, North Carolina.

Dr. J. Mennear, NTP, began the discussion with a summary of the study design, results, and conclusions. Dr. Swenberg, a principal reviewer, stated that the report should clearly note that the interpretation of mononuclear cell leukemia was based on the standard method of data evaluation supported by the dose-response effect on tumor latency and the staging evaluation. He pointed out that this is a preliminary attempt to develop staging criteria for mononuclear cell leukemia. Dr. Swenberg said the discussion should be expanded to examine possible mechanisms of carcinogenesis, noting that the mutagenicity studies were negative and that tetrachloroethylene caused tissue toxicity at the same site as neoplasia in two of the three tissues: mouse liver and rat kidney. Further, he recommended that studies be considered to determine the potential immunotoxicity of tetrachloroethylene.

As a second principal reviewer, Dr. Mirer agreed with the proposed conclusions in mice but thought that the conclusions in male and female rats should be changed from some evidence of carcinogenicity to clear evidence of carcinogenicity. He said that the mononuclear cell leukemia was malignant and present at increased incidence and that the increase appeared by all the usual criteria to be chemically related. Dr. Hooper supported the interpretation of clear evidence of carcinogenicity for male rats based on the statistical values, similar findings in female rats, and the 8% incidence of a rare tumor, glioma of the brain, in high dose male rats. Dr. Swenberg disagreed and stated that brain tumors are not as rare as previously believed and the high control incidences of mononuclear cell leukemia in these studies and in the concurrent dichloromethane (methylene chloride) studies argued against changing the conclusion. Dr. Mirer asked that greater emphasis be placed on the summary of the doses associated with the appearance of nontumor pathologic effects. He commented that tetrachloroethylene at the existing Occupational Health and Safety Administration (OSHA) human exposure limit (100 ppm) in mice showed a substantial effect at that level and should be noted.

As a third principal reviewer, Dr. Turnbull agreed with the conclusions as written. He asked whether the data from the control group for the inhalation studies on methylene chloride, reviewed and approved previously by the Panel, could be considered as a second concurrent control group to increase the power of the statistical tests. The studies on methylene chloride overlapped those on tetrachloroethylene at the same laboratory.

As a fourth principal reviewer, Dr. Jones also agreed with the conclusions.

Dr. T. Robinson, Vulcan Chemicals, representing the Halogenated Solvents Industry Alliance (HSIA), stated that the NTP conclusion of some evidence of carcinogenicity in rats was not supported by the data. In the opinion of HSIA, the appropriate conclusion was equivocal evidence of carcinogenicity based on lack of early mortality from mononuclear cell leukemia in exposed groups compared with control groups and the confounding high incidence in untreated controls. Secondly, Dr. Robinson said the current study was the first to base conclusions, at least in part, on the staging of mononuclear cell leukemia in F344 rats by a method that HSIA considers not well established. Dr. Mennear responded that the conclusions in rats were not based solely on staging of mononuclear cell leukemia in

exposed animals. Further, examination of causes of early mortality showed a dose-related increase in the incidence of death considered due to mononuclear cell leukemia.

Dr. Swenberg moved that the conclusions as proposed, some evidence of carcinogenicity in rats and clear evidence of carcinogenicity in mice, be accepted. Dr. Jones seconded the motion, and it was defeated by five negative votes (Dr. Crowley, Dr. Hooper, Dr. Kotelchuck, Dr. Mirer, and Dr. Perera) to four affirmative votes (Dr. Jones, Dr. Swenberg, Dr. Tannenbaum, and Dr. Turnbull) with two abstentions (Dr. Kociba and Dr. Purchase). Dr. Hooper then moved that the conclusions in mice be accepted as written. Dr. Perera seconded the motion, and it was approved by nine affirmative votes with two abstentions (Dr. Kociba and Dr. Purchase). Dr. Hooper moved that the conclusions in female rats, some evidence of carcinogenicity, be accepted as written. Dr. Crowley seconded the motion, and it was approved by eight affirmative votes; there were one negative vote (Dr. Kotelchuck) and two abstentions (Dr. Kociba and Dr. Purchase). Dr. Mirer moved that the conclusion in male rats be changed to clear evidence of carcinogenicity. Dr. Perera seconded the motion, and it was approved by five affirmative votes (Dr. Crowley, Dr. Hooper, Dr. Kotelchuck, Dr. Mirer, and Dr. Perera) to four negative votes (Dr. Jones, Dr. Swenberg, Dr. Tannenbaum, and Dr. Turnbull) with two abstentions (Dr. Kociba and Dr. Purchase). Dr. Kotelchuck, Dr. Mirer, and Dr. Perera) to four negative votes (Dr. Jones, Dr. Swenberg, Dr. Tannenbaum, and Dr. Turnbull) with two abstentions (Dr. Kociba and Dr. Purchase).

Tetrachloroethylene, NTP TR 311

I. INTRODUCTION

Use, Manufacture, and Occurrence

Pharmacokinetics

Teratogenicity

Genetic Toxicology

Carcinogenicity



(CAS No. 127-18-4)

C₂C₁₄ Molecular weight 165.8

Synonyms: Carbon bichloride, carbon dichloride, ethylene tetrachloride, per, perc, perchlor, perchlorethylene, perchloroethylene, 1,1,2,2-tetrachloroethylene

Trade names: Ankilostin, Antisal 1, Dee-Solv, Didakene, Dow-Per, ENT 1860, Fedal-Un, Nema, Perclene, Percosolv, Perklone, PerSec, Tetlen, Tetracap, Tetraleno, Tetravec, Tetroguer, Tetropil

Use, Manufacture, and Occurrence

Tetrachloroethylene is used primarily as a dry cleaning agent, an industrial solvent for fats, oils, tars, rubber, and gums, and a metal degreasing agent (Kirk-Othmer, 1979). Tetrachloroethylene had antihelminthic uses, particularly for hookworms (1.6-8 g/60 kg; Merck, 1976; Kirk-Othmer, 1979; Martindale, 1967), and was formerly used in combination with some grain protectants and fumigants (Farm Chemicals Handbook, 1982). Chemical and physical properties of tetrachloroethylene are listed in Table 1. Five reviews on tetrachloroethylene are available (Berkowitz, 1978; NIOSH, 1976; IARC, 1979; WHO, 1985; USEPA, 1985).

Tetrachloroethylene has been found in a wide variety of foods in England (McConnell et al., 1975). Individuals living near dry cleaning establishments can be exposed to sufficient amounts of tetrachloroethylene to result in measurable concentrations in expired breath. For example, the breath of residents living above dry cleaning shops in the Netherlands was found to contain a mean concentration of 5 mg/m³ (0.73 ppm), and the breath of residents living adjacent to the shops contained 1 mg/m³ (0.15 ppm) (Verberk and Scheffers, 1980).

In 1983, 265 million kilograms of tetrachloroethylene was produced in the United States (USITC, 1984). The 1985 production was projected to be 345-363 million kilograms (CEH, 1982). An estimated 85% of the tetrachloroethylene used annually is lost into the atmosphere (Fuller, 1976). Approximately 500,000 Americans are exposed to this chemical in the workplace (NIOSH, 1978). The present Occupational Safety and Health Administration standard for occupational exposure to tetrachloroethylene in workplace air is a time-weighted average concentration of 100 ppm (678 mg/m³).

Tetrachloroethylene has been detected in ambient air in a variety of urban and nonurban areas throughout the world. Levels range from trace amounts in rural areas to 10 ppb in some large urban areas. The global average background concentration has been estimated to be 25 parts per trillion. The chemical has also been detected in surface and drinking water, generally at levels between 1 and 2 ppb (USEPA, 1985).

Pharmacokinetics

The major route of human exposure to tetrachloroethylene is via inhalation, but the chemical is also absorbed after either oral or dermal administration. Absorption through human skin is minimal, and it is unlikely that systemic intoxication can be achieved by this route (Stewart and Dodd, 1964; Riihimaki and Pfaffli, 1978).

Absorption via the lungs is rapid. The exposure concentration has a greater effect on the blood levels achieved than does the duration of the exposure period. In humans, blood levels reach an

Description	Colorless liquid
Boiling point	121°C
Freezing point	– 22.4° C
Density	1.625 g/ml at 20° C
Refractive index	$n_D at 25^{\circ} C = 1.5029$
Solubility	Practically insoluble in water (0.015 g/100 ml water at 25° C); miscible with ethanol,
	diethyl ether, and oils in all proportions.
Volatility	Vapor pressure is 20 mm Hg at 26.3° C.
Stability	Nonflammable; decomposes slowly in contact with water to yield trichloroacetic and
	hydrochloric acids. At 700° C in contact with active carbon, it decomposes to
	hexachloroethane and hexachlorobenzene.
Reactivity	Oxidized by strong oxidizing agents (sulfuric and nitric acids, sulfur trioxide); reaction
·	with excess hydrogen in the presence of reduced nickel catalyst produces total
	decomposition to hydrogen chloride and carbon.
Conversion factor	1 ppm in air at 25° C is equivalent to 6.78 mg/m ³

TABLE 1. CHEMICAL AND PHYSICAL PROPERTIES OF TETRACHLOROETHYLENE (a)

(a) IARC, 1979

equilibrium within 3 hours after exposure begins (Hake and Stewart, 1977). Respiratory absorption, as measured by venous blood levels, is increased by exercise (Monster, 1979; Hake and Stewart, 1977).

Like other lipid soluble materials, tetrachloroethylene is stored in tissues with high lipid content (Stewart, 1969). Savolainen et al. (1977) exposed rats to tetrachloroethylene at a concentration of 200 ppm (207 mg/kg) for 6 hours per day for 4 days and found tetrachloroethylene retained in perirenal fat, brain, and liver tissue.* Seventy-two hours after either oral or inhalation exposure of rats and mice to radiolabeled tetrachloroethylene, less than 5% of the administered radioactivity was retained by the body. In rats, most of the retained radioactivity was found in the fat, kidneys, and liver (Pegg et al., 1979; Frantz and Watanabe, 1983; Schumann et al., 1980). In humans, a limited amount of accumulation of tetrachloroethylene, as shown by slightly higher alveolar excretion after each daily exposure (100 ppm, 7.5 hours per day, 5 days per week), was demonstrated by Hake and Stewart (1977).

Tetrachloroethylene, either inhaled or ingested

by rats, is excreted primarily through the lungs. Male Sprague-Dawley rats exposed to ¹⁴C-tetrachloroethylene by either gavage (1.0 mg/kg) or inhalation (10 ppm, 10.4 mg/kg) excreted 70% of the dose unchanged in expired air (Pegg et al., 1979). Approximately 3% was excreted as carbon dioxide, and approximately 23% was excreted in the urine and feces as nonvolatile metabolites. When doses were increased to 500 mg/kg and 622 mg/kg (600 ppm), approximately 89% of the chemical was excreted unchanged from the lungs. When 1,000 mg/kg of tetrachloroethylene was administered to Wistar rats by gavage, 89% of the dose was excreted unchanged via the lungs (Daniel, 1963). The results reported by Pegg et al. (1979) are consistent with the hypothesis that the metabolism of tetrachloroethylene in the rat is a saturable process.

Mice (strain unspecified) that were exposed for 2 hours to radiolabeled tetrachloroethylene at 200 ppm (100 mg/kg) by inhalation excreted 70% of the administered radioactivity in expired air, 20% in the urine, and less than 0.5% in feces (Yllner, 1961). When exposed to tetrachloroethylene at lower concentrations (10 ppm for 6 hours, 16 mg/kg), B6C3F₁ mice excreted 12% of the dose via the lungs (Schumann et al., 1980).

^{*} Throughout the text of this report, doses, expressed as milligrams per kilogram, in rats and mice have been estimated when chemical exposure was originally expressed as parts per million in air. This conversion was done to facilitate comparisons of doses used in inhalation studies with those used in gavage studies. The assumptions necessary to make these conversions introduce an undetermined margin of error. Therefore, it must be recognized that the calculated doses represent only approximations, and comparisons should be made with caution. (Assumptions: Body weights: male and female rats, 450 and 300 g, respectively; mice, 30 g. Minute volume: rats, 0.16 liter/minute per 250 g body weight; mice, 0.021 liter/minute per 32 g body weight. Chemical uptake from lungs: 100%.)

The major metabolite of tetrachloroethylene found in the urine of rats, mice, and hamsters is trichloroacetic acid (Yllner, 1961; Daniel, 1963; Ikeda and Imamura, 1973; Moslen et al., 1977). Minor metabolites found by these investigators included oxalic acid and ethylene glycol. Pegg et al. (1979), however, found only oxalic acid in the urine of rats administered tetrachloroethylene.

B6C3F₁ mice were reported to metabolize tetrachloroethylene to a greater extent than Osborne-Mendel rats. When tetrachloroethylene was inhaled at a concentration of 10 ppm (16 mg/kg) for 6 hours, mice were estimated to metabolize 8.6 times more tetrachloroethylene per unit body weight than did rats (Schumann et al., 1980). When a single oral dose of 500 mg/kg was employed, the differential between the species was reduced to 1.6, with mice metabolizing less of the oral dose than of the inhaled dose.

In humans, trichloro compounds were identified as urinary metabolites of tetrachloroethylene. Urinary trichloroacetic acid was reported to appear in the urine of exposed workers (Weiss, 1969; Ikeda and Ohtsuji, 1972; Ikeda et al., 1972; Ikeda and Imamura, 1973; Munzer and Heder, 1973). Urinary trichloroethanol also was detected as a metabolite in exposed workers (Ikeda and Ohtsuji, 1972; Ikeda et al., 1972). In controlled inhalation experiments in humans (70-200 ppm for 1-8 hours), less than 2% of the absorbed dose was recovered as urinary trichloroacetic acid (Fernandez et al., 1976; Hake and Stewart, 1977; Monster, 1979). Ikeda et al. (1972) found that the trichloroacetic acid content of the urine reaches a plateau after repeated exposures at over 50 ppm. These results are suggestive of a saturable metabolic process for tetrachloroethylene in humans.

Teratogenicity

Tetrachloroethylene was not teratogenic for Swiss Webster mice or Sprague-Dawley rats exposed by inhalation at 300 ppm for 7 hours per day (560 mg/kg) on days 6-15 of gestation (Schwetz et al., 1975). However, the pups of exposed rats exhibited reduced body weights, and there was a slightly increased incidence of resorptions in dosed rats. In mice, tetrachloroethylene administration was associated with reduced weight of pups, delayed ossification of skull bones, increased subcutaneous edema, and split sternebrae. Hardin et al. (1981) exposed pregnant rats and rabbits to tetrachloroethylene at 500 ppm (780 mg/kg) and found no evidence of reproductive toxicity or teratogenic potential.

Genetic Toxicology

Tetrachloroethylene (99.7% pure) was not mutagenic in Salmonella strain TA100 in the presence of phenobarbital-induced rat liver S9 (Bartsch et al., 1979), and tetrachloroethylene was not mutagenic in strain TA1535 in the absence of S9 (Kringstad et al., 1981). Tetrachloroethylene was not mutagenic in four strains of Salmonella in the absence or presence of hamster or rat liver S9 (Haworth et al., 1983; Appendix G). Tetrachloroethylene was also not mutagenic in L5178Y/TK^{+/-} mouse lymphoma cells with or without metabolic activation and did not induce sex-linked recessive lethal mutations in Drosophila (Appendix G).

Tetrachloroethylene was reported to induce twofold increases in the reversion frequency in TA100; however, the tetrachloroethylene sample was only 99.0% pure, and the weak positive result may have been due to contaminants (Kringstad et al., 1981). The use of tetrachloroethylene of unknown purity increased the frequency of gene conversion and mitotic recombination in yeast (Callen et al., 1980).

Tetrachloroethylene did not induce chromosomal aberrations in bone marrow cells of mice (Cerna and Kypenova, 1977), but these findings are difficult to evaluate because details of the protocol and results are lacking. Additional studies showed that tetrachloroethylene did not induce chromosomal aberrations or sisterchromatid exchanges (SCE's) in Chinese hamster ovary cells in vitro (Appendix G). These results are consistent with the lack of cytogenetic effects of tetrachloroethylene in humans exposed in the workplace (Ikeda et al., 1980).

In conclusion, tetrachloroethylene appears to be nonmutagenic in bacteria and mouse lymphoma cells and does not cause chromosomal aberrations or SCE's. The few positive findings that tetrachloroethylene was genotoxic may be due to impurities in the compound tested.

Carcinogenicity

In an earlier study, administration of tetrachloroethylene in corn oil by gavage produced hepatocellular carcinomas in male and female B6C3F1 mice (males received 450 or 900 mg/kg for 11 weeks, then 550 or 1,100 mg/kg for 67 weeks; females received 300 or 600 mg/kg for 11 weeks, then 400 or 800 mg/kg for 67 weeks) (NCI, 1977). In a simultaneous study in Osborne-Mendel rats, administration of tetrachloroethylene did not produce tumors (males were administered 500 or 1,000 mg/kg and females were administered 700 or 1,400 mg/kg for 78 weeks); however, survival in dosed rats was reduced. These studies were judged inadequate to assess carcinogenic potential in male and female Osborne-Mendel rats.

Exposure of male and female Sprague-Dawley rats to tetrachloroethylene (300 or 600 ppm, 6 hours per day [467 or 934 mg/kg], 5 days per week for 52 weeks) by inhalation did not increase the incidence of tumors in either sex (Rampy et al., 1978). However, the duration of dosing was only 1 year, although the animals were observed for the rest of their lives. Strain A/St mice did not develop an increase in pulmonary tumors after tetrachloroethylene administration (14 intraperitoneal injections of 80 mg/kg, 24 injections of 200 mg/kg, or 48 injections of 400 mg/kg (Theiss et al., 1977).

Tetrachloroethylene did not initiate skin tumors in female ICR/Ha Swiss mice (Van Duuren et al., 1979). The mice received either a single application of 163 mg of tetrachloroethylene followed by topical applications of phorbol myristate acetate three times per week until the end of the study (428-576 days) or three weekly applications of 18 or 54 mg of tetrachloroethylene in acetone for 440-594 days.

The International Agency for Research on Cancer (IARC, 1979) concluded that there was limited evidence that tetrachloroethylene was carcinogenic in mice. Because of the early deaths among Osborne-Mendel rats used in the earlier study (NCI, 1977), the rat portion of that study was considered to be inadequate for determining whether tetrachloroethylene caused cancer in rats. Consequently, the NCI initiated additional studies in which four strains of rats (Long-Evans, Sherman, Wistar, and F344/N) and female B6C3F1 mice were to be given tetrachloroethylene by gavage and F344/N rats and $B6C3F_1$ mice were to be exposed by inhalation. The inlife portions of the gavage studies have been completed, and the data are being reviewed. The present report describes the results of the inhalation studies of tetrachloroethylene.

Tetrachloroethylene, NTP TR 311

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II. MATERIALS AND METHODS

PROCUREMENT AND CHARACTERIZATION OF

TETRACHLOROETHYLENE

GENERATION AND MEASUREMENT OF CHAMBER

CONCENTRATIONS

SINGLE-EXPOSURE STUDIES

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES

TWO-YEAR STUDIES

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

PROCUREMENT AND CHARACTERIZATION OF TETRACHLOROETHYLENE

High-purity tetrachloroethylene (Dowper[®] stabilized) was obtained from the Dow Chemical USA (Midland, Michigan) in two lots. Lot no. TA03116F-01 was used for the single-exposure, 14-day, 13-week, and 2-year studies and lot no. TA08190D was used for the 2-year studies. Purity and identity analyses were conducted at Midwest Research Institute (Appendix H).

The identities of both lots were confirmed by spectroscopic analysis. The infrared spectra were consistent with that found in the literature. No peaks were observed in the nuclear magnetic resonance spectra, a finding consistent with the structure of tetrachloroethylene and suggesting the absence of major impurities. The cumulative data from elemental analyses and gas chromatography indicated that the purity of both lots was approximately 99.9%.

Tetrachloroethylene requires small quantities of inhibitors to prevent decomposition. The manufacturer stated that the lots used in the current studies contained 53 ppm of N-methylmorpholine. Tetrachloroethylene was found to be stable for 2 weeks at 60° C (Appendix H). Tetrachloroethylene was stored at 0° C. Results of periodic analyses of the bulk chemical at the study laboratory by infrared spectroscopy and gas chromatography indicated that tetrachloroethylene was stable under these storage conditions.

GENERATION AND MEASUREMENT OF CHAMBER CONCENTRATIONS

Tetrachloroethylene was vaporized at 100° - 110° C, diluted with air, and introduced into the chambers (Table 2; Appendix I). Concentrations in the exposure chambers were monitored 8-12 times per exposure period by a Hewlett-Packard 5840A Gas Chromatograph. Average weekly exposure concentrations are presented in Appendix I. On one occasion (September 13, 1982) in the 2-year studies, the concentration in the 400-ppm chamber was 800 ppm for 12 minutes and 2,400 ppm for 48 minutes. Animals were therefore not exposed at all on September 14, 1982. A summary and the distribution of the chamber concentrations in the 2-year studies are given in Tables 3 and 4.

 TABLE 2. GENERATION OF CHAMBER CONCENTRATIONS IN THE INHALATION STUDIES OF

 TETRACHLOROETHYLENE

Single- Exposure Studies	Fourteen-Day Studies	Thirteen-Week Studies	Two-Year Studies
Tetrachloroethylene vapor generated by bubbling clean, dry air (-40° C dewpoint) through all glass impingers that con- tained tetrachloro- ethylene; the different concentrations obtained by varying the amount of air that was passed through the test material.	Same as the single- exposure studies	Tetrachloroethylene vaporized at 100°-110° C, diluted with air, and introduced into the chamber with a stable micrometering pump with adjustable drift-free pump rates. The vaporizer heated to $110^{\circ} \pm 3^{\circ}$ C. The tetra- chloroethylene vapor entered the fresh air duct and was led directly into the exposure chamber.	Tetrachloroethylene pumped from a stainles steel reservoir to a vaporizer by a stable micrometering pump

TABLE 3. SUMMARY OF CHAMBER CONCENTRATIONS DURING THE TWO-YEAR INHALATION STUDIES OF TETRACHLOROETHYLENE

Target Concentration (ppm)	Total Number of Readings	Mean Concentration (a) (ppm)	
100	4,666	99.5 ± 6.6	
200	4,649	201 ± 11	
400	4.643	403 ± 36	

(a) Mean \pm standard deviation

TABLE 4. DISTRIBUTION OF MEAN DAILY CONCENTRATIONS DURING THE TWO-YEARINHALATION STUDIES OF TETRACHLOROETHYLENE

Range of	Number	r of Days Mean within (
Concentration (percent of target)	100 ppm	200 ppm	400 ppm
>150	0	0	0
130-150	0	0	1
120-130	0	0	0
110-120	1	5	0
100-110	203	260	286
90-100	27 9	224	200
80-90	7	1	3
70-80	2	2	2

SINGLE-EXPOSURE STUDIES

Male and female F344/N rats and $B6C3F_1$ mice were obtained from Frederick Cancer Research Center and observed for 16 days before being placed on study. The studies were conducted at Industrial Biotest Laboratories.

Groups of five rats of each sex were exposed to air containing tetrachloroethylene at concentrations of 2,445, 3,786, 4,092, 4,513, or 5,163 ppm for 4 hours. Groups of five mice of each sex were exposed at concentrations of 2,328, 2,445, 2,613, 2,971, or 3,786 ppm. Rats and mice were observed daily and weighed on days 0 and 15. A necropsy was performed on all animals. Details of animal maintenance are presented in Table 5.

FOURTEEN-DAY STUDIES

Male and female F344/N rats and $B6C3F_1$ mice were obtained from Charles River Breeding Laboratories and observed for 16 days before being placed on study. The animals were 6-8 weeks old when the studies began. The studies were conducted at Industrial Biotest Laboratories.

Groups of five rats and five mice of each sex were exposed to air containing tetrachloroethylene at target concentrations of 0, 100, 200, 425, 875, or 1,750 ppm, 6 hours per day, 5 days per week for 2 weeks (10 exposures). Rats and mice were observed daily and weighed on days 0, 5, 10, and 15. A necropsy was performed on all animals. Details of animal maintenance are presented in Table 5.

Single- Exposure Studies	Fourteen-Day Studies	Thirteen-Week Studies	Two-Year Studies
EXPERIMENTAL DESIGN			<u> </u>
Size of Study Groups 5 males and 5 females of each species	5 males and 5 females of each species	10 males and 10 females of each species	50 male and 50 female rats; 49 or 50 male and female mice
Doses Rats2,445, 3,786, 4,092, 4,513, or 5,163 ppm tetrachloroethylene by inhalation; mice2,328, 2,445, 2,613, 2,971, or 3,786 ppm tetrachloro- ethylene by inhalation	Target0, 100, 200, 425, 875, or 1,750 ppm tetrachloroethylene by inhalation	Target0, 100, 200, 400, 800, or 1,600 ppm tetrachloro- ethylene by inhalation	Rats0, 200, or 400 ppm tetrachloroethylene by inhalation; mice0, 100, or 200 ppm tetrachloro- ethylene by inhalation
Date of First Dose 6/9/77; 6/12/77; 6/13/77; 6/16/77; 6/21/77	10/14/77	2/21/80	2/18/81
Date of Last Dose NA	10/27/77	5/21/80	2/4/83
Duration of Dosing One 4-h exposure	6 h/d, 5 d/wk for 2 wk (10 exposures)	6 h/d, 5 d/wk for 13 wk	6 h/d, 5 d/wk for 103 wk
Type and Frequency of Obser Weighed before and after exposure	vation Observed 1 × d; weighed on d 0, 5, 10, and 15	Observed continuously during the exposure period, $3 \times d$ on non- exposure days; weighed $1 \times wk$	Same as 13-wk studies
Necropsy and Histologic Exam Necropsy performed on all animals	nination Necropsy performed on all animals; the following tissues were examined microscopically: skin, mandibular lymph node, salivary gland, bone marrow, thymus, trachea, lungs and bronchi, heart, thyroid gland, parathyroids, esophagus, stomach, duodenum, colon, liver, gallbladder (mice), pancreas, spleen, kidneys, adrenal glands, urinary bladder, seminal vesicles/ prostate/testes or ovaries/uterus, nasal cavity, brain, and pituitary gland	bronchi, heart, thyroid gland, esophagus, stomach, duodenum, colon, liver, gallbladder (mice), pancreas, spleen, kidneys, adrenal glands, urinary bladder, seminal vesicles/	gross lesions and tissue masses, mandibular lymph node, sternebrae including marrow, thyroid gland, parathyroids, small

TABLE 5. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE INHALATION STUDIES OF TETRACHLOROETHYLENE

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Single- Exposure Studies	Fourteen-Day Studies	Thirteen-Week Studies	Two-Year Studies	
NIMALS AND ANIMAL MAIN	NTENANCE			
Strain and Species F344/N rats; $B6C3F_1$ mice	F344/N rats; B6C3F1mice	F344/N rats; B6C3F ₁ mice	F344/N rats; B6C3F ₁ mice	
Animal Source Frederick Cancer Research Center	Charles River Breeding Laboratories (Wilmington, MA)	Charles River Breeding Laboratories (Portage, MI)	Charles River Breeding Laboratories (Kingston, NY	
Study Laboratory Industrial Biotest Laboratories	Industrial Biotest Laboratories	Battelle Pacific Northwest Laboratories	Battelle Pacific Northwest Laboratories	
Method of Animal Identification Ear notch	on Ear notch	Eartags	Ear tags	
Time Held Before Study 7 d	16 d	22 d	21 d	
Age When Placed on Study 5-7 wk	6-8 wk	7-9 wk	8-9 wk	
Age When Killed 7-9 wk	8-10 wk	20-22 wk	112-113 wk	
Necropsy Dates NA	10/28/77	5/23/80	2/14/83-2/18/83	
Method of Animal Distribution Stratified by weight and then assigned to groups according to a table of random numbers	n Same as single- exposure studies	According to computer-generated tables of random numbers	Same as 13-wk studies	
Feed Wayne Lab Blox® (Allied Mills, Chicago, IL); available ad libitum except during inhalation exposures	Same as single- exposure studies	NIH 07 Rat and Mouse Ration (Zeigler Bros., Gardners, PA); available ad libitum except during inhalation exposures	Same as 13-wk studies	
Water				
Automatic watering system; provided ad libitum	Same as single-exposure studies	Automatic watering system (Edstrom Industries, Waterford, WI); available ad libitum	Same as 13-wk studies	
Cages Stainless steel mesh (Unifab Corp., Kalamazoo, MI)	Same as single- exposure studies	Stainless steel wire	Same as 13-wk studies	
Animals per Cage 1	1	1	1	
Other Chemicals on Study in the Not available	h e Same Room Dichloromethane, d 1-11	Dichloromethane	Dichloromethane	

TABLE 5. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE INHALATION STUDIES OF TETRACHLOROETHYLENE (Continued)

TABLE 5.	EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE INHALATION
	STUDIES OF TETRACHLOROETHYLENE (Continued)

Single- Exposure Studies	Exposure Fourteen-Day		Two-Year Studies	
ANIMALS AND ANIMAL MAI Animal Room Environment Not available	NTENANCE (Continued) Not available	Temp72°-80° F within exposure chambers, 72°-76° F during exposure period; humidity40%-80% within exposure chambers, 40%-60% during postexposure period; fluorescent light 12 h/d	Temperature67°-83° F; humidity range20%-83% fluorescent light 12 h/d	

THIRTEEN-WEEK STUDIES

Thirteen-week studies were conducted to evaluate the cumulative toxic effects of repeated exposure to tetrachloroethylene and to determine the concentrations to be used in the 2-year studies. Four- to 6-week-old male and female F344/N rats and B6C3F₁ mice were obtained from Charles River Breeding Laboratories, observed for 22 days, and assigned to study groups according to a table of random numbers. Feed was available ad libitum during nonexposure periods, and water was available at all times.

Groups of 10 rats and mice of each sex were exposed to air containing tetrachloroethylene at target concentrations of 0, 100, 200, 400, 800, or 1,600 ppm, 6 hours per day, 5 days per week for 13 weeks. Animals were checked continually during exposure and three times per day on non-exposure days; moribund animals were killed. Individual animal weights were recorded weekly. At the end of the 13-week studies, survivors were killed. A necropsy was performed on all animals. Tissues and groups examined are listed in Table 5.

TWO-YEAR STUDIES

Study Design

Groups of 50 rats of each sex were exposed to air containing tetrachloroethylene at concentrations of 0 (chamber control), 200, or 400 ppm, 6 hours per day, 5 days per week for 103 weeks. Groups of 49 or 50 mice of each sex were exposed at concentrations of 0, 100, or 200 ppm on the same schedule.

Source and Specifications of Animals

The male and female F344/N rats and $B6C3F_1$ (C57BL/6N, female, \times C3H/HeN MTV⁻, male) mice used in this study were produced under strict barrier conditions at Charles River Breeding Laboratories under a contract to the Carcinogenesis Program. Breeding stock for the foundation colonies at the production facility originated at the National Institutes of Health Repository. Animals shipped for study were progeny of defined microflora-associated parents that were transferred from isolators to barriermaintained rooms. Rats were shipped to the study laboratory at 5 weeks of age and mice at 5-6 weeks. The animals were quarantined at the study laboratory for 21 days. Thereafter, a complete necropsy was performed on five animals of each sex and species to assess their health status. The rats were placed on study at 8 weeks of age and mice at 9 weeks of age. The health of the animals was monitored during the course of the study according to the protocols of the NTP. Serologic analyses of control animals were performed at the end of the studies (Appendix J).

A quality control skin grafting program has been in effect since early 1978 to monitor the genetic integrity of the inbred mice used to produce the hybrid $B6C3F_1$ study animal. In mid-1981, data were obtained that showed incompatibility between the NIH C3H reference colony and the C3H colony from a Program supplier. In August 1981, inbred parental lines of mice were further tested for genetic integrity via isozyme and protein electrophoresis profiles that demonstrate phenotype expressions of known genetic loci.

The C57BL/6 mice were homogeneous at all loci tested. Eighty-five percent of the 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 that 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 nonuniformity in the hybrid mice on these results is not known, but results of the studies are not affected because concurrent controls were included in each study.

Animal Maintenance

Rats and mice were housed individually. Feed and water were freely available except during exposure periods, when only water was available (see Table 5).

Clinical Examinations and Pathology

All animals were observed two times per day. Clinical signs were recorded at least once per month. Individual body weights were recorded once per week for the first 13 weeks of the study and once per month thereafter. Animals found moribund and those surviving to the end of the studies were humanely killed. A necropsy was performed on all animals, including those found dead, unless they were excessively autolyzed or cannibalized, missexed, or found missing. 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.

During necropsy, all organs and tissues were examined for grossly visible lesions. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. Tissues examined microscopically are listed in Table 5.

When the pathology evaluation was completed, the slides, paraffin blocks, and residual wet tissues were sent to the NTP Archives for inventory, slide/block match, and wet tissue audit. The slides, individual animal data records, and pathology tables were sent to an independent quality assessment laboratory. The individual animal records and tables were compared for accuracy, slides and tissue counts were verified, and histotechnique was evaluated. All tumor diagnoses, all target tissues, and all tissues from a randomly selected 10% of the animals were evaluated by a quality assessment pathologist. The quality assessment report and slides were submitted to the Pathology Working Group (PWG) Chairperson, who reviewed all target tissues and those about which there was a disagreement between the laboratory and quality assessment pathologists.

Representative slides selected by the Chairperson were reviewed by the PWG, which includes the laboratory pathologist, without knowledge of previously rendered diagnoses. When the consensus diagnosis of the PWG differed from that of the laboratory pathologist, the laboratory pathologist was asked to reconsider the original diagnosis. This procedure has been described, in part, by Maronpot and Boorman (1982) and Boorman et al. (1985). The final diagnoses represent a consensus of contractor pathologists and the NTP Pathology Working Group. For subsequent analysis of pathology data, the diagnosed lesions for each tissue type are combined according to the guidelines of McConnell et al. (1986).

Slides/tissues are generally not evaluated in a blind fashion (i.e., without knowledge of dose group) unless the lesions in question are subtle or unless there is an inconsistent diagnosis of lesions by the laboratory pathologist. Nonneoplastic lesions are not examined routinely by the quality assessment pathologist or PWG unless they are considered part of the toxic effect of the chemical. Mean body weights were calculated for each group.

Statistical Methods

Data Recording: 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, survival, body weight, and individual pathologic results, as recommended by the International Union Against Cancer (Berenblum, 1969).

Survival Analyses: The probability of survival was estimated by the product-limit procedure of Kaplan and Meier (1958) and is presented in the form of graphs. Animals were censored from the survival analyses at the time they were found dead of other than natural causes or were found to be missing; animals dying from natural causes were not 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) life table test for a dose-related trend. When significant survival differences were detected, additional analyses using these procedures were carried out to determine the time point at which significant differences in the survival curves were first detected. All reported P values for the survival analysis are two-sided.

Calculation of Incidence: The incidence of neoplastic or nonneoplastic lesions is 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 include only those animals for which the 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 number of animals on which a necropsy was performed.

Analysis of Tumor Incidence: Three statistical methods are used to analyze tumor incidence data. The two that adjust for intercurrent mortality employ the classical method for combining contingency tables developed by Mantel and Haenszel (1959). Tests of significance included pairwise comparisons of high dose and low dose groups with controls and tests for overall dose-response trends.

For studies in which compound administration has little effect 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. All reported P values for tumor analyses are one-sided.

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 tumorbearing 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). The underlying variable considered by this analysis is time to death due to tumor. If the tumor is rapidly lethal, then time to death due to tumor closely approximates time to tumor onset. In this case, the life table test also provides a comparison of the time-specific tumor incidences.

Incidental Tumor Analyses--The second method of analysis assumed that all tumors of a given type observed in animals that died 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 tumor-bearing animals in dosed and control groups were compared in each of five time intervals: weeks 0-52, weeks 53-78, weeks 79-92, week 93 to the week before the terminal-kill period, and the terminal-kill period. The denominators of these proportions were the number of animals actually examined for tumors during the time interval. The individual time interval comparisons were then combined by the previously described method to obtain a single overall result. (See Haseman, 1984, for the computational details of both methods.)

Unadjusted Analyses--Primarily, survival-adjusted methods are used to evaluate tumor incidence. In addition, the results of the Fisher exact test for pairwise comparisons and the Cochran-Armitage linear trend test (Armitage, 1971; Gart et al., 1979) are given in the appendix containing the analyses of primary tumor incidence. These two tests are based on the overall proportion of tumor-bearing animals and do not adjust for survival differences.

Historical Control Data: Although the concurrent control group is always the first and most appropriate control group used for evaluation, there are certain instances in which historical control data can be helpful in the overall assessment of tumor incidence. Consequently, control tumor incidences from the NTP historical control data base (Haseman et al., 1984) are included for those tumors appearing to show compound-related effects.

Tetrachloroethylene, NTP TR 311

III. RESULTS

RATS

SINGLE-EXPOSURE STUDIES

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES

TWO-YEAR STUDIES

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

MICE

SINGLE-EXPOSURE STUDIES

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES

TWO-YEAR STUDIES

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

SINGLE-EXPOSURE STUDIES

All the rats that were exposed at 5,163 ppm died before the end of the studies, and deaths also occurred in all but the lowest dose groups (Table 6). Mean body weight gain was not dose related. Hypoactivity, ataxia, and anesthesia were observed in all dosed groups.

FOURTEEN-DAY STUDIES

Two of five male rats and 3/5 female rats exposed at 1,750 ppm died before the end of the studies (Table 7). No other deaths occurred. The final mean body weight of male rats exposed at 1,750 ppm was 72% that of the controls. Dyspnea, hypoactivity, and ataxia were observed in rats in the highest dose group.

THIRTEEN-WEEK STUDIES

Four of 10 male and 7/10 female rats exposed at 1,600 ppm died before the end of the studies (Table 8). Final mean body weights of rats exposed at 1,600 ppm were 20% lower than that of the controls for males and 11% lower for females.

TABLE 6. SURVIVAL AND MEAN BODY WEIGHTS OF RATS IN THE SINGLE-EXPOSURE INHALATION STUDIES OF TETRACHLOROETHYLENE

Concentration (ppm)	Survival (a)	Mean Body Weights (grams)		
		Initial (b)	Final	Change (c)
IALE				
2,445	5/5	87 ± 4	149 ± 4	$+ 62 \pm 4$
3,786	4/5	95 ± 12	166 ± 5	$+60 \pm 3$
4,092	3/5	107 ± 4	160 ± 10	$+51 \pm 3$
4,513	3/5	124 ± 4	187 ± 5	$+60 \pm 2$
5,163	0/5	150 ± 6	(d)	(d)
FEMALE				
2,445	5/5	74 ± 3	107 ± 1	$+33 \pm 3$
3,786	1/5	90 ± 2	112	+ 30
4,092	2/5	88 ± 2	116 ± 4	$+32 \pm 1$
4,513	2/5	100 ± 2	128 ± 10	$+26 \pm 6$
5,163	0/5	109 ± 4	(d)	(d)

(a) Number surviving/number initially in group

(b) Initial mean group body weight ± standard error of the mean. Subsequent calculations are based on those

animals surviving to the end of the study.

(c) Mean body weight change of the survivors of the group \pm standard error of the mean

(d) No data are reported due to the 100% mortality in this group.
Target		Mean	Body Weight	Final Weight	
Concentration (ppm)	Survival (a)	Initial (b)	Final	Change (c)	Relative to Controls (percent)
MALE	······				
0	5/5	115 ± 3	169 ± 5	$+54 \pm 2$	
100	5/5	118 ± 5	176 ± 7	$+58 \pm 4$	104
200	5/5	115 ± 4	163 ± 5	$+48 \pm 2$	96
425	5/5	110 ± 2	166 ± 3	$+ 56 \pm 2$	98
875	5/5	112 ± 3	169 ± 3	$+57 \pm 2$	100
1,750	(d) 3/5	108 ± 3	122 ± 3	$+ 17 \pm 1$	72
FEMALE					
0	5/5	97 ± 4	124 ± 4	$+27 \pm 1$	
100	5/5	98 ± 3	124 ± 6	$+26 \pm 3$	100
200	5/5	97 ± 3	122 ± 5	$+25 \pm 4$	98
425	5/5	96 ± 3	121 ± 4	$+25 \pm 3$	98
875	5/5	96 ± 3	122 ± 1	$+26 \pm 3$	98
1,750	(e) 2/5	94 ± 4	129 ± 5	$+26 \pm 2$	104

TABLE 7. SURVIVAL AND MEAN BODY WEIGHTS OF RATS IN THE FOURTEEN-DAY INHALATION STUDIES OF TETRACHLOROETHYLENE

(a) Number surviving/number in group

(b) Initial group mean body weight \pm standard error of the mean. Subsequent calculations are based on those animals surviving to the end of the study.

(c) Mean body weight change of the survivors of the group \pm standard error of the mean

(d) Days of death: 7, 8 (e) Days of death: 7, 8, 13

TABLE 8. SURVIVAL AND MEAN BODY WEIGHTS OF RATS IN THE THIRTEEN-WEEK INHALATION STUDIES OF TETRACHLOROETHYLENE

Target		Mean	Final Weight		
Concentration (ppm)	Survival (a)	Initial (b)	Final	Change (c)	Relative to Controls (percent)
MALE				·····	
0	10/10	194 ± 4	358 ± 6	$+ 164 \pm 5$	
100	10/10	204 ± 4	352 ± 8	$+ 148 \pm 8$	98
200	10/10	197 ± 5	358 ± 6	$+ 161 \pm 7$	100
400	10/10	200 ± 5	349 ± 8	$+ 149 \pm 7$	97
800	10/10	202 ± 5	350 ± 6	$+ 148 \pm 7$	98
1,600	(d) 6/10	199 ± 5	286 ± 3	$+ 80 \pm 7$	80
FEMALE					
0	10/10	142 ± 3	206 ± 5	$+ 64 \pm 3$	
100	10/10	137 ± 3	197 ± 3	$+ 60 \pm 3$	96
200	10/10	137 ± 3	202 ± 4	$+ 65 \pm 3$	98
400	10/10	140 ± 3	206 ± 4	$+ 66 \pm 4$	100
800	10/10	141 ± 2	204 ± 2	$+ 63 \pm 1$	99
1,600	(e) 3/10	140 ± 3	183 ± 4	$+ 37 \pm 1$	89

(a) Number surviving/number in group

(b) Initial group mean body weight \pm standard error of the mean. Subsequent calculations are based on those animals surviving to the end of the study.

(c) Mean body weight change of the survivors of the group \pm standard error of the mean (d) Week of death: 1, 11, 13, 13

(e) Week of death: 5, 5, 5, 6, 7, 12, 13

Lung congestion was observed in rats exposed at 1,600 ppm. The incidence and severity of hepatic congestion in rats was dose related (Table 9). Congestion was most severe in animals that died before the end of the studies.

Dose Selection Rationale: Because of the incidence of deaths at 1,600 ppm and the incidence of liver lesions at lower concentrations, exposure concentrations of 200 and 400 ppm tetrachloroethylene were selected for rats for the 2-year studies. These exposure concentrations are twofold and fourfold higher than the OSHA standard for occupational exposure of humans to tetrachloroethylene in the workplace. The estimated equivalents of these exposure concentrations are 311 mg/kg per day (200 ppm) and 622 mg/kg per day (400 ppm). (See footnote in Introduction, p. 19.)

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of dosed and control groups were comparable throughout the studies (Table 10 and Figure 1).

TABLE 9. SEVERITY OF LIVER AND LUNG CONGESTION IN RATS IN THE THIRTEEN-WEEK INHALATION STUDIES OF TETRACHLOROETHYLENE

	Liver				Lung			
Group	Mal	e	Fema	ale	Mal	e	Fen	nale
Control	(a) 1/10	(2.0)	0/9		0/10		0/9	
200 ppm	2/10	(2.0)	1/10	(1.0)				
400 ppm	3/10	(1.7)	5/10	(1.8)				
800 ppm	5/10	(1.6)	5/10	(1.6)	0/10		0/10	
,600 ppm	7/10	(2.0)	8/9	(1.8)	7/10	(2.4)	7/10	(3.0)

(a) Incidence of lesion; mean severity score of affected animals is in parentheses: 1 = minimal; 2 = mild; 3 = moderate; 4 = severe

Weeks on Study		ntrol		200 ppm ((a)		400 ppm	(b)
on Study	Av. Wt. (grams)	No. of Survivors	Av. WL (grams)	Wt. (percent of controls)	No. of Survivors	Av. Wt. (grams)	Wt. (percent of controls)	No. of Survivors
MALE					······			
0 1 2 3 4 5 6 7 8 9 0 11 12 3 4 5 6 7 8 9 0 11 12 3 4 5 6 7 8 9 0 11 12 3 4 5 6 7 8 9 0 11 12 3 4 5 6 7 8 9 0 11 12 3 4 5 6 7 8 9 0 11 12 3 4 5 6 7 8 9 0 11 12 3 4 5 6 7 8 9 0 11 12 3 7 12 5 6 7 8 9 0 11 12 3 7 15 6 7 8 9 0 11 12 3 7 15 6 7 8 9 0 11 12 3 7 15 5 6 7 8 9 0 11 12 3 7 15 5 6 7 8 9 0 11 12 3 7 15 5 8 9 0 11 12 3 7 7 8 9 0 11 12 3 7 7 8 9 0 11 12 3 7 7 8 9 0 11 12 3 7 7 8 9 0 11 12 3 7 7 8 9 0 11 12 3 7 7 8 9 0 11 12 3 7 7 8 9 7 8 9 0 11 12 3 7 7 8 9 0 11 12 3 7 8 3 8 3 4 7 7 8 9 7 8 8 3 8 3 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	$\begin{array}{c} 162\\ 182\\ 212\\ 234\\ 255\\ 274\\ 284\\ 298\\ 309\\ 316\\ 329\\ 333\\ 341\\ 366\\ 418\\ 425\\ 431\\ 4452\\ 460\\ 468\\ 477\\ 483\\ 484\\ 480\\ 476\\ 488\\ 484\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 480\\ 476\\ 448\\ 448\\ 448\\ 448\\ 448\\ 448\\ 448\\ 44$	500 500 500 500 500 500 500 500 500 500	$\begin{array}{c} 164\\ 191\\ 219\\ 241\\ 277\\ 292\\ 303\\ 292\\ 329\\ 329\\ 329\\ 329\\ 340\\ 397\\ 412\\ 428\\ 447\\ 457\\ 4651\\ 477\\ 476\\ 477\\ 476\\ 475\\ 469\\ 445\\ 445\\ 445\\ 445\\ 445\\ 445\\ 445\\ 44$	$ \begin{array}{r} 101 \\ 105 \\ 103 \\ 102 \\ 101 \\ 102 \\ 95 \\ 92 \\ 99 \\ 99 \\ 99 \\ 101 \\ 101 \\ 100 \\ 99 \\ $	50000000000000000000000000000000000000	$\begin{array}{c} 165\\ 194\\ 221\\ 245\\ 264\\ 275\\ 289\\ 295\\ 309\\ 295\\ 324\\ 336\\ 340\\ 369\\ 394\\ 408\\ 420\\ 428\\ 435\\ 457\\ 469\\ 471\\ 477\\ 468\\ 4771\\ 468\\ 4771\\ 468\\ 477\\ 468\\ 477\\ 468\\ 475\\ 475\\ 475\\ 475\\ 475\\ 475\\ 475\\ 475$	$102 \\ 107 \\ 104 \\ 105 \\ 104 \\ 100 \\ 102 \\ 100 \\ 100 \\ 94 \\ 93 \\ 98 \\ 101 \\ 100 \\ 101 \\ 99 \\ 98 \\ 99 \\ 99 \\ 99 \\ 99 \\ 99 \\ 9$	50 500 500 500 500 500 500 500 500 500
FEMALE								
$\begin{array}{c} 0 \\ 1 \\ 2 \\ 3 \\ 4 \\ 5 \\ 6 \\ 7 \\ 8 \\ 9 \\ 11 \\ 12 \\ 12 \\ 12 \\ 12 \\ 12 \\ 25 \\ 8 \\ 4 \\ 3 \\ 3 \\ 4 \\ 3 \\ 4 \\ 7 \\ 15 \\ 5 \\ 6 \\ 6 \\ 9 \\ 3 \\ 8 \\ 8 \\ 9 \\ 9 \\ 9 \\ 9 \\ 9 \\ 9 \\ 9 \\ 9$	119 127 136 147 158 167 173 177 185 187 190 193 197 198 209 218 225 233 234 238 257 266 273 284 292 300 313 316 320 323 317 320	50 500 500 500 500 500 500 500 500 500	$\begin{array}{c} 121\\ 135\\ 148\\ 156\\ 166\\ 175\\ 179\\ 193\\ 197\\ 193\\ 2213\\ 2273\\ 236\\ 244\\ 266\\ 2753\\ 282\\ 302\\ 311\\ 319\\ 323\\ 325\\ 318\\ 322\\ 322\\ 318\\ 322\\ 322\\ 318\\ 322\\ 322\\ 322\\ 318\\ 322\\ 322\\ 322\\ 322\\ 322\\ 322\\ 322\\ 32$	$102 \\ 106 \\ 109 \\ 106 \\ 105 \\ 103 \\ 106 \\ 104 \\ 95 \\ 98 \\ 103 \\ 98 \\ 103 \\ 102 \\ 104 \\ 104 \\ 104 \\ 103 \\ 103 \\ 103 \\ 104 \\ 103 \\ 104 \\ 103 \\ 104 \\ 103 \\ 104 \\ 101 \\ 1$	50 500 500 500 500 500 500 500 500 500	$120\\134\\148\\152\\165\\168\\176\\181\\187\\174\\178\\199\\199\\208\\220\\227\\230\\231\\236\\248\\257\\262\\271\\281\\293\\300\\312\\318\\318\\318\\318\\323\\317\\322$	$\begin{array}{c} 101\\ 106\\ 109\\ 103\\ 104\\ 101\\ 102\\ 102\\ 102\\ 101\\ 101\\ 101\\ 101$	500 5500 5500 5500 5500 5500 5500 5500

TABLE 10. MEAN BODY WEIGHTS AND SURVIVAL OF RATS IN THE TWO-YEAR INHALATION STUDIES OF TETRACHLOROETHYLENE

(a) Estimated equivalent dose: 311 mg/kg per day
(b) Estimated equivalent dose: 622 mg/kg per day



FIGURE 1. GROWTH CURVES FOR RATS EXPOSED TO TETRACHLOROETHYLENE BY INHALATION FOR TWO YEARS

Survival

Estimates of the probabilities of the survival for male and female rats exposed to tetrachloroethylene at the concentrations used in these studies and for the controls are shown in the Kaplan and Meier curves in Figure 2. The survival of the high dose male rats was significantly lower than that of controls after week 102 (Table 11).

Pathology and Statistical Analyses of Results

This section describes the significant or noteworthy changes in the incidences of rats with neoplastic or nonneoplastic lesions of the hematopoietic system, kidney, brain, testis, preputial gland, nasal cavity, adrenal gland, and forestomach. Histopathologic findings on neoplasms in rats are summarized in Appendix A (Tables A1 and A2); Appendix A (Tables A3 and A4) also gives the survival and tumor status for individual male and female rats. Findings on nonneoplastic lesions are summarized in Appendix C (Tables C1 and C2). Appendix E (Tables E1 and E2) contains 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 (Statistical Methods) and Appendix E (footnotes). Historical incidences of tumors in control animals are listed in Appendix F.

TABLE 11. SURVIVAL OF RATS IN THE TWO-YEAR INHALATION STUDIES OF TETRACHLOROETHYLENE

	Control	200 ppm	400 ppm
MALE (a)			
Animals initially in study Nonaccidental deaths before termination (b) Died during termination period Killed at termination Survival P values (c)	50 27 0 23 0.024	50 30 1 19 0.432	50 38 1 11 0.023
FEMALE (a)			
Animals initially in study Nonaccidental deaths before termination (b) Killed at termination Survival P values (c)	50 27 23 1.000	50 29 21 0.767	50 26 24 0.990

(a) Terminal-kill period: week 104

(b) Includes animals killed in a moribund condition

(c) The result of the life table trend test is in the control column, and the results of the life table pairwise comparisons with the controls are in the dosed columns.



FIGURE 2. KAPLAN-MEIER SURVIVAL CURVES FOR RATS EXPOSED TO TETRACHLOROETHYLENE BY INHALATION FOR TWO YEARS

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Hematopoietic System: Mononuclear cell leukemia occurred with positive trends in males and females, and the incidences in the dosed groups were greater than those in the controls (Table 12). This hematopoietic neoplasm was recognized in its earliest stage as a diffuse infiltration of atypical mononuclear cells in the sinusoids of the liver and the interfollicular pulp of the spleen. In more advanced cases, there were infiltrations into virtually all organs and tissues.

The diagnoses of mononuclear cell leukemia were classified according to the extent of the disease as stage 1 (early), stage 2 (intermediate), or stage 3 (advanced). The following criteria were used:

Stage 1--Spleen not enlarged or only slightly enlarged with small numbers of neoplastic mononuclear cells in the red pulp; no or very few mononuclear cells in the liver sinusoids. No identifiable neoplastic cells in other organs.

Stage 2--Spleen moderately enlarged with

moderate to large numbers of mononuclear cells in the red pulp; architectural features including lymphoid follicles and periarteriolar lymphocytic sheaths remain intact. Minimal to moderate involvement of the liver. Mononuclear cells may be evident in blood vessels in other organs, but aggregates/masses of neoplastic cells generally limited to spleen and liver.

Stage 3--Advanced disease with multiple organ involvement. Spleen usually markedly enlarged with effacement of normal architectural features by accumulated neoplastic cells. Liver moderately to markedly enlarged and nodular; hepatic parenchyma shows variable degenerative changes associated with the accumulation of neoplastic cells. Accumulations of neoplastic mononuclear cells in other organs including lung, lymph nodes, kidney, brain, adrenal gland, and others.

The distribution of stages of mononuclear cell leukemia in male and female rats is summarized in Table 13.

	Control	200 ppm	400 ppm
MALE (b)	*		
Overall Rates Adjusted Rates Terminal Rates Week of First Observation Life Table Tests Incidental Tumor Tests	$\begin{array}{c} 28/50\ (56\%)\\ 64.6\%\\ 9/23\ (39\%)\\ 66\\ P=0.004\\ P=0.097 \end{array}$	37/50 (74%) 80.1% 11/20 (55%) 53 P = 0.046 P = 0.023	37/50 (74%) 90.8% 9/12 (75%) 68 P=0.004 P=0.104
FEMALE (c)			
Overall Rates Adjusted Rates Terminal Rates Week of First Observation Life Table Tests Incidental Tumor Tests	18/50 (36%) 53.8% 9/23 (39%) 84 P = 0.053 P = 0.012	30/50 (60%) 71.4% 10/21 (48%) 60 P = 0.023 P = 0.013	29/50 (58%) 66.3% 10/24 (42%) 76 P=0.053 P=0.014

TABLE 12. ANALYSIS OF MONONUCLEAR CELL LEUKEMIA IN RATS IN THE TWO-YEAR INHALATION STUDIES OF TETRACHLOROETHYLENE (a)

(a) The statistical analyses used are discussed in Chapter II (Statistical Methods) and Appendix E (footnotes). (b) Historical incidence at study laboratory (mean \pm SD): 117/250 (47% \pm 15%); historical incidence in NTP studies:

583/1,977 (29% ± 12%)

(c) Historical incidence at study laboratory (mean \pm SD): 73/249 (29% \pm 6%); historical incidence in NTP studies: 375/2,021 (19% \pm 7%)

	Number of Rats with	Stage		
Group	Mononuclear Cell Leukemia	1	2	3
MALE				
Control	28	5	3	20
200 ppm	37	6	7	24
400 ppm	37	4	6	27
EMALE				
Control	18	3	5	10
200 ppm	30	6	6	18
400 ppm	29	2	6	21

TABLE 13.	CLASSIFICATION OF MONONUCLEAR CELL LEUKEMIA IN RATS IN THE TWO-YEAR	
	INHALATION STUDIES OF TETRACHLOROETHYLENE	

Kidney: Both nonproliferative (karyomegaly and cytomegaly) and proliferative (tubular cell hyperplasia, adenomas, and adenocarcinomas) changes were found in the kidney (Table 14).

Karyomegaly (reported as nuclear enlargement in Appendix C) and cytomegaly were present primarily in the proximal convoluted tubules of the inner half of the cortex but were not necessarily limited to this area. Affected tubules showed two distinct patterns of changes. In one pattern, the cells were greatly enlarged and bulged into the lumens of the tubules. Cytoplasm was abundant, brightly eosinophilic, and granular. Basal striations and brush borders were frequently prominent. Nuclei were enlarged up to 10 times, rounded or oval, and contained deeply basophilic stippled or reticulated chromatin and a single nucleolus. Mitoses were occasionally present. In the second pattern, the lining cells of the tubules were flattened and spindle-shaped and were thinner at the ends than at the center, where the greatly enlarged, basophilic, elongated nucleus bulged into the lumen.

Tubular cell hyperplasias were small circumscribed lesions often only a few hundred microns in diameter. Typically the cells were small with poorly defined basophilic cytoplasm and round open-faced nuclei. These lesions consisted of a nonseptated mass of cells which did not compress the surrounding parenchyma.

Tubular cell adenomas were well circumscribed and compressed the adjacent parenchyma. They were composed of varibly sized cuboidal, columnar, or polygonal cells that formed solid lobules separated by delicate connective tissue septa. Occasionally the cytoplasm was basophilic and granular or vacuolated and reticular. The nuclei were round and open faced, and mitoses were infrequent.

Tubular cell adenocarcinomas were usually larger than adenomas and may have invaded the adjacent parenchyma. The cells were more pleomorphic than in the adenomas and often contained large bizarre nuclei. Mitoses, although not common, were more frequent than in adenomas. Necrosis, hemorrhage, and cholesterol clefts were often present.

Tubular cell karyomegaly was observed at increased incidences in dosed male and female rats. Tubular cell hyperplasia was seen in dosed males and in one high dose female. Tubular cell adenomas or adenocarcinomas (combined) were observed at increased (although not statistically significant) incidences in dosed male but not dosed female rats (Table 14).

	Control	200 ppm	400 ppm
MALE			
Karyomegaly Overall Rates	1/49 (2%)	37/49 (76%)	47/50 (94%)
'ubular Cell Hyperplasia Overall Rates	0/49 (0%)	3/49 (6%)	5/50 (10%)
F ubular Cell Adenoma (a) Overall Rates	1/49 (2%)	3/49 (6%)	2/50 (4%)
Fubular Cell Adenocarcinoma Overall Rates	0/49 (0%)	0/49 (0%)	2/50 (4%)
Fubular Cell Adenoma or Adenocarcir Overall Rates Adjusted Rates Terminal Rates Week of First Observation Life Table Tests Incidental Tumor Tests	1/49 (2%) 4.3% 1/23 (4%) 104 P=0.054 P=0.107	3/49 (6%) 10.8% 1/20 (5%) 91 P=0.259 P=0.296	4/50 (8%) 22.4% 2/12 (17%) 83 P=0.070 P=0.114
FEMALE			
Karyomegaly Overall Rates	0/50 (0%)	8/49 (16%)	20/50 (40%)
Tubular Cell Hyperplasia Overall Rates	0/50 (0%)	0/49 (0%)	1/50 (2%)

TABLE 14. ANALYSIS OF RENAL LESIONS IN RATS IN THE TWO-YEAR INHALATION STUDIES OF TETRACHLOROETHYLENE

(a) Historical incidence at study laboratory (mean \pm SD): 1/249 (0.4% \pm 0.9%); historical incidence in NTP studies: 4/1,968 (0.2% \pm 0.6%); no malignant tubular cell tumors have been observed.

Brain: Gliomas in male rats occurred with a significant positive trend by life table analysis (Table 15). The incidences in the dosed groups were not significantly greater than that in the controls by statistical comparisons, but four of these tumors were observed in the high dose males. Gliomas were also found in one control and two high dose females.

Testis: Interstitial cell tumors in male rats occurred with a significant positive trend, and the

incidences in the dosed groups were significantly greater than that in the controls (Table 16).

Preputial Gland: Adenomas or carcinomas (combined) in male rats occurred with a positive trend by life table analysis (control, 3/50, 6%; low dose, 5/50, 10%; high dose, 6/50, 12%); the incidences in the dosed groups were not significantly greater than that in the controls.

TABLE 15. ANALYSIS OF GLIOMAS IN MALE RATS IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE (a)

	Control	200 ppm	400 ppm
Overall Rates	1/50 (2%)	0/50 (0%)	4/50 (8%)
Adjusted Rates	4.3%	0.0%	17.3%
Terminal Rates	1/23 (4%)	0/20 (0%)	0/12(0%)
Week of First Observation	104		88
Life Table Tests	P = 0.039	P = 0.528N	P=0.083
Incidental Tumor Tests	P = 0.103	P = 0.528N	P = 0.207

(a) Historical incidence of neuroglial cell tumors at study laboratory (mean): 3/247 (1.2%); historical incidence in NTP studies: 16/1,971 (0.8%). Gliomas were found in 1/50 control, 0/50 low dose, and 2/50 high dose female rats.

TABLE 16. ANALYSIS OF TESTICULAR INTERSTITIAL CELL LESIONS IN MALE RATS IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE

	Control	200 ppm	400 ppm
Hyperplasia	······································		
Overall Rates	5/50 (10%)	6/49 (17%)	4/50 (8%)
Tumor (a)			
Overall Rates	35/50 (70%)	39/49 (80%)	41/50 (82%)
Adjusted Rates	91.4%	97.5%	100.0%
Terminal Rates	20/23 (87%)	19/20 (95%)	12/12 (100%)
Week of First Observation	69	82	68
Life Table Tests	P<0.001	P = 0.093	P = 0.001
Incidental Tumor Tests	P = 0.012	P = 0.047	P = 0.024
Hyperplasia or Tumor			
Overall Rates	40/50 (80%)	45/49 (92%)	45/50 (90%)

(a) Historical incidence at study laboratory (mean \pm SD): 175/249 (70% \pm 7%); historical incidence in NTP studies: 1,729/1,949 (89% \pm 7%)

Nasal Cavity: Thrombosis was observed at increased incidences in high dose male and dosed female rats (male: control, 9/50, 18%; low dose, 11/50, 22%; high dose, 19/50, 38%; female: 3/50, 6%; 10/50, 20%; 7/50, 14%). Squamous metaplasia was observed at increased incidences in dosed male rats (male: 0/50; 5/50, 10%; 5/50, 10%; female: 2/50, 4%; 4/50, 8%; 2/50, 4%).

Adrenal Gland: The incidences of adrenal medullary hyperplasia in dosed males and adrenal cortical hyperplasia in high dose female rats were greater than those in the controls (medullary hyperplasia: male--5/49, 10%; 14/49, 29%; 12/49, 24%; female--7/50, 14%; 3/49, 6%; 4/47, 9%; cortical hyperplasia: male--11/49, 22%; 5/49, 10%; 7/49, 14%; female--4/50, 8%; 6/49, 12%; 11/47, 23%). Pheochromocytomas in male rats occurred with a significant positive trend by the life table test, and the incidence in the high dose group was significantly greater than that in the controls by the life table test (22/49, 45%; 21/49, 43%; 23/49, 47%), but not by the incidental tumor test, which is the more appropriate analysis for these generally nonlethal neoplasms.

Forestomach: Ulcers were observed at an increased incidence in high dose male rats (male: 0/48; 1/49, 2%; 5/49, 10%; female: 3/49, 6%; 4/49, 8%; 0/48).

SINGLE-EXPOSURE STUDIES

All mice exposed at 2,971 or 3,786 ppm died before the end of the studies; compound-related deaths also occurred at 2,613 ppm (Table 17). Mean body weight gain was not dose related. Hypoactivity and anesthesia in exposed animals were considered to be compound related.

FOURTEEN-DAY STUDIES

None of the mice died before the end of the studies (Table 18). Dyspnea, hypoactivity, hyperactivity, anesthesia, and ataxia were observed in mice in the highest dose group. The final mean body weights of mice exposed at 1,750 ppm were 6% lower than that of controls for males and 7% lower for females. Cytoplasmic vacuolation (fat) of the hepatocytes was observed in 4/5 males at 875 ppm and in 5/5 males and 5/5 females at 1,750 ppm.

THIRTEEN-WEEK STUDIES

Two of 10 males and 4/10 females that were exposed to tetrachloroethylene at 1,600 ppm died before the end of the studies (Table 19). On the second day of exposure only, all mice in the 1,600-ppm group were uncoordinated and unconscious, mice in the 800-ppm group were panting and appeared irritated, and mice in the 400-ppm group were hunched and did not move. The final mean body weight of males exposed at 1,600 ppm was 8% lower than that of the controls. Final mean body weights of dosed and control female mice were comparable. Liver lesions (leukocytic infiltration, centrilobular necrosis, and bile stasis) were seen in mice exposed at 400, 800, or 1,600 ppm (Table 20). Karyomegaly (nuclear enlargement) of the renal tubule epithelial cells was observed in 7/10 males and 7/10 females exposed at 1,600 ppm.

		Mean Body Weights (grams)			
Concentration (ppm)	Survival (a)	Initial (b)	Final	Change (c)	
MALE					
2,328	5/5	25.2 ± 0.9	27.0 ± 1.3	$+1.8 \pm 0.5$	
2,445	5/5	18.8 ± 0.7	24.4 ± 0.8	$+5.6 \pm 0.4$	
2,613	1/5	22.8 ± 1.1	21.0	+1.0	
2,971	0/5	21.4 ± 0.5	(d)	(d)	
3,786	0/5	19.2 ± 0.4	(d)	(d)	
FEMALE					
2,328	3/5	21.0 ± 0.3	22.3 ± 0.3	$+1.0 \pm 0.6$	
2,445	5/5	16.6 ± 0.6	20.4 ± 0.4	$+3.8 \pm 0.4$	
2,613	3/5	19.4 ± 0.2	21.3 ± 0.3	$+2.0 \pm 0.0$	
2,971	0/5	19.2 ± 0.6	(d)	(d)	
3,786	0/5	17.6 ± 0.5	(d)	(d)	

TABLE 17. SURVIVAL AND MEAN BODY WEIGHTS OF MICE IN THE SINGLE-EXPOSUREINHALATION STUDIES OF TETRACHLOROETHYLENE

(a) Number surviving/number initially in the group

(b) Initial mean group body weight \pm standard error of the mean. Subsequent calculations are based on those animals surviving to the end of the study.

(c) Mean body weight change of the survivors of the group \pm standard error of the mean

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

Target		Final Weight				
Concentration (ppm)	Survival (a)	Initial (b)	<u>n Body Weight</u> Final	Change (c)	Relative to Controls (percent)	
IALE			· · · · · · · · · · · · · · · · · · ·		- <u></u>	
0	5/5	25.4 ± 0.6	27.6 ± 1.0	$+ 2.2 \pm 0.7$		
100	5/5	25.2 ± 0.6	28.4 ± 0.7	$+ 3.2 \pm 0.2$	102.9	
200	5/5	25.4 ± 0.4	28.6 ± 0.2	$+ 3.2 \pm 0.5$	103.6	
425	5/5	24.8 ± 0.2	27.0 ± 0.7	$+2.2 \pm 0.6$	97.8	
875	5/5	25.0 ± 0.8	27.4 ± 0.7	$+2.4 \pm 0.4$	99.3	
1,750	5/5	24.4 ± 0.4	26.0 ± 0.8	$+ 1.6 \pm 0.4$	94.2	
EMALE						
0	5/5	19.8 ± 0.5	24.8 ± 0.5	$+5.0 \pm 0.0$		
100	5/5	19.0 ± 0.6	23.6 ± 0.6	$+4.6 \pm 0.4$	95.2	
200	5/5	19.0 ± 0.5	24.2 ± 0.5	$+5.2 \pm 0.4$	97.6	
425	5/5	19.4 ± 0.4	23.2 ± 0.4	$+3.8 \pm 0.4$	93.5	
875	5/5	20.0 ± 0.3	24.6 ± 0.4	$+4.6\pm0.2$	99.2	
1,750	5/5	19.0 ± 0.3	23.0 ± 0.5	$+4.0 \pm 0.3$	92.7	

TABLE 18. SURVIVAL AND MEAN BODY WEIGHTS OF MICE IN THE FOURTEEN-DAY INHALATION STUDIES OF TETRACHLOROETHYLENE

(a) Number surviving/number in group

(b) Initial mean group body weight \pm standard error of the mean

(c) Mean body weight change \pm standard error of the mean

		Mea	n Body Weight	Final Weight		
Concentration (ppm)	Survival (a)	Initial (b)	Final	Change (c)	Relative to Controls (percent)	
IALE				<u></u>		
0	10/10	27.4 ± 0.8	32.9 ± 0.8	$+ 5.5 \pm 0.3$		
100	10/10	27.4 ± 0.7	34.5 ± 0.8	$+7.1 \pm 0.9$	104.9	
200	10/10	26.3 ± 1.1	32.2 ± 0.8	$+ 5.9 \pm 1.6$	97.9	
400	10/10	25.4 ± 0.8	32.8 ± 0.6	$+7.4 \pm 0.6$	99.7	
800	10/10	27.0 ± 0.8	33.3 ± 0.6	$+ 6.3 \pm 0.7$	101.2	
1,600	(d) 8/10	27.4 ± 0.6	30.4 ± 1.5	$+2.9 \pm 1.3$	92.4	
EMALE						
0	10/10	21.5 ± 0.5	27.5 ± 0.8	$+ 6.0 \pm 0.7$		
100	10/10	22.0 ± 0.6	28.6 ± 0.7	$+ 6.6 \pm 0.3$	104.0	
200	10/10	22.0 ± 0.4	28.2 ± 0.6	$+ 6.2 \pm 0.4$	102.5	
400	10/10	19.6 ± 0.6	29.5 ± 0.9	$+9.9 \pm 0.6$	107.3	
800	10/10	20.5 ± 0.6	28.2 ± 0.7	$+7.7 \pm 0.5$	102.5	
1,600	(e) 6/10	21.8 ± 0.4	27.5 ± 0.5	$+5.5 \pm 0.5$	100.0	

TABLE 19. SURVIVAL AND MEAN BODY WEIGHTS OF MICE IN THE THIRTEEN-WEEK INHALATION STUDIES OF TETRACHLOROETHYLENE

(a) Number surviving/number in group

(b) Initial group mean body weight \pm standard error of the mean. Subsequent calculations are based on those animals surviving to the end of the study.

(c) Mean body weight change of the survivors of the group \pm standard error of the mean

(d) Week of death: 12, 14

(e) Week of death: 1, 8, 12, 13

	Liver: Leukocytic Infiltration/ Centrilobular Necrosis/Bile Stasis		Liv Mitotic A		<u>Kidney</u> Karyomegaly		
Group	Male	Female	Male	Female	Male	Female	
Control	(a) 0/10	0/10	0/10	0/10	0/10	0/10	
100 ppm					0/10	0/10	
200 ppm	0/10	0/10	3/10 (1.0)	0/10	6/10 (1.0)	8/10 (1.0)	
400 ppm	8/10 (1.4)	5/10 (1.2)	5/10 (1.6)	0/10	10/10 (1.6)	10/10 (2.0)	
800 ppm	10/10 (1.8)	10/10 (1.2)	5/10 (2.2)	0/10	10/10 (1.4)	10/10 (1.5)	
1,600 ppm	10/10 (2.2)	8/9 (1.6)	1/10 (1.0)	0/9	7/7 (1.6)	6/7 (1.7)	

TABLE 20.	INCIDENCE AND SEVERITY OF LIVER AND KIDNEY LESIONS IN MICE IN THE
	THIRTEEN-WEEK INHALATION STUDIES OF TETRACHLOROETHYLENE

(a) Incidence of lesion; mean severity score of affected animals is in parentheses: 1 = minimal; 2 = mild; 3 = moderate; 4 = severe

Dose Selection Rationale: Because of the incidence of deaths at 1,600 ppm and hepatic and renal lesions observed at lower doses, exposure concentrations selected for mice for the 2-year studies were 100 and 200 ppm tetrachloroethylene. The 200-ppm exposure concentration is twice the OSHA standard for occupational exposure of humans to tetrachloroethylene in the workplace. The estimated equivalents of these exposure concentrations are 160 mg/kg per day (100 ppm) and 320 mg/kg per day (200 ppm). (See footnote in Introduction, p. 19.)

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of dosed and control male and dosed and control female mice were comparable throughout the studies (Table 21 and Figure 3).

Weeks on Study	Co	ntrol		200 mgg			400 mgg	
on Study	Av. Wt. (grams)	No. of Survivors	Av. WL (grams)	Wt. (percent of controls)	No. of Survivors	Av. WL (grams)	Wt. (percent of controls)	No. of Survivors
MALE					·······		16	
0 1 2 3 4 5 6 7 8 9 0 11 12 3 7 12 2 5 8 4 3 8 3 4 3 7 5 5 6 4 9 3 6 7 8 9 0 11 12 3 4 5 6 7 8 9 0 11 12 3 4 5 6 7 8 9 0 11 12 3 4 5 6 7 8 9 0 11 12 3 4 5 6 7 8 9 0 11 12 3 4 5 6 7 8 9 0 11 12 3 4 5 6 7 8 9 0 11 12 3 7 4 5 6 7 8 9 0 11 12 3 7 4 5 6 7 8 9 0 11 12 3 7 8 3 8 3 7 7 5 6 6 7 8 9 0 11 12 3 7 8 9 0 11 12 3 7 8 9 0 11 12 3 7 8 9 0 11 12 3 7 8 9 0 11 12 3 7 8 8 3 7 7 7 8 9 9 0 11 12 3 7 8 8 3 7 7 7 8 9 9 0 11 12 3 7 8 8 3 7 7 7 8 8 8 3 7 7 7 8 8 8 3 7 7 8 8 8 3 7 7 8 8 8 3 7 7 8 8 8 8	235.3 225.9 225.9 230.3 2225.9 230.3 22222 230.3 230.2 2223.3 20.3 233.3 23.3 2	500 500 500 500 500 500 500 500 500 500	23.09 24.63.99 27.22 28.77 231.15 331.23.35 333.50 26.63.99 27.92 231.15 331.23.35 333.50 26.63.99 331.50 22.22 22.79 231.15 331.23.50 23.50 26.52 28.77 23.	99 98 105 105 92 96 99 108 104 102 106 108 100 101 100 98 97 92 100 95 99 101 97 98 105 97 97 97 97 97 97 97 97 97 97 97 97 97	55000000000000000000000000000000000000	2136798537631196205076714099460835337633335577671409946083333333355776714099460833333333557767140994608333333333333333333333333333333333333	94 93 109 108 108 91 101 104 106 90 93 107 106 101 104 102 104 103 103 103 103 103 105 104 104 105 101 105 103	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 1 1 2 3 7 8 9 0 1 1 2 2 5 8 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 3 4 5 6 7 8 9 0 1 1 2 2 5 8 4 5 6 7 8 9 0 1 1 2 2 5 8 4 5 6 7 8 9 0 1 1 2 2 5 8 4 5 6 7 8 9 0 1 1 2 2 5 8 4 5 6 7 8 9 0 1 1 2 2 5 8 4 8 3 7 7 8 8 8 3 7 7 8 8 8 8 3 7 7 8 8 8 8	$\begin{array}{c} 18.0\\ 20.0\\ 212.5\\ 223.0\\ 223.0\\ 223.0\\ 223.0\\ 223.0\\ 223.0\\ 223.0\\ 223.0\\ 223.0\\ 223.0\\ 223.0\\ 223.0\\ 224.1\\ 225.9\\ 227.1\\ 8.9\\ 0.0\\ 0.0\\ 0.0\\ 0.0\\ 0.0\\ 0.0\\ 0.0\\ 0$	49998 4444 4777777788866666666555444 4443329	18.0 18.9 21.27 22.3 22.3 22.3 22.4 25.6 25.9 25.6 25.9 25.6 25.9 25.0 25.9 25.0 25.0 25.0 25.0 25.0 25.0 28.9 20.0 28.9 20.0 21.27 25.8 25.6 25.9 25.0 25.0 25.0 25.0 25.0 25.0 25.0 25.0	$100 \\ 95 \\ 105 \\ 100 \\ 103 \\ 99 \\ 101 \\ 99 \\ 102 \\ 107 \\ 106 \\ 107 \\ 106 \\ 107 \\ 101 \\ 99 \\ 103 \\ 101 \\ 101 \\ 99 \\ 99 \\ 99 \\ 99 \\ 99 \\ $	50 50 50 50 50 50 50 50 50 50 50 50 50 5	$\begin{array}{c} \textbf{189.8}\\ \textbf{29.4}\\ \textbf{20.45}\\ \textbf{223.0}\\ \textbf{24.0}\\ \textbf{24.3}\\ \textbf{24.0}\\ \textbf{24.3}\\ \textbf{25.1}\\ \textbf{25.1}\\ \textbf{26.2}\\ \textbf{27.7.7}\\ \textbf{49.0}\\ \textbf{28.9}\\ \textbf{26.2}\\ \textbf{27.7.7}\\ \textbf{49.0}\\ \textbf{68.8}\\ \textbf{45.0}\\ \textbf{9.7.1}\\ \textbf{57.7}\\ \textbf{57.7}\\ \textbf{68.8}\\ \textbf{31.5}\\ \textbf{333.5}\\ \textbf{7.6}\\ \textbf{333.5}\\ 333.5$	$101 \\ 99 \\ 102 \\ 107 \\ 105 \\ 98 \\ 109 \\ 105 \\ 103 \\ 82 \\ 107 \\ 106 \\ 102 \\ 112 \\ 106 \\ 102 \\ 102 \\ 100 \\ 100 \\ 105 \\ 996 \\ 98 \\ 98 \\ 100 \\ 100 \\ 105 \\ 999 \\ 101 \\ 100 \\ 98 \\ 999 \\ 93 \\ 997 \\ 99 \\ 93 \\ 997 \\ 99 \\ 93 \\ 997 \\ 99 \\ 93 \\ 997 \\ 99 \\ 93 \\ 997 \\ 99 \\ 93 \\ 997 \\ 99 \\ 93 \\ 997 \\ 99 \\ 93 \\ 997 \\ 99 \\ 93 \\ 997 \\ 99 \\ 93 \\ 997 \\ 99 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 977 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 997 \\ 999 \\ 93 \\ 90 \\ 90 \\ 90 \\ 90 \\ 90 \\ 9$	509 499 499 499 499 499 499 499 499 499 4

TABLE 21. MEAN BODY WEIGHTS AND SURVIVAL OF MICE IN THE TWO-YEAR INHALATION STUDIES OF TETRACHLOROETHYLENE

(a) Estimated equivalent dose: 160 mg/kg per day (b) Estimated equivalent dose: 320 mg/kg per day



FIGURE 3. GROWTH CURVES FOR MICE EXPOSED TO TETRACHLOROETHYLENE BY INHALATION FOR TWO YEARS

Survival

Estimates of the probabilities of survival for male and female mice exposed to tetrachloroethylene at the concentrations used in these studies and for the controls are shown in the Kaplan and Meier curves in Figure 4. The survival of the low dose (after week 74) and high dose (after week 78) male groups and the high dose female group (after week 90) was significantly lower than that of the controls (Table 22).

Pathology and Statistical Analyses of Results

This section describes the significant or noteworthy changes in the incidences of mice with

neoplastic or nonneoplastic lesions of the liver, kidney, and lung. Histopathologic findings on neoplasms in mice are summarized in Appendix B (Tables B1 and B2); Appendix B (Tables B3 and B4) also gives the survival and tumor status for individual male and female mice. Findings on nonneoplastic lesions are summarized in Appendix D (Tables D1 and D2). Appendix E (Tables E3 and E4) contains 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 (Statistical Methods) and Appendix E (footnotes). Historical incidences of tumors in control animals are listed in Appendix F.

TABLE 22. SURVIVAL OF MICE IN THE TWO-YEAR INHALATION STUDIES OFTETRACHLOROETHYLENE

	Control	100 ppm	200 ppn	
MALE (a)				
Animals initially in study	50	50	50	
Nonaccidental deaths before termination (b)	3	25	18	
Animals missexed	1	0	0	
Killed at termination	46	25	32	
Survival P values (c)	0.002	< 0.001	< 0.001	
FEMALE (a)				
Animals initially in study	50	50	50	
Nonaccidental deaths before termination (b)	11	17	30	
Accidentally killed	2	2	1	
Animals missexed	1	0	0	
Killed at termination	36	31	17	
Died during termination period	0	0	2	
Survival P values (c)	< 0.001	0.241	< 0.001	

(a) Terminal-kill period: week 104

(b) Includes animals killed in a moribund condition

(c) The result of the life table trend test is in the control column, and the results of the life table pairwise comparisons with the controls are in the dosed columns.



FIGURE 4. KAPLAN-MEIER SURVIVAL CURVES FOR MICE EXPOSED TO TETRACHLOROETHYLENE BY INHALATION FOR TWO YEARS

Kidney: Nephrosis was observed at increased incidences in dosed female mice, casts were observed at increased incidences in dosed male and high dose female mice, and karyomegaly of the tubular cells was observed at increased incidences in dosed mice (Table 23). The severity of the renal lesions was dose related. One low dose male had a renal tubular cell adenocarcinoma.

Liver: Degeneration was observed at increased incidences in dosed male mice (control, 2/49, 4%; low dose, 8/49, 16%; high dose, 14/50, 28%) and high dose female mice (1/49, 2%; 2/50, 4%; 13/50, 26%); necrosis was observed at increased incidences in dosed male (1/49, 2%; 6/49, 12%; 15/50, 30%) and high dose female mice (3/48, 6%; 5/50, 10%; 9/50, 18%); nuclear inclusions were observed at increased incidences in dosed male mice (2/49, 4%; 5/49, 10%; 9/50, 18%). Hepatic degeneration was characterized by a variety of histologic features, including cytoplasmic vacuolation, hepatocellular necrosis, inflammatory cell infiltrates, pigment in cells, oval cell hyperplasia, and regenerative foci.

Hepatocellular adenomas in males, hepatocellular carcinomas in males and females, and hepatocellular adenomas or carcinomas (combined) in males and females occurred with significant positive trends (Table 24). The incidences of hepatocellular adenomas in high dose males and hepatocellular carcinomas and hepatocellular adenomas or carcinomas (combined) in dosed mice were significantly greater than those in the controls.

Hepatocellular carcinomas metastasized to the lung in two control males and seven low dose and one high dose males and in two low dose and seven high dose females. Additional hepatocellular carcinomas metastasized to the pulmonary artery in one low dose male, to the pulmonary vein in one low dose and one high dose male, and to multiple organs in one low dose male mouse (Appendix B, Tables B3 and B4).

Lung: Acute passive congestion was observed at increased incidences in dosed mice (male: control, 1/49; low dose, 8/49; high dose, 10/50; female: 1/48; 5/50; 6/50).

TABLE 23. NUMBER OF MICE WITH NONNEOPLASTIC LESIONS OF THE KIDNEY IN THE TWO-YEARINHALATION STUDIES OF TETRACHLOROETHYLENE

Lesion	Control	100 ppm	200 ppm	
MALE				
Number of animals examined	49	49	50	
Cast	3	9	15	
Tubular cell karyomegaly	4	17	46	
Nephrosis	22	24	28	
FEMALE				
Number of animals examined	48	49	50	
Cast	4	4	15	
Tubular cell karyomegaly	0	16	38	
Nephrosis	5	14	25	

	Control	100 ppm	200 ppm
MALE			
Hepatocellular Adenoma			
Overall Rates	12/49 (24%)	8/49 (16%)	19/50 (38%)
Adjusted Rates	26.1%	29.9%	55.4%
Terminal Rates	12/46 (26%)	7/25 (28%)	17/32 (53%)
Week of First Observation	104	89	73
Life Table Tests	P = 0.004	P = 0.419	P = 0.005
Incidental Tumor Tests	P = 0.004 P = 0.008	P = 0.542	P = 0.003 P = 0.012
Hepatocellular Carcinoma			
Overall Rates	7/49 (14%)	25/49 (51%)	26/50 (52%)
Adjusted Rates	14.9%	58.3%	58.3%
Terminal Rates	6/46 (13%)	8/25 (32%)	14/32 (44%)
Week of First Observation	98	63	60
Life Table Tests	P<0.001	P<0.001	P<0.001
Incidental Tumor Tests	P = 0.002	P = 0.016	P = 0.001
		1 0.010	
Hepatocellular Adenoma or Carcinoma		01/10/002	11 (20.000)
Overall Rates	17/49 (35%)	31/49 (63%)	41/50 (82%)
Adjusted Rates	36.1%	73.0%	89.0%
Terminal Rates	16/46 (35%)	14/25 (56%)	27/32 (84%)
Week of First Observation	98	63	60
Life Table Tests	P<0.001	P<0.001	P<0.001
Incidental Tumor Tests	P<0.001	P = 0.026	P<0.001
FEMALE			
Hepatocellular Adenoma			
Overall Rates	3/48 (6%)	6/50 (12%)	2/50 (4%)
Adjusted Rates	7.5%	18.7%	6.1%
Terminal Rates	1/36 (3%)	5/31 (16%)	0/19 (0%)
Week of First Observation	96	102	78
Life Table Tests	P = 0.479	P = 0.182	P = 0.641 N
Incidental Tumor Tests	P = 0.325N	P=0.193	P = 0.213N
Hepatocellular Carcinoma			
Overall Rates	1/48 (2%)	13/50 (26%)	36/50 (72%)
Adjusted Rates	2.8%	35.5%	91.7%
Terminal Rates	1/36 (3%)	8/31 (26%)	16/19 (84%)
Week of First Observation	104	76	67
Life Table Tests	P<0.001	P<0.001	P<0.001
Incidental Tumor Tests	P<0.001	P<0.001	P<0.001
Hepatocellular Adenoma or Carcinoma			
Overall Rates	4/48 (8%)	17/50 (34%)	38/50 (76%)
Adjusted Rates	10.1%	46.7%	92.2%
Terminal Rates	2/36 (6%)	12/31 (39%)	16/19 (84%)
Week of First Observation	96	76	67
Life Table Tests	P<0.001	P<0.001	P<0.001
Incidental Tumor Tests	P<0.001	P<0.001	P<0.001

TABLE 24. ANALYSIS OF LIVER TUMORS IN MICE IN THE TWO-YEAR INHALATION STUDIES OF TETRACHLOROETHYLENE (a)

(a) The statistical analyses used are discussed in Chapter II (Statistical Methods) and Appendix E (footnotes). (b) Historical incidence at study laboratory (mean \pm SD): 83/249 (33% \pm 7%); historical incidence in NTP studies: 627/2,084 (30% ± 8%)

(c) Historical incidence at study laboratory (mean ± SD): 19/248 (8% ± 4%); historical incidence in NTP studies: 181/2,080 (9% ± 5%)

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IV. DISCUSSION AND CONCLUSIONS

Toxicology and carcinogenicity studies were conducted by administering tetrachloroethylene (99.9% pure) by inhalation to groups of 50 male and 50 female F344/N rats and B6C3F₁ mice for 6 hours per day, 5 days per week, for 103 weeks. The exposure concentrations used in these studies (0 [chamber controls], 200, or 400 ppm in rats and 0, 100, or 200 ppm in mice) were selected on the basis of results of 13-week inhalation studies in which groups of rats and mice of each sex were exposed to tetrachloroethylene at concentrations ranging from 100 to 1,600 ppm for 6 hours per day, 5 days per week.

Thirteen-Week Studies

During the 13-week studies in rats, exposure to tetrachloroethylene at 1,600 ppm killed 4/10 males and 7/10 females. The final mean body weights of animals that survived exposure at the highest concentration were reduced relative to those of the controls (male, 20%; female, 11%). Histopathologic changes observed included pulmonary congestion in animals exposed at 1,600 ppm (male, 8/10; female, 7/10) but not at 800 ppm. A dose-related increase in the incidence of hepatic congestion was observed in both sexes, but the severity of this effect in animals exposed at 200-800 ppm was considered to be minimal to mild. Affected animals in the 1,600-ppm groups (male, 7/10; female, 8/9) exhibited mild to severe hepatic congestion.

In mice, exposure at 1,600 ppm for 13 weeks killed 2/10 males and 4/10 females. As in rats, the final mean body weights of male mice that survived exposure at 1,600 ppm were lower than those of the controls. Minimal to mild microscopic liver and kidney changes were observed in mice exposed at 200-1,600 ppm tetrachloroethylene. The liver changes included leukocytic infiltration, centrilobular necrosis, bile stasis, and mitotic alteration. The kidney changes were described as karyomegaly of the tubular epithelial cells and were considered to be of minimal severity in the affected 6/10 males and 8/10 females exposed at 200 ppm; at higher doses, the karyomegaly was more severe.

Karyomegaly has been observed in earlier gavage studies of tetrachloroethylene (NTP, unpublished), pentachloroethane (NTP, 1983), and trichloroethylene (NTP, 1987, in preparation). These changes are the earliest renal effects produced by these chemicals and are associated with cytomegaly, tubular dilatation, and renal tubular epithelial cell hyperplasia. Although kidney lesions were not found in the rats exposed to tetrachloroethylene for 13 weeks in these studies, both rats and mice in the aforementioned studies were affected.

Selection of exposure concentrations for the 2year studies in rats and mice was made on the basis of the lethality at 1,600 ppm in both species and the production of liver or kidney lesions at the lower concentrations. Although the changes produced at the lower concentrations were generally minimal to mild, earlier experiences with chlorinated ethanes and ethylenes indicated that these changes may be progressive. This is particularly true of the kidney lesions. In earlier 2-year gavage studies on trichloroethylene and tetrachloroethylene, the survival of rats and mice was not affected for approximately 40 weeks, and then high incidences of early deaths among dosed animals occurred for the remainder of the studies. Early deaths in dosed rats in the earlier studies compromised the sensitivity of the studies.

Two-Year Studies

Survival of Rats: Exposure at 400 ppm tetrachloroethylene reduced the survival of male rats (control, 23/50; low dose, 20/50; high dose, 12/50) but not that of the females (control, 23/50; low dose, 21/50; high dose, 24/50). Most of the unscheduled deaths in the high dose male group (33/38, 87%) occurred late in the study (week 82 or later) and may have been related to a high incidence of mononuclear cell leukemia. There were positive trends in the incidences of leukemia in male and female rats, and the incidences in the dosed males were greater than that in the control group by life table analysis (overall rates: control, 28/50; low dose, 37/50; high dose, 37/50).

Mononuclear cell leukemia develops spontaneously in F344 and Wistar Furth rats (Moloney and King, 1971; Moloney et al., 1969; Davey and Moloney, 1970) and has been estimated to be fatal within 2-6 weeks of onset (Stromberg and Vogtsberger, 1983). To determine if the increased incidence of leukemia in the dosed males may have contributed to the excess in unscheduled deaths among high dose males, the stage of the disease in all affected animals was determined microscopically. The diagnoses of mononuclear cell leukemia were classified as stage 1 (early stage of the disease), stage 2 (intermediate stage), or stage 3 (advanced and probably fatal) according to the criteria detailed in the Results section.

The results summarized in Table 25 show the comparative incidences of stage-3 mononuclear cell leukemia in rats that died before the scheduled termination of the studies and in rats that lived to the end of the study. The percentage of animals in each dose group with stage-3 mononuclear cell leukemia was consistently higher among animals that died early than among animals that lived to the end of the study. When overall unexplained deaths are considered, 11 more high dose males than controls died before the scheduled termination of the study. If advanced stage leukemias are discounted, there were only three more unexplained deaths in the high dose male group. These facts suggest a relationship between the incidence of mononuclear cell leukemia and the excess early deaths in the high dose male group.

Survival of Mice: Exposure to tetrachloroethylene at 100 or 200 ppm reduced survival of male mice and at 200 ppm reduced survival of

female mice. As in the rat studies, most of the early deaths in dosed mice occurred after week 82. Among males, the survival rate at week 82 was 50/50 in controls, 42/50 in the low dose group, and 42/50 in the high dose group; among females, it was 44/50 in the controls, 40/50 in the low dose group, and 42/50 in the high dose group. The survival of the chamber control male mice was unusually high; 46/50 lived to the termination of the study. The unscheduled deaths in dosed mice may have been influenced by the high incidence of hepatocellular carcinomas. There were dose-related increases in the incidences of this tumor among early death mice (male: control, 1/3, 33%; low dose, 17/24, 71%; high dose, 12/18, 67%; female: control, 0/12; low dose, 5/19, 26%; high dose, 20/31, 65%). Because of the small number of early deaths in the male mouse controls, hepatocellular neoplasms observed in dosed male mice dying before the end of the study were given relatively little weight by the incidental tumor test. Nevertheless, the increased incidences of hepatocellular neoplasms in dosed male and female mice were clear-cut, regardless of which statistical test was used in the data analysis (see Table 22).

Body Weight Gains in Rats and Mice: Body weight gains of dosed rats and mice were not consistently affected by exposure to tetrachloroethylene. Mean body weights for dosed rats were never more than 8% lower than those of the chamber controls.

Group	Animals That Died Before Week 104	Animals That Lived For 104 Weeks
MALE		
Control	15/27 (55%)	5/23 (22%)
200 ppm	21/30 (70%)	3/20 (15%)
400 ppm	23/38 (60%)	4/12 (33%)
FEMALE		
Control	7/27 (26%)	3/23 (13%)
200 ppm	15/29 (52%)	3/21 (14%)
400 ppm	19/26 (73%)	2/24 (8%)

TABLE 25. COMPARATIVE INCIDENCES OF STAGE-THREE MONONUCLEAR CELL LEUKEMIA IN
RATS IN THE TWO-YEAR INHALATION STUDIES OF TETRACHLOROETHYLENE (a)

(a) Number of animals with stage-3 mononuclear cell leukemia/number examined

Mononuclear Cell Leukemia in Rats: There were positive trends for the incidences of mononuclear cell leukemia in male and female rats exposed to tetrachloroethylene (male: control, 28/50; low dose, 37/50; high dose, 37/50; female: control, 18/50; low dose, 30/50; high dose, 29/50). The incidences of mononuclear cell leukemia in male and female control rats of these studies were greater than the mean historical chamber control incidences for inhalation studies at this laboratory (male: 117/250, 47%; female: 73/249, 29%) or for untreated controls from studies throughout the Program (male: 583/1,977, 29%; female: 375/2,021, 18%; Appendix F, Tables F1 and F7).

There is convincing evidence that these leukemias were related to many of the early deaths among both male and female rats exposed to tetrachloroethylene. Most leukemias were diagnosed as being in an advanced and probably fatal stage (see Table 12), and the incidences of these advanced neoplasms in animals that died early (between week 82 and 103) consistently exceeded the incidences observed in animals of the same dose groups that survived to the scheduled termination of the studies. Therefore, life table analyses are the appropriate statistical procedures for these lethal lesions, and these tests indicate increases in incidences of leukemia in male rats dosed with either 200 ppm (P=0.046) or 400 ppm (P=0.004). In females, life table analysis of overall leukemia rates revealed a significant increase in the 200-ppm group (P=0.023) and a marginal effect (P=0.053) in the 400-ppm group.

Mononuclear cell leukemia in exposed rats occurred at significantly increased incidences; the high incidences of stage-3 leukemia in both sexes and the earlier onset of the disease in dosed female rats prompted additional evaluation. The results summarized in Table 25 show that, although there were no tetrachloroethylene-related differences in the numbers of females that died before the scheduled termination of the study, there was a doserelated increase in the percent of females that died early and had stage-3 mononuclear cell leukemia (control, 26%; low dose, 52%; high dose, 73%). Because of this observation, a more appropriate statistical analysis was conducted, in which only the incidences of stage-3 mononuclear cell leukemia in rats were considered. The results of this analysis are shown in Table 26. This analysis revealed positive trends and significant increases in the incidences of stage-3 mononuclear cell leukemia in male and female rats exposed at 400 ppm tetrachloroethylene.

	Control	200 ppm	400 ppm
MALE	، يې		
Overall Rates	20/50 (40%)	24/50 (48%)	27/50 (54%)
Adjusted Rates	48.9%	54.8%	69.7%
Terminal Rates	5/23 (22%)	3/20 (15%)	4/12 (33%)
Trend Test	P = 0.024		
Pairwise Comparison		P = 0.181	P = 0.022
FEMALE			
Overall Rates	10/50 (20%)	18/50 (36%)	21/50 (42%)
Adjusted Rates	30.7%	46.1%	47.1%
Ferminal Rates	3/23 (13%)	3/21 (14%)	2/24 (8%)
Frend Test	P = 0.027	-	
Pairwise Comparison		P = 0.065	P = 0.029

TABLE 26. LIFE TABLE ANALYSIS OF THE INCIDENCES OF STAGE-THREE MONONUCLEAR CELLLEUKEMIA IN RATS IN THE TWO-YEAR INHALATION STUDIES OF TETRACHLOROETHYLENE

Examination of the time to diagnosis of stage-3 mononuclear cell leukemia in female rats also indicates a significant effect of tetrachloroethylene (Table 27). The results in Table 27 show no remarkable differences in the number of deaths among the female rats in the three groups between weeks 80 and 103. There was, however, a dose-related increase in the numbers of animals that died with stage-3 mononuclear cell leukemia. The initial stage-3 mononuclear cell leukemia in control rats was diagnosed in an animal that died during week 96 (when the 15th death among control females occurred). At week 96, there were eight advanced leukemias among 18 early death animals in the 400-ppm group. The first diagnoses of advanced leukemia in dosed animals were made during weeks 60 (200ppm group) and 76 (400-ppm group). These results indicate that mononuclear cell leukemia, a spontaneously occurring neoplasm in F344/N rats, developed earlier in females that were exposed at 200 or 400 ppm tetrachloroethylene by inhalation. This observation is confirmed by the Kaplan-Meier curve for stage-3 mononuclear cell leukemia in female rats (Figure 5). The Kaplan-Meier curve for stage-3 mononuclear cell leukemia in male rats shows a less pronounced effect.

Kidney Effects in Rats: The nephropathy normally observed in aging F344/N rats was observed in the animals in these studies. In addition, both sexes exhibited renal tubular cell karyomegaly (male: control, 1/49; low dose, 37/49; high dose, 47/50; female: control, 0/50; low dose, 8/49; high dose, 20/50). In males, renal tubular cell hyperplasia was also observed (control, 0/49; high dose, 3/49; low dose, 5/50). A single high dose female also had renal tubular cell hyperplasia. The effect is not unique to F344/N rats, as it has been observed in male and female rats of the Osborne-Mendel, August, Sprague-Dawley, ACI, and Marshall strains exposed to chlorinated ethylenes (NTP, unpublished results).

In the present studies, in addition to the renal tubular cell karyomegaly and hyperplasia, renal tubular cell adenomas and adenocarcinomas were detected in male rats. The combined incidences of the neoplasms were 1/49 for controls, 3/49 for the low dose group, and 4/49 for the high dose group. No renal tubular cell tumors were detected in female rats. The incidences of these neoplasms in male rats were not statistically significant (P > 0.05). However, the induction of these lesions in rats, like the nonproliferative lesions described above, are characteristic effects of the long-term administration of chlorinated ethanes and ethylenes. NTP has noted them in gavage studies of pentachloroethane (Mennear et al., 1982), trichloroethylene (in five strains of rats), and tetrachloroethylene (in five strains of rats).

Because these lesions appeared consistently in dosed animals but not in controls in the present studies and are considered uncommon tumors (historical incidence for chamber controls at this laboratory, 1/249, 0.4%; overall historical incidence for untreated controls in the Program, 4/1,968, 0.2%; Table F4), they are considered to be caused by exposure to tetrachloroethylene.

TABLE 27. CUMULATIVE INCIDENCES OF MONONUCLEAR CELL LEUKEMIA IN FEMALE RATS IN
THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE

		Week on Study					
	80	85	90	96	103		
Control	(a) 0/3	0/7	0/12	1/15	7/27		
200 ppm	3/5	6/9	7/12	8/17	15/29		
400 ppm	3/6	5/9	9/14	13/18	19/26		

(a) Number of animals with stage-3 mononuclear cell leukemia/number of animals that died up to the week indicated



FIGURE 5. KAPLAN-MEIER CURVES FOR STAGE-THREE LEUKEMIA INCIDENCE IN RATS EXPOSED TO TETRACHLOROETHYLENE BY INHALATION FOR TWO YEARS

Both the nonproliferative and proliferative changes produced by tetrachloroethylene are similar to the renal lesions described in male rats exposed to petroleum products (Mehlman et al., 1984). There are also important differences between the renal lesions produced by petroleum products and by chlorinated ethanes and ethylenes. The changes produced by petroleum products appear only in male rats. In contrast, tetrachloroethylene-induced karyomegaly appears in both sexes of rats and mice. The petroleum product-induced lesion in male rats in subchronic studies features the presence of hyaline droplets, but this change was not found in either rats or mice in the tetrachloroethylene studies. The proliferative changes induced by petroleum products appear only in male rats, whereas proliferative changes were found in both male and female rats dosed with trichloroethylene (NTP, 1987, in preparation). Therefore, although the renal changes produced by petroleum products and chlorinated ethanes and ethylenes may be similar, certain subtle differences argue against classifying them as the same lesion.

Respiratory Tract Effects in Rats: The nasal cavities of both sexes of rats were observed to have dose-related increases in the incidences of thromboses and squamous metaplasia. The nasal thromboses are believed to be secondary to mononuclear cell leukemia. In the present study, only 2 of the 59 animals that had nasal thrombi did not have mononuclear cell leukemia (one control male and one low dose female). There were no neoplastic changes in the respiratory tracts of rats.

Other Findings in Rats: Four high dose male, two high dose female, one control male, and one control female rat exhibited gliomas of the brain. The incidence of this tumor in the male high dose group is above the control incidence at this laboratory (2/247, 0.8%) or in the overall Program (6/1,971, 0.3%). Unlike the kidney lesions described above, compound-related brain tumors have never been observed in earlier NTP studies of tetrachloroethylene, trichloroethylene, or pentachloroethane. The incidences of these tumors in the high dose groups in these studies were not statistically significant, and gliomas were observed in the control groups; for these reasons, the gliomas are not considered to be tetrachloroethylene-induced neoplasms.

The incidence of testicular interstitial cell tumors in male rats was increased relative to the control incidence. This tumor is common in aging male F344/N rats, and the incidences in both dosed groups are similar to the overall incidence in the Program (1,729/1,949, 89%). Also, when interstitial cell hyperplasia is combined with interstitial cell tumors, the magnitude of the apparent effect is diminished (control, 40/50; low dose, 45/49; high dose, 45/50). Therefore, although the incidences in dosed rats exceed both concurrent controls and the historical control rate for this laboratory (175/249, 70%), the marginal increase is not considered to be related to tetrachloroethylene exposure.

Liver Effects in Mice: In male mice, exposure to tetrachloroethylene caused increased incidences of hepatic degeneration (control, 2/49; low dose, 8/49; high dose, 14/50), hepatic necrosis (1/49); 6/49; 15/50), and hepatic nuclear inclusion (2/49; 5/49; 9/50). Tetrachloroethylene increased the incidences of these lesions in female mice also (hepatic degeneration: 1/49; 2/50; 13/50; necrosis: 3/49; 5/50; 9/50; nuclear inclusion: 0/49; 1/50: 2/50). In addition, tetrachloroethylene at both concentrations increased the incidences of hepatocellular neoplasms in males and females (adenomas or carcinomas combined: male--17/49; 31/49; 41/50; female--4/48; 17/50; 38/50). In male mice, hepatocellular carcinomas metastasized to the lungs in 2/49 of the controls, 7/49of the low dose group, and 1/50 of the high dose group. One hepatocellular carcinoma metastasized to the pulmonary artery in a low dose male mouse. Metastatic hepatocellular carcinomas were also found in the lungs of 0/48 of the female controls, 2/50 of the low dose female mice, and 7/50 of the high dose female mice.

Kidney Effects in Mice: Renal tubular cell karyomegaly was found in both male and female mice in dose-related incidences (male: control, 4/49; low dose, 17/49; high dose, 46/50; female: control, 0/48; low dose, 16/49; high dose, 38/50). This change is identical to that noted during the 13-week studies and in the 2-year rat studies. It was not, however, accompanied by proliferative changes (such as tubular epithelial cell hyperplasia) as it was in rats. One of 49 low dose male mice exhibited a renal tubular cell adenocarcinoma.

Pulmonary Effects in Mice: Acute passive congestion was diagnosed in 10%-20% of dosed males and females and in 2% of the chamber controls, but there were no increases in the incidences of proliferative lesions of the respiratory system in mice.

Tetrachloroethylene produced significant increases in neoplasia in both rats and mice and dose-related incidences of biologically significant nonneoplastic lesions in two of the three organs in which tumors were detected (male rat kidney [see p. 59] and male and female mouse liver [*above*]). In contrast, tetrachloroethylene was not genotoxic in four strains of Salmonella, in L5178Y/TK^{+/-} mouse lymphoma cells, or in Drosophila (Appendix G).

The experimental and tabulated data for the NTP Technical Report on tetrachloroethylene

were examined for accuracy, consistency, and compliance with Good Laboratory Practice requirements. As summarized in Appendix L, the audit revealed no major problems with the conduct of the studies or with the collection and documentation of the experimental data. No discrepancies were found that influenced the final interpretation of the results of these studies.

Conclusions: Under the conditions of these 2year inhalation studies, there was clear evidence of carcinogenicity* of tetrachloroethylene for male F344/N rats as shown by an increased incidence of mononuclear cell leukemia and uncommon renal tubular cell neoplasms. There was some evidence of carcinogenicity of tetrachloroethylene for female F344/N rats as shown by increased incidences of mononuclear cell leukemia. There was clear evidence of carcinogenicity for B6C3F₁ mice as shown by increased incidences of both hepatocellular adenomas and carcinomas in males and of hepatocellular carcinomas in females.

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

A summary of the Peer Review comments and the public discussion on this Technical Report appears on pages 14-15.

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Tetrachloroethylene, NTP TR 311

APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS IN THE TWO-YEAR INHALATION STUDIES OF TETRACHLOROETHYLENE

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEARINHALATION STUDY OF TETRACHLOROETHYLENE

COL	NTROI	(CHAMBER)	LOW	DOSE	HIG	h dose
ANIMALS INITIALLY IN STUDY	50		50		50	·····
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALLY	50		50		50	
INTEGUMENTARY SYSTEM			·			
*Skin	(50)		(50)		(50)	
Squamous cell papilloma	2	(4%)	1	(2%)		
Squamous cell carcinoma	1	(2%)				
Basal cell tumor					1	(2%)
Basal cell carcinoma					1	(2%)
Keratoacanthoma		(6%)		(2%)		
*Subcutaneous tissue	(50)		(50)		(50)	
Fibroma	3	(6%)		(2%)	4	(8%)
Fibrosarcoma			1	(2%)		
Neurilemoma, malignant	1	(2%)				
RESPIRATORY SYSTEM						
#Lung	(50)		(47)		(50)	
Hepatocellular carcinoma, metastatic			-	(2%)		
Alveolar/bronchiolar adenoma	1	(2%)		(2%)	2	(4%)
Alveolar/bronchiolar carcinoma				(2%)		
Nephroblastoma, metastatic			1	(2%)		
HEMATOPOIETIC SYSTEM						
*Multiple organs	(50)		(50)		(50)	
Leukemia, mononuclear cell	27	(54%)	36	(72%)	37	(74%)
#Spleen	(50)		(50)		(49)	
Leukemia, mononuclear cell				(2%)		
#Liver	(50)		(50)		(49)	
Leukemia, mononuclear cell	1	(2%)				
CIRCULATORY SYSTEM						
#Kidney	(49)		(49)		(50)	
Hemangioma	1	(2%)				
DIGESTIVE SYSTEM	···					
*Mouth	(50)		(50)		(50)	
Squamous cell papilloma	1	(2%)				(2%)
Squamous cell carcinoma					1	(2%)
*Tongue	(50)		(50)		(50)	
Squamous cell papilloma				(2%)		(2%)
#Liver	(50)		(50)		(49)	
Neoplastic nodule	4	(8%)		(14%)		(8%)
Hepatocellular carcinoma	(10)			(2%)		(2%)
#Jejunum	(42)		(47)	(90)	(47)	
Leiomyoma			1	(2%)		
IRINARY SYSTEM						
#Kidney	(49)		(49)		(50)	
Tubular cell adenoma		(2%)		(6%)		(4%)
Tubular cell adenocarcinoma						(4%)
Lipoma				(2%)		
Nephroblastoma				(2%)		
#Urinary bladder Transitional cell papilloma	(46)	(0~)	(48)		(48)	
	1	(2%)				
	CONTROL	(CHAMBER)	LOW	DOSE	HIG	H DOSE
--------------------------------	------------------	-----------	---------	--------	-------	--------
ENDOCRINE SYSTEM					·····	
#Anterior pituitary	(47)		(47)		(48)	
Carcinoma, NOS		(6%)		(4%)	2	(4%)
Adenoma, NOS		(36%)	12	(26%)	16	(33%)
#Adrenal	(49)	(,	(49)		(49)	
Cortical adenoma	,	(2%)	(/			
#Adrenal medulla	(49)		(49)		(49)	
Pheochromocytoma	22	(45%)	21	(43%)	23	(47%)
Pheochromocytoma, malignant					1	(2%)
#Thyroid	(47)		(48)		(46)	
Follicular cell carcinoma					1	(2%)
C-cell adenoma	3	(6%)		(6%)	4	(9%)
C-cell carcinoma	4	(9%)	6	(13%)		
#Parathyroid	(39)		(35)		(34)	
Adenoma, NOS					2	(6%)
#Pancreatic islets	(43)		(46)		(46)	
Islet cell adenoma	3	(7%)	2	(4%)	1	(2%)
REPRODUCTIVE SYSTEM						
*Mammary gland	(50)		(50)		(50)	
Fibroadenoma		(2%)	(00)		(30)	
*Preputial gland	(50)	(2,10)	(50)		(50)	
Carcinoma, NOS		(4%)		(4%)		(6%)
Adenoma, NOS		(2%)		(6%)		(6%)
#Testis	(50)	(2,0)	(49)	(0,0)	(50)	(0,0)
Adenocarcinoma, NOS		(2%)	(10)		(00)	
Interstitial cell tumor		(70%)	39	(80%)	41	(82%)
*Epididymis	(50)	(10,0)	(50)		(50)	
Adenocarcinoma, NOS	(00)		(00)			(2%)
						(2.0)
NERVOUS SYSTEM						
#Brain	(50)	(27)	(50)		(50)	(0.01)
Carcinoma, NOS, invasive		(2%)				(2%)
Glioma, NOS		(2%)			4	(8%)
SPECIAL SENSE ORGANS						
*Eyelid	(50)		(50)		(50)	
Sebaceous adenocarcinoma		(2%)				
*Zymbal gland	(50)		(50)		(50)	
Carcinoma, NOS			_	(0.01)	1	(2%)
Adenoma, NOS			1	(2%)		
MUSCULOSKELETAL SYSTEM None						
BODY CAVITIES	<u></u>	<u></u>	<u></u>			
*Peritoneal cavity	(50)		(50)		(50)	
Leiomyosarcoma		(2%)	(30)		(50)	
*Tunica vaginalis	(50)	(470)	(50)		(50)	
Mesothelioma, NOS	x = - + +	(2%)		(2%)		(4%)
			1	(270)		
Mesothelioma, malignant	1	(2%)			T	(2%)

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE (Continued)

	CONTROL (CHAMBER)	LOW DOSE	HIGH DOSE
ALL OTHER SYSTEMS			
*Multiple organs	(50)	(50)	(50)
Tubular cell adenocarcinoma, invasive			1 (2%)
Chordoma	1 (2%)		
Foot			
Sebaceous adenoma		1	
ANIMAL DISPOSITION SUMMARY			
Animals initially in study	50	50	50
Natural death	9	5	3
Moribund sacrifice	18	26	36
Terminal sacrifice	23	19	11
TUMOR SUMMARY			
Total animals with primary tumors**	50	48	50
Total primary tumors	146	151	163
Total animals with benign tumors	45	42	47
Total benign tumors	96	92	101
Total animals with malignant tumors	36	41	42
Total malignant tumors	45	51	56
Total animals with secondary tumors##	1	2	2
Total secondary tumors	1	2	2
Total animals with tumors uncertain			
benign or malignant	4	7	5
Total uncertain tumors	5	8	6

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE (Continued)

* Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically.
 ** Primary tumors: all tumors except secondary tumors
 # Number of animals examined microscopically at this site
 ## Secondary tumors: metastatic tumors or tumors invasive into an adjacent organ

TABLE A2.	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEAR
	INHALATION STUDY OF TETRACHLOROETHYLENE

	CONTROL	(CHAMBER)	LOW	DOSE	HIGI	H DOSE
ANIMALS INITIALLY IN STUDY	50	······································	50	<u></u>	50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICA	LLY 50		50		50	
NTEGUMENTARY SYSTEM						
*Skin	(50)		(50)		(50)	
Squamous cell papilloma	1	(2%)	1	(2%)		(2%)
Keratoacanthoma			1	(2%)		
*Subcutaneous tissue	(50)		(50)		(50)	
Sarcoma, NOS	1	(2%)				
Neurilemoma, malignant	1	(2%)				
RESPIRATORY SYSTEM						
#Lung	(50)		(49)		(49)	
Alveolar/bronchiolar adenoma					1	(2%)
Alveolar/bronchiolar carcinoma	1	(2%)				
C-cell carcinoma, metastatic			1	(2%)		
HEMATOPOIETIC SYSTEM						
*Multiple organs	(50)		(50)		(50)	
Leukemia, mononuclear cell	18	(36%)	29	(58%)		(56%)
#Spleen	(50)		(49)		(49)	
Leukemia, mononuclear cell			1	(2%)	1	(2%)
CIRCULATORY SYSTEM None		······································				
DIGESTIVE SYSTEM *Mouth	(50)		(50)		(50)	
Squamous cell papilloma	(00)		(00)			(2%)
bquamous cen papinoma					-	(4/0)
	(50)		(50)		(50)	
*Tongue	(50)		(50)		(50)	(2%)
*Tongue Squamous cell carcinoma					1	(2%)
*Tongue	(50)	(4%)	(50) (50)		1 (49)	(2%) (4%)
*Tongue Squamous cell carcinoma #Liver	(50)	(4%)			1 (49)	
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule	(50)	(4%)			1 (49)	
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule 	(50) 2	(4%)	(50)	<u> </u>	(49) 2 (46)	
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule 	(50) 2	(4%)	(50)		(49) 2 (46) 1	(4%)
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule URINARY SYSTEM #Urinary bladder Transitional cell papilloma Granular cell tumor, malignant ENDOCRINE SYSTEM	(50) 2 (47)	(4%)	(50)		(46) 1 1	(4%)
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule JRINARY SYSTEM #Urinary bladder Transitional cell papilloma Granular cell tumor, malignant ENDOCRINE SYSTEM #Pituitary intermedia	(50) 2	(4%)	(50)		(49) 2 (46) 1	(4%)
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule URINARY SYSTEM #Urinary bladder Transitional cell papilloma Granular cell tumor, malignant ENDOCRINE SYSTEM #Pituitary intermedia Carcinoma, NOS	(50) 2 (47) (50)	(4%)	(50)		(46) 1 1	(4%)
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule JRINARY SYSTEM #Urinary bladder Transitional cell papilloma Granular cell tumor, malignant ENDOCRINE SYSTEM #Pituitary intermedia Carcinoma, NOS Adenoma, NOS	(50) 2 (47) (50) 1		(50) (44) (48)		(46) (46) 1 1 (50)	(4%)
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule URINARY SYSTEM #Urinary bladder Transitional cell papilloma Granular cell tumor, malignant ENDOCRINE SYSTEM #Pituitary intermedia Carcinoma, NOS Adenoma, NOS #Anterior pituitary	(50) 2 (47) (50) 1 1 (50)	(2%) (2%)	(50) (44) (48) (48)		(46) (46) 1 1 (50) (50)	(4%) (2%) (2%)
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule URINARY SYSTEM #Urinary bladder Transitional cell papilloma Granular cell tumor, malignant ENDOCRINE SYSTEM #Pituitary intermedia Carcinoma, NOS Adenoma, NOS #Anterior pituitary Carcinoma, NOS	(50) 2 (47) (50) 1 1 (50)	(2%)	(50) (44) (48) (48)	(4%)	(46) (46) 1 1 (50) (50) 3	(4%) (2%) (2%)
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule URINARY SYSTEM #Urinary bladder Transitional cell papilloma Granular cell tumor, malignant ENDOCRINE SYSTEM #Pituitary intermedia Carcinoma, NOS Adenoma, NOS #Anterior pituitary Carcinoma, NOS Adenoma, NOS Adenoma, NOS	(50) 2 (47) (50) 1 1 (50) 4 19	(2%) (2%)	(50) (44) (48) (48) 2 21	(4%) (44%)	(46) (46) 1 (50) (50) (50) 3 20	(4%) (2%) (2%)
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule URINARY SYSTEM #Urinary bladder Transitional cell papilloma Granular cell tumor, malignant ENDOCRINE SYSTEM #Pituitary intermedia Carcinoma, NOS Adenoma, NOS #Anterior pituitary Carcinoma, NOS Adenoma, NOS Adenoma, NOS Adenoma, NOS	(50) 2 (47) (50) 1 1 (50) 4 19 (50)	(2%) (2%) (8%) (38%)	(50) (44) (48) (48) 2 21 (49)	(44%)	(46) (46) 1 (50) (50) (50) 3 20 (47)	(4%) (2%) (2%) (6%) (40%)
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule URINARY SYSTEM #Urinary bladder Transitional cell papilloma Granular cell tumor, malignant ENDOCRINE SYSTEM #Pituitary intermedia Carcinoma, NOS Adenoma, NOS #Anterior pituitary Carcinoma, NOS Adenoma, NOS Adenoma, NOS Adenoma, NOS	(50) 2 (47) (50) 1 1 (50) 2	(2%) (2%) (8%)	(50) (44) (48) (48) 2 21 (49) 1		(46) (46) 1 (50) (50) (50) (50) 3 20 (47) 2	(4%) (2%) (2%)
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule URINARY SYSTEM #Urinary bladder Transitional cell papilloma Granular cell tumor, malignant ENDOCRINE SYSTEM #Pituitary intermedia Carcinoma, NOS Adenoma, NOS #Anterior pituitary Carcinoma, NOS Adenoma, NOS #Anterior pituitary Carcinoma, NOS Adenoma, NOS #Adrenal Cortical adenoma #Adrenal medulla	(50) 2 (47) (50) 1 1 (50) 4 19 (50) 2 (50)	(2%) (2%) (8%) (38%) (4%)	(50) (44) (48) (48) 2 21 (49)	(44%)	(46) (46) (46) (50) (50) (50) (47) (47) (47) (47) (47) (47) (47) (47	(4%) (2%) (2%) (6%) (40%) (4%)
*Tongue Squamous cell carcinoma #Liver Neoplastic nodule URINARY SYSTEM #Urinary bladder Transitional cell papilloma Granular cell tumor, malignant ENDOCRINE SYSTEM #Pituitary intermedia Carcinoma, NOS Adenoma, NOS #Anterior pituitary Carcinoma, NOS Adenoma, NOS #Anterior pituitary Carcinoma, NOS Adenoma, NOS	(50) 2 (47) (50) 1 1 (50) 4 19 (50) 2 (50)	(2%) (2%) (8%) (38%)	(50) (44) (48) (48) 2 21 (49) 1	(44%)	$(46) \\ (46) \\ 1 \\ 1 \\ (50) \\ (50) \\ (50) \\ 3 \\ 20 \\ (47) \\ 2 \\ (47) \\ 2 \\ (47) \\ 2 \\ (47) \\ 2 \\ (47) \\ 2 \\ (47) \\ 2 \\ (47) \\ 2 \\ (47)$	(4%) (2%) (2%) (6%) (40%)

	CONTROL	(CHAMBER)	LOW	DOSE	HIG	h dose
ENDOCRINE SYSTEM (Continued)						
#Thyroid	(46)		(48)		(46)	
Follicular cell adenoma	(40)		(40)		,	(2%)
C-cell adenoma	3	(7%)	1	(2%)		(2%)
C-cell carcinoma	-	(2%)		(8%)		(2%)
#Parathyroid	(27)	(210)	(27)	(0,0)	(34)	
Adenoma, NOS	(21)		(21)			(3%)
#Pancreatic islets	(50)		(47)		(46)	(0 , 0)
Islet cell adenoma		(2%)	(=1)		· · ·	(2%)
Islet cell carcinoma		(2%)			1	(2,0)
REPRODUCTIVE SYSTEM						
*Mammary gland	(50)		(50)		(50)	
Adenoma, NOS	(00)		(00)			(2%)
Adenocarcinoma, NOS	9	(4%)	9	(4%)	1	(270)
Fibroadenoma		(4%) (14%)		(4%)	c	(12%)
*Clitoral gland	(50)	(1470)	(50)	(070)	(50)	(1270)
Carcinoma, NOS		(10)		(6%)		(4%)
Adenoma, NOS		(4%) (6%)		(0%) (2%)		(4%) (4%)
#Uterus	(49)	(0%)	(49)	(470)	(50)	(4270)
Fibroma	• • •	(901)	(49)		(50)	
Leiomyosarcoma	1	(2%)	1	(2%)		
Endometrial stromal polyp	r	(10%)		(2%) (14%)		(14%)
Endometrial stromal sarcoma	5	(10%)		(14%)		(14%) (2%)
#Uterus/endometrium	(49)		(49)	(4170)	(50)	(270)
Deciduoma	(43)			(2%)	(30)	
				(2 /0)		
NERVOUS SYSTEM	·= * ·		(=			
#Brain	(50)		(50)		(50)	
Carcinoma, NOS, invasive		(00)	2	(4%)	•	(10)
Glioma, NOS	1	(2%)			2	(4%)
SPECIAL SENSE ORGANS						
*Eyelid	(50)		(50)		(50)	
Neurofibroma		(2%)				
*Zymbal gland	(50)		(50)		(50)	
Carcinoma, NOS				<u> </u>	1	(2%)
MUSCULOSKELETAL SYSTEM						
*Mandible	(50)		(50)		(50)	
Odontoma, NOS	1	(2%)				
BODY CAVITIES						
*Mediastinum	(50)		(50)		(50)	
Alveolar/bronchiolar carcinoma, invasive	1	(2%)				
*Peritoneal cavity	(50)		(50)		(50)	
Granular cell tumor, invasive					1	(2%)
ALL OTHER SYSTEMS						
Tail						
Neurofibrosarcoma	1					

TABLE A2. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE (Continued)

	CONTROL (CHAMBER)	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY			
Animals initially in study	50	50	50
Natural death	6	5	5
Moribund sacrifice	21	24	21
Terminal sacrifice	23	21	24
TUMOR SUMMARY			
Total animals with primary tumors**	42	45	45
Total primary tumors	82	81	94
Total animals with benign tumors	32	30	32
Total benign tumors	45	37	50
Total animals with malignant tumors	30	39	38
Total malignant tumors	34	44	42
Total animals with secondary tumors##	1	3	1
Total secondary tumors	1	3	1
Total animals with tumors uncertain-			
benign or malignant	3		2
Total uncertain tumors	3		2

TABLE A2. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE (Continued)

* Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically. ** Primary tumors: all tumors except secondary tumors

Number of animals examined microscopically at this site ## Secondary tumors: metastatic tumors or tumors invasive into an adjacent organ

					_										_	_				_	_		_		_	
ANIMAL NUMBER		0 1 6	0 3 0	44	0 1 2	0 9 9	0 4 5	0 2 0	0 2 3	0 0 1	0 4 2	040	0 4 7	0 3 2	0 1 8	0 3 9	0 3 7	0 2 9	0 4 6	0 0 2	0 0 3	0 2 5	0 2 8	0 4 8	0 4 9	0 1 3
WEEKSON STUDY		0 6 6	0 6 9	0 8 4	0 8 5	0 8 7	0 8 7	0 8 9	0 8 9) 9 0	0 9 1	0 9 3	0 9 5	0 9 6	0 9 7	0 9 7	0 9 8	0 9 9	0 9 9	1 0 0	1 0 0	1 0 0	1 0 2	1 0 2	1 0 2	1 0 3
INTEGUMENTARY SYSTEM	-	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	- +
Squamous cell papilloma Squamous cell carcinoma Keratoscanthoma Subcutaneous tissue		-		-	-	-	-	-	x	•	-	_	X	-	-					-		-		x	-	
Fibroma Neurilemoma, malignant		Ŧ	Ť	Ŧ	Ŧ	Ŧ	Ŧ	Ŧ	-	Ŧ	Ī	Ť	Ŧ	Ŧ	x	•	x	Ť	Ŧ	Ŧ	Ŧ	x	Ŧ	Ŧ	x	Ť
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Trachea HEMATOPOIETIC SYSTEM	-	+	+	+	+	+	+	+	+	+	_	+	+	+	+	-	+	+	+	+	+	+	+	+	+	_
Bone marrow Spieen		+ +	+++	+ +	+++	+++	+++	+	+ +	+ +	++	+++	+++	++	+++	-	+++	+++	+++	+++	++	+++	++	+++	+++	+++++
Lymph nodes Thymus		+	+++	+	++	+ -	++	2	++	++	++	++	-	+ -	+ -	-	+ -	++	++	++	+	+ +	++	++	+++	++
CIRCULATORY SYSTEM Heart	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity	-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	 N
Squamous ceil papulloma Salivary gland		+	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	+	+	+	+	-	+	+	+	+	+
Liver Neoplastic nodule Leukemia, mononuclear celi		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Bile duct Gelibladder & common bile duct Pancreas		+ N +	+ N +	+ N	n N	+ N +	+ N +	+ N	+ N +	+ N +	+ N +	+ N +	+ N +	+ N +	, N	+ N	+ N +	+ N +	+ N +	+ N +	+ N +	+ N +	+ × +	+ N +	+ N +	+ × +
Esophagus Stomach		+ + +	+++	÷	+++	÷	+++	+	+++	+++	+++	+++	++++	÷	-++	-++	+++	+++	+++	+++	+++	+++	++++	+++	++++	++++
Small intestine Large intestine		-	+	÷	++	2	+	-	+++	+++	++	-	-	-	+++++++++++++++++++++++++++++++++++++++	-	++	+++	++	+++	++	+++	++	++	+++	+++++++++++++++++++++++++++++++++++++++
URINARY SYSTEM Kidney	- -	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Tubular cell adenoma Hemangnoma Urinary bladder Tranaitional cell papilloma		+	+	+	+	-	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	X +	+
ENDOCRINE SYSTEM Pitutary	-	+	+		+	_	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS Adenoma, NOS Adrenai		+	+	+	+	_	+	+	+	X +	X	X	+	+	+	X	+	+	×	X +	X +	x	x	x +	X +	X +
Cortical adenoma Pheochromocytoma									x			x		x	x	x		x			x		x	x		
Thyroid C-ceil adenoma C-ceil carcinoma		-	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	*	-	+	+	+	+	+	+	+ x
Parathyroid Pancreatic islets Islet cell adenoma		÷	+	Ξ	=	++	+ +	+ -	Ŧ	+++	+ +	+ +	+++	+ +	+	+	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	^+ +
REPRODUCTIVE SYSTEM	-		N	+		N	N	M	+	N		N						N		 د	N	N		N		 N
Mammary giand Fibroadenoma Testia		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	а +	+	+	+
Adenocarcinoma, NOS Interstitial cell tumor			x	x	x			x			x		x		x	x	x	x							x	
Prostate Preputal/clitoral gland Carcinoma, NOS Adenoma, NOS		+ N	+ N	н М	+ N	+ N	n N	ч Ч	n N	+ N	+ N	'n	+ N	+ N	N	+ N	'n	+ N	+ N	* N	N	+ N	+ N	+ N	+ N	+ N
NERVOUS SYSTEM	- -																						_			
Brain Carcinoma, NOS, invasive Glioma, NOS		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Eye appendages Sebacsous adenocarcinoma		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	۷	N	N	N
BODY CAVITIES Peritoneum	- -	N	N	N	N	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	 v
Leiomyoearcoma Tunica vaginalis Mesothelioma, NOS		+	+	+	+	+	+	X +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mesothehoma, malignant ALL OTHER SYSTEMS	- -		<u>х</u>																							
Multiple organs, NOS Chordoma			N																		N X				N	
Leukemia, mononuclear ceil	_ L	<u>х</u>		X	X	X	X		X	X		X		X	X	X	X	X	X			х 				х —

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE: CHAMBER CONTROL

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Tussue Examined Microscopically Required Tissue Not Examined Microscopically Tumor Incidence Necrospy, No Autolysis, No Microscopic Examination Animal Missezed - XN S

No Tissue Information Submitted Necropey, No Histology Due To Protocol Autolysus Animal Missing No Necropey Performed С

Ă M B

Tetrachloroethylene, NTP TR 311

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ANIMAL NUMBER	0 2 6	0 3 8	004	0 0 5	006	0 0 7	0 0 8	0 1 0	0 1 1	0	0 1 5	0 1 7	0 1 9	0 2 1	0 2 2	0 2 4	0 2 7	0 3 1	0 3 3	0 3 4	0 3 5	0 3 6	0 4 1		0 5 0	TOTAL.
WEEKSON STUDY	1 0 31	1 0 3	104	104	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	104	1 0 4	1 0 4	1 0 4	104	104	1 0 4	104	104	1 0 4	1 0 4	1	1 0 4	TISSUES TUMORS
INTEGUMENTARY SYSTEM Skin			-		_	-	-		<u> </u>							-				<u> </u>		_				•50
Squamous cell papilloma Squamous cell carcinoma Kerstoacanthoma Subcutaneous tissue Fibroma Neurilemoma, maismant	X +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	× +	+	+	+	X +	+	+	+	2 1 3 •50 3 1
RESPIRATORY SYSTEM Lungs and bronchi Alveois/bronchiolar adenoma Traches	+	++	++	++	++	+++	+ +	++	+ +	++	+	+++	++	++	++	+	+++	++	+ +	* *	++	++	+++	++	+	50 1 48
HEMATOPOIETIC SYSTEM Bone marrow Spieen Lymph nodes Thymus	++++	++++	++++	++++	++++	++++	++++	++++	-+++	+++ -	++++	++++	+++-	+++-	++++	++ -+	++++	++++	++++	++++	++++	++++	+++ -	+++-	++++	48 50 46 35
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Oral cavity Squamous cell papilloms Salivary gland Liver	N + +	N ++	N ++	н ++	N ++	N ++	N ++	N ++	N ++	N ++	N ++	N ++	N ++	N ++	N ++	и ++	N ++	N ++	N ++	N ++	N +	и + +	N ++	N ++	N ++	*50 1 48 50
Neoplartic nodule Leufemia, mononuclear cell Bile duct Gelibladder & common bile duct Pancreas	+ N	+ N +	+ X +	+ X +	+ N +	+ X +	+ 7 +	+ X +	X +N+	+ N +	+ X +	+ Z +	+ X +	+ N +	X + N +	+ N +	+ 7 +	X + N +	+ Z +	X + N +	+ z +	X +N+	+ 7 +	+ Z +	+ N +	4 1 50 •50 43
Esophagus Stomach Small intestine Large intestine	++++	+++	++++	++++	++++	++++	++++	++++	++++	++++	++++	++++	++++	-+++	++++	++++	++++	++++	++++	++++	++++	++++	++++	++++	++++	48 48 42 41
URINARY SYSTEM Kidney Tubular cell adenoma Hemangtoma Unnary bladder Transvenster i newlenn	+	+	+	+	+	+	+	+	+	+	+	++	+	++	+	+	+ + x	+	+	* *	+	+	+	++	++	49 1 1 46
Transitional cell papilloma ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adenoma, NOS	*	+	+	+	+	+	+	+ *	+	+	+	+	+	+	+	+ +	^ + *	+	+	+ ¥	+	+	+	+	+	47 3 17
Adrenai Cortical adenoma Pheochromocytoma Thyroid C-cell adenoma	+ X +	+ +	+ X +	+	* * *	+ X +	++	+	+ X +	* * * *	+ X +	+ +	+	+ X +	+ X +	++	(+ x + x	+ x x +	+ X +	+	+	+ X +	+ +	+ * * X	+	49 1 22 47 3
C-cell carcinoma Parathyroid Pancreatic islets Islet cell adenoma	-	+	+ + x	++	X + -	X + +	+++	+ +	- +	+	+ +	+ + * X	+++	+++	+ +	++	+ +	++	++	X + + X	++	+++	+ +	+	+	4 39 43 3
REPRODUCTIVE SYSTEM Mammary gland Fibroadenoma Testis Adenocarcinoma, NOS	+ +	N +	++	N + X	N +	++	++	N +	+ +	+	N +	+	+ +	N +	N +	* X *	+ +	+ +	N +	* +	N +	N +	N +	N +	+++	*50 1 50
Interstitial cell tumor Prostate Preputal/clitoral gland Carcinoma, NOS Adenoma, NOS	+ N X	+	X + N	X +	+	+	X + N	+	X + N	+ N	+	X N	+	ч+ К	+	+	+	+	+	+	+	X + N	+	+	+	35 47 •50 2 1
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive Glioma, NOS	+	+	+	+	+	+	+	+	+	+	+ x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1 1
SPECIAL SENSE ORGANS Eye appendages Sebaceous adenocarcinoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	*50 1
BODY CAVITIES Peritoneum Leiomyosarcoma Tunics vaginalis Vesothelioma, NOS Mesothelioma, malignant	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N + X	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	*50 1 *50 1 1
ALL OTHER SYSTEMS Vultiple organs, NOS Chordoma Leukemia, mononuclear cell			N X			N	N	N	N	N	N	N	N	N X	N	N	N	N X	N	N	N	N X	N X		N	*50 1 27

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: CHAMBER CONTROL (Continued)

* Animals Necropered

ANIMAL NUMBER	0 3 9	0 1 0	30	0 0 9	044	0 3 2	0 4 5	0 3 1	0 0 2	0 2 7	0 1 9	0 2 3	0 3 6	0 1 4	0 4 8	040	028	0 0 1	0 1 5	0 2 1	0 0 3	0	0 1 3	0 2 9	042
WEEKS ON STUDY	0 3 1	0 3 8	0 5 3	0 6	0 7 2	0 7 8	0 7 9	0 8 2	0 8 5	086	0 8 7	0 8 7	0 8 7	0 8 9	090	0 9 1	0 9	0 9 8	0 9 8	0 9 8	0 9 9	0 9	0 9 9	0 9 9	0 9 9
INTEGUMENTARY SYSTEM Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_ +
Squamous cell papilloma Keratoacanthoma Subcutaneous tissue	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+
Fibroma Fibromarcoma								_									_	X							_
RESPIRATORY SYSTEM Lungs and bronchi Hepstocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Nepbroblastoma, metastatic	+ x	+	-	+	-	+	+	+	+	+	+	+	+	+	+ x	ż	+	+	+	+	+	+	+	+	+
Traches	÷	+	_	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spieen	+++	++	Ŧ	+	-+	++	+++	++	+++	+++	+++	++	+++	+++	++	- +	+++	+++	+++	+++	++	+++	+++	+++	+++
Leukemus, mononuclear ceil Lymph nodes Thymus	+	++	-	+-	+ -	+ -	+	+	++	++	++	+++	++	++	++	++	-	+	-	+++	+ +	+ +	+++	+ -	++
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	— м
Squamous cell papilloma Salivary gland Liver	+ +	+++	-	+++	+ +	+ +	+ +	+++	+++	+++	+ +	+ +	+++	++	+ +	++;	++	++	++	+ +	+++	++	+++	+ +	+ +
Neopiastic nodule Hepstoceilular carcinoma Bile duct Gailbledder & common bile duct	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	X + N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N
Pancreas Esophagus	+++	+++	+	+++	Ŧ	+++	+++	+++	+++	÷	+++	+++	+ +	+++	+++	+++	++	2 + +	+++	+	+++	+++	2 + + +	+++	+++
Stomach Small intestine Leiomyoma	+	+	-	++	++	+	+	+	+	+	+++	++	++	+	+	++	++	+	+	++	++	++	++	++	++
Large intestine	+	+	-	+	-	+	+	+	+	+	-	_	+	_	+	_	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney Tubular cell adenoma	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	*	+
Lipoma Nephroblastoma Urinary bladder	X +	+	-	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS	-	-	+	+	+	+	+	+	+	+ x	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Adrenal Pheochromocytoma	+	+	-	+	+	+	+	+ *	+	+	+	+	+ X	*	+	* x	+	+	X +	+ x	X +	+	+	* x	+ x
Thyroid C-cell adenoma C-cell carcinoma	+	+	-	+	-	+	+	÷	+	+	+	+	÷	÷	+	÷	+	+	+	+	+	+	+	÷	÷ X
C-cell Carcinoma Parathyroid Pancreatic Isleta Islet cell adenoma	+	+++	Ξ	+ +	+ -	+ +	Ŧ	+ +	+ +	+	+ +	+ +	+++	+ +	+++	÷	-+	- +	X Ŧ	x + -	- + x	+	Ŧ	+ +	+ +
REPRODUCTIVE SYSTEM Mammary gland	N	N	+	+	N	+	+	+	+	+	+	N	+	N	N	+	+	+	+	+	+	+	+	+	- +
Testis Interstitual cell tumor Prostate	+	+++++++++++++++++++++++++++++++++++++++	+	++	+	++	++	**	+x +	+++	+++	* *	+ x +	* -	* -	+ x +	÷x-	+ x +	**	+ X +	++	+ X +	*x +	* *	* x +
Preputial/clitoral gland Carcinoma, NOS Adenoma, NOS	N	Ń	Ń	Ň	N	* N	Ň	Ń	Ń	Ń	Ń X	Ň	Ň	N	N	N	N	N	N	N	N	N	Ň	N	N
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	 +
SPECIAL SENSE ORGANS Zymbel giand Adenoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*	N	N	- N
BODY CAVITIES Tuncs vagualis Mesothelioma, NOS	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS Multiple organs, NOS Leukemis, mononuclear cell Foot, NOS Sebaceous adenoma	N	N	N X	N X	N	N X	N X	N X	N X	N X	N X	N X	N X	N X	N X	N X	N X	N X	N X	N X	N X	N	N X	N X	N X

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THETWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE: LOW DOSE

						(4	0	nu	nu	iec	.,															
A nimal Number	0 1 8	005	0 3 3	0 4 9	0 0 8	004	007	011	0 1 2	0 1 6	0 1 7	0 2 0	0 2 2	0 2 4	0 2 5	0 2 6	0 3 4	0 3 5	0 3 7	0 3 8	04	0 4 3	0 4 6		0 5 0	
WEEKS ON STUDY	1 0 1	1 0 2	1 0 2	1 0 2	1 0 3	104	1 0 4	104	104	104	104	104	1 0 4	104	104	1 0 4	1 0 4	1 0 4	TOTAL TISSUES TUMORS							
INTEGUMENTARY SYSTEM											N					-				-		-				*50
Squamous cell papilloma Keratoacanthoma Subcutaneous tissue Fibroma Fibroma	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	× +	+	+	X +	+	+	+	+	1 1 •50 1 1
RESPIRATORY SYSTEM Lungs and bronchi Hepatocsilular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Nephroblastoma, metastatic Trachea	+	+	+	+	+ X +	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+++	47 1 1 1 48
HEMATOPOIETIC SYSTEM Bone marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	46
Spieen Leukema, mononuclear ceil Lymph nodes Thymus	++++	+ + -	+ + +	+ + -	+++	+++	+ + +	+ + +	-	+	+ + +	+ X + +	+ + +	+ + +	+ + +	+ + +	+ -	+ + +	+ ++	+ ++	+ + +	+ + +	+ + +	+ + +	+ + +	50 1 44 34
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Oral cavity Squamous cell papilloms Salivary gland	N +	N +	N +	N +	N +	NX + +	N +	N +	N +	N +	N +	N +	N +	N + +	N +	N	N +	N +	N +	N +	N +	N +	N +	N +	+	*50 1 48 50
Liver Neoplastic nodule Hepstocellular carcinoma Bile duct Gallbladder & common bile duct	+ + N	+ + N	+ + N	+ + N	+x + x	+ + N	+ + N	+x + N	+ + N	+ + N	+ + x	+x + N	+ + N	+ + N	+ + N	+ + N	+x + N	+ + N	+ + z	+ +z	+X +N	+x + N	+ + z	+ +z	+ +z	50 7 1 50 •50
Pancreas Esophagus Stomach Small intestine	3++++	5++++	:+++	5++++	5++++	5++++	5++++	5++++	5++++	2++++	5++++	5++++	5++++	5++++	2++++	5++++	2++++	5++++	5+ 1++	5++++	5++++	5++++	2++++	5++++	5++++	46 49 49 47
Leiomyoma Large intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	+	+	+	+	+	+	44
URINARY SYSTEM Kidney Tubular cell adenoma Lupoma	+	+	+	+	+	+	+	+	+	+	+	ż	+	+ X	+	+	+	+	+	+	+	+	+	+	+	49 3 1
Nephroblastoma Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	÷	+	+	+	+	+	÷	+	+	48
ENDOCRINE SYSTEM Pitutary Carcinoma, NOS Adenoma, NOS	+	+	+	+	+	+	+	+	+ x	+	+ x	+ x	+	+	+	*	+	+ x	+	+ x	+	+ x	+	+ x	+	47 2 12
Adrenal Pheochromocytoma Thyroid C-cell adenoma	* *	+ +	+ + x	+ x +	X + +	+x+	X + X +	+x +	4 + +	+x +	+ +	.+x+ +x+	+ +	+ x +	X + X + X	+x +	+ +	+x+	+ +	+ +	+ x +	4 + +	+ x +	4 + +	+ x +	49 21 48 3
C-cell carcinoma Parsthyroid Pancreatic ialets Islet cell adenoma	‡	++	+ +	+++	X - +	X Ŧ	++	+++	- +	++	+	+++	++	++	++++	Ŧ	+++	X + +	++	++	+++	X + + X	+ +	++	+ +	6 35 46 2
REPRODUCTIVE SYSTEM Mammary gland Testus Interstual cell tumor	+ + x	++*	N X	+ + x	N + X	+ + * x	+ + * ×	+ + x	N + X	+ + * x	N +	+ + x	+ + x	+ + * x	+ + * ×	N + X	++x	+ + * X	+ + ×	N + X	+ + * X	+ + + x	+ + * X	+ + * X	- N+X	*50 49 39
Prostate of tents Prostate Carcinoma, NOS Adenosta, NOS	+	+		+	+	+	+	+	+	+	+ N	+	+	+	+	+	+	+	+	+	Ñ	+	и + N	+	+	45 *50 2 3
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPECIAL SENSE ORGANS Zymbai gland Adenoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	- N	*50 1
BODY CAVITIES Tunica vaginalis Mesothelioma, NOS	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50 1
ALL OTHER SYSTEMS Multuple organs, NOS Laukemis, mononuclear cell Foot, NOS Sebaccous adenoma	XX	N X	N X	N X	N X	N	N		N X		N	N	N X	N	N	N	N	N	N X	N X	N X	N X	N X	N X	NX X	*50 36
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TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: LOW DOSE (Continued)

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ANIMAL NUMBER	0 3 6	0 1 3	0 4 9	0 4 6	0 0 3	0 0 6	0 2 0	0 2 6	0 3 1	0 4 0	0 4 5	0 2 5	0 3 9	0 0 7	0 2 1	0 4 2	0 4 3	0 1 1	0	0 1 0	044	0 1 9	0 1 2	0	18
WEEKS ON STUDY	0 6 8	0 7 3	0 7 3	0 7 7	0 8 0	0 8 3	0 8 3	0 8 3	0 8 3	0 8 3	0 8 3	0 8 5	0 8 6	0 8 8	0 8 8	0 8 8	0 9 1	0 9 3	0 9 5	0 9 5	0 9 6	0 9 7	0 9 8	0 9	0 9 9
INTEGUMENTARY SYSTEM Skun Basal ceil tumor	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Basal cell carcinoma Subcutaneous tissue Fibroma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+
RESPIRATORY SYSTEM Lungs and bronchu Alveolar/bronchuolar adenoma Traches	+	++++	+++	+++	+++	+++	+++	+++	++++	+++	+++	++++	+++	+++	++++	+++	+++	+++	++++	+++	+++	+++	+x+	+++	- + +
HEMATOPOIETIC SYSTEM Bose marrow Spisen Lymph nodes Thymus		++	++++	+++ -	++++	++++	++++	+++	++++	++++	++++	+++ +	++++	++++	++++	++++	-+++	++++	++++	++++	++++	+++	++++	++++	- +++ -
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	- +
DICESTIVE SYSTEM Oral cavity	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	И	N	ы	N	N	N	N	— N
Squamous cell papilloma Squamous cell carcinoma Salivary gland Liver	=	++	+++	X ++ +	++	++	++	+++	++	++	++	++	++	++	++	++	-+	++	++	++	++	++	+++	++	++
Neoplastic nodule Hepatocellular carcinoma Bile duct Gallbladder & common bile duct	- N	+ N	+ N	+ N	+ N	+ N	+ N	X + N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N
Pancreas Esophagus Stomach Small intestine	++	++++	++++	++++	++++	-+++	++++	-+++	++++	++++	++++	++++	-++	++++	+++	+++	++++	++++	++++	++++	++++	++++	++++	++++	++++
URINARY SYSTEM	-	÷	÷	÷	÷	Ŧ	÷	÷	Ŧ	Ŧ	÷	÷	-	-	Ŧ	÷	Ŧ	÷	-	÷	÷	-	Ŧ	÷	Ŧ
Kidney Tubular cell adenoma Tubular cell adenocarcinoma Urusary bladder	+	++	++	++	++	++	+	++	+	+ X	++	++	++	++	+ +	++	++	+	++	+	+	+	+	++	++
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+ *	+	+	+	+	+	+	+	+	+	-	+	+	+
Adenoma, NOS Adrenai Pheochromocytoma Pheochromocytoma, malignant	-	X +	+	*	X +	* X	+	X +	+	+	X + X	+	* X	+	x + x	* x	X + X	X +	+	+	*	+	*	Х +	+
Thyroid Follicular cell carcinoma C-ceil adenoma	-	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	-	+
Parathyroid Adenoma, NOS Pancrestic islets Ialet cell adenoma	+	+	+	- +	- +	+	++	-	+	+	+	++	+	++	++	++	+	+	+x +	- *	+	+	+	++	+
REPRODUCTIVE SYSTEM Mammary gland Testis Interstitual cell tumor	N + X	+++	+++	N + X	+ + + X	N + X	++	+ + * X	+ + * X	+ + x	+ + * x	N +	++	N + X	N +	N + X	N + *	+ + + X	++*	+ + * X	+ + x	+ + * ×	+ * x	+ + * ×	++*
Prostate Preputai/clitoral gland Carcinoma, NOS	n N	+ N	+ N	-	+	+ N	+ N	n N	A + N	-	+ N	+ N	+ N X	÷	+ N	+	N N	-	+	+ N	а + N	-	A + N	+	N N
Adenoma, NOS Epididymus Adenocarcinoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Ñ
NERVOUS SYSTEM Brain Carcunena, NOS, invasive Glosna, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ x	+	+	+	+	+ x	+	+	+	+
SPECIAL SENSE ORGANS Zymbel gland Carcinoma, NOS	N	N	N	N	*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
BODY CAVITIES Tunica vagnalis Mesothelioma, NOS Mesothelioma, malignant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS Multiple organs, NOS Tubular cell edenocarcinoma, invasive Leukemia, mononuclear cell	N X	N					N X			N X	N X	N	N		N X	N		N X					N X		
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TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE**TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE: HIGH DOSE**

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ANIMAL NUMBER	0 2 3	0 3 4	0 2 8	0 5 0	0	0 1 6	0 1 7	0 2 7	0 2 9	0 3 2	0 3 3	0 3 7	0 4 7	0 0 2	0 0 5	0 0 8	0 0 9	0 1 5	0 2 2	0 2 4	0 3 0	0 3 5	0 3 8	0 4 1	0 4 8	TOTAL.
WEEKS ON STUDY	0 9 9	0 9 9	100	1 0 0	1 0 2	1 0 2	1 0 2	1 0 2	1 0 2	1 0 2	1 0 2	1 0 2	1 0 3	1 0 4	104	104	1 0 4	104	1 0 4	104	104	1 0 4	104	1 0 4	1 0 4	TISSUES
INTEGUMENTARY SYSTEM																			_				~		_	•50
Basal cell tumor Basal cell carcinoma Subcutaneous tissue Fibroma	+	+	+	+	+	+	+	÷ ×	+	+	* *	+	+	+	x x x	+	+	+	+	+	+ x	+	N N	+	+	1 1 •50 4
RESPIRATORY SYSTEM Lungs and bronch: Alveolar/bronchiolar adenoma Traches	++++	+++	+++	+++	+++	+++	+	+++	+++	+++	+++	+++	+	+++	+++	+++	+++	+++	+++	++	+++	+++	+	+x +	+ +	50 2 49
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes	+++++++++++++++++++++++++++++++++++++++	++++	+++	+++	++++	+++	++++	+++	+++	+++	+++	++++	++++	+++	+++	+++	+++	++	++++	+++	++ -	++++	+++	+++	+++	48 49 46
Thymus CIRCULATORY SYSTEM Heart	-	-	+	+		+	+	+ 	+	+	+	-	_	+	+	+	-	+ 	_	+	+		-		_	31 50
DIGESTIVE SYSTEM Oral cavity		- N			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~																+ N					•50
Squamous cell papilloma Squamous cell carcinoma Salivary gland	+	+	NX +	N +	+	N X +	+ -	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	2 1 48
Liver Neoplastic nodule Hepstocellular carcinoma Bile duct		+ +:	+ +:	+ +;	+	+ ;;	+ ::	+ +	÷	+ +	+	+ ;;	x +	+ +:	+	+ ::	+ +	+	x t	+ ::	+ .:	+ +	* *	+ :	x t	49 4 1 49
Gailbiadder & common bis duct Pancreas Esophagus Stomach	N + + +	N + +	Z+++	Z+++	N+++	N+++	Z+++	z+++	X + + +	X + + +	Z + + +	N+++	N + + +	Z+++	z+++	Z+++	N+++	N + + +	N + + +	Z+++	N + + +	Z + + +	N+++	Z + + +	z+++	*50 46 50 49
Smail intestine Large intestine	++++	+++	+++	++	+++	++	++	++	++	++	++	+	++	++	++	+++	++	++	++	++	+++	++	+++	++	++	47 45
URINARY SYSTEM Kidney Tubular cell adenoma Tubular cell adenocarcinoma	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+ X	+	*	+	50 2 2
ENDOCRINE SYSTEM	 	-	_	-	+	_	-	_		-	-	-	+		+	_	-	_	-		_	-		-	-	48
Pitutary Carcinoma, NOS Adenoma, NOS	+	+ x	+	+ x	+	+ X		+ X		+ X	×	-	+	+	+	+	+	+	+	+	+ X	+	+	+	+	48 2 16
Adrenai Pheochromocytoma Pheochromocytoma, malignant Thyroid		ž	•	+	+	*	x	*	+	×	*		*	x	x	×	x	x	x	*	+	Ť	+	+	*	49 23 1 46
Follicular cell carcinoma C-cell adenoma		-	Ť	x	-	-	+	Ŧ	-	Ť	-	x	x	Ť	Ţ	×	Ť	Ţ	Ť	Ţ	-	x	-	Ť	-	1 4 34
Parathyroid Adenoma, NOS Pancrestic islets Islet cell adenoma	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	ž+	+	+	+	+	+	+	+	+	+	2 46 1
REPRODUCTIVE SYSTEM Mammary gland Testa	+	+	+	N +	+	N	+	+	+	+	+	N +	+	+	++	+	N +	N +	+	+	N	+	+	N +	+	*50 50
Interstituei ceil tumor Prostate Preputal/citoral giand	X + N	+ + N	× × N	X +	X N	X + X	TX + N	X+N	+ N	+ N	X+N	X +	TX + N	X + N	X +	X + N	X+N	¥ +	X+N	X + N	-X + N	X+N	X +	X + N	+	41 45 •50
Carcinoma, NOS Adenoma, NOS Epididymia Adenocarcinoma, NOS							X				•		•		N	X								-	•	3 3 •50 1
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1 4
Glioma, NOS SPECIAL SENSE ORGANS Zymbal gland Carcinoma, NOS	N	N	N	N	N	N	N	N	N	N	N		X N	N	N	N	N	N	N	N	N	N	N	N		*50
BODY CAVITIES Tunica vaginalis Mesothelioma, NOS Mesothelioma, malignant	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	 *	*50 2 1
ALL OTHER SYSTEMS Multiple organs, NOS Tubular cell adeuccarcinoma, invasive Leukemua, mononuclear cell			N X					N X		N	N		N X		N		N X				N		N X	N	N X	*50 1 37
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TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: HIGH DOSE (Continued)

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01 <td< td=""><td>01 <td< td=""><td>S1 G1 <td< td=""><td>S1 O1 <td< td=""><td>0 0</td><td>0 0</td><td>0 0</td><td>0 0</td><td>0 0</td><td>0 0</td></td<></td></td<></td></td<></td></td<></td></td<></td></td<> | 01 01 <td< td=""><td>01 <td< td=""><td>01 01 01 01 01 01 01 01
 01 <td< td=""><td>S1 G1 <td< td=""><td>S1 O1 <td< td=""><td>0 0</td><td>0 0</td><td>0 0</td><td>0 0</td><td>0 0</td><td>0 0</td></td<></td></td<></td></td<></td></td<></td></td<> | 01 01 <td< td=""><td>01 <td< td=""><td>S1 G1 <td< td=""><td>S1 O1 <td< td=""><td>0 0
0 0</td><td>0 0</td><td>0 0</td><td>0 0</td><td>0 0</td><td>0 0</td></td<></td></td<></td></td<></td></td<> | 01 01 <td< td=""><td>S1 G1 <td< td=""><td>S1 O1 <td< td=""><td>0 0</td><td>0 0</td><td>0 0
 0 0 0 0 0 0 0 0 0 0 0</td><td>0 0</td><td>0 0</td><td>0 0</td></td<></td></td<></td></td<> | S1 G1 G1 <td< td=""><td>S1 O1 <td< td=""><td>0 0</td><td>0 0</td><td>0 0</td><td>0 0</td><td>0 0</td><td>0 0</td></td<></td></td<> | S1 O1 O1 <td< td=""><td>0 0
 0 0</td><td>0 0</td><td>0 0</td><td>0 0</td><td>0 0</td><td>0 0</td></td<> | 0 0 | 0 0 | 0 0 | 0 0
 0 0 | 0 0 | 0 0 |

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE: CHAMBER CONTROL

+ Tissue Examined Microscopically - Required Tissue Not Examined Microscopically X : Tumor Incidence N : Necropsy, No Autolysis, No Microscopic Examination S : Animal Missered

No Tissue Information Submitted C . Necropsy, No Histology Due To Protocol A · Autolysis M : Animal Missing B . No Necropsy Performed

Tetrachloroethylene, NTP TR 311

					_																					
ANIMAL NUMBER	0 3 3	0 4 9	0 0 2	0 0 3	004	0 5	0 0 7	0 1 0	0 1 2	0 1 6	0 1 7	0 2 2	0 2 3	0 2 5	0 2 6	0 2 7	0 2 8	0 3 0	0 3 4	0 3 8	0 3 9	40	0 4 4	0 4 8	0 5 0	TOTAL.
WEEKSON STUDY	1 0 3	1 0 3	1 0 4	1 0 4	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TISSUES
INTEGUMENTARY SYSTEM						<u> </u>	 		+							N							M		_	•50
Squamous cell papilloma Subcutaneous tissue Sarcoma, NOS Neurilemoma, malignant	+	+	+	+	+	× +	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	N	+	+	1 *50 1 1
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar carcinoma Trachea	+	++	++	++	++	++	++	+++	++	+++	++	+ x +	++	+	++	+	++	++	+++	++	+++	++	+++	+ +	+++	50 1 50
HEMATOPOIETIC SYSTEM Bone marrow Spieen Lymph nodes Thymus	++++	+++-	++++	+++-	++++	++++	++++	++++	+++ -	++++	++++	++++	++++	++++	++++	++++	++++	++++	+++++	++++	++++	++ ++	-+++	++++	++++	47 50 47 40
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Saluvary gland Liver	+	+	+	+	++	+	+	+	+	+	+	+	+	+	+	+	-	++	+	+	+	+	+	+	 +	47
Neoplastic nodule Bile duct Galibladder & common bile duct Pancreas Esophagus Stomach	+ + 2 + + +	+ + z + + +	++++++	++2+++	+ + 2 + + +	++2+++	+ + z + + +	+ + 2 + + +	+ + 2 + 1 +	+ + Z + + +	++2+++	+ + 2 + + +	+ + 2 + + +	+ + 2 + + +	+ + z + + +	+ + z + + +	+ X + N + + +	+ + 2 + + +	+ X	+ + z + + +	+ + X + + +	+ + N + + +	+ + 2 + + +	+ + 2 + + +	+ +z+++	2 50 •50 50 49
Small intestine Large intestine	+++	++	++	+++	++	++	++	++	+++	+ +	++	+++	÷ -	+ +	+ +	+ +	+++	+ +	++	+ +	+++	+ +	+ +	+++	÷	49 46
URINARY SYSTEM Kidney Urinary bladder	+++	+++	+++	+++	+++	+++	+++	+++	+++	++	++	+++	+	+++	+++	+++	+++	+++	+++	++	+++	+++	+++	++	÷	50 47
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adrenal Cortical adenoma Pheochromocytoma Thyroid C-cell adenoma C-cell adenoma C-cell adenoma C-cell arcinoma Parathyroid	+ x + x	+ x + +	+ + +	++++	++++	+ x +	+ + +	+ + +	+ + +	+++	+ x + +	+ x + + +	+ x + +	+ + +	+ + +	++++	+ x + + +	* * * *	+ + x + +	+ + + +	+ x + +	+ x + -	+ x + + +	++++	+ x + + +	50 5 20 50 2 1 46 3 1 27
Fancreatic sists Islet cell adenoma Islet cell carcinoma	+	÷	÷	+	Ŧ	÷	÷	+	+	÷ x	Ŧ	+	÷	Ŧ	÷	+	÷	Ŧ	÷	+	÷	Ŧ	÷	Ŧ	+	50 1 1
REPRODUCTIVE SYSTEM Manmary gland Adsnocarcinoma, NOS Fibroadenoma Preputal/citicoal gland	+ N	+ N	+ N	+ N	+ N	* x N	N N	N N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ X X N	+ N	N N	+ X N	+ N	+ N	N N	+ X N	*50 2 7 *50
Carcinoma, NOS Adenoma, NOS Uterus Fibroma Endometrial stromal polyp Ovary	+	+	+	+	+	+	+	+	+	+	× + +	* *	+	X + +	+	+ X	+	+ x +	+	+	+	+	+	× + +	+	2 3 49 1 5 49
NERVOUS SYSTEM Brain Glioma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	÷ x	+	+	+	+	+	+	+	+	+	+	+	50 1
SPECIAL SENSE ORGANS Eye appendages Neurofibroma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	*50
WUSCULOSKELETAL SYSTEM Bone Odontoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1
BODY CAVITIES Mediastinum Alveolar/bronchiolar ca, invasive	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1
ALL OTHER SYSTEMS Multiple organs, NOS Leukema, mononuclear cell Tail Neurofibrosarcoma	N X	N	N X	N X	N	N X	N	N	N	N X	N	N	N X	N	N	N	NX	N X	NX	N	NX	N	N	N	N X	*50 18 1

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: CHAMBER CONTROL (Continued)

* Animals Necropsied

ANIMAL NUMBER		0 2 8	0 3 3	008	0 2 0	004	0 2 1	0 1 7	0 4 2	0 4 9	0 4 7	0 2 6	0 2 9	0 1 4	0 2 4	0 3 2	0 2 5	0 4 1	0 0 2	0 0 7	0 2 7	0 3 5	0 2 2	0 3 6	0 1 6	005
WEEKS ON STUDY			0 7 3	0 7 5	0 7 6	0 7 9	0 8 2	0 8 4	0 8 5	0 8 5	0 8 7	0 8 9	0 9 0	0 9 2	0 9 2	0 9 2	0 9 6	0 9	0 9 8	0 9 8	0 9 8	0 9 8	0 9	0 9	1 0 0	1 0 1
INTEGUMENTARY SYSTEM Skin Squamous cell papilloma Keratoscanthoma		+	+	+	+	+ x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronchi C cell carcinoma, metastatic Traches		+ +	+++	+++	+++	+++	+++	++	+++	+++	+++	+++	+++	+++	++	+++	+++	+++	+++	++	+++	-	+ x +	+++	+++	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen Leukemua, mononuclear ceil Lymph nodes Thymas		+ + +	++ +	++++	++++	++ +	+++++	+++++	++++	++++	++ +-	++	++	+++++	+++++	++++	++ -	+++++	++ + +	++++	++ +.	-	-++	++ +	++ +	
CIRCULATORY SYSTEM Heart	-	- +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	-
DIGESTIVE SYSTEM Salivary gland Liver Bile duct Galibladder & common bile duct Pancreas Esophagus Stomach Stomach Small intestine Large intestine		+++Z+++++	+++Z+++++	+++Z++++	+++Z+++++	+++Z+++1	+++Z++++	+++Z+++1	+++Z++++	+++Z++++	+++Z+++1	+++Z++++	+++Z+++++	+++Z++++	+++Z+++++	+++Z+++1	+++Z++++	+++Z+++++	+++Z++++	+++2+++++	+++Z+1+++	1++211111	+++z+++++	+++Z+++++	+++Z+++++	++Z +++++
URINARY SYSTEM Kidney Urinary bladder		+++	+	+ -	+++	+++	+++	+++	+	+	+++	++	+++	+++	+++	+++	+	+++	+++	+++	+++	-	+++	+++	+++	
ENDOCRINE SYSTEM Pitmtary Carcinoma, NOS Adenoma, NOS Adrenal Cottcal adenoma Cottcal adenoma C-cell adenoma C-cell carcinoma Parathyroid		+ + + + +	+ + +	+ + + +	+ x+ + +	+ + + -	+ x + + +	+ + + -	+ + + -	+ x+ + +	+ + + +	+ x + + +	** + + +	+ x + + -	+ + + +	+ + -	+ x+ + + +	+ x + + x -	+ x + + -	+ + +	+x + + -	-	+ + + x	++++	+ + + -	+++
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS		+	*	+	+	+	+	+	N	+	+	+	+		+	+	+	+	+	+	+	N	+	+	+	-
Fibroadenoma Preputa/chtoral gland Carcinoma, NOS Adenoma, NOS		N	N	N	N	N	N	N	N	N X	N	N X	N	N	N	N	N	X N	X N	N	N	N	N	N	N	N
Uterus Leiomyosarcoma Endometriai stromal polyp Endometriai stromal sarcoma		+	+	+	+	+	+	+	+	+ X X ~	+	+	+ X	+	+ x	+	+	+	+	+ X	+	-	+	+	+	•
Deciduoma Ovary NERVOUS SYSTEM		+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	•
Brain Carcinoma, NOS, invasive		+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	*	+	+	+	+	
ALL OTHER SYSTEMS Multiple organs, NOS Leukemis, mononuclear cell		N X	N	N X	NX	N X	N	N X	N X	NX	N X	N	N	N	N	N X	N	N X	N X	N X	N	N	N X	N X	N	1

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE: LOW DOSE

ANIMAL NUMBER	0 4 0	0 4 5	0	0 1 8	0 0 1	0 0 3	0 0 6	0 0 9	0 1 1	0 1 2	0 1 3	0 1 5	0 1 9	0 2 3	0 3 0	0 3 1	0 3 4	0 3 7	0 3 8	0 3 9	0 4 3	044	0 4 6		0 5 0	TOTAL:
WEEKSON STUDY	1 0 1	1 0 2	1 0 3	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	104	1 0 4	1 0 4	1 0 4	1. 0 4	1 0 4	1 0 4	1 0 4	TUMORS
NTEGUMENTARY SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	- N	•50
Squamous cell papilloma Keratoacanthoma																		X								
ESPIRATORY SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
C-cell carcinoma, metastatic rachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
EMATOPOIETIC SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
pleen Leukemia, mononuclear ceil	+	+	+	+	+	+	+	+	+	+	*	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	49
ymph nodes	++	+++	++	++	2	+	+ +	++	+++	++	+++	++	++	+-	+++	++	++	+++	++	+ +	+++	+++	+++	++	+++	44 39
IRCULATORY SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
aver Sile duct	+	+	+++	+	+	++++	+++	+	+	+++++++++++++++++++++++++++++++++++++++	+++	+	+++	+++	+++	++	+++	+++	+	+	+	+++	+++	+	+++	50 50
allbladder & common bile duct	Ň	Ň	Ň	Ň	Ň	Ν	Ň	Ń	Ň	Ň	Ň	Ń	Ň	N	Ň	Ň	Ň	Ň	Ň	Ň	Ň	Ň	Ň	Ň	Ň	*50
ancreas sophagus	+	+++	++	+++	+++	++++	+++	+++	++	Ŧ	+	++	+++	+++	+++	+++	++	+++	++	++	+++	+	+++	+++	+++	47
tomach	1 ±	÷	+	+	÷	+	+	÷	÷	+	÷	+	+	+	+	÷	÷	÷	+	÷	+	+	+	÷	+	49
mail intestine .arge intestine	÷	+	++	+	++	++	÷	+	++	÷	++	++	+	++	++	++	÷	+	+	+	÷	+	++	++	+	49 45
RINARY SYSTEM		+	-	+	-	-	_	-	+		-	+		-		-		-						-		49
Jrinary bladder	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	Ŧ	÷	÷	÷	+	÷	÷	+	÷	÷	÷	÷	44
NDOCRINE SYSTEM	-	+		+		+			+		+		+	-	+	_	-	-	-	-						48
Carcinoma, NOS				Ĵ					·		·	•	•	·	•											2
Adenoma, NOS Adrenal	+	+	X +	X +	X +	X +	X +	Х +	+	X +	+	+	+	+	+	+	X +	X +	+	X +	+	+	X +	+	¥ +	21 49
Cortical adenoma Thyroid					Ì														X							1 48
C-cell adenoma	+	+	+	*	+	+	+	*	+	*	+	*	*	+	+	+	+	۰	•	+	x	+	+	Ť	+	40
C-cell carcinoma Parathyroid	-	-	+	+	+	X +	+	-	+	+	+	+	+	-	+	-	+	+	+	+	~	-	+	+	х -	27
EPRODUCTIVE SYSTEM		<u> </u>	N				+	+	+	+				<u> </u>			-				-			 +	 N	•50
Adenocarcinoma, NOS Fibroadenoma	f	۴	14	•	٣	r	Ŧ		٠	٣	٠	Ŧ	٢	r	۲	Ŧ	٣	Ŧ	•	ť	x	÷	Ŧ			23
reputual/clitoral gland Carcinoma, NOS Adenoma, NOS	N	N	N	N	N	N	N	N	N Y	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	•50 3
Adenoma, NUS Iterus Letomyoearcoms	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Endometrial stromal polyp Endometrial stromal sarcoma	x	X										x								X	x					72
Deciduoma Ivary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49 49
ERVOUS SYSTEM Fain Carcinoma, NOS, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 2
LL OTHER SYSTEMS																									_	
(ultiple organs, NOS Leukemia, mononuclear cell	N X	N	N	N X	NX	N	N X	N X	N X	N X	N	N	N	N	N X	N X	N	N	N	N	N	N X	N	N	N X	•50 29

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: LOW DOSE (Continued)

* Animals Necropsied

							_						_								_	_	_		
ANIMAL NUMBER	0 1 9	0 3 9	0 9	0 4 7	0 0 3	0 3 8	0 1 5	0 2 9	0 4 0	0 1 3	0 2 2	0 2 4	0 5 0	0 1 4	0 1 2	0 3 7	0 0 5	0 3 6	0 2 5	6 5	0	0 1 0	0 1 8	00	008
WEEKSON Study	0 7 5	0 7 6	0 7 7	0 7 7	0 7 8	0 7 8	0 8 1	0 8 2	0 8 5	0 8 6	0 8 6	0 8 8	0 8 8	0 8 9	0 9 3	0 9 3	0 9 5	0 9 5	0 9 9	0 9 9	1 0	1 0 0	1 0 0	1 0 1	102
NTÉGUMENTARY SYSTEM Skin Squamous cell papilloma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_
ESPIRATORY SYSTEM ungs and bronchi Alveolar/bronchiolar adenoma frachea	+	++	+++	+	++	++	+++	-	++	+++	+	++	+++	++	+++	+	++	+	++	++	+++	+	+++	+++	
IEMATOPOIETIC SYSTEM	+	++	+++	++	++	++	++	-	++	++	++	++	++	++	++	++	++	++	÷	++	++	++	++	++	
Leukemia, mononuclear cell ymph nodes hymus	<u>+</u>	+++	+ +	+++	++	++	<u>+</u>	Ξ	+ +	+ -	++	Ŧ	++	Ŧ	+	+	+	+ -	+ -	+	+++	+ +	+ -	+ -	
IRCULATORY SYSTEM	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM Drai cavity Squamous cell papilloma	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	!
Squamous cell carcinoma alivary gland Neoplastic nodule	+	X + +	++	++	++	++	+++	+	++	++	++	++	++	+ +	++	++	++	+ +	+ +	++	++	++	+ +	++	
ile duct alibiadder & common bile duct ancreas aophagus	+ z + +	+ N + +	+ N + +	+ 2 + +	+N++	+ N + +	+ N + +	- N - +	+ 2 + +	+ 2 + +	+ N +	+ z + +	+ N + +	+ X + +	+ N + +	+ N + +	+ N + +	+ N + +	+ N + +	+ 7 + +	+ Z + +	+ N + +	+ N + +	+ 2 + +	
tomach mall intestine arge intestine	++	++++	++++	+++	+++	-	++++		+++	++	+++	++-	++-	++-	+++	+++	++-	++++	+++	+ + +	+++	++++	+++	+++	
RINARY SYSTEM idney rinary bladder Transitional cell papilloma Granular cell tumor, malignant	+ +	+++	+	+++	+	+++	+++	+ -	+++	+++	++	+++	+++	+++	++++	+++	++	+++	+	+ +	+++	++++	+++	+++	-
NDOCRINE SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
Carcinoma, NOS Adenoma, NOS drenai Cortical adenoma	+	X +	X +	+	+	+	-	-	X +	+	+	+	+	X +	X +	+	+	+	+	+	X +	X +	+	+ x	
Pheochromocytoma Pheochromocytoma, malignant pyroid Colliquiar cell adenoma	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+ x	X +	-	+	÷	-	÷	+	+	
C-cell adenoma C-cell carcinoma arathyroid Adenoma, NOS	-	+	+	+	-	+	+	-	-	-	+	+	-	х +	+	-	+	-	X +	÷	+	-	-	-	
ancreatic islets Islet cell adenoma	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+		+	+	+	+	
EPRODUCTIVE SYSTEM ammary gland Adenoma, NOS Vibroadenoma	+	+	+	+	N	+	+	+	N	+	+	+	+	+	+	*	+	+	+	*	+	+	+ ¥	+	
reputial/ciitoral gland Carcinoma, NOS Adenoma, NOS	N	N	Ň	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Ñ	Ñ	
terus Endometrual stromal polyp Endometrual stromal sarcoma vary	+	+	+++	++	++	+	+	++	+	++	++	++	+ * *	* *	++	++	+++	++	* *	+	++	++	++	++	
ERVOUS SYSTEM	*	+	+	+	÷ x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Glioma, NOS PECIAL SENSE ORGANS mbal gland Carcinoma, NOS		N	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
DDY CAVITIES nitoneum Franular cell tumor, invasive	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
LL OTHER SYSTEMS ultiple organs, NOS		N	N		N	N	N X	N	~		N	N	N	N	N	N	N	N	N	N	N	N	N	N	_

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE: HIGH DOSE

ANTMAL NUMBER 0 <	TOTAL TISSUES TUMORS *50 1 49 1 49 46 49 1 45 35
STUDY 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TISSUES TUMORS *50 1 49 1 49 46 49 1 45
Skin + + + + + + + + + + + + + + + + + + +	1 49 1 49 46 49 1 45
Lungs and bronchi + + + + + + + + + + + + + + + + + + +	1 49 46 49 1 45
Bone marrow + + + + - + + + + + + + + + + + + + + +	49 1 45
CIRCULATORY SYSTEM Heart	49
DIGESTIVE SYSTEM Oral cavity Squamous cell papilloma X	*50 1
Squamous cell carcinoms Salivary giand + + + + + + + + + + + + + + + + + + +	1 50 49 2
Bile duct + + + + + + + + + + + + + + + + + + +	49 *50 48 49 48 48
Large intestine + + + + + + + + + + + + + + + + + + +	42 50
Urinary bladder + + + + + + + + + + + + + + + + + + +	46 1 1
ENDOCRINE SYSTEM + + + + + + + + + + + + + + + + + + +	50 3 20 47 2 2 1
Pheochromocytoms, malignant X Thyroid + + + + + + + + + + + + + + + + + + +	46 1 3 1
Parathyroid + + + + + + + + + + + + + + + + + + +	34 1 46 1
REPRODUCTIVE SYSTEM Mammary gland + + + + + + + + + + + + + + + + + + +	*50 1 6
Fibroadenoma X X Proputal/citoral gland N N N N N N N N N N N N N N N N N N N	*50 2 2 50 7
Endometrial stromal sarcoma X Ovary + + + + + + + + + + + + + + + + + + +	1 50
NERVOUS SYSTEM Brain Choma, NO6	50 2
SPECIAL SENSE ORGANS Zymbal gland Carcinoma, NO6	*50
BODY CAVITIES Peritoneum Granular cell tumor, invasive X	*50 1
ALL OTHER SYSTEMS Multupie organa, NOS Loukemia, mononuclear cell X X X X X X X X X X X X X X X X X X X	*50 28

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: HIGH DOSE (Continued)

*Animals Necropsied

APPENDIX B

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE IN THE TWO-YEAR INHALATION STUDIES OF TETRACHLOROETHYLENE

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE IN THE TWO-YEARINHALATION STUDY OF TETRACHLOROETHYLENE

CC	ONTROL	(CHAMBER)	LOW	DOSE	HIG	h dose
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS NECROPSIED	49		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALL	.Y 49		50		50	
NTEGUMENTARY SYSTEM	····				<u></u>	
*Multiple organs Fibrous histiocytoma, malignant	(49)		(50)			(2%)
*Subcutaneous tissue	(49)		(50)	(0~~)	(50)	
Sebaceous adenoma		(2%)		(2%)	(50)	
#Spleen	(49)	(90)	(48)		(50)	
Fibrous histiocytoma, malignant #Liver	(49)	(2%)	(49)		(50)	
Fibrous histiocytoma, malignant		(2%)	(45)		(50)	
RESPIRATORY SYSTEM						
#Lung	(49)		(49)		(50)	
Hepatocellular carcinoma, metastatic		(4%)		(14%)		(2%)
Alveolar/bronchiolar adenoma		(6%)		(10%)		(2%)
Alveolar/bronchiolar carcinoma		(8%)		(2%)		(8%)
HEMATOPOIETIC SYSTEM		2 7 7 7 7 4			· · · · · · · · · · · · · · · · · · ·	
*Multiple organs	(49)		(50)		(50)	
Malignant lymphoma, NOS	1	(2%)	7	(14%)	1	(2%)
*Subcutaneous tissue	(49)		(50)		(50)	
Malignant lymphoma, NOS		(4%)				
#Spleen	(49)		(48)		(50)	
Sarcoma, NOS						(2%)
Malignant lymphoma, NOS	(05)		(0.1)			(2%)
#Mesenteric lymph node Malignant lymphoma, NOS	(25)		(24)		(27)	(10)
#Stomach wall	(48)		(44)		(49)	(4%)
Mast cell tumor		(2%)	(44)		(43)	
*Preputial gland	(49)	(2707	(50)		(50)	
Mast cell tumor	(10)		(00)			(2%)
CIRCULATORY SYSTEM						
#Heart	(49)		(50)		(50)	
Hemangioma			1	(2%)		
*Pulmonary artery	(49)		(50)		(50)	
Hepatocellular carcinoma, metastatic				(2%)		
*Pulmonary vein	(49)		(50)	(90)	(50)	(00)
Hepatocellular carcinoma, metastatic #Liver	(49)		(49)	(2%)		(2%)
Hemangioma		(4%)		(4%)	(50)	(4%)
Hemangiosarcoma		(2%)	4	(470)	4	(470)
DIGESTIVE SYSTEM						
#Liver	(49)		(49)		(50)	
Hepatocellular adenoma		(24%)		(16%)		(38%)
Hepatocellular carcinoma		(14%)		(51%)		(52%)
#Ileum	(49)		(42)		(45)	
Adenocarcinoma, NOS		(4%)				
JRINARY SYSTEM						
#Kidney	(49)		(49)		(50)	
Tubular cell adenocarcinoma			1	(2%)		

	CONTROL (CHAMBER)	LOW	DOSE	HIG	h dose
ENDOCRINE SYSTEM						
#Pituitary	(47)		(41)		(44)	
Carcinoma, NOS			1	(2%)		
Adenoma, NOS			1	(2%)		
#Adrenal	(49)		(48)		(49)	
Cortical adenoma		4%)		(2%)		(2%)
#Adrenal medulla	(49)		(48)		(49)	
Pheochromocytoma	(17)			(2%)		
#Thyroid	(47)		(46)		(50)	
Follicular cell adenoma		0.01			1	(2%)
C-cell carcinoma	1 (2%)				
REPRODUCTIVE SYSTEM						
#Testis	(49)		(48)		(49)	
Interstitial cell tumor	1 (2%)	,		(10)	
	······					<u> </u>
NERVOUS SYSTEM None						
SPECIAL SENSE ORGANS						
*Harderian gland	(49)		(50)		(50)	
Papillary adenoma	(40)			(2%)	(00)	
Papillary cystadenocarcinoma NOS	1 ()	2%)	-		1	(2%)
MUSCULOSKELETAL SYSTEM None					<u></u>	
BODY CAVITIES None					4	
ALL OTHER SYSTEMS						
*Multiple organs	(49)		(50)		(50)	
Hepatocellular carcinoma, metastatic	(40)			(2%)	(00)	
ANIMAL DISPOSITION SUMMARY						
Animals initially in study	50		50		50	
Natural death	3		18		50	
Moribund sacrifice	U		7		11	
Terminal sacrifice	46		25		32	
Animal missexed	1					

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE (Continued)

TABLE B1.	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE IN THE TWO-YEAR
	INHALATION STUDY OF TETRACHLOROETHYLENE (Continued)

	CONTROL (CHAMBER)	LOW DOSE	HIGH DOSE
TUMOR SUMMARY		· · · · · · · · · · · · · · · · · · ·	
Total animals with primary tumors**	29	38	43
Total primary tumors	43	56	61
Total animals with benign tumors	19	16	22
Total benign tumors	21	21	24
Total animals with malignant tumors	17	32	30
Total malignant tumors	21	35	36
Total animals with secondary tumors##	2	10	2
Total secondary tumors	2	10	2
Total animals with tumors uncertain			
benign or malignant	1		1
Total uncertain tumors	1		1

* Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically.
** Primary tumors: all tumors except secondary tumors
Number of animals examined microscopically at this site
Secondary tumors: metastatic tumors or tumors invasive into an adjacent organ

С	ONTROL	(CHAMBER)	LOW	DOSE	HIG	H DOSE
ANIMALS INITIALLY IN STUDY	50		50		50	· · · · · · · · · · · · · · · · · · ·
ANIMALS NECROPSIED	49		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICAL	LY 49		50		50	
INTEGUMENTARY SYSTEM						
*Multiple organs	(49)		(50)		(50)	
Fibrous histiocytoma, malignant		(2%)				
*Skin	(49)		(50)		(50)	
Squamous cell papilloma	(40)		(50)			(2%)
*Subcutaneous tissue Fibrous histiocytoma, malignant	(49) 1	(2%)	(50)		(50)	
RESPIRATORY SYSTEM						
#Lung	(48)		(50)		(50)	
Adenocarcinoma, NOS, metastatic						(2%)
Hepatocellular carcinoma, metastatic				(4%)		(14%)
Alveolar/bronchiolar adenoma		(8%)	_	(4%)		(2%)
Alveolar/bronchiolar carcinoma	2	(4%)	1	(2%)		(4%)
Sarcoma, NOS, metastatic	<u> </u>				1	(2%)
HEMATOPOIETIC SYSTEM						
*Multiple organs	(49)		(50)		(50)	
Malignant lymphoma, NOS	8	(16%)		(20%)	7	(14%)
Malig. lymphoma, histiocytic type	(10)			(2%)		
#Spleen	(49)	(0 ~)	(49)		(50)	
Thymoma, metastatic	1	(2%)		(90)		(00)
Malignant lymphoma, NOS #Bronchial lymph node	(34)			(2%)		(2%)
Adenocarcinoma, NOS, metastatic	(34)		(31)		(26)	(101)
Alveolar/bronchiolar carcinoma, metastatic						(4%)
#Ileum	(48)		(45)		(46)	(4%)
Malignant lymphoma, NOS	(40)		(= =)	(2%)	(40)	
#Thymus	(35)		(39)	(270)	(22)	
Thymoma, malignant		(3%)	(59)		(22)	
CIRCULATORY SYSTEM		·····				
*Eye	(49)		(50)		(50)	
Hemangiosarcoma		(2%)				
#Spleen	(49)		(49)		(50)	
Hemangioma "Mecontorio lumph nodo	(0.4)			(2%)	(00)	
#Mesenteric lymph node	(34)		(31)		(26)	(101)
Hemangioma #Heart	(48)		(=			(4%)
Sarcoma, NOS	(48)		(50)		(50)	$(\Omega \sigma)$
*Pulmonary artery	(49)		(50)		(50)	(2%)
Fibrous histiocytoma, metastatic		(2%)	(00)		(50)	
#Liver	(48)	(4 10)	(50)		(50)	
Hemangiosarcoma	(=0)			(6%)	(00)	
#Ovary	(48)		(49)		(43)	
Hemangioma		(2%)			(40)	

TABLE B2. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEARINHALATION STUDY OF TETRACHLOROETHYLENE

1 (48) 1 (49) 1 (47) 1 (47) (47) 1 (48) (49)	(6%) (2%) (2%) (2%) (11%) (4%) (2%)	13 (50) (50) (43) 3 (49) 1 (49) (48) 1 (48) 1 (50) 1	(12%) (26%)	36 (48) (50) (42) 3 1 (49) 1 (49) (48) (48) (50) 1	(4%) (72%) (72%) (2%) (2%) (2%) (2%)
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5 2 (47) (47) 1 (48) (49) 1	(11%) (4%) (2%)	3 (49) 1 (49) (48) 1 (50) 1 1	(7%) (2%) (2%) (2%)	3 1 (49) 1 (49) (48) (48) (50) 1	(2%) (2%) (2%)
5 2 (47) (47) 1 (48) (49) 1	(11%) (4%) (2%)	3 (49) 1 (49) (48) 1 (50) 1 1	(7%) (2%) (2%) (2%)	3 1 (49) 1 (49) (48) (48) (50) 1	(2%) (2%) (2%)
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1 (48) 	(2%)	(49) (48) 1 (50) 1 1	(2%)	(48) (50) 1	
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1	(2%)	1 1		1	
1	(2%)	1 1		1	
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	1 - 1 - 1	(44)			
(43)		(44)			
		\==		(48)	
		1	(2%)		
1	(2%)		(2%)		
	(2%)	-	(= /*/		
(48)	(2,0)	(49)		(43)	
(, -,	(2%)	(40)	
1	(2%)	1	(2.0)		
1	(270)	1	(2%)		
(48)		(49)		(50)	
1	(2%)				
401		(20)		(EO)	
(43)		(30)			(90)
405		(FO)			(2%)
49)		(50)			(90)
	(99)				(2%)
1	(2%)		(0~)		(2%)
			(2%)		(2%)
		(50)		(50)	
	(2%)				
	(49)	(49) 1 (2%)	(49) (50) 1 (2%) (49) (50)	(49) (50) 1 (2%) (49) (50)	$\begin{array}{cccc} & & & & 1 \\ (49) & (50) & (50) \\ 1 & 1 \\ 1 & (2\%) & 1 \\ (49) & (50) & (50) \end{array}$

TABLE B2. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE (Continued)

	CONTROL (CHAMBER)	LOW DOSE	HIGH DOSE
BODY CAVITIES			
*Mediastinum	(49)	(50)	(50)
Fibrosarcoma, metastatic	1 (2%)		
*Peritoneal cavity Hepatocellular carcinoma, invasive	(49)	(50)	(50) 1 (2%)
ALL OTHER SYSTEMS			·····
*Multiple organs	(49)	(50)	(50)
Carcinosarcoma	$(\frac{1}{2})$ (2%)	(00)	(00)
ANIMAL DISPOSITION SUMMARY			
Animals initially in study	50	50	50
Natural death	3	10	11
Moribund sacrifice	8	7	21
Terminal sacrifice	36	31	17
Accidentally killed, NOS	2	2	1
Animal missexed	1		
TUMOR SUMMARY			
Total animals with primary tumors**	27	35	43
Total primary tumors	38	52	64
Total animals with benign tumors	13	14	10
Total benign tumors	14	15	10
Total animals with malignant tumors	22	31	41
Total malignant tumors	24	36	54
Total animals with secondary tumors##	4	2	8
Total secondary tumors	6	2	12
Total animals with tumors uncertain			
benign or malignant		1	
Total uncertain tumors		1	

TABLE B2. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEARINHALATION STUDY OF TETRACHLOROETHYLENE (Continued)

* Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically.
 ** Primary tumors: all tumors except secondary tumors
 # Number of animals examined microscopically at this site

Secondary tumors: metastatic tumors or tumors invasive into an adjacent organ

ANIMAL				-01	- 01		0	a	5	a	0	л		0	<u>o</u> r	OT.	0	<u> </u>	N	70		0	Δ	7	<u>م</u> ا
NUMBER	07	4	3	4	0	0 2	0	0	0	0	0	0	1	1	12	1 3	14	1 5	1	17	18	19	20	2	22
WEEKS ON STUDY	0 8 9	0 9 7	0 9 8	0 9 8	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	104	1 0 4	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4						
INTEGUMENTARY SYSTEM Subcutaneous tissue Sebaceous adenoma Maliguant lymphoma, NOS	s	+	+	+	+	+ x	+	+	+	+	+	+	+	*	+	+	+ x	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronch: Hepatoceliular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Trachea	S	+	+	+	+ X X	+	+ X	*	+	+	+	+	+	+	+	+	+	+	+	+	+ x	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spieen	s	+	+	 +	÷	+	++	+		+		+	+ +	+	+	+	+	+	++	 +	++	+	++	+	- + +
Fibrous histiocytoms, malignant Lymph nodes Thymus	S	-	-	++	-	+ +	- +	-+	+	+ -	+	++	+	-	++	++	++	-	-+	-	× -	++	+ +	+	+++
CIRCULATORY SYSTEM Heart	s	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DICESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Fibrous histiocytoma, malignant	s S	++	++	+ + X	+ + X	+++	+ + X	+ * x	+ + x x	+ * X	+++	+++	++++	++++	+++	+++	+++	+ + * X	+++	+	+ + x	+ + X	+++	+ + X	+ * X
Hemangnoma Hemangnosarcoma Bile duct Gallbladder & common bile duct Pancress Esophagus Stomach	5555	+z++	+++++	+z+++	+++++	+z+++	+++++	++++	+ 2 + + +	+++++	+ 2 + + +	++++	++++	++++	++++	+ 2 + + +	++++	+z+++	+ + + + +	×+Z+++	+ 2 + + +	++++1	++++	+++++	+++++++++++++++++++++++++++++++++++++++
Vast cell tumor Small intestine Adenocarcinoma, NOS Large intestine	s s	+	++	+	++	++	+ +	++	++	+ +	++	++	++	++	+	+	+	++	++	+ +	++	+	++	+ x +	+
URINARY SYSTEM Kidaey Urinary bladder	s s	++	++	+++	+++	++	+	+++	+++	+++	++	++	++	++	+++	+++	+++	++	++	+ +	++	+	+	+++	
ENDOCRINE SYSTEM Pituitary Cortical adenoma Cortical adenoma Thyroid C-cell carcinoma	S S S	+ + +	+++++	+++++	++ +	+++++	+++++	+++++	+++++	+++++	++++	+ + X +	- + +	++++	++++	++++	++++	+++++	+++++	* * X *	+++++	+++++	++++	++ +x	 + + +
Parathyroid REPRODUCTIVE SYSTEM Mammary gland Testa	S S S	-++	+ N	+ N	+ N	N	+ N	+ N +	- N +	- N	+ N	- N	+ N	- N	- +	+ N	- N	+ N	+ N	N N	+ + + +	- N	- N	+ N	- - N
Interstitial cell tumor Prostate	S	+	+	+	+	+	+	+	× +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM Brain	s	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	۲	+	+	+	+	+
SPECIAL SENSE ORGANS Hardeman giand Papillary cystadebocarcinema, NOS	s	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, NOS	S	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
 Tissue Examined Microscopically Required Tissue Not Examined Mic Tumor Incidence N Necropsy, No Autolysis, No Microsc Animal Missezed 			-		00		1		1	Nec Aut Ant	rop oly ma	ny. Bli	No	Hu	stol		' Dı		ttec 'o P		900	1			

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE: CHAMBER CONTROL

ANIMAL NUMBER	0 2 3	0 2 4	0 2 5	0 2 6	0 2 7	028	0 2 9	0 3 0	0 3 1	0 3 2	0 3 3	0 3 5	0 3 6	01 3 7	0 3 8	0 3 9	4	04	4	4	0	0	0 4 8	0	0 5	
	3	4	5	6	7	8	9	0	1	2	3	5	6	7	8	9	1	21	3	5	6	7	8	9	0	TOTAL.
WEEKSON STUDY	0	04	104	0 4	1	04	0 4	104	1 0 4	4	4	0	04	0	0	0	0	0 4	1 0 4	04	1 0 4	1 0 4	1 0 4	4	1 0 4	TISSUE
NTEGUMENTARY SYSTEM ubcutaneous tissue Sebaceous adenoma Malignant lymphoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	*49 1 2
ESPIRATORY SYSTEM ungs and bronch: Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma rachea	+	+	+ X +	+	+	+	+	+	+	+	+	* *	+	+	+	+	+	+	+	+	+ X +	+	+ X +	+	++	49 2 3 4 49
IEMATOPOIETIC SYSTEM one marrow pleen Fibrous histiocytoms, malignant ymph nodes hymus	+++	++ -+	++++-	++	++	++	++ -+	++ -+	++++-	++ -+	++++-	++ ++ ++	++ -+	++	++ ++ ++	++	+++++	++++++++++++++++++++++++++++++++++++++	++	++ ++	++	++ -+	++ + + -	++ + -	++ ++	49 49 1 25 25
IRCULATORY SYSTEM	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
DIGESTIVE SYSTEM islivary gland Hepatocellular adenoma Hepatocellular carcinoma Fibrous histiocytoma, malignant Hemangtoma Hemangtoma	++	+++	+++	+ + x	++	+	++	+ * x	++	+ + x	+ + x	+ + x	++	++	+++	+ + x	+++	+ + * x	++	+++	++	++	+++	+ + x	+ + XX	49 49 12 7 1 2
Itemangubartuma ile duct allbladder & common bile duct tacreas sophagus tomach Mast cell tumor mail intestine Adenocarcinoma, NOS arge intestine	+Z+++ + +	+++++ + +	+++++ + +	+++++ + +	+++++ + +	+++++ + +	+z ++ + +	+z+++ + +	+++++ + +	+++++ + +	+++++ + +	+z+++ + +	++1++ + +	+++++ + +	+++++ + +	+++++ + +	+++++ + +	+z+++ + +	+++++++++++++++++++++++++++++++++++++++	+++++ + +	+z+++ + +	+++++ + +	+++++ +x+	+++++ + +	+++++ + +	49 +49 47 48 1 49 2 48
RINARY SYSTEM	+	+	++	++	+++	++	++	++	++	+++	+	+++	++	+++	++	+	+	+	+++	++	+++	++	+++	+++	++	49 48
NDOCRINE SYSTEM Ituitary Idrenai Cortical adenoma hyroid C-cell careinoma urathyroid	++++	+++++	++ + +	++++-	++ + +	++	++	+++++	++ + +	++ + + + +	++ + -	++ + + +	++++-	++ + -	++ + -	+++-	+++++	+ + + -	++ + -	++++-	++ + -	++ + -	++ + -	++ + -	+ + -	47 49 2 47 1 20
EPRODUCTIVE SYSTEM fammary gland estis interstitual cell tumor rostate	× + +	N + +	N + +	N + +	N + +	N + +	N + -	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	- x + +	*49 49 1 48
ERVOUS SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
PECIAL SENSE ORGANS arderian gland Papillary cystadenocarcinoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	* 49 1
LL OTHER SYSTEMS fultiple organs, NOS Malignant lymphoma, NOS	N	N	N	N	N	N	N	N	N	N	N	NX	N	N	N	N	N	N	N	N	N	N	N	N	N	•49

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE: CHAMBER CONTROL (Continued)

* Animals Necropsied

ANIMAL NUMBER	0 0 2	0 4 3	0 0 7	0 0 5	0 3 1	0 1 2	0 0 3	0 4 5	0 0 9	0 3 0	0 4 1	0 2 0	0 2 8	0 1 8	0 4 7	0 2 6	0 3 8	0 2 5	0 3 9	0 4 6	0 0 8	0 1 1	0 3 4	0 2 3	0 1 6
WEEKSON Study	0 4 6	0 5 5	0 6 1	0 6 3	0 6 6	074	0 7 5	0 7 9	0 8 5	0 8 5	0 8 5	0 8 6	0 8 6	0 8 9	0 8 9	0 9 2	0 9 2	0 9 6	9	0 9 7	0 9 8	0 91 81	0 91 81		1 0 2
INTEGUMENTARY SYSTEM Subcutaneous tissue Sebaceous adenoma	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronch: Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Trachea	+	+	A A	+++	* *	+	+	+	* *	+	+	+	* *	* *	+ X +	++	+	+	+++	+ +	+	+	* *	+	++
HEMATOPOIETIC SYSTEM Bons marrow Spieen Lymph nodes Thymus	++++	+++ -	A A A A	+++++++++++++++++++++++++++++++++++++++	+++-	++	+	++	++	+++ -	+++ -	++	++	+++ -	++++	++++	++	++	++	+ + + -	++ + 1 - 1	++++	++++	++++	+++
CIRCULATORY SYSTEM Heart Blood vesseis Blood vesseis Hepstocellular carcinoma, metastatic	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ א	+ N	+ N X	+ N	+ N	+ N	+ N	+ N		+XNX
DICESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Hemangioma	++	+++	*	+ + X	+ + x	+ + X	∓ x	+++	+ + x	++	+ + x	++	+ + x	+ + x	+ + X X	++ * X	++	+ + X	+ + x	+ + x	+ + x	+ + x	+ + x	+ +	+ + X X
Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Small intestine	+ + + + + + + + + + + + + + + + + + + +	+ 2 + + + 1		++++	+z+++.	+ z + + i +	+z +	+ 2 + + + + + +	+z+++.	++++++	++++++	+++++++	+ 2 + + + + + -	+2++++	+z++	+++++	+++++	+ 2 + + + + + + + + + + + + + + + + + +	+2++++	+2++++.	++++++	+++++	+ z + + + + + +	++++++	++++++
Large intestine URINARY SYSTEM Kidney Tubular cell adenocarcinoma Urinary bladder	+	+++	A A	+++	+++	+	+	+++	+++	+++	+++	+++	+++	+++	+++	+++	- + +	+++	+++	+	+++	+++	+++	- + +	+ + +
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adenoma, NOS Adrenai Cortucai adenoma	+	-+	A A	+	+ x x +	-+	- +	+	-+	+	+	+	+	+	+	-+	-+	+	++	+	-+	+	+	+	 + +
Pheochromocytoma Thyroid Parathyroid	+	+ -	A A	+ -	+ -	+ -	++	+ -	+ -	++	+ -	++	+++	+ -	++	+ -	+ -	++	+++	++	+ -	+ 	+++	+ +	X + -
REPRODUCTIVE SYSTEM Mammary gland Testa Prostate	N + +	N + +	N A A	N + +	N + 1	N + -	N T	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	V++	N + +	N + +	N + +	N + +	- N + +
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-+
SPECIAL SENSE ORGANS Hardeman giand Papillary adenoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	- И
ALL OTHER SYSTEMS Multiple organs, NOS Hepatocellular carcinoma, metastatic Valignant lymphoma, NOS	N	N X	N	N	N	N	N	N	N	N X	N	N	N	N	N X	N	N	N	N	N	N	N X	N X	N X	N

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE: LOW DOSE

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	0	0	0	0 2	0	0	0	0	0	0	0	0	0	0	0	0	[
	1	4	6	ō	3	4	5	7	9	2	2	2	2 7	2 9	3	3	3	3 6	7	ō	2	4	8	9	ŏ	TOTAL
WEEKS ON STUDY	1 0 4	1 0 4	1	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	104	104	104	104	104	04	104	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TISSUES
INTEGUMENTARY SYSTEM Subcutaneous tasue Sebaceous adenoma	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50
RESPIRATORY SYSTEM Lungs and bronchi Hepatoceiluiar carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Traches	+	+	+ x +	+ x +	+	+	+	+	+	+	+	+	+	+ x +	+ x +	+	+	+ x	* *	* *	+	+	+	+	+++	49 7 5 1 48
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	++++++	++	++	++ + + + + + + + + + + + + + + + + + + +	++ + + + + + + + + + + + + + + + + + + +	+++-	++	++++	++	++ + + + + + + + + + + + + + + + + + + +	++++-	+++ -	+++-	+++	+++-	+++ -	+++-	+++++++++++++++++++++++++++++++++++++++	++++	++	++-+	++++	+++-	+++++	++ ++ ++ ++ ++ ++ ++ ++ ++ ++ ++ ++ ++	49 48 24 18
CIRCULATORY SYSTEM Henangtoma Blood vessels Hepatocellular carcinoma, metastatic	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	50 1 •50 2
DIGESTIVE SYSTEM Sahvary gland Liver Hepatoceilular carcinoma Hemangtoma Bile duct Galibladder & common bile duct Pancreas Esophagua Stomach Stomach Small intestine Large intestine	++X ++++++	++ +++++++	++x +++++++	++ +Z+++++	++ ++++++++++++++++++++++++++++++++++++	++ x +++++++	++ × +Z+++++	++ ++++++++	++ x +++++++	++ x +++1++1	++X +N+++++	++ +++++++	++ x +++++++	++ x+++++++	++ x +x+++++	++X +++++++	++ +z+1+++	++x +++++++	++XX +++++++	++ x +2+++++	++ ++++++	++ ++++++++++++++++++++++++++++++++++++	++ +++++++	++X +++++++	+++++++++++	48 49 8 25 2 49 50 48 45 45 45 44 42 39
URINARY SYSTEM Kidney Tubular cell adenocarcinoma Urinary bladder	++	+ +	++	++	+ x +	++	++	+++	+	++	++	++	++	++	++	+	++	+	++	++	++	++	+	++	+++	49 1 46
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adenoma, NOS Adrenai Cortical adenoma Pheochromocytoma Thyroid Parathyroid	++++	+ + ++	+ + ++	+ + + +	+ + - -	+++-	+ + +	+ + + -	+++	+ + + -	++++	+ + +	+++	+ + + =	+ + + -	+ + + =	+ +	+ +	+ + + -	+ + + -	+ + + -	+ + + -	- + ++	+ + +	+++	41 1 48 1 1 46 15
REPRODUCTIVE SYSTEM Mammary gland Testas Prostate	N ++	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	- x + +	*50 48 46
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPECIAL SENSE ORGANS Harderian gland Papillary adenoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	*50 1
ALL OTHER SYSTEMS Multiple organs, NOS Hepatocellular carcinoma, metastatic Malignant lymphoma, NOS	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	*50 1 7

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE: LOW DOSE (Continued)

* Animala Necropsied

ANIMAL NUMBER	0 3 7	0 2 5	0 0 1	0 0 5	0 0 8	0 1 4	0 2 6	0 1 8	0 1 3	0 1 1	0 2 0	0 3 8	0 5 0	0 4 9	0 4 4	0 4 5	0 2 4	0 3 6	0 0 2	0 0 3	0 0 4	0 0 6	0 0 7	0	0 1 0
WEEKS ON STUDY	0 6 0	0 6 2	0 7 3	0 7 3	0 7 4	0 7 7	0 7 9	0 8 0	0 8 3	0 8 5	0 8 9	0 9 3	0 9 4	0 9 5	0 9 7	1 0 0	1 0 3	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	0	1 0 4
RESPIRATORY SYSTEM Lungs and bronch: Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Aiveolar/bronchiolar carcinoma Trachea	+	+	+	+	+	++	+	+	+	+	+	++	+	+	* *	+	+ X	+	+	+	+	+	+	+	+++++++++++++++++++++++++++++++++++++++
HEMATOPOIETIC SYSTEM Bone marrow Spieen Sarcoma, NOS Malignant lymphoma, NOS	+ +	+++	++	++	++	+++	++	+ + x	++	++	++	++	+++	+++	++	+++	++	++	++	++	++	+ + x	++	+++	- + +
Lymph nodes Malignant lymphoma, NOS Thymus	-	-	-	-	-	-	+	+	+ -	-	+	++	- +	+	-	+	+ +	+	-	- +	+ +	++	- +	+ +	+ +
CIRCULATORY SYSTEM Heart Blood vessels Hepatocellular carcinoma, metastatic	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	н М	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+NX	+ N	+ N	+ N	+ N	+ N	+ N	z +
DIGESTIVE SYSTEM Salivary gland Luver Hepatocellular adenoma Hepatocellular carcinoma Hemangnoma	+ + x	-+	+ + + X	÷ x	+ + x	+++	+ * x	++ + x	+ x	+ + x	+++	+ + x	+ + x	+++	+ + x	+ + x	+ + x	+ + x	+ + X	+ + x	+ + X	+ * x x	+ +	+ * x	- ++
Bile duct Gallbiadder & common bile duct Pancreas Esophagus Stomach Small untestune Large intestune	+ + + + + + + + + + + + + + + + + + + +	+21++11	+ z + + + + +	+2+1+11	+ z + + + + + +	+z 1 + + + 1	++++++	+Z+++++	++++++	+2++++	+ Z + + + + + +	+z++++	++++++	+z++++	+ z + + + + +	++++++	+ 2 + + + + +	+ 2 + + + + +	+z++++	++++++	++++++	++++++	++++++	++++++	++++++
URINARY SYSTEM Kidney Urinary bladder	++++	+ -	+++	++	+++	++	+++	+++	+++	++	++	+++	+++	+++	+	++	+++	++++	+++	+++	+++	+++	+++	+++	+++
ENDOCRINE SYSTEM Pituitary Adrenal Cortical adenoma Thyroid Follicular cell adenoma Parathyroid	++++	-+++	++ +x+	-++-	-+ + +	- - + +	+++++	++ + +	+++++	-+ + -	++++++	+++++++++++++++++++++++++++++++++++++++	++++-	++ + +	++x+ +	++ + +	++++-	+++-	+++++	++ + -	++ + -	++++-	++ + -	++ + -	+ + + +
REPRODUCTIVE SYSTEM Mammary giand Testus Prostats Proputa/chitoral giand Mast cell tumor	N + 1 N	+	N++NX	+	+	+++	+++	N + + N	++	+++	N + + N	N + + N	++	N + + N	N N N	N + + N	N + I N	N++N	N + + N	N + + N	N++N	N + + N	N + + N	Z++Z	Z++Z
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Harderian gland Papillary cystadenocarcinoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Fibrous histocytoma, malignant Malignant lymphoma, NOS	м	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THETWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE: HIGH DOSE

						_																				
ANIMAL NUMBER	0 1 2	0 	0 1 6	0 1 7	0 1 9	0 2 1	0 2 2	0 2 3	0 2 7	028	0 2 9	0 3 0	0 3 1	0 3 2	33	034	035	0 3 9	040	0 4 1	042	0 4 3	046	047	0 4 8	70744
WEEKSON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	104	104	104	1 0 4	1 0 4	1 0 4	104	1 0 4	1 0 4	104	1 0 4	1 0 4	104	TOTAL TISSUES TUMORS
RESPIRATORY SYSTEM Lungs and bronch: Hepatoceilular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma	+	+ x	+	+	+	+	+	+	+	+	+ x	+	+	+	+	+	+	+	+ X	+	+ x	+	+	+	+	50 1 1 4
Trachea HEMATOPOIETIC SYSTEM Bone marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+++++++++++++++++++++++++++++++++++++++	+	+	+	+++++++++++++++++++++++++++++++++++++++	+	+	+	+	+	+	+ + +	50
Spieen Sarcoma, NOS Malignant lymphoma, NOS Lymph nodes Malignant lymphoma, NOS	+	++	+	+	+	++	+	+	+	+	+ ~ .	+	+ + .	+	++	+	++	+	+	++	+	+ +x+	+	++	+	50 1 27 1 27
Thymus CIRCULATORY SYSTEM Heart Blood vessels Hepatocellular carcinoma, metastatic	+ N	+ N	+ N	- + N	+ N	+ N	+ N	+ ×	+ N	+ N	+ N	+ N	+ N	+ N	+ N	- + N	+ + N	- + N	+ N	+ N	+ N	+	+ + N	+ N	+ + N	50 •50 1
DIGESTIVE SYSTEM Salvary gland Liver	++++	++	+++	+ + + x	+++	+ + + x	+ + * X	+++	+ + * x	+ + * x	++	+++	++;	+ + * x	++ **	++;	+++	+++	++	++;	++;	++>	++	++;	(+ +	48 50
Hepatocellular adenoma Hepatocellular carcinoma Hemangioma Bule duct Gallbladder & common bile duct	+++	x +	++	• + +	++	× + +	A ++	x + N	++	+ N	++	x ++	x ++	+ N	+ N	XX +N	+ N	X X + +	x +	x ++	XX ++	++	X + N	X ++	+ N	19 26 2 50 •50
Pancreas Esophagus Stomach Small intestine Large intestine	++++	++++	+++++	+++++	+++++	+++++	+++++	++++	+++++	+++++	+++++	++++	+++++	+ + + +	++++	+++++	+++++	+++++	++++	+++++	++++	+++++	+++++	++++	+++++	47 48 49 45 44
URINARY SYSTEM Kidney Urinary bladder	+++	+++	++	+++	++	+++	++	+++	++	++	+++	+++	++	++	+++	+++	++	+++	++	++	++	++	++	++	++	50 48
ENDOCRINE SYSTEM Pituitary Adrenai Cortical adenoma	+++	++	++	++	++	+++	+++	+++	+++	+++	+++	+++	++	+++	++	+++	+++	++	+++	+++	+++	+++	+++	Ŧ	++	44 49 1
Thyroid Folicular cell adenoma Parathyroid REPRODUCTIVE SYSTEM	+	+	+	+	+	+	+	+	+	+	-	+	-	+	+	+	+	+	+	+	+	-	+	+	+ + -	50 1 21
Vammary gland Testis Prostate Preputal/clitoral gland	N + + N	Z + + Z	Z + + Z	+++++++++++++++++++++++++++++++++++++++	Z + + Z	Z + + Z	Z++Z	Z++Z	Z + + Z	Z + + Z	N + + N	Z++Z	N + + N	Z++Z	N + + N	Z++Z	Z++Z	Z++Z	N + + N	N + + N	Z + + Z	+++	N + + N	Z++Z	++	•50 49 44 •50
Viast cell tumor NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	t 50
SPECIAL SENSE ORGANS Harderian gland Papillary cystadenocarcinoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1
ALL OTHER SYSTEMS Multiple organs, NOS Fibrous histiocytome, malignant Malignant lymphoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	*50 1 1

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE: HIGH DOSE (Continued)

*Animals Necropsied

	·	- 61	AT	AL		- 71	- 21	- 71	- 10	- 01	- 71		- 71	TAT		- 74	- 20	- 20	- 61	AL	- 71	- 71	- 01	-
0 4 1	0 2 2	0 4 9	1 8	3	0 4 0	007	01 11 61	3 2	4 8	2	24	2	0 3 4	0	02	003	0	0	000	0	0	10	1	0 1 2
0 0 3	0 0 4	0 1 6	0 5 8	0 6 0	0 7 2	0 8 6	0 9 3	0 9 6	0 9 7	0 9 9	99	0 9 9	0 9 9	1 0 4	104	1 0 4	1 0 4	1 0 4	1 0 4	104	1 0 4	1 0 4	1 0 4	1 0 4
+	+	+	s	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
+	+	+	s	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	 +
+	+	+	s	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
+	+	+	ş	+	+	+		++	+	+	+	+	+	+	+	+	+	+	+	+	++	+	+	- +
+ +	+ +	-	s s	+	+ -	- -	+ ~	• + +	+ +	• +	+ -	+ -	• + +	• + +	++	++	+	++	+	- +	x + + x	+ +		+ +
+ N	+ N	+ N	s s	+ N	+ N	+ N	Ñ	+ N	+ N	+ N	+ N	+ N	+ N	4 + N	+ N	-+ N								
+++	++	++	s	Ŧ	+++	++		+	++	+	+	+	+	++	++	++	+	+	++	++	+	+	++	-++
+	+	+	_	+	+	+	_	+	+	+	× +	+	+	+	+	+	+	+	+	+	+	+	+	+
N + +	N + +	N + -	555	N + +	+++	++++	N T	N + +	+++	+ -+	++++	+++	+++	+++	+ + +	+++	++	+++	++++	+++	++++	N + +	+++	+++
+	++	++	S	++	++	++	-	+++	++	++	++	++	++	++	++	+ +-	++	++	+x +	++	++	++	++	++
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+	+++	+++	s	+++	+++	+++	2	+++	+++	+++	++++	+++	+++	+++	++++	++	++	+++	++	++	+++	+++	++	++
-	+	+	s	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+ x	+	+	+	+	+
+	+	+	s	+	+	+	-	+	X +	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+
+	+	-	S	+	+	+	-	+	-	+	-	-	-	-	+	+	-	-	-	+	+	++	-	+
+	N	+	s	+	+	N	N	N	N	N	+	*	+	+	+	+	+	+	+	+	+	+	+	N
+	+	+	5	+	+	+	-	+	•	+	+	+	+	+	+	x	+	+	+	+	+	+	+	+
	·	•	•	•		•		•		,	·		•	·		·			•					
+	+	+	s	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
N	N	N	s	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
									х															
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N	N	N	s	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N
N	N	N	s	N	N		N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N
						X	x	x	x	x														
	1 000 + + + + + 1 + + + + ×<	$\begin{array}{c} 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 $	0 0 0 1 3 4 6 + + + <td>0 0</td> <td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>0 0</td> <td>0) 0)<</td> <td>0 0</td> <td>0 0</td> <td>0 0</td> <td>0 0</td> <td>0 0</td> <td>0 0</td> <td>0 0</td>	0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0) 0)<	0 0	0 0	0 0	0 0	0 0	0 0	0 0

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE: CHAMBER CONTROL

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Tissue Examined Microscopically Required Tissue Not Examined Microscopically Tumor Incidence Necropey, No Autolysis, No Microscopic Examination Animal Missexed

x N S

No Tissue Information Submitted Necropey, No Histology Due To Protocci Autolysis Animal Missing No Necropey Performed

C A M B

ANMAL VUMBER 0 <t< th=""></t<>
WEEKSON I </td
Subcutaneous issue + + + + + + + + + + + + + + + + + + +
Lungs and bronchilar adenoma + + + + + + + + + + + + + + + + + + +
HEMATOPOIETIC SYSTEM ************************************
Bone marrow + + + + + + + + + + + + + + + + + + +
Lymph nodes - + - + + + + + + + + + + + + + + + + +
Heart + + + + + + + + + + + + + + + + + + +
Blood vessels N N N N N N N N N N N N N N N N N N N
Selivary gland + + + + + + + + + + + + + + + + + + +
Heipstoceilular carcinoma x 1 Bile duct + + + + + + + + + + + + + + + + + + +
Gallbladder & common bile duct + N + + + + + + + + + + + + + + + + + +
Esophagus + + + + + + + + + + + + + + + + + + +
Papilloma, NOS + + + + + + + + + + + + + + + + + + +
Ractum + + + + + + + + + + + + + + + + + + +
Kidney + + + + + + + + + + + + + + + + + + +
ENDOCRINE SYSTEM Pitutary Carcinoma, NOS X X X X X 5
Adenoma, NOS X 2 Adrenai + + + + + + + + + + + + + + + + + + +
Fibroaccoma, metastatic 1 Thyroid + + + + + + + + + + + + + + + + + + +
REPRODUCTIVE SYSTEM Mammary gland Fibrogarcoma
Uterus $+ + - + - + + + + + + + + + + + + + + - + 43$ Liscus X Endometral stromal polyp 1
Ovary + + + + + + + + + + + + + + + + + + +
NERVOUS SYSTEM Brain Carcinoma, NOS, metastatic
SPECIAL SENSE ORGANS Eye NNNN+NNNNNNNNNNNNNNNNNNNNN
Eye NNNN+NNNNNNNNNNNNNNNNNNNNNNNN Hemangtosarcoma X 1 Harderian gland NNNNNNNNNNNNNNNNNNNNNNNNN 149
Adenoma, NOS Ear Squamous cell papuloma X I I I I I I I I I I I I I I I I I I
BODY CAVITIES Mediastinum Fibrosarcoma, metastatic NNNNNNNNNNNNNNNNNNNNNNNN *49 1
ALL OTHER SYSTEMS Multiple organs, NOS Fibrous histocytoma, malignant
Carcinosarcoma Malignant lymphoma, NOS X X X 8

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE: CHAMBER CONTROL (Continued)

* Animals Necropsied

A NIMAL Number	0 3 7	0 4 3	0 1 5	0 4 1	0 2 5	0 5 0	0 1 1	0 0 2	0 3 5	0 4 9	0 2 7	0 4 2	0 1 0	0 2 4	0 4 5	0 2 6	0 3 2	0 2 0	0 3 3	0 0 1	0 0 3	004	0 0 5	0 0 6	0 0 7
WEEKS ON STUDY	0 0 5	0 0 5	0 0 7	0 0 7	0 1 1	0 1 4	0 2 4	0 3 4	0 7 5	0 7 6	8	0 9 0	0 9 1	0 9 4	0 9 4	1 0 0	1 0 1	1 0 2	1 0 3	104	1 0 4	1 0 4	104	104	104
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Trachea	+	+	+	+	+	++	+	++	+	+	+	+	+	* * +	+	+	+	+ X +	+	+	+ X +	+	+	+	- + +
HEMATOPOIETIC SYSTEM Bone marrow Spieen Hemangtoma Malignant lymphoma, NOS Lymph nodes Thymus	++	++ +1	++ ++	++ + +	** **		++ -+	++++	++	++	++ ++	++ ++	++ -+	++	++	++++	++ -+	++ ++	++ -+	++ +	++ ++	++ ++	++ ++	++	- ++ ++
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+			+	+	+	- +
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma	+ +	+++	++	+++	+++	++	++	+++	++	+ + x	++	+++	+++	+ + x	+ + x	+ + x	+++	+ + X X	++++	+ + X	++	+++	++	+ + * X	- ++ +
Hemangrosarcoma Bile duct Galibiadder & common bile duct Pancreas Esophagus Stomach Smail untestine Malignant lymphoma, NOS Large intestine	+z++++ +	+ + + + + Z +	+2+++ +	+z++++ +	+++++1 1	+21++1	++++++ +	+z+++ +	+z+++ 1	+z++++ +	+z++++ +	+2++++ +	+++++ +	++++++ +	+z+++	+2++++ +	++++++ +	++++++ +	++++++ +	++++++ +	++++++ +	X++++++ +	++++++ +	++++++X+	+++++ +
URINARY SYSTEM Kidney Urinary bladder	++	++	++	++	+	-	+++	++	++	++	++	++	++	+++	+++	++	+++	++	++	++	+	++	++	+++	- + +
ENDOCRINE SYSTEM Pitutary Carcinoma, NOS Adrenal Adenoma, NOS Pheochromocytoma Thyroid Folicular cell adenoma	+ + +	- + +	- + +	- + +	++	- + +	+ + +	- + +	+ + +	+ + +	++	- + +	++++	++++	++++	+ + x +	+ + +	++++	+ + +	++++	+++	+ + *	++++	+ + +	- + + +
Parathyroid REPRODUCTIVE SYSTEM Mammary gland Model Strategy NOP	- N	+	- N	+	+ N	+	- N	- N	- N	N	+	+	- N	+	+	++	+ + *	+ N	+	+	- N	+	+	- N	- +
Adenocarcinoma, NOS Adenocaquamous carcinoma Uterus Leiomyoma Leiomyoma Deninger entrodenene, NOS	+	+	- +	+	+	- +	+	+	+	+	+	++	* *	+	+	+	• +	+	+	+	+	+	+	- +	+
Papillary cystadenoma, NOS Mesothelioma, NOS NERVOUS SYSTEM Brain				•	_							X					_								-
Brain SPECIAL SENSE ORGANS Harderian gland Papillary adenoma	T N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	+ N	ד א
ALL OTHER SYSTEMS Multupie organs. NOS Malignant lymphoma, NOS Malig. lymphoma, histiocytic type	N	N	N	N	N	N	N	N X	N	N	N X	N	N X	N	N X	N	N	N	N X	N	N	N	N X	N	- X X

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE
TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE: LOW DOSE

ANIMAL NUMBER	0 0 8	0 9	0 1 2	0 1 3	0 1 4	0 1 6	0 1 7	0 1 8	0 1 9	0 2 1	0 2 2	0 21 3	0 2 8	0 2 9	0 3 0	0 3 1	0 3 4	0 31 6	0 3 8	0 3 9	0 4 0	0 4 4	0 4 6	0 4 7	0 4 8	TOTAL:
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	104	1 0 4	104	1 0 4	104	1 0 4	104	1 0 4	104	1 0 4	104	104	104	1 0 4	104	104	TISSUES
RESPIRATORY SYSTEM Lungs and bronchi Hepetocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+ x	+	+	+	+	50 2 2 1
Trachea HEMATOPOIETIC SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Bone marrow Spieen Hemangtoma Malignant lymphoma, NOS	++	++	++	+ +	++	++	+++	+ +	++	++	++	++	++	++	++	+ + x	+++	++	+ +	+ + x	+ +	+++	++	++	+ +	49 49 1
Lymph nodes Thymus	+	++	Ŧ	+	Ŧ	+++	++	++	++	÷	++	Ŧ	++	+	++	+++	+ +	+ -	++	++	+ +	+ +	+ +	+	Ŧ	31 39
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Selivary gland Liver	+ + x	+++	++	+++	+++	++	+++	++	+	 +	+	+	++	+	++	+	;	+	+++	+	+++	+	++	++	++	49 50
Hepatocellular adenoma Hepatocellular carcinoma Hemangiosarcoma Bile duct	л +	х +	+	+	x +	+	+	+	x +	x +	x +	+	+	+	+	X X +	х +	X X +	х +	+	+	+	+	+	+	6 13 3 50
Gallbladder & common bile duct Pancreas Esophagus Stomach	++++	++++	++++	++++	N + + +	++++	++++	++++	N+++	++ -+	++++	++++	++++	++++	++++	N+++	++++	++++	++	++ ++	++	++ -+	N++-	+++-	++ ++	*50 49 44 50 45
Somacn Small intestine Malignant lymphoma, NOS Large intestine	+	+++	+++	++	++	+++	++	+++	++	+++	+++	+++	+++	++	+++	+ +	++	++	+	+++	++	+++	++	++	+++	45 1 46
URINARY SYSTEM Kidney Urinary bladder	++	+++	++	+	++	++	+++	++	++	++	++	++	++	+++	++	++	++	++	+++	++	+++	+	+++	++	- ++	49 48
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS	, x	+	+	+ x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷ x	+	+	+	43 3
Adrenai Adenoma, NOS Pheochromocytoma Thyroid	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	49 1 1 48
Follicular cell adenoma Parathyroid	-	-	-	-	+	-	-	+	-	+	-	+	+	+	-	-	-	+	-	-	-	_	-		+	1 17
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS	+	+	+	+	N	N	N	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	N	+	*50 1
Adenosquamous carcinoma Uterus Leiomyoma Leiomyosarcoma	+	+	+	+	+ X	+	+	Х +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	-	-	1 44 1
Ovary Papillary cystadenoma, NOS Mesothelioma, NOS	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	÷	+	49 1 1
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
SPECIAL SENSE ORGANS Harderian gland Papillary adenoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	*50 1
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, NOS Malig. lymphoma, histiocytic type	N	N	N	N	N	N	NX	N	N	N	N	N X	NX	N	N	N	N	N X	N	N	N	N	N	N	N	*50 10 1

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE: LOW DOSE (Continued)

* Animals Necropsied

ANIMAL NUMBER	0 1 2	0 1 6	0 3 2	0 2 0	0 1 4	0 4 3	0 3 1	0 1 3	0 2 7	0 3 5	0 2 9	0 4 5	0 1 7	0 2 4	0 3 6	0 4 7	0 4 8	0 2 5	0 3 9	0 3 7	0 4 2	0 3 3	0 1 1	0 1 5	0 1 9
WEEKS ON STUDY	0 0 1	0 3 6	0 5 4	0 6 7	0 6 9	0 6 9	0 7 6	0 7 8	0 8 5	0 8 5	0 8 8	0 8 8	0 8 9	0 8 9	0 9 1	0 9 3	0 9 3	0 9 5	0 9 6	0 9 7	0 9 7	0 9 8	0 9 9	1 0 0	1 0 1
INTEGUMENTARY SYSTEM Skin Squamous cell papilloma	N	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronchi Adenocarcinoma, NOS, metastatic Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Sarcoma, NOS, metastatic Trachea	+	+	+	+ X X X +	+	* *	+	+	+	+ X +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	- + +
HEMATOPOIETIC SYSTEM Bone marrow Spieen Maignant lymphoma, NOS Lymph nodes Adenocarcunoma, NOS, metastatic Alveolar/bronchiolar ca, metastatic Hemangtoma Thymus	+	+	+++++	+ + + x	+++++	++ + *	++ -	++++	++ -	++ +	++	+++++	++ -	++	++ -	++++++	++++++	++	++ +	+ + +	++ - +	++	++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++
CIRCULATORY SYSTEM	+	+	+	- *	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary giand Liver Hepatocellular adenoma Hepatocellular carcinoma Bile duct Gaibladder & common bile duct Pancreas Esophagus Stomach Small intestine Large intestine	++ +++++	++ +z++++++	++ +++++++	++ x++++	++ x+z++++	++ +z+++1	++ x+z+++1	++X +++++++	++ ++++++	++ X+Z+++++	++ X+Z+++++	++ x+++++++	++ x+z+++++	++ x+++++++	++ ×+Z+++++	++ +z++++	++ X++++++	++ X++++++	++ x+z+++++	++ x+++++++	++++Z++++	1+ ++++++	++ X+Z+++++	++ X+N+++++	++ x+++++++
URINARY SYSTEM Kidney Urinary bladder	+	++	++	+ -	++	++	++	++	++	++	++	++	++	++	+++	++	++	+	+	++	++	+	+	+++	- +
ENDOCRINE SYSTEM Carcinoma, NOS Adenoma, NOS Chromophobe adenoma Adrenai Carcinoma, NOS Thyroid Parathyroid	+	++++	- + +	+ + +	+ + +	- + +	-++	- + +	+++	+++	+ X+ +	+ + +	++++	+++	++++	+ + +	+ + +	++++	+ + + + + + + + + + + + + + + + + + +	+++	+ + -	++++	+ x + +	- + +	
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS Adenoequamous carcinoma	N	N	+	+	+	×	+	+	- + x	N	+	+	+	N	N	+	N	+	- N	+	+	N	N	+	+
Uterus Ovary NERVOUS SYSTEM	+	++	++	+	++	+++	++	++	++	+	++	++	+	+	++	+	++	++	++	++	++	+	++	++	++
Brain SPECIAL SENSE ORGANS Eye Sebaceous adenoma Harderian giand Papillary carcinoma Adenoma, NOS Papillary adenoma	+ N N		+ + N	+ N N			+ N N				+ N N		+ N N												
RODY CAVITIES Peritoneum Hepatocellular carcinoma, invasive	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
ALL OTHER SYSTEMS Vultaple organs, NOS Valignant lymphoma, NOS	N	N	N X	N	N	N	N	N	N	N	N	N	N	N X	N	N X	N	N	N	N	N	N X		N	 N

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE: HIGH DOSE
					_																					
ANIMAL Number	0 4 0	0 1 0	049	0 2 3	0 4 4	0 5 0	0 0 1	0 0 2	0 0 3	004	0 0 5	0	007	0 0 8	009	018	0 2 1	0 2 2	0 2 6	0 2 8	000	034	0 3 8	0 4 1	0 4 6	TOTAL
WEEKSON STUDY	1 0 1	1 0 2	1 0 2	1 0 3	1 0 3	1 0 3	104	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	104	1 0 4	1 0 4	1 0 4	1 0 4	104	1 0 4	104	TISSUES
INTEGUMENTARY SYSTEM																_									-	
Skin Squamous cell papilloma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	*50 1
RESPIRATORY SYSTEM Lungs and bronchi Adenocarcinoma, NOS, metastatic Hepatocellular carcinoma, metastatic Alveolar/bronchuolar adenoma Alveolar/bronchuolar carcinoma Sarcoma, NOS, metastatic Trachea	+	+	+	+ x +	+ x +	+	+	+	+	+	+	+	+ +	+	+	+ x +	+ x +	+	+ x +	+	+ x +	+	+	+	 + x +	50 1 7 1 2 1 50
HEMATOPOIETIC SYSTEM					-																					
Bone marrow Spleen Walignant lymphoma, NOS Lymph nodes Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar ca, metastatic	+ + +	++	++	++	++ +	+++++	++	+++++	++	++ +	++	++++	+ + +	++	++++	++	++ +	++ -	++ +	++	++++	+ + X +	++++	+ + -	++	48 50 1 26 1
Hemangtoma Thymus	_	_	_	-	_	+	_	+	-	_	+	+	+	+	X +	_	+	+	+	+	+	+	-	+	-	22
CIRCULATORY SYSTEM Heart Sarcoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1
DIGESTIVE SYSTEM Selvvary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Bule duct Galibladder & common bule duct Pancreas Esopharua	++x ++++	++ x++++	++ x++++	++ x++++	++ x++++	++ ++++	++ ++++	++ x++++	++ x++++	++ x++++	++ x+z++	++ x++++	++ x++++	++ +++-	++ x++++	++ x+++	++ x++++	++ x+x++	++ x+z++	++ x+z++	++ x++++	++ x++ -+	++ X++++	++ + + + + + + + + + + + + + + + + + + +	++ x++++	49 50 2 36 50 •50 49 49
Stomach Small intestine Large intestine	+ + +	++++	+ + +	++++	·+++	++++	++++	+++	++++	+++	++++	++++	+++	++++	++++	·+++	++++	++++	·+++	++++	·+++	+++++	++++	* * *	·++ ++	48 46 45
URINARY SYSTEM Kidney Urinary bladder	+ -	++	+ +	+ +	+ +	+++	+++	++	+++	++	+++	++	+ +	++	+ +	++	+ +	+++	+++	+++	++	+ +	++	+ +	+ +	50 47
ENDOCRINE SYSTEM Pitutary Carcinoma, NOS Adenoma, NOS Chromophobe adenoma	+	*	+	+	+	+	+	*	+	+	+	-	+	+	*	-	+	+	+	+	+	+	+	+	+	42 3 1
Adrenal Carcinoma, NOS Thyroid	-	+++	+	++	+	+	++	+	++	+	+	+++	++	+	+	+	+	++	+	++	+	++	+	++	+	49 1 48
Parathyroid	-	-	-	-	-	÷	-	+	-	+	-	-	-	-	-	-	+	-	÷	-	_	_	-		+	23
REPRODUCTIVE SYSTEM Vammary gland Adenosquarcinoma, NOS Adenosquamous carcinoma	+	+	+	N	N	+	+	+	+	+	N	+	+	+	N	+	+	+	N	N	+	+	+	+	N +	•50 1 1 48
Uterus Ovary		Ŧ	÷	÷	Ŧ	Ŧ	Ŧ	÷	Ŧ	Ŧ	÷	+	÷	Ŧ	÷	÷	-	÷	÷	+	÷	÷	+	Ŧ	÷	43
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPECIAL SENSE ORGANS Eye Sebaceous adenoma													N							х						*50 1
Harderian gland Papillary carcinoma Adenoma, NOS Papillary adenoma	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	IN.	N	X	N	2	IN	*50 1 1 1
BODY CAVITIES Peritoneum Hepatocellular carcinoma, invasive	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N X	N	N	N	N X	N	N	N	N	N	*50 7

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE: HIGH DOSE (Continued)

* Animala Necropsied

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APPENDIX C

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS IN THE TWO-YEAR INHALATION STUDIES

OF TETRACHLOROETHYLENE

C	ONTROI	L (CHAMBER)	LOW	DOSE	HIG	H DOSE
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALI	LY 50		50		50	
INTEGUMENTARY SYSTEM						
*Skin	(50)		(50)		(50)	
Inflammation, suppurative	1	(2%)	1	(2%)		
Abscess, NOS						(2%)
Inflammation, chronic		(0 (7))			1	(2%)
Hyperplasia, basal cell		(2%)				
Hyperkeratosis Acanthosis	1	(2%)			1	(00)
Parakeratosis						(2%) (2%)
*Subcutaneous tissue	(50)		(50)		(50)	
Abscess, NOS	(00)		(00)			(2%)
					·	(2.70)
RESPIRATORY SYSTEM						
*Nasal cavity	(50)		(50)		(50)	
Foreign body, NOS		(4%)		(2%)		(2%)
Mineralization		(68%)		(70%)		(68%)
Inflammation, NOS		(22%)		(18%)		(14%)
Inflammation, suppurative		(20%)		(28%)		(22%)
Hyperplasia, epithelial Metaplasia, squamous	ə	(10%)		(10%)	-	(10%)
*Larynx	(50)		5 (50)	(10%)	э (50)	(10%)
Foreign body, NOS	(30)			(2%)	(50)	
Inflammation, NOS				(6%)	2	(4%)
Inflammation, suppurative	٥	(18%)		(32%)		(4%) (14%)
Hyperplasia, epithelial	9	(10%)	10	(32%)		(14%)
Metaplasia, squamous						(4%)
#Trachea	(48)		(48)		(49)	(470)
Inflammation, NOS	(40)			(2%)	(40)	
Inflammation, suppurative	2	(4%)		(2%)	1	(2%)
#Lung/bronchiole	(50)	(1.0)	(47)	(= / • /	(50)	
Inflammation, NOS	(00)		()			(2%)
Hyperplasia, epithelial	1	(2%)				(4%)
#Lung	(50)		(47)		(50)	
Foreign body, NOS			1	(2%)		
Congestion, NOS			1	(2%)	1	(2%)
Edema, NOS			1	(2%)		
Hemorrhage	4	(8%)	4	(9%)		(8%)
Inflammation, NOS						(8%)
Inflammation, suppurative		(2%)			1	(2%)
Inflammation, granulomatous focal		(2%)	2	(4%)		
Fibrosis	2	(4%)				(14%)
Perivascular cuffing		(00)			1	(2%)
Necrosis, NOS		(2%)		(60)	•	(00)
Hyperplasia, alveolar epithelium Metaplasia, squamous		(14%) (2%)	3	(6%)	3	(6%)
Metaplasia, squamous Metaplasia, osseous		(2%)	1	(2%)		
Histiocytosis		(16%)		(15%)	15	(30%)
IEMATOPOIETIC SYSTEM	(50)		(E0)		(70)	
*Multiple organs	(50)		(50)		(50)	(0.07)
Hematopoiesis #Bono monouu	(40)		(10)			(2%)
#Bone marrow Fibrosis	(48)		(46)		(48)	(8%)
						1 1 1 1 1 1

Fibrosis 6 (12%) Necrosis, NOS 1 (2%) Metaplasia, osseous 1 (2%) Hematopoiesis 1 (2%) #Mandibular lymph node (46) Hyperplasia, NOS 8 (17%) #Thoracic lymph node (46) Hemosiderosis 1 (2%) #Lung (50) Hyperplasia, NOS 2 (4%) #Lung (50) Hyperplasia, lymphoid 1 (2%) #Colon (41) Hyperplasia, lymphoid (41) #Adrenal (49) #Adrenal (40) #Mandibular lymph node (50) Thrombosis, NOS 500 *Mediastinum (50) Thrombosis, NOS 1 (2%) *Mandibular lymph node (46) Lymphangiectasis 1 (2%) *Mandibular lymph node (46) Lung			
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#Brain (50) (50) Thrombosis, NOS * *Mediastinum (50) (6) Thrombosis, NOS (50) (6) #Splenic capsule (50) (6) Thrombosis, NOS (50) (7) #Mandibular lymph node (46) (6) Lymphangiectasis 1 (2%) *Nasal cavity (50) (6) Thrombosis, NOS 9 (18%) #Lung (50) (6) #Lung (50) (7) #Heart (50) (7) Mineralization 1 (2%) Thrombosis, NOS 6 (12%) Thrombus, organized 1 (2%) Inflammation, NOS 5 (10%) Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) (7) Inflammation, chronic 1 (2%) #Liver (50) (7) Thrombosis, NOS 1 (2%) #Liver (50) (7) </td <td>1 (3%)</td> <td></td> <td></td>	1 (3%)		
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Thrombosis, NOS *Mediastinum (50) (50) *Mediastinum (50) (50) (50) Thrombosis, NOS (50) (50) (50) #Mandibular lymph node (46) (46) (46) Lymphangiectasis 1 (2%) (50) (50) *Nasal cavity (50) (50) (50) (50) Thrombosis, NOS 9 (18%) (18%) (12%) #Lung (50) (50) (50) (50) #Lung (50) (12%) (50) (12%) #Heart (50) (12%) (11%) (11%) Thrombosis, NOS 6 (12%) (11%) (11%) Thrombus, organized 1 (2%) (2%) (11%) Fibrosis 41 (82%) (11%) (11%) Necrosis, NOS 1 (2%) (2%) (11%) *Blood vessel (50) (11%) (11%) Inflammation, chronic 1 (2%) (2%) #Liver (50) (11%) (2%)	(50)	(50)	
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Thrombosis, NOS (50) (50) #Splenic capsule (50) (50) Thrombosis, NOS (46) (2%) *Nasal cavity (50) (6) *Nasal cavity (50) (6) #Lung (50) (7) #Lung (50) (7) #Lung (50) (7) #Heart (50) (7) Mineralization 1 (2%) Thrombosis, NOS 6 (12%) #Heart (50) (7) Mineralization 1 (2%) Thrombus, organized 1 (2%) Inflammation, NOS 5 (10%) Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) (7) Inflammation, chronic 1 (2%) Hypertrophy, NOS 1 (2%) #Liver (50) (7) Hrombosis, NOS 1 (2%) #Liver (50) (7) Perivasculitis 2 (4%)	(50)	(50)	(_,.,)
#Splenic capsule (50) (50) Thrombosis, NOS (46) (46) Lymphangiectasis 1 (2%) *Nasal cavity (50) (6) Thrombosis, NOS 9 (18%) #Lung (50) (6) Thrombosis, NOS 1 (2%) #Heart (50) (6) Mineralization 1 (2%) Thrombosis, NOS 6 (12%) Thrombus, organized 1 (2%) Inflammation, NOS 5 (10%) Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) (7) Inflammation, chronic 1 (2%) Hypertrophy, NOS 1 (2%) #Liver (50) (7) Thrombosis, NOS 1 (2%) #Liver (50) (7) Hypertrophy, NOS 1 (2%) #Testis (50) (7) Perivasculitis 2 (4%)	(00)		(2%)
Thrombosis, NOS #Mandibular lymph node (46) (46) Lymphangiectasis 1 (2%) *Nasal cavity (50) (6) *Inrombosis, NOS 9 (18%) #Lung (50) (6) Thrombosis, NOS 1 (2%) #Heart (50) (6) Mineralization 1 (2%) Thrombosis, NOS 6 (12%) Thrombosis, NOS 6 (12%) #Heart (50) (6) Mineralization 1 (2%) Thrombosis, NOS 6 (12%) Thrombus, organized 1 (2%) Inflammation, NOS 5 (10%) Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) (7) Inflammation, chronic 1 (2%) #Liver (50) (7) #Liver (50) (7) #Testis (50) (7) Perivasculitis 2 (4%)	(50)	(49)	(2,0)
#Mandibular lymph node (46) (46) Lymphangiectasis 1 (2%) *Nasal cavity (50) (6) Thrombosis, NOS 9 (18%) #Lung (50) (6) Thrombosis, NOS 1 (2%) (7) #Heart (50) (7) Mineralization 1 (2%) (7) Thrombosis, NOS 6 (12%) (7) Thrombosis, NOS 6 (12%) (7) Thrombosis, NOS 6 (12%) (7) Thrombus, organized 1 (2%) (7) Fibrosis 41 (82%) (7) Necrosis, NOS 1 (2%) (7) *Blood vessel (50) (7) Inflammation, chronic 1 (2%) (7) Hypertrophy, NOS 1 (2%) (7) #Liver (50) (7) Thrombosis, NOS 1 (2%) (7) #Liver (50) (7) Perivasculitis 2 (4%) (7)	1 (2%)	(40)	
Lymphangiectasis 1 (2%) *Nasal cavity (50) Thrombosis, NOS 9 (18%) #Lung (50) Thrombosis, NOS 1 (2%) #Heart (50) Mineralization 1 (2%) Thrombosis, NOS 6 (12%) Thrombosis, NOS 6 (12%) Thrombosis, NOS 6 (12%) Thrombus, organized 1 (2%) Inflammation, NOS 5 (10%) Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) (Inflammation, chronic 1 Hypertrophy, NOS 1 (2%) #Liver (50) (Thrombosis, NOS 1 (2%) #Liver (50) (Perivasculitis 2 (4%) ((44)	(46)	
*Nasal cavity (50) (60) Thrombosis, NOS 9 (18%) (70) #Lung (50) (70) Thrombosis, NOS 1 (2%) (70) #Heart (50) (70) Mineralization 1 (2%) (70) Thrombosis, NOS 6 (12%) (70) Thrombus, organized 1 (2%) (70) Thrombus, organized 1 (2%) (70) Fibrosis 41 (82%) (70) Necrosis, NOS 1 (2%) (70) *Blood vessel (50) (70) Thrombosis, NOS 1 (2%) (70) *Hinamation, chronic 1 (2%) (70) Hypertrophy, NOS 1 (2%) (70) #Liver (50) (70) Thrombosis, NOS 1 (2%) (70) #Liver (50) (70) Thrombosis, NOS 1 (2%) (70) #Liver (50) (70) Perivasculitis 2 (4%) (70)	1 (2%)		(4%)
Thrombosis, NOS 9 (18%) #Lung (50) (6) Thrombosis, NOS 1 (2%) #Heart (50) (7) Mineralization 1 (2%) Thrombosis, NOS 6 (12%) Thrombus, organized 1 (2%) Inflammation, NOS 5 (10%) Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) (6) Inflammation, chronic 1 (2%) Hypertrophy, NOS 1 (2%) #Liver (50) (6) Thrombosis, NOS 1 (2%) #Zerophy, NOS 1 (2%) #Liver (50) (7) Hypertrophy, NOS 1 (2%) #Thrombosis, NOS 1 (2%) #Liver (50) (7) #Testis (50) (7) Perivasculitis 2 (4%) (4%)	(50)	(50)	(470)
#Lung (50) (0) Thrombosis, NOS 1 (2%) #Heart (50) (0) Mineralization 1 (2%) Thrombosis, NOS 6 (12%) Thrombus, organized 1 (2%) Inflammation, NOS 5 (10%) Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) (0) Thrombosis, NOS 1 (2%) *Blood vessel (50) (0) Thrombosis, NOS 1 (2%) *Blood vessel (50) (0) Thrombosis, NOS 1 (2%) #Thrombosis, NOS 1 (2%) #Liver (50) (0) #Thrombosis, NOS 1 (2%) #Testis (50) (0) Perivasculitis 2 (4%)			(38%)
Thrombosis, NOS 1 (2%) #Heart (50) () Mineralization 1 (2%) Thrombosis, NOS 6 (12%) Thrombus, organized 1 (2%) Inflammation, NOS 5 (10%) Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) Inflammation, chronic 1 (2%) Hypertrophy, NOS 1 (2%) #Liver (50) () #Thrombosis, NOS 1 (2%) #Liver (50) () #Perivasculitis 2 (4%) ()	11 (22%) (47)	(50)	(30%)
#Heart (50) (1 Mineralization 1 (2%) Thrombosis, NOS 6 (12%) Thrombus, organized 1 (2%) Inflammation, NOS 5 (10%) Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) (1 Thrombosis, NOS 1 (2%) #Liver (50) (1 #Liver (50) (1 #Thrombosis, NOS 1 (2%) #Liver (50) (1 #Perivasculitis 2 (4%)	1 (2%)		(10)
Mineralization 1 (2%) Thrombosis, NOS 6 (12%) Thrombus, organized 1 (2%) Inflammation, NOS 5 (10%) Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) Inflammation, chronic 1 (2%) #Liver (50) #Liver (50) #Thrombosis, NOS 1 (2%) #Liver (50) #Perivasculitis 2 (4%)			(4%)
Thrombosis, NOS 6 (12%) Thrombus, organized 1 (2%) Inflammation, NOS 5 (10%) Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) Thrombosis, NOS 1 (2%) #Blood vessel (50) Thrombosis, NOS 1 (2%) #Liver (50) Thrombosis, NOS 1 (2%) #Liver (50) Thrombosis, NOS 1 (2%) #Liver (50) Perivasculitis 2 (4%)	(50)	(50)	
Thrombus, organized 1 (2%) Inflammation, NOS 5 (10%) Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) Thrombosis, NOS 1 (2%) #Blood vessel (50) Inflammation, chronic 1 (2%) #Liver (50) Thrombosis, NOS 1 (2%) #Liver (50) Thrombosis, NOS 1 (2%) #Testis (50) Perivasculitis 2 (4%)	4 (8%)	10	(20%)
Inflammation, NOS 5 (10%) Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) (50) (60) Thrombosis, NOS 1 (2%) #Liver (50) Thrombosis, NOS 1 (2%) #Liver (50) Thrombosis, NOS 1 (2%) #Testis (50) Perivasculitis 2 (4%)	4 (070)	10	(2070)
Fibrosis 41 (82%) Necrosis, NOS 1 (2%) *Blood vessel (50) (6) Thrombosis, NOS 1 (2%) Inflammation, chronic 1 (2%) #Liver (50) (6) Thrombosis, NOS 1 (2%) #Liver (50) (7) #Testis (50) (7) Perivasculitis 2 (4%) (4%)	7 (140-)	1	(906)
Necrosis, NOS1 (2%)*Blood vessel(50)(50)(50)Inflammation, chronicHypertrophy, NOS1 (2%)#Liver(50)(50)(50)#Trombosis, NOS1 (2%)#Testis(50)(50)(2%)	7 (14%)		(2%)
*Blood vessel(50)(6)Thrombosis, NOSInflammation, chronic1Hypertrophy, NOS1(2%)#Liver(50)(1Thrombosis, NOS1(2%)#Testis(50)(1Perivasculitis2(4%)	32 (64%)		(66%)
Thrombosis, NOS Inflammation, chronic Hypertrophy, NOS1 (2%)#Liver(50)(Thrombosis, NOS1 (2%)#Testis(50)(Perivasculitis2 (4%)	(50)		(2%)
Inflammation, chronic1 (2%)Hypertrophy, NOS1 (2%)#Liver(50)Thrombosis, NOS1 (2%)#Testis(50)Perivasculitis2 (4%)	(50)	(50)	(00)
Hypertrophy, NOS 1 (2%) #Liver (50) (Thrombosis, NOS 1 (2%) (#Testis (50) (Perivasculitis 2 (4%) (0.000	1	(2%)
#Liver (50) (Thrombosis, NOS 1 (2%) (#Testis (50) (Perivasculitis 2 (4%) (3 (6%)	-	
Thrombosis, NOS1 (2%)#Testis(50)Perivasculitis2 (4%)	1 (2%)		(6%)
#Testis (50) (Perivasculitis 2 (4%)	(50)	(49)	
Perivasculitis 2 (4%)			(2%)
	(49)	(50)	
UCESTIVE SYSTEM		3	(6%)
	(50)	(50)	
Inflammation, NOS			(2%)
	1 (2%)	1	(410)
· ·· ·	1 (270)	•	(90)
Erosion Hyperplasia, epithelial			(2%) (2%)

Tetrachloroethylene, NTP TR 311

	CONTROI	L (CHAMBER)	LOW	DOSE	HIG	H DOSE
IGESTIVE SYSTEM (Continued)			<u> </u>			
*Tongue	(50)		(50)		(50)	
Foreign body, NOS	(00)		1	(2%)	(00)	
Inflammation, granulomatous focal				(2%)		
Hyperplasia, epithelial			-	(270)	1	(2%)
*Tooth	(50)		(50)		(50)	(270)
Foreign body, NOS	(00)			(2%)	(007	
Inflammation, NOS				(2%)		
Inflammation, suppurative	1	(2%)		(2)0)		
#Salivary gland	(48)	(2,0)	(48)		(48)	
Inflammation, NOS	(= =)	(2%)		(2%)	(40)	
Metaplasia, squamous		(2%)		(6%)	2	(4%)
#Liver	(50)	1	(50)	(0,0)	(49)	
Hemorrhage	(00)			(2%)	(40)	
Inflammation, suppurative	t	(2%)	-	(270)		
Inflammation, granulomatous focal		(4%)	2	(4%)	2	(4%)
Degeneration, NOS		(12%)		(10%)		(18%)
Degeneration, cystic		(16%)	-	(14%)		(10%)
Degeneration, lipoid		(14%)		(6%)		(20%)
Necrosis. NOS		(8%)	-	(8%)		(8%)
Basophilic cyto change		(44%)		(38%)		(33%)
Eosinophilic cyto change	22	(4470)		(2%)	10	(00%)
Clear cell change	9	(4%)		(2%) (4%)	1	(2%)
Hepatocytomegaly		(4%) (2%)	2	(4970)	1	(270)
Angiectasis		(6%)	0	(16%)	4	(001)
Regeneration, NOS	J	(0%)	-	(10%) (2%)	4	(8%)
#Liver/periportal	(50)		(50)	(2%)	(49)	
Inflammation, NOS	(00)			(2%)	(43)	
Fibrosis				(2%)		
#Bile duct	(50)		(50)	(270)	(49)	
Hyperplasia, NOS	((52%)		(72%)		(61%)
#Pancreas	(43)	(0270)	(46)	(1270)	(46)	(01%)
Inflammation, NOS	(40)		(40)		· - ·	(2%)
Atrophy, focal	11	(26%)	=	(11%)		(2%)
Atrophy, liffuse		(9%)		(11%)		(24%) (2%)
#Pancreatic acinus		(3%)		(9%)		(270)
	(43)	(90)	(46)		(46)	
Focal cellular change #Stomach		(2%)	(10)		(40)	
Ulcer, NOS	(48)		(49)	(90)	(49)	
Hyperplasia, epithelial				(2%) (2%)		
#Glandular stomach	(48)		(49)	(2%)	(49)	
Hemorrhage		(2%)	(49)		(49)	
Ulcer, NOS		(2%)				
Inflammation, suppurative		(2%)	1	(2%)		
Erosion	1	(210)		(2%)		
Degeneration, cystic	1	(2%)	2	(-= 70)		
#Forestomach	(48)	(270)	(40)		(49)	
Inflammation, NOS	(48)		(49)			(80)
Ulcer, NOS			1	(904)		(8%)
				(2%)		(10%)
Inflammation, suppurative	0	(10)		(2%)		(2%)
Hyperplasia, epithelial		(4%)		(4%)		(12%)
#Small intestine	(42)	(90)	(47)		(47)	
Inflammation, NOS		(2%)			148.	
#Colon Parasitism	(41)	(940)	(44)	(990)	(45)	$(0, \alpha)$
		(24%)		(23%)		(9%)
*Rectum Parasitism	(50)	(9.0%)	(50)	(100)	(50)	(90)
rarasiusm	4	(8%)	Э	(10%)	4	(8%)

	CONTROL	(CHAMBER)	LOW	DOSE	HIG	H DOSE
JRINARY SYSTEM						
#Kidney	(49)		(49)		(50)	
Cyst, NOS	(43)		(40)			(2%)
Nephropathy	48	(98%)	49	(100%)		(100%)
Infarct, NOS		(2%)		(100.0)	00	(100 %)
Nuclear enlargement		(2%)	37	(76%)	47	(94%)
Hyperplasia, tubular cell	•	(270)		(6%)		(10%)
#Kidney/tubule	(49)		(49)	(0,0)	(50)	
Mineralization	(40)			(2%)		(2%)
#Kidney/pelvis	(49)		(49)	(2,0)	(50)	
Inflammation, suppurative	(40)			(4%)	(00)	
Hyperplasia, epithelial				(2%)		
#Urinary bladder	(46)		(48)	(2/0)	(48)	
Hemorrhage		(2%)	(40)			(2%)
	1	(470)	1	(2%)	1	(270)
Inflammation, NOS				(2%) (2%)	0	(4%)
Inflammation, suppurative	1	(2%)	Ţ	(470)	2	(1270)
Inflammation, granulomatous focal	Ţ	(470)		(2%)	0	(4%)
Hyperplasia, epithelial	/ E A \			(270)		(4970)
*Urethra	(50)	(90)	(50)		(50)	
Inflammation, NOS	۲ 	(2%)			<u></u>	
NDOCRINE SYSTEM						
, #Anterior pituitary	(47)		(47)		(48)	
Cyst, NOS	1	(2%)				
Degeneration, NOS						(2%)
Degeneration, cystic	4	(9%)	4	(9%)		(17%)
Pigmentation, NOS					1	(2%)
Hyperplasia, NOS	10	(21%)	10	(21%)	12	(25%)
#Adrenal	(49)		(49)		(49)	
Congestion, NOS	1	(2%)				
Hemorrhage	1	(2%)				
Degeneration, cystic	-	(=,			2	(4%)
Degeneration, lipoid	17	(35%)	6	(12%)		(22%)
Necrosis, NOS		((2%)
#Adrenal cortex	(49)		(49)		(49)	
Hyperplasia, NOS		(22%)		(10%)		(14%)
#Adrenal medulla	(49)		(49)	(10,0)	(49)	(11,0)
Hyperplasia, NOS		(10%)		(29%)		(24%)
#Thyroid	(47)	(10%)	(48)	(20 /0)	(46)	(2470)
Cyst, NOS	(47)			(2%)	(40)	
	-	(1 = 0()		(6%)	0	(10)
Degeneration, cystic Hyperplasia, C-cell		(15%)		(17%)		(4%) (11%)
	11	(23%)	o	(1(70))		(11%)
Hyperplasia, follicular cell	(39)		(35)		(34)	(2%)
#Parathyroid		(ECI)		(00)		(00)
Hyperplasia, NOS		(5%)		(3%)		(6%)
#Pancreatic islets Hyperplasia, NOS	(43) 5	(12%)	(46) 1	(2%)	(46) 2	(4%)
	ə 	(12%)		(2%)		(4.70)
EPRODUCTIVE SYSTEM *Mammary gland	(50)		(50)		(50)	
Galactocele		(4%)	(00)			(2%)
			97	(54%)		(42%)
Hyperplasia, NOS		(28%)		(0470)	(50)	(44/0)
*Preputial gland	(50)	(40)	(50)	(90)	(50)	
Cystic ducts		(4%)		(2%)	00	(400)
Inflammation, NOS		(48%)		(42%)		(46%)
Inflammation, suppurative		(10%)	3	(6%)		(2%)
Abscess, NOS	3	(6%)			1	(2%)
Inflammation, pyogranulomatous Hyperplasia, epithelial		(4%)		(2%)		
				(8%)		

	CONTROL	(CHAMBER)	LOW	DOSE	HIG	h dose
REPRODUCTIVE SYSTEM (Continued)	······································					<u> </u>
#Prostate	(47)		(45)		(45)	
Inflammation, NOS	. ,		1	(2%)	,	
Inflammation, suppurative	18	(38%)	10	(22%)	8	(18%)
Hyperplasia, epithelial	4	(9%)	2	(4%)	6	(13%)
*Seminal vesicle	(50)		(50)		(50)	
Dilatation, NOS	1	(2%)				
Inflammation, NOS	2	(4%)		(2%)	4	(8%)
Inflammation, suppurative	14	(28%)	10	(20%)	15	(30%)
Abscess, NOS			1	(2%)		
Fibrosis	1	(2%)				
#Testis	(50)		(49)		(50)	
Mineralization	1	(2%)	2	(4%)	3	(6%)
Atrophy, NOS	35	(70%)	38	(78%)	42	(84%)
Hyperplasia, epithelial		(2%)				
Hyperplasia, interstitial cell	5	(10%)	6	(12%)	4	(8%)
				<u> </u>		
NERVOUS SYSTEM					_	
#Brain	(50)		(50)	(0.4)	(50)	
Hemorrhage		(4%)	-	(8%)	1	(2%)
Necrosis, focal		(4%)	2	(4%)		
Hemosiderosis	1	(2%)				
Cytoplasmic vacuolization			1	(2%)		
Metaplasia, osseous						(2%)
*Olfactory sensory epithelium	(50)		(50)		(50)	
Inflammation, suppurative			2	(4%)		
SPECIAL SENSE ORGANS						
*Eye	(50)		(50)		(50)	
Hemorrhage		(2%)	(30)		(30)	
Degeneration, NOS	1	(2%)			9	(4%)
*Eye/cornea	(50)		(50)		(50)	(4:70)
Inflammation, NOS	(00)		(50)			(2%)
*Eye/crystalline lens	(50)		(50)		(50)	(270)
Mineralization	(00)		(50)			(2%)
*Lacrimal apparatus	(50)		(50)		(50)	(210)
Inflammation, NOS	(00)			(6%)	(00)	
Hyperplasia, epithelial				(2%)		
Metaplasia, squamous	1	(2%)		(6%)		
*Nasolacrimal duct	(50)	(270)	ა (50)	(070)	(50)	
Inflammation, suppurative		(16%)		(14%)	()	(10%)
·····annannaion, suppurative	• 		·	····		
MUSCULOSKELETAL SYSTEM None			_		_	_
						· · · · · · · · · · · · · · · · · · ·
BODY CAVITIES	(50)		(EA)		(ED)	
*Peritoneal cavity	(50)	$(\mathfrak{I}\mathfrak{A})$	(50)		(50)	
Inflammation, chronic		(2%)	0	(60)		
Necrosis, fat	1	(2%)	3	(6%)		(00)
Pigmentation, NOS Angiectasis						(2%)
AIPICUASIS					1	(2%)

	CONTROL (CHAMBER)	LOW DOSE	HIGH DOSE
ALL OTHER SYSTEMS			
*Multiple organs	(50)	(50)	(50)
Mineralization	1 (2%)		1 (2%)
Inflammation, active chronic		1 (2%)	
Tail			
Epidermal inclusion cyst	1		
Inflammation, chronic	1	1	
Foot			
Inflammation, chronic		2	

* Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically. # Number of animals examined microscopically at this site

	CONTRO	L (CHAMBER)	LOW	V DOSE	HIG	H DOSE
ANIMALS INITIALLY IN STUDY)	50		50	
ANIMALS NECROPSIED	50)	50		50	
ANIMALS EXAMINED HISTOPATHOLOGIC	CALLY 50)	50		50	
NTEGUMENTARY SYSTEM						
*Skin	(50)	(50)		(50)	
Inflammation, suppurative				(2%)		
Abscess, NOS			1	(2%)		
ESPIRATORY SYSTEM						
*Nasal cavity	(50	•	(50)		(50)	
Foreign body, NOS		(2%)				
Inflammation, NOS		(22%)		(6%)		(24%)
Inflammation, suppurative	8	(16%)		(12%)	5	(10%)
Necrosis, NOS		(a)		(2%)		
Hyperplasia, epithelial		(2%)		(6%)	-	(1 m ·
Metaplasia, squamous		(4%)		(8%)		(4%)
*Larynx	(50)		(50)		(50)	(10~)
Inflammation, NOS		(8%)		(2%)		(10%)
Inflammation, suppurative		(6%)		(10%)		(6%)
Hyperplasia, epithelial		(2%)		(2%)		(2%)
#Trachea Inflammation, NOS	(50)		(49)		(49)	(40)
Inflammation, NOS	a	(6%)		(2%)	Z	(4%)
Hyperplasia, epithelial	1	(2%)	1	(270)		
#Lung/bronchiole	(50)		(49)		(49)	
Hyperplasia, epithelial		(2%)	(40)		(40)	
#Lung	(50)		(49)		(49)	
Congestion, NOS		(2%)		(4%)	()	
Edema, NOS				(2%)	1	(2%)
Hemorrhage	1	(2%)		(2%)		(14%)
Inflammation, NOS		(4%)		·-···		(4%)
Fibrosis		(4%)	2	(4%)		(2%)
Hyperplasia, alveolar epithelium	5	(10%)	4	(8%)	4	(8%)
Histiocytosis	3	(6%)	6	(12%)	6	(12%)
IEMATOPOIETIC SYSTEM						
#Bone marrow	(47)		(48)		(46)	
Fibrosis		(2%)				(2%)
#Spleen	(50)		(49)		(49)	
Hemorrhage						(2%)
Fibrosis		(00)			3	(6%)
Necrosis, NOS		(2%)	~	(00)	-	(1 4 0)
Hemosiderosis		(22%)		(6%)		(14%)
Hematopoiesis		(6%)		(4%)		(2%)
#Lymph node	(47)		(44)	(20)	(45)	$(A \alpha)$
Hyperplasia, NOS #Mandibular lymph node	(47)		(44)	(2%)	(45)	(4%)
Inflammation, suppurative		(2%)	(44)		(43)	
Hyperplasia, NOS		(2%)	Q	(20%)	9	(20%)
#Thoracic lymph node	(47)	(1070)	9 (44)	(2070)	(45)	(2070)
Inflammation, NOS		(2%)	(77)		(40)	
Hemosiderosis	-	,	2	(5%)		
				(2%)		
Hyperplasia, NOS					(45)	
Hyperplasia, NOS	(47)		(44)		(40)	
Hyperplasia, NOS #Mesenteric lymph node	(47) 1	(2%)	(44)		(40)	
Hyperplasia, NOS #Mesenteric lymph node Hemosiderosis	1	(2%) (2%)	(44)		(40)	
Hyperplasia, NOS #Mesenteric lymph node	1	(2%) (2%)	(44) (49)		(43)	

	CONTROL	(CHAMBER)	LOW	DOSE	HIG	h dose
HEMATOPOIETIC SYSTEM (Continued)	<u></u>					
#Liver	(50)		(50)		(49)	
Leukocytosis, NOS	(00)		(00)			(2%)
5	1	$(\mathfrak{I}\mathfrak{A})$	1	(2%)		(2%)
Hematopoiesis		(2%)		(2%)		
#Kidney	(50)		(49)	(0~)	(50)	
Hematopoiesis	-			(2%)		
#Adrenal	(50)		(49)		(47)	
Hematopoiesis		(2%)	-	(6%)		
#Thymus	(40)		(39)		(35)	
Degeneration, cystic	1	(3%)	-	(8%)		
Metaplasia, squamous			1	(3%)		
CIRCULATORY SYSTEM						
	(50)		(50)		(50)	
*Lacrimal apparatus	(50)			(90)	(50)	
Thrombosis, NOS				(2%)	(50)	
*Multiple organs	(50)		(50)		(50)	
Perivasculitis						(2%)
*Nasal cavity	(50)		(50)		(50)	
Thrombosis, NOS		(6%)		(20%)		(14%)
#Heart	(50)		(50)		(49)	
Mineralization	- 1	(2%)				
Thrombosis, NOS	- 1	(2%)	4	(8%)	2	(4%)
Inflammation, NOS	14	(28%)	19	(38%)	18	(37%)
Fibrosis	27	(54%)	28	(56%)	18	(37%)
*Blood vessel	(50)	(0 - / - /	(50)		(50)	,
Inflammation, chronic		(4%)	(00)		(00)	
		(2%)				
Hypertrophy, NOS		(2%)	(50)		(10)	
#Liver	(50)		(50)		(49)	
Thrombosis, NOS			1	(2%)		
DIGESTIVE SYSTEM						
*Oral mucosa	(50)		(50)		(50)	
Foreign body, NOS	(00)			(2%)	(00)	
Inflammation, suppurative	1	(2%)		(2%)		
Inflammation, chronic		(2%)	1	(270)		
		(2%)	(50)		(50)	
*Tongue	(50)		(50)		(50)	(0.0)
						(2%)
Granuloma, foreign body					1	(2%)
Hyperplasia, epithelial						
Hyperplasia, epithelial *Tooth	(50)		(50)		(50)	
Hyperplasia, epithelial *Tooth Necrosis, focal			1	(2%)		
Hyperplasia, epithelial *Tooth	(50)			(2%)	(50) (50)	
Hyperplasia, epithelial *Tooth Necrosis, focal	(47)	(2%)	1 (48)	(2%) (6%)	(50)	(6%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS	(47) 1	(2%) (2%)	1 (48)		(50)	(6%) (6%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial	(47) 1 1		1 (48) 3 1	(6%) (2%)	(50) 3 3	(6%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS	(47) 1 1 1	(2%)	1 (48) 3 1 6	(6%)	(50) 3 3 4	
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver	(47) 1 1 1 (50)	(2%) (2%)	1 (48) 3 1	(6%) (2%)	(50) 3 3 4 (49)	(6%) (8%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, NOS	(47) 1 1 1 (50)	(2%)	1 (48) 3 1 6 (50)	(6%) (2%) (13%)	(50) 3 3 4 (49)	(6%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, NOS Inflammation, suppurative	(47) 1 1 (50) 1	(2%) (2%) (2%)	1 (48) 3 1 6 (50) 2	(6%) (2%) (13%) (4%)	(50) 3 3 4 (49) 1	(6%) (8%) (2%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, NOS Inflammation, suppurative Inflammation, granulomatous focal	(47) 1 1 (50) 1 15	(2%) (2%) (2%) (30%)	1 (48) 3 1 6 (50) 2 14	(6%) (2%) (13%) (4%) (28%)	(50) 3 3 4 (49) 1 16	(6%) (8%) (2%) (33%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, NOS Inflammation, suppurative Inflammation, granulomatous focal Degeneration, NOS	(47) 1 1 (50) 1 15	(2%) (2%) (2%)	$ \begin{array}{c} 1 \\ (48) \\ 3 \\ 1 \\ 6 \\ (50) \\ 2 \\ 14 \\ 3 \\ \end{array} $	(6%) (2%) (13%) (4%) (28%) (6%)	(50) 3 3 4 (49) 1 16	(6%) (8%) (2%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, NOS Inflammation, suppurative Inflammation, granulomatous focal Degeneration, NOS Degeneration, cystic	(47) 1 1 (50) 1 15 1	(2%) (2%) (2%) (30%) (2%)	$ \begin{array}{c} 1 \\ (48) \\ 3 \\ 1 \\ 6 \\ (50) \\ 2 \\ 14 \\ 3 \\ 1 \end{array} $	(6%) (2%) (13%) (4%) (28%) (6%) (2%)	(50) 3 3 4 (49) 1 16 6	(6%) (8%) (2%) (33%) (12%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, NOS Inflammation, suppurative Inflammation, granulomatous focal Degeneration, NOS Degeneration, cystic Degeneration, lipoid	(47) 1 1 (50) 1 15 1 8	(2%) (2%) (2%) (30%) (2%) (16%)	$ \begin{array}{c} 1 \\ (48) \\ 3 \\ 1 \\ 6 \\ (50) \\ 2 \\ 14 \\ 3 \\ 1 \\ 16 \end{array} $	(6%) (2%) (13%) (4%) (28%) (6%) (2%) (32%)	(50) 3 3 4 (49) 1 16 6 8	(6%) (8%) (2%) (33%) (12%) (16%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, NOS Inflammation, suppurative Inflammation, granulomatous focal Degeneration, NOS Degeneration, cystic Degeneration, lipoid Necrosis, NOS	(47) 1 1 (50) 1 15 1 8 3	(2%) (2%) (2%) (30%) (2%) (16%) (6%)	$ \begin{array}{c} 1 \\ (48) \\ 3 \\ 1 \\ 6 \\ (50) \\ 2 \\ 14 \\ 3 \\ 1 \\ 16 \\ 6 \\ \end{array} $	(6%) (2%) (13%) (4%) (28%) (6%) (2%) (32%) (12%)	(50) 3 3 4 (49) 1 16 6 8 5	(6%) (8%) (2%) (33%) (12%) (16%) (10%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, NOS Inflammation, suppurative Inflammation, granulomatous focal Degeneration, NOS Degeneration, cystic Degeneration, lipoid Necrosis, NOS Pigmentation, NOS	(47) 1 1 (50) 1 15 1 8 3 1	(2%) (2%) (2%) (30%) (2%) (16%) (6%) (2%)	1 (48) 3 1 6 (50) 2 14 3 1 16 6 3	(6%) (2%) (13%) (28%) (6%) (2%) (32%) (12%) (6%)	(50) 3 3 4 (49) 1 16 6 8 5 1	(6%) (8%) (2%) (33%) (12%) (16%) (10%) (2%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, NOS Inflammation, suppurative Inflammation, granulomatous focal Degeneration, NOS Degeneration, cystic Degeneration, lipoid Necrosis, NOS Pigmentation, NOS Basophilic cyto change	(47) 1 1 (50) 1 15 1 8 3 1 28	(2%) (2%) (2%) (30%) (2%) (16%) (6%) (2%) (56%)	1 (48) 3 1 6 (50) 2 14 3 1 16 6 3	(6%) (2%) (13%) (4%) (28%) (6%) (2%) (32%) (12%)	(50) 3 3 4 (49) 1 16 6 8 5 1	(6%) (8%) (2%) (33%) (12%) (16%) (10%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, Suppurative Inflammation, suppurative Inflammation, granulomatous focal Degeneration, NOS Degeneration, cystic Degeneration, lipoid Necrosis, NOS Pigmentation, NOS Basophilic cyto change Eosinophilic cyto change	(47) 1 1 (50) 1 15 1 8 3 1 28	(2%) (2%) (2%) (30%) (2%) (16%) (6%) (2%)	1 (48) 3 1 6 (50) 2 14 3 1 16 6 3	(6%) (2%) (13%) (28%) (6%) (2%) (32%) (12%) (6%)	(50) 3 4 (49) 1 16 6 8 5 1 23	(6%) (8%) (2%) (12%) (16%) (10%) (2%) (47%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, NOS Inflammation, suppurative Inflammation, granulomatous focal Degeneration, NOS Degeneration, cystic Degeneration, lipoid Necrosis, NOS Pigmentation, NOS Basophilic cyto change	(47) 1 1 (50) 1 15 1 8 3 1 28	(2%) (2%) (2%) (30%) (2%) (16%) (6%) (2%) (56%)	1 (48) 3 1 6 (50) 2 14 3 1 16 6 3	(6%) (2%) (13%) (28%) (6%) (2%) (32%) (12%) (6%)	(50) 3 4 (49) 1 16 6 8 5 1 23	(6%) (8%) (2%) (33%) (12%) (16%) (10%) (2%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, Suppurative Inflammation, granulomatous focal Degeneration, NOS Degeneration, cystic Degeneration, lipoid Necrosis, NOS Pigmentation, NOS Basophilic cyto change Eosinophilic cyto change	(47) 1 1 (50) 1 15 1 8 3 1 28	(2%) (2%) (2%) (30%) (2%) (16%) (6%) (2%) (56%)	$ \begin{array}{c} 1 \\ (48) \\ 3 \\ 1 \\ 6 \\ (50) \\ 2 \\ 14 \\ 3 \\ 1 \\ 16 \\ 6 \\ 3 \\ 25 \\ \end{array} $	 (6%) (2%) (13%) (28%) (6%) (2%) (32%) (12%) (6%) (50%) 	(50) 3 4 (49) 1 16 6 8 5 1 23	(6%) (8%) (2%) (12%) (16%) (10%) (2%) (47%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, Suppurative Inflammation, suppurative Inflammation, granulomatous focal Degeneration, NOS Degeneration, Cystic Degeneration, lipoid Necrosis, NOS Pigmentation, NOS Basophilic cyto change Eosinophilic cyto change Clear cell change Angiectasis	(47) 1 1 (50) 1 15 1 8 3 1 28	(2%) (2%) (2%) (30%) (2%) (16%) (6%) (2%) (56%)	$ \begin{array}{c} 1 \\ (48) \\ 3 \\ 1 \\ 6 \\ (50) \\ 2 \\ 14 \\ 3 \\ 1 \\ 16 \\ 6 \\ 3 \\ 25 \\ \end{array} $	(6%) (2%) (13%) (28%) (6%) (2%) (32%) (12%) (6%)	(50) 3 4 (49) 1 16 6 8 5 1 23 1	(6%) (8%) (2%) (12%) (16%) (10%) (2%) (47%) (2%)
Hyperplasia, epithelial *Tooth Necrosis, focal #Salivary gland Inflammation, NOS Hyperplasia, epithelial Metaplasia, squamous #Liver Inflammation, Suppurative Inflammation, suppurative Inflammation, granulomatous focal Degeneration, NOS Degeneration, Cystic Degeneration, lipoid Necrosis, NOS Pigmentation, NOS Basophilic cyto change Eosinophilic cyto change Clear cell change	(47) 1 1 (50) 1 15 1 8 3 1 28	(2%) (2%) (2%) (30%) (2%) (16%) (6%) (2%) (56%)	$ \begin{array}{c} 1 \\ (48) \\ 3 \\ 1 \\ 6 \\ (50) \\ 2 \\ 14 \\ 3 \\ 1 \\ 16 \\ 6 \\ 3 \\ 25 \\ \end{array} $	 (6%) (2%) (13%) (28%) (6%) (2%) (32%) (12%) (6%) (50%) 	(50) 3 4 (49) 1 16 6 8 5 1 23 1	(6%) (8%) (2%) (12%) (16%) (10%) (2%) (47%)

	CONTRO	L (CHAMBER)	LOW	DOSE	HIG	h dose
DIGESTIVE SYSTEM (Continued)						
#Bile duct	(50)		(50)		(49)	
Hyperplasia, NOS		(12%)		(12%)		(6%)
#Pancreas	(50)		(47)		(46)	
Atrophy, focal		(20%)		(9%)		(13%)
Atrophy, diffuse		(6%)	-	(570)		(13%)
#Pancreatic acinus	(50)		(47)		(46)	
Focal cellular change		(2%)		(2%)	(10)	
*Pharyngeal mucous gland	(50)		(50)		(50)	
Inflammation, NOS	(00)			(2%)	(00)	
Metaplasia, squamous				(2%)		
#Glandular stomach	(49)		(49)	(270)	(48)	
Hemorrhage	(43)		(43)			(2%)
Inflammation, suppurative	1	(90)			1	(270)
		(2%)			0	(40)
Erosion #E-rostoria al		(4%)	(10)			(4%)
#Forestomach	(49)		(49)		(48)	
Inflammation, NOS		(4%)		(4%)		
Ulcer, NOS		(6%)		(8%)		
Inflammation, suppurative		(2%)		(2%)	-	(10)
Hyperplasia, epithelial		(14%)		(10%)		(4%)
#Ileum	(49)		(49)	(0~)	(48)	
Parasitism				(2%)		
#Colon	(46)		(45)		(42)	
Parasitism		(17%)	-	(18%)	-	(14%)
*Rectum	(50)		(50)		(50)	
Parasitism		(2%)			1	(2%)
*Anus	(50)		(50)		(50)	
Parasitism					1	(2%)
JRINARY SYSTEM						
	(50)		(40)		(50)	
#Kidney	(50)		(49)			(00)
Cyst, NOS	1	(00)			1	(2%)
Inflammation, suppurative Inflammation, chronic focal	1	(2%)			1	(2%)
	10	(0.0 %)	40	(0.4.01.)		
Nephropathy Nephropathy	40	(92%)		(94%)	4 ((94%)
Nephrosis, NOS				(2%)	20	(100)
Nuclear enlargement			8	(16%)		(40%)
Hyperplasia, tubular cell					1	(2%)
NDOCRINE SYSTEM						
#Pituitary intermedia	(50)		(48)		(50)	
Hyperplasia, NOS		(2%)	(10)			(2%)
#Anterior pituitary	(50)	(20)	(48)		(50)	(4 /0)
Cyst, NOS		(2%)	(+0)			(2%)
Degeneration, cystic		(42%)	20	(60%)		(60%)
Hyperplasia, NOS		(26%)		(27%)		(22%)
#Adrenal	(50)	(4070)	(49)	(2170)	(47)	(44/0)
Fibrosis	(00)			(2%)	(47)	
Degeneration, cystic				(2%)		
	17	(240)				(200)
Degeneration, lipoid	17	(34%)		(33%)		(30%)
Necrosis, NOS				(2%)		(4%)
#Adrenal cortex	(50)		(49)	(0.00)	(47)	
Cytologic alteration, NOS		(0~)		(2%)		(0.0.2)
Hyperplasia, NOS		(8%)		(12%)		(23%)
#Adrenal medulla	(50)		(49)		(47)	
Cytoplasmic vacuolization		(2%)				
		(14%)	3	(6%)	4	(9%)
Hyperplasia, NOS		$(1 + \mathbf{n})$		(•···)		
Hyperplasia, NOS #Thyroid	(46)		(48)		(46)	
Hyperplasia, NOS	(46)	(52%)	(48) 1	(2%) (25%)	(46)	

	CONTROI	L (CHAMBER)	LOW	DOSE	HIG	H DOSE
ENDOCRINE SYSTEM (Continued)						
#Parathyroid	(27)		(27)		(34)	
Hyperplasia, NOS	1	(4%)				
#Pancreatic islets	(50)		(47)		(46)	
Hyperplasia, NOS	2	(4%)	1	(2%)		
REPRODUCTIVE SYSTEM						
*Mammary gland	(50)		(50)		(50)	
Galactocele					1	(2%)
Fibrosis			1	(2%)		
Hyperplasia, NOS	34	(68%)	39	(78%)	37	(74%)
*Clitoral gland	(50)		(50)		(50)	
Inflammation, suppurative	2	(4%)			1	(2%)
Hyperplasia, focal	3	(6%)		(2%)		
#Uterus	(49)		(49)		(50)	
Dilatation, NOS	2	(4%)		(0~)		
Cyst, NOS Homotomo, NOS				(2%)		
Hematoma, NOS			1	(2%)		(00)
Inflammation, suppurative	(40)		(40)			(2%)
#Cervix uteri	(49)		(49)	(90)	(50)	(6%)
Hyperplasia, NOS #Uterus/endometrium	(40)		(49)	(2%)	-	(0%)
Inflammation, suppurative	(49)			(2%)	(50)	
Hyperplasia, NOS	1	(2%)		(4%)	1	(2%)
Hyperplasia, roos Hyperplasia, cystic	1	(2%)	4	(4.%)		(2%) (2%)
#Ovary	(49)		(49)		(50)	
Cyst, NOS		(2%)	• •	(2%)		(4%)
Inflammation, chronic	1	(270)		(270)		(2%)
Degeneration, cystic						(2%)
Atrophy, NOS	10	(20%)	7	(14%)		(16%)
Hyperplasia, granulosa cell						(2%)
Hyperplasia, epithelial	1	(2%)	2	(4%)	3	(6%)
NERVOUS SYSTEM						
#Brain/meninges	(50)	1	(50)		(50)	
Inflammation, NOS	1	(2%)				
#Brain	(50)	. ,	(50)		(50)	
Hemorrhage		(4%)		(6%)		(4%)
Necrosis, focal		(2%)				(2%)
Malacia				(2%)		
Cytoplasmic vacuolization	-			(2%)	. – .	
*Olfactory sensory epithelium Inflammation, suppurative	(50)		(50) 1	(2%)	(50)	
PECIAL SENSE ORGANS		<u> </u>				
*Eye	(50)		(50)		(50)	
Degeneration, NOS	(00)			(4%)		(2%)
Eye/crystalline lens	(50)		(50)	(+ 70 J	(50)	(270)
Mineralization	(00)			(4%)		(2%)
*Lacrimal apparatus	(50)		(50)	(- x / U)	(50)	(410)
Dilatation/ducts	(00)			(2%)		(4%)
Inflammation, NOS	1	(2%)		(12%)		(12%)
Fibrosis	•	/		(2%)		/ • /
Metaplasia, squamous	3	(6%)		(6%)	5	(10%)
*Nasolacrimal duct	(50)		(50)		(50)	
Inflammation, NOS		(2%)				(2%)
Inflammation, suppurative	8	(16%)		(12%)	10	(20%)
Hyperplasia, NOS			1	(2%)		

	CONTROL (CHAMBER)	LOW DOSE	HIGH DOSE
MUSCULOSKELETAL SYSTEM *Bone Osteosclerosis	(50)	(50)	(50) 1 (2%)
BODY CAVITIES *Peritoneal cavity Inflammation, granulomatous focal Necrosis, fat Hemosiderosis Angiectasis	(50) 1 (2%)	(50) 1 (2%) 2 (4%)	(50) 1 (2%) 3 (6%) 1 (2%) 1 (2%)
ALL OTHER SYSTEMS Adipose tissue Inflammation, NOS Inflammation, granulomatous focal Degeneration, NOS Pigmentation, NOS	1 1	1 1 1 1	1

* Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically. # Number of animals examined microscopically at this site

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APPENDIX D

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE IN THE TWO-YEAR INHALATION STUDIES

OF TETRACHLOROETHYLENE

С	ONTROI	(CHAMBER)	LOW	V DOSE	HIG	H DOSE
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS NECROPSIED	49		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICAL			50		50	
INTEGUMENTARY SYSTEM			<u></u>			
*Skin	(49)		(50)		(50)	
Abscess, NOS		(2%)				
Necrosis, focal		(2%)				
Atrophy, NOS	-	(2%)	2	(4%)		
Atrophy, focal		(4%)				
Hyperkeratosis		(2%)				
Acanthosis	1	(2%)				
*Subcutaneous tissue	(49)		(50)		(50)	
Epidermal inclusion cyst			-	(2%)		
Abscess, NOS				(4%)		
Inflammation, chronic focal		(2%)	1	(2%)		
Inflammation, chronic diffuse		(2%)				
Granulation tissue	1	(2%)				
RESPIRATORY SYSTEM						
*Nasal cavity	(49)		(50)		(50)	
Hematoma, NOS	,			(2%)	(22)	
Empyema			-	,.,	1	(2%)
Inflammation, chronic focal	30	(61%)	23	(46%)		(60%)
*Nasal gland	(49)		(50)	(10,0)	(50)	
Cyst, NOS	2	(4%)	,		(/	
*Nasal septum	(49)	x = · • /	(50)		(50)	
Edema, NOS			/		1	(2%)
*Larynx	(49)		(50)		(50)	(=)
Inflammation, chronic focal	1	(2%)	1	(2%)		(4%)
*Laryngeal gland	(49)		(50)		(50)	• ,
Cyst, NOS	4	(8%)			3	(6%)
#Trachea	(49)		(48)		(50)	()
Inflammation, chronic focal	1	(2%)			(30)	
Hyperplasia, epithelial		-			1	(2%)
Hyperplasia, pseudoepitheliomatous	1	(2%)			-	. = /
Polyp, NOS	-				1	(2%)
Metaplasia, squamous						(2%)
#Tracheal gland	(49)		(48)		(50)	(-,0)
Cyst, NOS		(92%)		(54%)		(64%)
Necrosis, focal		(2%)	-0		02	
#Bronchial mucous gland	(49)		(49)		(50)	
Cyst, NOS	,	(31%)		(6%)		(12%)
Inflammation, suppurative		(2%)	Ű		0	
Inflammation, acute	•	(=)	1	(2%)		
Inflammation, acute focal	2	(4%)	•			
Inflammation, chronic focal	-	· - · • ·	1	(2%)		
#Lung/bronchiole	(49)		(49)		(50)	
Cytoplasmic aggregate, NOS			(10)			(2%)

	CONTROL	L (CHAMBER)	LOW	DOSE	HIG	H DOSE
RESPIRATORY SYSTEM (Continued)						
#Lung	(49)		(49)		(50)	
Mineralization	(40)			(2%)	(00)	
Emphysema, NOS				(12%)	1	(2%)
Atelectasis	1	(2%)				,
Congestion, acute passive	1	(2%)	8	(16%)	10	(20%)
Edema, NOS					1	(2%)
Hemorrhage			3	(6%)		(4%)
Inflammation, interstitial					1	' (2%)
Inflammation, acute diffuse				(4%)		
Fibrosis, diffuse			1	(2%)		(0 • · ·)
Perivascular cuffing						(2%)
Hyperplasia, alveolar epithelium		(2~)	2	(4%)	1	(2%)
Bronchiolization	1	(2%)		(90)		(00)
Histiocytosis			1	(2%)	1	(2%)
IEMATOPOIETIC SYSTEM						
*Skin	(49)		(50)		(50)	
Mastocytosis			1	(2%)		
#Bone marrow	(49)		(49)		(49)	
Hemosiderosis						(2%)
Myelofibrosis						(2%)
#Spleen	(49)		(48)		(50)	
Accessory structure				(2%)		
Congestion, acute passive	1	(2%)	1	(2%)		(0~)
Hematoma, NOS						(2%)
Necrosis, focal				(0~)		(2%)
Atrophy, NOS	0	(100)		(2%)		(2%)
Hyperplasia, lymphoid		(12%)		(4%)		(10%)
Hematopoiesis #Lymph node		(2%)		(8%)		(4%)
Histiocytosis	(25)	(4%)	(24)		(27)	
Plasmacytosis	1	(4970)			1	(4%)
Hyperplasia, lymphoid	3	(12%)			1	(47.00)
#Mandibular lymph node	(25)	(12/0)	(24)		(27)	
Hemosiderosis		(4%)	(23)		(21)	
Histiocytosis	-	(,			3	(11%)
Hyperplasia, lymphoid	2	(8%)				(4%)
Mastocytosis		(4%)			-	()
#Bronchial lymph node	(25)		(24)		(27)	
Necrosis, focal			,			(4%)
Histiocytosis						(4%)
Hyperplasia, lymphoid					1	(4%)
#Mediastinal lymph node	(25)		(24)		(27)	
Plasmacytosis					1	(4%)
Hematopoiesis				(4%)		
#Mesenteric lymph node	(25)	(1.47)	(24)		(27)	
Histiocytosis		(4%)				
Hyperplasia, lymphoid		(12%)				(40)
Hematopoiesis		(4%)	(40)			(4%)
#Lung Erythrophagocytosis	(49)		(49)		(50)	(901)
Hyperplasia, lymphoid	10	(220)		(1 A d)		(2%)
#Liver		(33%)		(14%)		(22%)
Hematopoiesis	(49)	(60)	(49)	(90)	(50)	(904.)
#Peyer's patch	3 (49)	(6%)	(42)	(2%)		(2%)
Hyperplasia, lymphoid		(2%)		(90%)	(45)	
ray per prasia, ry mpnoru	1	(2%)	1	(2%)		

IEMATOPOIETIC SYSTEM (Continued) #Kidney Hematopoiesis #Thymus Cyst, NOS	(25) 1 (49) 1 (49) (49) (49)	(2%) (4 %) (2%) (2%)	(18) (50) (50) (49) 1 (50)	(4%) (2%) (4%)	(50) (50) 1 (50) 1 1 (50)	(4 %) (2 %) (2 %) (2 %)
Hematopoiesis #Thymus Cyst, NOS CIRCULATORY SYSTEM *Peritoneum Lymphangiectasis Perivasculitis *Larynx Periarteritis #Lung Thrombosis, NOS Perivasculitis #Heart Thrombosis, NOS Congestion, acute passive Hemorrhage	1 (25) 1 (49) 1 (49) (49) (49)	(2%) (4%) (2%) (2%)	2 (18) (50) (50) (49) 1 (50)	(4%)	(27) 1 (50) (50) 1 (50) 1 1 (50)	(2%) (2%)
 #Thymus Cyst, NOS ZIRCULATORY SYSTEM *Peritoneum Lymphangiectasis Perivasculitis *Larynx Periarteritis #Lung Thrombosis, NOS Perivasculitis #Heart Thrombosis, NOS Congestion, acute passive Hemorrhage 	(25) 1 (49) 1 (49) (49) 1	(4%) (2%) (2%)	(18) (50) (50) (49) 1 (50)	(2%)	(50) (50) (50) (50) 1 (50)	(2%) (2%)
Cyst, NOS *Peritoneum Lymphangiectasis Perivasculitis *Larynx Periarteritis #Lung Thrombosis, NOS Perivasculitis #Heart Thrombosis, NOS Congestion, acute passive Hemorrhage	(49) 1 (49) (49) 1	(4 %) (2%) (2%)	(50) (50) (49) 1 (50)		(50) (50) (50) (50) 1 (50)	(2%) (2%)
CIRCULATORY SYSTEM *Peritoneum Lymphangiectasis Perivasculitis *Larynx Periarteritis #Lung Thrombosis, NOS Perivasculitis #Heart Thrombosis, NOS Congestion, acute passive Hemorrhage	(49) 1 (49) (49) 1	(2%) (2%)	(50) (49) 1 (50)		(50) (50) 1 (50) 1 1 (50)	(2%) (2%)
*Peritoneum Lymphangiectasis Perivasculitis *Larynx Periarteritis #Lung Thrombosis, NOS Perivasculitis #Heart Thrombosis, NOS Congestion, acute passive Hemorrhage	1 1 (49) (49) 1	(2%) (2%)	(50) (49) 1 (50)		(50) 1 (50) 1 1 (50)	(2%)
Lymphangiectasis Perivasculitis *Larynx Periarteritis #Lung Thrombosis, NOS Perivasculitis #Heart Thrombosis, NOS Congestion, acute passive Hemorrhage	1 1 (49) (49) 1	(2%) (2%)	(50) (49) 1 (50)		(50) 1 (50) 1 1 (50)	(2%)
Perivasculitis *Larynx Periarteritis #Lung Thrombosis, NOS Perivasculitis #Heart Thrombosis, NOS Congestion, acute passive Hemorrhage	1 (49) (49) 1	(2%)	(49) 1 (50)		1 (50) 1 1 (50)	(2%)
*Larynx Periarteritis #Lung Thrombosis, NOS Perivasculitis #Heart Thrombosis, NOS Congestion, acute passive Hemorrhage	(49) (49) 1		(49) 1 (50)		1 (50) 1 1 (50)	(2%)
Periarteritis #Lung Thrombosis, NOS Perivasculitis #Heart Thrombosis, NOS Congestion, acute passive Hemorrhage	(49)		(49) 1 (50)		1 (50) 1 1 (50)	(2%)
<pre>#Lung Thrombosis, NOS Perivasculitis #Heart Thrombosis, NOS Congestion, acute passive Hemorrhage</pre>	1	(2%)	1 (50)		(50) 1 1 (50)	(2%)
Thrombosis, NOS Perivasculitis #Heart Thrombosis, NOS Congestion, acute passive Hemorrhage	1	(2%)	1 (50)		1 1 (50)	
Perivasculitis #Heart Thrombosis, NOS Congestion, acute passive Hemorrhage		(2%)	(50)		1 (50)	
#Heart Thrombosis, NOS Congestion, acute passive Hemorrhage		(270)	(50)		(50)	(2%)
Thrombosis, NOS Congestion, acute passive Hemorrhage	(47)		1	(4%)	1 /	
Congestion, acute passive Hemorrhage			2	(4%)		(2%)
Hemorrhage						(2%) (2%)
						(2%) (2%)
Inflammation, acute focal			1	(2%)	1	(2%)
Inflammation, chronic			T	(270)	1	(2%)
Fibrosis			1	(2%)	1	(270)
Fibrosis, focal				(2%)		
Degeneration, NOS			-	(2,0)	2	(4%)
Necrosis, NOS			1	(2%)	_	(= / = /
Necrosis, focal				(2%)		
#Endocardium	(49)		(50)		(50)	
Inflammation, NOS	()			(2%)	()	
#Cardiac valve	(49)		(50)		(50)	
Degeneration, mucoid	30	(61%)	17	(34%)	25	(50%)
Hemosiderosis	2	(4%)	1	(2%)		(2%)
*Aorta	(49)		(50)		(50)	
Inflammation, chronic focal	1	(2%)				
*Coronary artery	(49)		(50)		(50)	
Inflammation, chronic focal		(2%)				
*Pulmonary artery	(49)		(50)		(50)	
Periarteritis		(2%)				
*Pulmonary vein	(49)		(50)		(50)	
Thrombosis, NOS				(2%)		
Inflammation, chronic	(10)			(2%)		
#Kidney	(49)		(49)	.0.0	(50)	
Thrombosis, NOS	(10)		_	(2%)	(10)	
#Testis	(49)		(48)	(90)	(49)	
Perivasculitis		4- Fear of Million and State	1	(2%)	,	
IGESTIVE SYSTEM						
*Root of tooth	(49)		(50)		(50)	
Deformity, NOS		(2%)				
Inflammation, acute focal		(2%)		(00)		(00)
Abscess, NOS		(4%)	1	(2%)	1	(2%)
Inflammation, chronic focal Necrosis, focal		(6%)				
*Periodontal tissues		(6%)				
	(49)	(90)	(50)		(50)	
Inflammation, chronic diffuse Hyperplasia, focal		(2%)				
#Salivary gland		(2%)	(40)		(40)	
	(49)	(910)	(48)	(950)	(48)	(950)
Lymphocytic inflammatory infiltrate Inflammation, chronic focal	12	(24%)		(25%) (2%)	12	(25%)

	CONTROL	(CHAMBER)	LOW	DOSE	HIG	H DOSE
IGESTIVE SYSTEM (Continued)			<u> </u>	<u> </u>		
#Liver	(49)		(49)		(50)	
Cyst, NOS	(40)			(2%)	(30)	
Edema, NOS			1	(2.10)	1	(2%)
Hemorrhage	1	(2%)				(2%)
Inflammation, acute		(2%)	1	(2%)	2	(4170)
Inflammation, acute focal	1	(270)		(2%) (4%)	1	(2%)
Inflammation, chronic focal	1	(2%)	2	(4:70)		(2%)
Fibrosis, focal	1	(2%)				(2%)
,	0	(40)	4	(00)		
Degeneration, NOS	Z	(4%)		(8%)		(16%)
Degeneration, lipoid	4	(0 , 0)		(8%)		(12%)
Necrosis, NOS	1	(2%)		(4%)		(10%)
Necrosis, focal	0	(10)		(8%)		(20%)
Inclusion, nuclear Cytoplasmic vacuolization	2	(4%)	อ	(10%)		(18%)
	0	(401)	0	(401)	1	(2%)
Basophilic cyto change	Z	(4%)		(4%)	1	(901)
Focal cellular change	1	(90)		(4%)		(2%)
Eosinophilic cyto change		(2%)	_	(4%)		(4%)
Cytoplasmic aggregate, NOS	5	(10%)	Z	(4%)		(8%)
Hyperplasia, focal						(2%)
Angiectasis						(2%)
Regeneration, NOS						(2%)
#Liver/Kupffer cell	(49)		(49)		(50)	
Hyperplasia, focal				(2%)	1	(2%)
*Gallbladder	(49)		(50)		(50)	
Cyst, NOS	1	(2%)				
#Bile duct	(49)		(49)		(50)	
Hyperplasia, focal					1	(2%)
#Pancreas	(47)		(48)		(47)	
Lymphocytic inflammatory infiltrate				(2%)		
Degeneration, NOS				(2%)		
Necrosis, NOS			1	(2%)		
Focal cellular change	1	(2%)			1	(2%)
#Stomach	(48)		(44)		(49)	
Erosion					1	(2%)
#Glandular stomach	(48)		(44)		(49)	
Mineralization	1	(2%)	1	(2%)	1	(2%)
Dilatation, NOS	1	(2%)				
Cyst, NOS	2	(4%)			2	(4%)
Inflammation, serous					1	(2%)
Inflammation, chronic focal					1	(2%)
Hyperplasia, focal	1	(2%)			2	(4%)
Polyp, NOS			1	(2%)		
Metaplasia, squamous	3	(6%)	1	(2%)	2	(4%)
#Forestomach	(48)		(44)		(49)	
Hyperplasia, pseudoepitheliomatous			1	(2%)		
Hyperkeratosis			1	(2%)	1	(2%)
#Intestinal villus	(49)		(42)		(45)	
Atrophy, NOS		(2%)				
#Duodenum	(49)		(42)		(45)	
Inflammation, chronic focal			,,			(2%)
#Ileum	(49)		(42)		(45)	/
Hyperplasia, epithelial		(2%)	,		(-0)	
*Rectum	(49)		(50)		(50)	
Cyst, NOS				(4%)		

	CONTROL	(CHAMBER)	LOW	DOSE	HIG	H DOSE
URINARY SYSTEM			• · · · •		••	
#Kidney	(49)		(49)		(50))
Cyst, NOS		(6%)		(4%)	x = = /	(2%)
Hemorrhage		(8%)		(4%)		(10%)
Lymphocytic inflammatory infiltrate		(78%)		(55%)		(56%)
Inflammation, suppurative	00	(10,0)	21	(00%)		(4%)
Nephrosis, NOS	99	(45%)	24	(49%)		(56%)
Glomerulosclerosis, NOS	22 2	(40 //)		(2%)	20	(00,0)
Necrosis, NOS	1	(2%)	1	(270)	1	(2%)
Infarct, NOS	1	(270)	1	(2%)	1	(270)
Hyperplasia, tubular cell	1	(2%)		(4%)	4	(8%)
#Kidney/glomerulus	(49)	(270)		(470)		
Atrophy, focal	(49)		(49)		(50)	
	(40)		(10)			(2%)
#Kidney/tubule	(49)	(90)	(49)		(50)	
Mineralization Cast, NOS		(2%)	•	(1901)	1 5	(2007)
Cast, NOS Necrosis, NOS	3	(6%)		(18%)	15	(30%)
Nuclear enlargement	4	(9.0%)		(2%)	40	(0901)
Eosinophilic cyto change	4	(8%)	17	(35%)		(92%)
Atrophy, focal	•	(9α)			1	(2%)
		(2%)	(10)		/FAS	
#Kidney/pelvis	(49)	(00)	(49)		(50)	
Inflammation, suppurative	1	(2%)				
Inflammation, acute focal			1	(2%)		
Inflammation, acute/chronic						(2%)
#Urinary bladder	(48)		(46)		(48)	
Ulcer, NOS						(2%)
Inflammation, suppurative						(2%)
Inflammation, chronic						(2%)
Inflammation, chronic focal					1	(2%)
Inflammation, chronic diffuse	1	(2%)				
Granulation tissue						(2%)
Hyperplasia, epithelial	1	(2%)			2	(4%)
NDOCRINE SYSTEM						
#Pituitary	(47)		(41)		(44)	
Cyst, NOS		(4%)		(7%)	. ,	(5%)
#Adrenal	(49)	(4/0)	(48)	(1 /0)	(49)	(070)
Accessory structure		(2%)	(40)			(2%)
Necrosis, NOS	1	(2/0)	ი	(4%)	1	(270)
Atrophy, NOS	1	(2%)	4	(= 70)		
#Adrenal/capsule	(49)	(2%)	(48)		(49)	
Hyperplasia, NOS		(82%)		(56%)		(59%)
Hyperplasia, focal		(2%)	21	(50%)	23	(03%)
#Adrenal cortex	(49)	(270)	(48)		(49)	
Cyst, NOS		(90)		(AOL)		(601.)
Fibrosis	1	(2%)	2	(4%)	3	(6%) (4%)
	1	(901)			2	(4.%)
Degeneration, NOS		(2%)			2	(4%)
Hyperplasia, NOS		(2%)	~	(40)	-	(00)
Hyperplasia, focal		(6%)		(4%)		(2%)
#Adrenal medulla	(49)	(40)	(48)	(0~)	(49)	(0~)
Cyst, NOS	2	(4%)		(8%)	1	(2%)
Degeneration, NOS			1	(2%)	-	(0~)
Hyperplasia, focal						(6%)
#Thyroid	(47)	(0~)	(46)		(50)	
Cyst, NOS	3	(6%)				(2%)
Lymphocytic inflammatory infiltrate						(2%)
Hyperplasia, follicular cell		(2%)				(2%)
#Parathyroid	(20)		(15)		(21)	
Cyst, NOS					2	(10%)

	CONTROI	(CHAMBER)	LOW	DOSE	HIG	h dose
REPRODUCTIVE SYSTEM			******** <u>***</u> ****	· ······		<u></u>
*Mammary gland	(40)		(50)		(50)	
	(49)		(50)		(50)	
Cystic ducts		(2%)				
Inflammation, chronic focal		(2%)				
Fibrosis, focal		(2%)				
Hyperplasia, NOS		(4%)	(50)		(50)	
*Penis	(49)		(50)		(50)	
Inflammation, suppurative						(2%)
Inflammation, chronic focal						(2%)
Necrosis, NOS	(10)					(2%)
*Prepuce	(49)		(50)		(50)	
Ulcer, NOS			_			(2%)
Inflammation, suppurative			1	(2%)		(2%)
Abscess, NOS						(2%)
Necrosis, NOS					2	(4%)
*Preputial gland	(49)		(50)		(50)	
Cyst, NOS	3	(6%)	2	(4%)		(8%)
Inflammation, suppurative					1	(2%)
Abscess, NOS	2	(4%)				(2%)
Inflammation, chronic diffuse						(2%)
#Prostate	(48)		(46)		(44)	
Inflammation, suppurative			• •	(2%)	()	
*Seminal vesicle	(49)		(50)	(= / - /	(50)	
Dilatation. NOS	,,	(2%)		(2%)		(6%)
Inflammation, suppurative		(2%)		(2%)	Ū	(0,0)
Hyperplasia, epithelial	-	(2,0)	•	(2,0)	1	(2%)
#Testis	(49)		(48)		(49)	(1,0)
Mineralization		(2%)	(40)		(40)	
Inflammation, acute suppurative	1	(270)			1	(2%)
Atrophy, NOS	1	(2%)	4	(901)		
Atrophy, focal				(8%)	1	(2%)
	1	(2%)		(2%)		
Atrophy, diffuse				(2%)	•	(0~)
Hyperplasia, interstitial cell	(10)			(8%)		(6%)
#Interstitial cell of Leydig	(49)		(48)	(0 ~)	(49)	
Inclusion, nuclear			1	(2%)		
NERVOUS SYSTEM						
#Brain/meninges	(49)		(50)		(50)	
Lymphocytic inflammatory infiltrate	1	(2%)				
#Fourth ventricle	(49)		(50)		(50)	
Dilatation, NOS			1	(2%)		
#Cerebrum	(49)		(50)		(50)	
Degeneration, NOS			(00)			(2%)
#Brain	(49)		(50)		(50)	
Gliosis	(40)		(00)			(2%)
Fibrosis, focal			,	(2%)	1	(470)
Cytoplasmic vacuolization				(2%) (2%)		
#Brain/thalamus	(40)			(270)	(20)	
	(49)	(270)	(50)	(999)	(50)	(500)
Corpora amylacea		(37%)		(22%)		(50%)
*Olfactory sensory epithelium	(49)		(50)		(50)	(99)
Atrophy, focal					1 	(2%)
PECIAL SENSE ORGANS						
*Nasolacrimal duct	(49)		(50)		(50)	
Inflammation, suppurative				(2%)		
Inflammation, chronic focal	1	(2%)	1	(2%)		
Inflammation, chronic diffuse					1	(2%)
*Zymbal gland	(49)		(50)		(50)	
						(2%)

	CONTROL	(CHAMBER)	LOW	DOSE	HIGH	I DOSE
MUSCULOSKELETAL SYSTEM		······	<u> </u>	<u> </u>		
*Skull	(49)		(50)		(50)	
Hemorrhage			1	(2%)		
*Sternum	(49)		(50)		(50)	
Hematoma, NOS	1	(2%)				
*Skeletal muscle	(49)		(50)		(50)	
Fibrosis						(2%)
*Cartilage, NOS	(49)		(50)		(50)	
Necrosis, focal		(4%)		(2%)		
*Perichondrium	(49)		(50)		(50)	
Hyperplasia, NOS			1	(2%)		
BODY CAVITIES						
*Mediastinum	(49)		(50)		(50)	
Inflammation, suppurative	(40)			(2%)	(00)	
Inflammation, chronic diffuse	1	(2%)	-	(2,0)		
*Peritoneum	(49)	(2.0)	(50)		(50)	
Inflammation, suppurative		(2%)	·/	(2%)	(00)	
Abscess, NOS	-			(2%)		
Inflammation, chronic diffuse				(2%)		
Necrosis, fat				(2%)		
*Pleura	(49)		(50)	(2,0)	(50)	
Inflammation, chronic focal	(43)		/	(2%)		(2%)
			L	(2 /0)		
ALL OTHER SYSTEMS						
*Multiple organs	(49)		(50)		(50)	
Abscess, NOS			1	(2%)		
SPECIAL MORPHOLOGY SUMMARY	· ··· ·· ··					
	1					
Animal missexed/no necropsy	1		1			
Auto/necropsy/histo perf			1			

* Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically. # Number of animals examined microscopically at this site

TABLE D2.	SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE
	TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE

C	ONTROI	(CHAMBER)	LOW	DOSE	HIG	H DOSE
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS NECROPSIED	49		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALI	LY 49		50		50	
NTEGUMENTARY SYSTEM						
*Skin	(49)		(50)		(50)	
Inflammation, acute focal					1	(2%)
Inflammation, chronic	1	(2%)	1	(2%)		
Inflammation, chronic focal					1	(2%)
Degeneration, NOS	1	(2%)				
Necrosis, NOS			1	(2%)		
Atrophy, NOS	1	(2%)				
Hyperkeratosis			1	(2%)		
Acanthosis			1	(2%)		
Parakeratosis			1	(2%)		
*Subcutaneous tissue	(49)		(50)		(50)	
Inflammation, chronic diffuse	1	(2%)				
RESPIRATORY SYSTEM						
*Nasal cavity	(49)		(50)		(50)	
Inflammation, chronic		(2%)	(00)		(00)	
Inflammation, chronic focal		(57%)	29	(58%)	24	(48%)
Cytoplasmic aggregate, NOS				(2%)		
Hyperplasia, focal				(2%)		
*Nasal gland	(49)		(50)	(2,0)	(50)	
Cyst, NOS	(10)			(4%)	(00)	
*Larynx	(49)		(50)	(4,0)	(50)	
Inflammation, chronic focal	(10)		(00/			(2%)
Fibrosis, focal			1	(2%)	-	(1/0)
Metaplasia, squamous			-	(2,0)	1	(2%)
*Laryngeal gland	(49)		(50)		(50)	(2.0)
Cyst, NOS		(4%)		(8%)	(00)	
#Trachea	(48)	(=)	(50)		(50)	
Inflammation, chronic focal		(2%)			(
Hyperplasia, epithelial	-	(=,+)	1	(2%)		
Metaplasia, squamous				(2%)		
#Tracheal gland	(48)		(50)	(= /0 /	(50)	
Cyst, NOS		(69%)		(32%)		(24%)
#Lung/bronchus	(48)		(50)	(01/0)	(50)	(4 4 /0)
Inflammation, chronic focal	(40)		(00)			(2%)
#Bronchial mucous gland	(48)		(50)		(50)	(= (v)
Cyst, NOS		(10%)		(2%)		(4%)
#Lung	(48)		(50)		(50)	,
Mineralization		(2%)		(2%)		
Emphysema, NOS		(4%)		(2%)	2	(4%)
Congestion, acute passive		(2%)		(10%)		(12%)
Hemorrhage	3	(6%)	1	(2%)	1	(2%)
Inflammation, interstitial			1	(2%)		
Inflammation, acute focal		(2%)			1	(2%)
Inflammation, acute diffuse	2	(4%)				
Pneumonia, interstitial chronic						(2%)
Inflammation, chronic focal	2	(4%)	3	(6%)		(2%)
Thrombophlebitis						(2%)
Fibrosis, focal						(4%)
Fibrosis, multifocal		(2%)			1	(2%)
Fibrosis, diffuse		(2%)				
Perivascular cuffing		(4%)				
Hyperplasia, alveolar epithelium	1	(2%)				(2%)
Histiocytosis			1	(2%)	2	(4%)

	CONTROI	L (CHAMBER)	LOW	DOSE	HIG	h dose
EMATOPOIETIC SYSTEM						
#Brain	(48)		(49)		(50)	
Hematopoiesis			1	(2%)		
*Multiple organs	(49)		(50)		(50)	
Erythrophagocytosis						(2%)
Hyperplasia, lymphoid						(8%)
Hematopoiesis	1	(2%)				(4%)
#Bone marrow	(48)		(49)		(48)	
Hyperplasia, NOS				(2%)	,	
Myelofibrosis	30	(63%)		(61%)	20	(42%)
Hyperplasia, hematopoietic				(2%)		(
Hypoplasia, hematopoietic			•		1	(2%)
#Spleen	(49)		(49)		(50)	
Necrosis, NOS	(40)			(2%)	(00)	
Hemosiderosis	2	(4%)	•	(270)		
Hyperplasia, lymphoid		(6%)	7	(14%)	3	(6%)
Hematopoiesis		(12%)		(12%)		(34%)
#Lymph node	(34)	(1270)	(31)	(1210)	(26)	
Inflammation, chronic	(04)		(01)			(4%)
#Mandibular lymph node	(34)		(31)		(26)	(- 10)
Hemosiderosis		(3%)	(01)		(20)	
Histiocytosis	1	(0.0)	1	(3%)	1	(4%)
Hyperplasia, lymphoid	2	(9%)		(3%)	1	(4.70)
#Bronchial lymph node	(34)	(3%)	(31)	(370)	(26)	
Edema, NOS		(3%)	(31)		(20)	
Inflammation, acute diffuse		(3%)				
Hemosiderosis	-					
Histiocytosis	1	(3%)			1	(401)
Hyperplasia, lymphoid	9	(6%)			1	(4%)
#Mediastinal lymph node	(34)	(0%)	(31)		(26)	
Histiocytosis	(34)			(3%)	(20)	
Plasmacytosis			L	(3%)	1	(4%)
	(34)		(31)		(26)	(4%)
#Mesenteric lymph node	(34)			(00)		(10)
Hematopoiesis	(10)			(3%)		(4%)
#Lung	(48)	(0.4)	(50)		(50)	
Leukemoid reaction		(2%)	17	(0.40)	-	(1401)
Hyperplasia, lymphoid		(44%)		(34%)		(14%)
#Liver	(48)	(1 ~)	(50)	(00)	(50)	(0 ~)
Hematopoiesis		(4%)	-	(6%)		(8%)
#Peyer's patch	(48)		(45)		(46)	(00)
Hyperplasia, lymphoid						(2%)
#Kidney	(48)	(40)	(49)	(90)	(50)	(0.01.)
Hematopoiesis		(4%)		(2%)		(8%)
#Adrenal	(47)		(49)	(901)	(49)	
Hematopoiesis	/			(2%)		
#Adrenal cortex	(47)	(00)	(49)	(00)	(49)	(00)
Hematopoiesis		(2%)		(2%)		(2%)
#Thymus	(35)		(39)		(22)	
Edema, NOS						(5%)
Inflammation, chronic					1	(5%)
Necrosis, NOS	1	(3%)	1	(3%)		
Atrophy, NOS					1	(5%)

	CONTROI	L (CHAMBER)	LOW	DOSE	HIG	H DOSE
CIRCULATORY SYSTEM					<u></u>	
#Lung	(48)		(50)		(50)	
Thrombosis, NOS	(40)			(2%)		(2%)
Perivasculitis			1	(270)		(4%)
#Heart	(48)		(50)			
Thrombosis, NOS	(40)		(50)		(50)	(2%)
Inflammation, acute				(90)		(2%)
Inflammation, acute focal			1	(2%)		(4%)
Inflammation, chronic Inflammation, chronic focal	1	(90)				(2%)
Fibrosis	1	(2%)				(4 %)
Necrosis, NOS						(2%)
#Heart/atrium	(49)		(50)			(2%)
	(48)		(50)		(50)	
Inflammation, chronic focal #Cardiac valve	(48)	(2%)	(50)		(50)	
Degeneration, mucoid		(35%)	,	(9.4.0%)	(50)	
Hemosiderosis			11	(34%)		(14%) (4%)
		(2%)	(40)			
#Kidney Thrombus, organized	(48)	(9 <i>0</i> / ₂)	(49)		(50)	
#Urinary bladder		(2%)	(40)		4.47	
Periarteritis	(46)		(48)		(47)	
	(40)		(10)			(2%)
#Ovary	(48)	(10)	(49)		(43)	
Thrombosis, NOS Periarteritis		(4 %)				
Perivasculitis		(2%) (2%)				
DIGESTIVE SYSTEM						
*Periodontal tissues	(49)		(50)		(50)	
Abscess, NOS	1	(2%)				
#Salivary gland	(47)		(49)		(49)	
Lymphocytic inflammatory infiltrate	6	(13%)	10	(20%)	10	(20%)
Inflammation, chronic focal					2	(4%)
Hemosiderosis			1	(2%)		
#Liver	(48)		(50)	,	(50)	
Mineralization						(2%)
Cyst, NOS	1	(2%)	1	(2%)		(4%)
Hemorrhage	-	(= ///		(2%)	-	(= / • /
Lymphocytic inflammatory infiltrate			-		1	(2%)
Inflammation, acute focal			2	(4%)		(2%)
Abscess, NOS			-	(1,0)		(2%)
Inflammation, chronic focal	2	(4%)			3	(6%)
Fibrosis, focal	-		1	(2%)	0	,
Degeneration, NOS	1	(2%)	-		12	(24%)
Degeneration, lipoid	•		2	(4%)		(2%)
Necrosis, NOS	1	(2%)	3	(6%)		(14%)
Necrosis, focal		(4%)		(4%)		(4%)
Inclusion, nuclear	2			(2%)		(4%)
Basophilic cyto change			1			(2%)
Focal cellular change			1	(2%)		(6%)
Eosinophilic cyto change	1	(2%)		(2%) (4 %)		(8%)
Cytoplasmic aggregate, NOS	1	(210)	4	(-170)		(4%)
Cytoplasmic aggregate, NOS						(2%)
Angiectasis						(2%) (4%)
Histiocytosis						(4%) (2%)
#Hepatic capsule	(48)		(50)		(50)	(2170)
Inflammation, chronic focal	(40)		(00)			(2%)
Fibrosis, focal	1	(2%)			1	(470)
*Gallbladder	(49)	(270)	(50)		(50)	
			11/1//		(00)	
Dilatation, NOS	(-0)		(,			(2%)

	CONTROI	L (CHAMBER)	LOW	DOSE	HIG	h dose
DIGESTIVE SYSTEM (Continued)						
#Pancreas	(47)		(49)		(49)	
Cyst. NOS	(11)			(2%)	(10)	
Inflammation, acute diffuse			-	(= ///	1	(2%)
Inflammation, chronic focal	1	(2%)			-	(=,
Inflammation, chronic diffuse		(4%)			1	(2%)
Necrosis, focal		(2%)				(=,
Focal cellular change					2	(4%)
Atrophy, NOS	1	(2%)	2	(4%)	1	(2%)
Hyperplasia, focal					1	(2%)
#Stomach	(48)		(50)		(48)	
Inflammation, acute focal			1	(2%)		
#Glandular stomach	(48)		(50)		(48)	
Cyst, NOS	1	(2%)	2	(4%)	3	(6%)
Hyperplasia, focal		(2%)				
Metaplasia, squamous	-		2	(4%)	1	(2%)
#Forestomach	(48)		(50)		(48)	
Cyst, NOS	,		· · ·		,	(4%)
Hyperkeratosis	1	(2%)	5	(10%)		(4%)
#Duodenum	(48)		(45)		(46)	
Inflammation, chronic focal	1	(2%)				
#Ileum	(48)		(45)		(46)	
Amyloidosis			1	(2%)		
*Perirectal tissue	(49)		(50)		(50)	
Inflammation, necrotizing	1	(2%)				
*Anus	(49)		(50)		(50)	
Inflammation, suppurative					. 1	(2%)
JRINARY SYSTEM						
#Kidney.	(48)		(49)		(50)	
Hydronephrosis		(2%)	(-0)			
Cyst, NOS	•	(=,0)			2	(4%)
Congestion, acute passive						(4%)
Hemorrhage	1	(2%)	2	(4%)		(10%)
Lymphocytic inflammatory infiltrate		(60%)		(53%)		(54%)
Plasma cell infiltrate			_0			(2%)
Nephrosis, NOS	5	(10%)	14	(29%)		(50%)
Amyloidosis		· ·		(2%)		
Hyperplasia, tubular cell				(2%)		
Metaplasia, osseous			-	,	1	(2%)
#Kidney/glomerulus	(48)		(49)		(50)	
Atrophy, NOS			/			(2%)
Atrophy, focal	1	(2%)				(2%)
#Kidney/tubule	(48)		(49)		(50)	,
Cast, NOS		(8%)		(8%)		(30%)
Nuclear enlargement				(33%)		(76%)
Inclusion, nuclear				(2%)		
Cytoplasmic crystalline aggregate				(2%)		
#Kidney/pelvis	(48)		(49)		(50)	
Dilatation, NOS						(2%)
#Urinary bladder	(46)		(48)		(47)	
Lymphocytic inflammatory infiltrate		(9%)		(2%)		(2%)
Inflammation, chronic focal		(11%)		(33%)		(9%)
Inflammation, chronic diffuse	0	· · · ·				(2%)

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	CONTROI	L (CHAMBER)	LOW	DOSE	HIG	h dose
ENDOCRINE SYSTEM		<u></u>				
#Pituitary	(45)		(43)		(42)	
Cyst, NOS	x /	(2%)		(2%)	(42)	
Congestion, acute passive	•	(2,0)		(2%)	1	(2%)
Hemorrhage	1	(2%)	-		-	(2,0)
Degeneration, NOS	-	(2,2)			1	(2%)
Hyperplasia, NOS	1	(2%)	. 3	(7%)		(2%)
Hyperplasia, focal	3	(7%)	7	(16%)		(5%)
#Pituitary intermedia	(45)		(43)		(42)	
Cyst, NOS	1	(2%)				
#Pituitary cell	(45)		(43)		(42)	
Inclusion, nuclear			1	(2%)		
Atypia, NOS			1	(2%)		
#Adrenal	(47)		(49)		(49)	
Accessory structure			1	(2%)		(2%)
Hemorrhage			1	(2%)	2	(4%)
Necrosis, focal						(2%)
Angiectasis			1	(2%)		
#Adrenal/capsule	(47)		(49)		(49)	
Hyperplasia, NOS		(89%)		(84%)		(90%)
#Adrenal cortex	(47)		(49)		(49)	
Cyst, NOS	2	(4%)		(6%)	2	(4%)
Congestion, acute passive			1	(2%)		
Hemorrhage		(9%)				(2%)
Fibrosis		(38%)		(53%)		(45%)
Degeneration, NOS		(40%)		(55%)	23	(47%)
Necrosis, NOS	1	(2%)	1	(2%)		
Cytomegaly					1	(2%)
Hyperplasia, focal			1	(2%)		
Vascularization	1	(2%)				
#Adrenal medulla	(47)		(49)		(49)	
Cyst, NOS	2	(4%)			2	(4%)
#Periadrenal tissue	(47)		(49)		(49)	
Inflammation, suppurative		(2%)				(2%)
#Thyroid	(48)		(48)		(48)	
Cyst, NOS		(8%)	_		_	
Hyperplasia, follicular cell		(2%)		(6%)		(6%)
#Thyroid follicle	(48)		(48)		(48)	
Inflammation, acute focal		(2%)				
#Thyroid colloid	(48)	(1 ~)	(48)		(48)	
Degeneration, NOS		(4%)				
#Parathyroid	(18)		(17)		(23)	(10)
Cyst, NOS		(00)			1	(4%)
Hyperplasia, NOS	1	(6%)				
EPRODUCTIVE SYSTEM						
*Mammary gland	(49)		(50)		(50)	
Dilatation/ducts		(2%)		(2%)		
#Uterus	(43)		(44)		(48)	
Hydrometra				(5%)		
Hematoma, NOS	1	(2%)	1	(2%)		
Pyometra						(6%)
Abscess, NOS					1	(2%)
Necrosis, NOS		(2%)				
Hyperplasia, epithelial		(2%)				
Metaplasia, squamous		(2%)				
#Cervix uteri	(43)		(44)		(48)	
Inflammation, chronic	(40)		((4%)

	CONTROL	L (CHAMBER)	LOW	DOSE	HIG	H DOSE
REPRODUCTIVE SYSTEM (Continued)						
#Uterus/endometrium	(43)		(44)		(48)	
Cyst, NOS		(2%)		(2%)	(10)	
Inflammation, suppurative		(5%)	-	(270)	3	(6%)
Inflammation, chronic	2		1	(2%)		(2%)
Inflammation, chronic diffuse			1	(270)		(2%)
Hyperplasia, NOS	1	(2%)				(2%)
Hyperplasia, cystic		(2%) (72%)	26	(82%)		(69%)
Metaplasia, squamous		(12%) (2%)	30	(82%)	33	(09%)
#Uterus/myometrium	(43)		(44)		(48)	
Mineralization	(43)		(44)		, ,	
Inflammation, acute						(2%)
Granuloma, NOS						(2%)
Necrosis, focal						(2%) (2%)
Cholesterol deposit						(2%)
Histiocytosis	(10)		((2%)
#Fallopian tube	(43)		(44)		(48)	
Lymphocytic inflammatory infiltrate			1	(2%)		
Inflammation, chronic focal						(4%)
Inflammation, chronic diffuse						(4%)
#Ovary	(48)		(49)		(43)	
Cyst, NOS	12	(25%)	8	(16%)	10	(23%)
Corpus luteum cyst			1	(2%)		
Hemorrhage					1	(2%)
Inflammation, necrotizing		(2%)				
Abscess, NOS		(2%)			5	(12%)
Inflammation, chronic focal		(2%)	2	(4%)		
Inflammation, chronic diffuse	1	(2%)				
Necrosis, focal					1	(2%)
Atrophy, NOS					1	(2%)
IERVOUS SYSTEM						
#Brain/meninges	(48)		(49)		(50)	
Lymphocytic inflammatory infiltrate					2	(4%)
#Cerebral ventricle	(48)		(49)		(50)	
Dilatation, NOS	1	(2%)	1	(2%)		
#Ependyma lateral ventricle	(48)		(49)		(50)	
Perivascular cuffing			1	(2%)		
#Cerebrum	(48)		(49)		(50)	
Cyst, NOS					1	(2%)
Perivascular cuffing			1	(2%)		
Metaplasia, osseous	2	(4%)		(2%)		
#Brain	(48)		(49)		(50)	
Hemorrhage	(-0)		,		1	(2%)
Perivascular cuffing			1	(2%)	-	
#Brain/thalamus	(48)		(49)	,	(50)	
Corpora amylacea		(31%)		(20%)		(36%)
#Cerebellum	(48)		(49)		(50)	
Perivascular cuffing		(2%)	(10)		(00)	
*Olfactory sensory epithelium	(49)		(50)		(50)	
Charlen and a	(3)		(00)		(00)	

	CONTROL	(CHAMBER)	LOW	DOSE	HIG	h dose
SPECIAL SENSE ORGANS			<u></u>			
*Eye	(49)		(50)		(50)	
Microphthalmia	(43)		(00)		(-)	(2%)
Mineralization	1	(2%)			1	(270)
*Nasolacrimal duct	(49)	(270)	(50)		(50)	
Inflammation, suppurative		(2%)		(4%)		(4%)
Empyema		(270)		(2%)		$(\frac{4}{2}\%)$
Inflammation, chronic				(6%)	-	(270)
Hyperplasia, epithelial	1	(2%)		(2%)	1	(2%)
*External ear	(49)	(2707	(50)	(270)	(50)	
Hemorrhage	(40)		(00)			(2%)
MUSCULOSKELETAL SYSTEM			- //		<u> </u>	··· <u>··</u> ········
*Skull	(49)		(50)		(50)	
Inflammation, chronic focal			(/		,	(2%)
Fibrous osteodystrophy						(2%)
*Sternum	(49)		(50)		(50)	
Fibrous osteodystrophy					1	(2%)
*Skeletal muscle	(49)		(50)		(50)	
Inflammation, chronic					1	(2%)
*Costal cartilage	(49)		(50)		(50)	
Necrosis, focal					1	(2%)
BODY CAVITIES						
*Mediastinum	(49)		(50)		(50)	
Inflammation, chronic focal	1	(2%)	1	(2%)		
Inflammation, chronic diffuse			1	(2%)		
Inflammation chronic suppurative					1	(2%)
Inflammation, granulomatous focal		(2%)				
*Peritoneum	(49)		(50)		(50)	
Mineralization	1	(2%)				
Lymphocytic inflammatory infiltrate						(2%)
Inflammation, acute focal					1	(2%)
Inflammation, acute diffuse						(2%)
Abscess, NOS					1	(2%)
Inflammation, chronic focal	8	(16%)	7	(14%)	7	(14%)
Inflammation, chronic diffuse	5	(10%)	3	(6%)	4	(8%)
Inflammation, chronic suppurative						(2%)
Necrosis, focal					1	(2%)
*Pleura	(49)		(50)		(50)	
Inflammation, chronic					2	(4%)
Inflammation, chronic focal			1	(2%)	•	(90)
Granulation tissue					1	(2%)
ALL OTHER SYSTEMS	(40)		(70)			
*Multiple organs	(49)	(90)	(50)		(50)	
Lymphocytic inflammatory infiltrate	1	(2%)				(00)
Inflammation, chronic			~	(10)		(2%)
Inflammation, chronic focal Inflammation, chronic diffuse			2	(4%)		(2%) (A%)
initianination, chronic diffuse					2	(4%)
SPECIAL MORPHOLOGY SUMMARY			~		-	
No lesion reported	1		2		1	
Animal missexed/no necropsy	1					

* Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically. # Number of animals examined microscopically at this site

Tetrachloroethylene, NTP TR 311

APPENDIX E

ANALYSES OF PRIMARY TUMORS IN RATS AND MICE IN THE TWO-YEAR INHALATION STUDIES OF TETRACHLOROETHYLENE

	Control	200 ppm	400 ppm
Skin: Keratoacanthoma		<u></u>	
Overall Rates (a)	3/50 (6%)	1/50 (2%)	0/50 (0%)
Adjusted Rates (b)	10.1%	5.0%	0.0%
Terminal Rates (c)	1/23(4%)	1/20 (5%)	0/12(0%)
Week of First Observation	89	104	0/12(0/0)
Life Table Tests (d)	P = 0.125N	P = 0.368N	P = 0.231 N
Incidental Tumor Tests (d)	P = 0.071N	P = 0.329N	P = 0.231N P = 0.114N
Cochran-Armitage Trend Test (d)	P = 0.060N	F=0.3291	F -0.1141
Fisher Exact Test (d)	P = 0.0001	P = 0.309 N	P = 0.121 N
Skin: Squamous Cell Papilloma or Carcin	noma		
Overall Rates (a)	3/50 (6%)	1/50 (2%)	0/50 (0%)
Adjusted Rates (b)	10.0%	5.0%	0.0%
Terminal Rates (c)	1/23 (4%)	1/20 (5%)	0/12(0%)
Week of First Observation	95	104	0,22 (0,0)
Life Table Tests (d)	P = 0.112N	P = 0.362N	P = 0.200 N
Incidental Tumor Tests (d)			
	P = 0.081N	P = 0.367 N	P = 0.130N
Cochran-Armitage Trend Test (d)	P = 0.060 N	D 6 66631	D. ALCIN
Fisher Exact Test (d)		P = 0.309 N	P = 0.121 N
Subcutaneous Tissue: Fibroma	0/50/001	()) (() () () () () () () () (4.50 (00)
Overall Rates (a)	3/50 (6%)	(e) 1/50 (2%)	4/50 (8%)
Adjusted Rates (b)	9.1%	3.0%	23.6%
Terminal Rates (c)	0/23 (0%)	0/20 (0%)	2/12 (17%)
Week of First Observation	98	98	99
Life Table Tests (d)	P = 0.260	P = 0.358N	P = 0.301
Incidental Tumor Tests (d)	P = 0.423	P = 0.373N	P = 0.484
Cochran-Armitage Trend Test (d)	P = 0.412		
Fisher Exact Test (d)		P = 0.309N	P = 0.500
Hematopoietic System: Mononuclear Cell	Leukemia		
Overall Rates (a)	28/50 (56%)	37/50 (74%)	37/50 (74%)
Adjusted Rates (b)	64.6%	80.1%	90.8%
Terminal Rates (c)	9/23 (39%)	11/20 (55%)	9/12 (75%)
Week of First Observation	66	53	68
Life Table Tests (d)	P = 0.004	P = 0.046	P = 0.004
Incidental Tumor Tests (d)	P = 0.097	P = 0.023	P = 0.104
Cochran-Armitage Trend Test (d)	P = 0.034		
Fisher Exact Test (d)		P = 0.046	P = 0.046
Dral Cavity: Squamous Cell Papilloma or	Carcinoma		
Overall Rates (a)	1/50 (2%)	1/50 (2%)	3/50 (6%)
Adjusted Rates (b)	2.7%	5.0%	10.8%
Terminal Rates (c)	0/23(0%)	$\frac{1}{20}(5\%)$	0/12 (0%)
Week of First Observation	97	104	0/12 (0%) 77
Life Table Tests (d)	P = 0.133	P = 0.732	P = 0.232
Incidental Tumor Tests (d)	P = 0.241	P = 0.723	P = 0.428
Cochran-Armitage Trend Test (d)	P = 0.202	D	
Fisher Exact Test (d)		P = 0.753	P = 0.309
liver: Neoplastic Nodule			
Overall Rates (a)	4/50 (8%)	7/50 (14%)	4/49 (8%)
Adjusted Rates (b)	17.4%	30.6%	30.8%
Terminal Rates (c)	4/23 (17%)	5/20 (25%)	3/12 (25%)
Week of First Observation	104	91	103
Life Table Tests (d)	P = 0.192	P = 0.177	P = 0.267
Incidental Tumor Tests (d)	P = 0.285	P = 0.195	P = 0.330
Cochran-Armitage Trend Test (d)	P = 0.553		

TABLE E1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE

	Control	200 ppm	400 ppm
Liver: Neoplastic Nodule or Hepatocellul	ar Carcinoma		<u> </u>
Overall Rates (a)	4/50 (8%)	7/50 (14%)	5/49 (10%)
Adjusted Rates (b)	17.4%	30.6%	32.3%
Terminal Rates (c)	4/23 (17%)	5/20 (25%)	3/12 (25%)
Week of First Observation	104	91	83
Life Table Tests (d)	P = 0.117	P = 0.177	P = 0.168
Incidental Tumor Tests (d)	P = 0.201	P = 0.195	P = 0.243
Cochran-Armitage Trend Test (d)	P = 0.422	1 = 0.195	1 - 0.240
Fisher Exact Test (d)	F = 0.422	P = 0.262	P = 0.487
risher Exact rest(u)		r = 0.202	r - 0.407
Kidney: Tubular Cell Adenoma			
Overall Rates (a)	1/49 (2%)	3/49 (6%)	2/50 (4%)
Adjusted Rates (b)	4.3%	10.8%	12.7%
Terminal Rates (c)	1/23 (4%)	1/20 (5%)	1/12 (8%)
Week of First Observation	104	91	102
Life Table Tests (d)	P = 0.242	P = 0.259	P = 0.316
Incidental Tumor Tests (d)	P = 0.350	P = 0.296	P = 0.376
Cochran-Armitage Trend Test (d)	P = 0.407		·······
Fisher Exact Test (d)		P = 0.309	P = 0.508
Kidney Tubulan Call Adamana an Adam			
Kidney: Tubular Cell Adenoma or Adeno Overall Rates (a)	carcinoma 1/49 (2%)	(f) 3/49 (6%)	4/50 (8%)
Adjusted Rates (b)	4.3%	10.8%	22.4%
Terminal Rates (c)	1/23 (4%)	1/20 (5%)	2/12 (17%)
Week of First Observation	104	91	83
Life Table Tests (d)	P = 0.054	P = 0.259	P = 0.070
Incidental Tumor Tests (d)	P = 0.107	P = 0.296	P = 0.114
Cochran-Armitage Trend Test (d)	P = 0.138		
Fisher Exact Test (d)		P = 0.309	P = 0.187
Pituitary Gland: Adenoma			
Overall Rates (a)	17/47 (36%)	12/47 (26%)	16/48 (33%)
Adjusted Rates (b)	49.2%	50.9%	48.9%
Terminal Rates (c)	7/23 (30%)	9/20 (45%)	1/12 (8%)
Week of First Observation	90	98	73
Life Table Tests (d)	P = 0.185	P = 0.357N	P = 0.238
Incidental Tumor Tests (d)	P = 0.484N	P = 0.293N	P = 0.335N
Cochran-Armitage Trend Test (d)	P = 0.429N	D 0 0 0 0 0 0 0	
Fisher Exact Test (d)		P = 0.186N	P = 0.470N
Pituitary Gland: Carcinoma			
Overall Rates (a)	3/47 (6%)	2/47 (4%)	2/48 (4%)
Adjusted Rates (b)	9.6%	7.3%	7.4%
Terminal Rates (c)	0/23 (0%)	1/20 (5%)	0/12 (0%)
Week of First Observation	99	86	85
Life Table Tests (d)	P = 0.566N	P = 0.575N	P = 0.657 N
Incidental Tumor Tests (d)	P = 0.308N	P = 0.514N	P = 0.376N
Cochran-Armitage Trend Test (d)	P = 0.397 N		
Fisher Exact Test (d)		P = 0.500 N	P = 0.490N
Pituitary Gland: Adenoma or Carcinoma	00/15 / 10%	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10/40 (00~
Overall Rates (a)	20/47 (43%)	14/47 (30%)	18/48 (38%)
Adjusted Rates (b)	54.2%	56.5%	53.6%
Terminal Rates (c)	7/23 (30%)	10/20 (50%)	1/12 (8%)
Week of First Observation	90	86	73
Life Table Tests (d)	P = 0.209	P = 0.326N	P = 0.259
Incidental Tumor Tests (d)	P = 0.352N	P = 0.233 N	P = 0.210N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.346N		
		P = 0.142N	P = 0.385N

	Control	200 ppm	400 ppm
Adrenal Gland: Pheochromocytoma			
Overall Rates (a)	22/49 (45%)	21/49 (43%)	23/49 (47%)
Adjusted Rates (b)	64.7%	70.0%	78.0%
Terminal Rates (c)	12/23(52%)	12/20 (60%)	7/12(58%)
Week of First Observation	89	82	77
Life Table Tests (d)	P = 0.041	P = 0.420	P = 0.049
Incidental Tumor Tests (d)	P = 0.293	P = 0.488	P = 0.356
Cochran-Armitage Trend Test (d)	P = 0.460		
Fisher Exact Test (d)		P = 0.500N	P = 0.500
drenal Gland: Pheochromocytoma or Ma	lignant Pheochromocy	toma	
Overall Rates (a)	22/49 (45%)	21/49 (43%)	24/49(49%)
Adjusted Rates (b)	64.7%	70.0%	82.4%
Terminal Rates (c)	12/23(52%)	12/20 (60%)	8/12(67%)
Week of First Observation	89	82	77
Life Table Tests (d)	P = 0.025	P = 0.420	P = 0.030
Incidental Tumor Tests (d)	P = 0.212	P = 0.488	P = 0.259
Cochran-Armitage Trend Test (d)	P = 0.380		
Fisher Exact Test (d)		P = 0.500 N	P = 0.420
hyroid Gland: C-Cell Adenoma			
Overall Rates (a)	3/47 (6%)	3/48 (6%)	4/46 (9%)
Adjusted Rates (b)	11.5%	12.0%	26.7%
Terminal Rates (c)	2/23 (9%)	1/20 (5%)	2/12(17%)
Week of First Observation	99	99	102
Life Table Tests (d)	P = 0.196	P = 0.599	P = 0.225
Incidental Tumor Tests (d)	P = 0.329	P = 0.614	P = 0.357
Cochran-Armitage Trend Test (d)	P = 0.409		
Fisher Exact Test (d)		P = 0.651 N	P = 0.488
Thyroid Gland: C-Cell Carcinoma			
Overall Rates (a)	4/47 (9%)	6/48 (13%)	0/46(0%)
Adjusted Rates (b)	16.4%	24.0%	0.0%
Terminal Rates (c)	3/23 (13%)	3/20 (15%)	0/12(0%)
Week of First Observation	103	98	
Life Table Tests (d)	P = 0.236N	P = 0.288	P = 0.176N
Incidental Tumor Tests (d)	P = 0.139N	P = 0.300	P = 0.124N
Cochran-Armitage Trend Test (d)	P = 0.083N		
Fisher Exact Test (d)	1 0.0001	P = 0.384	P = 0.061 N
Thyroid Gland: C-Cell Adenoma or Carcino	oma		
Overall Rates (a)	7/47 (15%)	9/48 (19%)	4/46 (9%)
Adjusted Rates (b)	27.0%	33.7%	26.7%
Terminal Rates (c)	5/23 (22%)	4/20 (20%)	2/12(17%)
Week of First Observation	99	98	102
Life Table Tests (d)	P = 0.516	P = 0.289	P = 0.613
Incidental Tumor Tests (d)	P = 0.373 N	P = 0.300	P = 0.464N
Cochran-Armitage Trend Test (d)	P = 0.242N		
Fisher Exact Test (d)		P = 0.410	P = 0.274N
ancreatic Islets: Islet Cell Adenoma			
Overall Rates (a)	3/43 (7%)	2/46(4%)	1/46(2%)
Adjusted Rates (b)	13.6%	8.2%	3.1%
Terminal Rates (c)	3/22 (14%)	1/20 (5%)	0/12(0%)
Week of First Observation	104	99	95
Life Table Tests (d)	P = 0.375N	P = 0.546N	P = 0.496N
Incidental Tumor Tests (d)	P = 0.297 N	P = 0.542N	P = 0.438N
Cochran-Armitage Trend Test (d)	P = 0.200 N		
Fisher Exact Test (d)		P = 0.468N	P = 0.283 N

	Control	200 ppm	400 ppm
Preputial Gland: Adenoma			·····
Overall Rates (a)	1/50 (2%)	3/50 (6%)	3/50 (6%)
Adjusted Rates (b)	4.3%	11.2%	19.8%
Terminal Rates (c)	1/23 (4%)	1/20 (5%)	2/12 (17%)
Week of First Observation	104	87	99
Life Table Tests (d)	P = 0.107	P = 0.255	P = 0.137
Incidental Tumor Tests (d)	P = 0.170	P = 0.285	P = 0.164
Cochran-Armitage Trend Test (d)	P = 0.238		
Fisher Exact Test (d)		P = 0.309	P=0.309
Preputial Gland: Carcinoma			
Overall Rates (a)	2/50 (4%)	2/50 (4%)	3/50 (6%)
Adjusted Rates (b)	8.0%	10.0%	15.0%
Terminal Rates (c)	1/23 (4%)	2/20 (10%)	1/12 (8%)
Week of First Observation	103	104	86
Life Table Tests (d)	P = 0.205	P = 0.637	P = 0.285
Incidental Tumor Tests (d)	P = 0.318	P = 0.638	P = 0.467
Cochran-Armitage Trend Test (d)	P = 0.406		
Fisher Exact Test (d)		P = 0.691	P = 0.500
Preputial Gland: Adenoma or Carcinoma			
Överall Rates (a)	3/50 (6%)	5/50 (10%)	6/50 (12%)
Adjusted Rates (b)	12.2%	20.6%	33.0%
Terminal Rates (c)	2/23 (9%)	3/20 (15%)	3/12(25%)
Week of First Observation	103	87	86
Life Table Tests (d)	P = 0.047	P = 0.277	P = 0.063
Incidental Tumor Tests (d)	P = 0.112	P = 0.299	P = 0.139
Cochran-Armitage Trend Test (d)	P = 0.195		
Fisher Exact Test (d)		P = 0.357	P = 0.243
Testis: Interstitial Cell Tumor			
Overall Rates (a)	35/50(70%)	39/49 (80%)	41/50 (82%)
Adjusted Rates (b)	91.4%	97.5%	100.0%
Terminal Rates (c)	20/23(87%)	19/20 (95%)	12/12 (100%)
Week of First Observation	69	82	68
Life Table Tests (d)	P<0.001	P = 0.093	P = 0.001
Incidental Tumor Tests (d)	P = 0.012	P = 0.047	P = 0.024
Cochran-Armitage Trend Test (d)	P = 0.095	-	
Fisher Exact Test (d)		P = 0.193	P = 0.121
Brain: Glioma		0/20 (0.00)	
Overall Rates (a)	1/50 (2%)	0/50(0%)	4/50 (8%)
Adjusted Rates (b)	4.3%	0.0%	17.3%
Terminal Rates (c)	1/23 (4%)	0/20(0%)	0/12(0%)
Week of First Observation	104 D=0.020	D-0 500NT	88 D-0.082
Life Table Tests (d)	P = 0.039	P = 0.528N	P = 0.083
Incidental Tumor Tests (d)	P = 0.103	P = 0.528N	P = 0.207
Cochran-Armitage Trend Test (d)	P = 0.082	D-0 FOON	D = 0.181
Fisher Exact Test (d)		P = 0.500 N	P = 0.181
All Sites: Mesothelioma	0/50/100	1 (50 (02))	0/50/000
Overall Rates (a)	2/50(4%)	1/50 (2%)	3/50 (6%)
Adjusted Rates (b)	6.3%	4.8%	15.3%
Terminal Rates (c) Wools of First Observation	1/23 (4%)	0/20 (0%)	1/12 (8%)
Week of First Observation	69 D=0.254	103 D=0.549N	91 D=0.248
Life Table Tests (d)	P = 0.254	P = 0.548N	P = 0.342
Incidental Tumor Tests (d)	P = 0.422	P = 0.461 N	P = 0.509
Cochran-Armitage Trend Test (d)	P = 0.399	D-O FOON	
Fisher Exact Test (d)		P = 0.500 N	P = 0.500

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

(b) Kaplan-Meier estimated tumor incidences at the end of the study after adjusting for intercurrent mortality

(e) A fibrosarcoma was also present in this animal.

(f) A nephroblastoma and a lipoma were also observed in this group.

⁽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 nonfatal. 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).
	Control	200 ppm	400 ppm
Hematopoietic System: Mononuclear Cell	Leukemia	<u></u>	
Overall Rates (a)	18/50 (36%)	30/50 (60%)	29/50 (58%)
Adjusted Rates (b)	53.8%	71.4%	66.3%
Terminal Rates (c)	9/23 (39%)	10/21 (48%)	10/24 (42%)
Week of First Observation	84	60	76
	P = 0.053	P = 0.023	P = 0.053
Life Table Tests (d)			-
Incidental Tumor Tests (d)	P = 0.012	P = 0.013	P = 0.014
Cochran-Armitage Trend Test (d)	P = 0.018		5.000
Fisher Exact Test (d)		P = 0.014	P = 0.022
nterior Pituitary Gland: Adenoma			
Overall Rates (a)	19/50 (38%)	21/48 (44%)	20/50 (40%)
Adjusted Rates (b)	5 5.6%	63.7%	60. 9%
Terminal Rates (c)	9/23 (39%)	10/20 (50%)	12/24 (50%)
Week of First Observation	59	60	76
Life Table Tests (d)	P = 0.471	P = 0.304	P = 0.514
Incidental Tumor Tests (d)	P = 0.479	P = 0.345	P = 0.513
Cochran-Armitage Trend Test (d)	P = 0.459	2 0.010	A - VIVAU
Fisher Exact Test (d)	1 - 0.300	P = 0.354	P = 0.500
risher Exact rest(u)		r — 0.004	r ~0.000
nterior Pituitary Gland: Carcinoma		0/10/175	
Overall Rates (a)	4/50 (8%)	2/48 (4%)	3/50 (6%)
Adjusted Rates (b)	13.9%	5.6%	1 0.5%
Terminal Rates (c)	2/23 (9%)	0/20 (0%)	2/24 (8%)
Week of First Observation	87	90	85
Life Table Tests (d)	P = 0.422N	P = 0.376N	P=0.494N
Incidental Tumor Tests (d)	P = 0.458N	P = 0.357 N	P = 0.533N
Cochran-Armitage Trend Test (d)	P = 0.417N	1 0.00011	0100011
Fisher Exact Test (d)	1 - 0.41110	P = 0.359 N	P = 0.500N
ntonion Pituitany Clands Adapama an C			
Anterior Pituitary Gland: Adenoma or Ca Overall Rates (a)		99/49 (490)	99/E0 (ACM)
	23/50 (46%)	23/48 (48%)	23/50 (46%)
Adjusted Rates (b)	64.1%	65.8%	68.2%
Terminal Rates (c)	11/23 (48%)	10/20 (50%)	14/24 (58%)
Week of First Observation	5 9	60	76
Life Table Tests (d)	P = 0.529 N	P = 0.426	P = 0.554N
Incidental Tumor Tests (d)	P=0.539	P = 0.493	P = 0.575
Cochran-Armitage Trend Test (d)	P = 0.540		
Fisher Exact Test (d)	1 - 0.010	P = 0.505	P=0.579
drenal Gland: Pheochromocytoma or M	alignant Phasabases	toma	
Overall Rates (a)	1/50 (2%)	0/49 (0%)	3/47 (6%)
Adjusted Rates (b)	4.3%	0.0%	11.4%
Terminal Rates (c)	1/23 (4%)	0/21 (0%)	2/23 (9%)
Week of First Observation	104		95
Life Table Tests (d)	P = 0.176	P = 0.518N	P = 0.300
Incidental Tumor Tests (d)	P = 0.170 P = 0.171	P = 0.518N P = 0.518N	P = 0.300 P = 0.292
		r - 0.0101	r = 0.232
Cochran-Armitage Trend Test (d)	P = 0.162	B 0 50533	D 0.007
Fisher Exact Test (d)		P = 0.505N	P = 0.285
hyroid Gland: C-Cell Adenoma			
Overall Rates (a)	3/46 (7%)	1/48 (2%)	3/46 (7%)
Adjusted Rates (b)	9.3%	4.8%	9.8%
Terminal Rates (c)	0/22 (0%)	1/21 (5%)	1/23 (4%)
Week of First Observation	89	104	89
		P = 0.331 N	P = 0.650
Life Table Tests (d)			· - v.uuu
Life Table Tests (d) Incidental Tumor Tests (d)	P = 0.587 P = 0.511		
Incidental Tumor Tests (d)	P = 0.511	P = 0.311N	P = 0.547

TABLE E2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR INHALATIONSTUDY OF TETRACHLOROETHYLENE

	Control	200 ppm	400 ppm
Thyroid Gland: C-Cell Carcinoma			
Overall Rates (a)	1/46 (2%)	4/48 (8%)	1/46 (2%)
Adjusted Rates (b)	3.8%	15.1%	4.3%
Terminal Rates (c)	0/22 (0%)	2/21 (10%)	1/23 (4%)
Week of First Observation	103	96	104
Life Table Tests (d)	P = 0.596N	P = 0.168	P = 0.760N
Incidental Tumor Tests (d)	P = 0.560	P = 0.173	P = 0.737
Cochran-Armitage Trend Test (d)	P = 0.602		
Fisher Exact Test (d)		P = 0.194	P = 0.753
Thyroid Gland: C-Cell Adenoma or Carc			
Overall Rates (a)	4/46 (9%)	5/48 (10%)	4/46 (9%)
Adjusted Rates (b)	12.9%	19.6%	13.9%
Terminal Rates (c)	0/22 (0%)	3/21 (14%)	2/23 (9%)
Week of First Observation	89	96	89
Life Table Tests (d)	P = 0.567	P = 0.464	P = 0.632
Incidental Tumor Tests (d)	P = 0.479	P = 0.490	P = 0.525
Cochran-Armitage Trend Test (d)	P = 0.571	_	
Fisher Exact Test (d)		P = 0.527	P = 0.643
Mammary Gland: Fibroadenoma			
Overall Rates (a)	7/50 (14%)	3/50 (6%)	6/50 (12%)
Adjusted Rates (b)	21.1%	10.3%	18.5%
Terminal Rates (c)	3/23 (13%)	1/21 (5%)	2/24 (8%)
Week of First Observation	87	96 D. 0.104N	77
Life Table Tests (d)	P = 0.457N	P = 0.194N	P = 0.517N
Incidental Tumor Tests (d)	P = 0.465N	P = 0.158N	P = 0.532N
Cochran-Armitage Trend Test (d)	P = 0.436N	D-0 LEON	D-0 500N
Fisher Exact Test (d)		P = 0.159N	P = 0.500 N
Mammary Gland: Adenoma or Fibroader		0/50 (001)	
Overall Rates (a)	7/50 (14%)	3/50 (6%)	7/50 (14%)
Adjusted Rates (b)	21.1%	10.3%	20.8%
Terminal Rates (c)	3/23 (13%)	1/21 (5%)	2/24 (8%)
Week of First Observation Life Table Tests (d)	87 P=0.541	96 P=0.194N	77 P=0.590
Incidental Tumor Tests (d)	P = 0.528 P = 0.563	P = 0.158N	P = 0.575
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	r - 0.000	P=0.159N	P = 0.613
Mammary Gland: Adenoma, Fibroadenon Overall Rates (a)	na, or Adenocarcinoma 8/50 (16%)	5/50 (10%)	7/50 (14%)
Adjusted Rates (b)	25.1%	14.4%	20.8%
Terminal Rates (c)	23.1% 4/23 (17%)	14.4%	20.8% 2/24 (8%)
	4/23 (17%) 87	73	2/24 (8%) 77
Week of First Observation Life Table Tests (d)	P = 0.459N	P = 0.318N	P = 0.515N
Incidental Tumor Tests (d)	P = 0.459 N P = 0.453 N	P = 0.318 N P = 0.262 N	P = 0.536N P = 0.536N
Cochran-Armitage Trend Test (d)	P = 0.4331 P = 0.442N	1 - 0.20211	1 -0.00011
Fisher Exact Test (d)	1 - 0.22411	P = 0.277 N	P = 0.500 N
Clitoral Gland: Adenoma			
Overall Rates (a)	3/50 (6%)	1/50 (2%)	2/50 (4%)
Adjusted Rates (b)	11.3%	4.8%	8.3%
Terminal Rates (c)	2/23 (9%)	1/21 (5%)	2/24 (8%)
Week of First Observation	98	104	104
Life Table Tests (d)	P = 0.392N	P = 0.335N	P = 0.493N
Incidental Tumor Tests (d)	P = 0.395N	P = 0.330N	P = 0.498N
Cochran-Armitage Trend Test (d)	P=0.399N		
Fisher Exact Test (d)			P = 0.500 N

TABLE E2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE (Continued)

	Control	200 ppm	400 ppm
Clitoral Gland: Carcinoma			
Overall Rates (a)	2/50 (4%)	3/50 (6%)	2/50 (4%)
Adjusted Rates (b)	6.4%	9.3%	8.3%
Terminal Rates (c)	1/23 (4%)	1/21 (5%)	2/24 (8%)
Week of First Observation	84	85	104
Life Table Tests (d)	P = 0.588	P = 0.475	P = 0.691 N
Incidental Tumor Tests (d)	P = 0.567	P = 0.510	P = 0.686
Cochran-Armitage Trend Test (d)	P = 0.594		
Fisher Exact Test (d)		P = 0.500	P = 0.691
Clitoral Gland: Adenoma or Carcinoma			
Overall Rates (a)	5/50 (10%)	4/50 (8%)	4/50 (8%)
Adjusted Rates (b)	17.4%	13.8%	16.7%
Terminal Rates (c)	3/23 (13%)	2/21 (10%)	4/24 (17%)
Week of First Observation	84	85	104
Life Table Tests (d)	P = 0.427 N	P = 0.541 N	P = 0.492N
Incidental Tumor Tests (d)	P = 0.447N	P = 0.512N	P = 0.505 N
Cochran-Armitage Trend Test (d)	P = 0.429 N		
Fisher Exact Test (d)		P = 0.500 N	P = 0.500 N
Jterus: Endometrial Stromal Polyp			
Overall Rates (a)	5/49 (10%)	7/49 (14%)	7/50 (14%)
Adjusted Rates (b)	16.6%	23.1%	23.5%
Terminal Rates (c)	2/23 (9%)	2/21 (10%)	4/24 (17%)
Week of First Observation	96	85	88
Life Table Tests (d)	P=0.330	P = 0.345	P = 0.382
Incidental Tumor Tests (d)	P = 0.272	P = 0.343	P = 0.334
Cochran-Armitage Trend Test (d)	P = 0.340		
Fisher Exact Test (d)		P = 0.380	P = 0.394
Iterus: Endometrial Stromal Polyp or S			
Overall Rates (a)	5/49 (10%)	9/49 (18%)	8/50 (16%)
Adjusted Rates (b)	16.6%	29.1%	27.3%
Terminal Rates (c)	2/23 (9%)	3/21 (14%)	5/24 (21%)
Week of First Observation	96	85	88
Life Table Tests (d)	P = 0.250	P = 0.177	P = 0.283
Incidental Tumor Tests (d)	P = 0.194	P = 0.170	P = 0.241
Cochran-Armitage Trend Test (d)	P = 0.253		
Fisher Exact Test (d)		P = 0.194	P = 0.290

TABLE E2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE (Continued)

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

(b) Kaplan-Meier estimated tumor incidences at the end of the study 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 nonfatal. 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).

	Control	100 ppm	200 ppm
Lung: Alveolar/Bronchiolar Adenoma			
Overall Rates (a)	3/49 (6%)	5/49 (10%)	1/50 (2%)
Adjusted Rates (b)	6.5%	18.3%	3.1%
Terminal Rates (c)	3/46 (7%)	4/25 (16%)	1/32 (3%)
Week of First Observation	104	89	104
Life Table Tests (d)	P = 0.446N	P = 0.110	P = 0.442N
Incidental Tumor Tests (d)	P = 0.378N	P = 0.196	P = 0.442N
Cochran-Armitage Trend Test (d)	P = 0.256N		
Fisher Exact Test (d)		P = 0.357	P = 0.301 N
ung: Alveolar/Bronchiolar Carcinoma			
Overall Rates (a)	4/49 (8%)	1/49 (2%)	4/50 (8%)
Adjusted Rates (b)	8.7%	4.0%	12.0%
Terminal Rates (c)	4/46 (9%)	1/25 (4%)	3/32 (9%)
Week of First Observation	104	104	103
Life Table Tests (d)	P = 0.390	P = 0.401 N	P = 0.440
Incidental Tumor Tests (d)	P = 0.441	P = 0.401 N	P = 0.522
Cochran-Armitage Trend Test (d)	P = 0.573N		
Fisher Exact Test (d)	VIVIULT	P = 0.181 N	P = 0.631 N
Lung: Alveolar/Bronchiolar Adenoma or	Carcinoma		
Overall Rates (a)	6/49 (12%)	6/49 (12%)	5/50(10%)
Adjusted Rates (b)	13.0%	22.2%	15.1%
Terminal Rates (c)			
Week of First Observation	6/46 (13%)	5/25 (20%)	4/32 (13%)
	104	89	103
Life Table Tests (d)	P = 0.414	P = 0.220	P = 0.507
Incidental Tumor Tests (d)	P = 0.502	P = 0.335	P = 0.578
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.423 N	P = 0.620	P = 0.486N
Hematopoietic System: Lymphoma, All N	Aelignent		
Overall Rates (a)	3/49 (6%)	7/50 (140)	9(50(60))
		7/50 (14%)	3/50 (6%)
Adjusted Rates (b)	6.5%	20.3%	9.4%
Terminal Rates (c)	3/46 (7%)	2/25 (8%)	3/32 (9%)
Week of First Observation	104	55	104
Life Table Tests (d)	P = 0.378	P = 0.043	P = 0.487
Incidental Tumor Tests (d)	P = 0.496 N	P = 0.406	P = 0.487
Cochran-Armitage Trend Test (d)	P = 0.558N		
Fisher Exact Test (d)		P = 0.167	P = 0.652N
Circulatory System: Hemangioma or Hei	nangiosarcoma		
Overall Rates (a)	3/49 (6%)	2/50 (4%)	2/50 (4%)
Adjusted Rates (b)	6.5%	7.7%	6.2%
Terminal Rates (c)	3/46 (7%)	1/25(4%)	2/32 (6%)
Week of First Observation	104	102	104
Life Table Tests (d)	P = 0.576N	P = 0.601	P = 0.662N
Incidental Tumor Tests (d)	P = 0.517N	P = 0.638N	P = 0.662N
Cochran-Armitage Trend Test (d)	P = 0.398N	- 0.00011	1 0.00211
Fisher Exact Test (d)	1 - 0.00011	P = 0.491 N	P = 0.491 N
iver: Hepatocellular Adenoma			
Overall Rates (a)	12/49 (24%)	9/AQ (160)	10/50 (990)
		8/49 (16%)	19/50 (38%)
Adjusted Rates (b)	26.1%	29.9%	55.4%
Terminal Rates (c)	12/46 (26%)	7/25 (28%)	17/32(53%)
Week of First Observation	104	89	73
Life Table Tests (d)	P = 0.004	P = 0.419	P = 0.005
Incidental Tumor Tests (d,e)	P = 0.008	P = 0.542	P = 0.012
Cochran-Armitage Trend Test (d)	P = 0.077		
Fisher Exact Test (d)		P = 0.226N	P = 0.109

TABLE E3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR INHALATIONSTUDY OF TETRACHLOROETHYLENE

	Control	100 ppm	200 ppm
Liver: Hepatocellular Carcinoma			
Overall Rates (a)	7/49 (14%)	25/49 (51%)	26/50 (52%)
Adjusted Rates (b)	14.9%	58.3%	58.3%
Terminal Rates (c)	6/46 (13%)	8/25 (32%)	14/32 (44%)
Week of First Observation	98	63	60
Life Table Tests (d)	P<0.001	P<0.001	P<0.001
Incidental Tumor Tests (d,f)	P = 0.002	P = 0.016	P = 0.001
Cochran-Armitage Trend Test (d)	P<0.001		
Fisher Exact Test (d)		P<0.001	P<0.001
Liver: Hepatocellular Adenoma or Carc	inoma		
Overall Rates (a)	17/49 (35%)	31/49 (63%)	41/50 (82%)
Adjusted Rates (b)	36.1%	73.0%	89.0%
Terminal Rates (c)	16/46 (35%)	14/25 (56%)	27/32 (84%)
Week of First Observation	98	63	60
Life Table Tests (d)	P<0.001	P<0.001	P<0.001
Incidental Tumor Tests (d,g)	P<0.001	P = 0.026	P<0.001
Cochran-Armitage Trend Test (d)	P<0.001		
Fisher Exact Test (d)		P = 0.004	P<0.001

TABLE E3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE (Continued)

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

(b) Kaplan-Meier estimated tumor incidences at the end of the study 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, which regards these lesions as nonfatal, lacks sensitivity because the unusually good survival in the control group creates unsatisfactory comparisons in the early time intervals. 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) P values determined with intervals of weeks 0-52 and 53-103 and week 104: 0.009, 0.438, 0.014

(f) P values determined with intervals of weeks 0-52 and 53-103 and week 104: 0.003, 0.021, 0.001

(g) P values determined with intervals of weeks 0-52 and 53-103 and week 104: <0.001, 0.020, <0.001

	Control	100 ppm	200 ppm
Lung: Alveolar/Bronchiolar Adenoma			<u></u>
Overall Rates (a)	4/48 (8%)	2/50 (4%)	1/50 (2%)
Adjusted Rates (b)	11.1%	6.2%	2.4%
Terminal Rates (c)	4/36 (11%)	1/31 (3%)	0/19(0%)
Week of First Observation	104	102	85
Life Table Tests (d)	P = 0.252N	P = 0.403N	P = 0.362N
Incidental Tumor Tests (d)	P = 0.112N	P = 0.396N	P = 0.3021 P = 0.220N
Cochran-Armitage Trend Test (d)	P = 0.108N	1 = 0.33010	1 = 0.22011
Fisher Exact Test (d)	F = 0.10014	P = 0.319N	P = 0.168N
Lung: Alveolar/Bronchiolar Adenoma or (Carcinoma		
Overall Rates (a)	6/48 (13%)	3/50 (6%)	3/50 (6%)
Adjusted Rates (b)	16.7%	9.3%	9.5%
Terminal Rates (c)	6/36 (17%)	2/31 (6%)	1/19(5%)
Week of First Observation	104	102	
			67 10 0 50 (N)
Life Table Tests (d)	P = 0.411 N	P = 0.317N	P = 0.524N
Incidental Tumor Tests (d)	P = 0.216N	P = 0.311N	P = 0.339N
Cochran-Armitage Trend Test (d)	P = 0.162N		
Fisher Exact Test (d)		P = 0.223 N	P = 0.223 N
Hematopoietic System: Lymphoma, All M			
Overall Rates (a)	8/49 (16%)	13/50 (26%)	8/50 (16%)
Adjusted Rates (b)	19.4%	35.2%	29.4%
Terminal Rates (c)	4/36 (11%)	8/31 (26%)	4/19 (21%)
Week of First Observation	93	34	54
Life Table Tests (d)	P = 0.193	P = 0.104	P = 0.268
Incidental Tumor Tests (d)	P = 0.418N	P = 0.159	P = 0.485N
		F = 0.159	P=0.4651
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.531 N	P = 0.176	P = 0.590N
Circulatory System: Hemangiosarcoma			
Overall Rates (a)	1/49 (2%)	3/50 (6%)	0/50 (0%)
Adjusted Rates (b)	2.8%	9.7%	0.0%
Terminal Rates (c)	1/36 (3%)		
Week of First Observation		3/31 (10%)	0/19 (0%)
	104	104	D 0 00701
Life Table Tests (d)	P = 0.576N	P = 0.253	P = 0.627 N
Incidental Tumor Tests (d)	P = 0.576N	P = 0.253	P = 0.627 N
Cochran-Armitage Trend Test (d)	P = 0.372N		
Fisher Exact Test (d)		P = 0.316	P = 0.495N
Circulatory System: Hemangioma or Hem			
Overall Rates (a)	1/49 (2%)	3/50 (6%)	1/50 (2%)
Adjusted Rates (b)	2.8%	9.7%	5.3%
Terminal Rates (c)	1/36 (3%)	3/31 (10%)	1/19(5%)
Week of First Observation	104	104	104
Life Table Tests (d)	P = 0.386	P = 0.253	P = 0.613
Incidental Tumor Tests (d)	P = 0.386	P = 0.253	P = 0.613
Cochran-Armitage Trend Test (d)	P = 0.603N	1 -0.200	1 -0.010
Fisher Exact Test (d)	1 -0.00314	P = 0.316	P = 0.748N
iver: Hepatocellular Adenoma			
Overall Rates (a)	9/49 (000)	0150 (1997)	9/50 (400)
Overall Rales (a)	3/48 (6%)	6/50 (12%)	2/50 (4%)
	7.5%	18.7%	6.1%
Adjusted Rates (b)		F 104 (100)	0/10/00/1
Adjusted Rates (b) Terminal Rates (c)	1/36 (3%)	5/31 (16%)	0/19(0%)
Adjusted Rates (b)		5/31 (16%) 102	0/19(0%) 78
Adjusted Rates (b) Terminal Rates (c)	1/36 (3%)	102	78
Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d)	1/36(3%) 96 P=0.479	102 P = 0.182	78 P = 0.641 N
Adjusted Rates (b) Terminal Rates (c) Week of First Observation	1/36 (3%) 96	102	78

TABLE E4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR INHALATIONSTUDY OF TETRACHLOROETHYLENE

	Control	100 ppm	200 ppm
Liver: Hepatocellular Carcinoma			
Overall Rates (a)	1/48 (2%)	13/50 (26%)	36/50 (72%)
Adjusted Rates (b)	2.8%	35.5%	91.7%
Terminal Rates (c)	1/36 (3%)	8/31 (26%)	16/19 (84%)
Week of First Observation	104	76	67
Life Table Tests (d)	P<0.001	P<0.001	P<0.001
Incidental Tumor Tests (d)	P<0.001	P<0.001	P<0.001
Cochran-Armitage Trend Test (d)	P<0.001		
Fisher Exact Test (d)		P<0.001	P<0.001
Liver: Hepatocellular Adenoma or Carci	noma		
Overall Rates (a)	4/48(8%)	17/50 (34%)	38/50(76%)
Adjusted Rates (b)	10.1%	46.7%	92.2%
Terminal Rates (c)	2/36(6%)	12/31 (39%)	16/19 (84%)
Week of First Observation	96	76	67
Life Table Tests (d)	P<0.001	P<0.001	P<0.001
Incidental Tumor Tests (d)	P<0.001	P<0.001	P<0.001
Cochran-Armitage Trend Test (d)	P<0.001		
Fisher Exact Test (d)		P = 0.002	P<0.001
Pituitary Gland: Carcinoma			
Overall Rates (a)	5/45 (11%)	3/43 (7%)	3/42 (7%)
Adjusted Rates (b)	14.7%	9.7%	15.4%
Terminal Rates (c)	5/34(15%)	3/31 (10%)	2/17 (12%)
Week of First Observation	104	104	102
Life Table Tests (d)	P = 0.549	P = 0.406N	P = 0.573
Incidental Tumor Tests (d)	P = 0.544N	P = 0.406N	P = 0.645N
Cochran-Armitage Trend Test (d)	P = 0.316N		
Fisher Exact Test (d)		P = 0.383N	P = 0.396N
Pituitary Gland: Adenoma or Carcinoma			F (10.10%)
Overall Rates (a)	7/45 (16%)	3/43(7%)	5/42(12%)
Adjusted Rates (b)	19.7%	9.7%	20.5%
Terminal Rates (c)	6/34 (18%)	3/31 (10%)	2/17 (12%)
Week of First Observation	97	104	88
Life Table Tests (d)	P = 0.480	P = 0.200N	P = 0.473
Incidental Tumor Tests (d)	P = 0.387 N	P = 0.193N	P = 0.462N
Cochran-Armitage Trend Test (d)	P = 0.349N	5	D 0 (00)1
Fisher Exact Test (d)		P = 0.176N	P = 0.429 N
Harderian Gland: Adenoma or Carcinom		1/50/00()	
Overall Rates (a)	1/49(2%)	$\frac{1}{50}(2\%)$	3/50 (6%)
Adjusted Rates (b)	2.4%	3.2%	14.3%
Terminal Rates (c) Weak of First Observation	0/36(0%)	1/31 (3%)	2/19 (11%)
Week of First Observation Life Table Tests (d)	97 R=0.002	104 P = 0.726	102 P = 0.155
Life Table Tests (d) Incidental Tumor Tests (d)	P = 0.093 P = 0.202	P = 0.726 P = 0.726	P = 0.155 P = 0.325
Cochran-Armitage Trend Test (d)	P = 0.202 P = 0.207	r = 0.720	r = 0.020
Fisher Exact Test (d)	P = 0.207	P = 0.747 N	P = 0.316
Fisher EXACT Test(u)		E U, 14119	r = 0.510

TABLE E4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR INHALATION STUDY OF TETRACHLOROETHYLENE (Continued)

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

(b) Kaplan-Meier estimated tumor incidences at the end of the study after adjusting for intercurrent mortality

(c) Observed tumor incidence at terminal kill

(e) Includes adenoma, NOS, papillary adenoma, and papillary carcinoma

⁽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 nonfatal. 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).

Tetrachloroethylene, NTP TR 311

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APPENDIX F

HISTORICAL INCIDENCES OF TUMORS IN F344/N RATS AND B6C3F1 MICE RECEIVING NO TREATMENT

TABLE F1. HISTORICAL INCIDENCE OF LEUKEMIA IN MALE F344/N RATS RECEIVING NO
TREATMENT (a)

Study	Incidence in Controls		
Historical Incidence for Chan	nber Controls at Battelle Pacific Northwest Laboratories		
Propylene oxide	20/50		
Methyl methacrylate	19/50		
Propylene	16/50		
Dichloromethane	34/50		
Tetrachloroethylene	28/50		
TOTAL	117/250 (46.8%)		
SD(b)	14.81%		
Range (c)			
High	34/50		
Low	16/50		
Overall Historical Incidence f	for Untreated Controls		
TOTAL	583/1,977 (29.5%)		
SD (b)	11.59%		
Range (c)			
High	30/50		
Low	5/50		

(a) Data as of August 30, 1985, for studies of at least 104 weeks
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

		rols
Pheochromocytoma	Malignant Pheochromocytoma	Pheochromocytoma or Malignant Pheochromocytoma
for Chamber Control	s at Battelle Pacific Nor	thwest Laboratories
3/48	0/48	3/48
0/49	0/49	0/49
2/50	2/50	4/50
0/50	0/50	0/50
0/49	0/49	0/49
5/246 (2.0%)	2/246(0.8%)	7/246 (2.8%)
2.92%	1.79%	3.95%
idence for Untreated	Controls	
427/1,950 (21.9%)	30/1.950 (1.5%)	452/1,950 (23.2%)
12.41%	2.00%	12.39%
31/49	4/49	32/49
2/50	0/50	3/50
	3/48 0/49 2/50 0/50 0/49 5/246 (2.0%) 2.92% sidence for Untreated 427/1,950 (21.9%) 12.41% 31/49	for Chamber Controls at Battelle Pacific North 3/48 0/48 0/49 0/49 2/50 2/50 0/50 0/50 0/49 0/49 5/246 (2.0%) 2/246 (0.8%) 2.92% 1.79% Sidence for Untreated Controls 427/1,950 (21.9%) 30/1,950 (1.5%) 12.41% 2.00% 31/49 4/49

TABLE F2. HISTORICAL INCIDENCE OF ADRENAL GLAND TUMORS IN MALE F344/N RATSRECEIVING NO TREATMENT (a)

(a) Data as of August 30, 1985, for studies of at least 104 weeks
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

TABLE F3. HISTORICAL INCIDENCE OF INTERSTITIAL CELL TUMORS OF THE TESTIS IN MALEF344/N RATS RECEIVING NO TREATMENT (a)

Study	Incidence in Controls	
Historical Incidence for Chamb	per Controls at Battelle Pacific Northwest Laboratories	
Propylene oxide	29/49	
Methyl methacrylate	35/50	
Propylene	37/50	
Dichloromethane	39/50	
Tetrachloroethylene	35/50	
TOTAL	175/249 (70.3%)	
SD (b)	7.01%	
Overall Historical Incidence fo	r Untreated Controls	
TOTAL	(d) 1,729/1,949 (88.7%)	
SD(b)	7.48%	
Range (c)		
High	49/50	
Low	34/50	

(a) Data as of August 30, 1985, for studies of at least 104 weeks
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.
(d) Total includes one malignant interstitial cell tumor

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TABLE F4. HISTORICAL INCIDENCE OF KIDNEY TUBULAR CELL ADENOMAS IN MALE F344/N RATS RECEIVING NO TREATMENT (a)

Study	Incidence in Controls	
Historical Incidence for Chamber	r Controls at Battelle Pacific Northwest Laboratories	· · · · · · · · · · · · · · · · · · ·
Propylene oxide	0/50	
Methyl methacrylate	0/50	
Propylene	0/50	
Dichloromethane	0/50	
Tetrachloroethylene	1/49	
TOTAL	1/249 (0.4%)	
SD (b)	0.91%	
Range (c)		
High	1/49	
Low	0/50	
Overall Historical Incidence for	Untreated Controls	
TOTAL	4/1,968 (0.2%)	
SD (b)	0.61%	
Range (c)		
High	1/50	
Low	0/90	

(a) Data as of August 30, 1985, for studies of at least 104 weeks. No malignant renal tubular cell tumors have been observed.
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

Study	Adenoma	Incidence in Controls Carcinoma or Adenocarcinoma	Adenoma, Carcinoma, or Adenocarcinoma	
Historical Incidence f	for Chamber Controls	at Battelle Pacific North	hwest Laboratories	
Propylene oxide	0/50	0/50	0/50	
Methyl methacrylate	3/50	2/50	5/50	
Propylene	0/50	0/50	0/50	
Dichloromethane	0/50	3/50	3/50	
Tetrachloroethylene	1/50	2/50	3/50	
TOTAL	4/250 (1.6%)	7/250 (2.8%)	11/250 (4.4%)	
SD (d)	2.61%	2.68%	4.34%	
Range (e)				
High	3/50	3/50	5/50	
Low	0/50	0/50	0/50	
Overall Historical Inc	idence for Untreated	Controls		
TOTAL	(d) 50/1,977 (2.5%)	(e) 65/1,977 (3.3%)	(d,e) 115/1,977 (5.8%)	
SD (d)	3.61%	2.95%	4.44%	
Range (e)				
High	8/50	5/50	8/50	
Low	0/90	0/50	0/50	

TABLE F5. HISTORICAL INCIDENCE OF PREPUTIAL GLAND TUMORS IN MALE F344/N RATS **RECEIVING NO TREATMENT (a)**

(a) Data as of August 30, 1985, for studies of at least 104 weeks(b) Standard deviation

(c) Standard de Viation
(c) Range and SD are presented for groups of 35 or more animals.
(d) Includes 48 adenomas, NOS, 1 papillary adenoma, and 1 cystadenoma, NOS
(e) Includes 53 carcinomas, NOS, 2 squamous cell carcinomas, 8 adenocarcinomas, NOS, and 2 sebaceous adenocarcinomas

TABLE F6.	HISTORICAL INCIDENCE OF BRAIN TUMORS IN MALE F344/N RATS RECEIVING NO					
TREATMENT (a)						

	No. of Animals Examined	No. of Tumors	Diagnosis
Historical Incidence fo	r Chamber Controls at B	attelle Pacific Nor	rthwest Laboratories
Propylene oxide	47	1	Glioma, NOS
Propylene	50	1	Astrocytoma
Tetrachloroethylene	50	1	Glioma, NOS
All others	100	0	
TOTAL	247	3 (1.2%)	
Overall Historical Incid	lence for Untreated Cont	trols	
	1,971	4	Glioma, NOS
		10	Astrocytoma
		2	Oligodendroglioma
		1	Granular cell tumor, benign
		2	Granular cell tumor, NOS
		1	Granular cell tumor, malignant
		2	Medulloblastoma
		1	Meningioma
		1	Mennglonia

(a) Data as of August 30, 1985. Totals and range are for neuroglial cell tumors (glioma, astrocytoma, and oligodendroglioma). Other tumors are reported for comparison purposes.
(b) The greatest incidence observed in any control group is 3/50.

TABLE F7. HISTORICAL INCIDENCE OF LEUKEMIA IN FEMALE F344/N RATS RECEIVING NO TREATMENT (a)

Study	Incidence in Controls	
Historical Incidence for Chambe	er Controls at Battelle Pacific Northwest Laboratories	•••••••
Propylene oxide	14/50	
Methyl methacrylate	11/50	
Propylene	13/49	
Dichloromethane	17/50	
Tetrachloroethylene	18/50	
TOTAL	73/249 (29.3%)	
SD (b)	5.69%	
Range(c)		
High	18/50	
Low	11/50	
Overall Historical Incidence for	Untreated Controls	
TOTAL	375/2,021 (18.6%)	
SD (b)	6.55%	
Range (c)		
High	19/50	
Low	3/50	

(a) Data as of August 30, 1985, for studies of at least 104 weeks
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

Incidence in Controls				
Study	Adenoma	Carcinoma	Adenoma or Carcinoma	
Historical Incidence	e for Chamber Controls	at Battelle Pacific Northw	vest Laboratories	
Propylene oxide	8/50	6/50	14/50	
Methyl methacrylate	9/50	8/50	16/50	
Propylene	5/50	9/50	14/50	
Dichloromethane	10/50	13/50	22/50	
Tetrachloroethylene	12/49	7/49	17/49	
TOTAL	44/249 (17.7%)	43/249 (17.3%)	83/249 (33.3%)	
SD(b)	5.33%	5.36%	6.60%	
Range (c)				
High	12/49	13/50	22/50	
Low	5/50	6/50	14/50	
Overall Historical I	ncidence for Untreated	Controls		
TOTAL	228/2.084 (10.9%)	424/2,084 (20.3%)	627/2,084 (30.1%)	
SD(b)	7.29%	6.85%	7.78%	
Range (c)				
High	(d) 22/50	16/50	(e) 29/50	
Low	0/49	4/50	8/50	

TABLE F8. HISTORICAL INCIDENCE OF HEPATOCELLULAR TUMORS IN MALE $B6C3F_1$ MICE RECEIVING NO TREATMENT (a)

(a) Data as of August 30, 1985, for studies of at least 104 weeks
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.
(d) Second highest incidence: 11/50
(e) Second highest incidence: 20/50

		Incidence in Controls	
Study	Adenoma	Carcinoma	Adenoma or Carcinoma
Historical Incidence for	Chamber Controls a	t Battelle Pacific Northwest	Laboratories
Propylene oxide	1/50	2/50	3/50
Methyl methacrylate	7/50	0/50	7/50
Propylene	0/50	2/50	2/50
Dichloromethane	2/50	1/50	3/50
Tetrachloroethylene	3/48	1/48	4/48
TOTAL	13/248 (5.2%)	6/248 (2.4%)	19/248 (7.7%)
SD(b)	5.41%	1.67%	3.86%
Range (c)			
5	High 7/50	2/50	7/50
	Low 0/50	0/50	250
Overall Historical Incid	ence for Untreated C	ontrols	
TOTAL	91/2,080 (4.3%)	(d) 94/2,080(4.5%)	(d) 181/2,080 (8.7%)
SD(b)	4.23%	2.99%	4.85%
Range (c)			
High	9/49	7/48	10/49
Low	0/50	0/50	0/50

TABLE F9. HISTORICAL INCIDENCE OF HEPATOCELLULAR TUMORS IN FEMALE $\rm B6C3F_1$ MICE RECEIVING NO TREATMENT (a)

(a) Data as of August 30, 1985, for studies of at least 104 weeks
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.
(d) One hepatoblastoma was also observed; the inclusion of this tumor would not affect the reported range.

APPENDIX G

GENETIC TOXICOLOGY OF TETRACHLOROETHYLENE

			Revertants/plate (a,b))
Strain	Dose (µg/plate)	- 89	+ S9 (rat)	+ S9 (hamster)
TA100	0	83 ± 3.7	143 ± 6.7	97 ± 16.2
	3.3	82 ± 5.2	167 ± 17.9	105 ± 1.3
	10	87 ± 2.0	168 ± 6.1	92 ± 6.8
	33	79 ± 1.7	156 ± 10.5	102 ± 14.5
	100	75 ± 5.6	159 ± 3.9	118 ± 8.1
	333	70 ± 7.0	93 ± 4.1	77 ± 2.6
FA1535	0	22 ± 2.3	18 ± 1.5	9 ± 0.6
	3.3	15 ± 0.7	15 ± 2.0	9 ± 0.6
	10	17 ± 2.7	16 ± 1.5	8 ± 0.9
	33	19 ± 2.6	14 ± 2.3	10 ± 0.7
	100	23 ± 3.5	17 ± 1.2	11 ± 3.2
	333	Toxic	12 ± 2.1	8 ± 1.8
A1537	0	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	7 ± 0.3	10 ± 2.6
	3.3	7 ± 1.2	7 ± 0.6	7 ± 0.3
	10	$8 \pm 3.0 \\ 9 \pm 0.3$	$ \begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	10 ± 0.7
	33	9 ± 0.3	7 ± 1.5	14 ± 1.2
	100	7 ± 2.6	8 ± 0.9	11 ± 0.6
	333	Toxic	$8 \pm 0.9 \\ 7 \pm 0.3$	6 ± 0.0
'A98	0	17 ± 0.9	36 ± 3.2	22 ± 3.5
	3.3	15 ± 2.6	39 ± 1.5	24 ± 2.6
	10	20 ± 2.8	31 ± 1.3	27 ± 4.6
	33	16 ± 2.2	36 ± 7.3	29 ± 3.2
	100	13 ± 4.2	40 ± 2.7	34 ± 2.3
	333	10 ± 0.5	31 ± 2.1	26 ± 1.7

TABLE G1. MUTAGENICITY OF TETRACHLOROETHYLENE IN SALMONELLA TYPHIMURIUM

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

TABLE G2. INDUCTION OF SISTER-CHROMATID EXCHANGES IN CHINESE HAMSTER OVARY CELLS BY TETRACHLOROETHYLENE (a)

— S9 (b)		+ S9(c)	
Dose (µg/ml)	SCE/Cell	Dose (µg/ml)	SCE/Cell
DMSO (10 µl) Tetrachloroethylene	9.1	DMSO (10 µl) Tetrachloroethylene	9.3
16.4	8.5	80.36	9.2
54.5	8.9	109.90	8.6
164.0	8.5	124.60	8.7
Triethylenemelamine (0.015)	50.6	Cyclophosphamide (1.5)	29.0

(a) SCE = sister-chromatid exchange; CHO = Chinese hamster ovary

(b) In the absence of S9, CHO cells were incubated with study compound or solvent for 2 hours at 37° C. Then BrdU was added, and incubation was continued for 24 hours. 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 hours. Cells were then collected by mitotic shake-off, treated for 3 minutes with potassium chloride (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).

(c) In the presence of S9, cells were incubated with study compound or solvent for 2 hours at 37° C. Then cells were washed, and medium containing 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 2-3 hours. S9 was from the livers of Aroclor 1254-induced male Sprague-Dawley rats.

TABLE G3. INDUCTION OF CHROMOSOMAL ABERRATIONS IN CHINESE HAMSTER OVARY CELLS BY TETRACHLOROETHYLENE (a)

- S9 (b)		+ S9 (c)
Dose (µg/ml)	Abs/100 Cells (percent cells w/abs)	Dose (µg/ml)	Abs/100 Cells (percent cells w/abs
DMSO (10 µl) Tetrachloroethylene	3 (1.0)	DMSO (10 µl) Tetrachloroethylene	4 (4)
17.0	5 (5.0)	17.0	1(1)
34.1	2(2.0)	34.1	1 (1)
68.1	1 (3.4)	68.1	2(1)
136.3	5 (5.0)		
Triethylenemelamin (0.5)	e 23 (18.0)	Cyclophosphamide (25)	24 (21)

(a) Abs = aberrations; CHO = Chinese hamster ovary

(b) In the absence of S9, CHO cells were incubated with study compound or solvent for 8-10 hours at 37° C. Cells were then washed, and fresh medium containing colcemid (0.1 µg/ml) was added. After a further 2-3 hours of incubation, cells were harvested by mitotic shake-off, fixed, and stained in 6% Giemsa.

(c) In the presence of S9, cells were incubated with study compound or solvent for 2 hours at 37°C. Cells were then washed, medium was added, and incubation was continued for 8-10 hours. Colcemid (0.1 µg/ml) was added for the last 2-3 hours of incubation; then cells were harvested and fixed as above. S9 was from the livers of Aroclor 1254-induced male Sprague-Dawley rats.

TABLE G4. INDUCTION OF SEX-LINKED RECESSIVE LETHAL MUTATIONS IN DROSOPHILA BY TETROCHLOROETHYLENE

Route of	Dose	Ν	o. of Lethals/No. of X	Chromosomes Teste	d (a)	
Exposure	(ppm)	Mating 1	Mating 2	Mating 3	Total (p	percent)
Feeding	0	2/2,202	2/2,177	5/2,206	9/6,585	(0.14)
	4,000	3/2,166	3/2,145	1/2,238	7/6,549	(0.11)
Injection	0	3/3,295	3/2,868	4/2,482	10/8,654	(0.12)
	1,000	4/3,233	2/2,879	1/2,374	7/8,485	(0.08)

(a) The sex-linked recessive lethal assay was performed essentially as described by Abrahamson and Lewis (1971). Exposure by feeding was done by allowing 24-hour-old Canton-S males to feed for 3 days on a solution of the study chemical dissolved in 5% sucrose. The study chemical dissolved in 0.7% sodium chloride was injected into 72-hour-old adult males at the base of the halteres at a volume sufficient to distend the abdomen (approximately 0.3 μ). Injected flies were allowed to recover for 24 hours before being mated. Exposed males were mated to three *Basc* females for 3 days and given fresh females at 2-day intervals to produce three broods of 3, 2, and 2 days, after which the parents were discarded. F₁ heterozygous females were crossed to their sibs and placed in individual vials. F₁ daughters from the same parental males were kept together to identify clusters; none was found. After 17 days, presumptive lethal mutations were identified as vials containing no wild-type males; these were retested. Z values were -0.4893 for feeding and -0.6897 for injection. Analysis of the data according to Margolin et al. (1983) showed that the study chemical did not cause a significant increase in sex-linked recessive lethal mutations at the 5% level of significance.

Compound (Dose)	Total Mutant Clones	Cloning Efficiency (percent)	Relative Total Growth (percent)	Mutation Frequency (mutants/10 ⁶ clonable cells)
 DMSO (1%)	75	86.5	100	29
	133	104.5	100	42
	106	107.2	100	33
	98	88.2	100	37
3-Methylcholanthrene				
(2.5 μg/ml)	687	108.3	69.8	211
	617	94.3	81.6	218
	614	108.5	82.1	189
Tetrachloroethylene (nl/ml)				
6.25	90	79.5	98.8	38
	67	81.0	85.7	28
	92	80.0	86.2	38
12.50	68	62.3	50.4	36
	44	54.3	55.8	27
	103	80.2	67.4	43
25.00	71	61.8	64.1	38
	100	82.0	61.7	41
	112	93.7	72.5	40
50.00	78	103.2	77.2	25
	86	81.7	40.7	35
100.00	128	78.0	8.4	55
	122	97.3	39.2	42

TABLE G5. MUTAGENICITY OF TETRACHLOROETHYLENE IN L5178Y/TK+/- MOUSE LYMPHOMACELLS IN THE PRESENCE OF S9 (a)

(a) Experiments were performed twice, and all doses were tested in duplicate or triplicate. The protocol was basically that of Clive et al. (1979). Cells (6×10^{5} /ml) were treated for 4 hours at 37° C in medium, washed, resuspended in medium, and incubated for 48 hours at 37° C. After expression, 3×10^{6} cells were plated in medium supplemented with trifluorothymidine for selection of cells that were mutant at the thymidine kinase (TK) locus, and 600 cells were plated in nonselective medium to determine the percentage of viable cells. S9 was prepared from the livers of Aroclor 1254-induced male F/344 rats.

Compound	Total Mutant Clones	Cloning Efficiency (percent)	Relative Total Growth (percent)	Mutation Frequency (mutants/10 ⁶ clonable cells)
DMSO (1%)	61	93.0	100	22
	78 74	100.8 101.5	100 100	26 24
Ethyl methanesulfonate (250 µg/ml)	976 947	79.8 96.2	76.5 92.1	408 328
Tetrachloroethylene (nl/ml)				
12.5	50	57.8	70.7	29
	69	70.8	72.1	32
	80	72.3	62.0	37
25.0	76	79.0	57.5	32
	94	103.8	64.5	30
	91	95.5	64.4	32
50.0	54	70.8	45,2	25
	76	96.5	64.1	26
	71	63.3	35.8	37
75.0	64	71.0	38.9	30
	50	53.7	30.4	31
	82	74.8	30.9	37
150.0	66	84.2	37.9	26
	79	75.8	32.3	35
	95	75.3	25.0	42

TABLE G6. MUTAGENICITY OF TETRACHLOROETHYLENE IN L5178Y/TK+/-MOUSE LYMPHOMA
CELLS IN THE ABSENCE OF S9 (a)

(a) Experiments were performed twice, all doses were tested in triplicate. Because the results were similar, data from only one experiment are shown. The protocol was basically that of Clive et al. (1979). Cells (6×10^5 /ml) were treated for 4 hours at 37° C in medium, washed, resuspended in medium, and incubated for 48 hours at 37° C. After expression, 3×10^6 cells were plated in medium supplemented with trifluorothymidine for selection of cells that were mutant at the thymidine kinase (TK) locus, and 600 cells were plated in nonselective medium to determine the percentage of viable cells.

APPENDIX H

CHEMICAL CHARACTERIZATION OF

TETRACHLOROETHYLENE

I. Identity and Purity Determinations of Tetrachloroethylene Performed by the Analytical Chemistry Laboratory

- A. Lotno. TA03116F-01
 - 1. Physical properties

	a.	Boiling point:	$\frac{\text{Determined}}{118.8^{\circ}-119^{\circ} \text{ C}}$ (Dupont 900 DTA) 118.8° \pm 0.3° C at 733 mm (visual, micro boiling point)	<u>Literature values</u> 120.97° C at 760 mm (Dreisbach, 1959)
	b.	Index of refraction:	n_D^{20} :1.5038 ± 0.0003(8)	n _D ²⁰ :1.50180 (Eckart, 1923)
	c.	Density:	d_{22}^{24} :1.6143 ± 0.0002(δ) g/ml	d ²⁴ :1.613 (Gallant, 1966)
	d.	Appearance:	Clear colorless liquid	
2.	Sp	ectral data		
	a.	Infrared		
		Instrument:	Beckman IR-12	
		Cell:	0.015 and 0.05 mm liquid cell, sodium chloride windows	
		Results:	See Figure 6	Consistent with literature spectrum (Sadtler Standard

Spectra)

A 1734 34 33 36 30 40 50

FIGURE 6. INFRARED ABSORPTION SPECTRUM OF TETRACHLOROETHYLENE (LOT NO. TA03116F-01)

APPENDIX H. CHEMICAL CHARACTERIZATION

b.	Ultraviolet/visible	Determined	<u>Literature values</u>
	Instrument:	Cary 118	
	Solvent:	Methanol	
	Results:	No absorbance between 350 and 800 nm at a concentration of 1.6 mg/ml. No maximum between 284 and 350 nm but a gradual increase in absorbance toward the solvent cutoff at 284 nm.	No literature reference found. Spectrum consistent with structure.
c.	Nuclear magnetic reso	nance	
	Instrument:	Varian HA-100	

Instrument:	Varian HA-100
Solvent:	Neat, tetramethylsilane added
Assignments:	No peaks observed

No literature reference found. Consistent with structure.

3. Water analysis (Karl Fischer): $0.0068\% \pm 0.0009(\delta)\%$

4. Elemental analysis

Element	C	Cl
Theory	14.48	85.52
Determined	14.62 14.48	85.37 85.31

5. Gas chromatography

Instrument: Tracor MT 220 **Detector:** Flame ionization **Inlet temperature:** 170° C **Detector temperature:** 250° C a. System 1

Column: GP 20% SP2100/0.1 Carbowax 1500 on 100/120 Supelcoport, 1.8 m × 4 mm ID, glass Oven temperature program: 100° C for 5 minutes; then 100°-170° C at 10° C/minute

Results: Major peak and two impurities

<u>Peak No.</u>	Retention <u>Time (min)</u>	Retention Time Relative to <u>Major Peak</u>	Area (percent of <u>major peak)</u>
1	0.6	0.26	0.007
2	1.9	0.84	0.008
3	2.3	1.00	100

b. System 2

Column: 0.2% Carbowax 1500 on 80/100 Carbopack C, 1.8 m × 4 mm ID, glass **Oven temperature program:** 50° C for 5 minutes; then 50°-170° C at 10° C/minute

Results: Major peak and three impurities

<u>Peak No.</u>	Retention <u>Time (min)</u>	Retention Time Relative to <u>Major Peak</u>	Area (percent of <u>major peak)</u>
1	1.1	0.09	0.001
2	1.3	0.10	< 0.001
3	11.8	0.90	0.004
4	13.1	1.00	100

6. Conclusions: The results of the elemental analyses agreed with the theoretical values. Gas chromatography with one system indicated two impurities with areas totaling 0.015% of the major peak. A second system indicated three impurities with areas totaling <0.006% of the major peak. The infrared and nuclear magnetic resonance spectra were consistent with the structure.

B. Lot no. TA03116F-01--Special bulk purity verification

1. Gas chromatography

Instrument: Varian 3700 Detector: Flame ionization Column: GP 20% SP2100/0.1% Carbowax 1500 on 100/120 Supelcoport, 1.8 m × 2 mm ID, glass Inlet temperature: 249° C Detector temperature: 299° C Carrier gas: Nitrogen, 32 ml/min Oven temperature program: 70° C for 5 minutes, then 10° C/minute to 170° C Sample injected: 5 µl of a neat solution to detect and quantitate impurities; 5 µl of a 1% and 0.5% (v/v) solution to establish detector response linearity

Results: A major peak preceded by two impurities, each with a relative area of 0.003%.

<u>Peak No.</u>	Retention <u>Time (min)</u>	Retention Time Relative to <u>Major Peak</u>	Area (percent of <u>major peak)</u>
1	0.6	0.12	0.003
2	4.0	0.82	0.003
3	4.8	1.00	100

2. Infrared spectroscopy

Instrument: Beckman IR-12 Cell: Silver chloride, 0.025 mm path length

Results: The infrared spectrum (Figure 7) was consistent with a literature spectrum (Sadtler Standard Spectra) and identical to a previously determined spectrum of the same lot.

3. Conclusions: The infrared spectrum was consistent with a literature spectrum. Gas chromatography with a GP 20% SP2100/0.1% Carbowax 1500 column, detected a major peak preceded by two impurities each with a relative area of 0.003%. No decrease in the purity of lot no. TA03116F-01 was observed since the original analysis.



FIGURE 7. INFRARED ABSORPTION SPECTRUM OF TETRACHLOROETHYLENE (LOT NO. TA03116F-01) SPECIAL BULK PURITY VERIFICATION

C. Lot no. TA08190D

1.	Appearance:	Clear colorless liquid	
2.	2. Spectral data		
	a. Infrared	Determined	<u>Literature values</u>
	Instrument:	Perkin-Elmer 283	
	Cell:	Thin film between silver chloride plates	
	Results:	See Figure 8	Consistent with litera-

b. Ultraviolet/visible

Instrument:	Cary 219	
Solvent:	Methanol	
Results:	No absorbance between 800 and 350 nm at a concentration of 1% (v/v). No maximum from 350 to 215 nm but a gradual increase in absorbance toward 215 nm at a concentration of 0.0001% (v/v).	No literature reference found. Spectrum consistent with struc- ture of tetrachloro- ethylene.

ture spectrum (Sadtler Standard Spectra)

c. Nuclear magnetic resonance

Instrument:	Varian EM360-A	
Solvent:	Neat, tetramethylsilane added	
Assignments:	There were no peaks in the spectrum other than the standard peak and side band. The absence of peaks would be expected from a molecule containing no hydrogen atoms.	No literature reference found. Consistent with structure.

3. Water analysis (Karl Fischer): $0.0039\% \pm 0.0001(\delta)\%$





4. Elemental analysis

Element	С	Cl
Theory (T)	14.48	85.52
Determined (D)	$14.42\\14.48$	85.55 85.43
Percent D/T	99.79	99.96

5. Gas chromatography

Instrument: Varian 3700 Detector: Flame ionization Inlet temperature: 200° C Detector temperature: 250° C

a. System 1

Column: 20% SP2100/0.1% Carbowax 1500 on 100/120 Supelcoport, 1.8 m \times 4 mm ID, glass

Oven temperature program: 50° C for 5 minutes; then 50°-170° C at 10° C/minute **Carrier gas:** Nitrogen, 70 ml/minute

Samples injected: Neat liquid $(4 \mu l)$ and solution of 1.0% (v/v) tetrachloroethylene in *o*-dichlorobenzene to detect impurities and quantitate the major peak.

Results: Major peak (retention time--9.3 minutes) with no impurities observed with an area $\geq 0.01\%$ of the major peak area. (One impurity was observed before the major peak but had an area < 0.01% of the major peak area.)

b. System 2

Oven temperature program: 50° C for 5 minutes; then $50^{\circ}-200^{\circ}$ C at 10° C/minute **Samples injected:** Neat liquid (3 µl) and solution of 1.0% (v/v) tetrachloroethylene in *o*-dichlorobenzene to detect impurities and quantitate the major peak.

Results: Major peak (retention time--16.0 minutes) with no impurities observed with an area $\geq 0.01\%$ of the major peak area.

6. Conclusions: The results of the elemental analyses for carbon and chlorine were in agreement with the theoretical values. Karl Fischer analysis indicated $0.0039\% \pm 0.0001(\delta)\%$ water. Gas chromatography with two systems indicated only a major peak with no impurities observed having an area $\geq 0.01\%$ of the major peak. The infrared, ultraviolet/visible, and nuclear magnetic resonance spectra are consistent with the structure of tetrachloroethylene.

II. Chemical Stability Study of Lot No. TA03116F-02 Performed by the Analytical Chemistry Laboratory (a)

A. Sample storage: Samples of tetrachloroethylene were stored in tightly screw-capped vials for 2 weeks at -20° , 5° , 25° , or 60° C.

B. Analytical method: Gas chromatography

Instrument: Bendix 2500 with Hewlett-Packard 3380A automatic integrator Detector: Flame ionization Column: Chromosorb 102, 100/120 mesh, glass, 1.8 m × 4 mm ID Inlet temperature: 250° C Detector temperature: 255° C Oven temperature: 230° C Compound retention time: 6.1 minutes

C. Results

<u>Storage Temperature</u>	Relative Average Percent <u>Compound Recovered</u>
-20° C	99.7 ± 5.4
5° C	96.8 ± 5.4
25° C	100.9 ± 5.4
60° C	106.8 ± 5.4

D. Conclusion: Tetrachloroethylene is stable when stored for 2 weeks at temperatures up to 60° C.

⁽a) This stability study was performed as a part of the characterization of tetrachloroethylene for a gavage study. The results of this study were considered to determine the storage conditions of the bulk chemical in the inhalation studies.

- III. Chemical Stability Study of Lot No. TA08190D Performed by the Study Laboratory
 - A. Storage conditions: Bulk chemical, room temperature Reference chemical, -20° C

B. Analytical methods

1. Gas chromatography

Instrument: Hewlett-Packard 5830 or 5840A Column: 20% SP2100/0.1% Carbowax 1500 on 100/120 mesh Supelcoport, 1.7 m × 4 mm ID, glass Detector: Flame ionization Oven temperature: 90°C, isothermal Carrier gas: Helium Sample injection: 0.1 µl neat

2. Infrared spectroscopy

Instrument: Beckman Acculab 6 or 8 Cell: Neat liquid between sodium chloride plates

C. Results

1. Gas chromatography

		Area Percent Purity (a)	
<u>Date</u>	Lot Number	Reference	Bulk Chemical
12/10/80	TA03116F-01	99.99	99.99
01/14/81	TA03116F-01	99.99	99.99
04/23/81	TA03116F-01	99.90	99.89
08/14/81	TA03116F-01	99.99	99.98
12/01/81	TA03116F-01	99.99	99.94
04/14/82	TA08190D	99.96	99.98
08/11/82	TA08190D	99.96	(b) 99.97
12/08/82	TA08190D	99.97	99.98
02/10/83	TA08190D	99.96	99.98

(a) Three determinations were averaged.

(b) Five determinations were averaged.

- 2. Infrared spectroscopy: All bulk chemical spectra were consistent with those of the reference sample that was stored at -20° C and with spectra supplied by the analytical chemistry laboratory.
- D. Conclusion: No significant degradation of the study material occurred during the studies.
APPENDIX I

GENERATION AND MEASUREMENT OF CHAMBER CONCENTRATIONS AT BATTELLE PACIFIC NORTHWEST LABORATORIES

I. Vapor Generation System

The liquid to be vaporized was contained in a 1.6-liter stainless steel reservoir that was housed in a vapor hood within the exposure room. The liquid was pumped from this reservoir to a stainless steel cylinder covered with a glass fiber wick from which the liquid was vaporized (Decker et al., 1982). An 80-watt heater and a temperature-sensing element were incorporated within the cylinder. The heater maintained the vaporizer at $110^{\circ} \pm 2^{\circ}$ C. The surface temperature of the vaporizer was slightly less than this temperature. Each cylindrical vaporizer was positioned in the fresh air duct leading directly into the exposure chamber to minimize material loss due to condensation on duct walls (Figure 9).

II. Vapor Concentration Monitoring

A Hewlett-Packard Model 5840 gas chromatograph equipped with a flame ionization detector, a 10% UCW 982 or Chromosorb WAW DMCS 80/100 packed column, and an automatic sampling valve were used to monitor the concentration of tetrachloroethylene in the chambers. All chambers and the room air were sampled approximately twice during each exposure hour. Starting on the 278th exposure day, hexane in nitrogen was added to the sampling sequence to establish instrumental performance. The calibration of the monitoring gas chromatograph was confirmed and corrected as necessary by periodic assay of grab samples from the chambers analyzed on a second gas chromatograph.

Weekly concentrations are graphically presented in Figures 10-13.

III. Vapor Concentration Uniformity in Chamber

Uniformity of vapor concentration in each exposure chamber was measured periodically throughout the study with a portable photoionization detector (Model PI201, HNU Systems, Inc., Newton, MA). The standard deviations of the normalized average concentrations did not exceed \pm 7%.



FIGURE 9. TETRACHLOROETHYLENE VAPOR GENERATION SYSTEM



FIGURE 10. WEEKLY MEAN CONCENTRATION OF TETRACHLOROETHYLENE FOR RATS EXPOSED AT 200 ppm IN THE TWO-YEAR INHALATION STUDIES



FIGURE 11. WEEKLY MEAN CONCENTRATION OF TETRACHLOROETHYLENE FOR RATS EXPOSED AT 400 ppm IN THE TWO-YEAR INHALATION STUDIES



FIGURE 12. WEEKLY MEAN CONCENTRATION OF TETRACHLOROETHYLENE FOR MICE EXPOSED AT 100 ppm IN THE TWO-YEAR INHALATION STUDIES

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FIGURE 13. WEEKLY MEAN CONCENTRATION OF TETRACHLOROETHYLENE FOR MICE EXPOSED AT 200 ppm IN THE TWO-YEAR INHALATION STUDIES

Tetrachloroethylene, NTP TR 311

APPENDIX J

RESULTS OF SEROLOGIC ANALYSES

I. Methods

Rodents used in the Bioassay Program of the National Toxicology Program are produced in optimally clean facilities to eliminate potential pathogens that may affect test results.

Data from animals surviving 24 months were collected from 5/50 randomly selected control animals of each sex and species. The blood from each animal was collected and clotted, and the serum was separated. The serum was cooled on ice and shipped to Microbiological Associates' Comprehensive Animal Diagnostic Service for determination of the antibody titers. The following tests were performed:

	Hemagglutination Inhibition	Complement Fixation	ELISA
Mice	PVM (pneumonia virus of mice) Reo 3 (reovirus type 3) GDVII (Theiler's encephalomyelitis virus) Poly (polyoma virus) MVM (minute virus of mice) Ectro (infectious ectromelia) Sendai	M.Ad. (mouse adenovirus) LCM (lymphocytic choriomeningitis virus)	MHV (mouse hepatitis virus)
Rats	PVM Sendai KRV (Kilham rat virus) H-1 (Toolan's H-1 virus)	RCV (rat coronavirus)	

II. Results

TABLE J1. MURINE VIRUS ANTIBODY DETERMINATIONS FOR RATS AND MICE IN THE TWO-YEARINHALATION STUDIES OF TETRACHLOROETHYLENE

	Interval (months)	No. of Animals	Positive Serologic Reaction for
RATS			
	24	7/10 3/10 1/10	PVM Sendai RCV
MICE			
	24	3/10 3/10	PVM MHV

(a) Blood samples were taken from control animals (5/sex) just before they were killed and sent to Microbiological Associates, Inc. (Bethesda, MD) for the Animal Disease Screening Program.

APPENDIX K

INGREDIENTS, NUTRIENT COMPOSITION, AND CONTAMINANT LEVELS IN NIH 07 RAT AND MOUSE RATION

Pelleted Diet: December 1980 to January 1983

(Manufactured by Zeigler Bros., Inc., Gardners, PA)

Ingredients (b)	Percent by Weight	
Ground #2 yellow shelled corn	24.50	
Ground hard winter wheat	23.00	
Soybean meal (49% protein)	12.00	
Fish meal (60% protein)	10.00	
Wheat middlings	10.00	
Dried skim milk	5.00	
Alfalfa meal (dehydrated, 17% protein)	4.00	
Corn gluten meal (60% protein)	3.00	
Soy oil	2.50	
Brewer's dried yeast	2.00	
Dry molasses	1.50	
Dicalcium phosphate	1.25	
Ground limestone	0.50	
Salt	0.50	
Premixes (vitamin and mineral)	0.25	

TABLE K1. INGREDIENTS OF NIH 07 RAT AND MOUSE RATION (a)

(a) NIH, 1978; NCI, 1976

(b) Ingredients should be ground to pass through a U.S. Standard Screen No. 16 before being mixed.

	Amount	Source
Vitamins		
А	5,500,000 IU	Stabilized vitamin A palmitate or acetate
D_3	4,600,000 IU	D-activated animal sterol
K ₃	2.8 g	Menadione activity
d-a-Tocopheryl acetat	e 20,000 IU	
Choline	560.0 g	Choline chloride
Folic acid	2.2 g	
Niacin	30.0 g	
d-Pantothenic acid	18.0 g	d-Calcium pantothenate
Riboflavin	3.4 g	-
Thiamine	10.0 g	Thiamine mononitrate
B ₁₂	4,000 µg	
Pyridoxine	1.7 g	Pyridoxine hydrochloride
Biotin	140.0 mg	d-Biotin
Minerals		
Iron	1 2 0.0 g	Iron sulfate
Manganese	60.0 g	Manganous oxide
Zinc	16.0 g	Zincoxide
Copper	4.0 g	Copper sulfate
Iodine	1.4 g	Calcium iodate
Cobalt	0.4 g	Cobalt carbonate

TABLE K2. VITAMINS AND MINERALS IN NIH 97 RAT AND MOUSE RATION (a)

(a) Per ton (2,000 lb) of finished product

TABLE K3. NUTRIENT COMPOSITION OF NIH 07 RAT AND MOUSE RATION (a)

Nutrient	Mean	Range	Number of Samples
Crude protein (percent by weight)	23.85 ± 0.78	22.7-25.3	24
Crude fat (percent by weight)	5.02 ± 0.44	4.2-5.7	24
Crude fiber (percent by weight)	3.31 ± 0.23	2.9-3.8	24
Ash (percent by weight)	6.44 ± 0.44	5.7-7.43	24
ssential Amino Acids (percent of to	tal diet)		
Arginine	1.260	1.21-1.31	2
Cystine	0.395	0.39-0.40	2
Glycine	1.175	1.15-1.20	2
Histidine	0.553	0.530-0.576	2
Isoleucine	0.908	0.881-0.934	2
Leucine	1.905	1.85-1.96	2
Lysine	1.250	1,20-1,30	$\overline{2}$
Methionine	0.310	0.306-0.314	2
Phenylalanine	0.967	0.960-0.974	2
Threonine	0.834	0.827-0.840	2
Tryptophan	0.834	0.171-0.178	$\frac{2}{2}$
Typosine	0.587	0.566-0.607	2
Valine	1.085	1.05-1.12	$\frac{2}{2}$
vanne	1.085	1.00-1.12	2
ssential Fatty Acids (percent of tota	al diet)		
Linoleic	2.37		1
Linolenic	0.308		1
Arachidonic	0.008		1
itamins			
Vitamin A (IU/kg)	$10,917 \pm 1,876$	8,210-15,000	24
Vitamin D (IU/kg)	6,300		1
a-Tocopherol (ppm)	37.6	31.1-44.0	2
Thiamine (ppm)	16.8 ± 2.0	14.0-21.0	23
Riboflavin (ppm)	6.9	6.1-7.4	2
Niacin (ppm)	75	65-85	2
Pantothenic acid (ppm)	30.2	29.8-30.5	2
Pyridoxine (ppm)	7.2	5.6-8.8	2
Folic acid (ppm)	2.1	1.8-2.4	2
Biotin (ppm)	0.24	0.21-0.27	
Vitamin B ₁₂ (ppb)	12.8	10.6-15.0	$\frac{1}{2}$
Choline (ppm)	3,315	3,200-3,430	2
linerals			
Calcium (percent)	1.25 ± 0.15	0.81-1.69	24
Phosphorus (percent)	0.98 ± 0.06	0.88-1.10	24
Potassium (percent)	0.809	0.772-0.846	2
Chloride (percent)	0.557	0.479-0.635	2
Sodium (percent)	0.304	0.258-0.349	$\overline{2}$
Magnesium (percent)	0.172	0.166-0.177	2
Sulfur (percent)	0.278	0.270-0.285	2
Iron (ppm)	418	409-426	$\frac{2}{2}$
Manganese (ppm)	90.8	86.0-95.5	2
Zinc (ppm)	55.1	54.2-56.0	$\frac{2}{2}$
Copper (ppm)	12.68		2 2
	14.00	9.65-15.70	Z
	9 5 9	1 50 0 64	0
Iodine (ppm) Chromium (ppm)	2.58 1.86	1.52-3.64 1.79-1.93	2 2

(a) One or two batches of feed analyzed for nutrients reported in this table were manufactured in January and/or April 1983.

Contaminant	Mean ± Standard Deviation	Range	Number of Samples
Arsenic (ppm)	0.48 ± 0.17	< 0.29-1.06	24
Cadmium (ppm) (a)	<0.10		24
Lead (ppm)	1.00 ± 0.74	0.42-3.37	24
Mercury (ppm) (b)	< 0.05		24
Selenium (ppm)	0.29 ± 0.07	0.13-0.40	24
Aflatoxins (ppb) (a,b)	<10	<5.0-<10.0	24
Nitrate nitrogen (ppm) (c)	9.22 ± 3.62	3.8 - 17.0	24
Nitrite nitrogen (ppm) (c)	2.16 ± 1.53	0.4 -6.9	24
BHA (ppm) (d)	6.68 ± 4.95	< 0.4 - 17.0	24
BHT (ppm) (d)	3.45 ± 2.56	0.9 -12.0	24
Aerobic plate count (CFU/g) (e)	$40,557 \pm 29,431$	4,900 - 88,000	23
Aerobic plate count (CFU/g) (f)	$77,617 \pm 183,824$	4,900 - 930,000	24
Coliform (MPN/g)(g)	16.6 ± 22.9	<3 - 93	22
Coliform (MPN/g) (h)	80.2 ± 236.3	<3-1,100	24
E. coli (MPN/g) (i)	<3	·	24
fotal nitrosamines (ppb) (j,k)	4.63 ± 4.19	0.8 - 18.5	21
Fotal nitrosamines (ppb) (j,l)	27.15 ± 64.35	0.8 - 273.2	24
V-Nitrosodimethylamine (ppb) (j,k)	3.43 ± 3.96	0.8 - 16.5	21
V-Nitrosodimethylamine (ppb) (j,l)	25.71 ± 64.90	0.8 - 272	24
V-Nitrosopyrrolidine (ppb)	1.05 ± 0.49	0.3 - 2.9	24
Pesticides (ppm)			
a-BHC (a,m)	< 0.01		24
β -BHC (a)	< 0.02		24
γ-BHC-Lindane (a)	< 0.01		24
δ-BHC (a)	< 0.01		24
Heptachlor (a)	< 0.01		24
Aldrin (a)	< 0.01		24
Heptachlor epoxide (a)	< 0.01		24
DDE (a)	< 0.01		24
DDD (a)	< 0.01		24
DDT (a)	< 0.01		24
HCB(a)	< 0.01		24
Mirex (a)	< 0.01		24
Methoxychlor (a,n)	< 0.05	0.09 (8/26/81)	24
Dieldrin (a)	< 0.01		24
Endrin (a)	< 0.01		24
Telodrin (a)	< 0.01		24
Chlordane (a)	< 0.05		24
Toxaphene (a)	<0.1		24
Estimated PCB's (a)	<0.2		24
Ronnel (a)	< 0.01		24
Ethion (a)	< 0.02		24
Trithion (a)	< 0.05		24
Diazinon (a,n)	< 0.1	0.2 (4/27/81)	24
Methyl parathion (a)	< 0.02		24
Ethyl parathion (a)	<0.02		24
Malathion (o)	0.10 ± 0.07	< 0.05-0.27	24
Endosulfan I (a)	<0.01		24
Endosulfan II (a)	<0.01		24
Endosulfan sulfate (a)	< 0.03		24

TABLE K4. CONTAMINANT LEVELS IN NIH 07 RAT AND MOUSE RATION

TABLE K4. CONTAMINANT LEVELS IN NIH 07 RAT AND MOUSE RATION (Continued)

(a) All values were less than the detection limit, given in the table as the mean.

(j) All values were corrected for percent recovery.

- (1) Mean, standard deviation, and range include the very high values given in footnote i.
- (m) BHC = hexachlorocyclohexane or benzene hexachloride
- (n) There was one observation above the detection limit. The value and the date it was obtained are given under the range.
- (o) Thirteen batches contained more than 0.05 ppm.

⁽b) Detection limit reduced from 10 ppb to 5 ppb after 7/81

⁽c) Source of contamination: Alfalfa, grains, and fish meal

⁽d) Source of contamination: Soy oil and fish meal

⁽e) Mean, standard deviation, and range exclude one very high value of 930,000 obtained for the batch produced on 12/22/82.

⁽f) Mean, standard deviation, and range include the high value listed in footnote c.

⁽g) Excludes one very high value of 1,100 obtained for the batch produced on 12/16/80 and one high value of 460 obtained for the batch produced on 9/23/82.

⁽h) Includes the high values listed in footnote e

⁽i) All values were less than 3 MPN/g (MPN = most probable number).

⁽k) Mean, standard deviation, and range exclude three very high values in the range of 115-273.2 ppb for batches produced on 1/26/81, 2/23/81, and 4/27/81.

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APPENDIX L

DATA AUDIT SUMMARY

The experimental data, documents, and pathology materials from the NTP inhalation toxicology and carcinogenesis studies of tetrachloroethylene in F344/N rats and B6C3F₁ mice were examined for completeness, consistency, and accuracy and for procedures consistent with Good Laboratory Practice regulations. The experiments, conducted between February 1981 and February 1983 at Battelle Pacific Northwest Laboratories, Richland, Washington, were initiated before the NTP required compliance with Good Laboratory Practice regulations. The audit was conducted March 18-22, 1985, by the Dynamac Corporation. The following people were involved in the audit: L. Keifer, Ph.D.; J. Plautz, M.S.; R. Schueler, D.V.M.; M. Perreault, B.S.; C. Sexsmith, B.S.; and E. Zurek. An additional participant was M. Shoaf (Pathology Associates, Inc). Subsequently, the Halogenated Solvents Industry Alliance sponsored a third-party audit that was conducted by personnel from Clements Associates on November 18-20, 1985. To provide further clarification of issues raised, a supplemental audit was conducted for the NTP on May 29, 1986, by C. Sexsmith, B.S.; E. Zurek; and L. Plankenhorn, B.S., of Dynamac Corporation.

Reports for the two audits conducted by the NTP are on file at the NIEHS, Research Triangle Park, North Carolina. The combined audits consisted of an indepth review of the data and pathology materials collected during the conduct of the study as well as review of the correspondence. For the inlife toxicology data, the review involved examination of 100% of the records on animal receipt and husbandry, mortality, environmental conditions, and dosing. Body weight and clinical observation data were examined for 10% of the animals. For the chemistry data, all of the available records concerning receipt, initial analysis, and stability testing by Midwest Research Institute (MRI) were examined. In addition, records pertaining to receipt, bulk chemical analysis, generation of chamber concentrations, exposure chamber monitoring, and gas chromatographic calibration by the study laboratory were examined. The audit of the pathology materials included review of 100% of the Individual Animal Data Records for correlation between gross and microscopic diagnoses and clerical errors, examination of the wet tissues of 10% of the animals for unidentified potential lesions and correct identification, correlation of slides and tissue blocks for all control and high dose groups, and verification of the reported pathologic findings on a 10% sample of the animals.

Review of the inlife data and documents revealed that recordkeeping was not always complete and consistent for clinical signs, palpable masses, lesions involving eyes or skin, and observations of animal security. Records for animal security were made four times daily. Some animals escaped from and were returned to their cages, primarily during the first 12 months of exposures. All of the study records were reviewed in detail and analyzed by observation period within each day to evaluate the possibility that any animals were misidentified. Individual animals were identified by an ear tag that was unique for both the animal and the chemical being studied; a backup cage mapping system was used to identify animals without an ear tag.

In the rat study, there were 134 documented incidents of loose animals. Animals were identified by ear tags in 121 of these incidents. Of the 13 other incidents, 5 involved rats loose within specific chambers and 4 involved only a single animal loose on a given day, where the dose group, if not the individual animal number, could be verified. On only 1 day where four rats were noted as "out of cage," is there no record verifying either individual animal or group identity. Three rats were documented as being "out on floor" on three different study days; in each incident, the loose animal was identified by ear tag and returned to its group and cage.

Similarly, the likelihood of transposition of mice between dose groups was determined to be remote upon detailed analysis of the documents. A total of 50 mice were loose on 32 days. In 46 of these incidents, the individual animals were identified by ear tag. The remaining four incidents involved mice loose within specific chambers. One mouse was out on the floor, identified by ear tag, and returned to its group and cage.

A complete review of the analytical chemistry data revealed that all documents were present except the original chromatograms from MRI analyses. Other records showed that the study material was received and was used to generate exposure atmospheres of 100-, 200-, and 400-ppm target concentrations. Records showed that the bulk chemical was reanalyzed as required. The chemical-use log showed that bulk chemical was regularly withdrawn to refill the vapor generator.

Review of the pathology data revealed that bags of wet tissue were present for all animals on which a necropsy was performed; 80/83 wet tissue bags examined contained correct identification (ear tags were not present for one rat and two mice); and questionable slide/block matches were noted for five mouse slides. Seven instances of gross observations suggesting lesions in the liver and spleen of rats were found. Review of the potential lesions for these animals by NTP pathology support staff indicated that the gross observations did not represent missed tumors. Nine gross observations suggesting undiagnosed or untrimmed potential lesions in nontarget organs were identified in mice. After examination of slides and wet tissues, the number of new diagnoses was not considered to be sufficient to influence the interpretation of the study results. Four cases of untrimmed potential lesions in mice were found. Residual livers from non-tumor-bearing mice were reviewed for possible untrimmed tumors. Any tumors found were examined microscopically, and the data were included in the pathology tables.

In conclusion, the audit revealed certain problems in the conduct and documentation of these experiments. Any discrepancies that might have influenced the results of the studies were resolved, and, where necessary, the data tables were corrected. Other findings that were considered not to affect the interpretation of the studies were not necessarily pursued to final resolution but are identified in the NTP audit reports. The study data, documents, and materials at the NTP Archives support the data and interpretations presented in this Technical Report.