

**TDMS No.** 20107 - 04  
**Test Type:** CHRONIC  
**Route:** GAVAGE  
**Species/Strain:** MICE/B6C3F1

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

N,N-Dimethyl-p-toluidine  
**CAS Number:** 99-97-8

**Date Report Requested:** 03/10/2011  
**Time Report Requested:** 11:42:39  
**First Dose M/F:** 10/26/04 / 10/25/04  
**Lab:** BAT

F1\_M3

**C Number:** C20107  
**Lock Date:** 02/26/2008  
**Cage Range:** ALL  
**Date Range:** ALL  
**Reasons For Removal:** ALL  
**Removal Date Range:** ALL  
**Treatment Groups:** Include ALL  
**Study Gender:** Both  
**TDMSE Version:** 2.3.0  
**PWG Approval Date:** NONE

Note: Animals arranged according to days on test.





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B6C3F1 MICE MALE 0 MG/KG	DAY ON TEST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	ANIMAL ID	males (cont...)
		0	0	1	5	5	5	5	5	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7		
		0	0	5	4	6	6	8	8	9	4	5	7	8	9	2	2	3	3	3	3	3	3	3	3		
		4	4	6	8	1	2	4	8	1	3	5	8	5	8	6	7	0	0	0	1	1	1	1	1		
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
		0	2	2	3	0	0	2	1	3	4	4	4	2	1	5	0	0	2	2	0	0	0	1	1		
		6	0	6	8	8	7	1	0	2	9	3	0	2	2	0	3	9	4	5	1	2	5	1	4		

Pituitary Gland +

Thyroid Gland +  
 Follicular Cell, Adenoma

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis +

Preputial Gland +

Prostate +

Seminal Vesicle +

Testes +

**HEMATOPOIETIC SYSTEM**

Bone Marrow +

Lymph Node +

Lymph Node, Mandibular +

Lymph Node, Mesenteric Hemangiosarcoma +  
 X

Spleen + + + + + + + + A + + + + + + + + A + + + + + + + + + +

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically







































































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B6C3F1 MICE MALE 60 MG/KG	DAY ON TEST																									* TOTALS
	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	0731	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	6	7	8	8	8	9	9	9	9	5	5	5	5	6	6	7	7	8	8	8	9	9	9	9	9	
	9	8	0	2	4	1	2	4	6	1	4	5	9	1	4	0	5	1	3	6	0	3	5	7	8	

Subcutaneous Tissue, Fibrosarcoma

1

MUSCULOSKELETAL SYSTEM

Bone

+ 50

Skeletal Muscle  
Sarcoma

2  
1

NERVOUS SYSTEM

Brain

+ 50

RESPIRATORY SYSTEM

Lung

+ 50

Alveolar/Bronchiolar Adenoma

X 10

Alveolar/Bronchiolar Carcinoma

X 4

Hepatoblastoma, Metastatic, Liver

X 5

Hepatocellular Carcinoma, Metastatic, Liver

X 3

Nose

+ 50

Trachea

+ 50

SPECIAL SENSES SYSTEM

Eye

+ 50

Harderian Gland  
Adenoma

+ + X + + + + + + + + X + + + + + + + + + + + + + + 50  
2

URINARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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Lab: BAT

| B6C3F1 MICE FEMALE<br>0 MG/KG               | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |  |  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|--|
|   | 0<br>4<br>4<br>4      | 0<br>6<br>4<br>2      | 0<br>6<br>4<br>5      | 0<br>6<br>6<br>3      | 0<br>6<br>6<br>6      | 0<br>6<br>6<br>6      | 0<br>6<br>6<br>8      | 0<br>6<br>9<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      |                       |  |  |
| ANIMAL ID                                   | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>4<br>8 | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>5<br>0 | 0<br>0<br>2<br>3<br>6 | 0<br>0<br>2<br>4<br>6 | 0<br>0<br>2<br>2<br>7 | 0<br>0<br>2<br>0<br>3 | 0<br>0<br>2<br>0<br>4 | 0<br>0<br>2<br>0<br>5 | 0<br>0<br>2<br>0<br>6 | 0<br>0<br>2<br>0<br>7 | 0<br>0<br>2<br>0<br>0 | 0<br>0<br>2<br>0<br>1 | 0<br>0<br>2<br>0<br>1 | 0<br>0<br>2<br>0<br>1 | 0<br>0<br>2<br>0<br>2 | 0<br>0<br>2<br>0<br>4 | 0<br>0<br>2<br>0<br>7 | 0<br>0<br>2<br>0<br>9 | 0<br>0<br>2<br>0<br>9 | 0<br>0<br>2<br>0<br>9 | 0<br>0<br>2<br>0<br>9 | 0<br>0<br>2<br>0<br>9 | 0<br>0<br>2<br>0<br>9 |  |  |
| Clitoral Gland                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |  |
| Ovary                                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |  |
| Cystadenoma                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Tubulostromal Adenoma                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Uterus                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |  |
| <b>HEMATOPOIETIC SYSTEM</b>                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Bone Marrow                                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |  |
| Lymph Node                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Lymph Node, Mandibular                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |  |  |
| Lymph Node, Mesenteric                      | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |  |  |
| Spleen                                      | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |  |  |
| Thymus                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |  |  |
| <b>INTEGUMENTARY SYSTEM</b>                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Mammary Gland                               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |  |  |
| Carcinoma                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Skin  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |  |  |
| Keratoacanthoma                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Subcutaneous Tissue, Fibrosarcoma           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |
| Subcutaneous Tissue, Fibrosarcoma, Multiple |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
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Lab: BAT

| B6C3F1 MICE FEMALE<br>6 MG/KG | DAY ON TEST | 008 | 009 | 009 | 005 | 001 | 006 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | females<br>(cont...) |
|-------------------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------------------|
|                               | ANIMAL ID   | 003 | 007 | 008 | 007 | 009 | 007 | 005 | 008 | 005 | 005 | 005 | 005 | 006 | 006 | 007 | 007 | 008 | 008 | 008 | 008 | 009 | 009 | 001 |                      |

Pars Intermedia, Adenoma

X X

Thyroid Gland

+ +

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

Clitoral Gland

+ +

Ovary

+ + + + + + + M + + + + + + + + + + + + + + + +

Cystadenoma

Luteoma

Thecoma Benign

Oviduct

+

Sarcoma, Metastatic, Skeletal Muscle

X

Uterus

+ +

Polyp Stromal

X

HEMATOPOIETIC SYSTEM

Bone Marrow

+ +

Lymph Node

+

+

Lymph Node, Mandibular

+ +

Lymph Node, Mesenteric

A +

Sarcoma, Metastatic, Skeletal Muscle

X

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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| B6C3F1 MICE FEMALE<br>6 MG/KG | DAY ON TEST | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | females<br>(cont...) |
|-------------------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------------|
|                               | ANIMAL ID   | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |                      |
|                               |             | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |                      |

Hepatocellular Carcinoma, Metastatic, Liver  
 Sarcoma, Metastatic, Skeletal Muscle

X  
X

Nose

Trachea

+ + A +  
 +

SPECIAL SENSES SYSTEM

Eye

Harderian Gland  
 Adenoma  
 Carcinoma

+  
 +  
 X

URINARY SYSTEM

Kidney  
 Sarcoma

Urinary Bladder

+  
 X  
 +

SYSTEMIC LESIONS

Multiple Organ  
 Histiocytic Sarcoma  
 Lymphoma Malignant

+  
 X  
 X X X X X

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|-------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                               | 0729        | 0729 | 0729 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 | 0730 |          |
| ANIMAL ID                     | 0093        | 0093 | 0093 | 0095 | 0096 | 0096 | 0096 | 0097 | 0098 | 0098 | 0099 | 0099 | 0099 | 0095 | 0095 | 0095 | 0096 | 0096 | 0097 | 0097 | 0098 | 0098 | 0099 | 0099 | 0099 |          |

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Spleen                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Hemangiosarcoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thymus                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Sarcoma, Metastatic, Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**INTEGUMENTARY SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skin                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Dermis, Fibrous Histiocytoma     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Liposarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 1  |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skeletal Muscle |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Sarcoma         |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**NERVOUS SYSTEM**

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

**RESPIRATORY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Alveolar/Bronchiolar Adenoma           | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Alveolar/Bronchiolar Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |
| Alveolar/Bronchiolar Carcinoma         |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Carcinoma, Metastatic, Harderian Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | 1  |

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N,N-Dimethyl-p-toluidine  
 CAS Number: 99-97-8

Date Report Requested: 03/10/2011  
 Time Report Requested: 11:42:39  
 First Dose M/F: 10/26/04 / 10/25/04  
 Lab: BAT

| B6C3F1 MICE FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID | females<br>(cont...) |   |   |
|--------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------------|---|---|
|                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                      | 0 | 0 |
|                    | 0           | 2 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7         | 7                    | 0 |   |
|                    | 1           | 5 | 0 | 8 | 2 | 4 | 6 | 6 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2         | 2                    | 0 |   |
|                    | 1           | 3 | 1 | 5 | 7 | 9 | 0 | 9 | 3 | 9 | 5 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9         | 9                    | 0 |   |
|                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                    | 0 |   |
|                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                    | 0 |   |
|                    | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 3                    | 0 |   |
|                    | 4           | 1 | 3 | 1 | 2 | 3 | 0 | 4 | 4 | 0 | 3 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 2 | 2         | 3                    | 0 |   |
|                    | 0           | 4 | 0 | 7 | 0 | 2 | 1 | 2 | 8 | 3 | 5 | 2 | 6 | 7 | 2 | 3 | 6 | 9 | 1 | 3 | 4         | 3                    | 0 |   |

Squamous Cell Papilloma X X  
 Squamous Cell Papilloma, Multiple

Stomach, Glandular +  
 Tooth + + + +

**CARDIOVASCULAR SYSTEM**

Blood Vessel +  
 Heart +

**ENDOCRINE SYSTEM**

Adrenal Cortex +  
 Adrenal Medulla +  
 Islets, Pancreatic +  
 Parathyroid Gland M M + + + + M + + + + + M + + + + + M M + + + +  
 Pituitary Gland +  
 Pars Distalis, Adenoma X  
 Thyroid Gland +

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue  
 M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

TDMS No. 20107 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

N,N-Dimethyl-p-toluidine

CAS Number: 99-97-8

Date Report Requested: 03/10/2011

Time Report Requested: 11:42:39

First Dose M/F: 10/26/04 / 10/25/04

Lab: BAT

| B6C3F1 MICE FEMALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...) |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|                    | 0<br>0<br>1<br>1      | 0<br>2<br>5<br>3      | 0<br>5<br>0<br>1      | 0<br>5<br>8<br>5      | 0<br>6<br>2<br>7      | 0<br>6<br>4<br>9      | 0<br>6<br>6<br>0      | 0<br>6<br>6<br>9      | 0<br>7<br>0<br>3      | 0<br>7<br>0<br>9      | 0<br>7<br>1<br>5      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |                       |                       |                      |
| 20 MG/KG           | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>1<br>0 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>1<br>7 | 0<br>0<br>3<br>2<br>0 | 0<br>0<br>3<br>0<br>2 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>8 | 0<br>0<br>3<br>0<br>3 | 0<br>0<br>3<br>0<br>5 | 0<br>0<br>3<br>0<br>2 | 0<br>0<br>3<br>0<br>6 | 0<br>0<br>3<br>0<br>7 | 0<br>0<br>3<br>1<br>2 | 0<br>0<br>3<br>1<br>3 | 0<br>0<br>3<br>1<br>6 | 0<br>0<br>3<br>2<br>9 | 0<br>0<br>3<br>2<br>1 | 0<br>0<br>3<br>2<br>3 | 0<br>0<br>3<br>2<br>4 | 0<br>0<br>3<br>2<br>3 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 |                      |

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cystadenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Uterus                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Fibrous Histiocytoma    |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal           |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma Stromal         |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node             |   |   |   |   | + |   |   | + |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen                 | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymus                 | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

INTEGUMENTARY SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Skin                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcutaneous Tissue, Fibrosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
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 BLANK .. Not examined microscopically



TDMS No. 20107 - 04  
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 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

N,N-Dimethyl-p-toluidine  
 CAS Number: 99-97-8

Date Report Requested: 03/10/2011  
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 Lab: BAT

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE FEMALE</b> | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |
|                           |             | 0 | 2 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |
|                           |             | 1 | 5 | 0 | 8 | 2 | 4 | 6 | 6 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   |
|                           |             | 1 | 3 | 1 | 5 | 7 | 9 | 0 | 9 | 3 | 9 | 5 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |   |
| <b>20 MG/KG</b>           | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |
|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |
|                           |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |   |
|                           |             | 4 | 1 | 3 | 1 | 2 | 3 | 0 | 4 | 4 | 0 | 3 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 3 |   |
|                           |             | 0 | 4 | 0 | 7 | 0 | 2 | 1 | 2 | 8 | 3 | 5 | 2 | 6 | 7 | 2 | 3 | 6 | 9 | 1 | 3 | 4 | 3 | 6 | 7 | 8 |

females  
(cont...)

**SPECIAL SENSES SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Carcinoma       |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |

**URINARY SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Urinary Bladder      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**SYSTEMIC LESIONS**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma |   |   |   | X |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant  |   |   |   |   | X | X |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



TDMS No. 20107 - 04  
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N,N-Dimethyl-p-toluidine

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First Dose M/F: 10/26/04 / 10/25/04

Lab: BAT

| B6C3F1 MICE FEMALE<br>20 MG/KG    | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |  |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|--|
|                                   | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      |                       |          |  |
| ANIMAL ID                         | 0<br>0<br>3<br>4<br>4 | 0<br>0<br>3<br>4<br>9 | 0<br>0<br>3<br>0<br>4 | 0<br>0<br>3<br>0<br>9 | 0<br>0<br>3<br>1<br>0 | 0<br>0<br>3<br>1<br>8 | 0<br>0<br>3<br>2<br>2 | 0<br>0<br>3<br>2<br>7 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>4<br>6 | 0<br>0<br>3<br>4<br>7 | 0<br>0<br>3<br>5<br>0 | 0<br>0<br>3<br>5<br>5 | 0<br>0<br>3<br>8<br>5 | 0<br>0<br>3<br>5<br>5 | 0<br>0<br>3<br>6<br>6 | 0<br>0<br>3<br>8<br>8 | 0<br>0<br>3<br>9<br>9 | 0<br>0<br>3<br>4<br>4 | 0<br>0<br>3<br>9<br>9 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>4<br>4 | 0<br>0<br>3<br>5<br>5 |          |  |
| Squamous Cell Papilloma           |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5        |  |
| Squamous Cell Papilloma, Multiple |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 1        |  |
| Stomach, Glandular                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Tooth                             |                       |                       |                       |                       |                       | +                     |                       |                       |                       | +                     |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7        |  |
| <b>CARDIOVASCULAR SYSTEM</b>      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Blood Vessel                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Heart                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| <b>ENDOCRINE SYSTEM</b>           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| Adrenal Cortex                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Adrenal Medulla                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Islets, Pancreatic                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Parathyroid Gland                 | M                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | M                     | +                     | +                     | +                     | M M                   | 38       |  |
| Pituitary Gland                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| Pars Distalis, Adenoma            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |  |
| Thyroid Gland                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |  |
| <b>GENERAL BODY SYSTEM</b>        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| NONE                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |
| <b>GENITAL SYSTEM</b>             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |  |

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CAS Number: 99-97-8

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First Dose M/F: 10/26/04 / 10/25/04

Lab: BAT

| B6C3F1 MICE FEMALE<br>20 MG/KG    | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * TOTALS |
|-----------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                                   | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                                   |             | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                                   |             | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                                   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                                   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                                   |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                                   |             | 4 | 4 | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 3 | 4 | 4 | 4 | 5 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 3 | 3 |          |
|                                   |             | 4 | 9 | 4 | 9 | 0 | 1 | 8 | 2 | 7 | 1 | 1 | 6 | 7 | 0 | 5 | 8 | 5 | 5 | 6 | 8 | 9 | 4 | 9 |          |
|                                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Clitoral Gland                    |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |
| Ovary                             |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |
| Cystadenoma                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Uterus                            |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |
| Carcinoma                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Fibrous Histiocytoma              |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Polyp Stromal                     |             |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 2        |
| Sarcoma Stromal                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Squamous Cell Carcinoma           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| <b>HEMATOPOIETIC SYSTEM</b>       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Bone Marrow                       |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |
| Lymph Node                        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | + |   | 5        |
| Lymph Node, Mandibular            |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |
| Lymph Node, Mesenteric            |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |
| Spleen                            |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49       |
| Thymus                            |             | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48       |
| <b>INTEGUMENTARY SYSTEM</b>       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
| Mammary Gland                     |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |
| Carcinoma                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1        |
| Skin                              |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50       |
| Subcutaneous Tissue, Fibrosarcoma |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1        |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

| B6C3F1 MICE FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|--------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
| 20 MG/KG           | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                    | 2           | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                    | 9           | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |          |
|                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|                    | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|                    | 4           | 4 | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 3 | 4 | 4 | 4 | 5 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 4 |          |
|                    | 4           | 9 | 4 | 9 | 0 | 1 | 8 | 2 | 7 | 1 | 1 | 6 | 7 | 0 | 5 | 8 | 5 | 5 | 6 | 8 | 9 | 4 | 9 | 3 |          |

|   |   |   |
|---|---|---|
| Subcutaneous Tissue, Melanoma Malignant   | X | 1 |
| Subcutaneous Tissue, Neurofibrosarcoma    |   | 1 |
| Subcutaneous Tissue, Sarcoma              | X | 1 |
| Subcutaneous Tissue, Schwannoma Malignant | X | 1 |

**MUSCULOSKELETAL SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Skeletal Muscle            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Rhabdomyosarcoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**NERVOUS SYSTEM**

|                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Peripheral Nerve |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spinal Cord      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**RESPIRATORY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Alveolar/Bronchiolar Adenoma           |   |   | X |   | X | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 7  |
| Alveolar/Bronchiolar Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 1  |
| Alveolar/Bronchiolar Carcinoma         |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Carcinoma, Metastatic, Harderian Gland |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Fibrous Histiocytoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Nose                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Trachea                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically





TDMS No. 20107 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

N,N-Dimethyl-p-toluidine  
 CAS Number: 99-97-8

Date Report Requested: 03/10/2011  
 Time Report Requested: 11:42:39  
 First Dose M/F: 10/26/04 / 10/25/04  
 Lab: BAT

| B6C3F1 MICE FEMALE<br>60 MG/KG | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID | females<br>(cont...) |
|--------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------------|
|                                | 0           | 0 | 3 | 3 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                      |
|                                | 4           | 5 | 8 | 8 | 8 | 1 | 7 | 7 | 7 | 0 | 0 | 2 | 4 | 9 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 0         |                      |
|                                | 3           | 3 | 6 | 7 | 1 | 2 | 0 | 3 | 8 | 9 | 2 | 7 | 5 | 9 | 1 | 8 | 1 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0         |                      |
|                                | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                      |
|                                | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                      |
|                                | 3           | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         |                      |
|                                | 9           | 5 | 5 | 7 | 6 | 0 | 8 | 8 | 8 | 8 | 7 | 9 | 6 | 9 | 7 | 5 | 8 | 6 | 5 | 5 | 6 | 6 | 6 | 8 | 9 | 9         |                      |
|                                | 1           | 6 | 2 | 4 | 8 | 0 | 2 | 5 | 3 | 4 | 1 | 5 | 0 | 0 | 9 | 4 | 9 | 5 | 1 | 9 | 2 | 3 | 9 | 8 | 4 | 0         |                      |

Squamous Cell Papilloma

X

Stomach, Glandular

+ +

Tongue

Tooth

+

CARDIOVASCULAR SYSTEM

Blood Vessel

+ +

Heart

+ +

ENDOCRINE SYSTEM

Adrenal Cortex

+ +

Adrenal Medulla  
Pheochromocytoma Benign

+  
X

Islets, Pancreatic

+ +

Parathyroid Gland

+ M + + + M M + + M + + + + M + + + M + + + M +

Pituitary Gland

+ + + + + + + + + + + + + + M + + + + + + + + + +

Thyroid Gland  
Follicular Cell, Adenoma

+  
X

GENERAL BODY SYSTEM

NONE

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically





TDMS No. 20107 - 04  
 Test Type: CHRONIC  
 Route: GAVAGE  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

N,N-Dimethyl-p-toluidine

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Time Report Requested: 11:42:39

First Dose M/F: 10/26/04 / 10/25/04

Lab: BAT

| B6C3F1 MICE FEMALE<br>60 MG/KG | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID | females<br>(cont...) |
|--------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------------|
|                                | 0           | 0 | 3 | 3 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                      |
|                                | 4           | 5 | 8 | 8 | 8 | 1 | 7 | 7 | 7 | 0 | 0 | 2 | 4 | 9 | 0 | 0 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |           |                      |
|                                | 3           | 3 | 6 | 7 | 1 | 2 | 0 | 3 | 8 | 9 | 2 | 7 | 5 | 9 | 1 | 8 | 1 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |           |                      |
|                                | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                      |
|                                | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                      |
|                                | 3           | 3 | 3 | 3 | 3 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                      |
|                                | 9           | 5 | 5 | 7 | 6 | 0 | 8 | 8 | 8 | 8 | 7 | 9 | 6 | 9 | 7 | 5 | 8 | 6 | 5 | 5 | 6 | 6 | 6 | 8 | 9 |           |                      |
|                                | 1           | 6 | 2 | 4 | 8 | 0 | 2 | 5 | 3 | 4 | 1 | 5 | 0 | 0 | 4 | 9 | 5 | 1 | 9 | 2 | 3 | 9 | 8 | 4 |   |           |                      |

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SYSTEMIC LESIONS

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant  |   |   |   |   |   |   | X |   |   |   |   | X |   | X |   |   | X | X |   |   | X |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically









