

**Experiment Number:** 20314 - 04  
**Test Type:** CHRONIC  
**Route:** DOSED WATER  
**Species/Strain:** MICE/B6C3F1/NCTR

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

Glycidamide  
**CAS Number:** 5694-00-8

**Date Report Requested:** 12/17/2014  
**Time Report Requested:** 07:40:57  
**First Dose M/F:** 06/02/05 / 06/02/05  
**Lab:** NCTR

**NTP Study Number:** C20314  
**Lock Date:** 10/03/2011  
**Cage Range:** ALL  
**Date Range:** ALL  
**Reasons For Removal:** ALL  
**Removal Date Range:** ALL  
**Treatment Groups:** Include ALL  
**Study Gender:** Both  
**TDMSE Version:** 3.0.2.2\_002  
**PWG Approval Date:** NONE

Note: Animals arranged according to days on test.

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C57BL/6N XC3H/HEN MTV-NCTR MICE MALE 0.70 GLYCID	DAY ON TEST																				ANIMAL ID	males (cont...)		
	0 0 9 9	0 3 8 8	0 4 7 2	0 5 3 0	0 5 5 8	0 5 6 9	0 5 7 4	0 5 7 4	0 5 7 9	0 5 8 3	0 5 8 6	0 5 9 0	0 6 0 4	0 6 2 3	0 6 2 6	0 6 5 3	0 6 5 9	0 6 6 9	0 7 9 4	0 7 0 5			0 7 0 8	0 7 2 1
	0 0 3 6 4	0 0 3 7 3	0 1 1 8 4	0 0 5 7 3	0 0 3 6 1	0 0 5 6 4	0 0 3 6 3	0 0 5 8 2	0 0 1 8 7	0 1 1 7 4	0 0 1 8 1	0 0 3 6 4	0 0 1 5 1	0 0 5 8 4	0 0 5 7 1	0 0 5 9 4	0 0 5 5 1	0 0 5 6 7	0 0 5 7 9	0 0 5 7 5	0 0 5 7 6	0 0 3 7 4	0 1 1 7 2	0 1 1 7 3

ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+
Gallbladder	A	A	A	A	+	+	M	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Intestine Large, Cecum	A	A	A	A	+	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Intestine Large, Colon	A	A	A	A	+	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Intestine Large, Rectum	A	A	A	A	+	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Intestine Small, Duodenum	A	A	A	A	+	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Intestine Small, Ileum	A	A	A	A	+	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Intestine Small, Jejunum	A	A	A	A	+	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular Adenoma											X									X			X	X	
Hepatocellular Adenoma, Multiple																									
Hepatocellular Carcinoma					X				X						X			X				X			
Hepatocellular Carcinoma, Multiple																			X						
Hepatocholangiocarcinoma												X	X												
Mesentery																									
Hepatocholangiocarcinoma, Metastatic, Liver																									X
Oral Mucosa																									
Squamous Cell Carcinoma																									+
Squamous Cell Papilloma																									X

\* .. 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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Pancreas	+	+	+	+	+	+	A	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	
Salivary Glands	+	+	+	A	+	+	A	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	
Stomach, Forestomach	A	A	+	+	+	+	A	+	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+	
Squamous Cell Carcinoma																										X	
Squamous Cell Papilloma				X								X						X		X			X				
Squamous Cell Papilloma, Multiple																											
Stomach, Glandular	A	A	A	A	+	+	A	+	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+	
<b>CARDIOVASCULAR SYSTEM</b>																											
Blood Vessel	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hepatocolangiocarcinoma, Metastatic, Liver																										X	
Heart	+	+	+	A	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hepatocolangiocarcinoma, Metastatic, Liver																										X	
<b>ENDOCRINE SYSTEM</b>																											
Adrenal Cortex	A	+	+	A	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	
Hepatocolangiocarcinoma, Metastatic, Liver																										X	
Adrenal Medulla	A	+	+	A	+	+	A	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	
Pheochromocytoma Benign																											
Islets, Pancreatic	+	+	+	A	+	+	A	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	
Adenoma																											
Parathyroid Gland	+	M	+	+	M	+	A	M	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	

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	0 0 3 6 4	0 0 3 7 3	0 1 1 8 4	0 0 5 7 3	0 0 3 6 1	0 0 5 6 4	0 0 3 6 3	0 0 5 8 2	0 0 1 7 4	0 1 1 8 1	0 1 1 7 1	0 0 3 6 4	0 1 5 8 1	0 0 5 6 4	0 0 5 7 1	0 0 5 9 4	0 0 5 5 4	0 0 5 7 1	0 0 5 9 2	0 0 5 6 3	0 0 5 7 2	0 0 5 6 3	0 0 5 7 4	0 0 3 7 2	0 0 1 7 2	0 1 1 7 2	0 1 1 7 3

Pituitary Gland	A	+	+	A	+	+	A	+	+	+	+	+	+	A	+	+	+	+	A	+	M	+	+	+	+
Thyroid Gland	+	+	+	A	M	+	A	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+

**GENERAL BODY SYSTEM**

Tissue NOS Thoracic, Hepatocholangiocarcinoma, Metastatic, Liver														+	X										
--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	---	--	--	--	--	--	--	--	--	--	--

**GENITAL SYSTEM**

Epididymis	A	A	+	+	+	+	A	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+
Preputial Gland	A	+	+	A	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+
Prostate	A	+	+	A	+	+	A	M	+	+	+	+	+	A	+	+	+	+	A	A	+	+	+	+	+
Seminal Vesicle	A	A	+	A	+	+	A	+	+	+	+	+	+	A	+	+	+	+	A	A	+	+	+	+	+
Testes	A	+	+	A	+	+	A	+	+	+	+	+	+	A	+	+	+	+	A	A	+	+	+	+	+

**HEMATOPOIETIC SYSTEM**

Bone Marrow	+	+	+	A	+	+	A	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+
Lymph Node									+	+	+														+
Lymph Node, Mandibular	A	+	+	A	+	+	+	+	+	+	+	+	+	A	A	+	+	+	A	+	+	+	+	+	+
Lymph Node, Mesenteric	A	+	+	A	+	+	+	+	+	+	+	+	+	A	A	+	+	+	A	A	+	+	+	+	+
Spleen	A	+	+	+	+	+	+	+	+	+	+	+	+	A	A	+	+	+	A	+	+	+	+	+	+

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	0 0 3 6 4	0 0 3 7 3	0 1 1 8 4	0 0 5 7 3	0 0 3 7 1	0 0 5 6 4	0 0 3 6 3	0 0 3 6 4	0 0 5 8 2	0 1 1 8 7	0 1 1 7 4	0 0 3 8 1	0 0 5 6 3	0 0 5 8 4	0 0 5 7 1	0 0 5 9 4	0 0 5 7 1	0 0 5 9 2	0 0 5 6 3	0 0 5 7 2	0 0 5 6 3	0 0 5 7 4	0 0 5 7 2	0 1 3 7 2	0 1 1 7 4	

Basosquamous Tumor Malignant, Metastatic, Skin  
 Hemangiosarcoma

X

X

Thymus

A + M M + M + + + + M + + M A + M A A + + + M + M

**INTEGUMENTARY SYSTEM**

Mammary Gland

M M

Skin

+ + + A + + A +

Basosquamous Tumor Malignant

X

Keratoacanthoma

X

Squamous Cell Carcinoma

Squamous Cell Papilloma

X X

X

X

X

Subcutaneous Tissue, Fibrosarcoma

X

X

Subcutaneous Tissue, Fibrous Histiocytoma

X

Subcutaneous Tissue, Hemangiosarcoma

X

**MUSCULOSKELETAL SYSTEM**

Bone, Femur

+ + + + + A + + + + + + + + + + + + + + + + + +

Skeletal Muscle

+ + + + + A + + + + + + + + + + + + + + + + + +

Hepatocarcinoma, Metastatic, Liver

X

**NERVOUS SYSTEM**

Brain, Brain Stem

A A + A + + A + + + + + + A + + + + A + + + + + + +

Brain, Cerebellum

A A + A + + A + + + + + + A + + + + A + + + + + + +

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	0 0 3 6 4	0 0 3 7 3	0 1 1 8 4	0 0 5 7 3	0 0 3 7 1	0 0 5 6 4	0 0 3 6 3	0 0 3 9 2	0 0 5 8 7	0 1 1 8 4	0 1 1 7 1	0 0 3 6 3	0 0 5 5 4	0 0 5 5 1	0 0 5 5 4	0 0 5 5 1	0 0 5 5 4	0 0 5 5 1	0 0 5 5 4	0 0 5 5 1	0 0 5 5 2	0 0 5 5 3	0 0 5 5 2	0 0 5 5 4	0 0 5 5 2	0 0 5 5 3	0 0 5 5 4

Brain, Cerebrum	A	A	+	A	+	+	A	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+
Peripheral Nerve, Sciatic	A	+	+	A	+	+	A	+	+	+	+	+	+	A	+	+	+	A	A	+	+	+	+	+	+	+	+
Spinal Cord, Cervical	A	A	+	A	A	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+	+	+
Spinal Cord, Lumbar	A	A	+	A	A	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+	+	+
Spinal Cord, Thoracic	A	A	+	A	A	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+	+	+

**RESPIRATORY SYSTEM**

Lung	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma, Metastatic, Harderian Gland																											
Alveolar/Bronchiolar Adenoma				X		X				X				X					X								
Alveolar/Bronchiolar Adenoma, Multiple																			X					X			
Alveolar/Bronchiolar Carcinoma																			X								
Basosquamous Tumor Malignant, Metastatic, Skin																											
Hepatocarcinoma, Metastatic, Liver														X													
Nose	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+
Hepatocarcinoma, Metastatic, Liver														X													
Trachea	+	+	+	+	+	+	A	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+

**SPECIAL SENSES SYSTEM**

Eye	A	A	A	+	+	+	A	+	+	+	+	+	+	A	+	+	+	A	+	+	+	+	+	+	+	+	+
Harderian Gland	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma																											

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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0				
	0	3	4	5	5	5	5	5	5	5	5	6	6	6	6	6	6	7	7	7	7	7	7	0			
	9	8	7	3	5	6	7	7	7	8	8	9	0	2	2	5	5	6	9	0	0	0	2	2	2	0	
	9	8	2	0	8	9	4	4	9	3	6	0	4	3	6	3	9	9	4	5	8	8	1	6	6	0	
	0	0	0	0	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	0	0	0	0	0	0	1	1	0	1	0	0	0	0	1	0	0	0	0	0	1	1	0	
	3	3	1	5	3	5	3	3	5	1	1	3	1	5	5	5	5	1	5	5	5	5	3	1	1	0	
	6	7	8	7	7	6	6	9	8	7	7	8	6	8	7	9	5	7	9	6	7	7	7	7	7	0	
	4	3	4	3	1	4	3	4	2	4	1	4	3	4	1	4	1	4	1	2	3	2	4	2	3	0	

Adenoma  
 Bilateral, Adenoma

Zymbal's Gland

URINARY SYSTEM

Kidney  
 Hepatocholangiocarcinoma, Metastatic, Liver  
 Renal Tubule, Adenoma  
 Renal Tubule, Carcinoma

Urinary Bladder  
 Hemangioma  
 Transitional Epithelium, Papilloma

SYSTEMIC LESIONS

Multiple Organ  
 Histiocytic Sarcoma  
 Leukemia  
 Lymphoma Malignant

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	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3		
ANIMAL ID	0 0 3 6 1	0 0 3 6 2	0 0 3 7 2	0 0 3 8 1	0 0 3 8 2	0 0 3 8 3	0 0 3 9 1	0 0 3 9 2	0 0 3 9 3	0 0 5 6 2	0 0 5 8 1	0 0 5 8 3	0 0 5 9 4	0 1 1 5 1	0 1 1 5 2	0 1 1 5 3	0 1 1 6 1	0 1 1 6 2	0 1 1 6 4	0 1 1 8 1	0 1 1 8 2	0 1 1 8 3

**ALIMENTARY SYSTEM**

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46
Gallbladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	39
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	39
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	39
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	39
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	39
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	39
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	39
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Hepatocellular Adenoma					X									X	X		X	X			X		10
Hepatocellular Adenoma, Multiple																X							1
Hepatocellular Carcinoma				X	X	X																X	9
Hepatocellular Carcinoma, Multiple		X																					2
Hepatocholangiocarcinoma																							2
Mesentery																							1
Hepatocholangiocarcinoma, Metastatic, Liver																							1
Oral Mucosa																					+		2
Squamous Cell Carcinoma																							1
Squamous Cell Papilloma																			X				1

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

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



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

C57BL/6N XC3H/HEN MTV-NCTR MICE MALE 0.70 GLYCID	DAY ON TEST																				* TOTALS	
	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3		
ANIMAL ID	0 0 3 6 1	0 0 3 6 2	0 0 3 7 2	0 0 3 8 1	0 0 3 8 2	0 0 3 8 3	0 0 3 9 1	0 0 3 9 2	0 0 3 9 3	0 0 5 6 2	0 0 5 8 1	0 0 5 8 3	0 0 5 9 4	0 1 1 5 1	0 1 1 5 2	0 1 1 5 3	0 1 1 6 1	0 1 1 6 2	0 1 1 6 4	0 1 1 8 1	0 1 1 8 2	0 1 1 8 3
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	44
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	41
Squamous Cell Carcinoma																				X		2
Squamous Cell Papilloma			X		X						X		X									9
Squamous Cell Papilloma, Multiple							X															1
Stomach, Glandular	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	38
<b>CARDIOVASCULAR SYSTEM</b>																						
Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Hepatocolangiocarcinoma, Metastatic, Liver																						1
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46
Hepatocolangiocarcinoma, Metastatic, Liver																						1
<b>ENDOCRINE SYSTEM</b>																						
Adrenal Cortex	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	44
Hepatocolangiocarcinoma, Metastatic, Liver																						1
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	43
Pheochromocytoma Benign														X								1
Islets, Pancreatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	44
Adenoma											X											1
Parathyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	42

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	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3		
ANIMAL ID	0 0 3 6 1	0 0 3 6 2	0 0 3 7 2	0 0 3 8 1	0 0 3 8 2	0 0 3 8 3	0 0 3 9 1	0 0 3 9 2	0 0 3 9 3	0 0 5 6 2	0 0 5 8 1	0 0 5 8 3	0 0 5 9 4	0 1 1 5 1	0 1 1 5 2	0 1 1 5 3	0 1 1 6 1	0 1 1 6 2	0 1 1 6 4	0 1 1 8 1	0 1 1 8 2	
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	42
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	43
<b>GENERAL BODY SYSTEM</b>																						
Tissue NOS Thoracic, Hepatocholangiocarcinoma, Metastatic, Liver																						1 1
<b>GENITAL SYSTEM</b>																						
Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	43
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	44
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	41
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	41
Testes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	42
<b>HEMATOPOIETIC SYSTEM</b>																						
Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	44
Lymph Node									+										+			6
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	43
Lymph Node, Mesenteric	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	42
Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	44

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	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3		
ANIMAL ID	0 0 3 6 1	0 0 3 6 2	0 0 3 7 2	0 0 3 8 1	0 0 3 8 2	0 0 3 8 3	0 0 3 8 9	0 0 3 8 9	0 0 3 9 2	0 0 3 9 3	0 0 5 6 2	0 0 5 8 1	0 0 5 8 3	0 0 5 9 4	0 1 1 5 1	0 1 1 5 2	0 1 1 6 3	0 1 1 6 1	0 1 1 6 4	0 1 1 8 1	0 1 1 8 2	0 1 1 8 3

Basosquamous Tumor Malignant, Metastatic, Skin																							1
Hemangiosarcoma			X																				2
Thymus	+	M	+	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	34

**INTEGUMENTARY SYSTEM**

Mammary Gland	M	M	M	M	M	M	M	M	+	M	M	M	M	M	M	M	M	M	M	M	M	M	1
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46
Basosquamous Tumor Malignant																							2
Keratoacanthoma																							1
Squamous Cell Carcinoma								X				X											2
Squamous Cell Papilloma						X					X					X							8
Subcutaneous Tissue, Fibrosarcoma			X																				3
Subcutaneous Tissue, Fibrous Histiocytoma																							1
Subcutaneous Tissue, Hemangiosarcoma																							1

**MUSCULOSKELETAL SYSTEM**

Bone, Femur	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Skeletal Muscle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Hepatocarcinoma, Metastatic, Liver																							1

**NERVOUS SYSTEM**

Brain, Brain Stem	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	42
Brain, Cerebellum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	42

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	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3		
ANIMAL ID	0 0 3 6 1	0 0 3 6 2	0 0 3 7 2	0 0 3 8 1	0 0 3 8 2	0 0 3 8 3	0 0 3 9 1	0 0 3 9 2	0 0 3 9 3	0 0 5 6 2	0 0 5 8 1	0 0 5 8 3	0 0 5 9 4	0 1 1 5 1	0 1 1 5 2	0 1 1 5 3	0 1 1 6 1	0 1 1 6 2	0 1 1 6 4	0 1 1 8 1	0 1 1 8 2	0 1 1 8 3

Brain, Cerebrum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	42
Peripheral Nerve, Sciatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	42
Spinal Cord, Cervical	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	39
Spinal Cord, Lumbar	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	39
Spinal Cord, Thoracic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	39

**RESPIRATORY SYSTEM**

Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Adenocarcinoma, Metastatic, Harderian Gland													X										1
Alveolar/Bronchiolar Adenoma		X	X	X	X								X	X			X						13
Alveolar/Bronchiolar Adenoma, Multiple									X	X													4
Alveolar/Bronchiolar Carcinoma																	X						2
Basosquamous Tumor Malignant, Metastatic, Skin																							1
Hepatocarcinoma, Metastatic, Liver																							1
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
Hepatocarcinoma, Metastatic, Liver																							1
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45

**SPECIAL SENSES SYSTEM**

Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	42
Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Adenocarcinoma													X										1

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	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	0 7 3 3	
ANIMAL ID	0 0 3 6 1	0 0 3 6 2	0 0 3 7 2	0 0 3 8 1	0 0 3 8 2	0 0 3 8 3	0 0 3 9 1	0 0 3 9 2	0 0 3 9 3	0 0 5 6 2	0 0 5 8 1	0 0 5 8 3	0 0 5 9 4	0 0 5 9 1	0 0 5 5 2	0 0 5 6 3	0 0 6 6 1	0 0 6 6 4	0 0 6 8 1	0 0 8 8 2	0 0 8 8 3
Adenoma									X			X	X			X				X	11
Bilateral, Adenoma	X	X	X	X	X	X	X	X	X		X	X	X			X	X	X	X		31
Zymbal's Gland																					1
<b>URINARY SYSTEM</b>																					
Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46
Hepatocholangiocarcinoma, Metastatic, Liver																					1
Renal Tubule, Adenoma																					1
Renal Tubule, Carcinoma									X												2
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	41
Hemangioma																					1
Transitional Epithelium, Papilloma																					1
<b>SYSTEMIC LESIONS</b>																					
Multiple Organ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Histiocytic Sarcoma															X						3
Leukemia																					1
Lymphoma Malignant							X										X				7

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C57BL/6N XC3H/HEN MTV-NCTR MICE MALE 0.35 GLYCID	DAY ON TEST																								ANIMAL ID	males (cont...)
	0 1 7 1	0 3 5 2	0 4 1 3	0 4 9 7	0 5 3 7	0 5 4 8	0 5 5 2	0 5 5 9	0 5 6 3	0 5 8 1	0 6 0 0	0 6 3 7	0 6 3 9	0 6 4 5	0 6 4 6	0 6 6 0	0 6 6 0	0 6 8 7	0 7 1 9	0 7 2 1	0 7 2 8	0 7 2 9	0 7 3 3	0 7 3 3		
	0 0 1 8 2	0 1 0 0 4	0 0 1 8 1	0 0 1 7 1	0 1 0 0 3	0 0 1 8 3	0 0 0 9 3	0 0 0 0 9	0 0 0 0 4	0 0 0 9 4	0 0 0 0 1	0 0 0 7 3	0 0 0 1 4	0 0 0 2 3	0 0 0 1 1	0 0 0 7 4	0 0 0 9 1	0 0 0 9 1	0 0 0 8 1	0 0 0 7 4	0 0 0 2 1	0 0 0 1 1	0 0 0 1 1	0 0 0 2 2	0 0 0 9 2	0 0 0 0 4

ALIMENTARY SYSTEM

Esophagus	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Gallbladder	A	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Cecum	A	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+
Intestine Large, Colon	A	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Rectum	A	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Duodenum Adenoma	A	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+
Intestine Small, Ileum	A	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+
Liver	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular Adenoma				X														X				X					
Hepatocellular Adenoma, Multiple							X		X														X				
Hepatocellular Carcinoma			X			X	X												X					X			
Hepatocellular Carcinoma, Multiple																X											
Hepatocholangiocarcinoma																								X			
Mesentery																											
Pancreas	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Salivary Glands	A	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

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C57BL/6N XC3H/HEN MTV-NCTR MICE MALE 0.35 GLYCID	DAY ON TEST																								ANIMAL ID	males (cont...)
	0 1 7 1	0 3 5 2	0 4 1 3	0 4 9 7	0 5 3 7	0 5 4 8	0 5 5 2	0 5 5 9	0 5 6 3	0 5 8 1	0 6 0 0	0 6 3 7	0 6 3 9	0 6 4 5	0 6 4 6	0 6 6 0	0 6 6 0	0 6 8 7	0 7 1 9	0 7 2 1	0 7 2 8	0 7 2 9	0 7 3 3	0 7 3 3		
	0 0 1 8 2	0 1 0 0 4	0 0 1 8 1	0 0 1 7 1	0 1 0 8 3	0 0 1 9 3	0 0 0 9 3	0 0 0 9 3	0 0 0 0 4	0 0 0 0 4	0 0 0 0 1	0 0 0 0 3	0 0 0 0 4	0 0 0 0 3	0 0 0 0 3	0 0 0 0 1	0 0 0 0 4	0 0 0 0 1	0 0 0 0 1	0 0 0 0 1	0 0 0 0 2	0 0 0 0 1	0 0 0 0 1	0 0 0 0 2	0 0 0 0 2	0 0 0 0 4

Tissue NOS

**GENITAL SYSTEM**

Epididymis	A	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Preputial Gland Squamous Cell Carcinoma	A	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Prostate	A	+	+	+	M	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Seminal Vesicle	A	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Testes	A	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

**HEMATOPOIETIC SYSTEM**

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

**INTEGUMENTARY SYSTEM**

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 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

C57BL/6N XC3H/HEN MTV-NCTR MICE MALE 0.35 GLYCID	DAY ON TEST																								ANIMAL ID	males (cont...)
	0 1 7 1	0 3 5 2	0 4 1 3	0 4 9 7	0 5 3 7	0 5 4 8	0 5 5 2	0 5 5 9	0 5 6 3	0 5 8 1	0 6 0 0	0 6 3 7	0 6 3 9	0 6 4 5	0 6 4 6	0 6 6 0	0 6 6 0	0 6 8 7	0 7 1 9	0 7 2 1	0 7 2 8	0 7 2 9	0 7 3 3	0 7 3 3		
	0 0 1 8 2	0 1 0 0 4	0 0 1 8 1	0 0 1 7 1	0 1 0 0 3	0 0 1 8 3	0 0 0 9 3	0 0 0 9 3	0 0 0 0 4	0 0 0 9 4	0 0 0 0 1	0 0 0 7 3	0 0 0 7 4	0 0 0 0 3	0 0 0 0 3	0 0 0 0 1	0 0 0 0 4	0 0 0 0 1	0 0 0 0 1	0 0 0 0 1	0 0 0 0 1	0 0 0 0 1	0 0 0 0 1	0 0 0 0 2	0 0 0 0 2	0 0 0 0 4

Mammary Gland

M M

Skin

A +

Squamous Cell Papilloma

Subcutaneous Tissue, Fibrosarcoma

Subcutaneous Tissue, Sarcoma

Subcutaneous Tissue, Schwannoma Malignant

X X X X X X X X

**MUSCULOSKELETAL SYSTEM**

Bone, Femur

+ +

Skeletal Muscle

A +

Sarcoma

X

**NERVOUS SYSTEM**

Brain, Brain Stem

A + + A +

Brain, Cerebellum

A + + A +

Brain, Cerebrum

A + + A +

Peripheral Nerve, Sciatic

A + + A +

Spinal Cord, Cervical

A + + A + + + + A + + + + + + + + + + + M + + + +

Spinal Cord, Lumbar

A + + A + + + + A + + + + + + + + + + + + + + + + + +

Spinal Cord, Thoracic

A + + A + + + + A + + + + + + + + + + + + + + + + + +

**RESPIRATORY 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

Experiment Number: 20314 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
Glycidamide  
CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
Time Report Requested: 07:40:57  
First Dose M/F: 06/02/05 / 06/02/05  
Lab: NCTR

| 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 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 |
| <b>C57BL/6N XC3H/HEN MTV-NCTR<br/>MICE MALE<br/>0.35 GLYCID</b> | 1 | 3 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |
|   | 7 | 5 | 1 | 9 | 3 | 4 | 5 | 5 | 6 | 8 | 0 | 3 | 3 | 4 | 4 | 6 | 6 | 8 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |
|   | 1 | 2 | 3 | 7 | 7 | 8 | 2 | 9 | 3 | 1 | 0 | 7 | 9 | 5 | 6 | 0 | 0 | 7 | 9 | 1 | 8 | 9 | 8 | 9 | 8 | 9 | 8 | 9 | 8 |   |
|   | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|   | 1 | 0 | 1 | 1 | 0 | 1 | 1 | 6 | 7 | 1 | 2 | 1 | 6 | 2 | 1 | 1 | 6 | 9 | 0 | 1 | 1 | 0 | 1 | 1 | 2 | 2 | 0 | 0 | 2 |   |
|   | 8 | 0 | 8 | 7 | 0 | 8 | 9 | 9 | 0 | 9 | 0 | 7 | 7 | 0 | 9 | 7 | 7 | 9 | 2 | 8 | 7 | 1 | 1 | 9 | 0 | 0 | 0 | 0 | 2 |   |
|   | 2 | 4 | 1 | 1 | 1 | 3 | 3 | 3 | 4 | 1 | 3 | 4 | 3 | 1 | 4 | 1 | 1 | 1 | 4 | 2 | 7 | 1 | 2 | 2 | 4 | 2 | 4 | 0 | 4 |   |
| <b>males<br/>(cont...)</b>                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Adenoma, Multiple      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Sarcoma, Metastatic, Skeletal Muscle        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Nose  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                                     | A | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Harderian Gland    | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma            |   |   |   |   |   |   |   | X | X |   |   | X | X | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Bilateral, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X | X |   |   |   | X | X | X | X | X |   |   |   |   |

**URINARY SYSTEM**

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

**SYSTEMIC LESIONS**

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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

|   |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
| DAY ON TEST                             |  | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | 7 |
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE |  | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        | 3 |
| 0.35 GLYCID                             |  | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        | 3 |
| 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 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1        | 1 |
|   |  | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
|   |  | 7 | 7 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 0 | 0 | 9 | 9 | 9 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1        | 1 |
|   |  | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 3 | 2 | 3 | 4 | 2 | 3 | 2 | 3 | 4 | 2 | 2        | 4 |
|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |

**ALIMENTARY SYSTEM**

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |   |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|---|
| Esophagus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47      |   |
| Gallbladder                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |   |
| Intestine Large, Cecum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44      |   |
| Intestine Large, Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |   |
| Intestine Large, Rectum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |   |
| Intestine Small, Duodenum<br>Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | 44<br>1 |   |
| Intestine Small, Ileum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44      |   |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44      |   |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47      |   |
| Hepatocellular Adenoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   | X | X | X       | 8 |
| Hepatocellular Adenoma, Multiple     |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 4       |   |
| Hepatocellular Carcinoma             | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 7       |   |
| Hepatocellular Carcinoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 2       |   |
| Hepatocholangiocarcinoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |   |
| Mesentery                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | 1       |   |
| Pancreas                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47      |   |
| Salivary Glands                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46      |   |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|  | 0733        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          |
| ANIMAL ID  | 00672       | 00667 | 00668 | 00688 | 00688 | 00699 | 00699 | 00699 | 00699 | 00699 | 00699 | 00699 | 00699 | 00699 | 00699 | 00699 | 00699 | 00699 | 00699 | 00699 |          |
| Stomach, Forestomach                                   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 45       |
| Squamous Cell Papilloma                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       | 1        |
| Squamous Cell Papilloma, Multiple                      |             |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       | 1        |
| Stomach, Glandular                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 44       |
| Tongue   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Squamous Cell Carcinoma                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| <b>CARDIOVASCULAR SYSTEM</b>                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Blood Vessel   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Heart  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| <b>ENDOCRINE SYSTEM</b>                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Adrenal Cortex   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 45       |
| Adrenal Medulla  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 45       |
| Islets, Pancreatic                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Parathyroid Gland                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 42       |
| Pituitary Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 42       |
| Pars Distalis, Carcinoma                               |             | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | M     | 1        |
| Thyroid Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 44       |
| <b>GENERAL BODY SYSTEM</b>                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |

\* .. 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  
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Experiment Number: 20314 - 04  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID | 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 |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|
|  | 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 |
|  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3               | 3 | 3 |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 | 0 |
|  |             | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0               | 0 | 0 |
|  |             | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 3 | 2 | 3 | 4 | 2 | 3 | 2 | 3 | 4 | 2               | 3 | 4 |
|  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |   |

Tissue NOS + 1

**GENITAL SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Preputial Gland         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Squamous Cell Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | 1  |
| Prostate                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Seminal Vesicle         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Testes                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Lymph Node             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6  |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Hemangiosarcoma        |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thymus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 39 |

**INTEGUMENTARY 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |                       |   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |                       |                       |   |
| ANIMAL ID  | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>8<br>1 | 0<br>0<br>6<br>8<br>2 | 0<br>0<br>6<br>8<br>3 | 0<br>0<br>6<br>8<br>4 | 0<br>0<br>6<br>8<br>1 | 0<br>0<br>6<br>8<br>9 | 0<br>0<br>6<br>8<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 | 0<br>0<br>6<br>7<br>9 |   |
| Mammary Gland  | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | +                     | M                     | +                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 2 |
| Skin   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |   |
| Squamous Cell Papilloma                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | 1                     |   |
| Subcutaneous Tissue, Fibrosarcoma                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |   |
| Subcutaneous Tissue, Sarcoma                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |   |
| Subcutaneous Tissue, Schwannoma Malignant              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |   |
| <b>MUSCULOSKELETAL SYSTEM</b>                          |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Bone, Femur  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |   |
| Skeletal Muscle  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |   |
| Sarcoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |   |
| <b>NERVOUS SYSTEM</b>                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Brain, Brain Stem                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |   |
| Brain, Cerebellum                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |   |
| Brain, Cerebrum  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |   |
| Peripheral Nerve, Sciatic                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |   |
| Spinal Cord, Cervical                                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44                    |   |
| Spinal Cord, Lumbar                                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |   |
| Spinal Cord, Thoracic                                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |   |
| <b>RESPIRATORY SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|  | 0733        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          |
| ANIMAL ID  | 00672       | 00673 | 00678 | 00681 | 00682 | 00683 | 00684 | 00689 | 00692 | 00694 | 00697 | 00698 | 00699 | 00700 | 00701 | 00702 | 00703 | 00704 | 00705 | 00706 |          |
| Lung   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Alveolar/Bronchiolar Adenoma                           |             |       |       | X     |       |       |       |       |       |       |       |       | X     |       |       |       | X     |       | X     |       | 8        |
| Alveolar/Bronchiolar Adenoma, Multiple                 |             |       |       |       |       |       | X     | X     | X     |       |       |       |       |       |       |       | X     |       |       |       | 5        |
| Hepatocellular Carcinoma, Metastatic, Liver            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Hepatocholangiocarcinoma, Metastatic, Liver            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Sarcoma, Metastatic, Skeletal Muscle                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Nose   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Trachea  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 46       |
| <b>SPECIAL SENSES SYSTEM</b>                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Eye  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 44       |
| Harderian Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 46       |
| Adenoma  | X           |       | X     | X     | X     | X     |       | X     |       | X     | X     |       |       |       |       |       | X     | X     | X     |       | 17       |
| Bilateral, Adenoma                                     |             |       |       |       |       |       |       | X     |       |       |       |       |       | X     | X     |       | X     |       | X     | X     | 15       |
| <b>URINARY SYSTEM</b>                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Kidney   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 46       |
| Urinary Bladder  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 45       |
| <b>SYSTEMIC LESIONS</b>                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Multiple Organ   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |
| Histiocytic Sarcoma                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       | 3        |
| Lymphoma Malignant                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 4        |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | males<br>(cont...) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|   | 0<br>2<br>3<br>1      | 0<br>3<br>8<br>7      | 0<br>5<br>1<br>9      | 0<br>5<br>5<br>8      | 0<br>5<br>6<br>5      | 0<br>6<br>0<br>3      | 0<br>6<br>0<br>4      | 0<br>6<br>0<br>9      | 0<br>6<br>1<br>8      | 0<br>6<br>3<br>7      | 0<br>6<br>8<br>5      | 0<br>6<br>0<br>7      | 0<br>7<br>1<br>1      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                    |
|   | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>7<br>5<br>4 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>2<br>2 | 0<br>0<br>7<br>6<br>3 | 0<br>0<br>0<br>4<br>2 | 0<br>1<br>0<br>8<br>4 | 0<br>0<br>0<br>1<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>7<br>4<br>3 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>0<br>7<br>4 | 0<br>1<br>0<br>9<br>1 | 0<br>1<br>0<br>9<br>2 | 0<br>1<br>0<br>9<br>3 | 0<br>1<br>0<br>9<br>4 | 0<br>0<br>0<br>1<br>2 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>2 | 0<br>0<br>0<br>3<br>3 | 0<br>0<br>0<br>3<br>3 |                    |

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum             | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum           | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                              | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Pancreas                           | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                    | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Squamous Cell Papilloma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Stomach, Glandular                 | 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



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | 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<br>(cont...) |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|
|   | 2           | 3 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |           |                    |
|   | 3           | 8 | 1 | 5 | 6 | 0 | 0 | 0 | 1 | 3 | 6 | 8 | 0 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 0 |           |                    |
|   | 1           | 7 | 9 | 8 | 5 | 3 | 4 | 9 | 8 | 7 | 5 | 7 | 1 | 6 | 6 | 6 | 6 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 0 |           |                    |
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    |
|   | 0           | 7 | 7 | 0 | 7 | 0 | 0 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    |
|   | 2           | 5 | 6 | 2 | 6 | 4 | 8 | 1 | 7 | 2 | 7 | 4 | 7 | 3 | 9 | 9 | 9 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 0 |           |                    |
|   | 4           | 4 | 2 | 2 | 3 | 2 | 4 | 1 | 2 | 3 | 3 | 4 | 4 | 1 | 2 | 3 | 4 | 2 | 3 | 4 | 1 | 1 | 2 | 3 | 0 |           |                    |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**ENDOCRINE SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                              | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla                             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic                          | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland                           | M | + | M | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | M | + | + |   |
| Pituitary Gland                             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland<br>Follicular Cell, Carcinoma | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Penis           |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Preputial Gland | A | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID | males<br>(cont...) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|--------------------|
|   | 0<br>2<br>3<br>1      | 0<br>3<br>8<br>7      | 0<br>5<br>1<br>9      | 0<br>5<br>5<br>8      | 0<br>5<br>6<br>5      | 0<br>6<br>0<br>3      | 0<br>6<br>0<br>4      | 0<br>6<br>0<br>9      | 0<br>6<br>1<br>8      | 0<br>6<br>3<br>7      | 0<br>6<br>6<br>5      | 0<br>6<br>8<br>7      | 0<br>7<br>0<br>1      | 0<br>7<br>1<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |           |                    |
|   | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>7<br>5<br>4 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>6<br>3 | 0<br>0<br>0<br>4<br>2 | 0<br>1<br>0<br>8<br>4 | 0<br>0<br>0<br>1<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>7<br>4<br>3 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>0<br>7<br>4 | 0<br>1<br>0<br>9<br>1 | 0<br>1<br>0<br>9<br>2 | 0<br>1<br>0<br>9<br>3 | 0<br>1<br>0<br>9<br>4 | 0<br>0<br>0<br>1<br>2 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>2 | 0<br>0<br>0<br>3<br>3 |           |                    |

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hemangioma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Prostate        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Seminal Vesicle | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes          | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

HEMATOPOIETIC SYSTEM

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

INTEGUMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                             | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| Skin                                      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibroma, Multiple                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Papilloma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrosarcoma         |   |   | X |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Schwannoma Malignant |   |   |   |   |   |   |   |   |   | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID | males<br>(cont...) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|--------------------|
|   | 0<br>2<br>3<br>1      | 0<br>3<br>8<br>7      | 0<br>5<br>1<br>9      | 0<br>5<br>5<br>8      | 0<br>5<br>6<br>5      | 0<br>6<br>0<br>3      | 0<br>6<br>0<br>4      | 0<br>6<br>0<br>9      | 0<br>6<br>1<br>8      | 0<br>6<br>3<br>7      | 0<br>6<br>6<br>5      | 0<br>6<br>8<br>7      | 0<br>7<br>0<br>1      | 0<br>7<br>1<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |           |                    |
|   | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>7<br>5<br>4 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>6<br>3 | 0<br>0<br>0<br>4<br>2 | 0<br>1<br>0<br>8<br>4 | 0<br>0<br>0<br>1<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>7<br>7<br>4 | 0<br>0<br>7<br>7<br>4 | 0<br>0<br>0<br>7<br>4 | 0<br>1<br>0<br>9<br>1 | 0<br>1<br>0<br>9<br>2 | 0<br>0<br>0<br>9<br>3 | 0<br>0<br>0<br>9<br>4 | 0<br>0<br>0<br>1<br>2 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>1<br>4 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>3<br>3 | 0<br>0<br>0<br>3<br>2 | 0<br>0<br>0<br>3<br>3 |           |                    |

MUSCULOSKELETAL SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

NERVOUS SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem   | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum   | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum   | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Peripheral Nerve, Sciatic<br>Schwannoma Malignant, Metastatic, Skin | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Cervical   | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Lumbar   | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Thoracic   | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |

RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Alveolar/Bronchiolar Adenoma, Multiple      |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. 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  
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Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | 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 | 0 | ANIMAL ID | males<br>(cont...) |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|
|   | 2           | 3 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |           |                    |
|   | 3           | 8 | 1 | 5 | 6 | 0 | 0 | 0 | 1 | 3 | 6 | 8 | 0 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |           |                    |
|   | 1           | 7 | 9 | 8 | 5 | 3 | 4 | 9 | 8 | 7 | 5 | 7 | 1 | 6 | 6 | 6 | 6 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |           |                    |
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |           |                    |
|   | 0           | 7 | 7 | 0 | 7 | 0 | 0 | 0 | 7 | 0 | 7 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |           |                    |
|   | 2           | 5 | 6 | 2 | 6 | 4 | 8 | 1 | 7 | 2 | 7 | 4 | 7 | 3 | 9 | 9 | 9 | 1 | 1 | 2 | 3 | 3 | 3 | 3 |   |   |           |                    |
|   | 4           | 4 | 2 | 2 | 3 | 2 | 4 | 1 | 2 | 3 | 3 | 4 | 4 | 4 | 1 | 2 | 3 | 4 | 2 | 3 | 4 | 1 | 1 | 2 |   |   |           |                    |
| Nose  | A           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |           |                    |
| Trachea   | A           | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |           |                    |
| <b>SPECIAL SENSES SYSTEM</b>                            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                    |
| Eye   | A           | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |           |                    |
| Harderian Gland   | A           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |           |                    |
| Adenoma   |             |   |   | X | X |   |   | X |   | X | X |   |   | X | X | X | X |   |   | X |   |   |   |   |   |   |           |                    |
| Bilateral, Adenoma                                      |             |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |           |                    |
| <b>URINARY SYSTEM</b>                                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                    |
| Kidney  | A           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |           |                    |
| Urinary Bladder   | A           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |           |                    |
| <b>SYSTEMIC LESIONS</b>                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                    |
| Multiple Organ  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |           |                    |
| Histiocytic Sarcoma                                     |             |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                    |
| Lymphoma Malignant                                      |             |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
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Glycidamide  
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Date Report Requested: 12/17/2014  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |                       |
| ANIMAL ID   | 0<br>0<br>0<br>4<br>1 | 0<br>0<br>0<br>4<br>3 | 0<br>0<br>7<br>5<br>1 | 0<br>0<br>7<br>5<br>2 | 0<br>0<br>7<br>5<br>3 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>6<br>4 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>8 | 0<br>0<br>7<br>7<br>8 | 0<br>0<br>7<br>7<br>8 | 0<br>0<br>7<br>7<br>8 | 0<br>0<br>7<br>7<br>8 | 0<br>1<br>0<br>7<br>1 | 0<br>1<br>0<br>7<br>2 | 0<br>1<br>0<br>7<br>3 | 0<br>1<br>0<br>7<br>4 | 0<br>1<br>0<br>8<br>1 | 0<br>1<br>0<br>8<br>2 | 0<br>1<br>0<br>0<br>3 | 0<br>1<br>0<br>0<br>1 | 0<br>1<br>0<br>0<br>2 | 0<br>1<br>0<br>0<br>3 |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |

**ENDOCRINE SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Adrenal Medulla            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Islets, Pancreatic         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Parathyroid Gland          | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 43 |
| Pituitary Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Thyroid Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Follicular Cell, Carcinoma |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Penis           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |
| ANIMAL ID   | 0<br>0<br>0<br>4<br>1 | 0<br>0<br>0<br>4<br>3 | 0<br>0<br>7<br>5<br>1 | 0<br>0<br>7<br>5<br>2 | 0<br>0<br>7<br>5<br>3 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>6<br>4 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>7<br>7<br>3 | 0<br>0<br>7<br>7<br>4 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>7<br>7<br>3 | 0<br>0<br>7<br>7<br>4 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>7<br>7<br>3 | 0<br>0<br>7<br>7<br>4 | 0<br>0<br>7<br>7<br>1 |
| Hemangioma  | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Prostate  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Seminal Vesicle   | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Testes  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 46                    |
| <b>HEMATOPOIETIC SYSTEM</b>                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Bone Marrow   | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Lymph Node  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Lymph Node, Mandibular                                  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Lymph Node, Mesenteric                                  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Spleen  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Hemangiosarcoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Thymus  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 43                    |
| <b>INTEGUMENTARY SYSTEM</b>                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Mammary Gland   | M                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 0                     |
| Skin  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Fibroma, Multiple                                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Squamous Cell Papilloma                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Subcutaneous Tissue, Fibrosarcoma                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |
| Subcutaneous Tissue, Schwannoma Malignant               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | 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 | 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 |                 |  |
|   |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                 |  |
|   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 |                 |  |
|   |             | 0 | 0 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 |                 |  |
|   |             | 4 | 4 | 5 | 5 | 5 | 6 | 6 | 7 | 8 | 8 | 8 | 8 | 7 | 7 | 7 | 8 | 8 | 8 | 0 | 0 | 0 | 0 | 0 |                 |  |
|   |             | 1 | 3 | 1 | 2 | 3 | 1 | 4 | 1 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 1 | 2 | 3 | 4 |                 |  |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |  |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |

**NERVOUS SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                       |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|
| Brain, Brain Stem   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b>             |
| Brain, Cerebellum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b>             |
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b>             |
| Peripheral Nerve, Sciatic<br>Schwannoma Malignant, Metastatic, Skin | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b><br><b>1</b> |
| Spinal Cord, Cervical   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b>             |
| Spinal Cord, Lumbar   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b>             |
| Spinal Cord, Thoracic   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b>             |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   | <b>5</b>  |
| Alveolar/Bronchiolar Adenoma, Multiple      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | <b>2</b>  |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | <b>1</b>  |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | <b>1</b>  |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

\* .. 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



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
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 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |
| ANIMAL ID   | 0<br>0<br>0<br>4<br>1 | 0<br>0<br>0<br>4<br>3 | 0<br>0<br>7<br>5<br>1 | 0<br>0<br>7<br>5<br>2 | 0<br>0<br>7<br>5<br>3 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>6<br>4 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>8<br>1 | 0<br>0<br>7<br>8<br>2 | 0<br>0<br>7<br>8<br>3 | 0<br>0<br>7<br>7<br>4 | 0<br>1<br>0<br>7<br>1 | 0<br>1<br>0<br>7<br>2 | 0<br>1<br>0<br>7<br>3 | 0<br>1<br>0<br>7<br>4 | 0<br>1<br>0<br>8<br>1 | 0<br>1<br>0<br>8<br>2 | 0<br>1<br>0<br>0<br>3 | 0<br>1<br>1<br>0<br>1 | 0<br>1<br>1<br>0<br>2 |
| Nose  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Trachea   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |
| <b>SPECIAL SENSES SYSTEM</b>                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Eye   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |
| Harderian Gland   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Adenoma   | X                     |                       |                       | X                     |                       |                       |                       |                       |                       |                       | X                     | X                     | X                     |                       | X                     | X                     |                       | X                     | X                     |                       |                       | 19                    |
| Bilateral, Adenoma                                      |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 4                     |
| <b>URINARY SYSTEM</b>                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Kidney  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Urinary Bladder   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| <b>SYSTEMIC LESIONS</b>                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Multiple Organ  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Histiocytic Sarcoma                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lymphoma Malignant                                      |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |

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

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Experiment Number: 20314 - 04  
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P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
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 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | ANIMAL ID | males<br>(cont...) |  |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--------------------|--|
|  | 0<br>4      | 0<br>5 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 |           |                    |  |
|  | 0           | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         | 0                  |  |
|  | 4           | 5      | 6      | 6      | 6      | 6      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7         | 1                  |  |
|  | 0           | 2      | 1      | 3      | 5      | 7      | 0      | 2      | 2      | 2      | 2      | 2      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3         | 6                  |  |
|  | 0           | 6      | 7      | 9      | 2      | 3      | 1      | 6      | 6      | 6      | 6      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3         | 4                  |  |
|  | 0           | 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           | 0      | 0      | 0      | 1      | 0      | 0      | 1      | 1      | 1      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         | 2                  |  |
|  | 2           | 5      | 2      | 3      | 2      | 4      | 4      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 3      | 3      | 3      | 3      | 3         | 3                  |  |
|  | 6           | 0      | 8      | 1      | 3      | 9      | 8      | 5      | 5      | 5      | 5      | 8      | 8      | 8      | 9      | 9      | 9      | 9      | 9      | 0      | 0      | 0      | 0      | 0      | 0         | 4                  |  |
|  | 4           | 4      | 4      | 4      | 4      | 4      | 3      | 1      | 2      | 3      | 4      | 1      | 2      | 3      | 1      | 2      | 3      | 4      | 1      | 2      | 3      | 4      | 1      | 2      | 3         | 3                  |  |

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon             | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum             | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum           | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                              | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma           |   | X | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   | X |   |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Oral Mucosa                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |
| Pancreas                           | + | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                    | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach               | + | + | A | + | + | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | ANIMAL ID | males<br>(cont...) |        |        |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--------------------|--------|--------|
|  | 0<br>4      | 0<br>5 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 |           |                    | 0<br>7 | 0<br>7 |
|  | 0           | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         | 0                  | 0<br>1 | 0<br>2 |
|  | 0           | 2      | 1      | 3      | 5      | 7      | 0      | 2      | 2      | 2      | 2      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3         | 3                  | 0<br>2 | 0<br>5 |
|  | 0           | 6      | 7      | 9      | 2      | 3      | 1      | 6      | 6      | 6      | 6      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3         | 3                  | 0<br>6 | 0<br>4 |
|  | 0           | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         | 0                  | 0<br>4 | 0<br>4 |

Squamous Cell Papilloma

X

X

Stomach, Glandular

+ + A + + A A + + + + + + + + + + + + + + + + + +

**CARDIOVASCULAR SYSTEM**

Blood Vessel

+ +

Heart

+ +

**ENDOCRINE SYSTEM**

Adrenal Cortex

+ + + + + A + + + + + + + + + + + + + + + + + +

Adrenal Medulla  
Pheochromocytoma Benign

+ + + + + A + + + + + + + + + + + + + + + + + +

Islets, Pancreatic

+ + + + + A + + + + + + + + + + + + + + + + + +

Parathyroid Gland

+ +

Pituitary Gland

M + + + + + A + + + + + + + + M + + + + + + + + + +

Thyroid Gland

+ +

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis

+ + + + + A + + + + + + + + + + + + + + + + + +

\* .. 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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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | ANIMAL ID | males<br>(cont...) |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--------------------|
|  | 0<br>4      | 0<br>5 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 |           |                    |
|  | 0<br>0      | 0<br>2 | 0<br>1 | 0<br>3 | 0<br>5 | 0<br>7 | 0<br>0 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 |           |                    |
|  | 0<br>1      | 0<br>0 | 0<br>0 | 0<br>1 | 0<br>0 | 0<br>0 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 |           |                    |
|  | 2<br>6      | 5<br>0 | 2<br>8 | 3<br>1 | 2<br>3 | 4<br>9 | 4<br>8 | 2<br>5 | 2<br>5 | 2<br>5 | 2<br>5 | 2<br>8 | 2<br>8 | 2<br>8 | 2<br>9 | 2<br>9 | 2<br>9 | 2<br>9 | 3<br>0 | 3<br>0 | 3<br>0 | 3<br>0 | 3<br>1 | 3<br>1 |           |                    |
|  | 4<br>4      | 4<br>4 | 4<br>4 | 4<br>4 | 4<br>4 | 4<br>4 | 3<br>3 | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 1<br>1 | 2<br>2 | 3<br>3 | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 1<br>1 | 2<br>2 | 3<br>3 | 4<br>4 | 1<br>1 | 2<br>3 |           |                    |
| Preputial Gland  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | M      | +      | +      | +      | +      | +      |           |                    |
| Prostate   | +           | +      | +      | +      | +      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Seminal Vesicle  | +           | +      | +      | +      | +      | A      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Testes   | +           | +      | +      | +      | +      | A      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| <b>HEMATOPOIETIC SYSTEM</b>                              |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |           |                    |
| Bone Marrow  | +           | +      | +      | +      | +      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Lymph Node   | +           |        |        | +      |        |        |        |        |        |        |        |        |        |        |        |        |        |        | +      |        |        |        | +      | +      |           |                    |
| Lymph Node, Mandibular                                   | +           | +      | +      | +      | +      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Lymph Node, Mesenteric                                   | +           | +      | +      | +      | +      | A      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Spleen   | +           | +      | +      | +      | +      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Thymus   | +           | +      | +      | +      | +      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | M      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| <b>INTEGUMENTARY SYSTEM</b>                              |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |           |                    |
| Mammary Gland  | M           | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      |           |                    |
| Skin   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Fibroma  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |           |                    |
| Squamous Cell Papilloma                                  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |           |                    |
| Subcutaneous Tissue, Fibrous Histiocytoma                |             |        |        |        |        |        |        | X      |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |           |                    |
| Subcutaneous Tissue, Hemangiosarcoma                     |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |           |                    |
| Subcutaneous Tissue, Sarcoma                             |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |           |                    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR MICE MALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID | males<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 | 0 |           |                    | 0 |
| 4           | 5                                    | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7         | 0                  |   |
| 0           | 2                                    | 1 | 3 | 5 | 7 | 0 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 1                  |   |
| 0           | 6                                    | 7 | 9 | 2 | 3 | 1 | 6 | 6 | 6 | 6 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 6                  |   |
| 0           | 0                                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 4                  |   |
| 1           | 0                                    | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 2                  |   |
| 2           | 5                                    | 2 | 3 | 2 | 4 | 4 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3         | 6                  |   |
| 6           | 0                                    | 8 | 1 | 3 | 9 | 8 | 5 | 5 | 5 | 5 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 1 | 1 | 1         | 4                  |   |
| 4           | 4                                    | 4 | 4 | 4 | 4 | 3 | 4 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1         | 4                  | X |

Subcutaneous Tissue, Schwannoma Malignant

X

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem         | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum         | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum           | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Peripheral Nerve, Sciatic | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Cervical     | + | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Lumbar       | + | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Thoracic     | + | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**RESPIRATORY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                                   | + | + | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                                   | + | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

|  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                    |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------------|
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST | 0<br>4 | 0<br>5 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | males<br>(cont...) |
|  |             | 0<br>0 | 2<br>6 | 1<br>7 | 3<br>9 | 5<br>2 | 7<br>3 | 0<br>1 | 2<br>6 | 2<br>6 | 2<br>6 | 2<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 | 3<br>3 |        |                    |
|  | ANIMAL ID   | 0<br>1 | 0<br>2 | 0<br>5 | 0<br>8 | 0<br>1 | 0<br>3 | 0<br>4 | 0<br>4 | 0<br>8 | 0<br>5 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>3 | 0<br>3 | 0<br>0 | 0<br>1 | 0<br>1 |                    |

**SPECIAL SENSES SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland    | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma            |   |   |   |   |   |   |   | X | X | X |   | X |   | X |   | X | X |   |   |   | X | X |   |   |
| Bilateral, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

**URINARY SYSTEM**

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

**SYSTEMIC LESIONS**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | 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   | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|  |             | 3               | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|  |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |             | 4               | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   |
|  |             | 8               | 8 | 8 | 9 | 9 | 9 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 6 | 6 | 6 |   |
|  |             | 1               | 2 | 4 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 |   |
|  |             | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Carcinoma           |   |   | X |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   |   | X |   |   |   | 9  |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   | 1  |
| Oral Mucosa                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Stomach, Forestomach               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |
| ANIMAL ID  | 0<br>0<br>4<br>8<br>1 | 0<br>0<br>4<br>8<br>2 | 0<br>0<br>4<br>8<br>4 | 0<br>0<br>4<br>9<br>1 | 0<br>0<br>4<br>9<br>2 | 0<br>0<br>4<br>9<br>3 | 0<br>0<br>5<br>0<br>1 | 0<br>0<br>5<br>0<br>2 | 0<br>0<br>5<br>0<br>3 | 0<br>0<br>5<br>1<br>1 | 0<br>0<br>5<br>1<br>2 | 0<br>0<br>5<br>1<br>3 | 0<br>0<br>5<br>1<br>4 | 0<br>0<br>2<br>3<br>1 | 0<br>0<br>2<br>3<br>2 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>4<br>1 | 0<br>0<br>2<br>4<br>2 | 0<br>0<br>2<br>4<br>3 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>2 |
| Squamous Cell Papilloma                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Stomach, Glandular                                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |
| <b>CARDIOVASCULAR SYSTEM</b>                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Blood Vessel   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Heart  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| <b>ENDOCRINE SYSTEM</b>                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Adrenal Cortex   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Adrenal Medulla<br>Pheochromocytoma Benign               | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46<br>1               |
| Islets, Pancreatic                                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Parathyroid Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Pituitary Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44                    |
| Thyroid Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| <b>GENERAL BODY SYSTEM</b>                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| NONE   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>GENITAL SYSTEM</b>                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Epididymis   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |    |
| ANIMAL ID  | 0<br>0<br>4<br>8<br>1 | 0<br>0<br>4<br>8<br>2 | 0<br>0<br>4<br>8<br>4 | 0<br>0<br>4<br>9<br>1 | 0<br>0<br>4<br>9<br>2 | 0<br>0<br>4<br>9<br>3 | 0<br>0<br>5<br>0<br>1 | 0<br>0<br>5<br>0<br>2 | 0<br>0<br>5<br>0<br>3 | 0<br>0<br>5<br>1<br>1 | 0<br>0<br>5<br>1<br>2 | 0<br>0<br>5<br>1<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 |    |
| Preputial Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Prostate   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Seminal Vesicle  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| Testes   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| <b>HEMATOPOIETIC SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Bone Marrow  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Lymph Node   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5  |
| Lymph Node, Mandibular                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Lymph Node, Mesenteric                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| Spleen   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Thymus   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | 45 |
| <b>INTEGUMENTARY SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Mammary Gland  | M                     | M                     | +                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 1  |
| Skin   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48 |
| Fibroma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 1  |
| Squamous Cell Papilloma                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Subcutaneous Tissue, Fibrous Histiocytoma                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2  |
| Subcutaneous Tissue, Hemangiosarcoma                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Subcutaneous Tissue, Sarcoma                             |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |

\* .. 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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 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR MICE MALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID |   |                 |
|-------------|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|---|-----------------|
|             | 0                                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |   | 0               |
| 7           | 7                                    | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7         | 0 |                 |
| 3           | 3                                    | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 0 |                 |
| 3           | 3                                    | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 0 |                 |
| 0           | 0                                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0 |                 |
| 0           | 0                                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0 |                 |
| 4           | 4                                    | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2         | 1 |                 |
| 8           | 8                                    | 8 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 6         | 1 |                 |
| 1           | 2                                    | 4 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 3 | 1 | 2 | 3 | 4 | 2         | 1 | <b>* TOTALS</b> |

Subcutaneous Tissue, Schwannoma Malignant

1

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Brain, Cerebellum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Brain, Cerebrum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Peripheral Nerve, Sciatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Spinal Cord, Cervical     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Spinal Cord, Lumbar       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Spinal Cord, Thoracic     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |

**RESPIRATORY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Alveolar/Bronchiolar Adenoma           |   |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   | X |   |   |   |   | 6  |
| Alveolar/Bronchiolar Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | 1  |
| Nose                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Trachea                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>C57BL/6N XC3H/HEN MTV-NCTR<br/>         MICE MALE<br/>         0.0875 GLYCID</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 |
|   |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|   |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|   |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|   | 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 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|   |             | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   |
|   |             | 8 | 8 | 8 | 9 | 9 | 9 | 0 | 0 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 6 | 6 |
|   |             | 1 | 2 | 4 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 |
| <b>* TOTALS</b>   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**SPECIAL SENSES SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Eye                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Harderian Gland    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Adenoma            |   |   | X | X |   |   |   |   |   | X |   |   |   |   | X | X |   |   |   |   |   |   | <b>15</b> |
| Bilateral, Adenoma |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |

**URINARY SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |

**SYSTEMIC LESIONS**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Multiple Organ     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Lymphoma Malignant |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>4</b>  |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

|  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST | 0<br>2<br>2<br>3      | 0<br>6<br>9<br>4      | 0<br>7<br>1<br>5      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | males<br>(cont...) |
|  | ANIMAL ID   | 0<br>0<br>0<br>9<br>4 | 0<br>0<br>8<br>5<br>2 | 0<br>0<br>8<br>3<br>2 | 0<br>0<br>0<br>9<br>1 | 0<br>0<br>0<br>9<br>2 | 0<br>0<br>0<br>9<br>3 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 |                    |

ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                      | A | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum           | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon           | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum          | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum           | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum         | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                            | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma           |   |   |   |   | X |   |   | X |   |   |   |   |   | X | X |   |   |   |   |   | X |   |   |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma         |   | X |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Mesentery                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrous Histiocytoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |
| Pancreas                         | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands                  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach             | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | males<br>(cont...) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|  | 0<br>2<br>2<br>3      | 0<br>6<br>9<br>4      | 0<br>7<br>1<br>5      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                    |
|  | 0<br>0<br>0<br>9<br>4 | 0<br>0<br>8<br>5<br>2 | 0<br>0<br>8<br>3<br>2 | 0<br>0<br>0<br>9<br>1 | 0<br>0<br>0<br>9<br>2 | 0<br>0<br>0<br>9<br>3 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>0 | 0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 |                    |

Stomach, Glandular A +

**CARDIOVASCULAR SYSTEM**

Blood Vessel A +  
 Heart A +

**ENDOCRINE SYSTEM**

Adrenal Cortex A +  
 Adrenal Medulla Pheochromocytoma Benign A + X + +  
 Islets, Pancreatic A +  
 Parathyroid Gland A + + + + + + + + + + + + + + M + + + + + + + + + +  
 Pituitary Gland A + + + + + M + + + + + + + + + + M + + + + + + + +  
 Thyroid Gland A +

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Epididymis A +  
 Preputial Gland 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
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 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | 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 | 0 | ANIMAL ID | males<br>(cont...) |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|
|  | 2           | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |           |                    |
|  | 2           | 9 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |           |                    |
|  | 3           | 4 | 5 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |           |                    |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |           |                    |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |           |                    |
|  | 0           | 8 | 8 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |   |           |                    |
|  | 9           | 5 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 |   |           |                    |
|  | 4           | 2 | 2 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 |   |           |                    |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Prostate             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Seminal Vesicle      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes               | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

HEMATOPOIETIC SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                       | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node                        | A |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Axillary, Fibrous Histiocytoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inguinal, Fibrous Histiocytoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lumbar, Fibrous Histiocytoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular            | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mesenteric            | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                            | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus                            | A | + | + | + | + | + | + | + | + | + | M | + | + | + | + | M | + | + | + | + | + | + | + | M |   |

INTEGUMENTARY SYSTEM

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland | M | M | + | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | + | M | M | M | M |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| 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 | 0 |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>C57BL/6N XC3H/HEN MTV-NCTR MICE MALE</b> |  | 2 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|   |  | 2 | 9 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|   |  | 3 | 4 | 5 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| <b>CONTROL WATER</b>                        |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |  | 0 | 8 | 8 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
|   |  | 9 | 5 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 |
|   |  | 4 | 2 | 2 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 |

males  
(cont...)

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Skin                                      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcutaneous Tissue, Fibrosarcoma         |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrous Histiocytoma |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

MUSCULOSKELETAL SYSTEM

|                 |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur     |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

NERVOUS SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem         | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum         | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum           | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Peripheral Nerve, Sciatic | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Cervical     | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Lumbar       | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Thoracic     | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Carcinoma, Metastatic, Liver |   | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER    | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | ANIMAL ID | males<br>(cont...) |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|-----------|--------------------|
|   | 0<br>2<br>2<br>3 | 0<br>6<br>9<br>4 | 0<br>7<br>1<br>5 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |   |           |                    |
| Nose<br>Fibrous Histiocytoma                                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                    |
| Trachea   | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                    |
| <b>SPECIAL SENSES SYSTEM</b>                                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                    |
| Eye   | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                    |
| Harderian Gland<br>Adenoma                                  | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | X                | +                | X                | +                | + |           |                    |
| <b>URINARY SYSTEM</b>                                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                    |
| Kidney  | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                    |
| Urinary Bladder   | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                    |
| <b>SYSTEMIC LESIONS</b>                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   |           |                    |
| Multiple Organ<br>Histiocytic Sarcoma<br>Lymphoma Malignant | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | + |           |                    |

\* .. 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



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|  | 0733        | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 |          |
| ANIMAL ID  | 0064        | 0081 | 0083 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088     |
|  | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0        |
|  | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0        |
|  | 6           | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8    | 8        |
|  | 3           | 1    | 3    | 3    | 4    | 4    | 2    | 4    | 4    | 5    | 5    | 5    | 1    | 1    | 1    | 2    | 3    | 4    | 1    | 2    | 3        |

ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Gallbladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Hepatocellular Adenoma           |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | X | 9  |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Carcinoma         |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   | X |   | 5  |
| Mesentery                        |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Fibrous Histiocytoma             |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Fibrous Histiocytoma             |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Salivary Glands                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Stomach, Forestomach             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |

\* .. 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  
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Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
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 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|  | 0733        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          |
| ANIMAL ID  | 00664       | 00881 | 00883 | 00884 | 00881 | 00882 | 00884 | 00884 | 00885 | 00883 | 00884 | 00889 | 00889 | 00889 | 00889 | 00889 | 00889 | 00889 | 00889 | 00889 |          |
| Stomach, Glandular                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| <b>CARDIOVASCULAR SYSTEM</b>                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Blood Vessel   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Heart  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| <b>ENDOCRINE SYSTEM</b>                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Adrenal Cortex   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Adrenal Medulla  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Pheochromocytoma Benign                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Islets, Pancreatic                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Parathyroid Gland  | M           | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | 43       |
| Pituitary Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 45       |
| Thyroid Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| <b>GENERAL BODY SYSTEM</b>                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| NONE   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| <b>GENITAL SYSTEM</b>                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Epididymis   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Preputial Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |    |
| ANIMAL ID  | 0<br>0<br>6<br>6<br>4 | 0<br>0<br>8<br>3<br>1 | 0<br>0<br>8<br>3<br>3 | 0<br>0<br>8<br>3<br>4 | 0<br>0<br>8<br>4<br>1 | 0<br>0<br>8<br>4<br>2 | 0<br>0<br>8<br>4<br>3 | 0<br>0<br>8<br>4<br>4 | 0<br>0<br>8<br>5<br>1 | 0<br>0<br>8<br>5<br>3 | 0<br>0<br>9<br>5<br>4 | 0<br>0<br>9<br>1<br>1 | 0<br>0<br>9<br>1<br>2 | 0<br>0<br>9<br>1<br>3 | 0<br>0<br>9<br>2<br>4 | 0<br>0<br>9<br>2<br>1 | 0<br>0<br>9<br>2<br>2 | 0<br>0<br>9<br>3<br>4 | 0<br>0<br>9<br>3<br>1 | 0<br>0<br>9<br>3<br>2 | 0<br>0<br>9<br>3<br>3 |    |
| Prostate   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Fibrous Histiocytoma                                     |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Seminal Vesicle  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Testes   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| <b>HEMATOPOIETIC SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Bone Marrow  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Lymph Node   |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       | 4  |
| Axillary, Fibrous Histiocytoma                           |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Inguinal, Fibrous Histiocytoma                           |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Lumbar, Fibrous Histiocytoma                             |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Mediastinal, Fibrous Histiocytoma                        |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Lymph Node, Mandibular                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Fibrous Histiocytoma                                     |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Lymph Node, Mesenteric                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Fibrous Histiocytoma                                     |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Spleen   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Hemangiosarcoma  |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2  |
| Thymus   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | 43 |
| <b>INTEGUMENTARY SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Mammary Gland  | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 3  |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|  | 0733        | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 |          |
| ANIMAL ID  | 0064        | 0083 | 0083 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0088 | 0089 | 0089 | 0089 | 0089 | 0089 | 0089 | 0089 | 0089 | 0089 | 0089 | 0089     |
| Skin   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        |
| Subcutaneous Tissue, Fibrosarcoma                        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X        |
| Subcutaneous Tissue, Fibrous Histiocytoma                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| <b>MUSCULOSKELETAL SYSTEM</b>                            |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Bone, Femur  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        |
| Skeletal Muscle  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        |
| Hemangiosarcoma  |             |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |          |
| <b>NERVOUS SYSTEM</b>                                    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Brain, Brain Stem  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        |
| Brain, Cerebellum  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        |
| Brain, Cerebrum  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        |
| Peripheral Nerve, Sciatic                                | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        |
| Spinal Cord, Cervical                                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        |
| Spinal Cord, Lumbar                                      | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        |
| Spinal Cord, Thoracic                                    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        |
| <b>RESPIRATORY SYSTEM</b>                                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Lung   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        |
| Hepatocellular Carcinoma, Metastatic, Liver              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS         |    |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----|
|  | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |                  |    |
| ANIMAL ID  | 0<br>6<br>6<br>4 | 0<br>8<br>3<br>1 | 0<br>8<br>3<br>3 | 0<br>8<br>3<br>4 | 0<br>8<br>4<br>1 | 0<br>8<br>4<br>2 | 0<br>8<br>4<br>3 | 0<br>8<br>4<br>4 | 0<br>8<br>5<br>1 | 0<br>8<br>5<br>3 | 0<br>8<br>5<br>4 | 0<br>9<br>1<br>1 | 0<br>9<br>1<br>1 | 0<br>9<br>1<br>1 | 0<br>9<br>2<br>1 | 0<br>9<br>2<br>2 | 0<br>9<br>2<br>2 | 0<br>9<br>3<br>4 | 0<br>9<br>3<br>1 | 0<br>9<br>3<br>2 | 0<br>9<br>3<br>3 |    |
| Nose   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47 |
| Fibrous Histiocytoma                                     |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |
| Trachea  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47 |
| <b>SPECIAL SENSES SYSTEM</b>                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |
| Eye  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47 |
| Harderian Gland  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47 |
| Adenoma  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 3  |
| <b>URINARY SYSTEM</b>                                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |
| Kidney   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47 |
| Urinary Bladder  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47 |
| <b>SYSTEMIC LESIONS</b>                                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |    |
| Multiple Organ   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 48 |
| Histiocytic Sarcoma                                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 1  |
| Lymphoma Malignant                                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  | 2  |

\*\*\* END OF MALE DATA \*\*\*

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...)  |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>2<br>7<br>6      | 0<br>2<br>8<br>2      | 0<br>3<br>3<br>1      | 0<br>3<br>8<br>4      | 0<br>3<br>9<br>4      | 0<br>4<br>2<br>1      | 0<br>4<br>2<br>8      | 0<br>4<br>7<br>7      | 0<br>4<br>9<br>8      | 0<br>4<br>9<br>8      | 0<br>5<br>2<br>0      | 0<br>5<br>2<br>7      | 0<br>5<br>3<br>3      | 0<br>5<br>3<br>4      | 0<br>5<br>4<br>1      | 0<br>5<br>4<br>4      | 0<br>5<br>4<br>7      | 0<br>5<br>4<br>8      | 0<br>5<br>5<br>8      | 0<br>5<br>5<br>5      |                       |                       | 0<br>5<br>6<br>2      | 0<br>5<br>6<br>2      | 0<br>5<br>7<br>6      |
|  | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>0<br>6<br>4 | 0<br>0<br>8<br>8<br>4 | 0<br>0<br>8<br>9<br>2 | 0<br>0<br>8<br>9<br>4 | 0<br>0<br>8<br>9<br>3 | 0<br>0<br>8<br>7<br>2 | 0<br>0<br>8<br>7<br>3 | 0<br>0<br>8<br>7<br>2 | 0<br>0<br>5<br>8<br>2 | 0<br>0<br>0<br>8<br>4 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>7<br>2 | 0<br>0<br>5<br>8<br>2 | 0<br>0<br>6<br>5<br>1 | 0<br>0<br>5<br>5<br>3 | 0<br>0<br>5<br>5<br>3 | 0<br>0<br>5<br>5<br>3 | 0<br>0<br>5<br>5<br>3 | 0<br>0<br>5<br>5<br>3 | 0<br>0<br>5<br>5<br>3 | 0<br>0<br>8<br>3<br>4 | 0<br>0<br>8<br>3<br>4 |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus   | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Gallbladder   | A | + | A | + | + | + | M | A | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | + | + |
| Intestine Large, Cecum  | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Intestine Large, Colon  | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum<br>Polyp Adenomatous<br>Sarcoma Stromal, Metastatic, Uterus | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum<br>Adenoma  | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum  | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum  | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Liver<br>Hepatocellular Carcinoma   | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Pancreas  | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Salivary Glands   | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Stomach, Forestomach<br>Squamous Cell Papilloma                                     | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Stomach, Glandular  | A | + | A | + | + | + | + | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>2<br>7<br>6      | 0<br>2<br>8<br>2      | 0<br>3<br>3<br>1      | 0<br>3<br>8<br>4      | 0<br>3<br>9<br>4      | 0<br>4<br>2<br>1      | 0<br>4<br>2<br>8      | 0<br>4<br>7<br>7      | 0<br>4<br>9<br>8      | 0<br>4<br>9<br>8      | 0<br>5<br>2<br>0      | 0<br>5<br>2<br>7      | 0<br>5<br>3<br>3      | 0<br>5<br>3<br>4      | 0<br>5<br>4<br>1      | 0<br>5<br>4<br>4      | 0<br>5<br>4<br>7      | 0<br>5<br>4<br>8      | 0<br>5<br>5<br>8      | 0<br>5<br>5<br>5      | 0<br>5<br>6<br>2      | 0<br>5<br>6<br>2      | 0<br>5<br>7<br>6      | 0<br>5<br>9<br>7      |                       |
| ANIMAL ID  | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>0<br>6<br>4 | 0<br>0<br>8<br>8<br>4 | 0<br>0<br>8<br>9<br>2 | 0<br>0<br>8<br>9<br>4 | 0<br>0<br>8<br>9<br>3 | 0<br>0<br>8<br>7<br>2 | 0<br>0<br>8<br>7<br>3 | 0<br>0<br>8<br>8<br>4 | 0<br>0<br>8<br>8<br>2 | 0<br>0<br>5<br>8<br>2 | 0<br>0<br>0<br>8<br>4 | 0<br>0<br>5<br>7<br>3 | 0<br>0<br>0<br>8<br>1 | 0<br>0<br>5<br>2<br>2 | 0<br>0<br>0<br>6<br>1 | 0<br>0<br>5<br>6<br>3 | 0<br>0<br>5<br>5<br>3 | 0<br>0<br>5<br>5<br>3 | 0<br>0<br>5<br>8<br>3 | 0<br>0<br>5<br>3<br>4 | 0<br>0<br>5<br>8<br>1 | 0<br>0<br>8<br>3<br>4 | 0<br>0<br>8<br>8<br>4 |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Heart        | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |

**ENDOCRINE SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex<br>Subcapsular, Adenoma      | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla<br>Pheochromocytoma Complex | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic                          | A | + | A | + | + | + | + | A | M | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland                           | A | + | A | M | + | + | + | + | + | M | + | + | + | M | + | A | M | + | M | + | + | M | + | + | + | + |
| Pituitary Gland<br>Pars Distalis, Adenoma   | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Thyroid Gland                               | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |

**GENERAL BODY SYSTEM**

|            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Tissue NOS | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**GENITAL SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland<br>Schwannoma Malignant, Metastatic, Skin<br>Squamous Cell Carcinoma, Metastatic, Vagina | A | + | A | M | + | + | + | M | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
|   | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |          | ANIMAL ID | females<br>(cont...) |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------|-----------|----------------------|
|  | 0<br>2<br>7<br>6 | 0<br>2<br>8<br>2 | 0<br>3<br>3<br>1 | 0<br>3<br>8<br>4 | 0<br>3<br>9<br>4 | 0<br>4<br>2<br>1 | 0<br>4<br>2<br>8 | 0<br>4<br>7<br>7 | 0<br>4<br>9<br>8 | 0<br>4<br>9<br>8 | 0<br>5<br>2<br>0 | 0<br>5<br>2<br>7 | 0<br>5<br>3<br>3 | 0<br>5<br>4<br>4 | 0<br>5<br>4<br>7 | 0<br>5<br>4<br>8 | 0<br>5<br>4<br>8 | 0<br>5<br>5<br>5 | 0<br>5<br>5<br>8 | 0<br>5<br>6<br>2 | 0<br>5<br>6<br>2 | 0<br>5<br>7<br>6 | 0<br>5<br>9<br>7 |          |           |                      |
|  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 00005511 |           |                      |

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ovary                          | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Granulosa Cell Tumor Benign    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Granulosa Cell Tumor Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Tubulostromal Adenoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus                         | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Adenocarcinoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hemangiosarcoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma Stromal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Endometrium, Adenoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Vagina                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Carcinoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

HEMATOPOIETIC SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow   | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Lymph Node  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lumbar, Squamous Cell Carcinoma, Metastatic, Vagina |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular                              | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric                              | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Spleen  | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus  | A | + | A | + | + | + | M | A | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + |   |

\* .. 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



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                       |                  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|-----------------------|------------------|
|  | 0<br>2<br>7<br>6 | 0<br>2<br>8<br>2 | 0<br>3<br>3<br>1 | 0<br>3<br>8<br>4 | 0<br>3<br>9<br>4 | 0<br>4<br>2<br>1 | 0<br>4<br>2<br>8 | 0<br>4<br>7<br>7 | 0<br>4<br>9<br>8 | 0<br>4<br>9<br>8 | 0<br>5<br>2<br>0 | 0<br>5<br>2<br>7 | 0<br>5<br>3<br>3 | 0<br>5<br>3<br>4 | 0<br>5<br>4<br>1 | 0<br>5<br>4<br>4 | 0<br>5<br>4<br>7 | 0<br>5<br>4<br>8 | 0<br>5<br>5<br>8 | 0<br>5<br>5<br>5 |           |                      | 0<br>5<br>6<br>2 | 0<br>5<br>6<br>2      | 0<br>5<br>7<br>6 |
|  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                    | 0                | 0<br>0<br>0<br>5<br>1 |                  |

INTEGUMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                               | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Adenoacanthoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenocarcinoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skin  | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Ear, Basosquamous Tumor Malignant           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrosarcoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrosarcoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Sarcoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Schwannoma Malignant   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

MUSCULOSKELETAL SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Vertebra, Osteosarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bone, Femur                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle                | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Fibrosarcoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Skin      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

NERVOUS SYSTEM

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Brain, Cerebellum | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Brain, Cerebrum   | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
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 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                  |                  |                  |  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|------------------|------------------|------------------|--|
|  | 0<br>2<br>7<br>6 | 0<br>2<br>8<br>2 | 0<br>3<br>3<br>1 | 0<br>3<br>8<br>4 | 0<br>3<br>9<br>4 | 0<br>4<br>2<br>1 | 0<br>4<br>2<br>8 | 0<br>4<br>7<br>7 | 0<br>4<br>9<br>8 | 0<br>4<br>9<br>8 | 0<br>5<br>2<br>0 | 0<br>5<br>2<br>7 | 0<br>5<br>3<br>3 | 0<br>5<br>3<br>4 | 0<br>5<br>4<br>1 | 0<br>5<br>4<br>7 | 0<br>5<br>4<br>8 | 0<br>5<br>4<br>8 | 0<br>5<br>5<br>5 | 0<br>5<br>5<br>8 |           |                      | 0<br>5<br>6<br>2 | 0<br>5<br>6<br>2 | 0<br>5<br>7<br>6 | 0<br>5<br>9<br>7 |  |
| Peripheral Nerve, Sciatic                                | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +         | +                    | +                | +                | +                |                  |  |
| Spinal Cord, Cervical                                    | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +         | +                    | +                | +                | +                |                  |  |
| Spinal Cord, Lumbar                                      | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +         | +                    | +                | +                | +                |                  |  |
| Spinal Cord, Thoracic                                    | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +         | +                    | +                | +                | +                |                  |  |
| <b>RESPIRATORY SYSTEM</b>                                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |  |
| Lung   | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +         | +                    | +                | +                | +                |                  |  |
| Alveolar/Bronchiolar Adenoma                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  | X                |                  |           |                      | X                | X                |                  |                  |  |
| Alveolar/Bronchiolar Adenoma, Multiple                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |  |
| Alveolar/Bronchiolar Carcinoma                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |  |
| Fibrosarcoma, Metastatic, Skin                           |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |  |
| Granular Cell Tumor Malignant, Metastatic, Ovary         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |  |
| Osteosarcoma, Metastatic, Bone                           |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |  |
| Nose   | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                | +                |                  |                  |  |
| Trachea  | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | A                | +                | +                | A                | +                | +                | +                | +         | +                    | +                | +                |                  |                  |  |
| <b>SPECIAL SENSES SYSTEM</b>                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |  |
| Eye  | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +         | +                    | +                | +                |                  |                  |  |
| Harderian Gland  | A                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                | +                |                  |                  |  |
| Adenoma  |                  |                  |                  |                  | X                | X                | X                | X                |                  | X                | X                | X                |                  |                  |                  |                  | X                |                  |                  | X                |           | X                    | X                | X                |                  |                  |  |
| Bilateral, Adenoma                                       |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  | X                | X                | X                | X                |                  | X                | X                |                  |           |                      |                  |                  |                  |                  |  |
| <b>URINARY SYSTEM</b>                                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |                  |                  |  |

\* .. 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

Experiment Number: 20314 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
Time Report Requested: 07:40:57  
First Dose M/F: 06/02/05 / 06/02/05  
Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | females<br>(cont...) |   |  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|---|--|
|  | 0<br>2<br>7<br>6 | 0<br>2<br>8<br>2 | 0<br>3<br>3<br>1 | 0<br>3<br>8<br>4 | 0<br>3<br>9<br>4 | 0<br>4<br>2<br>1 | 0<br>4<br>2<br>8 | 0<br>4<br>7<br>7 | 0<br>4<br>9<br>8 | 0<br>4<br>9<br>8 | 0<br>5<br>2<br>0 | 0<br>5<br>2<br>7 | 0<br>5<br>3<br>3 | 0<br>5<br>3<br>4 | 0<br>5<br>4<br>1 | 0<br>5<br>4<br>7 | 0<br>5<br>4<br>8 | 0<br>5<br>5<br>8 | 0<br>5<br>5<br>5 | 0<br>5<br>6<br>2 | 0<br>5<br>6<br>2 | 0<br>5<br>7<br>6 | 0<br>5<br>9<br>7 |                      |   |  |
|  | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |  |
| Kidney   | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                    |   |  |
| Urinary Bladder<br>Sarcoma Stromal, Metastatic, Uterus   | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                    |   |  |
| <b>SYSTEMIC LESIONS</b>                                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |  |
| Multiple Organ   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                    | + |  |
| Histiocytic Sarcoma                                      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                      |   |  |
| Lymphoma Malignant                                       |                  | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|  | 0614        | 0614  | 0618  | 0613  | 0613  | 0614  | 0614  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  |          | 0615 |
| ANIMAL ID  | 00062       | 00063 | 00064 | 00065 | 00066 | 00067 | 00068 | 00069 | 00070 | 00071 | 00072 | 00073 | 00074 | 00075 | 00076 | 00077 | 00078 | 00079 | 00080 | 00081 | 00082    |      |
|  | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        |      |
|  | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        |      |
|  | 0           | 0     | 5     | 0     | 9     | 8     | 8     | 0     | 5     | 5     | 0     | 8     | 0     | 9     | 0     | 5     | 5     | 5     | 5     | 5     | 8        |      |
|  | 6           | 6     | 4     | 7     | 0     | 7     | 9     | 7     | 3     | 4     | 7     | 5     | 0     | 8     | 5     | 2     | 3     | 4     | 5     | 5     | 8        |      |
|  | 2           | 3     | 3     | 1     | 1     | 1     | 1     | 4     | 3     | 2     | 3     | 4     | 3     | 4     | 2     | 2     | 1     | 2     | 1     | 2     | 3        |      |

**ALIMENTARY SYSTEM**

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Gallbladder                         | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 41 |
| Intestine Large, Cecum              | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | 42 |
| Intestine Large, Colon              | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | 43 |
| Intestine Large, Rectum             | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | 43 |
| Polyp Adenomatous                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | 1  |
| Sarcoma Stromal, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Duodenum           | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | 42 |
| Adenoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | 1  |
| Intestine Small, Ileum              | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | 42 |
| Intestine Small, Jejunum            | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | 42 |
| Liver                               | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | 43 |
| Hepatocellular Carcinoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |
| Pancreas                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Salivary Glands                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Stomach, Forestomach                | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | 44 |
| Squamous Cell Papilloma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   | X | 9  |
| Stomach, Glandular                  | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | 43 |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>6<br>1<br>4      | 0<br>6<br>1<br>4      | 0<br>6<br>1<br>8      | 0<br>6<br>3<br>0      | 0<br>6<br>3<br>9      | 0<br>6<br>4<br>5      | 0<br>6<br>4<br>7      | 0<br>6<br>5<br>2      | 0<br>6<br>5<br>3      | 0<br>6<br>5<br>9      | 0<br>6<br>6<br>5      | 0<br>6<br>8<br>7      | 0<br>6<br>9<br>1      | 0<br>6<br>9<br>1      | 0<br>6<br>9<br>7      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       | 0<br>7<br>3<br>3      |
| ANIMAL ID  | 0<br>0<br>0<br>6<br>2 | 0<br>0<br>0<br>6<br>3 | 0<br>0<br>5<br>4<br>3 | 0<br>0<br>0<br>7<br>1 | 0<br>0<br>9<br>0<br>1 | 0<br>0<br>8<br>7<br>1 | 0<br>0<br>8<br>9<br>1 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>5<br>3<br>3 | 0<br>0<br>5<br>7<br>2 | 0<br>0<br>8<br>4<br>3 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>9<br>5<br>0 | 0<br>0<br>0<br>8<br>2 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>5<br>4<br>2 | 0<br>0<br>5<br>5<br>4 | 0<br>0<br>5<br>8<br>5 | 0<br>0<br>8<br>4<br>4 | 0<br>0<br>8<br>3<br>3 | 0<br>0<br>9<br>5<br>3 |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

**ENDOCRINE SYSTEM**

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Adrenal Cortex           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |   |
| Subcapsular, Adenoma     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Adrenal Medulla          | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 43 |   |
| Pheochromocytoma Complex |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Islets, Pancreatic       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 43 |   |
| Parathyroid Gland        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 39 |   |
| Pituitary Gland          | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 43 |   |
| Pars Distalis, Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Thyroid Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |   |

**GENERAL BODY SYSTEM**

|            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Tissue NOS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|

**GENITAL SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Clitoral Gland                              | + | + | + | + | + | + | + | + | + | + | + | M | + | M | + | + | + | + | + | + | + | + | 41 |   |
| Schwannoma Malignant, Metastatic, Skin      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Squamous Cell Carcinoma, Metastatic, Vagina |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|  | 0<br>6<br>1<br>4      | 0<br>6<br>1<br>4      | 0<br>6<br>1<br>8      | 0<br>6<br>3<br>0      | 0<br>6<br>3<br>9      | 0<br>6<br>4<br>5      | 0<br>6<br>4<br>7      | 0<br>6<br>5<br>2      | 0<br>6<br>5<br>3      | 0<br>6<br>5<br>9      | 0<br>6<br>6<br>5      | 0<br>6<br>8<br>7      | 0<br>6<br>9<br>1      | 0<br>6<br>9<br>1      | 0<br>6<br>9<br>7      | 0<br>6<br>3<br>3      | 0<br>6<br>3<br>3      | 0<br>6<br>3<br>3      | 0<br>6<br>3<br>3      | 0<br>6<br>3<br>3      |                       | 0<br>6<br>3<br>3      |    |
| ANIMAL ID  | 0<br>0<br>0<br>6<br>2 | 0<br>0<br>0<br>6<br>3 | 0<br>0<br>5<br>4<br>3 | 0<br>0<br>0<br>7<br>1 | 0<br>0<br>9<br>0<br>1 | 0<br>0<br>8<br>7<br>1 | 0<br>0<br>8<br>9<br>1 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>5<br>3<br>3 | 0<br>0<br>5<br>4<br>2 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>8<br>7<br>4 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>9<br>0<br>2 | 0<br>0<br>0<br>8<br>2 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>5<br>4<br>2 | 0<br>0<br>5<br>5<br>4 | 0<br>0<br>5<br>5<br>2 | 0<br>0<br>8<br>4<br>3 | 0<br>0<br>8<br>8<br>3 |    |
| Ovary  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44                    |    |
| Granulosa Cell Tumor Benign                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 2                     |    |
| Granulosa Cell Tumor Malignant                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| Tubulostromal Adenoma                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 2                     |    |
| Uterus   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |    |
| Adenocarcinoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |    |
| Hemangiosarcoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 1                     |    |
| Polyp Stromal  |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     | X                     |                       |                       |                       | 4                     |    |
| Sarcoma Stromal  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |    |
| Endometrium, Adenoma                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       | 1                     |    |
| Vagina   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| Squamous Cell Carcinoma                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| <b>HEMATOPOIETIC SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Bone Marrow  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43                    |    |
| Lymph Node   |                       |                       | +                     |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       | +                     |                       |                       | +                     |                       |                       |                       |                       | 12                    |    |
| Lumbar, Squamous Cell Carcinoma, Metastatic, Vagina      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| Lymph Node, Mandibular                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43                    |    |
| Lymph Node, Mesenteric                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43                    |    |
| Spleen   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |    |
| Hemangiosarcoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| Thymus   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | M                     | +                     | M                     | M                     | +                     | +                     | +                     | +                     | M                     | +                     | 37 |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|  | 0614        | 0614  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  |          | 0618  |
| ANIMAL ID  | 00062       | 00063 | 00064 | 00065 | 00066 | 00067 | 00068 | 00069 | 00070 | 00071 | 00072 | 00073 | 00074 | 00075 | 00076 | 00077 | 00078 | 00079 | 00080 | 00081 | 00082    | 00083 |
|  | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        | 0     |

**INTEGUMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Adenoacanthoma                              |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   | X |   |   | 8  |
| Adenocarcinoma                              |   | X | X | X |   |   |   |   | X |   | X | X |   |   |   | X |   |   |   | X |   |   | 11 |
| Skin  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Ear, Basosquamous Tumor Malignant           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Fibrosarcoma           |   | X | X |   |   | X | X |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   | 8  |
| Subcutaneous Tissue, Fibrosarcoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Sarcoma                |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Subcutaneous Tissue, Schwannoma Malignant   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**MUSCULOSKELETAL SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Vertebra, Osteosarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Bone, Femur                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Skeletal Muscle                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Fibrosarcoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 1  |
| Sarcoma, Metastatic, Skin      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | 44 |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|  | 0614        | 0611  | 0608  | 0603  | 0600  | 0527  | 0524  | 0521  | 0518  | 0515  | 0512  | 0509  | 0506  | 0503  | 0430  | 0427  | 0424  | 0421  | 0418  | 0415  |          | 0412 |
| ANIMAL ID  | 00062       | 00063 | 00064 | 00065 | 00066 | 00067 | 00068 | 00069 | 00070 | 00071 | 00072 | 00073 | 00074 | 00075 | 00076 | 00077 | 00078 | 00079 | 00080 | 00081 | 00082    |      |
| Peripheral Nerve, Sciatic                                | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 44   |
| Spinal Cord, Cervical                                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 43   |
| Spinal Cord, Lumbar                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 43   |
| Spinal Cord, Thoracic                                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 43   |
| <b>RESPIRATORY SYSTEM</b>                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Lung   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 44   |
| Alveolar/Bronchiolar Adenoma                             |             |       |       |       |       |       |       |       | X     |       |       |       | X     |       | X     |       |       |       |       |       |          | 7    |
| Alveolar/Bronchiolar Adenoma, Multiple                   |             |       |       |       |       |       |       |       |       |       |       |       | X     |       |       | X     |       |       |       |       |          | 2    |
| Alveolar/Bronchiolar Carcinoma                           |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       | X     |       |          | 2    |
| Fibrosarcoma, Metastatic, Skin                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Granular Cell Tumor Malignant, Metastatic, Ovary         |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          | 1    |
| Osteosarcoma, Metastatic, Bone                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| Nose   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 45   |
| Trachea  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 43   |
| <b>SPECIAL SENSES SYSTEM</b>                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Eye  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | A     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 43   |
| Harderian Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46   |
| Adenoma  |             |       | X     |       | X     | X     |       |       | X     | X     | X     | X     | X     | X     | X     | X     | X     | X     | X     | X     | X        | 27   |
| Bilateral, Adenoma                                       |             |       |       | X     |       |       | X     | X     |       | X     |       |       |       |       | X     |       |       |       |       | X     |          | 13   |
| <b>URINARY SYSTEM</b>                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |

\* .. 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



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |         |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|---------|
|  | 0614        | 0668 | 0660 | 0663 | 0664 | 0665 | 0667 | 0662 | 0663 | 0669 | 0665 | 0667 | 0661 | 0661 | 0667 | 0663 | 0663 | 0663 | 0663 | 0663 |          | 0663    |
| ANIMAL ID  | 0006        | 0006 | 0005 | 0007 | 0008 | 0008 | 0000 | 0005 | 0005 | 0008 | 0000 | 0009 | 0008 | 0005 | 0008 | 0005 | 0002 | 0003 | 0004 | 0005 | 0004     |         |
| Kidney   | +           | +    | +    | +    | +    | +    | +    | +    | +    | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 43       |         |
| Urinary Bladder<br>Sarcoma Stromal, Metastatic, Uterus   | +           | +    | +    | +    | +    | +    | +    | +    | +    | A    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +        | 42<br>1 |
| <b>SYSTEMIC LESIONS</b>                                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |         |
| Multiple Organ   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 48       |         |
| Histiocytic Sarcoma                                      |             |      |      | X    | X    |      | X    |      |      |      |      |      |      |      |      |      |      |      | X    |      | 4        |         |
| Lymphoma Malignant                                       |             |      |      |      |      |      |      |      | X    |      |      |      |      |      |      | X    |      | X    |      |      | 6        |         |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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M .. Missing tissue  
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 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST           |                       | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>2<br>4<br>3      | 0<br>3<br>7<br>9      | 0<br>5<br>1<br>2      | 0<br>5<br>2<br>0      | 0<br>5<br>3<br>4      | 0<br>5<br>4<br>1      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>2      | 0<br>6<br>4<br>4      | 0<br>6<br>6<br>7      | 0<br>6<br>7<br>3      | 0<br>6<br>7<br>4      | 0<br>7<br>0<br>1      | 0<br>7<br>0<br>1      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |
|  | 0<br>1<br>0<br>6<br>3 | 0<br>0<br>6<br>2<br>1 | 0<br>1<br>0<br>3<br>3 | 0<br>1<br>0<br>6<br>1 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>0<br>7<br>3 | 0<br>1<br>0<br>2<br>3 | 0<br>1<br>0<br>2<br>2 | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>1 | 0<br>1<br>0<br>5<br>4 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>2 | 0<br>1<br>0<br>5<br>1 | 0<br>1<br>0<br>5<br>4 | 0<br>0<br>2<br>4<br>1 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>4 |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus<br>Squamous Cell Carcinoma                        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder   | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                                      | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                                      | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                                     | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                                   | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                                      | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                                    | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver<br>Hepatocellular Adenoma<br>Hepatocellular Carcinoma | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |
| Pancreas  | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands   | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach<br>Squamous Cell Papilloma             | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular  | A | + | + | + | + | + | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...)  |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>2<br>4<br>3      | 0<br>3<br>7<br>9      | 0<br>5<br>1<br>2      | 0<br>5<br>2<br>0      | 0<br>5<br>3<br>4      | 0<br>5<br>4<br>1      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>4      | 0<br>6<br>4<br>7      | 0<br>6<br>6<br>3      | 0<br>6<br>7<br>4      | 0<br>7<br>0<br>1      | 0<br>7<br>0<br>1      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |
|  | 0<br>1<br>0<br>6<br>3 | 0<br>0<br>6<br>2<br>1 | 0<br>1<br>0<br>3<br>3 | 0<br>1<br>6<br>1<br>1 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>2<br>5<br>3 | 0<br>1<br>0<br>7<br>3 | 0<br>1<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>1 | 0<br>1<br>2<br>6<br>4 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>2 | 0<br>1<br>0<br>5<br>1 | 0<br>1<br>0<br>5<br>2 | 0<br>1<br>0<br>4<br>1 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**ENDOCRINE SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla<br>Pheochromocytoma Benign | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic                         | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland                          | M | M | + | + | M | M | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland<br>Pars Distalis, Adenoma  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland                              | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland   | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary<br>Granulosa Cell Tumor Benign<br>Granulosa Cell Tumor Malignant | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID | females<br>(cont...) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|----------------------|
|  | 0<br>2<br>4<br>3      | 0<br>3<br>7<br>9      | 0<br>5<br>1<br>2      | 0<br>5<br>2<br>0      | 0<br>5<br>3<br>4      | 0<br>5<br>4<br>1      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>4      | 0<br>6<br>4<br>7      | 0<br>6<br>6<br>3      | 0<br>6<br>7<br>4      | 0<br>7<br>0<br>1      | 0<br>7<br>0<br>1      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |           |                      |
|  | 0<br>1<br>0<br>6<br>3 | 0<br>0<br>6<br>2<br>1 | 0<br>1<br>0<br>3<br>3 | 0<br>1<br>0<br>6<br>1 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>2<br>5<br>3 | 0<br>1<br>0<br>7<br>3 | 0<br>1<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>7 | 0<br>1<br>2<br>6<br>4 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>6<br>2<br>2 | 0<br>1<br>6<br>5<br>1 | 0<br>1<br>6<br>5<br>4 | 0<br>1<br>0<br>4<br>1 | 0<br>0<br>2<br>4<br>2 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>4 |           |                      |

Tubulostromal Adenoma

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Uterus          | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangioma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hemangiosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

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

INTEGUMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoacanthoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenocarcinoma                            |   |   |   |   |   |   |   |   | X |   |   |   |   | X | X | X |   |   |   |   |   | X |   |   |
| Skin                                      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Squamous Cell Carcinoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Squamous Cell Papilloma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrosarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Subcutaneous Tissue, Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|------------------|
|  | 0<br>2<br>4<br>3 | 0<br>3<br>7<br>9 | 0<br>5<br>1<br>2 | 0<br>5<br>2<br>0 | 0<br>5<br>3<br>4 | 0<br>5<br>4<br>1 | 0<br>6<br>2<br>2 | 0<br>6<br>2<br>2 | 0<br>6<br>4<br>7 | 0<br>6<br>6<br>7 | 0<br>6<br>7<br>0 | 0<br>6<br>7<br>0 | 0<br>7<br>7<br>1 | 0<br>7<br>7<br>1 | 0<br>7<br>2<br>6 | 0<br>7<br>2<br>6 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |           |                      | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |
| Alveolar/Bronchiolar Adenoma                             |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  | X                | X                |                  | X                |                  | X                |                  |                  |                  |                  |           |                      |                  |                  |
| Alveolar/Bronchiolar Carcinoma                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Nose   | A                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |                  |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Trachea  | A                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |                  |
| <b>SPECIAL SENSES SYSTEM</b>                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Eye  | A                | +                | +                | +                | +                | +                | A                | +                | A                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +         | +                    | +                |                  |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Harderian Gland  | A                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |                  |
| Adenoma  |                  |                  | X                |                  | X                | X                |                  |                  | X                |                  |                  |                  | X                |                  |                  | X                | X                | X                |                  | X                |           |                      | X                |                  |
| Bilateral, Adenoma                                       |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| <b>URINARY SYSTEM</b>                                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Kidney   | A                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |                  |
| Urinary Bladder  | A                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |                  |
| <b>SYSTEMIC LESIONS</b>                                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Multiple Organ   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    | +                |                  |
| Histiocytic Sarcoma                                      |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |                  |
| Lymphoma Malignant                                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X         |                      | X                |                  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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Glycidamide  
 CAS Number: 5694-00-8

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 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             |                       |  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |  |
|  | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>4 |  |
|  | <b>* TOTALS</b>       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |

**ALIMENTARY SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Squamous Cell Carcinoma   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Gallbladder               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>44</b> |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Hepatocellular Adenoma    |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Hepatocellular Carcinoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Squamous Cell Papilloma   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>5</b>  |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | 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 | * 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 |          |
|  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|  |             | 2 | 2 | 2 | 2 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|  |             | 6 | 7 | 7 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 6 | 6 |          |
|  |             | 1 | 4 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 4 | 3 | 1 | 2 | 3 | 4 | 1 | 4 | 2 | 3 | 4 | 4 |          |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |

**ENDOCRINE SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Adrenal Medulla         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Pheochromocytoma Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Islets, Pancreatic      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Parathyroid Gland       | M | + | M | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 40 |
| Pituitary Gland         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Pars Distalis, Adenoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thyroid Gland           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Ovary                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Granulosa Cell Tumor Benign    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Granulosa Cell Tumor Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

\* .. 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



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|  | 0733        | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 |          |
| ANIMAL ID  | 00261       | 0004 | 0002 | 0004 | 0001 | 0002 | 0003 | 0004 | 0001 | 0002 | 0004 | 0001 | 0002 | 0004 | 0001 | 0002 | 0003 | 0004 | 0001 | 0002 | 0004     |
| Tubulostromal Adenoma                                    |             |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      | 1        |
| Uterus   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 47       |
| Hemangioma   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |
| Hemangiosarcoma  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |
| Polyp Stromal  |             |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      | X    |      |      |      | 3        |
| <b>HEMATOPOIETIC SYSTEM</b>                              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Bone Marrow  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 45       |
| Lymph Node   |             |      |      |      | +    |      | +    |      |      | +    |      |      |      |      | +    |      |      |      |      |      | 8        |
| Lymph Node, Mandibular                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 47       |
| Lymph Node, Mesenteric                                   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 47       |
| Spleen   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 47       |
| Hemangiosarcoma  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |
| Thymus   | M           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 43       |
| <b>INTEGUMENTARY SYSTEM</b>                              |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Mammary Gland  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 47       |
| Adenoacanthoma   |             |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      |      | 1        |
| Adenocarcinoma   |             |      |      |      |      | X    | X    |      |      |      |      |      |      | X    |      |      |      | X    |      |      | 9        |
| Skin   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 47       |
| Squamous Cell Carcinoma                                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 1        |
| Squamous Cell Papilloma                                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |      |      |      | 1        |
| Subcutaneous Tissue, Fibrosarcoma                        |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 2        |
| Subcutaneous Tissue, Fibrous Histiocytoma                |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|  | 0733        | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 |          |
| ANIMAL ID  | 00261       | 0004 | 0002 | 0004 | 0001 | 0002 | 0003 | 0004 | 0001 | 0002 | 0004 | 0001 | 0002 | 0004 | 0001 | 0002 | 0003 | 0004 | 0001 | 0002 | 0004     |
|  | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 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    | 2    | 2    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6    | 6        |
|  | 6           | 6    | 7    | 7    | 0    | 0    | 0    | 0    | 1    | 1    | 1    | 2    | 3    | 3    | 3    | 3    | 3    | 4    | 4    | 4    | 6        |
|  | 1           | 4    | 2    | 4    | 1    | 2    | 3    | 4    | 1    | 2    | 4    | 3    | 1    | 2    | 3    | 4    | 1    | 4    | 2    | 3    | 4        |

|   |   |   |
|---|---|---|
| Subcutaneous Tissue, Sarcoma              | X | 3 |
| Subcutaneous Tissue, Schwannoma Malignant | X | 1 |

**MUSCULOSKELETAL SYSTEM**

|  |   |    |
|--|---|----|
| Bone   | +   | 2  |
| Cranium, Rhabdomyosarcoma, Metastatic, Skeletal Muscle | X   | 1  |
| Bone, Femur  | + | 48 |
| Skeletal Muscle  | + | 47 |
| Rhabdomyosarcoma                                       | X   | 1  |

**NERVOUS SYSTEM**

|                           |   |    |
|---------------------------|---|----|
| Brain, Brain Stem         | + | 45 |
| Brain, Cerebellum         | + | 45 |
| Brain, Cerebrum           | + | 45 |
| Peripheral Nerve, Sciatic | + | 45 |
| Spinal Cord, Cervical     | + | 45 |
| Spinal Cord, Lumbar       | + | 45 |
| Spinal Cord, Thoracic     | + | 45 |

**RESPIRATORY SYSTEM**

|      |   |    |
|------|---|----|
| Lung | + | 47 |
|------|---|----|

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 + .. Tissue examined microscopically  
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Glycidamide  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |    |
| ANIMAL ID  | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>4 |    |
| Alveolar/Bronchiolar Adenoma                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7  |
| Alveolar/Bronchiolar Carcinoma                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Nose   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle            | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Trachea  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| <b>SPECIAL SENSES SYSTEM</b>                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Eye  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44 |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle            | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Harderian Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| Adenoma  |                       |                       |                       | X                     |                       |                       | X                     |                       | X                     |                       |                       |                       |                       |                       | X                     | X                     |                       | X                     | X                     |                       |                       |                       | 17 |
| Bilateral, Adenoma                                       |                       |                       |                       | X                     |                       |                       | X                     |                       |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |                       |                       | X                     |                       |                       | 7  |
| <b>URINARY SYSTEM</b>                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Kidney   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| Urinary Bladder  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| <b>SYSTEMIC LESIONS</b>                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Multiple Organ   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48 |
| Histiocytic Sarcoma                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Lymphoma Malignant                                       |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5  |

\* .. 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

Experiment Number: 20314 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
Time Report Requested: 07:40:57  
First Dose M/F: 06/02/05 / 06/02/05  
Lab: NCTR

|   |                   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|---|-------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | DAY ON TEST       | 0519  | 0541  | 0556  | 0558  | 0558  | 0625  | 0701  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  |       |
|   | ANIMAL ID         | 00984 | 00434 | 00049 | 00048 | 00064 | 00052 | 00045 | 00027 | 00034 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 |
|   | females (cont...) | 4     | 4     | 1     | 3     | 2     | 2     | 2     | 4     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 3     | 4     | 4     | 5     | 5     | 5     | 4     | 4     |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                       | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Gallbladder                                     | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                          | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                          | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                         | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                       | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                          | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                        | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver   | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                                 |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma                          |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Hepatocellular Carcinoma                        |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas  | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                                 | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach<br>Squamous Cell Papilloma | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular                              | + | + | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | DAY ON TEST |      | ANIMAL ID |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | females<br>(cont...) |        |   |  |
|---|-------------|------|-----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|--------|---|--|
|   | 0519        | 0519 | 000984    | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 | 000984 |                      | 000984 |   |  |
|   | 0           | 0    | 0         | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0                    | 0      | 0 |  |
|   | 5           | 5    | 5         | 5      | 5      | 5      | 6      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7                    | 7      | 7 |  |
|   | 1           | 4    | 4         | 6      | 8      | 8      | 2      | 0      | 0      | 2      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3                    | 3      | 3 |  |
|   | 9           | 1    | 6         | 5      | 2      | 6      | 5      | 1      | 7      | 6      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3                    | 3      | 3 |  |
|   | 0           | 0    | 0         | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0                    | 0      | 0 |  |
|   | 0           | 0    | 0         | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0                    | 0      | 0 |  |
|   | 9           | 4    | 3         | 4      | 9      | 4      | 3      | 4      | 3      | 9      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3                    | 3      |   |  |
|   | 8           | 6    | 4         | 5      | 8      | 6      | 4      | 5      | 2      | 7      | 2      | 2      | 2      | 3      | 3      | 3      | 3      | 4      | 4      | 5      | 5      | 5      | 4                    | 4      |   |  |
|   | 4           | 1    | 4         | 1      | 3      | 2      | 2      | 4      | 3      | 2      | 1      | 2      | 3      | 1      | 2      | 3      | 4      | 1      | 3      | 1      | 2      | 3      | 4                    | 2      |   |  |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart        | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**ENDOCRINE SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex     | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla    | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland  | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland    | + | + | M | + | M | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | M | M | + | + | + |
| Thyroid Gland      | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**GENERAL BODY SYSTEM**

|      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NONE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**GENITAL SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland                 | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                          | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Uterus<br>Endometrium, Adenoma | + | + | 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

Experiment Number: 20314 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
Time Report Requested: 07:40:57  
First Dose M/F: 06/02/05 / 06/02/05  
Lab: NCTR

| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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 |
| 5           | 5                                      | 5 | 5 | 5 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7         | 7                    | 7 | 7 |
| 1           | 4                                      | 4 | 6 | 8 | 8 | 2 | 0 | 0 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 3                    | 3 |   |
| 9           | 1                                      | 6 | 5 | 2 | 6 | 5 | 1 | 7 | 6 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 3                    | 3 |   |
| 0           | 0                                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                    | 0 |   |
| 0           | 0                                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                    | 0 |   |
| 9           | 4                                      | 3 | 4 | 9 | 4 | 3 | 4 | 3 | 9 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 4                    | 4 |   |
| 8           | 6                                      | 4 | 5 | 8 | 6 | 4 | 5 | 2 | 7 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 5 | 5 | 5         | 4                    | 4 |   |
| 4           | 1                                      | 4 | 1 | 3 | 2 | 2 | 2 | 4 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 3 | 1 | 2 | 3         | 4                    | 2 |   |

HEMATOPOIETIC SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                        | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma, Metastatic, Liver |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node                         |   |   | A |   | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | + |
| Lymph Node, Mandibular             | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric             | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + |
| Spleen                             | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymus                             | + | + | A | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | M | + |   |

INTEGUMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                             | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skin                                      | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Squamous Cell Papilloma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrosarcoma         |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |
| Subcutaneous Tissue, Sarcoma              |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Schwannoma Malignant |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |

MUSCULOSKELETAL SYSTEM

|             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |
| Bone, Femur | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | 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 |
|   | 5           | 5 | 5 | 5 | 5 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                      | 7 | 7 | 7 |
|   | 1           | 4 | 4 | 6 | 8 | 8 | 2 | 0 | 0 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 3                    | 3 |   |   |
|   | 9           | 1 | 6 | 5 | 2 | 6 | 5 | 1 | 7 | 6 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 3                    | 3 |   |   |
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                    | 0 |   |   |
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0                    | 0 |   |   |
|   | 9           | 4 | 3 | 4 | 9 | 4 | 3 | 4 | 3 | 9 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 4                    | 4 |   |   |
|   | 8           | 6 | 4 | 5 | 8 | 6 | 4 | 5 | 2 | 7 | 2 | 2 | 3 | 3 | 3 | 3 | 4 | 4 | 5 | 5 | 5         | 4                    | 4 |   |   |
|   | 4           | 1 | 4 | 1 | 3 | 2 | 2 | 2 | 4 | 3 | 1 | 2 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 3 | 1         | 2                    | 2 |   |   |
| Skeletal Muscle   | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | +                    | + |   |   |
| <b>NERVOUS SYSTEM</b>                                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |   |   |   |
| Brain, Brain Stem   | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | +                    | + |   |   |
| Brain, Cerebellum   | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | +                    | + |   |   |
| Brain, Cerebrum   | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | +                    | + |   |   |
| Peripheral Nerve, Sciatic                                 | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | +                    | + |   |   |
| Spinal Cord, Cervical                                     | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | +                    | + |   |   |
| Spinal Cord, Lumbar                                       | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | +                    | + |   |   |
| Spinal Cord, Thoracic                                     | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | +                    | + |   |   |
| <b>RESPIRATORY SYSTEM</b>                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |   |   |   |
| Lung  | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | +                    | + |   |   |
| Alveolar/Bronchiolar Adenoma                              |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |   |   |   |
| Nose  | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | +                    | + |   |   |
| Trachea   | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | +                    | + |   |   |
| <b>SPECIAL SENSES SYSTEM</b>                              |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |   |   |   |
| Eye   | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | +                    | + |   |   |
| Harderian Gland   | +           | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | +                    | + |   |   |
| Adenocarcinoma  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                      |   |   |   |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                                    |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------------------------------------|
| <b>C57BL/6N XC3H/HEN MTV-NCTR</b><br><b>MICE FEMALE</b><br><b>0.175 GLYCID</b> | DAY ON TEST | 0519  | 0541  | 0544  | 0565  | 0582  | 0605  | 0671  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | <b>females</b><br><b>(cont...)</b> |
|  | ANIMAL ID   | 00984 | 00434 | 00045 | 00081 | 00046 | 00042 | 00022 | 00043 | 00093 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00044 | 00055 | 00032 | 00033 | 00055 | 00055 | 00044 | 00044 |                                    |

|                    |   |   |  |   |  |  |  |  |   |   |  |  |  |  |  |  |   |  |   |  |  |  |  |  |   |
|--------------------|---|---|--|---|--|--|--|--|---|---|--|--|--|--|--|--|---|--|---|--|--|--|--|--|---|
| Adenoma            | X | X |  | X |  |  |  |  | X | X |  |  |  |  |  |  | X |  | X |  |  |  |  |  | X |
| Bilateral, Adenoma |   |   |  |   |  |  |  |  |   |   |  |  |  |  |  |  |   |  | X |  |  |  |  |  |   |

**URINARY SYSTEM**

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

**SYSTEMIC LESIONS**

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



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | * TOTALS         |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|   | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |                  |
| ANIMAL ID   | 0<br>4<br>4<br>3 | 0<br>4<br>4<br>3 | 0<br>4<br>5<br>3 | 0<br>4<br>4<br>3 | 0<br>4<br>6<br>3 | 0<br>4<br>6<br>4 | 0<br>4<br>7<br>1 | 0<br>4<br>7<br>2 | 0<br>4<br>7<br>3 | 0<br>4<br>7<br>4 | 0<br>4<br>9<br>1 | 0<br>4<br>9<br>2 | 0<br>4<br>9<br>3 | 0<br>4<br>9<br>3 | 0<br>4<br>6<br>4 | 0<br>4<br>6<br>1 | 0<br>4<br>6<br>2 | 0<br>4<br>6<br>3 | 0<br>4<br>6<br>4 | 0<br>4<br>7<br>1 | 0<br>4<br>7<br>2 |

ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Gallbladder               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Hemangiosarcoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma    |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   | 4  |
| Hepatocellular Carcinoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Squamous Cell Papilloma   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | 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 |          |
|   |             | 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 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |          |
|   |             | 3 | 4 | 5 | 3 | 4 | 6 | 3 | 4 | 7 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 4 |          |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |

**ENDOCRINE SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Adrenal Medulla    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Parathyroid Gland  | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Pituitary Gland    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 43 |
| Thyroid Gland      | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Ovary                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Uterus               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Endometrium, Adenoma |   |   |   |   |   |   | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |
| ANIMAL ID   | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 |

**HEMATOPOIETIC SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Hemangiosarcoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | 5  |
| Lymph Node, Mandibular             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Lymph Node, Mesenteric             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Spleen                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Thymus                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

**INTEGUMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Adenocarcinoma                            |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 2  |
| Skin                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Squamous Cell Papilloma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Fibrosarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Subcutaneous Tissue, Sarcoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Schwannoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**MUSCULOSKELETAL SYSTEM**

|             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Bone, Femur | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
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 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID        |                  |                  |
|---|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
|   | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |                  |                  | 0<br>7<br>3<br>3 |
|   | 0<br>0<br>4<br>3 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>4 | 0<br>0<br>4<br>5 | 0<br>0<br>4<br>6 | 0<br>0<br>4<br>6 | 0<br>0<br>4<br>7 | 0<br>0<br>4<br>7 | 0<br>0<br>4<br>7 | 0<br>0<br>4<br>7 | 0<br>0<br>9<br>7 | 0<br>0<br>9<br>4 | 0<br>0<br>9<br>1 | 0<br>0<br>9<br>2 | 0<br>0<br>9<br>3 | 0<br>0<br>6<br>4 | 0<br>0<br>6<br>3 | 0<br>0<br>7<br>4 | 0<br>0<br>7<br>1 | 0<br>0<br>7<br>2 | 0<br>0<br>8<br>4 | 0<br>0<br>8<br>1 | <b>* TOTALS</b>  |
| Skeletal Muscle   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47               |
| <b>NERVOUS SYSTEM</b>                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Brain, Brain Stem   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47               |
| Brain, Cerebellum   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47               |
| Brain, Cerebrum   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47               |
| Peripheral Nerve, Sciatic                                 | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47               |
| Spinal Cord, Cervical                                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47               |
| Spinal Cord, Lumbar                                       | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47               |
| Spinal Cord, Thoracic                                     | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47               |
| <b>RESPIRATORY SYSTEM</b>                                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Lung  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47               |
| Alveolar/Bronchiolar Adenoma                              |                  |                  |                  | X                |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  | 3                |
| Nose  | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47               |
| Trachea   | +                | +                | +                | +                | +                | +                | +                | +                | M                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 46               |
| <b>SPECIAL SENSES SYSTEM</b>                              |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |
| Eye   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47               |
| Harderian Gland   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | 47               |
| Adenocarcinoma  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|   | 0733        | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 |          |
| ANIMAL ID   | 0043        | 0044 | 0045 | 0046 | 0047 | 0048 | 0049 | 0050 | 0051 | 0052 | 0053 | 0054 | 0055 | 0056 | 0057 | 0058 | 0059 | 0060 | 0061 | 0062 |          |
| Adenoma   |             |      | X    | X    |      |      | X    |      |      | X    | X    | X    | X    |      | X    |      |      | X    |      |      |          |
| Bilateral, Adenoma  |             | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |      |          |
| <b>URINARY SYSTEM</b>                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Kidney  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Urinary Bladder   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| <b>SYSTEMIC LESIONS</b>                                   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Multiple Organ  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Histiocytic Sarcoma                                       |             |      |      |      |      |      | X    |      |      |      |      |      |      |      | X    |      |      |      |      |      |          |
| Lymphoma Malignant  |             |      |      |      |      |      |      |      |      | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | 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 | 0 | ANIMAL ID | females<br>(cont...) |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------------|
|  |             | 5 | 5 | 5 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                      |
|  |             | 0 | 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 | 4 | 9 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                      |
|  |             | 7 | 7 | 7 | 0 | 8 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                      |
|  |             | 0 | 0 | 0 | 0 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                      |
|  |             | 1 | 8 | 8 | 1 | 8 | 8 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |           |                      |
|  |             | 4 | 2 | 2 | 1 | 0 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 9 | 9 | 9 | 9 | 9 |           |                      |
|  |             | 4 | 3 | 4 | 3 | 1 | 1 | 1 | 2 | 3 | 3 | 4 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 |           |                      |

**ALIMENTARY SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder               | A | + | + | A | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum    | A | + | + | A | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon    | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum   | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum | A | + | + | A | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum    | A | + | + | A | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum  | A | + | + | A | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma  |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands           | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach      | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Squamous Cell Papilloma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Stomach, Glandular        | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**CARDIOVASCULAR 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|  | 0<br>5<br>0<br>1      | 0<br>5<br>3<br>7      | 0<br>5<br>3<br>7      | 0<br>5<br>4<br>0      | 0<br>6<br>9<br>8      | 0<br>7<br>0<br>4      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                      |
|  | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>8<br>2<br>3 | 0<br>0<br>8<br>2<br>4 | 0<br>1<br>1<br>0<br>3 | 0<br>0<br>8<br>1<br>1 | 0<br>0<br>8<br>1<br>1 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>3 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>4 |                      |

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**ENDOCRINE SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla<br>Pheochromocytoma Malignant | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland                             | A | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland<br>Pars Distalis, Adenoma     | + | + | M | + | + | + | + | M | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland                                 | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + |
| Uterus<br>Polyp Stromal | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | 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 | 0 | 0 | 0 |                      | 0 | 0 |
|  | 5           | 5 | 5         | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                      | 7 | 7 |
|  | 0           | 0 | 0         | 0 | 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           | 3 | 3         | 4 | 9 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3 |   |
|  | 7           | 7 | 7         | 0 | 8 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3 |   |
|  | 0           | 0 | 0         | 0 | 0 | 0 | 0 | 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 | 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           | 8 | 8         | 1 | 8 | 8 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 7 | 7 | 7 | 7                    | 7 |   |
|  | 4           | 2 | 2         | 1 | 0 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 9 | 9 | 9 | 9 | 9 | 9                    | 9 |   |
|  | 4           | 3 | 4         | 3 | 1 | 1 | 1 | 2 | 3 | 3 | 4 | 1 | 2 | 3 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3                    | 4 |   |

HEMATOPOIETIC SYSTEM

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

INTEGUMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland<br>Adenocarcinoma                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin<br>Subcutaneous Tissue, Fibrosarcoma, Multiple | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

MUSCULOSKELETAL SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

NERVOUS SYSTEM

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem | 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



Experiment Number: 20314 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
Glycidamide  
CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
Time Report Requested: 07:40:57  
First Dose M/F: 06/02/05 / 06/02/05  
Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | DAY ON TEST | 0<br>5<br>0<br>1      | 0<br>5<br>3<br>7      | 0<br>5<br>3<br>7      | 0<br>5<br>4<br>0      | 0<br>6<br>9<br>8      | 0<br>7<br>0<br>4      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |   |
|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|
|  | ANIMAL ID   | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>8<br>2<br>3 | 0<br>0<br>8<br>2<br>4 | 0<br>1<br>8<br>1<br>3 | 0<br>0<br>8<br>1<br>1 | 0<br>0<br>8<br>1<br>1 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 |   |
|  |             | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | + |
| Brain, Cerebellum  | A           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |   |
| Brain, Cerebrum  | A           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |   |
| Peripheral Nerve, Sciatic                                  | A           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |   |
| Spinal Cord, Cervical                                      | A           | +                     | +                     | A                     | A                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |   |
| Spinal Cord, Lumbar  | A           | +                     | +                     | A                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |   |
| Spinal Cord, Thoracic                                      | A           | +                     | +                     | A                     | A                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |   |
| <b>RESPIRATORY SYSTEM</b>                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Lung   | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |   |
| Alveolar/Bronchiolar Adenoma                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Alveolar/Bronchiolar Carcinoma                             |             |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |   |
| Nose   | A           | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |   |
| Trachea  | A           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |   |
| <b>SPECIAL SENSES SYSTEM</b>                               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| Eye  | A           | +                     | +                     | A                     | A                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |   |
| Harderian Gland  | +           | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |   |
| Adenoma  |             | X                     | X                     |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       | X                     |                       | X                     | X                     | X                     |                       | X                     |                       |                       |   |
| Bilateral, Adenoma   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |
| <b>URINARY SYSTEM</b>                                      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |   |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |             |                      |
|  | 5           | 5 | 5 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0011844     |                      |
|  | 3           | 3 | 3 | 4 | 9 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 00010011844 |                      |

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

SYSTEMIC LESIONS

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

Experiment Number: 20314 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
Time Report Requested: 07:40:57  
First Dose M/F: 06/02/05 / 06/02/05  
Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                 |
| ANIMAL ID  | 0<br>0<br>8<br>0<br>2 | 0<br>0<br>8<br>0<br>3 | 0<br>0<br>8<br>0<br>4 | 0<br>0<br>8<br>1<br>2 | 0<br>0<br>8<br>1<br>3 | 0<br>0<br>8<br>1<br>4 | 0<br>0<br>8<br>2<br>1 | 0<br>0<br>8<br>1<br>2 | 0<br>1<br>1<br>1<br>1 | 0<br>1<br>1<br>1<br>2 | 0<br>1<br>1<br>1<br>1 | 0<br>1<br>1<br>1<br>2 | 0<br>1<br>1<br>1<br>2 | 0<br>1<br>1<br>2<br>2 | 0<br>1<br>1<br>2<br>2 | 0<br>1<br>1<br>3<br>3 | 0<br>1<br>1<br>3<br>3 | 0<br>1<br>1<br>4<br>4 | 0<br>1<br>1<br>4<br>1 | 0<br>1<br>1<br>4<br>2 | 0<br>1<br>1<br>4<br>3 |                 |
|  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>* TOTALS</b> |

ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Gallbladder               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hepatocellular Adenoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | 2  |
| Hepatocellular Carcinoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Squamous Cell Papilloma   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

CARDIOVASCULAR 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |         |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |         |
| ANIMAL ID  | 0<br>0<br>8<br>0<br>2 | 0<br>0<br>8<br>0<br>3 | 0<br>0<br>8<br>0<br>4 | 0<br>0<br>8<br>1<br>2 | 0<br>0<br>8<br>1<br>3 | 0<br>0<br>8<br>1<br>4 | 0<br>0<br>8<br>2<br>1 | 0<br>0<br>8<br>1<br>2 | 0<br>1<br>8<br>1<br>1 | 0<br>1<br>8<br>1<br>2 | 0<br>1<br>8<br>1<br>4 | 0<br>1<br>8<br>1<br>2 | 0<br>1<br>8<br>2<br>2 | 0<br>1<br>8<br>2<br>3 | 0<br>1<br>8<br>3<br>4 | 0<br>1<br>8<br>3<br>1 | 0<br>1<br>8<br>3<br>2 | 0<br>1<br>8<br>4<br>3 | 0<br>1<br>8<br>4<br>4 | 0<br>1<br>8<br>4<br>1 | 0<br>1<br>8<br>4<br>2 |         |
| Blood Vessel   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48      |
| Heart  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48      |
| <b>ENDOCRINE SYSTEM</b>                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |         |
| Adrenal Cortex   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48      |
| Adrenal Medulla<br>Pheochromocytoma Malignant              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45<br>1 |
| Islets, Pancreatic   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48      |
| Parathyroid Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | 45      |
| Pituitary Gland<br>Pars Distalis, Adenoma                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45<br>2 |
| Thyroid Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47      |
| <b>GENERAL BODY SYSTEM</b>                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |         |
| NONE   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |         |
| <b>GENITAL SYSTEM</b>                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |         |
| Clitoral Gland   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48      |
| Ovary  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47      |
| Uterus<br>Polyp Stromal                                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48<br>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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |
| ANIMAL ID  | 0<br>0<br>8<br>0<br>2 | 0<br>0<br>8<br>0<br>3 | 0<br>0<br>8<br>0<br>4 | 0<br>0<br>8<br>1<br>2 | 0<br>0<br>8<br>1<br>3 | 0<br>0<br>8<br>1<br>4 | 0<br>0<br>8<br>2<br>1 | 0<br>0<br>8<br>2<br>2 | 0<br>1<br>8<br>1<br>1 | 0<br>1<br>8<br>1<br>2 | 0<br>1<br>8<br>1<br>4 | 0<br>1<br>8<br>1<br>1 | 0<br>1<br>8<br>2<br>2 | 0<br>1<br>8<br>2<br>2 | 0<br>1<br>8<br>3<br>3 | 0<br>1<br>8<br>3<br>3 | 0<br>1<br>8<br>4<br>4 | 0<br>1<br>8<br>4<br>1 | 0<br>1<br>8<br>4<br>2 | 0<br>1<br>8<br>4<br>3 | 0<br>1<br>8<br>4<br>4 |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Lymph Node             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Thymus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |

**INTEGUMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Mammary Gland<br>Adenocarcinoma                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48<br>1 |
| Skin<br>Subcutaneous Tissue, Fibrosarcoma, Multiple | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48<br>1 |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |    |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|----|
|  | 0733        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          |    |
| ANIMAL ID  | 00802       | 00803 | 00804 | 00802 | 00803 | 00804 | 00802 | 00803 | 00804 | 00802 | 00803 | 00804 | 00802 | 00803 | 00804 | 00802 | 00803 | 00804 | 00802 | 00803 | 00804    |    |
| Brain, Cerebellum  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47 |
| Brain, Cerebrum  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47 |
| Peripheral Nerve, Sciatic                                  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47 |
| Spinal Cord, Cervical                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 44 |
| Spinal Cord, Lumbar  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 45 |
| Spinal Cord, Thoracic                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 44 |
| <b>RESPIRATORY SYSTEM</b>                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |    |
| Lung   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48 |
| Alveolar/Bronchiolar Adenoma                               |             | X     | X     |       | X     |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |          | 5  |
| Alveolar/Bronchiolar Carcinoma                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1  |
| Nose   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46 |
| Trachea  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47 |
| <b>SPECIAL SENSES SYSTEM</b>                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |    |
| Eye  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 44 |
| Harderian Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47 |
| Adenoma  |             |       |       |       |       |       | X     | X     | X     | X     |       | X     |       |       |       | X     |       | X     |       | X     |          | 18 |
| Bilateral, Adenoma   |             | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1  |
| <b>URINARY SYSTEM</b>                                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |    |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | 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  | * 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 | 7  |          |
|  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |    |          |
|  |             | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |    |          |
|  |             | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 |    |          |
|  |             | 2 | 3 | 4 | 2 | 3 | 4 | 1 | 2 | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |    |          |
| Kidney   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |          |
| Urinary Bladder  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |          |
| <b>SYSTEMIC LESIONS</b>                                    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |
| Multiple Organ   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |          |
| Histiocytic Sarcoma  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |          |
| Lymphoma Malignant   |             | X |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 5  |          |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID | females<br>(cont...) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|----------------------|
|  | 0<br>3<br>9<br>9      | 0<br>5<br>5<br>9      | 0<br>6<br>3<br>6      | 0<br>6<br>8<br>3      | 0<br>6<br>8<br>8      | 0<br>7<br>0<br>8      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |           |                      |
|  | 0<br>0<br>4<br>2<br>2 | 0<br>0<br>4<br>1<br>1 | 0<br>0<br>7<br>3<br>4 | 0<br>1<br>2<br>1<br>3 | 0<br>1<br>7<br>9<br>3 | 0<br>0<br>7<br>1<br>3 | 0<br>0<br>2<br>1<br>4 | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>3<br>2 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>4<br>0<br>1 | 0<br>0<br>4<br>0<br>2 | 0<br>0<br>4<br>0<br>3 | 0<br>0<br>4<br>0<br>4 | 0<br>0<br>4<br>0<br>1 | 0<br>0<br>4<br>1<br>3 | 0<br>0<br>4<br>1<br>4 |           |                      |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus   | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder   | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                                  | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                                  | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                                 | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                               | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum<br>Fibrous Histiocytoma          | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                                | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver<br>Fibrous Histiocytoma<br>Hepatocellular Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pancreas<br>Fibrous Histiocytoma                        | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands   | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach<br>Squamous Cell Papilloma         | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X |
| Stomach, Glandular                                      | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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M .. Missing tissue  
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 BLANK .. Not examined microscopically



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|  | 0<br>3<br>9<br>9      | 0<br>5<br>5<br>9      | 0<br>6<br>3<br>6      | 0<br>6<br>8<br>3      | 0<br>6<br>8<br>8      | 0<br>7<br>0<br>8      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                      |
|  | 0<br>0<br>4<br>2<br>2 | 0<br>0<br>4<br>1<br>1 | 0<br>0<br>7<br>3<br>4 | 0<br>1<br>2<br>1<br>3 | 0<br>1<br>7<br>1<br>3 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>1<br>4 | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>3<br>4 | 0<br>0<br>2<br>3<br>1 | 0<br>0<br>2<br>3<br>2 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>4<br>3<br>4 | 0<br>0<br>4<br>0<br>1 | 0<br>0<br>4<br>0<br>0 | 0<br>0<br>4<br>0<br>0 | 0<br>0<br>4<br>1<br>2 | 0<br>0<br>4<br>1<br>3 | 0<br>0<br>4<br>1<br>4 |                      |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart        | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**ENDOCRINE SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex     | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla    | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland  | + | + | M | + | A | + | + | + | M | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland    | + | + | A | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland      | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**GENERAL BODY SYSTEM**

|      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NONE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**GENITAL SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland          | + | M | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                   | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Uterus<br>Polyp Stromal | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|                         |   |   |   | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                       | ANIMAL ID             | females<br>(cont...) |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------------------|----------------------|
|  | 0<br>3<br>9<br>9 | 0<br>5<br>5<br>9 | 0<br>6<br>3<br>6 | 0<br>6<br>8<br>3 | 0<br>6<br>8<br>8 | 0<br>7<br>0<br>8 | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |                       |                       |                      |
|  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>4<br>2<br>2 | 0<br>0<br>4<br>1<br>1 |                      |

**HEMATOPOIETIC SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone Marrow                      | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |   |  |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |  |
| Lymph Node                       | + |   | + |   |   | + |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Pancreatic, Fibrous Histiocytoma | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Renal, Fibrous Histiocytoma      | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Lymph Node, Mandibular           | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Lymph Node, Mesenteric           | + | M | A | + | A | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Fibrous Histiocytoma             | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Spleen                           | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |  |
| Fibrous Histiocytoma             | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |  |
| Thymus                           | + | + | + | + | A | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | M | + | M | + | + |  |

**INTEGUMENTARY SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Mammary Gland  | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Adenocarcinoma |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Skin           | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Bone, Femur     | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Skeletal Muscle | + | + | + | + | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| DAY ON TEST | ANIMAL ID  |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |      |        |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
|-------------|--|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
|             | C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | 0399 | 0599 | 0666 | 0666 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 | 0777 |                      | 0777 | 004222 | 0047133 | 0011000 | 0011000 | 0077222 | 0077222 | 0011111 | 0011111 | 0022222 | 0022222 | 0033333 | 0033333 | 0033333 | 0044444 | 0044444 | 0000000 | 0000000 | 0011111 |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem         | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum         | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum           | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Peripheral Nerve, Sciatic | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Cervical     | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Lumbar       | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Thoracic     | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**RESPIRATORY SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                           | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                           | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                        | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye             | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma         |   |   | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
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 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | ANIMAL ID             | females<br>(cont...) |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|-----------------------|----------------------|
|  | 0<br>3<br>9<br>9 | 0<br>5<br>5<br>9 | 0<br>6<br>3<br>6 | 0<br>6<br>8<br>3 | 0<br>6<br>8<br>8 | 0<br>7<br>0<br>8 | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |   |                       |                      |
|  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0 | 0<br>0<br>4<br>2<br>2 |                      |

**URINARY SYSTEM**

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

**SYSTEMIC LESIONS**

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

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
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 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | 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 |
|--|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | ANIMAL ID   | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|  |             | 3               | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|  |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |             | 4               | 4 | 4 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|  |             | 2               | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
|  |             | 1               | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 2 | 3 | 4 | 1 | 2 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 4 |
|  |             | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Gallbladder               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Fibrous Histiocytoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Fibrous Histiocytoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma    |   |   |   | X |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 4  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Fibrous Histiocytoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Squamous Cell Papilloma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | 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 |
|--|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | 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 |
|  |             | 3               | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|  |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |             | 4               | 4 | 4 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|  |             | 2               | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
|  |             | 1               | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 4 |
|  |             | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |

**ENDOCRINE SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Adrenal Cortex     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 45 |
| Adrenal Medulla    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 45 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 45 |
| Parathyroid Gland  | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | 41 |    |
| Pituitary Gland    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 45 |
| Thyroid Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 45 |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | 44 |    |
| Ovary          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 45 |
| Uterus         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 45 |
| Polyp Stromal  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | 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 | 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 | 7 |                 |  |
|  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                 |  |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |  |
|  |             | 4 | 4 | 4 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                 |  |
|  |             | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |                 |  |
|  |             | 1 | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 2 | 3 | 4 | 1 | 2 | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 4 |                 |  |
|  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |  |

**HEMATOPOIETIC SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |           |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|-----------|
| Bone Marrow                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>46</b> |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>1</b>  |
| Lymph Node                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>8</b>  |
| Pancreatic, Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>1</b>  |
| Renal, Fibrous Histiocytoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>1</b>  |
| Lymph Node, Mandibular           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>46</b> |
| Lymph Node, Mesenteric           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>43</b> |
| Fibrous Histiocytoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>1</b>  |
| Spleen                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>46</b> |
| Fibrous Histiocytoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>1</b>  |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>1</b>  |
| Thymus                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>43</b> |

**INTEGUMENTARY SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |           |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|-----------|
| Mammary Gland  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>45</b> |
| Adenocarcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>1</b>  |
| Skin           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>45</b> |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|-----------|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>46</b> |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>46</b> |

\* .. 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

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

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

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | 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 |
| ANIMAL ID  | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        |   |
|  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        |   |
|  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        |   |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |   |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        |   |
|  | 4           | 4 | 4 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2        |   |
|  | 2           | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 1 | 1        |   |
|  | 1           | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 1        |   |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Brain, Cerebellum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Brain, Cerebrum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Peripheral Nerve, Sciatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Spinal Cord, Cervical     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Spinal Cord, Lumbar       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Spinal Cord, Thoracic     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

**RESPIRATORY SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Alveolar/Bronchiolar Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   | 3  |
| Alveolar/Bronchiolar Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Nose                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Trachea                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

**SPECIAL SENSES SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Harderian Gland Adenoma | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

\* .. 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



Experiment Number: 20314 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
Time Report Requested: 07:40:57  
First Dose M/F: 06/02/05 / 06/02/05  
Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR MICE FEMALE<br>CONTROL WATER | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|   | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
| ANIMAL ID   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |
|   | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 |          |
|   | 4           | 4 | 4 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 1 | 1 | 1 | 2 | 2 | 2 | 2 |          |
|   | 2           | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 1 | 1 |          |
|   | 1           | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 1 | 2 | 4 | 1 | 2 | 3 | 4 |          |

URINARY SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

SYSTEMIC LESIONS

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |   |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 2 |
| Leukemia            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   | X | X |   |   |   | X | X | X |   |   |   | X  | 8 |

\*\*\* END OF REPORT \*\*\*

\* .. 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