Nat	ional	Cancer	Instit	ute
CA	RC	INO	GENI	ESIS
Tec	hnica	I Repo	rt Serie	es
No.	202	-		
NTI	P No.	80-13		
198	0			

# **BIOASSAY OF A MIXTURE OF**

1, 2, 3, 6, 7, 8-HEXACHLORODIBENZO-p-DIOXIN AND

1, 2, 3, 7, 8, 9-HEXACHLORODIBENZO-p-DIOXIN

(Dermal Study)

# FOR POSSIBLE CARCINOGENICITY

CAS No. 57653-85-7 CAS No. 19408-74-3 NCI-CG-TR-202 NTP-80-13

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



ı

## BIOASSAY OF

1,2,3,6,7,8 and 1,2,3,7,8,9-HEXACHLORODIBENZO-p-DIOXINS FOR POSSIBLE CARCINOGENICITY

(Dermal Study)

Carcinogenesis Testing Program National Cancer Institute National Institutes of Health Bethesda, Maryland 20205 and National Toxicology Program Research Triangle Park Box 12233 North Carolina 27709

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

> NIH Publication No. 80-1758 August 1980

## BIOASSAY OF A MIXTURE OF 1,2,3,6,7,8- and 1,2,3,7,8,9-HEXACHLORODIBENZO-p-DIOXINS FOR POSSIBLE CARCINOGENICITY (Dermal Study)

## Carcinogenesis Testing Program National Cancer Institute/National Toxicology Program

#### FOREWORD

This report presents the results of the bioassay of a mixture of 1,2,3,6,7,8- and 1,2,3,7,8,9-hexachlorodibenzo-p-dioxins conducted for the Carcinogenesis Testing Program, National Cancer Institute (NCI)/ National Toxicology Program (NTP). This is one of a series of experiments designed to determine whether selected chemicals have the capacity to produce cancer in animals. Negative results, in which the test animals do not have a greater incidence of cancer than control animals, do not necessarily mean that a test chemical is not a carcinogen, inasmuch as the experiments are conducted under a limited set of conditions. Positive results demonstrate that a test chemical is carcinogenic for animals under the conditions of the test and indicate that exposure to the chemical is a potential risk to man. The actual determination of the risk to man from chemicals found to be carcinogenic in animals requires a wider analysis.

#### CONTRIBUTORS

This bioassay was conducted at the Illinois Institute of Technology Research Institute (IITRI), Chicago, Illinois, initially under direct contract to NCI and later under a subcontract to Tracor Jitco, Inc., Rockville, Maryland, prime contractor for the NCI Carcinogenesis Testing Program.

The project director was Mr. A. Shefner (1); Dr. M. E. King (1) was the principal investigator for this study; and Dr. P. Holmes (1,2) assembled the data. Doses of the test chemical were selected by Dr. O. G. Fitzhugh (3, 4). Mr. T. Kruckeberg (1) and Mr. K. Kaltenborn (1) were in charge of animal care. Histopathologic evaluations were performed by Dr. J. H. Rust (1). The pathology report and selected slides were evaluated by the NCI Pathology Working Group as described in Ward et al. (1978).

Animal pathology tables and survival tables were compiled at EG&G Mason Research Institute (5). Statistical analyses were performed by Dr. J. R. Joiner (4) and Ms. S. Vatsan (4) using methods selected for the bioassay program by Dr. J. J. Gart (6). Chemicals used in this bioassay were synthesized and analyzed under the direction of Dr. A. Gray (1), with the assistance of Mr. S. Cepa (1) and Mr. V. DaPinto (1). Further chemical analyses were conducted at Midwest Research Institute (7). The results of the chemical analytical work were reviewed by Dr. S. S. Olin (4). This report was prepared at Tracor Jitco (4) under the direction of Dr. L. A. Campbell, Acting Director of the Bioassay Program; Dr. S. S. Olin, Associate Director; Dr. R. L. Schueler, pathologist; Dr. D. J. Beach, reports manager; Dr. A. C. Jacobs, bioscience writer; and Dr. W. D. Theriault and Ms. M. W. Glasser, technical editors.

The following scientists at NCI (8) were responsible for evaluating the bioassay experiment, interpreting the results, and reporting the findings: Dr. Kenneth C. Chu, Jr., Dr. Michael P. Dieter, Dr. J. Fielding Douglas, Dr. Richard A. Griesemer, Dr. Charles K. Grieshaber, Dr. Thomas E. Hamm, Dr. William V. Hartwell, Dr. C. W. Jameson, Dr. Y. Jack Lee, Dr. Harry Mahar, Dr. James McCoy, Dr. Harry A. Milman, Dr. Thomas W. Orme, Dr. Marcelina B. Powers, Dr. Sherman F. Stinson, Dr. Jerrold M. Ward, and Dr. Carrie E. Whitmire.

- (1) IIT Research Institute, 10 West 35th Street, Chicago, Illinois 60616.
- (2) Now with Stauffer Chemical Company, Richmond Research Center, 1200 South 47th Street, Richmond, California 94804.
- (3) Now at 4208 Dresden Street, Kensington, Maryland 20795.
- (4) Tracor Jitco, Inc., 1776 East Jefferson Street, Rockville, Maryland 20852.
- (5) EG&G Mason Research Institute, 1530 East Jefferson Street, Rockville, Maryland 20852.
- (6) Mathematical Statistics and Applied Mathematics Section, Biometry Branch, Field Studies and Statistics, Division of Cancer Cause and Prevention, National Cancer Institute, National Institutes of Health, Bethesda, Maryland 20205.
- (7) Midwest Research Institute, 425 Volker Boulevard, Kansas City, Missouri 64110.
- (8) Carcinogenesis Testing Program, National Cancer Institute, National Institutes of Health, Bethesda, Maryland 20205; and National Toxicology Program, Research Triangle Park, Box 12233, North Carolina 27709

#### SUMMARY

A bioassay of a mixture of 1,2,3,6,7,8- and 1,2,3,7,8,9-hexachlorodibenzo-p-dioxins (HCDD) for possible carcinogenicity was conducted by dermal application of a suspension of this substance to Swiss-Webster mice.

HCDD  $(0.01 \ \mu g)$  suspended in 0.1 ml acetone was applied to the backs of 30 mice of each sex 3 days per week for 104 weeks. During the first 16 weeks, doses were  $0.005\mu g$  HCDD per application. An additional 30 mice of each sex were pretreated with one application of 50  $\mu g$  DMBA in 0.1 ml acetone 1 week before the initiation of the HCDD applications. As vehicle controls, 45 mice of each sex received 0.1 ml of acetone three times per week. Thirty animals of each sex served as untreated controls. Mean body weights of all test and vehicle control mice were comparable throughout the bioassay; mean body weights of untreated controls were higher than those of the test and vehicle-control groups.

In male mice, the incidence of alveolar/bronchiolar carcinomas in the group administered only HCDD was significantly higher (P=0.045) than that in the vehicle-control group; however, the incidence was not significantly higher when compared with untreated controls.

In male mice, the incidence of lymphomas or leukemias was significantly lower (P=0.011) in the group administered only HCDD when compared with the untreated controls.

In female mice, the incidences of fibrosarcomas of the skin were significantly higher (P=0.044) in animals administered HCDD (both with and without pretreatment with DMBA) than in the untreated-control group; however, when the incidences were compared with those of the vehicle controls (relative risk=3.037) the results were not significant.

Under the conditions of this bioassay, HCDD was not carcinogenic for male or female Swiss-Webster mice.

# TABLE OF CONTENTS

# Page

I.	Intro	duction	1
II.	Mater	ials and Methods	3
	A. C	hemical	3
		osage Preparation	3
		<b>o</b> .	4
		nimals	4
		nimal Maintenance	6
		ubchronic Studies	
		hronic Studies	6
	G. C	linical Examinations and Pathology	9
	H. D	ata Recording and Statistical Analyses	9
III.	Resul	ts	13
	A. B	ody Weights and Clinical Signs	13
		urvival	13
			16
		athology	16
	D. S	tatistical Analyses of Results	10
IV.	Discu	ssion	25
v.	Concl	usion	27
VI.	Bibli	ography	29
		APPENDIXES	
Appen	dix A	Summary of the Incidence of Neoplasms in Mice	
		Administered HCDD by Dermal Application	31
		Administered Hobb by Dermai Application	
Tab	le Al	Summary of the Incidence of Neoplasms in Male Mice	
		Administered HCDD by Dermal Application	33
Tab	le A2	Summary of the Incidence of Neoplasms in Female Mice	
		Administered HCDD by Dermal Application	37
Appen	dix B	Summary of the Incidence of Nonneoplastic Lesions	
		in Mice Administered HCDD by Dermal Application	41
Tab	le Bl	Summary of the Incidence of Nonneoplastic Lesions	
		in Male Mice Administered HCDD by Dermal	
		Application	43
ጥልኈ	le B2	Summary of the Incidence of Nonneoplastic Lesions	
Tab	TE DZ		
		in Female Mice Administered HCDD by Dermal	52
		Application	24

# Page

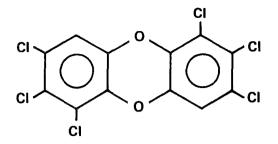
Appendix C	Summary of the Incidence of Neoplasms in Mice Administered HCDD plus DMBA by Dermal Application	5 <b>9</b>
Table Cl	Summary of the Incidence of Neoplasms in Male Mice Administered HCDD plus DMBA by Dermal Application	61
Table C2	Summary of the Incidence of Neoplasms in Female Mice Administered HCDD plus DMBA by Dermal Application	65
Appendix D	Summary of the Incidence of Nonneoplastic Lesions in Mice Administered HCDD plus DMBA by Dermal Application	71
Table Dl	Summary of the Incidence of Nonneoplastic Lesions in Male Mice Administered HCDD plus DMBA by Dermal Application	73
Table D2	Summary of the Incidence of Nonneoplastic Lesions in Female Mice Administered HCDD plus DMBA by Dermal Application	82
Appendix E	Preparation of HCDD	91
Appendix F	Analyses of HCDD	95
Appendix G	Quarterly Analyses of HCDD Stock Solutions	105
	TABLES	
Table l	HCDD Subchronic Dermal Studies in Mice	7
Table 2	HCDD Chronic Dermal Application Studies in Mice	8
Table 3	Analyses of the Incidence of Primary Tumors in Male Mice Administered HCDD or HCDD plus DMBA by Dermal Application	18
Table 4	Analyses of the Incidence of Primary Tumors in Female Mice Administered HCDD or HCDD plus DMBA by Dermal Application	21

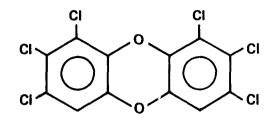
# Page

# FIGURES

Figure l	Growth Curves for Mice Administered HCDD or HCDD & DMBA by Dermal Application	14
Figure 2	Survival Curves for Mice Administered HCDD or HCDD & DMBA by Dermal Application	15

.





1, 2, 3, 6, 7, 8-HCDD CAS 57653-85-7

## 1, 2, 3, 7, 8, 9-HCDD CAS 19408-74-3

Hexachlorodibenzo-p-dioxin (HCDD) (NCI CO3703) is formed as a byproduct during the manufacture of certain chlorophenols and has been found in trichlorophenol, tetrachlorophenol, pentachlorophenol and in the chlorophenolderived herbicides 2,4-dichlorophenoxyacetic acid (2,4-D) and 2,4,5-trichlorophenoxyacetic acid (2,4,5-T) (Woolson et al., 1972; Firestone et al, 1972). From 1967 to 1970, the concentration of HCDD in commercial pentachlorophenol ranged from 0.03 to 38 ppm (Firestone et al., 1972). Since then, HCDD levels in pentachlorophenol have been reduced to less than 1 ppm (Blaser et al., 1976).

HCDD was first identified in 1967 and was called the "chick edema factor," following 10 years of research into the cause of a buildup of fluid in the pericardial sac and abdominal cavity, or at subcutaneous sites, which killed millions of broilers in the eastern and midwestern United States (Firestone, 1973). Liver damage was also seen in the poisoned birds. The chick embryo later became the animal test system used to detect HCDD or other dioxins in commercial fatty acids (Firestone, 1978). Using x-ray crystallography, Cantrell (1969) identified 1,2,3,7,8,9-hexachloro-p-dibenzodioxin as one of the toxic components in fats used in animal feeds and related this substance specifically to the cause of chick edema. The presence of HCDD in animal feeds was traced to impurities in the pentachlorophenol used in the preservation of animal hides from which fats containing HCDD residues were processed and used in animal feeds (Firestone, 1972).

Schwetz et al. (1973) found that a single oral dose of 100  $\mu$ g/kg HCDD was lethal to male Sprague-Dawley rats. Severe weight losses and gross evidence of liver damage were observed in pregnant Sprague-Dawley rats administered oral doses of 100  $\mu$ g/kg day for 10 consecutive days. Doses of 10 or 100  $\mu$ g/kg/day of HCDD were fetotoxic, and a single dose of 100  $\mu$ g/kg was teratogenic.

Although much has been published about the structurally related 2,3,7, 8-tetrachlorodibenzo-p-dioxin (TCDD), the literature on HCDD is very limited and not all references specify which isomer was used. Biological effects of HCDD appear to parallel, qualitatively, the biological effects of TCDD. Toxicity appears to be partly correlated with the degree of chlorination at the 2,3,7, or 8 position (McConnell and Moore, 1976). Although less potent than TCDD, HCDD is active in the rabbit ear bioassay for acnegenic activity and in the chick edema bioassay. Studies of aryl hydrocarbon hydroxylase induction showed that TCDD was the most potent, followed by 1,2,3,4,7,8-HCDD, 1,2,3,7,8,9-HCDD, and 1,2,3,6,7,8-HCDD. 1,2,4,5,7,9-HCDD had no effect (Bradlaw, 1975). 1,2,3,7,8,9-HCDD was 20% as effective as TCDD in inducing aryl hydrocarbon hydroxylase (Poland et al., 1976). The isomers of HCDD used in the present study (1,2,3,6,7,8 and 1,2,3,7,8,9) are both chlorinated at the four lateral ring positions considered important for biological activity (McConnell and Moore, 1976).

In the early 1970's, HCDD was one in a series of the chlorodibenzo-pdioxins selected for testing by the Carcinogenesis Testing Program after TCDD, a contaminant in 2,4,5-T, was found to be a potent teratogen (Courtney et al., 1970; Sparschu et al., 1971). Results of preliminary toxicologic analyses indicated that the dioxins were some of the most toxic substances known. Long-term animal bioassays were initiated for all of the dioxins that were released into the environment by the use of the herbicides and microbicides they contaminated. A companion study of HCDD administered by gavage (NCI, 1980) was conducted concurrently with this HCDD skin paint study.

#### II. MATERIALS AND METHODS

#### A. Chemical

HCDD (Lot No. IIT 102) was synthesized at the Chemistry Division of IIT Research Institute (IITRI), Chicago, Illinois (Appendix E). The white crystalline solid was approximately 98.6% hexachlorodibenzo-p-dioxin, consisting of a 1:2 mixture of the 1,2,3,6,7,8-(CAS 57653-85-7) and the 1,2,3,7,8,9-(CAS 19408-74-3) isomers (31% and 67% of the total HCDD, respectively).

After separation and purification, the isomers were identified by comparing x-ray powder patterns with theoretical calculations and with the reported x-ray data for the 1,2,3,7,8,9-isomer (Cantrell et al., 1969), as well as by comparing melting point, gas-liquid chromatography, proton magnetic resonance, and mass spectrometry (Gray et al., 1975). The mixture of the two HCDD isomers used in the present study was similar to the HCDD synthesized by an alternate route (Kende and DeCamp, 1975).

The following impurities were identified by vapor-phase chromatography and mass spectrometry: bromopentachlorodibenzo-p-dioxin, less than 0.004%; dichlorodibenzo-p-dioxin, 0.004%; trichlorodibenzo-p-dioxin, 0.004%; tetrachlorodibenzo-p-dioxin, 0.07-0.09%; and pentachlorodibenzo-p-dioxin (at least two isomers), 0.4%. No octachlorodibenzo-p-dioxin was found in HCDD by either vapor-phase chromatography or mass spectrometry (Appendix F). The chemical mixture will be referred to as HCDD.

The HCDD was stored in brown glass vials at room temperature in a dark glove-box hood and was exposed to light only at 3-month intervals, when samples were removed for preparation of stock suspensions in acetone.

The purity of the 7,12-dimethylbenz(a)anthracene (DMBA) purchased from K & K Laboratories (Cleveland, Ohio) was not determined.

#### B. Dosage Preparation

Fresh stock suspensions of  $2.5 \ \mu \text{g/ml}$  HCDD in acetone (Mallinkodt, Inc., St. Louis, Mo.) were prepared every 3 months. At the time of administration of HCDD, the stock suspension was shaken well, and suitable aliquots were

added to additional acetone to give the desired concentrations of the test chemical. DMBA was dissolved in acetone and applied in a volume of  $100\,\mu$ l. The preparations of HCDD or DMBA in acetone were kept in brown glass bottles with Teflon-lined caps. The bottles were sealed with tape, triple-bagged in plastic, and stored at 4°C. The backs of all animals were clipped weekly, and acetone and acetone suspension of HCDD and DMBA were applied to the clipped areas of vehicle control and test groups of mice with automatic pipettes equipped with disposable tips.

To determine the accuracy of the concentration of the HCDD in the stock suspensions in acetone, samples were analyzed at IITRI when the stocks were freshly prepared and at the end of the 3-month periods of use (Appendix G). During the first 16 weeks of the chronic study, the concentration of HCDD in the skin paint stock solution was  $1.25 \,\mu$  g/ml (or half the desired value). Subsequently, the mean concentration of 16 samples containing a theoretical level of  $2.5 \,\mu$  g/ml was  $2.83\pm0.77 \,\mu$  g/ml. The coefficient of variation was 27%.

#### C. Animals

Male and female Swiss-Webster mice, obtained from Charles River Breeding Laboratories, Inc., Wilmington, Massachusetts, were used in subchronic and chronic studies. The animals used in the chronic studies were approximately 4 weeks old when received and were acclimated in the laboratory for 2 weeks before the start of the bioassay. Those animals with no visible signs of disease were then earmarked for individual identification and assigned to dosed or control groups, using a table of random numbers. Because of animal supply limitations, multiple shipments of mice received within a 2-week period were used. The mice from each shipment were evenly distributed among all test and control groups. All mice were approximately the same age when placed on study.

#### D. Animal Maintenance

The mice were housed in temperature and humidity-controlled rooms. The temperature was maintained at  $20^{\circ}$  to  $22^{\circ}$ C and the relative humidity was

40% to 50%. A system of exhaust ducts maintained a negative air pressure in the animal rooms relative to the hallways and allowed 15 changes of room air per hour. The exhaust system included a series of HEPA filters through which all air from the animal rooms and hoods passed before being released into the exterior atmosphere. Fluorescent lighting was provided 12 hours each day.

The mice were housed 10 per cage in clear 19" x 10-1/2" x 8" polystyrene cages (Maryland Plastics, Federalsburg, Maryland). Each cage was fitted with a special tight-fitting polystyrene lid adapted to hold two metal filter housings and a water bottle. The filter housings contained FG 50 filters; one was left open to the room atmosphere while the other was attached to a hose that led to a pipe running the length of the shelf on the rack. Pipes on each of the four shelves of the rack led to a large vertical pipe at the end of the rack. The large pipe was connected by flexible hose to the HEPA filter exhaust system. This arrangement provided a constant flow of air that was filtered both as it entered and as it left the cages.

Because of the possible toxicity of the test chemical for laboratory personnel, the cages and lids in the rooms housing the groups of animals painted with the HCDD were used only once and were discarded every week. The used cages and lids were triple-sealed in plastic bags and incinerated at  $982^{\circ}C$ , as was all waste material from the animal rooms and the hoods. The glass water bottles and stainless steel sipper tubes from the used cages were rinsed in the same rooms, using the organic solvent chlorothene N.U.<sup>®</sup> (Central Solvents, Chicago, Illinois) to dilute out any dioxin present, and were then sanitized at  $82^{\circ}C$  in an automatic washer. The polystyrene cages in the rooms housing the control groups of animals were recycled three times, and the corresponding water bottles and sipper tubes were not rinsed in chlorothene before washing. After 4 weeks of use, the cages housing the control animals were also incinerated.

Disposable clothing was worn by all personnel and, after use, was incinerated by the procedure used for the cages and other waste material.

The animals were provided with clean cages and fresh Absorb-Dri<sup>®</sup>hardwood chip bedding (Lab Products, Inc., Garfield, N.J.) once per week. They were fed Wayne<sup>®</sup> Lab Blox (Allied Mills, Inc., Chicago, Illinois) in pellet form and were provided with fresh food when their cages were changed. Tap water

was made available <u>ad libitum</u>. Clean water bottles were provided once per week, and the bottles were refilled once during the week.

## E. Subchronic Studies

Subchronic dermal application studies were conducted to determine the amount of test chemical to be used in the chronic studies. Groups of 10 mice of each sex were administered HCDD by dermal application three times per week for 13 weeks at doses ranging from 0.01 to  $50 \mu$ g per application. The animals were observed daily for deaths. At the end of the study, necropsies and histologic examinations of tissues were performed on several of the mice in each dosed group. The rates of mortality and the incidences of histopathologic change for the different dosed groups are given in Table 1.

Applications of 50 or 25  $\mu$ g HCDD caused 100% mortality in both male and female mice. The 10 $\mu$ g dose caused 80% mortality in female mice. The 25 $\mu$ g application in male mice and the 10 $\mu$ g application in female mice caused depletion of cellular elements in lymphoid tissue. Moderate liver damage was present even at the lowest doses (0.01 $\mu$ g in males and 0.05 $\mu$ g in females). The degree of liver damage was not strictly dose related in either sex. The dose for the chronic study was chosen so that liver damage would be minimized. The dose selected was 0.01 $\mu$ g per application. This dose corresponded to approximately 1.5 $\mu$ g/kg/wk, based on an average mouse weight of 20 g and on the use of three applications of HCDD per week.

#### F. Chronic Studies

The test groups, doses administered, and durations of the chronic dermal studies are shown in Table 2. Thirty mice of either sex administered HCDD alone, and an additional 30 mice of either sex given one application of  $50 \mu g$  DMBA (at the same site as subsequent applications of HCDD) 1 week before the initiation of the HCDD application, were housed in one room with untreated control group No. 2. Vehicle controls were administered acetone alone and were housed in a second room with untreated control group No 1. The vehicle-control groups of each sex were shared with a dermal application study of TCDD which was housed in a third room.

µg/appli-	% Mor	tality	Lymp	h Node(a)	Sp1	ence of Histopathologic ( Spleen(a) Thymus(a)			Bone	Marrow(a	) Lung	g(a)	a) Liver(a)		
cation	M	F	M	F	м	F	M	F	M	F	M	F	M	F	
50	100	100			1/2	2/2			1/2	2/2	1/2		2/2	2/2	
25	100	100	2/3		3/3	2/2	2/3	2/2	3/3	2/2	0/3		3/3	2/2	
10		80		1/2		1/2	~			2/2				2/2(1	
5		0		0/2	~	0/2		0/2		0/2				2/2	
1.0	0	10	0/2	0/9	0/2	0/9	0/2	0/9	0/2	0/9	0/2		2/2	7/9(a	
0.5	10	0	0/2	0/2	0/2	0/2	0/2	0/2	0/2	0/2	0/2		2/2	2/2	
0.1	0	0	0/8	0/2	0/8	0/2	0/8	0/2	0/8	0/2	0/8		8/8(b)	2/2	
0.05	0	0	0/2	0/2	0/2	0/2	0/2	0/2	0/2	0/2	0/2	1	2/2	2/2	
0.01	0		0/2		0/2		0/2		0/2		0/2		2/2(Ъ)		

Table 1. HCDD Subchronic Dermal Studies in Mice.

(a)Number of animals with effect/number of animals examined
(b)Ascitic-like fluid in abdominal cavity.
(c)One animal examined showed only threshold changes in the liver. (M = Male, F = Female)

	Initial			Time on Study			
	No. of Animals(a,b)	Room	Dose (c)µg/ application	Dosed (weeks)	Observed (weeks)		
MALE							
Untreated-Control Group No. 1	15	1C9	0	0	104		
Untreated-Control Group No. 2	15	180	0	0	104		
Vehicle-Control (	d) 45	1 C 9	0	0	104		
Dosed	30	1B0	0.01	104	0		
Dosed plus DMBA	30	1 BO	0.01(e)	101	0		
FEMALE							
Untreated-Control Group No. 1	15	1C9	0	0	104		
Untreated-Control Group No. 2	15	180	0	0	104		
Vehicle-Control (	d) 45	1C9	0	0	104		
Dosed	30	180	0.01	104	0		
Dosed plus DMBA	30	180	0.01(e)	104	0		

Table 2. HCDD Chronic Dermal Application Studies in Mice

(a) All animals were approximately 6 weeks of age when placed on study, regardless of shipment.

(b) Mice from multiple shipments covering a 2-week period were evenly distributed among all test and control groups.

(c) The HCDD was administered 3 days per week in acetone at a constant volume of 0.1 ml for each application. During the first 16 weeks, doses were 0.005μg/application.

(d) Vehicle-controls received 0.1 ml acetone for each application.

(e) Each animal was administered 50  $\mu$ g of dimethylbenzanthracene l week before to the initiation of dermal applications of HCDD.

#### G. Clinical Examinations and Pathology

Animals were observed twice daily for mortality. Body weights were recorded every 2 weeks for the first 12 weeks and every month thereafter. Moribund animals and those that survived to the termination of the study were killed using sodium pentobarbital and necropsied.

Gross and microscopic examinations were performed on major tissues, major organs, and all gross lesions from killed animals and from animals found dead. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. The following tissues and organs were taken at necropsy: skin, mandibular lymph node, salivary gland, mammary gland, bone marrow, thymus, larynx, trachea, lungs and bronchi, heart, thyroid, parathyroid, esophagus, stomach, duodenum, colon, liver, gall bladder, pancreas, spleen, kidney, adrenal, gonads, nasal cavity, brain, pituitary, spinal cord, skeletal muscle, sciatic nerve, and all tissue masses.

Necropsies were also performed on all animals found dead, unless precluded in whole or in part by autolysis or cannibalization. Thus, the number of animals from which particular organs or tissues were examined microscopically varies and does not necessarily represent the number of animals that were placed on study in each group.

#### H. Data Recording and Statistical Analyses

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

Probabilities of survival were estimated by the product-limit procedure of Kaplan and Meier (1958) and are presented in this report in the form of graphs. Animals were statistically censored as of the time that they died of other than natural causes or were found to be missing; animals dying from natural causes were not statistically censored. Statistical analyses for a possible compound-related effect on survival were performed using the method of Cox (1972) to compare each dosed group with the control group. One-tailed P values have been reported for all tests except for the departure from linearity test, which is reported only when its two-tailed P value is less than 0.05.

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

The statistical analyses of tumor incidence are used to determine whether animals receiving the test chemical developed a significantly higher proportion of tumors than did the control animals. As a part of these analyses, the one-tailed Fisher exact test (Cox, 1970) was used to compare the tumor incidence of a control group with that of a group of dosed animals. When results from two dosed groups were compared simultaneously with those for a single group, a correction to ensure an overall significance level of 0.05 may be made. The Bonferroni test for inequality (Miller, 1966) requires that the P values for any comparison be less than or equal to 0.025. In this case, HCDD and HCDD plus DMBA are compared with the vehicle control group and, therefore, this correction is made where applicable.

Life table methods were used to analyze the incidence of tumors. Curves of the proportions surviving without an observed tumor were computed as in Saffiotti et al. (1972). The week during which an animal died naturally or was killed was entered as the time point of tumor observation.

The approximate 95% confidence interval for the relative risk of each dosed group, compared with its control, was calculated from the exact interval on the odds ratio (Gart, 1971). The lower and upper limits of this confidence interval have been included in the tables of statistical analyses. The interpretation of the limits is that, in approximately 95% of a large number of identical experiments, the true ratio of the risk in a dosed group of animals to that in a control group would be within the interval calculated from the experiment. When the lower limit of the confidence interval is greater than one, it can be inferred that a statistically significant result has occurred (P less than 0.025 one-tailed test when the control incidence is not zero, P less than 0.050 when the control incidence is zero). When the lower limit is less than unity but the upper limit is greater than unity, the lower limit indicates the absence of a significant result while the upper limit indicates that there is a theoretical possibility of the induction of tumors by the test chemical, which could not be detected under the conditions of this test.

#### III. RESULTS

#### A. Body Weights and Clinical Signs

Throughout the bioassay, mean body weights of treated groups were slightly greater than those of vehicle controls and slightly less than mean body weights of untreated controls. Mean body weights were similar among the groups of male or female mice administered HCDD, or HCDD plus DMBA; and mean body weights of untreated controls were greater than those of the test and vehicle-control groups (Figure 1). No other clinical signs were reported.

## B. Survival

Estimates of the probabilities of survival for male and female mice administered HCDD or HCDD plus DMBA by dermal application at the doses of this bioassay, together with those of the controls, are shown by the Kaplan and Meier curves in Figure 2. Five study groups were used for each sex: a group administered HCDD alone, a group administered HCDD plus DMBA, a vehicle-control group, and two untreated control groups. The two untreatedcontrol groups are pooled into one group. In male mice, the Cox test comparing the survival of the pooled untreated-control group and the group administered HCDD plus DMBA is significant (P=0.036) as a result of shortened survival in the group with DMBA; however, the survival of each of the test groups and the vehicle-control group are comparable. The results of the Cox test in female mice are not significant, thus indicating comparable survival among all groups.

In male mice, 23/30 (77%) of the pooled untreated-control group, 30/45 (67%) of the vehicle-control group, 25/30 (83%) of the group administered HCDD alone, and 20/30 (67%) of the group administered HCDD plus DMBA lived 60 weeks or more. Nine of the 30 (30%) in the pooled untreated-control group, 7/45 (16%) of the vehicle-control group, 2/30 (7%) in the group administered HCDD alone, and 3/30 (10%) in the group administered HCDD plus DMBA were alive at the end of study. In females, 28/30 (93%) of the combined untreated-control group, 43/45 (96%) of the vehicle-control group, 24/30

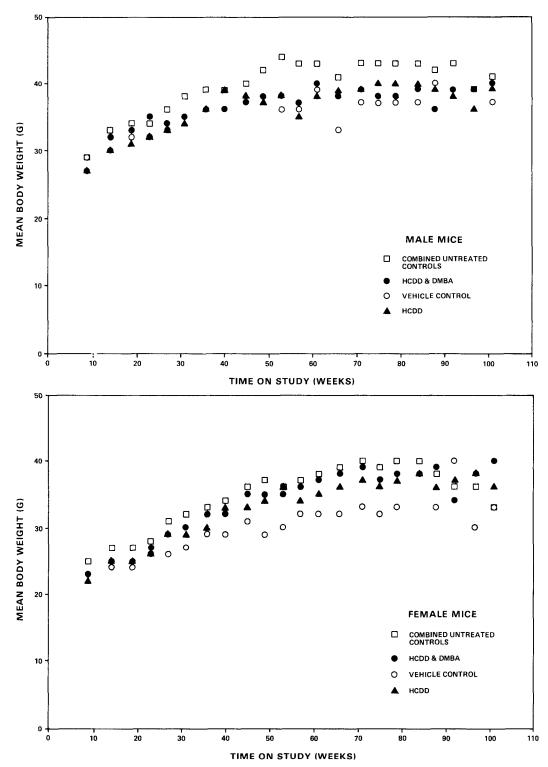


Figure 1. Growth Curves for Mice Administered HCDD or HCDD & DMBA by Dermal Application

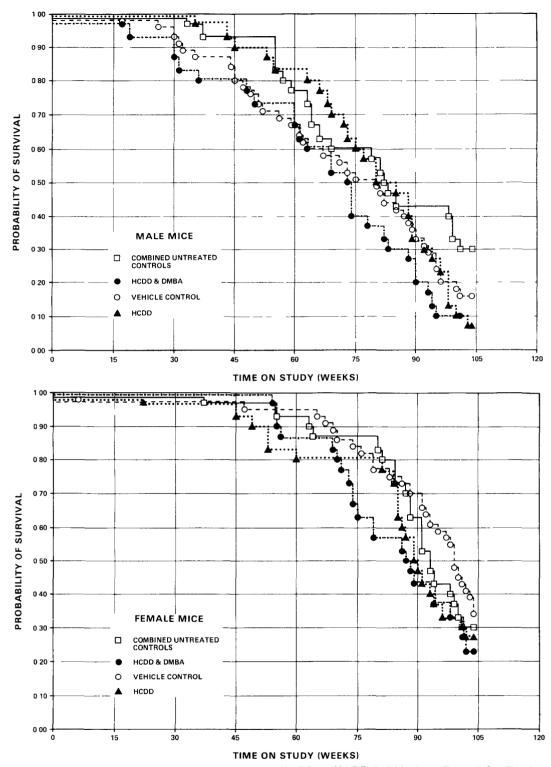


Figure 2. Survival Curves for Mice Administered HCDD or HCDD & DMBA by Dermal Application

(80%) of the group administered HCDD alone, and 26/30 (87%) of the group administered HCDD plus DMBA lived beyond 60 weeks. There were 9/30 (30%) of the pooled untreated-control group, 16/45 (36%) of the vehicle-control group, 8/30 (27%) of the group administered HCDD alone, and 7/30 (23%) of the group administered HCDD alone, and 7/30 (23%) of the group administered HCDD plus DMBA alive at the end of the study at 102-106 weeks.

#### C. Pathology

Histopathologic findings on neoplasms in mice are summarized in Appendixes A and C, Tables Al, A2, Cl, and C2; findings on nonneoplastic lesions are summarized in Appendixes B and D, Tables Bl, B2, Dl, and D2. Groups of animals receiving the test chemicals, the vehicle control, and untreated controls are tabulated and summarized separately.

The types of tumors seen were typical for Swiss-Webster mice, except for increased numbers of skin tumors which were not usually located on the back. Most of the skin tumors were fibrosarcomas, with only an occasional fibroma or epithelial tumor. There were two squamous cell carcinomas in male mice given HCDD and DMBA. Although few of these skin tumors were seen, they appeared in slightly higher incidences in dosed mice.

In conclusion, histopathologic examination provided no conclusive evidence for the carcinogenicity of HCDD for the skin or internal organs of female Swiss-Webster mice. Under the condition of this bioassay, however, a slightly increased incidence of skin tumors may be associated with administration of HCDD and HCDD plus DMBA.

## D. Statistical Analyses of Results

Tables 3 and 4 contain the statistical analyses of the incidences of those primary tumors that occurred in at least two animals of one group and at an incidence of at least 5% in one or more than one group. The two untreated-control groups are combined into one group in the analysis. Since the doses in the two test groups did not differ in HCDD alone, no trend analysis was made. The differences in tumor incidences between groups receiving HCDD and those receiving HCDD plus DMBA were not statistically significant. In male mice, the incidence of animals with alveolar/bronchiolar carcinomas in the lung is higher (P=0.045) in the group administered HCDD than in the vehicle-control group. This value of 0.045 is above the level of significance (0.025) used under the Bonferroni criterion to compare two test groups with a common control group. No tests are significant when the incidence of animals with this tumor in the group administered HCDD is compared with that in the untreated-control group. The incidence of this lesion in the untreated-control group is 4/28 (14%) as compared with 1/41 (2%) in the vehicle-control group. When the incidences of animals with either adenomas or carcinomas of the lungs are used in the analysis, none of the results are significant.

Statistical tests conducted upon the time to observation of the lung tumors in the test groups of male rats compared with the matched controls indicate no significant difference.

The two squamous cell carcinomas occurred in male mice administered HCDD plus DMBA at weeks 60 and 94.

In female mice, the incidence of animals with fibrosarcomas of the skin is significantly higher in each of the test groups (P=0.044) than in the untreated control group; however, when the test groups are compared with the vehicle-control group, the results are not significant.

In male mice, the incidence of animals with lymphomas or leukemias is significantly lower (P=0.011) in the group administered HCDD than in the untreated control group.

In each of the 95% confidence intervals for relative risk shown in the tables, the value of one or less than one is included: this indicates the absence of significant positive results. It should also be noted that each of the intervals, except for the incidence of lymphomas in male mice, has an upper limit greater than one indicating the theoretical possibility of tumor induction by HCDD which could not be detected under the conditions of this test.

Topograpy: Morphology	Combined Untreated Control	Vehicle Control	HCDD	HCDD plus DMBA
				<u></u>
Integumentary System: Fibrosarcoma (b)	3/29 (10)	3/42 (7)	6/30 (20)	3/24 (13)
P Values (c,d)	-	-	N.S.	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			1.933 0.460 10.921	1.208 0.176 8.191
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			2.800 0.651 15.919	1.750 0.250 11.932
Weeks to First Observed Tumor	55	90	38	60
Integumentary System: Fibrosarcoma or Fibroma (b)	3/29 (10)	4/42 (10)	6/30 (20)	3/24 (13)
P Values (c,d)	-	-	N.S.	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			1.933 0.460 10.921	1.208 0.176 8.191
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			2.100 0.544 9.195	1.313 0.206 7.005
Weeks to First Observed Tumor	55	46	38	60
Integumentary System: Squamous-cell Carcinoma of the Skin (b)	0/29 (0)	0/42 (0)	0/30 (0)	2/24 (8)
P Values (c,d)	-	-	N.S.	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			- -	Infinite 0.365 Infinite
Relative Risk (Vehicle Control) (e)			-	Infinite
Lower Limit Upper Limit			-	0.522 Infinite
Weeks to First Observed Tumor	-	-	-	60
Lung:Alveolar/Bronchiolar Adenoma (b)	2/28 (7)	6/41 (15)	5/30 (17)	3/24 (13)
P Value (c,d)	-	-	N.S.	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			2.333 0.421 22.894	1.750 0.218 19.385
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			1.139 0.301 4.023	0.854 0.149 3.559
Weeks to First Observed Tumor	59	75	76	54

Table 3. Analyses of the Incidence of Primary Tumors in Male Mice Administered HCDD or HCDD plus DMBA by Dermal Application (a)

Table 3. Analyses of the Incidence of Primary Tumors in Male Mice Administered HCDD or HCDD plus DMBA by Dermal Application (a)

Topography: Morphology	Combined Untreated Control	Vehicle Control	HCDD	HCDD plus DMBA
Lung: Alveolar/Bronchiolar Carcinoma (b)	4/28 (14)	1/41 (2)	5/30 (17)	3/24 (13)
P Values (c,d)	-	-	P=0.045 (Vehicle Controls)	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			1.167 0.280 5.315	0.875 0.141 4.630
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			6.833 0.819 310.654	5.125 0.437 256.604
Weeks to First Observed Tumor	86	84	66	74
Lung: Alveolar/Bronchiolar Adenoma or Carcinoma (b)	6/28 (21)	7/41 (17)	9/30 (30)	6/24 (25)
P Values (c,d)	-	-	N.S.	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			1.400 0.515 4.155	1.167 0.358 3.752
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			1.757 0.655 4.854	1.464 0.454 4.397
Weeks to First Observed Tumor	59	75	66	54
Hematopoietic System: All Lymphomas (b)	6/29 (21)	3/42 (7)	0/30 (0)	2/24 (8)
P Values (c,d)	-	-	P=0.011(N) (Untreated Controls)	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			0.000 0.000 0.590	0.403 0.043 2.003
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			0.000 0.000 2.286	1.167 0.102 9.351
Weeks to First Observed Tumor	66	31		96
Hematopoietic System: Lymphoma or Leukemia (b)	6/29 (21)	4/42 (10)	0/30 (0)	2/24 (8)
P Values (c,d)	-	-	P=0.011(N) (Untreated Controls)	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			0.000 0.000 0.590	0.403 0.043 2.003
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			0.000 0.000 1.482	0.875 0.083 5.550
Weeks to First Observed Tumor	66	18		96

Table 3. Analyses of the Incidence of Primary Tumors in Male Mice Administered HCDD or HCDD plus DMBA by Dermal Application (a)

1					٠				×	
(	c	ο	n	t	1	nu	e	d	)	

Topography: Morphology	Combined Untreated Control	Vehicle Control	HCDD	HCDD plus DMBA	
Liver: Hepatocellular Carcinoma (b)	3/29 (10)	0/42 (0)	1/30 (3)	0/22 (0)	
P Values (c,d)	-	-	N.S.	N.S.	
Relative Risk (Combined					
Untreated Control) (e)			0.322	0.000	
Lower Limit Upper Limit			0.006 3.740	0.000 2.114	
Relative Risk (Vehicle Control) (e)			Infinite	100 - 10 <sup>-</sup>	
Lower Limit			0.075	-10-1	
Upper Limit			Infinite		
Weeks to First Observed Tumor	82		103		

(a) Dosed groups received doses of 0.01  $\mu g$  of HCDD or 0.01  $\mu g$  of HCDD after pretreatment with 50  $\mu$ g of DMBA.

(b) Number of tumor-bearing animals/number of animals examined at site (percent).

(c) Beneath the incidence of tumors in the dosed group is the probability level for the Fisher exact Test for the comparison of the dosed group with the combined untreated-control group and with the vehicle-control group when P is less than 0.05; otherwise, not significant (N.S.) is indicated.

(d) A negative trend (N) indicates a lower incidence in the dosed group than in a control group.

(e) The 95 percent confidence interval of the relative risk between the dosed group and the control group.

Topography: Morphology	Combined Untreated Control	Vehicle Control	hcdd	HCDD plus DMBA
Integumentary System: Fibrosarcoma (b)	0/30 (0)	2/41 (5)	4/27 (15)	4/27 (15)
P Values (c,d)	-	-	P=0.044 (Untreated Controls)	P=0.044 (Untreated Controls)
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			Infinite 1.054 Infinite	Infinite 1.054 Infinite
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			3.037 0.467 31.347	3.037 0.467 31.347
Weeks to First Observed Tumor		98	57	77
Lung: Alveolar/Bronchiolar Adenoma (b)	2/30 (7)	4/41 (10)	4/27 (15)	1/25 (4)
P Values (c,d)			N.S.	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			2.222 0.348 22.869	0.600 0.011 10.786
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			1.519 0.306 7.399	0.410 0.009 3.806
Weeks to First Observed Tumor	102	7 <b>9</b>	57	104
Lung: Alveolar/Bronchiolar Carcinoma (b)	2/30 (7)	5/41 (12)	1/27 (4)	2/25 (8)
P Values (c,d)	-	-	N.S.	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			0.556 0.010 10.031	1.200 0.093 15.432
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			0.304 0.007 2.493	0.656 0.066 3.628
Weeks to First Observed Tumor	91	75	89	100
Lung: Alveolar/Bronchiolar Adenoma or Carcinoma (b)	4/30 (13)	8/41 (20)	4/27 (15)	3/25 (12)
P Value (c,d)	-	-	N.S.	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			1.111 0.228 5.378	0.900 0.144 4.789
Relative Risk (Vehicle Control) (c) Lower Limit Upper Limit			0.759 0.183 2.511	0.615 0.113 2.270
Weeks to First Observed Tumor	91	75	57	100

Table 4.	Analyses	of	the	Incidence	of	Primar	y Tumors	in	Female	Mice	Administered	HCDD	or	HCDD
				plu	s I	MBA by	Dermal A	\pp1	ication	(a)				

Table 4. Analyses of the Incidence of Primary Tumors in Female Mice Administered HCDD or HCDD plus DMBA by Dermal Application (a)

				۰.
con	t 1	TH1	eđ.	)

Topography: Morphology	Combined Untreated Control	Vehicle Control	HCDD	HCDD plus DMBA
Hematopoietic System: All Lymphomas (b)	10/30 (33)	14/41 (34)	9/27 (33)	6/27 (22)
P Values (c,d)	-	-	N.S.	N.S.
Relative Risk (Combined Uncreated Control) (e) Lower Limit Upper Limit			1.000 0.425 2.294	0.667 0.231 1.733
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			0.976 0.432 2.032	0.651 0.232 1.547
Weeks to First Observed Tumor	67	70	56	58
Hematopoietic System: Lymphoma or Leukemia (b)	10/30 (33)	14/41 (34)	10/27 (37)	6/27 (22)
P Values (c,d)	-	-	N.S.	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			1.111 0.494 2.473	0.667 0.231 1.733
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			1.085 0.502 2.186	0.651 0.232 1.547
Weeks to First Observed Tumor	67	70	26	58
Circulatory System: Hemangioma or Hemangiosarcoma (b)	2/30 (7)	3/41 (7)	0/27 (0)	1/27 (4)
P Values (c,d)	-	-	N.S.	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			0.000 0.000 3.673	0.556 0.010 10.031
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			0.000 0.000 2.468	0.506 0.010 5.869
Weeks to First Observed Tumor	88	104		104
Uterus: Leiomyoma (b)	3/30 (10)	0/36 (0)	1/26 (4)	2/26 (8)
P Values (c,d)	-	-	N.S.	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			0.385 0.008 4.429	0.769 0.068 6.172
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			Infinite 0.075 Infinite	Infinite 0.415 Infinite
Weeks to First Observed Tumor	96		104	72

Table 4. Analyses of the Incidence of Primary Tumors in Female Mice Administered HCDD or HCDD plus DMBA by Dermal Application (a)

<sup>(</sup>continued)

• Topography: Morphology	Combined Untreated Control	Vehicle Control	HCDD	HCDD plus DMBA
Ovary: Granulosa-cell Tumor (b)	1/29 (3)	1/33 (3)	0/25 (0)	3/25 (12)
P Values (c,d)	-	-	N.S.	N.S.
Relative Risk (Combined Untreated Control) (e) Lower Limit Upper Limit			0.000 0.000 21.242	3.480 0.301 174.657
Relative Risk (Vehicle Control) (e) Lower Limit Upper Limit			0.000 0.000 24.165	3.960 0.340 198.698
Weeks to First Observed Tumor	106	70		102

(a) Dosed groups received doses of 0.01  $\mu g$  of HCDD or 0.01  $\mu g$  of HCDD after pretreatment with 50  $\mu g$  of DMBA.

(b) Number of tumor-bearing animals/number of animals examined at site (percent).

(c) Beneath the incidence of tumors in the dosed group is the probability level for the Fisher exact Test for the comparison of the dosed group with the combined untreated-control group and with the vehicle-control group when P is less than 0.05; otherwise, not significant (N.S.) is indicated.

(d) A negative trend (N) indicates a lower incidence in the dosed group than in a control group.

(e) The 95 percent confidence interval of the relative risk between the dosed group and the control group.

#### IV. DISCUSSION

Throughout the bioassay the mean body weights of the groups of male or female mice administered HCDD or HCDD plus DMBA were similar and were greater than those of corresponding vehicle-control groups but less than those of untreated control groups. The consequences of using only  $0.005\mu$ g rather than  $0.01\mu$ g HCDD per application during the first 16 weeks of the chronic study were not considered to be significant.

After 80 weeks, survival was sufficient to detect late appearing tumors.

Alveolar/bronchiolar carcinomas occurred in the male mice administered HCDD at an incidence that was significantly higher (P=0.045) than that in the vehicle-control group, but the incidence was not significant when compared with the untreated control group that had longer survival. Alveolar/ bronchiolar carcinomas did not occur in statistically significant incidences in male mice pre-treated with DMBA before being administered HCDD, when compared with either the vehicle or the untreated controls.

Compared with the untreated control group, the incidence of male mice with lymphomas or leukemias was significantly lower (P=0.011) in the group administered HCDD but not in the group administered with DMBA and HCDD.

Two squamous cell carcinomas in male mice administered HCDD plus DMBA occurred in dosed skin near a hind leg or the tail. The possibility that these areas may have been exposed accidentally during application of the test chemical cannot be eliminated.

In female mice, fibrosarcomas in the skin occurred at incidences that were significantly higher (P=0.044) in animals administered HCDD (both those with and without pretreatment with DMBA) than in the untreated control group. Although there were more female mice with fibrosarcomas in the two groups administered HCDD when compared with the vehicle controls, the increased incidences were not statistically significant. Thus, the relationship between incidences of fibrosarcomas in female mice and HCDD administration could not be clearly established.

In the present study, pretreatment with DMBA had no statistically significant effect on skin tumor production in either male or female mice. The significance of the two squamous cell carcinomas of the skin in male mice administered both HCDD and DMBA cannot be determined in the absence of a group exposed to DMBA alone. Male mice pretreated with DMBA, when compared with male mice not pretreated, had a lower incidence of alveolar/bronchiolar carcinomas and a higher incidence of lymphomas.

A bioassay of HCDD administered by gavage was run concurrently with the present study (NCI, 1980). Under the conditions of that bioassay, HCDD was carcinogenic for female Osborne-Mendel rats and for male and female B6C3F1 mice, inducing increased incidences of hepatocellular carcinomas, adenomas, or neoplastic nodules. In the gavage studies, the B6C3F1 mice received 5, 2.5, or  $1.25 \ \mu g/kg/week$  (males) and 10, 5, or  $2.5 \ \mu g/kg/week$  (females). These were high doses when compared with  $1.5 \ \mu g/kg/week$  for male and female Swiss-Webster mice in the present studies. The mice in the gavage studies in the gavage studies.

A dermal bioassay of TCDD in Swiss-Webster mice was conducted concurrently in the room used for the present study. The protocols were identical except that a lower dose was applied (NCI, 1980a). In the dermal TCDD studies, there were statistically significant increased incidences of fibrosarcomas in the integumentary system in female mice receiving 0.005  $\mu$ g per application when compared with controls. This significant increase was not found in the male mice receiving 0.001  $\mu$ g per application. In the present dermal HCDD studies, both male and female mice received 0.01  $\mu$ g per application. Thus, after dermal application under identical conditions, TCDD was clearly carcinogenic for female mice, whereas HCDD (at a two-fold higher dose) was not.

#### V. CONCLUSION

Under the conditions of this bioassay, HCDD was not considered carcinogenic for male or female Swiss-Webster mice.

.

#### VI. BIBLIOGRAPHY

Armitage, P., <u>Statistical Methods</u> in <u>Medical Research</u>, John Wiley & Sons, Inc., New York, 1971, pp. 362-365.

Berenblum, I., ed., <u>Carcinogenicity Testing</u>: <u>A</u> <u>Report of the Panel of</u> <u>Carcinogenicity of the Cancer Research Commission of UICC</u>, <u>Vol. 2</u>, International Union Against Cancer, Geneva, 1969.

Blaser, W. W., Bredeweg, R. A., Shadoff, L. A., and Stehl, R. H., Determination of chlorinated dibenzo-p-dioxins in pentachlorophenol by gas chromatography - mass spectrometry. Anal. Chem. 48(7):984-986, 1976.

Bradlaw, J. A., Garthoff, L. H., Graff, D. M., and Hurley, N. E., Detection of chlorinated dioxins: induction of aryl hydrocarbon hydroxylase activity in rat hepatoma cell culture. <u>Toxicol</u>. <u>Appl</u>. <u>Pharmacol</u>. <u>33</u>:166, 1975.

Cantrell, J. S., Webb, N. C., and Mabis, A. J., The identification and crystal structure of a hydropericardium-producing factor: 1,2,3,7,8,9-hexachlorodibenzo-p-dioxin. Acta Cryst. B25: 150-151, 1969.

Courtney, K. D., Gaylor, D. W., Hogan, M. D., Falk, H. L., Bates, R. R., and Mitchell, I., Teratogenic evaluation of 2,4,5-T. <u>Science</u> <u>168</u>:864-866, 1970.

Cox, D. R., <u>Analysis of Binary Data</u>, Methuen & Co., Ltd., London, 1970, pp. 48-52.

Cox, D. R., Regression models and life tables. J. R. Statist. Soc. <u>B34</u>:187-220, 1972.

Firestone, D., Etiology of chick edema disease. <u>Environ</u>. <u>Health</u> <u>Perspect</u>. (5):59-66, 1973.

Firestone, D., The 2,3,7,8-tetrachlorodibenzo-para-dioxin problem: a review. Ecol. Bull. (Stockholm) 27:39-52, 1978.

Firestone, D., Ress, J., Brown, N. L., Barron, R. P., and Damico, J.N., Determination of polychlorodibenzo-p-dioxins and related compounds in commercial chlorophenols. J. Assoc. Official Analyt. Chem. 55:85-92,1972.

Gart, J. J., The comparison of proportions: a review of significance tests, confidence limits and adjustments for stratification. <u>Rev. Int. Stat. Inst.</u> 39:148-169, 1971.

Gray, A. P., Cepa, S. P., and Cantrell, J. S., Intervention of the Smiles rearrangement in synthesis of dibenzo-p-dioxins. 1,2,3,6,7,8- and 1,2,3,7,8, 9-hexachlorodibenzo-p-dioxin (HCDD). <u>Tetrahedron Letters</u> 33: pp. 2873-2876, 1975.

Kaplan, E. L. and Meier, P., Nonparametric estimation from incomplete observations. J. Amer. Statist. Assoc. 53:457-481, 1958.

Kende, A. S., and DeCamp, M. R., Smiles rearrangements in the synthesis of hexachlorodibenzo-p-dioxins. Tetrahedron Letters 33: 2877-2880, 1975.

Linhart, M. S., Cooper, J. A., Martin, R. L., Page, N. P., and Peters, J. A., Carcinogenesis bioassay data system. <u>Comp. and Biomed. Res.</u> <u>7</u>:230-248, 1974.

McConnell, E. E. and Moore, J. A., The comparative toxicity of chlorinated dibenzo-p-dioxin isomers in mice and guinea pigs. <u>Toxicol. Appl. Pharmacol.</u> <u>37</u>:146, 1976.

Miller, R. G., Jr., <u>Simultaneous</u> <u>Statistical</u> <u>Inference</u>, McGraw-Hill Book Co., New York, 1966, pp. 6-10.

NCI, National Cancer Institute, <u>Bioassay of a Mixture of 1,2,3,6,7,8- and 1,2,3,7,8,9-</u> <u>Hexachlorodibenzo-p-dioxins for Possible Carcinogenicity</u> (<u>Gavage Study</u>), DHHS Publication No. (NIH) 80-1754, Carcinogenesis Testing Program, National Cancer Institute, National Institutes of Health, Bethesda, Md., 1980.

NCI, National Cancer Institute, <u>Bioassay of 2,3,7,8-Tetrachlorodibenzo-p-dioxin (Dermal Study)</u>, DHHS Publication No. (NIH) 80-1757, Carcinogenesis Testing Program, National Cancer Institute, National Institutes of Health, Bethesda, Md., 1980a.

Poland, A., Glover, E., and Kende, A., Stereospecific, high affinity binding of 2,3,7,8-Tetrachlorodibenzo-p-dioxin by hepatic cytosol. J. <u>Biol</u>. <u>Chem</u>. <u>251</u>:4936-4946, 1976.

Saffiotti, U., Montesano, R., Sellakumar, A. R., Cefis, F., and Kaufman, D. G., Respiratory tract carcinogenesis in hamsters induced by different numbers of administrations of benzo(a)pyrene and ferric oxide. <u>Cancer Res. 32</u>: 1073-1081, 1972.

Schwetz, B. A., Norris, J. M., Sparschu, G. L., Rowe, V. K., Gehring, P. J., Emerson, J. L., and Gerbig, C. G., Toxicology of chlorinated dibenzo-pdioxins. Environ. Health. Perspect. (5):87-99, 1973.

Sparschu, G. L., Dunn, F. L., and Rowe, V. K., Study of the teratogenicity of 2,3,7,8-tetrachlorodibenzo-p-dioxin in the rat. Food Cosmet. Toxicol. 9:405-412, 1971.

Ward, J. M., Goodman, D. G., Griesemer, R. A., Hardisty, J. F., Schueler, R. L., Squire, R. A., and Strandberg, J. D., Quality assurance for pathology in rodent carcinogenesis tests. <u>J. Environ. Pathol. Toxicol.</u> <u>2</u>:371-378, 1978.

Woolson, E. A., Thomas, R. F., and Ensor, P. D. J., Survey of polychlorodibenzo-p-dioxin content in selected pesticides. J. Agr. Food Chem. 20(2):351-354, 1972.

APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE ADMINISTERED HCDD BY DERMAL APPLICATION

•

#### TABLE A1.

# SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE ADMINISTERED HCDD BY DERMAL APPLICATION

	UNTREATED Control No. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	15 14 14	15 15 15	45 42 42	30 30 30 30
INTEGUMENTARY SYSTEM				
*SKIN FIBROSARCOMA	(14)	(15) 1 (7%)	(42) 1 (2%)	(30) 2 (7%)
*SUBCUT TISSUE SEBACEOUS ADENOMA	(14)	(15)	(42)	(30)
FIBRCMA FIBROSARCOMA LIPOMA		2 (13%) 1 (7%)	1 (2%) 2 (5%)	1 (3%) 4 (13%)
RESPIRATORY SYSTEM				
#LUNG SQUAMOUS CELL CARCINOMA, METASTA	(13)		(41)	(30)
ALVEGLAR/BRONCHIDLAR ADENOMA Alveglar/Bronchidlar Carcinoma Cortical Carcinoma, Metastatic Fibrosarcoma, Metastatic	1 (8%) 2 (15%) 1 (8%)	1 (7%) 2 (13%)	6 (15%) 1 (2%) 1 (2%)	5 (17%) 5 (17%)
HEMATOPOIETIC SYSTEM				
*MULTIPLE ORGANS Malignant lymphoma, NOS	(14)	(15)	(42)	(30)
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE Malig.Lymphoma, Histiocytic type granulocytic Leukemia		1 (7%) 3 (20%)	2 (5%) 1 (2%)	
#BONE MARROW Alveolar/bronchiolar ca, metasta	(14)	(14)	(40)	(28) 1 (4%)
#LYMPH NODE FIBROSARCOMA, INVASIVE	(8)	(7)	(25)	(21)

# TABLE A1. MALE MICE: NEOPLASMS (CONTINUED)

	UNTREATED Control no. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
<pre>#RENAL LYMPH NODE Malig.lymphoma, lymphocytic type</pre>	(8)	(7) 1 (14%)		(21)
#THYNUS ALVEOLAR/BRONCHIOLAR CA, METASTA THYNOMA	(11)	(10)	(30)	(27) 1 (4%) 1 (4%)
CIRCULATORY SYSTEM				
#HEART Hemangiosarcoma	(13) 1 (8%)	(15)	(42)	(30)
#LIVER Henangiosarcoma	(14) 1 (7%)	(15)	(42) 1 (2%)	(30) 1 (3%)
DIGESTIVE SYSTEM				
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA		(15) 2 (13%)	(42) 1 (2%)	(30) 1 (3%)
#SMALL INTEST./SEROSA FIBROMA		(12)		1 (4%)
JRINARY SYSTEM				
SARCUMA, NUS, UNC PRIM UR MEIA	(14)	(14) 1 (7%)	(42)	
ENDOCRINE SYSTEM				
#ADRENAL CORTICAL CARCINOMA Pheochromocytoma	(11) 1 (9%)	(15)	(40)	(28) 1 (4%)
#THYROID Adenoma, Nos	1 (8%)	(14)	(35)	

TABLE A1. MALE MICE: NEOPLASMS (CONTINUED	TABLE A1.	MALE MICE:	NEOPLASMS	(CONTINUED)
---	-----------	------------	-----------	-------------

		UNTREATED CONTROL NO. 2		
NERVOUS SYSTEM				
NONE				
SPECIAL SENSE ORGANS				
NONE				
MUSCULOSKELETAL SYSTEM				
NONE				
BODY CAVITIES				
NONE				
ALL OTHER SYSTEMS				
*MULTIPLE ORGANS FIBROSARCOMA	(14)	(15)	(42) 1 (2%)	(30)
ANIMAL DISPOSITION SUMMARY				
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ	15 7	15 13	45 30	30
MORIBUND SACRIFICE * KSCHEDULED SACRIFICE	1 5		84	7
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	2	2	3	2

\*\* Animals are in fact early terminal sacrifices, but appear as scheduled sacrifices due to system interpretation.

TABLE A1. MALE MICE: NEOP	LASMS	(CONTINUED)
---------------------------	-------	-------------

	UNTREATED CONTROL NO. 1		VEHICLE CONTROL	TEST GROUF
IUMOR SUMMARY				
TOTAL ANIMALS WITH PRIMARY TUMORS* Total Primary Tumors	9	10 15	15 19	17 22
TOTAL ANIMALS WITH BENIGN TUMORS Total Benign Tumors	2 2	2 2	8 9	89
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	7 7	8 12	8 10	12 13
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	1	1 1	2 2	1 2
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or Malignant Total Uncertain Tumors				
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Primary or metastatic Total uncertain tumors		1		
PRIMARY TUMORS: ALL TUMORS EXCEPT SE SECONDARY TUMORS: METASTATIC TUMORS		IVE INTO AN ADJAC	ENT ORGAN	

#### TABLE A2.

.

# SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE ADMINISTERED HCDD BY DERMAL APPLICATION

	UNTREATED Control No. 1	UNTREATED CONTROL NO. 2		TEST GROUP
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	15 15 15	15 15 15	45 41 41	30 27 27
INTEGUMENTARY SYSTEM				
*SKIN FIBROSARCOMA	(15)	(15)	(41)	(27) 2 (7%)
*SUBCUT TISSUE FIBROSARCOMA	(15)	(15)	(41) 2 (5%)	(27) 2 (7%)
RESPIRATORY SYSTEM				
#LUNG ADENOCARCINOMA, NOS, METASTATIC ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA FIBROSARCOMA, METASTATIC	1 (7%)		(41) 1 (2%) 4 (10%) 5 (12%) 1 (2%)	4 (15%)
HEMATOPOIETIC SYSTEM				
<pre>*MULTIPLE ORGANS MALIG.LYMPHCHA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOHA, MIXED TYPE GRANULOCYTIC LEUKEMIA</pre>	(15) 4 (27%) 2 (13%)	(15) 2 (13%) 1 (7%)	(41) 9 (22%) 4 (10%)	(27) 7 (26% 1 (4%) 1 (4%) 1 (4%)
#BONE MARROW FIBRCMA	(13)	(13)	(37) 1 (3%)	(24)
#SPLEEN Adenocarcinoma, nos, metastatic Fibroma	(15)	(15)	(40) 1 (3%) 1 (3%)	(26)
<pre>#PANCREATIC L.NODE MALIG.LYMPHOMA, HISTIOCYTIC TYPE</pre>	(12)	(12)	(30)	(22)

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2		TEST GROUP
MALIGNANT LYMPHOMA, MIXED TYPE		1 (8%)		
THYMOMA, MALIGNANT	(15)	(15)	(39) 1 (3%)	(21)
CIRCULATORY SYSTEM				
<pre>#PANCREATIC L.NODE HEMANGIOMA</pre>	(12)	(12) 1 (8%)	(30)	(22)
#LIVER HEMANGIOSARCOMA	(15) 1 (7%)	(15)	(41) 1 (2%)	(26)
#UTERUS HEMANGIOMA	(15)	(15)	(36) 1 (3%)	(26)
#OVARY HEMANGIOMA	(14)	(15)	(33) 1 (3%)	(25)
DIGESTIVE SYSTEM				
<pre>#PARDTID GLAND MIXED TUMOR, BENIGN</pre>	(15)	(12)	(36) 1 (3%)	(26)
<pre>#LIVER     ADENOCARCINOMA, NOS, METASTATIC</pre>	(15)	(15)	(41) 1 (2%)	(26)
#PANCREAS Adenocarcinoma, Nos, Metastatic Lipona	(15)	(15)	(40) 1 (3%) 1 (3%)	(26)
<pre>#PANCREATIC DUCT SARCOMA, NOS</pre>	(15)	(15)	(40) 1 (3%)	(26)
#GASTRIC SEROSA SARCOMA, NOS	(15)	(15)	(41) 1 (2%)	(27)
#DUODENUM LIPOMA	(13)	(15)	(40)	(26) 1 (4
*RECTUM SQUAMOUS CELL CARCINOMA	(15)	(15)	(41)	(27)

# TABLE A2. FEMALE MICE: NEOPLASMS (CONTINUED)

.

		UNTREATED CONTROL NO. 2		TEST GROUP
URINARY SYSTEM				
<pre> *GENITOURINARY TRACT FIBROSARCOMA </pre>	(15)	(15)	(41) 1 (2%)	(27)
ENDOCRINE SYSTEM				
#ADRENAL Cortical Adenoma Pheochromocytoma	(15) 1 (7%)	(14)		(26)
REPRODUCTIVE SYSTEM				
*VAGINA LEIOMYOMA	(15)	(15)	(41)	(27) 1 (4%)
#UTERUS Adenocarcinoma, nos Leionyoma	(15) 2 (13%)		(36) 1 (3%)	(26) 1 (4%)
#CERVIX UTERI LEIOMYO:1A	(15) 1 (7%)	(15)	(36)	(26)
#OVARY Luteoma Granulosa-Cell Tumor Lipoma	(14) 1 (7%)		(33) 1 (3%) 1 (3%)	(25)
NERVOUS SYSTEM				
NONE				
SPECIAL SENSE ORGANS				
NUSCULOSKELETAL SYSTEM None				
SODY CAVITIES None				

# TABLE A2. FEMALE MICE: NEOPLASMS (CONTINUED)

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
ALL OTHER SYSTEMS				
*MULTIPLE ORGANS Thymoma, metastatic	(15)	(15)	(41) 1 (2%)	(27)
ANIMAL DISPOSITION SUMMARY				
ANIMALS INITIALLY IN STUDY Natural deathg	15 8	15 11	45 28	30 20
MORIBUND SACRIFICE	1	1	1 15	23
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	3	2	1	5
N INCLUDES AUTOLYZED ANIMALS				
TUMOR SUMMARY				
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	11 15	7 9	25 39	18 23
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	6 6	3 3	10 11	7 8
TOTAL ANIMALS WITH MALIGNANT TUMORS Total Malignant Tumors	7 9	5 5	23 27	14 15
TOTAL ANIMALS WITH SECONDARY TUMORS# Total Secondary Tumors			3 6	1 1
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total Uncertain Tumors		1	1	
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Primary or metastatic Total Uncertain Tumors				

#### TABLE A2. FEMALE MICE: NEOPLASMS (CONTINUED)

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

Animals are in fact early terminal sacrifices, but appear as scheduled sacrifices due to system interpretation.

APPENDIX B

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE ADMINISTERED HCDD BY DERMAL APPLICATION

#### TABLE B1.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE	
ADMINISTERED HCDD BY DERMAL APPLICATION	

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	14	15 15 15	45 42 42	30 30 30
INTEGUMENTARY SYSTEM				
*SKIN Cyst, Nos Edema, Nos	(14)	(15)	(42)	(30) 1 (3%)
INFLAMIATION, NOS ULCER, NOS ULCER, ACUTE INFLAMMATION, ACUTE SUPPURATIVE		1 (7%)	2 (5%) 3 (7%) 1 (2%) 1 (2%)	1 (3%) 1 (3%)
ABSCESS, NOS Inflammation acute and chronic Inflammation, acute/chronic Inflammation, chronic	1 (7%)		1 (2%) 1 (2%)	1 (3%)
ULCER, CHROHIC Inflammation proliferative Necrosis, Nos Nelanin		1 (7%)	1 (2%)	1 (3%) 1 (3%)
HYPERPLASIA, NOS Hyperplasia, papillary Hyperkeratosis Acanthosis	1 (7%)	1 (7%)	1 (2%) 1 (2%) 3 (7%) 1 (2%)	1 (3%) 4 (13%
KERATIN-PEARL FORMATION *SUBCUT TISSUE	(14)	(15)	(42)	1 (3%) (30)
EPIDERHAL INCLUSION CYST ULCER, NOS INFLAMMATION, ACUTE SUPPURATIVE ABSCESS, NOS ULCER, CHRONIC			1 (2%) 1 (2%) 1 (2%)	2 (7%) 1 (3%) 3 (10%
GRANULATION, TISSUE NECROSIS, NOS			1 (2%) 2 (5%)	1 (3%) 1 (3%) 2 (7%)
RESPIRATORY SYSTEM				
#LUNG/BRONCHUS LYNPHOCYTIC INFLAMMATORY INFILTR	(13)	(15)	(41)	(30)

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
#LUNG/BRONCHIOLE Lynphocytic inflammatory infiltr Hyperplasia, epithelial	(13) 6 (46%)	(15) 4 (27%)	(41) 13 (32%) 1 (2%)	(30) 11 (37%)
#LUNG ATELECTASIS CONGESTION, NOS INFLAMMATION, NOS INFLAMMATION, FOCAL LYMPHOCYTIC INFLATMATORY INFILTR	(13)	(15) 3 (20%) 1 (7%)	(41) 2 (5%) 3 (7%) 1 (2%)	(30) 1 (3%) 3 (10%) 1 (3%)
INFLAMMATION, INTERSTITIAL BRONCHOPNEUMONIA SUPPURATIVE EMPYEMA INFLAMMATION, ACUTE FOCAL INFLAMMATION, ACUTE SUPPURATIVE NECROSIS, NOS ALVECIAR MACROPUNACES	1 (8%)	2 (13%) 1 (7%)	3 (7%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	6 (20%) 1 (3%)
EMATOPOIETIC SYSTEM *Subcut tissue	(14)	( 15 )	(42)	(30)
MASTOCYTOSIS #SPLEEN AMYLDIDOSIS HYPOPLASIA, NOS ATROPHY, NOS HYPERPLASIA, NOS HEMATOPOIESIS	(13) 1 (8%) 2 (15%)	(13) 3 (23%) 1 (8%)	(40) 5 (13%) 4 (10%) 5 (13%)	1 (3%) (30) 1 (3%) 5 (17%) 1 (3%) 3 (10%)
#SPLENIC FOLLICLES HYPOPLASIA, NOS Atrophy, Nos Hyperplasia, Nos	(13)	(13) 2 (15%)	(40) 2 (5%)	(30) 1 (3%) 1 (3%) 3 (10%)
#SPLENIC RED PULP Hypoplasia, Nos Hyperplasia, Nos Higakaryocytosis Hemalopolesis	(13)	2 (13)	(40) 2 (5%) 1 (3%)	(30) 5 (17%) 1 (3%)
ERYTHFOPOIESIS GRANULOPOIESIS #LYMPH NODE HYPERPLASIA, NOS	(8)	(7)	1 (3%) (25) 2 (8%)	1 (3%) (21) 3 (14%

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

I

	UNTREATED CONTROL NO. 1			TEST GROUP
#CERVICAL LYMPH NODE	(8)	(7)	(25)	(21)
ABSCESS, NOS Hyperplasia, nos	4 (50%)	3 (43%)	10 (40%)	1 (5%) 7 (33%)
<pre>#TRACHEAL LYMPH NODE HYPERPLASIA, NOS</pre>	(8) 1 (13%)	(7)	(25)	(21)
#PYLORIC LYMPH NODE Henorrhage	(8)	(7) 1 (14%)	(25)	(21)
#PANCREATIC L.NODE HYPERPLASIA, NOS	(8)	(7)	(25)	(21) 1 (5%)
<pre>#LUMBAR LYMPH NODE Hyperplasia, Lymphoid</pre>	(8)	(7)	(25) 1 (4%)	(21)
#MESENTERIC L. NODE ABSCESS, NOS INFLAMMATION PROLIFERATIVE NECROSIS, CASEOUS	(8)	(7)	(25) 1 (4%) 1 (4%) 1 (4%)	(21)
#RENAL LYMPH NODE Hyperplasia, nos	(8) 1 (13%)	(7)	(25)	(21) 1 (5%)
#LUNG/BRONCHIOLE Hyperplasia, lymphoid	(13)	(15)	(41) 1 (2%)	(30) 1 (3%)
#PAROTID GLAND FIBROSING ADENOSIS	(12)	(15)	(36)	(28) 1 (4%)
<pre>#LIVER HYPERPLASIA, NEUTROPHILIC HEMATOPOIESIS</pre>	(14)	(15)	(42) 1 (2%)	(30) 1 (3%)
#KIDNEY HYPERPLASIA, LYMPHOID	(14)	(14)	(42) 1 (2%)	(30)
IRCULATORY SYSTEM				
<pre>#PANCREATIC L.NODE LYMPHANGIECTASIS</pre>	(8)	(7)	(25) 1 (4%)	(21)
#MESENTERIC L. NODE LYMPHANGIECTASIS	(8)	(7)	(25)	(21)

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

.

x

	UNTREATED Control no. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
#HEART MINERALIZATION ABSCESS, NOS	(13) 1 (8%)	(15)	(42)	(30) 1 (3%)
#HEART/ATRIUM THROMBOSIS, NOS	(13)	(15) 2 (13%)	(42)	(30)
#MYOCARDIUM Mineralization Inflammation, Chronic	(13)	(15) 1 (7%)	(42)	(30) 1 (3%)
INFLAMMATION, CHRONIC FOCAL Inflammation proliferative Necrosis, focal		2 (13%) 1 (7%) 1 (7%)	3 (7%)	1 (3%)
<pre>#ENDOCARDIUM INFLAMMATION PROLIFERATIVE HYPERPLASIA, NOS</pre>	(13) 1 (8%) 1 (8%)	(15)	(42)	(30)
*RENAL ARTERY Arteriosclerosis, Nos	(14)	(15)	(42) 1 (2%)	(30)
#URINARY BLADDER THROMBOSIS, NOS		(14)	(39)	(27) 1 (4%)
IGESTIVE SYSTEM				
#SALIVARY GLAND Inflammation, focal	(12)	(15) 1 (7%)	(36)	(28)
#PAROTID GLAND Inflammation, Nos	(12)	(15) 1 (7%)	(36) 3 (8%)	(28) 1 (4%)
INFLAMMATION, FOCAL Necrosis, focal	1 (8%)		1 (3%)	
#LIVER CONGESTION, NOS INFLANMATION, FOCAL	(14) 1 (7%)	(15)	(42)	(30) 1 (3%)
LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE FOCAL		2 (13%)	3 (7%)	1 (34)
INFLAMMATION, ACUTÉ DIFFÚSE INFLAMMATION, ACUTE/CHRONIC		1 (7%)	1 (2%)	
CIRRHOSIS, NOS Degeneration, hydropic	1 (7%)		1 (2%)	

•

#### TABLE B1. MALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

	UNTREATED Control No. 1	UNTREATED Control NO. 2	VEHICLE Control	TEST GROUP
NECROSIS, NOS NECROSIS, FOCAL NECROSIS, COAGULATIVE AMYLOIDOSIS LIFOIDOSIS	1 (7%)	2 (13%) 2 (13%) 3 (20%)	1 (2%) 1 (2%)	2 (7%) 1 (3%) 1 (3%)
FOCAL CELLULAR CHANGE Hepatocytomegaly	1 (7%)		2 (5%)	1 (3%) 1 (3%)
#PORTAL TRACT Lymphocytic inflammatory infiltr	(14)	(15)	(42) 1 (2%)	(30)
#LIVER/CENTRILOBULAR METANORPHOSIS FATTY	(14)	(15)	(42)	(30)
HEPATOCYTONEGALY	5 (36%)		1 (2%)	1 (3%)
#LIVER/PERIPORTAL Lymphocytic inflammatory infiltr	(14)	(15) 1 (7%)	(42) 2 (5%)	(30)
#LIVER/HEPATOCYTES CLOUDY SWELLING ATROPHY, NOS	(14) 1 (7%)	(15)	(42)	(30)
	(14)	(13)	(42)	(29)
HYPERPLASIA, EPITHELIAL HYPERKERATOSIS		1 (8%) 1 (8%)	3 (7%)	3 (10%)
#DUODENUM Lynphocytic Inflammatory infiltr Inflanmation, acute suppurative	(11) 1 (9%)	(12)	(34)	(27) 1 (4%)
#COLON INPACTION, NOS	(11)	(15) 2 (13%)	(36)	(29)
URINARY SYSTEM				
*GENITOURINARY TRACT INFLAMMATION, ACUTE SUPPURATIVE	(14)	(15)	(42) 1 (2%)	(30)
#KIDNEY HYDRONEPHROSIS GLOMERULONEPHRITIS, NOS	(14) 1 (7%)	(14)	(42) 1 (2%)	(30) 2 (7%)
PYELONEPHRITIS, NOS LYMPHOCYTIC INFLAMMATORY INFILTR PYELONEPHRITIS SUPPURATIVE	8 (57%)	1 (7%) 10 (71%)	5 (12%) 20 (48%) 1 (2%)	5 (17%) 17 (57%)

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2		TEST GROUP
GLOMERULONEPHRITIS, ACUTE INFLANMATION, CHRONIC GLOMERULONEPHRITIS, CHRONIC INFLAMMATION, CHRONIC FOCAL GLOMERULOSCLEROSIS, NOS NECROSIS, NOS	9 (64%)	1 (7%) 3 (21%)	1 (2%) 6 (14%) 1 (2%) 1 (2%) 1 (2%)	3 (10%) 5 (17%) 1 (3%)
#KIDNEY/CORTEX MINERALIZATION Abscess, Nos	(14)	(14)	(42)	(30) 1 (3%) 2 (7%)
#KIDNEY/GLOMERULUS AMYLOIDOSIS	(14)	(14)	(42) 1 (2%)	(30)
#KIDNEY/TUBULE Calculus, nos Calcification, nos	(14)	(14)	(42) 1 (2%) 1 (2%)	(30)
#KIDNEY/PELVIS Abscess, nos Metaplasia, squamous	(14)	(14)	(42) 1 (2%) 1 (2%)	(30)
<pre>#URINARY BLADDER CAST, NOS INFLAMMATION, ACUTE INFLAMMATION, ACUTE FOCAL INFLAMMATION, ACUTE SUPPURATIVE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC FOCAL INFLAMMATION, CHRONIC FOCAL INFLAMMATION, CHRONIC SUPPURATIV INFLAMMATION, CHRONIC SUPPURATIVE FIBROSIS</pre>	(13) 4 (31%)	<pre>(14)     1 (7%)     1 (7%)     1 (7%)     1 (7%)     1 (7%)     1 (7%)     2 (14%)</pre>	(39) 1 (3%) 1 (3%) 3 (8%) 1 (3%) 3 (8%) 1 (3%) 1 (3%) 1 (3%)	(27) 2 (7%) 1 (4%) 1 (4%) 10 (37%) 1 (4%) 1 (4%) 1 (4%) 1 (4%)
ENDOCRINE SYSTEM				
#PITUITARY MINERALIZATION	(8)	(12)	(26)	(19) 1 (5%)
#ADRENAL Lymphocytic inflammatory infiltr	(11)	(15)	(40)	(28)

	CONTROL NO. 1	UNTREATED Control No. 2	CONTROL	TEST Group
		2 (13%)	4 (10%) 1 (3%)	2 (7%)
LIPOIDOSIS	1 (9%)		1 (34)	
#ADRENAL CORTEX HAMARTOMA	(11)	(15) 2 (13%)	(40)	(28) 2 (7%)
#ZONA GLOMERULOSA Metaplasia, nos	(11) 5 (45%)	(15) 6 (40%)	(40) 6 (15%)	(28) 9 (32%
#ZONA FASCICULATA Hypertrophy, focal	(11) 1 (9%)	(15)	(40)	(28)
#ADRENAL MEDULLA CONGESTION, NOS	(11)	(15)	(40)	(28)
HEMORRHAGE		1 (7%)		
EPRODUCTIVE SYSTEM				
*GENITAL SYSTEM RETENTION OF CONTENT INFLAMMATION, SUPPURATIVE INFLAMMATION, ACUTE SUPPURATIVE PLASMA-CELL INFILTRATE	(14) 1 (7%)	(15) 1 (7%)	(42) 2 (5%) 1 (2%) 1 (2%) 1 (2%)	(30) 4 (13%
*BULBOURETHRAL GLAND CAST. NOS	(14)	(15)	(42)	(30)
INFLAMMATION, ACUTE SUPPURATIVE			1 (2%)	2 (7%)
POLYPOID HYPERPLASIA			1 (2%)	1 (34)
*PREPUTIAL GLAND EPIDERMAL INCLUSION CYST	(14)	(15)	(42)	(30)
ABSCESS, NOS GRANULATION, TISSUE			1 (2%)	1 (3%)
#PROSTATE RETENTION OF CONTENT	(13) 9 (69%)	(14) 7 (50%)	(39) 18 (46%)	(28)
INFLAMMATION, ACUTE SUPPURATIVE INFLAMMATION, CHRONIC	,		1 (3%)	1 (4%) 1 (4%)
INFLAMMATION, CHRONIC FOCAL INFLAMMATION, CHRONIC SUPPURATIV INFLAMMATION PROLIFERATIVE		2 (14%)	2 (5%)	1 (4%) 1 (4%)
*SEMINAL VESICLE DILATATION, NOS	(14) 2 (14%)	(15)	(42)	(30)

	CONTROL NO. 1		CONTROL	GROUP
RETENTION OF CONTENT INFLAMMATION, ACUTE SUPPURATIVE	9 (64%)	7 (47%)		
INFLATMATION, CHRONIC	1 (7%)			, (51)
*COAGULATING GLAND INFLAMMATION PROLIFERATIVE	(14)	(15)	(42)	(30) 2 (7%)
#TESTIS MINERALIZATION	(14) 3 (21%)	(14)	(41)	(28)
ABSCESS, NOS	5 (214)	((///)		1 (4%)
DEGENERÁTION, NOS NECROSIS, NOS			1 (2%)	1 (4%) 3 (11%)
NECROSIS, FOCAL			1 (2%)	5 (17,)
NECROSIS, CASEOUS Atrophy, Nos	6 (20%)	5 (36%)	1 (2%) 5 (12%)	10 (36%)
ATROPHY, FOCAL	1 (7%)	5 (36%)	5 (124)	
ASPERMATOGENESIS Spermatogenic Arrest	4 (29%)	3 (21%)	7 (17%)	1 (4%) 6 (21%)
HYPOSPERMATOGENESIS	4 (29%)	1 (7%)	7 (174)	5 (18%)
HYPERPLASIA, INTERSTITIAL CELL			1 (2%)	
#TESTIS/TUBULE Degeneration, Nos	(14)	(14)	(41) 1 (2%)	(28)
<pre>KEPIDIDYMIS     RETENTION OF CONTENT     SPERMATOCELE</pre>	(14)	(15)	(42)	(30) 1 (3%) 1 (3%)
COLLAPSE INFLANMATION ACUTE AND CHRONIC			1 (2%)	1 (3%)
PLASMA-CELL INFILTRATE			(2/1)	1 (3%)
INFLAMMATION PROLIFERATIVE ASPERMATOGENESIS	3 (21%)	6 (27%)	3 (7%)	1 (3%) 10 (35%)
HYPOSPERMATOGENESIS	2 (14%)	4 (27%) 3 (20%)	4 (10%)	5 (17%)
SPERMATOCELE		(15)		4 / 7 */ >
IERVOUS SYSTEM				**********
NONE		***************		
PECIAL SENSE ORGANS				
NONE				

			TEST GROUP
(14)			(30)
(14) 1 (7%)	(15)	(42)	(30) 1 (3%
			2 1
1		1 3	
	( 14 ) ( 14 ) ( 14 ) ( 14 ) ( 14 )	CONTROL NO. 1 CONTROL NO. 2 (14) (15) (14) (15) 1 (7%) (15)	CONTROL NO. 1 CONTROL NO. 2 CONTROL (14) (15) (42) (14) (15) (42)

.

#### TABLE B2.

# SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE ADMINISTERED HCDD BY DERMAL APPLICATION

	UNTREATED Control No. 1		VEHICLE Control	TEST Group
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	15 15 15	15 15 15	45 41 41	30 27 27
INTEGUMENTARY SYSTEM				
*SKIN Inflammation, chronic Hyperplasia, focal Hyperkeratosis	(15) 1 (7%) 1 (7%)	(15)	(41)	(27) 1 (4%) 2 (7%)
ACANTHOSIS VERRUCA *SUBCUT ISUE	(15)	(15)	(41)	1 (4%) 1 (4%) (27)
EDEMA, NOS ULCER, NOS ABSCESS, NOS NECPOSIS, NOS			1 (2%) 1 (2%) 1 (2%)	
RESPIRATORY SYSTEM				
#LUNG/BRONCHUS Lymphocytic Inflammatory Infiltr	(15) 1 (7%)	(15)	(41) 2 (5%)	(27)
#LUNG/PRONCHIOLE INFLATTION, NOS	(15)	(15)	(41)	(27)
LYMPHOCYTIC INFLAMMATORY INFILTR	4 (27%)	10 (67%)	22 (54%)	11 (41%)
#LUNG ATELECTASIS CONGESTION, NOS	(15) 2 (13%)	(15)	(41) 1 (2%)	(27) 1 (4%) 1 (4%)
LYMPHOCYTIC INFLAMMATORY INFILTR INFLATMATION, INTEPSTITIAL BRONCHOPNEUMONIA SUPPURATIVE INFLATMATION, ACUTE	3 (20%)	3 (20%)	5 (12%) 1 (2%)	1 (4%) 2 (7%) 1 (4%)
INFLADIATION, ACUTE SUPPURATIVE HYPEPPLASIA, ADENOMATOUS	1 (7%)	3 (20%)	1 (2%) 2 (5%)	

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
HEMATOPOIETIC SYSTEM				
*MAMMARY GLAND Adenosis	(15) 2 (13%)	(15)	(41) 2 (5%)	(27) 4 (15%)
#BONE MARROW FIBROUS OSTEODYSTROPHY Hyperplasia, Nos Reticulocytosis	(13) 3 (23%) 1 (8%)	(13) 1 (8%)	(37) 7 (19%) 1 (3%)	(24) 5 (21%)
#SPLEEN CYST, NOS NECROSIS, NOS HYPOPLASIA, NOS ATROPHY, NOS HYFERPLASIA, NODULAR HYPERPLASIA, NOS	(15) 1 (7%) 3 (20%)	(15) 1 (7%) 1 (7%) 2 (13%)	(40) 1 (3%) 3 (8%) 1 (3%) 1 (3%)	(26) 1 (4%) 3 (12%)
MEGNKARYOCYTOSIS Hyperplasia, lymphoid Hematopoiesis #Splenic follicles	1 (7%)	(15)	2 (5%)	1 (4%) 1 (4%) (26)
HYPERPLASIA, NOS #SPLENIC RED PULP HYPOPLASIA, NOS HEMATOPOIESIS ERYTHROPOIESIS	(15) (15) 1 (7%) 2 (13%)	(15) 1 (7%) 1 (7%)	(40) (40) 1 (3%) 1 (3%)	(26) 3 (12%) 3 (12%) 1 (4%)
#LYMPH NODE Necrosis, focal Hyperplasia, nos	(12) 2 (17%)	(12) 3 (25%)	(30) 6 (20%)	(22) 1 (5%) 1 (5%)
#CERVICAL LYMPH NODE Hyperplasia, Nos	(12) 1 (8%)	(12) 4 (33%)	(30) 17 (57%)	(22) 6 (27%)
#PANCREATIC L.NODE Pigmentation, nos Hyperplasia, nos	(12)	(12) 1 (8%)	(30) 1 (3%) 1 (3%)	(22) 1 (5%)
#LUNG/BRONCHIOLE Hyperplasia, Lymphoid	(15)	(15) 1 (7%)	(41) 1 (2%)	(27)
#PAROTID GLAND FIBROSING ADENOSIS	(15)	(12)	(36)	(26)

.

# TABLE B2. FEMALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2		TEST GROUP
#LIVER HEMATOPOIESIS	(15) 1 (7%)	(15)	(41)	(26) 1 (4%)
#ADRENAL MYELOPOIESIS	(15)	(14)	(41) 1 (2%)	(26)
#THYMUS Hyperplasia, NOS	(15)	(15) 2 (13%)	(39) 2 (5%)	(21) 1 (5%)
<pre>#THYMIC MEDULLA HYPERPLASIA, NOS</pre>	(15) 2 (13%)	(15)	(39)	(21)
CIRCULATORY SYSTEM				
<pre>#PANCREATIC L.NODE LYMPHANGIECTASIS</pre>	(12)	(12)	(30) 1 (3%)	(22)
#MESENTERIC L. NODE Lymphangiectasis	(12)	(12)	(30) 2 (7%)	(22)
#HEART ENDOCARDIOSIS	(15) 2 (13%)	(14) 1 (7%)	(40)	(26)
#HEART/ATRIUM Thrombosis, Nos	(15) 1 (7%)	(14)	(40) 2 (5%)	(26)
#MYOCARDIUM Inflammation, Chronic Focal	(15) 1 (7%)	(14)	(40)	(26)
*CENTRAL VEINS/LIVER LYMPHOCYTIC INFLAMMATORY INFILTR	(15)	(15)	(41) 1 (2%)	(27)
DIGESTIVE SYSTEM				
#SALIVARY GLAND Inflatimation, Nos	(15)	(12) 2 (17%)	(36) 1 (3%)	(26) 1 (4%)
#PAROTID GLAND Inflammation, Nos Inflammation, Chronic Focal Hyperplasia, Nos	(15)	(12)	(36) 1 (3%)	(26) 2 (8%) 1 (4%) 1 (4%)
#LIVER HENORRHAGIC CYST	(15)	(15)	(41)	(26) 1 (4%)

		UNTREATED CONTROL NO. 2		TEST Group
INFLAMMATION, NOS Inflammation, Focal	1 (7%)		1 (2%)	
LYTTHOCYTIC INFLATMATORY INFILTR INFLATTATION, ACUTE NECPOSIS, COAGULATIVE AMYLDIDOSIS	1 (7%)	3 (20%) 1 (7%) 1 (7°.)	3 (7%) 1 (2%) 1 (2°)	1 (4%)
LIPOIPOSIS Focal cellular change Cytologic degeneration	1 (7%)	1 (7%)		1 (4%)
#LIVER/CENTRILOBULAR LYMPHOCYTIC INFLAMMATORY INFILTR	(15)	(15)	(41)	(26)
NECROSIS, NOS HEPATOCYTONEGALY	1 (7%)	1 (7%)		1 (4%)
#LIVER/PERIPORTAL LYMFHOCYTIC INFLAMMATORY INFILTR HYPERPLASIA, NOS	(15) 1 (7%) 1 (7%)	(15)	(41)	(26)
#LIVER/KUPFFER CELL Hyperplasia, nos	(15)	(15)	(41) 1 (2%)	(26)
*GALLBLADDER Calculus, NOS Inflammation, Chronic	(15) 1 (7%)	(15)	(41)	(27) 1 (4%) 1 (4%)
#BILE DUCT Hyperplasia, Nos	(15) 2 (13%)	(15)	(41)	(26) 1 (4%)
#PANCREAS DILATATION/DUCTS	(15)	(15)	(40)	(26)
LYMPHOCYTIC INFLAMMATORY INFILTR Hyperplasia, Nos	1 (7%) 1 (7%)		1 (3%)	. (+.)
#PANCREATIC DUCT Inflammation proliferative	(15)	(15)	(40)	(26) 1 (4%)
#STOMACH INFLAMMATION, ACUTE	(15)	(15)	(41)	(27)
HYPERKERATOSIS	1 (747		2 (5%)	4 (15%)
#GASTRIC MUCOSA Hypoplasia, Nos	(15)	(15) 1 (7%)	(41)	(27)
#FORESTOMACH HYPERKERATOSIS	(15)	(15) 1 (7%)	(41)	(27)

	CONTROL NO. 1	UNTREATED CONTROL NO. 2		TEST GROUP
#DUODENUM Necrosis, nos	(13)	(15) 1 (7%)	(40)	(26)
*RECTUM ULCER, ACUTE DESMOPLASIA NECROSIS, NOS		1 (7%) 1 (7%) 1 (7%)	(41)	(27)
URINARY SYSTEM				
#KIDNEY HYDRONEPHROSIS GLOMERULONEPHRITIS, NOS PYELONEPHRITIS, NOS LYMPHOCYTIC INFLAMMATORY INFILTR PYELONEPHRITIS, ACUTE GLOMERULONEPHRITIS, ACUTE INFLAMMATION, CHRONIC GLOMERULONEPHRITIS, CHRONIC INFLAMMATION, CHRONIC GLOMERULONEPHRITIS, CHRONIC	(15) 1 (7%) 1 (7%)		(41) 1 (2%)	(26) 1 (4%)
	5 (33%)	2 (13%) 6 (40%) 1 (7%)		14 (54%) 1 (4%)
	2 (13%) 10 (67%)	1 (7%) 12 (80%)	1 (2%) 16 (39%) 1 (2%)	7 (27%)
GLOMERULOSCLEROSIS, NOS Infarct, Healed	2 (13%)	2 (13%)	2 (5%) 1 (2%)	3 (12%)
#KIDNEY/GLOMERULUS AnyloIdosis	(15)	(15)	(41) 1 (2%)	(26)
#URINARY BLADDER LYNCHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE INFLAMMATION, ACUTE NECROTIZING INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC FOCAL INFLAMMATION, CHRONIC FOCAL INFLAMMATION PROLIFERATIVE ATROPHY, NOS METAPLASIA, SQUAMOUS	(13)	(13) 1 (8%) 1 (8%) 2 (15%)	(30) 1 (3%)	(19)
	4 (31%)	5 (38%)	10 (33%) 2 (7%)	10 (53%)
			1 (3%)	1 (5%)
ENDOCRINE SYSTEM				
#ADRENAL Congestion, nos Degeneration pigmentary	(15)		(41) 2 (5%) 22 (54%)	(26) 1 (4%) 16 <u>(6</u> 2%)

	CONTROL NO. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
AMYLOID, NOS Hyperplasia, Nos				1 (4%) 1 (4%)
#ADRENAL CORTEX HAMARIOMA Lymphocytic inflammatory infiltr	(15) 1 (7%) 1 (7%)	(14) 1 (7%)	(41) 1 (2%) 1 (2%)	(26)
#ZONA GLOMERULOSA METAPLASIA, NOS	(15) 6 (40%)	(14) 9 (64%)	(41) 20 (49%)	(26) 12 (46%)
<pre>#THYROID INFLAMMATION, NOS HYPERPLASIA, FOLLICULAR-CELL</pre>	(15)	(15) 1 (7%)	(39) 1 (3%)	(20)
#THYROID FOLLICLE GOITER COLLOID	(15)	(15)	(39) 1 (3%)	(20)
#PANCREATIC ISLETS HYPERPLASIA, NOS	(15)	(15) 1 (7%)	(40)	(26)
REPRODUCTIVE SYSTEM				
*MANMARY GLAND DILATATION/DUCTS	(15) 3 (20%)	(15) 1 (7%)	(41) 3 (7%)	(27) 5 (19%)
*VAGINA INFLAMMATION, ACUTE/CHRONIC INFLAMMATION PROLIFERATIVE HYPERPLASIA, EPITHELIAL	(15)	(15) 1 (7%) 1 (7%)	(41)	(27) 2 (7%)
#UTERUS MINERALIZATION HENORRHAGE INFLAMMATION, ACUTE SUPPURATIVE ABSCESS, NOS NECROSIS, NOS	(15)	(15)	(36) 1 (3%) 1 (3%)	(26) 1 (4%)
			1 (3%) 1 (3%)	
#CERVIX UTERI Inflammation, Chronic	(15)	(15) 1 (7%)	(36)	(26)
#UTERUS/ENDOMETRIUM Hyperplasia, Nos Hyperplasia, Cystic	(15) 1 (7%) 12 (80%)	(15) 5 (33%) 9 (60%)	(36) 8 (22%) 22 (61%)	(26) 2 (8%) 23 (88%)
#OVARY Cyst, Nos	(14)	(15)	(33)	(25)

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
ATRESIA HEMOPRHAGIC CYST AMYLOIDOSIS CHOLESTEROL DEPOSIT	10 (71%) 1 (7%)	12 (80%) 3 (20%)	20 (61%) 2 (6%)	18 (72%) 3 (12%) 1 (4%) 1 (4%)
ATROPHY, NOS ATROPHY, CYSTIC LUTEINIZATION	8 (57%) 4 (29%) 2 (14%)	11 (73%) 3 (20%)	25 (76%) 1 (3%) 2 (6%)	20 (80%)
NERVOUS SYSTEM				
NONE				
SPECIAL SENSE ORGANS				
*EYE Abscess, Nos	(15)	(15)	(41) 1 (2%)	(27)
MUSCULOSKELETAL SYSTEM				
*SKELETAL MUSCLE LYMPHOCYTIC INFLAMMATORY INFILTR	(15)	(15)	(41) 1 (2%)	(27)
BODY CAVITIES				
*ABDOMINAL WALL HERNIA, NOS	(15)	(15)	(41) 1 (2%)	(27)
ALL OTHER SYSTEMS				
*MULTIPLE ORGANS HEMORRHAGE	(15)	(15)	(41)	(27)
LYMPHOCYTIC INFLAMMATORY INFILTR Anyloidosis	3 (20%) 1 (7%)		1 (2%) 3 (7%)	1 (4%) 2 (7%)
CONNECTIVE TISSUE Inflammation proliferative				1
SPECIAL MORPHOLOGY SUMMARY				
AUTOLYSIS/NO NECROPSY			4	3

APPENDIX C

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE ADMINISTERED HCDD PLUS DMBA BY DERMAL APPLICATION

#### TABLE C1.

# SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE ADMINISTERED HCDD PLUS DMBA BY DERMAL APPLICATION

	UNTREATED CONTROL NO. 1			TEST GROUP
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	14	15 15 15	45 42 42	30 24 24
INTEGUMENTARY SYSTEM				
*SKIN SQUAMOUS CELL CARCINOMA TRICHOEPITHELIOMA FIBROSARCOMA	(14)	(15)	(42)	(24) 2 (8%) 1 (4%)
*SUBCUT TISSUE Sebaceous Adenoma Fibroia Fibrosarcoma Lipoma	(14)	(15) 2 (13%) 1 (7%)	(42) 1 (2%) 1 (2%) 2 (5%)	(24) 3 (13%)
RESPIRATORY SYSTEM				
<pre>#LUNG SQUAMOUS CELL CARCINOMA, METASTA ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA CORTICAL CARCINOMA, METASTATIC FIBROSARCOMA, METASTATIC</pre>	1 (8%)		(41) 1 (2%) 6 (15%) 1 (2%) 1 (2%)	(24) 3 (13%) 3 (13%)
HEMATOPOIETIC SYSTEM				
MALIGNANT LYMPHOMA, NOS Malig.lymphoma, lymphocytic type	(14) 1 (7%)	(15) 1 (7%) 3 (20%)	(42) 1 (2%) 2 (5%) 1 (2%)	(24) 2 (8%)
#SPLEEN Fibroma	(13)	(13)	(40)	(23) 1 (4%)
#LYMPH NODE FIBROSARCOMA, INVASIVE	(8)	(7)	(25)	(15)

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
<pre>#RENAL LYMPH NODE Malig.lymphoma, lymphocytic type</pre>	(8)	(7) 1 (14%)	(25)	
CIRCULATORY SYSTEM				
#HEART HEMANGIOSARCOMA	(13) 1 (8%)	(15)	(42)	(22)
#LIVER HEMANGIOSARCOMA	(14) 1 (7%)	(15)	(42) 1 (2%)	(22)
DIGESTIVE SYSTEM				
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINGMA		(15) 2 (13%)	(42) 1 (2%)	
URINARY SYSTEM				
#KIDNEY Sarcoma, Nos, UNC PRIM OR META	(14)	(14) 1 (7%)	(42)	
ENDOCRINE SYSTEM				
#ADRENAL CORTICAL CARCINOMA	(11) 1 (9%)	(15)	(40)	(22)
#THYROID Adenoma, Nos	(13) 1 (8%)	(14)	(35)	(22)
#PARATHYROID ACINAR-CELL ADENOMA		(2)		(6)
REPRODUCTIVE SYSTEM				
NONE				
IERVOUS SYSTEM				
NONE				

	UNTREATED Control No. 1		VEHICLE Control	TEST GROUP
SPECIAL SENSE ORGANS				
NONE				
MUSCULOSKELETAL SYSTEM				
NONE				
BODY CAVITIES				
NONE				
ALL OTHER SYSTEMS				
*MULTIPLE ORGANS FIBROSARCOMA	(14)	(15)	(42) 1 (2%)	(24)
ANIMAL DISPOSITION SUMMARY				
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ	15 7	15 13	45 30	30 23
MORIBUND SACRIFICE **SCHEDULED SACRIFICE	1 5		S 4	4
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	2	2	3	3
a INCLUDES AUTOLYZED ANIMALS		<b></b>		

# NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY
\* NUMBER OF ANIMALS NECROPSIED
\*\*
Animals are in fact early terminal sacrifices, but appear
as scheduled sacrifices due to system interpretation.

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
UMOR SUMMARY				
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	9	10 15	15 19	11 16
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	2 2	2 2	89	5 6
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	7 7	8 12	8 10	7 10
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	1	1 1	22	
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors				
TOTAL ANIMALS WITH TUHORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS		1		
PRIMARY TUMORS: ALL TUMORS EXCEPT SET SECONDARY TUMORS: METASTATIC TUMORS (		IVE INTO AN ADJAC	ENT ORGAN	

#### TABLE C2.

#### SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE ADMINISTERED HCDD PLUS DMBA BY DERMAL APPLICATION

	UNTREATED Control No. 1	UNTREATED Control No. 2		TEST Group
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	15 15 15	15 15 15	45 41 41	30 27 27
INTEGUMENTARY SYSTEM				
*SKIN SQUAMOUS CELL CARCINOMA	(15)	(15)	(41)	(27) 1 (4%)
*SUBCUT TISSUE BASAL-CELL CARCINOMA FIBROSARCOMA	(15)		(41) 2 (5%)	(27) 1 (4%) 3 (11%)
RESPIRATORY SYSTEM				
#LUNG ADENOCARCINOMA, NOS, METASTATIC ALVEOLAR/BROHCHIOLAR ADENOMA ALVEOLAR/BROHCHIOLAR CARCINOMA SARCOMA, NOS, METASTATIC FIBROSARCOMA, METASTATIC	(15) 1 (7%) 2 (13%)		(41) 1 (2%) 4 (10%) 5 (12%) 1 (2%)	(25) 1 (4%) 2 (8%) 1 (4%) 1 (4%)
HEMATOPOIETIC SYSTEM				
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	4 (27%)	(15) 2 (13%) 1 (7%)	9 (22%)	(27) 2 (7%) 3 (11%)
#BONE MARRON FIBROMA	(13)	(13)	(37) 1 (3%)	(23)
#SPLEEN Adenocarcinoma, nos, metastatic Fibroma	(15)	(15)	(40) 1 (3%) 1 (3%)	(27)
<pre>#PANCREATIC L.NODE MALIG.LYMPHOMA, HISTIOCYTIC TYPE</pre>	(12)	(12)	(30)	(16)

	CONTROL NO. 1	UNTREATED Control no. 2	VEHICLE Control	
#SMALL INTESTINE Adencma, Nos	(13)	(15)	(40)	(26) 1 (4%
*RECTUM SQUAMOUS CELL CARCINOMA	(15)	1 (7%)	(41)	(27)
URINARY SYSTEM				
¥GENITOURINARY TRACT FIBROSARCOMA	(15)	(15)	(41) 1 (2%)	(27)
#URINARY BLADDER ADE:'011ATOUS POLYP, NOS	(13)			(19) 1 (5%)
ENDOCRINE SYSTEM				
#ADRENAL CORTICAL ADENOMA	1 (7%)	(14)		(26)
REPRODUCTIVE SYSTEM				
#UTERUS ADENOCARCINOMA, NOS	(15)	(15)	(36)	(26)
LEIONYOMA LEIONYOSARCOMA	2 (13%)	1 (7%)	1 (34)	2 (8%) 1 (4%)
#CERVIX UTERI LEIOMYOMA	(15) 1 (7%)	(15)	(36)	(26)
#OVARY LUTEOMA	(14) 1 (7%)	(15)	(33)	(25)
GRANULOSA-CELL TUMOR			1 (3%) 1 (3%)	3 (12%
NERVOUS SYSTEM				
NONE				
SPECIAL SENSE ORGANS				
NONE				

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2	CONTROL	TEST GROUP
MALIGNANT LYMPHOMA, MIXED TYPE		1 (8%)		
#LUMBAR LYMPH NODE Carcinoma, Nos, Metastatic	(12)	(12)	(30)	(16) 1 (6%)
#THYMUS THYMOMA, MALIGNANT	(15)	(15)	(39) 1 (3%)	(27)
CIRCULATORY SYSTEM				
#PANCREATIC L.NODE Hemangioma	(12)	(12) 1 (8%)	(30)	(16)
#LIVER Hemangiosarcoma	(15) 1 (7%)	(15)	(41) 1 (2%)	(27)
#UTERUS HENANGIOMA	(15)	(15)	(36) 1 (3%)	(26)
#OVARY HEMANGICMA	(14)	(15)	(33) 1 (3%)	(25) 1 (4%)
DIGESTIVE SYSTEM				
#PAROTID GLAND MIXED TUMOR, BENIGN	(15)	(12)	(36) 1 (3%)	(23)
#LIVER ADENOCARCINOMA, NOS, METASTATIC	(15)	(15)	(41) 1 (2%)	(27)
SARCOMA, NOS, INVASIVE FIBROSARCOMA, INVASIVE			1 (24)	1 (4%) 1 (4%)
<pre>#PANCREAS Adenocarcinoma, Nos, Metastatic Lipoma</pre>	(15)	(15)	(40) 1 (3%) 1 (3%)	(26)
#PANCREATIC DUCT Sarcoma, Nos	(15)	(15)	(40) 1 (3%)	(26)
#STOMACH Sarcoma, Nos	(15)	(15)	(41)	(26)
#GASTRIC SEROSA SARCOMA, NOS	(15)	(15)	(41) 1 (2%)	(26)

		UNTREATED CONTROL NO. 2		
MUSCULOSKELETAL SYSTEM				
NONE				
BODY CAVITIES				
*ABDOMINAL CAVITY LIPOMA	(15)	(15)		(27) 1 (4%)
ALL OTHER SYSTEMS				
<pre>*MULTIPLE ORGANS THYMOMA, METASTATIC FIBROSARCOMA</pre>	( 15 )	(15)	(41) 1 (2%)	(27)
ANIMAL DISPOSITION SUMMARY				
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE ***SCHEDULED SACRIFICE ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	15 8 1 3 3	15 11 1 2	45 28 1 15 1	30 21 2 5 2
A INCLUDES AUTOLYZED ANIMALS				

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

.

\*\* Animals are in fact early terminal sacrifices, but appear as scheduled sacrifices due to system interpretation.

	UNTREATED CONTROL NO. 1	UNTREATED Control No. 2	VEHICLE CONTROL	TEST GROUP
JMOR SUMMARY				
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	11 15	7 9	25 39	20 26
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	6 6	3 3	10 11	6 7
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	7 9	5 5	23 27	16 16
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors			3 6	4 5
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or Malignant Total uncertain tumors		1	1 1	33
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC Total uncertain tumors				
PRIMARY TUMORS: ALL TUMORS EXCEPT SE SECONDARY TUMORS: METASTATIC TUMORS		IVE INTO AN ADJAC	ENT ORGAN	

APPENDIX D

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE ADMINISTERED HCDD PLUS DMBA BY DERMAL APPLICATION

.

#### TABLE D1.

# SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE ADMINISTERED HCDD PLUS DMBA BY DERMAL APPLICATION

	UNTREATED CONTROL NO. 1	UNTREATED Control No. 2	VEHICLE Control	TEST GROUP
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	15 14 14	15 15 15	45 42 42	30 24 24
INTEGUMENTARY SYSTEM				
*SKIN EDEMA, NOS INFLAMMATION, NOS ULCER, NOS INFLAMMATION, NECROTIZING	(14)	(15) 1 (7%)	(42) 1 (2%) 2 (5%) 3 (7%)	(24) 8 (33%) 1 (4%)
ULCER, ACUTE INFLAMMATION, ACUTE SUPPURATIVE INFLAMMATION ACUTE AND CHRONIC INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC ULCER, CHRONIC	1 (7%)	1 (7%)	1 (2%) 1 (2%) 1 (2%) 1 (2%)	1 (4%) 2 (8%)
INFLAMMATION, CHRONIC NECROTIZIN INFLAMMATION PROLIFERATIVE NECROSIS, NOS EPIDERMODYSPLASIA VERRUCIFORMIS NYPERPLASIA, NOS			1 (2%)	1 (4%) 1 (4%) 1 (4%) 1 (4%)
HYPERPLASIA, PAPILLARY Hyperkeratosis Acanthosis Verruca	1 (7,%)	1 (7%)	1 (2%) 3 (7%) 1 (2%)	2 (8%) 5 (21%) 1 (4%)
EPIDERMAL INCLUSION CYST INFLAMMATION, NOS ULCER, NOS	(14)	(15)	(42) 1 (2%) 1 (2%)	(24) 1 (4%)
INFLAMMATION, ACUTE SUPPURATIVE Abscess, NOS Granulation, tissue Scar			1 (2%) 1 (2%)	1 (4%) 1 (4%)
NECROSIS, NOS			2 (5%)	2 (8%)
*NASAL CAVITY INFLAMMATION, ACUTE SUPPURATIVE	(14)	(15)	(42)	(24) 1 (4%)

	CONTROL NO. 1	UNTREATED CONTROL NO. 2	CONTROL	GROUP
#LUNG/BRONCHUS LYMPHCCYTIC INFLAMMATORY INFILTR	(13) 1 (8%)	(15)	(41) 1 (2%)	(24) 1 (4%)
#LUNG/BRONCHICLE LYMPHOCYTIC INFLAMMATORY INFILTR HYPERPLASIA, EPITHELIAL	(13) 6 (46%)	(15) 4 (27%)	(41) 13 (32%) 1 (2%)	(24) 5 (21%)
#LUNG	(13)	(15)	(41) 2 (5%)	(24)
ATELECTASIS Congestion, nos Inflammation, focal		3 (20%)	3 (7%)	6 (25% 1 (4%)
LYNDHOCYTIC İNFLAUMATORY INFILTR INFLAUMATION, INTERSTITIAL BRONCHOPNEUMCNIA SUPPURATIVE ENDYEMA INFLAUMATION, ACUTE SUPPURATIVE NECROSIS, NOS ALVEDIAR MARCOPHAGES	1 (8%)	1 (7%) 2 (13%) 1 (7%)	3 (7%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	2 (6%) 4 (17%)
EMATOPOIETIC SYSTEM				
*SKIN PARAKERATOSIS	(14)	(15)	(42)	(24) 1 (4%)
#BONE MARROW Myelofijrosis	(14)	(14)	(40)	(24) 1 (4%)
#SPLEEN AMYLOIDOSIS	(13)	(13) 3 (23%)	(40)	(23)
HYPOPLASIA, NOS ATROPHY, NOS	1 (8%)		5 (13%)	4 (17% 2 (9%)
AIRUPHT, NUS Hyperplasia, NOS Megakaryocytosis Hyperplasia, granulocytic Hyperplasia, reticulum cell Hyperplasia, lymphoid Hematopoiesis	2 (15%)	1 (2%)	4 (10%) 5 (13%)	1 (4%) 1 (4%) 1 (4%) 1 (4%) 5 (26%
#SPLENIC FOLLICLES	(13)	(13)	(40)	(23)
HYPOPLASIA, NOS Hyperplasia, Nos		2 (15%)	2 (5%)	3 (13% 1 (4%)
#SPLENIC RED PULP Hypoplasia, Nos	(13)	(13)	(40) 2 (5%)	(23)

	UNTREATED Control no. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
MEGAKARYOCYTOSIS HENATOPOIESIS ERYTHROPOIESIS GRANULOPOIESIS		2 (15%)	1 (3%)	1 (4%)
#LYMPH NODE NECROSIS, CASECUS HYPERPLASIA, NOS NYPERPLASIA, LYMPHOID	(8)	(7)	(25) 2 (8%)	(15) 1 (7%) 1 (7%) 1 (7%)
#CERVICAL LYMPH NODE Hyperplasia, nos	(8) 4 (50%)	(7) 3 (43%)	(25) 10 (40%)	(15) 6 (40%)
#TRACHEAL LYMPH NODE Hyperplasia, Nos	(8) 1 (13%)	(7)	(25)	(15)
#PYLORIC LYMPH NODE Hlmorrhage	(3)	(7) 1 (14%)	(25)	(15)
#LUMBAR LYMPH NODE Nyperplasia, lymphoid	(8)	(7)	(25) 1 (4%)	(15) 1 (7%)
#MESENTERIC L. NODE ABSCESS, NOS INFL/HMATION PROLIFERATIVE NECROSIS, CASEOUS	(8)	(7)	(25) 1 (4%) 1 (4%) 1 (4%)	(15)
#RENAL LYMPH NODE Nyperplasia, nos	(8) 1 (13%)	(7)	(25)	(15)
#BRACHIAL LYMPH NODE Abscess, Nos	(8)	(7)	(25)	(15) 1 (7%)
#INGUINAL LYMPH NODE INFLAMMATION, CHRONIC	(8)	(7)	(25)	(15) 1 (7%)
#LUNG/BRONCHIOLE Hyperplasia, Lymphoid	(13)	(15)	(41) 1 (2%)	(24)
#LIVER HEMATOPOIESIS	(14)	(15)	(42) 1 (2%)	(22) 1 (5%)
#KIDNEY HYPERPLASIA, LYMPHOJD	(14)	(14)	(42)	(23)

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
CIRCULATORY SYSTEM				
#PANCREATIC L.NCDE Lynphangiectasis	(8)	(7)	(25) 1 (4%)	(15)
<pre>#MESENTERIC L. NODE LYNPHANGIECTASIS</pre>	(8) 1 (13%)	(7)	(25)	(15) 1 (7%)
#HEART MINERALIZATION	(13) 1 (8%)	(15)	(42)	(22)
#HEART/ATRIUM THROMBOSIS, NOS	(13)	(15) 2 (13%)	(42)	(22) 1 (5%)
#MYOCARDIUM MINERALIZATION INFLAMMATION, ACUTE SUPPURATIVE INFLAMMATION, CHRONIC FOCAL INFLAMMATICN PROLIFERATIVC NECROSIS, FCCAL	(13)	(15)	(42)	(22)
		2 (13%) 1 (7%) 1 (7%)	3 (7%)	2 (9%) 1 (5%)
#ENDOCARDIUM INTLAMMATION PROLIFERATIVE Hyperplasia, Nos	(13) 1 (8%) 1 (8%)	(15)	(42)	(22)
*RENAL ARTERY ARTERIOSCLEROSIS, NOS	(14)	(15)	(42) 1 (2%)	(24)
#HEPATIC SIHUSOID Retention of content	(14)	(15)	(42)	(22) 1 (5%)
DIGESTIVE SYSTEM				
#SALIVARY GLAND INFLANMATION, FOCAL	(12)	(15) 1 (7%)	(36)	(21)
#PAROTID GLAND INFLAMMATION, NOS INFLAMMATION, FOCAL NECROSIS, FOCAL	(12) 1 (8%)	(15) 1 (7%)	(36) 3 (8%) 1 (3%)	(21) 1 (5%)
LIVER CONGESTION, NOS	(14)	(15)	(42)	(22)

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

.

	UNTREATED Control No. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST Group
LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE FOCAL INFLAMMATION, ACUTE FOCAL INFLAMMATION, ACUTE/CHRCNIC CIRRHOSIS, NOS DEGENERATION, HYDROPIC NECROSIS, FOCAL NECROSIS, COAGULATIVE AMYLOIDOSIS AMYLOIDOSIS	1 (7%) 1 (7%) 1 (7%)	2 (13%) 1 (7%) 2 (13%) 2 (13%) 3 (20%)	3 (7%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	1 (5%) 1 (5%)
HEPATOCYTOMEGALY #PORTAL TRACT	1 (7%)	(15)	2 (5%) (42)	(22)
LYMPHOCYTIC INFLAMMATORY INFILTR #LIVER/CENTRILOBULAR	(14)	(15)	(42)	(22)
METAMORPHOSIS FATTY HEPATOCYTOMEGALY #LIVER/PERIPORTAL	1 (7%) 5 (36%) (14)	(15)	1 (2%)	3 (14%) (22)
LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE SUPPURATIVE	(14)	1 (7%)	2 (5%)	1 (5%)
#LIVER/HEPATOCYTES CLOUDY SHELLING ATROPHY, NOS ATROPHY, DIFFUSE	(14) 1 (7%)	(15) 1 (7%)	(42)	(22) 1 (5%)
#BILE DUCT Inflammation, Chronic	(14)	(15)	(42)	(22) 1 (5%)
#STOMACH HYPERPLASIA, EPITHELIAL HYPERKERATOSIS	(14)	(13) 1 (8%) 1 (3%)	(42) 3 (7%)	(23) 1 (4%)
#GASTRIC MUCOSA Hyperplasia, Nos	(14)	(13)	(42)	(23) 1 (4%)
#DUODENUM LYMPHOCYTIC INFLAMMATORY INFILTR	(11) 1 (9%)	(12)	(34)	(19)
#COLON Impaction, Nos	(11)	(15) 2 (13%)	(36)	(19)

	UNTREATED Control No. 1	UNTREATED Control No. 2		TEST Group
NEMATODIASIS				1 (5%)
RINARY SYSTEM				
*GENITOURINARY TRACT INFLAMMATION, ACUTE SUPPURATIVE ABSCESS, NOS INFLAMMATION ACUTE AND CHRONIC	(14)	(15)	(42) 1 (2%)	(24) 1 (4%) 1 (4%)
#KIDNEY HYDRONEPHROSIS	(14) 1 (7%)	(14)	(42) 1 (2%)	(23)
GLOMERULONEPHRITIS, NOS PYELOMEPHRITIS, NOS LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, INTERSTITIAL PUS	8 (57%)	1 (7%)	5 (12%) 20 (48%)	2 (9%) 13 (57%) 1 (4%) 2 (9%)
PYELONEPHRITIS SUPPURATIVE INFLAMMATION, CHRONIC GLOMERULONEPHRITIS, CHRONIC INFLAMMATION, CHRONIC FOCAL GLOMERULOSCLEROSIS, NOS NECROSIS, NOS GROWTH, ALTERATION	9 (64%)	1 (7%) 3 (21%)	1 (2%) 1 (2%) 6 (14%) 1 (2%) 1 (2%) 1 (2%)	2 (9%) 5 (22% 1 (4%) 1 (4%)
#KIDNEY/GLOMERULUS AMYLOIDOSIS	(14)	(14)	(42) 1 (2%)	(23) 1 (4%)
#KIDNEY/TUBULE CALCULUS, NOS CALCIFICATION, NOS	(14)	(14)	(42) 1 (2%) 1 (2%)	(23)
#KIDNEY∕PELVIS ABSCESS, NOS METAPLASIA, SQUAMOUS	(14)	(14)	(42) 1 (2%) 1 (2%)	(23)
#URINARY BLADDER CAST, NOS	(13)	(14)	(39) 1 (3%)	(20)
INFLAMMATION, ACUTE Inflammation, acute focal Inflammation, acute suppurative		1 (7%) 1 (7%)	1 (3%)	1 (5%)
INFLANMATION, CHRONIC INFLAMMATION, CHRONIC DIFFUSE INFLAMMATION, CHRONIC SUPPURATIV	4 (31%)	1 (7%)	3 (8%) 1 (3%)	5 (25%
INFLAMMATION PROLIFERATIVE		1 (7%)	3 (8%)	

	UNTREATED Control No. 1	CONTROL NO. 2	VEHICLE Control	TEST Group
FIDROSIS HYPERPLASIA, EPITHELIAL POLYPOID HYPERPLASIA		1 (7%) 2 (14%)	1 (3%) 1 (3%)	1 (5%)
ENDOCRINE SYSTEM				
#ADRENAL LYN2HOCYTIC INFLAMMATORY INFILTR	(11)	(15)	(40) 1 (3%)	(22)
DEGENERATION PIGMENTARY Anyloidosis	5 (45%)	2 (13%)	4 (10%) 1 (3%)	1 (5%)
LIPOIDOSIS	1 (9%)			
#ADRENAL CORTEX HAMARTOMA	(11)	(15) 2 (13%)	(48)	(22)
#ZONA GLOMERULOSA Metaplasia, nos	(11) 5 (45%)	(15) 6 (40%)	(40) 6 (15%)	(22) 3 (14%)
#ZONA FASCICULATA Hypertrophy, focal	(11) 1 (9%)	(15)	(40)	(22)
#ADRENAL MEDULLA Congestion, Nos			(40)	(22)
HEHORRHÄGE		1 (7%)		
REPRODUCTIVE SYSTEM				
*GENITAL SYSTEM RETENTION OF CONTENT INFLAMMATION, SUPPURATIVE INFLAMMATION, ACUTE SUPPURATIVE PLASMA-CELL INFILTRATE	(14) 1 (7%)	(15) 1 (7%)	(42) 2 (5%) 1 (2%) 1 (2%) 1 (2%)	(24)
*BULBOURETHRAL GLAND INFLACMATION, ACUTE SUPPURATIVE POLYPOID HYPERPLASIA	(14)	(15)	(42) 1 (2%) 1 (2%)	(24) 1 (4%)
*PREPUTIAL GLAND EPIDERMAL INCLUSION CYST GRANULATION, TISSUE	(14)	(15)	(42) 1 (2%) 1 (2%)	(24)
#PROSTATE Retention of content	(13) 9 (69%)	(14)	(39)	(20) 8 (40%)

		CONTROL NO. 2		GROUP
INFLAMIATION, ACUTE SUPPURATIVE INFLAMIATION, ACUTE NECROTIZING INFLAMIATION, CHRONIC FOCAL INFLAMMATION, CHRONIC SUPPURATIV		2 (14%)	1 (3%) 2 (5%)	2 (10%) 1 (5%)
*SEMINAL VESICLE DILATATION, NOS RETENTION OF CONTENT INFLAMMATION, ACUTE SUPPURATIVE INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC SUPPURATIV	(14) 2 (14%) 9 (64%) 1 (7%)	(15) 7 (47%)		(24) 8 (33%) 2 (8%) 1 (4%)
#TESTIS MINERALIZATION Degeneration, Nos Necrosis, Focal Necrosis, Caseous	3 (21%)		(41) 1 (2%) 1 (2%) 1 (2%) 5 (12%)	(24) 2 (8%) 4 (17%)
ATROPHY, NGS ATROPHY, FOCAL ATROPHY, DIFFUSE Spermatogenic Arrest Hypospernatogenesis Hyperplasia, interstitial Cell	4 (29%) 1 (7%) 4 (29%)		7 (17%)	1 (4%)
#TESTIS/TUBULE Degeneration, Nos	(14)	(14)	(41) 1 (2%)	(24)
*EPIDIDYMIS DILATATION, NOS INFLAMMATION ACUTE AND CHRONIC ASPERMATOGENESIS Hypospermatogenesis	(14) 3 (21%) 2 (14%)	(15) 4 (27%) 3 (20%)	(42) 1 (2%) 3 (7%) 4 (10%)	(24) 1 (4%) 4 (17%) 1 (4%)
*VAS DEFERENS Spermatocele Inflammation, Chronic		(15)		(24) 1 (4%) 1 (4%)
IERVOUS SYSTEM None				
SPECIAL SENSE ORGANS				

		UNTREATED Control no. 2		TEST GROUP
MUSCULOSKELETAL SYSTEM				
NONE		~~~~~~		
BODY CAVITIES				
*PERITONEUM INFLAMMATION PROLIFERATIVE	(14)	(15)	(42) 1 (2%)	(24)
ALL OTHER SYSTEMS				
*MULTIPLE ORGANS TRAUMATIC ABNORMALITY LYMPHOCYTIC INFLAMMATORY INFILTR BACTERIAL SEPTICEMIA	(14) 1 (7%)	(15)	(42)	(24) 1 (4%) 2 (8%) 1 (4%)
CONNECTIVE TISSUE INFLATMATION PROLIFERATIVE	**********			3
SPECIAL MORPHOLOGY SUMMARY				
AUTO/NECROPSY/HISTO PERF Autolysis/H0 necropsy	1		1 3	6
<pre># NUMBER OF ANIMALS WITH TISSUE EXAMIN * NUMBER OF ANIMALS NECROPSIED</pre>	NED MICROSCOPICA	LLY		

#### SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE ADMINISTERED HCDD PLUS DMBA BY DERMAL APPLICATION

	UNTREATED CONTROL NO. 1		VEHICLE Control	TEST GROUP
	15 15	15	45 41 41	30 27 27
INTEGUMENTARY SYSTEM				
*SKIN EDEMA, NOS NECROSIS, CASEDUS HYPERPLASIA, FOCAL	1 (7%)	(15)		(27) 1 (4%) 1 (4%)
HYPERKERATOSIS	1 (7%)		1 (2%)	
*SUBCUT TISSUE EDEMA, NOS ULCER, NOS ABSCESS, NOS MECROSIS, NOS		(15) 1 (7%)	1 (2%) 1 (2%) 1 (2%)	(27) 2 (7%)
RESPIRATORY SYSTEM				
#LUNG/BRONCHUS Lymphocytic inflammatory infiltr		(15)		(25) 1 (4%)
#LUNG/BRONCHIOLE Lymphocytic inflammatory infiltr		(15) 10 (67%)		
#LUNG ATELECTASIS	(15)	(15)		(25)
ATCLECTASIS CONGESTION, NOS INFLAMMATION, INTERSTITIAL BRONCHOPNEUMIONIA SUPPURATIVE	2 (13%) 3 (20%)	3 (20%)	1 (2%) 5 (12%) 1 (2%)	2 (8%) 3 (12%) 6 (24%)
INFLAMMATION, ACUTE SUPPURATIVE Hyperplasia, Adenomatous	1 (7%)	3 (20%)	1 (2%) 2 (5%)	
IEMATOPOIETIC SYSTEM				
*MAMMARY GLAND Adenosis	(15) 2 (13%)	(15)	(41) 2 (5%)	(27)

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
#BONE MARROW FIBROUS OSTEODYSTROPHY HYPERPLASIA, NOS RETICULOCYTOSIS	(13) 3 (23%) 1 (8%)	(13) 1 (8%)	(37) 7 (19%) 1 (3%)	(23) 7 (30%)
#SPLEEN CYST, NOS Pigmentation, Nos	(15)	(15)	(40) 1 (3%)	(27) 1 (4%)
HEMOSIDEROSIS Hypoplasia, Nos Atrophy, Nos	1 (7%)	1 (7%) 1 (7%)	3 (8%)	1 (4%) 3 (11%)
HYPERPLASIA, NODULAR Hyperplasia, Nos Megakaryocytosis	3 (20%)	2 (13%)	1 (3%)	3 (11%)
HYPERPLASIA, LYMPHOID HEMATOPOIESIS	1 (7%)		2 (5%)	2 (7%) 1 (4%)
#SPLENIC FOLLICLES HYPOPLASIA, NOS	(15)	(15)	(40)	(27) 1 (4%)
HYPERPLASIA, NOS	2 (13%)		4 (10%)	1 (14)
#SPLENIC RED PULP Hypoplasia, Nos Hematopoiesis	(15) 1 (7%) 2 (13%)	(15) 1 (7%) 1 (7%)	(40) 1 (3%) 1 (3%)	(27) 1 (4%)
#LYMPH NODE Hyperplasia, Nos	(12) 2 (17%)	(12) 3 (25%)	(30) 6 (20%)	(16)
#CERVICAL LYMPH NODE Hyperplasia, Nos	(12) 1 (8%)	(12) 4 (33%)	(30) 17 (57%)	(16) 6 (38%)
<pre>#PANCREATIC L.NODE     PIGMENTATION, NOS</pre>	(12)	(12)	(30)	(16)
HYPERPLASIA, NOS		1 (8%)	(3%)	1 (6%)
#RENAL LYMPH NODE Hyperplasia, Nos	(12)	(12)	(30)	(16) 1 (6%)
#LUNG/BRONCHIOLE Hyperplasia, Lymphoid	(15)	(15) 1 (7%)	(41) 1 (2%)	(25)
#PAROTID GLAND FIBROSING ADENOSIS	(15)	(12)	(36) 1 (3%)	(23)
#LIVER HEMATOPOIESIS	(15) 1 (7%)	(15)	(41)	(27)

	UNTREATED Control No. 1			TEST GROUP
#ADRENAL Myelopoiesis	(15)	(14)	(41) 1 (2%)	(26)
#THYMUS Ectopia Hyperplasia, Nos	(15)	(15) 2 (13%)	(39) 2 (5%)	(27) 1 (4%) 1 (4%)
#THYMIC MEDULLA Hyperplasia, NOS	(15) 2 (13%)	(15)	(39)	(27)
CIRCULATORY SYSTEM				
#BONE MARROW PERIARTERITIS	(13)	(13)	(37)	(23) 1 (4%)
#PANCREATIC L.NODE Lynphangiectasis	(12)	(12)	(30) 1 (3%)	(16)
#MESENTERIC L. NODE Lymphangiectasis	(12)	(12)	(30) 2 (7%)	(16)
#HEART ENDOCARDIOSIS	(15) 2 (13%)	(14) 1 (7%)	(40)	(27)
#HEART/ATRIUM Thrombosis, Nos	(15) 1 (7%)	(14)	(40) 2 (5%)	(27)
#MYOCARDIUM Inflammation, Chronic Focal	(15) 1 (7%)	(14)	(40)	(27) 1 (4%)
*CENTRAL VEINS/LIVER LYMPHOCYTIC INFLAMMATORY INFILTR	(15)	(15)	(41) 1 (2%)	(27)
DIGESTIVE SYSTEM				
#SALIVARY GLAND Inflammation, Nos	(15)	(12) 2 (17%)	(36) 1 (3%)	(23)
#PAROTID GLAND Inflammation, Nos	(15)	(12)	(36) 1 (3%)	(23) 2 (9%)
#LIVER INFLAMMATION, NOS	(15)	(15)	(41)	(27)

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
INFLAMMATION, FOCAL LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE INFLAMMATION, ACUTE DIFFUSE		3 (20%) 1 (7%)	1 (2%) 3 (7%)	1 (4%)
INFLAMMATION, CHRONIC Necrosis, coagulative Amyloidosis	1 (7%)	1 (7%)	1 (2%) 1 (2%)	1 (4%) 1 (4%)
LIPOIDOSIS Focal cellular change	1 (7%)	1 (7%)		
#LIVER/CENTRILOBULAR LYMPHOCYTIC INFLAMMATORY INFILTR	(15)	(15)	(41) 1 (2%)	(27)
NECROSIS, NOS Metamorphosis fatty Hepatocytonegaly	1 (7%)	t (7%)		1 (4%)
<pre>#LIVER/PERIPORTAL LYNPHOCYTIC INFLAMMATORY INFILTR HYPERPLASIA, NOS</pre>	(15) 1 (7%) 1 (7%)	(15)	(41)	(27)
#LIVER/KUPFFER CELL Hyperplasia, Nos	(15)	(15)	(41) 1 (2%)	(27)
*GALLBLADDER INFLANMATION, CHRONIC	(15) 1 (7%)	(15)	(41)	(27)
#BILE DUCT Hyperplasia, Nos	(15) 2 (13%)	(15)	(41)	(27)
<pre>#PANCREAS LYMPHOCYTIC INFLAMMATORY INFILTR HYPERPLASIA, NOS</pre>	(15) 1 (7%) 1 (7%)	(15)	(40) 1 (3%)	(26)
#STOMACH Inflarmation, acute	(15)	(15)	(41)	(26)
HYPERKERATOSIS			2 (5%)	1 (4%)
#GASTRIC MUCOSA Hypoplasia, Nos	(15)	(15) 1 (7%)	(41)	(26)
#FORESTOMACH HYPERKERATOSIS	(15)	(15) 1 (7%)	(41)	(26)
#SMALL INTESTINE PARASITISM	(13)	(15)	(40)	(26)

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

•

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
#DUODENUM NECROSIS, NOS	(13)	(15) 1 (7%)	(40)	(26)
*RECTUM ULCER, ACUTE DESMOPLASIA NECROSIS, NOS	(15)	(15) 1 (7%) 1 (7%) 1 (7%)	(41)	(27)
RINARY SYSTEM				
<pre>#KIDNEY HYDRONEPHROSIS GLOHERULONEPHRITIS, NOS</pre>	1 (7%)	(15)	(41) 1 (2%)	(27) 1 (4%)
PYELONEPHRITIS, NOS Lymphocytic inflammatory infiltr Pyelonephritis suppurative		2 (13%) 6 (40%) 1 (7%)	26 (63%)	16 (59%)
GLOMERULONEPHRITIS, ACUTE INFLAMMATION, CHRONIC GLOMERULONEPHRITIS, CHRONIC INFLAMMATION, CHRONIC FOCAL	2 (13%) 10 (67%)	1 (7%) 12 (80%)	1 (2%) 1 (2%) 16 (39%) 1 (2%)	11 (41%)
GLOMERULOSCLEROSIS, NOS Infarct, Healed	2 (13%)	2 (13%)	2 (5%) 1 (2%)	
<pre>#KIDNEY/GLOMERULUS    AMYLOID, HOS    AMYLOIDOSIS</pre>	(15)	(15)	(41) 1 (2%)	(27) 1 (4%)
#KIDNEY/PELVIS DILATATION, NOS	(15)	(15)	(41)	(27) 1 (4%)
#URINARY BLADDER Lymphocytic inflammatory infiltr	(13)	(13) 1 (8%)	(30)	(19)
INFLAMMATION, ACUTE INFLAMMATION, ACUTE NECROTIZING INFLAMMATION, ACUTE/CHRGNIC INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC FOCAL INFLAMMATION PROLIFERATIVE	4 (31%)		1 (3%) 10 (33%) 2 (7%)	5 (26%)
ATROPHY, NOS Metaplasta, squamqus		1 (8%)	1 (3%)	1 (5%)
NDOCRINE SYSTEM				
<pre>#PITUITARY HYPERPLASIA, CHROMOPHOBE-CELL</pre>	(10)	(11)	(35)	(13) 1 (8%)

	CONTROL NO. 1	UNTREATED CONTROL NO. 2		TEST GROUP
#ADRENAL Congestion, Nos	(15)	(14)	(41) 2 (5%)	(26)
DEGENERATION PIGMENTARY	9 (60%)	8 (57%)	22 (54%)	16 (62%)
#ADRENAL CORTEX Hamartona Lymphocytic inflammatory infiltr	(15) 1 (7%) 1 (7%)	(14) 1 (7%)	(41) 1 (2%) 1 (2%)	(26)
#ZONA GLOMERULOSA Netaplasia, nos	(15) 6 (40%)	(14) 9 (64%)	(41) 20 (49%)	(26) 12 (46%)
#THYROID	(15)	(15)	(39)	(22)
INFLAMMATION, NOS Hyperplasia, follicular-cell		1 (7%)	1 (3%)	
#THYROID FOLLICLE Goitfr Colloid	(15)	(15)	(39) 1 (3%)	(22)
#PANCREATIC ISLETS Hyperplasia, Nos		(15) 1 (7%)	(40)	(26) 1 (4%)
REPRODUCTIVE SYSTEM				
*MAMMARY GLAND DILATATION/DUCTS	(15) 3 (20%)	(15) 1 (7%)	(41) 3 (7%)	(27) 2 (7%)
*VAGINA Inflammation, acute/chronic Hyperplasia, epithelial	(15)	(15) 1 (7%) 1 (7%)	(41)	(27)
#UTERUS MINERALIZATION	(15)	(15)	(36)	(26)
HEMORRHAGE Inflammation, acute focal			1 (3%)	1 (4%)
ABSCESS, NOS INFLADIATION, CHRONIC			1 (3%)	1 (4%)
NECRUSIS, NOS METAPLASIA, SQUAMOUS			1 (3%)	1 (4%)
#CERVIX UTERI Inflammation, Chronic	(15)	(15) 1 (7%)	(36)	(26)
#UTERUS/ENDOMETRIUM INFLAM MATION, CHRONIC SUPPURATIV	(15)	(15)	(36)	(26)

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

٠

	CONTROL NO. 1	UNTREATED CONTROL NO. 2	CONTROL	GROUP
HYPERPLASIA, NOS Hyperplasia, cystic	1 (7%) 12 (80%)	5 (33%) 9 (60%)	8 (22%) 22 (61%)	7 (27%) 17 (65%)
#OVARY CYST, NOS ATRESIA Hemorrhagic Cyst Atrophy, Nos Atrophy, Cystic Luteinization	(14) 1 (7%) 10 (71%) 1 (7%) 8 (57%) 4 (29%) 2 (14%)	(15) 12 (80%) 3 (20%) 11 (73%) 3 (20%)	(33) 4 (12%) 20 (61%) 2 (6%) 25 (76%) 1 (3%) 2 (6%)	(25) 13 (52% 2 (8%) 15 (60% 6 (24% 1 (4%)
NERVOUS SYSTEM None				
SPECIAL SENSE ORGANS				*
*EYE Abscess, Nos	(15)	(15)	(41) 1 (2%)	(27)
MUSCULOSKELETAL SYSTEM				
*SKELETAL MUSCLE Lymphocytic inflammatory infiltr	(15)	(15)	(41) 1 (2%)	(27)
BODY CAVITIES				
*ABDOMINAL CAVITY Necrosis, focal	(15)	(15)	(41)	(27) 1 (4%)
*ABDOMINAL WALL HERNIA, NOS		(15)		(27)
ALL OTHER SYSTEMS				
<pre>*MULTIPLE ORGANS LYMPHOCYTIC INFLAMMATORY INFILTR AMYLOID, NOS AMYLOIDOSIS</pre>	(15) 3 (20%) 1 (7%)	(15)	(41) 1 (2%) 3 (7%)	(27) 1 (4%) 1 (4%)
CONNECTIVE TISSUE INFLAMMATION PROLIFERATIVE				1

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

•

	UNTREATED CONTROL NO. 1	UNTREATED CONTROL NO. 2	VEHICLE Control	TEST GROUP
SPECIAL MORPHOLOGY SUMMARY				
AUTOLYSIS/NO NECROPSY			4	3
# NUMBER OF ANIMALS WITH TISSUE EXA	MINED MICROSCOPICAL	LY		

.

\* NUMBER OF ANIMALS NECROPSIED

•

APPENDIX E

PREPARATION OF HCDD

#### APPENDIX E

#### Preparation of HCDD

(Aldrich Chemical Co., Milwaukee, Wis.) was 3,4,5-Trichlorophenol  $80^{\circ} - 90^{\circ}$ C brominated at in glacial acetic acid and the product, 2-bromo-3,4,5-trichlorophenol, was recrystallized from methanol-water or benzene-hexane. The potassium salt of 2-bromo-3,4,5-trichlorophenol was prepared by treating the phenol with potassium hydride in benzene. The dry potassium salt of 2-bromo-3,4,5-trichlorophenol was covered with a layer of dry potassium carbonate and heated under sublimation conditions at 240<sup>°</sup>-270<sup>°</sup>C at 1 mm pressure for 20 hours. The crude product contained hexachlorodibenzo-p-dioxins, bromohexachlorodibenzo-p-dioxins (from the condensation of the 2,6-dibromo-3,4,5-trichlorophenol impurity in 2-bromo-3,4,5-trichlorophenol), and other minor impurities. The crude product was debrominated by hydrogenolysis with lithium aluminum hydride at 0°C to yield HCDD (Gray et al., 1975).

# APPENDIX F

# ANALYSES OF HCDD

## APPENDIX F

# Analysis of HCDD

## Midwest Research Institute

# A. Vapor-Phase Chromatography

Lot No. IIT 102

a. System 1:

Instrument: Column:	Bendix 2500 3% 0V-1, 1.8 m x 4 mm I.D.	
Detector:	Electron capture, <sup>63</sup> Ni	
Oven		
Temperature I:	160°C, isothermal	
Compound		
Concentration:	0.032 mg/ml in benzene	
Results:	0.032 mg/ml in benzene One peak with a retention time identical to that of an authentic sample of tetrachloro- dibenzo-p-dioxin. By comparison of the area of this peak with that of a weighed solution of tetrachlorodibenzo-p-dioxin, it was calculated that the tetrachloro compound was present at a concentration of 0.07%.	

b. System 2:

Instrument: Column:	Varian 1400 3% OV-1, 1.8 m x 4 mm I.D.
Detector:	3% OV-1, 1.8 m x 4 mm I.D. Electron capture, Sc <sup>3</sup> H <sub>3</sub>
Oven	
Temperature I:	160°C, isothermal
Compound	
Concentration:	Saturated (2 mg/ml in benzene)
Results:	Major peak was not eluted in 45 minutes.
	Eight minor impurities detected.
Results:	

Peak	Retention Time (min)	Retention Time (Relative to Tetrachloro- dibenzo-p-dioxin	Possible ) Identity	Percent by Weight
		~ · · ·		
1	4.2	0.11	Unknown	
2	7.9	0.20	Dichlorodibenzo-p-dioxin	0.004
3	9.5	0.24	Unknown	-
4	11.7	0.29	Unknown	-
5	17.3	0.43	Trichlorodibenzo-p-dioxin	0.004
6	25.6	0.64	Unknown	-
7	34.5	0.87	Unknown	-
8	39.8	1.00	Tetrachlorodibenzo-p-dioxin	0.01

Possible identities were assigned to peaks which had retention times identical to those for authentic samples of other chlorinated dibenzo-p-dioxins. Percentage compositions by weight were calculated by comparison of the areas of the impurity peaks in the weighed sample with the area of the tentatively identified chlorinated dibenzo-p-dioxin in a weighed solution of similar concentration. No authentic sample of monochlorodibenzo-p-dioxin was avail-It is possible that the first peak able. is the monochloro compound. No percentage compositions were calculated for the unknown peaks because of the great variation in response of electron capture detectors to different compounds.

c. System 3:

Varian 1400
3% OV-1, 1.8 m x 4 mm I.D.
Electron capture, Sc <sup>3</sup> H <sub>3</sub>
· ·
225°C, isothermal
0.032 mg/ml in benzene
Major peak and three impurities.

Peak	Retention Time (min)	Retention Time (Relative to Hexachloro- dibenzo-p-dioxin	to t Hexa	Relative hat of chlorodi- o-p-dioxin
I Cuk	(			• p •••••
1	4.0	0.25	Tetrachlorodibenzo-p-dioxin	0.08
2	7.8	0.50	Unknown	-
3	8.6	0.54	Unknown	-
4	15.7	1.00	Hexachlorodibenzo-p-dioxin	100.00

Nothing else eluted in 50 minutes.

The first peak was again quantitated against an authentic sample of tetrachlorodibenzo-p-dioxin. No authentic sample of pentachlorodibenzo-p-dioxin was available. The peaks with retention times two intermediate between tetra- and hexachlorodibenzo-p-dioxin could be pentachloro compounds, but there was no way to verify Octachlorodibenzo-p-dioxin was not this. detected; the detection limit in this sample is less than 0.004%.

d. System 4:

Instrument:	Bendix 2500
Column:	3% Dexsil 400, l.8 m x 2 mm I.D. Electron capture, <sup>63</sup> Ni
Detector:	Electron capture, <sup>63</sup> Ni
Oven	
Temperature III:	275°C, isothermal
Compound	
Concentration:	0.032 mg/ml in benzene
Results:	Major peak and two impurities with longer
	retention times.

Peak	Retention Time (min)	Retention Time (Relative to Hexachloro- dibenzo-p-dioxin)	Identity
1	2.1	1.00	Hexachlorodibenzo-p-dioxin
2 3	3.5 4.8	1.70 2.30	Unknown Unknown

Nothing else eluted in 20 minutes.

Under these same conditions, octachlorodibenzo-p-dioxin had a retention time of 5.5 minutes and thus was not detected in the sample. This column separated two impurities with retention times intermediate between those of hexa- and octachlorodibenzo-p-dioxin, but no authentic sample was available.

### 2. Flame Ionization Detection (Lot No. IIT 102)

a. System 1:

Instrument: Column:	Tracor MT 220 Stainless steel capillary coated with OV-101, 50 ft. x 0.62 in. I.D.
Oven Temperature: Results:	190°C, isothermal Major peak and three impurities.

Peak	Retention Time (min)	Retention Time (Relative to that of Hexachloro- dibenzo-p-dioxin)	Area (Relative to that of Hexachloro- dibenzo-p-dioxin)
1	6.0	0.50	0.2
2	6.8	0.57	0.6
3	11.3	0.94	1.40
4	12.0	1.00	100

Peak No. 3 was a shoulder on the major peak and probably did not separate from the major peak on the packed columns used with the electron capture detectors. Peaks 1 and 2 were too large to be due to the chlorinated dibenzo-p-dioxins (di-, tri-, and tetra-) observed and quantitated by electron capture, but it is possible that these are the unknown peaks detected by electron capture.

	b. System 2:			
	Instrumen Column:		MT 220 il 400, 1.8 m x 2 mm I.D.	
	Oven Temperatu Results:		150° to 285°C at 10°C/minute Major peak and one impurity.	
Peak	Retention Time (min)	Retention Time (Relative to that of Hexachloro- dibenzo-p-dioxin)	Hexachloro-	.)
1 2	9.6 11.3	0.85 1.00	0.2 100	
	c. System 3:			
	Instrumen Column:	5% N, N'	-bis(p-methoxybenzylidine) oluidine (liquid crystal)	
	Oven Temperatu Results:		isothermal ks (indicating the presen ).	ice of two
Peak	Retention Time (min)	Retention T (Relative t of Larger P	o that to that of	
1 2	10.9 13.4	0.81 1.00	46 100	

## B. Mass Spectrometry

Vapor-Phase Chromatography/Mass Spectrometry (Lot No. IIT 102)

Instrument: Varian MAT CH4B mass spectrometer interfaced via a Watson-Biemann helium separator to a Tracor MT 2000 MF gas chromatograph. Data were processed by a Varian 620/i computer.

Column:	3% OV-1, 1.8 m x 2 mm I.D.
Oven	
Temperature:	210°C, isothermal
Results:	Only one peak, that for the major
	component, was detected on the ion current monitor. Specific ion searches for other possible impurities indicated the presence of pentachlorodibenzo-p-dioxin and bromo- pentachlorodibenzo-p-dioxin; the searches gave no evidence for the presence of other chlorinated dibenzo-p-dioxins or tetrabro- momonochloro- or bromohexachlorodibenzo-p- dioxin.

Peak	Mass	Relative Intensities	Calculated Relative Intensities
Pentachlorodibenzo-p-	354	74	61
dioxin	356 358	100 85	100 66
Bromopentachloro-	434	138	98
dibenzo-p-dioxin	436	100	100
	438	51	53

Peak	Mass	Intensity Relative to Base Peak	Relative Intensities of Parent Ion Cluster	Calculated Relative Intensities
Hexachlorodi-	28(N <sub>2</sub> )	100	_	_
benzo-p-dioxin	262	5	_	-
	264	9	-	-
	325	12	-	-
	327	20	-	-
	329	12	-	
	356	7	-	-
	388	47	57	51
	390	82	100	100
	391	10	12	13
	392	72	88	82
	394	30	37	36
	396	11	13	9

2. Direct Inlet Mass Spectrometry (Lot No. IIT 102)

Instrument: Varian MAT CH4B mass spectrometer. Data processed by a Varian 620/i computer. Results: Mass spectrum consistent with the structure of the major component. Specific ion searches for the two most intense masses in the parent ion cluster of pentachlorodibenzo-p-dioxin were positive, but these masses also occur in the fragmentation of hexachlorodibenzo-p-dioxin, so the presence of pentachlorodibenzo-p-dioxin could be neither confirmed nor denied. Specific ion searches did not detect any of the other chlorinated dibenzo-p-dioxins or bromo-, pentachloro-, tetrabromomonochloro-, or bromohexachlorodibenzo-p-dioxins the or anion of 2-bromo-3,4,5- trichlorophenol, the starting material in the synthesis of hexachlorodibenzo-p-dioxin. Peaks were detected with masses at 436, 485, 487, 492, 513, 515, 545, and 547-554, which could not be due to the major component. The origin of these peaks was not determined.

### C. Special Analyses

Subsequent to the analyses described in (A) and (B) above, the following special analyses were performed.

1. Vapor-Phase Chromatography/Mass Spectrometry with Solid Injection

Instrument:	Varian MAT CH4B mass spectrometer
	interfaced via a Watson-Biemann helium
	separator to a Tracor MT 2000 MF gas
	chromatograph. Data processed by a Varian
	620/i computer.
Column:	3% Dexsel 400, 1.8 m x 4 mm I.D. on
	Chromosorb W (AW)

Oven Temperature: Inlet	300°C, isothermal
Temperature: Helium	320°C
Separator Temperature:	340°C
Sample Injection:	0.5 mg hexachlorodibenzo-p-dioxin was
	loaded into a solid sampler (Analabs) and injected directly onto the column.
Results:	Two minor peaks were detected on the ion current monitor before the major peak was eluted. Specific ion searches for the masses in the parent ion cluster indicated that the first minor peak was tetrachloro- dibenzo-p-dioxin.

# TETRACHLORODIBENZO-P-DIOXIN

Mass	Relative Intensities	Calculated Relative Intensities	
320	74	76	
322	100	100	
324	55	50	

2. Vapor-Phase Chromatography with Electron Capture Detection

Varian Aerograph 1400 Electron capture, Sc <sup>3</sup> H <sub>3</sub> 3% Dexsil 400 on Chromosorb W(AW) 1.8 m x 2 mm I.D., glass
230°C
270°C
220°C
1.1 mg/ml in benzene
0.09 <u>+</u> 0.03( <b>ð</b> )%

APPENDIX G

# QUARTERLY ANALYSES OF HCDD STOCK SOLUTIONS

#### APPENDIX G

#### Quarterly Analyses of HCDD Stock Solutions

Stock solutions of HCDD in acetone were analyzed at the beginning and at the end of each quarter by the IITRI Chemistry Division. The method of analysis consisted of adding an internal standard (pentachlorodibenzo-pdioxin, PCDD) to samples so that the internal standard concentration was approximately the same as that of the sample being analyzed. The solution containing sample and standard was then injected onto an electron capture/gas chromatography system. The column was a 2 m x 1/8 in. Dexsil 300 with a  $N_2/CH_4$  carrier - gas flow rate of 50 ml/min and an oven temperature of  $275^{\circ}$ C. Quantitation was achieved by manually measuring the area under the resultant peaks with a planimeter and comparing with standard curves for the internal standard and test compound. The standard curve was represented by a third order polynomial equation fitting response to amounts.

The theoretical concentration for the stock solution was  $2.5 \,\mu$ g/ml. The actual concentration as measured by the above method varied from 1.96 to 2.97  $\mu$ g/ml. The mean was  $2.83 \,\mu$ g/ml and the coefficient of variation was 27%.

Review of the Bioassay of 1,2,3,7,8,9-Hexachlorodibenzo-p-dioxin (HCDD)\* (dermal) for Carcinogenicity by the Data Evaluation/Risk Assessment Subgroup of the Clearinghouse on Environmental Carcinogens

#### February 15, 1980

The Clearinghouse on Environmental Carcinogens was established in May, 1976, in compliance with DHEW Committee Regulations and the Provisions of the Federal Advisory Committee Act. The purpose of the Clearinghouse is to advise the Director of the National Cancer Institute (NCI) on its bioassay program to identify and to evaluate chemical carcinogens in the environment to which humans may be exposed. The members of the Clearinghouse have been drawn from academia, industry, organized labor, public interest groups, State health officials, and quasi-public health and research organizations. Members have been selected on the basis of their experience in carcinogenesis or related fields and, collectively, provide expertise in chemistry, biochemistry, biostatistics, toxicology, pathology, and epidemiology. Representatives of various Governmental agencies participate as ad hoc members. The Data Evaluation/Risk Assessment Subgroup of the Clearinghouse is charged with the responsibility of providing a peer review of reports prepared on NCI-sponsored bioassays of chemicals studied for carcinogenicity. It is in this context that the below critique is given on the bioassay of 1,2,3,7,8,9-Hexachlorodibenzo-p-dioxin (HCDD) for carcinogenicity.

The primary reviewer for the report on the bioassay of HCDD said that HCDD was not carcinogenic, under the conditions of test. An experimental limitation of the study may have been the relatively short lifespan of the animals. The reviewer pointed out the reduced incidence of lymphomas and leukemias among treated male mice.

The secondary reviewer noted that the dosages administered were almost a thousand-fold lower than those given in the gavage study of HCDD. He commented on the likelihood that a certain amount of the HCDD was taken in orally as a result of the animals licking one another. The toxic hepatitis observed may have been caused by the ingestion of the test material. In response to a question, a Program staff member said that no information was available on the amount of HCDD absorbed through the skin.

The primary reveiwer moved that the report on the bioassay of HCDD by dermal application be accepted as written. The motion was seconded and approved unanimously.

#### Members present were:

Arnold L. Brown (Chairman), University of Wisconsin Medical School David B. Clayson, Eppley Institute for Research in Cancer Joseph Highland, Environmental Defense Fund William Lijinsky, Federick Cancer Research Center Henry C. Pitot, University of Wisconsin Medical Center Verne A. Ray, Pfizer Medical Research Laboratory Louise Strong, University of Texas Health Sciences Center

 <sup>\*</sup> Subsequent to this review, changes may have been made in the bioassay report either as a result of the review or other reasons. Thus, certain comments and criticisms reflected in the review may no longer be appropriate.

NIH Publication No. 80-1758 August 1980