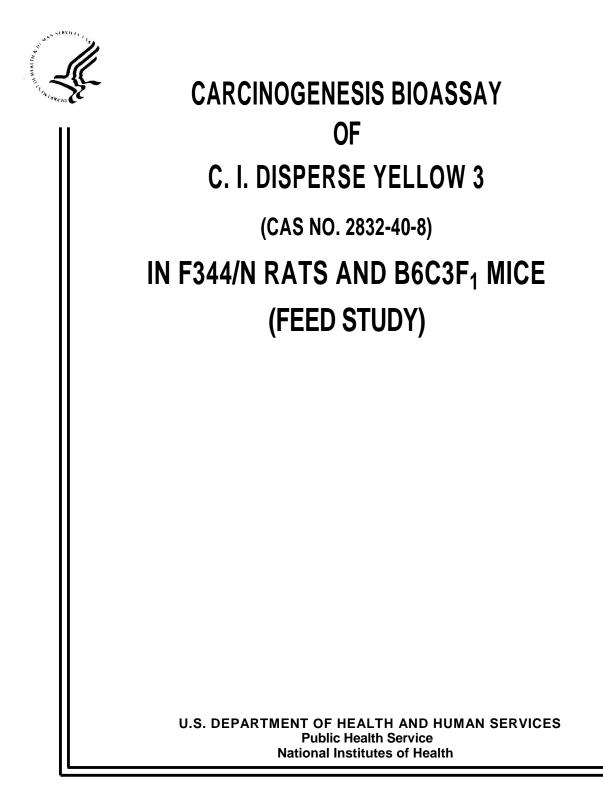
NATIONAL TOXICOLOGY PROGRAM Technical Report Series No. 222



## NATIONAL TOXICOLOGY PROGRAM

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

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

NTP Technical Report

on the

## CARCINOGENESIS BIOASSAY

of

C. I. DISPERSE YELLOW 3

(CAS No. 2832-40-8)

IN F344/N RATS AND B6C3F1/N MICE (FEED STUDY)



NATIONAL TOXICOLOGY PROGRAM Research Triangle Park Box 12233 North Carolina 27709 and Bethesda, Maryland 20205

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

### NOTE TO THE READER

This is one in a series of experiments designed to determine whether selected chemicals produce cancer in animals. Chemicals selected for testing in the NTP carcinogenesis bioassay program are chosen primarily on the bases of human exposure, level of production, and chemical structure. Selection per se is not an indicator of a chemical's carcinogenic potential. Negative results, in which the test animals do not have a greater incidence of cancer than control animals, do not necessarily mean that a test chemical is not a carcinogen, inasmuch as the experiments are conducted under a limited set of conditions. Positive results demonstrate that a test chemical is carcinogenic for animals under the conditions of the test and indicate that exposure to the chemical is a potential hazard to humans. The determination of the risk to humans from chemicals found to be carcinogenic in animals requires a wider analysis which extends beyond the purview of this study.

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

Comments and questions about the National Toxicology Program Technical Reports on Carcinogenesis Bioassays should be directed to the National Toxicology Program, located at Room A-306, Landow Building, Bethesda, MD 20205 (301-496-1152) or at Research Triangle Park, NC 27709 (919-541-3991).

Although every effort is made to prepare the Technical Reports as accurately as possible, mistakes may occur. Readers are requested to communicate any mistakes to the Deputy Director, NTP (P.O. Box 12233, Research Triangle Park, NC 27709), so that corrective action may be taken. Further, anyone who is aware of related ongoing or published studies not mentioned in this report is encouraged to make this information known to the NTP.

These NTP Technical Reports are available for sale from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, VA 22161 (703-487-4650).

Single copies of this carcinogenesis bioassay technical report are available without charge (and while supplies last) from the NTP Public Information Office, National Toxicology Program, P.O. Box 12233, Research Triangle Park, NC 27709.

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#### ABSTRACT

A carcinogenesis bioassay of C. I. Disperse Yellow 3 (87.6% dye), a textile dye, was conducted by feeding diets containing 5,000 or 10,000 ppm of the test substance to groups of 50 F344 rats of either sex for 103 weeks. Similar groups of 50 B6C3F1 mice received diets containing 2,500 or 5,000 ppm of the test substance for 103 weeks. Groups of 50 untreated rats and mice of each sex served as controls.

Throughout the bioassay, mean body weights of dosed rats and mice of either sex were lower than those of the controls. Survival of dosed rats of either sex was significantly greater than that of the corresponding controls. No other compound-related clinical signs or effects on survival were observed.

A significant increase in neoplastic nodules of the liver occurred in dosed male rats as compared to controls (controls 1/49, 2%; low-dose 15/50, 30%; P< 0.001; high-dose, 10/50, 20%; P< 0.01). No increase was observed for female rats.

Stomach tumors, rare in F344 rats (10/2960, 0.3%), were found in the dosed male rats: one adenocarcinoma and a sarcoma in a high-dose male and in the low-dose group a squamous cell papilloma, fibrosarcoma, adenoma, and mucinous adenocarcinoma. The incidence of these tumors was not significantly greater than that in controls; thus, the association between the administration of C. I. Disperse Yellow 3 and the stomach tumors in male rats is not clearly established.

Negative trends in the incidences of certain primary tumors in dosed rats included: decreased lymphocytic leukemia in both sexes; decreased malignant mesothelioma and C-cell carcinoma of the thyroid in males; and decreased pituitary chromophobe adenoma and endometrial stromal polyps in females.

Hepatocellular adenomas occurred in dosed female mice at incidences significantly higher than that in the controls (control 0/50, 0%; low-dose 6/50, 12%, P < 0.05; high-dose 12/50, 24%, P < 0.001). The incidences of hepatocellular carcinomas were also higher in the dosed female mice than in the controls, but the increased incidences were not statistically significant (2/50, 4/50, 5/50). A significantly (P < 0.05) lower incidence of hepatocellular adenomas was detected among low-dose (7/50, 1/49, 7/49) male mice.

Alveolar/bronchiolar adenomas occurred in high-dose male mice at an incidence significantly (P < 0.05) higher than that in the controls (control 2/50, 4%; low-dose 6/49, 12%; high-dose 9/49, 18%). However, the high-dose effect was not significant when adenomas and carcinomas were combined; the incidence among low-dose female mice was significantly reduced as compared with controls. Thus, the incidence of alveolar/bronchiolar adenomas among males is not considered to be related to treatment with C. I. Disperse Yellow 3. Malignant lymphomas occurred in a dose-related (P < 0.05) trend in female mice and at incidences greater (P < 0.05) in the high-dose group than that in the controls (10/50, 16/50, 19/50). However, because of the range of variability in the historical incidence of this tumor and because of the lack of a similar effect in male mice or in male and female rats, this increase was not regarded as being unequivocally related to the administration of C. I. Disperse Yellow 3.

Under the conditions of this bioassay, C. I. Disperse Yellow 3 was considered carcinogenic for male F344 rats, causing an increased incidence of neoplastic nodules of the liver; this dye was not carcinogenic for female F344 rats. In addition, the stomach tumors found in the male rats may have been induced by the administration of the test chemical. C. I. Disperse Yellow 3 was carcinogenic for female B6C3F1 mice, as evidenced by the increased incidence of hepatocellular adenomas; C. I. Disperse Yellow 3 was not carcinogenic for male B6C3F1 mice. Also, the increased incidence of malignant lymphoma in female mice may have been associated with the administration of C. I. Disperse Yellow 3.

#### CONTRIBUTORS

This bioassay was conducted at Battelle Columbus Laboratories, Columbus, Ohio, under a subcontract to Tracor Jitco, Inc., Rockville, Maryland, prime contractor for the NCI/NTP Carcinogenesis Testing Program. The prechronic studies were initiated in June 1976 and finished in December 1976. The chronic studies were begun in March 1977 and finished in April 1979.

Dr. A. Peters (1) was the principal investigator for this study. Doses of the test chemical were selected by Drs. A. Peters and J. Robens (2,3). Drs. A. Peters, H. Harroff (1), and P. Stromberg (1) were in charge of animal care.

Necropsies were directed by Drs. G. S. Dill (1), R. Persing (1), R. Everett (1,4), and D. Thake (1). Histopathologic evaluations were performed by Drs. G. S. Dill (rats) and R. Persing (mice) (1). The pathology report and selected slides were evaluated by the NCI Pathology Working Group as described by Ward et al. (1978). The diagnoses represent a consensus of contracting pathologists and the NCI Pathology Working Group, with final approval by the NCI Pathology Working Group.

Animal pathology tables and survival tables were compiled at EG&G Mason Research Institute (5). Statistical analyses were performed by Dr. J. R. Joiner (2) and Mr. J. Warner (2) using methods selected for the bioassay program by Dr. J. J. Gart (6). Chemical analyses were conducted at Midwest Research Institute (7). Dosage analysis was supervised by Drs. R. Freudenthal (1) and P. Leber (1,8) and by Mr. D. Emmerling (1).

This report was prepared at Tracor Jitco (2) under the direction of Dr. C. Cueto (9), Director of the Bioassay Program; Dr. S. S. Olin, Associate Director; Dr. J. E. Tomaszewski, chemist; Dr. M. A. Stedham, pathologist; Dr. W. D. Theriault, reports manager; Dr. A. C. Jacobs, bioscience writer; and Ms. M. W. Glasser, technical editor.

The following scientists at NCI/NTP (10) were responsible for evaluating the bioassay experiment, interpreting the results, and reporting the findings: Dr. J. Fielding Douglas, Dr. Charles Grieshaber, Dr. Larry Hart, Dr. William V. Hartwell, Dr. Joseph Haseman, Dr. James Huff, Dr. Ernest E. McConnell, Dr. John H. Mennear (Chemical Manager), Dr. John A. Moore, Dr. Sherman F. Stinson, Dr. Raymond Tennant, and Dr. Jerrold M. Ward.

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#### PEER REVIEW COMMENTS

On February 18, 1981 this report underwent peer review and was approved by the National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee and associated Panel of Experts at an open meeting held in Building 31C, National Institutes of Health, Bethesda, Maryland.

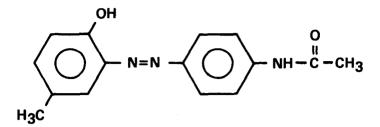
Dr. Williams, as a principal reviewer for the report on the bioassay of C. I. Disperse Yellow 3, agreed with the conclusion that under the conditions of the bioassay Yellow 3 induced liver tumors in F344 male rats and B6C3F1 female mice. In addition, stomach tumors in male rats may have been induced by the chemical. An increased incidence of pulmonary adenomas occurred in male mice, but the higher incidence in historical controls and a negative effect in female mice may limit the significance of this finding. His major concern about the study was that the degree of depression of weight gain in the high-dose rats indicated the maximum tolerated dose was exceeded. In his opinion, the development of a variety of nonneoplastic changes substantiated the observation that the high dose was not a tolerated dose. In spite of these considerations, he proposed that the close structural similarity of C. I. Disperse Yellow 3 to the amino azo dyes indicated the carcinogenic effect could arise from a genotoxic action, and suggested that additional genetic toxicology be performed.

As the second principal reviewer, Dr. Swenberg opined that although there was an increased incidence of hepatic neoplastic nodules in male rats and hepatocellular adenomas in female mice, no apparent progression to hepatic carcinoma was demonstrated in either case. He reiterated the development of stomach tumors in male rats. He commented on striking dose-related decreases in the incidence of lymphocytic leukemia, C-cell carcinoma of the thyroid, and mesotheliamas of multiple organs in male rats, and similar decreases in pituitary adenomas and endometrial stromal polyps of the uterus in females. Based on the evidence, Dr. Swenberg considered C. I. Disperse Yellow 3 to have limited carcinogenic activity in male rats and female mice. He stated that the summary should qualify the significance of several of the tumor diagnoses, should mention the dose-related decrease in several tumor types, and should reflect the limited carcinogenic activity of the chemical.

Dr. Highland disagreed with Dr. Swenberg as to the "limited" nature of the evidence for carcinogenicity. Dr. Swenberg said he based his qualification on the facts that the results for the finding of pulmonary adenomas in male mice were equivocal and that the hepatic nodules in rats and adenomas in mice are lesions which sometimes occur spontaneously and are difficult to classify as malignant by histological criteria alone. Drs. Moore and Highland agreed that a possible compromise would be to state that "under the conditions of the bioassay, C. I. Disperse Yellow 3 was found to be a carcinogen as evidenced by an increased induction of hepatic neoplastic nodules in male rats and hepatocellular adenomas in female mice." Dr. Williams requested that the portion of the discussion in the report dealing with the issue of whether or not hepatic nodules are precursors of carcinomas should be expanded to read along the lines of a similar discussion in the report on the bioassay of C. I. Solvent Yellow 14.

Dr. Williams moved that in the report on the bioassay of C. I. Disperse Yellow 3 adequate evidence exists for the carcinogenicity of the chemical and the report should be accepted with the revisions noted. Dr. Swenberg seconded the motion, and the report was approved unanimously by the Peer Review Panel.





#### C. I. DISPERSE YELLOW 3

CAS NO. 2832-40-8

### COLOUR INDEX NO. 11855

C. I. Disperse Yellow 3, also known as Disperse Fast Yellow 6 and Acetamine Yellow CG, is a monoazo dye, of low aqueous solubility, used to color nylon, polyvinyl chloride and acrylic fibers, wools and furs, cellulose acetate, polystyrene, and other thermoplastics. Finished products containing C. I. Disperse Yellow 3 include clothing, hosiery, and carpeting (Society of Dyers and Colourists, 1971; <u>Kirk-Othmer</u>, 1978; Gray and Hunter, 1977).

Current production figures are not available (USITC, 1979); however, 1,277,000 kilograms were produced in the United States in 1972 (IARC, 1975).

C. I. Disperse Yellow 3 has been reported to produce allergic eczema in persons wearing nylon hosiery dyed with this compound (Foussereau et al., 1972).

C. I. Disperse Yellow 3 was reported to be "mutagenic in some bacteria," but details of the study were not given (Gray and Hunter, 1977).

Boyland et al. (1964) observed one adenoma and six carcinomas in stock mice (7/25) 25 weeks after the mice received urinary bladder implants of cholesterol pellets containing C. I. Disperse Yellow 3 (concentration not

given). In 77 control animals implanted with cholesterol alone, a total of 4 papillomas and 5 carcinomas were diagnosed. The small number of animals, short duration, exposure method, and reporting render these borderline increases inadequate for evaluation.

C. I. Disperse Yellow 3 was tested by the Carcinogenesis Testing Program because of its widespread use and because the only previous test (Boyland et al., 1964) was considered to be inadequate.

## **II. MATERIALS AND METHODS**

#### A. Chemical

C. I. Disperse Yellow 3 -- N-(4-((2-hydroxy-5-methylphenyl)azo)phenyl) acetamide -- was obtained from E. I. duPont de Nemours and Company, Wilmington, Delaware. Lot No. 19-007630 was used for the repeated-dose, subchronic, and chronic studies.

The results of analyses performed at Midwest Research Institute (Kansas City, MO) indicated that Lot No. 19-007630 was 87.6% dye based on titration of the azo group with titanous chloride (Appendix E). Results of carbon and nitrogen analyses were 89% and 86%, those of the theoretical values for 100% The separate determinations of chloride and carbonate contents (3.47% dye. and 0.65%, respectively) contribute 5.72% and 1.15% to the total, as sodium salts. The total of these values, the dye content (87.6%), and the water content (6.62%) as determined by Karl Fisher titration was 101% of the theoretical value. Two minor and two trace impurities were indicated by thin-layer chromatography and at least four impurities comprising 2.7% of the major peak were detected by high-pressure liquid chromatography; these impurities were not identified. The ultraviolet, visible, and infrared spectra were consistent with the structure and the literature spectra. This batch of C. I. Disperse Yellow 3 was considered to be representative of C. I. Disperse Yellow 3 commercially available for industrial purposes and was therefore considered suitable for use in the Bioassay Program.

The test chemical was stored in the dark at 23<sup>0</sup>C, and periodic bulk chemical analysis indicated that the chemical was stable throughout the study.

## B. Dietary Preparation

Diets were formulated by mixing weighed amounts of Purina<sup>®</sup> Laboratory Chow animal meal (Table 1) and the test chemical in an intensifierbar equipped Patterson-Kelly<sup>®</sup>twin-shell blender for 15 minutes. Formulated

Item	Specifications	Source			
Bedding	Absorb-dri <sup>®</sup> hardwood Chips	Lab Products, Inc. (Garfield, NJ)			
Cages	Solid bottom, polycarbonate	Lab Products, Inc. (Garfield, NJ)			
Feed	Purina $^{f R}$ Laboratory Chow	Ralston Purina Co. (Richmond, IN)			
Watering System	Edstrom Automatic	Edstrom Industries (Waterford, WI)			

# Table 1. Specifications and Sources of Materials Used for Animal Maintenance

diets containing 100,000 ppm C. I. Disperse Yellow 3 were analyzed at Midwest Research Institute and were found to be stable for 2 weeks at temperatures up to  $45^{\circ}$ C (Appendix F). Formulated diets were stored at  $23^{\circ}$ C for no longer than 10 days.

The mean analytical concentrations of C. I. Disperse Yellow 3 in selected batches of formulated diets were within  $\pm 10\%$  of the desired concentration (Appendix G). Homogeneity of the chemical-diet mix was verified analytically.

## C. Animals

For both the subchronic and chronic studies, 4-week old F344 rats and B6C3F1 mice of either sex were obtained from NCI Frederick Cancer Research Center (Frederick, MD), isolated and maintained in separate quarters for 2 weeks, and assigned to cages according to a table of random numbers. The cages were then assigned to control or dosed groups according to another table of random numbers.

## D. Animal Maintenance

Rats and mice were housed five per cage in solid-bottom polycarbonate cages (Table 1) supplied with hardwood chip bedding. Cages and bedding were changed twice per week. Control and test diets were available <u>ad libitum</u> in feed hoppers that were changed weekly. Water was available <u>ad libitum</u> from an automatic watering system.

The temperature in the animal rooms was  $21^{\circ}$  to  $23^{\circ}$ C and the relative humidity was 40%-60%. Room air was changed 15 times per hour. Fluorescent lighting was provided 12 hours per day.

Rats and mice fed C. I. Disperse Yellow 3 were housed by species in the same room as animals of the same species on feeding studies of D and C Red No. 9 (CAS No. 5160-02-1) and C. I. Solvent Yellow 14 (CAS No. 842-07-9). Each study had a separate set of controls.

#### E. Single-Day Dosing and Repeated-Dose Studies

Single-day dosing and 14-day repeated-dose studies were conducted using F344 rats and B6C3F1 mice to determine the concentrations of C. I. Disperse Yellow 3 to be used in the subchronic studies.

In the single-day dosing study, animals were randomized into groups of five males and five females of each species according to a table of random numbers. Groups of animals of each sex and species were offered diets containing 6,000, 12,500, 25,000, 50,000, or 100,000 ppm C. I. Disperse Yellow 3 for 24 hours and then laboratory chow for the remainder of the study. Feed consumption by rats was inversely proportional to dose during the 24-hour period when dosed feed was available (Table 2). Mice ate negligible amounts of feed. All animals were killed on day 15. No deaths occurred among the rats or mice and no overt signs of toxicity were observed.

In the repeated-dose study, groups of five males and five females of each species were fed diets containing 0, 6,000, 12,500, 25,000, 50,000, or 100,000 ppm for 2 weeks. All surviving animals were killed on day 15.

Weight gain was depressed by 15% or more in all groups of dosed rats as compared with controls (Table 3). Rats receiving 50,000 ppm or 100,000 ppm lost weight. Weight gain was depressed by 25% or more in all groups of dosed mice except for males receiving 6,000 ppm and females receiving 12,500 or 50,000 ppm (Table 4). Feed consumption was not measured, but it was estimated to be 25%-35% less for rats and mice receiving 50,000 or 100,000 ppm as compared with controls.

All rats receiving the 100,000-ppm diet and 1/5 male and 1/5 female rats receiving 50,000 ppm died. The rats receiving the 100,000-ppm diet were emaciated; the fat deposits, usually observed around the kidneys, adrenals, and heart, were depleted. Spleens, kidneys, and livers were uniformly dark red to black. Similar, but milder changes were present in rats fed the 50,000-ppm diet. Rats receiving 25,000 ppm had the normal amount of body fat and livers of normal color, although spleens and kidneys were dark red.

	R	ats	M	lice
Dose (ppm)	Male	Female	Male	Female
6,000	13.6	10.8	0	0
12,500	10.4	10.2	0	1
25,000	8.0	7.4	0	0
50,000	7.0	4.2	0	0.4
100,000	6.2	2.4	1	0

## Table 2. Feed Consumption in the Single-Day Dosing Study of C. I. Disperse Yellow 3

Dose	Survival (a)	Mean B	ody Weight	s (b)	Weight Change Relative to Controls		
(ppm)	(day of death)	Initial (g)	Final (g)	Change (g)	(Percent) (c		
<u>ile</u>							
0	5/5	107	127	+20			
6,000	5/5	112	118	+ 6	- 70		
12,500	5/5	102	119	+17	- 15		
25,000	5/5	101	106	+ 5	- 75		
50,000	4/5(11)	93	75	-18	-190		
100,000	0/5(6,7,10, 10,11)	92	-	-	-		
emale							
0	5/5	101	121	+20			
6,000	5/5	101	113	+12	- 40		
12,500	5/5	101	108	+ 7	- 65		
25,000	5/5	87	97	+10	- 50		
50,000	4/5(13)	96	85	-11	-155		
100,000	0/5(9,14,14, 15,15)	96	67	-29	-245		

# Table 3. Dosage, Survival, and Mean Body Weight Gain of Rats Fed Diets Containing C. I. Disperse Yellow 3 for 14 Days

(a) Number surviving/number per group.

(b) Animals were weighed by cage.

(c) Weight Change Relative to Controls = Weight Change (Dosed Group) - Weight Change (Control Group) X 100 Weight Change (Control Group)

Dose	Survival (a)	Mean B	ody Weight	s (h)	Weight Change Relative to Controls		
(ppm)	(day of death)	Initial (g)	Final (g)	Change (g)	(Percent) (c)		
Le							
0	5/5	26	30	+ 4			
6,000	5/5	24	29	+ 5	+ 25		
12,500	5/5	25	28	+ 3	- 25		
25,000	5/5	23	26	+ 3	- 25		
50,000	5/5	25	26	+ 1	- 75		
100,000	1/5(10,10,11, 11)	26	22	- 4	-200		
nale							
0	5/5	19	21	+ 2			
6,000	5/5	20	21	+ 1	- 50		
12,500	5/5	20	22	+ 2	0		
25,000	5/5	20	19	- 1	-150		
50,000	5/5	19	22	+ 3	+ 50		
100,000	3/5(11,14)	20	20	0	-100		

# Table 4. Dosage, Survival, and Mean Body Weight Gain of Mice Fed C. I. Disperse Yellow 3 for 14 Days

(a) Number surviving/number per group.(b) Animals were weighed by cage.

(c) Weight Change Relative to controls =

Weight Change (Dosed Group) - Weight Change (Control Group) X 100 Weight Change (Control Group)

Among the mice receiving 100,000 ppm, 4/5 males and 2/5 females died. The spleens and kidneys were dark red to black and the livers were reddish tan; the changes were less severe than those found in rats at the same dose level. Enlarged spleens and dark red to black kidneys and spleens were observed in mice receiving 25,000 or 50,000 ppm.

## F. Subchronic Studies

Subchronic studies were conducted to determine the dietary concentrations of C. I. Disperse Yellow 3 to be used in the chronic studies. Animals were randomized into groups of 10 males and 10 females of each species and were fed diets containing 0, 1,250, 2,500, 5,000, 10,000, or 20,000 ppm C. I. Disperse Yellow 3 for 91 days (Table 5 and Table 6). Animals were observed for mortality twice daily and individual animals were weighed weekly. At the end of the dosing period, the animals were killed, necropsies were performed, and tissues (as described in section H) were taken for histopathologic examination.

<u>Rats</u>: One male receiving 1,250 ppm and one female receiving 20,000 ppm died. Weight gain was depressed by 18% or more among rats fed diets containing 10,000 or 20,000 ppm. Feed consumption by male or female rats fed 20,000 ppm was 58% that of the controls. Feed consumption by male or female rats fed 10,000 ppm was 98% and 89%, respectively, that of the controls (Table 5).

The compound-related histopathologic findings are summarized in Table 7. Thyroid hyperplasia, splenic discoloration and mild hypertrophy, and kidney discoloration were observed at necropsy in rats fed 20,000 ppm. Rats fed 20,000 ppm had nonneoplastic lesions in the pituitary, thyroid, spleen, and kidney, including vacuolar degeneration of the pituitary pars distalis in 10/10 males and 6/6 females; thickened fibrous capsules in the thyroid in 10/10 males and 9/9 females; follicular hyperplasia in 10/10 males and in 9/9 females; follicular-cell adenomas in the thyroid in 3/10 males and 1/9 females; hemosiderosis in the spleen in 10/10 males and in 9/9

Dose	Survival	Mean Body	Weights (gram	ms) (b)	Weight Change Relative to	Mean Total Fee Consumption Per Animal
(ppm)	(a)	Initial	Final	Change	Controls (%)(c)	(grams)
e						
0	10/10	115.3(3.84)	286.1(6.65)	+170.8(6.10)	)	1270
1,250	9/10(d)	117.6(2.64)	287.9(3.33)	+170.3(3.97)	0	1370
2,500	10/10	113.4(2.75)	292.8(9.55)	+179.4(7.66)	+ 5	1380
5,000	10/10	124.7(6.10)	276.4(4.32)	+151.7(5.15)	-11	1350
10,000	10/10	111.0(3.07)	251.5(5.25)	+140.5(4.66)	-18	1240
20,000	10/10	110.3(3.40)	182.3(5.02)	+ 72.0(4.08)	-58	880
ale						
0	10/10	99.9(3.27)	185.1(3.25)	+85.2(3.48)	)	990
1,250	10/10	102.4(3.42)	182.3(3.32)	+79.9(3.71)	- 6	950
2,500	9/9	96.3(2.96)	182.1(4.22)	+85.8(2.62)	+ 1	970
5,000	10/10	92.8(2.95)	173.4(3.26)	+80.6(2.40)	- 5	940
10,000	10/10	94.1(2.81)	160.9(2.07)	+66.8(1.66)		880
20,000	9/10(e)	96.7(3.56)	132.8(2.11)	+36.1(1.88)		570

## Table 5. Dosage, Survival, and Mean Body Weights of Rats Fed Diets Containing C. I. Disperse Yellow 3 for 91 Days

(a) Number surviving/number initially in the group.

(b) Mean weight change of the survivors of the group and standard error of the mean (in parentheses).

> Weight Change (Dosed Group) - Weight Change (Control Group) x 100 Weight Change (Control Group)

(d) One animal died at week 7.

(e) One animal died at week 3.

Dose	Survival	Mean Bo	dy Weights (g	rams)	Weight Change Relative to
(ppm)	(a)	Initial	Final	Change (b)	Controls (%)(c
ile					
0	10/10	23.7(0.63)	32.2(0.92)	+8.5(0.48)	
1,250	10/10	23.2(0.61)	32.3(0.78)	+9.1(0.59)	+ 7
2,500	10/10	24.3(0.54)	32.1(0.69)	+7.8(0.55)	- 8
5,000	10/10	24.0(0.39)	30.9(0.28)	+6.9(0.23)	-19
10,000	10/10	24.6(0.31)	31.8(0.66)	+7.2(0.44)	-15
20,000	10/10	23.4(0.50)	29.2(0.36)	+5.8(0.29)	-32
emale					
0	10/10	18.5(0.31)	23.4(0.43)	+4.9(0.31)	
1,250	10/10	19.1(0.41)	23.9(0.50)	+4.8(0.33)	- 2
2,500	10/10	18.5(0.22)	24.0(0.42)	+5.5(0.34)	+12
5,000	10/10	19.0(0.30)	23.5(0.43)	+4.5(0.37)	- 8
10,000	10/10	19.0(0.42)	23.4(0.34)	+4.4(0.27)	-10
20,000	10/10	18.2(0.36)	21.9(0.31)	+3.7(0.30)	-25

## Table 6. Dosage, Survival, and Mean Body Weights of Mice Fed Diets Containing C. I. Disperse Yellow 3 for 91 Days

(a) Number surviving/number initially in the group.

(b) Mean weight change of the group and standard error of the mean (in parentheses).

(c) Mean weight change of dosed mice relative to that of controls =

Weight Change (Dosed Group) - Weight Change (Control Group) x 100 Weight Change (Control Group)

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						se (ppm)						
	Cont		1,25	and the supervised statement of the second statement o	2,50		5,000		10,000		20,000	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female(b)
Pituitary, pars distalis vacuolar degenera- tion	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	10/10	6/6(a)
Thyroid, capsule, fibrous thickening	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	10/10	0/10	10/10	9/9
Thyroid, follicular hyper- plasia, mild	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	10/10	10/10	0/10	0/9
Thyroid, follicular hyper- plasia, moderate	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	10/10	9/9
Thyroid, adenomatous hyperplasia	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	1/9
Thyroid, adenoma	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	3/10	1/9
Thyroid, capsule, inflammatory infil- trate, nonsuppurative, mild	0/10	0/10	0/10	0/10	<b>0/10</b>	0/10	0/10	0/10	0/10	0/10	1/10	0/9

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# Table 7. Compound-Related Histopathologic Findings in Rats Fed Diets Containing C. I. Disperse Yellow 3 for 91 Days

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## Table 7. Compound-Related Histopathologic Findings in Rats Fed Diets Containing C. I. Disperse Yellow 3 for 91 Days

## (Continued)

	Dose (ppm)											
	Cont	trol	1,250		2,50	2,500		5,000		10,000		000
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female(b)
Spleen, hemosiderosis, mild	0/10	0/10	0/10	0/10	0/10	0/10	4/10	8/10	10/10	10/10	0/10	0/9
Spleen, hemosiderosis, moderate	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	10/10	9/9
Spleen, lymphocytic depletion, mild	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	10/10	8/9
Kidney, cortical tubules, pigment deposition, mild		0/10	0/10	0/10	0/10	0/10	0/10	0/10	10/10	10/10	0/10	0/9
Kidney, cortical tubules, pigment deposition, moderate	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	0/10	10/10	9/9

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(a) Three pituitaries missing.(b) One female died early.

females; and pigment deposition in the cortical tubules of the kidney in 10/10 males and 9/9 females. These lesions were present to a lesser extent in rats fed 5,000 or 10,000 ppm but were not seen in the controls or animals fed the 1,250 and 2,500 ppm diets.

Doses selected for the chronic study with rats were 5,000 and 10,000 ppm C. I. Disperse Yellow 3 in feed. Because of weight gain depression and the severity of histopathologic effects, 5,000 ppm could have been selected as the high dose. However, 10,000 ppm was selected as the high dose to maximize the possibility of reproducing the thyroid pathology detected during the subchronic study.

<u>Mice</u>: None of the mice died. Mean weight gain was depressed 10% or more in male mice receiving 5,000-20,000 ppm and in female mice receiving 10,000 or 20,000 ppm. Feed consumption data could not be interpreted because of fecal matter and urine in the feed containers. Hemosiderosis of the renal tubular epithelium was observed in all mice receiving 10,000 or 20,000 ppm; hemosiderosis of the spleen was observed in all mice receiving 5,000 ppm or more; and cytoplasmic swelling of the centrilobular hepatocytes was observed in 6/10 males and 6/10 females receiving 10,000 ppm and in 10/10 males and 8/10 females receiving 20,000 ppm (Table 8).

In the subchronic study, mild hemosiderosis of the spleen was the only histopathologic effect seen at 5,000 ppm. Although weight gain depression for male mice receiving 5,000 ppm was greater than 10% as compared with controls, the 15% weight gain depression for male mice receiving 10,000 ppm was less than that seen in mice receiving 5,000 ppm. Weight gain depression for female mice receiving 5,000 ppm was less than 10% as compared with controls.

Doses selected for mice for the chronic study were 2,500 and 5,000 ppm C. I. Disperse Yellow 3 in the feed.

#### G. Chronic Studies

The test groups, doses administered, and durations of the chronic studies are shown in Table 9.

Dose (ppm)	Kidney, Cortex, Proximal Tubules, Hemosiderosis	Spleen, Hemosiderosis	Liver, Centrilobular Hepatocyte, Swelling	
MALES				
Control 0/10		0/10	0/10	
1,250	250 0/10 0/10 0/		0/10	
2,500	0/10	0/10	0/10	
5,000	0/10	10/10	0/10	
10,000	10/10	10/10	6/10	
20,000	1.0/10	10/10	10/10	
FEMALES				
Control	0/10	0/10	0/10	
1,250	0/10	0/10	0/10	
2,500	0/10	0/10	0/10	
5,000	0/10	10/10	0/10	
10,000	10/10	10/10	6/10	
20,000	10/10	10/10	8/10	

# Table 8. Compound-Related Histopathologic Findings in Mice Fed Diets Containing C. I. Disperse Yellow 3 for 91 Days

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	Initial	C. I. Disperse	Weeks on Study (b)	
Test Group (a)	No. of Animals	Yellow 3 (ppm)	Dosed	Observed
Male Rats				
Control	50	0	0	104
Low-Dose	50	5,000	103	1
High-Dose	50	10,000	103	1
17 1 D .				
Female Rats				
Control	50	0	0	104
Low-Dose	50	5,000	103	1
High-Dose	50	10,000	103	1
Male Mice				
Control	50	0	0	104
Low-Dose	50	2,500	103	2
High-Dose	50	5,000	103	2
Female Mice				
Control	50	0	0	105
Low-Dose	50	2,500	103	2
High-Dose	50	5,000	103	2

Table 9.	Experimental Design of Chronic Feeding Studies with
	C. I. Disperse Yellow 3 in Rats and Mice

(a) The control and dosed animals were of the same strain, sex, and age range and from the same source and shipment. All animals of the same strain shared the same room, and all aspects of animal care and maintenance were similar. Animals were randomized to dosed and control groups as described in Section IIc.

(b) The start dates were March 10, 1977, for male rats, March 23, 1977, for female rats, April 8, 1977, for male mice, and April 14, 1977, for female mice.

#### H. Clinical Examinations and Pathology

All animals were observed twice daily to discern sick or moribund animals. Clinical examinations and palpation for masses were performed each month, and the animals were weighed (by cage) every 4 weeks. Moribund animals and animals that survived to the end of the bioassay were killed using carbon dioxide 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. The tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. The following tissues were examined microscopically: skin (abdominal), lungs and bronchi, trachea, bone, bone marrow (femur), thigh muscle, spleen, lymph nodes, thymus, heart, salivary glands, liver, pancreas, esophagus, stomach, duodenum, jejunum, ileum, cecum, colon, kidney, urinary bladder, pituitary, adrenal, thyroid, parathyroid, testis, prostate, mammary gland, uterus, ovary, brain, epididymus, eye, and all tissue masses.

Necropsies were 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.

## I. Data Recording and Statistical Analyses

Data on this experiment were recorded in the Carcinogenesis Bioassay Data System (Linhart et al., 1974). The data elements include descriptive information on the chemicals, animals, experimental design, clinical observations, survival, body weight, and individual pathologic results, as recommended by the International Union Against Cancer (Berenblum, 1969). Probabilities of survival were estimated by the product-limit procedure of Kaplan and Meier (1958) and are presented in this report in the form of graphs. Animals were statistically censored as of the time that they died

of other than natural causes or were found to be missing; animals dying from natural causes were not statistically censored. Statistical analyses for a possible dose-related effect on survival used the method of Cox (1972) for testing two groups for equality and Tarone's (1975) extensions of Cox's methods for testing for a dose-related trend. One-tailed P values have been reported for all tests except 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 purpose of the statistical analyses of tumor incidence is 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 at each dose level. When the results from two dosed groups are compared simultaneously with that for a control group, a correction to ensure an overall significance level of 0.05 may be made. The Bonferroni inequality criterion (Miller, 1966) requires that the P values for any comparison be less than or equal to 0.025. When this correction was used, it is discussed in the narrative section. It is not presented in the tables, where the Fisher exact P values are shown.

The Cochran-Armitage test for linear trend in proportions, with continuity correction (Armitage, 1971), was also used. Under the assumption of a linear trend, this test determines if the slope of the dose-response curve is different from zero at the one-tailed 0.05 level of significance.

Unless otherwise noted, the direction of the significant trend is a positive dose relationship. This method also provides a two-tailed test of departure from linear trend.

A time-adjusted analysis was applied when numerous early deaths resulted from causes that were not associated with the formation of tumors. In this analysis, deaths that occurred before the first tumor was observed were excluded by basing the statistical tests on animals that survived at least 52 weeks, unless a tumor was found at the anatomic site of interest before week 52. When such an early tumor was found, comparisons were based exclusively on animals that survived at least as long as the animal in which the first tumor was found. Once this reduced set of data was obtained, the standard procedures for analyses of the incidence of tumors (Fisher exact tests, Cochran-Armitage tests, etc.) were followed.

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 methods of Cox and of Tarone were used for the statistical tests of the groups. The statistical tests were one-tailed.

The approximate 95 percent 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 the confidence interval of the relative risk 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.

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#### III. RESULTS - RATS

#### A. Body Weights and Clinical Signs (Rats)

Throughout the bioassay, mean body weights of dosed rats of either sex were lower than those of the corresponding controls, and the decrements in mean body weight gain were dose related (Figure 1 and Table 10). No other compound-related clinical signs were observed. Feed consumption by dosed and control groups was comparable (Appendix H).

#### B. Survival (Rats)

Estimates of the probabilities of survival of male and female rats administered C. I. Disperse Yellow 3 at the concentrations of this bioassay, together with those of the control group, are shown by the Kaplan and Meier curves in Figure 2. Both sexes of rats had a wide range of survival between the different groups. In males, the low-dose group had significantly (P < 0.05) greater survival than did the controls, with the high-dose intermediate between the two. In females, the high-dose group had significantly (P < 0.05) greater survival than did the controls, with the low-dose intermediate between them.

In male rats, 31/50 (62%) of the control group, 45/50 (90%) of the low-dose group, and 39/50 (78%) of the high-dose group lived to the end of the study at 104 weeks. In female rats, 33/50 (66%) of the control group, 40/50 (80%) of the low-dose group, and 46/50 (92%) of the high-dose group lived to the end of the study at 104 weeks.

### C. Pathology (Rats)

Histopathologic findings on neoplasms in rats are summarized in Appendix A, Tables A1 and A2; Tables A3 and A4 give the survival and tumor status for each individual animal in the male and female rat studies. Findings on nonneoplastic lesions are summarized in Appendix C, Tables C1 and C2.

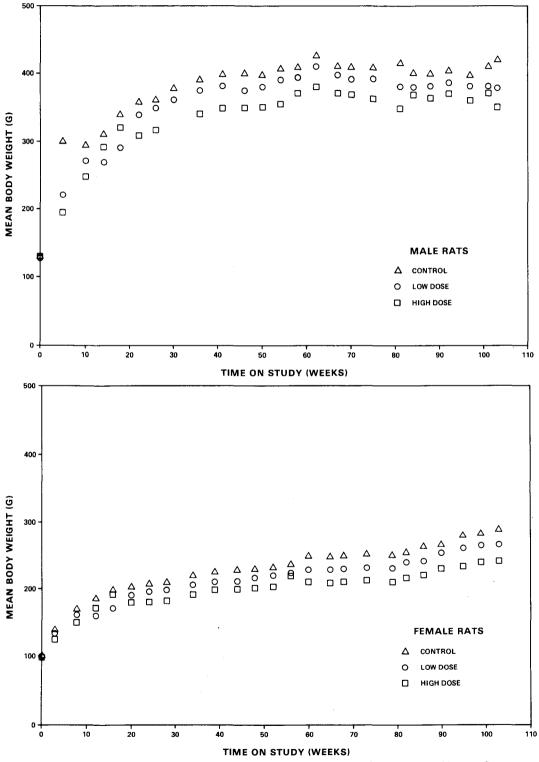


Figure 1. Growth Curves for Rats Fed Diets Containing C. I. Disperse Yellow 3

	Mean	Body Weight (gr	Weight Change Relative to Control (Percent) (a)			
•	Week No.	Control	Low Dose	High Dose		High Dose
Male		<u></u>				
Rats	1	129 (Ъ)	127 (b)	128 (b)		
	5	171	92	66	-46	-61
	26	233	221	189	- 5	-19
	46	271	248	221	- 8	-18
	67	284	270	243	- 5	-14
	88	271	254	236	- 6	-13
	103	291	251	225	-14	-23
Female						
Rats	1	102 (Ъ)	100 (Ъ)	98 (b)		
	3	37 `´	34	27	- 8	-27
	24	105	96	82	- 9	-22
	44	126	112	100	-11	-21
	65	145	128	111	-12	-23
	86	162	141	123	-13	-24
	103	187	166	142	-11	-24

Table 10.	Mean Body Weight Change (Relative to Controls) of Rats Fed Diets
	Containing C. I. Disperse Yellow 3

(a) Weight Change Relative to Controls =

Weight Change (Dosed Group) - Weight Change (Control Group) x 100 Weight Change (Control Group)

(b) Weight at end of week 1.

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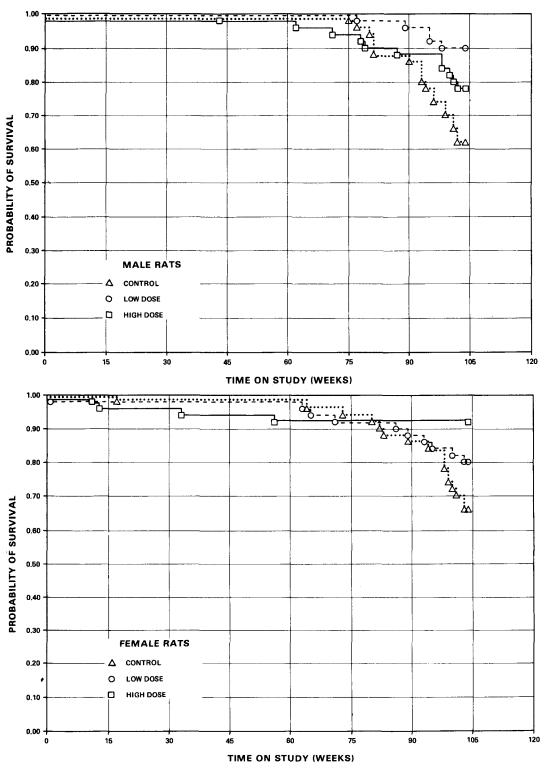


Figure 2. Survival Curves for Rats Fed Diets Containing C. I. Disperse Yellow 3

Various neoplasms were detected among both dosed and control animals. These lesions have been encountered previously in aging control F344 rats (Goodman et al., 1979).

Focal hepatic cellular change in males was dose related (controls 1/49; low-dose 4/50; and high-dose 17/50). These foci were different than the usual basophilic type found in controls and were usually composed of vacuolated, clear, or eosinophilic hepatocytes. The neoplastic nodules in dosed males were frequently multiple, of moderate to small size, and composed of basophilic hepatocytes. A few nodules were composed of eosinophilic cells. Carcinomas were trabecular in type.

The incidence of neoplastic nodules in the livers of the male rats fed the chemical was markedly increased over that in the controls (controls 1/49, 2%; low-dose 15/50, 30%; high-dose 10/50, 20%). Hepatocellular carcinomas were also seen in one control and two high-dose male rats.

Stomach tumors were seen in five male rats (controls 0/49; low-dose 4/50; high-dose 1/50). The lesions in the high-dose rat were an adenocarcinoma and a sarcoma of the glandular portion of the stomach, while those in the low-dose group included two tumors (squamous papilloma and fibrosarcoma) in the nonglandular portion and two tumors (adenoma and mucinous adenocarcinoma) in the glandular portion. One low-dose and two high-dose male rats had gastric epithelial hyperplasia.

Various nonneoplastic lesions were observed among both control and dosed animals. These lesions have been encountered previously as spontaneous lesions in F344 rats (Goodman et al., 1979).

Renal pigmentation appeared to be related to dosing in female rats (0/50 controls; 8/50 low-dose; and 34/50 high-dose). In male rats, the incidences of renal pigmentation were 0/50 for controls, 1/50 for the low-dose group, and 3/50 in the high-dose group. The pigment was not identified.

The results of histopathologic examination provided evidence that C. I. Disperse Yellow 3 may have induced liver and stomach tumors in F344 male rats under the conditions of this bioassay.

#### D. Statistical Analyses of Results (Rats)

Tables 11 and 12 contain the statistical analyses of those primary tumors that occurred in at least two animals of one group and with an incidence of at least 5% in one or more groups.

Neoplastic nodules of the liver in male rats were observed in a statistically significant positive association in the dosed groups compared with the control group (1/49, 2% in the controls; 15/50, 30% in the low-dose; 10/50, 20% in the high-dose). The Cochran-Armitage test for linear trend was statistically significant in the positive direction (P=0.014), but there was a departure from linear trend (P=0.004) due to the higher incidence in the low-dose group compared with the other two groups. The Fisher exact test between the control group and either dosed group was significant (P=0.004 in the high-dose and P less than 0.001 in the low-dose). This tumor has been observed in 40/2,960 (1.4%) male F344 control rats in the Bioassay Program and in 5/140 (3.6%) F344 male rats at this laboratory. This tumor was not observed in statistically significant proportions in female rats.

Lymphocytic leukemia of the hematopoeitic system in male rats was observed in a statistically significant negative relation in the dosed groups compared with the controls (13/50, 26% in the controls; 2/50, 4% in the low-dose; and 1/50, 2% in the high-dose). The Cochran-Armitage test for linear trend was statistically significant in the negative direction (P less than 0.001). The Fisher exact test between the control group and either of the dosed groups was significant (P less than 0.001 in the high-dose and P=0.002 in the low-dose). This tumor was also found in female rats in a statistically significant negative relation (8/50, 16% in the controls; 2/50, 4% in the low-dose; 1/50, 2% in the high-dose). The Cochran-Armitage test for linear trend was statistically significant in the negative

direction (P=0.007). The Fisher exact tests between the dosed groups and the controls were significant (P=0.015 in the high-dose and P=0.046 in the low-dose), but the value of P=0.046 is above the value of P=0.025 required by the Bonferroni inequality criterion for an overall significance of P=0.05 when two dosed groups are compared with a common control group. The historical incidence of rats with leukemia at this laboratory is 73/240 (30%) for males and 50/238 (21%) for females.

C-Cell carcinomas of the thyroid in male rats were observed in decreasing incidence (4/49, 8% in the controls; 1/50, 2% in the low-dose; 0/48, 0% in the high-dose). The Cochran-Armitage test for linear trend was statistically significant in the negative direction (P=0.026). The Fisher exact tests were not significant. In female rats, this tumor was not observed in statistically significant proportions.

Mesotheliomas, malignant in multiple organs, were observed in male rats in decreasing incidence (4/50, 8% in the controls; 2/50, 4% in the low-dose; 0/50, 0% in the high-dose). The Cochran-Armitage test for linear trend was statistically significant in the negative direction (P=0.037). The Fisher exact tests were not significant. In female rats, this tumor was not observed in a statistically significant proportion.

Chromophobe adenomas of the pituitary in female rats were observed in decreased incidence in the dosed groups, compared with the control group (15/44, 34%) in the controls; 15/48, 31% in the low-dose; 8/49, 16% in the high-dose). The Cochran-Armitage test for linear trend was statistically significant in the negative direction (P=0.033). The Fisher exact test between the high-dose group and the matched control group was significant (P=0.041), but this is above the value of P=0.025 required by the Bonferroni inequality criterion for an overall significance of P=0.05 when two dosed groups are compared with a common control group. In male rats, this tumor was not observed in statistically significant proportions.

Endometrial stromal polyps of the uterus in female rats were observed in a statistically significant negative relation (14/50, 28% in the controls;

7/48, 15% in the low-dose; 3/50, 6% in the high-dose). The Cochran-Armitage test for linear trend was statistically significant in the negative direction (P=0.002). The Fisher exact test between the high-dose group and the control group was significant (P=0.003). No significant incidence was observed in the low-dose group; however, this tumor occurred in decreased incidence in the low-dose group compared with the control group.

Fibroadenomas of the mammary gland in female rats and tumors of the stomach in male rats were observed in increased incidences in the low-dose groups compared with the other two groups. The Cochran-Armitage tests for linear trend were not significant. Departures from linear trend occurred due to increased incidences in the low-dose groups. The Fisher exact tests were not significant.

One high-dose male rat and five female rats (one control, one low dose, and three high dose) died before 52 weeks, and time-adjusted tests were not significantly different from those reported above.

Life table analysis based on the time to observation of tumors did not materially alter the above results.

	Control	Low Dose	High Dose
Subcutaneous Tissue: Fibroma (b)	3/50(6)	1/50(2)	1/50(2)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.333 0.006 3.983	0.333 0.006 3.983
Weeks to First Observed Tumor	93	104	104
Hematopoietic System: Lymphocytic Leukemia (b)	13/50(26)	2/50(4)	1/50(2)
P Values (c), (d)	P less than 0.001(N)	P=0.002(N)	P less than 0.001(N)
Relative Risk (Control) (e) Lower Limit Upper Limit		0.154 0.018 0.632	0.077 0.002 0.480
Weeks to First Observed Tumor	81	98	98
Hematopoietic System: Lymphoma or Leukemia (b)	13/50(26)	3/50(6)	1/50(2)
P Values (c), (d)	P less than 0.001(N)	P=0.006(N)	P less than 0.001(N)
Relative Risk (Control (e) Lower Limit Upper Limit		0.231 0.045 0.777	0.077 0.002 0.480
Weeks to First Observed Tumor	81	98	98

(Continued)		······	
	Control	Low Dose	High Dose
Liver: Neoplastic Nodule (b)	1/49(2)	15/50(30)	10/50(20)
P Values (c), (d)	P=0.014	P less than 0.001	P=0.004
Departure from Linear Trend (f)	P=0.004		
Relative Risk (Control) (e) Lower Limit Upper Limit		14.700 2.419 601.480	9.800 1.482 414.931
Weeks to First Observed Tumor	104	104	104
Liver: Neoplastic Nodule or			
Hepatocellular Carcinoma (b) •	2/49(4)	15/50(30)	11/50(22)
P Values (c), (d)	P=0.016	P=0.001	P=0.008
Departure from Linear Trend (f)	P=0.012		
Relative Risk (Control) (e) Lower Limit Upper Limit		7.350 1.844 63.184	5.390 1.262 47.937
Weeks to First Observed Tumor	104	104	104
Stomach, Cardiac Stomach, or Pylorus: All Tumors (b)	0/49(0)	4/50(8)	1/50(2)
P Values (c), (d)	N.S.	N.S.	N.S.
Departure from Linear Trend (f)	P=0.025		
Relative Risk (Control) (e) Lower Limit Upper Limit		Infinite 0.909 Infinite	Infinite 0.053 Infinite
Weeks to First Observed Tumor		104	104

		Low	High
	Control	Dose	Dose
Pituitary: Chromophobe			
Adenoma (b)	5/47(11)	7/49(14)	4/46(9)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e)		1.343	0.817
Lower Limit		0.396	0.172
Upper Limit		5.010	3.557
Weeks to First Observed Tumor	81	104	104
Adrenal: Pheochromocytoma (b)	6/50(12)	8/50(16)	3/49(6)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e)		1.333	0.510
Lower Limit		0.438	0.087
Upper Limit		4.331	2.243
Weeks to First Observed Tumor	94	104	104
Adrenal: Pheochromocytoma, Malignant (b)	1/50(2)	3/50(6)	2/49(4)
-			
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e)		3.000	2.041
Lower Limit		0.251	0.110
Upper Limit		154.270	117.931
Weeks to First Observed Tumor	104	77	104

(Continued)

	Control	Low Dose	High Dose
Thyroid: C-Cell Carcinoma (b)	4/49(8)	1/50(2)	0/48(0)
P Values (c), (d)	<b>P=0.026(N)</b>	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.245 0.005 2.362	0.000 0.000 1.100
Weeks to First Observed Tumor	96	104	
Thyroid: C-Cell Adenoma or Carcinoma (b)	4/49(8)	2/50(4)	0/48(0)
P Values (c), (d)	P=0.038(N)	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.490 0.046 3.251	0.000 0.000 1.100
Weeks to First Observed Tumor	96	104	
Testis: Interstitial-Cell Tumor (b)	46/49(94)	48/49(98)	43/50(86)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		1.043 0.950 1.088	0.916 0.826 1.066
Weeks to First Observed Tumor	75	89	71

Table 11.	Analyses of the Incidence of Primary Tumors in Male Rats
	Fed Diets Containing C. I. Disperse Yellow 3 (a)

	Control	Low Dose	High Dose
Tunica Vaginalis:		·····	
Mesothelioma, NOS (b)	1/50(2)	3/50(6)	1/50(2)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e)		3.000	1.000
Lower Limit		0.251	0.013
Upper Limit		154.270	76.790
Weeks to First Observed Tumor	104	104	104
Multiple Organs:	Sector Alder of Control Front American		
Mesothelioma, Malignant (b)	4/50(8)	2/50(4)	0/50(0)
P Values (c), (d)	P=0.037(N)	N.S.	N.S.
Relative Risk (Control) (e)		0.500	0.000
Lower Limit		0.047	0.000
Upper Limit		3.318	1.079
Weeks to First Observed Tumor	80	104	

(Continued)

- (a) Dosed groups received doses of 5,000 or 10,000 ppm in the diet.
- (b) Number of tumor-bearing animals/number of animals examined at site (percent).
- (c) Beneath the incidence of tumors in the control group is the probability level for the Cochran-Armitage test when P is less than 0.05; otherwise, not significant (N.S.) is indicated. Beneath the incidence of tumors in a dosed group is the probability level for the Fisher exact test for the comparison of that dosed group with the 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 a dosed group than in a control group.
- (e) The 95 percent confidence interval of the relative risk between each dosed group and the control group.
- (f) The probability level for departure from linear trend is given when P is less than 0.05 for any comparison.

	Contro1	Low Dose	High Dose
Hematopoietic System: Lymphocytic Leukemia (b)	8/50(16)	2/50(4)	1/50(2)
P Values (c), (d)	<b>P</b> ≈0.007(N)	P=0.046(N)	P=0.015(N)
Relative Risk (Control) (e) Lower Limit Upper Limit		0.250 0.027 1.176	0.125 0.003 0.880
Weeks to First Observed Tumor	82	1	104
Hematopoietic System: Lymphoma or Leukemia (b)	10/50(20)	4/50(8)	3/50(6)
P Values (c), (d)	P=0.020(N)	N.S.	P=0.036(N)
Relative Risk (Control) (e) Lower Limit Upper Limit		0.400 0.098 1.284	0.300 0.056 1.083
Weeks to First Observed Tumor	17	1	13
Liver: Neoplastic Nodule (b)	2/50(4)	1/49(2)	2/50(4)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.510 0.009 9.474	1.000 0.075 13.326
Weeks to First Observed Tumor	104	104	104

(Continued)		<u></u>	
	Control	Low Dose	High Dose
Liver: Neoplastic Nodule or Hepatocellular Carcinoma (b)		,~~=	
•	2/50(4)	1/49(2)	3/50(6)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (c) Lower Limit Upper Limit		0.510 0.009 9.474	1.500 0.180 17.329
Weeks to First Observed Tumor	104	104	104
Pituitary: Chromophobe Adenoma (b)	15/44(34)	15/48(31)	8/49(16)
P Values (c), (d)	P=0.033(N)	N.S.	P=0.041(N)
Relative Risk (Control) (e) Lower Limit Upper Limit		0.917 0.478 1.768	0.479 0.197 1.080
Weeks to First Observed Tumor	89	93	56
Adrenal: Pheochromocytoma (b)	2/50(4)	3/50(6)	0/50(0)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		1.500 0.180 17.329	0.000 0.000 3.381
Weeks to First Observed Tumor	98	103	

		Low	High	
	Control	Dose	Dose	
Thyroid: C-Cell Carcinoma (b)	1/49(2)	2/49(4)	3/50(6)	
P Values (c), (d)	N.S.	N.S.	N.S.	
Relative Risk (Control) (e) Lower Limit Upper Limit		2.000 0.108 115.581	2.940 0.246 151.180	
Weeks to First Observed Tumor	104	104	104	
Mammary Gland: Fibroadenoma (b)	7/50(14)	11/50(22)	3/50(6)	
P Values (c), (d)	N.S.	N.S.	N.S.	
Departure from Linear Trend (f)	P=0.045			
Relative Risk (Control) (e) Lower Limit Upper Limit		1.571 0.608 4.394	0.429 0.075 1.759	
Weeks to First Observed Tumor	104	104	104	
Uterus: Endometrial Stromal Polyp (b)	14/50(28)	7/48(15)	3/50(6)	
P Values (c), (d)	P=0.002(N)	N.S.	P=0.003(N)	
Relative Risk (Control) (e) Lower Limit Upper Limit		0.521 0.195 1.250	0.214 0.042 0.709	
Weeks to First Observed Tumor	94	100	104	

(Continued)

#### (Continued)

- (a) Dosed groups received doses of 5,000 or 10,000 ppm in the diet.
- (b) Number of tumor-bearing animals/number of animals examined at site (percent).
- (c) Beneath the incidence of tumors in the control group is the probability level for the Cochran-Armitage test when P is less than 0.05; otherwise, not significant (N.S.) is indicated. Beneath the incidence of tumors in a dosed group is the probability level for the Fisher exact test for the comparison of that dosed group with the 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 a dosed group than in a control group.
- (e) The 95 percent confidence interval of the relative risk between each dosed group and the control group.
- (f) The probability level for departure from linear trend is given when P is less than 0.05 for any comparison.

#### IV. RESULTS - MICE

#### A. Body Weights and Clinical Signs (Mice)

Throughout the bioassay, mean body weights of dosed mice of either sex tended to be lower than those of the controls (Figure 3 and Table 13). Clinical signs and feed consumption by dosed and control animals were comparable (Appendix H).

#### B. Survival (Mice)

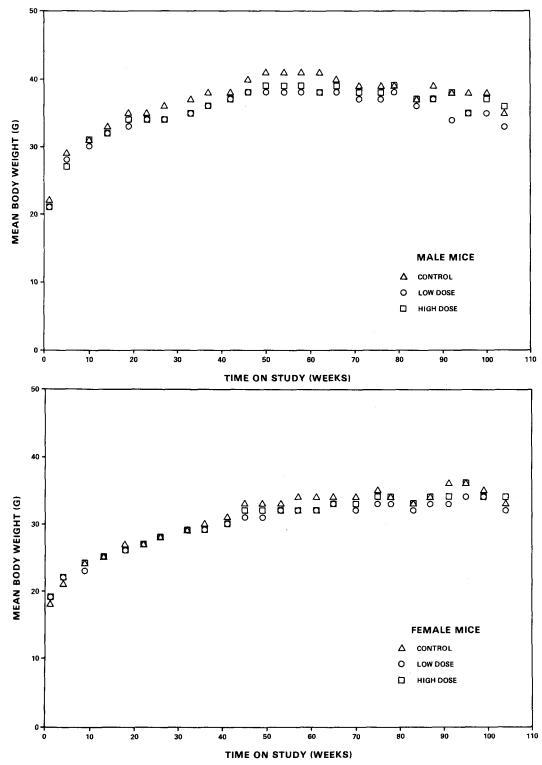
Estimates of the probabilities of survival of male and female mice administered C. I. Disperse Yellow 3 at the concentrations of this bioassay, together with those of the control group, are shown by the Kaplan and Meier curves in Figure 4. All the groups of mice had similar survival, and there were no significant differences between any of the groups of either sex.

In male mice, 43/50 (86%) of the control group, 39/50 (78%) of the low-dose group, and 42/50 (84%) of the high-dose group lived to the end of the study at 104-105 weeks. In female mice, 44/50 (88%) of the control group, 39/50 (78%) of the low-dose group, and 42/50 (84%) of the high-dose group lived to the end of the study at 105 weeks.

#### C. Pathology (Mice)

Histopathologic findings on neoplasms in mice are summarized in Appendix B, Tables B1 and B2; Tables B3 and B4 give the survival and tumor status for individual animals in the male and female mouse studies. Findings on nonneoplastic lesions are summarized in Appendix D, Tables D1 and D2.

Tumors were uniformly distributed among dosed and control groups of mice except for tumors of the lung, liver, and hematopoietic system. Compared with controls, dosed male mice had a higher incidence of alveolar/ bronchiolar adenomas (controls, 2/50; low-dose, 6/49; high-dose, 9/49) and





	Mean Body Weight Change From Week 1 (grams)			Weight Change Relative to Controls (%) (b)		
	Week No.	Control	Low Dose	High <b>Dos</b> e	Low Dose	High Dose
Male						
Mice	1	22(Ъ)	21(Ъ)	21(Ъ)		
	5	7	7	6	0	-14
	23	13	13	13	0	0
	42	16	16	16	0	0
	62	19	17	17	-11	-11
	84	15	15	16	0	+7
	104	13	12	15	-8	+15
Female					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Mice	1	18 (Ъ)	19 (Ъ)	19 (b)		
	4	3	3	3	0	0
	22	9	8	8	-11	-11
	41	13	11	11	-15	-15
	61	16	13	13	-19	-19
	83	15	13	14	-13	-7
	104	15	13	15	-13	0

## Table 13. Mean Body Weight Change (Relative to Controls) of Mice Fed Diets Containing C. I. Disperse Yellow 3

Weight Change (Dosed Group) - Weight Change (Control Group) x 100 Weight Change (Control Group)

(b) Weight at the end of week 1.

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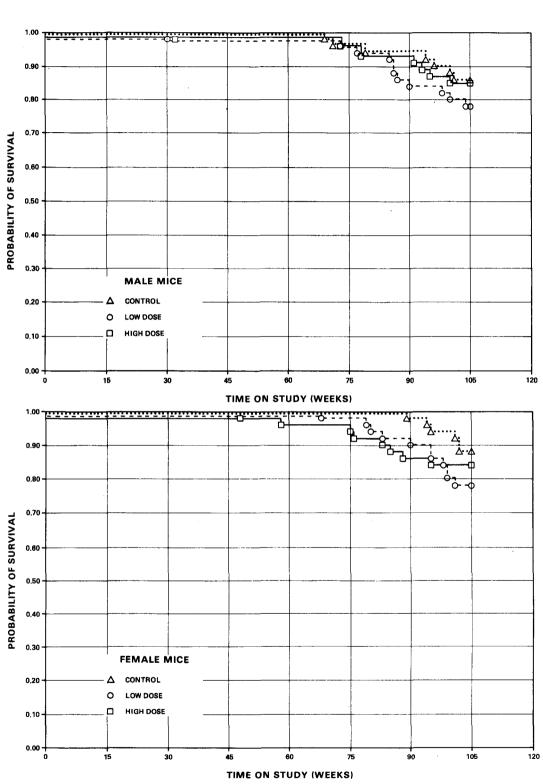


Figure 4. Survival Curves for Mice Fed Diets Containing C. I. Disperse Yellow 3

dosed females had higher incidences of hepatocellular adenomas (controls, 0/50; low-dose, 6/50; high-dose, 12/50) and lymphomas (controls, 10/50; low-dose, 16/50; high-dose, 19/50). The hepatocellular adenomas were composed of well-circumscribed solid sheets of cells which had basophilic or eosinophilic cytoplasm. Hepatocellular carcinomas had prominent trabecular areas. One control and one high-dose female mouse had a metastatic hepatocellular carcinoma in the lung.

All other microscopic abnormalities were considered to be age-associated lesions seen in B6C3F1 mice.

Histopathologic examination provided evidence that administration of C. I. Disperse Yellow 3 was associated with lung, liver, and possibly hematopoietic tumors in B6C3F1 mice under the conditions of this bioassay.

#### D. Statistical Analyses of Results (Mice)

Tables 14 and 15 contain the statistical analyses of those primary tumors that occurred in at least two animals of one group and with an incidence of at least 5% in one or more groups.

Alveolar/bronchiolar adenomas of the lung in male mice were observed in a statistically significant positive relation (2/50, 4% in the controls; 6/49, 12% in the low-dose; and 9/49, 18% in the high-dose). The Cochran-Armitage test for linear trend was statistically significant in the positive direction (P=0.019). The Fisher exact test between the high-dose group and the matched control group was significant (P=0.023). No significant incidence was observed in the low-dose group; however, this tumor occurred in increased incidence in the low-dose group compared with the control group. The historical control incidence of male mice with this tumor at this laboratory is 19/295 (6.4%). Fisher exact tests for male mice with adenomas or carcinomas of the lung (3/50, 6% in the control; 7/49, 14% in the low-dose; and 9/49, 18% in the high-dose) were not significant, but

the Cochran-Armitage test for linear trend was significant (P=0.046). Alveolar/bronchiolar adenomas of the lung in female mice were observed in decreased incidence in the low-dose group compared with the other two groups. The Cochran-Armitage test for linear trend was not significant, but there was a departure from linear trend due to decreased incidence in the low-dose compared with the other two dosed groups. The Fisher exact test between the low-dose group and the control group was significant (P=0.028). No significant incidence was observed in the high-dose group. Because of the higher incidences seen in other control groups at this laboratory, the negative result in the female mice, and the lack of significant Fisher exact tests between the dosed groups and the control group when the incidence of male mice with adenomas or carcinomas is analyzed, the association of these tumors in male mice with the administration of C. I. Disperse Yellow 3 is not clearly established.

Hepatocellular adenomas in female mice were observed in a statistically significant positive relation in the dosed groups compared with the control group (0/50, 0% in the controls; 6/50, 12% in the low-dose; 12/50, 24% in The Cochran-Armitage test the high-dose). for linear trend was statistically significant in the positive direction (P less than 0.001). The Fisher exact test between the control group and either of the dosed groups was significant (P less than 0.001 in the high-dose and P=0.013 in the low-dose). Adenomas in the liver have been observed in 72/3,617 (2.0%) of the control female mice in the bioassay program and in 3/298 (1.0%) of the female mice at this laboratory. Life table analysis of the time to observation of these liver tumors in female mice indicates a significant trend (P less than 0.001). The incidences of carcinomas of the liver in female mice were not statistically significant, and there were no significant increases in liver tumors in male mice.

Lymphomas of the hematopoietic system in female mice were observed in increased incidence in the dosed groups compared with the matched control group (10/50, 20% in the controls; 16/50, 32% in the low-dose; 19/50, 38% in the high-dose). The Cochran-Armitage test for linear trend was statistically significant in the positive direction (P=0.032). The Fisher

exact test between the high-dose group and the control group indicated a value of P=0.038.

The incidence of female mice with lymphomas or leukemia was increased in the dosed groups (control, 10/50, 20%; low-dose, 17/50, 34%; high-dose, 20/50, 40%). The Cochran-Armitage test for linear trend was statistically significant in the positive direction (P=0.020). The Fisher exact test between the high-dose group and the control group indicated a value of P=0.024. The high-dose incidence is also significantly (P<0.05) different from the historical incidence of female mice with lymphomas or leukemia at this laboratory [70/300 (23.3%; range 10/50 to 16/50)].

One female and two male mice died before 52 weeks on study, and neither time adjusted tests nor life table analyses materially altered the results reported above.

	Control	L <i>ow</i> Dose	High Dose
Lung: Alveolar/Bronchiolar Adenoma (b)	2/50(4)	6/49(12)	9/49(18)
P Values (c), (d)	P=0.019	N.S.	P=0.023
Relative Risk (Control) (e) Lower Limit Upper Limit		3.061 0.581 29.826	4.592 1.015 41.883
Weeks to First Observed Tumor	104	98	91
Lung: Alveolar/Bronchiolar Adenoma or Carcinoma (b)	3/50(6)	7/49(14)	9/49(18)
P Values (c), (d)	P=0.046	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		2.381 0.581 13.550	3.061 0.820 16.653
Weeks to First Observed Tumor	94	98	91
Hematopoietic System: Malignant Lymphoma, Histiocytic Type (b)	5/50(10)	3/49(6)	1/49(2)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.612 0.100 2.967	0.204 0.004 1.733
Weeks to First Observed Tumor	100	86	105

(Continued)	Control	Low Dose	High Dose
Hematopoietic System: Malignant Lymphoma, NOS (b)	2/50(4)	3/49(6)	3/49(6)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		1.531 0.183 17.671	1.531 0.183 17.671
Weeks to First Observed Tumor	96	104	100
Hematopoietic System: Malignant Lymphoma (b)	8/50(16)	6/49(12)	4/49(8)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.765 0.236 2.325	0.510 0.120 1.771
Weeks to First Observed Tumor	96	86	100
Hematopoietic System: Lymphoma or Leukemia (b)	8/50(16)	6/49(12)	5/49(10)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.765 0.236 2.325	0.638 0.176 2.049
Weeks to First Observed Tumor	96	86	100

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	Control	Low Dose	High Dose
Liver: Hepatocellular Adenoma (b)	7/50(14)	1/49(2)	7/49(14)
P Values (c), (d)	N.S.	P=0.032(N)	N.S.
Departure from Linear Trend (f)	P=0.022	•	
Relative Risk (Control) (e) Lower Limit Upper Limit		0.146 0.003 1.073	1.020 0.330 3.155
Weeks to First Observed Tumor	104	105	105
Liver: Hepatocellular Carcinoma (b)	14/50(28)	11/49(22)	12/49(24)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.802 0.367 1.706	0.875 0.413 1.823
Weeks to First Observed Tumor	69	77	73
Liver: Hepatocellular Adenoma or Carcinoma (b)	20/50(40)	12/49(24)	16/49(33)
P Values (c), (d)	N.S.	N.S.	N.S.
<b>Relative Risk</b> (Control) (e) Lower Limit Upper Limit		0.612 0.310 1.162	0.816 0.453 1.449
Weeks to First Observed Tumor	69	77	73

	Control	Low Dose	High Dose
Eye/Lacrimal Gland: Papillary Adenoma (b)	2/50(4)	1/49(2)	3/49(6)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.510 0.009 9.474	1.531 0.183 17.671
Weeks to First Observed Tumor	104	105	105

#### (Continued)

(a) Dosed groups received doses of 2,500 or 5,000 ppm in the diet.

- (b) Number of tumor-bearing animals/number of animals examined at site (percent).
- (c) Beneath the incidence of tumors in the control group is the probability level for the Cochran-Armitage test when P is less than 0.05; otherwise, not significant (N.S.) is indicated. Beneath the incidence of tumors in a dosed group is the probability level for the Fisher exact test for the comparison of that dosed group with the 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 a dosed group than in a control group.
- (e) The 95 percent confidence interval of the relative risk between each dosed group and the control group.
- (f) The probability level for departure from linear trend is given when P is less than 0.05 for any comparison.

	Control	Low Dose	High Dose
Lung: Alveolar/Bronchiolar	E (E0/10)	0/50/0)	2/50/()
Adenoma (b)	5/50(10)	0/50(0)	3/50(6)
P Values (c), (d)	N.S.	P=0.028(N)	N.S.
Departure from Linear Trend (e)	P=0.039		
Relative Risk (Control) (f)		0.000	0.600
Lower Limit		0.000	0.098
Upper Limit		0.793	2.910
Weeks to First Observed Tumor	105	<u></u>	105
Lung: Alveolar/Bronchiolar		- /	
Adenoma or Carcinoma (b)	6/50(12)	0/50(0)	4/50(8)
P Values (c), (d)	N.S.	P=0.013(N)	N.S.
Departure from Linear Trend (e)	P=0.021		
Relative Risk (Control) (f)		0.000	0.667
Lower Limit		0.000	0.147
Upper Limit		0.625	2.635
Weeks to First Observed Tumor	105		105
Hematopoietic System:			
Malignant Lymphoma,			
Histiocytic Type (b)	5/50(10)	11/50(22)	9/50(18)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e)		2.200	1.800
Lower Limit		0.765	0.586
Upper Limit		7.508	6.377
Weeks to First Observed Tumor	102	68	48

(Continued)			
	Control	Low Dose	High Dose
Hematopoietic System: Malignant Lymphoma, NOS (b)	6/50(12)	3/50(6)	7/50(14)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.500 0.085 2.200	1.167 0.361 3.911
Weeks to First Observed Tumor	94	105	95
Hematopoietic System: Malignant Lymphoma (b)	10/50(20)	16/50(32)	19/50(38)
P Values (c), (d)	P=0.032	N.S.	P=0.038
Relative Risk (Control) (e) Lower Limit Upper Limit		1.600 0.761 3.540	1.900 0.942 4.074
Weeks to First Observed Tumor	94	68	48
Hematopoietic System: Lymphoma or Leukemia (b)	10/50(20)	17/50(34)	20/50(40)
P Values (c), (d)	P=0.020	N.S.	P=0.024
Relative Risk (Control) (e) Lower Limit Upper Limit		1.700 0.821 3.719	2.000 1.004 4.249
Weeks to First Observed Tumor	94	68	48

	Control	Low Dose	High Dose
Liver: Hepatocellular Adenoma (b)	0/50(0)	6/50(12)	12/50(24)
P Valùes (c), (d)	P less than 0.001	P=0.013	P less than 0.001
Relative Risk (Control) (e) Lower Limit Upper Limit		Infinite 1.600 Infinite	Infinite 3.667 Infinite
Weeks to First Observed Tumor	-	105	105
Liver: Hepatocellular Carcinoma (b)	2/50(4)	4/50(8)	5/50(10)
P Values (c), (d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		2.000 0.301 21.316	2.500 0.432 25.286
Weeks to First Observed Tumor	102	99	83
Liver: Hepatocellular Adenoma or Carcinoma (b)	2/50(4)	10/50(20)	17/50(34)
P Values (c), (d)	P less than 0.001	P=0.014	P less than 0.001
Relative Risk (Control) (e) Lower Limit Upper Limit		5.000 1.140 45.011	8.500 2.180 72.178
Weeks to First Observed Tumor	102	99	83

### (Continued)

	Control	Low Dose	High Dose
ituitary: Chromophobe			
Adenoma (b)	1/38(3)	1/30(3)	4/42(10)
Values (c), (d)	N.S.	N.S.	N.S.
elative Risk (Control) (e)		1.267	3.619
Lower Limit		0.017	0.380
Upper Limit		96.122	173.681
eeks to First Observed Tumor	105	95	105
ye/Lacrimal Gland:			
Papillary Adenoma (b)	1/50(2)	3/50(6)	1/50(2)
Values (c), (d)	N.S.	N.S.	N.S.
elative Risk (Control) (e)		3.000	1.000
Lower Limit		0.251	0.013
Upper Limit		154.270	76.970
eeks to First Observed Tumor	105	105	105

(Continued)

(a) Dosed groups received doses of 2,500 or 5,000 ppm in the diet.

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

- (c) Beneath the incidence of tumors in the control group is the probability level for the Cochran-Armitage test when P is less than 0.05; otherwise, not significant (N.S.) is indicated. Beneath the incidence of tumors in a dosed group is the probability level for the Fisher exact test for the comparison of that dosed group with the 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 a dosed group than in a control group.
- (e) The 95 percent confidence interval of the relative risk between each dosed group and the control group.
- (f) The probability level for departure from linear trend is given when P is less than 0.05 for any comparison.

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#### V. DISCUSSION

During the 2-year study, body weight gains by C. I. Disperse Yellow 3 dosed rats were depressed in a dose-related fashion. Also, weight gains by dosed mice tended to be depressed, but the magnitude of the effect was less than that observed among dosed rats, and dose-response relationships were not always obvious. However, feed consumption by dosed and control groups in the chronic study were comparable (Appendix H), and the observed weight gain decrements may be attributed to consumption of the test chemical.

The NCI guidelines (NCI 1976) for chronic feeding dosage selection were not strictly adhered to during this study. These guidelines suggest that dosage levels that cause greater than 10% decrements in body weight gains during prechronic testing should not be employed in the 2-year feeding In the 13-week studies, 17.7% and 21.6% decrements in weight gains study. by male and female rats were associated with dietary levels of 10,000 ppm C. I. Disperse Yellow 3. Similarly, dietary levels of 5,000 ppm caused 18.8% and 8.2% decrements in male and female mice, whereas the 10,000 ppm levels caused a decrease in body weight gain of 15% (male) and 10% (female). These dosage levels were selected to maximize the likelihood of reproducing the thyroid lesions observed in rats during the 90-day study. Although the thyroid effects were not observed in the two-year test, the dosage levels of C. I. Disperse Yellow 3 used in this study are judged to be adequate.

Despite the effects of compound administration on body weight gains, C. I. Disperse Yellow 3 did not adversely affect either rat or mouse survival. In fact, dosed rats survived significantly longer than did control rats. The survival rate for control female rats in this study was consistent with control rates in three previous groups (190 animals) utilized in these laboratories, and control male rat survival was consistent with that in two of the three previous control groups. The excellent survival rates of dosed rats and mice indicate that the maximum tolerated doses of C. I. Disperse Yellow 3 were not exceeded during this study.

An explanation for the improved survival of rats administered C. I. Disperse Yellow 3 is not obvious. A combination of negative trends related to certain primary tumors in dosed rats (as identified below) may have influenced survival, but the effect cannot be attributed to any single decrease in tumor incidence. With the exception of the decreased incidences of lymphoma or leukemia, all negative trends were seen in either male or female animals but not in both sexes. Among males, the decreased incidence of malignant mesothelioma and C-cell carcinoma of the thyroid are not considered to be sufficient to account for a significant increase in survival rate. Among female rats, a decreased incidence of pituitary adenoma could influence survival but a decrease in endometrial stromal polyps (which was probably secondary to decreased pituitary adenomas) would not.

Although a treatment-related decrease in lymphoma or leukemia was detected in both sexes of rats, the results of earlier studies do not support a relationship between this effect and increased survival. At least four other test agents--C. I. Acid Orange 10, C. I. Acid Red 14, C. I. Solvent Yellow 14, and D & C Red No. 9 (NTP 1982, 1982a, 1982b, 1982c)-have been found to decrease the incidence of lymphoma or leukemia in F344 rats. These decreases were not associated with significant increases in survival.

Lymphomas or leukemias occurred in a dose-related trend among female mice with a statistically significant (P<0.05) difference between high-dose and control groups. The high-dose incidence is also significantly (P<0.05) greater than the historical control rate for female mice with lymphoma or leukemia at this laboratory (23%, range 20%-32%). However, the incidence of these tumors shows considerable variability throughout the Bioassay Program (historical control range: 8-62%); further, since the increase in this study was observed only for female mice, this induced tumor was not regarded as clearly related to the administration of C. I. Disperse Yellow 3.

Although not statistically significant, the appearance of stomach tumors among C. I. Disperse Yellow 3 dosed male rats deserves mention. These rare stomach tumors were observed in 4/50 low-dose and 1/50 high-dose F344 rats.

The historical incidence of this tumor is only 10/2,960 (0.3%) in control male rats. Despite the lack of a dose-response relationship, the occurrence of these lesions may be treatment related.

Significant increases in hepatic neoplastic nodules were detected in both dosed groups of male rats, and a significant and dose-related increase in hepatocellular adenoma was detected in female mice. The incidence of hepatocellular carcinoma was not significantly altered by administration of the test chemical, although in female mice the incidences were higher in both dosed groups compared with controls. Hepatic neoplastic nodules and adenomas are populations of lesions, some of which may regress while others may progress to hepatocellular carcinoma. At the present time, it is impossible to differentiate between lesions that will regress and those that will progress. Consequently, one should consider these nodules and adenomas to exist at some ill-defined point along a continuum between benign and malignant with various factors being capable of influencing their final Teebor and Becker (1971), working with the hepatocarcinogen disposition. N-2-fluorenylacetamide (2-AAF), presented evidence that the fate of hepatic neoplastic nodules in Sprague-Dawley rats can be influenced by the duration of carcinogen administration. Nodules induced by a 3-month exposure to the carcinogen tended to regress when the treatment was stopped. This exposure was associated with a low incidence of hepatocellular carcinomas. Nodules produced by 4 months of treatment, however, were more persistent and were associated with a high incidence of hepatocellular carcinomas. Hirota and Williams (1979) in a similar study did not report regression of the nodules in F344 rats but observed that the nodules grew progressively in size.

The National Academy of Sciences (Stewart et al., 1980) considers the hepatic neoplastic nodule (and hepatic cell adenoma) to be a manifestation of the process of hepatocarcinogenesis which is induced by a variety of hepatocarcinogens but not by noncarcinogenic agents. The NAS defined neoplastic nodules as hepatocellular carcinomas, differentiated or grade 1. National and international organizations have stated that few, if any, chemicals produce only benign tumors in any species and that agents that markedly increase the incidence of benign tumors are now viewed with as much

suspicion as they would have been had the induced tumors been malignant (IARC, 1980; IRLG, 1979; Fed. Reg., 1980). Therefore, C. I. Disperse Yellow 3 is considered to be a carcinogen in F344 male rats and in B6C3F1 female mice. It is impossible to state if this carcinogenic effect is mediated through genetic or nongenetic mechanisms. It should be pointed out, however, that this azo dye could undergo metabolic reduction to form aromatic amines. The carcinogenicity of numerous aromatic amines has been well established. Additional studies would be required to clarify this point.

Significantly decreased incidences of two primary tumors, hepatocellular adenomas in males and alveolar/bronchiolar adenomas in females, were observed in C. I. Disperse Yellow 3 dosed mice. These decreases are not considered to be associated with administration of the dye because these were evident only for mice at the low doses and were not consistent across sexes.

An increased incidence of alveolar/bronchiolar adenomas was observed among male mice, while a significantly lower incidence was detected in low-dose females. Although the increase among males was significant (P=0.023) and dose-related (P=0.019), the control incidence (2/50, 4%) was lower than the mean (6.4%) of the historical controls encountered in this laboratory. Also, when the adenomas were combined with alveolar/bronchiolar carcinomas, there were no statistically significant differences between controls and dosed groups; the dose-related trend remained significant (P=0.046). Because of the historical data, the significantly lower incidence among low-dose females, and the loss of statistical significance when adenomas and carcinomas were combined, relating this change to the administration of C. I. Disperse Yellow 3 lacks convincing support. However, the results cannot be dismissed and should be interpreted in light of the other experimental findings.

#### VI. CONCLUSIONS

Under the conditions of this bioassay, C. I. Disperse Yellow 3 was considered to be carcinogenic for male F344 rats, causing an increased incidence of neoplastic nodules of the liver; this dye was not carcinogenic for female F344 rats. In addition, the stomach tumors found in the male rats may have been induced by the administration of the test chemical. C. I. Disperse Yellow 3 was carcinogenic for female B6C3F1 mice, as evidenced by the increased incidence of hepatocellular adenomas. C. I. Disperse Yellow 3 was not carcinogenic for male B6C3F1 mice. Also, the increased incidence of malignant lymphoma in female mice may have been associated with the administration of C. I. Disperse Yellow 3.

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# APPENDIX A

Summary of the Incidence of Neoplasms in Rats Fed Diets Containing C. I. Disperse Yellow 3

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## TABLE A1.

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50 50	50 50 50 50
INTEGUMENTARY SYSTEM			
*SKIN Squamous cell carcinoma Basal-cell carcinoma	(50) 1 (2%)	(50) 1 (2%)	(50)
*SUBCUT TISSUE Squamous cell carcinoma Basal-cell carcinoma Sarcoma, nos	(50) 1 (2%) 1 (2%)	(50)	(50) 1 (2%) 1 (2%) 1 (2%)
FIBROMA FIBROSARCOMA FIBROSARCOMA, INVASIVE LIPOMA OSTEOSARCOMA	3 (6%) 1 (2%)	1 (2%)	1 (2%) 2 (4%) 1 (2%) 1 (2%)
RESPIRATORY SYSTEM			
*NASAL CAVITY Squamous cell carcinoma, invasiv	(50) 1 (2%)	(50)	(50)
#LUNG Squamdus cell carcinoma	(50)	(50) 1 (2%)	(50)
SQUAMOUS CELL CARCINOMA, METASTA Alveolar/bronchiolar Adenoma Alveolar/bronchiolar carcinoma	1 (2%)	(24)	1 (2%)
OSTEOSARCOMA, METASTATIC			2 (4%)
IEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS LYMPHOCYTIC LEUKEMIA	(50) 13 (26%)	(50) 2 (4%)	(50) 1 (2%)
#SPLEEN MALIG.LYMPHOMA, HISTIOCYTIC TYPE	(50)	(50) 1 (2%)	(50)

# SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS FED DIETS CONTAINING C. I. DISPERSE YELLOW 3

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

	CONTROL	LOW DOSE	HIGH DOSE
#MANDIBULAR L. NODE Squamous cell carcinoma, metasta	(47)	(48)	(45) 1 (2%)
#PRETRACHEAL LYMPH NO C-CELL CARCINOMA, METASTATIC	(47) 1 (2%)	(48)	(45)
CIRCULATORY SYSTEM			
#ENDOCARDIUM NEURILEMOMA, MALIGNANT	(50)	(50)	(49) 1 (2%)
*MIDDLE MENINGEAL ART Squanous cell carcinoma, metasta	(50) 1 (2%)	(50)	(50)
DIGESTIVE SYSTEM			
#SALIVARY GLAND FIBROSARCOMA	(46) 1 (2%)	(50)	(49)
#LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA	(49) 1 (2%) 1 (2%)	(50) 15 (30%)	(50) 10 (20%) 2 (4%)
#STOMACH ADENOCARCINOMA, NOS MUCINOUS ADENOCARCINOMA SARCOMA, NOS	(49)	(50) 1 (2%)	(50) 1 (2%) 1 (2%)
#CARDIAC STOMACH Squamous cell papilloma Fibrosarcoma	(49)	(50) 1 (2%) 1 (2%)	(50)
#PYLORUS ADENOMA, NOS	(49)	(50) 1 (2%)	(50)
URINARY SYSTEM			
#KIDNEY TUBULAR-CELL ADENOMA TUBULAR-CELL ADENOCARCINOMA	(50)	(50)	(50) 1 (2%) 1 (2%)
#URINARY BLADDER	(45)	(50)	(48) 1 (2%)

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#### TABLE A1, MALE RATS: NEOPLASMS (CONTINUED)

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

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TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)
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	CONTROL	LOW DOSE	HIGH DOSE
ENDOCRINE SYSTEM			
#PITUITARY Adenoma, Nos	(47) 1 (2%)	(49)	(46)
CHROMOPHOBE ADENOMA CHROMOPHOBE CARCINOMA	5 (11%) 1 (2%)	7 (14%)	4 (9%)
ACIDOPHIL ADENGMA			1 (2%)
#ADŘENAL PHEOCHROMOCYTOMA	(50) 6 (12%)	(50) 8 (16%)	(49) 3 (6%)
PHEOCHROMOCYTOMA, MALIGNANT	1 (2%)	3 (6%)	2 (4%)
#THYROID PAPILLARY ADENOMA	(49)	(50)	(48)
FOLLICULAR-CELL ADENOMA C-CELL ADENOMA		1 (2%)	
C-CELL CARCINOMA	4 (8%)	1 (2%) 1 (2%)	
#PANCREATIC ISLETS ISLET-CELL ADENOMA	(48)	(50) 2 (4%)	(49)
ISLET-CELL CARCINOMA	2 (4%)	1 (2%)	2 (4%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND FIBROADENOMA	(50)	(50)	(50) 1 (2%)
*PREPUTIAL GLAND	(50)	(50)	(50)
CARCINOMA,NOS Adenoma, nos		2 (4%)	2 (4%)
#TESTIS INTERSTITIAL-CELL TUMOR	(49) 46 (94%)	(49) 48 (98%)	(50) 43 (86%)
		48 (984)	43 (86%)
NERVOUS SYSTEM			
#BRAIN	(50)	(50)	(50)
GRANULAR-CELL TUMOR, BENIGN GLIDMA, NOS			1 (2%) 1 (2%)
ASTROCYTOMA		1 (2%)	2 (4%)
#OLFACTORY BULB SQUAMOUS_CELL_CARCINDMA, INVASIV	(50)	(50)	(50)

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

	CONTROL	LOW DOSE	HIGH DOSE
SPECIAL SENSE ORGANS			
*EAR CANAL SQUAMOUS CELL PAPILLOMA SQUAMOUS CELL CARCINOMA	(50) 1 (2%) 1 (2%)	(50)	(50)
*ZYMBAL'S GLAND Squamous cell carcinoma	(50) 1 (2%)	(50)	(50)
MUSCULOSKELETAL SYSTEM			
*SKULL OSTEOMA	(50)	(50)	(50) 1 (2%)
BODY CAVITIES			
*MEDIASTINUM NONCHROMAFFIN PARAGANGLIOMA	(50)	(50)	(50) 1 (2%)
*PELVIS OSTEOSARCOMA	(50)	(50)	(50) 1 (2%)
<pre>*TUNICA VAGINALIS     MESOTHELICMA, NOS</pre>	(50) 1 (2%)	(50) 3 (6%)	(50) 1 (2%)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS MESOTHELIOMA, MALIGNANT	(50) 4 (8%)	(50) 2 (4%)	(50)
TAIL SQUAMOUS CELL PAPILLOMA		1	
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE SCHEDULED SACRIFICE	50 15 4	50 4 1	50 8 3
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	3 1	45	39
a includes autolyzed animals			

# TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

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

TABLE A1, MALE RATS: NEOPLASMS (CONTINUED)	
	-

	CONTROL	LOW DOSE	HIGH DOSE
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS*	50	50	47
TOTAL PRIMARY TUMORS	98	107	93
TOTAL ANIMALS WITH BENIGN TUMORS	48	49	46
TOTAL BENIGN TUMORS	63	72	61
TOTAL ANIMALS WITH MALIGNANT TUMORS	28	15	16
TOTAL MALIGNANT TUMORS	33	17	21
TOTAL ANIMALS WITH SECONDARY TUMORS#	3		3
TOTAL SECONDARY TUMORS	5		4
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors	22	17 18	11 11
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS			

\* PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY TUMORS # SECONDARY TUMORS: METASTATIC TUMORS OR TUMORS INVASIVE INTO AN ADJACENT ORGAN

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#### TABLE A2.

# SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS FED DIETS CONTAINING C. I. DISPERSE YELLOW 3

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SUBCUT TISSUE squamous cell carcinoma c-cell carcinoma, invasive	(50)	(50) 1 (2%)	(50) 1 (2%)
SARCOMA, NOS Fibroma Fibrosarcoma	1 (2%)	1 (2%) 1 (2%)	
LEIOMYOSARCOMA		1 (2%)	
RESPIRATORY SYSTEM			
*NASAL CAVITY Squamous cell carcinoma, invasiv	(50)	(50) 1 (2%)	(50)
#LUNG C-CELL CARCINOMA, METASTATIC GANGLIONEUROBLASTOMA, METASTATIC	(49)	(50)	(50) 1 (2%)
EMATOPOIETIC SYSTEM			
*MULTIPLE DRGANS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE	(50) 1 (2%)	(50) 2 (4%)	(50) 2 (4%)
LYMPHOCYTIC LEUKEMIA	7 (14%)	2 (4%)	
#SPLEEN FIBROSARCOMA LYMPHOCYTIC LEUKEMIA	(48) 1 (2%)	(50)	(50) 1 (2%) 1 (2%)
#LYMPH NODE FIBROSARCOMA, METASTATIC	(48) 1 (2%)	(44)	(44)
#BRONCHIAL LYMPH NODE FIBROSARCOMA, METASTATIC	(48)	(44)	(44) 1 (2%)

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

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TABLE A2.	<b>FEMALE RATS:</b>	NEOPLASMS	(CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
#MEDIASTINAL L.NODE C-CELL CARCINOMA, METASTATIC	(48)	(44)	(44) 1 (2%)
CIRCULATORY SYSTEM			
#HEART NEURILEMOMA	(50)		(49)
DIGESTIVE SYSTEM			
#LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA FIBROSARCOMA, METASTATIC	(50) 2 (4%)	(49) 1 (2%)	(50) 2 (4%) 1 (2%) 1 (2%)
#PANCREAS FIBROSARCOMA, INVASIVE	(48)	(50)	(50) 1 (2%)
URINARY SYSTEM			
#KIDNEY TUBULAR-CELL ADENOCARCINOMA	1 (2%)	(50)	
ENDOCRINE SYSTEM			
#PITUITARY CARCINOMA,NOS	(44)	(48)	(49) 1 (2%)
ADENOMA, NOS Chromophobe Adenoma Chromophobe Carcinoma	15 (34%) 1 (2%)	1 (2%) 15 (31%)	
#ADRENAL CORTICAL ADENOMA	(50)	(50)	(50)
CORTICAL CARCINOMA Pheochromocytoma	1 (2%) 2 (4%)	3 (6%)	
PHEOCHROMOCYTOMA, MALIGNANT Ganglioneuroma Ganglioneuroblastoma	1 (2%)	1 (2%) 1 (2%) 1 (2%)	
#ZONA FASCICULATA ADENOMA, NOS	(50)	(50)	(50)

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

	CONTROL	LOW DOSE	HIGH DOSI
#THYROID C-CELL CARCINOMA	(49) 1 (2%)	(49) 2 (4%)	(50) 3 (6%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Adenoma, NOS Adenocarcinoma, Nos Carcinosarcoma	(50) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%)	(50)
FIBROADENOMA	7 (14%)	11 (22%)	3 (6%)
*MAMMARY DUCT Adenocarcinoma, nos	(50)	(50) 1 (2%)	(50)
*PREPUTIAL GLAND Squamous cell carcinoma	(50) 1 (2%)	(50)	(50)
*CLITORAL GLAND Adenocarcinoma, nos	(50) 1 (2%)	(50)	(50)
#UTERUS Endometrial stromal polyp Carcinosarcoma	(50) 14 (28%)	(48) 7 (15%) 1 (2%)	(50) 3 (6%)
#OVARY GRANULOSA-CELL TUMOR FIBROSARCOMA	(50)	(49) 1 (2%)	(50) 1 (2%) 1 (2%)
NERVOUS SYSTEM			
#BRAIN	(50)	(50)	(49)
GRANULAR-CELL TUMOR, BENIGN Astrocytoma	1 (2%)	1 (2%)	
SPECIAL SENSE ORGANS			
NONE			***********

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

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NONE # NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY \* NUMBER OF ANIMALS NECROPSIED

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	CONTROL	LOW DOSE	
BODY CAVITIES			
NONE			
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS Squamous cell carcinoma, metasta Leiomyosarcoma		(50) 1 (2%)	(50)
NIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE SCHEDULED SACRIFICE	50 11 6	50 7 3	50 3 1
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	33	40	46
INCLUDES AUTOLYZED ANIMALS			
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	38 60	40 61	25 28
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	29 40	30 43	15 15
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	17 18	15 16	9 10
TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS	22	2 2	2 6
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or Malignant Total Uncertain Tumors	2 2	22	3 3
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Primary or metastatic Total Uncertain Tumors			
<pre>PRIMARY TUMORS: ALL TUMORS EXCEPT SE SECONDARY TUMORS: METASTATIC TUMORS</pre>			JACENT ORGA

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# TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

# TABLE A3.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY TABLES OF MALE RATS IN THE 2-YEAR **STUDY OF C.I. DISPERSE YELLOW 3**

### CONTROL

ANIMAL NUMBER	8	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0 2	0	0	2	2	0
WEEKS ON Study	11	1		9	0			1	1		긞		-1	-	- 21	-	-1	9	_9 _1 0	0 9	1	-21	-31	1	1
INTEGUMENTARY SYSTEM	L 4	4	4	ś	-i	4	4	4	4	4	4	4	Ĩ.	š	4	اۆ	4	ź	4	ģ	4	4	5	4	4
SKIN BASAL-CELL CARCINOMA	+	+	+	N	+	÷	+	+	+	+	÷	+	н	+	+	+	+	+	+	+	+	+	+	+	÷
SUBCUTANEOUS TISSUE Squamous cell carcinoma Basal-cell carcinoma Fibroma	+	+	+	N X	+	+	•	+	+	+	+	+	N	+	٠	+	+	+	+	+	+	÷	+	+	+
FIBROSARCOMA, INVASIVE	L			_																					
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	+	+	+ 	+	+	+	+	+	+	+	•	•	+	• 	+	+	+	+ 	+	• 	+	+	+ 	•	+
TRACHEA NASAL CAVITY	- N	+ N	* N		+	- <del>*</del> N	+. N	+ N	+	 N	+	 N	+	_ <u>*</u> N	+	_* N	+ N	<u>+</u>	+	+	- N	+	-+ N	+ N	<del>*</del>
SQUAMOUS CELL CARCINOMA, INVASIVE Hematopoietic system	-								N		N		N		N			N	N	м	-	N			
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	`+	+	+	+
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES C-CELL CARCINOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	+	*	+	-	-	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	-	+	-	+	+
IRCULATORY SYSTEM																									
HEART	<u>+</u>	_ <u>t</u>	<u>+</u>	+	<u>+</u>	. <u>+</u>	+	*	*	*	*	 	+	*	*	. <u>+</u>	_+	<u>.</u>	+	. <del>+</del> .	+		+ 	*	
BLOOD VESSELS Squamous cell carcinoma, metastat Digestive system	N	N	N	N	N	N 	N	N	N	N	N	H	N	н	N	N	N	N	N	N	N	N	N	N	N
SALIVARY GLAND FIBRUSARCOMA	ŀ	÷	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+
LIVER Neoplastic Nodule Hepatocellular carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	•	* ×
BILE DUCT	+	+	+.	. +	+	+	+	+	+	+	+	+	+	+	+	+	+	. <b>t</b>	÷	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	N	N	N_	N	N	N	N	N	ĸ	N	N	N	N	N	N	N_	N.	N	N	N	N	_N_	N	N	N
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	-	+	+	+	+	ŧ	+	ŧ	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>
STOMACH	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE	++	+	+	+	+	+	÷	+	+	+	+	t	+	+	+	-	+	-	+	+	+	+	+	+	
LARGE INTESTINE	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
JRINARY SYSTEM								_	_					_								••••			
KIDNEY	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+_	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	+	+	+	+	+	-	+	+	+	-	+	+	+	+	+	+	+	+	+	-	+	+
ENDOCRINE SYSTEM Pituitary Adenoma, nos Chromophobe Adenoma Chromophobe Carcinoma	·	-	+	+	+	+	٠	+	÷	+	+ x	÷	•	+	÷	-	٠	÷	+	٠	+	÷	+	-	÷
ADRENAL PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT	+	+	+	+	+	+	*	+	+	* x	÷	+	+	+	*	+	+	٠	+	+	+	+	÷	*	+
THYROID C-CELL CARCINDMA	+	+	+	+	+	+	÷	+	÷	+ ×	+	+	-	+	+	+	+	+		÷	+	* *	+	+	+
PARATHYRDID	-	+	+	+	_		+	-	+	+	-	+	-	+	+	+	+	+	-	+	+	-	+	-	+
PANCREATIC ISLETS	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	÷	+	+	+	+	+	+	+
ISLET-CELL CARCINOMA						_																			
REPRODUCTIVE SYSTEM																									
MAMMARY GLAND	<u>N</u> _	_ <b>*</b>	<u>.</u>	<u>N</u>	<u>N</u>	+	<u>N</u>	<u>N</u>		+	<del>+</del>	+	<u>N</u>	+	<u>N</u> .	<u>N</u> _	*	<u>N</u>	+	<u></u> N	_ <u>+</u>	<u>+</u> .	+	+	+
TESTIS Interstitial-Cell Tumor	L.	Ľ.	x	Ľ.	x	<u>, x</u>	ż	ž.	x	x	x	×.	ž.	×.	ž.	x	ż.	x	ż	. X	ž	x	x	ž.	x
PROSTATE	+	+	٠	+	+	÷	+	+	-	٠	+	+	-	+	+	٠	•	+	÷	+	÷	ŧ	+	÷	-
VERVOUS SYSTEM								_		_	_							_							
BRAIN Squamous cell carcinoma, invasive Pecial sense organs	+	+	+	+	+	+	+	+	+	+	*	+	+	+	•	+	+	+	+	+	+	+	+	•	+
EAR Squamous Cell Papilloma Squamous Cell Carcinoma	H	N	N	H	н	н`	H	N	N	н	N	N	H	н	N	N	N	H	N	H	N	н	H	H	H
ZYMBAL'S GLAND <sup>1.</sup> Squamdus cell carcinoma	N	н	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N	N	N	ж	NX	N	н	N	N
ODY CAVITIES	$\vdash$										-														
TUNICA VAGINALIS Mesothelioma, Nos	+	•	+	+	+	+	+	*	+	+	+	+	+	+	•	+	+	+	+	+	•	+	+	•	+
ALL OTHER SYSTEMS		N	N	N	N	N	N	N	N	N					N	N	N			N	н	N		N	N

+: TISSUE EXAMINED MICROSCOPICALLY -: Required Tissue not examined Microscopically X: Tumor Incidence N: NecRopsy, No Autolysis, No Microscopic examination

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

ANIMAL NUMBER	0 2 6	21	0 2 8	2	0	0	0 3 2	0	0	0  3  5	0 3 6	0 3 7	0 31 8	03	0 4 0	0	0 4 2	0	044	0 4 5	0 4 6	0 4 7	0 4 8	04	0   5   0	TOTAL
WEEKS ON Study		1	8	1	0	1	1	1		5 0 8	8	i		9	0	1	1	0 9	랈	1	1	9	1	Ó	1	TOTAL TISSUES TUMORS
INTEGUMENTARY SYSTEM	4	4	4	4	6	21	41	4	41	_1	41	41	21	0	01	4	4	61	31	4	4	3	_1	1	4	
SKIN	+	N	+	÷	÷	+	÷	÷	+	+	+	+	+	÷	+	H	÷	+	+	+	+	+	+	+	+	50×
BASAL-CELL CARCINOMA Subcutaneous tissue	t_		<u> </u>								+	<u>×</u>	+	+	+	N	+	+	+	+	+	+	- <u>-</u> -			r 50×
SQUAMOUS CELL CARCINOMA BASAL-CELL CARCINOMA Fibroma Fibrosarcoma, invasive		н	•	Ť	×	·	×	•	Ť	•	•	•	x	•	·	n	Ť	Ţ	•	Ť	x	x	·	•		1 1 3 1
RESPIRATORY SYSTEM	ļ																									
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	+	٠	٠	+ X	+	+	+	+	+	•	÷	+'	+	٠	+	٠	٠	÷	+	+	٠	+	* ×	+	+	50 1 1
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	<u> 48</u>
NASAL CAVITY Squamous cell carcinoma, invasive	н	N	N	H	H	H	N	N	н	N	N	N	N	N	N	н	м	H	N	×	N	H X	H	N	N	50× 1
HEMATOPOIETIC SYSTEM																										
BONE MARROW	+	+	+	-	+	+	+	+	+	+	+	+		+	-	+	+	+	+	+	+	+	+	+	+	48
SPLEEN	+	+	+	+	+	+	+	.+	+	+	+	+	+	+	+	+	+	+	+	+	+	+-	+	+	+	
LYMPH NODES C-Cell Carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* x	+	+	-	-	+	+	+	47
THYMUS	-	+	+	+	-	-	+	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	40
CIRCULATORY SYSTEM																									J	
HEART .	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	. <u>+</u>	+	+	+	+	+	+	+	+	+	50
BLOOD VESSELS Squamous cell carcinoma, metastat Digestive system	N	N	N	N	N	N	N	н 	N	N	N	N	н	N	N	N	N	N	N 	н 	N	N X	N	H	N	50× 1
SALIVARY GLAND FIBROSARCOMA	-	+	+	+	+	+	•	+	٠	+	+	+	+	+	-	•	+	+	+	+	* ×	-	+	+	+	46 1
LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA	+	٠	+	+ X	+	+	٠	+	٠	+	٠	+	+	÷	٠	+	+	•	-	+	+	٠	+	+	+	49 1
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	49
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	н	N	Ν	N	N	N	N	N	N	N	N	н	N	N	N	50×
PANCREAS	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+1	48
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	49
STOMACH	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+	49
SMALL INTESTINE	+	+	+	÷	-	-	÷	+	+	-	+	+	+	÷	+	+	÷	-	÷	+	+	-	+	+	+	.43
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
JRINARY SYSTEM	<del> </del>															-									-+	
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
URINARY BLADDER	+	+	+	+	+	+	+	+	-	÷	+	+	+	-	+	+	+	+	÷	÷	÷	+	+	÷	+	45
ENDOCRINE SYSTEM																									+	
PITUITARY Adenoma, Nos Chromophobe Adenoma Chromophobe Carcinoma	+	* X	٠	+	+	+	٠	* ×	٠	+ x	+	+ x	+	٠	٠	+	٠	+ . ×	٠	+	+	٠	+	+	+ ×	47 1 5
ADRENAL Pheochromocytoma Pheochromocytoma, malignant	+	+	+	+	+	+	+	*	+	+	+	÷	÷	+	+	+	*	+	+	+	*	+	÷	+	+	50
THYROID C-CELL CARCINOMA	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	* *	÷	+	+	+	+	+	Ŧ	494
PARATHYROID	-	+	+	+	+	_	+	+	-	+	+	+	-	+	+	-	-	-	+	+	+	+	+	+	+	34
	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
PANCREATIC ISLETS ISLET-CELL CARCINOMA	ĺ	_							x										x						ĺ	2
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND	+	<u>N</u>	+	+	<u>N</u>	+	<u>N</u>	+	+	<u>N</u>	+	+	N	<u>N</u>	N	N	+	<u>N</u>	<u>N</u>	+	+	N	+	+	+	<u>50×</u>
TESTIS INTERSTITIAL-CELL TUMOR	x	×	×	*	*		*	+	*	*	÷.	x	*	<u>*</u>	<u>*</u>	<u>×</u>	x	<u>*</u>	<u>*</u>	<u>*</u>	*.	<u>x</u>	<u>*</u>	+	x	49
PROSTATE	+	+	+	+	+	+	٠	+	-	٠	+	+	+	-	+	+	+	+	+	+	٠	+	÷	+	+	45
IERVOUS SYSTEM	1																	-							1	
BRAIN Squamous cell carcinoma, invasive Special sense organs	+	+	+	+	+	+	•	+	+	+	+	+	•	•	+	•	•	+	*	+	•	×	+	•	+	50 1
EAR Squambus cell papilloma	N	N	N	N	N	N	N	N	N	N	N	N	N		N	H	N	N	N	N	N	N	N X	N	н	50×
SQUAMOUS CELL CARCINOMA Zymbal's gland Squamous cell carcinoma	N	N	N	N	N	N	N	н	N	N	N	N	N	+	N	N	N	N	N	N	N	N	N	N	N	50× 1
BODY CAVITIES Tunica Vaginalis	+	+	+	+	+	N	+	+	•	+	<u>+</u>	+	+	+	+	+	+	+	•	•	+	+	•	+	+	50×
MESOTHELIOMA, NOS ALL OTHER SYSTEMS											×															1
MULTIPLE ORGANS NOS Mesotheligma, malignant Lymphocytic Leukemia	NX	N	N	N	H X	N	N	N	N	N	H	N	N X	N	N X	N	N	N	N	N	N	N	N	N	N	50× 4 13

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

.

A ANIMALS NECROPSIED
 · NO TISSUE INFORMATION SUBMITTED
 · REQUIRED TISSUE ENTERNATION MICROSCOPICALLY
 · REQUIRED TISSUE INFORMATION SUBMITTED
 · REQUIRED TISSUE INFORMATION SUBMITTED
 · NO TISSUE INFORMATION

## TABLE A3.

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### INDIVIDUAL ANIMAL TUMOR PATHOLOGY TABLES OF MALE RATS IN THE 2-YEAR **STUDY OF C.I. DISPERSE YELLOW 3**

## LOW DOSE

ANIMAL NUMBER	0	0	0	0	01	0	0	0	01	0	0	1	0	0	1	0	0	0	0	0	2	21	0	2	0
WEEKS ON	1	-1	췽	-1	- 5	-	-71	-	-	-		-	3	4	补	-	4	8	9		╣	2	3	4	5
STUDY	1	0 4	9  8	0 4	0 4	9	?	0 4	9	0 4	0 4	9	4	0 4	9	0 4	4	4	0 4	0 4	0 4	0 4	0 4	9 5	0
SKIN	+	+	+	+	+	+	+	÷	+	+	+	+	+	÷	+	+	÷	+	+	+	+	+	+	+	+
SQUAMOUS CELL CARCINOMA Subcutaneous tissue	1.	•		•	•		•	•			•				•						•	•	<u>×</u>	•	
FIBROMA																	<u> </u>								×
LUNGS AND BRONCHT		+	+	÷	÷	+	÷	÷	+	÷	÷	+	÷	÷	+	+	+	+	+	÷	+	÷	+	+	
LUNGS AND BRONCHI Squamdus cell carcinoma	Ļ		· · ·																						
	+	+	*	+	+	+	+	<u>.</u> +	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+
BONE MARROW							÷	÷	•	÷	÷	+	•	÷	÷	+	+	•	÷	+		÷		+	
SPLEEN	Ť.	+	- <u></u> +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MALIG.LYMPHOMA, HISTIOCYTIC TYPE	┢																								
LYMPH NODES	<u></u> +-+-	+	+	+	- <u>-</u> -	+	+		*	+	+	*	+	.+	+	+	<u>+</u>	<u>+</u>	+	<u>+</u>	+	+	+	+	+
THYMUS CIRCULATORY SYSTEM	Ļ	+	-	+		+	+	+		+	+	+	+	+	+	+		+	+	+	+	+	+		+
HEART	١.	+	+	+	+	+	+	+	÷	÷	+	÷	+	+	÷	+	+	÷	÷	+	÷	+	+	+	+
DIGESTIVE SYSTEM	+																								
SALIVARY GLAND	ŀ	+	+	+:	÷	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	. <u>+</u>	+
LIVER NEOPLASTIC NODULE	+	٠	+	+	* ×	٠	+	+ ¥	÷	+	+	+	٠	÷ ¥	٠	+ X	٠	+	+ ×	+ x	+	٠	+	+	+
BILE DUCT	•	÷	+	+	+	÷	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PANCREAS	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	ŧ.	+	+	+_	÷
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+
STOMACH Squamous Cell Papilloma Adenoma, Nos Mucindus Adenocarcinoma	+	+	+	٠	+	* x	+	•	٠	+	* x	+	+	+	+ X	+	+	+	+	+	+	+	٠	+	+
FIBROSARCOMA Small Intestine	1.	•	•	•	•	•		•	•		•		+	+	+	•	+		+	•		+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	-	+	+	-		+	+	+	+	+	+	+	-	+	+
IRTHARY SYSTEM																					_				
KIDNEY	L+	ŧ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM	1																								
PITUITARY Chromophobe Adenoma	ļ.	*	+	+	*	+	+	<u>×</u>	<u>×</u>	+	* x	+	*	+	+	+	+	+	+	+	+	+	+	+	+
ADRENAL Pheochromocytoma Pheochromocytoma, malignant	+	+	+	+	+	+	+ x	+	+	+	+	+	+	*	+	*	+	+	+ x_	+	+	+	•	+	+
THYROID Papillary Adenoma	+	+	+	٠	+	+	٠	+	٠	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	٠	+
FOLLICULAR-CELL ADENOMA C-CELL ADENOMA C-CELL CARCINOMA			x																~						
C-CELL CARCINOMA Parathyroid	+	+	+	+	_		+	+	+	+		+	+	+	- <u></u>	+	+	+	<u> </u>	+	+	+	+	+	+
	Ť.	+	+	+	+	+	+	+	+	+	+	+	+	+	 +	+	+	+	+	+	+	+	+	÷	+
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA											X														
EPRODUCTIVE SYSTEM	1				_																			_	
MAMMARY GLAND	*	+	N	+	+	+	N	+	N	+	+	+	N	+	+	N	+	N	+	+	. <b>t</b>		N		+
TESTIS Interstitial~Cell Tumor	×	<u>×</u>	*	x	×.	. ż	+	×	×.	*	ż	×	<u>×</u>	ż.	<u>*</u>	<u></u>	ż	ż.	ż.	*	<u>*</u>	*	ż	<u>_</u> *_	* ×
PROSTATE	≁	+	+	÷	+	+	-	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	÷	+	+
PREPUTIAL/CLITORAL GLAND Carcinoma, NOS	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	М	N	N	N
IERVOUS SYSTEM	$\vdash$																								-
BRAIN Astrocytoma	+	+	+	+	+	* ×	+	+	٠	+	٠	+	+	+	+	+	+	+	٠	+	+	٠	+	+	÷
SODY CAVITIES	1					_															-				
TUNICA VAGINALIS Mesothelioma, nos	+	+	٠	+	+	+	٠	٠	+	+	÷	+	+	٠	+	+	+	+	+	* x	+	٠	+	+	•
ALL OTHER SYSTEMS Multiple organs nos mesothelioma, malignant	N	N		N	N	N	N	N	м	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N
LYMPHOCYTIC LEUKEMIA			x											x											

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: Necropsy, No Histology due to Protocol A: Autolysis M: Animal Missing B: No Necropsy Performed

ANIMAL Number	2 6	0 2 7	28	2	0 3 0	0 3 1	3	0 3 3	3	8 3 5	0 3 6	3	0 3 8	3		4	4		4	5	١	ŝ	1	;	5	TOTAL
WEEKS ON Study	8	1	1	0	1	0	ļ	0		0	0	0	1	2	0	2	1	1	0	1	2	•	į	1	0	TISSUE
INTEGUMENTARY SYSTEM	1-21	- 91		-91	-91	-91	<u>. 91</u>	-91	-91	-91	. 91	.91	-91	-91			-91	.91		- 91	- 21	-91	-91	- 11	-	
SKIN Squamous cell carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	•	+	50×
SUBCUTANEOUS TISSUE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50×
FIBROMA RESPIRATORY SYSTEM	<u> </u>																					_				
	1.	+	•	•	÷	•	•	÷	+	+	÷	+	•	•	÷	÷	+	+	+	÷	+	+	•	+	+	50
LUNGS AND BRONCHI Squamdus cell carcinoma	<u> </u>																<u> </u>							×		1
TRACHEA TEMATOPOIETIC SYSTEM	+	+	+	+	+	<u>+</u>	•	•	<b>+</b> .	+	+	+	+	+	+	+	+	+	+	+	•	*	•	•	•	50
BONE MARROW	+	+	+	<b>,</b>	.+	•	+	•	+	+	+	÷	+	÷	+	+	+	+	+	÷	+	+	•	•	+	58
SPLEEN	+	+	+	+	+	+	+	+	÷	ŧ	+	+	+	+	+	ŧ	+	+	+	t	+	+	+	٠	٠	50
MALIG.LYMPHOMA, HISTIOCYTIC TYPE . Lymph nodes	1.						•				-	•		•	•	•			•	. <u>×</u>						48
THYMUS	† <u>-</u>	÷	•	•	•	+	•	+	+	+	+	•	-	•	+	•	+	•	÷	+	<u>.</u>	+	÷	•	+	45
IRCULATORY SYSTEM	┼──																								-	
HEART	+	+	+	+	+	+	+	٠	+	٠	+	+	+	+	+	<b>•</b> ٔ	+	+	٠	٠	+	+	+	+	+	50
IGESTIVE SYSTEM	†						•																			
SALIVARY GLAND	++	+	+			. +	.+	•	+	•	<u>+</u>	+	<u>+</u>		.+ .	•	+	•	•	+	+	. <b>*</b>	+	+	+	58
LIVER NEOPLASTIC HODULE	Ľ	•	+	*	<u>*</u>	•	+	•	+	•	÷.	×.	•	*	*	•	ż_	+	+	+	•	*	+	*	ż	50 15
BILE DUCT	+•	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	<u>.</u>	+	<u>+</u>	+	•	+	+	50
GALLBLADDER & COMMON BILE DUCT	Η.	H_	. N	H	N	N	N	N	H	N	N	N	H	N	N	H	N	N	N	N	₩	H	N	N	×	50×
PANCREAS .	++-	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	•	•	•	+	+	<u>+</u>	+	•	+	50
ESOPHAGUS .	+-	.*	<u>.</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	. <u>*</u>	<u>+</u>	•	•	<u>+</u>	÷	÷	<u>+</u>	<u>+</u>	<u>+</u>	<u>*</u>	+	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	•	+	
STOMACH Squamdus Cell Papilloma Adenoma, Nos Mucinous Adenocarcinoma Fibrosarcoma	Ĺ	• ×	•	•	·	•	•	•	•	•	• 	•	•	•	•	•	•	•	<u> </u>	•	•	•	•	•	Ĭ	50
SMALL INTESTINE	+	+	+	÷	+	+	+	+	+	+	+	+	+	•	+	+	•	+	+	+	+	+	+	+	┵	58
LARGE INTESTINE	-	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
RINARY SYSTEM																										
KIDHEY	+	+	+	+	<u>+</u>	+	+	<u>*</u>	<u>+</u>	<u>+</u>	*	*	+	+	<u>.</u>	<u>+</u>	<u>*</u>	<u>+</u>	*	<u>+</u>	+	+	+	*	÷	<u></u>
NDOCRINE SYSTEM	Ļ.	-			·		•	·	•											•	•		•	·	-	
PITUITARY Chromophobe Adenoma	+	٠	٠	+	•	٠	+	+	+	+	٠	•	•	+	+	•	+	+	+	÷	•	٠	+	•	+	49,
ADRENAL Pheochromocytoma Pheochromocytoma, malignant	·	ż	+	+	*	+	+	+	•	×	+	+	×	+	+	•	+	+	*	•	+	• ×	×	•	٠	50 8 3
THYROID Papillary Adenoma Folizoular-Cell Adenoma C-Cell Adenoma C-Cell Carcinoma	·	•	٠	٠	+	•	٠	٠	•	٠	٠	٠	•	+ x	•	+	+	•	٠	٠	* ×	٠	•	٠	•	50
PARATHYROID	ŀ	-	•	+	+	+	•	•	+	+	_	÷	+	+	+	+	-	+	+	+	+	+	•	+	•	43
PANCREATIC ISLETS Islet-cell adenoma Islet-cell carcinoma	ŀ	+	* x	+	+	+	+	+	+	+	+	+	+	•	+	+	+	•	•	•	*	+	٠	+	+	58
EPRODUCTIVE SYSTEM	1																									
MAMMARY GLAND	N	N	•	•	•	•	•	+	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	*	50×
TESTIS Interstitial-Cell Tumor	Ļż.	-	*	*	ż	ż	ż	ż	×.	ż.	ż	ż.	×.	ż	ż	ż_	ż	ż	ż.	ż.	ż	ż	ż	ż	ż	49
PROSTATE	++	+	. +	+	+.	+	<u>+</u>	<u>+</u>	+	+	•	+	٠	+		+	+	+	+	+	+	+	+	+	+	
PREPUTIAL/CLITORAL GLAND Carcinoma,nos Iervous system	N	N	н	N	N	H	N	N	H	N	N	N .	H	N	H .	N	N	N	N X	H	N	N	N	N	*	50× 2
BRAIN Astrocytoma	•	+	+	٠	+	+	•	+	+	+	+	+	+	•	•	•	+	•	+	•	+	•	+	+	٠	50 1
ODY CAVITIES Tunica vaginalis		N	•	+	•	•	•	•	•	•	•	•	•	÷	٠	÷	•	•	÷	•	•	÷	•	•	+	50×
MESOTHELIOMA, NOS	Ļ	.,	x		·									·	-	·			•	•	·			·		3
MULTIPLE ORGANS NOS Mesotheliona, malignant Lymphocytic Leukemia	н	N	N	н	N	·N	ĸ	H	N	н	H	H	N	H		N X	N	N	N	N	N	N	N	N	M	50 H 2 2
TAIL SQUAMOUS CELL PAPILLOMA										x																1
ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOI REQUIRED TISSUE NOT EXAMI X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, N								T I O	N		: C: M: B:	- 2	NIM	LYS AL	UE IS MIS	5 I N	G			SUI r Di	JE JE	TTE TO I	PRO	TOC	OL	

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

# TABLE A3.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY TABLES OF MALE RATS IN THE 2-YEAR STUDY OF C.I. DISPERSE YELLOW 3

# HIGH DOSE

Image: Note of the image is a constraint of the image is a	4 0 7 1 + +	5 1 4 +		+ +	9 1 4 +	0 0 7 8	+	2 1 0 2 +	+	+	9 9 8 +	+	+ x	0 1 4 +	9 1 4 4	0 1 0 4	1 0 4 +	2 1 0 4 +	3 1 0 4 +	4 1 0 4 +	5 1 0 4
444INTEGUMENTARY SYSTEM4SUBCUTANEOUS TISSUE SQUAMOUS CELL CARCINOMA BASAL-CELL CARCINOMA SARCOMA, NOS FIBROMA FIBROSARCOMA LIPOMA OSTEOSARCOMA+ + + +RESPIRATORY SYSTEM LUNGS AND BRONCHI SQUAMOUS CELL CARCINOMA, METASTAT OSTEOSARCOMA, METASTATIC+ + +TRACHEA+ + +	+++++++++++++++++++++++++++++++++++++++	<u>4</u>   + +	+ +	+ +	<u>4</u>	<u>                                     </u>	<u>4</u> +	+	+	<u>4</u>	+	+	4 + x	+	<u>4</u> 1 +	+	+	+	<u>41</u> +	<u>4</u> +	4
SUBCUTANEOUS TISSUE SQUAMOUS CELL CARCINOMA BASAL-CELL CARCINOMA SARCOMA, NOS FIBROMA FIBROSARCOMA LIPOMA OSTEOSARCOMA+ +	+ +	+	•	• •	+	+	•	+	+	+	+	+	+ x	+	+	+	+	+	+	+	
LUNGS AND BRONCHI SQUAMOUS CELL CARCINOMA, METASTAT OSTEOSARCOMA, METASTATIC TRACHEA + + +	+ +	+																x			*
SQUAMOUS CELL CARCINOMA, METASTAT OSTEOSARCOMA, METASTATIC TRACHEA + + +	+  +	+																			
	+		+ ·	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
		+	+	+ +	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM																					1
BONE MARROW	+	+	+	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPLEEN	+	+	+	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_ <b>+</b>	+
LYMPH NODES + - + Squamous Cell Carcinoma, Metastat	+	+	+ ·	+ +	+	+	+	+	+	+	+	+	-	+	+		+	+	+	+	+
THYMUS + + + CIRCULATORY SYSTEM	+	-	_ ·		+	A	+	-	+	+	+	+	+	+	-	+	-	-	+	+	-
HEART + + + NEURILEMOMA, MALIGNANT	+	+	<b>↓</b> ·	+ +	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM				••••••••••				÷													
SALIVARY GLAND ++++	+	+	+ .	+ +	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	_
LIVER + + + NEOPLASTIC NODULE X HEPATOCELLULAR CARCINOMA	+	+	+	+ + ×	+	+	+	+	+	+	+	* ×	* ×	+	+	* ×	+	+	* X	+	+
BILE DUCT + + +	+	+	+	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT N. N. N.	N	N	<u>N  </u>	N N	<u>N</u>	N	N	N	N	<u>N.</u>	N	N	N	N	N	N	N	N	N	N	н
PANCREAS	+	+	+	<u>+ +</u>	+	<u> </u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS ++++	+	+	+	+ +	+	<u>A</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH + + + ADENOCARCINOMA, NOS X SARCOMA, NOS X	+	+	+ ·	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+  
SMALL INTESTINE + + + LARGE INTESTINE + + +	+	+		<u>+ +</u>	+	<u> </u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+ +	
URINARY SYSTEM	•						•				•. 	•			•		-			• 	
KIDNEY TUBULAR-CELL ADENOMA TUBULAR-CELL ADENOCARCINOMA	+	+	+ -	• •	+	+	<b>+</b>	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER + + + LEIOMYOMA	+	+	+ +	+ +	+	<b>A</b>	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																					-+
PITUITARY CHROMOPHOBE ADENOMA ACIDOPHIL ADENOMA	+	+	- +	+ +	+	+	+	+ X	+		+	+	+	+	+	+	-	* ×	+	+	+
ADRENAL + + + Pheochromocytoma Pheochromocytoma, malignant	+	+	+ +	+ +	+ X	+	+	+	+	+	+	+	+ . X	+	+	+	+	+	+	+	+
THYROID + + +	-	+	+ +	+ +	+	+	+	+	+	-	+	+	+	+	÷	+	+	+	+	+	+
PARATHYROID + + +		+	+ •		+	+	-		+		+	+	+	+		+	+	+	+	+	+
PANCREATIC ISLETS + + +	+	<b>+</b> .	+ +	+ +	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ISLET-CELL CARCINOMA					·····																$\rightarrow$
MAMMARY GLAND N + + FIBROADENOMA	+	+	N 4	+ N	+	+	+	N	N	+	N	+	N	+	+	+	N	N	N	+	+
TESTIS + + + INTERSTITIAL-CELL TUMOR X X X			+ + X >	+ + *	+ X	+	+ - X -												+ X_		
PROSTATE + + +	+		+ +	• •	+	+													+		T
			N N >	ч н	N				N		*****			N			N	N		N	T
NERVOUS SYSTEM								- <u></u>					···								+
BRAIN + + + GRANULAR-CELL TUMOR, BENIGN GLIOMA, NOS	+	+	+ +	+ +	+ '	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ASTROCYTOMA MUSCULOSKELETAL SYSTEM	X																				$\dashv$
BONE N N N Osteoma	N	N	N 1	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
TODY GAVITIES				=										<u> </u>			<u> </u>				+
MEDIASTINUM N N N Nonchromaffin Paraganglioma	N	N	N N	N N	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N
PERITONEUM N N N Osteosarcoma	N	N	N N X	4 N	N	N	N	н	N	N	N	N	N	N	N	N	N	N	N	N	N
TUNICA VAGINALIS + + + MESOTHELIOMA, NOS	+	+	+ +	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS MULTIPLE ORGANS NDS N N N	N	N	N N		N	N	N	N	N	——— Н	N	N	N	N	N	N	N	N	N	N	
+: TISSUE EXAMINED MICROSCOPICALLY		<u> </u>							TIS		<u>X</u>		···								1

· · · · ·

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

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

NUMBER WEEKS ON Study	26	2 7 1 0	2 8 1 0	2 9 1 0	3 0 8	3 1 1 0	32	3	3 4 1 0	3  5  1  0	3 6 1 0	3  7  1  0	3 8 1 0	3 9 1 0	4 0 1 0	4	2	귀.		4) 4 5 6 4 0	+7		9	0	TISSUE
NTEGUMENTARY SYSTEM	4	4	4	01	7	41	4	_81	41	41	41	4	لە	41	41	4	4	41	4	3 4	1 9	12	4	4	<u> </u>
SUBCUTANEOUS TISSUE Squamous cell carcinoma Basal-cell carcinoma Sarcoma, nos Fibroma	+	+	•	+ X	* x	+	٠	+ x	+	+	N	٠	٠	٠	+	+	•	N	•	+ •	•	•	+	٠	50
FIBROSARCOMA LIPOMA OSTEOSARCOMA					x								x						×						]
ESPIRATORY SYSTEM LUNGS AND BRONCHI Squamdus Cell Carcinoma, metastat	+	+	÷	+	÷ ×	+	+	÷	•	÷	÷	•	+	+	+	÷	+	+ ·			+	+	+	+	50
OSTEOBARCOMA, METASTATIC	+	+	+	+	+	+	+	+	+	+	+	+	<u>×</u> +	+	+	+	+	• •		+ +	+	+	+	+	49
EMATOPOIETIC SYSTEM							-																	_	
BONE MARROW	+	t.	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>		<u> </u>	+	+	+	+	50
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	<u>+ ·</u>	<u>+ +</u>	•	+	+	+	+	+	50
LYMPH NODES SQUAMOUS CELL CARCINOMA, METASTAT Thymus	+	+	+	+	* -	+	+	-	+	+	+	+	+	+		• •	+	• •			+	+	+	+	45 34
IRCULATORY SYSTEM																								-	
HEART NEURILEMOMA, MALIGNANT TGESTIVE SYSTEM	·	+	+	+	-	+	+	+	+	+	•	+	•	•	+	•	•	• •	• •	• •	+	+	+	٠	49
SALIVARY GLAND	+	+	+	+	+	+	÷	+	+	+	+	+.	÷	+	+	+	+ .	+ +		• •	_+	+	+	+	49
LIVER NEO <u>PLASTIC Nodule</u> Hepatocellular carcinoma	+	+	+	+	+	* ×	+	+	+	* ·	+		*	+ x	+	+	• •	• •	• •	+	+	+	<u>*</u>	÷	50 _1(
BILE DUCT	+	+	+	+	.+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	<u>+</u>		<u>+</u>	+	+	+	_+	50
GALLBLADDER & COMMON BILE DUCT	_N_	N	N	N	H	N	N	N	N	N	N	N	N	<u>N</u>	N	N	N	¥}	LÞ	<u>     N</u>	N	N	N	- N	50)
PANCREAS ESOPHAGUS	+-	*	+	<u>+</u>	+	+	+	+	+	+	+	<u>+</u>	+	•	<u>+</u>	+	• • •	• •	• •	+	+	<u>+</u>	<u>_</u> +_	-+	49
STOMACH Adenocarcinoma, Nos Sarcoma, Nos	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ •	+ +		•	+	+	+	+	50
SMALL INTESTINE	+	+	+	+	-	+	÷	+	+	+	+	÷	÷	+	+	+	• •	• •		•	+	-	+	+	46
LARGE INTESTINE RINARY SYSTEM	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	•	+	• •	• •	+	+	+	+	+	+	47
KIDNEY Tubular-cell adenoma Tubular-cell adenocarcinoma	+	+	+	+	+	+	+	+ x	+	•	+	+	+	+	+	+	•	• •	•	•	+	•	+	+	50
URINARY BLADDER LEIOMYOMA NDOCRINE SYSTEM	+	+	+	+	+	+	+	•	+	•	+	+	•	+	•	+	• •	- 1	•	•	+	+	+	+	48
PITUITARY Chromophobe Adenoma Acidophil Adenoma	+	+	+	+	-	+	* ×	+	+	+		* *	+	+	+	+	• ;		• •	+	+	+	•	+	46 4
ADRENAL Pheochromocytoma Pheochromocytoma, malignant	+	*	+	+	+	+	+	+	•	+	+	+	+	+	+	+	• •	· · ·	+	•	+	+	•	-	49 3 2
THYROID	+	+	+	+	•	+	+	÷	+	+	+	+	+	<u>+</u>	+	+	• •	<del>ب</del> +		+	+	+	+	_+	
PARATHYROID	+	+	<u>+</u>	+	+	+	+	+	+	. <u>+</u>	+	+	+	<u>+</u>		+	<u> </u>	<u>                                     </u>	• •				+	+	39
PANCREATIC ISLETS Islet-Cell Carcinoma Eproductive System	+	+	+	•	+	+	+	•	+	+	•	*	•	•	•	-	• •	- +	•		•	-	*	*	49
MAMMARY GLAND FIBROADENOMA	+	+	+		N			N			N		+	_		<u>.</u>	+ + <	łk	+	+	N	N	+	•	50>
INTERSTITIAL-CELL TUMOR	* *	*.	<u>*</u>	* *	* *	<u>*</u>	*	+	x		<u>*</u> +			×.		<u>*</u>			+	_ <u>*</u>	<u>*</u>		_ <u>*</u>	-×	50 43 49
PROSTATE PREPUTIAL/CLITORAL GLAND ADENDMA, NOS	N X	N			N	N					N						1 1						N	N	50)
ERVOUS SYSTEM BRAIN GRANULAR-CELL TUMOR, BENIGN GLIOMA, NOS ASTROCYTOMA	+	÷	+	+	+	+ x	+	+	•	÷		* X	+	+	+	+		• •	•	+	+	٠	٠	+ X	50
JSCULOSKELETAL SYSTEM Bone Osteoma	N	N	N	N	N	N	N	N	N.	N	N	N	N	N	N I	N I	4 1	4 14	N	'n	N	N	N	N	503
DY CAVITIES Mediastinum Nonchromaffin Paraganglioma	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N I	нí	• •	ł N	н	N	N	N	N	н	50*
PERITONEUM OSTEDSARCOMA	N	N	N	N	N	N	N	N	N	н	N	N	н	N	N I	N I	4 1	ł ł	N	н	N	N	N	н	50>
TUNICA VAGINALIS Mesothelioma, nos	+	+	+	+	+	+	+	+	+	+	+	+		* ×	+	+	• •	• •	+	+	+	+	+	ł	503
L OTHER SYSTEMS Multiple organs nos	N	N	N	H	н	н	N	м	N .	N	N	N	N	N	N 1	н і	4 1		N	N	N	N	N	N	503

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

# TABLE A4.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY TABLES OF FEMALE RATS IN THE 2-YEAR STUDY OF C.I. DISPERSE YELLOW 3

# CONTROL

AHTMAL HUMBER	0	8	0	0	8	8	8	8	0	1	1	0	?	1	1	-	1	0	-	2	2	022		0	0 2 5
WEEKS ON		1	-	1	0 5 0 9	6	뀨	1	11	1	∄	1	╢	1	0	8	1	1	ð	8	$\frac{1}{1}$	11	3	1	1
STUDY	4	0 4	4	4	à	8	9	8	0   4	0	4	0  4	9	9	8	3	9	4	4	9	8	9	8	4	0 4
SUBCUTANEOUS TISSUE Fibrosarcoma	+	٠	÷	•	٠	•	+	٠	÷	÷	+	+	+	+	÷	÷	÷	+	÷ x	٠	+	÷	+	÷	÷
RESPIRATORY SYSTEM	-																								
LUNGS AND BRONCHI	+	+	+	+	+	+	+_	÷	÷	+	+	+	+	÷	÷	+	÷	+	+	+	÷	÷	+	•	+
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	÷	+	+	+	+
NEMATOPOIETIC SYSTEM	╂──										_														_
BONE MARROW	L.	+	+	+	+	+	-	+	÷	+	+	÷	+	÷	+	+	+	+	+	+	+	+	+	+	+
SPLEEN Lymphocytic Leukemia	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	٠	+	+	÷	÷	+	+
LYMPH HODES Fibrosarcoma, Metastatic	+	+	٠	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	* ×	+	÷	+	+	+	+
THYMUS	+	+	+	+	٠	-	+	+	+	+	+	÷	+	÷	+	+	+	-	-	+	+	+	-	+	÷
CIRCULATORY SYSTEM																									
HEART	+	+	+	+	+	٠	+	٠	+	+	+	+	+	+	÷	+	٠	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM		-													_										-
SALIVARY GLAND	+	+	÷	+	+	÷	<u>+</u>	+	+	٠	+	+	+	+	+	<u>+</u>	٠	+_	+ '	+	+	+	+	+	
LIVER NEOPLASTIC NODULE	ż	+	+	+	٠	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	*	+	+	•
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	. 1
GALLBLADDER & COMMON BILE DUCT	N.	<u>N</u>	N	N	N.	N	Ν.,	N.	N	Ņ	<u>.</u>	N	N	N	.N.	N	N	N	M	N	N	N.	N	N	ŀ
PANCREAS	+	٠	٠	٠	٠	٠	+	٠	•	+	+	÷	÷	٠	+	٠	٠	+	+	+	+	+	+	+	4
ESOPHAGUS	+	+	+	+	+	+	+	٠	+	+	+	÷	+	+	+	÷	÷	+	.t	+	٠	+	+	+	4
STOMACH	+	+	+	<u>+</u>	+	+	•	+	+	٠	+	÷	+	•	+	+	+	+	+	+	+	+	+		•
SMALL INTESTINE	+	+	+	t	+	+	+	. +	ŧ	+	+	+	+	+	+	-	+	<u>+</u>	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	٠	٠	+	٠	+	+	+	+	+	+	٠	-	÷	٠	+	٠	+	+	+	+	+	4
URINARY SYSTEM	t			-		•	-							_											
KIDNEY Tubular-cell Adenocarcinoma	+	+	+	+	+	+	•	•	+	+	+	+	•	•	+	+	+	+	+	+	•	+	•	•	1
URINARY BLADDER	+	+	+	+	+	+	-	+	+	+	+	+	+	٠	+	+	+	+	+	+	٠	٠	+	+	4
ENDOCRINE SYSTEM															_										
PITUITARY Chromophobe Adenoma Chromophobe Carcinoma	+	+	+	-	+	*	+	-	* ×	*	+	+	+	-	+	-	+	-	-	×	*	+	+	+	1
ADPENAL	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	,
CORTICAL CARCINDMA PHEOCHROMOCYTOMA Ganglioneuroma					x	x x						_													
THYROID C-CELL CARCINOMA	ŀ	+	+	+	÷	٠	+	+	+	+	+	+	•	+	+	-	+	+	+	+	+	•	+	+	•
PARATHYROID	-	÷	÷	+	+	-	-	+	-	-	-	+	+	٠	+	-	+	+	+	+	+	٠	-	+	,
REPRODUCTIVE SYSTEM	+										_														-
MAMMARY GLAND Adenoma, Nos Fibroadenoma	l t	+	+	+	N	٠	٠	+	+	٠	٠	٠	+	٠	+	•	+	+	N	+	+	+	N	+ ×	•
FIBRUADENOMA Preputial/clitoral gland Squamous cell carcinoma Adenocarcinoma, nos	N	N	N	N	N	N	N	H	N	N	N	N	N	H	N	NX	N	н	N	N	H	N	N	N	I
UTERUS ENDOMETRIAL STROMAL POLYP	ŀ	+	+	+	* x	+	+	÷	* x	+	+	+	+	+	+	*	+	+	+	, X	+	*	+	* ×	
OVARY	•	+	+	+	٠	+	+	+	+	+	+	+	٠	٠	+	٠	÷	+	٠	٠	+	+	+	+	
NERVOUS SYSTEM	+							_										_	·						
BRÁIN Astrocytoma	+	+	+	٠	+	+	+	٠	٠	+	٠	+	+	٠	+	٠	+	+	+	+	٠	+	+	+	
ALL OTHER SYSTEMS	+								-		_				_			_				_			
MULTIPLE ORGANS NOS Squamous cell carcinoma, metastat Malig.lymphoma, lymphocytic type Malig.lymphoma, histiocytic type Lymphocytic leukemia	н	N	N	N	H	N	N	N	N	H	N	N	N	N	N	H X	N	N	N	И	N	H	N X	N	1

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: Tumor incidence N: Necrosy, No Autolysis, No Microscopic Examination

NO TISSUE INFORMATION SUBMITTED
 C: MECROPSY, NO HISTOLOGY DUE TO PROTOCOL
 A: Anitaly issue
 M: Anitaly issue
 No Hecropsy ferformed

ANIMAL NUMBER	0	5	0	0	0	3	0	0	0	3	0	0	0	0	0	0	0	0	0	0	4	4	0	0	0 5 0	
WEEKSON	+ 1	7		쒸	0	+	-2		4	3 5 1	-1	3	8 1 0	- 21	╣	ᆉ	-	- 3	+	5	-	-41	8	1	0	TOTAL TISSUES
STUDY	04	8	0	8	0	7	0	0 3	0	0	0	0	0	8	4	北	0	9	0   4	0	9	0  3	4	0 4	9	TUMORS
INTEGUMENTARY SYSTEM Subcutaneous tissue Fibrosarcoma	•	+	+	+	÷	÷	÷	٠	÷	+	٠	÷	÷	+	+	•	÷	÷	÷	+	+	÷	+	+	٠	50×
RESPIRATORY SYSTEM	+																								-	
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	+	+	+	-	+	+	+	49
TRACHEA	+	+	÷	+	+	+	+	+	÷	+	+	+	+	+	+	-	+	+	+	+	+	+	-	÷	+	48
HEMATOPOIETIC SYSTEM																_									-	~~~
BONE MARROW	+	+	+	+	+	÷	+	+	+	+	÷	+	+	+	+	+	÷	÷	+	+	+	+	+	+	+	49
SPLEEN Lymphocytic Leukemia	ŀ	-	+	+	٠	-	+	+	٠	٠	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
LYMPH NODES Fibrosarcoma, metastatic	+	+	+	+	٠	+		+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	•	48
THYMUS	+	-	-	٠	+	+	+	-	+	+	٠	+	+	A	+	-	+	-	-	-	+	+	+	ŧ	-	37
CIRCULATORY SYSTEM	$\mathbf{T}$																									
HEART	+	+	+	÷	+	+	+	+	+	٠	+	+	÷	+	÷	÷	٠	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM	1						-																		-1	
SALIVARY GLAND	++	t.	+	+	+	+	. <u>+</u>	+	+	+	+	+	+	+	÷	-	+	+	+	+	+	+	+	+	+	49
LIVER NEOPLASTIC NODULE	+	+	+	+	+	+	+	+	+	+	+	•	+	+.	•	•	+	+	•	+	+	+	+	* x	+	50
BILE DUCT	<u>↓</u>	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	ļ N	N	N	Ν.	N_	N	N	N.	N.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	50×
PANCREAS	+	+	+	+	+	-	+	+	٠	+	+	٠	+	+	~	+	+	+	٠	+	+	+	+	+	+	48
ESOPHAGUS	++	+	÷	+	٠	+	+	+	+	+	+	+	.+	+	+	+	+	+	+	+	+	+	+	+	-+	50
STOMACH	<u>↓</u> +	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	
SMALL INTESTINE	++	+	+	+	+			÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
URINARY SYSTEM																										
KIDNEY Tubular-Cell Adenocarcinoma	ŀ	+	+	+	+	+	+	+	<u>*</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
ENDOCRINE SYSTEM	Γ																									
PITUITARY Chromophobe Adenoma Chromophobe Carcinoma	Ľ	+	*	+	+	+	×	+	+	×	×	×	+	+	+	+	+	×	*	*	*	*	•	*	* x	44 15 1
ADRENAL Cortical carcinoma Pheochromocytoma Gangi Ioneuroma	+	+	•	•	+	+	+	+	٠	+	+	+	*	•	+	+	•	* ×	•	+	+	•	•	+	+	50 1 2 1
THYROID C-CELL CARCINOMA	ŀ	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* x	+	+	49
PARATHYROID	+	+	+	+	+	+	٠	+	-	+	٠	+	٠	+	-	-	÷	٠	-	-	+	+	+	+	+	37
REPRODUCTIVE SYSTEM											_					_									1	
MAMMARY GLAND Adenoma, nos Fibroadenoma	+	N	+	+ x	٠	N	N	N	+ x	+	+	+	+ x	+	* x	+	+	+	+	+	+	+	+	•.	+	50× 1 7
PREPUTIAL/CLITORAL GLAND Squamous Cell Carcinoma Adenocarcinoma, Nos	N	N	Ν.	N	N	N	N	N	N	N	м	N	N	N	N	N	N	N	н	N N	N	N	N	N	N X	50× 1
UTERUS ENDOMETRIAL STROMAL POLYP	+	+	* x	* x	* x	+	+	* x	٠	+	+	* ×	÷ X	+	+	+	+	+	+	+	+	+	*	*	٠	50 14
GVARY	+	+	+	٠	٠	+	٠	÷	÷	+	+	+	+	٠	+	+	+	+	+	+	÷	+	+	ŧ	٠	50
NERVOUS SYSTEM	1-																								1	
BRAIN Astrocytoma	•	* ×	٠	+	٠	٠	+	+	٠	+	+	٠	+	+	+	+	+	+	+	٠	+	ł	+	٠	+	50 1
ALL OTHER SYSTEMS	1																		_						-†	
MULTIPLE ORGANS NOS Squamous cell carcinoma, metastat Malig Lymphoma, lymphocytic type Malig Lymphoma, mistiocytic type Lymphocytic leukemia	н	H	H	H	N	N	N	N	N	N	N	N	N	N	N	N X	N X	н	N X	N	N	N X	N	N	z	50× 1 1 1 7

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

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\* ANIMALS NECROPSIED \*: TISSUE EXAMINED MICROSCOPICALLY -: TESULE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NECROPSY PERFORMED

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# TABLE A4.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY TABLES OF FEMALE RATS IN THE 2-YEAR STUDY OF C.I. DISPERSE YELLOW 3

## LOW DOSE

ANIMAL Number	0	0	0	0	0	0	9	0	0	1	0	1	1	1	0	1	0	0	1	2	0 2	2	2	2	
WEEKS ON STUDY	9		1	6	귀		1			1				1		1	֠	8	1		1		뷞	1	-
INTEGUMENTARY SYSTEM	μi	4	4	š	4	ś	41	4	4	4	4	4	4	4	4	اف	4	9	4	ŭ.	4	4	4	41	_
SUBCUTANEOUS TISSUE Squamous cell carcinoma Sarcoma, nos Fibroma Leionyosarcoma	+ X	+	٠	٠	+	+	+	•	+	+	٠	+	+	+	+	+	+	* ×	+	٠	+	+	٠	+	
ESPIRATORY SYSTEM	├																							• • •	
LUNGS AND BRONCHI Ganglioneuroblastoma, metastatic	+	+	٠	+	•	+	+	+	+	+	+	+	•	+	+	+	+	+	•	+	+	*	+	+	
TRACHEA	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_
NASAL CAVITY SQUAMOUS CELL CARCINOMA, INVASIVE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*	м	N	N	N	N	н	1
EMATOPOIETIC SYSTEM	<u> </u>	_																_							
BONE MARROW	+	<u>+</u>	+	+	+	-	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	÷	+	+	+	
SPLEEN	+	+	+	+	÷	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES	+	+	-	÷	+	+	÷	-	ŧ	+	+	+	+	+	+	+	+	+	+	.+	+	+	+	+	_
THYMUS	+	-	+	-	+	-	+	٠	+	-	-	+	+	٠	+	+	+	٠	+	-	+	+	+	+	
IRCULATORY SYSTEM									_	-												-			-
HEART NEURILEMOMA	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
DIGESTIVE SYSTEM																									-
SALIVARY GLAND	+	+	+	+	+	+	÷		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER NEOPLASTIC NODULE	+	+	+	+	٠	+	+	+	٠	* x	٠	+	+	+	+	+	+	٠	+	+	+	+	-	+	
BILE DUCT	++	+	+	+	ŧ	+	+	+	ŧ	+	+	+	+	÷	+	+	+	+	+	+	+	+	-	+	
GALLBLADDER & COMMON BILE DUCT	. N.	N	N	N	N	N	N	N	N	N	<u>N.</u>	N	N	N	N	N	N	N	N	N	N	N.	N	N	
PANCREAS	++	+	+	+	+	+	+	+	+	+	ŧ	+	+	+	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	. <b>t</b> .	+	•	+	+	+	+	+	+	+	_
STOMACH	++	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	-	+	+	+	+	_
SMALL INTESTINE	++	+	+	+	+	+	.+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_
LARGE INTESTINE	+	+	+	+	+	+	+	-	+	٠	+	+	+	+	+	+	+	٠	+	+	+	+	٠	+	
RINARY SYSTEM	1																								
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	-
URINARY BLADDER	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
NDOCRINE SYSTEM												_													-
PITUITARY Adenoma, Nos Chromophobe Adenoma	+	+	+ X	+	+	+ x	+ X	*	+	+	+	+	+	+	+	+ x	+ x	-	+ x	-	+	+	+	+ x	
ADRENAL	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	٠	
CORTICAL ADENOMA Pheochromocytoma Pheochromocytoma, malignant gangi idneuroma									×														x		
GANGLIONEUROBLASTOMA	+		·																+			<u>×</u>		+	_
THYROID C-CELL CARCINOMA	<b> </b> *	+	<u>*</u>	+	+	+	+	+	+	+	+	+		+	•	+	+	+	+		+	+	+	+	
PARATHYROID	-	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	-	-	-	-	+	+	+	-	
EPRODUCTIVE SYSTEM																									
MAMMARY GLAND Adenoma, Nos Adenocarcinoma, Nos Carcinosarcoma	+	+	+	+	+	+	+	+	*	+	+ x	+	•	+	+	+	+	+	+	+	+	•	+	* x	
CARCINOSARCOMA FIBROADENOMA			x								î			x			x						x		
UTERUS Endometrial stromal polyp Carcinosarcoma	+	+	-	-	* ×	+	+	+	ż	+	+ _X	+	*	+	•	+	+	+	+	+	+	*	+	+	
OVARY GRANULOSA-CELL TUMOR	+	+	-	+	÷	+	÷	+	÷	÷	+	+	+	+	+	+	÷	+	+	+	+	+	+	٠	
IERVOUS SYSTEM	+																								
BRAIN Granular-Cell Tumor, Benign	۱.	+	٠	٠	+	+	٠	+	+	٠	+	٠	٠	٠	٠	٠	+	+	+	+	+	+	+	+	
ALL OTHER SYSTEMS	$\vdash$																								-
MULTIPLE ORGANS NOS LEIOMYOSARCOMA Malig.lymphoma, lymphocytic type Lymphocytic Leukemia	N	N	N	N	N	N	N	N	N	N	N	N	H	N	ĸ	N	N	N	N	N	N	N	N	N	

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: Necropsy, no histology due to protocol A: Autolysis M: Animal Missing B: No Necropsy Performed

ANIMAL NUMBER	2	27	2	0 2 9	0	0 3	3	3	0 3	3	3	3	3	3	0	4	0	4	4	0	4	0 4 7	4	4	0 5	
WEEKS ON STUDY	+ +	77	-	01	-	71	2	-	-	5	-	-11	- 1	1		1	-21	카	1	5	- 1	7	1	- 1	0	TOTAL TISSUE
STUDY	4	9	0 4	8  6	0 4	0	0   4	4	0	9 5	ģ	3	0	0   4	4	4	0  4	8 4	9	3	0	4	9	0 İ 4 İ	9	TUMOR
SUBCUTANEOUS TISSUE Squamdus CELL Carcinoma Sarcoma, NOS Fibroma Leiomyosarcoma	+	٠	٠	٠	+	٠	٠	٠	+	٠	•	+ x	٠	٠	٠	٠	+ x	٠	٠	+	٠	+	٠	٠	+	50× 1 1 1
RESPIRATORY SYSTEM			_					_	<i></i>						_											
LUNGS AND BRONCHI Ganglioneuroblastoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
TRACHEA	+	+	+	+	+	+	+	+	ŧ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	49
NASAL CAVITY Squamous Cell Carcinoma, invasive	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	N	H	N	N	N	м	50×
HEMATOPOIETIC SYSTEM															-					~~ ~						
BONE MARROW	+	+	+	+	+	+	+_	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+.	+	±	.49
SPLEEN	+	+	+	+	+	+	+	+_	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
LYMPH NODES	+	+	+	+	+	+	+	-	+	-	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	44
THYMUS	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	-	÷	-	+	+	+	+	+	+	÷	-	41
CIRCULATORY SYSTEM	<u> </u>																								-+	
HEART NEURILEMOMA	+	+	٠	+	+	+	٠	+	٠	+	+	+	+	٠	+	+	+	+	+	+	٠	+	+	+	+	50 1
DIGESTIVE SYSTEM																								_	-	
SALIVARY GLAND	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	49
LIVER NEOPLASTIC NODULE	+	+	٠	+	+	+	٠	+	+	+	+	+	+	٠	٠	+	+	+	+	+	+	+	+	+	•	49 .1
BILE DUCT	+	+	+	+	+	+	+	+	*	+	<u>+</u>	+	+	+	+	+	+	<u>t</u>	+	+	+	+	+	+	+	49
GALLBLADDER & COMMON BILE DUCT	N	N	N	<u>.</u>	N	N	N	N	N	Ν.	N	Ń.	N	N	N	N	Ν.	N	<u>N_</u>	H	<u>N</u>	Ν.	N	N	N	<u>50×</u>
PANCREAS	+	+	+	+	+	+	+	+	.+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
ESOPHAGUS	+	+	+	+ .	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+_	+	+	+	+	+	+	50
LARGE INTESTINE	Ĩ.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	49
JRINARY SYSTEM	├																								-+	
KIDNEY	+	+	+	+	+	+	÷	+	+	+	+ .	+	+	+	+	÷	+	+	÷	+ _	+	+	+	+	+	50
URINARY BLADDER	+	+	+	+	÷	+	+	+	+	÷	+	+	+			+	+	+	+	+	+	+	+	+	+	48
ENDOCRINE SYSTEM									-																-+	
PITUITARY Adenoma, NDS Chromophobe Adenoma	+	+	٠	٠	+	+	+	+	+ x	+	+ x	•	* ×	+	+	+	+ ~	÷	+	+	٠	+	+	+	+	48 1 15
ADDENAL	Ť.		+		•		-		+	+	+	+	+	+	+		+			+	•	+	+	•	1	50
CORTICAL ADENOMA Pheochromocytoma Pheochromocytoma, malignant Ganglioneuroma							•		·	·		x	x							x						3
GANGLIONEUROBLASTOMA																									-+	i
THYRDID C-CELL CARCINOMA	+	*	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	•	+	•	+	49 2
PARATHYROID	+	-	-	+	-	+	+	+	+	+	-	+	+	-	-	+	-	+	+	-	+	+	+	+	-	33
REPRODUCTIVE SYSTEM																									+	
MAMMARY GLAND Adenoma, nos Adenocarcinoma, nos Carcinosarcoma	+	٠	+	+ ×	+	٠	٠	+	٠	+	N	+	+	÷	+	÷	+	N	+	N	+	+	٠	٠	+	50× 1 2
FIBROADENOMA		x					x	x	x					x					x							11
UTERUS ENDOMETRIAL STROMAL POLYP CARCINOSARCOMA	+	+	+	+	+	+	+	+	* ×	+	+	+	* ×	•	+	+	+	* ×	+	+	*	•	+	+	+	48 7
OVARY GRANULOSA-CELL TUMOR	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	* ×	÷	+	+	+	+	+	49 1
IERVOUS SYSTEM	<u> </u>																					_			+	
BRAIN Granular-Cell Tumor, Benign	+	٠	+	٠	+	+	+	÷	+	<b>+</b> .	+	÷	+	* ×	٠	+	٠	t	+	+	٠	÷	+	٠	+	<sup>50</sup> ,
LL OTHER SYSTEMS					-								_	~											+	
MULTIPLE ORGANS NOS Leiomydsarcoma Malig.lymphoma, lymphocytic type Lymphocytic leukemia	Ņ	N	N	N	N	н	N	N	N	ĸ	N	N	N	N		N X	N	N	N	N	N	N	N	N	N X	50× 1 2 2

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

ANIMALS NECROPSIED
 NO TISSUE EXAMINED MICROSCOPICALLY
 TISSUE EXAMINED MICROSCOPICALLY
 REQUIRED TISSUE INFORMATION SUBMITTED
 C: NECROPSY, NO MISTOLOGY DUE TO PROTOCOL
 X: TUMOR INCIDENCE
 N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 NO HECROPSY PERFORMED

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# TABLE A4.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY TABLES OF FEMALE RATS IN THE 2-YEAR STUDY OF C.I. DISPERSE YELLOW 3

## **HIGH DOSE**

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	0	1	0	0	01	0	0	0	0 1 8	0	0 2 0	0 2	0	2	2	0
WEEKS ON Study	0	1	1	1	1 0 4	- <u></u> 0  4	0	01	0	1	1	1	1	1 0 4	1	- <u>1</u> 0	0	0	1 0 4	1	1	1	1 0 4	1 0 4	0
INTEGUMENTARY SYSTEM																									4
SUBCUTANEOUS TISSUE C-CELL CARCINOMA, INVASIVE	+	+	+	+	٠	٠	+	٠	٠	+	+	+	N	* ×	+	•	+	+	+	+	+	٠	+	+	+
RESPIRATORY SYSTEM	<b>—</b>						·																	-	+
LUNGS AND BRONCHI C-CELL CARCINOMA, METASTATIC	+	•	+	+	+	+	+	+	+	+	+	+	+	* x	+	+	+	+	+	+	+	+	+	+	+
TRACHEA	+	٠	+	+	+	+	+	+	+	+	+	٠	+	-	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM	<u> </u>																	·	·				_		$\neg$
BONE MARROW	+	+	+	+	+	+	+	+	÷	+_	÷	÷	+	+	.+	+	+	+	÷	÷	÷	+	+	+	+
SPLEEN Fibrosarcoma Lymphocytic Leukemia	ŀ	+	+	+	+	+	+	+	+	+	+	+	+	•	•	+	*	+	+	+	+	+	+	+	+
LYMPH NODES C-CELL CARCINOMA, METASTATIC FIBROSARCOMA, METASTATIC	+	•	•	-	•	+	•	٠	•	+	•	+	•	*	-	+	+ x	+	+	-	+	-	+	+	•
THYMUS	+	-	÷	+ .	÷	+	٠	-	+	+	+	÷	+	٠	÷	+	+	÷	٠	+	-	+	+	÷	+
CIRCULATORY SYSTEM	<u> </u>																								+
HEART	+	+	+	+	÷	٠	٠	÷	+	+	+	÷	٠	+	+	÷	÷	÷	÷	+	÷	+	+	-	+
DIGESTIVE SYSTEM	<u> </u>																								+
SALIVARY GLAND	+	+	. +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+
LIVER Neoplastic Nodule Hepatocellular carcinoma Fibrosarcoma, metastatic	ŀ	+	* ×	+	٠	+	+	+	+	+	+	+	٠	+	÷	+	+ x	÷	٠	+	+	+	•	+	+
BILE DUCT	<u> </u>																<u>^</u>								_
			•	Ţ		*	•		•	•	Ţ			•	*	•		Ţ					*		Ť
GALLBLADDER & COMMON BILE DUCT Pancreas Fibrosarcoma, invasive	+	<u>+</u>	- <u>N</u> - +	+	+	+	+	+	+	+	+	+	+	<u>н</u> +	<u>+</u>	- N +	<u>н</u> +	<u>+</u>	<u>н</u> +	+	- <u>N</u>	<u>+</u>	<u>+</u>	<u>+</u>	+
ESQPHAGUS	1.										+					+				•					
	<u> </u>	•	<u>t</u>	- <u>-</u> -		•	<u>+</u> -		<u>.</u> .	<u> </u>		<u>•</u>	•			. <u>+</u>		<u>+</u>	<u>+</u>		<u>+</u>	- <b>*</b>	- <b>*</b>		+
STOMACH	<u>†</u>	•	- <b>†</b> -	- <u>+</u> -	+	<u>+</u>	*	*			-	÷.	÷	<u>+</u>	<u>+</u>	. <u>*</u>	- <u>*</u>	÷	÷-	- <u>+</u>	+	<u>,</u>	- <b>†</b> -	<u>.</u>	
SMALL INTESTINE	+	•	+		*	•	*	*	-	<u>.</u>	· ·	•	•		+	+	<u> </u>	+	+	_ <b>*</b>	<u>*</u>		- <u>+</u>	+	+
LARGE INTESTINE	·	+	+	*	+	*	+	•	*	+	+	+	+	+	+	+	_	+	+	+	+	-	+	+	+
URINARY SYSTEM																									
KIDNEY	+	+	- <b>t</b> .	+	•.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	. + .	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																									
PITUITARY Carcinoma, Nos	+	+	•	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+
CHROMOPHOBE ADENOMA	⊢							<u>x</u>			x		x											X	$\rightarrow$
ADRENAL ADENOMA, NOS	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+
THYROID C-Cell Carcinoma	L+	+	+	+	+	+	+	+	+	+	+	+	+	* x	+	*	+	*	+	+	+	+	+	+	+
PARATHYROID	-	+	+	+	+	+	-	+	+	+	+	+	+	-	+	-	+	-	+	+	+	+	+	+	۰İ
REPRODUCTIVE SYSTEM	$\top$				,										-										1
MAMMARY GLAND FIBROADENOMA	+	+	+	+	+	+	N	+	+	+	+	+	N	+	+	+	+	+	+	+	*	+	+	+	+
UTERUS Endometrial stromal Polyp	+	+	+	+	+	* x	+	+	+	* X	+	+	+	+	+	+	+	+	+	+	+	* x	+	+	+
OVARY Granulosa-Cell Tumor Fibrosarcoma	+	•	•	+	+	+	+	٠	•	+	•	+	+	+	+	•	•	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS	<u> </u>				_																				1
MULTIPLE ORGANS NOS Malig.lymphoma, lymphocyfic type	N	N	N	м	N	N	N	N	N	N	N	N	N	N	N	N	H	н	м	N	N	N	N	N	м

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: HECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Autolysis M: Animal Missing B: No Necropsy Performed

ANIMAL	0	0	0	0	0	0	0	0	0	01	0	0 3 7	0  3	0	01	0	4	0	0	0	0	4	0	4	0	
WEEKS ON Study	6	0	8	9	0		2	3	4	5 0 5	6 1 0	7	8	9	+	+	2	3	4	-5	6 1 0	-7-	8	91 1 0	- 1	TOTAL TISSUES TUMORS
INTEGUMENTARY SYSTEM	41	4.1	3	41	4	.4.1	41	4]	4]	61	4	41	4)	4	4]	4]	41	4!	4	41	4]	41	41	41	4	
SUBCUTANEOUS TISSUE C-Cell Carcinoma, invasive	+	+	+	+	N	+	+	N	+	+	+	+	٠	+	+	+	+	+	٠	٠	٠	٠	+	٠	+	50× 1
RESPIRATORY SYSTEM	1																								4	
LUNGS AND BRONCHI C-Cell Carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1
TRACHEA	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
HEMATOPOIETIC SYSTEM																								_		
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPLEEN Fibrosarcoma Lymphocytic Leukemia	+	+	+	+	+	•	+	+	+	+	+	+	+	+	•	+	+	+	+	+ _X	+	+	•	+	+	50 1 1
LYMPH NODES C-Cell Carcinoma, metastatic Fibrosarcoma, metastatic	+	+	+	+	+	+	+	+	+	-	+	+	+	+	•	+	•	+	+	•	+	•	-	+	+	44 1 1
THYMUS	+	+	-	+	+	+	+	+	-	-	+	+	+	+	+	+	-	+	+	+	+	+	-	٠	+	42
CIRCULATORY SYSTEM																		_			_		·		+	
HEART	+	+	+	+	+	÷	+	÷	+	+	٠	+	+	+	+	+	÷	+	÷	+	+	+	÷	+	+	49
DIGESTIVE SYSTEM								-												••					+	
SALIVARY GLAND	+	+	-	+	+	+	<u>+</u>	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA FIBROSARCOMA, METASTATIC	+	+	٠	+	+	+	+	+	+	+	+	•	+	+	+ X	* ×	+	+	+	+	+	+	•	+	+	50 2 1
BILE DUCT	T +	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	N	N	N_	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N.	N	N	50×
PANCREAS FIBROSARCOMA, INVASIVE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	50,
ESOPHAGUS	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	+	t_	+	+	+	+	+	+	+	+	49
STOMACH	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SMALL INTESTINE	+	+	+	+	+	t	+	+.	+	+	+	ŧ	+	+	+	÷	+	+	+	+	+	+	+	+	+	50
LARGE INTESTINE	+	٠	+	٠	+	+	+	+	+	-	+	+	÷	+	+	÷	+	+	+	+	+	+	+	٠	+	47
URINARY SYSTEM										-															-1	
KIDNEY	<u>  + .</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+		+	50
URINARY BLADDER	+	٠	-	+	+	+	+	+	+	-	+	•	+	+	+	+	+	+	+	+	+	+	÷	٠	+	48
ENDOCRINE SYSTEM	+																		_							
PITUITARY Carcinoma,nos Chromophobe Adenoma	+	+	+	+ x	٠	+ X	+	+	+ x	+ x	+	+	•	+	+	+	+	+	+	٠	٠	+	-	+	+	49 1 8
ADRENAL ADENOMA, NOS	+	+	+	+	÷	+	+	÷	+	+	+	÷	+	* ×	+	+	+	+	+	•	+	+	+	+	+	50
THYROID C-CELL CARCINOMA	ŀ	+	+	+	+	+	* x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 3
PARATHYROID	+	+	-	-	٠	+	+	+	-	+	٠	٠	+	+	+	+	-	+	+	+	-	٠	-	٠	+	39
REPRODUCTIVE SYSTEM	$\uparrow$										-															
MAMMARY GLAND Fibroadenoma	±	H	N	+	+	+	N	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	50× 3
UTERUS Endometrial stromal polyp	L+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	•	+	+	*	+	+	50
OVARY Granulosa-cell tumor Fibrosarcoma	* ×	+	٠	+	٠	+	+	+	+	٠	+ ×	+	+	+	+	+	+	+	٠	+	٠	+	+	٠	+	50
ALL OTHER SYSTEMS	1																				_					
MULTIPLE ORGANS NOS Malig.lymphoma, lymphocytic type	H	N	N X	N	N	H	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	H	N	N	H	50× 2

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

\* ANIMALS NECROPSIED \* TISSUE EXAMINED MICROSCOPICALLY - TISSUE EXAMINED MICROSCOPICALLY - REQUIRED TISSUE INFORMATION SUBMITTED - REQUIRED TISSUE INFORMATION SUBMITTED - REQUIRED TISSUE INFORMATION SUBMITTED - RECROPSY, NO MISTOLOGY DUE TO PROTOCOL X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION B: NO HECROPSY PERFORMED

### APPENDIX B

Summary of the Incidence of Neoplasms in Mice Fed Diets Containing C. I. Disperse Yellow 3

#### TABLE B1.

## SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE FED DIETS CONTAINING C. I. DISPERSE YELLOW 3

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS MISSING	50	50	50 1
ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50	49 49	49 49
INTEGUMENTARY SYSTEM			
*SKIN FIBROSARCOMA	(50)	(49) 2 (4%)	(49)
*SUBCUT TISSUE FIBROMA	(50)	(49) 1 (2%)	(49)
LEIONYOSARCOMA	1 (2%)		1 (2%)
RESPIRATORY SYSTEM			
#LUNG NEOPLASM, NOS, METASTATIC	(50)	(49)	(49) 1 (2%)
HEPATOCELLULAR CARCINOMA, METAST ALVEOLAR/BRONCHIOLAR ADENOMA	3 (6%)	3 (6%) 6 (12%)	9 (18%)
ALVEOLAR/BRONCHIOLAR CARCINOMA TUBULAR-CELL ADENOCARCINOMA, MET	1 (2%)	1 (2%)	1 (2%)
	1 (2%)	1 (2%)	
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Malignant Lymphoma, nos Malig.lymphoma, lymphocytic type	(50)	(49) 1 (2%)	(49)
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE Malig.lymphoma, histiocytic type Mast-cell leukemia	1 (2%) 4 (8%)	2 (4%)	1 (2%) 1 (2%)
*SUBCUT TISSUE Mast-cell tumor	(50)	(49)	(49) 1 (2%)
#SPLEEN Malignant Lymphoma, Nos	(50)	(49)	(48) 2 (4%)

	CONTROL	LOW DOSE	HIGH DOSE
#LYMPH NODE Malig.lymphoma, histiocytic type	(37) 1 (3%)	(39)	(36)
#MESENTERIC L. NODE MALIG.LYMPHOMA, HISTIOCYTIC TYPE	(37)	(39) 1 (3%)	(36)
#PANCREAS Malignant lymphoma, nos	(50)	(48) 1 (2%)	(47)
#PEYER'S PATCH Malignant Lymphoma, Nos	(47)	(49) 1 (2%)	(46)
CIRCULATORY SYSTEM			•
#SPLEEN HEMANGIDSARCOMA	(50) 1 (2%)	(49)	(48)
#MESENTERIC L. NODE Angioma	(37)	(39) 1 (3%)	(36) 1 (3%)
#HEART TUBULAR-CELL ADENOCARCINOMA, MET	(50)	(49)	(49) 1 (2%)
#LEFT VENTRICLE Angiosarcoma	(50)	(49)	(49) 1 (2%)
#LIVER ANGIOMA	(50)	(49) 1 (2%)	(49) 1 (2%)
DIGESTIVE SYSTEM			
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	(50) 7 (14%) 14 (28%)	(49) 1 (2%) 11 (22%)	(49) 7 (14%) 12 (24%)
#LIVER/KUPFFER CELL SARCOMA, NOS	(50)	1 (2%)	(49)
URINARY SYSTEM			
#KIDNEY ALVEOLAR/BRONCHIOLAR CA, METASTA		(49)	(49)

#### TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

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

.

	CONTROL	LOW DOSE	HIGH DOSE
TUBULAR-CELL ADENOCARCINOMA			1 (2%)
#KIDNEY/CORTEX TUBULAR-CELL ADENOMA	(50)	(49)	(49) 1 (2%)
ENDOCRINE SYSTEM			
<pre>#PITUITARY     CHROMOPHOBE CARCINOMA</pre>	(43) 1 (2%)	(34)	(32)
#ADRENAL PHEOCHROMOCYTOMA	(50) 1 (2%)	(47) 2 (4%)	(47) 1 (2%)
#ADRENAL/CAPSULE ADENOMA, NOS	(50) 1 (2%)	(47)	(47)
#THYROID Follicular-cell Adenoma	(49)	(48)	(47) 1 (2%)
REPRODUCTIVE SYSTEM			
NONE			
NERVOUS SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
*EYE/LACRIMAL GLAND PAPILLARY ADENOMA	(50) 2 (4%)	(49) 1 (2%)	(49) 3 (6%)
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*MEDIASTINUM FIBROSARCOMA, METASTATIC	(50)	(49)	(49)

### TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
ALL OTHER SYSTEMS			
NONE			
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE SCHEDULED SACRIFICE ACCIDENTALLY KILLED	50 5 2	50 9 2	50 7
TERMINAL SACRIFICE ANIMAL MISSING	43	39	42 1
) INCLUDES AUTOLYZED ANIMALS			
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	33 39	26 34	33 45
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	13 13	11 13	20 24
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	23 26	18 21	20 20
TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS	4 6	4 4	2 3
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors			1 1
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS			
PRIMARY TUMORS: ALL TUMORS EXCEPT SE SECONDARY TUMORS: METASTATIC TUMORS			DJACENT ORGAI

## TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

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

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#### TABLE B2.

·	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50 50	50 50 50 50
INTEGUMENTARY SYSTEM			
*SKIN MALIGNANT MELANOMA	(50)	(50)	(50) 1 (2%)
*SUBCUT TISSUE SARCOMA, NOS FIBROSARCOMA	(50) 1 (2%)	(50) 1 (2%)	(50)
RESPIRATORY SYSTEM			
*NASAL CAVITY Adenocarcinoma, nos, invasive	(50)	(50)	(50) 1 (2%)
#LUNG ADENOCARCINOMA, NOS, METASTATIC HEPATOCELLULAR CARCINOMA, METAST ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	(50) 1 (2%) 5 (10%) 1 (2%)	(50)	(50) 1 (2%) 1 (2%) 3 (6%) 1 (2%)
HEMATOPOIETIC SYSTEM			
<pre>*MULTIPLE ORGANS MALIGNANT LYMPHOMA, NOS MALIG.LYMPHONA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE LYMPHOCYTIC LEUKEMIA GRANULOCYTIC LEUKEMIA</pre>	(50) 5 (10%) 4 (8%)	(50) 2 (4%) 2 (4%) 10 (20%) 1 (2%)	(50) 3 (6%) 1 (2%) 7 (14%) 1 (2%) 1 (2%)
#SPLEEN MALIGNANT LYMPHOMA, NOS MALIG.LYMPHOMA, HISTIOCYTIC TYPE	(50) 1 (2%)	(50)	(49) 1 (2%) 1 (2%)

#### SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE FED **DIETS CONTAINING C. I. DISPERSE YELLOW 3**

	CONTROL	LOW DOSE	HIGH DOSE
#LYMPH NODE Malignant lymphoma, nos	(40)	(43)	(42) 2 (5%)
#SUBMANDIBULAR L.NODE ADENOCARCINOMA, NOS, METASTATIC	(40)	(43)	(42) (1 (2%)
<pre>#PANCREATIC L.NODE Malig.lymphoma, lymphocytic type</pre>	(40)	(43)	(42) 1 (2%)
#MESENTERIC L. NODE Malig.lymphoma, histiocytic type	(40)	(43)	(42) 1 (2%)
#PANCREAS Malig.lymphoma, histiocytic type	(50) 1 (2%)	(47)	(50)
#PEYER'S PATCH Malignant Lymphoma, Nos	(48)	(46) 1 (2%)	(46)
#UTERUS MALIG.LYMPHOMA, HISTIOCYTIC TYPE	(50)	(50) 1 (2%)	(50)
#THYMUS MALIGNANT LYMPHOMA, NOS	(41)	(43)	(42) 1 (2%)
CIRCULATORY SYSTEM			
*SUBCUT TISSUE Angiosarcoma	(50)	(50)	(50) 1 (2%)
#SPLEEN HEMANGIOMA HEMANGIOSARCOMA	(50)	(50) 1 (2%)	(49) 1 (2%)
#LUNG ANGIOSARCOMA, METASTATIC	(50)	(50)	(50) 1 (2%)
#LIVER ANGIOMA	(50)	(50) 1 (2%)	(50) 1 (2%)
#URINARY BLADDER HEMANGIOMA	(50)	(46) 1 (2%)	(49)
#UTERUS ANGIOMA	(50)	(50) 1 (2%)	(50)

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#### TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
#OVARY HEMANGIOMA	(46)	(48) 1 (2%)	(47)
DIGESTIVE SYSTEM			
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	(50) 2 (4%)	(50) 6 (12%) 4 (8%)	(50) 12 (24%) 5 (10%)
#STOMACH Squamous cell papilloma	(50)	(48) 1 (2%)	(50)
#COLON LEIOMYOSARCOMA, INVASIVE	(49)	(45) 1 (2%)	(48)
URINARY SYSTEM			
NONE			
ENDOCRINE SYSTEM			
#PITUITARY Chromophobe Adenoma	(38) 1 (3%)	(30) 1 (3%)	(42) 4 (10%)
#ADRENAL Hepatocellular carcinoma, metast	(46) 1 (2%)	(47)	(49)
#PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	(50) 1 (2%)	(47) 1 (2%)	(50)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Adenocarcinoma, nos	(50)	(50)	(50) 1 (2%)
*VAGINA Sarcoma, Nos	(50)	(50)	(50) 1 (2%)
#UTERUS SARCOMA, NOS	(50)	(50)	(50)

## TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

### TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
LEIOMYONA LEIOMYOSARCOMA	1 (2%) 1 (2%)		1 (2%) 1 (2%) 1 (2%)
#OVARY NEOPLASM, NOS	(46)	(48)	(47) 1 (2%)
NERVOUS SYSTEM			
#CEREBRUM OLIGODENDROGLIOMA	(50)	(49) 1 (2%)	(50)
SPECIAL SENSE ORGANS			
<pre>*EYE/LACRIMAL GLAND ADENOMA, NOS</pre>	(50) 1 (2%)	(50)	(50)
ADENOCARCINOMA, NOS Papillary adenoma	1 (2%)	3 (6%)	1 (2%) 1 (2%)
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
NONE			
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS FIBROSARCOMA, METASTATIC	(50) 1 (2%)	(50)	(50)
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE SCHEDULED SACRIFICE	50 5 1	50 11	50 7 1
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	44	39	42
a includes autolyzed animals			

	CONTROL	LOW DOSE	HIGH DOSE
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	20 26	33 42	36 57
TOTAL ANIMALS WITH BENIGN TUMORS Total Benign tumors	9 1 0	13 16	17 24
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	14 16	25 26	26 32
TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS	‡ 2 3	1 1	3 5
TOTAL ANIMALS WITH TUMORS UNCERTAIN~ Benign or malignant Total Uncertain Tumors			1 1
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS			
* PRIMARY TUMORS: ALL TUMORS EXCEPT SE # SECONDARY TUMORS: METASTATIC TUMORS			DJACENT ORGAN

### TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

#### TABLE B3.

## INDIVIDUAL ANIMAL TUMOR PATHOLOGY TABLES OF MALE MICE IN THE 2-YEAR STUDY OF C.I. DISPERSE YELLOW 3

#### CONTROL

ANIMAL NUMBER	0	ő	0	0	0	0	007	0	0	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2
WEEKS ON Study	1	1		-	-1	6 0 7	1	0 9		1	긞	1		1	-1	1	:	1	<i>9</i>	-	1	1	1	릵	1
INTEGUMENTARY SYSTEM	141	4	4	4	4	1	4	أف	41	4	4	4	41	4	Å	4	4	ĩ	j	4L	4	4	4	6	ě
SUBCUTANEOUS TISSUE Leiomyosarcoma	+	N	+	+	÷	٠	+	٠	+	+	+	+	٠	÷	+	+	+	٠	* x	٠	+	+	٠	+	+
RESPIRATORY SYSTEM	–		· ····																						+
LUNGS AND BRONCHI Hepatocellular carcinoma, metasta Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Fibrosarcoma, metastatic	·	•	+	+ ×	+	* ×	•	+ ××	+	+	+	•	+ x	+	٠	+	+	+	+	+	+	+	* ×	•	*
TRACHEA	+	+	+	+	+	+	+	+	+	÷	÷	÷	+	÷	+	+	÷	+	+	+	÷	÷	+	+	+
HEMATOPOIETIC SYSTEM	┝──								_						_						•••				+
BONE MARROW	+	-	+	+	+	÷	÷	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+
SPLEEN HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+
LYMPH NODES Malig.lymphoma, histiocytic type	ŀ	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	-	+	*	-	+	+	-
THYMUS	+	+	÷	÷	-	+	+	-	÷	+	÷	-	-	+	+	+	+	+	-	+	÷	+	+	-	+
CIRCULATORY SYSTEM	$\vdash$																	-							+
HEART	+	+	+	+	+	÷	+	+	÷	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+
DIGESTIVE SYSTEM	╄													_											+
SALIVARY GLAND	+	+	+	. <u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+
LIVER Hepatocellular adenoma Hepatocellular carcinoma	+	+	+ ¥	٠	+	+ x	+	+ X	٠	٠	٠	* ×	+	+	+	+	+	+	+	+	+	+	* ×	+	×
BILE DUCT	•	+	+	+	·	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	N	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+
ESOPHAGUS	<b>•</b>	+	+	+	+	+	+	_	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	7
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	÷	+	+	-	+	-	+	+	+	+	+	+	+	+	+	+		+	+	+	+	÷	•
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	-	+
URINARY SYSTEM				-											_	-									-
KIDNEY ALVEOLAR/BRONCHIOLAR CA, METASTAT	+	÷	+	٠	÷	÷	÷	+ x	÷	+	+	٠	٠	+	+	+	÷	+	÷	+	+	÷	+	÷	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+
ENDOCRINE SYSTEM	┢																								-
PITUITARY Chromophobe carcinoma	+	+	٠	+	+	+	+	-	+	-	+	+	+	-	+	+	+	+	+	-	+	+	+	-	+
ADRENAL Adenoma, nos Pheochromocytoma	+	٠	+	٠	+	+	+	+	٠	٠	+	٠	٠	+	* ×	+	+	٠	+	+	+	+	٠	٠	+
THYROID	1.	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID	t,	-	-	+	+	-	+	-	-	+	-	+	+	-	-	-	-	+	-	-	+	-	+	+	_
REPRODUCTIVE SYSTEM	Ļ.																							-	
MAMMARY GLAND	I N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N	N	N	N	N	N	N	N	н
TESTIS	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	1.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE DRGANS	+																								-
LACRIMAL GLAND PAPILLARY ADENOMA	N	N	N	N	H	N	N	N	N	N X	N	N	н	N X	N	N	N	N	N	H	N	N	N	н	н
BODY CAVITIES	+																								+
MEDIASTINUM Fibrosarcoma, metastatic	н	N	N	N	N	н	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N
ALL OTHER SYSTEMS	1																							_	-†
MULTIPLE ORGANS NOS Malignant Lymphoma, nos Malig.Lymphoma, Lymphocytic Type Malig.Lymphoma, Histigcytic Type	N	N	N	N	N	м	N	N	N	N	N	N	N.	N	N	N	N	N X	N	N	N	N	N	N X	N

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+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Autolysis M: Animal Missing B: No Necropsy Performed

ANIMAL NUMBER	0 2 6	0 2 7	0 2 8	2	3	3	3	3	3	3	3.	3	3	3 9	4	4	42	4	4	4 5	4	4	4	049	5	TOTAL
WEEKS ON Study	0	0	0	1	2	0		0	0	6	0	0	0	0	0	0		0	0	0	0	0	0	0	0	TISSUE
INTEGUMENTARY SYSTEM	1	-91	<sup>9</sup> 1	-91	41			- 91	91	<u> </u>		41	41	.91	- 41	41	41.	.91	41	<u>•</u> 1		-91	- 1	41	-7	
SUBCUTANEOUS TISSUE Leiomyosarcoma	•	٠	٠	+	+	+	+	+	+	+	+	+	+	+	+	٠	H	٠	<b>+</b> ·	+	٠	N	+	٠	٠	50× 1
ESPIRATORY SYSTEM																										
LUNGS AND BRONCHI Hepatocelular (arcinoma, metasta Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma Fibrosarcoma, metastatic		+	+	+	•	+	+	+	+	+	+	•	+	+	+	•	+	•	+	+	+	×	+	•	•	50 3 2 1 1
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	-	+	49
EMATOPOIETIC SYSTEM																			_							
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
SPLEEN HEMANGIOSARCOMA	*	+	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1
LYMPH NODES Malig.lymphoma, histiocytic type	+	-	-	-	+	٠	-	-	+	-	+	+	٠	+	+	-	+	+	+	+	-	-	+	+	+	37
THYMUS	-	-	÷	-	-	+	-	+	+	-	+	+	-	-	÷	+	+	+	÷	+	+	-	+	+	+	35
CIRCULATORY SYSTEM	<u>├</u>																								+	
HEART	+	+	+	+	+	+	+	+	+	÷	+	+	÷	+	+	+	+	+	• -	٠	+	+	+	+	+	50
DIGESTIVE SYSTEM											_														$\neg$	
SALIVARY GLAND	+	+	+	+	÷	+	÷	+	+	+	+	÷	+	+	+	÷	+	+	÷	÷	+	+	+	÷	+	50
LIVER	+	+	+	+	t	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* X	+	+	÷	t	50
HEPÄTOCELLULAR ADENOMA Hepatocellular carcinoma		x			×	x			x	x		x	<u>x</u>	x	x				x		×	<u>x</u>		×	×	7 14
BILE DUCT	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	50
GALLBLADDER & COMMON BILE DUCT	+	+_	+	+	+	+.	+	+	+	Ν.	+	+	+	+	+	+	+.	+	+	+	+	+	+	+	+	50×
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+.	+	+	+	+	ŧ	+_	+	+	+	+	+	. 50
ESOPHAGUS	+	÷	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
STOMACH	+	+	÷	<b>.</b> .	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	÷	+	50
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
LARGE INTESTINE	-	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
JRINARY SYSTEM																				-						
KIDNEY Alveolar/bronchiolar ca, metastat	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	50
URINARY BLADDER	+	+	+	+	+	+	+	+	+	-	+	+:	+	+	+	+	+	+	+	+	+	+	+	+	•	48
ENDOCRINE SYSTEM							_												-							
PITUITARY CHROMOPHOBE CARCINOMA	+	+	+	+	-	+	•	+	+	*	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	43
ADRENAL Adenoma, nos Pheochromocytoma	+	+ ×.	•	•	+	+	+	•	+	•	+	+	•	+	+	+	+	+	+	+	+	+	•	+	+	50
THYROID	+	+	+	+	+	+	+	ŧ	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+		49
PARATHYROID	-	-	٠	-	-	-	+	-	+	-	-	-	-	٠	-	-	+	-	-	-	-	+	٠	-	-	18
REPRODUCTIVE SYSTEM	1																									
MAMMARY GLAND	LN.	+	N.	N	N	N	N	N	N.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	<u>N</u>	N	<u>50×</u>
TESTIS	++	+	+	+	+	+	<u>+</u> _	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	49
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	٠	+	50
PECIAL SENSE ORGANS	<u> </u>									_										-						
LACRIMAL GLAND PAPILLARY ADENDMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	N	н	50× 2
ODY CAVITIES	1																								-	
MEDIASTINUM Fibrosarcoma, metastatic	N	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N	N	N	N	H	N	N	50× 1
ALL OTHER SYSTEMS	1				•	~																	-		-	
MULTIPLE ORGANS NOS Malignant Lymphoma, Nos Malig.Lymphoma, Lymphocytic Type Malig.Lymphoma, Histiocytic Type	N	N	н	N	N	N	N X	N	N	N	N	N	N	N X	н	н	×	N	H	N	N	н	н	н	H	50× 2 1
<ul> <li>ANIMALS NECROPSIED</li> <li>TISSUE EXAMINED MICROSCOI</li> <li>REQUIRED TISSUE MOT EXAMINES</li> <li>TUMOR INCIDENCE</li> <li>N: NECROPSY, NO AUTOLYSIS, N</li> </ul>	PICA INED NO M	LLY MI ICR	CRO	SCO OPI	PIC C E	AL L XAM	Y	T 1 0	N		: C: A: B:		10 T 16CR 10T0 10T0	ISS OPS ILYS IAL IECR	UE Y, MIS NIS	INF ND SIN	ORP HIS IG PERF	IAT I STOL	DN OG IED	SUI Y DI	BMI UE	11E 10	D PRO	TOC	01	

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

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#### TABLE B3.

## INDIVIDUAL ANIMAL TUMOR PATHOLOGY TABLES OF MALE MICE IN THE 2-YEAR STUDY OF C.I. DISPERSE YELLOW 3

#### LOW DOSE

ANIMAL	1 01	01	01					01	- 1			01	01			AT	 01			01	- <del>.</del> .	01	01	01	
NUMBER	Ŏ	2	0	9	0	ő	7	0	0	i	i	12	1	1	1	1	j	1	į	2	2	2	2	2	25
WEEKS ON STUDY	9	7	1 0  5	1 0 5	0	1	1	1	1	0 8 6	0	0 7 3	8	0	0	0	1	1 0 5	1	1 0 5	0	10	1 0 5	1 0 5	1 0 5
INTEGUMENTARY SYSTEM																									
SKIN Fibrosarcoma	+ 	+	+	+	+	+	+	+	* x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SUBCUTANEOUS TISSUE FIBROMA	+	+	+	+	+	+	+	+	+	+	+	*	٠	+	٠	+	٠	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM																									
LUNGS AND BRONCHI Hepatocellular Carcimoma, metasta Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma Sarcoma, Nos, metastatic	+ X	* x	•	+	+ ×	+	+	* ×	+	+	+	+	+ x	+ ×	+	+	+	×	+	* ×	•	•	+	+	•
TRACHEA	+	٠	-	٠	٠	+	+	٠	٠	٠	+	-	+	٠	٠	+	÷	٠	÷	٠	+	٠	٠	+	+
HEMATOPOIETIC SYSTEM	<u> </u>																								
BONE MARROW	•	+	+	+		. t.	+	+	÷	÷	+	+	+		<del>t</del>	+	+	+	+	+	.+	+	+	+	+
SPLEEN	+	•	+			÷	+	+	+_	+	+	•	+	+	+	+	+	+	<u>+</u> _	+	+	+	ŧ.	+	+
LYMPH NODES Angioma Malig.lymphoma, histiocytic type .	+	-	+	+	*	+	+ x	-	+	+	+	-	+	+	+	+	+	-	+	-	+	+	+	-	+
THYMUS	+	-	-	-	٠	-	+	+	-	+	÷	-	÷	+	-	+	+	+	+	٠	+	-	+	-	ŧ
CIRCULATORY SYSTEM								_										_							
HEART	+	+	٠	٠	٠	+	+	+	+	٠	٠	٠	+	+	+	+	+	+	٠	٠	+	+	+	٠	+
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	.+	+	t	+	+	+	+	+	+	+	+	+	+	+	+	+	<del>.</del>	<u>+</u>	+	+	+	+	. <u>+</u>	+
LIVER Hepatocellular adenoma Hepatocellular carcinoma Sarcoma, Nos Angioma	+	+ x	٠	+	+	٠	+ x	+ × ×	•	+.	+	+	+ x	+	+	•	+ X	+ X	•	+	•	* ×	+	•	+
BILE DUCT	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	÷	+	+	+
GALLBLADDER & COMMON BILE DUCT	+		+	+	+	÷	+	+	+	+	÷	N	+	+	+	+	+	+	+	+	+	+	+	+	N
PANCREAS Malignant Lymphoma, Nos	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	÷	+	÷	÷	+	+	+	+	+	+	+	+	<u>+</u>	+	+	÷	+	+	+	+	٠	+	. t .	+	÷
STOMACH	۰,	+	+	+	+	+	+	+	+	-	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	t	+	÷
SMALL INTESTINE Malignant Lymphoma, Nos	•	+	+	+	+	+	+	+	•	+	٠	+	+	+	+	+	* ×	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	٠	-	÷	+	+	+	+	-	+	٠	+	+	+	+	٠	-	٠	+	+	+	+	-	+
URINARY SYSTEM	<u> </u>												_												
KIDNEY	+	+	<u>+</u>	t.	+	÷	÷	+	+	+	÷	+	+	+	+	ŧ	+	+	+	.+	+	+	+	+	+
URINARY BLADDER	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	٠	+	÷	+	٠	+	+	÷	+	٠	+
ENDOCRINE SYSTEM																									-
PITUITARY	+	+	+	+	. <u>+</u>	÷	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+		+	-
ADRENAL Pheochromocytoma	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYROID	+	+	+	. <b>t</b>	<u>+</u>	٠	+	+	+	.+	+	+	+	+.	+_	+	+	+	+	+	+	+	+	+	+
PARATHYROID	-	+	٠	-	٠	-	-	٠	+	٠	-	-	٠	+	+	+	+	٠	+	÷	+	+	+	-	+
REPRODUCTIVE SYSTEM		-							_																
MAMMARY GLAND	н.	N	N	N	N	N	N	<u>N</u>	N	N	N	N	N	N	N	N.	N.,	N	N	N	N	Ν.	N	N	N
TESTIS	+	÷ •	+	+	<b>.</b>	_ <b>+</b>	÷	+	+	<u>+</u>	+	•	+	+	+	٠	+	+	+	+	+	+	+	+	+
PROSTATE	+	٠	٠	+	٠	+	+	+	+	+	+	÷	+	+	+	+	+	+	٠	+	+	+	+	+	+
SPECIAL SENSE ORGANS					_																				
LACRIMAL GLAND Papillary Adenoma	н	N	N	N	N	N	N	N	N	N	N	N	н	N	N	н	N	N	N	H	N	N	N	N	ท
ALL OTHER SYSTEMS																									
MULTIPLE ORGANS NOS Malignant Lymphoma, Nos Malig.Lymphoma, histiocytic type	H X	N	N	н	N	N	N	N	N	N X	N	N	N	N	N	N	H	N	N	N	N	N	N	N	N

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY 1: Tumor Incidence N: Necropsy, No Autolysis, No Microscopic Examination

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Autolysis M: Animal Missing B: No Necropsy Performed

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10.00

ANIMAL NUMBER WEEKS ON STUDY	0 2 6 1	0 2 7 1	0 2 8 0 9	21	0 3 0 1 0	0 3 1 0	31	0 3 3 1 0	0 4 0 8	3 5 1 0	0 3 6 0 8	3 7 1 0	3 8 1 0	3 9 1 0		4 1 0 3	421	4 3 1 0	4	4 5 1 0	6 1 0	477	4 8 1	0 4 9	05010	TOTAL TISSUES Tumors
INTEGUMENTARY SYSTEM	-51	51	0 (	51	51	51	5(	51	51	51	71	51	51	51	51	01	51	5(	51	10	51	5/	51	41	4	
SKIN Fibrosarcoma	+	+	A	+	+	+	+	+	+	٠	+	+	٠	+	N	+	+	+	+	÷	+	+	٠	+	+	498
SUBCUTANEOUS TISSUE FIBROMA	•	÷	A	+	+	+	+	+	+	+	÷	٠	+	+	N	+	+	+	+	+	÷	+	+	+	•	49×
RESPIRATORY SYSTEM	-								•		*														+	
LUNGS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma Sarcoma, Nos, Metastatic	+	•	A	•	+ x	+	+	+	+	+	+	+	+	+	•	+	+	•	•	+	٠	+ ×	+	•	·	49 3 6 1
TRACHEA	÷	÷	A	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	+	+	+	+	+	÷	+	+	47
HEMATOPOIETIC SYSTEM			_								-														+	
BONE MARROW	+	+	A.	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	÷	+	+	+	+	+	+	48
SPLEEN	+	+		+	+	+	+	+	+	+	+	÷	+	+	+	+	+.	+	+	+	+	+	+	+	÷	49
LYMPH NODES Angioma Malig.lymphoma, histiocytic type _	+	+	A	+	-	-	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	•	-	+	٠	39
THYMUS	-	-	٨	+	-	+	+	-	-	+	+	+	-	+	+		+	-	+	-	+	+	+	-	-	29
CIRCULATORY SYSTEM														_											+	
HEART	+	+	A	÷	÷	+	+	+	+	+	+	÷	÷	+	+	÷	٠	+	÷	÷	+	+	+	+	+	49
DIGESTIVE SYSTEM							~																		┽	
SALIVARY GLAND	+	+	. A_	+	+	+	+	+	÷	+	+	÷	+	±	+	+	+	<u>+</u>	+	÷	+	+	+	+	+	
LIVER	+	+	A	+	+	+	+	÷	÷	+	+	÷	+	+	÷	•	+	+	÷	+	+	+	÷	•	+	49
HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA Sarcoma, Nos Angioma	x	x			×				×						x			×								
BILE DUCT	+	+	A	+	+	+	+	+	÷	+	•	+	+	+	+	+	+	+	<u>+</u>	+	+	<u>+</u>	+	+	+	42
GALLBLADDER & COMMON BILE DUCT	+	+	A	+	+	+	•	+	Ν	+	<u>N</u>	+	+	+	+	+	+	+	+	÷	+	+	+	<u>+</u>	+	<u>49×</u>
PANCREAS Malignant Lymphoma, NDS	+	+ -	A	+	+	+	+	+	+	+	•	+	+	+	+	-	ż	+	+	+	+	•	+	+	٠	48,
ESOPHAGUS	+	. <b>t</b>	A	+	•	+	+	+	+	+	+	+.	+	+	+	+	+	<u>+</u>	+	+	+	•	٠	+	4	4.9
STOMACH	+	+	A	+	+	+	+	÷	+	٠	-	+	+	+	+	+	+	<u>*</u>	ŧ	+	t	+	+	<u>+</u>	⎷	47
SMALL INTESTINE Malignant Lymphoma, Hos	+	+	A	+	+	+	+	+	+	+	+	+	•	+	+	•	+	+	•	+	+	+	•	+	+	49
LARGE INTESTINE	+	+	٨	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	44
JRINARY SYSTEM																									T	
KIDNEY	+	+	Α_	+	+	+	+	+	+	+	+	+		+	<u>+</u>	+		+	+	+	+	<u>+</u>	+	+	井	_ 49_
URINARY BLADDER	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	*	49
ENDOCRINE SYSTEM																									1	
PITUITARY ADRENAL	+	+	 A	+	+	+	+	+	-	+	+	+	+	++	+	+	++	+	+	+	+	+	+	•	+	<u> </u>
PHEOCHROMOCYTOMA				<u>×</u>							<u> </u>		+			+			+	+		<u> </u>	+		<del>.</del> †	¥.
THYROID	+	+	<u>^</u>	÷	-	-	÷	+	+	+	<u>+</u>	. <u>+</u> -		*	+	-	+	<u>+</u>	•	-	- <u>-</u>	-	+		1	
PARATHYROID REPRODUCTIVE SYSTEM	-	•	A	•	-	-		+	-		-	-		<u> </u>	•	-	<u> </u>		-	_	-		<u> </u>	-	-	26
MAMMARY GLAND				N		N	N		ы		ы	N	N	N		м	Ν.	N		N	N	N	н	N	1	49×
TESTIS	<u>н</u>	<sup>17</sup>	- <u>a</u> -	<u>N</u>	<u>N</u>	<u>N</u>	•	<u>N</u>	_N	<u>N</u>	<u>N</u> .	<u>н</u>	+	+	N	<u>N</u>	+		<u>N</u>	+	+	-11 +	+	+	1	49
PROSTATE		-		+	+		- <u>-</u>	+	+	 +	+	+	- <u>-</u>	÷.	+	. <u>.</u>	+	÷		• •	•	÷	. <u>.</u>	+	֠	49
SPECIAL SENSE ORGANS	Ļ			•	•												•				•			•	-	
LACRIMAL GLAND . PAPILLARY ADENOMA	н	N	A	N	N	N	N	N	н	N	N	N	м	N	N	N	N	N	H	N	N X	N	N	N	н	49× 1
ALL OTHER SYSTEMS	-	_	-																					-	╉	
MULTIPLE ORGANS NOS Malignant Lymphoma, nos Malig.lymphoma, histiocytic type	н	N	A	N	N	N	N	N	н	N	N	N	N	N	N	N	N	N	N	H	N	H	H	NX	н	49X

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

TALSULUM DECOPSIED
 ANIMALS NECROPSIED
 TISSUE EXAMINED MICROSCOPICALLY
 REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 X: UNDOR INCIDENCE
 N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBNITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Autolysis M: Animal Missing B: No Necropsy Performed

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## TABLE B3.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY TABLES OF MALE MICE IN THE 2-YEAR STUDY OF C.I. DISPERSE YELLOW 3

#### HIGH DOSE

ANIMAL NUMBER	0	0	0	8	0	0	0	0	0	0		0	01	- <u></u>		0	-11	0	0	0	9	0	0	0	0 2
WEEKS ON		Ž	Š	4	Š	é	-i	- și	- 91		-1	2	3	41	-	-	Ż	- ęl	- 1	-Ìl	2	2	3	4	5
STUDY	9	0	0 5	0 5	0	5	0	ġ	0 5 8	0 7 3	ŝ	0 5	0 5	0 7 8	0 5	0 5	o 5	9 5	ŝ	0 5	ġ	0 5	0 5	0 5	0 5
INTEGUMENTARY SYSTEM	[.																								
SUBCUTANEOUS TISSUE Leiomyosarcoma Mast-cell tumor	•	+	+	+	•	+ x	•	+	M	+	+	+	•	+	•	•	N	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM	1-														• • • •										
LUNGS AND BRONCHI Neoplasm, Nos, metastatic Alveolar/Bronchiolar Adenoma Tubular-cell Adendcarcinoma, meta	+ ×	+	•	•	+ x	+	+	+	М	+	•	+	+	×	+	•	* ×	+	+ x	•	+ ×	+ ×	+	+	+
TRACHEA	+	+	÷	+	+	+	+	÷	м	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM	-																								_
BONE MARROW	+	+	+	+	÷	+	+	+	M	+	+	+	-	-	+	+	+	+	+	-	+	+	+	+	+
SPLEEN Malignant Lymphoma, Hos	+	+	+	÷	* x	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES Angioma	-	-	+	+	-	+	+	* ×	M	+	+	٠	-	+	-	+	+	-	+	+	-	+	+	+	-
THYMUS	-	÷	+	+	-	+	+	+	м	+	+	+	+	-	+	-	+	+	+	+	+	+	+	+	+
CIRCULATORY SYSTEM																									
HEART Tubular-cell adenocarcinoma, meta Angiosarcoma	+	+	+	٠	٠	÷	+	+	M	+	•	٠	+	+	+	+	•	+	*	٠	٠	+	•	٠	+
DIGESTIVE SYSTEM																									
SALIVARY GLAND	+	+	+	+	+	<del>.</del>	_ <u>t</u>	+.	М	+	+	+	+	+	<b>t</b>	+	+	+	+	+	+	+	+	+	+
LIVER Hepatocellular Adenoma Hepatocellular Carcinoma Angidma	+	+	•	* ×	٠	*	٠	+	M	+ X	+	* ×	* ×	+ x	٠	٠	٠	+	٠	+ x	+	•	•	+	+
BILE DUCT	+	+	+	+	+	+	<del>.</del> +	+	м	÷	+	+	+	+.	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	+	+	+	М	+	+	+	N	N	+	+	+	+	+	+	+	+	+	+	+
PANCREAS	+	+	+	+	+	+	+	+	M	+	+	٠	+	÷	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	м	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	-	+
STOMACH	+	+	+	+	+	+	+	+	м	ł	+	+	+	+	+	÷	+	+	+	+	+	+	+	+.	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	м	-	÷	+	+	-	÷	÷	+	+	+_	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	м	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM																									_
KIDNEY TUBULAR-CELL ADENOMA TUBULAR-CELL ADENOCARCINOMA	•	+	+	* ×	+	٠	٠	•	M	+	+	٠	٠	+	٠	+	+	+	+ x	+	+	+	+	+	+
URINARY BLADDER	+	+	+	÷	+	+	÷	+	м	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷
ENDOCRINE SYSTEM																	_								
PITUITARY	+	-	-	-	+	-	+	-	M	-	+	+	+	-	-	+	+	+	+	+	+	+	+	_	+
ADRENAL Pheochromocytoma	+	+	+	+	+	+	+	+	M	+	+	+	+	+	*	+	•	+	+	+	+	+	+	+	•
THYROID Follicular-cell Adenoma	+	+	+	+	+	•	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+
PARATHYROID	-	-	+	-	+	+	+	-	M	-	+	+	+	-	+	-	-	+	-	+	+	+	+	-	ŧ
REPRODUCTIVE SYSTEM	t—			•••																					
MAMMARY GLAND	N	N	N	N	N	N	N		M.	N	N	N	N	N	N_	N	N	N	N	N	N	N	N	N	N
TESTIS	+	÷	+	+	+	+	÷	+	M	+	<u>+</u>	+	÷	÷	+	. <u>+</u>	+	ŧ	+	+	<u>+</u>	+	+	+	+
PROSTATE	+	+	+	+	+	+	+	٠	м	+	÷	+	٠	+	٠	٠	+	+	+	+	÷	+	÷	+	+
SPECIAL SENSE ORGANS	<u> </u>					_																			
LACRIMAL GLAND Papillary adenoma	N	N	N	N	N	N	N	N	M	N	N	н	N	N	H	N	N	N	N	N	N	н	N	N	N X
ALL OTHER SYSTEMS	1																					• • • • •			
MULTIPLE ORGANS NOS Malignant Lymphoma, NOS Malig.lymphoma, Histidcytic type Mast-cell leukemia	×	N	N	H	N	N	N	N	M	N	н	N	N	N	N	N X	N	N	N	И	н	N	N	N	N

.

 +:
 TISSUE EXAMINED MICROSCOPICALLY
 :
 NO TISSUE INFORMATION SUBMITTED

 -:
 REQUIRED TISSUE OF EXAMINED MICROSCOPICALLY
 :
 NO TISSUE INFORMATION SUBMITTED

 X:
 TUMOR INCIDENCE
 AUTOLYSIS
 AUTOLYSIS, NO MISCOSCOPIC EXAMINATION

 N:
 NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 M:
 ANIMAL MISSING

 B:
 NO RECROPSY PERFORMED
 B:
 NO RECROPSY PERFORMED

120

ANIMAL NUMBER	2	0 2 7	2	2	3	3	03	0	3	3	3	3	0	3	04	4	042	4	4	4	4	4	4	4	5	TOTAL
WEEKS ON Study	0	1	8	0	1	0	1	9	1	1	1	-11	8 1 0	1	1	9	1	1	1	1	1	1	8 1 0	1		TISSUES
INTEGUMENTARY SYSTEM	21	5	01	5	51	5	51	5	5	51	51	51	51	5	-51	3	5	51	51	51	51	51	5	51	2	
SUBCUTANEOUS TISSUE Leiomyosarcoma Mast-cell tumor	+	٠	٠	٠	+	.+	+	* ×	+	•	+	+	+	+	+	N,	•	+	•	٠	+	+	٠	+	•	49× 1 1
RESPIRATORY SYSTEM																									+	
LUNGS AND BRONCHI Heoplasm, Nos, metastatic Alveolar/Bronchiolar Adenoma Tubular-cell Adenocarcinoma, meta	+	+ x	+	+	+	+ . ×	+	+	+	+	+	+	+ X	+	+	+	+ X	•	+	+	٠	•	•	+	٠	49 1 9 1
TRACHEA	+	٠	+	٠	÷	+	+	+	+	÷	+	+	+	+	+	A	+	÷	+	+	+	+	+	٠	+	48
HEMATOPOIETIC SYSTEM																									+	
BONE MARROW	++	÷	÷	÷	÷	÷	÷	÷	÷	÷	-	+	+	÷	+	÷	•	÷	+	+	+	+		<u>.</u>	+	. 45
SPLEEN Malignant Lymphoma, nos	L+	٠	+	.*	+	+	+	+	+	•	•	+	+	•	+		+	+	+	+	+	+	+	+	ż	48 2
LYMPH NODES Angioma	-	-	+	•	+	+	+	-	•	•	•	•	+	+	+	٠	+	٠	+	+	٠	+	٠	-	-	36
THYMUS	+	٠	٠	+	+	+	+	-	-	-	•	+	+	+	-	A	+	+	-	+	+	-	+	٠.	+	38
CIRCULATORY SYSTEM															• • •										1	
HEART Tubular-cell Adenocarcinoma, meta Angiosarcoma	+	+ ×	٠	+	+	•	+	•	+	٠	+	٠	+	•	+	+	+	+	•	+	+	+	•	+	+	49 1
DIGESTIVE SYSTEM	+																								+	
SALIVARY GLAND	+	+	÷	÷	+	ŧ	+	÷	÷	+	+	+	÷	t.		.t	<u>+</u>	+	+	<b>t</b>	+	+	÷	+	4	49
LIVER Hepatocellular Adenoma Hepatocellular Carcinoma Angioma	+	*	٠	* ×	+	* ×	* × ×	٠	+	* ×	+	+	+	+	+	٠	٠	+ x	+ X	+	٠	+ x	•	+ x	+	49 7 12 1
BILE DUCT	1.	•	+	+	•	÷	÷	÷	÷	÷	÷		•	+	÷	÷	+	•	Ŷ.	•	÷	•	•			49
GALLBLADDER & COMMON BILE DUCT	<b>1</b>	+	N	+	+	+	+	N	+	+	+	+	+	+	+	N	+	+	+	+	+	•	+	•	+	49×
PANCREAS	-	+	+	+	÷	+	+	+	+	+	•	+	+	÷	+		÷	+	+	+	+	+	+	+	+	47
ESOPHAGUS	<b> </b> +	+	+	-	+	+	+	+	+	+	+	+	+ .	+	+.	٨	+	+	÷	+	+	+	+	+	+	46
STOMACH	<u> </u>	÷	+	+	÷	+	+	+	+	+	+	÷	+	+	+	٨	+	+	+	+	+	+	+	+	+	46
SMALL INTESTINE	<u> </u>	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	٨	+	+	+	+	+	+	+	+	+	46
LARGE INTESTINE	+	+	+	-	+	+	+	-	+	÷	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	46
IRINARY SYSTEM	-															•			~~~						+	
KIDNEY Tubular-cell adenoma Tubular-cell adenocarcinoma	ŀ	+	٠	٠	+	+	+	+	•	•	+	•	+	+	•	+	+	+	+	•	+	+	+	+	+	49 1
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	÷	+	+	÷	÷	+	+	+	+	49
ENDOCRINE SYSTEM	+																								-+	
PITUITARY	<u> -</u>	-	+	.+.	+	+	+	+	+	+	-	-	+	-	-	A	+	+	+	<u>+</u>	+	+	÷	•	+	32
ADRENAL Pheochromocytoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	-	+	+	+	+	+	+	٠	47
THYROID Follicular-Cell Adenoma	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	A	+	+	+	+	+	+	٠	÷	+	47
PARATHYROID	-	+	٠	-	-	÷	-	-	÷	÷	-	-	+	+	-	A	+	٠	+	-	-	-	+	÷	-	26
REPRODUCTIVE SYSTEM	+										-														+	
MAMMARY GLAND	н.	. N.	.N	N	.N.	N	N	N	N	N	N	N	N	<u>N.</u>	N	<u>N</u> _	N_	N	н	N	N	N	N	Ν	M	49×
TESTIS	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	ŧ	+	+	+	+	+	49
PROSTATE	+	+	+	+	+	+	٠	٠	٠	÷	+	+	٠	+	+	٠	+	+	+	+	+	٠	۰.	+	+	49
SPECIAL SENSE ORGANS	1																									
LACRIMAL GLAND Papillary Adenoma	N	N	N	N	н	N X	N	N	N	N	N	N	N	N X	H	H	N	N	N	N	N	N	N	N	N	498
ALL OTHER SYSTEMS	1										_															
MULTIPLE ORGANS NOS Malignant Lymphoma, nos Malig.Lymphoma, histiocytic type Mast-cell leukemia	N	N	×	н	N X	N	'n	N	N	N	N	н	N	N	N	N	N	N	N	N	N	N	N	N	N	49) 1 1

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

 \* ANIMALS NECROPSIED
 : NO TISSUE INFORMATION SUBMITTED

 \*: TISSUE EXAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBMITTED

 \*: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL

 X: TUMOR INCIDENCE
 A: AUTOLYSIS

 N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 M: AHIMAL MISSING

 B: NO NECROPSY PERFORMED
 S: NO NECROPSY PERFORMED

## TABLE B4.

## INDIVIDUAL ANIMAL TUMOR PATHOLOGY TABLES OF FEMALE MICE IN THE 2-YEAR STUDY OF C.I. DISPERSE YELLOW 3

#### CONTROL

ANIMAL NUMBER	0	0	8	0	0	0	0	0	9	0	1	1	1		1	1	0 1 7	0 1 8	0 1 9	2	2	022	2	024	0 2 5
WEEKS ON Study	0	1	1	ò	0	6 1 0	0	8 9	0	0	1	0	1	6	0	0	0	0	1	0	1	0	3	4	1
NTEGUMENTARY SYSTEM	51	51	-51	51	51	5	51	4	51	51	5	51	51	51	- 51	51	51	-51	-51	51	51	51	5	2	_2
SUBCUTANEOUS TISSUE Fibrosarcoma	+	N	+	+	+	٠	٠	N	+	٠	+	+	٠	٠	٠	H	+	+	+	+	+	+	+	N	1
ESPIRATORY SYSTEM																									
LUNGS AND BRONCHI Hepatocellular Carcinoma, metasta Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	+	•	+	+	+	+	+	•	+	+	•	+	+	+	+	+	+	+	•	+	+	+	+	×	•
TRACHEA	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+.	+	+	+	+	+	÷	÷	+	+	4
EMATOPOIETIC SYSTEM															****				·····						-
BONE MARROW	+	+	÷	+	+	+	÷	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	-	
SPLEEN Malignant Lymphoma, Nos	+	•	+	+	+	+	+	+.	+	+	•	•	+	+	•	+	+	+	+	+	+	+	+	+	
LYMPH NODES	+	+	+	•	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	+	-	+	+	-	
THYMUS	+	-	+	-	+	٠	+	-	+	٠	+	-	+	+	٠	.*	+	-	+	+	+	٠	+	-	
IRCULATORY SYSTEM																								_	-
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
IGESTIVE SYSTEM																									
SALIVARY GLAND	+	+	+	+	+	*	<u>+</u>	<b>t</b>	<u>+</u>	_ <u>+</u>		+	+	+	+	+	+	+	+	+	+	+	+	-	_
LIVER Hepatdcellular carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* x	
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	N	
PANCREAS Malig.lymphoma, histiocytic type	+	+	+	+	+	+	+	+	•+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ESOPHAGUS		+	+	+	+	÷	÷	+	÷	+	+	+	+	÷	+	÷	÷	+	+	+	+	+	+	+	
STOMACH	+	+	÷	٠	+	+	+	+	+	٠	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE	+	+	+	+	+	+	+	٠	÷	+	+	+	+	+	+	÷	+	+	+	+	+	+	+		_
LARGE INTESTINE	+	٠	+	+	+	÷	٠	٠	÷	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	-	
RIHARY SYSTEM																									-
KIDNEY	. + .	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+.	-
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
NDOCRINE SYSTEM																									
PITUITARY Chromophobe Adenoma	•	-	+	+	+	+	+	-	-	+	-	-	+	+	-	+	+	+	+	•	+	* ×	+	+	
ADRENAL HEPATOCELLULAR CARCINOMA, METASTAL	+	-	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	-	+	+	+	+	÷.	
THYROID	+	+	+	+	+	+	+	+	+	.+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PARATHYROID	+	+	+	+	-	+	<u>+</u>		-	+	+	+	-	÷	÷	+	-	+	-	-	-	+	+	÷	
PANCREATIC ISLETS ISLET-CELL CARCINOMA	٠	+	+	* ×	٠	٠	٠	٠	٠	+	٠	٠	+	+	+	٠	+	٠	+	+	+	٠	+	+	
EPRODUCTIVE SYSTEM				<u> </u>																					_
MAMMARY GLAND	•	N	N	+	•	÷	н	N	÷	•	÷	+	+	+	÷	N	N	÷	÷	+	+	+	÷	н	
UTERUS LEIOMYOMA	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	
ENDOMETRIAL STROMAL POLYP																						X			-
OVARY	+	+.	+	+	+.	+	+.	+	+	+.	+.	+	+	+	+	+	+	+.	+	+	+	+	+	+	
PECIAL SENSE ORGANS Lacrimal gland Ademoma, nos Papilary adenoma	N	N	N	N	N	N	N	¥	N	N	N	N	N	N	N	N	N	N	м	N X	н	N	N	N	
LL OTHER SYSTEMS																									_
MULTIFLE ORGANS NOS FIBROSARCOMA, METASTATIC Malignant Lymphoma, Nos Malignant, Hystiocytic Type	N	N	H	N	N	H	N	н х	N X	N	H	N	N	N	H	N	N X	N	N	N	N	N	N	N	

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE MOT EXAMINED MICROSCOPICALLY X: Tumor Incidence N: Necropsy, No Autolysis, No Microscopic Examination : NO TISSUE INFORMATION SUBMITTED C: Necropsy, no Histology due to Protocol A: Autolysis M: Animal Missing B: No Necropsy Performed

ANIMAL NUMBER	2	2	28	29	3	0	0	3	034	3	036	03	038	039	040	041	4 2	043	044	04	04	9	0 4 8	049	0	TOTAL
WEERS ON Study	1 0 5	0 8 9	1 0 • 5	1 0 5	0 5	5	1 0 5	1 0 5	1 0 5	1 0 5	1 0 5	1 0 5	1 0 5	0 9  5	1 0 5	1 0 5	1 0 5	1 0 5	1 0 5	1 0 5	0	1 0 5	0	0 5	0	TUMORS
INTEGUMENTARY SYSTEM																										_
SUBCUTANEOUS TISSUE FIBROSARCOMA	1 *	+	+	+	+	+	+	* ×	+	+	+	+	•	+	•	+	+	•	Ν	+	+	+	+	+	*	50× 1
RESPIRATORY SYSTEM										*****																
LUNGS AND BRONCHI Hepatocelular carcinoma, metasta Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma	ŀ	•	+ x	•	•	* x	+	+	* ×	+	* x	+	•	٠	+ x	+	+	+	+	•	•	+	٠	* x	·	50 1 5 1
TRACHEA	+	+	÷	+	+	÷	+	+	+	÷	+	+	+	+	+	+	+	+	+	•	÷	÷	+	+	+	50
HEMATOPDIETIC SYSTEM																			··						+	
BONE MARROW	+	+	+	.+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	49
SPLEEN Malignant Lymphoma, Nos	+	+	+	+	+	+	+	* x	+	+	+	+	+	+	+	+	+	÷	+	+	+	•	+	+	+	50
LYMPH NODES	-	+	+	+	-	+	+	+	+	+	+	+	+	+	-	+		<u>+</u>	<u>+</u>	+	-	+	+	+	-	40
THYMUS	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	•	+	٠	-	-	-	41
CIRCULATORY SYSTEM		<u> </u>												·											-†	
HEART	•	٠	+	+	+	٠	+	+	+	٠	٠	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	50
DIGESTIVE SYSTEM												••••													+	
SALIVARY GLAND	+	t	+	+	+	+	+	+	+	+	+	•	٠	+	•	•	+	+	+	+ .	+	•	+	+	-	48
LIVER HEPATOCELLULAR CARCINOMA	•	+	+	+	+	•	+	٠	•	•	•	+	+	+	+	+	<u>*</u>	•	•	+	٠	•	٠	•	4	50 2
BILE DUCT	+	+	•	+	+	+	+	+	+	+	+	+	+	+	<u>.</u>	<u>+</u>	+	+	+	+	+	÷	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	+	+	+	. +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50×
PANCREAS Malig.lymphoma, histiocytic type .	+	+	+	+	+	+	•	+	+	+	•	+	•	+	+	+	+	+	* x	+	•	•	•	•	*	50
ESOPHAGUS	+	+	+	+	+	ŧ	÷	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	49
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SMALL INTESTINE	+	ŧ	+	+	+	+	+	+	+	+	+	.+	+	+	+	+	+	*	+	+	+	+	•	•	-	48
LARGE INTESTINE	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
JRINARY SYSTEM																										
KIDNEY	+-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	∔	50
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
ENDOCRINE SYSTEM																										
PITUITARY Chromophobe Adenoma	-	+	+	+	-	+	+	+	+	+	+	+	+	-	-	+	-	+	-	•	+	•	+	•	4	38
ADRENAL HEPATOCELLULAR CARCINOMA, METASTA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	•	-	46,
THYROID	+	+	+	. <u>+</u>		t	<u>+</u>	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	<u>+</u> _	4	50
PARATHYROID		+	-	-	+	<del></del> .	-		+	+	+	-	-	-		+	+	+	-	-	+	+	+	-	-	28
PANCREATIC ISLETS ISLET-CELL CARCINOMA	+	+	+	+	+	٠	+	٠	+	+	+	+	+	•	+	+	+	+	+	•	•	+	+	+	1	50
REPRODUCTIVE SYSTEM											_															
MAMMARY GLAND	+	N	+	+	.*	+	*	+	+	•	+	+	<u>N</u>	<u>N</u>	+	<u>+</u>	+	<u>+</u>	Ν.	<u>N</u>	<u>+</u>	+	+	+	M	50×
UTERUS LEIOMYOMA Endometrial stromal polyp	+	+	+	+	+	+	+	+	+	+	•	+	٠	•	+	+	+	+	+	*	+	+	* ×	+	+	50
QVARY	+	+	+	÷	+	+	+	+	+	+	+	+	-	+	-	+	+	+	-	+	÷	÷	+	-	+	46
SPECIAL SENSE ORGANS	<u> </u>																								-+	• •••••
LACRIMAL GLAND Adenoma, Nos Papillary Adenoma	N	N	н	н	N	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	50× 1
LLL OTHER SYSTEMS	<u> </u>			•••••	• • • • •																				+	
MULTIPLE ORGANS NOS FIBROSARCOMA, METASTATIC MALIGNANI LYMPHOMA, NOS MALIG.LYMPHOMA, HISTIOCYTIC TYPE	N	N	N	N	N	N	N X	N X X	N	N X	N	N	N	N	N	N	N	H	н	N	N	N	H X	N	N	50× 1 5

### TABLE B4. FEMALE MICE: TUMOR PATHOLOGY (CONTINUED) CONTROL

\* ANIMALS NECROPSIED \* ITISSUE EXAMINED MICROSCOPICALLY - TISSUE EXAMINED MICROSCOPICALLY - REQUIRED TISSUE INFORMATION SUBMITTED - REQUIRED TISSUE NO EXAMINED MICROSCOPICALLY X TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NECROPSY PERFORMED B: NO NECROPSY PERFORMED

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#### TABLE B4.

## INDIVIDUAL ANIMAL TUMOR PATHOLOGY TABLES OF FEMALE MICE IN THE 2-YEAR STUDY OF C.I. DISPERSE YELLOW 3

#### LOW DOSE

ANIMAL	0	0 0 2	0	0	0	0	0	0 0 8	0	0   1 0	1	0	1	1	1	0 1 6	0 1 7	0 1 8	0	20	02	0 2 2	2	24	25
WEEKS ON STUDY	i	1	3	1	1		1			1	-;	1	ş	10		븳	9	1	1	1	9		0	1	5 0 7
NTEGUMENTARY SYSTEM	5	اف	أق	51	5	ŝi	5	51	ŝ	51	5	5	8	3	51	Śİ	0 İ	5	5	5	9	51	51	51	9
SUBCUTANEOUS TISSUE Sarcoma, Nos	٠	٠	+	+	+	٠	٠	٠	+	+	٠	٠	+	+	+	+	+	٠	٠	+	٠	+	٠	+	N
ESPIRATORY SYSTEM																									
LUNGS AND BRONCHI	+	+.	+	+	+	+	+	+	+	+	+-	+	+	+	+	+	+	+	+	+	+	+	+	+	+
TRACHEA EMATOPOIETIC SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	-	-	*	+	+
BONE MARROW								÷			+	•	÷	÷	+	+	+				•			•	
SPLEEN HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
LYMPH NODES	+	÷	+	-	+	+	+	+	_	+	+	+	-	_	+	+	÷	+	+	+	+	+	÷	+	_
THYMUS	+	+	+	+	+	+	+	+	÷	+	+	+	+	-	÷	+	-	+	+	+	+	-	+	+	-
IRCULATORY SYSTEM																									
HEART	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	+	÷	+	+	+	+	+
IGESTIVE SYSTEM													-	_											
SALIVARY GLAND	+	+	t.	+	+	+	ŧ	+		+	t	+	-	÷	ŧ	+	+	+	+	+	ŧ	+	+	+	ŧ
LIVER Hepatocellular adenoma Hepatocellular carcinoma Angioma	÷	٠	+ ×	* ×	٠	٠	* ×	* ×	٠	* ×	+	٠	+	+	+	+	+	٠	+ x	٠	+ x	+	•	+	+
BILE DUCT	+	+	.+	÷	÷	+	+	+	÷	÷	+	+	+	+	÷	+	+	+	+	÷	+	+	+	÷	+
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
PANCREAS	+	+	÷	+	+	+	+	+	÷	÷	÷	+	-	÷	+	+	٠	+	٠	+	٠	-	+	+	-
ESOPHAGUS .	( +	+	+	_ <u>t</u> _	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	-	+	<u>+</u>	
STOMACH SQUAMOUS CELL PAPILLOMA	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	-
SMALL INTESTINE Malignant Lymphoma, Nos	+	+	+	+	* x	+	•	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	•	_
LARGE INTESTINE LEIOMYOSARCOMA, INVASIVE	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	×	+	+	+	-	•	-	+	1
RINARY SYSTEM																									
KIDNEY URINARY BLADDER HEMANGIOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	•	• •	-
HEMANGIOMA NDOCRINE SYSTEM															_										
PITUITARY CHROMOPHOBE ADENOMA	+	٠	+	+	٠	-	٠	٠	+	٠	٠	÷	-	-	٠	-	+	÷	÷	-	-	٠	* ×	ŧ	-
ADRENAL	+	+	+	+	-	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	4
THYROID	+	+	+	+	+	+	+	ţ	+	+	÷	+	+	+	+	÷	+	+	+	÷	+	-	+	+	4
PARATHYROID	-	+	+	-	-	-	+	+	+	+	_	-	-	+	+	-	_	+	+	+	-	-	+	ŧ	_
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	٠	+	+	٠	٠	٠	+	* ×	+	+	+	-	+	٠	٠	+	+	+	٠	+	-	+	+	-
EPRODUCTIVE SYSTEM	<b>—</b>										_														
MAMMARY GLAND	+	. +	N.	N	+	+	+	N	+	+	+	+	+	N		+	+	+	N	+	N	+	+	+	N
UTERUS SARCOMA, NOS LEIDMYOSARCOMA ANGIOMA	+	+	+	٠	•	٠	+	٠	٠	+	+	+	+	+	•	+	+ X	+	•	+	+	٠	+	+	•
MALIG.LYMPHOMA, HISTIOCYTIC TYPE . Ovary Memangioma	+	+	+	+	÷	+	+	•	÷	+	+	+	<u>×</u> +	+	+	+	+	+	+	+	+	+	•	+	-
HEMANGIOMA Ervous system																	×								_
BRAIN DLIGODENDROGLIOMA	+	+	٠	٠	+	÷	÷	٠	÷	+	+	+	* ×	÷	٠	÷	+	÷	÷	+	+	٠	٠	٠	-
PECIAL SENSE ORGANS																									_
LACRIMAL GLAND PAPILLARY ADENOMA	н	NX	N	H	N	N	н Х	H	N	H	N	N	N	N	н	N	N	N	N X	N	N	N	N	N	,
LL OTHER SYSTEMS																									_
MULTIPLE ORGANS NOS Malignant Lymphoma, Nos Malig.Lymphoma, Lymphocytic type Malig.Lymphoma, Histigeytic type	N	N	NX	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		N	N
HALIG.LYMPHOMA, HISTIOCYTIC TYPE Granulocytic Leukemia +: Tissue Examined Microscop -: Required Tissue not Exami	×													x								x	x	×	*

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

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: NO TISSUE INFORMATION SUBMITTED C: Necropsy, No Histology due to protocol A: Autolysis M: Animal Missing B: No Necropsy Performed

ANIMAL NUMBER	0 2 6	0 2 7	0 2 8	0 2 9	0 3 0	3	0 31 21	0 3 3	3	0 3 5	0  3  6	0 3 7	0 31 8	0 3 9	0 4 0	4	0 4 2	0 4 3	4	0  4  5	4	0 4 7	04	0 4 9	0 5 0	TOTAL
WEEKS ON Study		1	1	1	1	1	0	1	1	5 0 8	1	9	1	i	1	0	0	0	0	3	0	0	1	0	0 9	TISSUE
INTEGUMENTARY SYSTEM	5	5	5	51	51	_5	8	51	5	0 i	_11	. 91	5	5	5	5	_51	5	5	5	5	5	5	5	5	
SUBCUTANEOUS TISSUE Sarcoma, Nos	+	٠	+	+	+	* ×	+	٠	+	+	٠	+	+	٠	+	+	+	+	+	+	+	+	٠	٠	+	50× 1
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI	++-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+_	+	+	+	+	+	<u>, 50</u>
TRACHEA	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
HEMATOPOIETIC SYSTEM					-																					
BONE MARROW	<u>+</u> +	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
SPLEEN Hemangidsarcoma	×	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
LYMPH NODES	Γ-	+	+	+	÷	÷	+	÷	+	+	+	÷	+	+	-	+	+	÷	+	+	+	+	+	+	+	43
THYMUS	+	+	+	+	÷	-	+	+	+	-	-	+	+	+	+	+	+	÷	+	+	÷	+	+	+	+	43
CIRCULATORY SYSTEM	+																								-	
HEART	+	+	+	+	÷	+	÷	· +	+	+	÷	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	50
DIGESTIVE SYSTEM	+																									
SALIVARY GLAND	+	•	+	+	ŧ	+	•	+	.+	+	+	· +	+	+	+	+	+	+	+	+	•	+	+	+	+	49
LIVER Hepatocellular adenoma Hepatocellular carcinoma	+	+	+ x	٠	•	٠	٠	+	٠	٠	+	٠	٠	٠	+ X	+	+	+	+	•	٠	* ×	×	+	+	50 6 4
ANGIOMA Bile duct			•	•	•	•		•	•	+	+	+	+	+	•	+	•	•	+	•	+	•		•		50
GALLBLADDER & COMMON BILE DUCT	t.	•	•	+	•	. <u>.</u>		<u>,</u>	-	•	•	•	•	+	•	•	+	•	÷	•	+	+	•	•	Ť	50 50×
PANCREAS	+	•	•	•	•	•	. <u>n</u> .		•	•	•	•	•	+	+	•	•	•	•	•	•	•	*	+	Ť	47
ESOPHAGUS		•	•	÷	÷	÷	-	÷	÷	÷	÷	÷	÷	÷	÷	÷	•	•	÷	Į.	•	÷	•	÷	ļ	47.
STOMACH Squamous cell papilloma	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	* x	+	+	+	+	48
SMALL INTESTINE Malignant Lymphoma, Nos	+	+	+	+	+	+	-	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	-	46
LARGE INTESTINE LEIOMYOSARCOMA, INVASIVE	+	+	+	+	٠	+	-	+	-	+	+	+	+	+	+	+	-	+	+	+	٠	•	+	+	+	45
URINARY SYSTEM																										
KIDNEY URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+.	+	<u>+</u>	. <u>+</u>	+	+	50
HEMANGIOMA	+	+	+	+	+	+	+	+	*	+	+	-	+	+	+	+	+	+	-	+	*	+	+	•	+	46 1
ENDOCRINE SYSTEM	-																								-	
PITUITARY Chromophobe Adenoma	+	-	-	-	-	+	-	-	+	-	-	+	+	*	+	-	+	-	-	-	+	+	-	+	+	30 1
ADRENAL .	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	47
THYROID	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	<u>+</u>	+	+	49
PARATHYROID	+	-	-	+	+	-	-	-	+		+	-	-	-	-	+	+		+	•	+	-	+	+		24
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47 1
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND	+-	+	N	+	+	+	N	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50×
UTERUS Sarcoma, nos Leiomyosarcoma Angioma	+	•	٠	+	+	+	+	•	+	+	+	+	+	+	+	+	* X	+	+	+	+	+	+ ×	+	+	50 1 1
MALIG.LYMPHOMA, HISTIOCYTIC TYPE Dvary Hemangioma	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	48 1
NERVOUS SYSTEM	-								_																-	
BRAIN OLIGODENDROGLIOMA	+	٠	÷	٠	+	+	+	÷	+	+	+	+	٠	٠	+	÷	+	÷	٠	٠	+	٠	÷	٠	+	49 1
SPECIAL SENSE ORGANS																									-	
LACRIMAL GLAND Papillary Adenoma	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	N	N	N	N	50× 3
ALL OTHER SYSTEMS	1																									
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, NOS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE GRANULOCYTIC LEUKEMIA	N	N	N	N	N	N	N X	N	N	N X	N X	N X	N	N X	N	N	N	N	N	N X	N	N	N	N	N X	50× 2 10

#### TABLE B4. FEMALE MICE: TUMOR PATHOLOGY (CONTINUED) LOW DOSE

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ANDIALOVITAY INSTANCE
 \* AN MALS NECROPSIED
 \* TISSUE EXAMINED MICROSCOPICALLY
 - REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 X: TUMOR INCIDENCE
 N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMIITED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Autolysis M: Animal Missing B: No Necropsy Performed

#### TABLE B4.

## INDIVIDUAL ANIMAL TUMOR PATHOLOGY TABLES OF FEMALE MICE IN THE 2-YEAR **STUDY OF C.I. DISPERSE YELLOW 3**

-----ANIMAL 0 0 0 0 0 0 WEEKS O 1 ģ INTEGUMENTARY SYSTEM SKIN MALIGNANT MELANOMA SUBCUTANEOUS TISSUE ANGIOSARCOMA + ; ÷ + 4 + ÷ + ÷ ÷ + N + + + ÷ н RESPIRATORY SYSTEM LUNGS AND BRONCHI Adenocarcinoma, nos, metastatic Hefatocellular carcinoma, metasta Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Angiosarcoma, metastatic . . . x TRACHEA + + ÷ + ÷ + NASAL CAVITY Adenocarcinoma, Nos, invasive N N N N N N N N HEMATOPOIETIC SYSTEM BONE MARROW SPLEEN Hemangioma Malignant Lymphoma, nos Malig.lymphoma, histiocyiic type + + + + × . . . . . . . . . . . . . . . . LYMPH HODES Adenocarcinoma, NOS, Metastatic Malignant Lymphoma, NOS Malig.Lymphoma, Lymphocytic Type Malig.Lymphoma, Histiocytic Type + + + + + + \* x x . THYMUS Malignant Lymphoma, Nos CIRCULATORY SYSTEM HEART DIGESTIVE SYSTEM SALIVARY GLAND LIVER Hepatocellular adenoma Hepatocellular carcinoma Angioma + + + x \* BILE DUCT GALLBLADDER & COMMON BILE DUCT PANCREAS ESOPHAGUS STOMACH SMALL INTESTINE LARGE INTESTINE URINARY SYSTEM KIDNEY URINARY BLADDER ENDOCRINE SYSTEM PITUITARY Chromophobe Adenoma \* \* \* \* \* ADRENAL . . . . ÷ ÷ . . . + + + THYROID \_\_\_\_\_ \_ PARATHYROID REPRODUCTIVE SYSTEM MAMMARY GLAND ADENOCARCINOMA, NOS VAGINA Sarcoma, Nos UTERUS LEIOMYOMA LEIOMYOSARCOMA ENDOMETRIAL STROMAL POLYP OVARY NEOPLASM, NOS SPECIAL SENSE ORGANS LACRIMAL GLAND ADENOCARCINOMA, NOS PAPILLARY ADENOMA ALL OTHER SYSTEMS MULTIPLE ORGANS NOS Multiple Organs Nos Maliglaymphoma, Nos Maliglymphoma, Vimphogytic Type Maliglymphoma, Mistiocytic Type Malignant Lymphoma, Mixed Type Lymphogytic Leukemia N N N N N N N N X N N N N N N N N N x х

**HIGH DOSE** 

+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: MECROPSY. NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

NG TISSUE INFORMATION SUBMITTED Necropsy, no histology due to protocol Autolysising Animal Missing No Necropsy Performed

M: B:

ç

WEEKS DN STUDY         1           STUDY         0           INTEGUMENTARY SYSTEM         5           SKIN         *           MALIGNANT MELANOMA         *           SUBCUTANEOUS TISSUE         *           ANGIDSARCOMA         *           RESPIRATORY SYSTEM         *           LUNGS AND BRONCHI ADENOCARCINOMA, NOS, METASTATIC HEPATOCELLULAR CARCAROMA, METASTA ALVEOLAR PRONCHIDIRA CARCINOMA ALVEOLAR PRONCHIDIRA CARCINOMA ALVEOLAR PRONCHIDIRA CARCINOMA ALVEOLAR PRONCHIDIRA CARCINOMA ALVEOLAR PRONCHIDIRA CARCINOMA ALIGIAR PRONCHIDIRA CARCINOMA ALIGIAR PRONCHIDIRA CARCINOMA ALIGIAR PRONCHIDIRA CARCINOMA ALIGIAL CAVITY ADENOCARCINOMA, NOS, INVASIVE           BONE MARROM         *           HEMATOPOIETIC SYSTEM         *           BONE MARROM         *           MALIGIAL LYMPHOMA, NOS, METASTATIC MALIGIAL LYMPHOMA, NOS, METASTATIC MALIGIANT LYMPHOMA, NOS         *           MALIGIANT LYMPHOMA, NOS         *           DIGESTIVE SYSTEM         *		8   5   •	* + + + N	9 1 0 5 + + +	• • • •	+	2 1 0 5 + +	+	4 8 8 + +	3 5 7 7 5 + +	6 9 5 +	7			0	2 1 0 5 1	3 0 5 +	4 1 0 5 +	1 0 5 5	6 1 5 5	1 0 5 +	9 5	9 9 5	0 2 2 4	TOTAL TISSUES TUMORS
INTEGUMENTARY SYSTEM SKIN MALIGNANT MELANOMA SUBCUTANEDUS TISSUE ANGIOSARCOMA RESPIRATORY SYSTEM LUNGS AND BRONCHI ADENGCARCINOMA, NDS, NETASTATIC MEPATOCELLULAR CARCINOMA, METASTA ALVEOLAR/BRONCHIDLAR ADENOMA ANGIDSARCOMA, METASTATIC TRACHEA HASAL CAVITY ADENGCARCINOMA, NOS, INVASIVE NEMATOPOTETIC SYSTEM BONE MARROW SILEEN HEMATOPOTETIC SYSTEM BONE MARROM SILEN LYMPHOMA, NOS, METASTATIC ADENGCARCINOMA, NOS, METASTATIC MALIGANT LYNPHOMA, NOS CIRCULATORY SYSTEM HEART BIGESTIVE SYSTEM SALIVARY GLAND ALIVER BOLLAR CARCINOMA ANGIDMA BILE DUCT		si. • •	<u>sl</u> + + + +	5	. 5	51	51	51	81	51	51	51	51 1	51.5	1.5	_ 51	51	_51_	51	51	51	51	_51.	ف ۱	
SKIN MALIGHANT MELANOMA SUBCUTANEDUS TISSUE ANGIOSARCOMA RESPIRATORY SYSTEM LUNGS AND BRONCHI ADENOCARCINOMA, NOS, METASTATIC HEPATOCELLULAR CARCINOMA, METASTA ALVEOLAR SBONCHIOLAR ADENOMA ALVEOLAR SBONCHIOLAR ADENOMA ANGIOSARCOMA, NOS, INVASIVE NALIGANECKINOMA, NOS, INVASIVE NALIGANT LYNPHOMA, NOS MALIGANT LYNPHOMA, NOS MALIGANT LYNPHOMA, NOS MALIGANT LYNPHOMA, NOS MALIGANT LYNPHOMA, NOS CIRCULATORY SYSTEM HEART DIGESTIVE SYSTEM SALUARY GLAND LIVER HEATOCELLULAR ADENOMA HETATOCELLULAR ADENOMA HETATOCELLULAR ADENOMA BILE DUCT + A		•	+	•	+ + +	+	+	+	+	+	+	•	+ +	• •	+	+	+	+	+	+	+	+	+	+	50×
ANGIOSARCOMA RESPIRATORY SYSTEM LUNGS AND BRONCHI HEPATOCARCIMOMA, NOS, METASTATIC HEPATOCELULUAR CARCINOMA, METASTA ALVEOLAR/BRONCHIOLAR CARCINOMA ANGIOSARCOMA, METASTATIC TRACHEA HASAL CAVITY ADENOCARCINOMA, NOS, INVASIVE HEMATOPOIETIC SYSTEM BONE MARROW SPLEEN HEMATOPOIETIC SYSTEM BONE MARROW SPLEEN HEMATOPOIETIC SYSTEM BONE MARROW SPLEEN HEMATOPOIETIC SYSTEM ALIGNANT LYMPHOMA, NOS MALIG.LYMPHOMA, NOS, METASTATIC MALIGANT LYMPHOMA, NOS HALIG.LYMPHOMA, NOS HALIG.LYMPHOMA, NOS HALIG.LYMPHOMA, NOS HALIG.LYMPHOMA, NOS CIRCULATORY SYSTEM HEART HEART LIVER SALIVARY GLAND LIVER HEATOCELLULAR ADENOMA HEFATOCELLULAR CARCINOMA BILE DUCT +		+	+ +	+	+	+	•	+	•	+	+													-+	
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STOMACH +		_	+	+	٠	+	+	+	+	+	<u>+</u>	+	<u>•</u> •	• •	. +	+	+	+	+	+	+	•	+	4	50
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REPRODUCTIVE SYSTEM			· .		_		<u> </u>				<u> </u>						<u> </u>	<u> </u>		-		<u> </u>	<u> </u>	4	28
MAMMARY GLAND ADENDCARCINOMA, NOS	•		+	+	+	+	н	+	H	N	+	+	N N	•	+	+	•	+	٠	•	+	+	*	٠	50×
VAGINA SARCOMA, NOS	N		H	N	N	N	N	N	N	N	N	N	N N	N	N	N	N	N	N	H	N	N	N	N	50×
UTERUS +	 +		•		+		•	•	•	•	•					+	•	-	•			•	+	+	50
LEIOMYOMA LEIOMYOSARCOMA Endometrial stromal polyp			-																×			×			
OVARY NEOPLASM, NOS	+	•	+	+	+	+	٠	-	* ×	÷	÷	٠	+ -	• •	+	٠	+	•	٠	+	+	+	+	٠	47 1
SPECIAL SENSE ORGANS LACRIMAL GLAND Ademocarcinoma, nos	N	i	н	N	N	N	N	N	ĸ	N			N H	1 1	N	N	N	N	H	H	N	N	N	*	50×
PAPILLARY ADENOMA												x												1	۱
ALL OTHER SYSTEMS	_			_			_									_		_		_	_	_	-		-
MULTIPLE ORGANS NOS Malignant Lymphoma, NOS Maliglant Lymphoma, Lymphocytic type Maliglymphoma, Histigcytic type Malignant Lymphoma, mixed type	H		H	н		N		н	N	ĸ	H	н	N N				N		N	N	N	н	N	N	50×

### TABLE B4. FEMALE MICE: TUMOR PATHOLOGY (CONTINUED) HIGH DOSE

\* ANIMALS NECROPSIED \* TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

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

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#### APPENDIX C

Summary of the Incidence of Nonneoplastic Lesions in Rats Fed Diets Containing C. I. Disperse Yellow 3

#### TABLE C1.

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50 50	50 50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN ULCER, NOS	1 (2%)	(50)	
RESPIRATORY SYSTEM			
#TRACHEA Inflammation, Chronic	(48)	(50)	(49) 1 (2%)
#LUNG/BRONCHUS Inflammation, chronic focal	(50)	(50)	(50) 1 (2%)
#LUNG/BRONCHIOLE Hyperplasia, nos	(50) 2 (4%)	(50) 3 (6%)	(50)
#LUNG EDEMA, NOS HEMORRHAGE HEMORRHAGIC CYST INFLAMMATION ACUTE AND CHRONIC PNEUMONIA INTERSTITIAL CHRONIC	(50)	(50) 1 (2%)	(50) 2 (4%) 1 (2%) 1 (2%)
INFLAMMATION, CHRONIC FOCAL INFLAMMATION, FOCAL GRANULOMATOU HYPERPLASIA, ALVEOLAR EPITHELIUM HISTIOCYTOSIS	2 (4%)	3 (6%) 2 (4%)	2 (4%) 1 (2%) 3 (6%)
HEMATOPOIETIC SYSTEM			
<pre>#BONE MARROW INFLAMMATION, CHRONIC DEPLETION HYPERPLASIA, HEMATOPOIETIC</pre>	(48)	(50) 1 (2%)	(50) 1 (2%)

#### SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS FED DIETS CONTAINING C. I. DISPERSE YELLOW 3

	CONTROL	LOW DOSE	HIGH DOSE
HYPERPLASIA, RETICULUM CELL HYPOPLASIA, HEMATOPOIETIC	2 (4%)		1 (2%) 2 (4%)
#SPLEEN FIBROSIS, FOCAL	(50) 2 (4%)	(50)	(50)
HEMOSIDEROSIS LYMPHOID DEPLETION	1 (2%)	2 (4%)	4 (8%)
LIPOMATOSIS	2 (4%)	2 (4%)	
#SPLENIC RED PULP INFLAMMATION, CHRONIC DIFFUSE	(50)	(50)	(50)
FIBROSIS, FOCAL	1 (2%)	(2/4)	1 (2%)
#MANDIBULAR L. NODE INFLAMMATION, ACUTE	(47)	(48)	(45)
LYMPHOID DEPLETION PLASMACYTOSIS	1 (2%)		1 (2%)
HYPERPLASIA, LYMPHOID	1 (2%)		
#HEPATIC LYMPH NODE Edema, Nos	(47)	(48)	(45) 1 (2%)
#MESENTERIC L. NODE HEMORRHAGE	(47)	(48)	(45)
HEMOSIDEROSIS LYMPHOID DEPLETION	1 (2%)	1 (2%)	4 (9%)
#THYMUS ATROPHY, DIFFUSE	(40) 1 (3%)	(45)	(34)
CIRCULATORY SYSTEM			
#BRAIN PERIVASCULITIS	(50)	(50) 1 (2%)	(50)
*THORAX PERIARTERITIS	(50) 1 (2%)	(50)	(50)
*SUBCUT TISSUE PERIARTERITIS	(50)	(50)	(50) 1 (2%)
*MAMMARY GLAND PERIVASCULITIS	(50)	(50)	(50) 1 (2%)
#MANDIBULAR L. NODE LYMPHANGIECTASIS	(47) <u>1 (2%)</u>	(48)	(45)

#### TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
#MESENTERIC L. NODE LYMPHANGIECTASIS	(47) 1 (2%)	(48) 1 (2%)	(45) 1 (2%)
#LUNG PERIVASCULITIS	(50)	(50)	(50) 1 (2%)
*EPICARDIUM PERIVASCULITIS	(50)	(50)	(50) 1 (2%)
#HEART PERIARTERITIS	(50)	(50) 1 (2%)	(49)
DEGENERATION, NOS	18 (36%)	27 (54%)	29 (59%)
#HEART/ATRIUM Thrombosis, Nos	(50)	(50) 1 (2%)	(49)
#LEFT ATRIUM Thrombosis, nos	(50) 2 (4%)	(50) 1 (2%)	(49) 1 (2%)
#MYOCARDIUM Inflammation, chronic focal	(50)	(50) 2 (4%)	(49)
DEGENERATION, NOS NECROSIS, FOCAL		1 (2%)	2 (4%) 1 (2%)
#ENDOCARDIUM Inflammation, Chronic	(50)	(50)	(49) 2 (4%)
INFLAMMATION, CHRONIC FOCAL		1 (2%)	
#CARDIAC VALVE Inflammation, Chronic	(50)	(50) 1 (2%)	(49) 1 (2%)
*ARTERY PERIVASCULITIS	(50)	(50)	(50) 1 (2%)
*PULMONARY ARTERY ARTERIOSCLEROSIS, NOS	(50)	(50) 1 (2%)	(50)
*TESTICULAR ARTERY INFLAMMATION, CHRONIC NECROTIZIN	(50)	(50)	(50) 1 (2%)
#PANCREAS PERIARTERITIS	(48)	(50) 5 (10%)	(49) 1 (2%)
*MESENTERY PERIARTERITIS	(50) 1 (2%)	(50)	(50)

#### TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED) \_\_\_\_\_

	CONTROL	LOW DOSE	HIGH DOSE
#KIDNEY PERIARTERITIS	(50)	(50)	(50) 1 (2%)
DIGESTIVE SYSTEM			
*TONGUE ACANTHOSIS	(50)	(50) 1 (2%)	(50)
#SALIVARY GLAND Cell-Shape, alteration Atrophy, focal	(46)	(50) 1 (2%)	(49) 1 (2%) 2 (4%)
#LIVER CONGESTION, CHRONIC PASSIVE INFLAMMATION, ACUTE/CHRONIC GRANULOMA, NOS DEGENERATION, NOS DEGENERATION, CYSTIC NECROSIS, FOCAL CYTOPLASMIC VACUOLIZATION BASOPHILIC CYTO CHANGE FOCAL CELLULAR CHANGE ANGIECTASIS	(49) 1 (2%) 1 (2%) 26 (53%) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 2 (4%) 26 (52%) 4 (8%)	(50) 1 (2%) 3 (6%) 2 (4%) 25 (50%) 17 (34%) 2 (4%)
#HEPATIC CAPSULE Inflammation, chronic	(49)	(50) 1 (2%)	(50)
#LIVER/CENTRILOBULAR CONGESTION, NOS CONGESTION, ACUTE PASSIVE DEGENERATION, NOS NECROSIS, NOS NECROSIS, FOCAL CYTOPLASMIC VACUOLIZATION	(49) 1 (2%) 1 (2%) 2 (4%)	(50) 2 (4%) 1 (2%) 2 (4%)	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)
#LIVER/PERIPORTAL FIBROSIS, FOCAL	(49) 1 (2%)	(50)	(50)
#LIVER/HEPATOCYTES NECROSIS, FOCAL	(49)	(50)	(50) 2 (4%)
#BILE DUCT HYPERPLASIA, NOS	(49) 10 (20%)	(50)	(50)

#### TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED) \_\_\_\_\_

	CONTROL	LOW DOSE	HIGH DOSE
HYPERPLASIA, FOCAL	4 (8%)	8 (16%)	1 (2%)
#PANCREATIC ACINUS Atrophy, NOS Atrophy, Focal	(48) 2 (4%) 6 (13%)	(50) 2 (4%) 7 (14%)	(49) 2 (4%) 12 (24%)
#STOMACH Ulcer, Chronic	(49) 1 (2%)	(50)	(50)
#GASTRIC MUCOSA MINERALIZATION	(49)	(50) 1 (2%)	(50)
#GASTRIC SUBMUCOSA EDEMA, NOS	(49) 1 (2%)	(50)	(50)
#CARDIAC STOMACH EDEMA, NOS Hyperplasia, Epithelial	(49)	(50) 1 (2%)	(50) 1 (2%) 2 (4%)
#GASTRIC FUNDUS NECROSIS, FOCAL	(49) 1 (2%)	(50)	(50)
#PYLORUS Ectopia	(49)	(50)	(50) 1 (2%)
#COLON NEMATODIASIS	(49) 2 (4%)	(45) 3 (7%)	(47) 1 (2%)
URINARY SYSTEM			
#KIDNEY Hydronephrosis Cyst, nos	(50)	(50)	(50) 1 (2%) 1 (2%)
POLYCYSTIC KIDNEY NEPHROPATHY PIGMENTATION, NOS HYPERPLASIA, TUBULAR CELL	38 (76%)	1 (2%) 41 (82%) 1 (2%) 1 (2%)	42 (84%) 3 (6%)
#KIDNEY/CORTEX CYST, NOS	(50)	(50) 2 (4%)	(50) 2 (4%)
PIGMENTATION, NOS	3 (6%)	2 (7/2)	C (74)
#KIDNEY/PELVIS MINERALIZATION	(50)	(50)	(50)

#### TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
HYPERPLASIA, EPITHELIAL Hyperplasia, papillary	1 (2%)	4 (8%) 1 (2% <u>)</u>	7 (14%) 1 (2%)
*URETER HYPERPLASIA, EPITHELIAL	(50)	(50)	(50) 1 (2%)
#URINARY BLADDER HEMORRHAGE HYPERPLASIA, EPITHELIAL METAPLASIA, SQUAMOUS	(45) 1 (2%)	(50)	(48) 1 (2%) 1 (2%)
#U. BLADDER/MUCOSA NECROSIS, NOS POLYPOID HYPERPLASIA	(45) 1 (2%)	(50)	(48) 1 (2%)
ENDOCRINE SYSTEM			
#PITUITARY CYTOLOGIC DEGENERATION HYPERPLASIA, CHROMOPHOBE-CELL	(47) 1 (2%) 3 (6%)	(49) 3 (6%)	(46) 4 (9%)
<pre>#PITUITARY ACIDOPHIL HYPERPLASIA, FOCAL</pre>	(47)	(49) 2 (4%)	(46)
#ADRENAL NECROSIS, NOS Hyperplasia, Nodular	(50)	(50)	(49) 1 (2%) 2 (4%)
#ADRENAL CORTEX CYST, NOS LIPOIDOSIS HYPERPLASIA, NODULAR HYPERPLASIA, FOCAL	(50) 2 (4%) 2 (4%) 5 (10%)	(50) 2 (4%)	(49) 1 (2%) 5 (10%) 6 (12%)
#ZONA FASCICULATA Hemorrhage Lipoidosis Hypertrophy, Nos Hyperplasia, Nodular	(50) 1 (2%)	(50) 1 (2%) 1 (2%) 12 (24%)	(49) 1 (2%) 7 (14%)
#ADRENAL MEDULLA Hyperplasia, Nos Hyperplasia, Focal Angiectasis	(50) 2 (4%) 1 (2%) 1 (2%)	(50) 1 (2%) 3 (6%)	(49) 4 (8%)

#### TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
#THYROID THYROGLOSSAL DUCT CYST COLLOID CYST INFLAMMATION, FOCAL GRANULOMATOU HYPERPLASIA, C-CELL	(49)	(50) 2 (4%) 3 (6%) 9 (18%)	(48) 1 (2%) 1 (2%) 9 (19%)
#PARATHYROID Hyperplasia, Nos Hyperplasia, Focal	(34)	(43) 2 (5%)	(39)
<pre>#PANCREATIC ISLETS HYPERPLASIA, NOS HYPERPLASIA, FOCAL</pre>	(48) 1 (2%)	(50)	(49) 2 (4%) 3 (6%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND HYPERPLASIA, EPITHELIAL HYPERPLASIA, CYSTIC	(50) 2 (4%)	(50) 5 (10%) 2 (4%)	(50) 1 (2%)
*MAMMARY ACINUS DILATATION, NOS CYST, NOS	(50) 1 (2%) 2 (4%)	(50)	(50)
<pre>#PROSTATE INFLAMMATION, INTERSTITIAL INFLAMMATION, ACUTE NECROTIZING INFLAMMATION ACUTE AND CHRONIC INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC FOCAL HYPERPLASIA, EPITHELIAL HYPERPLASIA, CYSTIC</pre>	(45) 1 (2%) 2 (4%) 2 (4%) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%) 2 (4%) 1 (2%)	(49) 2 (4%) 1 (2%) 1 (2%)
FIBROSIS, DIFFUSE	(49) 32 (65%) 7 (14%)	(49) 1 (2%) 40 (82%) 1 (2%)	(50) 36 (72%) 1 (2%)
NERVOUS SYSTEM			
#BRAIN Hydrocephalus, Nos	(50) <u>1 (2%)</u>	(50)	(50)

### TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSI
HEMORRHAGE NECROSIS, HEMORRHAGIC ATROPHY, PRESSURE	1 (2%) 1 (2%) 2 (4%)	1 (2%)	
#HYPOTHALAMUS ATROPHY, PRESSURE	(50) 2 (4%)	(50)	2 (4%)
SPECIAL SENSE ORGANS			
TNELAMMATTON ACUTEZCHRONTC	(50)	(50)	(50) 1 (2%)
NUSCULOSKELETAL SYSTEM			
*BONE FIBROUS OSTEODYSTROPHY HYPERPLASIA, NOS		(50) 1 (2%)	(50)
ODY CAVITIES			
NECROSIS, FAT	(50) 1 (2%)	(50)	(50)
*MESENTERY INFLAMMATION, GRANULOMATOUS INFLAMMATION, FOCAL GRANULOMATOU	(50) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%)	(50) 1 (2%) 2 (4%)
LL OTHER SYSTEMS			
*MULTIPLE ORGANS MINERALIZATION	(50)	(50) 1 (2%)	(50)
ADIPOSE TISSUE Inflammation, focal granulomatou	1		1
CRANIOBUCCAL POUCH CYSTIC DUCTS	1	1	5
SPECIAL MORPHOLOGY SUMMARY			
AUTO/NECROPSY/HISTO PERF		<i>,</i>	1

## TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

#### TABLE C2.

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN EDEMA, NOS	(50)	(50) 1 (2%)	(50)
*SUBCUT TISSUE THYROGLOSSAL DUCT CYST EDEMA, NOS	(50) 2 (4%)	(50) 1 (2%)	(50)
RESPIRATORY SYSTEM			
#LUNG EDEMA, NOS INFLAMMATION, INTERSTITIAL GRANULOMA, NOS INFLAMMATION, FOCAL GRANULOMATOU GRANULOMA, FOREIGN BODY HENOSIDEROSIS HISTIOCYTOSIS	1 (2%)	1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%) 4 (8%)
HEMATOPOIETIC SYSTEM			
#BONE MARROW HYPERFLASIA, HEMATOPOIETIC HYPERPLASIA, RETICULUM CELL HYPOPLASIA, HEMATOPOIETIC		(49) 2 (4%)	(50) 2 (4%)
#SPLEEN CONGESTION, NOS PIGHENTATION, NOS HEMOSIDEROSIS LYMPHOID DEPLETION HYPERPLASIA, RETICULUM CELL	(48) 1 (2%) 1 (2%)	(50) 1 (2%)	(50) 1 (2%) 1 (2%) 2 (4%)

## SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS FED DIETS CONTAINING C. I. DISPERSE YELLOW 3

	CONTROL	LOW DOSE	HIGH DOSE
HEMATOPOIESIS	2 (4%)	3 (6%)	
#MANDIBULAR L. NODE HEMORRHAGE INFLAMMATION, ACUTE/CHRONIC	(48) 1 (2%) 1 (2%)	(44) 1 (2%)	(44) 1 (2%)
GRANULOMA, NOS Hyperplasia, lymphoid	1 (2%)		1 (2%)
#MESENTERIC L. NODE	(48)	(44)	(44)
HEMORRHAGE Granuloma, nos Necrosis, diffuse	1 (2%) 1 (2%) 1 (2%)	1 (2%)	7 (16%)
HEMOSIDEROSIS LYMPHOID DEPLETION	(2%)		1 (2%) 1 (2%)
#LUNG HYPERPLASIA, LYMPHOID	(49)	(50)	(50) 3 (6%)
#THYMUS Hemorrhage Atrophy, Diffuse	(37) 1 (3%)	(41)	(42) 1 (2%)
#THYMIC CORTEX HYPERPLASIA, LYMPHOID	(37) 1 (3%)	(41)	(42)
IRCULATORY SYSTEM			
#MANDIBULAR L. NODE LYMPHANGIECTASIS	(48) 1 (2%)	(44)	(44)
#MESENTERIC L. NODE LYMPHANGIECTASIS	(48) 1 (2%)	(44)	(44)
#HEART	(50)	(50)	(49)
THROMBOSIS, NOS Degeneration, nos	10 (20%)	1 (2%) 20 (40%)	3 (6%)
#HEART/ATRIUM Thrombosis, Nos	(50) 1 (2%)	(50)	(49)
#RIGHT ATRIUM Thrombosis, Nos	(50) 1 (2%)	(50)	(49)
#LEFT ATRIUM THROMBOSIS, NOS	(50)	(50)	(49)

### TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
THROMBUS, ORGANIZED	1 (2%)		
#MYOCARDIUM MINERALIZATION INFLAMMATION, CHRONIC FOCAL	(50) 1 (2%) 2 (4%)	(50)	(49)
		1 (2%)	1 (2%)
#CARDIAC VALVE Inflammation, Chronic Inflammation, Chronic Focal	(50)	(50) 1 (2%)	(49) 1 (2%)
*CORONARY ARTERY Inflammation, chronic Degeneration, nos	(50)	(50) 2 (4%) 1 (2%)	(50) 1 (2%)
*PULMONARY VEIN MINERALIZATION	(50)	(50)	(50) 1 (2%)
#LIVER Thrombosis, nos	(50) 1 (2%)	(49)	(50)
*MESENTERY PERIARTERITIS	(50)	(50)	(50) 1 (2%)
DIGESTIVE SYSTEM			
#SALIVARY GLAND EDEMA, NOS LYMPHOCYTIC INFLAMMATORY INFILTR	(49) 1 (2%) 1 (2%)	(49)	(47)
ATROPHY, FOCAL	1 (2%)	1 (2%)	1 (2%)
#LIVER MINERALIZATION CYST, NOS	(50)	(49) 1 (2%)	(50)
CONGESTION, CHRONIC PASSIVE INFLAMMATION, CHRONIC FOCAL GRANULOMA, NOS	1 (2%) 1 (2%) 4 (8%)	1 (2%) 2 (4%) 4 (8%)	4 (8%)
INFLAMMATION, FOCAL GRANULOMATOU Degeneration, nos Necrosis, focal	1 (2%) 1 (2%)	7 (14%)	2 (4%)
CYTOPLASMIC VACUOLIZATION BASOPHILIC CYTO CHANGE FOCAL CELLULAR CHANGE ANGIECTASIS	1 (2%) 30 (60%) 1 (2%)	40 (82%) 1 (2%) 1 (2%)	2 (4%) 38 (76%) 2 (4%)
#PORTAL TRACT INFLAMMATION, CHRONIC	(50)	(49)	(50)

#### TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
INFLAMMATION, CHRONIC FOCAL		1 (2%)	
CONGESTION, ACUTE Degeneration, nos Necrosis, nos Necrosis, focal	(50) 1 (2%) 2 (4%) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%)	(50) 1 (2%)
METAMORPHOSIS FATTY #BILE DUCT HYPERPLASIA, FOCAL HYPERPLASIA, DIFFUSE	1 (2%) (50) 4 (8%) 1 (2%)	(49) 1 (2%)	(50) 1 (2%)
*PANCREAS INFLAMMATION, CHRONIC FOCAL	(48) 1 (2%)	(50)	(50)
#PANCREATIC ACINUS Necrosis, focal Atrophy, nos	(48) 2 (4%)	(50)	(50) 1 (2%)
ATROPHY, FOCAL ATROPHY, DIFFUSE	3 (6%)	2 (4%)	4 (8%) 1 (2%)
#STOMACH Hyperplasia, epithelial	(49) 1 (2%)	(49)	(50)
#COLON NEMATODIASIS	(49) 3 (6%)	(49) 1 (2%)	(47)
JRINARY SYSTEM			
#KIDNEY MINERALIZATION INFLAMMATION, INTERSTITIAL NEPHROPATHY INFARCT, FOCAL PIGMENTATION, NOS BASOPHILIC CYTO CHANGE	(50) 1 (2%) 3 (6%) 1 (2%)	(50) 1 (2%) 1 (2%) 4 (8%) 1 (2%) 1 (2%)	(50) 1 (2%) 2 (4%) 7 (14%) 2 (4%) 1 (2%)
<pre>#KIDNEY/CORTEX CYST, NOS PIGMENTATION, NOS</pre>	(50)	(50) 1 (2%) 8 (16%)	(50) 34 (68%)
#KIDNEY/TUBULE PIGMENTATION, NOS	(50)	(50)	(50)

#### TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

\*-\*\*\*\*\*\*\*

	CONTROL	LOW DOSE	HIGH DOSE
#KIDNEY/PELVIS MINERALIZATION INFLAMMATION, FOCAL GRANULOMATOU HYPERPLASIA, EPITHELIAL	(50) 2 (4%)	(50)	(50) 1 (2%) 1 (2%)
#URINARY BLADDER INFLAMMATION, ACUTE	(49) 1 (2%)	(48)	(48)
ENDOCRINE SYSTEM			
<pre>#PITUITARY     CONGESTION, NOS     HEMORRHAGE</pre>		(48)	(49) 1 (2%) 1 (2%)
HYPERPLASIA, CHROMOPHOBE-CELL ANGIECTASIS	9 (20%)	7 (15%)	8 (16%) 1 (2%)
#ADRENAL ANGIECTASIS	(50)	(50)	(50) 1 (2%)
#ADRENAL CORTEX HEMORRHAGE NECROSIS, FOCAL LIPOIDOSIS HYPERPLASIA, NODULAR ANGIECTASIS	(50) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%) 2 (4%)	(50) 2 (4%) 2 (4%) 3 (6%)
#ZONA FASCICULATA LIPOIDOSIS BASOPHILIC CYTO CHANGE HYPERPLASIA, NODULAR HYPERPLASIA, FOCAL ANGIECTASIS	(50) 4 (8%) 15 (30%)		(50) 2 (4%) 1 (2%) 9 (18%) 1 (2%) 1 (2%)
#ZONA RETICULARIS HYPERPLASIA, NODULAR	(50)	(50)	(50) 1 (2%)
#ADRENAL MEDULLA Hyperplasia, nos Hyperplasia, focal	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%) 1 (2%)
#THYROID COLLOID CYST HYPERPLASIA, C-CELL	(49) 1 (2%) 10 (20%)	(49) 1 (2%) <u>12 (24%)</u>	(50) 2 (4%) 10 (20%)

#### TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED) \_\_\_\_\_\_

	CONTROL	LOW DOSE	HIGH DOSE
#PARATHYROID Degeneration, NOS	(37) 1 (3%)	(33)	(39)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND DILATATION/DUCTS CYST, NOS MULTIPLE CYSTS FIBROSIS HYPERPLASIA, NODULAR	(50) 1 (2%) 2 (4%) 2 (4%) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%) 2 (4%)	(50) 3 (6%)
HYPERPLASTIC NODULE HYPERPLASIA, NOS HYPERPLASIA, EPITHELIAL HYPERPLASIA, CYSTIC ADENOSIS		12 (24%)	2 (4%) 1 (2%) 5 (10%)
*MAMMARY ACINUS Cyst, nos	(50) 1 (2%)	(50)	(50)
#UTERUS DILATATION, NOS	(50) 2 (4%)	(48) 2 (4%)	(50) 6 (12%)
#CERVIX UTERI Inflammation, chronic focal Hyperplasia, stromal	(50)	(48) 1 (2%) 1 (2%)	(50)
#UTERUS/ENDOMETRIUM FIBROSIS	(50) 1 (2%)	(48)	(50)
#ENDOMETRIAL GLAND CYST, NOS MULTIPLE CYSTS INFLAMMATION, ACUTE FOCAL HYPERPLASIA, NOS HYPERPLASIA, EPITHELIAL	(50) 1 (2%) 1 (2%)	(48) 7 (15%) 1 (2%) 1 (2%)	3 (6%)
#OVARY CYST, NOS Corpus Luteum Cyst Parovarian Cyst Hyperplasia, granulosa-cell	(50) 1 (2%) 1 (2%) 1 (2%)	(49)	(50) 1 (2%)

#### TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED) -------

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	CONTROL	LOW DOSE	HIGH DOSE
NERVOUS SYSTEM			
#BRAIN/MENINGES Inflammation, chronic focal	(50)	(50) 1 (2%)	(49)
#BRAIN NECROSIS, HEMORRHAGIC ATROPHY, PRESSURE	(50)	(50) 1 (2%)	(49) 1 (2%)
#HYPOTHALAMUS ATROPHY, PRESSURE	(50) 2 (4%)	(50) 6 (12%)	(49) 2 (4%)
SPECIAL SENSE ORGANS			
*EYE/RETINA Atrophy, nos	(50) 2 (4%)	(50)	(50) 4 (8%)
*EYE/CRYSTALLINE LENS MINERALIZATION	(50) 1 (2%)	(50)	(50) 1 (2%)
*LENS CAPSULE MINERALIZATION	(50)	(50)	(50) 1 (2%)
MUSCULOSKELETAL SYSTEM None			
BODY CAVITIES			
*PERITONEUM INFLAMMATION, FIBRINOUS	(50) 1 (2%)	(50)	(50)
*MESENTERY CYST, NOS LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, CHRONIC FOCAL INFLAMMATION, FOCAL GRANULOMATOU NECROSIS, FAT	(50) 2 (4%)	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(50)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS INFLAMMATION, ACUTE/CHRONIC_	(50)	(50)	(50)

## TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
TAIL HYPERKERATOSIS		1	
CRANIOBUCCAL POUCH CYSTIC DUCTS		3	
PECIAL MORPHOLOGY SUMMARY			
AUTO/NECROPSY/HISTO PERF	1		
NUMBER OF ANIMALS WITH TISSUE EXA	MINED MICROSCOPI	CALLY	

# TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

\* NUMBER OF ANIMALS NECROPSIED

#### APPENDIX D

Summary of the Incidence of Nonneoplastic Lesions in Mice Fed Diets Containing C. I. Disperse Yellow 3

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# TABLE D1.

	CONTROL	LOW DOSE	HIGH DOSE
NIMALS INITIALLY IN STUDY	50	50	50 1
NIMALS NECROPSIED NIMALS EXAMINED HISTOPATHOLOGICALLY	50 50	49 49	49 49
NTEGUMENTARY SYSTEM			
×SKIN ULCER, ACUTE INFLAMMATION, ACUTE∕CHRONIC INFLAMMATION, CHRONIC DIFFUSE	(50)	(49) 2 (4%) 1 (2%)	(49)
FIBROSIS FIBROSIS, FOCAL FIBROSIS, DIFFUSE ACANTHOSIS PARAKERATOSIS	1 (2%) 2 (4%) 1 (2%) 1 (2%)	2 (4%)	1 (2%)
*SUBCUT TISSUE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, GRANULOMATOUS	(50) 1 (2%) 1 (2%)	(49)	(49)
ESPIRATORY SYSTEM			
#LUNG/BRONCHIOLE Hyperplasia, nos	(50) 13 (26%)	(49) 24 (49%)	(49) 16 (33%
#LUNG LYMPHOCYTIC INFLAMMATORY INFILTR	(50)	(49)	(49) 1 (2%)
INFLAMMATION, INTERSTITIAL Inflammation, focal granulomatou	5 (10%)	10 (20%) 2 (4%)	8 (16% 1 (2%) 1 (2%)
GRANULOMA, PYOGENIC Hyperplasia, Alveolar epithelium Histiocytosis	13 (26%) 2 (4%)	24 (49%) 1 (2%)	16 (33% 16 (2%)
IEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Hyperplasia, lymphoid	(50)	(49)	(49) 3 (6%)

# SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE FED DIETS CONTAINING C. I. DISPERSE YELLOW 3

	CONTROL	LOW DOSE	HIGH DOSE
#BONE MARROW DEPLETION ANGIECTASIS	(49) 1 (2%)	(48) 1 (2%)	(45) 1 (2%)
HYPERPLASIA, HEMATOPOIETIC Hyperplasia, granulocytic	1 (2%)	4 (8%)	2 (4%)
#SPLEEN INFLAMMATION, FOCAL GRANULOMATOU LYMPHOID DEPLETION	(50) 1 (2%)	(49) 1 (2%) 1 (2%)	(48)
HYPERPLASIA, LYMPHOID Hematopoiesis	4 (8%)	1 (2%) 2 (4%)	4 (8%) 1 (2%)
#SPLENIC RED PULP HEMATOPOIESIS	(50) 4 (8%)	(49) 5 (10%)	(48) 5 (10%)
#MANDIBULAR L. NODE HYPERPLASIA, LYMPHOID	(37)	(39)	(36) 2 (6%)
#MESENTERIC L. NODE HYPERPLASIA, LYMPHOID HEMATOPOIESIS	(37) 12 (32%)	(39) 3 (8%)	(36) 1 (3%) 3 (8%)
#LUNG HYPERPLASIA, LYMPHOID	(50) 9 (18%)	(49) 3 (6%)	(49) 5 (10%)
#SALIVARY GLAND Hyperplasia, lymphoid	(50) 8 (16%)	(49) 7 (14%)	(49) 4 (8%)
#LIVER LEUKEMOID REACTION HYPERPLASIA, LYMPHOID HEMATOPOIESIS	(50) 1 (2%) 1 (2%) 1 (2%)	(49) 2 (4%)	(49)
*MUCOSA OF GALLBLADDE HYPERPLASIA, LYMPHOID	(50)	(49) 1 (2%)	(49)
<pre>#BILE DUCT HYPERPLASIA, LYMPHOID</pre>	(50) 1 (2%)	(49)	(49)
#PEYER'S PATCH Hyperplasia, lymphoid	(47)	(49) 1 (2%)	(46) 3 (7%)
#KIDNEY LEUKEMOID REACTION	(50)	(49)	(49)

	CONTROL	LOW DOSE	HIGH DOSE
HYPERPLASIA, LYMPHOID	30 (60%)	28 (57%)	35 (71%)
#U.BLADDER/SUBMUCOSA HYPERPLASIA, LYMPHOID	(48) 4 (8%)	(49) 5 (10%)	(49)
*URETHRA Hyperplasia, lymphoid	(50)	(49) 1 (2%)	(49)
#THYMIC CORTEX Lymphoid depletion	(35)	(29) 1 (3%)	(38) 2 (5%)
CIRCULATORY SYSTEM			
#SPLEEN Thrombosis, nos	(50)	(49) 1 (2%)	(48)
#MESENTERIC L. NODE LYMPHANGIECTASIS	(37)	(39) 1 (3%)	(36) 2 (6%)
#LUNG PERIVASCULITIS	(50) 1 (2%)	(49) 1 (2%)	(49)
#MYOCARDIUM Inflammation, Chronic Focal	(50)	(49) 1 (2%)	(49) 1 (2%)
#CARDIAC VALVE Hemosiderosis	(50)	(49) 2 (4%)	(49) 6 (12%)
*RENAL VEIN Congestion, nos	(50)	(49) 1 (2%)	(49)
#U.BLADDER/SUBMUCOSA PERIARTERITIS		(49)	(49) 1 (2%)
DIGESTIVE SYSTEM			
#LIVER HEMORRHAGIC CYST	(50)	(49)	(49) 1 (2%)
INFLAMMATION, ACUTE/CHRONIC		1 (2%)	1 (2%)
INFLAMMATION, PYOGRANULOMATOUS	4 (8%)	1 (2%)	1 (2%)
NECROSIS, FOCAL Necrosis, ischemic	1 (2%)	2 (4%) 2 (4%)	2 (4%)

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# TABLE D1. MALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
BASOPHILIC CYTO CHANGE FOCAL CELLULAR CHANGE ANGIECTASIS	1 (2%) 4 (8%)	1 (2%)	4 (8%)
#LIVER/CENTRILOBULAR LYMPHOCYTIC INFLAMMATORY INFILTR	(50) 1 (2%)	(49)	(49)
*GALLBLADDER INFLAMMATION, MULTIFOCAL INFLAMMATION, ACUTE	(50)	(49) 1 (2%) 1 (2%)	(49)
#BILE DUCT DILATATION, NOS CYST, NOS HYPERPLASIA, NOS HYPERPLASIA, CYSTIC	(50) 1 (2%)	(49) 1 (2%) 1 (2%)	(49) 2 (4%)
#PANCREAS CYST, NOS FIBROSIS, DIFFUSE NECROSIS, NOS	(50) 1 (2%) 1 (2%)	(48)	(47) 1 (2%)
#PANCREATIC ACINUS ATROPHY, NOS ATROPHY, FOCAL ATROPHY, DIFFUSE	(50) 2 (4%) 1 (2%) 1 (2%)	(48)	(47) 1 (2%)
#STOMACH INFLAMMATION, ACUTE FOCAL	(50)	(47)	(46) 1 (2%)
#GASTRIC FUNDAL GLAND POLYP	(50)	(47)	(46) 1 (2%)
#GASTRIC SUBMUCOSA Inflammation, acute focal	(50)	(47)	(46) 2 (4%)
#PEYER'S PATCH Hyperplasia, Nos	(47) 1 (2%)	(49)	(46)
#COLON NEMATODIASIS	(47)	(44)	(46)
URINARY SYSTEM			
#KIDNEY MINERALIZATION	(50)	(49)	(49)

	CONTROL	LOW DOSE	HIGH DOSE
INFLAMMATION, INTERSTITIAL NEPHROPATHY NEPHROSIS, NOS METAPLASIA, OSSEOUS	1 (2%) 1 (2%) 1 (2%)	3 (6%) 1 (2%)	2 (4%)
KIDNEY/CORTEX INFLAMMATION, INTERSTITIAL NEPHROPATHY NEPHROSIS, NOS METAPLASIA, OSSEOUS	(50) 3 (6%) 1 (2%) 1 (2%)	(49) 8 (16%)	(49) 1 (2%) 3 (6%)
KIDNEY/TUBULE Cyst, NOS Nephropathy Regeneration, NOS	(50) 2 (4%) 1 (2%) 18 (36%)	(49) 27 (55%)	
URETHRA ANGIECTASIS	(50)	(49)	(49) 1 (2%)
DOCRINE SYSTEM			
PITUITARY CYST, NOS HYPERPLASIA, CHROMOPHOBE-CELL	(43) 1 (2%)	(34) 1 (3%)	(32)
ADRENAL/CAPSULE Hyperplasia, focal	(50)	(47) 1 (2%)	(47)
ADRENAL CORTEX CYST, NOS	(50)	(47)	(47) 1 (2%)
HEMORRHAGIC CYST Focal cellular change Hyperplasia, nodular	1 (2%)		2 (4%) 1 (2%)
THYROID Follicular cyst, nos	(49) 1 (2%)	(48) 4 (8%)	(47) 2 (4%)
THYROID FOLLICLE DEGENERATION, NOS DEGENERATION, CYSTIC HYPERPLASIA, CYSTIC	(49)	(48) 1 (2%) 1 (2%) 1 (2%)	(47)
PANCREATIC ISLETS Hyperplasia, focal	(50) 2 (4%)	(48)	(47)

	CONTROL	LOW DOSE	HIGH DOSE
REPRODUCTIVE SYSTEM			
*PREPUTIAL GLAND Inflammation, granulomatous Inflammation, pyogranulomatous	(50) 1 (2%)	(49) 1 (2%)	(49)
#TESTIS MINERALIZATION HYPERPLASIA, INTERSTITIAL CELL	(49) 1 (2%)	(49) 1 (2%)	(49)
#TESTIS/TUBULE MINERALIZATION DEGENERATION, NOS	(49) 4 (8%) 1 (2%)	(49) 1 (2%) 2 (4%)	(49) 2 (4%)
*EPIDIDYMIS Inflammation, acute/chronic Inflammation, focal granulomatou	(50) 2 (4%)	(49)	(49) 1 (2%)
NERVOUS SYSTEM			
#CEREBRUM MINERALIZATION	(50) 19 (38%)	(48) 9 (19%)	(48) 17 (35%)
#BRAIN HEMORRHAGE ATROPHY, PRESSURE	(50) 1 (2%)	(48) 1 (2%)	(48)
SPECIAL SENSE ORGANS NONE			
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*MEDIASTINUM HEMORRHAGE	(50) 1 (2%)	(49)	(49)
*MESENTERY INFLAMMATION, FOCAL GRANULOMATOU	(50)	(49)	(49) <u>1 (2%)</u>

\_\_\_\_\_

	CONTROL	LOW DOSE	HIGH DOSE
ALL OTHER SYSTEMS			
NONE			
SPECIAL MORPHOLOGY SUMMARY			
ANIMAL MISSING/NO NECROPSY AUTO/NECROPSY/HISTO PERF AUTOLYSIS/NO NECROPSY		1	1
# NUMBER OF ANIMALS WITH TISSUE EXAMIN	ED MICROSCOPI	CALLY	

\* NUMBER OF ANIMALS NECROPSIED

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# TABLE D2.

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN Hyperplasia, focal	(50)	(50) 1 (2%)	(50)
*SUBCUT TISSUE EPIDERMAL INCLUSION CYST	(50)	(50) 1 (2%)	(50)
RESPIRATORY SYSTEM			
#LUNG/BRONCHIOLE Hyperplasia, Nos	(50) 1 (2%)	(50) 11 (22%)	(50) 8 (16%)
CONGESTION PASSIVE	(50)	(50)	(50)
LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, INTERSTITIAL HYPERPLASIA, ALVEOLAR EPITHELIUM HISTIOCYTOSIS		3 (6%) 11 (22%)	1 (27)
HEMATOPOIETIC SYSTEM			
<pre>*MULTIPLE ORGANS HYPERPLASIA, LYMPHOID</pre>	(50) 13 (26%)	(50) 10 (20%)	(50) 10 (20%)
#BONE MARROW Hyperplasia, granulocytic Hyperplasia, reticulum cell	(49) 4 (8%) 2 (4%)	(49) 2 (4%)	(48) 2 (4%)
#SPLEEN FIBROSIS, FOCAL	(50)	(50)	(49) 1 (2%)
LYMPHOID DEPLETION HYPERPLASIA, LYMPHOID	1 (2%) 7 (14%)	2 (4%)	6 (12%)

#### SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE FED DIETS CONTAINING C. I. DISPERSE YELLOW 3

	CONTROL	LOW DOSE	HIGH DOSE
#SPLENIC RED PULP HEMATOPOIESIS	(50) 9 (18%)	(50) 2 (4%)	(49) 2 (4%)
#LYMPH NODE Inflammation, granulomatous	(40) 1 (3%)	(43)	(42)
#PANCREATIC L.NODE Hyperplasia, nos	(40) 1 (3%)	(43)	(42)
#MESENTERIC L. NODE Hematopoiesis	(40) 1 (3%)	(43)	(42)
#LUNG Hyperplasia, lymphoid	(50) 3 (6%)	(50) 13 (26%)	(50) 11 (22%)
*SALIVARY GLAND Hyperplasia, lymphoid	(48) 2 (4%)	(49) 7 (14%)	(47) 3 (6%)
#LIVER Hyperplasia, lymphoid Hematopoiesis	(50) 5 (10%) 2 (4%)	(50)	(50) 2 (4%)
#PANCREAS Hyperplasia, lymphoid	(50) 2 (4%)	(47)	(50)
#KIDNEY Hyperplasia, lymphoid	(50) 22 (44%)	(50) 20 (40%)	(50) 26 (52%)
#URINARY BLADDER Hyperplasia, lymphoid	(50) 1 (2%)	(46)	(49)
#U.BLADDER/SUBMUCOSA Hyperplasia, lymphoid	(50) 17 (34%)	(46) 14 (30%)	(49) 18 (37%)
#THYMUS Hyperplasia, Epithelial Hyperplasia, Reticulum Cell Hyperplasia, Lymphoid	(41)	(43) 2 (5%) 1 (2%)	(42)
#THYMIC CORTEX Atrophy, nos	(41) 1 (2%)	(43)	(42)
#THYMIC MEDULLA Hyperplasia, <u>Fo</u> cal	(41)	(43)	(42)

	CONTROL	LOW DOSE	HIGH DOSE
CIRCULATORY SYSTEM			
#LUNG PERIVASCULITIS	(50) 1 (2%)	(50) 1 (2%)	(50)
#HEART MINERALIZATION PERIARTERITIS	(50)	(50) 1 (2%)	(50) 1 (2%)
#LEFT VENTRICLE PERIARTERITIS	(50) 1 (2%)	(50)	(50)
#MYOCARDIUM Inflammation, acute/chronic	(50)	(50) 1 (2%)	(50)
#CARDIAC VALVE HEMOSIDEROSIS	(50) 4 (8%)	(50) 4 (8%)	(50) 3 (6%)
#KIDNEY/MEDULLA PERIARTERITIS	(50)	(50)	(50) 1 (2%)
#THYROID PERIARTERITIS	(50) 1.(2%)	(49)	(49)
DIGESTIVE SYSTEM			
#LIVER INFLAMMATION, FOCAL GRANULOMATOU NECROSIS, FOCAL FOCAL CELLULAR CHANGE	(50) 9 (18%) 1 (2%)	(50) 2 (4%) 2 (4%)	(50) 10 (20%) 2 (4%) 7 (14%)
#LIVER/CENTRILOBULAR NECROSIS, FOCAL CYTOPLASMIC VACUOLIZATION	(50)	(50)	(50) 1 (2%) 1 (2%)
#LIVER/KUPFFER CELL HYPERPLASIA, DIFFUSE	(50) 1 (2%)	(50)	(50)
*GALLBLADDER INFLAMMATION, ACUTE/CHRONIC	(50) 1 (2%)	(50)	(50)
*MUCOSA OF GALLBLADDE CYST, NOS	(50)	(50)	(50) 1 (2%)

	CONTROL	LOW DOSE	HIGH DOSE
#BILE DUCT DILATATION, NOS CYST, NOS	(50) 1 (2%)	(50)	(50) 2 (4%) 2 (4%)
<pre>#PANCREAS DILATATION/DUCTS CYSTIC DUCTS INFLAMMATION, NOS INFLAMMATION, FOCAL INFLAMMATION, ACUTE/CHRONIC NECROSIS, FOCAL NECROSIS, FAT</pre>	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(47) 2 (4%) 1 (2%) 1 (2%)	(50)
	(50) 2 (4%) 1 (2%)	(47) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%)
#STOMACH Inflammation, acute focal	(50) 1 (2%)	(48)	(50)
<pre>#PEYER'S PATCH     ULCER, NOS     FIBROSIS</pre>	(48) 1 (2%) 1 (2%)	(46)	(46)
#ILEUM INFLAMMATION, NECROTIZING	(48) 1 (2%)	(46)	(46)
#COLON NEMATODIASIS	(49) 1 (2%)	(45) 5 (11%)	(48)
JRINARY SYSTEM			
#KIDNEY Hydronephrosis Nephrosis, Nos	(50) 1 (2%) 3 (6%)	(50) 1 (2%) 1 (2%)	(50)
#KIDNEY/CORTEX NEPHROSIS, NOS	(50) 1 (2%)	(50)	(50)
<pre>#KIDNEY/GLOMERULUS NEPHROSIS, NOS</pre>	(50)	(50)	(50) 1 (2%)
<pre>#KIDNEY/TUBULE DEGENERATION, NOS</pre>	(50)	(50) 1 (2%)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
DEGENERATION, HYALINE HEMOSIDEROSIS REGENERATION, NOS	1 (2%)	1 (2%)	1 (2%) 18 (36%)
#URINARY BLADDER INFLAMMATION, CHRONIC SUPPURATIV HYPERPLASIA, EPITHELIAL	(50)	(46)	(49)
ENDOCRINE SYSTEM			
<pre>#PITUITARY     HYPERPLASIA, CHROMOPHOBE-CELL</pre>	(38) 4 (11%)	(30)	(42)
#ADRENAL Metamorphosis fatty	(46)	(47)	(49) 1 (2%)
#ADRENAL CORTEX CYST, NOS	(46)	(47) 1 (2%)	(49)
#ADRENAL MEDULLA Hyperplasia, nos hyperplasia, focal	(46) 3 (7%) 1 (2%)	(47)	(49)
#THYROID CYSTIC FOLLICLES FOLLICULAR CYST, NOS HYPERPLASIA, FOLLICULAR-CELL	(50) 4 (8%) 1 (2%)	(49) 6 (12%)	1 (2%)
#THYROID FOLLICLE MULTILOCULAR CYST DEGENERATION, NOS	(50) 1 (2%) 1 (2%)	(49) 1 (2%)	(49)
REPRODUCTIVE SYSTEM			
#UTERUS DILATATION, NOS ANGIECTASIS	(50) 1 (2%) 3 (6%)	(50) 1 (2%)	(50) 4 (8%) 1 (2%)
#UTERUS/ENDOMETRIUM HEMORRHAGE INFLAMMATION, SUPPURATIVE CYTOPLASMIC VACUOLIZATION	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
#ENDOMETRIAL GLAND CYST, NOS	(50)	(50)	(50) 1 (2%)

# TABLE D2. FEMALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

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

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	CONTROL	LOW DOSE	HIGH DOSI
HYPERPLASIA, CYSTIC METAPLASIA, SQUAMOUS		43 (86%) 2 (4%)	40 (80%)
#OVARY CYST, NOS Follicular Cyst, NOS Corpus Hemorrhagicum Cyst Multiple Cysts	(46) 7 (15%) 1 (2%)	(48) 9 (19%) 1 (2%)	(47) 7 (15%) 1 (2%)
PAROVARIAN CYST HEMORRHAGIC CYST HYPERPLASIA, PAPILLARY HYPERPLASIA, STROMAL	1 (2%)		1 (2%)
NERVOUS SYSTEM			
#CEREBRUM MINERALIZATION	(50) 25 (50%)	(49) 11 (22%)	(50) 15 (30%)
#BRAIN INFLAMMATION, NOS PERIVASCULAR CUFFING	(50) 1 (2%)	(49) 1 (2%)	(50)
SPECIAL SENSE ORGANS None			
MUSCULOSKELETAL SYSTEM None			
BODY CAVITIES			
*EPICARDIUM Inflammation, acute/chronic	(50) 1 (2%)	(50)	(50)
*MESENTERY INFLAMMATION, FOCAL GRANULOMATOU NECROSIS, FAT	1 (2%)	(50)	(50)
ALL OTHER SYSTEMS			
CRANIOBUCCAL POUCH CYST, NOS			1

\* NUMBER OF ANIMALS NECROPSIED

	CONTROL	LOW DOSE	HIGH DOSE
SPECIAL MORPHOLOGY SUMMARY			
NONE			
	EXAMINED MICROSCOPI	****************	

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# APPENDIX E

Analysis of C. I. Disperse Yellow 3

(Lot No. 19-007630)

Midwest Research Institute

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#### Appendix E

#### Analysis of C. I. Disperse Yellow 3 (Lot No. 19-007630) Midwest Research Institute

#### A. ELEMENTAL ANALYSIS

Element	С	н	N	C1 <sup>-</sup>	C03
Theory	66.90	5.61	15.60	0.0	0.0
Determined	59.57 59.31	6.10 5.98	13.48 13.50	3.58 3.36	0.65 0.66

#### B. WATER ANALYSIS

(Karl Fisher)

 $6.62 + 0.02(\delta)\%$ 

#### C. TITRATION

TiCl<sub>3</sub> reduction of azo group

87.6 + 1.1 ( $\delta$ )% (4 electrons per mole)

## D. MELTING POINT

#### Determined

Literature Values

m.p. Endotherms at 57° to 65°C, 67° to 81°C, 91° to 99°C, 99° to 106°C, 127° to 148°C, 170° to 180°C, 185° to 191°C; exotherm at 180° to 185°C (Dupont 900 DTA) m.p. 192° to 193.5°C (decomposition visual, capillary)

#### E. THIN-LAYER CHROMATOGRAPHY

Plates: Silica Gel 60F-254 Amount spotted: 100 and 300 µg Ref. standard: Methyl Red Visualization: UV (254 and 366 nm) m.p. 195°C (Patterson and Sheldon, 1960)

Syste	<u>m 1</u> : 2-Propanol	Syste	<u>m 2</u> : Chloroform
R <sub>f</sub> :	0.85 (trace) 0.74 (major)	R <sub>f</sub> :	0.85 (trace) 0.52 (slight trace)
	0.028 (slight trace) Origin (trace)		0.21 (slight trace) 0.11 (major)
R <sub>st</sub> :	1.89, 1.64, 0.062, and origin	R <sub>st</sub> :	Origin (minor) 9.34, 5.71, 2.31, 1.21 and origin

#### F. HIGH PRESSURE-LIQUID CHROMATOGRAPHY

Peak 3	Retention Time (min)	Retention Time Relative to C. I. Disperse Yellow 3	Area Relative to C. I. Disperse Yellow 3
minor (multicompon minor major minor	ent) 2.5-4.4 6.2 7.7 13.5	0.32-0.57 0.81 1.00 1.75	2.15 0.28 100.00 0.28

#### G. SPECTRAL DATA

(1) Infrared	Literature Values
Instrument: Beckman IR 12 Cell: 1% KBr pellet Results: See Figure 5. (2) Ultraviolet/Visible	Identical to literature spectrum ( <u>Sadtler Standard Spectra</u> )

Instrument: Cary 118

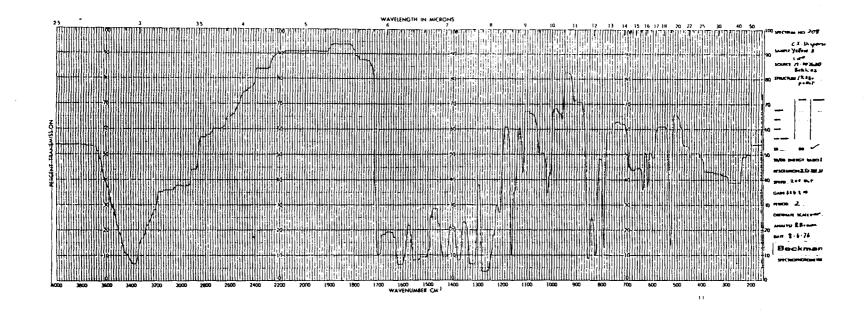


Figure 5. Infrared Absorption Spectrum of C.I. Disperse Yellow 3 (Lot No. 19-007630)

<u>λmax (nm)</u>	$\epsilon \times 10^{-2}$	
392	120.7 + 0.6 (ð)	
345	$169 + 2 (\delta)$	
249	$102  \pm 2  (\delta)$	

1 . /	•	·		10-2
λ max (nn	a)	ε	х	10-2

188.50 (Patterson and Sheldon, 1960)

Solvent: Methanol: concentrated sulfuric acid (95:5)

Determined

# Literature Values

360

(3) Nuclear magnetic resonance

Unable to obtain adequate solvent

No literature reference found

Solvent: 50% aqueous acetone

# APPENDIX F

Analysis of Formulated Diets for Stability

of C. I. Disperse Yellow 3

#### Appendix F

#### Analysis of Formulated Diets For Stability of C. I. Disperse Yellow 3

#### HEAT STABILITY

#### 1. Mixing and Storage

C. I. Disperse Yellow 3 (2.500 g) and Wayne Lab Blox<sup>(R)</sup> Rodent Feed (22.500 g) were mixed in a mortar. Samples of the mixture were removed and stored for 2 weeks at  $-20^{\circ}$ ,  $5^{\circ}$ ,  $25^{\circ}$ , and  $45^{\circ}$ C, respectively. These samples were then analyzed by high-pressure liquid chromatography as described below.

#### 2. Extraction

One-gram samples of each of the above stability mixtures were mixed with 50 ml of 75% aqueous methanol in an ultrasonic vibratory bath for 1 minute and then were triturated for 1 minute using a Polytron<sup>®</sup> high-speed blender. The mixture was centrifuged, and the supernatant solution was decanted into a 100-ml volumetric flask. This extraction was repeated on the feed residue, and the combined supernatant solutions were brought to volume with fresh 75% aqueous methanol.

#### 3. Analysis

Instrument: Waters ALC 202 with Model 660 Solvent Programmer Column:  $C^{18}\mu$  Bondapak, 300 x 4 mm I.D. Solvent: 25% A + 75% B A - 0.005M tetrabutylammonium hydroxide and 1% acetic acid in water B - 0.005M tetrabutylammonium hydroxide and 1% acetic acid in methanol Detector: Ultraviolet, 254 nm Flow rate: 1.5 ml/min

Sample (°C)	Average Percentage Compound (a)
-20	9.9+0.6
5	10.4+0.6
25	9.0 <del>+</del> 0.6 (b)
45	8.8 <u>+</u> 0.6 (b)

(a) Corrected for a spiked recovery value of 95.2%; theoretical 100%
value = 10.0%

(b) Within experimental error.

# 4. <u>Conclusion</u>

C. I. Disperse Yellow 3 mixed with feed is stable for 2 weeks at temperatures up to  $45^{\circ}$ C.

# APPENDIX G

Analysis of Formulated Diets for Concentrations of

C. I. Disperse Yellow 3

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#### Appendix G

#### Analysis of Formulated Diets for Concentrations of C. I. Disperse Yellow 3

- 1. For the first 18 months, samples (100 mg) of the formulated diets were extracted with 20 ml of a 1:1 acetone:water mixture. The absorbance of the extract at 473 nm was then measured in a spectrophotometer. The results of these analyses are summarized in the following table.
- 2. For the final 6 months, samples (lg) of the formulated diets were extracted twice with 50 ml acidic methanol. The combined extract (100 ml) was then diluted five-fold with solvent and the absorbance at 390 nm was measured on a spectrophotometer. This second extraction method was found to give a lower feed blank absorbance value (0.062) than that obtained from the aqueous acetone extraction (0.520).

Date Mixed (a	) Date Used	Concentration (b) of C. I. Disperse Yellow 3 in feed for target concentration of			
		2,500 ppm	5,000 ppm		
3/10/77	week of 3/14 and 3/20	<u></u>	5,070	10,750	
4/17/77	week of $4/21$ and $4/27$	2,680	5,100	20,000	
6/03/77	week of 6/7 and 6/13	2,500	5,260	9,500	
		-,	5,260	10,010	
8/24/77	week of 8/28 and 9/2	2,450	4,980	10,600	
		-,	4,990	9,900	
10/21/77	week of 10/24 and 10/31	2,530	4,980	10,400	
		, -	4,740	10,100	
1/28/78	week of 1/31 and 2/7	2,360	4,980	9,820	
		,	5,050	9,220	
4/07/78	week of 4/10 and 4/17	2,495	5,010	10,100	
		•	4,980	9,980	
6/21/78	week of 6/24 and 6/31	2,510	5,030	10,180	
	· · · · · · · · · · · · · · · · · · ·	,	4,970	10,230	
			4,950	,	
7/06/78	week of 7/9 and 7/16	2,700	5,000	9,890	
		_,	5,010	10,800	
			4,800		
9/13/78	week of 9/15 and 9/23	2,310	4,660	9,510	
		•	4,720	9,880	
			4,970	-	
11/14/78	week of 11/17 and 11/24	2,480	5,220	10,100	
		•	5,040	9,990	
			4,930		
1/22/79	week of 1/24 and 1/31	2,720	5,300	10,500	
			5,310	10,200	
			5,290	•	
3/12/79	week of 3/15 and 3/22	2,490	5,180		
Mean (ppm)		2,519	5,028	10,079	
Standard devi	ation	127	172	398	
	f Variation (%)	5	3	4	
Number of Sam		12	28	21	
Range (ppm)	¥	2,310-	4,660-	9,220-	
		2,720	5,310	10,800	

# Table G1. Analyses of Formulated Diets

 (a) The start dates for male and for female rats were 3/10/77 and 3/23/77. The start dates for male and for female mice were 4/8/77 and 4/13/77.
 (b) The date presented are the support of duplicate endpote

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

Appendix H

Feed Consumption by Rats and Mice Fed C. I. Disperse Yellow 3

Control		Low		High		
	GRAMS	GRAMS	LOW/	GRAMS	HIGH/	
	FEED/	FEED/	CONTROL	FEED/	CONTROL	
Week	DAY (a)	DAY (a)	(b)	DAY (a)	(b)	
5	19.3	18.6	1.0	17.3	0.9	
10	17.6	17.1	1.0	17.7	1.0	
14	19.1	17.5	0.9	19.0	1.0	
18	20.0	17.9	0.9	21.3	1.1	
22	18.7	18.1	1.0	18.3	1.0	
26	20.1	19.6	1.0	18.9	0.9	
30	19.7	20.0	1.0	19.0	1.0	
36	21.7	19.4	0.9	20.9	1.0	
41	18.0	20.0	1.1	20.9	1.2	
46	24.1	22.1	0.9	26.1	1.1	
50	22.6	20.7	0.9	21.1	0.9	
54	21.3	19.7	0.9	23.0	1.1	
58	22.9	23.9	1.0	23.6	1.0	
62	21.1	18.4	0.9	20.3	1.0	
67	27.4	23.9	0.9	26.7	1.0	
70	22.4	25.9	1.2	25.0	1.1	
75	19.3	19.9	1.0	25.9	1.3	
81	20.0	18.1	0.9	18.1	0.9	
84	22.4	22.4	1.0	23.9	1.1	
88	22.9	22.6	1.0	24.4	1.1	
92	18.7	20.1	1.1	23.7	1.3	
97	18.4	18.7	1.0	15.3	0.8	
101	19.7	19.1	1.0	18.0	0.9	
Mean	20.8	20.2	1.0	21.2	1.0	
SD (c)	2.3	2.3	0.1	3.2	0.1	
CV (d)	11.1	11.4	10.0	15.1	10.0	

#### Table H1. Feed Consumption by Male Rats Receiving C. I. Disperse Yellow 3

(a) Grams of feed consumed per animal per day.(b) Ratio of feed consumed per day for the dosed group to that for the controls.

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(c) Standard Deviation

(d) (Standard Deviation/Mean) x 100.

Control		Low		High	
Week	GRAMS FEED/ DAY (a)	GRAMS FEED/ DAY (a)	LOW/ CONTROL (b)	GRAMS FEED/ DAY (a)	HIGH/ CONTROI (b)
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
3	13.9	15.7	1.1	12.3	0.9
8	9.0	13.3	1.5	8.0	0.9
12	13.7	11.6	0.8	11.9	0.9
16	14.0	12.6	0.9	13.9	1.0
20	14.3	13.3	0.9	13.3	0.9
24	13.4	11.9	0.9	14.0	1.0
28	14.4	14.9	1.0	15.6	1.0
34	13.0	14.1	1.1	14.0	1.1
39	12.0	12.6	1.1	13.9	1.2
44	20.6	19.3	0.9	21.0	1.0
48	12.0	11.7	1.0	13.6	1.1
52	15.1	15.7	1.0	16.0	1.1
56	19.3	20.1	1.0	21.6	1.1
60	14.1	13.6	1.0	14.3	1.0
65	21.3	16.4	0.8	19.0	0.9
68	14.9	18.7	1.3	15.9	1.1
73	15.7	15.1	1.0	15.0	1.0
79	12.1	11.9	1.0	11.1	0.9
82	15.6	14.9	1.0	14.3	0.9
86	16.6	15.4	0.9	14.0	0.8
<b>9</b> 0	16.0	14.4	0.9	17.1	1.1
95	13.0	14.4	1.1	15.9	1.2
99	15.4	13.1	0.9	15.9	1.0
lean	14.8	14.6	1.0	14.8	1.0
SD (c)	2.8	2.4	0.1	3.0	0.1
w (d)	18.9	16.4	10.0	20.3	10.0

#### Table H2. Feed Consumption by Female Rats Receiving C. I. Disperse Yellow 3

(a) Grams of feed consumed per animal per day.

(b) Ratio of feed consumed per day for the dosed group to that for the controls.

(c) Standard Deviation.

(d) (Standard Deviation/Mean) x 100.

Control		Low		High	
	GRAMS	GRAMS	LOW/	GRAMS	HIGH/
	FEED/	FEED/	CONTROL	FEED/	CONTROL
Week	DAY (a)	DAY (a)	(b)	DAY (a)	(Ъ)
1	7.7	7.7	1.0	8.1	1.1
5	7.7	7.7	1.0	8.1	1.1
10	3.7	3.4	1.0	3.4	0.9
14	5.9	3.9	0.7	3.9	0.7
19	8.0	8.4	1.1	8.7	1.1
23	8.1	8.4	1.1	8.7	1.1
27	8.3	8.7	1.1	8.9	1.1
33	8.1	7.9	1.0	8.7	1.1
37	8.1	8.3	1.1	8.4	1.1
42	8.1	8.3	1.0	8.0	1.0
46	8.4	8.3	1.0	8.6	1.1
50	8.3	8.6	1.1	9.0	1.1
54	8.1	8.4	1.1	9.0	1.2
58	7.9	8.1	1.1	8.9	1.2
62	8.6	8.6	1.1	9.3	1.2
66	8.3	8.4	1.1	9.3	1.1
71	8.6	9.0	1.1	10.0	1.2
76	8.3	8.6	1.1	8.9	1.1
79	10.1	10.0	1.0	11.9	1.2
84	8.4	10.9	1.3	8.9	1.1
88	9.0	9.4	1.1	10.6	1.2
92	9.1	9.6	1.2	10.1	1.1
96	8.6	9.9	1.2	9.9	1.2
100	11.0	12.4	1.2	12.6	1.2
Mean	8.2	8.5	1.0	8.8	1.1
SD (c)	1.3	1.8	0.1	1.9	0.1
CV (d)	15.9	21.2	10.0	21.6	9.1

# Table H3. Feed Consumption by Male Mice Receiving C. I. Disperse Yellow 3

(a) Grams of feed consumed per animal per day.(b) Ratio of feed consumed per day for the dosed group to that for the controls.

(c) Standard Deviation.

(d) (Standard Deviation/Mean) x 100.

Control		Low		High	
Usel	GRAMS FEED/	GRAMS FEED/	LOW/ CONTROL	GRAMS FEED/ DAY (a)	HIGH/ CONTROI
Week	DAY (a)	DAY (a)	(b)	DAI (a)	(b)
1	7.0	7.0	0.9	7.4	1.0
4	7.0	7.0	1.0	7.4	1.0
9	2.1	2.1	1.0	2.1	1.0
13	4.6	2.0	0.4	1.7	0.4
18	8.0	8.1	1.1	7.6	1.0
22	7.4	8.4	1.1	7.7	1.0
26	7.9	8.3	1.1	8.3	1.1
32	8.3	7.4	0.9	8.4	1.0
36	8.1	8.4	1.1	8.3	1.1
41	8.1	7.9	1.0	7.9	1.0
45	8.1	8.1	1.1	7.9	1.0
49	8.7	8.1	1.0	8.4	1.0
53	8.0	8.0	1.0	8.3	1.1
57	7.9	8.7	1.2	6.4	0.9
61	8.4	8.4	1.1	9.1	1.2
65	7.6	8.6	1.2	8.9	1.2
70	8.7	9.0	1.1	8.9	1.0
75	8.0	8.4	1.1	8.7	1.1
78	10.7	10.3	1.0	11.0	1.0
83	7.7	8.9	1.2	9.1	1.2
87	8.6	9.7	1.2	10.3	1.2
91	8.4	9.0	1.2	9.6	1.2
95	8.4	10.0	1.3	10.1	1.2
99	9.6	11.6	1.2	11.0	1.2
lean	7.8	8.1	1.0	8.1	1.0
SD (c)	1.6	2.1	0.1	2.2	0.2
CV (d)	20.5	25.9	10.0	27.2	20.0

#### Table H4. Feed Consumption by Female Mice Receiving C. I. Disperse Yellow 3

(a) Grams of feed consumed per animal per day.

(b) Ratio of feed consumed per day for the dosed group to that for the controls.

(c) Standard Deviation.

(d) (Standard Deviation/Mean) x 100.

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