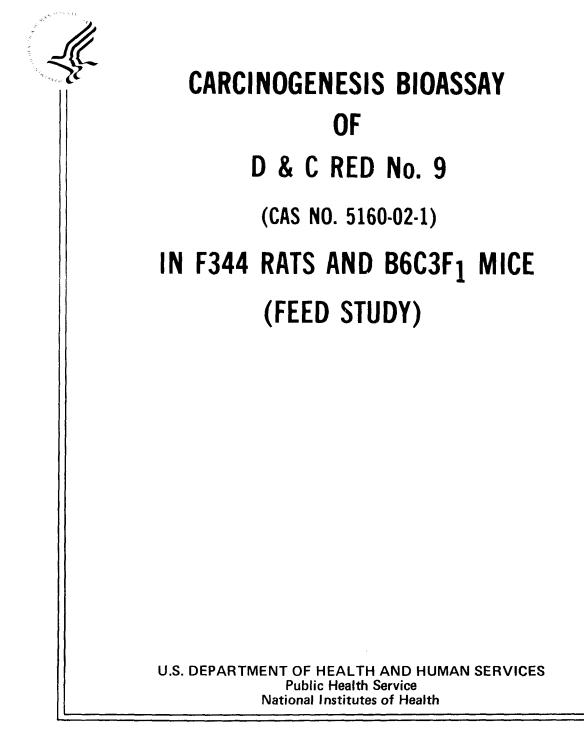
NATIONAL TOXICOLOGY PROGRAM Technical Report Series No. 225



#### 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 June 1981, the Carcinogenesis Bioassay Testing Program, NCI, was transferred to the NIEHS.

NTP TECHNICAL REPORT

ON THE

CARCINOGENESIS BIOASSAY

OF

D & C RED No. 9

(CAS NO. 5160-02-1)

IN F344/N RATS AND B6C3F<sub>1</sub>/N MICE (FEED STUDY)



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

May 1982

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Public Health Service National Institute 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 bloassay 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 ths 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 D & C Red No. 9, a pigment used in topical drugs and cosmetics, was conducted by feeding diets containing 1,000 or 3,000 ppm of the test substance (89.8% pure) to groups of 50 F344 rats of either sex for 103 weeks. Similar groups of 50 B6C3F1 mice received diets containing 1,000 or 2,000 ppm of the test substance for 103 weeks. Groups of 50 untreated rats and mice of either sex served as controls.

In a 13-week subchronic study, the spleens of most dosed rats were enlarged and pigment (unidentified) was present in the renal tubular epithelium. Lymphoreticular hyperplasia of thymic lymph nodes was found in 75-100% of females receiving 6,000-50,000 ppm D & C Red No. 9 and in 70-100% of male rats receiving 3,000-25,000 ppm. Hemosiderosis of the liver was observed at the high-dose levels in male and female rats. Mice receiving 1,250 ppm or more D & C Red No. 9 had congestion of the spleen and hemosiderin deposits. Thus, the selection of doses for the chronic study was based on the appearance of hemosiderosis and the incidences and severity of splenic lesions observed in the 91-day subchronic study.

In the chronic study, mean body weights of dosed rats of either sex and of male mice were comparable with those of controls. After week 50, the mean body weight of high-dose female mice was lower than that of the controls. No compound-related effects on survival or clinical signs were observed for rats or mice of either sex. With the possible exception of female mice, all other dosed groups of rats or mice might have tolerated higher doses, thus a clear maximum tolerated dose may not have been utilized in this study.

Splenic sarcomas (0/50, 0/50, 26/48; P < 0.001) and neoplastic nodules of the liver (0/50, 6/50, 7/49; P < 0.01) were observed in high-dose male rats at incidences significantly higher than those in the controls. Incidences of neoplastic nodules in the livers (1/50, 1/50, 5/50) of female rats showed a statistically significant (P < 0.05) trend. Nonneoplastic splenic lesions were also observed in dosed male and female rats.

Lymphocytic leukemia was observed in dosed male (10/50, 2/50, 2/50) and female (10/50, 2/50, 1/50) rats at statistically significant (P < 0.05) decreased incidences, compared with controls. Adenomas or carcinomas of the preputial gland in male rats (7/50, 2/50, 0/50) occurred with a statistically significant (P < 0.01) negative relationship to dose of D & C Red No. 9 (P=0.007).

Under the conditions of this bioassay, D & C Red No. 9 was carcinogenic for male F344 rats causing an increased incidence of sarcomas of the spleen and a dose-related increase in neoplastic nodules of the liver. D & C Red No. 9 was not considered to be carcinogenic to female F344 rats, although the increased incidence of neoplastic nodules of the liver may have been associated with administration of the test chemical. D & C Red No. 9 was not carcinogenic for B6C3F1 mice of either sex. ,

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#### 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 Bioassay Program. The prechronic phase of the study was started in June 1976 and finished in December 1976; the chronic study was initiated in March 1977 and completed in April 1979.

Dr. A. Peters (1) was the principal investigator for this study. Doses of the test chemical were selected by Dr. C. Cueto (2) and J. Robens (3,4). 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 (1,5), and D. Thake (1). Histopathologic evaluations were performed by Drs. G. S. Dill (mice) and R. Persing (rats). 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 (6). Statistical analyses were performed by Dr. J. R. Joiner (3) and Mr. J. Warner (3) using methods selected for the bioassay program by Dr. J. J. Gart (7). Chemical analyses were conducted at Midwest Research Institute (8). Dosage analysis was supervised by Drs. R. Freudenthal (1) and P. Leber (1,9) and by Mr. D. Emmerling (1).

This report was prepared at Tracor Jitco (3) under the direction of Dr. C. Cueto, Director of the Bioassay Program; Dr. S. S. Olin, Associate Director, Dr. M. A. Stedham, pathologist; Dr. J. E. Tomaszewski, chemist; 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 (chemical manager), Dr. Larry Hart, Dr. William V. Hartwell, Dr. Joseph Haseman, Dr. James E. Huff, Dr. Ernest E. McConnell, Dr. John A. Moore, Dr. Sherman F. Stinson, Dr. Raymond Tennant, and Dr. Jerrold M. Ward.

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#### SUMMARY OF PEER-REVIEW COMMENTS ON THE BIOASSAY OF D & C RED NO. 9

On February 18, 1981 this carcinogenesis bioassay report on D & C Red No. 9 was peer-reviewed and 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 31 C, National Institutes of Health, Bethesda, Maryland.

Dr. Hitchcock, as a principal reviewer for the report on the bioassay of D & C Red No. 9, agreed with the conclusion that, under the conditions of the bioassay, administration of D & C Red No. 9 in the diet is carcinogenic to male F344 rats causing sarcomas of the spleen and an increased incidence of neoplastic nodules of the liver. A carcinogenic effect could not be established in female rats or in B6C3F1 mice of either sex. Dr. Hitchcock said that the summary statement should clearly indicate that the incidence and severity of splenomegaly observed in the subchronic studies was the rationale for choosing the doses used in the chronic study. Since these effects were not seen in the chronic studies, the dose used was probably below a maximum tolerated dose. She noted that a significant positive trend occurred in the chronic study for neoplastic nodules of the liver in female rats. Thus, while she considered the study to be valid, due to the less than optimal doses, D & C Red No. 9 may be more carcinogenic than is indicated by this bloassay. She also expressed concern as to possible exposure to contaminants since rats and mice used in the study were housed in the same rooms as animals on feeding studies with C. I. Disperse Yellow 3 and C. I. Solvent Yellow 14. Both of these dyes were found to be carcinogenic. C.I. Disperse Yellow 3 was carcinogenic for male F344 rats causing neoplastic nodules of the liver and for female BC63F1 mice producing hepatocellular adenomas; it was not carcinogenic for female F344 rats or male B6C3F1 mice (NTP 1982b). C.I. Solvent Yellow 14 was carcinogenic for male and female F344 rats causing neoplastic nodules of the liver; it was not carcinogenic for B6C3F1 mice (NTP 1982c).

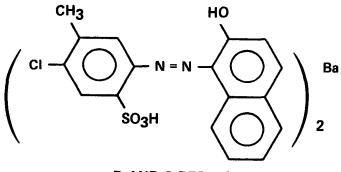
Dr. Whittemore, a second principal reviewer, was not present. Dr. Hitchcock read her review. Dr. Whittemore also agreed with the conclusion of the report but she also stressed that the negative results for the female rats and mice of both sexes could be questioned on the grounds that the animals might have tolerated higher doses.

Dr. Hitchcock announced that Dr. James McNerney, Director of Toxicology for the Cosmetic, Toiletry and Fragrance Association (CTFA), had prepared to make a statement regarding CTFA sponsored toxicological studies on D & C Red No. 9 that were in progress, but had decided to defer the statement. Mr. Charles Frazier, FDA Bureau of Foods, requested that the review of the bioassay be delayed pending the completion of the CFTA studies. Dr. Hitchcock replied that the scientific review of these bioassay results and the publication of the bioassay technical report could not be delayed. In other discussion, Dr. Swenberg suggested that the discussion on page 60, which notes that azobenzene produces neoplastic splenic lesions, should be expanded to note that aniline and para-chloroaniline also induce such lesions. Dr. Williams objected to the statement referring to hepatic neoplastic nodules in rats on page 61 which said that "The present study precludes absolute determination of the potential carcinogenicity of these lesions." He said that it should say "potential malignancy". Dr. Highland requested that in the conclusion (and abstract) there be a separate statement noting the significant positive trend for neoplastic nodules of the liver in female rats.

There was considerable discussion by the reviewers about what have been and/or what should be the criteria for determining an estimated maximum tolerated dose. The panel also gave further support for better characterization of important non-tumor lesions observed in the subchronic studies since such lesions are often the basis for setting the estimated maximum tolerated dose.

Dr. Hitchcock moved that the bioassay report on D & C Red No. 9 be accepted with the modification of the summary statement and other amendments and minor revisions proposed. Dr. Highland seconded the motion and the report was approved unanimously.

#### I. INTRODUCTION



D AND C RED NO. 9

C.I. Pigment Red C.I. Pigment Red 53:1 C.I. Pigment 53, barium salt Molecular weight = 445.5(C<sub>17</sub>H<sub>13</sub>Cl N<sub>2</sub>O<sub>4</sub>S)<sub>2</sub>Ba

D & C Red No. 9, 5-chloro-2- [(2-hydroxy-1-naphthaleny1)azo] -4-methylbenzene sulfonic acid, barium salt (C. I. 15585:1, CAS No. 5160-02-1), is a bright orange pigment listed provisionally by the U.S. Food and Drug Administration for use in externally applied drugs and cosmetics, provided that the concentration of pure pigment does not exceed 6% (CFR, 1979). The orange red crystals are used in rouge and lipstick (Maruszewski, 1972; Lauffer, 1972) and in other pigments for printing inks, plastics, and rubber (Society of Dyers and Colourists, 1971). In 1978, 98,000 pounds of D & C Red No. 9 were produced in the United States (USITC, 1979). U.S. production was first reported in 1940 (IARC, 1975).

D & C Red No. 9 was not mutagenic, with or without microsomal activation, in <u>Salmonella</u> typhimurium TA 1535, TA 100, TA 1537, TA 1538, or TA 98 (Brown et al., 1979; Muzzall and Cook, 1979).

Groups of 25 male and 25 female Osborne-Mendel rats were fed diets containing 0, 100, 500, 2,500, or 10,000 ppm D & C Red No. 9. Relative spleen weights were more than triple those of controls in Osborne-Mendel rats of either sex fed diets containing 10,000 ppm D & C Red No. 9 for 2 years and were double those of controls in rats fed 2,500 ppm. Slight bone marrow hyperplasia was observed at both the 2,500- and 10,000-ppm dose. No

carcinogenic effects were demonstrated, but only six animals from each group were examined histopathologically (Davis and Fitzhugh, 1962; IARC, 1975).

D & C Red No. 9 was tested by the Carcinogenesis Bioassay Program because of its use in lipstick and hence potential for human exposure and because the single previous test for carcinogenicity (Davis and Fitzhugh, 1962) was considered to be inadequate due to the small number of animals examined histopathologically.

#### **II. MATERIALS AND METHODS**

#### A. Chemical

D & C Red No. 9 (CAS No. 5160-02-1), 5-chloro-2- [(2-hydroxy-1-naph-thalenyl)azo]-4-methylbenzene sulfonic acid, barium salt (2:1), was obtained in one batch of FDA certified material (Lot No. Z-8054) from H. Kohnstamm and Company (Brooklyn, NY). The bulk compound was stored at room temperature over the course of the bioassay. Reanalysis of the bulk chemical every four months to verify the integrity of the compound indicated no decomposition occurred during the study.

Elemental analysis, melting point, thin-layer and high-pressure liquid chromatography, titration with titanous chloride, and spectral analysis including infrared and ultraviolet/visible were performed at Midwest Research Institute (Kansas City, MO). The pigment was mixed for 1 hour in a Day blender before analysis. Lot No. Z-8054 was 89.8% dye, based on titration of the diazo group with titanous chloride (Appendix E). The high elemental analysis results for barium and sulfur and the presence of sodium indicate that extraneous salts such as barium and sodium sulfates comprise the rest of this material. Five trace impurities were detected by thin-layer chromatography while high-pressure liquid chromatography indicated only a single component. The infrared, ultraviolet, and visible spectra were consistent with the structure and with literature spectra (Sadtler Standard Spectra).

#### B. Dietary Preparation

Formulated diets containing 100,000 ppm D & C Red No. 9 were analyzed at Midwest Research Institute and were found to be stable for 2 weeks at temperatures up to  $45^{\circ}$ C (Appendix F).

Diets were formulated by mixing weighed amounts of Purina<sup>®</sup> Laboratory Chow in the form of a meal (Table 1) and the test chemical for 15 minutes in a Patterson-Kelly<sup>®</sup> twin-shell blender equipped with an intensifier bar. Formulated diets were stored at 23<sup>°</sup>C for no longer than 10 days.

Every 8 to 10 weeks, analytical concentrations of D & C Red No. 9 were determined in blindly selected batches of formulated diets and were within  $\pm 10\%$  of the desired concentration (Appendix G).

#### 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). Animals were isolated and maintained in separate quarters from 12-16 days, and randomly assigned to cages. The cages were then randomly assigned to control and dosed groups.

#### D. Animal Maintenance

Rats and mice were housed five per cage in solid-bottom polycarbonate cages supplied with hardwood chip bedding (Table 1). 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> via an automatic watering system.

Temperature in the animal rooms was 21° to 23°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 D & C Red No. 9 were housed in the same room as animals of the same species on feeding studies of C. I. Disperse Yellow 3 (CAS 2832-40-8) and C. I. Solvent Yellow 14 (CAS 842-07-9).

Item	Description	Source
Bedding	Absorb-dri Rhardwood chips	Lab Products, Inc. (Garfield, NJ)
Cages	Solid bottom, polycarbonate	Lab Products, Inc. (Garfield, NJ)
Feed	Purina <sup>®</sup> 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

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#### E. Single Dose and Repeated Dose Studies

Single-day dosing and 14-day repeated dose studies were conducted using 5- to 6-week-old F344 rats and B6C3Fl mice from Frederick Cancer Research Center to determine the toxicity of D & C Red No. 9 and the concentrations to be used in the 13-week subchronic studies.

In the single dose study, groups of five males and five females of each species were fed diets containing 6,000, 12,500, 25,000, 50,000, or 100,000 ppm D & C Red No. 9 for 24 hours. Purina Laboratory Chow was available ad <u>libitum</u> for the rest of the study. No deaths occurred among the rats or mice and no signs of toxicity were observed. All animals were killed on day 15. The animals were not necropsied.

In the 14-day repeated dose study, groups of five males and five females of each species were fed diets containing 6,000, 12,500, 25,000, 50,000, or 100,000 ppm for 2 weeks. All animals were killed after 2 weeks (Table 2).

None of the rats died and no overt sign of toxicity was observed. In the mice, deaths occurred in 1/5 males receiving 12,500 ppm, 4/5 males and 3/5 females receiving 25,000 ppm, and in all mice fed diets containing 50,000 or 100,000 ppm. The spleens of all dosed rats and mice were dark red and enlarged, and the livers and kidneys were dark red to reddish tan. The animals were not examined histopathologically.

#### F. Subchronic Studies

Subchronic studies were conducted to determine toxicity of D & C Red No. 9 and to estimate the concentrations to be used in the chronic studies. Groups of 10 rats of either sex were fed diets containing 0, 3,000, 6,000, 12,500, 25,000, or 50,000 ppm D & C Red No. 9 for 91 days. Groups of 10 mice of either sex were fed diets containing 0, 600, 1,250, 2,500, 5,000 or 10,000 ppm (Tables 3 and 4). Mortality checks were made twice daily and animals were weighed weekly. Necropsies were performed on all animals and certain

Dose	Survival(a)		
(ppm)	Male	Female	
Rats			
6,000	5/5	5/5	
12,500	5/5	5/5	
25,000	5/5	5/5	
50,000	5/5	5/5	
100,000	5/5	5/5	
Mice			
6,000	5/5	5/5	
12,500	4/5	5/5	
25,000	1/5	2/5	
50,000	0/5	0/5	
100,000	0/5	0/5	

Table 2. Dosage and Survival of Rats and Mice Fed Diets Containing D & C Red No. 9 for 2 Weeks

(a) Number surviving/number per group.

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					Weight Chang Relative to
Dose	Survival		Weights (gra		Controls (c)
(ppm)	(a)	Initial(SE)(b)	Final(SE)	Change(SE)	(%)
MALE					
0	10/10	114.7(4.1)	298.1(5.0)	+183.4(5.8)	
3,000	10/10	114.9(3.3)	298.4(7.7)	+183.5(5.8)	+0.1
6,000	9/10	118.5(3.7)	317.9(4.3)	+199.4(5.0)	+8.7
12,500	10/10	107.3(4.0)	290.2(5.8)	+182.9(2.6)	-0.3
25,000	10/10	119.3(2.5)	300.7(6.1)	+181.4(5.6)	-1.1
50,000	10/10	117.5(4.9)	298.6(5.6)	+181.1(3.6)	-1.3
FEMALE					
0	10/10	103.3(3.7)	186.2(3.5)	+82.9(1.8)	
3,000	9/10	98.6(2.4)	180.6(2.7)	+82.0(2.9)	-1.1
6,000	10/10	104.9(4.8)	201.6(11.2)	+96.7(8.2)	+16.6
12,500	10/10	95.9(2.2)	186.0(2.7)	+90.1(3.2)	+8.7
25,000	10/10	101.8(2.8)	186.8(2.4)	+85.0(3.0)	+2.5
50,000	10/10	100.4(1.9)	182.5(2.7)	+82.1(2.8)	-1.0

Table 3.	Dosage, Survival, and Mean Body Weights of Rats Fed Diets
	Containing D & C Red No. 9 for 91 Days

c) Weight Change Relative to Controls = <u>Weight Change (Dosed Group) - Weight Change (Control Group)</u> X 100 Weight Change (Control Group)

Dose (ppm)	Survival (a)	Mean Body Initial(SE)(b)	Weights (gra Final(SE)	ms) Change(SE)	Weight Chang Relative to Controls (c) (%)
		· · · · · · · · · · · · · · · · · · ·			
MALE					
0	10/10	23.8(0.65)	32.1(0.97)	+8.3(0.70)	
600	10/10	23.6(0.40)	32.6(0.64)	+9.0(0.54)	+8.4
1,250	10/10	24.3(0.47)	32.9(0.41)	+8.6(0.34)	+3.6
2,500	10/10	24.8(0.61)	32.5(0.76)	+7.7(0.37)	-7.2
5,000	10/10	23.4(0.40)	32.9(0.53)	+9.5(0.67)	+14.5
10,000	10/10	22.6(0.54)	31.4(0.50)	+8.8(0.49)	+6.0
FEMALE					
0	10/10	18.6(0.45)	24.2(0.74)	+5.6(0.43)	
600	10/10	18.5(0.43)	23.5(0.64)	+5.0(0.39)	-10.7
1,250	10/10	18.2(0.44)	23.6(0.37)	+5.4(0.31)	-3.6
2,500	10/10	18.2(0.20)	24.4(0.48)	+6.2(0.39)	+10.7
5,000	10/10	18.8(0.33)	24.4(0.65)	+5.6(0.48)	+3.0
10,000	10/10	18.7(0.37)	24.6(0.54)	+5.9(0.48)	+5.4

Table 4.	Dosage, Survival, and Mean Body Weights of Mice Fed Diets
	Containing D & C Red No. 9 for 91 Days

(a) Number surviving/number per group.

(b) Standard error.

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

tissues (see Section H) from the control groups and the highest dose groups (50,000 ppm for rats and 10,000 ppm for mice) were trimmed for histopathologic analysis.

<u>Rats</u>: One male rat receiving 6,000 ppm and one female rat receiving 3,000 ppm died. Mean body weight gains were comparable among all groups of male or female rats.

The spleens of all dosed animals were dark and were enlarged 2 to 5 times the normal size. Pigment deposition in the renal tubular epithelium was observed in all dosed rats. Congestion and lymphoreticular hyperplasia were found in the spleens of all dosed female rats, in all male rats receiving 6,000 ppm or more, and in 8 of 10 male rats receiving 3,000 ppm (the lowest dose). Lymphoreticular hyperplasia of the thymic lymph nodes was found in 75%-100% of the female rats in each dosed group, except for the group receiving 3,000 ppm (in which the group incidence was 0/10). This condition was seen in 70%-100% of the male rats in each dosed group, except for the group receiving 50,000 ppm (in which the incidence was 3/7).

Hemosiderosis of the liver was found in all dosed female rats and in 9/10 males receiving 12,500 ppm, 6/10 receiving 6,000 ppm, and 3/10 receiving 3,000 ppm. None of these tissue changes were detected in control animals.

Hemosiderosis of the liver, dose related in incidence and severity, was the major consideration in setting doses for the chronic study. Hemosiderosis of the liver was rated as mild at 3,000 ppm; thus doses of 1,000 and 3,000 ppm D & C Red No. 9 in feed were selected for rats in the chronic study.

<u>Mice</u>: None of the mice died. Mean body weights were comparable among all groups of male and female mice. Histologically, congestion of the spleen was observed in 55 of 60 mice receiving 2,500 ppm or more. Deposits of hemosiderin were present to a greater extent in all dosed animals than in controls with the exception of females receiving 600 or 1,250 ppm and males receiving 600 ppm. The occurrence of these lesions, hemosiderosis, and

congestion was not considered life threatening per se; however, it was considered indicative of potentially severe toxicity in a chronic study. Doses of 1,000 and 2,000 ppm D & C Red No. 9 in feed were selected for mice in the chronic study to avoid possible toxic effects.

#### G. Chronic Studies

The number of animals per group, doses administered, and durations of the chronic studies are shown in Table 5.

#### H. Clinical Examinations and Pathology

All animals were observed twice daily to discern sickness or morbidity. 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 those 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, 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

Test Group	Initial No. of Animals	D & C Red No. 9 (ppm)		on Study Not Dosed
Male Rats				
Control (b)	50	0	0	104
Low-Dose	50	1,000	103	1
High-Dose	50	3,000	103	1
Female Rats				i
Control (b)	50	0	0	104
Low-Dose	50	1,000	103	1
High-Dose	50	3,000	103	1
Male Mice				
Control (b)	50	0	0	104
Low-Dose	50	1,000	103	2
High-Dose	50	2,000	103	2
Female Mice				
Control (b)	50	0	0	105
Low-Dose	50	1,000	103	2
High-Dose	50	2,000	103	2

#### Table 5. Experimental Design of Chronic Feeding Studies with D & C Red No. 9 in Rats and Mice

(a) The start dates were March 10, and March 23, 1977 for male and female rats and April 8, and April 17, 1977 for male and female mice.

(b) Control and dose groups were of the same strain, sex, and age range and from the same source and shipment. All animals of the same species 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 II.C. 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 animals 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 for 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

Throughout the bioassay, mean body weights of dosed and control rats were comparable (Figure 1 and Table 6). No compound-related clinical signs were observed. Feed consumption by dosed rats of either sex was comparable with that of the corresponding controls (Appendix H).

#### B. Survival

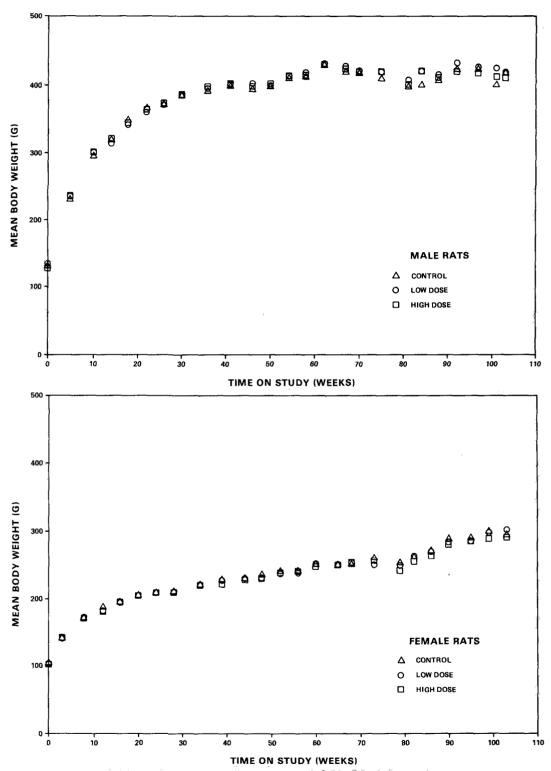
Estimates of the probabilities of survival of male and female rats administered D & C Red No. 9 in the diet at the concentrations of this bioassay, together with those of the control group, are shown by the Kaplan and Meier curves in Figure 2. The low-dose male rats had a significantly greater rate of survival than either the high-dose group or controls. No significant differences were observed between the high-dose and control male rats or between any group of females.

In male rats, 32/50 (64%) of the controls, 44/50 (88%) of the low-dose, and 30/50 (60%) of the high-dose group lived to the end of the study at 104 weeks. In female rats, 38/50 (76%) of the controls, 40/50 (80%) of the lowdose, and 41/50 (82%) of the high-dose group lived to the end of the study at 104 weeks.

A sufficient number of rats were at risk for the development of late appearing tumors.

#### C. Pathology

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, respectively. Findings on nonneoplastic lesions are summarized in Appendix C, Tables C1 and C2.





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		Mean Bo	Cumulative ody Weight C (grams)	Cha <b>nge</b>		e (%) Relativ rols (a)
	Week No.	Controls	Low Dose	High Dose	Low Dose	High Dose
Male	<u></u>					
Rats	0	131(b)	134(b)	127(b)		
	5	101	101	109	0	+8
	26	240	236	245	-2	+2
	46	263	269	270	+2	+3
	67	289	293	297	+1	+3
	88	277	288	285	+4	+3
	103	286	283	283	-1	-1
Female						
Rats	0	105(b)	103(b)	1 <b>02(</b> b)		
	3	36	37	38	+3	+6
	24	103	104	105	+1	+2
	44	125	126	125	+1	0
	65	146	148	148	+1	+1
		168	166	162	-1	-4
	86	100			+6	-1

Table 6.	Mean Body Weight Change (Relative to Controls) of Rats Fed Diets
	Containing D & C Red No. 9 for 103 Weeks

(b) Initial weight.

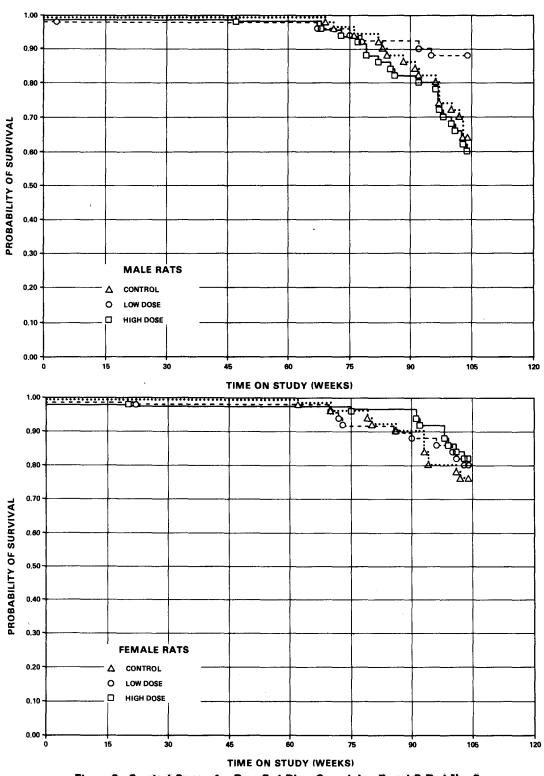


Figure 2, Survival Curves for Rats Fed Diets Containing D and C Red No. 9

The tumors represented have been encountered previously as spontaneous lesions in the rat, but several tumors of the spleen, observed with an increased incidence in the dosed animals, were not found in the corresponding control animals (Table 7). Fibrosarcomas, apparently arising from the red pulp or capsule of the spleen, were found in 17 of 48 high-dose (3,000 ppm) male rats. In high-dose male rats, one animal had a leiomyosarcoma and five had splenic osteosarcoma. A fibroma was found in one low-dose male rat. Eleven of the splenic tumors metastasized to peritoneal tissues. The two sarcomas of multiple organs in high-dose males may have originated in the spleen.

Nonneoplastic splenic lesions were observed in high-dose male rats. Fourteen of 48 males had congestion of the splenic parenchyma, 23 had focal or multifocal areas of fibrosis, 3 had diffuse fibrosis, and 13 had areas of fatty metamorphosis in the spleen. Twenty-five high-dose females had multifocal, diffuse, or focal fibrosis. Areas of fibrosis were present in two control male rats.

The splenic lesions in dosed male and female rats ranged from multifocal areas of fibroblastic proliferation in the red pulp to areas of proliferation of pleomorphic spindle cells with an oval to round, open-faced nucleus, and generally, an indistinct nucleolus. In some areas, these cells produced large amounts of collagen-like material. Areas of the neoplastic tissue were often vascular in nature, and at time osteoid was produced by the malignant cells. Many variations were found in the patterns taken by these pleomorphic fibroblast-type cells in the spleen. In some cases the neoplastic cells were through the capsule, and occasionally they were metastatic to other organs.

Large areas of pigment were occasionally seen in the fibrous areas in the splenic capsule and parenchyma. The pigment appeared different from the hemosiderin seen in spleens of aging F344 rats.

Hepatic neoplastic nodules were seen in 0/50 control males, 6/50 low-dose males, and 7/49 high dose males. Almost all of these nodules were relatively small and composed of hepatocytes with basophilic or eosinophilic cytoplasm. Hepatocellular carcinoma was seen in 1/50 control males.

		MALES	· · · · · · · · · · · · · · · · · · ·		FEMALES		
	Control	Low-Dose	High Dose	Control	Low-Dose	High-Dose	
Number of Spleens				<u></u>	. <u> </u>		
Examined	50	50	48	50	50	50	
Spleen Lesions:							
Fibroma	0	1	0	0	0	0	
Fibrosarcoma	0	0	17	0	0	0	
Leimyosarcoma	0	0	1	0	0	0	
Osteosarcoma	0	0	5	0	0	0	
Congestion, NOS							
or passive	1	0	14	0	6	26	
Fibrosis, Focal					-		
or Multifocal	1	0	23	0	2	15	
Fibrosis, Diffuse	1	Ō	3	0	0	10	
Necrosis, Focal	0	Ō	2	Ō	Ő	0	
Fatty Metamor-		-		-	-	-	
phosis	0	0	13	0	0	0	
Hemosiderosis	2	1	2	1	Ō	Ō	
Splenic Capsule:							
Sarcoma	0	0	1	0	0	0	
Fibrosarcoma	Ō	Ő	1	Õ	Õ	Ő	
Splenic Red Pulp:		-		-	-	•	
Fibrosarcoma	0	0	1	0	0	0	

## Table 7. Numbers of Rats with Neoplastic and Nonneoplastic Lesions in the Spleen

The results of histopathologic examination indicated that D & C Red No. 9 was carcinogenic in male F344 rats, inducing splenic sarcomas and hepatic neoplastic nodules.

#### D. Statistical Analyses of Results

Tables 8 and 9 contain the statistical analyses of those primary tumors that met both of the following criteria: (1) At least two animals in one group had the tumor, and (2) The incidence in one or more groups was at least 5%.

Fibrosarcomas of the spleen in male rats were observed in a statistically significant positive association (0/50, 0% in the controls; 0/50, 0%in the low-dose; 17/48, 35% in the high-dose). The Fisher exact test between the high-dose group and the control group was significant (P less than 0.001). The historical records of this laboratory indicate that no fibrosarcomas of the spleen were observed in 140 male rats, and the historical records for the entire bioassay program reported an incidence of 3/2,960(0.1%). Combined sarcomas of all types in the spleen, splenic capsule, or splenic pulp of male rats totaled 0/50 (0%) in the controls, 0/50 (0%) in the low-dose, and 26/48 (54%) in the high-dose group. The Cochran-Armitage test for linear trend was significant (P less than 0.001), and the Fisher exact test between the high-dose group and the controls was significant (P less than 0.001). No such sarcomas were observed in any groups of female rats.

Neoplastic nodules of the liver in male rats were observed in a statistically significant dose-related positive relation in the dosed groups compared with the control group (0/50, 0% in the controls; 6/50, 12% in the low-dose; 7/49, 14% in the high-dose). The Cochran-Armitage test for linear trend was statistically significant in the positive direction (P=0.020). The Fisher exact test between the control group and either of the dosed groups was significant (P=0.006 in the high-dose and P=0.013 in the low-dose). In female rats, this tumor was observed in a statistically

significant trend (P=0.039) and occurred in 5/50 (10%) of the high-dose group compared with 1/50 (2%) in the control group. The historical record at this laboratory indicates that the incidence of either male or female rats with neoplastic nodules in the liver is 5/140 (3.6%). When the incidence of male rats with either carcinomas or nodules of the liver was considered, a significant trend (P=0.045) was observed in the incidence of male rats with either carcinoma of the liver or neoplastic nodules. The Fisher exact test between the high-dose group and the controls had a probability level of P=0.028.

Lymphocytic leukemia of the hematopoietic system occurred in decreased incidence in the dosed groups of male rats compared with the control group. The Cochran-Armitage test for linear trend was statistically significant in the negative direction (P=0.015). The P values of the Fisher exact tests were P=0.014 in both the low- and high-dose groups. When the incidence of male rats with either lymphoma or leukemia was analyzed, the test for trend was significant (P=0.013) in the negative direction and the Fisher exact test between the high-dose and the control group had a probability level of P=0.011 in the negative direction. The incidence of lymphocytic leukemia was also significantly reduced in the dosed groups of female rats. The Cochran-Armitage test for linear trend was statistically significant in the negative direction (P=0.004). The P values of the Fisher exact tests were P=0.014 and P=0.004 in the low- and high-dose groups, respectively. Leukemia or lymphomas of the hematopoietic system in female rats were observed in a statistically significant negative relation in the dosed groups compared with the control group (11/50, 22% in the controls; 5/50, 10% in the lowdose; 3/50, 6% in the high-dose). The Cochran-Armitage test for linear trend was statistically significant in the negative direction (P=0.021), and the Fisher exact test between the control group and the high-dose group was significant (P=0.020).

Tumors of the preputial gland in male rats were observed in a statistically significant negative relation (7/50, 14% 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=0.007). The Fisher exact test between the high-dose group and the control group was significant (P=0.006). 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. Only two male and two female rats died before 52 weeks on study, so time-adjusted analyses eliminating those animals that died before week 52 did not alter the results.

Life table analyses, using the week during which an animal died naturally or was killed as a time point, did not materially change the results.

The conclusion based on statistical analysis of the data is that sarcomas of the spleen were found at a significantly higher incidence in high-dose male rats than in controls. In addition, neoplastic nodules of the liver occurred in a dose-related incidence in male rats.

Topography: Morphology	Control	Low Dose	High Dose
Subcutaneous Tissue: Fibroma (b)	4/50(8)	1/50(2)	1/50(2)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.250 0.005 2.411	0.250 0.005 2.411
Weeks to First Observed Tumor	102	75	82
Hematopoietic System: Lymphocytic Leukemia (b)	10/50(20)	2/50(4)	2/50(4)
P Values (c),(d)	P=0.015(N)	P=0.014(N)	P=0.014(N)
Departure from Linear Trend (f)			
Relative Risk (Control) (e) Lower Limit Upper Limit		0.200 0.022 0.877	0.200 0.022 0.877
Weeks to First Observed Tumor	69	3	79
Hematopoietic System: Leukemia (b)	10/50(20)	3/50(6)	3/50(6)
P Values (c),(d)	P=0.039(N)	P=0.036(N)	P=0.036(N)
Relative Risk (Control) (e) Lower Limit Upper Limit		0.300 0.056 1.083	0.300 0.056 1.083
Weeks to First Observed Tumor	69	3	79

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Topography: Morphology	Control	Low Dose	High Dose
Hematopoietic System: Lymphoma or Leukemia (b)	12/50(24)	4/50(8)	3/50(6)
P Values (c),(d)	P=0.013(N)	P=0.027(N)	P=0.011(N)
Relative Risk (Control) (e) Lower Limit Upper Limit		0.333 0.084 1.014	0.250 0.048 0.858
Weeks to First Observed Tumor	69	3	79
Spleen: Fibrosarcoma (b)	0/50(0)	0/50(0)	17/48(35)
P Values (c),(d)	P less than 0.001	N.S.	P less than 0.001
Departure from Linear Trend (f)	P less than 0.001		
Relative Risk (Control) (e) Lower Limit Upper Limit			Infinite 5.638 Infinite
Weeks to First Observed Tumor			68
Spleen: Osteosarcoma (b)	0/50(0)	0/50(0)	5/48(10)
P Values (c),(d)	P=0.003	N.S.	<b>P</b> ≖0.025
Relative Risk (Control) (e) Lower Limit Upper Limit			Infinite 1.314 Infinite
Weeks to First Observed Tumor			100

Topography: Morphology	Control	Low Dose	High Dose
Spleen, Splenic Capsule, or Splenic Pulp: All Sarcoma (b)	0/50(0)	0/50(0)	26/48(54)
P Values (c),(d)	P less than 0.001	N.S.	P less than 0.001
Departure from Linear Trend (f)	<b>P=0.006</b>		
Relative Risk (Control) (e) Lower Limit Upper Limit			Infinite 8.950 Infinite
Weeks to First Observed Tumor			68
Liver: Neoplastic Nodule (b)	0/50(0)	6/50(12)	7/49(14)
P Values (c),(d)	<b>P=0.020</b>	P=0.013	<b>P=0.006</b>
Relative Risk (Control) (e) Lower Limit Upper Limit		Infinite 1.600 Infinite	Infinite 1.981 Infinite
Weeks to First Observed Tumor	<b></b>	104	97
Liver: Neoplastic Nodule or Carcinoma (b)	1/50(2)	6/50(12)	7/49(14)
P Values (c),(d)	P=0.045	N.S.	P=0.028
Relative Risk (Control) (e) Lower Limit Upper Limit		6.000 0.768 269.891	7.143 0.970 314.496
Weeks to First Observed Tumor	104	104	97

(Continued)			
Topography: Morphology	Control	Low Dose	High Dose
Pituitary: Chromophobe Adenoma (b)	7/44(16)	7/44(16)	5/44(11)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		1.000 0.327 3.061	0.714 0.193 2.409
Weeks to First Observed Tumor	76	104	86
Adrenal: Pheochromocytoma, Malignant (b)	0/48(0)	2/50(4)	3/48(6)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit	, ,	Infinite 0.284 Infinite	Infinite 0.602 Infinite
Weeks to First Observed Tumor		104	97
Adrenal: Pheochromocytoma (b)	17/48(35)	12/50(24)	11/48(23)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.678 0.333 1.338	0.647 0.309 1.301
Weeks to First Observed Tumor	84	75	86

Table 8.	Analyses of the Incidence of Primary Tumors in Male Rats
	Fed Diets Containing D & C Red No. 9 (a)

Topography: Morphology	Control	Low Dose	High Dose
Thyroid: C-Cell Carcinoma (b)	2/50(4)	4/50(8)	3/47(6)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		2.000 0.301 21.316	1.596 0.191 18.399
Weeks to First Observed Tumor	76	104	104
Thyroid: C-Cell Adenoma (b)	3/50(6)	2/50(4)	0/47(0)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.667 0.058 5.570	0.000 0.000 1.766
Weeks to First Observed Tumor	97	104	
Thyroid: C-Cell Adenoma or Carcinoma (b)	5/50(10)	6/50(12)	3/47(6)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		1.200 0.326 4.660	0.638 0.104 3.088
Weeks to First Observed Tumor	76	104	104

Topography: Morphology	Control	Low Dose	High Dose
Pancreatic Islets: Islet-Cell Carcinoma (b)	0/47(0)	4/49(8)	1/39(3)
P Values (c),(d)	N.S.	N.S.	N.S.
Departure from Linear Trend (f)	P=0.032		
Relative Risk (Control) (e) Lower Limit Upper Limit		Infinite 0.891 Infinite	Infinite 0.065 Infinite
Weeks to First Observed Tumor		104	104
Pancreatic Islets: Islet-Cell Adenoma or Carcinoma (b)	1/47(2)	4/49(8)	1/39(3)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		3.837 0.399 184.905	1.205 0.016 92.192
Weeks to First Observed Tumor	102	104	104
Preputial Gland: Carcinoma, NOS (b)	3/50(6)	1/50(2)	0/50(0)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.333 0.006 3.983	0.000 0.000 1.663
Weeks to First Observed Tumor	102	104	

Topography: Morphology	Control	Low Dose	High Dose
Preputial Gland: All tumors	7/50(14)	2/50(4)	0/50(0)
P Values (c),(d)	P=0.007(N)	N.S.	P=0.006(N)
Relative Risk (Control) (e) Lower Limit Upper Limit		0.286 0.030 1.411	0.000 0.000 0.515
Weeks to First Observed Tumor	102	104	
Testis: Interstitial-Cell Tumor (b)	49/50(98)	48/50(96)	47/48(98)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.980 0.941 1.051	0.999 0.959 1.041
Weeks to First Observed Tumor	69	67	68

(Continued)

(a) Dosed groups received doses of 1,000 or 3,000 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.

Topography: Morphology	Control	Low Dose	High Dose
Hematopoietic System: Lymphocytic Leukemia (b)	10/50(20)	2/50(4)	1/50(2)
P Values (c),(d)	P=0.004(N)	<b>P=0.014(N)</b>	P=0.004(N)
Relative Risk (Control) (e) Lower Limit Upper Limit		0.200 0.022 0.877	0.100 0.002 0.662
Weeks to First Observed Tumor	62	100	98
Hematopoietic System: Leukemia (b)	10/50(20)	3/50(6)	1/50(2)
P Values (c),(d)	P=0.004(N)	P=0.036(N)	P=0.004(N)
Relative Risk (Control) (e) Lower Limit Upper Limit		0.300 0.056 1.083	0.100 0.002 0.662
Weeks to First Observed Tumor	62	90	98
Hematopoietic System: Lymphoma or Leukemia (b)	11/50(22)	5/50(10)	3/50(6)
P Values (c),(d)	P=0.021(N)	N.S.	P=0.020(N)
Relative Risk (Control) (e) Lower Limit Upper Limit		0.455 0.133 1.306	0.273 0.052 0.958
Weeks to First Observed Tumor	62	22	20

(Continued)			
Topography: Morphology	Control	Low Dose	High Dose
Liver: Neoplastic Nodule (b)	1/50(2)	1/50(2)	5/50(10)
P Values (c),(d)	P=0.039	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		1.000 0.013 76.970	5.000 0.588 231.346
Weeks to First Observed Tumor	104	104	104 .
Pituitary: Adenoma, NOS (b)	5/43(12)	2/46(4)	2/47(4)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.374 0.037 2.149	0.366 0.036 2.105
Weeks to First Observed Tumor	104	104	104
Pituitary: Chromophobe Adenoma (b)	16/43(37)	15/46(33)	20/47(43)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.876 0.465 1.650	1.144 0.656 2.030
Weeks to First Observed Tumor	102	70	91

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Topography: Morphology	Control	Low Dose	High Dose
Pituitary: Chromophobe Adenoma or Carcinoma (b)	18/43(42)	16/46(35)	20/47(43)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.831 0.462 1.492	1.017 0.599 1.745
Weeks to First Observed Tumor	93	70	91
Adrenal: Cortical Adenoma (b)	3/48(6)	3/49(6)	4/50(8)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.980 0.138 6.979	1.280 0.229 8.332
Weeks to First Observed Tumor	104	104	104
Adrenal: Pheochromocytoma (b)	3/48(6)	3/49(6)	4/50(8)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.980 0.138 6.979	1.280 0.229 8.332
Weeks to First Observed Tumor	86	104	104

(Continued)	······		
Topography: Morphology	Control	Low Dose	High Dose
Adrenal: Pheochromocytoma or Pheochromocytoma, Malignant (b)	3/48(6)	4/49(8)	5/50(10)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		1.306 0.233 8.495	1.600 0.330 9.811
Weeks to First Observed Tumor	86	72	104
Thyroid: C-Cell Adenoma (b)	2/47(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		1.410 0.169 16.282	0.000 0.000 3.177
Weeks to First Observed Tumor	104	104	
Thyroid: C-Cell Carcinoma (b)	3/47(6)	4/50(8)	2/50(4)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		1.253 0.224 8.156	0.627 0.054 5.232
Weeks to First Observed Tumor	104	104	104

Topography: Morphology	Control	Low Dose	High Dose
Thyroid: C-Cell Adenoma or Carcinoma (b)	5/47(11)	7/50(14)	2/50(4)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit	η.	1.316 0.387 4.915	0.376 0.037 2.172
Weeks to First Observed Tumor	104	104	104
Mammary Gland: Fibroadenoma (b)	10/50(20)	7/50(14)	8/50(16)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		0.700 0.246 1.869	0.800 0.299 2.060
Weeks to First Observed Tumor	79	104	98
Uterus: Endometrial Stromal Polyp (b)	11/50(22)	13/49(27)	10/50(20)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		1.206 0.554 2.675	0.909 0.381 2.140
Weeks to First Observed Tumor	93	96	104

(Continued)

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- (a) Dosed groups received doses of 1,000 or 3,000 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.

#### IV. RESULTS - MICE

#### A. Body Weights and Clinical Signs

Throughout the study, mean body weights of dosed and control male mice were comparable (Figure 3 and Table 10). After week 50, the mean body weight of high-dose female mice was slightly lower than that of the controls. No compound-related clinical signs were observed. Feed consumption by dosed mice of either sex was comparable with that of the corresponding controls (Appendix H).

#### B. Survival

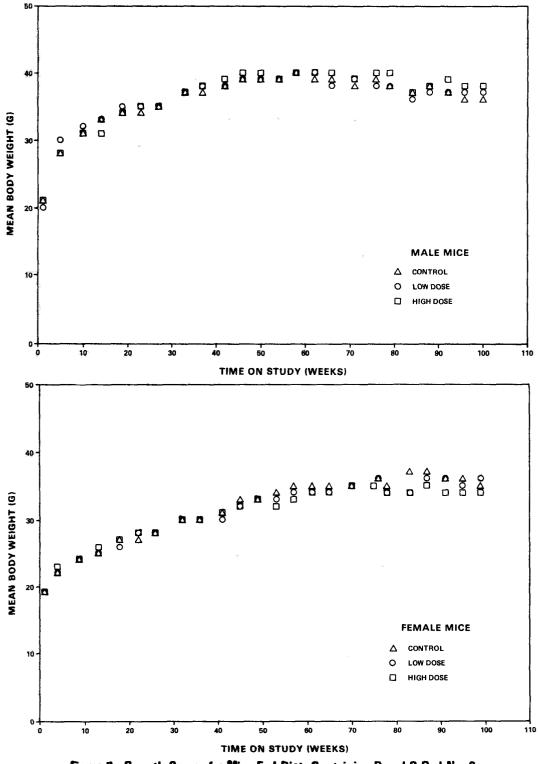
Estimates of the probabilities of survival of male and female mice administered D & C Red No. 9 in the diet at the concentrations of this bioassay, together with those of the control group, are shown by the Kaplan and Meier curves in Figure 4. No significant differences were observed in the survival of any group of either sex of mice.

In male mice, 42/50 (84%) of the controls, 40/50 (80%) of the low-dose, and 39/50 (78%) of the high-dose group lived to the end of the study at 104-105 weeks. In female mice, 40/50 (80%) of the controls, 40/50 (80%) of the low-dose, and 41/50 (82%) of the high-dose group lived to the end of the study at 105 weeks.

A sufficient number of mice were at risk for the development of late appearing tumors.

#### C. Pathology

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





Males 2 4 6	k No. 0 5 7 6 6	Contro 21 7 14 18	)1s (b)	(gram Low Do 20 10		High	Dose 21 (b)	Relative to Low Dose	High Dose
2 4 6 8	5 7 6	7 14	(b)		(b)		21 (b)		
2 4 6 8	5 7 6	7 14	(b)		(b)		21 (Ъ)		
2 4 6 8	.7 •6	14		10			(-)		
4 6 8	6			10	1		7	+43	0
6 8		18		15			14	+ 7	0
8	6	10		19			19	+6	+ 6
		18		18			19	0	+ 6
10	8	17		17			17	0	0
	0	15		17			17	+13	+13
Females	0	19	(b)	19	(b)		19 (Ъ)		<i>v</i> .
	4	3		3	k.		4	0	+33
	6	9		9			9	Ō	0
	5	14		13			13	- 7	- 7
6	5	16		15			15	- 6	- 6
		18		17			16	- 6	-11
	9	16		17			15	+ 6	- 6
(a) Weight	Change	e Relati	ve t	o Contr	ols				
	-						Change	(Control Gro	up) X 100

## Table 10. Mean Body Weight Change (Relative to Controls) of Mice Fed Diets Containing D and C Red No. 9

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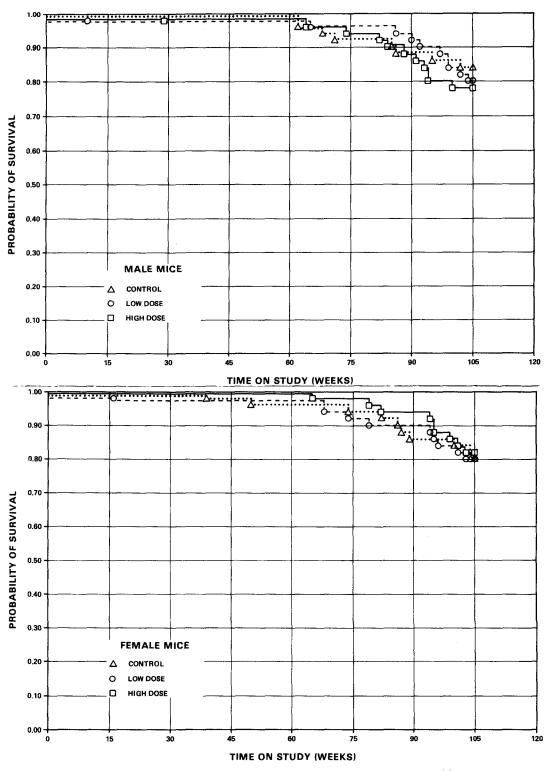


Figure 4. Survival Curves for Mice Fed Diets Containing D and C Red No. 9

Each type of neoplasm represented has been encountered previously as a spontaneous lesion in the mouse. Undifferentiated sarcomas arising in the skin or subcutaneous tissues, usually of the back, were found in six low-dose male mice. This type of anaplastic sarcoma is not unusual in male mice. This tumor type was observed in 12% of the low-dose males compared with 2% in the controls; however, no similar neoplasms were observed in high-dose males.

A variety of nonneoplastic lesions is represented among both control and dosed animals. The lesions are considered to be spontaneous in these animals. Such lesions have been encountered previously as spontaneous occurrences in aging laboratory mice.

In conclusion, histopathologic examination provided no evidence for the carcinogenicity of D & C Red No. 9 in B6C3F1 mice.

#### D. Statistical Analyses of Results

Tables 11 and 12 contain the statistical analyses of those primary tumors that met both of the following criteria: (1) At least two animals in one group had the tumor, and (2) The incidence in one or more groups was at least 5%.

Sarcomas of the skin in male mice were observed in increased incidence in the low-dose group compared with the other two groups (0/50, 0%) in the controls; 5/50, 10% in the low-dose; 0/50, 0% in the high-dose). The Cochran-Armitage test for linear trend was not significant, and there was a departure from linear trend (P=0.002) due to the sharp increase of incidence in the low-dose group compared with the other two groups. The Fisher exact test between the low-dose group and the control group was significant (P=0.028), but this value is greater than 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. Statistical tests of the combined incidences of male mice with sarcomas and fibrosarcomas of the skin and subcutaneous tissue were not statistically significant (2/50,4% in the controls; 6/50, 12% in the low-dose; 0/50, 0% in the high-dose), although there was a departure from linear trend (P=0.010) due to the increased incidence in the low-dose group. No significant incidence was observed in the high-dose group. This tumor type was not observed in female mice in a statistically significant incidence.

Hepatocellular carcinomas of the liver in male mice were observed in increased incidence in the dosed groups compared with the control group (4/50, 8% in the controls; 9/50, 18% in the low-dose; 11/50, 22% in the high-dose). The Cochran-Armitage test for linear trend was statistically significant in the positive direction (P=0.038). The Fisher exact test between the highdose group and the matched control group indicates a value of P=0.045. This value 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 record at this laboratory of male mice with hepatocellular carcinomas is 65/297 (22%). This tumor was not observed in female mice in statistically significant proportions.

Malignant lymphomas (mixed type) of the hematopoietic system in female mice were observed in increased incidence in the high-dose group (2/50, 4% in the controls; 2/50, 4% in the low-dose; 7/49, 14% in the high-dose). The Cochran-Armitage test for linear trend was statistically significant in the positive direction (P=0.040). The Fisher exact tests were not significant. The combined incidence of female mice with any type of lymphoma was not significant, and no significant results were found for this type of tumor in male mice.

Only two male and two female mice died before 52 weeks on study; therefore, time-adjusted tests eliminating those animals that died before week 52 did not alter the results.

Life table analyses, using the week in which an animal died naturally or was killed as a time point, did not materially change the results reported above.

In conclusion, there is no site in mice of either sex at which an increase in tumor incidence could be associated unequivocally with the administration of the chemical.

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Topography: Morphology	Control	Lo <b>w</b> Dose	High Dose	
Skin: Sarcoma, NOS (b)	0/50(0)	5/50(10)	0/50(0)	
P Values (c),(d)	N.S.	P=0.028	N.S.	
Departure from Linear Trend (e)	P=0.002			
Relative Risk (Control) (f) Lower Limit Upper Limit		Infinite 1.261 Infinite	  	
Weeks to First Observed Tumor		65		
Skin or Subcutaneous Tissue: Fibrosarcoma or Sarcoma, NOS (b)	2/50(4)	6/50(12)	0/50(0)	
P Values (c),(d)	N.S.	N.S.	N.S.	
Departure from Linear Trend (e)	<b>P=0.010</b>			
Relative Risk (Control) (f) Lower Limit Upper Limit	:	3.000 0.569 29.254	0.000 0.000 3.381	
Weeks to First Observed Tumor	95	65		
Lung: Alveolar/Bronchiolar Adenoma (b)	2/50(4)	3/50(6)	1/50(2)	
P Values (c),(d)	N.S.	N.S.	N.S.	
Relative Risk (Matched Control) (f) Lower Limit Upper Limit		1.500 0.180 17.329	0.500 0.009 9.290	
Weeks to First Observed Tumor	104	105	105	

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Topography: Morphology	Control	Low Dose	High Dose	
Lung: Alveolar/Bronchiolar Carcinoma (b)	2/50(4)	1/50(2)	4/50(8)	
P Values (c),(d)	N.S.	N.S.	N.S.	
Relative Risk (Control) (f) Lower Limit Upper Limit		0.500 0.009 9.290	2.000 0.301 21.316	
Weeks to First Observed Tumor	85	105	74	
Lung: Alveolar/Bronchiolar Adenoma or Carcinoma (b)	4/50(8)	4/50(8)	5/50(10)	
P Values (c),(d)	N.S.	N.S.	N.S.	
Relative Risk (Control) (f) Lower Limit Upper Limit		1.000 0.197 5.083	1.250 0.286 5.954	
Weeks to First Observed Tumor	85	105	74	
Hematopoietic System: Malignant Lymphoma, Histiocytic Type (b)	4/50(8)	2/50(4)	3/50(6)	
P Values (c),(d)	N.S.	N.S.	N.S.	
Relative Risk (Control) (f) Lower Limit Upper Limit		0.500 0.047 3.318	0.750 0.115 4.206	
Weeks to First Observed Tumor	102	86	82	

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		Low	High
Copography: Morphology	Control	Dose	Dose
lematopoietic System: All Malignant	F / FO / HO >	( ( 50 ( 0 )	( (50 (0))
Lymphomas (b)	5/50(10)	4/50(8)	4/50(8)
? Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (f)		0.800	0.800
Lower Limit		0.168	0.168
Upper Limit		3.499	3.499
leeks to First Observed Tumor	102	86	29
liver: Hepatocellular Adenoma (b)	<u></u>		
	4/50(8)	4/50(8)	4/50(8)
? Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (f)		1.000	1.000
Lower Limit		0.197	0.197
Upper Limit		5.083	5.083
eeks to First Observed Tumor	104	105	105
Liver: Hepatocellular		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Carcinoma (b)	4/50(8)	9/50(18)	11/50(22)
	P=0.038	N.S.	P=0.045
? Values (c),(d)			
		2.250	2.750
		2.250 0.676	2.750 0.882
elative Risk (Control) (f)			

Topography: Morphology	Control	Low Dose	High Dose
Liver: Hepatocellular			
Adenoma or Carcinoma (b)	8/50(16)	13/50(26)	15/50(30)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (f)		1.625	1.875
Lower Limit		0.688	0.825
Upper Limit		4.120	4.631
Weeks to First Observed Tumor	68	65	74
Eye/Lacrimal Gland:			
Adenoma, NOS (b)	1/50(2)	3/50(6)	1/50(2)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (f)		3.000	1.000
Lower Limit		0.251	0.013
Upper Limit		154.270	76.970
Weeks to First Observed Tumor	104	105	105

(Continued)

(a) Dosed groups received doses of 1,000 or 2,000 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 probability level for departure from linear trend is given when P is less than 0.05 for any comparison.

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

Topography: Morphology	Control	Low Dose	High Dose	
Lung: Alveolar/Bronchiolar Adenoma (b)	2/50(4)	1/50(2)	3/49(6)	
P Values (c),(d)	N.S.	N.S.	N.S.	
Relative Risk (Control) (e) Lower Limit Upper Limit		0.500 0.009 9.290	1.531 0.183 17.671	
Weeks to First Observed Tumor	105	105	105	
Hematopoietic System: Malignant Lymphoma, Histiocytic Type (b)	5/50(10)	11/50(22)	4/49(8)	
P Values (c),(d)	N.S.	N.S.	N.S.	
Departure from Linear Trend (f)	P=0.029			
Relative Risk (Control) (e) Lower Limit Upper Limit		2.200 0.765 7.508	0.816 0.171 3.567	
Weeks to First Observed Tumor	74	94	79	
Hematopoietic System: Malignant Lymphoma, Lymphocytic Type (b)	4/50(8)	4/50(8)	1/49(2)	
P Values (c),(d)	N.S.	N.S.	N.S.	
Relative Risk (Control) (e) Lower Limit Upper Limit		1.000 0.197 5.083	0.255 0.005 2.459	
Weeks to First Observed Tumor	39	68	105	

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## Table 12. Analyses of the Incidence of Primary Tumors in Female Mice Fed Diets Containing D & C Red No. 9 (a)

Topography: Morphology	Control	Low Dose	High Dose
Hematopoietic System: Malignant Lymphoma,			
Mixed Type (b)	2/50(4)	2/50(4)	7/49(14)
P Values (c),(d)	P=0.040	N.S.	N.S.
Relative Risk (Control) (e) Lower Limit Upper Limit		1.000 0.075 13.326	3.571 0.723 33.856
Weeks to First Observed Tumor	105	96	105
Hematopoietic System: All Malignant Lymphomas (b)	11/50(22)	17/50(34)	12/49(24)
		1// 30( 34 )	12/43(24)
? Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e)		1.545	1.113
Lower Limit Upper Limit		0.765 3.257	0.498 2.511
Weeks to First Observed Tumor	39	68	79
Liver: Hepatocellular Adenoma (b)			<u></u>
	1/50(2)	1/50(2)	4/49(8)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e)		1.000	4.082
Lower Limit		0.013	0.423
Upper Limit		76 <b>.9</b> 70	196.665
Weeks to First Observed Tumor	105	105	1,05

Topography: Morphology	Control	Low Dose	High Dose
Liver: Hepatocellular		- / / - >	
Carcinoma (b)	4/50(8)	2/50(4)	2/49(4)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e)		0.500	0.510
Lower Limit		0.047	0.048
Upper Limit		3.318	3.383
Weeks to First Observed Tumor	105	79	105
Liver: Hepatocellular			
Adenoma or Carcinoma (b)	5/50(10)	3/50(6)	6/49(12)
P Values (c),(d)	N.S.	N.S.	N.S.
Relative Risk (Control) (e)		0.600	1.224
Lower Limit		0.098	0.333
Upper Limit		2.910	4.751

(Continued)

(a) Dosed groups received doses of 1,000 or 2,000 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.

#### V. DISCUSSION

In subchronic studies with D & C Red No. 9, conducted to determine the toxic effects of administering the material for 13 weeks, several results of note were detected. The spleens of dosed rats were dark and enlarged two to five times when compared with controls. Pigment deposition (not further characterized) was observed in renal tubular epithelial cells and hemosiderosis was observed in livers from all dosed female rats and the majority of males receiving more than 6,000 ppm test material in the diet. These findings are consistent with those of Davis and Fitzhugh (1962) who observed splenomegaly and hepatomegaly in Osborne-Mendel rats of both sexes fed diets containing up to 20,000 ppm D & C Red No. 9 in a 20-week study. Similar findings were detected in male and female mice in the present study, particularly splenic congestion and hemosiderin deposition. In the absence of compound-related changes in body weight gain in either sex of both species, the dietary concentrations of D & C Red No. 9 selected for the chronic study (1,000 or 3,000 ppm for rats and 1,000 or 2,000 ppm for mice) were based on the histopathologic observations in the subchronic study.

Mean body weights of dosed and control rats of both sexes and of male mice were comparable throughout the chronic (2-year) study. After the 50th week, mean body weights of high-dose female mice were slightly lower than those of controls. The absence of compound-related effects on survival, weight gain, or clinical observations in rats and mice suggests that both species may have been able to tolerate higher doses of the test material.

In this bioassay, fibrosarcomas of the spleen were detected at significantly higher incidences in high-dose male rats when compared with concurrent controls. No splenic fibrosarcomas have been observed in 140 male F344 historical control rats at this laboratory. Thus, D & C Red No. 9 most likely caused the neoplastic splenic lesions observed in the present study. In reports on the bioassay of aniline (NCI, 1978), azobenzene (NCI, 1979), and p-chloroaniline (NCI, 1979a) the spleen was also the site of neoplastic lesions. Structural comparisons of these and other monoazo dyes are shown

Test Substance	Structure	Species	Sex		Duration (Weeks)	Site an	d Type Observed
				())	(weeks)	Liver	Spleen
C. I. Solvent (a) Yellow 14 (NTP, 1982c) Water Insoluble		Rat (F344) Mouse (B6C3F1)	M F M F	500 500 1,000 1,000	103 103 103 103	N (b) N	
C. I. Disperse (a) Yellow No. 3 (NTP, 1982b) Water Insoluble		Rat (F344) Mouse (B6C3F1)	M F M F	10,000 10,000 5,000 5,000	103 103 103 103	N	
D and C Red No. 9 (a) Water Insoluble	( - - - - - - - - - - - - -	Rat (F344) Mouse (B6C3F1)	M F M F	3,000 3,000 2,000 2,000	103 103 103 103	N	N
C. I. Acid Red 14 (c) (NTP, 1982a) Water Soluble		Rat (F344) Mouse (B6C3F1)	M F M F	12,500 25,500 6,000 6,000	103 103 103 103		
C. I. Acid Orange 10 ( (NTP, 1982) Water Soluble	c')	Rat (F344) Mouse (B6C3F1)	M F M F	3,000 (d) 3,000 (d) 6,000 (d) 6,000 (d)	103 103 103 103	D (e)	
FD and C Yellow (c) No. 6 (NTP,1981) Water Soluble		Rat (F344) Mouse (B6C3F1)	M F M F	25,000 25,000 25,000 25,000 25,000	103 103 103 103	<u> </u>	
Azobenzene (NCI, 1979) Water Insoluble		Rat (F344) Mouse (B6C3F1)	M F M F	400 400 400 545	105-106 105-106 105-106 105-106		N N
Aniline Hydrochloride (NCI, 1978) Water Soluble	NH2 · HCI	Rat (F344) Mouse (B6C3F1)	M F M F	6,000 6,000 12,000 12,000	103 103 103 103 103		N N

Table 13. Comparison of Results of Chronic Feeding Studies of Water-Soluble and Water-Insoluble Monoazo Dyes and Related Compounds

(a) C. I. Solvent Yellow 14, D & C Red No. 9, and C. I. Disperse Yellow No. 3 were on test in the same room.

(b) N = Neoplastic lesion.

(c) C. I. Acid Red 14, C. I. Acid Orange 10, and FD & C Yellow No. 6 were on test in the same room.

(d) May not be maximum tolerated dose.

(e) D = Neoplastic lesion occurred only with significant dose related trend. Results of the Fisher exact test were not significant.

in Table 13. Induction of splenic sarcomas in each of these previous positive studies was dose related, as was the increase of this type of sarcoma in male rats in the current bioassay.

Evidence of nonneoplastic toxic effects of D & C Red No. 9 is provided by the detection of splenic congestion in 14 of 48 male rats from the highdose group. Either focal or diffuse fibrosis was found in the spleens of both high-dose males and females. These lesions ranged from multifocal areas of fibroblastic proliferation in the red pulp to areas of proliferation of pleomorphic spindle cells. The association between administration of D & C Red No. 9 in the diet and splenic neoplasia in male rats and splenic toxicity in rats of both sexes is unequivocal.

In their 2-year chronic bioassay of D & C Red No. 9 in Osborne-Mendel rats, Davis and Fitzhugh (1962) noted splenic enlargement and slight bone marrow hyperplasia at doses similar to those employed in the current study. Hemosiderosis of the spleen and renal tubular pigmentation was described in the former study at dose levels substantially higher than those in this bioassay. Davis and Fitzhugh found no carcinogenic effects in Osborne-Mendel rats attributable to their D & C Red No. 9 preparation, although the dose levels administered were substantially higher than those utilized in this study.

Significantly increased incidences of neoplastic nodules in the liver were detected in both dosed groups of male rats and a significant positive trend was found in female rats. The interpretation of these findings remains the subject of considerable scientific debate, since the absolute determination of the potential malignancy of these lesions has not yet been clearly defined. However, Hirota and Williams (1979) have confirmed the neoplastic nature of this type of nodule by observing continued growth after cessation of administration of N-2-fluorenylacetamide. These authors used well defined criteria for nodules in livers of F344 rats. Moreover, these nodules are considered to be true neoplasms by other investigators and are

indicative of a potential carcinogenic risk to humans (Squire and Levitt, 1975; National Academy of Sciences, 1980; IARC, 1980). Therefore, the increased incidence of neoplastic nodules observed in the current study can be considered to be indicative of a carcinogenic effect of D & C Red No. 9.

A compound-related decrease in lymphocytic leukemia was observed in male and female rats. Although the interpretation of this finding is unclear, administration of four other monoazo compounds (C.I. Solvent Yellow 14, C.I. Disperse Yellow 3, C.I. Acid Red 14 and C.I. Acid Orange 10) in other studies in the Bioassay Program has also been associated with decreased incidences of lymphocytic leukemia in F344 rats. In contrast to the results in rats, malignant lymphomas of the mixed type were increased in high-dose female mice in the present study; however, this increase was not statistically significant.

Statistically significant increased incidences of hepatocellular carcinomas were found in male mice after administration of D and C Red No. 9 in the diet. However, an absolute conclusion of carcinogenicity due to administration of the test material is precluded since the incidences of hepatocellular carcinomas in the high-dose and low-dose mice (11/50, 22% and 9/50, 18%) are similar to the historical control rate for male mice in this laboratory (65/297, 22%). Also, when the hepatocellular carcinomas are combined with the incidences of hepatocellular adenomas (total tumors: 8/50, 13/50, 15/50) the differences are not statistically significant. The increased incidences of anaplastic sarcomas of the skin in the low-dose male mice were also ruled out as carcinogenic effects of the test material because of the absence of these sarcomas in the high-dose group.

Azo dyes can be reduced by intestinal bacteria (Childs et al., 1967; Radomski, 1961; and Ryan et al., 1968). The relative toxicity of these dyes can be correlated with the lipid solubility of their metabolites after reductive cleavage of the azo bond (Radomski, 1974). Lipid soluble compounds are more readily absorbed across the gastrointestinal tract than water soluble compounds (Doull et al., 1980). The presence or absence of carcinogenic effects from the azo dyes studied in the Bioassay Program (Table 13)

might be correlated with the extent of absorption of the dyes and their metabolites -- absorption is greater for water insoluble dyes which yield lipid soluble metabolites and is less for water soluble dyes which yield lipid insoluble metabolites.

D & C Red No. 9 is a barium-containing pigment. Barium and its salts are known to be toxic to muscle and nervous tissue (Venugopal and Luckey, 1978). Although the toxicity of this metal is limited due to the insolubility of barium salts, a potential for barium toxicity must be recognized. However, it is unlikely that the splenic and hepatic findings in this study are due to the toxic effects of barium salts in the D & C Red No. 9 administered to the test animals.

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#### VI. CONCLUSIONS

Under the conditions of this bioassay, D & C Red No. 9 was carcinogenic for male F344 rats causing an increased incidence of sarcomas of the spleen and a dose-related increase in neoplastic nodules of the liver. D & C Red No. 9 was not considered to be carcinogenic to female F344 rats, although the increased incidence of neoplastic nodules of the liver may have been associated with administration of the test chemical. D & C Red No. 9 was not carcinogenic for B6C3F1 mice of either sex. \*

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#### APPENDIX A

Summary of the Incidence of Neoplasms in Rats Fed Diets Containing D and C Red No. 9 .

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#### TABLE A1.

#### SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS FED DIETS CONTAINING D AND C RED NO. 9

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50	50 50 50	50 50 49
INTEGUMENTARY SYSTEM			
*MULTIPLE ORGANS FIBROUS HISTIOCYTOMA, MALIGNANT	(50) 1 (2%)	(50)	(50)
*SKIN SQUAMOUS CELL PAPILLOMA	(50)	(50)	(50) 1 (2%)
SQUAMOUS CELL CARCINOMA SEBACEOUS ADENOMA	1 (2%) 1 (2%)		1 (2%)
FIBROSARCOMA		1 (2%)	
*SUBCUT TISSUE Keratoacanthoma	(50) 1 (2%)	(50)	(50)
FIBROMA		1 (2%)	1 (2%)
RESPIRATORY SYSTEM			
#LUNG Squamous cell carcinoma, metasta	(50)	(50)	(49)
ALVEOLAR/BRONCHIOLAR ADENOMA OSTEOSARCOMA, METASTATIC			1 (2%)
HEMATOPOIETIC SYSTEM			
<pre>*MULTIPLE ORGANS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE</pre>	(50) 1 (2%)	(50)	
LEUKEMIA, NOS		1 (2%) 1 (2%)	1 (2%)
LYMPHOCYTIC LEUKEMIA	10 (20%)	2 (4%)	2 (4%)
#SPLEEN FIBROMA	(50)	(50) 1 (2%)	(48)
FIBROSARCOMA		· ····	17 (35%

	CONTROL	LOW DOSE	HIGH DOSE
LEIOMYOSARCOMA Osteosarcoma			1 (2%) 5 (10%)
#SPLENIC CAPSULE Sarcoma, NOS Fibrosarcoma	(50)	(50)	(48) 1 (2%) 1 (2%)
#SPLENIC RED PULP FIBROSARCOMA	(50)	(50)	(48) 1 (2%)
CIRCULATORY SYSTEM			
#SPLEEN Angiosarcoma Hemangiopericytoma, Nos	(50)	(50)	(48) 1 (2%) 1 (2%)
DIGESTIVE SYSTEM			
#LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA FIBROSARCOMA, METASTATIC	(50) 1 (2%)	(50) 6 (12%)	(49) 7 (14%) 2 (4%)
#PANCREAS FIBROSARCOMA, INVASIVE	(47)	(49)	(39) 1 (3%)
#CECUM Adenomatous Polyp, Nos	(48)	(46)	(44) 1 (2%)
URINARY SYSTEM			
#KIDNEY/CORTEX Tubular-Cell Adenoma	(50)	(50)	(49) 1 (2%)
#KIDNEY/MEDULLA TRANSITIONAL-CELL CARCINOMA	(50) 1 (2%)	(50)	(49)
#URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	(46)	(49)	(44) 1 (2%)
ENDOCRINE SYSTEM			
#PITUITARY ADENOMA, NOS	(44)	(44) <u>1 (2%)</u>	(44)

# TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
CHROMOPHOBE ADENOMA Chromophobe Carcinoma	7 (16%) 1 (2%)	7 (16%) 1 (2%)	5 (11%)
#ADRENAL Pheochromocytoma Pheochromocytoma, Malignant ganglioneuroma	(48) 17 (35%) 1 (2%)	(50) 12 (24%) 2 (4%) 1 (2%)	(48) 11 (23%) 3 (6%) 1 (2%)
#THYROID Follicular-cell Adenoma C-cell Adenoma C-cell Carcinoma	(50) 2 (4%) 3 (6%) 2 (4%)	(50) 1 (2%) 2 (4%) 4 (8%)	(47) 2 (4%) 3 (6%)
#PARATHYROID Adenoma, nos	(41) 1 (2%)	(41) 1 (2%)	(37)
#PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	(47) 1 (2%)	(49) 4 (8%)	(39) 1 (3%)
REPRODUCTIVE SYSTEM		,	
*MAMMARY GLAND FIBROMA FIBROADENOMA	(50) 1 (2%) 1 (2%)	(50) 1 (2%)	(50)
*PREPUCE Keratoacanthoma	(50)	(50) 1 (2%)	(50)
*PREPUTIAL GLAND CARCINOMA,NOS ADENOMA, NOS ADENOCARCINOMA, NOS	(50) 3 (6%) 1 (2%) 1 (2%)	(50) 1 (2%)	(50)
PAPILLARY ADENOMA Sebaceous Adenocarcinoma Cystadenoma, nos	1 (2%) 1 (2%)	1 (2%)	
#TESTIS INTERSTITIAL-CELL TUMOR	(50) 49 (98%)	(50) 48 (96%)	(48) 47 (98%)
NERVOUS SYSTEM			*
#FOURTH VENTRICLE OLIGODENDROGLIOMA	(50)	(50) <u>1 (2%)</u>	(48)

#### TABLE A1. MALE RATS: NEOPLASMS (CONTINUED) \_\_\_\_\_

		LOW DOSE	HIGH DOSE
#BRAIN Squamous cell carcinoma, metasta	(50) 1 (2%)	(50)	(48)
#CEREBRAL CORTEX Astrocytoma	(50)	(50)	(48) 1 (2%)
*SPINAL CORD OSTEOSARCOMA, INVASIVE	(50) 1 (2%)	(50)	(50)
SPECIAL SENSE ORGANS			
*ZYMBAL'S GLAND Squamous cell carcinoma		(50)	
MUSCULOSKELETAL SYSTEM			
*VERTEBRAL COLUMN OSTEOSARCOMA	1 (2%)	(50)	
BODY CAVITIES			
*ABDOMINAL CAVITY FIBROSARCOMA MESOTHELIOMA, NOS	(50) 1 (2%)	(50)	(50) 1 (2%)
*MESENTERY Sarcoma, NOS	(50)	(50) 1 (2%)	(50)
*TUNICA VAGINALIS Mesothelioma, Nos	(50) 1 (2%)	(50) 1 (2%)	(50)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS FIBROSARCOMA FIBROSARCOMA, METASTATIC OSTEOSARCOMA OSTEOSARCOMA, METASTATIC	(50)	(50)	(50) 1 (2%) 8 (16%) 1 (2%) <u>3 (6%)</u>

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# TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE SCHEDULED SACRIFICE	50 11 7	50 6	50 20
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	32	44	30
a INCLUDES AUTOLYZED ANIMALS			
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	50 119	49 104	49 122
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	50 92	48 77	47 72
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	24 25	16 20	35 42
TOTAL ANIMALS WITH SECONDARY TUMORS Total Secondary Tumors	# 3 4		13 14
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or Malignant Total Uncertain Tumors	- 2 2	777	7 8
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS .	-		
PRIMARY TUMORS: ALL TUMORS EXCEPT SI SECONDARY TUMORS: METASTATIC TUMORS			ADJACENT ORGA

# TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

#### TABLE A2.

	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 SQUAMOUS CELL CARCINOMA	(50) 1 (2%)	(50)	(50)
*SUBCUT TISSUE	(50)	(50)	(50)
SQUAMOUS CELL CARCINOMA FIBROMA EIBROSADCOMA	1 (2%) 1 (2%) 1 (2%)	1 (2%)	1 (2%)
FIBROSARCOMA CARCINOSARCOMA	2 (4%)	2	1 (2%)
RESPIRATORY SYSTEM			
RESPIRATORY SYSTEM None		(50)	(50)
RESPIRATORY SYSTEM None Hematopoietic system	(50)	(50) 1 (2%)	
RESPIRATORY SYSTEM NONE IEMATOPOIETIC SYSTEM *MULTIPLE ORGANS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	(50)		2 (4%)
RESPIRATORY SYSTEM NONE HEMATOPOIETIC SYSTEM *MULTIPLE ORGANS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE LEUKEMIA,NOS	(50) 1 (2%)	(50) 1 (2%) 1 (2%)	

#### SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS FED DIETS CONTAINING D AND C RED NO. 9

	CONTROL	LOW DOSE	HIGH DOSE
DIGESTIVE SYSTEM			
#LIVER NEOPLASTIC NODULE	(50) 1 (2%)	(50) 1 (2%)	(50) 5 (10%)
URINARY SYSTEM			
#KIDNEY TUBULAR-CELL ADENOMA TUBULAR-CELL ADENOCARCINOMA	(50) 1 (2%)	(50)	(50) 1 (2%)
#U. BLADDER/MUCOSA PAPILLOMA, NOS		(47)	4 / 24/
ENDOCRINE SYSTEM			
#PITUITARY Adenoma, Nos Chromophobe Adenoma Chromophobe Carcinoma	(43) 5 (12%) 16 (37%) 2 (5%)	(46) 2 (4%) 15 (33%) 1 (2%)	(47) 2 (4%) 20 (43%)
#ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT GANGLIONEUROMA	(48) 3 (6%) 3 (6%)	(49) 3 (6%) 3 (6%) 1 (2%) 1 (2%)	(50) 4 (8%) 4 (8%) 1 (2%)
#THYROID C-CELL ADENOMA C-CELL CARCINOMA	(47) 2 (4%) 3 (6%)	(50) 3 (6%) 4 (8%)	(50) 2 (4%)
#THYROID FOLLICLE Papillary carcinoma	(47) 1 (2%)	(50)	(50)
#PARATHYROID Adenoma, Nos	(33)	(40)	(38) 2 (5%)
#PANCREATIC ISLETS ISLET-CELL ADENOMA	(49)	(49) 1 (2%)	(49)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND	(50)	(50)	(50) 2 (4%)

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

	CONTROL	LOW DOSE	HIGH DOSE
PAPILLARY ADENOMA			1 (2%)
PAPILLARY ADENOCARCINOMA Fibroadenoma	1 (2%) 10 (20%)	7 (14%)	8 (16%)
*CLITORAL GLAND CARCINOMA,NOS ADENOMA, NOS	(50)	(50) 1 (2%) 1 (2%)	(50)
ADENOCARCINOMA, NOS			1 (2%)
#UTERUS	(50)	(49)	(50)
ADENOCARCINOMA, NOS ENDOMETRIAL STROMAL POLYP	1 (2%) 11 (22%)	13 (27%)	10 (20%)
NERVOUS SYSTEM			
#BRAIN Chromophobe carcinoma, invasive	(50)	(48) 1 (2%)	(49)
#CEREBRAL HEMISPHERE GLIOMA, NOS	(50) 1 (2%)	(48)	(49)
SPECIAL SENSE ORGANS		•	
*ZYMBAL'S GLAND Squamous cell carcinoma		(50)	(50) 1 (2%)
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
NONE			
ALL OTHER SYSTEMS			
NONE			

# TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

	CONTROL	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE SCHEDULED SACRIFICE	50 10 2	50 9 1	50 7 2
ACCIDENTALLY KILLED Terminal sacrifice Animal missing	38	40	4 1
INCLUDES AUTOLYZED ANIMALS			
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	44 79	42 65	40 70
TOTAL ANIMALS WITH BENIGN TUMORS Total Benign Tumors	35 53	35 51	36 55
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	22 25	12 13	9 10
TOTAL ANIMALS WITH SECONDARY TUMORS Total Secondary Tumors	#	t t	
TOTAL ANIMALS WITH TUMORS UNCERTAIN Benign or malignant Total Uncertain Tumors	- 1 1	1	5 5
TOTAL ANIMALS WITH TUMORS UNCERTAIN PRIMARY OR METASTATIC Total Uncertain Tumors	-		
PRIMARY TUMORS: ALL TUMORS EXCEPT SI Secondary tumors: metastatic tumors	ECONDARY TUM	RS WASTVE INTO AN A	

# TABLE A2. FEMALE RATS: NEOPLASMS (CONTINUED)

75

#### TABLE A3.

#### INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF D & C RED NO.9

#### CONTROL

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	0	0	0						0	•	0	0	0 2	0	0	0 2
WEEKS ON	┼╢	-2	-1	4	H	1	-7	-	- 1	0	1	2	3	-1	5 9 7	- 1	-1	-1	- 8	2 0 0		2	3 0 8	4	5
STUDY INTEGUMENTARY SYSTEM	0	4	0 3	4	9	4	0 4	4	3	7 6	2	8	8	0 4	í	0 4	0 4	0 4	1	?	4	ž	4	6	4
SKIN	+	+	+	+	+	÷	÷	÷	÷	+	+	+	÷	+	+	+	٠	+	+	+	+	+	٠	٠	÷
SQUAMOUS CELL CARCINOMA Sebaceous adenoma Subcutanedus tissue	-	•		•			_				•	<u>×</u>		-						×					
KERATDACANTHOMA FIBROMA		·	•	ľ	•	,	•	·	·	·	x	•	•	•	ľ	ľ	•	x	·	Ţ	•	·	·	•	x
RESPIRATORY SYSTEM	1																								
LUNGS AND BRONCHI Squamous cell carcinoma, metastat Osteosarcoma, metastatic		+	+	•	+	+	+	+	+	•	+	+	•	+	•	*	+	+	+ x	+	+	+	+	*	+
TRACHEA	+	٠	+	+	+	+	+	٠	+	+	+	+	+	+	+	٠	+	+	+	-	+	+	+	+	+
HEMATOPOIETIC SYSTEM																									
BONE MARROW	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	. +	-	+	+
SPLEEN	+	*	+	+	•	+	+	+	+	+	+	+	+	+	+	+	_ <u>+</u>	<u>.</u>		*	÷.	<u>+</u>	<u>.</u>	<u>.</u>	+
LYMPH NODES	1.	+	+	+	+	+	+	+	-	+	+	+	+	+	-	+	+	+	-		+	+	•	+	+
CIRCULATORY SYSTEM				-	-											-									_
HEART	+	٠	+	÷	÷	+	ŧ	٠	÷	+	+	+	+	÷	٠	÷	+	+	+	÷	+	÷	+	+	+
DIGESTIVE SYSTEM								,																	
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER 'HEPATOCELLULAR CARCINOMA	+	+	+	<u> </u>	*	+	+	+	+	*	+	*	+	*	•	+	+	+	+	+	+	+	+	+	+
BILE DUCT	•	٠	+	٠	٠	٠	+	+	٠	+	+	٠	+	+	+	+	+	+	+	+	+	+	٠	+	÷
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	<u>N</u>	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
	+	+	+	•	•	•		• ·	<b>+</b>	<u>+</u>	<del></del>	_ <del>*</del>	+	. <del>.</del>	. <u>+</u>	<u>+</u>	. <b>*</b>	*		. <b>+</b>	••	. <b>*</b>	_ <b>+</b>	•	+
ESOPHAGUS Stomach	+	+	+	*	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+.	<u>+</u>	_ <u>+</u>	<u>+</u>	+
SMALL INTESTINE	I.	+	+	+	<u>`-</u>	+	+	+		 +	+	+	+	+	-	+	+	+	+	+	+	<u> </u>	+	+	+
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	-	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+
RINARY SYSTEM	-																								
KIDNEY	+	÷	÷	t	÷	÷	÷	+	÷	+	÷	÷	+	÷	٠	÷	+	+	+	+	+	+	+	÷	÷
TRANSITIONAL-CELE CARCINOMA	+	+	+	X_	•	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+		-			
NDOCRINE SYSTEM	ļ.												-	•	•	•	•	•	·	· ·	-				-
PITUITARY Chromophobe Adenoma Chromophobe Carcinoma	•	+	-	+	+	+	+	+	+	*	+	+	+	+	+	+	٠	+	+	+	-	-	-	+	+
ADRENAL Pheochromocytoma Ganglioneuroma	*	+	*	*	+	+	+	*	+	+	+	-	+	-	+	+	+	*	+	+	* X	+	*	+	+
THYROID Follicular-cell Adenoma C-cell Adenoma .c-cell Carcinoma	+	+	* x x	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	* X	+	+	+
PARATHYROID		-	+		+		•	•	+	+	•	+	+	+	-		+	+	+	+	+		+	+	+
ADENOMA, NDS	×				•								-												
PANCREATIC ISLETS Islet-cell Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+
REPRODUCTIVE SYSTEM	-																	•	-						
MAMMARY GLAND Fibroma Fibroadenoma	H	N	N	N	N	+	٠	* x	н	N	N	٠	N	H	٠	N	H	N	+	+	N	N	•.	N X	N
TESTIS INTERSTITIAL-CELL TUMOR	ţ	÷	÷	* ×	* ¥	* ¥	*	*	* ×	* ×	* ×	*	* ×	* ×	*	* ×	* ×	* ×	*	* ×	* ×	* ×	*	*	* ¥
PROSTATE	+	+	+	+	+	*	+	+	+	+	+	-	+	+	+	+	+	+	-	+	+	+	+	+	+
	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N	N	N	N	N	N	н	м	N	N
CARCINDAL NOS ADENOCARCINOMA, NOS ADENOCARCINOMA, NOS		x			x						x														
PAPILLARY ADENOMA Cystadenoma, Nos					î												X				x				
ERVOUS SYSTEM																									
BRAIN Squamous cell carcinoma, metastat	+	٠	+	٠	+	٠	٠	+	+	٠	٠	٠	+	+	٠	٠	٠	٠	+	* ×	+	٠	٠	٠	÷
SPINAL COPD	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N	+	N	N	N	N	N	N
OSTEDSARCOMA, INVASIVE																			x						_
PECIAL SENSE ORGANS	N	н	N	N	N	N	N	N	H	н	N	N	N	N	N	H	N	н	N	N	N	N	N	N	N
ZYMBAL'S GLAND Squamous CFLL Carcinoma																								<u> </u>	
SQUAMOUS CELL CARCINOMA	L							N	N	N	N	N	N	N	N	N	N	N	NX	N	N	N	N	N	N
SQUAMOUS CELL CARCINOMA	N	N	N	N	N	N	N																		
SQUAMOUS CELL CARCINOMA USCULOSKELETAL SYSTEM Bone Osteosarcoma	N	N	N	N	N	N	N																		-
SQUAMOUS CELL CARCINOMA HUSCULOSKELETAL SYSTEM Bone DSTEDSARCOMA	N	N			N				N X	N	N	N	N	N	N	N	N	N	н	H	N	N	N	н	N
SQUAMOUS CELL CARCINOMA NUSCULOSKELETAL SYSTEM Bone Disteosarcoma DDY CAVITIES Peritoneum Mesothelioma, Nos Junica Vaginalis									N X +	N +	N +	N +	N +	N +	N +	N +	N +	N +	н +	H +	N +	N +	+	H +	N +
SQUAMOUS CELL CARCINOMA NUSCULOSKELETAL SYSTEM Bone Distedsarcoma Sody Cavities Peritoneum Mesothelioma, Nos Tumica Vaginalis Mesothelioma, Nos									N X +	N +	N +					N +	N +	N +	н +	H +	N +	N +		H +	
SQUAMOUS CELL CARCINOMA NUSCULOSKELETAL SYSTEM Bone Disteosarcoma DDY CAVITIES Peritoneum Mesothelioma, Nos Junica Vaginalis				N +			H +	N +	*	N +	+	•	+			N + N	N +	N + N	N + N	N + N	N + H	H + N X	+	N +	

TISSUE EXAMINED MICROSCOPICALLY
 REQUIRED TISSUE HOL EXAMINED MICROSCOPICALLY
 TUMOR INCIDENCE
 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 Ferformed

3

ANIMAL NUMBER	2	0 2 7	0 2 8	2	0 3 0	0 3	3	0	0	0	3	3	0 3	0	04	0	04	0	04	4	0	0	04	1	5	TOTAL
WEEKS ON STUDY	0	1	1	1	1	1	-{	1	1		-6 1 0	7	8	1		1	1	1	8	뷞	8	8	8 0 9	1	1	TISSUES
INTEGUMENTARY SYSTEM	1 il	4	<u>4</u>	4	4	4	4	4	41	-é	41	3	4	4	4	4	4	41	3	41		81	żl	. á l	4	
SKIN Squamdus cell carcinoma Sebaceous adenoma	м	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	58× 1
SUBCUTANEOUS TISSUE Keratoacanthoma Fibroma	N	٠	+	٠	+	+ -	+	٠	+	+	*	•	٠	•	* x	+	+	+	+	٠	+	+	+	٠	+	50× 1 4
RESPIRATORY SYSTEM LUNGS AND BRONCHI SQUAMOUS CELL CARCINOMA, METASTAT	÷	+	+	÷	+	+	+	+	+	+	+	÷	+	+	+	+	+	٠	+	+	+	+	+	+	÷	50 1
ÓSTEOSARCÓMÁ, METASTATIC TRACHEA	+	+	+	+	+	÷	•	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	·	49
HEMATOPOIETIC SYSTEM																										
BONE-MARROW Spleen	+	+	+	- <u>+</u>	.+	+	* •	<u>*</u>	+		*	* •	+	<u>+</u>	*	+	+	*_ +	*	÷.	*	*	+	*	1	<u>47</u> 50
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	-	+	-	+	-	+	+	+	+	+	+	+	+	+	+	44
THYMUS	+	÷	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	÷	+	+	+	÷	+	+	+	+	45
CIRCULATORY SYSTEM	+	+	+	+	+	÷.	+	+	•	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	50
DIGESTIVE SYSTEM			·	·	<u> </u>				-							-	<u> </u>		-					-	-1	
SALIVARY GLAND	+	÷	÷	+	+	+	+	+	÷	+	-	+	•	+	÷	+	+	+	+	+_	+	+	+	+	+	
LIVER HEPATOCELLULAR CARCINOMA	+	+	+	+	• •	+	•	+	•	+	+ 	+	+	+	•	•	+	+	+	+	+	+	+	+	+	50 50
GALLBLADDER & COMMON BILE DUCT	+ N	+ N	+ N	+ N	Ň	N	₹ N	N.	+ 	+ _N	+ N	+ H	N	+ _N	+ N	+ 	N	N	Ŧ.	N	N	N	N	N	N	50 50×
PANCREAS	-	÷	+	+	+	+	+	+	÷	+	+	-	+	÷	+	÷	+.	+	+	+	+	+	+	+	•	47
ESOPHAGUS	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	•	50
STDMACH	+	+	+	+	+	+	.*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-+	50
SMALL INTESTINE	+	+	+	+	+	+	_+	+	+	_++	+	+	+	+	+	+	+	+	+ +	. <u>+</u>	.+ +	+	+	+	∄	<u>47</u> 48
LARGE INTESTINE URINARY SYSTEM		*	-	-				•					· · ·								· ·	-			+	40
KIDNEY TRANSITIONAL-CELL CARCINOMA	+	÷	+	÷	÷	+	÷	÷	÷	+	÷	÷	+	+	+	+	+	÷	÷	÷	+	+	÷	÷	·	<sup>50</sup> ,
URINARY BLADDER	+	+	+	+	+	÷	÷	÷	+	÷	÷	+	÷	+	+	+	٠	+	÷	-	+	+	÷	+	÷	46
ENDOCRINE SYSTEM						_																				44
PITUITARY CHROMOPHOBE ADENOMA CHROMOPHOBE CARCINOMA	ļ		x	-		_	×			×					x	-		×				×	×			7
ADRENAL PHEOCHROMOCYTOMA GANGLIONEUROMA	+	×	*	* x	+	×	+	+	×	+	×	×	+	+	×	•	*	+	•	+	+	×	+	•	x	48. 17 1
THYROID Follicular-cell Adenoma C-cell Adenoma C-cell Carcinoma	÷	•	+	+	+	٠	+	+	+ x	+	٠	+	+ x	٠	٠	+	•	٠	+	+	+	+	• x	٠	+	50 2 3 2
PARATHYROID	+	÷	+	+	+	÷	+	+	+	+	+	+	÷	+	÷	+	-	+	-	-	+	+	+	+	+	41
ADENOMA, NOS Pancreatic islets Islet-cell adenoma	-	+	ŧ	+	+	+	+	÷	÷	* ×	+	-	÷	+	+	+	+	÷	÷	+	÷	÷	+	+	•	47
REPRODUCTIVE SYSTEM																									-†	
MAMMARY GLAND Fibroma Fibroadenoma	N	+	N	N	н	H	N	N	N	N	N	+	+	N	÷	N	+	N	N	N	N	N	N	N	1	50× 1
TESTIS INTERSTITIAL-CELL TUMOR	*	* ×	* x	*	*	*	* x	*	*	*	*	+	* x	*	.ż	*	* x	*	. *.	*	*	*	*.	* *	*	58
PROSTATE	+	+.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	.+	+	+	+	48
PREPUTIAL/CLITORAL GLAND CARCINOMA, NOS Adenoma, NOS Adenocarcinoma, Nos Papillary Adenoma Cystadenoma, Nos	N	N	N	N	N	N	N	N	N	м	N	м	ĸ	XX	*	N	N	N	N	N X	N	N	N	N	N	50× 3 1 1 1
NERVOUS SYSTEM										·····									•					_	-	
BRAIN Squamous cell carcinoma, metastat.		-	*												+											50
SPINAL CORD OSTEOSARCOMA, INVASIVE	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	н	50× 1
SPECIAL SENSE ORGANS	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×
SQUAMOUS CELL CARCINOMA MUSCULOSKELETAL SYSTEM																									-	,
BONE OSTEOSARCOMA BODY CAVITIES	N	н	N	N	N	N	N	N	N	N	N	н	N	N	N	H	N	N	N	H	N	N	N	H	M	50× 1
PERITONEUM MESOTHELIOMA, NOS	н	N	N	N	N	N	N	н	N	N	N	N	N	N	H	N	N	N -	N	N	N	N	H	н	н	50×
TUNICA VAGINALIS MESOTHELIOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+.	+:	+	+	+	٠	+	+	•	50×
ALL OTHER SYSTEMS Multiple organs nos fibrous histiocytoma, malignant	N	N	N	N	N	н	N	N	N	н	N	н	N	N	H	NX	N	N	N	N	N	N	N	N	N	50×
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE LYMPHOCYTIC LEUKEMIA	x	_						x				x					x		x		x	<b>x</b> .				1
* ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOPIC										,					INFO											

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

TALS NECROPSIED +: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMGN 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

#### TABLE A3.

#### INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF D & C RED NO. 9

#### LOW DOSE

ANIMAL NUMBER	0	0	0	0	0 0 5	0	0 0 7	0 8 1	0	0 1 0	1	1	0 1 3	1	0 1 5	1	0 1 -7	1	0	2	0 2 1	0 2 2	2	24	
WEEKS ON Study		ò	į	ģ	ļ	0 0	0	0	ė	0	0	2 0 7	0	9	0	0	į	2	ò	2	0	0	2	0	4
INTEGUMENTARY SYSTEM	1	_11	_11	_1	- 71										- 1	- 1	. 11		-11						-
SKIN Fibrosarcoma	1.	+	+	*	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SUBCUTANEOUS TISSUE FIBROMA	+	+	٠	٠	+	+	N	+	٠	٠	+	+	+	+	٠	٠	+	+	+	÷	÷	٠	+	÷	
RESPIRATORY SYSTEM	+									-															
LUNGS AND BRONCHI	+	+	+	+	÷	÷	÷	÷	÷	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	÷	
TRACHEA	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	٠	+	+	٠	+	+	+	+	+	+	
IEMATOPOIETIC SYSTEM	1																								
BONE MARROW	+	+	. <b>+</b>	+	+	+	+	+	+	+	+	-	+	-	+	+	+	+	+	+	+	+	+	+	
SPLEEN FIBROMA	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES	+	+	-	+			+	+	+	+	+	+	+	+	+	+	+.	+	+	+	+	+	-	+	
THYMUS	+	+	٠	+	+	-	-	+	+	٠	٠	٠	+	-	٠	٠	٠	٠	+	+	+	+	+	+	
CIRCULATORY SYSTEM	1																								
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
IGESTIVE SYSTEM Salivary gland					_	_		÷	+		÷	+	+		÷	+	+								
LIVER	<b>†</b>	+	+	+	+	+		+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	
NEOPLASTIC NODULE	<u> </u>	<u>X</u>		X	· ·											-	-			-		· · ·			
BILE DUCT	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
GALLBLADDER & COMMON BILE DUCT	M	N	N	N	N	N	Ν	N	N	N	*	N	N	N	N	*	N	N	M	N	N	N	N	N	1
	+	<u>+</u>	<u>+</u>	<b>+</b>		+	-	+	<u>+</u>	+		<u>+</u>	<u>.</u>	<u>+</u>	+	+	+	<u>+</u>		<u>.</u>	<u>+</u>	<u>+</u>	•	<u>+</u>	-
ESOPHAGUS Stomach	Ť.	+	+	•	•	+	•	Ť	<u>,</u>	- <u>-</u> -	- <u>-</u> -	*	*	•	• •		+	+	•	•	•	+	+	+	-
SMALL INTESTINE	Ť.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
LARGE INTESTINE	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_	+	+	+	+	
RINARY SYSTEM	+																								-
KIDNEY	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	.+_	_
URINARY BLADDER	+.	÷	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	٠	+	
NDOCRINE SYSTEM	+										_														-
PITUITARY Adenoma, nos Chromophobe Adenoma Chromophobe Carcingma	+	*	+	+	-	-	٠	+ X	+	٠	+	-	+ x	+	-	+	+	+	* x	* x	+	+	+	+	
ADRENAL Pheochrdmocytoma Pheochrdmocytoma, malignant Ganglidneuroma	×	+	* ×	* x	* x	+	+	+	+	* X	+	+	+	+	+	+	+	* x	+ x	+	+	* ×	+	+	
THYROID Follicular-cell Adenoma C-cell Adenoma C-cell Carcinoma	* ×	+	+ ×	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	٠	÷	+	+	+	-
PARATHYROID	+	+	+	×	+	-	+	+	× +	+	+	+	+	-	+	+	+	+	+	+	+	-	+	+	-
ADENOMA, NOS	+																		<u>x</u>						-
PANCREATIC ISLETS ISLET-CELL CARCINOMA	1	+	*	•	*	*	-	+	+	* ×	*	•	*	*	*	•	•	'	•	•	•	•	•	•	
EPRODUCTIVE SYSTEM	$\square$																								-
MAMMARY GLAND Fibroadenoma	M	N	N	*	N	м	N	N	+	N	+	N	N	+	N	+	N	+	M	н	N	N	N	+	
TESTIS	1 ±	+ ×	* ×	* ×	* ×	÷	* ×	÷	÷	÷	÷	+	*	* ×	* ×	* ×	* ×	* ×	* x	* ×	* ×	* ×	* ×	* ×	
INTERSIIIIAL-CELL TUMOR PROSTATE	I.	*	* +	×	÷		, ,	×	*	×	×		*	*	*	*	*	*	, ,	* +	÷	_	÷	, +	
PENIS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
KERATGACANTHOMA	<u> </u>																								-
PREPUTIAL/CLITORAL GLAND CARCINOMA,NOS SEBACEOUS ADENOCARCINOMA	N	N	н	N	×	N	N	н	N	н	N	м	м	н	н	N	H	N	n	N	н	н	N	N	
ERVOUS SYSTEM	.																								
BRAIN Oligodendroglioma	*	+	+	+	+	+	+	* X	+	*.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
ODY CAVITIES	t																								-
TUNICA VAGINALIS Mesothelioma, Nos	+	+	+	+	+	٠	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	
MESENTERY	N	N	N	м	N	N	N	N	N	N	н	N	N	N	N	N	N	N	N	N	N	N	N	N	
SARCOMA, NDS																				x					
LL OTHER SYSTEMS Multiple organs nos Malig.lymphoma, histiocytic type Leukemia,nos	N	N	N	N	H	N	н	N	N	N	N	N	N		N	N	N	N	N	N	N	N	NX	N	
LEUKEMIA,NOS LYMPHOCYTIC LEUKEMIA						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 GUBMITTED C: Necropsy, no Histology due to protocol A: Autolysis M: Animal Missing B: No Necropsy Performed

ÁNÍMAL NUMBER	26	27	2	29	3	3	3	3	34	3	3	3	3	39	4	4	2	3	4	4	•	4	1	i	5	TOTAL
WEEKS ON Study		0	0	0	0	è	è	è	104	į	0	0	è	è	ò		0	ģ	į	2	ì	į	è	8	1	TUMOR
INTEGUMENTARY SYSTEM					_11	_11		. 11					-11		- 11					-11					-	
SKIN Fibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	<u>+</u>	+	N	+	•	+	•	*	50× 1
SUBCUTANEOUS TISSUE Fibroma	+	+	٠	+	+	+	+	+	٠	+	+	÷	+	+	+	+	٠	+	٠	N	+	٠	÷	* ×	+	58× 1
RESPIRATORY SYSTEM	+																									
LUNGS AND BRONCHI	++	÷	+	+	+	ŧ	+	+	<u>+</u>	+	+	+	ŧ	+	+	+	+	+	+	+	ŧ	+	.+	+	+	50
TRACHEA	+	+	÷	٠	+	+	+	+	+	+	٠	+	+	+	٠	+	+	+	+	+	+	+	٠	+	+	50
TEMATOPOIETIC SYSTEM																		_								
BONE MARROW	+		*	+	+	+	+	+	+	+	+	+	+	+				<u>+</u>	+	+	+	*	*	•	*	
SPLEEN FIBROMA	L+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	-	50
LYMPH NODES	++	+	+	+	+	+	+	-	+	+	+	-	+	+	+	+ .	+	<u>+</u>	•	-	+	+	+	+	-	43
THYMUS	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	-	+	+	46
CIRCULATORY SYSTEM																										
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	50
DIGESTIVE SYSTEM SALIVARY GLAND					+	÷	÷	÷	+	÷	÷	+	+	•	÷	•	÷	+	÷	-	•	•	+	•		47
SALIVARY GLAND LIVER	†÷	+	+	+	+	+	+	+	+	+	+	+	+	•	•	+	+		+	+	+	+	+	+	+	50
NEOPLASTIC NODULE	Ļ.						×_					-	-		X				X	•		×	-		-	6
BILE DUCT	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	<u>+</u>	+	•	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	1	N	N	N	N	N	N	N .	N	N	N	N .	N	N	N	N	N	N	N	N	N	N	N	R	N	58×
PANCREAS 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>49</u> 58
STOMACH	+	+		+	<u>,</u>	÷.	+	. <u>~</u>	+	+	- <u>-</u> -	<u>*</u>	+	+	+	+	• •	* *	+	+	+	+	+	+	+	50
SMALL INTESTINE	1.	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	-	+	48
LARGE INTESTINE	1	+	-	÷	+	÷	-	÷	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	+	46
JRINARY SYSTEM											-															
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	<u>+</u>	ŧ	+	+	•	+	+	÷	50
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
ENDOCRINE SYSTEM											_															
PITUITARY Adenoma, NDS Chromophobe Adenoma Chromophobe Carcinoma		-	* ×	•	+	+	_	+	•	*	+	+	* ×	+ ×	•	+	*	* 	+	•	* ×	•	•	•	Ĺ	44 7
ADRENAL Pheochromocytoma Pheochromocytoma, malignant ganglidneuroma	ŀ	* ×	+	+	+	+	*	+	+	* ×	+	*	+	+	+	+	+ x	+	×	+	+	٠	•	*	٠	50 12 2 1
THYROID Follicular-cell Adenoma C-cell Adenoma C-cell Carcinoma	•	+ ×	٠	٠	٠	+	+	٠	٠	+ X	+	٠	٠	+	+	+	+	+	+ x	•	÷	٠	٠	+	٠	50 1 2 4
PARATHYROID	+		+	+	+	+	-	+	÷	-	÷	+	+	-	+	÷	+	+	+	+	+	+	+	-	+	41
ADENOMA, NOS Pancreatic islets	+	+	+	+						•	-												•			1
PANCKEATIC ISLETS ISLET-CELL CARCINOMA REPRODUCTIVE SYSTEM	ļ.	•		×	-	•		<u> </u>	•	*	-	·	•	•		<u> </u>		_	·	·	-	•	-	•	_	49 <sub>4</sub>
MAMMARY GLAND FIBROADENOMA	N	N	H	N	N	H	+	N	N	N	+	N	N	N	+	+	N	+	•	N	+	+	•	H	N	50× 1
TESTIS INTERSTITIAL-CELL TUMOR	×	*	*	*	* ×	*	* ×	* ×	* ×	*	*	*	* ×	* ×	*	*	*	*	*	* ×	*	* ×	*	<u>*</u>	x	58 48
PROSTATE	+	+		+	*	+	+	+	+	+	<u>+</u>	+	+	<u>+</u>	+	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	+	+.	<u>+</u>	+	+	4	48
PENIS Keratdacanthoma		N	N	N	N	N	N	N	N	N	н	N	N	N	N	N	H	N 	N	N	N	N X	N	н		50× 1
PREPUTJAL/CLITORAL GLAND Carcinoma,nos Sebaceous adenocarcinoma	H	н	N X	N	H	H	N	N	N	N	N	N	N	N	N	N	н.	N	N	N	N	N	N	N	N	50× 1
ERVOUS SYSTEM	+										-														+	
BRAIN Oligodendroglioma	+	+	+	+	+	+	.+	+	٠	+	+	+	+	+	+	+	+	÷	+	+	+	+	٠	+	+	<sup>50</sup> ,
ODY CAVITIES	+																								+	
TUNICA VAGINALIS Mesothelioma, nos	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	•	•	•	+	+	+	+	•	+	•	50× 1
MESENTERY Sarcoma, Nos	N	N	N	N	N	N	H	N	N	Ņ	N	N	N	N	N	N	NI	N	N	N	N	N	H	H	*	50× 1
LL OTHER SYSTEMS MULTIPLE DRGANS NOS Malig.lymphoma, histiocytic type Leukemia,nos Lymphocytic Leukemia	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	50× 1 1

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

\* ANIMALS HECROPSIED +: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCLENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: Mecropsy. No Histology due to Protocol A: Autolysis M: Animal Missing B: No Necropsy Ferformed

 $\infty^{N^{K}/2}$ 

#### TABLE A3.

#### INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF D & C RED NO. 9

#### **HIGH DOSE**

ANIMAL NUMBER	0	02		9	0	0	02	8	ş	i	i	ž	1	i	i	i	i	i	į	20	2	222	D 2 3	D 2 4 0	
WEEKS ON Study	9	ġ	è	9	ò	4	ò	ò	è	0	ě	è	ò	8	è	8	ò	è	03	ġ	0	9	9	8	ļ
INTEGUMENTARY SYSTEM	1						_34							-				- 71	_41						
SKIN Squamous cell papilloma Squamous cell carcinoma	L.	•	•	N	+	•	+	•	+	<u> </u>	+	+	+	N		•	•	+	N	+	+	+	+	+	-
SUBCUTANEOUS TISSUE Fibroma	+	+	+	N	+	+	+	+	+	+	+	+	+	N X	+	+	+	+	N	+	+	+	٠	+	4
ESPIRATORY SYSTEM	+										-														_
LUNGS AND BRONCHI Alvedlar/Bronchiglar Adenoma	ŀ	+	+	+	+	+	*	+	+	+	+	+.	+	+	+	+	+	+	+	+	+	+	•	+	
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	*	+	+	+	•
EMATOPOIETIC SYSTEM	1																								
BONE MARROW SPLEEN SARCOMA, NDS SARCOMA LEIDWYDSARCOMA ANGIOSARCOMA HEMANGIOFERICYTOMA, NOS DSTEOSARCOMA	+	+	+ ×	+ x	+ ×	•	+	•	+ X	+	+ x	+	+ ×	+ X	+	+ ×	+ X	+ ×	+	+	+ x	+ X	+	* *	
LYMPH NODES	<b>†</b>	- <u>×</u>	+	-	•	+	+	-	+	+	+	+	+	•	+	+	+	-	•	<u>^</u>	-	+	+-	+	-4
THYMUS	-	-	+	÷	+	-	+	÷	+	+	+	+	+	+	+	+	-	+	+	+	+	-	• +	+	4
CIRCULATORY SYSTEM	+												• • • • • •			~									
HEART	+	+	+	+	٠	÷	ŧ	+	+	٠	+	+	+	+	+	+	+	+	+	+	÷	٠	+	٠	+
DIGESTIVE SYSTEM	1							-																	-
SALIVARY GLAND	1	•	+	-	+	•	*	*	•	*	+	•	*	•	*	•	+	+	-	+	*	+	+	+	1
LIVER Neoplastic Nodule Fibrosarcoma, Metastatic	Ŀ	• 	•	*	+	+	+	+	+	*	+	×	+	•	+	•	+	.+	+	+	×	+	*	•	-
BILE DUCT	++	+	+	+	+	+	<u>+</u>	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	.+	4
GALLBLADDER & COMMON BILE DUCT	<u>+</u> <sup>∗</sup>	+	<u>N</u>	<u>N</u>	<u>N</u>	N	<u>.</u> M	<u>N</u>	<u>N</u>	N		<u>N</u> _		<u>N</u>		<u>N</u>	N	<u>N</u>	N	N	N	N	<u>N</u>	<u>N_</u>	1
PANCREAS - FIBROSARCOMA, INVASIVE	1.	_		+	•	-	÷	+	+	-	+	-	+	<u>*</u>	+	+		+	+	•	+	-	÷		_
ESOPHAGUS	++	+	+	. <u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	1
STOMACH	++-	+	+	+	+	+	<u>+</u>	+	+	+	<u>+</u>	*	+	+	+	*	+	+	+	+	+	+	+	+	
SMALL INTESTINE	†÷	<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>	<u>+</u>	<u>+</u>	-
LARGE INTESTINE Adenomatous Polyp, Nos	1	x	*	*	*	•	*	*	•	•	•	+	+	+	+	*	*	+	•	*	•	*	•	•	1
RINARY SYSTEM	1																								_
KIDNEY TUBULAR-CELL ADENOMA	L*	+	+	+	+	+	+	+	*	+	+	+	+	+	+	*	+	•	•	+	+	+	+	+	-
URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	+	+	+	-	+	•	٠	٠	* ×	+	+	+	+	÷	٠	÷	٠	+	+	+	٠	+	-	+	•
NDOCRINE SYSTEM	1																								
PITUITARY Chromophobe Adénoma	<u> </u>	+	+	+	+	+			+	+	+	+	-	+	+	+	+	+	+	+	+	+	* X	<u>*</u>	-
ADRENAL Pheochromocytoma Pheochromocytoma, malignant Ganglioneuroma	+	*	+	+	*	+	*	* ×	*	+	+	+	+ x	-	* ×	+	+	+	•	+ x	* ×	+ x	+	* ×	1
THYRDID Follicular-Cell Adenoma	+	÷	+	+	÷	÷	÷	* ×	+	+	+	+	٠	+	+	+	+	÷	+	+	+	-	÷	+	4
C-CELL CARCINOMA PARATHYROID	<u>+</u>			-						_	<u>×</u>	<u>×</u>													-
PANCREATIC ISLETS	ţ.	-	+	 +	+		+	+	+	-	÷	-	<u>*</u>	* *	. <u>.</u>	+ +	-		+	÷	+	-	- <u>-</u>	-	
ISLET-CELL CARCINOMA	1						_																		_
EPRODUCTIVE SYSTEM MAMMARY GLAND	_			N	N	м	н	N					N	N	+	N	N	N	N		N	N	н	N	,
TESTIS	1	÷	÷	<u>t</u>		+	+	+		÷	t	•	+ +	یم t	•	•	-	• •	+	t	*	+	<u>.</u>	.a.	
INTERSTITIAL-CELL TUMOR PROSTATE	+ <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>د</u>
ERVOUS SYSTEM	<u>↓</u>			<u> </u>							<u> </u>			·	-						<u> </u>			-	-
BRAIN	+	+	÷	+	+	t	+	÷	÷	-	+	+	+	÷	÷	ŧ	÷	+	+	+	+	÷	+	+	+
ASTROCYTOMA DDY CAVITIES						×		~																	
PERITONEUM	N	N	N	N	N	н	N	н	N	N	N	N	N	N	N	N	N	N	N	N	N	м	N	N	۲
FIBROSARCOMA	<u> </u>																					×			_
LL OTHER SYSTEMS MULTIPLE ORGANS NOS FIBROSARCOMA METASTATIC OSTEOSARCOMA, METASTATIC DSJEOSARCOMA, METASTATIC LEUREMIA, NOS LYMPHOCYTIC LEUREMIA	H	N X	н	N X	N	N	N	н	N		N X	N		N X	м		N X	N	N X	N X	N	N X	N X	H	٢
+: TISSUE EXAMINED MICROSCOP -: REQUIRED TISSUE NOT EXAMI X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, N	NED M	ICR	COF	0P1 1C	EX4	LY	IATI	:0N		c	:	AUT	ROP DLY MAL	SY, SIS MI	IN NO 551 57	HI Ng	STO	LOG	IY C	IBMI DUE		PRO	0100	:0L	

v

ANIMAL NUMBER	2	2	2	2	3	3	3	3	3	3	3	3	3	3		4	2	4	1			4		3	3	TOTAL
WEEKS ON Study	2	0	6	7	2	2	ò	ò	?	2	2	]	2	9	?	9	1	į	ò	2	2	0	ò	2	2	TUMOR
NTEGUMENTARY SYSTEM	+						-21		-21-	-11	- 1			ا ه		<u>.</u>	-11-				-11-	-11-	- 11		1	
SKIN Squamous cell papilloma Squamous cell carcinoma	•	•	H	•	•	•	•	+	•	+	•	•	•	•	•	•	•	•	×	H	•	H	+	•	1	30% 1
SUBCUTANEOUS TISSUE Fibroma	+	+	N	+	+	+	•	+	+	+	•	+	•	+	•	•	+	+	+	N	•	H	•	٠	٠	50× 1
ESPIRATORY SYSTEM								_		_					_										Т	
LUNGS AND BRONCHI Alveolar/Bronchiglar Adenoma Trachea	+	<u>+</u>	•	+	•	•	+	•	•	+	+	• •	<u>+</u>	+	+	+	+	<u>+</u>	+ 	A	+	+	<u>+</u>	+	+	49 49 49
ENATOPOIETIC SYSTEM	ļ.		_		<u> </u>	<u> </u>			<u> </u>		·		· ·	-		•	• 		-	_			<u> </u>		4	
BONE MARROW	•	-	+	+	+	•	+_	÷	÷	•	÷	+	÷	+	+	÷	•	÷	÷	۸.	+	+	÷	+	+	47
SPLEEN	+	+	+	+	•	+	+	+	-	+	+	+	÷	÷	•	÷	+	+	+	٨	+	÷	+	+	+	48
SARCOMA, NOS Fibrosarcoma Leidyydsarcoma Angidsarcoma Hemangidfericytoma, Nos			x			x	x			×		x	x				x	x					x	×		
OSTEOSARCOMA Lymph Nodes	t.	<u>~</u>	•		•			•					•	•			•	-	+	•	+			•	1	44
THYMUS	1÷	+	-	-	+	+	•	+	-	+	+	+	-	-	+	-	+	-	+		+	+		+	-	35
IRCULATORY SYSTEM																									+	
HEART IGESTIVE SYSTEM	+		+	٠	•	•	•	+	+	٠	•	+	+	+	+	+	٠	+	+		•	+	+	•	·	49
SALTVARY GLAND	1.	÷	+	•	+	•		•	•	÷	•	•	•	•		÷	+	•	÷		÷	÷	•	+		47
LIVER Neoplastic Nodule Fibrosarcoma, metastatic	+	•	٠	٠	+	* x	+	٠	+	٠	٠	*	٠	٠	+	÷	٠	÷	+	A	٠	+	* ×	* x	·	49
BILE DUCT	1.	*	•	•	+	•	• •	+	+	+	÷	+	+	+	•	÷	+	<u>م</u>	+		+	•	•	+	,†	49
GALLBLADDER & COMMON BILE DUCT	L.N.	N	N	. N	N	N	N	N.	N	ĸ	N	N	N	N	N	N	N	Ν.	N	N.	N	N	N.		N	50×
PANCREAS	+	+	+	+	+	+	-	+	+	+	+	÷	+	+	+	+	+	+	÷	A	+	-	+	•	+	- 39
FIBROSARCOMA, INVASIVE Esophagus	+																							-		- 49
STOMACH	T.	- <u>`</u> +	-	+	+	• <u>*</u>	+	+	+	+	+	÷.	• <u>*</u>	+	+	+	+	+	+		+	+	*	+	Ť	48
SMALL INTESTINE	ŀ	+	_	+	+	+	+	· +	+	ŧ.	+	+	+	+	-	÷	+	-	+		+	+	+	+	+	45
LARGE INTESTINE Adenomatous Polyp, Nos	+	٠	-	٠	+	+	٠	+	٠	+	٠	÷	•	+	-	٠	+	-	÷	٨	-	-	+	+	+	44 1
JRÍNARY SYSTEM				-			_																	-	┥	
KIDNEY Tubular-Cell Adenoma	L.	+	+	+	+	+	+	+	+	•	•	•	•	+	+	+	+	+	•	A	+	+	٠	+	+	49
URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	•	+	-	+	-	+	+	+	+	•	+	+	*	+	+	+	+	+	+	٨	+	+	+	•	•	<b>44</b> 1
ENDOCRINE SYSTEM																										
PITUITARY Chromophobe Adenoma	+	-		+	•	•	-	+	•	*	×	•	-	+	<u>+</u>	•	+	x	+		ż	+	-	•	-	44
ADRENAL Pheochromocytoma Pheochromocytoma, malignant ganglioneuroma	1	•	+	+	+	* x	+	•	+	+	•	*	•	•	+	+	•	* X	+	*	•	•	*	+	1	48 11 3
THYROID Follicular-cell Adenoma C-cell Carcingma	×	+	+	+	+	-	÷	+	+	٠	÷	+	÷	+	+	+	+	+	+	A	+	+	+	+	٠	47
PARATHYROID	1-	+	-	-	-	-	•	+	+	•	-	+	+	+	+	+	+	+	+		-	•	•	÷	Ţ	37
PANCREATIC ISLETS ISLET-CELL CARCINOMA	·	+	+	+	* ×	÷	-	+	+	+	+	+	+	+	+	+	÷	+	+	A	÷	-	+	-	÷	39
EPRODUCTIVE SYSTEM	+														_										-"	
MAMMARY GLAND	+	+	N.	+	*	M	+		N.	N	N,	+	N	+	+	N	+	<u>+</u>	N	N	<u>N</u> .	. N	+	+	N	<u>50×</u>
TESTIS Interstitial-cell tumor	+×	<u>*</u>	*	<u>*</u>	×	×	×	<u>*</u>	×	×.	<u>.</u>	×	ż	×	×	×	×.	*	×	•	<u>*</u>	<u>*</u>	<u>×</u>	×	×	48
PROSTATE ERVOUS SYSTEM	*	_		+	+	+	-	•	-	<u>+</u>	+	*	+	+	•	+	+		+	A	+	•	<u>+</u>	+	1	42
BRAIN ASTROCYTOMA	1.	+	+	.+	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	+	٠	٠	÷		٠	٠	+	٠	+	48,
ODY CAVITIES	+																								-	
PERITONEUM Fibrosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	м	50× 1
ILL OTHER SYSTEMS Multiple organs nos Fibrosarcoma Fibrosarcoma, metastatic Osteusarcoma	N	H	N X	N	N	N	H	N	N X	N	н	N	N X	N	N	N	N	N	N	N	N	N	N	H	N	50× 1 8
DSTEDSARCOMA, METASTATIC LEUKEMIA,NOS LYMPHOCYTIC LEUKEMIA		x		v																		x				

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

•

A AIMALS HEROPSILE LANDLING \* AIMALS HEROPSILE INFORMATION SUBMITTED \* Tissue examined microscopically \* Reduted tissue information submitted \* MCCADPSY, NO HISTOLOGY DUE TO PROTOCOL \* MICROPSY, NO HISTOLOGY DUE TO PROTOCOL \* AUTOLYSIS N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NECROPSY PERFORMED \* NO NECROPSY PERFORMED

#### TABLE A4.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF D & C RED NO.9

#### CONTROL

ANIMAL NUMBER	0	0 0 0	0 0 3	0	0	0	0 7	0 8	9	0	1	1	1	1	1 5	6	1	8	1	20	2	222	23	2.4	
WEEKS ON STUDY	0.62	Ö	Ó	0	ò	ļ	9	ò	ò	ļ	0	0	Ö	ç	ò	ò	ò	ò	ò	0	9	ø	ò	0	1
INTEGUMENTARY SYSTEM	1	_		<u> </u>					_3_						-31			-41	_11		- 21		_11	<u> </u>	-
SKIN Squamous cell carcinoma	1+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
SUBCUTANEOUS TISSUE Squamous cell carcinoma Fibroma Fibrosarcoma	+	٠	+	٠	+	+	+	٠	+	+	+	+	٠	+	+	+	+	+	•	+	* *	+	+	+	
DSTEDSARCOMA																					x				
ESPIRATORY SYSTEM			-																						
LUNGS AND BRONCHI	†÷	+	+ +	<u>+</u>	+	*	+	+	*	<del>+</del>	<u>+</u> +	<del>+</del> _	+	*	<del>.</del>	+	. <u>+</u>	+	+	+	+	<u>+</u>	<u>+</u>	+	-
TRACHEA	Ļ	+		-	<u> </u>		•		+			•		+	+	+	+	+	+	*	+	+	+	-	_
BONE MARROW	1.																								
SPLEEN	Ť.			÷	<u> </u>	<u> </u>	- <u>-</u> -	*	+	+	+	<u>.</u>	- <u>*</u>	- <u>+</u> -	<u>,</u>		<u>.</u>	<u>,</u>	•	+	÷.		- <u>+</u> -	-	-
LYMPH NODES	t.	-	÷		÷	<u> </u>	<u>,</u>	÷	<u> </u>				<u> </u>	<u> </u>	÷	÷			<u> </u>	· · ·	<u>.</u>	<u> </u>	<u>.</u>	-	-
THYMUS	T.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	
IRCULATORY SYSTEM	+		_													_				· ·		<u> </u>	-		_
HEART		÷	+	÷	÷	÷	÷	+	+	÷	+	÷	+	+	÷	+	÷	÷	+	÷	+	+	÷	+	
IGESTIVE SYSTEM	+																	-		•	_~				-
SALIVARY GLAND	1.	+	÷	+	+	÷	+	+	÷	+	+	+	÷	+	+	+	÷	+	÷	+	-	+	+	+	
LIVER	1	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	
NEDPLASTIC NODULE	+		<u>×</u>			-																			_
BILE DUCT	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	÷	. <b>+</b>	•••
GALLBLADDER & COMMON BILE DUCT	<u>↓</u> ₩	N	H	N	N	N	<u>N</u>	N	N	N	N	N	N	N	N	N	N	N	N_	N.	<u>N</u>	<u>N</u>	_N_	N	-
PANCREAS	++	+	+	+	+	+	4	*	+	+	<u>+</u> -	+	*	<u>+</u>	+	+	+	+	+	+	+	+	*	+	-
ESOPHAGUS	<u>+</u> +-	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	
STOMACH	++	+	+	+	+	+	+	+	+	+	+	+	*	_+_	+	+	+	+	+	+	+	+	+	+	-
SMALL INTESTINE	++	-+-	<u>+</u>	+		+		+	+	+	+	+	+		+	<u>+</u>	+	+	*	<u>+</u>	+	+	<u>+</u>	+_	
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
RINARY SYSTEM																									
KIDNEY Tubular-Cell Adenoma	L <sup>+</sup>	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	-	+	÷	٠	+	÷	+	+	+	÷	+	٠	+	+	+	+	+	+	+	+	+	÷	٠	+	
NDOCRINE SYSTEM	+																						~	-	
PITUITARY Adenoma, nos Chromophobe Adenoma Chromophobe Carcinoma	+	+	* x	+ x	* x	٠	٠	+	٠	+	٠	+	* ×	* X	* x	* ×	•	+ x	٠	٠	+ ×	+ X	+	+ x	
ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA	ŀ	*	+	+	÷	+	-	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	-
THYROID Papillary Carcinoma C-Cell Adenoma C-Cell Carcinoma	+	+	+	+	+	+	+	+	+ x	+	+	+	+	+	+ x	+	+	+	+	+	+	+	+	-	
	<del> </del>			<u>x</u>																				_	
PARATHYROID EPRODUCTIVE SYSTEM	+		+	+		+	+	+	+	+	+	-	+.	-	+	+	-	*	+		+	+	+	_	_
MAMMARY GLAND Adenoma, Nos Papillary Adenocarcinoma Fibrdadenoma	ŀ	N	٠	٠	+	+ x	•	t	٠	٠	+	+ ×	٠	+ x	t	+	٠	н	+	N	H	+	+	÷	
ITERIS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1
ADENOCARCINOMA, NOS Endometrial stromal Polyp	L				x	x			x	x	_		x										x		
OVARY	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	
RVOUS SYSTEM	├															-									-
BRAIN Glioma, Nos	+	+	+	+	+	+	+	+	+	+	٠	+	+	•	+	+	+	+	+	٠	÷	+	٠	+	
LE OTHER SYSTEMS																									
MULTIPLE ORGANS NOS Malig.lymphoma, lymphocytic type Lymphocytic leukemia	x	N	_	N X	N	N	N X		N	N X	N X	N	x			ĸ				н	*		H	x	
ALL OTHER SYSTEMS MULTIPLE ORGANS NOS MALIG LYMPHOMA, LYMPHOCYTIC TYPE LYMPHOCYTIC LEULEMIA +: TISSUE EXAMINED MICROSCOP -: REQUIRED TISSUE NOT EXAMI X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, N	x		_	x			x		N			ND	TI	550		IFOI ) HI	RMAT IST (		I SI	_			N 0700	x	ς

ANIMAL Number	2	27	8 Z G	029	0 3 0	8	32	3	034	3	036	037	038	3	4	-	4	4	4	4	4	4	4	-	5	TOTAL
WEEKS ON Study	1	i	8	0	1	1	0	9	8	0	1	0 7	8 9	1	?	8	1		1	1	1	1	1	2	1	TISSU
INTEGUMENTARY SYSTEM	1-21		4	4	- 4		. 4	31	6	. 41	- 41	9	- 41	. 41		01	41	41	41	41	. 41	41	41	41	4	
SKIN Squamdus cell carcindma	+	٠	+	÷	+	+	٠	+	*	٠	+	+	+	٠	٠	+	+	+	+	+	+	+	٠	+	•	50
	1.	÷	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	+	+	+	+	50
SUBCUTANEDUS TISSUE Squamdus cell carcinoma Fibroma Fibroma	1							x					x													
OSTEOSARCOMA	×																									
ESPIRATORY SYSTEM	1																								1	
LUNGS AND BRONCHI	ŀ	+	<del></del>	+	+	+	ŧ	+	-	+	+	+	+	+	+	•	+	+	+	<u>+</u>	+	+	+	+	4	49
TRACHEA	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	•	+	+	+	50
EMATOPOIÉTIC SYSTEM	Γ																									
BONE MARROW	┼┷	+	+	<u>.</u>	+	+	+	+	. +	+	+		+	+	+	*	+	+	+	<u>+</u>	. <u>t</u>	+	+	+	╇	50
SPLEEN	+	+	+		+	+	<u>+</u>	<del>+</del>	+	*	+	 +	+	+	+	+	<u>+</u>	<u>+</u>	•	<u>+</u>	<u>+</u>	<u>*</u>	<u>*</u>	•	+	50
LYMPH HODES	f:	•	-	+	 +	- <u>-</u>		• •	+	+				+	+	+	+ +	<u>+</u>	+	*	+	+	<u>+</u>	<u>+</u>	+	44
THYMUS IRCULATORY SYSTEM	Ľ	+	<u> </u>	•	•		+	+	+	+	+	+	+	+	•	-	•	+	+	*		*	+	*	1	•/
HEART								+																+	+	50
IGESTIVE SYSTEM	Ľ		-				_				<u> </u>	-			<u> </u>	-					*		-	-	4	
SALIVARY GLAND	1.	÷			_	-	+	+				•			•	<b>.</b> .	÷	÷	+	÷	•	+	+	•	1	47
LIVER	T,	+	+	+	+	+	+					+							+			+	+	+	+	50
NEOPLASTIC NODULE	Ļ.						-	-											·				-		+	
BILE DUCT	+	+	+,	+	+	+	+	+	+	+	•	+.	+	+	+	+	+	•	+	+	+	+`	+	+	+	30
GALLBLADDER & COMMON BILE DUCT	<u>↓</u> ₩_	N.	N	N	N	<u>    N    </u>	N	N	N	N.		N	N	N	<u>N</u>	Ν.	N	N	H	N	N	N	N	N	ᄥ	
PANCREAS	+	+		+	+	+	+	+	-	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	4	
ESOPHAGUS	++-	_ <u>+</u>	+	+	+	<u>+</u>	+	+	+	+	*	+	+	+	. <u>+</u>	+	+	+	<u>+</u>	+	+	+	+	+	4	50
STOMACH	+±-	+	+	+	•	+	+	+	+	<del>.</del>	<u>+</u>	+	+	+	*	+	+	•	+	<u>+</u>	<u>+</u>	<u>+</u>	+	+	+	
SMALL INTESTINE	++	+	+	- <u>+</u> . +	<del>+</del>	+	+	++++++++++.	*	+	+	+	+	+	+	+ +	+	+ +	<u>+</u>	+	+	+	+ +	+ +	╬	48
LARGE INTESTINE	Ļ		•	•	+	÷	*	•	+	+	<u>.</u>	+	+	+	*	•	+	*	*	<u> </u>	*	+	*	•	1	50
KIDNEY	•		+	÷	÷	÷	÷	+	÷	÷	÷	+	+	•	+	÷	+	+	÷	÷	÷	÷	•	+	+	50
TUBULAR-CELL ADENOMA	Ļ.	x					<u> </u>	·					·				<u> </u>	· _	·				·	·	+	
URINARY BLADDER	+	+	+	+	+	÷	٠	+	+	+	+	+	+	•	+	+	•	+	+	+	+	+	+	+	*	49
NDOCRINE SYSTEM																_									T	
PITUITARY Adenoma, Nos Chromophobe Adenoma Chromophobe Carcinoma	+ ×	*	+	* X	-	* X	-	+	+	•	* ×	-	•	+ x	-	+	-	+ ×	-		+ x	+ ×	×	-	×	43
ADRENAL Cortical Adenoma Pheochromocytoma	ŀ	+	+	+	+	+ ×	+	+ x	+ x	+	+	+	+	•	+	+	+	•	-	*	÷	+	+	+	•	48
THURSTE	+	÷	+	+	÷	+	+	+	+	÷	+	-	+	+	-	+	+	+	÷	+	+	+	÷	+	+	47
PAPILLARY CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA	1			x																					•	:
	┢╌									X	-												<u>×</u>		+	
PARATHYROID EPRODUCTIVE SYSTEM	<u> </u>	+	+	+	+		-	•	+	+	-	•	-	-	-	+	+	-	-	+	+	+	+	*	*	33
MAMMARY GLAND	N	H						N	N											N					м	50
ADENDMA, NOS PAPILLARY ADENOCARCINOMA FIBROADENOMA	1"	"	•	x	•	•	•	~	n		•	•	•	•	•	•	•	•	•	n	•	•		•	1	50
FIBROADENOMA	<u> </u>	X		X	X						x	Χ.			_						x		<u>x</u>		+	1
UTERUS Adenocarcinoma, nos Endometrial stromal polyp	+	+	+ X	* x	•	+	+	* x	+	* x_	•	+	+	•	+	•		*	+	•	•	+	+	•	*	50 1
OVARY	+	+	+	÷	÷	٠	٠	٠	+	+	+	+	٠	+	+	+	÷	+	+	+	+	+	+	•	+	50
ERVOUS SYSTEM	$\square$		-																						1	
BRAIN GLIOMA, NOS	+	+	*	+	+	٠	٠	+	+	+	+	+	٠	٠	+	+	+	+	+	+	+	+	•	+	+	50
LL OTHER SYSTEMS	+																								+	
MULTIPLE ORGANS NOS Malig.lymphoma, lymphocytic type Lymphocytic leukemia	N	н	N	N	N	N	N	N X	N	N	N	N	N	н	N X	N X	N	H	N	N	H	N	N	H	M	50
ANIMALS WECKOPSIED + IISULE EXAMINED MICROSCOPI - Reguired Tissue Not Examin X: Tumor incidence H: Neckopsy, No Autolysis, No	CALL ED M MIC	Y ICR RDS	OSC COP	0P1 1C	CAL	LY	ATI	DH		C: A: M: B:		IO T IECR IUTO NIM	ISS OPS LYS AL ECR	UE I Y, I IS MISS	INFO NO P	RMA	TIO OLO RME	N S Gy D	UBM DUE	111	ED PR	010	COL			

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

#### TABLE A4.

#### INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF D & C RED NO. 9

#### LOW DOSE

ANIMAL NUMBER	1		0	0	-	;	-	1	:	1	1	1	-	1	!	1	1	1	1	2	2	822	2	2	102
WEEKS ON STUDY			1		1	1	1	1		-			1		1	1	긞	1	-	1	1	1	1	1	1
INTEGUMENTARY SYSTEM	لغم	4	4	4	ŝ	. il	لة	41		ŝ	ě	ا ف	اه	4	ف ا	ŝ	ŝ	4	31	4	اه.	i	4	4	š
SUBCUTANEOUS TISSUE FIBROMA Malig.lymphoma, lymphocytic type	•	٠	٠	+	+	+	٠	٠	٠	ŧ	ŧ	•	٠	٠	٠	+	٠	٠	٠	+ X	٠	٠	٠	٠	٠
RESPIRATORY SYSTEM	<u>├</u>					_		-	-														_		
LUNGS AND BRONCHI	++	+	+	٠	+	+	+	+	•	+	+	+	٠	+	+	t	+	+	٠	+	٠	+	+	+	+
TRACHEA	•	٠	٠	٠	٠	+	+	٠	٠	٠	+	+	+	٠	٠	٠	٠	٠	+	٠	+	+	٠	٠	+
EMATOPOIETIC SYSTEM					_		_																		_
BONE MARROW	<u>+</u> +	+	+	•	<b>t</b>	+	*	+	+	+	+	_ <u>+</u>	•	. +	+	+	+	+	+	+	+.	+	+	+	*
SPLEEN	+ •	+	+	+	+	+	+	+	+	+	+	*	+	+	*	+		+	+	+	+	+	+	+	+
LYMPH NODES	+	*-	+	•	+	*	+	+	+	+	+	-	+	+	+	+	÷	+	+	<u>+</u>	-	+	+	+	
THYMUS CARCINOMA, NOS	+	+	-	•	•	+	+	+	+	+	+	+	٠	+	+	+	-	-	+	•	+	+	+	+	+
IRCULATORY SYSTEM	┣											~					-								-
HEART	•	+	+	+	+	+	٠	٠	٠	+	+	٠	+	+	+	+	+	+	+	+	÷	+	+	+	+
IGESTIVE SYSTEM	<del> </del>													-										· · · ·	
SALIVARY GLAND	+	+_	+	•	+		+	٠	,t	+	•	<u>t</u> .	+	+	+	. +	+	+		*	+'	_ <del>+</del> _	+	+	+
LIVER NEOPLASTIC NODULE	•	٠	٠	+	٠	+	+	+	+	٠	+	+	٠	+	٠	+	٠	٠	+	+	٠	+	٠	+	+
BILE DUCT	1.	•	+	+	+	+	+	•	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	1			N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
PANCREAS	1.	•	+	+	+	+	+	+	+	•	+	+	+'	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	Ŀ	+	.+	+	. +	+	+	•	+	+	+	+	+	+	+	+	÷	+	•	+	•	+	+	+	+
STOMACH	Ŀ		+	+	+	+	+	. +	÷	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+
SMALL INTESTINE	Ŀ	+	. +	+	+	÷	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+_	+	+
LARGE INTESTINE	+	+	+	+	+	٠	+	+	+	÷	+	٠	+	+	+	+	٠	÷	+	٠	+	+	+	+	+
RINARY SYSTEM	┝─			~										-								-			
KIDNEY	+	+	٠	+	+	+	+	+	+	+	+	<u>+</u>	+	•	•	+	+	+	4	•	+	+	+	+	÷
URINARY BLADDER	+	٠	٠	+	٠	+	+	+	٠	٠	+	٠	+	٠	٠	+	+	٠	+	+	٠	+	+	+	ŧ
NDOCRINE SYSTEM	<u> </u>					_							· · · · ·					-							~~~
PITUITARY Adendma, nos Chromophobe Adenoma Chromophobe Carcindma	•	* x	-	+	•	* x	+ ¥	* x	٠	* ×	+	•	+ x	+ x	* x	+	+	٠	+	* ×	* x	٠	٠	+ x	+
ADRENAL CORTICAL ADENOMA Pheochromocytoma Pheochromocytoma, malignant Ganglidheuroma	ŀ	+	•	+	+ x	•	+	٠	* ×	+ x	+	* ×	+ ×	+	+	+	+	+	+	+	•	•	+	+	+
THYROID C-CELL ADENOMA C-CELL CARCINOMA	·	* *	+	+	٠	٠	+	٠	+	+	+	*	+	+	+	+	+	+	+	+	٠	+	+	+ ¥	•
PARATHYROID	+	*			•	+	•	+	+	+	-	+	•	+	-	•	+	-	+		+	•	•	-	-
PANCREATIC ISLETS	T.	•	+	+	+	*	+	+	+	+	+	÷	+	+	+	+	+	•	+	+	•	+	+	+	÷-
ISLET-CELL ADENOMA	L	_		_	_			_		_			_		_	_		_			_				
EPRODUCTIVE SYSTEM	Γ									-		-									-				
MAMMARY GLAND Adendma, nos Fibroadenoma	•	+	+ ¥	+	+	+	٠	+	N	+	+	N	+	+ ×	+	+	+	+	+	+	+	+	+ y	+ y	+
PREPUTIAL/CLITORAL GLAND CARCINGMA, NOS ADENDMA, NOS	N	N	N	N	N	N	N	N	н	N	N	N	N	N	N	N	N	N	N	NX	N	H	H	N	N
UTERUS ENDOMETRIAL STROMAL POLYP	•	٠	÷	+	÷	٠	٠	* ×	*	÷	٠	٠	٠	+	٠	÷	٠	•	٠	*	+	*	•	٠	•'
OVARY	•	٠	+	+	+	+	•	•	+	÷	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+
ERVOUS SYSTEM	$\vdash$			_				-					~												-
BRAIH Chromophobe Carcinoma, Invasive	·	+	•	+	•	•	×	•	•	+	•	+	+	•	+	•	•	+	•	+	•	+	+	+	•
LL OTHER SYSTEMS Multiple organs nos Malig.lymphoma, histiocytic type Leukenia,nos	н	H	H	H	N	н	н	H	H	H	N	N	N	N	N	H	H	H	N	н	N	H	N	N	ж
LYMPHOCYTIC LEUKEMIA +: TISSUE EXAMINED MICROSCOP -: REQUIRED TISSUE NOT EXAMI X: Tumor incloence N: Necropsy, No Autolysis, Ni	ICAL NED D MI	LY Mic Cro	R05 5C0	COP PIC	ICA	LLY	NAT	101				NO NE AU AN	TI CRD TOL IMA NE	SSU PSY YSI L M CRO	E I , N 195 195 P5Y	NFO NFO NFO NFO NFO	RMA IST RFO	TID OLD RME	N S GY D	UBM DUE	111	ED PR	010	COL	-

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WEEKS ON	026	27	28	- 2	3 0 1	-11	2	귀	4	5	6	1	3	3	il.	#	ż	1	1	붜	4	4		-		TOTAL TISSUE
STUDY	4	0 4	9	ġ	4	73	4	4	ŝ	9	8	4	å	4	4	9 4	2	ę	4	-	\$	4	2	72	:	TUMOR
INTEGUMENTARY SYSTEM		•	•	•	+	+	+	+	+	•	+	•		+	•	+	+	+	•	•	+	•		+	Ţ	50×
SUBCUTANEDUS TISSUE Fibroma Malig.lymphoma, lymphocytic type	1	•	•	•	•	•	•	•	*	•	•	·	*	•	•	•	Ť	•	•	•	Ť	Ť	•	•	1	1
RESPIRATORY SYSTEM	<u> </u>						•••••			•		-													╈	
LUNGS AND BRONCHI	+	÷	+	t	+	÷	+	+	+	÷	+	+	<u>+</u>	+	+	+	+	+	÷	+	+	+	+	+	•	50
TRACHEA	+	÷	٠	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	+	÷	+	+	+	÷	-	+	49
HEMATOPOIETIC SYSTEM							_																		+	
BONE MARROW	+	.+	+	+	+	+	+	÷	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	50
SPLEEN	÷	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	+	50
LYMPH NODES	+	+	+	+	÷	+	+	+	+	÷	*	+	+	+		+	÷.	-	+	+	+	+	+	+	+	45
THYMUS CARCINOMA, NOS	+	+	+	+	+	•	÷	+	+	-	-	*	+	+	-	+	-	+	+	٠	+	÷	+	٠	-	41
CIRCULATORY SYSTEM												<u> </u>				_									_	
HEART	+			+													÷	÷	+	÷	÷	٠	÷		•	50
HEART DIGESTIVE SYSTEM	*	•	· ·	*	+	+	*	<b>.</b>	•	•	•	*	+	•	<u> </u>	_	•		<u> </u>	. <u>.</u>	<u> </u>	•	•	•	4	50
SALIVARY GLAND	1					,	÷	÷	+	•	÷	+	÷	÷	•											50
	1.	+	÷	÷	. <u>+</u>	+	÷		+	+	+	-	+			* +	*	+	+	÷	+	<u>+</u>	<u>+</u>	<u>.</u>	1	50
LIVER NEOPLASTIC NODULE	1	+	+	+	+	+	*	· ·	*	*	•	ž.	•	•	*	<u>*</u>	*	<u>.</u>	*	<u> </u>	•	•	• 	<u>.</u>	1	50
BILE DUCT	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	t.	+	+	+	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	. м	N	N	N	N.	N	N	N	N	<u>N</u> _	H	Ν	N	
PANCREAS	+	٠	+	+	+	+	+	+	+	÷	+	+	÷	+	+	÷	-	+.	+_	+	+	+	<b>.</b>	ŧ.,-	۰L	
ESOPHAGUS	•	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	58
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	-	+	+	+	+	+	+	+	+	48
SMALL INTESTINE	+	+	+	-	+	-	+	+	+	+	+	+	+	+	+	+	-	+	÷	+	+	+	+	+	+	47
LARGE INTESTINE	+	÷	+	+	+	-	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	•	-	+	47
URINARY SYSTEM																									-	
KIDNEY	١.	•			+	+	+	+	÷	+	÷	÷	+	+	÷	÷	+	•	÷	÷	+	•				
URINARY BLADDER	+	+	+	+	+	+	•	+	+	+		+				+	-	÷	+	•	+	+	-	÷	Ť	47
ENDOCRINE SYSTEM	Ļ	·			· · · ·	•	-		<u> </u>	7	•	<u> </u>		· · · · ·	•		_		•		-				1	
PITUITARY	+			+								_					_								•	46
ADENOMA, NOS Chromophobe adenoma Chromophobe carcinoma	×	Ť	•	Ť	* ×	•	·	Ť	•	-	•		·	x	•	•	-	·	x	·	x	•	×		x	1
	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	Ŧ	49
ADRENAL Cortical Adenoma Pheochromocytoma Pheochromocytoma, malignant Ganglioneuroma			x															x						x		
THYRDID	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	•	50
C-CELL ADENOMA C-CELL CARCINOMA								x				_		x								x				
PARATHYROID		+	+	-	+	+	+	+	+	+	÷	-	÷	+	+	<u>+</u>	+	÷	+	+	+	+	-	+	4	<u>40</u>
PANCREATIC ISLETS Islet-cell Adenoma	+	+	* X	٠	+	+	+	+	+	+	٠	٠	•	+	+	+	-	٠	٠	+	+	+	+	٠	•	49
REPRODUCTIVE SYSTEM	1-														·										+	
MAMMARY GLAND Adenoma, nos Fibroadenoma	+	+	N	N	+	+	*	+	+	٠	+	+ X	+	+	÷	+ x	N	+ x	+	•	+	+	•	•	+	50)
PREPUTIAL/CLITORAL GLAND Carcinoma, Nos Adenoma, Nos	N	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	H	N	N	N	N	N	M	50
UTERUS	+	÷	+	÷	÷	+	+	÷	+	÷	÷	•	+	+	•	÷	-	+	•	÷	+	•	+	÷	•	49
ENDOMETRIAL STROMAL POLYP		<u>x</u>			X			<u>×</u>			x	x				X	-			<u>×</u> _					+	13
0VARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	•	+	*	+	+	49
ERVOUS SYSTEM																										
BRAIN Chromophobe Carcinoma, invasive	l *	+	+	+	+	+	+	+	•	•.	+	+	-	•	•	+	-	+	+	+	+	+	+	+	1	48
LL OTHER SYSTEMS	1														•••••										$^{+}$	
MULTIPLE ORGANS NOS Malig.lymphoma, histiocytic type Leukemia.nos Lymphocytic Leukemia	н	N	N	H X	N	N	N	ĸ	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	50× 1 1
LEUKENIA.HOS LYMPHOGYIIC LEUKEMIA * ANIMALS HECROPSIED *: TISSUE EXAMINED MICROSCOPI -: REQURED TISSUE NOT EXAMIN X: TUMOR INCIDENCE H: HECROPSY, NO AUTOLYSIS, NO	CALL ED M MIC	Y ICR RDS	OSCI COP		CALI	LY	TIO			C: A: M: B:	HNAA	O T ECR UTO	ISSU OPSI LYSI AL P ECRO	JE 1 (, ) (5 1155	INFO IC H	IRM/	TIC	DN S Dgy	DU		ED	010	COL		1	

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

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#### TABLE A4.

#### INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF D & C RED NO.9

#### HIGH DOSE

ANYMAL Number	0	0 0 2	003	000	005	0	9	0	000	0 1 0	1	12	1	0	1	0	1	1	1	020	021	22	23	024	
WEEKS ON STUDY	9	1	0 9	1	- 0	1	0	-	1	1	-	9	2	1	1	0	1	1	1	1	0	0	10	0	
NTEGUMENTARY SYSTEM	- 81	. 4	8		4	4	_4	4	4	4	4	5	0 (	41	4	4	4	4	4	4	4	41	4	4	_
SUBCUTANEOUS TISSUE Fibroma Carcinosarcoma	+	+	+	+	+	+	+	+	٠	+	٠	N	N	٠	٠	٠	٠	+	•	+	+	+	٠	٠	
ESPIRATORY SYSTEM	+					-																			-
LUNGS AND BRONCHI	L+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷ -	+	+	
TRACHEA	+	+	٠	+	÷	+	+	÷	+	+	+	+	-	+	+	+	÷	+	+	٠	+	+	+	+	
EMATOPOIETIC SYSTEM																						•••			-
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	ŧ	÷	+	+	+_	+	+	+	+	+	_
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	ŧ	+	+	+	+	+	+	+	
LYMPH NODES	<u>↓</u> •	+	+	+	+	-	+	+	+	+	t_	+		+	÷.	÷	÷	.+ .	+	+	+	+	+	+	_
THYMUS	+	÷	+	ŧ	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	٠	+	+	+	-	
IRCULATORY SYSTEM	<u>†</u>																								
HEART	+	+	+	+	+	+	+	+	٠	+	+	+	+	÷	+	٠	٠	+	+	+	+	+	+	+	
IGESTIVE SYSTEM	$\mathbf{t}$							·														-			-
SALIVARY GLAND	L+	ŧ	ŧ	٠	+	+	+	+	+	+	+	+	+	+	+	+	ŧ	+	+	ŧ	+	+	+	+	
LIVER NEOPLASTIC NODULE	+	ţ	٠	+	+	+	٠	÷	+	+	+	+	٠	÷	+	+	+	+	+	+	٠	÷	+	٠	
	1	- <u>^</u> -				<u> </u>		•	•	+	+	+	•	* *	+	•								+	-
BILE DUCT Gallbladder & common bile duct	N	N	N	N	N	N	N	N	N				· · · · ·				·		<u> </u>	_ <u>.</u>				N	-
PANCREAS		+	+	- <u>n</u> -		B +	 +	-n +		<u>N</u> .		N	<u>н</u> +	<u>N</u>	N	<u>N</u>	<u>N</u>	<u>. N</u>	<u>N</u>	<u>N</u> .	N	<u>N</u>	<u>N</u>		-
	t.	- <u>-</u> -	- <u>-</u> -		- <u>+</u>			<u>+</u>		+	- <u>+</u>	+	<u>+</u>	+	+	•	•	÷	÷	+	*	<u>.</u>	- <u>+</u>	+	-
ESOPHAGUS	1.			Ţ		•	•	•			1			•	*	•	•	•	•		•	•		•	
STOMACH	†÷	*	•	+	+	_ <u>+</u>	•	•	<u>+</u>	+	+	+	*	+		+	<u>.</u>		.+	•	•	+	•	+	-
SMALL INTESTINE	1:	+	+	+	+	-	+	+	+				<u>+</u>	÷	- <u>+</u>	. *	+	+	+	+	*	*	•	+	-
LARGE INTESTINE	Ľ	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	*	+	
RINARY SYSTEM																									
KIDNEY TUBULAR-CELL ADENOCARCINOMA	+	*	+	* ×	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
URINARY BLADDER	+	+	+	-	+	+	+	+	÷	+	+	-	+	÷	÷	+	÷	÷	+	٠	+	+	+	+	
PAPILLOMA, NOS	×			,																					
NDOCRINE SYSTEM																									
PITUITARY Adenoma, Nos Chromophobe Adenoma	1.	+	+	+	+	+	+	*	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	
CHROMOPHOBE ADENOMA	-	<u>×</u>		<u>×</u>	<u>×</u>	<u>×</u>	<u>×</u>			<u>x</u>							<u>X</u>		<del>-</del>			<u>×</u>			-
ADRENAL CORTICAL ADENOMA	1	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* x	* x	+	+	+	+	•	•	+	
CORTICAL ADENOMA Pheochromocytoma Pheochromocytoma, malignant											×													x	_
THYROID C-Gell Carcinoma	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	÷	
							· :	X	<u>X</u> .																-
PARATHYROID Adenoma, nos	-	+	+	+	-	+	+	-	+	*	+	*	-	+	+	+	* ×	•	•	-	•	*	-	-	
EPRODUCTIVE SYSTEM	+																								-
MAMMARY GLAND	N	÷	N	÷	+	N	+	+	+	+	+	N	N	* x	N	÷	+	+	+	+	٠	+	÷	+	
ADENOMA, HOS PAPILLARY ADENOMA					x									x											
FIBROADENOMA	T <sub>N</sub>	N	<u> </u>				N	<u>×</u>									<u>×</u>					<u>×</u>	<u> </u>		-
PREPUTIAL/CLITORAL GLAND Adenocarcinoma, Nos	Ļ.,		N	м	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	н	N	N	N	N	
UTERUS	+	÷	+	+	+	+	÷	+	+	+	+	+	+	÷	+	÷	÷	+	+	+	+	+	٠	+	
ENDOMETRIAL STROMAL POLYP	+						<u> </u>	<u>×</u>										X	<u>x</u>	<u>×</u> .				<u>×</u>	-
OVARY	+	+	+	+	+	+	*	*	•	+	+	-	+	*	+	+	+	+	+	+	+	+	+	+	_
PECIAL SENSE ORGANS							v																		
ZYMBAL'S GLAND Squamous cell carcinoma	N	N	M	м	N	м	н	X	N	N	N	N	н	N	N	N	N	N	N	N	N	N	н	N	
LL OTHER SYSTEMS	-											•••••							-						
MULTIPLE ORGANS NOS	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	
MULTIPLE ORGANS NOS Malig.lymphoma, histiocytic type Lymphocytic leukemia	Lx_																								_
+: TISSUE EXAMINED MICROSCOP -: Required tissue not exami X: Tumor incidence N: Necropsy, no Autolysis, N	ICAL NED 0 MI	LY Mic Cro	ROS	COP	ICA Ex	AMI	NAT	ION			: A: M: B:		TI CRO TOL IMA NE							UBM DUE	111 70	ED PR	ото	COL	

AN ÍMÁL Number	2	27	2	2	3	3	3	3	3	0 3 5	3	3	3	3	4	4	42	4	2	0 4 5	4	47	4	\$	5	TOTAL
WEEKS ON Study Integumentary system	0	1 0 4	1 0 4	1 0 4	0	1 0	1	1 0 4	1 0 4	1	1 0 4	1 0 4	1 0 4	1 0 4	0	0	1	999	92	0	1 0 4	0 9	1 0 4	1 0 4		TUMOR
SUBCUTANEOUS TISSUE Fibroma Carcingsarcoma	+	٠	+	٠	* ×	٠	٠	٠	٠	+	٠	+	٠	٠	+	٠	N	٠	+ x	٠	٠	٠	٠	٠	٠	50H 1 1
RESPIRATORY SYSTEM	+									-				·····					_						+	
LUNGS AND BRONCHI	++	+	+	+	+	÷	+	÷	÷	÷	÷	+	÷	+	+	+	ŧ.	٠	ŧ	+	+	+	+	+	+	
TRACHEA	+	+	+	+	+	٠	٠	+	+	+	+	÷	٠	+	÷	-	+	+	+	+	٠	+	+	+	+	48
TEMATOPOIETIC SYSTEM	+-							-									-	_							+	
BONE MARROW	1 ·	+	+	÷	٠	+	+	+	+	+	•	+	+	+	+	+	+	+_	+	+	+	.+	+	+	+	50
SPLEEN	+	+	+	+	+	+	÷	÷	+	+	+	+	+	+	+	+	+	+	+	ŧ	٠	٠	÷	+	+	50
LYMPH NODES	L+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	t	47
THYMUS	-	÷	+	-	+	-	٠	+	+	÷	÷	÷	+	+	+	-	+	+	-	-	٠	٠	+	+	+	42
CIRCULATORY SYSTEM																		-							+	
HEART	+	+	٠	+	ŧ	+	+	٠	٠	+	+	+	÷	÷	+	+	+	٠	÷	+	+	+	+	ŧ	+	50
DIGESTIVE SYSTEM	+																								+	
SALIVARY GLAND	1+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	±.	+	+	+	+	÷	ŧ	+	50
LIVER Neoplastic Nodule	+	+	+	+	+	*	+	+	•	•	+	+	+	+	+	+	+	+	+	+	* x	٠	* x	+	+	50
BILE DUCT	++	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	50
GALLBLADDER & COMMON BILE DUCT	1.1	<u> </u>	Ŋ	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N.	N	N	N	N	Ν.	N	М	50>
PANCREAS	++	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	•	49
ESOPHAGUS	+	+	٠	+	+	+	+	٠	٠	+	+	٠	٠	٠	+	+	+	+	٠	+	+	+	+	+	•	49.
STOMACH	++	+	+	+	+	+	+	+	+		+	+	*	+	•	•	+	+	+	+	+	+	+	+	+	50
SMALL INTESTINE	++	ŧ	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+		+	+	+	4	- 48
LARGE INTESTINE	+	+	٠	٠	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	٠	٠	+	+	+	+	+	49
JRINARY SYSTEM	T																								Т	
KIDNEY Tubular-cell Adendcarcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50,
URINARY BLADDER Papilloma, Nos	T	÷	٠	÷	+	+	+	+	+	+	+	٠	÷	+	٠	٠	÷	+	+	+	+	+	+	+	+	48
ENDOCRINE SYSTEM	+																	_							+	
PITUITARY Adenoma, nos Chromophobe Adenoma	+	+	* x	+ x	+ x	+	٠	-	+ x	+	+ ¥	+ ¥	+	+	-	+ ¥	+ ×	+ ¥	+	+ x	٠	+ x	+	+ x	+	47 20
ADRENAL	1.	+	+	+	+	+	+	+	+	+	+	+	+	•	+	÷	•	<u>م</u>	÷	+	+	+	+	+	+	50
CORTICAL ADENOMA Pheochromocytoma Pheochromocytoma, malignant				x				-			x	x						-		x			-	-		
THYROID C-Cell Carcinoma	÷	٠	٠	t	+	+	+	+	+	+	+	+	+	+	٠	÷	٠	+	+	+	+	٠	٠	+	+	50
PARATHYROID Adenoma, nos	-	+	-	٠	٠	٠	-	* x	-	-	٠	+	+	+.	+	+	+	÷	+	+	٠	٠	+	+	+	38 2
EPRODUCTIVE SYSTEM	1-																								•	
MAMMARY GLAND Adenoma, Nos Papillary Adenoma Etreatenoma	+	+	+	+	٠	+	٠	*	•	N	•	٠	+	•	+	•	N	N	•	+	+	+	+	+	+	50× 2
FIBROADENOMA Preputial/clitoral gland Adendcarcinoma, nos	H	N	N	N	N	N	H	N	N	N	H	N	H	N	H	N	N	N	N	N	N	N	N	N	N	50×
UTERUS ENDOMETRIAL STROMAL POLYP	ŀ	+	÷	*	+	*	+	+	+	÷	÷	÷	+	٠	+	+	*	+	÷	÷	+	+	÷	* x	٠	50 10
OVARY	+	+	÷	+	+	+	+	+	+	÷	÷	÷	÷	+	+	÷	+	÷	÷	÷	+	÷	÷	÷	•	49
PECIAL SENSE ORGANS	-	-						•										_							+	
ZYMBAL'S GLAND Squamdus cell carcinoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N	50×
LL OTHER SYSTEMS	+																								+	
MULTIPLE ORGANS NOS Malig.lymphoma, Histiocytic type Lymphocytic Leukemia	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	М	50×

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

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

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#### APPENDIX B

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Summary of the Incidence of Neoplasms in Mice Fed Diets Containing D and C Red No. 9

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#### TABLE B1.

		· · · · · · · · · · · · · · · · · · ·	
	CONTROL	LOW DOSE	HIGH DOSE
	50 · 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN Sarcoma, Nos Fibrosarcoma	(50) 1 (2%)	(50) 5 (10%)	(50)
*SUBCUT TISSUE SARCOMA, NOS FIBROMA LEIOMYOSARCOMA	(50) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%)	(50)
RESPIRATORY SYSTEM			
#LUNG HEPATOCELLULAR CARCINOMA, METAST ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	2 (4%)	(50) 3 (6%) 3 (6%) 1 (2%)	(50) · 2 (4%) 1 (2%) 4 (8%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Malig.lymphoma, lymphocytic type Malig.lymphoma, histiocytic type Malignant lymphoma, mixed type	(50) 4 (8%)	(50) 2 (4%) 1 (2%)	(50) 1 (2%) 2 (4%)
#JEJUNUM Malig.lymphoma, histiocytic type	(48)	(46)	(47) 1 (2%)
#THYMUS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE	(33) 1 (3%)	(28)	(34)
CIRCULATORY SYSTEM			
#SPLEEN HEMANGIOSARCOMA	(49)	(50) <u>1 (2%)</u>	(50)

#### SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE FED DIETS CONTAINING D AND C RED NO. 9

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

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	CONTROL	LOW DOSE	HIGH DOSE
#LIVER Hemangiosarcoma	(50) 1 (2%)	(50) 2 (4%)	(50) 1 (2%)
#TESTIS HEMANGIOMA	(50)	(50)	(50)
DIGESTIVE SYSTEM			2
*TONGUE Squamous cell papilloma	(50) 1 (2%)	(50)	(50)
#SALIVARY GLAND LEIOMYOSARCOMA, INVASIVE	(50)	(50) 1 (2%)	(50)
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	(50) 4 (8%) 4 (8%)	(50) 4 (8%) 9 (18%)	(50) 4 (8%) 11 (22%
#JEJUNUM PAPILLOMA, NOS Adenocarcinoma, NOS	(48) 1 (2%)	(46) 1 (2%)	(47) 1 (2%)
URINARY SYSTEM			
NONE			
ENDOCRINE SYSTEM			
#ADRENAL Cortical Adenoma Cortical Carcinoma	(49) 1 (2%) 2 (4%)	(48)	(48) *
REPRODUCTIVE SYSTEM			
#TESTIS INTERSTITIAL-CELL TUMOR	(50)	(50) 1 (2%)	(50)
		1 (2%)	

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

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	CONTROL	LOW DOSE	HIGH DOSE
SPECIAL SENSE ORGANS			
	(50) 1 (2%) 1 (2%)	(50) 3 (6%)	(50) 1 (2%)
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*MEDIASTINUM Hepatocellular carcinoma, metast	(50)	(50)	(50) 1 (2%)
*ABDOMINAL CAVITY Osteosarcoma	(50) 1 (2%)	(50)	(50)
*PERICARDIUM ALVEOLAR/BRONCHIOLAR CA, INVASIV	(50)	(50)	(50) 1 (2%)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS SARCOMA, NOS SARCOMA, NOS, METASTATIC	(50) 1 (2%) 1 (2%)	(50)	(50)
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY Natural deathg Moribund Sacrifice Scheduled Sacrifice	50 6 2	50 8 2	50 10 1
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	42	40	3.9
INCLUDES AUTOLYZED ANIMALS			

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

	CONTROL	LOW DOSE	HIGH DOSE
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	23 29	28 37	24 28
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	9 10	10 12	7 7
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	18 19	20 25	17 21
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	2 2	4	34
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors			
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS			
PRIMARY TUMORS: ALL TUMORS EXCEPT SE SECONDARY TUMORS: METASTATIC TUMORS			DJACENT DRGAN

# TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

#### TABLE B2.

#### SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE FED DIETS CONTAINING D AND C RED NO. 9

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 49 49
INTEGUMENTARY SYSTEM			
*SUBCUT TISSUE squamous cell carcinoma sarcoma, nos fibrosarcoma	(50) 1 (2%) 1 (2%)	(50)	(49)
RESPIRATORY SYSTEM #LUNG	(50)	(50)	(49)
SQUAMOUS CELL CARCINOMA, METASTA ALVEOLAR/BRONCHIOLAR ADENOMA	1 (2%) 2 (4%)	1 (2%)	3 (6%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Malig.lymphoma, lymphocytic type Malig.lymphoma, histiocytic type Malignant lymphoma, mixed type	(50) 4 (8%) 4 (8%) 2 (4%)	(50) 4 (8%) 9 (18%) 2 (4%)	(49) 2 (4%) 5 (10%)
*MEDIASTINUM Malig.lymphoma, histiocytic type	(50)	(50) 1 (2%)	(49)
#SPLEEN Malig.lymphoma, histiocytic type	(49) 1 (2%)	(50)	(49)
#LYMPH NODE Malig.lymphoma, histiocytic type Malignant lymphoma, mixed type	(42)	(45) 1 (2%)	(41)
<pre>#PANCREAS Malig.lymphoma, histiocytic type</pre>	(48)	(48)	(47) 1 (2%)
#PEYER'S PATCH Malignant Lymphoma, Mixed Type	(46)	(47)	(49) 1 (2%)

	CONTROL	LOW DOSE	HIGH DOSE
#KIDNEY Malig.lymphoma, lymphocytic type	(50)	(50)	(49)
*CERVIX UTERI MALIG.LYMPHOMA, HISTIOCYTIC TYPE	(47)	(49)	(48) 1 (2%)
IRCULATORY SYSTEM			•
*MULTIPLE ORGANS Hemangiosarcoma	(50)	(50) 1 (2%)	(49) 1 (2%)
*SUBCUT TISSUE Hemangiosarcoma	(50) 1 (2%)	(50)	(49)
#SPLEEN Hemangioma Hemangiosarcoma	(49) 1 (2%)	(50)	(49) 1 (2%)
#MANDIBULAR L. NODE Hemangiosarcoma, metastatic	(42)	(45)	(41) 1 (2%)
#LUNG Hemangiosarcoma, metastatic	(50)	(50)	(49) 1 (2%)
#LIVER Hemangidsarcoma	(50) 1 (2%)	(50)	(49)
#UTERUS HEMANGIDSARCOMA	(47)	(49)	(48) 1 (2%)
DIGESTIVE SYSTEM			
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	(50) 1 (2%) 4 (8%)	(50) 1 (2%) 2 (4%)	(49) 4 (8%) 2 (4%)
IRINARY SYSTEM			
#KIDNEY TUBULAR-CELL_ADENOCARCINOMA	(50)	(50)	(49)

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

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

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	CONTROL	LOW DOSE	HIGH DOS
ENDOCRINE SYSTEM			
#PITUITARY Chromophobe Adenoma	(45) 2 (4%)	(46) 1 (2%)	(41) 2 (5%)
#ADRENAL Squamous Cell Carcinoma, metasta cortical carcinoma	(50) 1 (2%) 1 (2%)	(50)	(49)
PHEOCHROMOCYTOMA		*	2 (4%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Adenocarcinoma, Nos	(50)	(50)	(49)
ACINAR-CELL CARCINOMA		1 (2%)	1 (2%)
#UTERUS	(47)	(49)	(48)
ADENOCARCINOMA, NOS Fibroma	1 (2%)		1 (2%)
LEIOMYOMA LEIOMYOSARCOMA Endometrial stromal polyp	1 (2%)	1 (2%)	1 (2%)
#CERVIX UTERI FIBROMA	(47)	(49)	(48) 1 (2%)
#OVARY	(44)	(47)	(46)
PAPILLARY CYSTADENOMA, NOS GRANULOSA-CELL TUMOR		1 (2%) 1 (2%)	1 (2%)
NERVOUS SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
*EYE/LACRIMAL GLAND ADENOMA, NOS	(50) 1 (2%)	(50)	(49) 1 (2%)
NUSCULOSKELETAL SYSTEM			
NONE			

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

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

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	CONTROL	LOW DOSE	HIGH DOSE
BODY CAVITIES			
*ABDOMINAL WALL Fibrosarcoma	(50)	(50) 1 (2%)	(49)
*PELVIS OSTEOSARCOMA	(50) 1 (2%)	(50)	(49)
LL OTHER SYSTEMS			
<pre>*MULTIPLE ORGANS FIBROSARCOMA, METASTATIC OSTEOSARCOMA, METASTATIC</pre>	(50) 1 (2%)	(50) 1 (2%)	(49)
NIMAL DISPOSITION SUMMARY		5	
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ Moribund Sacrifice Scheduled Sacrifice	50 9 1	50 9 1	50 8 1
ACCIDENTALLY KILLED TERMINAL SACRIFICE ANIMAL MISSING	40	40	41
INCLUDES AUTOLYZED ANIMALS			

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

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	CONTROL	LOW DOSE	HIGH DOSE
TUMOR SUMMARY		,	
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	26 30	25 29	27 35
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	7 7	5 5	13 15
TOTAL ANIMALS WITH MALIGNANT TUMORS Total Malignant tumors	21 23	2 1 23	19 19
TOTAL ANIMALS WITH SECONDARY TUMORS TOTAL SECONDARY TUMORS	2 3	1,	1 2
TOTAL ANIMALS WITH TUMORS UNCERTAIN~ Benign or malignant Total Uncertain Tumors		f 1	i,
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Primary or metastatic Total uncertain tumors	•		
* PRIMARY TUMORS: ALL TUMORS EXCEPT SE # SECONDARY TUMORS: METASTATIC TUMORS			DJACENT ORGAN

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# TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

#### TABLE B3.

### INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR **STUDY OF D & C RED NO.9**

				L	Ū	N7	. <b>n</b>		Ľ							<u> </u>					ر 4				
AN IMAL Number	Ŷ	8 0 2	0 0 3	0	8 0 5	0 0 6	ļ	00	0	01	1	2	3	0	115	81	2		-	20	2	222	823	24	
WEEKS ON Study		į	-	P	į	1	0	1	2	2	?	62	-	8	į	į	2	-		ė	2	į	9	į	1
INTEGUMENTARY SYSTEM	1						-11	-11				يە.				_11					_	-11		_1	
SKIH Fibrosarcoma	Ŀ	*	+	+	+	<u> </u>	+	*	*	+	+	+	+	+	+	*	<u>+</u>	+	+.	+	+	+	+	<u> </u>	1
SUBCUTANEOUS TISSUE Sarcoma, nos	+	٠	٠	+	+	+	٠	٠	٠	٠	+	+	٠	+	٠	+	+	+	+	٠	*	+	+	+	
RESPIRATORY SYSTEM																									-
LUNGS AND BRONCHI Hepatocellular Carcinoma, metasta Alvedlar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	ŀ	+	+	+	×	+	•	+	+	•	•	•	•	•	+	+	•	+ ×	•	+	+	•	+	+	
TRACHEA	+	+	+	+	+	÷	+	٠	٠	+	٠	+	+	+	٠	+	+	٠	+	٠	٠	÷	+	+	
NEMATOPOIETIC SYSTEM																									-
BONE MARROW	+	+	*		_ <u>+</u>	+	+	+	*	+	+		+_	<u>+</u>	+	+	<u>+</u>	+	+		÷	+	+-	+	-
SPLEEN	<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>	+	÷	+	-
LYMPH NODES Thymus	†÷			- <u>-</u> -		- <u>+</u>	<u> </u>	- <u>-</u> -		+ -	-			-	-	+	*	 +	+	+	-	+	-	+	-
MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	Ĺ												-					-							_
CIRCULATORY SYSTEM	Γ.																								
HEART DIGESTIVE SYSTEM	Ļ.		<u>+</u>	•	*	+	+	+	•	+	+	+	+	+	+	+	•	<u>+</u>	+	+	*	•	+	+	_
ORAL CAVITY	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	
SQUAMOUS CELL PAPILLOMA Salivary gland	t.			+	~				_		+		×	<u> </u>				•	+	+					-
ITVER	†÷	+	<u>+</u>	+	÷	+	- <u>-</u> -	- <u>-</u> -	*	+	- <u>+</u>	÷.	÷	+	- +	- <u>*</u>	•	÷.	+	- <u>-</u>	+	÷	+	+	
HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEMANGIQSARCOMA	Ĺ				×				. <u>x</u>				·	×			×							×	_
BILE DUCT	++	+	+	+	+	+	+	+	+	.*	ŧ.	+	+	+	*	+	+	+	+	*	*	+	+	+	_
GALLBLADDER & COMMON BILE DUCT	+	+	+	<u>N</u> .	+	+	N	<u>+</u>	+	+	H_	<u>N</u>	<u>.N</u>	<u> </u>	<u>+</u>	+	+	+	+	*	+	+	Ν.	+	_
PANCREAS	<u></u> <u> </u> <u> </u> +	+	+		<u>.</u>	<u> </u>	+	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<b>A</b> _	+	-	*	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	. <u>+</u>	<u>+</u>	-
ESOPHAGUS Stomach	t.	. <u>+</u> -	÷	- <u>+</u>		- <u>*</u> -	•	÷-	+	÷	÷.	*	+	<u>+</u>	÷.	÷	<u>*</u>	•	•	÷	<u>.</u>	*	÷.	÷	-
SMALL INTESTINE	1.	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	
PAPILLOMA, NOS	<u> </u>								<u> </u>										<u> </u>						-
LARGE INTESTINE	+	+	*	*	+	+	+	*	*	*	.*	A	-	+	+	÷	+	*	*	*	•	*	+	+	_
KIDNEY	1.	+	•	+	+	•	+	÷	÷	+		•	÷	÷	•	•	•	•	÷	+	•	•	÷	÷	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	٨	+	+	+	+	+	+	+	+	+	+	-	+	
ENDOCRINE SYSTEM	┢──													-											-
PITUITARY	Ŀ	-	+	+	<u>+</u>	+	+	+	+	•	+	۸.,	+	<u>+</u>	•	-	+	+	+	+	+	<u>+</u>	+		
ADRENAL Cortical Adenoma Cortical Carcinoma	+	•	+	+	+	+	+	•	+	+	+	•	+	•	+	•	•	•	+	•	•	•	•	+ X	
THYROID	++-	+	+	+	+	+	•	+	+	+	*		.*	•	ŧ	+	+	+	+	+	<u>.</u> +	+	+-	+	_
PARATHYRDID	Ŀ	+	-	-	-	-	-	-		-	-	A	*	+	-	+	-	-	-	-	+	•	-	+	
REPRODUCTIVE SYSTEM		ы	м	μ																					
MAMMARY GLAND Testis	H.	<u>N</u> .	<u> </u>	_₩_ +	N	_N	<u>+</u>	+	- <u>N</u>	. N	<u>N</u> .	- <u>N</u>	+ -N	<u>H.</u>	N	. <u>N</u> .	<u>н</u>	н. Н.	<u>N</u>	<u>H</u>	<u>N</u> .	N	_EL	*	_
PROSTATE	ţ.	+	+	- <u>*</u> -	<u>+</u>	- <u>-</u>	+	÷	•	+	+	Ă	÷	•	+	+	+	÷	+	+	+	+	÷.	+	
SPECIAL SENSE ORGANS	<u> </u>	_				<u> </u>			_				<i>.</i>				-	-		-					_
LACRIMAL GLAND Adenoma, Nos Adenocarcinoma, Nos	N	H	N	N	ĸ	N	N	N	ĸ	N X	N	N	ĸ	N	H	N	N	H	N	N	N	N	M	N	1
ODY CAVITIES	<u> </u>																								-
PERITONEUM Osteosarcoma	N I	N	N	H	N	N	N	N	N	H	N	N	N	N	N	N	N	N	N	N	N	N	Ν	N	I
IL OTHER SYSTEMS	<u> </u>																								
MULTIPLE ORGANS NOS Sarcoma, nos Sarcoma, nos, metastatic "Malig.lymphoma, histidocytic type	н	N	N	N	N	н	н х	N	N	H	H	н	N X	NX	N	N	N	H	N	N	N X	N	N X	N	1
MULTIFLE ORGANS NOS SARCOMA, NOS, METASTATIC ARCOMA, NOS, METASTATIC MATIGALYMPHOMA, HISTIOCYTIC TYPE +: TISSUE EXAMINED MICROSCOP -: REGURED TISSUE NOT EXAMI X: TUMOR NICIDENCE N: MECROPSY, NO AUTOLYSIS, N	ICAL NED	LY MIC	ROS		ICA		<u>×</u> .		N		N :: A :: B:	ND	TI		I	NFOI D H1	RMA1 ISTO	10	4 51 3Y 1		×		x		

×

ANIMAL Number	2	2	2	2	3	3	3	3	3	3	0	0 3	3	•	-	1			4	4	1	-	5	
WEEKS ON Study	11	-1		-	-	1	1	-		0	1	0	1	-	1					1	1	-11-	বাম	TUMO
NTEGUMENTARY SYSTEM	1 41	. 41	-21		-11	41	41	<u> </u>	21_9	1.8	-9	- 91	- 91		<u>.</u>	91_	91.9	<u> </u>	1.2	L.ª.			4-	
SKIN Fibrosarcoma	+	٠	Ħ	٠	+	٠	+	+	F N	+	+	٠	N	+	÷	+	+ +	•	+	٠	+	٠	•	50
SUBCUTANEOUS TISSUE	1.	+	N	+	•	+	+	+	+ N	+	+	+	N	+	+	+	• •			•	+	•	1	58
SARCOMA, NOS																					_			
LESPIRATORY SYSTEM																								
LUNGS AND BRONCHI Hepatocelular carcinoma, metasta Alveolar/srokchiolar adenoma Alveolar/srokchiolar carcinoma	ľ	+	• ×	•	* _x	•	•	•	• •	•	+	•	+	•	•	•	• •	• •	•	+	•	•	*	58
TRACHEA	1.	+	•	+	+	+	÷	+ -	. ,	+	+	+	+	+	+	+		• •	• •	+	+	+	•	49
EMATOPOIETIC SYSTEM	–				·								· •										┢	
BONE MARROW	Ŀ	•	<u> </u>	+		•	•	• •	•+	+	•	.+	.+	*	<u>+</u>	+	+. +		+	•	+	+	<u>+</u>	\$7
SPLEEN	ŀ	+.	+	+	+	+	•	•	•+	+		+	+	+	+	+	<u> </u>		+	+	+	ŧ	+	42
LYMPH HODES	Ŀ	•	•	-	<u>+</u>	*	•	•	+	+	+	-	+	+	<u>+</u>	•	<u> </u>		+	+	-	+	•	-41
THYMUS Malig.lymphoma, lymphocytic type	-	+	-	٠	+	-	•	• •	• •	-	-	+	+	٠	+	+ -	- + x	+	+	٠	+	+	•	33
IRCULATORY SYSTEM	ļ						•																+-	
HEART	١.	•	+	•	•		•		• •	÷	•	•	•	÷	÷	•	• •		•	÷		+		50
IGESTIVE SYSTEM	<u> </u>			<u> </u>						· ·				·									+	
DRAL CAVITY Squamgus Cell Papilloma	H	N	н	N	N	н.	N	ни		N	N	N	N	N	N	н і	4 14	н	N	N	N	N	N	58
SALIVARY GLAND	f	•				•						·	•								-	<u> </u>	+	50
LIVEN	ſ.	•	+	+	+	+	•	• •		+	+	+	+	+	+ +	•	• •	ئ	+	+	_ <u></u>	•	÷1	50
HEPATOCELLULAR ADENOMA Hepatocellular carcinoma Hemangiosarcoma	Ĺ					×				×	×								×				L	
BILE DUCT	Ŀ	٠	•	•	+	+	+	•	•	+	+	+	+	•	+	<u>+</u> ·	• •	+	•	•	+	+	•	59
GALLBLADDER & COMMON BILE DUCT	L.	٠.	.+	+	+	+	+	• •	L t	<u>N</u> .	+	+	м	<u>+</u>	<u>+</u>	+	•	N	+	+	_N_	<u>.</u>	4	50
PANCREAS	Ŀ	•	•	<u>+</u>	<u>+</u>	+	+	+ +		+	+	+	+	+	<u>+</u>	<u>.</u>	<u>t</u>	+	. +	•	+	•	<u>+</u> _	48
ESOPHAGUS	<u>  +</u>	•	•	+	•	+	+	• •		+	<u>+</u>	ŧ	+	+	<u>+</u>	•	•	+	. +	+	+	<u>+</u>	<u>+</u>	56
STOMACH	<u> </u>	+	-	٠	•	+	+	+	. +	.+	+	+	+	+	+	•	+	+	+	•	+	+	4	47
SMALL INTESTINE Papilloma, NOS	ŀ	+	-	*	•	+	+	• •	×	+	+	+	+	+	+	+ •	•	+	+	•	+	+	•	48
LARGE INTESTINE	+	+	+	٠	٠	٠	+	+ +	• +	+	٠	+	٠	+	•	• •	+ +	÷	+	÷	+	+	•	48
RINARY SYSTEM	<u> </u>																						+	
KIDNEY .	++	<u>+</u>	+	+		<u>+</u>	+	+_+	<u>+</u>	+	+	+	+	+	<u>+</u>	+	+	_+	+	+	+	+ -	⎷	_50
URINARY BLADDER	•	+	+	٠	+	+	•	• •	+	+	+	+	+	+	+	• •	+	+	+	٠	+	+	•[	48
NDOCRINE SYSTEM																			_				Т	
PITUITARY	<u>↓</u>	•	*	+	*	*	+	<u>+ </u> •	*		+	+	*		+	+	*	+		÷		+	4-	45
ADRENAL Cortical Adendma	+	+	+	+	+	* x	•	+ +	•	+	+	+	+	+	+	+ +	+ +	+	+	+	+	+	•	49
CORTICAL CARCINOMA	┼──																	_			<u>×</u>		+	
THYROID	<u>†</u>	<u>+</u>	. <u>t</u>	+	<b>.</b>	+	+	+ +			<u>+</u>	+	+	. <u>+</u>	<u>*</u>	<u>+</u> _:	• •	+	+	+	+	<u>+</u>	⁺┨	- 49
PARATHYROID	<u> </u>	+		+	_		+	+ +			<u> </u>	+	-		+		• •		<u></u> .	+	-	+	-	20
EPRODUCTIVE SYSTEM MAMMARY GLAND																								
165715	<u> </u>		-8		_B		<u>N</u>	<u>N_</u>	<u> </u>	<u>_N</u>	_1	<u>N</u> _	<u>N</u> _		<u>N_</u>	<u>H_1</u>	<u> </u>	N	_N_				1	<u>50</u>
PROSTATE	f:	÷	÷	•	•	+	+ +	••		- <u>*</u> -	+	+	+	* +	+	• •	• •	- <u>*</u> -	- <u>+</u>	+	+	•	<u>+</u> -	- <u>29</u> 48
PECIAL SENSE ORGANS	<u> </u>																						4-	-78
LACRIMAL GLAND	N	N	H	н	N	N	N	N N	N	N	N	н	N	N	N 1		I N	N	н	N	н	N 1	мÌ	50
ADENOMA, NOS Adenocarcinoma, Nos														X.										
DDY CAVITIES																							┢	
PERITONEUM	N	N	N	N	N	ĸ	N	N N	N	H	N	н	N	N	н і			N	N	N	N	н :	яł	50
ÖSTEOSÄRCOMA	<u> </u>							×															+	
MULTIPLE ORGANS NOS Sarcoma, Nos Sarcoma, Nos, Metastatic	N	H	N	N	N	N	N	N N	H	H	H	N	N	N	ы		1 11	N	N	N	H	<b>H</b> 1		50
MALIG.LYMPHOMA, HISTIGGYJIC TYPE Animals Necropsied +: Tissue Examimed Microscopji -: Required Tissue not Examim x: Tumor Incidence N: Wecropsy, No Autolysis, No	CALLY ED MI MICH	CRE	) S C (	PIC C E	ALL	Y INA			c	: !	ECR	OPS	7. P	INFD 10 H Sing 7 Pe	ISTO	DLOG	YD	IE 1	TED TO PI	ROTO	000		<u> </u>	

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

#### TABLE B3.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR STUDY OF D & C RED NO. 9

#### LOW DOSE

5

ANIMAL	2 2	02	2	0	3	3	3	3	3	0	0	0	3	3	2	2	P	2	-	9	4	4	-	0	0	i
WEEKS DN	١	Ž	÷,	29	-ș	-11	-ži	1	- į	١.	-š	뷞	-ĕl	-8	1	귀	-21	븲	-	-	- il	긲	Ĩ	1	1	TOTAL TISSUES
STUDY STUDY	ŝ	0	0	0 5	0 5	ŝ	ŝ	5	5	ŝ	5	8	ŝ	ð	ŝ	ŝ	5	il	5	9	5	ŝ	ŝ	ġ	ŝ	TUMORS
SKIN	.	÷	÷	÷	+	÷	٠	÷	+	÷	÷	÷	÷	÷	÷	÷	N	N	+	+	+	+	•	•	+	50×
SARCOMA, NOS	╂──	-			~															X				_	-	
SUBCUTANEOUS TISSUE Sarcoma, nos Fibroma Leiomyosarcoma		٠	•	•	٠	٠	+	+	+	+	+	+	•	+	+	+	N	H	•	*	+	+	•	+	+	50× 1 1
RESPIRATORY SYSTEM	+									<u> </u>			-												-	
LUNGS AND BRONCHI Hepatocellular Carcinoma, metasta Alvedlar/Bronchiolar Adenoma Alvedlar/Bronchiolar Carcinoma	+	+ 	+ x	+	+	+	+	+	+	+	+	+	+	*	•	*	+	+	+	*	•	•	+	+	+	50 3 3
TRACHEA	+	+	•	-	+	+	+	+	+	+	+	+	+	-	+	+	+	+	÷	÷	+	+	+	+	+	47
REMATOPOIETIC SYSTEM	t											-												-	-	
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPLEEN Hemangidsarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
LYMPK NODES	L+	+	+	+	+	+	+	+	+	+	+	+	+	+_	-	+	.+	±	ŧ	+	+	+	. +	-	+	47
THYMUS Malighant Lymphoma, mixed type	+	+	+	-	÷	+	÷	-	-	÷	+	-	-	+	-	-	+		-	-	+	+	-	÷	;	28
CIRCULATORY SYSTEM	$\vdash$											_												• •	-+	
HEART	+	+	٠	+	+	+	÷	÷	٠	÷	+	+	+	+	+	÷	+	+	+	÷	+	+	+	÷	+	50
DIGESTIVE SYSTEM	┢─															_	-					_	-		-1	
SALIVARY GLAND Leiomyosarcoma, invasivé	•	٠	+	٠	٠	+	+	٠	٠	٠	+	+	÷	+	•	+	٠	+	٠	٠	٠	٠	÷	+	+	50,
LIVER	+	÷	+	÷	+	+	+	÷	+	÷	+	+	+	÷	÷	+	÷	+	÷	+	÷	+	•	+	+	50
HEPATOCELLULAR ADENOMA Hepatocellular carcinoma Hemangiosarcoma				x	×									x		x	_			x				_	×	9 2
BILE DUCT	+	+	+	+	+	+	+	+	+	+	÷	+.	+	+	+	t.	ŧ.	+	٠.	<u>+</u>	+	+	+	+	÷	50
GALLBLADDER & COMMON BILE DUCT	l.	+	+	N	N	•	Ν.	+	+	N	t	N	Ν	+	t	+	t	+	+	÷	<u>+</u>		<u>+</u>	ŧ.	ł	50×
PANCREAS	L+	+	+.	+	+	+		+	+	+	+	+	+	-	+	+	+	-	+	÷	<u>t_</u>	+	÷	÷	÷	46
ESOPHAGUS	÷	+	t	t	+	+	+	+	.+	+	+	+	•	+	+	<u>+</u>	÷		+	+	+	+	+	+	+	49
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	t_	ŧ.	+	+	+	_+_	+	+	*	÷	50
SMALL INTESTINE Adenocarcinoma, nos	+	+	+	+	+	+	*	+	+	+	+	+	+	-	+	•	+	-	+	+	•	+	+	+	+	46
LARGE INTESTINE	+	+	÷	+	+	÷	+	٠	+	٠	٠	+	+	+	+	+	+	-	+	÷	+	+	٠	+	+	49
URINARY SYSTEM	<del> </del>						_	_															_		-	†
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
URINARY BLADDER	+	+	٠	+	+	+	+	+	+	+	+	+	÷	+	+	÷	÷	÷	+	÷	+	+	÷	٠	+	50
ENDOCRINE SYSTEM																-									-	
PITUITARY	+		+	+	+	+	+	+	ŧ	+	+	-	+	+	+	+	+	+	+	+	+	-	+	+	-	40
ADRENAL	·	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	48
THYROID	L+	±.	+	-	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	-	+	+	+	47
PARATHYROID	-	-	-	-	-	+	-	+	-	+	-	+	+	-	~	-	+	-	-	-	-	-	+	+	-)	24
REPROBUCTIVE SYSTEM																_									-	
MAMMARY GLAND	N	N	N	N.,	N	+	N	N	N	N	N	N	N	N	N	N	N	N	<u>N</u>	N	<u>N</u> .	N	N_	N	N	50×
TESTIS Interstitial-cell tumor	+	+	+	+	+	+	+	+	+	•	•	+	+	•	+	+	•	+	+	+	+	•	+	+	+	50,
PROSTATE	+	+	٠	٠	+	÷	٠	+	٠	+	٠	+	+	-	ŧ	+	+	-	+	٠	+	÷	÷	+	+	47
SPECIAL SENSE ORGANS										_		-						_							+	
LACRIMAL GLAND Adenoma, nos	н	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	50× 3
ALL OTHER SYSTEMS				-							-														+	
MULTIPLE ORGANS NOS Malig.lymphoma, histiocytic type Malignant Lymphoma, mixed type	H	H	H	N	N	N	M	H	H	N	H	NX	N	H		N X	N	N	м	N	H	N	N	н	N	50× 2

\* ANIMALS HECROPSIED \* TISSUE EXAMINED MICROSCOPICALLY - Reguired Tissue not examined Microscopically X: Tunor Incidence M: McCroosy. No Autolysis, No Microscopic Examination

: NO TISSUE INFORMATIÓN SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Auto(X'SIS M: Ahimal Missing B: No Necropsy Performed

ANIMAL	i ai					- 61	T	01	-		03	01			- 21	01	÷.				Ť	01	<u></u>	AT.	
NUMBER	( și	<u>s</u>	į	į	ġ	ě	91	å	ě.	i	i	j.	1	i	1	i	i	i	1	ŝ	2	22	2	2	2 S
WEEKS ON STUDY	1	1	1	1	1	-	1	1	1	9	1	1	1	-	9	ö	9	5	-	-	0	6	3	0	Î
INTEGUMENTARY SYSTEM	1 51	_51	اد	51	<u>61</u>	_51	_51	5)	لق	2	5)	51	51	5	21	5)	91	5]	21	-51	51	51	51	_1	5
SKIN Sarcoma, NDS	•	+	+	+	+	+	+	+	+	+	N	+	+	+	*	+	+	+	ż	+	+	*	N	N X	+
SUBCUTANEOUS TISSUE * Sarcoma, nos Fibroma Leionyosarcoma	ŀ	+	* X	+	+ x	+	+	+	+	٠	N	•	•	+	•	٠	•	٠	•	٠	+	٠	н	H	+ X
RESPIRATORY SYSTEM																								_	
LUNGS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	•	* ×	+	+	+	•	•	+ ×	+	•	+	•	+	+	+	+	+	•	+	+	+	+	+	•	+
TRACHEA	+	÷	÷	÷	+	÷	÷	÷	÷	+	+	+	÷	÷	+	÷	-	+	+	÷	÷	+	+	+	ŧ
HEMATOPOIETIC SYSTEM	<u>├</u>																								
BONE MARROW	ŀ	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+
SPLEEN HEMANGIDSARCOMA	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	<u>+</u> .	+	-	+	+	+
THYMUS MALIGNANT LYMPHOMA, MIXED TYPE	×	+	-	+	-	-	+	٠	+	-	+	+	+	-	٠	+	-	+	-	-	+	-	-	•	+
CIRCULATORY SYSTEM																									
HEART	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	_
DIGESTIVE SYSTEM Salivary gland Leidmydsarcoma, invasive	•	÷	÷	+	ţ	÷	ŧ	÷	٠	÷	٠	÷	+	+	+	٠	÷	÷	+	÷	٠	÷	٠	٠	+
LIVER Hepatocellular Adenoma Hepatocellular Carcinoma Hepatosiosarcoma	٠	* ×	•	٠	•	٠	+	* ×	٠	+ ×	+	+	+ x	+	+ x	٠	÷	٠	+	+ X	•	+ X	* ×	٠	+
BILE DUCT	+	+	+	+_	+_	+	+	ŧ	+_	+	+	+	+	+.	+	+	+	+	+.	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	N	N	+	+	+	+	N	+	+	N	+	+	t	+	+	+	N	. t	ŧ	+
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	t.	+	+	+	-	÷	-	+	+	+	. <u>+</u>	+	+
ESOPHAGUS .	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	t	+	+	+	+	+	+	t
STOMACH .	+	+	ŧ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠.	+	+
SMALL INTESTINE Adenocarcinoma, nos	+	+	+	+	+	•	+	+	•	+	•	+	•	+	•	+	+	+	-	+	•	-	+	+	+
LARGE INTESTINE	+	٠	٠	+	+	+	+	٠	+	+	+	+	+	٠	+	+	÷	+	٠	+	+	+	+	+	÷
URINARY SYSTEM																									
KIDNEY	<u> </u> +-	*	+	+	+	+	+	+	<u>+</u>	+	+	+	÷	+	<u>+</u>	+	<u>+</u>	+	+	+	+	<u>+</u>	+	+	+
URINARY BLADDER	+	+	+	*	+	*	+	+	+	*	+	+	+	+	+	*	+	+	*	+	+	+	+	+	+
ENDOCRINE SYSTEM	l																								
PITUITARY Adrenal	<del>-</del>		<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>
THYROID	1	<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>
PARATHYROID	1.	<u>,</u>	_ <u>_</u>			-	÷	+	+	+	-	-			+	*	. <u>*</u> .	- <u>-</u>	<u>,</u>	+	•	-	*		
REPRODUCTIVE SYSTEM	Ļ														<u> </u>										_
MAMMARY GLAND	I.H.	N	_N.	N	N	N	Ν_	H	N	н	N	N	N	N	N	N	н	N	N	N	N	N	N	N	N
TESTIS Interstitial-cell tumor	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PROSTATE	+	+	+	•	+	+	+	•	+	+	+	+	+	+	+	+	+	+	•	+	+	-	+	+	+
SPECIAL SENSE ORGANS	+																								
LACRIMAL GLAND Adenoma, nos	H	N	Η	H	H	N	N	H	N	N	H X	N	N	H	N	N	N	N	N	N	N	N	Ħ	N	N
ALL OTHER SYSTEMS	<u> </u>					_								·											-
MULTIPLE ORGANS NOS Malig.lymphoma, histiocytic type Malignant lymphoma, mixed type	N	N	H	N	N	N	N	N	N	N	N	N	N	N	N	N	ĸ	N	N	N	N	N	N	H	N

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

.

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

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### TABLE B3.

#### INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR STUDY OF D & C RED NO. 9

#### HIGH DOSE

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	1	8	0	1	2	2	2	2	2	Π
WEEKS ON STUDY	1	09		1		- 1		1	0	8	0	1	0	1	1		-	0	ļ			ľ	8		F
RESPIRATORY SYSTEM	151	د		. 5	. 5		2	5		4			2	5	-21	51		_5	_			2	2		Ľ
LUNGS AND BRONCHI NEPATOCELLULAR CARCINOMA, METASTA Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	×	+	+	+ x	×	•	•	•	•	٠	+	• _x	•	+	٠	+	+	•	•	+	+	+	+	•	
TRACHEA	+	+	+	+	+	+	+	+	٠	٠	~	٠	٠	+	+	+	+	٠	+	+	٠	+	+		4
HEMATOPOIETIC SYSTEM	-	÷																							
BONE MARROW		+	+	. +	+	<u>+</u> .	+	+	+	+	+	ŧ.	<b>.</b>	+	<u>+</u>	+	t	+	+	•	+	<u>+</u>	•	+	
SPLEEN	L+	+		+	+	• •	+	+	.+		+	+	+	+	+	+	+	+	+	•	+	•	+	.+	
LYMPH NODES	l ·	+	+		_+	+	•	+	•	-		+	+	_t.	+	+	+		+	+	•			+	
THYMUS	-	A	+	-	+	+	+	+	+	+	+	+	+	+	+	٠	-	-	-	+	+	-	-	-	-
CIRCULATORY SYSTEM	$\vdash$				_															·					
HEART	•	٠	+	+	÷	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	÷	+	+	+	+	4
DIGESTIVE SYSTEM																			···· ,						
SALIVARY GLAND	•	+	+	+	•		+	+	<u>+</u> .	+		ŧ	+		+	+	+	t	•	+	+	+	+	+	
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA HEMANGIDSARCOMA	+ ×	•	+	+	•	+	٠	+	•	+ x	+	٠	+	+ X	+	+	+ x	*	+ X	•	+	٠	•	•	,
BILE DUCT	•	+	+	+	+	_+	+	+	+	+	.,	+	+	•	+	+	•	+	+	. +	+		+	+	
GALLBLADDER & COMMON BILE DUCT	+	M		+	+	•	•	+	+	N	+	+	N	+	+	+	+	+	+	+	+	+	÷	÷	_
PANCREAS	+	+	+	+	+	•	+	+	+	+	+	+	-	+	+	+	+	+	+	. +	ŧ	+	.+	+	
ESOPHAGUS	+	+	+	+	+	+	+	÷	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH	•		+	+	+	+	+	+	٠	+	+	+	+	+	+		+	•	•	+	+		•	+	
SMALL INTESTINE Adenocarcinoma, Nos Malig.lymphoma, Histiocytic Type	•	٨	+	+	+	+	•	٠	•	+	+	+	+	+	+	+	+	+	-	+	+	+	•	+	;
LARGE INTESTINE	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+
JRINARY SYSTEM																	-								
KIDNEY	+	+	. +	+	+	•	+	•	•	+	t	+	+	±	+_	. +	+	+_	+	+	+_	. +	_+	+	٠.
URINARY BLADDER	•	A	٠	+	+	+	+	+	+	+	*	+	+	+	+	+	•	+	+	•	+	+	+	+	
ENDOCRINE SYSTEM																									
PITUITARY	+		+	-	+	. +	+	t.	_	+	+	+	-	+	+	+	+	-	÷	+	+	+	+	+	
ADRENAL	+	+	+	•	+	+	+	•	ŧ	•	+	+	-	+	+	+	+	+	ŧ	+	+	. •	+	-	
THYROID	+		+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	•	+	+	•	-	
PARATHYROID	-	A	+	+	-	-	+	-	+	-		+	-	+	+	-	+	-	+	+	-	+	+	-	-
EPRODUCTIVE SYSTEM						<u> </u>																			
MAMMARY GLAND	N		N	N	N		N.	N	N	N	N	м	N.	N_	N	N	8	N	+	N_	. N.		Н.,	N	
TESTIS Hemangioma	•	•	+	•	+	ż	•	•	•	+	+	+	+	+	•	٠	٠	+	+	•	+	+	•	•	•
PROSTATE	+	+	٠	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	٠	٠	٠
PECIAL SENSE ORGANS																_									
LACRIMAL GLAND Adenoma, Nos	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	N	N	N	N	N	H	H
ODY CAVITIES									-													-			
MEDIASTINUM Hepatocellular carcinoma, metasta	N	N		N	N	N	H	N	N	N	N	H	N	N	N	N	N	H	N	H	N	N	N	H	N
PERICARDIUM Alveglar/Bronchiolar CA, invasive	N	N	N	H	N	N	N	N	N	N	N	N	N	N	N	N	H	н	N	H	N	N	N	N	N
LL OTHER SYSTEMS MULTIPLE ORGANS NOS Malig.lymphoma, lymphocytic type	N	N	N	N	н	N	N	N	N	N	N	н	N	N	N	N	N		н	*		N		N	N

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+: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE HOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

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

ANIMAL	2	0	0	0	0	3	1	3	3	3	3	8	0	3	1	•	2	21		1	-	1	2	1	5	
WEEKS ON	- 4	27	-	-1	-9	-11	- Ž	Ĥ	-1	-1	4	-1	ł	-1	Ĥ	-1	-ż	븪	-	4	4	- 71	-	-	-9	TOTAL
STUDY	3	5	5	5	3	5	3	5	ŝ	â	비	5	7	0	3	5	5	_5	ŝ	_5	5	4	3	ŝ	_5	TUMOR
RESPIRATORY SYSTEM		+	+	٠	•	÷	+	•	٠			÷			+	•	4				÷	÷	•			50
LUNGS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma		•	•	•	·	•	•	•	·	* X		·			·	·	•		•	·	·	·	•			
ALVEDLAR/BRONCHIDLAR CARCINOMA	+	+	•	+	+	+	_ <u>×</u>	+		+	+	+	- <u>×</u>		+	+		+		_			+	•		47
IEMATOPOIETIC SYSTEM	Ľ	<u> </u>	<u> </u>	-		÷	÷	÷	<u> </u>	<u> </u>	<u> </u>					_	<u>+</u>		+	+,	+	+	_	<u> </u>	4	
BONE MARROW		+	+	•	+	+	•	•		•	•	÷	+	•	÷	+	+	•	•	•		•	+	+	+	50
SPLEEN	+	 +	+	+	+	+	+	~ <u>`</u> +	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
LYMPH NODES	+	+	÷	+	+	•	+	-	+	-	+		+		+	+	-	-	+	+	+	+	+	+	+	42
THYMUS	+	÷	÷	+	+	+	-	+	+	-	+	+	-	٨	+	+	+	+	-	+	+	-	+	+	+	34
CIRCULATORY SYSTEM																					-				-+	<u> </u>
HEART	+	+	÷	٠	+	+	-	÷	٠	٠	+	٠	÷	÷	4	+	+	÷	٠	+	+	÷	٠	٠	+	49
DIGESTIVE SYSTEM	-							~														-			-†	
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+_	+	
LIVER HEPATOCELLULAR ADENOMA Hepatocellular carcinoma Hemangiosarcoma	×	+	* ×	+	×	+	* x	•	+	* ×	+	+	* x	+	×	+	*	+	+	+ X	*	+	+	•	*	50
BILE DUCT	•	÷	+	+	+	+	+	+	+	+	+	•	+	_+	+	•	+	+	÷	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	÷	+	+	+	.+	+	+	+	+	+	+	+	N	N	t.	+	+	•	+	+	+	•	+	+	+	
PANCREAS	+	+	+	•	+	+	<u>+</u> ,	+	+	+	+	+	+	+	+	+	+	+	+	ŧ.	+	•	+	+	+	_ 49
ESOPHAGUS	+	٠	+	+	+	+	٠	٠	+	÷	+	+	+	+	+	+	٠	٠	٠	+	+	+	+	+	+	49
STOMACH	+	+	+	+	.+	+	+	+	+	+	+	+	+	+	. <u>+</u>	+	t	+	+	+	ŧ	+	+	ŧ.	4	49
SMALL INTESTINE Adenocarcinoma, nds Malig.lymphoma, histiocytic type	•	•	•	+ 	+	+	•	•	+	+	+	•	-	+	+	+	+	+	+	+	+	+	+	+	+	47
LARGE INTESTINE	+	+	+	٠	+	+	٠	+	÷	٠	÷	÷	ŧ	٠	+	÷	+	+	+	+	+	ŧ	+	+	+	49
RINARY SYSTEM								-							•••										1	
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	*	+	+	+	+	+	t	+	+	50
URINARY BLADDER	-	+	+	+	+	+	+	+	+	+	*	+	*	۸	+	+	+	*	*	+	+	+	+	*	*	47
NDOCRINE SYSTEM																									T	
PITUITARY	*	+	+	+	+	+	<u> </u>	<u>+</u>	+	+	+	+	. <u>+</u>	A	+	+	+	. <u>+</u>	*	+	+	+	*	+	+	43
ADRENAL	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+-	+	+	*	+	+	+	+	÷	+	+	╇	48
THYROID PARATHYROID	+	+	+	<u>+</u>	*	•	<u>.</u>	+ +	+	+ +	<u>+</u>	<u>+</u> .	+		. <u>+</u>	. <u>+</u> .	<u>.</u>	<u>-</u>	<u>+</u>	*	<u>+</u>	<u>.</u>	+	+	╀	<u>46</u> 23
EPRODUCTIVE SYSTEM	+	<u> </u>			<u>+</u>	+		<u> </u>	÷	<u> </u>		_	<u> </u>	<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	_		<u> </u>	_			4	
MAMMARY GLAND	N	N	н	N	N	N	N	N	÷	N	N		N		N	н	N	N	N	N	N	N	N	N	N	50×
TESTIS	+	+	*	*	+	+	+	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	1	50
HEMANGIOMA	- <u>-</u> -																								+	1
PROSTATE	+	+	+	٠	+	+	٠	+	+	<b>+</b> .	٠	+	+	+	+	٠	+	+	+	-	+	+	+	+	1	49
PECIAL SENSE ORGANS																									Т	
LACRIMAL GLAND Adenoma, Nos	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	NX	N	N	N	N	N	N	N	N	N	50× 1
ODY CAVITIES																								-,	+	
MEDIASTINUM Hepatocellular carcinoma, metasta		N	N	N	N	N	N	N	H	NX	N	H	N		N	H	N	N	N	N	N	H	N	N	N	50× 1
PERICARDIUM Alveglar/Bronchiolar CA. Invasive	N	N	N	N	N	N	¥	H	N	N	N	N	N.	N	Ħ	N	N	N	N	Ħ	ĸ	N	H	N	۲	50× 1
LL OTHER SYSTEMS																									+	
MULTIPLE ORGANS NOS Malig.lymphoma, lymphocytic type Malig.lymphoma, histiocytic type	N	N	*	H	N	N	N	N	N	N	N	H	N	N	N	N	N	N	N	N	N	N X	N	N	N	50× 1 2
ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOPIC -: REQUIRED TISSUE NOT EXAMINE X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO	MIC	Y ICR Ros	OSC COP	0P1 1c 1	CALI Exap	LY 11NA	110	•••		CAN:	N	ECR	0P5	Y,	INFI NO I Sini Y Pi	HIS	TOLI	DGY	DUI	11TT 70	ED PR	070	COL			

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### TABLE B4.

# INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF D & C RED NO.9

#### CONTROL

AHIMAL NUMBER	0	0		ò	) 	ò	0	0	2	1	1	1	1	1	1	2	1		1	2	2	22	2	2	25
WEEKS ON STUDY		1			1	譋	1			Ì	i	1	1	1	8	1	1	1	1	1	Ì	1		1	1
INTEGUMENTARY SYSTEM	لق	أق	اف.	اد.	الأ.	اذ	اق	51	اد	ž	š.	اذ	š	<u>ii</u>	2	أف	أذ	اذ	اذ	<u>š</u> ]	ši	أق	š	اد	<u>.</u>
SUBCUTANEOUS TISSUE Squamous cell carcinoma Sarcoma, nos Hemangiosarcoma	ŀ	+	٠	٠	٠	+	+	٠	+	+ X	N	٠	+ x	+	٠	٠	•	•	•	٠	٠	•	٠	+	+
RESPIRATORY SYSTEM	┣	-			~																				
LUMGS AND BRONCHI Squamous cell carcinoma, metastat Alveolar/bronchiolar adenoma	+	•	•	+	•	•	+	+	•	•	•	•	+	+	+	+	*	•	•	•	•	•	•	•	+
TRACHEA	+	+	÷	+	+	+	+	+	+	+	+	٠	+	٠	+	٠	+	٠	+	+	٠	٠	+	+	÷
HEMATOPOIETIC SYSTEM	-																								
BONE MARROW	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	.+	+
SPLEEN Hemangiosarcoma Malig.lymphoma, histiocytic type	+	•	•	٠	+	+	+	+	+	+	+	+	*	•	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	+	+	+	-	÷	+	+	+	+	+.	+	+	+	+	+	ŧ	-	+	+	+	+	+	+	*	-
THYMUS	+	+	-	٠	+	-	٠	٠	٠	-	-	+	+	-	-	٠	+	÷	+	+	÷	÷	+	٠	+
CIRCULATORY SYSTEM																							_		
HEART	+	٠	٠	٠	÷	+	٠	+	٠	+	٠	÷	÷	٠	÷	٠	÷	+	ŧ	÷	+	÷	+	+	÷
DIGESTIVE SYSTEM																							_		
SALIVARY GLAND	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷.	+	+	+	+	+	+	+
LIVER Hepatocellular Adenoma Hepatocellular Carcinoma Hemangiosarcoma	÷	+	+	٠	+	+	+	+	+	٠	+	+	+	+	+	٠	٠	+ x	+	+ x	+	+	+ ×	+	+ ×
BILE DUCT	+	+	ŧ.	ŧ.	+	+	+	+	+	+	+	+	+	÷	+	+	÷	+	+	÷	+	+	+	+	+
GALLBLADDER & COMPION BILE DUCT	+	N	ŧ	+	+	+	+	ŧ	+	N	+	+	+	N	+	+	+	+	+	+	+	+	t	+	H
PANCREAS	+	+	+	+	+_	+.	+	+	+	+	+	+	÷	+	+	,	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	+	+	+	+	+	+	+	+	+'	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+
LARGE INTESTINE	•	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM	ļ									<u> </u>										·					
KIDNEY	+						÷	÷			•	÷	÷	+						÷	÷	+	÷		
URINARY BLADDER		+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM	·				<u> </u>	_																			_
PITUITARY Chromophobe Adenoma	+	+	-	+	+	÷	+	+	+	+	+	÷	٠	ż_	-	•	+	-	+	+	÷	+	+	+	+
ADRENAL Squamous cell carcingma, metastat Cortical carcingma	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	٠	+	+	+	+	+ x	+
THYROID	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•		+	+
PARATNYRGID	-	+	+	-	-	-	-	-	+	-	-	+	+	÷		-	+	+	-	÷	÷	-	+	•	-
REPRODUCTIVE SYSTEM	<u> </u>																								-
MAMMARY GLAND	N	+	+	•	N	+	+	+	+	+	Ν.	+	+	N	+	•	+	+	+	+	+	+	+	+	М
UTERUS Adenocarcinoma, nos Leiomyoma	+	*	+	+ x	-	+	+	+	•	-	+	+	+	+	•	•	•	+	+	+	+	+	+	+	+
DVARY	+	+	÷	+	-	+	+	+	+	-	+	+	+	+	-	+	-	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS																									-
LACRIMAL GLAND Adenoma, NDS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	н	Ņ	н	н	н	N
BODY CAVITIES							-																		
PERITONEUM Osteosarcoma	N	N	н	M	N	N	N	N	N	к	м	N	N	N	н	N	N	N	H	N	N	N	H	M	N
ALL OTHER SYSTEMS																									
MULTIPLE ORGANS NOS OSTEDSARCOMA, METASTATIC Malig Lymphona, Lymphocytic type Malig Lymphona, Histiocytic type Malighant Lymphona, Mixed Type	Ħ	Ħ	H X	H	N	H	H	H	H	H	H	H	H	N X	H X	H	N	N	н	H	H	H	H	н х	N
+: TISSNE FYAMINED MICROSCOPI						-	-								E . T.										

 +:
 TISSUE EXAMINED MICROSCOPICALLY
 :
 NO TISSUE INFORMATION SUBMITTED

 -:
 REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 :
 NUCROSCOPICALLY
 :

 X:
 TUMOR INCIDENCE
 AUTOLYSIS
 AUTOLYSIS
 NO TISSUE INFORMATION SUBMITTED

 X:
 TUMOR INCIDENCE
 AUTOLYSIS
 AUTOLYSIS
 NICROSCOPIC EXAMINATION
 AUTOLYSIS

 N:
 HECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 MICROSCOPY PERFORMED
 B:
 NO MECROPSY PERFORMED

ANIMAL NUMBER	Z	2	2	ž	3	3	3	3	3	3	3	3	3	3	4	1	4	3	4	45	-	47	8	8 4 9	5	TOTAL
WEEKS ON Study	8	1	1	1	1	譋	1	1	궤	1	1	1	1	1	1	il.	1	3	ᅨ	1	-	8	1	1		TISSUE
INTEGUMENTARY SYSTEM	- 21	51	51	5	41	51	5	5	-51	5	51	51	5	5	51	51	51	91	41	_51	51	_61	51	5	0	
SUBCUTANEOUS TISSUE Squamdus cell carcinoma Sarcoma, nos Hemangiosarcoma	×	+	+	•	•	+	+	٠	H	+	٠	٠	٠	•	+	٠	٠	N	H	+	+	+	+	•	+	50× 1 1
RESPIRATORY SYSTEM									····							_				_					+	
LUNGS AND BRONCHI Squamous cell carcinoma, metastat Alveolar/Bronchiolar Adenoma	×	+	+	٠	+	+	+ x	+	+	+	+ x	•	+	+	+	+	+	+	+	+	+	•	+	+	•	50 1 2
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>.</b>	÷	+	+	+	+	+	+	58
HEMATOPOIETIC SYSTEM																		-							-+	
BONE MARROW	+	-	+	+	-	+	•	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+ .	+	+	+	
SPLEEN Hemangiosarcoma Malig.lymphoma, histiocytic type .	٠	+	+	+	+	+	÷	+	+	+	+	+	+	+	•	•	+	+	•	+	+ X	+	+	+	-	49
LYMPH HODES	+	+	+	-	+	+	-	+	+	+	+	+	+	-	+	+	-	÷	+	+	+	+	+	+	-	42
THYMUS	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+		-	-	-	-	+	+	38
CIRCULATORY SYSTEM																									-	
HEART	+	÷	+	+	+	•	+	+	٠	+	+	+	÷	+	+	+	+	÷	+	÷	+	+	+	+	+	50
DIGESTIVE SYSTEM																									+	
SALIVARY GLAND	+	•	+	+	•	+	+	+	+	+	•	+	+	+	+	<u>+</u>	+	-	+	+	+	+	+	+	+	49
LIVER Hepatdcellular adenoma Hepatdcellular carcinoma Hemangiosarcoma	٠	٠	* ×	+	+	÷	+	٠	÷	٠	٠	+	•	+	•	+ ×	+	÷	٠	٠	÷	٠	+	+	٠	50 1 4 1
BILE DUCT	+	+	÷	+.	+	+	+	÷	+	+	+	+_	+	+	+	+_	÷	+ .	+	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	+	+	÷	+	+	+	+	+	+	÷	+.	+	+	÷	+	+	÷	+	N	N	+	+	+	+	М	
PANCREAS	+	+	+	+	+	+	+	+	-	•	+	+	+	+	+	+	÷	+	÷	+	÷	+	•	÷	-	48
ESOPHAGUS	+	+	+	+	+	+	+	+	÷	+.	+	+	+	+	+	+	+	-	+	÷	+	+	+	+	÷	_ 49
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	49
SMALL INTESTINE	-	ŧ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+.	-	46
LARGE INTESTINE	-	٠	+	+	+	٠	+	+	+	٠	+	÷	٠	+	+	÷	+	+	+	+	+	-	÷	+	-	47
URINARY SYSTEM																									1	
KIDNEY		+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	.+	+	÷	+	+	50
URINARY BLADDER	•	+	+	+	÷	+	+	+	+	٠	٠	+	+	+	+	<b>+</b> `	+	-	+	+	+	+	+	+	-	47
ENDOCRINE SYSTEM	-																								-†	
PITUITARY Chromophobe Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	Χ	+		•	+	-	+	+	+	+	+	+	-	45 <sub>2</sub>
ADRENAL Squamous cell carcinoma, metastat Cortical carcinoma	×	+	+	+	+	+	+	<u>.</u>	•	•	+	•	+	+	•	+	+	+	•	+	+	+	•	+	+	50 1 1
THYROID	+-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	<u>.</u>	+	+	50
PARATHYROID	-	+	+	٠	-	+	٠	-	+	+	-	` <b>-</b>	-	-	-	÷	+	+	-	-	+	+	+	-	+	25
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND	<u>-</u> N-	+	+	+	+	+	+	+	N	+	+	+	+	+	ŧ	+	+	N	N_	+	+	+	+	N	M	<u>50×</u>
UTERUS Adenocarcinoma, nos Leiomyoma	+	•	+	+	•	+	+	•	•	+	•	•	+	+	+	+	+	-	+	+	•	+	+	•	•	47
OVARY	+	+	٠	+	+	٠	٠	+	٠	٠	+	+	٠	+	٠	+	٠	-	٠	٠	+	٠	٠	٠	-[	44
SPECIAL SENSE ORGANS																									-	
LACRIMAL GLAND Adenoma, nos	H	N	N	H	N	H	N	N	N	N	N	N	N	N	N	N	H	N	N	N	H	N	N	N	N	50× 1
BODY CAVITIES															•											
PERITONEUM Osteosarcoma	N	N	N	N	N	N	N	H	N	N	N	N	N	н	N	N	N	N	N	N	N	N	N	N	N X	50× 1
ALL OTHER SYSTEMS																										
MULTIPLE ORGANS NOS OSTEOSARCOMA, METASTATIC Malig.Lymphoma, Lymphocytic type Malig.Lymphoma, Mistiocytic type Malig.Manti Lymphoma, Miyer type	H	N	N	н	N X	N	N	H	N	N	H	N	N	N	N	N	N	N X	N	N	N	N X	N	N	×	50×

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

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

### TABLE B4.

ν.

#### INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF D & C RED NO.9

### LOW DOSE

				L	0	W	D	OS	E																
ÂNIMAL NUMBER	0		0	0	0	0	0	0	0	0	0	0	1		0	0	0	0	0	8	0	022	2	2	2
WEEKS ON	+#	2	<u>3</u>   0   7	1	1	8	+	1	-	1	+	- 8	귀	1	귀	1	-1	1	- 1	1	-+	. 0	1	1	H
STUDY	0	0 5	9	5	0 5	6	5	0 5	0 5	0 51	0 5	6	5	5	5	3	5	5	3	5	0 5	7	0 5	05	3
LUNGS AND BRONCHI ALVEGLAR/BRONCHIOLAR ADENOMA	+	+	٠	+	+	+	٠	٠	+	+	÷	+	+	٠	+	٠	+	÷	+	÷	÷	+	÷	+	+
TRACHEA	1	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+
MATOPOIETIC SYSTEM	+	_													-										_
BONE MARROW	Ŀ	•	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+		-
SPLEEN	Ŀ	÷		ŧ	<b>.</b>	+	+.	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+
LYMPH NODES Malig.lymphoma, histiocytic type	ŀ	+	•	*	+	+	+	+	-	+	• +	-	+	+	+	•	+	+	+	+	+	+	+	+	+
THYMUS	+	+	+	+	+	+	-	+	-	+	٠	-	+	+	+	-	+	+	+	+	+	A	.+	+	-
RCULATORY SYSTEM	1																			_					
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GESTIVE SYSTEM	1																								
SALIVARY GLAND	++	_+	+	_+	+	+		+	<b>.</b>	+	+	+	+	+	+	+	+	+	•	+	+	+	•	+	.+
LIVER Hepatocellular adenoma Hepatocellular carcinoma	Ļ	+	+ x	+	•	+	•	+.	•	+	•	•	+ 	•	+	+	+	+	•	+	×	•	+	•	, ,
BILE DUCT	+±	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	÷	+	+	+	÷	•	+
GALLBLADDER & COMMON BILE DUCT	++	. +	N	+	+	+	+	+	+	+	+	N	+	+	٠	+	+	. +	ŧ	+	+	+	+	<u>+</u>	+
PANCREAS	++-		+	+	+	<u> </u>	+	+	<u>+</u>	+	+	-	+	+	+	+	+	•	+	+	+	+	+	+	+
SOPHAGUS	++	+	+	<u> </u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+
TOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	٠	+	+	+	٠	+	+.
MALL INTESTINE	┼┿	+	-	+	+	<u>+</u>	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+
ARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	*	+	+	+	+
NARY SYSTEM Idney Tubular-cell Adenocarcinoma		+	÷	+	+	÷	÷	÷	•	÷	÷	٠	÷	÷	÷	٠	٠	÷	÷	+	+	٠	+	٠	+
URINARY BLADDER	t.		+	•		-			+	•		-	+	+	+	+	+	+	+	+	+	•	+	+	
DOCRINE SYSTEM	Ļ		-	· ·	*		-		•	-	•		•	·	_		•							<u> </u>	
ITUITARY Chromophobe Adenoma	Ŀ	•	-	+	+	+	+	•	+	+	+	-	+	+	+	+	+	+	+	+	÷	A	٠	+	٠
ADRENAL	L.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+
THYROID	<u>+</u>	+	+	+	+	-	+	+	+	<u>.</u>	+	+	+	+	+	+	. <u>t</u>	+	٠	+		t	t	+	
ARATHYROID	+	+	-	-	-	-	-	-	+	-	-	+	٠	+	-	-	٠	-	-	-	-	A	-	+	+
PRODUCTIVE SYSTEM	-									_						_				_		_			
MAMMARY GLAND Acinar-Cell Carcinoma	ŀ	+	N	+	+	+	N	+	+	<u>*</u>	+	N	+	+	N	+	+	+	+	+	H	+	+	N	
UTERUS ENDOMETRIAL STROMAL POLYP	ŀ		*	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+
OVARY Papillary Cystadenoma, Hos granulosa-cell Tumor	+	٠	+	+	٠	-	+	٠	+	+	+	+	٠	٠	•	•	+	+	٠	+	+	٠	٠	+	+
DY CAVITIES	⊢														_										-
EDIASTINUM Malig.lymphoma, histiocytic type .	N.	N	N	N	H	N	H	N	N	N	N	N	N	N	H	N	N	N	н	H	N	N	N	H	N
PERITONEUM FIBROSARCOMA	H	H	H	H	H	H	H	н	N	H	H	Ħ	N	H	H	Η	H	H	N	H	H	H	H	H	N
OTHER SYSTEMS	1	_																					_		- !
MULTIPLE DRGAHS NOS FIBROSARCOMA, METASTATIC Hemangidsarcoma Malig.Lymphoma, Lymphocytic Type Malig.Lymphoma, Mistidcytic Type Malighant Lymphoma, Mixed Type	N 	N	N X	N	N X	N	N	N X	N X	N	N	N	H	H	N	H	N	М	N	H	N	H	H	N	×
MALIGHANT LYMPHOMA, MIXED TYPE +: TISQUE EXAMINED MICROSCOP -: Required Tisque mot examin x: Tumor inclence N: Necropsy, No Autolysis, No	ICAL NED 0 MI	LY MIC CRO	ROS	C 0 P P 1 C	ICA EX	X LLY AMI	NAT			i	1 C: A: M: B:	AN.		L П.	E II S ISS	ING				DUE	111	ED PR	010		

ANIMAL NUMBER	2	z	2	2	3	3	3	3	3	3	3	ş	ş	3	1			1				1		3	5	TOTAL
WEEKS ON STUDY		-11	-	0	ţ	ᅨ	1	1	1	뷞	1	1	1	1	1	#	1	1	1	1	1	1	1	1	1	TISSUE
RESPIRATORY SYSTEM	51	51	-51	<u>. 8</u> ļ	51	41	5	- 81	- 51	51	м	51	51	51	51	51	-21	51	51	51	<u> </u>	5	- 51	51	┦	
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma	ŀ	•	•	+	•	•	+	•	•	•	•	•	•	*	•	•	•	•	•	•	+	+	•	•	٠	50
TRACHEA	+	÷	÷	٠	+	+	+	-	+	+	+	+	٠	+	+	٠	+	•	+	÷	+	+	٠	+	+	48
HEMATOPOIETIC SYSTEM											-											_		_	+	
BONE MARROW	+	+		. +	٠	-	+	•	+	<u>.</u>	+	+.	•	•	+	•	•	+	•	<u>+</u>		+	-	•	+	. 46
SPLEEN	+	٠	+	+.	+	+_	+	+	+	+	+	•	٠.	•	+	•	•	•	+	+	•	+	•	+	4	58
LYMPH NODES Malig.lymphoma, Nistiocytic type .	٠	٠	+	+	٠	٠	+	٠	٠	+	٠	÷	٠	-	٠	٠	-	•	•	٠	+	-	٠	٠	+	45
THYMUS	•	+	•	-	-		•	•	•	•	-	•	•	•	•	-	•	+	+	+	+	+	•	•		39
CIRCULATORY SYSTEM		•											· .				· · · ·				·			<u> </u>	-	
HEART	+	+	+	+	÷	+	•	+	•	•	÷	+	•	÷	•	•	•	+	•	•	•	•	•	•	+	58
DIGESTIVE SYSTEM										-							-					-			-	
SALIVARY GLAND	+	+	+	•	•	÷	+	-	•.		•	•	+	•	•	+.	•	•	+	+	+	•	•	+	+	49
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	٠	+	÷	•	٠	+	+	+	+	•	•	•	•	•	٠	+	÷	٠	+	+	+	+	•	÷	·	50
BILE DUCT	1.	+		•	•	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	+	•	.†	54
GALLBLADDER & COMMON BILE DUCT	İ.	+ +	+	•	N	•	+	+	+	•	+	+	•	+	+	+	+	•	+	+	•	+	•	•	ţ,	50×
PANCREAS	+	+	+	+	+	-	+	+	+	+	+	•	•	•	•	+	+	+	+	+	•	+	+	+		48
ESOPHAGUS	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	,	49
STOMACH	+	+	+	+	+	+	+	+	+	•	•	+	+	+	•	+	+	÷	+	+	+	+	+	+	-	50
SMALL INTESTINE		+	+	+	+	+	+	+	•	•	+	•	+	+	+	+	٠	•	+	+	-	•	+	+	•	47
LARGE INTESTINE	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		58
JRINARY SYSTEM											_														┥	
KIDNEY Tubular-cell Adenocarcinoma	·	+	+	•	٠	+	•	•	٠	+	•	+	•	•	•	•	•	•	•	•	•	•	•	•	٠	50 1
URINARY BLADDER	+	٠	٠	+	-	+	٠	+	+	+	+	٠	٠	٠	+	٠	٠	+	+	+	٠	٠	٠	+	+	47
ENDOCRINE SYSTEM									-		•••														+	
PITUITARY Chromophobe Adenoma	+	+	•	-	•	•	•	+	•	+	•	•	•	•	•	+	•	•	*	+	•	•	•	•	•	46 <u>1</u>
ADRENAL	+.	+	+		+	+	+	+	+	+	+	+	•	+	+	•	•	<u>+</u>	<u>+</u>	+	+	+	<u>+</u>	+	┦	50
THYROID	+	+	+	-	+	+	•		+	•	•	+	+	•	<u>+</u>	+	•	<u>+</u>	<u>+</u>	+	•	+	+	<u>+</u>	4	47
PARATHYRDID	-	-	-	-	+	-	-	-	+	-	-	-	•	٠	-	-	-	-	+	+	-	+	-	+	-	17
REPRODUCTIVE SYSTEM Mammary gland Acinar-cell carcinoma	÷	N	+	N	N	+	•	+	•	•	H	H	+	•	•	+	•	•	N	H	•	•	+	•	•	50×
UTERUS ENDOMETRIAL STROMAL POLYP	٠	+	+	+	٠	+	+	+	+	٠	+	÷	+	•	•	•	•	•	•	+	•	+	+	+	٠	49 <sub>1</sub>
OVARY Papillary Cystadengma, Hos granulosa-cell tumor	٠	•	٠	٠	+	٠	+ x	+	٠	+	+	•	•	+	•	•	+	+	+	* ×	+	•	•	+	-	47
ODY CAVITIES																									+	
MEDIASTINUM Malig.lymphoma, histiocytic type	N	N	N	N	H	N	H	N	N	H	N	N X	N	N	H	H	N	N	N	N	N	N	H	H	*	50× 1
PERITONEUM FIBROSARCOMA	H	N	N	N	M	H	H	N X	N	N	H	N	N	*	N	N	N	N	N	N	N	H	N	N	N	50× 1
LL OTHER SYSTEMS																									Т	
MULTIPLE ORGANS MOS Fibrosarcoma, metastatic Hemangiosarcoma Malig.Lymphoma, listiocytic type Malig.Lymphoma, histiocytic type	N	N X	N	N X	н Х	N	N	×	N	м	N X	H	N	N	N	N X	N	N X	Ν	N X	N	N	H	н	۳	50H 1 4

#### TABLE #4. FEMALE MICE: TUMOR PATHOLOGY (CONTINUED) LOW DOSE

### TABLE B4.

#### INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF D & C RED NO.9

## **HIGH DOSE**

٠

AWIMAL NUMBER		-	8	1				:		1	1	8	1	1	1	1	0	0	?	2	2	2	2	2	
WEEKS ON Study		1	- 1	1		- 1	1	1	-1	1	ł	-	-1	-	1	1	-	1	∄	-	╢	-	륑	9	
INTEGUNENTARY SYSTEM	13	5		5	5	š	٤	3	_5		ž	Ś	اذ	اذ	ŝ	5	Ś	از	5	5	š	é	ŝ	اف	j
SUBCUTANEOUS TISSUE Fibrosarcoma	•	٠	٠	÷	÷	٠	٠	+	٠	٠	٠	+	+	٠	٠	+	+	٠	٠	٠	٠	٠		+	+
RESPIRATORY SYSTEM	┼─			-													-								
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Hemangiosarcoma, metastatic	ŀ	+	+	+	*	•	+	+	•	+	+	+	+	+	+	•	+	+	+	+	•	+		•	•
TRACHEA	+	+	•	+	÷	÷	•	+	÷	+	÷	÷	÷	+	÷	÷	+	+	÷	+	+	+	A	+	+
HEMATOPOLETIC SYSTEM	$\vdash$		-																						-
BONE MARRON	ŀ	+	+	+	+	+	+	+	+	+	+	+	<u>-</u>	+	+	+	+	+	+	+	+	<u> </u>	۸	+	_
SPLEEN Hemangioma	+	٠	+	+	٠	٠	÷	+	٠	٠	+	٠	٠	+	+	+	+	* ×	+	+	+	٠	٨	+	1
LYMPH HODES Hemangiósarcoma, metastatic Malignant Lymphoma, mixed type	ŀ	+	•	-	+	+	+	+ x	+	-	+	+	+	-	÷	+	+	+	+	+	+	+	۸	+	-
THYMUS	1.	+	•	+	+	+	+	+	+	+	-	+	+		+	+	-	+	+	+	+	_	A	-	-
CIRCULATORY SYSTEM	<del> </del>				_										_									-	
HEART	+	٠	÷	+	+	÷	+	•	+	÷	+	+	+	+	+	٠	٠	+	÷	+	+	+	A	+۰	•
DIGESTIVE SYSTEM	t –				•		_,_									<u> </u>		-			_				-
SALIVARY GLAND	ŀ		٠	+	+	+	+	+	+	+	+	+	+	+.	+	+	+	+	+	+	+	•	A	÷	1
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	ŀ	•	+	+	•	•	•	•	•	•	•	•	+	•	*	+	•	•	+	•	•	+	*	•	•
BILE DUCT	+	+	+	+	+	+	+	+	٠	÷	+	+	٠	+	٠	÷	٠	+	٠	÷	٠	+	A	٠	+
GALLBLADDER & CONNON BILE DUCT	L+	+	ŧ.	+	+	+	+	+	+	<u>+</u>	N	+	+	+	+	+	+	+	+	+	+	+	A	N	_
PANCREAS Malig.lymphoma, histiocytic type	•	•	+	•	+	+	+	•	+	*	+	+	•	+	•	+	*	-	+	+	+	+	A	•	-
ESOPHÁGUS	++	•	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+		+	-
STOMACH	++	*	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	•	+	
SMALL INTESTINE Malighant Lymphoma, Mixed Type	·	+	+	•	*	+	+	+	*	+	*	+-	•	+	+	*	+	+	*	*	+	•	_	+	1
LARGE INTESTINE	+	+	÷	٠	ŧ	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	+	+	+	+	÷	+	+	A	+	•
IRINARY SYSTEM	<u> </u>				-	~																			
KIDNEY Malig.lymphona, lymphocytic type	+	÷	٠	٠	+	+	+	٠	+	٠	٠	٠	+	٠	+	+	+	+	÷	٠	+	+	A	+	1
URINARY BLADDER	1.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	•	+	+	+	+	+	٨	+	
ENDOCRINE SYSTEM	┣																								_
PITUITARY Chromophobe Adenoma	ŀ	-	ż	+	+	+	-	+	•	+	-	•	•	+	+	+	-	+	٠	-	+	+	٨	-	•
ADRENAL Pheochromocytoma	•	+	÷	+	٠	٠	٠	÷	٠	٠	+	÷	+	+	٠	٠	÷	٠	+	+	ţ	+	A	٠	1
THYROID	1.	+	•	•	•	+	+	•	+	+	+	+	+	•	+	+	+	+	•	•	<u>م</u>	+		+	
PARATHYROID	-	+	-	-	-	-	-	+	+	-	-	-	-	-	+	-	-	+	+	+	+	+	<u>A</u>	-	-
REPRODUCTIVE SYSTEM		_				_												_							_
MAMMARY GLAND Adendcarcinoma, Nos	•	+	•	N	+	+	•	+	+	N	N	+	H	H	•	H	+	N	+	H	+	NX	A	+	•
UTERUS FIBROMA Leiohydsarcoma Hemangiosarcoma Malig.lymphoma, histiocytic type _	ŀ	٠	٠	•	* ×	٠	+	•	+	٠	+	+	+	•	+	•	•	+ x	•	٠	٠	٠	•	-	•
GRANULOSA-CELL TUMOR	·	٠	+	+	+	٠	+	+	+	+	-	+	+	+	+	÷	+	+	* ×	-	+	+	A	+	1
SPECIAL SENSE ORGANS																	_			_			_		
LACRIMAL GLAND ADENOMA, NOS	H	Ħ	N	Ħ	N	H	N	Ħ	N	N	H	Ħ	H	N	NX	H	н	H	H	H	H	H	8	N	۱
ALL OTHER SYSTEMS																									_
MULTIPLE ORGANS NOS Nemangiosarcoma	N	N	N	N	M	N	N	N	H	N	N	н	N	N	N	N	N	N	N	N	N	N	٨	N	,
MALIG.LYMPHOMA, HISTIOCYTIC TYPE Malignant lymphoma, mixed type											x													x	

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

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

ANIMAL HUMBER	2	2	2	2	3	3	3	3	3	3	3	3	3	3		4	4	4		4	4	4	4	9	5	τσταί
NEEKS ON Study	0	1 0 5	1 0 5	1	5	1	0	1	0	0	0	8	1	0	1 9 5	9	0	0	0	0	0	0	1	0	1	TISSUE
INTEGUMENTARY SYSTEM																		_		_						
SUBCUTANEDUS TISSUE Fibrosarcoma	+	•	•	+	+	+	•	+	+	+	* ×	+	+	+	•	H	+	+	+	+	+	+	+	+	•	<b>49</b> * 1
ESPIRATORY SYSTEM																		-		_			_			
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Hemangiosarcoma, metastatic	+	•	+	+	+	•	•	*	•	×	•	+	•	+	•	+	+	•	*	•	+	+	×	•	+ x	49 3 1
TRACHEA	-	٠	٠	+	+	+	٠	+	+	+	٠	٠	+	+	+	÷	+	+	٠	+	+	+	+	•	+	48
EMATOPOIETIC SYSTEM						_																				
BONE MARROW	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	_+	+	+	+	46
SPLEEN Hemangioma	+	+	+	•	+	+	+	•	+	+	+	+	•	*	+	•	+	•	+	+	•	+	+	+	٠	49 <sub>1</sub>
LYMPH NODES Hemangiosarcoma, metastatic Malignant Lymphoma, mixed type	+	+	-	+	+	+	+	+	+	-	+	+	+	+	+	-	+	+	+	+	+	+	+	-	ż	41 
THYMUS	+	+	+	+	٠	+	٠	-	+	٠	٠	+	+	t	٠	~	+	٠	÷	٠	-	٠	+	٠	-	40
CIRCULATORY SYSTEM	<u> </u>																									··
HEART	+	<b>+</b> ·	+	+	+	٠	+	٠	+	÷	+	+	+	٠	+	٠	+	+	÷	+	+	٠	ŧ	+	+	49
DIGESTIVE SYSTEM														_								~			1	·
SALIVARY GLAND	+	+	+	+	t	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	.+	+	+	+	49
LIVER Hepatocellular Adenoma Hepatocellular Carcinoma	+	•	+ x	×	+	•	•	•	+ x	+	×	+	*	+	+	+	+	+	×	•	•	+	•	•	+	49
BILE DUCT	+	÷	÷	÷	+	٠	+	+	÷	٠	+	٠	+	٠	+	+	٠	÷	+	٠	+	÷	÷	+	+	49
IGESTIVE SYSTEM (CONT)											_														t	
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	+	t	+	+	+	+	+	٠	+	+	N	+	<u>+</u>	+	+	+	<u>+</u>	t	+	4	49×
PANCREAS Malig.lymphoma, histiocytic type	+	+	•	•	+	+	+	+	+	+	+	•	+	•	+	-	+	+	+	+	+	+	+	+	+	47
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	.49
STOMACH	+	+	+ .	+	+	<u>+</u>	+	<u>+</u>	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	•	+	+	+	+	49
SMALL INTESTINE Malignant Lymphoma, Mixed Type	•	ż	+	+	•	+	+	+	+	+	+	+	•	•	+	+	+	+	<b>'</b> +	•	+	+	+	+	*	<u>49</u>
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	*	•	+	•	+	+	+	+	+	+	•	•	•	+	+	1	49
KIDHEY MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	÷	٠	÷	÷	÷	+	÷	÷	÷	÷	÷	÷	÷	÷	٠	÷	÷	÷	÷	÷	÷	+	÷	٠	•	49 <sub>.</sub>
URINARY BLADDER	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	÷	49
NDOCRINE SYSTEM													-												t	
PITUITARY Chromophobe Adenoma	+	-	+	+	+	+	-	•	+	+	+	•	+	+	*	+	•	+	+	•	•	+	+	+	+	41 2
ADRENAL Pheochromocytoma	+	•	•	+	+	+	+	+	*	•	+	•	+	<u>.</u>	+	•	+	+	+	+	•	+	•	+	۰	49 <sub>2</sub>
THYROID		+	+		+	+	+	+	+	٠	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	47
PARATHYROID	-	+	+	-	٠	٠	-	+	-	+	-	+	+	+	-	÷	+	-	-	-	+	-	+	-	٠ļ	23
REPRODUCTIVE SYSTEM		~																						_	1	
MAMMARY GLAND Adenocarcinoma, nos	N	+	+	+	+	+	N	+	N	+	N	N	•	N	+	N	+	N	+	+	•	+	•	•	-	49×
UTERUS FIBROMA Leionyosarcoma Hemangiosarcoma Malig.lymphoma, histidcytic type	+	•	+	+	+	×	٠	٠	٠	* ×	+	+	•	٠	٠	•	+	+	+ x	•	•	٠	٠	•	*	48 2 1 1
OVARY Granulosa-cell tumor	-	+	+	+	+	+	÷	+	+	+	+	٠	+	÷	+	+	+	+	+	+	+	+	+	+	•	46,
PECIAL SENSE ORGANS																									+	
LACRIMAL GLAND Adenoma, Hos	N	N	H	N	N	N	H	N	N	N	N	N	H	H	N	N	N	H	N	N	N	N	H	N	۳	49× 1
LL OTHER SYSTEMS							_										_				_		_		1	······
MULTIPLE ORGANS NOS Nemangiósarcoma Malig.lymphoma, histiocytic type	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	ĸ	H	N	M	N	Ħ	N	Ņ)	49×

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

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 MALIGNARI LITERNURA, TARGE THE
 : NO TISSUE INFORMATION SUBMITTED

 \* ANIMALS RECORDED
 : NO TISSUE INFORMATION SUBMITTED

 \* ISOURD TASSUE INFORMATION SUBMITTED
 : RECROPSY NO HISTOLOGY DUE TO PROTOCOL

 \* ISOURD TASSUE INFORMATION SUBMITTED
 : RECROPSY NO HISTOLOGY DUE TO PROTOCOL

 \* INFORMATION NO HISTOLOGY DUE TO PROTOCOL
 : ALTING TISSUE INFORMATION DUE TO PROTOCOL

 \*: TUMOR INCIDENCE
 MICROSCOPICALLY
 : ALTING TISSUE

 N:
 MICROPSY, NO AUTOLYSIS, NO HICROSCOPIC EXAMINATION
 M: ANIMAL MISSING

 N:
 MECROPSY, NO AUTOLYSIS, NO HICROSCOPIC EXAMINATION
 M: ANIMAL MISSING

 N:
 MECROPSY PREFORMED
 : NO NECROPSY PREFORMED

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#### APPENDIX C

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Summary of the Incidence of Nonneoplastic Lesions in Rats Fed Diets Containing D and C Red No. 9 . .

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### TABLE C1.

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 49
INTEGUMENTARY SYSTEM			
*SKIN EPIDERMAL INCLUSION CYST	(50) 1 (2%)	(50)	(50)
RESPIRATORY SYSTEM			
#TRACHEA Inflammation, focal Inflammation, multifocal Inflammation, acute/chronic	(49) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%)	(49) 2 (4%) 1 (2%)
#LUNG/BRONCHIOLE Hyperplasia, NOS Hyperplasia, epithelial	(50) 1 (2%)	(50) 2 (4%)	(49) 1 (2%) 1 (2%)
#LUNG CONGESTION, NOS CONGESTION, PASSIVE	(50) 1 (2%)	(50)	(49) 2 (4%) 2 (4%)
EDEMA, NOS Bronchopneumonia, focal Pneumonia interstitial chronic		2 (4%)	1 (2%) 1 (2%) 1 (2%)
HYPERPLASIA, ALVEOLAR EPITHELIUM	1 (2%)	2 (4%)	2 (4%)
#BONE MARROW	(47)	(47)	(47)
METAMORPHOSIS FATTY Hypoplasia, nos Hyperplasia, granulocytic Hyperplasia, reticulum cell	1 (2%) 1 (2%)	1 (2%) 1 (2%) 1 (2%)	1 (2%)
#SPLEEN Congestion, Nos	(50)	(50)	(48) 14 (29%)

#### SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS FED DIETS CONTAINING D AND C RED NO. 9

÷	CONTROL	LOW DOSE	HIGH DOSE
CONGESTION, PASSIVE	1 (2%)		4 ( 5 4 )
	1 (2%)		1 (2%) 15 (31%)
FIBROSIS, MULTIFOCAL FIBROSIS, DIFFUSE NECROSIS, FOCAL METAMORPHOSIS FATTY	1 (2%)		8 (17%) 3 (6%) 2 (4%) 13 (27%)
HEMOSIDEROSIS LYMPHOID DEPLETION	2 (4%) 6 (12%)	1 (2%) 2 (4%)	2 (4%)
HEMATOPOIESIS	• • • • •	1 (2%)	5 (64)
#SPLENIC CAPSULE Hyperplasia, mesothelial	(50)	(50)	(48) 1 (2%)
#SPLENIC RED PULP CONGESTION, NOS FIBROSIS, MULTIFOCAL METAMORPHOSIS FATTY PIGMENTATION, NOS	(50)	(50) 1 (2%)	(48) 2 (4%) 4 (8%) 1 (2%) 1 (2%)
HEMOSIDEROSIS Lymphoid Depletion	2 (4%)		1 (2%)
HEMATOPOIESIS	2 (4%)	5 (10%)	2 (4%)
#LYMPH NODE Inflammation, nos Pigmentation, nos	(44)	(43)	(44) 2 (5%) 1 (2%)
#MANDIBULAR L. NODE HEMORRHAGE HYPERPLASIA, LYMPHOID	(44) 1 (2%) 1 (2%)	(43)	(44)
#BRONCHIAL LYMPH NODE Hemosiderosis	(44)	(43)	(44) 1 (2%)
#TRACHEAL LYMPH NODE Hemorrhage	(44)	(43)	(44) 1 (2%)
#MESENTERIC L. NODE Hemorrhage	(44) 1 (2%)	(43) 1 (2%)	(44)
INFLAMMATION, CHRONIC FIBROSIS DEGENERATION, NOS LYMPHOID DEPLETION	1 (2%)		1 (2%) 1 (2%) 1 (2%)
#LUNG/BRONCHUS Hyperplasia, lymphoid	(50)	(50)	(49)

	CONTROL	LOW DOSE	HIGH DOSE
#LUNG/BRONCHIOLE Hyperplasia, Lymphoid	(50)	(50)	(49) 1 (2%)
#LUNG Hyperplasia, lymphoid	(50) 2 (4%)	(50) 12 (24%)	(49) 5 (10%)
#GASTRIC SUBMUCOSA Hyperplasia, lymphoid	(50) 1 (2%)	(50)	(48)
#U.BLADDER/SUBMUCOSA Hyperplasia, lymphoid	(46)	(49) 1 (2%)	(44)
CIRCULATORY SYSTEM			
#SPLEEN Thrombosis, Nos	(50)	(50)	(48) 1 (2%)
#LUNG THROMBOSIS, NOS PERIVASCULITIS	(50)	(50) 1 (2%)	(49) 1 (2%)
#HEART Degeneration, Nos	(50) 44 (88%)	(50) 45 (90%)	(49) 40 (82%)
#HEART/ATRIUM Thrombosis, Nos Thrombus, Mural	(50) 2 (4%)	(50) 2 (4%)	(49) 1 (2%)
#LEFT ATRIUM Thrombosis, Nos	(50) 2 (4%)	(50) 1 (2%)	(49)
#LEFT VENTRICLE ENDOCARDIOSIS	(50) 1 (2%)	(50)	(49)
#MYOCARDIUM Degeneration, NOS	(50) 2 (4%)	(50)	(49) 2 (4%)
#CARDIAC VALVE FIBROSIS	(50)	(50)	(49)
FIBROSIS, FOCAL FIBROSIS, MULTIFOCAL	4 (8%)	8 (16%)	1 (2%) 1 (2%)
*AORTIC TUNICA MEDIA MINERALIZATION	(50)	(50)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
*CENTRAL VEINS/LIVER FIBROSIS FIBROSIS, MULTIFOCAL	(50) 1 (2%) 2 (4%)	(50)	(50)
#HEPATIC SINUSOID Congestion, nos	(50)	(50) 1 (2%)	(49) 1 (2%)
#PANCREAS PERIARTERITIS	(47)	(49) 1 (2%)	(39)
*MESENTERY THROMBOSIS, NOS	(50) 1 (2%)	(50)	(50)
DIGESTIVE SYSTEM			
#LIVER Congestion, passive Congestion, chronic passive	(50) 1 (2%) 1 (2%) 1 (2%)	(50)	(49) 1 (2%)
INFLAMMATION, FOCAL GRANULOMATOU Degeneration, hyaline Basophilic Cyto Change Focal Cellular Change	1 (2%) 8 (16%) 1 (2%)	10 (20%) 28 (56%) 2 (4%)	4 (8%) 1 (2%) 22 (45%) 3 (6%)
#PORTAL TRACT FIBROSIS FIBROSIS, MULTIFOCAL	(50) 1 (2%) 1 (2%)	(50)	(49)
#LIVER/CENTRILOBULAR CONGESTION, NOS CONGESTION, ACUTE DEGENERATION, NOS NECROSIS, NOS NECROSIS, FOCAL NECROSIS, DIFFUSE CYTOLOGIC DEGENERATION	(50) 1 (2%) 1 (2%) 4 (8%)	(50) 2 (4%) 2 (4%) 2 (4%) 1 (2%) 2 (4%) 1 (2%)	(49) 1 (2%) 1 (2%) 7 (14%)
#LIVER/HEPATOCYTES Degeneration, nos Necrosis, focal	(50) 1 (2%) 1 (2%)	(50)	(49)
<pre>#BILE DUCT DILATATION, NOS</pre>	(50) ' 1 (2%)	(50)	(49)
HYPERPLASIA, NOS	1 (2%)		2 (4%)

	CONTROL	LOW DOSE	HIGH DOSE
HYPERPLASIA, FOCAL	35 (70%)	46 (92%)	39 (80%)
#PANCREAS EMBRYONAL REST DILATATION/DUCTS INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC FOCAL INFLAMMATION, FOCAL GRANULOMATOU		(49) 1 (2%) 1 (2%)	(39) 2 (5%) 1 (3%)
<pre>#PANCREATIC ACINUS ATROPHY, FOCAL ATROPHY, DIFFUSE</pre>	(47) 13 (28%)	(49) 18 (37%) 2 (4%)	(39) 9 (23%) 2 (5%)
#STOMACH MINERALIZATION ULCER, FOCAL INFLAMMATION, ACUTE/CHRONIC	(50) 1 (2%) 2 (4%) 1 (2%)	(50)	(48) 3 (6%)
#GASTRIC MUSCULARIS NECROSIS, NOS	(50) 1 (2%)	(50)	(48)
#GASTRIC FUNDUS INFLAMMATION, NECRO GRAN	(50) 1 (2%)	(50)	(48)
#ILEUM INTUSSUSCEPTION INFLAMMATION, NECRO GRAN HYPERPLASIA, EPITHELIAL	(47)	(48) 1 (2%) 1 (2%) 1 (2%)	(45)
#COLON NEMATODIASIS	(48) 1 (2%)	(46)	
URINARY SYSTEM			
#KIDNEY MINERALIZATION NEPHROPATHY NEPHROSIS, NOS PIGMENTATION, NOS	(50) 42 (84%) 3 (6%)	(50) 1 (2%) 49 (98%) 1 (2%)	(49) 44 (90%) 1 (2%)
#KIDNEY/CORTEX CYST, NOS PIGMENTATION, NOS	(50) 37 (74%)	(50) 37 (74%)	(49) 1 (2%) 49 (100%)
#KIDNEY/TUBULE MULTILOCULAR CYST	(50)	(50)	(49) <u>1 (2%)</u>

	CONTROL	LOW DOSE	HIGH DOSE
#KIDNEY/PELVIS MINERALIZATION	(50)	(50) 1 (2%)	(49)
#URINARY BLADDER INFLAMMATION, ACUTE FOCAL	(46) 1 (2%)	(49)	(44)
ENDOCRINE SYSTEM			
#PITUITARY Hemorrhage Hyperplasia, Chromophobe-Cell	(44) 1 (2%) 1 (2%)	(44) 3 (7%)	
#ADRENAL METAMORPHOSIS FATTY HEMOSIDEROSIS ANGIECTASIS	(48) 1 (2%)	(50)	(48) 2 (4%) 1 (2%)
#ADRENAL CORTEX Focal cellular change	(48) 1 (2%)	(50)	(48)
CYTOLOGIC DEGENERATION Hyperplasia, nodular Hyperplastic nodule Hyperplasia, focal		3 (6%)	1 (2%) 1 (2%) 1 (2%)
#ADRENAL MEDULLA Hyperplasia, nos Hyperplasia, focal	(48) 1 (2%)	(50) 1 (2%)	(48) 1 (2%) 1 (2%)
#THYROID Hyperplasia, C-Cell	(50) 24 (48%)	(50) 34 (68%)	(47) 26 (55%)
#THYROID FOLLICLE Multilocular cyst	(50) 1 (2%)	(50) 1 (2%)	(47)
#PARATHYROID Hyperplasia, Nos Hyperplasia, Focal	(41) 2 (5%)	(41) 2 (5%)	(37)
#PANCREATIC ISLETS Hyperplasia, Nos	(47) 1 (2%)	(49)	(39)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND DILATATION/DUCTS	(50) 2 (4%)	(50) 2 (4%)	(50)

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

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

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	CONTROL	LOW DOSE	HIGH DOSE
HYPERPLASIA, FOCAL			1 (2%)
*MAMMARY ACINUS Hyperplasia, focal	(50)	(50) 2 (4%)	(50)
*PREPUTIAL GLAND Abscess, Nos	(50)	(50)	(50) 1 (2%)
#PROSTATE INFLAMMATION, MULTIFOCAL INFLAMMATION, ACUTE FOCAL	(48) 6 (13%) 2 (4%)	(48) 18 (38%)	(42) 8 (19%) 1 (2%)
INFLAMMATION ACTIVE CHRONIC Inflammation, acute/chronic Inflammation, chronic necrotizin	5 (10%) 1 (2%)		(24)
HYPERPLASIA, EPITHELIAL	(50) 3 (6%)	(50)	(50)
#TESTIS MINERALIZATION DEGENERATION, NOS	(50) 1 (2%)	(50)	(48)
#TESTIS MINERALIZATION DEGENERATION, NOS ATROPHY, NOS ATROPHY, DIFFUSE HYPERPLASIA, INTERSTITIAL CELL		11. (22%)	1 (2%) 14 (29%) 1 (2%)
#TESTIS/TUBULE DEGENERATION, NOS	(50) 3 (6%)	(50) 5 (10%)	(48) 11 (23%)
*EPIDIDYMIS MINERALIZATION INFLAMMATION, SUPPURATIVE	(50)	(50)	(50) 2 (4%) 1 (2%)
*DUCT OF EPIDIDYMIS MINERALIZATION		(50)	1 (2%)
ERVOUS SYSTEM			<i>4</i> 3
*NEURON NECROSIS, FOCAL	(50) 1 (2%)	(50)	(5°)
#BRAIN Hydrocephalus, Nos	(50) 2 (4%)	(50)	(48) 1 (2%)
HEMORRHAGE NECROSIS, HEMORRHAGIC	1 (2%)		1 (2%)

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

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	CONTROL	LOW DOSE	HIGH DOSE
ATROPHY, PRESSURE	1 (2%)		
#VENTRAL THALAMUS ATROPHY, PRESSURE	(50) 1 (2%)	(50)	(48)
#HYPOTHALAMUS Atrophy, pressure	(50)	(50)	(48) 1 (2%)
#MEDULLA OBLONGATA Hematoma, Nos	(50) 1 (2%)	(50)	(48)
SPECIAL SENSE ORGANS			
*EYE/CORNEA Ulcer, Nos	(50) 1 (2%)	(50)	(50)
*EYE/IRIS CONGESTION, NOS INFLAMMATION, NOS	(50) 1 (2%) 1 (2%)	(50)	(50)
*EYE/RETINA Degeneration, Nos	(50) 1 (2%)	(50)	(50)
*LENS CAPSULE Cytologic degeneration	(50) 1 (2%)	(50)	
MUSCULOSKELETAL SYSTEM			
*FEMUR HEALED FRACTURE HYPERPLASIA, FOCAL	(50)	(50)	(50) 1 (2%) 1 (2%)
*SKELETAL MUSCLE LYMPHOCYTIC INFLAMMATORY INFILTR	(50) 1 (2%)	(50)	(50)
BODY CAVITIES			
*PARIETAL PERITONEUM HYPERPLASIA, MESOTHELIAL	(50)	(50)	(50) 1 (2%)
*MESENTERY INFLAMMATION, GRANULOMATOUS	(50) 2(4%)	(50)	(50)

	CONTROL	LOW DOSE	HIGH DOSE
INFLAMMATION, FOCAL GRANULOMATOU		5 (10%)	1 (2%)
ALL OTHER SYSTEMS			
CRANIOBUCCAL POUCH Embryonal rest	1		
SPECIAL MORPHOLOGY SUMMARY		•	
AUTO/NECROPSY/NO HISTO			Ĩ
# NUMBER OF ANIMALS WITH TISSUE EXAMIN	ED MICROSCOPI	CALLY	

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

\* NUMBER OF ANIMALS NECROPSIED

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#### 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 KERATIN-PEARL FORMATION	(50) 1 (2%)	(50)	(50)
*SUBCUT TISSUE INFLAMMATION, NECROTIZING	(50)	(50) 1 (2%)	(50)
RESPIRATORY SYSTEM			
<pre>#TRACHEA INFLAMMATION, MULTIFOCAL INFLAMMATION, ACUTE/CHRONIC</pre>	(50) 2 (4%)	(49) 1 (2%) 2 (4%)	(48) 2 (4%)
<pre>#TRACHEAL GLAND DILATATION, NOS</pre>	(50)	(49) 1 (2%)	(48)
#LUNG/BRONCHIDLE Hyperplasia, Nos	(49) 3 (6%)	(50) 3 (6%)	(50) 2 (4%)
#LUNG CONGESTION, NOS CONGESTION, PASSIVE EDEMA, NOS INFLAMMATION, INTERSTITIAL PNEUMONIA, ASPIRATION INFLAMMATION, ACUTE/CHRONIC GRANULOMA, NOS	(49) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%) 3 (6%) 2 (4%)
INFLAMMATION, FOCAL GRANULOMATOU HYPERPLASIA, ALVEOLAR EPITHELIUM		3 (6%)	3 (6%)
EMATOPOIETIC SYSTEM			
#BONE MARROW FIBROSIS, MULTIFOCAL	(50)	(50)	(50)

#### SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS FED DIETS CONTAINING D AND C RED NO. 9

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

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	CONTROL	LOW DOSE	HIGH DOSE
HYPERPLASIA, GRANULOCYTIC Hyperplasia, reticulum cell Hyperplasia, lymphoid Hypoplasia, hematopoietic	1 (2%) 2 (4%) 1 (2%)	2 (4%) 3 (6%)	2 (4%) 3 (6%) 2 (4%)
HYPOPLASIA, ERYTHROID Hypoplasia, granulocytic	1 (2%) 1 (2%)		1 (2%)
#SPLEEN Congestion, Nos Inflammation, Focal granulomatou	(50)	(50) 6 (12%)	(50) 26 (52%) 1 (2%)
FIBROSIS, FOCAL FIBROSIS, MULTIFOCAL FIBROSIS, DIFFUSE PIGMENTATION, NOS		2 (4%)	1 (2%) 14 (28%) 10 (20%) 2 (4%)
HEMOSIDEROSIS LYMPHOID DEPLETION HYPERPLASIA, RETICULUM CELL HYPERPLASIA, LYMPHOID	1 (2%) 1 (2%)	1 (2%)	1 (2%) 1 (2%) 1 (2%)
HEMATOPOIESIS		3 (6%)	3 (6%)
#SPLENIC CAPSULE FIBROSIS, MULTIFOCAL	(50)	(50)	(50) 1 (2%)
#SPLENIC RED PULP FIBROSIS, FOCAL HEMATOPOIESIS	(50) 2 (4%)	(50)	(50) 1 (2%)
#LYMPH NODE Inflammation, focal granulomatou Hemosiderosis	(44) 1 (2%)	(45)	(47) 1 (2%)
#BRONCHIAL LYMPH NODE INFLAMMATION, DIFFUSE INFLAMMATION, GRANULOMATOUS INFLAMMATION, FOCAL GRANULOMATOU	(44)	(45)	(47) 1 (2%) 1 (2%) 13 (28%)
#PANCREATIC L.NODE Hemosiderosis	(44)	(45)	(47) 1 (2%)
#MESENTERIC L. NODE CYST, NOS CONGESTION, PASSIVE REACTION, FOREIGN BODY	(44)	(45) 1 (2%) 1 (2%)	(47) 1 (2%)
PIGMENTATION, NOS			1 (2%)
#LUNG HYPERPLASIA, LYMPHOID	(49) <u>17 (35%)</u>	(50) 27 (54%)	(50) <u>24 (48%)</u>

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

	CONTROL	LOW DOSE	HIGH DOSE
#LIVER Hyperplasia, lymphoid	(50) 1 (2%)	(50)	(50)
#KIDNEY Hyperplasia, lymphoid	(50) 1 (2%)	(50) 1 (2%)	(50)
#THYMUS HEMORRHAGE Myeloproliferative disorder Hyperplasia, reticulum cell	(47)	(41) 2 (5%)	(42) 1 (2%)
CIRCULATORY SYSTEM			
#LUNG Thrombosis, Nos	(49)	(50) 1 (2%)	(50)
#HEART DEGENERATION, NOS	(50) 45 (90%)	(50) 46 (92%)	(50) 48 (96%)
#HEART/ATRIUM THROMBUS, MURAL	(50) 1 (2%)	(50)	(50)
#LEFT ATRIUM Thrombus, Mural	(50)	(50) 1 (2%)	(50) 2 (4%)
#CARDIAC VALVE FIBROSIS, FOCAL FIBROSIS, MULTIFOCAL	(50) 2 (4%) 4 (8%)	(50) 8 (16%)	(50) 1 (2%) 4 (8%)
#HEPATIC SINUSOID Congestion, Nos	(50) 2 (4%)	(50)	(50)
DIGESTIVE SYSTEM			
#SALIVARY GLAND EDEMA, NOS Hyperplasia, Focal	(47) 1 (2%)	(50) 1 (2%)	(50)
#LIVER INFLAMMATION, CHRONIC NECROTIZIN INFLAMMATION, FOCAL GRANULOMATOU DEGENERATION, NOS	(50) 1 (2%) 25 (50%)	(50) 32 (64%) 1 (2%)	(50) 23 (46%)

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

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

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	CONTROL	LOW DOSE	HIGH DOSE
NECROSIS, FOCAL CYTOPLASMIC VACUOLIZATION BASOPHILIC CYTO CHANGE FOCAL CELLULAR CHANGE		1 (2%) 40 (80%) 1 (2%)	41 (82%) 1 (2%)
#LIVER/CENTRILOBULAR CONGESTION, NOS DEGENERATION, NOS NECROSIS, NOS NECROSIS, FOCAL NECROSIS, DIFFUSE	(50) 5 (10%) 2 (4%) 2 (4%)	(50) 1 (2%)	(50) 1 (2%) 4 (8%) 1 (2%)
#LIVER/HEPATOCYTES Cytologic degeneration	(50)	(50) 1 (2%)	(50)
#BILE DUCT Hyperplasia, focal	(50) 27 (54%)	(50) 27 (54%)	(50) 27 (54%)
#PANCREAS DILATATION/DUCTS	(49)	(49) 1 (2%)	(49) 1 (2%)
#PANCREATIC ACINUS ATROPHY, FOCAL ATROPHY, DIFFUSE	(49) 7 (14%)		
#STOMACH INFLAMMATION, ACUTE/CHRONIC	(50)	(48)	(50) 1 (2%)
#CARDIAC STOMACH Ulcer, Focal	(50) 1 (2%)	(48)	(50)
#GASTRIC FUNDUS Dilatation, NOS Inflammation, acute/chronic	(50) 1 (2%)	(48)	(50) 1 (2%)
#JEJUNUM INFLAMMATION, ACUTE/CHRONIC	(48)	(47) 1 (2%)	(48)
#COLON ULCER, NOS INFLAMMATION, FOCAL GRANULOMATOU NEMATODIASIS	(50) 2 (4%)	(47)	1 (2%)
URINARY SYSTEM			
#KIDNEY MINERALIZATION	(50)	(50)	(50)

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

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TABLE C2.	FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)	
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	CONTROL	LOW DOSE	HIGH DOSE
CONGESTION, PASSIVE INFLAMMATION, MULTIFOCAL INFLAMMATION, INTERSTITIAL INFLAMMATION, HEMORRHAGIC INFLAMMATION, ACUTE/CHRONIC NEPHROPATHY INFECTION, BACTERIAL NEPHROSIS, NOS PIGMENTATION, NOS	1 (2%) 1 (2%) 1 (2%) 1 (2%) 2 (4%) 5 (10%) 1 (2%) 2 (4%) 1 (2%)	15 (30%)	7 (14%)
#KIDNEY/CORTEX INFLAMMATION, INTERSTITIAL	(50)	(50) 1 (2%)	(50)
GLOMERULOSCLEROSIS, NOS PIGMENTATION, NOS	1 (2%) 30 (60%)	36 (72%)	48 (96%)
#KIDNEY/TUBULE MULTIPLE CYSTS	(50)	(50)	(50)
PIGMENTATION, NOS REGENERATION, NOS	4 (8%)	1 (2%) 14 (28%)	1 (2%) 1 (2%) 14 (28%)
#KIDNEY/PELVIS MINERALIZATION	(50)	(50) 2 (4%)	(50)
#URINARY BLADDER HYPERPLASIA, EPITHELIAL	(49)	(47)	(48) 2 (4%)
MINERALIZATION	(49)	(47) 1 (2%)	(48)
NDOCRINE SYSTEM			*
#PITUITARY Hemorrhage Hyperplasia, Nos	(43)	(46)	(47) 2 (4%) 2 (4%)
HYPERPLASIA, FOCAL Hyperplasia, Chromophobe-Cell	3 (7%)	4 (9%)	1 (2%) 4 (9%)
#ADRENAL NECROSIS, CORTICAL	(48) 1 (2%)	(49)	(50)
METAMORPHOSIS FATTY ANGIECTASIS	2 (4%)	2 (4%)	
#ADRENAL CORTEX INFLAMMATION, ACUTE/CHRONIC	(48)	(49) 1 (2%)	(50)

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	CONTROL	LOW DOSE	HIGH DOSE
METAMORPHOSIS FATTY LIPOIDOSIS Cytoplasmic vacuolization	1 (2%)	3 (6%)	3 (6%) 1 (2%) 2 (4%)
HYPERPLASIA, NODULAR Hyperplasia, Nos	1 (2%) 2 (4%)	2 (4%) 1 (2%)	1 (2%)
HYPERPLASIA, FOCAL Angiectasis	2 (4%) 3 (6%)	4 (8%) 2 (4%)	5 (10%) 1 (2%)
#ADRENAL MEDULLA Hyperplasia, focal	(48)	(49)	(50) 1 (2%)
#THYROID Hyperplasia, focal	(47)	(50) 1 (2%)	(50)
HYPERPLASIA, C-CELL	38 (81%)	35 (70%)	40 (80%)
#PANCREATIC ISLETS Hyperplasia, focal	(49)	(49)	(49) 1 (2%)
EPRODUCTIVE SYSTEM			
<pre>*MAMMARY GLAND DILATATION/DUCTS Hyperplasia, Nos</pre>	(50) 19 (38%) 1 (2%)	(50) 23 (46%)	(50) 26 (52%)
*MAMMARY ACINUS Dilatation, Nos Hyperplasia, Focal	(50) 1 (2%) 2 (4%)	(50) 14 (28%)	(50) 17 (34%) 4 (8%)
*VAGINA PROLAPSE INTUSSUSCEPTION INFLAMMATION, NECROTIZING	(50) 1 (2%) 1 (2%) 1 (2%)	(50)	(50)
#UTERUS DILATATION, NOS NECROSIS, NOS INVOLUTION, NOS	(50) 2 (4%) 1 (2%)	(49) 4 (8%)	(50) 6 (12%) 1 (2%)
#UTERINE SUBSEROSA INFLAMMATION, ACUTE/CHRONIC	(50)	(49)	(50) 1 (2%)
#UTERUS/ENDOMETRIUM INFLAMMATION, NOS	(50) 1 (2%)	(49)	(50)

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

	CONTROL	LOW DOSE	HIGH DOSI
INFLAMMATION, DIFFUSE INFLAMMATION, SUPPURATIVE	1 (2%)		1 (2%)
#ENDOMETRIAL GLAND DILATATION, NOS Hyperplasia, cystic	(50) 3 (6%)	(49) 2 (4%)	(50) 2 (4%) 1 (2%)
CYST, NOS COPPUS LUTEUM CYST	(50) 1 (2%) 1 (2%) 2 (4%)	(49) 2 (4%)	(49) 1 (2%)
NERVOUS SYSTEM			
*CHOROID PLEXUS Inflammation, Chronic Focal	(50)	(50) 1 (2%)	(50)
#CEREBRUM COMPRESSION HYDROCEPHALUS, NOS HEMORRHAGE ATROPHY, PRESSURE	(50) 1 (2%) 1 (2%)	(48) 1 (2%) 1 (2%) 1 (2%)	(49)
#BRAIN NECROSIS, NOS ATROPHY, PRESSURE	(50) 1 (2%)	(48) 1 (2%)	(49)
#CEREBELLUM HEMORRHAGE HEMATOMA, NOS	1 (2%)	(48)	1 (2%)
SPECIAL SENSE ORGANS			
*EYE/RETINA Degeneration, Nos	(50)	(50) 1 (2%)	(50) 1 (2%)
*LENS CAPSULE Mineralization		(50)	(50) 1 (2%)

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

NONE

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

	CONTROL	LOW DOSE	HIGH DOSE
BODY CAVITIES			
*MESENTERY	(50)	(50)	(50)
INFLAMMATION, GRANULOMATOUS Inflammation, focal granulomatou		1 (2%)	1 (2%)
ALL OTHER SYSTEMS Craniobuccal Pouch Cyst, Nos			
SPECIAL MORPHOLOGY SUMMARY			
NONE			
NUMBER OF ANIMALS WITH TISSUE EXAM	INED MICROSCOP	ICALLY	

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#### APPENDIX D

Summary of the Incidence of Nonneoplastic Lesions in Mice Fed Diets Containing D and C Red No. 9

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## TABLE D1.

### SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE FED DIETS CONTAINING D AND C RED NO. 9

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50	<b>LOW DOSE</b> 50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN EDEMA, NOS ULCER, ACUTE INFLAMMATION, CHRONIC FOCAL INFLAMMATION, FOCAL GRANULOMATOU FIBROSIS, FOCAL FIBROSIS, DIFFUSE HYPERPLASIA, BASAL CELL	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%)
*SUBCUT TISSUE FIBROSIS		(50) 1 (2%)	(50)
RESPIRATORY SYSTEM			
#LUNG/BRONCHIOLE Hyperplasia, Nos	(50) 4 (8%)	(50) 5 (10%)	(50) 4 (8%)
CINGESIDIN, ACITE	(50)	1 (2%)	(50)
LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, INTERSTITIAL PNEUMONIA INTERSTITIAL CHRONIC GRANULOMA, FOREIGN BODY		1 (24)	3 (6%) 12 (24%) 4 (8%)
······································	4 (8%)	1 (2%)	1 (2%)
IEMATOPOIETIC SYSTEM		<i>,</i>	
#BONE MARROW ANGIECTASIS HYPERPLASIA, HEMATOPOIETIC		(50)	(50) 1 (2%)

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

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	CONTROL	LOW DOSE	HIGH DOSE
#SPLEEN Inflammation acute and chronic Fibrosis, focal	(49)	(50) 1 (2%)	(50) 1 (2%)
FIBROSIS, DIFFUSE Hyperplasia, reticulum cell Hyperplasia, lymphoid Hematopoiesis	2 (4%) 1 (2%)	1 (2%) 4 (8%) 4 (8%)	1 (2%)
#LYMPH NODE Plasmacytosis Hyperplasia, lymphoid	(41)	(47) 1 (2%)	(42) 1 (2%)
#MANDIBULAR L. NODE Plasmacytosis Hyperplasia, reticulum cell	(41) 1 (2%) 1 (2%)	(47)	(42)
#PANCREATIC L.NODE Hyperplasia, reticulum cell	(41)	(47) 1 (2%)	(42)
#MESENTERIC L. NODE HEMORRHAGE INFLAMMATION, ACUTE INFLAMMATION, GRANULOMATOUS PLASMACYTOSIS HYPERPLASIA, RETICULUM CELL HYPERPLASIA, LYMPHOID	(41) 2 (5%) 1 (2%) 1 (2%) 1 (2%)	(47) 1 (2%)	(42) 1 (2%) 1 (2%) 1 (2%) 1 (2%)
#PEYER'S PATCH Hyperplasia, lymphoid	(48) 1 (2%)	(46) 1 (2%)	(47) 2 (4%)
#JEJUNUM Hyperplasia, lymphoid	(48)	(46)	(47) 2 (4%)
#KIDNEY Hyperplasia, lymphoid	(50) 5 (10%)	(50)	(50)
#KIDNEY/CORTEX Hyperplasia, Lymphoid	(50)	(50)	(50) 1 (2%)
#THYMIC MEDULLA Hyperplasia, reticulum cell	(33)	(28) 1 (4%)	(34)
IRCULATORY SYSTEM			
#BONE MARROW Thrombosis, Nos	(47)	(50)	(50) 1 (2%)

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

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	CONTROL	LOW DOSE	HIGH DOSE
#HEART MINERALIZATION INFLAMMATION, CHRONIC FOCAL	(50) 1 (2%)	(50)	(49) 1 (2%)
#HEART/ATRIUM Inflammation, Chronic Focal	(50) 1 (2%)	(50)	(49)
*PULMONARY VEIN THROMBUS, ORGANIZED	(50)	(50)	(50) 1 (2%)
IGESTIVE SYSTEM			
#SALIVARY GLAND CYSTIC DUCTS	(50)	(50) 1 (2%)	(50)
#LIVER CYST, NOS MULTIPLE CYSTS INFLAMMATION, CHRONIC FOCAL INFLAMMATION, PYOGRANULOMATOUS INFLAMMATION, NECRO GRAN DEGENERATION, CYSTIC NECROSIS, FOCAL NECROSIS, ISCHEMIC BASOPHILIC CYTO CHANGE FOCAL CELLULAR CHANGE ANGIECTASIS	(50)	<pre>(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 2 (4%) 2 (4%) 2 (4%) 1 (2%)</pre>	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)
#LIVER/CENTRILOBULAR NECROSIS, FOCAL	(50)	(50) 2 (4%)	(50)
#LIVER/HEPATOCYTES Degeneration, Nos Necrosis, Focal Cytoplasmic Vacuolization	(50) 1 (2%) 2 (4%) 1 (2%)	(50)	(50) 2 (4%)
#BILE DUCT CYST, NOS MULTILOCULAR CYST HYPERPLASIA, FOCAL	(50)	(50) 3 (6%) 1 (2%)	(50) 1 (2%) 1 (2%)
#PANCREAS FIBROSIS, DIFFUSE	(48)	(46) 1 (2%)	(49)

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

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

	CONTROL	LOW DOSE	HIGH DOSE
#PANCREATIC ACINUS Atrophy, Nos Atrophy, Focal	(48) 1 (2%) 2 (4%)	(46)	(49)
#CARDIAC STOMACH Ulcer, Focal	(47) 1 (2%)	(50)	(49)
#COLON NEMATODIASIS	(48) 1 (2%)	(49) 2 (4%)	(49) 3 (6%)
IRINARY SYSTEM			
#KIDNEY Inflammation, acute focal Inflammation, chronic focal Inflammation, chronic diffuse	(50) 1 (2%) 1 (2%) 1 (2%)	(50)	(50)
#KIDNEY/CORTEX INFLAMMATION, CHRONIC FOCAL Degeneration, Nos Metaplasia, Osseous Regeneration, Nos	(50) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%)	(50)
#KIDNEY/TUBULE Inflammation, Acute Focal Pigmentation, Nos Regeneration, Nos	(50) 8 (16%)	(50) 1 (2%) 9 (18%)	(50) 1 (2%) 5 (10%)
#URINARY BLADDER Inflammation, Acute Necrotizing Inflammation, Chronic Focal	(48)	(50) 1 (2%)	(47) 1 (2%)
*URETHRA Inflammation, acute diffuse	(50)	(50) 1 (2%)	(50)
*PROSTATIC URETHRA Inflammation, acute diffuse	(50) 1 (2%)	(50)	(50)
NDOCRINE SYSTEM			
#ADRENAL Focal Cellular Change	(49)	(48)	(48)

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

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

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	CONTROL	LOW DOSE	HIGH DOSE
#ADRENAL CORTEX Focal cellular change	(49) 1 (2%)	(48) 5 (10%)	(48) 1 (2%)
#ZONÁ FÁSCICULÁTA Focal cellular change Hyperplásia, nodular	(49) 1 (2%) 1 (2%)	(48) 2 (4%)	(48) 1 (2%)
#ZONA RETICULARIS Focal cellular change	(49)	(48)	(48) 2 (4%)
#THYROID Hyperplasia, follicular~cell	(49)	(47) 1 (2%)	(46)
#PARATHYROID Thyroglossal Duct Cyst	(20)	(24) 1 (4%)	(23)
#PANCREATIC ISLETS Hyperplasia, focal	(48) 2 (4%)	(46)	(49) 1 (2%)
REPRODUCTIVE SYSTEM			1999 - Lan
*PENIS NECROSIS, FOCAL	(50)	(50) 1 (2%)	(50)
*PREPUTIAL GLAND INFLAMMATION, NECROTIZING INFLAMMATION ACUTE AND CHRONIC INFLAMMATION, CHRONIC FOCAL Abscess, Chronic	(50) 2 (4%)	(50) 2 (4%)	(50) 1 (2%) 1 (2%)
#PROSTATE Inflammation, acute focal Inflammation active chronic	(48) 1 (2%)	(47)	(49) 1 (2%)
*SEMINAL VESICLE Inflammation, acute	(50)	(50)	(50) 1 (2%)
#TESTIS MINERALIZATION ATROPHY, FOCAL ATROPHY, DIFFUSE	(50) 1 (2%)	(50) 3 (6%)	(50) 1 (2%)
*EPIDIDYMIS INFLAMMATION, ACUTE/CHRONIC	(50)	(50)	(50)

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

	CONTROL	LOW DOSE	HIGH DOSE
GRANULOMA, NOS		1 (2%) 1 (2%)	
NERVOUS SYSTEM			
#CEREBRUM PERIVASCULAR CUFFING	(49) 1 (2%)	(50)	(50)
#BRAIN Degeneration, Nos	(49)	(50) 1 (2%)	(50)
SPECIAL SENSE ORGANS			
*EYE/CORNEA Ulcer, Focal Inflammation acute and chronic	(50) 1 (2%) 1 (2%)	(50)	(50)
1USCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*MEDIASTINUM ANGIECTASIS	(50)	(50) 1 (2%)	(50)
*MESENTERY INFLAMMATION, PYOGRANULOMATOUS	(50)	(50) 1 (2%)	(50)
ALL OTHER SYSTEMS			
ADIPOSE TISSUE Inflammation, granulomatous		1	
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED Auto/necropsy/histo perf	5	3.	6
NUMBER OF ANIMALS WITH TISSUE EXAM	INED MICROSCOP	ICALLY	

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

### TABLE D2.

	CONTROL	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50 50	50 49 49
INTEGUMENTARY SYSTEM			
*SKIN INFLAMMATION, FOCAL GRANULOMATOU GRANULOMA, FOREIGN BODY	(50)	(50) 1 (2%)	(49) 1 (2%)
*SUBCUT TISSUE Inflammation acute and chronic	(50)	(50)	(49) 1 (2%)
RESPIRATORY SYSTEM			
#LUNG/BRONCHUS Lymphocytic inflammatory infiltr	(50)	(50) 1 (2%)	(49)
#LUNG/BRONCHIOLE Hyperplasia, Nos	(50) 4 (8%)	(50) 1 (2%)	(49) 1 (2%)
#LUNG HEMORRHAGE INFLAMMATION, INTERSTITIAL INFLAMMATION ACUTE AND CHRONIC PNEUMONIA INTERSTITIAL CHRONIC HEMOSIDEROSIS HYPERPLASIA, ALVEOLAR EPITHELIUM HISTIOCYTOSIS		(50) 1 (2%) 2 (4%) 1 (2%) 7 (14%) 1 (2%)	(49) 10 (20%) 1 (2%) 1 (2%) 1 (2%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS LEUKOCYTOSIS, NEUTROPHILIC HYPERPLASIA, LYMPHOID	(50) 1 (2%)	(50) 1 (2%)	(49)
#BONE MARROW Hyperplasia, granulocytic	(47)	(46)	(46)

### SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE FED DIETS CONTAINING D AND C RED NO. 9

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

	CONTROL	LOW DOSE	HIGH DOSE
#SPLEEN INFLAMMATION, ACUTE DIFFUSE HISTIOCYTOSIS	(49)	(50)	(49) 1 (2%)
HYPERPLASIA, RETICULUM CELL Hyperplasia, lymphoid Hematopoiesis		1 (2%) 1 (2%)	2 (4%) 1 (2%)
#SPLENIC RED PULP Histiocytosis	(49) 1 (2%)	(50)	(49)
#LYMPH NODE Hyperplasia, lymphoid	(42)	(45)	(41) 1 (2%)
#MANDIBULAR L. NODE Hemorrhagic cyst Hyperplasia, lymphoid	(42) 1 (2%)	(45)	(41) 1 (2%)
#MESENTERIC L. NODE NECROSIS, DIFFUSE Lymphoid depletion Angiectasis	(42)	(45) 1 (2%)	(41) 1 (2%) 1 (2%)
#PEYER'S PATCH Hyperplasia, Lymphoid	(46)	(47) 1 (2%)	(49) 1 (2%)
<pre>*MESENTERY HYPERPLASIA, LYMPHOID</pre>	(50)	(50) 1 (2%)	(49)
#KIDNEY Hyperplasia, lymphoid	(50) 1 (2%)	(50)	(49) 1 (2%)
#THYMUS Necrosis, Nos Hyperplasia, Lymphoid	(38) 1 (3%)	(39)	(40) 1 (3%)
#THYMIC MEDULLA Hyperplasia, epithelial	(38) 1 (3%)	(39)	(40)
IRCULATORY SYSTEM		,	
#LUNG PERIVASCULITIS	(50) 1 (2%)	(50)	(49) 2 (4%)
#HEART PERIVASCULITIS	(50)	(50)	(49) 1 (2%)

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

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	CONTROL	LOW DOSE	HIGH DOSE
#MYOCARDIUM Pigmentation, Nos	(50)	(50)	(49) 1 (2%)
*CORONARY ARTERY Inflammation acute and chronic	(50)	(50)	(49) 1 (2%)
*VAGINA PERIVASCULITIS	(50)	(50) 1 (2%)	(49)
DIGESTIVE SYSTEM			
#LIVER CYST, NOS Lymphocytic inflammatory infiltr	(50)	(50) 1 (2%) 1 (2%)	(49)
INFLAMMATION, ACUTE FOCAL Inflammation acute and chronic Inflammation, acute/chronic	3 (6%)	1 (2%)	1 (2%) 1 (2%)
INFLAMMATION, CHRONIC FOCAL INFLAMMATION, FOCAL GRANULOMATOU NECROSIS, FOCAL	1 (2%)		1 (2%)
BASOPHILIC CYTO CHANGE FOCAL CELLULAR CHANGE NODULAR REGENERATION		2 (4%) 1 (2%)	1 (2%)
#LIVER/HEPATOCYTES Degeneration, Nos	(50)	(50)	(49)
NECROSIS, FOCAL		2 (4%)	2 (4%)
*GALLBLADDER Inflammation, Chronic	(50)	(50)	(49) 1 (2%)
<pre>#BILE DUCT     DILATATION, NOS</pre>	(50)	(50) 1 (2%)	(49)
#PANCREAS MULTIPLE CYSTS	(48)	(48)	(47) 1 (2%)
CYSTIC DUCTS Inflammation, granulomatous	1 (2%)	2 (4%)	1 (2%)
#PANCREATIC DUCT Multiple cysts	(48)	(48) 2 (4%)	(47) 2 (4%)
#PANCREATIC ACINUS Atrophy, NOS	(48)	(48) 2_(4%)	(47)

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

	CONTROL	LOW DOSE	HIGH DOSE
ATROPHY, FOCAL Atrophy, Diffuse	* • • • • • • • • • • • • • • • • •	1 (2%)	2 (4%)
#GASTRIC SUBMUCOSA Inflammation, acute focal	(49)	(50)	(49) 1 (2%)
#COLON NEMATODIASIS	(47) 3 (6%)	(50) 2 (4%)	(49) 2 (4%)
URINARY SYSTEM			
#KIDNEY LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, FOCAL GRANULOMATOU	(50) 1 (2%)	(50)	(49) 1 (2%)
#KIDNEY/CAPSULE GLOMERULOSCLEROSIS, NOS	(50)	(50) 1 (2%)	(49)
#KIDNEY/CORTEX Metaplasia, osseous	(50)	(50)	(49) 1 (2%)
#KIDNEY/GLOMERULUS AMYLOIDOSIS	(50)	(50) 1 (2%)	(49) 1 (2%)
#KIDNEY/TUBULE DILATATION, NOS INFLAMMATION, CHRONIC FOCAL Degeneration, NOS Regeneration, NOS	(50) 1 (2%) 2 (4%) 2 (4%)	(50)	(49) _ 1 (2%)
ENDOCRINE SYSTEM			
#PITUITARY Hyperplasia, focal Hyperplasia, chromophobe-cell	(45) 1 (2%) 2 (4%)	(46) 5 (11%)	(41)
#ADRENAL Inflammation, acute diffuse	(50)	(50)	(49) 1 (2%)
#ADRENAL CORTEX CYST, NOS Hemorrhage Focal cellular change	(50) 1 (2%) 2 (4%)	(50) 1 (2%) 1 (2%)	(49)

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

	CONTROL	LOW DOSE	HIGH DOSE
#ZONA GLOMERULOSA Cytoplasmic vacuolization	(50)	(50)	(49) 1 (2%)
#ZONA FASCICULATA Inflammation acute and chronic Focal cellular change Cytomegaly	(50) 1 (2%)	(50) 1 (2%)	(49) 2 (4%)
#ZONA RETICULARIS Focal cellular change	(50) 1 (2%)	(50)	(49)
#ADRENAL MEDULLA Hyperplasia, focal	(50) 1 (2%)	(50)	(49)
#THYROID Follicular Cyst, NOS Inflammation acute and chronic Hyperplasia, follicular-cell	(50) 4 (8%)	(47)	(47) 3 (6%) 1 (2%) 2 (4%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Cyst, Nos Hyperplasia, Cystic	(50) 1 (2%) 2 (4%)	(50)	(49) 1 (2%)
#UTERUS DILATATION, NOS Inflammation acute and chronic Angiectasis	(47)	(49) 1 (2%) 1 (2%)	(48) 1 (2%)
#UTERUS/ENDOMETRIUM INFLAMMATION ACUTE AND CHRONIC HYPERPLASIA, STROMAL	(47)	(49) 1 (2%)	(48) 1 (2%)
#ENDOMETRIAL GLAND Multiple cysts Hyperplasia, cystic	(47) 1 (2%) 33 (70%)	(49) 9 (18%) 33 (67%)	(48) 3 (6%) 38 (79%)
#OVARY FOLLICULAR CYST, NOS Corpus Hemorrhagicum Cyst Corpus Luteum Cyst	(44) 8 (18%) 1 (2%) 2 (5%)	(47) 8 (17%)	(46) 10 (22%)
HEMORRHAGIC CYST			2 (4%)

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

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	CONTROL	LOW DOSE	HIGH DOS
GRANULOMA, NOS		1 (2%)	
#MESOVARIUM Lymphocytic inflammatory infiltr	(44) 2 (5%)	(47)	(46)
NERVOUS SYSTEM			
#BRAIN/MENINGES Lymphocytic inflammatory infiltr	(50)	(49)	(49) 3 (6%)
#HYPOTHALAMUS ATROPHY, PRESSURE	(50) 1 (2%)	(49)	(49)
SPECIAL SENSE ORGANS			
*EYE/LACRIMAL GLAND Inflammation, Chronic Focal Inflammation Chronic Cystic		(50)	(49) 1 (2%)
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*ABDOMINAL WALL Abscess, Chronic	(50)	(50)	(49) 1 (2%)
*PERITONEUM Inflammation, acute fibrinous Inflammation acute and chronic	(50)	(50)	(49) 1 (2%) 1 (2%)
ALL OTHER SYSTEMS			
NONE			
SPECIAL MORPHOLOGY SUMMARY		· · ·	
NO LESION REPORTED	1	1	

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

\* NUMBER OF ANIMALS WITH TISSUE EXAM \* NUMBER OF ANIMALS NECROPSIED

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	CONTROL	LOW DOSE	HIGH DOSE
AUTO/NECROPSY/HISTO PERF		1	
AUTOLYSIS/NO NECROPSY			1

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

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

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# APPENDIX E

Analysis of D and C Red No. 9 (Lot No. Z-8054) Midwest Research Institute

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#### APPENDIX E

#### Analysis of D & C Red No. 9

(Lot No. Z-8054)

#### Elemental Analysis A.

Element	С	H	N	Ba	S	Na	C1
Theory	45.93	2.72	6.30	15.45	7.21	-	-
(100% compound)							
Theory	41.25	2.44	5.65	13.87	6.47	-	-
(89.8% compound;	1						
1.58% water)							
Determined	40.97	2.45	5.36	15.61	7.32	0.85	7.30
	40.85	2.50	5.33	15.61	7.41	0.93	7.40

#### B. Water Analysis

(Karl Fisher) 1.58 + 0.040%

#### C. Titration with Titanous Chloride

89.8 + 0.5 (b)%

- D. Melting Point
  - Determined

#### Literature Values

343°-345°C, dec. (visual, m.p. capillary) 356°-392°C, dec. (Du Pont m.p. 900 DTA

#### Ε. Thin-layer Chromatography

Plates: (System 1) Alumina Type E F254; activated 1 hr at 140°C Visualization: Self-(System 2) Silica Gel 60 F254

Amount Spotted: 100 and 300 µg

System 1: n-Butano1:Ethano1: Sulfuric Acid:Water (40:35:5:20)

Ref. Standard: Methyl Red

No literature values found

visualization, UV (254 and 366 nm)

System 2: Ethyl acetate: acetate:isopropanol: Water:tetrabuty1ammonium hydroxide (25% in methanol) (35:35:20:10)

R <sub>f</sub> :	0.97 (trace); 0.79 (major) 0.26 (trace); origin (trace)	R <sub>f</sub> :	0.98 (trace); 0.85 (trace); 0.81 (trace); 0.65 (trace); 0.57 (trace); origin (major)
R <sub>st</sub> :	6.47; 5.27; 1.73; origin	R <sub>st</sub> :	1.15; 1.00; 0.95; 0.76; 0.67; origin

#### F. High-Pressure Liquid Chromatography

Instrument: Waters ALC 202 with Model 660 Solvent Programmer Column: C<sub>18</sub> µ-Bondapak, 300 x 4 mm I.D. Detector: Ultraviolet, 254 nm Solvent: 75% B + 25% A A: 0.005 <u>M</u> tetrabutyl ammonium hydroxide and 1% acetic acid in water. B: 0.005 <u>M</u> tetrabutyl ammonium hydroxide and 1% acetic acid in methanol. Flow: 1.5 ml/min Results: Single compound peak Retention time: 9.8 min

#### G. Spectral Data

(1) Infrared:

Instrument: Beckman IR-12	Consistent with
Cell: 2% potassium bromide	literature spectrum
pellet	(Sadtler Standard Spectra)
Results: See Figure 5.	4

(2) Ultraviolet/Visible:

Instrument: Cary 118

$\lambda \max(nm)$	$\epsilon \times 10^{-3}$
492	$10.7 + 0.4 (\delta)$
415s	$5.8 + 0.2 (\delta)$
307	$5.2 + 0.9 (\delta)$
277	$6.1 + 0.9 (\delta)$
267	6.8 <del>+</del> 0.9 (8)
227	$1.6 \pm 0.1 (\delta)$

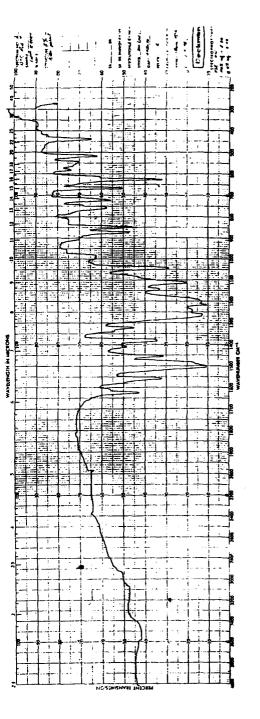
No literature reference found

Solvent: Distilled water

(3) <u>Nuclear Magnetic Resonance</u>: Compound not sufficiently soluble for spectral analysis.



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# APPENDIX F

Analysis of Formulated Diets for Stability of D & C Red No. 9

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#### APPENDIX F

#### Analysis of Formulated Diets for Stability of D & C Red No. 9

#### 1. MIXING AND STORAGE

D & C Red No. 9 (2.476 g) and Wayne Lab-Blox<sup>R</sup> Rodent Feed (23.462 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.

#### 2. EXTRACTION

One-gram samples of the above mixtures were mixed with 50 ml of 0.005 M aqueous tetrabutyl-ammonium hydroxide and 50 ml of chloroform (to solubilize the dye and extract the resulting tetrabutylammonium-dye salt). This mixture was placed in an ultrasonic vibratory bath for 30 seconds and then tritiated in a Polytron<sup>®</sup> high-speed blender for 1 minute. The feed residue was separated by centrifugation and the liquid phases were decanted into a separatory funnel. The chloroform phase was remixed with the feed residue and fresh chloroform. The above extraction was repeated. A11 the chloroform phases were combined and made up to a volume of 100 ml. Two milliliters of this solution were diluted to 100 ml with fresh chloroform, and this constituted the test solution. The absorption at 490 nm in the ultraviolet region of the spectrum was measured to determine the tetrabutylammonium-dye salt concentration.

3. RESULTS

Sample (°C)	Average % <sup>(a)</sup> Compound	
-20	8.9 + 0.8	
5	9.8 + 0.8	
25	8.5 + 0.8	
45	$9.2 \pm 0.8$	

(a) Corrected for a spiked recovery yield of 100.8% + 1.0%. Theoretical yield, 9.54%

#### 4. CONCLUSION

D & C Red No. 9 mixed with feed is stable for 2 weeks at temperatures up to  $45^{\circ}$ C.

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# APPENDIX G

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Analysis of Formulated Diets for Concentrations of D & C Red No. 9

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#### APPENDIX G

#### Analysis of Formulated Diets for Concentrations of D & C Red No. 9

A 100-mg sample of the dye-feed mixture was mixed with 10 ml of 2% H<sub>2</sub>SO<sub>4</sub> in ethanol and vortexed for 30 seconds. Mixing times greater than 30 seconds were required when levels of D & C Red No. 9 exceeded 150 µg of dye per 100 mg of feed sample and a volume of 10 ml of solvent was used. Concentrations of 15  $\mu$ g/ml could be achieved quite rapidly (in 30 seconds or less). For higher concentrations, progressively longer mixing times were required. The suspension was centrifuged at room temperature for 5 minutes at 2,000 rpm. An appropriate volume of supernatant was removed and diluted to achieve a final concentration in the linear portion of the standard Internal standards were prepared using control powdered feed and curve. assaved in the same manner. All samples and standards were run in triplicate. The absorbance was determined at 490 nm in a Gilford 2400-S spectrophotometer. The spectrophotometer was blanked with a 100-mg feed sample treated in the same manner as the samples. The standard curve developed with feed-eye standards (triplicate) automatically incorporates a correction for recovery. The concentration of dye in a feed sample could be read directly from the curve without any further adjustment for recovery.

The results of the analyses are presented in Table Gl.

		Concentration (b) of D & C Red No. 9 in feed for target concentration of			
Date Mixed (a)	Date Used	1,000 ppm	البخان المتعاريني ويهوي بينور مؤاف بمستجهين ويتعاركا ويجزون بالابت المتعاد	3,000 ppm	
3/10/77	Week of 3/14/77	940	<u>مەرىپەر بەرىپەر بەرىپە</u>	2,880	
3/23/77	Week of 3/27/77	980		2,850	
4/16/77	Week of 4/20/77	980	2,040	•	
6/3/77	Week of 6/7/77	1,000		3,110	
		1,010	1,960	2,840	
8/30/77	Week of 9/2/77	980	1,970	2,890	
		950		2,920	
10/21/77	Week of 10/24/77	1,010	1,920	2,980	
		1,000		2,950	
1/31/78	Week of 2/3/77	1,000	2,010	2,990	
4/13/78	Week of 4/17/77	1,085	2,105	3,030	
				3,030	
6/22/78	Week of 6/26/78	995	2,040	2,940	
		995		2,920	
7/13/78	Week of 7/17/78	1,040	2,070	2,920	
		1,010		2,960	
11/13/78	Week of 11/17/78	1,060	2,000	2,910	
		990		2,880	
1/22/79	Week of 1/26/79	1,000	1,990	2,850	
		950		2,790	
Mean (ppm)	*****	999	2,010	2,931	
Standard Deviatio	on	35	55	78	
Coefficient of Va		3.5	2.7	2.7	
Range (ppm)		940-1,085	1,920-2,105	2,790-3,110	
Number of Samples	8	19	10	19	
	-				

Table G-1. Analyses of Formulated Diets

(a) 4/8/77 was the start date for mice and 3/10/77 was the start date for rats.

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

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# APPENDIX H

Feed Consumption by Rats and Mice Receiving D & C Red No. 9

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	Control	L	ow	Hi	gh
	GRAMS	GRAMS	LOW/	GRAMS	HIGH/
	FEED/	FEED/	CONTROL	FEED/	CONTROL
Week	DAY(a)	DAY(a)	(b)	DAY(a)	(b)
5	19.4	20.3	1.0	18.6	1.0
10	16.1	15.9	1.0	18.7	1.2
14	17.3	17.9	1.0	17.9	1.0
18	19.7	19.7	1.0	18.4	0.9
22	17.9	18.4	1.0	18.9	1.1
26	14.4	19.0	1.3	14.7	1.0
30	19.0	19.1	1.0	20.0	1.1
36	20.3	20.7	1.0	19.6	1.0
41	19.1	19.7	1.0	18.4	1.0
46	24.0	25.3	1.1	24.4	1.0
50	20.9	23.0	1.1	19.3	0.9
54	20.3	21.4	1.1	20.3	1.0
58	19.7	26.3	1.3	24.7	1.3
62	21.7	18.9	0.9	18.3	0.8
67	26.4	24.9	0.9	22.9	0.9
70	25.0	24.3	1.0	24.0	1.0
75	18.3	18.0	1.0	18.4	1.0
81	20.9	17.0	0.8	16.9	0.8
84	22.3	23.3	1.0	22.9	1.0
88	20.3	22.6	1.1	23.9	1.2
92	19.7	19.7	1.0	21.3	1.1
97	17.6	17.6	1.0	22.0	1.3
101	18.9	18.9	1.0	21.7	1.1
Mean	20.0	20.5	1.0	20.3	1.0
SD (c)	2.7	3.0	0.1	2.7	0.1
CV (d)	13.5	14.8	10.0	13.3	10.0

Table H1. Feed Consumption by Male Rats Receiving D & C Red No. 9

(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		W	Hi	gh
	GRAMS	GRAMS	LOW/	GRAMS	HIGH/
	FEED/	FEED/	CONTROL	FEED/	CONTROL
Week	DAY(a)	DAY(a)	(b)	DAY(a)	(b)
3	13.1	13.3	1.0	14.0	1.1
8	8.3	11.6	1.4	13.6	1.6
12	13.7	10.6	0.8	10.4	0.8
16	14.1	12.4	0.9	13.7	1.0
20	12.6	13.1	1.0	14.4	1.1
24	13.1	12.6	1.0	12.4	0.9
28	13.0	14.9	1.1	14.1	1.1
34	12.7	13.1	1.0	14.0	1.1
39	12.0	13.3	1.1	13.3	1.1
44	19.4	19.9	1.0	20.7	1.1
48	12.6	11.6	0.9	12.7	1.0
52	13.3	16.4	1.2	15.1	1.1
56	22.0	22.6	1.0	20.4	0.9
60	12.6	13.3	1.1	11.6	0.9
65	17.0	17.1	1.0	17.1	1.0
68	13.1	20.1	1.5	18.4	1.4
73	14.0	14.4	1.0	13.0	0.9
79	12.7	12.9	1.0	11.3	0.9
82	14.6	14.3	1.0	14.4	1.0
86	15.0	18.3	· 1.2	14.9	1.0
90	14.0	16.3	1.2	15.0	1.1
95	13.1	15.3	1.2	14.6	1.1
99	14.3	12.9	0.9	13.7	1.0
Mean	13.9	14.8	1.1	14.5	1.1
SD (c)	2.6	3.1	0.2	2.6	0.2
CV (d)	18.7	20.9	18.2	17.9	18.2

Table H2. Feed Consumption by Female Rats Receiving D & C Red No. 9

(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. 8

(c) Standard deviation.

(d) (Standard deviation/mean) x 100.

Week	Control	Low		High	
	GRAMS	GRAMS FEED/ DAY(a)	LOW/ CONTROL (b)	GRAMS FEED/ DAY(a)	HIGH/ CONTROL (b)
	FEED/ DAY(a)				
5	7.9	7.6	1.0	7.7	1.0
10	3.1	3.6	1.2	3.3	1.1
14	5.6	3.7	0.7	3.6	0.6
19	7.9	8.0	1.0	8.0	1.0
23	7.9	8.4	1.1	8.3	1.1
27	8.0	8.9	1.1	8.4	1.1
33	8.1	8.3	1.0	7.7	1.0
37	8.3	8.3	1.0	8.1	1.0
42	8.3	8.3	1.0	8.6	1.0
46	8.4	8.1	1.0	8.3	1.0
50	8.3	8.6	1.0	8.9	1.1
54	8.4	8.4	1.0	8.7	1.0
58	8.1	8.6	1.1	8.1	1.0
62	8.6	8.6	1.0	8.7	1.0
66	8.6	8.4	1.0	8.6	1.0
71	9.0	8.7	1.0	8.7	1.0
76	9.0	8.1	0.9	8.6	1.0
79	10.4	10.6	1.0	10.1	1.0
84	8.7	8.1	0.9	8.6	1.0
88	9.1	9.6	1.1	9.0	1.0
<b>9</b> 2	9.7	8.9	0.9	9.3	1.0
<b>9</b> 6	9.9	9.4	0.9	10.1	1.0
100	11.4	10.4	0.9	11.4	1.0
Mean	8.3	8.2	1.0	8.3	1.0
SD (c)	1.6	1.6	0.1	1.7	0.1
CV (d)	19.3	19.5	10.0	20.5	10.0

Table H3. Feed Consumption by Male Mice Receiving D & C Red No. 9

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(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.

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(d) (Standard deviation/mean) x 100.

	Control	Low		High	
	GRAMS FEED/ DAY(a)	GRAMS FEED/ DAY(a)	LOW/ CONTROL (b)	GRAMS FEED/ DAY(a)	HIGH/ CONTROL (b)
Week					
4	7.7	7.3	0.9	7.4	1.0
9	1.6	1.9	1.2	1.4	0.9
13	1.9	1.7	0.9	1.3	0.7
18	8.3	8.1	1.0	7.7	0.9
22	8.1	8.4	1.0	7.9	1.0
26	8.1	8.7	1.1	8.0	1.0
31	8.7	8.4	1.0	7.7	0.9
36	8.4	8.6	1.0	8.1	1.0
41	8.0	8.1	1.0	8.3	1.0
45	8.4	8.4	1.0	7.7	0.9
49	8.3	9.0	1.1	8.1	1.0
53	8.0	8.4	1.1	8.0	1.0
57	8.6	8.0	1.0	7.6	0.9
61	9.3	9.1	1.0	8.9	1.0
65	9.0	9.0	1.0	9.0	1.0
70	9.0	9.1	1.0	8.3	0.9
75	8.6	9.1	1.1	8.0	0.9
76	8.3	9.0	1.1	9.4	1.1
78	10.7	10.3	1.0	10.7	1.0
83	9.0	9.1	1.0	8.0	0.9
87	9.6	9.3	1.0	9.0	0.9
91	9.4	9.4	1.0	8.3	0.9
95	8.6	8.3	1.0	8.0	0.9
99	10.0	11.0	1.1	10.0	1.0
Mean	8.1	8.2	1.0	7.8	0.9
SD (c)	2.1	2.1	0.1	2.1	0.1
CV (d)	25.9	25.6	10.0	26.9	11.1

Table H4. Feed Consumption by Female Mice Receiving D & C Red No. 9

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(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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