NATIONAL TOXICOLOGY PROGRAM Technical Report Series No. 280



# TOXICOLOGY AND CARCINOGENESIS STUDIES OF CROCIDOLITE ASBESTOS

(CAS NO. 12001-28-4)

IN F344/N RATS

(FEED STUDIES)

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

#### 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 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 made up of four charter DHHS agencies: the National Cancer Institute (NCI), National Institutes of Health; the National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health; the National Center for Toxicological Research (NCTR), Food and Drug Administration; and the National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control. In July 1981, the Carcinogenesis Bioassay Testing Program, NCI, was transferred to the NIEHS.

Special Note: This Technical Report was peer reviewed in public session and approved by the NTP Board of Scientific Counselers' Technical Reports Review Subcommittee on February 28, 1983 [see page 8]. Thereafter, the NTP adopted the policy that the experimental data and laboratory records from all NTP toxicology and carcinogenesis studies not yet printed and distributed would be audited. [A summary of the data audit is presented in Appendix I.] Consequently, printing and distribution of this Technical Report have been delayed, and the format differs from that of Technical Reports peer reviewed more recently. The categories of evidence of carcinogenicity adopted by the NTP in June 1983 were not used to evaluate these data. This final Technical Report supersedes all previous drafts of this report that have been distributed.

#### NTP TECHNICAL REPORT

ON THE

# TOXICOLOGY AND CARCINOGENESIS STUDIES OF CROCIDOLITE ASBESTOS

(CAS NO. 12001-28-4)

#### IN F344/N RATS

(FEED STUDIES)

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Public Health Service
National Institutes of Health

#### NOTE TO THE READER

This study was conducted under contract to the National Institute of Environmental Health Sciences, National Toxicology Program. The studies described in this Technical Report have been conducted in compliance with NTP chemical health and safety requirements and must meet or exceed all applicable Federal, state, and local health and safety regulations. Animal care and use were in accordance with the U.S. Public Health Service Policy on Humane Care and Use of Animals. All NTP toxicology and carcinogenesis studies are subjected to a data audit before being presented for peer review.

Although every effort is made to prepare the Technical Reports as accurately as possible, mistakes may occur. Readers are requested to identify any mistakes so that corrective action may be taken. Further, anyone who is aware of related ongoing or published studies not mentioned in this report is encouraged to make this information known to the NTP. Comments and questions about the National Toxicology Program Technical Reports on Toxicology and Carcinogenesis Studies should be directed to Dr. J.E. Huff, National Toxicology Program, P.O. Box 12233, Research Triangle Park, NC 27709 (919-541-3780).

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#### CROCIDOLITE ASBESTOS

CAS No. 12001-28-4

 $Na_2O \cdot Fe_2O_3 \cdot 3FeO \cdot 8SiO_2 \cdot H_2O$ 

#### ABSTRACT

Carcinogenesis studies of crocidolite asbestos were conducted with male and female F344/N rats. This form of asbestos was administered at a concentration of 1% in pelleted diet for the lifetime of the rats, starting with the dams of the study animals. The studies were started in January 1978 and ended in December 1980. Group sizes were 118 for male and female controls and 250 for male and female crocidolite asbestos-exposed rats.

The offspring from mothers exposed to crocidolite asbestos and the controls were similar in size at birth but were slightly smaller at weaning and remained so throughout their life. Feed consumption and survival were comparable in the exposed and control groups. No overt toxicity was observed in the crocidolite asbestos-exposed animals. There was an elevated (P<0.05) incidence of thyroid gland C-cell adenomas (control, 4/117, 3%, vs. exposed, 23/250, 9%) and of thyroid gland C-cell carcinomas (12/117, 10%, vs. 46/250, 18%) in crocidolite asbestos-exposed female rats relative to concurrent controls. Because these control incidences were low relative to control incidences observed in other contemporary studies at this laboratory (21% for thyroid gland C-cell tumors), this slight increase was not regarded as being biologically important.

The data, documents, and pathology materials from the lifetime studies of crocidolite asbestos have been audited. The audit findings show that the conduct of these studies is documented adequately and support the data and results presented in this Technical Report.

Conclusions: Under the conditions of these feed studies, crocidolite asbestos was not overtly toxic and did not cause a carcinogenic response when ingested at a concentration of 1% in the diet by male and female F344/N rats for their lifetime.

#### **CONTRIBUTORS**

The NTP Technical Report on the Toxicology and Carcinogenesis Studies of Crocidolite Asbestos is based on the lifetime studies that began in January 1978 and ended in December 1980 at Hazleton Laboratories America, Inc. (Vienna, Virginia).

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The members of the Peer Review Panel who evaluated the draft Technical Report on crocidolite asbestos on February 28, 1983, are listed below. Panel members serve as independent scientists, not as representatives of any institution, company, or governmental agency. In this capacity, Panel members have five major responsibilities: (a) to ascertain that all relevant literature data have been adequately cited and interpreted, (b) to determine if the design and conditions of the NTP studies were appropriate, (c) to ensure that the Technical Report presents the experimental results and conclusions fully and clearly, (d) to judge the significance of the experimental results by scientific criteria, and (e) to assess the evaluation of the evidence of carcinogenicity and other observed toxic responses.

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#### SUMMARY OF PEER REVIEW COMMENTS ON THE TOXICOLOGY AND CARCINOGENESIS STUDIES OF CROCIDOLITE ASBESTOS

On February 28, 1983, the draft Technical Report on the toxicology and carcinogenesis studies of crocidolite asbestos received peer review by the National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee and associated Panel of Experts. The review meeting was held in the Conference Center, Building 101, South Campus, National Institute of Environmental Health Sciences, Research Triangle Park, North Carolina.

Dr. E.E. McConnell, NIEHS, introduced the studies by reviewing the experimental design, results, and proposed conclusions (crocidolite asbestos was not overtly toxic and did not cause a carcinogenic response when ingested at a concentration of 1% in the diet by male and female F344/N rats for their lifetime).

Dr. Harper, a principal reviewer, agreed with the conclusions as written. He said that offspring of asbestos-fed mothers were slightly smaller at weaning than were offspring of control mothers and that this fact should be emphasized.

A second principal reviewer, Dr. Elashoff, agreed with the conclusions. He noted that the justifiable use of historical control data on the incidences of thyroid gland C-cell adenomas and carcinomas in male rats likely averted a probable false positive finding in this study. He expressed interest and concern as to the design considerations and tradeoffs that led to use of a single dose group, the stated concentration, and the stated sample size. Dr. McConnell described the rationale for the design of these and other asbestos studies in the series. Because of the high dietary exposure (1%) and the lifetime duration of the studies, the design committee decided to recommend larger but fewer exposure groups.

As a third principal reviewer, Dr. Davis said that the thyroid gland tumors were a carcinogenic response but that because of the control incidences in the other lifetime asbestos studies, the results might not be important. She commented that additional data on tumor incidences in recent control groups, data on feed contaminants for both experimental and control groups, and data from 24-month rat studies would provide valuable information for further interpretation of the results from the current studies. Dr. Davis noted that by incorporating bulk rather than fractionated asbestos into the feed, a majority of the fibers were much longer than fibers to which humans are usually exposed in drinking water and that there is an inverse correlation between fiber length and toxicity and biologic translocation. She expressed concern that there were no specifications in the report of engineering and safety practices regarding production of the asbestos and preparation of the pellets used in the diet. She recommended that environmental and occupational monitoring be done of firms preparing test substances. She said that the increased longevity and decreased body weights in crocidolite asbestos-exposed animals merited more emphasis and speculated that the decreased weight might have been due in part to more rapid gastrointestinal transit time produced by the high fiber diet. Dr. Davis urged that due consideration be given to new studies using smaller fibers that are fractionated by size and, further, that exposure of animals should be through drinking water.

There was considerable discussion among panel members and NTP staff concerning the aspect ratio for the fibers used in the studies which was greater than the optimal aspect ratios for biologic translocation and carcinogenicity. With regard to diet formulation and route of exposure, Dr. McConnell said that had ground or fractionated fibers been used, there could have been a potential safety hazard as well as some undesired inhalation exposure. Administration in water would have been more hazardous to laboratory personnel, and because of settling of fibers, the dosage would have been uncertain. In terms of fiber size, he stated that fibers of the size range used were potent carcinogens for the

pleural cavity. He said that NTP could do an ashing study on tissues such as liver, kidney, and lymph nodes to see if fibers were present. Dr. Scala opined that useful information could be gained by grinding up or dissolving some of the asbestos pellets and examining the fiber composition. Dr. Moore said that data were available which characterize the proportion of fibers by length and width by electron microscopic examination. Dr. Swenberg asked for the incidences of thyroid gland C-cell tumors in recent lifetime studies. Dr. Haseman replied that in four recent lifetime studies carried out at this laboratory, these incidences were 20%, 21%, 21%, and 24%, which, taken together, were similar to the 27% incidence in the crocidolite asbestos-exposed animals. Dr. Davis requested that the wording of the last sentence of the second paragraph of the abstract be changed to say that "this slight increase [in tumor incidence] was not regarded as being biologically important," with "important" replacing "significant."

Dr. Davis then moved that the Technical Report on crocidolite asbestos be accepted with the additions and revisions discussed. Dr. Harper seconded the motion, which was approved unanimously.

## I. INTRODUCTION

#### **CROCIDOLITE ASBESTOS**

CAS No. 12001-28-4

Na<sub>2</sub>O·Fe<sub>2</sub>O<sub>3</sub>·3FeO·8SiO<sub>2</sub>·H<sub>2</sub>O

The term "asbestos" has a commercial/industrial derivation limited to naturally occurring fibrous minerals of the serpentine or amphibole series. Chrysotile is the only type of asbestos in the serpentine series, whereas the amphibole series is represented by actinolite, amosite, anthophyllite, crocidolite, and tremolite. Chrysotile is the most abundant and widely used of the various types of asbestos. The essential characteristic of asbestos minerals is their fibrous nature.

Studies conducted during the past 25 years have established a clear association between occupational exposure to asbestos and increased risk of cancer. Excellent reviews of public health effects associated with past heavy asbestos exposure, primarily occupational exposure via the inhalation route, are those by Craighead and Mossman (1982), Peto and Schneiderman (1981). Selikoff (1980), the U.S. Environmental Protection Agency (EPA) (USEPA, 1980), Selikoff and Hammond (1979), and the International Agency for Research on Cancer (IARC, 1977). These studies clearly established causal association between occupational inhalation exposure to chrysotile, amosite, crocidolite, and anthophyllite asbestos and an increased risk of lung cancer as well as mesothelioma. The latter form of cancer is perhaps unique in its association with these fibrous minerals and is particularly associated with exposure to crocidolite asbestos (Wagner et al., 1960). A noteworthy review of the pathology associated with inhalation exposure to asbestos is that by Craighead et al. (1982).

Large portions of the population ingest asbestos through consumption of food and water (NAS, 1977). Analysis of water samples from 359 cities found that 65% of the samples had detectable levels of various types of asbestos (Millette et al., 1983). The water supplies of 41 cities have had asbestos concentrations in water which exceeded 10 million fibers per liter, but the length of the vast majority of fibers is under 5 µm. Asbestos or asbestos-like fibers may enter water supplies as a result of mining (e.g., operations at Lake Superior). Natural serpentine or amphibole

deposits have been detected in watersheds (Seattle, Washington, and San Francisco, California); under certain conditions, the presence of asbestos may have resulted from the use of chrysotile asbestos-cement pipe for municipal water supplies (USEPA, 1980). In the latter instance, erosion of the pipe (and release of fibers) is associated with the "aggressiveness" of the water, a term representing a mathematical expression of alkalinity and calcium content. Approximately 69% of the water systems in the United States have aggressive water that has the potential to erode asbestos-cement pipe.

Several studies have provided evidence that ingestion of asbestos in either food or water can result in the migration of asbestos through the gastrointestinal mucosa and to distant organ sites in humans (Carter and Taylor, 1980), in rats (Cunningham et al., 1977; Sebastien et al., 1980), and in baboons (Storeygard and Brown, 1977; Patel-Mandlik, 1980). Electron microscopic studies confirmed the presence of amphibole mineral fibers in the urine of individuals who ingested water containing these fibers (Cook and Olson, 1979).

Harrington et al. (1978) did not detect an association between the use of asbestos-cement pipe for municipal water supplies and the incidence of gastrointestinal cancer. Statistically significant trends for the incidence of several cancer types, including stomach, gallbladder, esophageal, and peritoneal cancer, were found when census tracts were analyzed on a gradient of low to high asbestos content in municipal water in the San Francisco Bay area (Cooper et al., 1979). The association between asbestos concentration in San Francisco Bay area drinking water and cancer was confirmed in subsequent studies (Kanarek, 1983; Conforti, 1983).

Inhalation of asbestos by laboratory animals produces lung carcinoma and mesothelioma in the pleural cavity (Wagner et al., 1974). Intrapleural, intratracheal, and intraperitoneal injection of asbestos will also produce neoplasia in

several species of laboratory animals (Wagner, 1962; Stanton and Wrench, 1972; Levine, 1978; Stanton et al., 1981).

Asbestos (chrysotile, amosite, and crocidolite) has been shown to be cytotoxic in vitro to human embryonic intestinal cells, mouse epithelial-like colon-derived cells, and rat liver epithelial cells (Reiss et al., 1979). Chrysotile asbestos was far more toxic than were the amphibole fibers, and the effects were more pronounced in the intestine-derived cells than in those from the liver. Chrysotile asbestos also was found to be cytotoxic to Syrian hamster (Bey and Harrington, 1971) and mouse (Wright et al., 1983) peritoneal macrophages and to rabbit alveolar macrophages (Desai and Richards, 1983). Chrysotile, amosite, and crocidolite asbestos were not mutagenic in Salmonella typhimurium or Escherichia coli (Chamberlain and Tarmy, 1977) or at the HGPRT locus in mammalian cells (Reiss et al., 1982; Oshimura et al., 1984).

In November 1973, the National Institute of Environmental Health Sciences and the EPA cosponsored a symposium on the possible biologic effects of ingested asbestos (EHP, 1974). The participants at this conference concluded that the data concerning the effects of ingested asbestos were inadequate and that specific research was needed.

A subcommittee of the U.S. Department of Health, Education, and Welfare (now the U.S. Department of Health and Human Services) Committee to Coordinate Toxicology and Related Programs subsequently reviewed existing data and prepared a draft research protocol that the Committee felt was responsive to the major public health consensus. On the basis of comments received, a revised protocol was developed by the NTP for long-term animal toxicology and carcinogenesis studies. The forms of asbestos included chrysotile tested in Syrian golden hamsters (NTP, 1988a) and in F344/N rats (NTP, 1985a), amosite in Syrian golden hamsters (NTP, 1985b) and in F344/N rats (NTP, 1988b), crocidolite in F344/N rats (this report), and a nonfibrous tremolite, which contained low levels of asbestiform fibers, in F344/N rats (NTP, 1988c). All studies encompassed the lifetime of the animal, including exposure of the dams from which the study animals were derived. A single concentration of 1% in the diet was chosen because it represented the highest concentration thought to be reasonable from a biologic standpoint and that could be tolerated in a lifetime study.

This Technical Report presents the results of those studies undertaken to determine the effects of crocidolite asbestos fed to male and female F344/N rats in the diet.

#### II. MATERIALS AND METHODS

STUDY MATERIAL
STUDY DIETS
SOURCE AND SPECIFICATIONS OF STUDY ANIMALS
ANIMAL MAINTENANCE
SAFETY PRECAUTIONS
CLINICAL EXAMINATIONS AND PATHOLOGY
STATISTICAL METHODS

#### STUDY MATERIAL

The crodicolite asbestos used in these studies was purchased by the U.S. Bureau of Mines from Certain-Teed Co. The 6,000-pound sample was identified as ML-6. Air jet milling was selected because this type of pulverizer would be the least damaging to the amphibole crystalline structure. The sample was passed through the mill twice to reduce the number of very long fibers in the final material. The crocidolite asbestos was bagged in 100-pound silicone-treated Dacron® filter bags.

To homogenize the sample, lots of six 100-pound bags were manually blended on a 5-foot × 8-foot blending table. After final blending, 1,200 pounds of crocidolite asbestos was packaged in 20-pound lots in virgin fiberboard containers. These drums were shipped to a special warehouse at Research Triangle Park, North Carolina. Each drum received a color marking unique to the mineral type. Homogeneity of the

samples was verified by fluorescent X-ray spectrography from samples collected from six randomly selected drums. No significant differences were detected for samples from the various containers.

The homogeneity of the samples and the physical and chemical properties of the material have been extensively characterized (Bureau of Mines, 1980; IITRI). [Copies of these reports are available on request from the National Toxicology Program (Public Information Office, National Toxicology Program, P.O. Box 12233, Research Triangle Park, NC 27709).] Selected chemical and physical properties of crocidolite are presented in Tables 1 and 2 (Bureau of Mines (1980). In an analysis of mineralogic composition, crocidolite (Na<sub>2</sub>O·Fe<sub>2</sub>O<sub>3</sub>·3FeO· 8SiO<sub>2</sub>·H<sub>2</sub>O) was detected at a volume percent abundance of 99%; trace amounts (less than 1% total) of biotite, quartz, opaques, feldspar, and glass were found.

TABLE 1. FIBER CHARACTERISTICS AND CHEMICAL INSTRUMENTAL ANALYSIS OF CROCIDOLITE ASBESTOS

Fiber characteristics	3		
Surface area (m²/g)		$9.8 \pm 1.0$	
Density (g/cm <sup>3</sup> )		$3.32 \pm 0.08$	
Mean length (µm) by el	ectron micropscopy	10	
Mean width (µm) by ele		0.27	
Chemical instrumen	tal analysis (expressed as	weight percent)	
	•	•	0.07
$1_2O_3$	0.07	TiO <sub>2</sub>	0.07
$ ho_1 ho_2 ho_3$ aO	0.07 1.04	TiO <sub>2</sub> MnO	0.08
$_{ m al_2O_3}^{ m al_2O_3}$ e $_{ m eO}$	0.07 1.04 18.32	$ ext{TiO}_2 \  ext{MnO} \  ext{Cr}_2 ext{O}_3$	0.08 0.02
$egin{align} & \mathbf{Al_2O_3} \ \mathbf{CaO} \ \mathbf{CeO} \ \mathbf{Ce_2O_3} \ \end{bmatrix}$	0.07 1.04 18.32 18.62	$ ext{TiO}_2 \  ext{MnO} \  ext{Cr}_2 ext{O}_3 \  ext{CO}_2 \  ext{CO}_2$	0.08 0.02 2.18
$egin{align} & \Delta l_2 O_3 \ CaO \ CeO \ Ce_2 O_3 \ MgO \ \end{array}$	0.07 1.04 18.32 18.62 3.81	$ ext{TiO}_2$ $ ext{MnO}$ $ ext{Cr}_2 ext{O}_3$ $ ext{CO}_2$ $ ext{H}_2 ext{O}$	0.08 0.02 2.18 0.45
Chemical instrumen Al <sub>2</sub> O <sub>3</sub> CaO PeO Pe <sub>2</sub> O <sub>3</sub> MgO S <sub>2</sub> O SiO <sub>2</sub>	0.07 1.04 18.32 18.62	$ ext{TiO}_2 \  ext{MnO} \  ext{Cr}_2 ext{O}_3 \  ext{CO}_2 \  ext{CO}_2$	0.08 0.02 2.18

TABLE 2. PARTICLE SIZE DISTRIBUTION OF CROCIDOLITE ASBESTOS BY PARTICLE NUMBER (a)

	Length Interval (µm)							
	8-8.99	9-9.99	10-19.99	20-39.99	40-59.99	60-79.99	80-99.99	>100
Crocidolite asbestos mean						···		
width (µm)	0.31	0.29	0.28	0.35	0.40	0.33	0.44	0.64
Crocidolite asbestos particles								
per interval	29	39	125	72	25	12	1	10
Percent of total crocidolite								
asbestos particles	2.8	3.8	12.0	6.8	2.4	1.1	0.1	1.0
Cumulative percent crocidolite								
asbestos	72.8	76.6	88.6	95.4	97.8	98.9	99.0	100
Volume percent crocidolite								
asbestos (b)	1.6	1.8	7.4	18.9	12.4	7.3	1.0	39.4
Cumulative volume percent								
crocidolite asbestos	11.8	13.6	21.0	39.9	52.3	59.6	60.6	100
Number of other particles	0	0	0	0	0	0	0	0
Crocidolite asbestos particles per	length inte	rval, perce	nt, by aspec	t ratio				
1:1-2.9:1	0	0	0	0	0	0	0	0
3:1-4.9:1	0	0	0	0	0	0	0	0
5:1-9.9:1	7	0	0	0	0	0	0	0
10:1-19.9:1	0	3	1	1	0	0	0	0
20:1-49.9:1	83	89	48	5	0	0	0	0
50:1-99.9:1	10	8	45	53	16	16	0	0
100:1-199:1	0	0	6	39	64	42	0	50
200:1-499:1	0	0	0	2	20	42	100	50

<sup>(</sup>a) By electron micropscopy; total particles = 1,050; total crocidolite asbestos = 1,040; total others = 10.

#### STUDY DIETS

The feed used was NIH 31 Rat and Mouse Ration. Crocidolite asbestos was incorporated to a concentration of 1% by weight into the study diet. Pilot studies determined that homogeneous mixing of crocidolite asbestos and feed would occur in a blender loaded by alternate layering of feed and crocidolite asbestos. Results of analyses for crocidolite asbestos in feed are given in Table 3. Each lot of blended feed was analyzed for crocidolite asbestos concentration, pesticide contamination, and nutrient content. Further details are given in Table 4.

# SOURCE AND SPECIFICATIONS OF STUDY ANIMALS

Parental Generation  $(F_0)$ : Weanling F344/N (cesarean-derived) rats, which were barrier sustained and specific pathogen free, were purchased from Charles River Breeding Laboratories. These animals constituted the  $F_0$ 

generation and were received November 15, 1977 (Figure 1).

On arrival, animals were taken directly to the quarantine area and acclimated to laboratory conditions for approximately 2 weeks. Twenty-four hours after arrival, eight rats of each sex were selected at random, and pathogen burden was determined for each animal. Pathogens examined for included ectoparasites (mites, fleas, and lice), intestinal parasites (fecal flotation), and bacteria (Mycoplasma sp., Salmonella sp., Diplococcus pneumoniae, Corynebacterium kutscheri, and Streptobacillus moniliformis). Serologic tests were conducted for viruses (Appendix C, Tables C1-C3).

After approximately 2 months in quarantine (the regular 3- to 4-week quarantine period was extended because of a shortage of cages), male and female rats (15-16 weeks old) were separated randomly on January 27, 1978, into two groups (control and crocidolite asbestos) according to tables of random numbers.

<sup>(</sup>b) Calculated from particle number data, assuming a rectangular cross-section with third dimension equal to one-third measured width

TABLE 3. RESULTS OF ANALYSIS OF FORMULATED DIETS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

Date Mixed	Determined Concentration in Feed Target Concentration of 10,000 ppm (1	
11/21/77	11,100 ± 900	
12/07/77	$11,000 \pm 500$	
02/01/78	$9,100 \pm 240$	
03/22/78	$10,500 \pm 30$	
05/22/78	$11,800 \pm 30$	
07/11/78	$9,500 \pm 20$	
09/14/78	$11,600 \pm 120$	
10/30/78	$9,500 \pm 60$	
12/15/78	$9,300 \pm 40$	
02/15/79	$9,200 \pm 40$	
04/02/79	$10,900 \pm 60$	
05/09/79	$11,300 \pm 60$	
06/26/79	$10,700 \pm 30$	
08/28/79	$10,000 \pm 100$	
10/16/79	$10,000 \pm 130$	
12/03/79	$9,600 \pm 430$	
01/10/80	$9,500 \pm 260$	
02/27/80	$8,900 \pm 170$	
04/18/80	$8,900 \pm 90$	
05/29/80	$13,200 \pm 290$	
07/18/80	$10,500 \pm 160$	
08/26/80	$9,400 \pm 40$	
10/13/80	$9,600 \pm 150$	
	$Mean = 10,200 \pm 210$	

<sup>(</sup>a) Average of five samples

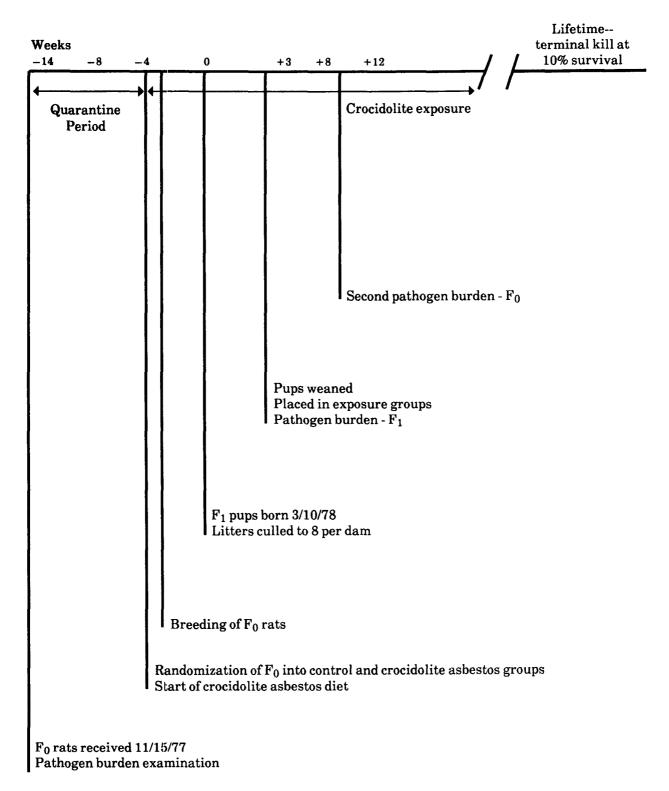


FIGURE 1. SCHEDULE OF MAJOR EVENTS IN RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

### TABLE 4. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

STUDIES OF CROCIDOLITE ASBESTOS

EXPERIMENTAL DESIGN

Size of Study Groups F<sub>0</sub>--control: male, 25; female, 50; dosed: male, 75; female, 150; F<sub>1</sub>--control: 118; crocidolite

asbestos: 250 rats of each sex

Doses 0% or 1% (10,000 ppm) crocidolite asbestos in feed

Date of First Dose F<sub>0</sub>--obtained 11/15/77, bred starting 2/17/78; F<sub>1</sub>--date of weaning 4/1/78

Duration of Dosing Lifetime until only 10% of the group remained

Type and Frequency of Observation Observed 2 × d; examined clinically 1 × wk; weighed 1 × wk

Necropsy and Histologic Examination Necropsy performed on all animals. Tissues examined histologically: adrenal glands; bone marrow (sternum); brain; bronchial, celiac, cervical, iliac, iliocolonic, mandibular, mesenteric, pancreatic, and renal lymph nodes; cecum; colon (carpet rolled); duodenum; esophagus; heart; ileum; jejunum; kidneys; larynx; liver; lungs and bronchi; mammary gland; pancreas; parathyroids; pituitary gland; prostate/testes or ovaries/uterus; salivary glands; small intestine; spleen; stomach; thigh muscle; thyroid gland; tissue masses; trachea; and urinary bladder. Epididymis, eyes, nasal cavity with turbinates, seminal vesicles, and spinal cord were examined microscopically if gross lesions were observed

ANIMALS AND ANIMAL MAINTENANCE

Strain and Species F344/N rats

Animal Source Charles River Breeding Laboratories (Wilmington, MA)

Study Laboratory Hazleton Laboratories of America

Age When Placed on Study  $F_0$ --15-16 wk prior to delivery of  $F_1$ 

Age When Killed F<sub>1</sub>--male: 142 wk; female: 145 wk

Necropsy Dates Lifetime study

Method of Animal Distribution

According to tables of computer-generated random numbers

Feed NIH 31 Rat and Mouse Ration (Zeigler Bros., Inc., Gardners, PA); available ad libitum

Bedding Sani Chips® (J. P. Murphy, Rochelle Park, NJ, and Shurfire, Baltimore, MD)

Water Tap water ad libitum

Cages Polycarbonate (Hazleton Systems, Aberdeen, MD); stored on Enviro-racks®

Cage Filters Remay nonwoven polyester sheets (Nationwide Papers, Washington, DC)

Animals per Cage F<sub>0</sub>--1 for males, 2 for females during breeding; 2 for males, 1 for females after breeding;

F<sub>1</sub>--3

Other Chemicals on Study

in the Same Room

None

Animal Room Environment Temp--23°  $\pm$  2° C; hum--50%  $\pm$  10%; fluorescent light 12 h/d; 10-15 room air changes/h

**CHEMISTRY** 

Lot Numbers Used N/A

Supplier Certain-Teed (Ambler, PA); obtained from a mine in South Africa located near the

Kalahari Desert in the Kuruman Hills

TABLE 4. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS Continued)

#### FORMULATED DIETS

Preparation

20 lb crocidolite asbestos/ton of feed mixed in a 55-ft³ Patterson-Kelly® V-blender with intensifier bar; oval, 3/8-inch  $\times$  3/4-inch pellets prepared with Sprout-Waldron pellet mill. Pelleted feed packaged in 25-pound aliquots in standard paper feed bags that were color coded

**Storage Conditions** 

Not available

After at least 7 days' exposure to the designated diets, the rats (16-17 weeks old) were placed in breeding cages (one male to two females) on February 3, 1978. During the breeding period, the rats continued to be fed the same diets. Twenty days later (on the average), females were separated and housed individually in polycarbonate cages. Males were removed from the breeding cages and rehoused two per cage.

After the pups were born and placed on the lifetime feeding phase of the study, 10 rats (5 rats of each sex) were selected from the  $F_0$  generation for additional pathogen burden determinations (Tables C4-C6) to assure that the animals remained in acceptable health according to the infectious disease criteria.

Filial Generation  $(F_I)$ : The  $F_0$  females were allowed to deliver their  $F_1$  litters naturally, and these were culled to groups of no more than eight pups (four per sex if possible) per litter. No particular system was used in reducing the number of pups to eight (other than four per sex).

At birth, the litters from the  $F_0$  dams within the control and dosed groups were assigned randomly to the corresponding lifetime feeding phase groups (control and dosed) such that birth dates were equally distributed. Twenty-one days after birth, the pups were weaned, given a temporary number, and then assigned, according to a table of random numbers, to groups for the lifetime feed study. Litters in which only one sex was present were excluded from those animals to be selected. At this time, 16 rats (8 rats per sex) were selected for pathogen burden determinations (Tables C7-C9).

#### ANIMAL MAINTENANCE

The control and crocidolite asbestos-exposed rats were placed in separate rooms with monitored temperature and humidity and a controlled light cycle. Attempts were made to maintain the temperature at  $74^{\circ} \pm 4^{\circ}$  F and humidity at 50%  $\pm$ 10%. Racks and filters were changed approximately once every 2 weeks. Cages and bedding were replaced twice per week Bedding samples were collected periodically for analysis (Appendix D). Control and formulated diets and tap water via automatic waterers were available ad libitum. Two water samples were collected and submitted for analysis (Appendix E). Stainless steel feed containers were changed once every 2 weeks. Sources and description of the materials used for animal maintenance are presented in Table 4.

#### SAFETY PRECAUTIONS

The incoming air to the animal rooms was filtered to remove particulate matter. Ten to 15 changes of room air per hour were provided. Before initiation of the study, air samples were collected and analyzed for baseline asbestos concentrations. Additional samples were collected approximately every 6 months for analysis to assure personnel safety (Appendix F).

Other measures used for personnel protection included the wearing of fully protective disposable suits, gloves, boots, and bouffant caps and the use of a dust/mist respirator mask approved by the Occupational Safety and Health Administration. Personnel leaving the animal rooms were required to dispose of their protective clothing and to take showers. In addition, physical

examinations, including pulmonary function tests and chest radiographs, were conducted at the initiation of the study, once per year thereafter, and at the end of the studies.

# CLINICAL EXAMINATIONS AND PATHOLOGY

Rats were observed two times per day. Body weights by cage were recorded once per week for the duration of the studies. Mean body weights were calculated for each group. Moribund animals were killed, as were animals that survived to the end of the study. A necropsy was performed on all animals, including those found dead unless they were excessively autolyzed or cannibalized. Thus, the number of animals from which particular organs or tissues were examined microscopically varies and is not necessarily equal to the number of animals that were placed on study in each group. Animals were killed when exhibiting any one of these conditions:

- 1. Palpable masses within the abdominal cavity (excluding retained testes)
- 2. Masses protruding from the rectum.
- Rectal discharge of bright red fluid (an indication of the presence of a bleeding colonic or rectal neoplasm)
- Large ulcerated masses in the area of the ears or on the side of the face (Zymbal gland tumors)
- Large subcutaneous masses that were ulcerated or infected.
- 6. Masses that interfered with breathing and eating or that severely hampered locomotion
- 7. Huge tissue masses
- 8. Central nervous system signs accompanied by weight loss (head tilt, circling, incoordination, ataxia, paralysis)
- 9. Severe weight loss or emaciation
- 10. Coma or extreme weakness.

When the remaining animals of the crocidolite asbestos-exposed group of either sex reached 10% of those starting the studies, that group and the corresponding control group for that sex were killed. Animals were killed by exsanguination under sodium pentobarbital anesthesia (Nembutal®, Abbott Laboratories, Inc., North

Chicago, Illinois, or Diabutal®, Diamond Laboratories, Inc., Des Moines, Iowa). Final body weights were recorded, and necropsies were performed which included blood smears taken from animals killed in extremis or those killed at the end of the study and touch preparations made from any enlarged spleen or lymphoid organ.

The gastrointestinal tract, chosen as one of the target organs before these studies began, was handled in a slightly different manner than in standard long-term rodent carcinogenesis studies. Before being placed in fixative, the entire esophagus was opened and pinned with the exterior surface adjacent to cardboard. The stomach and cecum were prepared similarly. Twocentimeter lengths of duodenum and ileum and two portions of jejunum were placed unopened in fixative. The remaining small intestine was opened, washed gently with saline, and carefully examined by transillumination on a radiograph viewing box. Suspected lesions were processed separately and identified individually as to location. Likewise, the entire colon with anus was opened, examined, and pinned to cardboard (serosal surface down) before fixation. The size and location of masses were recorded. Masses greater than 1 mm in diameter were removed as separate specimens for processing. After fixation and before embedding, the colon was "carpet-rolled" starting at the posterior end, with the mucosal surface inward.

Examinations for grossly visible lesions were performed on major tissues or organs. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. Tissues examined microscopically are listed in Table 4.

When the pathology examination was completed, the slides, individual animal data records, and summary tables were sent to an independent quality assurance laboratory. Individual animal records and tables were compared for accuracy, slides and tissue counts were verified, and histotechnique was evaluated. All tumor diagnoses, all target tissues, and all tissues from a randomly selected 10% of the animals were evaluated by a quality assurance pathologist. Slides of all target tissues and those about which the original and quality assurance pathologists

disagreed were submitted to the Chairperson of the Pathology Working Group (PWG) for evaluation. Representative coded slides selected by the Chairperson were reviewed by PWG pathologists, who reached a consensus and compared their findings with the original and quality assurance diagnoses. When diagnostic differences were found, the PWG sent the appropriate slides and comments to the original pathologist for review. This procedure has been described, in part, by Maronpot and Boorman (1982) and Boorman et al. (1985). The final diagnoses represent a consensus of contractor pathologists and the NTP Pathology Working Group.

#### STATISTICAL METHODS

Data Recording: 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, survival, body weight, and individual pathology results, as recommended by the International Union Against Cancer (Berenblum, 1969).

Survival Analyses: The probability of survival was estimated by the product-limit procedure of Kaplan and Meier (1958) and is presented in the form of graphs. Animals were censored from the survival analyses at the time they were found to be missing or dead from other than natural causes; animals dying from natural causes were not 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) life table test for a doserelated trend. When significant survival differences were detected, additional analyses using these procedures were carried out to determine the time point at which significant differences in the survival curves were first detected. All reported P values for the survival analysis are two-sided.

Calculation of Incidence: 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 to the number of animals in which that site was examined. In most instances, the denominators include only those animals for which the site was examined histologically. However, when macroscopic examination was required to detect lesions (e.g., skin or mammary tumors) prior to histologic sampling, or when lesions could have appeared at multiple sites (e.g., lymphomas), the denominators consist of the number of animals on which a necropsy was performed.

Analysis of Tumor Incidence: Three statistical methods are used to analyze tumor incidence data: life table tests, incidental tumor analysis, and Fisher exact/Cochran-Armitage trend analyses. Tests of significance include pairwise comparisons of high dose and low dose groups with controls and tests for overall dose-response trends. For studies in which administration of the test compound has little effect on survival, the results of the three alternative analyses will generally be similar. When differing results are obtained by the three methods, the final interpretation of the data will depend on the extent to which the tumor under consideration is regarded as being the cause of death. Continuity-corrected tests are used in the analysis of tumor incidence, and reported P values are one-sided. The procedures described below also were used to evaluate selected nonneoplastic lesions.

Life Table Analyses--The first method of analysis assumed that all tumors of a given type observed in animals dying before the end of the study were "fatal"; i.e., they either directly or indirectly caused the death of the animal. According to this approach, the proportions of tumor-bearing animals in the dosed and control groups were compared at each point in time at which an animal died with a tumor of interest. The denominators of these proportions were the total number of animals at risk in each group. These results, including the data from animals killed at the end of the study, were then combined by the Mantel-Haenszel method (1959) to obtain an overall P value. This method of adjusting for intercurrent mortality is the life table method of Cox (1972) and of Tarone (1975). The underlying variable considered by this analysis is time to death due to tumor. If the tumor is rapidly lethal, then time to death due to tumor closely approximates time to tumor onset. In this case, the life table test also provides a comparison of the time-specific tumor incidences.

#### II. MATERIALS AND METHODS

Incidental Tumor Analyses--The second method of analysis assumed that all tumors of a given type observed in animals that died before the end of the study were "incidental"; i.e., they were merely observed at necropsy in animals dying of an unrelated cause. According to this approach, the proportions of tumor-bearing animals in dosed and control groups were compared in each of five time intervals: weeks 0-60, weeks 61-86, weeks 87-112, weeks 113-126, and beyond week 126. The denominators of these proportions were the number of animals actually examined for tumors during the time interval. The individual time interval comparisons were then combined by the previously described method to obtain a single overall result. (See Haseman, 1984, for the computational details of both methods.)

Fisher Exact/Cochran-Armitage Trend Analyses-In addition to survival-adjusted methods, the results of the Fisher exact test for pairwise comparisons and the Cochran-Armitage linear trend test (Armitage, 1971; Gart et al., 1979) are given in the appendix containing the analyses of tumor incidence. These two tests are based on the overall proportion of tumor-bearing animals and do not adjust for survival differences.

Historical Control Data: Although the concurrent control group is always the first and most appropriate control group used for evaluation, there are certain instances in which historical control data can be helpful in the overall assessment of tumor incidence. Consequently, control tumor incidences from the NTP historical control data base (Haseman et al., 1984, 1985) are included for those tumors appearing to show compound-related effects.

#### III. RESULTS

ESTABLISHMENT OF STUDY GROUPS
PATHOGEN BURDEN
CLINICAL SIGNS
BODY WEIGHTS AND FEED CONSUMPTION
SURVIVAL
PATHOLOGY AND STATISTICAL ANALYSES OF
RESULTS

#### ESTABLISHMENT OF STUDY GROUPS

The studies were designed to evaluate the effects of ingested crocidolite asbestos during the entire life of the animal, starting from the time the rats were able to eat solid food. For this reason, the mated female rats had been on the study diets for approximately 14 weeks when the first litters were born. To minimize the chance that the mothers would reject or cannibalize their young, the litters were not handled during lactation except for weighing and culling at birth.

Litter size and survival of offspring were unaffected by the presence of crocidolite asbestos in the diet. The average number of live fetuses born to crocidolite asbestos-exposed dams was 7.7 vs. 7.4 for the control groups. The average weight at birth of the crocidolite asbestos-exposed pups, determined by dividing the weight of each litter by the number of live pups, was 4.8 g vs. 5.0 g for the controls. The crocidolite asbestos-exposed offspring were smaller at weaning than were controls (22.2 g vs. 27.5 g).

A summary of groups, number of animals, diets for the parental  $(F_0)$  animals, as well as the distribution of and diets for the filial  $(F_1)$  animals is presented in Figure 1 and Table 4.

#### PATHOGEN BURDEN

The tissues of the  $F_0$  animals evaluated for pathogen burden revealed evidence of early spontaneous respiratory disease present in the lungs of all but one of the rats examined (Appendix C). The lesions consisted of minimal to slight peribronchial lymphoid hyperplasia and minimal perivascular lymphoid hyperplasia in three of these rats. In the repeated pathogen burden examination of the  $F_0$  animals, evidence of respiratory disease was noted in all animals. This disease was characterized by moderate peribronchial lymphoid hyperplasia in all rats with an accompanying bronchial exudate in six males. The respiratory disease was slightly more pronounced than that observed at the earlier kill.

In the lungs of all F<sub>1</sub> rats examined, evidence of early spontaneous respiratory disease was present, characterized by minimal to slight peribronchial lymphoid hyperplasia.

No serologic evidence of Sendai virus was present in either  $F_0$  or  $F_1$  animals (Appendix C).

#### **CLINICAL SIGNS**

A summary of clinical signs from weeks 83 to 112 is presented in Appendix G. This time period was chosen for illustration because few signs were noted before week 83 and age-related signs complicated the observations after week 112.

The incidence of clinical signs occurred at essentially comparable frequencies in the crocidolite asbestos-exposed and control rats throughout the studies. The following representative findings were observed at generally comparable frequencies in all groups: soft feces; urine stains; pale, thin and/or hunched appearance; depression; localized alopecia or sores on head or body; rough haircoats; abnormal eyes (pale, cloudy, bloody crust, red, lacrimation, squinting, enlarged, sores, swollen, red discharge, protruding, small and/or necrotic); head tilt; salivation; localized swellings; stains on fur; bloated appearance; necrotic or abscessed tail; discharge from anus or vagina; protruding penis or vagina; small or enlarged testis; wheezing; wasting feed or decreased feed consumption; and labored respiration and/or abnormal central nervous system responses (circling, hyperactivity, loss of equilibrium, tremors, isolated occurrences of paralysis and/or ataxia).

As the study proceeded, the incidence of clinical signs increased in all groups. At intervals during which a large number of moribund animals were killed in any one particular group, the clinical signs most frequently observed were supportive of the conditions for moribund kills as outlined in the Materials and Methods section.

# BODY WEIGHTS AND FEED CONSUMPTION

Mean body weights of rats in the lifetime feed studies, body weights relative to controls, and survival are presented in Table 5; mean body weights are also shown in Figure 2.

Mean body weights were statistically analyzed at selected intervals: birth and weeks 3, 8, 10, 14, 23, 34, 58, 86, and 112 for the males and birth and weeks 3, 8, 11, 16, 27, 48, 60, 86, and 112 for the females. The birth weights of pups from exposed and control dams were approximately the same but the crocidolite asbestosexposed pups weighed 19% less than did the

controls at weaning. The depression in body weight gain in the crocidolite asbestos-exposed rats was greatest at 7 weeks of age (male, 32%; female, 23%), after which time weight gain was parallel to that in the controls for the remainder of the studies, with mean body weights remaining lower at all time points.

A summary of average weekly feed consumption per rat and ratios for dosed vs. control groups is given in Appendix H. The average weekly feed consumption by the crocidolite asbestos-exposed males and females was 95% that by the controls. These differences may have contributed to some degree to the depressed body weight gain in the crocidolite asbestos-exposed rats.

TABLE 5. MEAN BODY WEIGHTS AND SURVIVAL OF RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

Weeks on		ontrol		1% Crocidolite	
Study (from birth)	Av. Wt. (grams)	No. of Survivors	Av. Wt. (grams)	Wt. (percent of controls)	No. of Survivors
MALE		· · · · · · · · · · · · · · · · · · ·			
7	165	118	112	68	250
17	312	118	244	78	250
27	359	118	317	88	249
37	408	118	351	86	249
47	411	118	366	89	248
57	443	118	392	88	248
67	466	117	413	89	247
77	471	114	427	91	246
87	471	109	429	103	240
97	464	102	424	91	230
107	460	89	419	91	206
117	424	65	399	94	167
127	401	45	373	93	112
137	361	19	332	92	52
FEMALE					
7	126	118	97	77	250
17	188	118	163	87	250
27	203	118	186	92	250
37	224	118	200	89	250
47	228	118	220	96	249
57	251	118	235	94	248
67	282	117	259	92	244
77	303	115	280	92	239
87	317	109	292	92	232
97	328	94	294	90	228
107	334	81	302	90	202
117	324	70	295	91	160
127	314	51	275	88	111
137	295	28	253	86	66

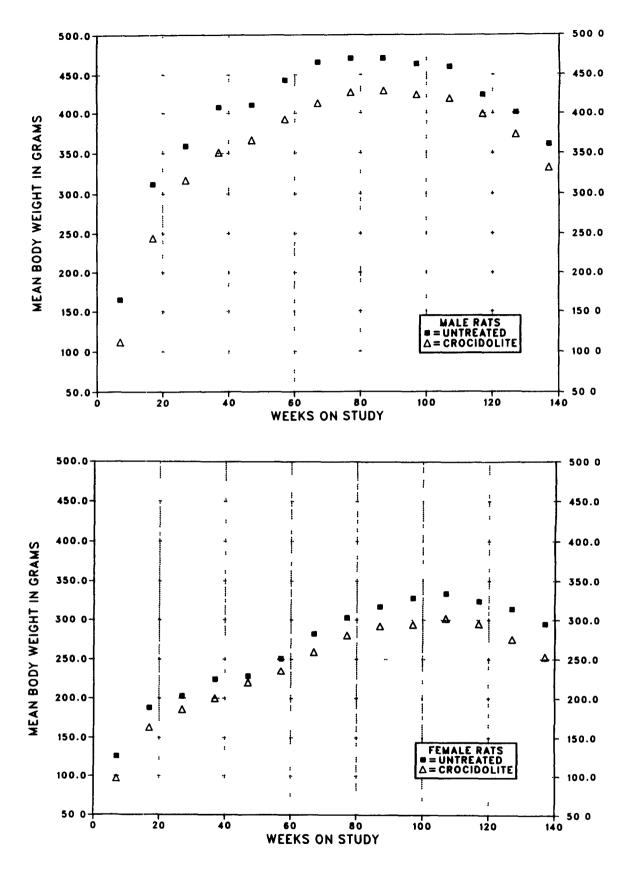


FIGURE 1. GROWTH CURVES FOR RATS IN THE LIFTETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

#### **SURVIVAL**

Estimates of the probabilities of survival for male and female rats fed diets containing crocidolite asbestos and for the controls are shown in Table 6 and in the Kaplan and Meier curves in Figure 3. No significant differences in survival between the dosed and control groups were observed, although a greater percentage of crocidolite asbestos-exposed rats were alive during most of the studies. Survival of males and females was approximately equal until week 112, after which a greater proportion of the females survived.

# PATHOLOGY AND STATISTICAL ANALYSES OF RESULTS

This section describes the significant or noteworthy changes in the incidences of rats with neoplastic or nonneoplastic lesions. Only positive histopathologic findings based on hematoxylin- and eosin-stained sections are tabulated in the text. A few tissues were missing from occasional animals. Also, no diagnoses are given for several tissues in one male control rat because of autolysis. Lesions in male rats are summarized in Appendix A. Histopathologic findings on neoplasms are summarized in Table A1. Table A2 gives the survival and tumor status for individual male rats. Table A3 contains the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups. The statistical analyses used are discussed in Chapter II (Statistical Methods) and Table A3 (footnotes). Historical incidences of tumors in control male rats are listed in Table A4. Findings on nonneoplastic lesions are summarized in Table A5.

Lesions in female rats are summarized in Appendix B. Histopathologic findings on neoplasms are summarized in Table B1. Table B2 gives the survival and tumor status for individual female rats. Table B3 contains the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups. The statistical analyses used are discussed in Chapter II (Statistical Methods) and Table B3 (footnotes). Historical incidences of tumors in control female rats are listed in Table B4. Findings on nonneoplastic lesions are summarized in Table B5.

TABLE 6. SURVIVAL OF RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS AT VARIOUS TIME POINTS AFTER WEEK 112

		Male	•	Female	
Group	Week	Number Alive/ Total Number	Percent Survival	Number Alive/ Total Number	Percent Survival
Control	112	78/118	66	75/118	64
	120	56/118	47	62/118	53
	134	20/118	17	32/118	27
	144			15/118	13
Crocidolite					
asbestos	112	179/250	72	172/250	69
	120	149/250	60	143/250	57
	134	64/250	26	73/250	29
	144			29/250	12

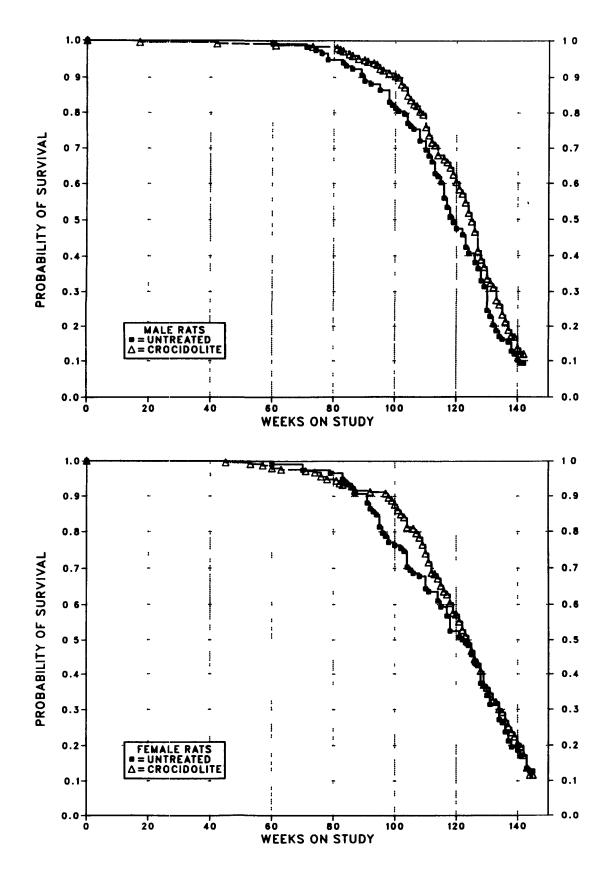


FIGURE 2. KAPLAN-MEIER SURVIVAL CURVES FOR RATS IN THE LIFTETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

A variety of neoplasms was found in the control and crocidolite asbestos-exposed groups, including monocytic (mononuclear cell) leukemia, endocrine tumors, testicular interstitial cell tumors, and mammary gland neoplasms (Table 7).

Stomach Neoplasms: Squamous cell papillomas occurred in the forestomach (nonglandular) and appeared as exophytic growths of thickened epithelium resting on a proliferative connective tissue stalk. Squamous cell carcinomas also occurred in the forestomach and were composed of proliferating small basophilic squamous cells that were growing down into the lamina propria and occasionally formed keratin pearls.

#### Intestinal Tract Neoplasms:

The primary epithelial neoplasms in the crocidolite asbestos studies were divided by the original pathologist into three major types, based on morphology and biologic behavior: adenomatous polyps, adenocarcinomas arising in an adenomatous polyp, and carcinomatas.

Adenomatous polyps--The adenomatous polyps were exophytic lesions of the mucosa supported on a pedicle of fibrous tissue and/or elevated submucosa which appeared to extend up into the growth. The epithelial cells were usually deeply basophilic and hypertrophic and formed glands of varying sizes. Surface necrosis of these lesions was common and often accompanied by an inflammatory response. Invasion of the pedicle was not observed. These polyps often occurred as multiple neoplasms in the large intestine.

Adenocarcinomas arising in adenomatous polyps--These neoplasms were exophytic lesions of the mucosa composed of proliferating deeply basophilic hypertrophic epithelial cells similar to those described above. In addition, they often showed disorganization, loss of relationship to the basement membrane, and abnormal mitoses. Local invasion of the pedicle was a consistent finding; however, metastases were rarely observed.

Carcinomatas--This classification includes signet ring cell carcinomas, adenocarcinomas, mucinous cystadenocarcinomas, and carcinomas. Biologically, all were similar and were usually characterized by transmural growth that penetrated the muscular tunics and serosa and spread throughout the coelomic cavity inducing a severe desmoplastic response. Metastasis to regional lymph nodes was common; metastasis to the lung and mediastinum occurred to a lesser extent. Grossly, in advanced cases, the loops of intestines were fused into an inseparable mass of tumor and desmoplastic tissue. Classification was based on the most prominent feature at the primary site. Signet ring cell carcinomas were composed of masses of clear oval cells with eccentric nuclei. Mucinous cystadenocarcinomas were characterized by the formation of multiple large ectatic glands or spaces that were filled with mucus and cellular debris. Adenocarcinomas consisted of clusters of cells and/or glands in pools of mucus or sequestered in desmoplastic tissue. The carcinomas were anaplastic neoplasms lacking acinar formations. In some cases, there was an overlap of cell types in the

TABLE 7. INCIDENCE OF PRIMARY NEOPLASMS IN RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

	3	Male	Female		
	Control	1% Crocidolite	Control	1% Crocidolite	
No. of animals examined	118	250	118	250	
Total animals with primary tumors	118 (100%)	248 (99%)	115 (97%)	242 (97%)	
Total primary tumors	(a) 395 (3.3)	(a) 831 (3.4)	(a) 291 (2.5)	(a) 661 (2.7)	
Total animals with benign tumors	117 (99%)	242 (97%)	91 (77%)	190 (76%)	
Total benign tumors	(a) 251 (2.1)	(a) 498 (2.1)	(a) 166 (1.8)	(a) 378 (2.0)	
Total animals with malignant tumors	97 (82%)	209 (84%)	80 (68%)	187 (75%)	
Total malignant tumors	(a) 134 (1.4)	(a) 315 (1.5)	(a) 120 (1.5)	(a) 273 (1.5)	

<sup>(</sup>a) Average number of tumors per tumor-bearing animal is in parentheses.

same tumor, suggesting that the above morphologic types probably have the same histogenesis.

A few mesenchymal neoplasms of connective tissue or smooth muscle origin also were observed in the gastrointestinal tract. The incidences of these and of epithelial neoplasms are shown in Table 8. No statistically significant differences between the control and crocidolite asbestos-exposed groups were observed.

Evaluation of the incidence of the various categories of epithelial intestinal neoplasia by site and week of occurrence within the gastrointestinal tract does not indicate any significant (P < 0.05) compound-related effect (Table 9). In addition, the incidences of nonneoplastic lesions of the gastrointestinal tract, such as enteritis, ulceration, and inflammation, were generally comparable in the control and crocidolite asbestos-exposed rats (Table 10).

TABLE 8. INCIDENCE OF GASTROINTESTINAL TRACT NEOPLASMS IN RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

		Male	Female		
	Control	1% Crocidolite	Control	1% Crocidolite	
No. of animals examined	117	249	118	250	
Total animals with neoplasms	5 (4.3%)	15 (6.0%)	3 (2.5%)	5 (2.0%	
Total animals with epithelial neoplasms	3 (2.6%)	9 (3.6%)	1 (0.8%)	5 (2.0%)	
Total animals with mesenchymal neoplasms	2(1.7%)	6 (2.4%)	2(1.7%)	0 (0.0%)	

TABLE 9. WEEK OF OCCURRENCE FOR EACH RAT WITH GASTROINTESTINAL TRACT EPITHELIAL NEOPLASMS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

		Male	<u> Female</u>	
Site/Neoplasm	Control	1% Crocidolite	Control	1% Crocidolite
Stomach (forestomach)				
Squamous cell papilloma		108		71
Squamous cell carcinoma		142		86
Basal cell carcinoma		133		
Stomach (fundus)				
Carcinoma, NOS	(a) 83	136		143
Adenomatous polyp				118
lejunum				
Mucinous cystadenocarcinoma		121	126	
Malignant carcinoid tumor		••		53
leum				
Adenocarcinoma	78			
Cecum				
Adenomatous polyp	(b) 130	••		
Colon (ascending)				
Adenomatous polyp		132		
Colon (descending)				
Adenomatous polyp		104, 116, 142		
olon (transverse)				
Carcinoma	(b) 130			

<sup>(</sup>a) Carcinoma in situ

<sup>(</sup>b) A carcinoma of the transverse colon and an adenomatous polyp of the cecum occurred in the same animal.

TABLE 10. INCIDENCE OF NONNEOPLASTIC LESIONS IN THE ALIMENTARY TRACT IN RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

		Male	<u>Female</u>	
	Control	1% Crocidolite	Control	1% Crocidolite
Tongue	118	250	118	250
Inflammation	0 (0%)	2(1%)	0 (0%)	0 (0%)
Hyperkeratosis	0 (0%)	2(1%)	0 (0%)	0 (0%)
Acanthosis	0 (0%)	1 (<1%)	0 (0%)	1 (<1%)
Esophagus	115	247	116	239
Inflammation	0 (0%)	0 (0%)	1 (1%)	0 (0%)
Necrosis	0 (0%)	0 (0%)	1 (1%)	0 (0%)
Hyperkeratosis	8 (7%)	17 (7%)	5 (4%)	3 (1%)
Acanthosis	1 (1%)	0 (0%)	0 (0%)	0 (0%)
Stomach (nonglandular)	116	249	118	250
Mineralization	4 (3%)	3 (1%)	1 (1%)	0 (0%)
Inflammation, chronic	25 (22%)	38 (15%)	21 (18%)	46 (18%)
Ulcer, perforated	10 (9%)	21 (8%)	9 (8%)	17 (7%)
Necrosis, focal	19 (16%)	47 (19%)	23 (19%)	36 (14%)
Hyperplasia	4(3%)	2(1%)	1 (1%)	1(<1%)
Hyperkeratosis	17 (15%)	47 (19%)	31 (26%)	28 (11%)
Acanthosis	28 (24%)	60 (24%)	28 (24%)	50 (20%)
Stomach (glandular)	116	249	118	250
Hyperplasia	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Small intestine	117	249	118	250
Inflammation	1 (1%)	1 (<1%)	0 (0%)	3 (1%)
Necrosis	1(1%)	1 (<1%)	0 (0%)	2(1%)
Ulcer, perforated	0 (0%)	1 (<1%)	0 (0%)	1 (<1%)
Colon	117	249	118	250
Parasitism	5 (4%)	9 (4%)	9 (8%)	9 (4%)
Inflammation	1 (1%)	3(1%)	0 (0%)	0 (0%)
Necrosis	2(2%)	3 (1%)	1(1%)	0 (0%)
Hyperplasia	0 (0%)	1 (<1%)	0 (0%)	0 (0%)
Cecum	117	249	118	250
Parasitism	0 (0%)	1 (<1%)	0 (0%)	0 (0%)
Inflammation	1 (1%)	2(1%)	0 (0%)	6 (2%)
Necrosis	1 (1%)	3 (1%)	1 (1%)	2(1%)
Hyperplasia	0 (0%)	0 (0%)	0(0%)	2(1%)

Miscellaneous Neoplasms: Occasionally, a somewhat higher or lower incidence of commonly occurring neoplasms was observed in dosed groups, but most of these were without statistical significance (Table 11). The only neoplasms showing a statistically significant increase were leukemia (Table 12) and tumors of the thyroid gland (Tables 13 and 14) and clitoral gland (referred to as preputial gland in Appendix B) (Table 15).

The incidence of leukemia (mononuclear cell leukemia or monocytic leukemia) was significantly increased (P<0.05) in female crocidolite

asbestos-exposed rats compared with that in the control group (Table 12). However, statistical significance was absent (P=0.15) when the incidence was examined by life table analysis.

The incidence of follicular cell carcinomas of the thyroid gland showed significant increases (P < 0.05) in male rats exposed to crocidolite asbestos (Table 13). The incidences of follicular cell adenomas and adenomas or carcinomas (combined) were not significantly increased in male rats, whereas the combination was significantly decreased (P < 0.05) in females.

TABLE 11. INCIDENCE OF PRIMARY NEOPLASMS IN RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS (a)

		Male	F	emale
	Control	1% Crocidolite	Control	1% Crocidolite
Skin	118	250	118	250
Squamous cell papilloma	1 (1%)	6 (2%)	0 (0%)	1(<1%)
Squamous cell carcinoma	2(2%)	3 (1%)	1 (1%)	1(<1%
Basal cell carcinoma	2(2%)	10 (4%)	1(1%)	0 (0%)
Keratoacanthoma	4 (3%)	11 (4%)	0 (0%)	1 (<1%)
Subcutaneous tissue or skin	118	250	118	250
Fibroma	18 (15%)	27 (11%)	6 (5%)	9 (4%)
Fibrosarcoma	8 (7%)	7 (3%)	3 (3%)	5 (2%)
Neurofibroma	3 (3%)	9 (4%)	0 (0%)	1(<1%)
Neurofibrosarcoma	0 (0%)	4 (2%)	0 (0%)	1 (<1%)
ung	117	250	118	250
Alveolar/bronchiolar adenoma	1 (1%)	2(1%)	0 (0%)	1 (<1%)
Alveolar/bronchiolar carcinoma	2 (2%)	2 (1%)	1 (1%)	2(1%)
Hematopoietic system	118	250	118	250
Leukemia (monocytic or mononuclear cell)	43 (36%)	113 (45%)	43 (36%)	(b) 118 (47%)
Lymphoma	1 (1%)	5 (2%)	0 (0%)	1 (<1%)
Circulatory system	118	250	118	250
Hemangiosarcoma	3 (3%)	4 (2%)	0 (0%)	0 (0%)
iver	117	250	118	250
Neoplastic nodule	8 (7%)	16 (6%)	3 (3%)	6 (2%)
Hepatocellular carcinoma	4 (3%)	3 (1%)	0 (0%)	1 (<1%)
Pancreas	118	249	118	249
Acinar cell adenoma	8 (7%)	15 (6%)	2 (2%)	5 (2%)
Acinar cell carcinoma	0 (0%)	2 (1%)	0 (0%)	1 (<1%)
Kidney	117	250	117	250
Tubular cell adenoma	0 (0%)	2 (1%)	2 (2%)	0 (0%)
Tubular cell adenocarcinoma	0 (0%)	5 (2%)	1 (1%)	0 (0%)
ituitary gland	117	245	116	247
Adenoma	15 (13%)	41 (17%)	42 (36%)	101 (41%)
Carcinoma	3 (3%)	4 (2%)	9 (8%)	8 (3%)
drenal gland	117	250	118	250
Cortical adenoma	2 (2%)	8 (3%)	4 (3%)	18 (7%)
Cortical carcinoma	0 (0%)	0 (0%)	2 (2%)	1 (<1%)
Pheochromocytoma, benign Pheochromocytoma, malignant	33 (28%) 2 (2%)	54 (22%) 8 (3%)	17 (14%) 2 (2%)	39 (16%) 3 (1%)
hyroid gland	116	249	117	250
				250 8 (3%)
Follicular cell adenoma Follicular cell carcinoma	7 (6%)	15 (6%)	8 (7%)	
	3 (3%)	(b) 22 (9%)	3 (3%)	2(1%)
C-cell adenoma C-cell carcinoma	13 (11%) 19 (16%)	34 (14%) 48 (19%)	4 (3%) 12 (10%)	(c) 23 (9%) (b) 46 (18%)
ancreatic islets	117	249	118	249
Islet cell adenoma	2(2%)	0 (0%)	2 (2%)	5 (2%)
Islet cell carcinoma	11 (9%)	(d) 11 (4%)	3 (3%)	6 (2%)
lammary gland	118	250	118	250
Adenoma	0 (0%)	1 (<1%)	2 (2%)	1 (<1%)
Adenocarcinoma	1 (1%)	4 (2%)	16 (14%)	23 (9%)
Fibroadenoma	18 (15%)	(d) 18 (7%)	48 (41%)	112 (45%)

TABLE 11. INCIDENCE OF PRIMARY NEOPLASMS IN RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS (Continued)

		Male	Fe	emale
	Control	1% Crocidolite	Control	1% Crocidolite
Preputial/clitoral gland	118	250	118	250
Adenoma	0 (0%)	0 (0%)	1 (1%)	2(1%)
Carcinoma or squamous cell carcinoma	3 (3%)	16 (6%)	4 (3%)	(c) 23 (9%)
Testis	118	249		
Interstitial cell tumor	116 (98%)	237 (95%)		
Uterus			116	248
Endometrial stromal polyp			19 (16%)	38 (15%)
Endometrial stromal sarcoma			1 (1%)	3 (1%)
Ovary			116	248
Granulosa cell tumor			1(1%)	4(2%)
Granulosa cell carcinoma			1(1%)	1 (<1%)
Zymbal gland	118	250	118	250
Squamous cell papilloma	0 (0%)	0 (0%)	0 (0%)	1 (<1%)
Squamous cell carcinoma	4(3%)	5 (2%)	0 (0%)	4 (2%)
Tunica vaginalis	118	250		
Mesothelioma	4 (3%)	5 (2%)		

<sup>(</sup>a) Incidence of all neoplasms (other than those in the alimentary tract) that occurred at an incidence of 2% or more in at least one group (b) P < 0.05 (increase) relative to controls (incidental tumor and the Fisher exact tests)

TABLE 12. ANALYSIS OF MONOCYTIC OR MONUCLEAR CELL LEUKEMIA IN RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS (a)

	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	ale (b)	Female (c)							
	Control	1% Crocidolite	Control	1% Crocidolite						
Overall Rates	43/118 (36%)	113/250 (45%)	43/118 (36%)	118/250 (47%)						
Adjusted Rates	77.7%	81.2%	66.7%	74.9%						
Terminal Rates	4/11 (36%)	15/29 (52%)	3/15 (20%)	8/29 (28%)						
Week of First Observation	71	83	60	76						
Life Table Test		P = 0.452		P = 0.152						
Incidental Tumor Test		P = 0.082		P = 0.032						
Fisher Exact Test		P = 0.070		P = 0.033						

<sup>(</sup>a) The statistical analyses used are discussed in Chapter II (Statistical Methods) and Appendix A, Table A3 (footnotes).

<sup>(</sup>c) P<0.05 (increase) relative to controls

<sup>(</sup>d) P<0.01 (decrease) relative to controls

<sup>(</sup>b) Historical incidence in untreated male controls in lifetime NTP studies (mean ± SD): 192/529 (36% ± 3%)

<sup>(</sup>c) Historical incidence in untreated female controls in lifetime NTP studies (mean  $\pm$  SD): 201/529 (38%  $\pm$  6%)

TABLE 13. ANALYSIS OF FOLLICULAR CELL TUMORS OF THE THYROID GLAND IN RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

	7/116 (6%) 15.5% 0/11 (0%) 108  3/116 (3%) 9.0% 0/11 (0%) 100	<b>Iale</b>	Fe	male
Adenoma         7/116 (6%)         15/244           Adjusted Rates         15.5%         14.2%           Terminal Rates         0/11 (0%)         0/29 (0           Week of First Observation         108         88           Life Table Test         P=0.4           Incidental Tumor Test         P=0.5           Fisher Exact Test         P=0.5           Carcinoma         3/116 (3%)         22/248           Adjusted Rates         9.0%         31.7%           Terminal Rates         0/11 (0%)         6/29 (2           Week of First Observation         100         110           Life Table Test         P=0.6           Adenoma or Carcinoma (a,b)         P=0.6           Overall Rates         10/116 (9%)         37/248           Adjusted Rates         23.1%         41.5%           Terminal Rates         0/11 (0%)         6/29 (2           Week of First Observation         100         88           Life Table Test         P=0.1           Incidental Tumor Test         P=0.1	1% Crocidolite	Control	1% Crocidolite	
Adenoma	<u> </u>			
Overall Rates	7/116 (6%)	15/249 (6%)	8/117 (7%)	8/250 (3%)
Adjusted Rates	15.5%	14.2%	18.8%	13.5%
Terminal Rates	0/11 (0%)	0/29 (0%)	1/15 (7%)	2/29 (7%)
Week of First Observation	108	88	92	118
Life Table Test		P = 0.443N		P = 0.092N
Incidental Tumor Test		P = 0.562N		P = 0.084N
Fisher Exact Test		P=0.582N		P=0.097N
Carcinoma				
Overall Rates	3/116 (3%)	22/249 (9%)	3/117 (3%)	2/250 (1%)
Adjusted Rates	9.0%	31.7%	11.0%	2.0%
Terminal Rates	0/11(0%)	6/29 (21%)	1/15 (7%)	0/29 (0%)
Week of First Observation	100	110	121	118
Life Table Test		P = 0.061		P = 0.175N
Incidental Tumor Test		P = 0.034		P = 0.161N
Fisher Exact Test		P = 0.019		P = 0.188N
Adenoma or Carcinoma (a,b)				
Overall Rates	10/116 (9%)	37/249 (15%)	11/117 (9%)	10/250 (4%)
Adjusted Rates	23.1%	41.5%	28.2%	15.2%
Terminal Rates	0/11 (0%)	6/29 (21%)	2/15 (13%)	2/29 (7%)
Week of First Observation	100	88	92	118
Life Table Test		P = 0.196		P = 0.032N
Incidental Tumor Test		P = 0.095		P = 0.025N
Fisher Exact Test		P = 0.065		P = 0.037N

<sup>(</sup>a) Historical incidence in untreated male controls in lifetime NTP studies (mean  $\pm$  SD): 44/520 (9%  $\pm$  1%)

<sup>(</sup>b) Historical incidence in untreated female controls in lifetime NTP studies (mean  $\pm$  SD): 39/525 (7%  $\pm$  2%)

TABLE 14. ANALYSIS OF C-CELL TUMORS OF THE THYROID GLAND IN RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

	Male Control  13/116 (11%) 34.8% 2/11 (18%) 78  19/116 (16%) 62.5% 5/11 (45%) 98  32/116 (28%) 80.1% 7/11 (64%) 78	ale	Fen	male		
Overall Rates Adjusted Rates Terminal Rates Week of First Observation Life Table Test Incidental Tumor Test Fisher Exact Test  arcinoma Overall Rates Adjusted Rates Terminal Rates Week of First Observation Life Table Test Incidental Tumor Test Fisher Exact Test	Control	1% Crocidolite	Control	1% Crocidolite		
Adenoma						
Overall Rates	13/116 (11%)	34/249 (14%)	4/117 (3%)	23/250 (9%)		
Adjusted Rates	34.8%	31.2%	17.1%	34.3%		
Terminal Rates	2/11 (18%)	3/29 (10%)	2/15 (13%)	5/29 (17%)		
Week of First Observation	78	88	122	107		
Life Table Test		P = 0.518		P = 0.046		
Incidental Tumor Test		P = 0.321		P = 0.038		
Fisher Exact Test		P = 0.319		P = 0.034		
Carcinoma						
Overall Rates	19/116 (16%)	48/249 (19%)	12/117 (10%)	46/250 (18%)		
Adjusted Rates		57.8%	39.9%	53.4%		
Terminal Rates	5/11 (45%)	10/29 (34%)	3/15 (20%)	6/29 (21%)		
Week of First Observation	98	95	114	99		
Life Table Test	• •	P = 0.497N		P = 0.054		
		P=0.436		P = 0.041		
		P = 0.304		P = 0.030		
Adenoma or Carcinoma (a)						
Overall Rates	32/116 (28%)	79/249 (32%)	16/117 (14%)	68/250 (27%)		
Adjusted Rates	80.1%	71.6%	52.2%	71.2%		
	7/11 (64%)	13/29 (45%)	5/15 (33%)	11/29 (38%)		
Week of First Observation		88	114	99		
Life Table Test	* =	P = 0.458N	=	P = 0.008		
Incidental Tumor Test		P = 0.353		P = 0.003		
		P=0.250		P = 0.002		

(a) Historical incidence in untreated female controls in lifetime NTP studies (mean ± SD): 103/525 (20% ± 4%)

C-Cell adenomas and C-cell carcinomas showed statistically significant increases (P<0.05) in exposed female but not male rats (Table 14). The increases were statistically significant by all three tests.

The incidence of clitoral gland tumors was significantly increased (P < 0.05) in female crocidolite asbestos-exposed rats compared with that in the controls (Table 15). However, there was no evidence of an increase in neoplasms in the male counterpart (preputial gland) of this tissue.

### Nonneoplastic Findings

A plethora of incidental lesions of aging was found in all groups. Although the incidence of a few specific lesions in exposed rats was statistically different (P < 0.05) from that in controls, none of these lesions was thought to be compound related. Histopathologic findings are summarized in Appendixes A and B. Nonneoplastic lesions that were observed in more than 5% of the rats in any of the study groups are shown in Table 16.

TABLE 15. INCIDENCE OF FEMALE RATS WITH TUMORS OF THE CLITORAL GLAND IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

	Control	1% Crocidolite	
Squamous Cell Carcinoma		,	
Overall Rates	4/118 (3%)	22/250 (9%)	
Adjusted Rates	20.6%	31.6%	
Terminal Rates	2/15 (13%)	5/29 (17%)	
Week of First Observation	137	109	
Life Table Test		P = 0.058	
Incidental Tumor Test		P = 0.053	
Fisher Exact Test		P = 0.042	
Carcinoma or Squamous Cell Card	inoma		
Overall Rates	4/118 (3%)	23/250 (9%)	
Adjusted Rates	20.6%	32.2%	
Terminal Rates	2/15 (13%)	5/29 (17%)	
Week of First Observation	137	109	
Life Table Test		P = 0.047	
Incidental Tumor Test		P = 0.043	
Fisher Exact Test		P = 0.032	
Adenoma, Carcinoma, or Squamou	s Cell Carcinoma (a)		
Overall Rates	5/118 (4%)	25/250 (10%)	
Adjusted Rates	22.2%	33.1%	
Terminal Rates	2/15 (13%)	5/29 (17%)	
Week of First Observation	127	109	
Life Table Test		P = 0.060	
Incidental Tumor Test		P = 0.056	
Fisher Exact Test		P = 0.041	

<sup>(</sup>a) Historical incidence in untreated female controls in lifetime NTP studies (mean ± SD): 21/529 (4% ± 2%)

TABLE 16. NONNEOPLASTIC LESIONS OBSERVED IN MORE THAN 5% OF RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

Lung: chronic inflammation, congestion, hemorrhage, histocytosis

Spleen: fibrosis, hemosiderosis, hematopoiesis, necrosis

Lymph nodes (various): lymphoid or reticulum cell hyperplasia, pigmentation, hemorrhage, erythrophagocytosis

Heart: chronic inflammation

Liver: degeneration, necrosis, fatty metamorphosis, toxic hepatitis, granulomas, pigmentation, focal cellular change

Bile duct (extrahepatic) chronic inflammation, hyperplasia

Pancreas (exocrine) atrophy, hyperplasia, ectopia

Kidney: chronic inflammation, cysts, pigmentation, mineralization

Pituitary gland: cysts, angiectasis, hyperplasia

Adrenal gland (cortex) fatty metamorphosis, hyperplasia, degeneration, angiectasis

Adrenal gland (medulla) hyperplasia

Thyroid gland: follicular cysts, C-cell hyperplasia

Parathyroid: hyperplasia

Testis: degeneration, interstitual cell hyperplasia
Prostate: abscess, chronic inflammation, hyperplasia

Ovary cysts

Uterus. endometrial cysts

Mammary gland: cystic ducts, galactocele, hyperplasia

Abdominal cavity: fat necrosis

Eye: cataract, inflammation, retinal degeneration

Zymbal gland: cystic ducts Bone: osteopetrosis Esophagus: hyperkeratosis

Stomach: hyperkeratosis, chronic inflammation, necrosis, acanthosis, ulcers

## IV. DISCUSSION AND CONCLUSIONS

Crocidolite asbestos was administered at a concentration of 1% in feed to male and female F344/N rats for their lifetime, beginning with exposure of the dams before and during gestation. The clinicopathologic results showed that the ingestion of crocidolite asbestos did not adversely affect the fertility of the mothers or the litter size of the  $F_1$  animals. However, the average weight of the offspring at weaning from mothers exposed to crocidolite asbestos during gestation and lactation was 19% lower than that of the offspring of nonexposed mothers. This result was not due to gestational effects of crocidolite asbestos, since birth weights of the exposed pups were comparable to those of concurrent controls. Body weight gain differences became more apparent by 8 weeks of age (male, 32%; female, 23%), after which body weight gains of the crocidolite asbestos-exposed rats paralleled those of the control rats, even though the exposed rats remained smaller throughout their lives. Lower body weight of offspring of asbestos-exposed mothers has been a consistent finding in NTP oral asbestos studies, having been observed in both the amosite asbestos (NTP. 1988b) and the tremolite asbestos (NTP, 1988c) studies. The decreased body weight gain was not related to a decrease in feed consumption, and the reason for this effect is not known. Although feed consumption by both groups was similar, the total caloric intake was slightly lower in the crocidolite asbestos group because its diet contained 1% asbestos. The differential in weight gain was not considered a toxic effect because the lifespan was not altered and no compoundrelated lesions were observed.

No clinical signs were observed which could be attributed to the ingestion of crocidolite asbestos. The ingestion of 1% crocidolite asbestos in feed for the lifespan of the rats appeared to enhance the survival of both males and females. The most plausible explanation for the increased survival of the crocidolite asbestos-exposed rats is their lower weight throughout the studies. Yu et al. (1982) showed that F344 rats with lower body weights resulting from restricted caloric intake lived longer than rats that were given feed ad libitum.

Survival of the rats (control and exposed) in the current studies compares favorably with that in

other long-term NTP studies; at 112 weeks of age, the proportions of rats still alive in these studies were as follows: male control, 66%; exposed male, 72%; control female, 64%; exposed female, 69%. In reviewing 25 NTP feed studies, Haseman (1983) reported that an average of 66% of control males and 73% of control females were alive at 112 weeks of age.

In the crocidolite asbestos studies, the survival of males was similar to that of females at 112 weeks of age. However, after 134 weeks, better survival was observed for both control and exposed females. In most 2-year studies involving rats, females usually have better survival than males. It is possible that the rats in these studies could have tolerated a higher level of exposure, although a dietary concentration of 1% for the entire life of the animal is substantial.

Ingestion of crocidolite asbestos over the lifetime of these rats did not cause any biologically significant increase in neoplasms at any particular anatomic site compared with the concurrent controls. Since the gastrointestinal tract was considered a target organ, based on epidemiologic studies in humans (Cooper et al., 1979) and because the study material was administered in feed, the incidence of gastrointestinal neoplasms in the control and exposed groups was examined in particular detail. Overall, the incidence was low, and no significant (P<0.05) differences in the total number of gastrointestinal neoplasms or neoplasms for any anatomic site within the gastrointestinal tract were observed between the exposed and control groups. Additionally, time to observation of the tumors was not affected by the ingestion of crocidolite asbestos. Most of these neoplasms were observed in rats over 112 weeks of age, the time when standard 2-year carcinogenesis studies are normally terminated.

Crocidolite asbestos did not cause an increase in any type of nonneoplastic disease in the gastro-intestinal tract. In summary, the ingestion of this form of asbestos did not cause any adverse effects on the gastrointestinal tract of either male or female F344/N rats.

Statistically significant (P < 0.05) increased incidences of mononuclear cell leukemia (monocytic

leukemia, Fischer rat leukemia) were observed in exposed female rats. However, this is readily explained because the exposed group of rats lived longer than the concurrent control group and the increased tumor incidence is not significant (P=0.15) when survival differences are taken into account by a life table test. The historical incidence of mononuclear cell leukemia in 2-year feed studies is 33% for male rats and 19% for females: in lifetime studies, the incidence is 36% for males (Table A4a) and 38% for females (Table B4a), compared with 36% for both sexes in the current studies (see Table 12). Based on these data, it is apparent that the incidence of this type of neoplasm increases after 112 weeks of age.

There was a statistically significant (P < 0.05)increase in the number of follicular cell carcinomas in the thyroid gland of exposed male rats and a decrease in the incidence of follicular cell adenomas in exposed female rats. Since the progression of this neoplastic lesion is a continuum from benign to malignant and differentiation between the two is somewhat arbitrary, the combined incidence of tumors is more appropriate for comparative purposes when effects on the thyroid gland are evaluated. When the totals are compared, the differences for males disappear, whereas the incidences for females show a significant decrease (P < 0.05). The reason for this decrease is unknown, but Haseman (1983) has observed that certain endocrine neoplasms and hormonally related neoplasms (e.g., mammary gland) commonly are decreased in exposed rats that weigh less than their respective control groups.

C-cell neoplasms (adenomas and carcinomas) in the thyroid gland were significantly (P < 0.05) increased in crocidolite asbestos-exposed female rats. Benign and malignant lesions of this tissue should be combined for the same reasons noted above. The analysis of combined C-cell neoplasms strengthens the significant (P < 0.01) difference between the exposed and control groups. The most plausible explanation for this observation is that the incidence in the control group may be abnormally low. In the corollary asbestos studies (Table B4c), the combined incidence of C-cell neoplasms in the female control groups were amosite, 21%, tremolite, 21%, long-range

chrysotile, 24%, and short-range chrysotile, 20%, compared with 14% in control and 27% in exposed rats in the current studies (see Table 14). When the incidence in the crocidolite asbestos-exposed group is compared with that in any of these other control groups, the statistical significance disappears. Another reason for discounting the relationship between C-cell neoplasms and crocidolite asbestos is that it is difficult to envision an increase in these neoplasms in the absence of lesions in the target tissues. For these reasons, the increase in C-cell neoplasms was not considered biologically important. The increased incidence of clitoral gland tumors (see Table 15) was discounted because there was no increase in neoplasms in the male counterpart to this organ, i.e., the preputial gland, and because this site was not a primary target for distribution of the asbestos fibers.

A large variety of nonneoplastic lesions, primarily age related, was observed in all groups. There was no obvious correlation between exposure and specific lesions. Therefore, crocidolite asbestos at a concentration of 1% in feed did not appear to be toxic in this sense. The decrease in body weight may or may not be considered an asbestos-related toxic effect.

Other studies on the effects of long-term ingestion of crocidolite asbestos are not available. However, Stanton et al. (1981) showed that the intrapleural inoculation of several different samples of South African crocidolite asbestos caused a high incidence of pleural sarcoma in Osborne Mendel rats. Also, crocidolite asbestos is considered to be the most "dangerous" form of asbestos in humans because of its strong association with mesothelioma (Craighead et al., 1982).

Few studies have dealt with the long-term ingestion of other types of asbestos. In a companion study to this investigation, F344/N rats were exposed to short-range or intermediate-range chrysotile asbestos at a concentration of 1% in the diet for their lifespan (NTP, 1985a). Neither type of fiber affected fertility, litter size, body weight, or survival. Adenomatous polyps of the large intestine in male rats exposed to intermediate-range chrysotile asbestos fibers were considered some evidence of carcinogenicity; no other asbestos-related neoplasms were observed

in female rats or in groups exposed to short-range fibers. Similarly, an ingestion study of amosite asbestos in F344 rats using a design similar to that used in these studies failed to demonstrate a carcinogenic response (NTP, 1988b). In companion studies to this investigation, Syrian golden hamsters were exposed to either amosite asbestos or to short-range (fiber length) or intermediate-range chrysotile asbestos at a concentration of 1% in the diet for their natural lifespan (NTP, 1985b; NTP, 1988a). In both studies, no adverse effects were observed for body weight gain or survival, and no asbestos-related neoplasms were diagnosed.

Donham et al. (1980) reported equivocal results in F344 rats that were fed a diet containing 10% chrysotile for their lifetime. Although no significant (P < 0.05) increase in the number of tumors in exposed animals was observed, the authors believed that there was a trend towards increased colon lesions in general, evidence of penetration of asbestos into the colonic mucosa, and possible cytotoxicity to colonic tissues; they also suggested a relationship to peritoneal mesothelioma. Another equivocal study was reported by Gibel et al. (1976) who described an increase in malignant tumors of the lung, kidney, liver, and reticuloendothelial system, but no increase in intestinal neoplasia, in Wistar rats fed asbestos filter material (20 mg per day) for 8-14 months. Cunningham et al. (1977) reported two studies (one 24-month and one 30-month) in male Wistar rats fed diets containing 1% chrysotile asbestos. These authors concluded that trace amounts of ingested asbestos can penetrate the walls of the gastrointestinal tract but that evidence of carcinogenicity was inconclusive. No evidence of carcinogenicity was found by Gross et al. (1974), who fed rats diets containing 5% chrysotile asbestos for 21 months.

An oral asbestos study in hamsters was reported by Smith et al. (1980). Groups of 30 male and 30 female hamsters were exposed via drinking water for their lifetime to amosite asbestos, mine tailings, beach rock, or Lake Superior drinking water. No adverse effects on body weight or survival were observed in any of the groups. One peritoneal mesothelioma, one pulmonary carcinoma, and two early squamous carcinomas of the nonglandular stomach were found in hamsters exposed to amosite asbestos. but the incidence was not statistically significant (P<0.05). The authors concluded that the study was essentially negative. A subsequent study in rats using similar materials also failed to elicit a carcinogenic response (Hilding et al., 1981).

Except for the studies of Donham et al. (1980), Smith et al. (1980), and the NTP, the other studies were conducted with relatively small numbers of animals. Also, some were conducted for an insufficient period of time to adequately test the carcinogenic potential of ingested asbestos.

The experimental and tabulated data for the NTP Technical Report on crocidolite asbestos were examined for accuracy, consistency, completeness, and compliance with Good Laboratory Practice regulations. As summarized in Appendix I, the audit revealed no major problems with the conduct of the studies or with collection and documentation of the experimental data. No discrepancies were found that influenced the final interpretation of the results of these studies.

Under the conditions of these feed studies, crocidolite asbestos was not overtly toxic and did not cause a carcinogenic response when ingested at a concentration of 1% in the diet by male and female F344/N rats for their lifetime.

# V. REFERENCES

- 1. Armitage, P. (1971) Statistical Methods in Medical Research. New York: John Wiley & Sons, Inc., pp. 362-365.
- 2. Berenblum, I., Ed. (1969) Carcinogenicity Testing: A Report of the Panel on Carcinogenicity of the Cancer Research Commission of UICC, Vol. 2. Geneva: International Union Against Cancer.
- 3. Bey, E.; Harrington, J.S. (1971) Cytotoxic effects of some mineral dusts on Syrian hamster peritoneal macrophages. J. Exp. Med. 133:1149-1169.
- 4. Boorman, G.A.; Montgomery, C.A., Jr.; Eustis, S.L.; Wolfe, M.J.; McConnell, E.E.; Hardisty, J.F. (1985) Quality assurance in pathology for rodent carcinogenicity studies. Milman, H.; Weisburger, E., Eds.: Handbook of Carcinogen Testing. Park Ridge, NJ: Noyes Publications, pp. 345-357.
- 5. Bureau of Mines (1980) U.S. Department of the Interior, No. RI 28.23:8452.
- 6. Carter, R.E.; Taylor, W.G. (1980) Identification of a particular amphibole asbestos fiber in tissues of persons exposed to a high oral intake of the mineral. Environ. Res. 21:85-93.
- 7. Chamberlain, M.; Tarmy, E.M. (1977) Asbestos and glass fibers in bacterial mutation tests. Mutat. Res. 43:159-164.
- 8. Conforti, P. (1983) Effect of population density on the results of the study of water supplies in five California counties. Environ. Health Perspect. 53:69-78.
- 9. Cook, P.M.; Olson, G.F. (1979) Ingested mineral fibers: Elimination in human urine. Science 204:195-198.
- 10. Cooper, R.C.; Murchio, J.C.; Paffenbarger, R.S. (1979) Asbestos in Domestic Water Supplies for Five California Counties. Part II. EHS Pub. No. 79-1. Division of Environmental Health Sciences, School of Public Health, University of California, Berkeley.
- 11. Cox, D.R. (1972) Regression models and life tables. J. R. Stat. Soc. B34:187-220.

- 12. Craighead, J.E.; Mossman, B.T. (1982) The pathogenesis of asbestos-associated disease. N. Engl. J. Med. 306:1446-1455.
- 13. Craighead, J.E.; Abraham, J.L.; Churg, A.; Green, F.H.; Kleinerman, J.; Pratt, P.C.; Seemayer, T.A.; Vallyathan, V.; Weill, H. (1982) Asbestos-associated diseases. Arch. Pathol. Lab. Med. 106:544-596.
- 14. Cunningham, H.M.; Moodie, C.A.; Lawrence, G.A.; Pontefract, R.D. (1977) Chronic effects of ingested asbestos in rats. Arch. Environ. Contam. Toxicol. 6:507-513.
- 15. Desai, R.; Richards, R. (1983) Effects of chrysotile on a lysosomal enzyme preparation and on the hydrolytic enzyme activity of cultured alveolar macrophages. Environ. Health Perspect. 51:125-130.
- 16. Donham, K.J.; Berg, J.W.; Will, L.A.; Leininger, J.R. (1980) The effects of long-term ingestion of asbestos on the colon of F344 rats. Cancer 45:1073-1084.
- 17. Environmental Health Perspectives (EHP) (1974) Proceedings of the Joint NIEHS-EPA Conference on Biological Effects of Ingested Asbestos. 9:113-462.
- 18. Gart, J.J.; Chu, K.C.; Tarone, R.E. (1979) Statistical issues in interpretation of chronic bioassay tests for carcinogenicity. J. Natl. Cancer Inst. 62:957-974.
- 19. Gibel, W.; Lohs, K.H.; Horn, K.H.; Wildner, G.P.; Hoffman, F. (1976) Investigation into a carcinogenic effect of asbestos filter materials following oral intake in experimental animals. Arch. Geschwulstforsch. 46:437-442.
- 20. Gross, P.; Harley, R.A.; Swinberne, L.M.; Davis, J.M.G.; Green, W.B. (1974) Ingested mineral fibers, do they penetrate tissue or cause cancer? Arch. Environ. Health 29:341-347.
- 21. Harrington, J.M.; Craun, G.F.; Meigs, J.W.; Landrigen, P.J.; Flannery, J.T. (1978) An investigation of the use of asbestos-cement pipe for public water supply and the incidence of gastrointestinal cancer in Connecticut, 1935-1973. Am. J. Epidemiol. 107:96-103.

- 22. Haseman, J.K. (1983) Patterns of tumor incidence in two-year cancer bioassay feeding studies in Fischer 344 rats. Fundam. Appl. Toxicol. 3:1-9.
- 23. Haseman, J.K. (1984) Statistical issues in the design, analysis and interpretation of animal carcinogenicity studies. Environ. Health Perspect. 58:385-392.
- 24. Haseman, J.K.; Huff, J.; Boorman, G.A. (1984) Use of historical control data in carcinogenicity studies in rodents. Toxicol. Pathol. 12:126-135.
- 25. Haseman, J.K.; Huff, J.; Rao, G.N.; Arnold, J.; Boorman, G.A.; McConnell, E.E. (1985) Neoplasms observed in untreated and corn oil gavage control groups of F344/N rats and (C57BL/6N  $\times$  C3H/HeN)F<sub>1</sub> (B6C3F<sub>1</sub>) mice. J. Natl. Cancer Inst. 75:975-984.
- 26. Hilding, A.C.; Hilding, D.A.; Larsen, D.M.; Aufderheide, A.C. (1981) Biological effects of ingested amosite asbestos, taconite tailings, diatomaceous earth and Lake Superior water in rats. Arch. Environ. Health 36:298-303.
- 27. Illinois Institute of Technology Research Institute (IITRI) Special Report and Addendum on Project L6085. Chicago: Fine Particle Laboratories, IITRI.
- 28. International Agency for Research on Cancer (IARC) (1977) Asbestos. IARC Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Man, Vol. 14. Lyon, France: IARC, pp. 1-106.
- 29. Kanarek, M. (1983) The San Francisco Bay epidemiology studies on asbestos in drinking water and cancer incidence: Relationship to studies in other locations and pointers for further research. Environ. Health Perspect. 51:105-106.
- 30. Kaplan, E.L.; Meier, P. (1958) Nonparametric estimation from incomplete observations. J. Am. Stat. Assoc. 53:457-481.
- 31. Levine, R.J. (1978) Asbestos: An Information Resource. NIH 78-1681. U.S. Department of Health and Human Services, National Institutes of Health.

- 32. Linhart, M.S.; Cooper, J.; Martin, R.L.; Page, N.; Peters, J. (1974) Carcinogenesis Bioassay Data System. Comput. Biomed. Res. 7:230-248.
- 33. Mantel, N.; Haenszel, W. (1959) Statistical aspects of the analysis of data from retrospective studies of disease. J. Natl. Cancer Inst. 22:719-748.
- 34. Maronpot, R.R.; Boorman, G.A. (1982) Interpretation of rodent hepatocellular proliferative alterations and hepatocellular tumors in chemical safety assessment. Toxicol. Pathol. 10:71-80.
- 35. Millette, J.; Clark, P.; Stober, J.; Rosenthal, M. (1983) Asbestos in water supplies of the United States. Environ. Health Perspect. 53:45-48.
- 36. National Academy of Sciences (NAS) (1977) Drinking Water and Health. National Academy of Sciences/National Research Council.
- 37. National Toxicology Program (NTP) (1985a) Toxicology and Carcinogenesis Studies of Chrysotile Asbestos in F344/N Rats. NTP TR 295. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health. 390 p.
- 38. National Toxicology Program (NTP) (1985b) Lifetime Carcinogenesis Studies of Amosite Asbestos in Syrian Golden Hamsters (Feed Studies). NTP TR 249. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health. 81 p.
- 39. National Toxicology Program (NTP) (1988a) Lifetime Carcinogenesis Studies of Chrysotile Asbestos in Syrian Golden Hamsters (Feed Studies). NTP TR 246. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health (in preparation).
- 40. National Toxicology Program (NTP) (1988b) Lifetime Carcinogenesis Studies of Amosite Asbestos in F344/N Rats. NTP TR 279. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health (in preparation).

- 41. National Toxicology Program (NTP) (1988c) Lifetime Carcinogenesis Studies of Tremolite Asbestos in F344/N Rats. NTP TR 277. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health (in preparation).
- 42. Oshimura, M.; Hesterberg, T.; Tsutsui, T.; Barrett, J. (1984) Correlation of asbestos-induced cytogenetic effects with cell transformation of Syrian hamster embryo cells in culture. Cancer Res. 44:5017-5022.
- 43. Patel-Mandlik, K.J. (1980) Distribution of Orally Administered Chrysotile Asbestos in Newborn Baboon Study. EPA 600/1-80-022. U.S. Environmental Protection Agency, Washington, DC.
- 44. Peto, R.; Schneiderman, M., Eds. (1981) Quantification of Occupational Cancer. Banbury Report No. 9. Cold Spring Harbor, New York.
- 45. Reiss, B.; Weisburger, J.H.; Williams, G.M. (1979) Asbestos and Gastrointestinal Cancer: Cell Culture Studies. EPA-600/1-79-023. U.S. Environmental Protection Agency, Washington, DC.
- 46. Reiss, B.; Solomon, S.; Tong, C.; Levenstein, M.; Rosenberg, S.; Williams, G. (1982) Absence of mutagenic activity of three forms of asbestos in liver epithelial cells. Environ. Res. 27:389-397.
- 47. Sebastien, P.; Masse, R.; Bignon, J. (1980) Recovery of ingested asbestos fibers from the gastrointestinal lymph in rats. Environ. Res. 22:201-216.
- 48. Selikoff, I.J. (1980) Asbestos-associated disease. Last, J., Ed.: Maxcy-Rosehau's Public Health and Preventive Medicine, 11th ed. Appleton-Century-Croft, pp. 568-589.
- 49. Selikoff, I.J.; Hammond, E.C., Eds. (1979) Health hazards of asbestos exposure. Ann. N.Y. Acad. Sci. B30:1-814.
- 50. Smith, W.E.; Hubert, D.D.; Sobel, H.J.; Peters, E.T.; Doerfler, T.E. (1980) Health in experimental animals drinking water with and without amosite and other mineral particles. J. Environ. Pathol. Toxicol. 3:277-300.

- 51. Stanton, M.F.; Wrench, C. (1972) Mechanisms of mesothelioma induction with asbestos and fibrous glass. J. Natl. Cancer Inst. 48:797-821
- 52. Stanton, M.F.; Layard, M.; Tegaris, A.; Miller, E.; May, M.; Morgan, E.; Smith, A. (1981) Relation of particle dimension to the carcinogenicity in amphibole asbestoses and other fibrous minerals. J. Natl. Cancer Inst. 67:965-975.
- 53. Storeygard, A.R.; Brown, A.L. (1977) Penetration of the small intestinal mucosa by asbestos fibers. Mayo Clin. Proc. 52:809-812.
- 54. Tarone, R.E. (1975) Tests for trend in life table analysis. Biometrika 62:679-682.
- 55. U.S. Environmental Protection Agency (USEPA) (1980) Ambient Water Quality Criteria for Asbestos. EPA 440/5-80-022. Washington, DC: USEPA, Office of Water Regulations and Standards.
- 56. Wagner, J.C. (1962) Experimental production of mesothelial tumors of the pleura by implantation of dusts in laboratory animals. Nature 196:180-181.
- 57. Wagner, J.C.; Sleggs, C.A.; Marchand, P. (1960) Diffuse pleural mesothelioma and asbestos exposure in the Northwestern Cape Province. Br. J. Ind. Med. 17:260-270.
- 58. Wagner, J.C.; Berry, G.; Skidmore, J.W.; Timbrell, V. (1974) Effects of the inhalation of asbestos in rats. Br. J. Cancer 29:252-269.
- 59. Wright, A.; Donaldson, K.; Davis, J. (1983) Cytotoxic effect of asbestos on macrophages in different activation states. Environ. Health Perspect. 51:147-152.
- 60. Yu, B.P.; Masoro, E.J.; Murata, I.; Bertrand, H.A.; Lund, F.T. (1982) Life span study of SPF Fischer 344 rats fed *ad libitum* or restricted diets: Longevity, growth, lean body mass and disease. J. Gerontol. 37:130-141.

### APPENDIX A

# SUMMARY OF LESIONS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS

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TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS

	Untreate	d Control	1% Crocide	olite Asbestos
ANIMALS INITIALLY IN STUDY	118		250	
ANIMALS NECROPSIED	118		250	
ANIMALS EXAMINED HISTOPATHOLOGICALLY	118		250	
NTEGUMENTARY SYSTEM				·
*Multiple organs	(118)		(250)	
Fibrous histiocytoma, malignant	1	(1%)		
*Skin	(118)		(250)	
Squamous cell papilloma		(1%)	6	(2%)
Squamous cell carcinoma		(2%)	_	(1%)
Basal cell tumor		(1%)		(0%)
Basal cell carcinoma	2	(2%)		(4%)
Trichoepithelioma	_			(0%)
Keratoacanthoma		(3%)	11	(4%)
Fibroma		(1%)		(00)
Fibrosarcoma Murana mana		(2%) (1%)	1	(0%)
Myxosarcoma Neurofibroma	1	(1%)	1	(0%)
Neurofibrosarcoma			_	(1%)
*Subcutaneous tissue	(118)		(250)	(1 %)
Keratoacanthoma	(110)			(0%)
Sarcoma, NOS	1	(1%)	•	(0 %)
Sarcoma, NOS, invasive	•	(170)	1	(0%)
Fibroma	17	(14%)		(11%)
Fibrosarcoma		(5%)	*	(2%)
Lipoma		(1%)		(1%)
Osteosarcoma	-	(170)		(1%)
Neurofibroma	3	(3%)		(3%)
Neurofibrosarcoma				(0%)
RESPIRATORY SYSTEM				
#Trachea	(117)		(248)	
C-cell carcinoma, invasive	, ,	(1%)		(0%)
#Lung	(117)	, ,	(250)	
Neoplasm, NOS, metastatic			1	(0%)
Squamous cell carcinoma	1	(1%)		
Squamous cell carcinoma, metastatic	1	(1%)	2	(1%)
Alveolar/bronchiolar adenoma	1	(1%)	2	(1%)
Alveolar/bronchiolar carcinoma		(2%)	2	(1%)
C-cell carcinoma, metastatic	1	(1%)		(0%)
Pheochromocytoma, metastatic				(2%)
Liposarcoma, metastatic				(1%)
Mesothelioma, metastatic				(1%)
Osteosarcoma, metastatic				(1%)
HEMATOPOIETIC SYSTEM				
*Multiple organs	(118)		(250)	/ <b>**</b>
Malignant lymphoma, undifferentiated type	-	44.44		(0%)
Malignant lymphoma, histiocytic type		(1%)		(1%)
Monocytic leukemia		(36%)		(44%)
#Spleen	(117)		(250)	(00)
Pheochromocytoma, metastatic				(0%)
Fibrogarcoma				(0%) (0%)
Fibrosarcoma, metastatic Leukemia, mononuclear cell				(0%)
#Mandibular lymph node	(117)		(250)	
Squamous cell carcinoma, metastatic		(1%)		(0%)
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TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated Contro	l 1% Crocidolite A	sbestos
HEMATOPOIETIC SYSTEM (Continued)			
# Mediastinal lymph node	(117)	(250)	
C-cell carcinoma, metastatic	(==-)	1 (0%)	
Pheochromocytoma, metastatic		1 (0%)	
Rhabdomyosarcoma, metastatic		1 (0%)	
Mesothelioma, metastatic	1 (1%)	· ·	
#Liver	(117)	(250)	
Malignant lymphoma, histiocytic type		1 (0%)	
Kupffer cell sarcoma		1 (0%)	
Monocytic leukemia		3 (1%)	
#Thymus	(88)	(182)	
Papillary adenocarcinoma		1 (1%)	
Granulocytic leukemia	1 (1%)		
CIRCULATORY SYSTEM			
*Multiple organs	(118)	(250)	
Hemangiosarcoma, metastatic		1 (0%)	
*Skin	(118)	(250)	
Hemangiopericytoma, malignant		1 (0%)	
*Subcutaneous tissue	(118)	(250)	
Hemangiosarcoma		2 (1%)	
#Bone marrow	(117)	(248)	
Hemangiosarcoma	1 (1%)		
#Spleen	(117)	(250)	
Hemangiosarcoma, metastatic		1 (0%)	
*Vertebral column	(118)	(250)	
Hemangiosarcoma		1 (0%)	
#Lung	(117)	(250)	
Hemangiosarcoma, metastatic	1 (1%)	1 (0%)	
*Costal pleura	(118)	(250)	
Hemangiosarcoma	1 (1%)	(0 ** 4 )	
#Heart	(117)	(250)	
Hemangiosarcoma	1 (1%)		
#Myocardium	(117)	(250)	
Alveolar/bronchiolar carcinoma, invasive		1 (0%)	
Neurilemoma	1 (1%)	.==.	
*Mesentery	(118)	(250)	
Hemangiosarcoma		1 (0%)	
DIGESTIVE SYSTEM			
*Oral mucous membrane	(118)	(250)	
Squamous cell carcinoma	4 (3%)	2 (1%)	
*Tongue	(118)	(250)	
Squamous cell papilloma	/4 * #\	1 (0%)	
#Salivary gland	(115)	(249)	
Adenoma, NOS	4 /4 /4 /	1 (0%)	
Sarcoma, NOS	1 (1%)	5 (2%)	
#Liver	(117)	(250)	
Neoplastic nodule	8 (7%)	16 (6%)	
Hepatocellular carcinoma	4 (3%)	3 (1%)	
Sarcoma, NOS	1 (1%)	(940)	
#Pancreas Acinar cell adenoma	(117) 8 (7%)	(249) 15 (6%)	
Acinar cell adenoma Acinar cell carcinoma	0 (170)	2 (1%)	
*Pharynx	(118)	(250)	

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	d Control	1% Crocid	olite Asbestos
DIGESTIVE SYSTEM (Continued)				
#Stomach	(116)		(249)	
Carcinoma in-situ, NOS		(1%)	(249)	
Carcinoma, NOS	•	(170)	1	(0%)
Squamous cell papilloma				(0%)
Squamous cell carcinoma				(0%)
Basal cell carcinoma				(0%)
Fibrosarcoma				(0%)
Leiomyosarcoma				(0%)
#Duodenum	(117)		(249)	
Fibrosarcoma	, ,	(1%)		(0%)
#Jejunum	(117)	(170)	(249)	
Mucinous cystadenocarcinoma	(117)			(0%)
Fibrosarcoma	1	(1%)	1	(076)
#Ileum	(117)	(170)	(249)	
Adenocarcinoma, NOS		(1%)	(449)	
Leiomyosarcoma	1	(170)	1	(0%)
#Cecum	(117)		(249)	(370)
Adenomatous polyp, NOS	··/	(1%)	(543)	
Lipoma	•	(- N)	1	(0%)
#Ascending colon	(117)		(249)	(0 10)
Adenomatous polyp, NOS	(111)			(0%)
Leiomyosarcoma				(0%)
#Transverse colon	(117)		(249)	(070)
Carcinoma, NOS		(1%)	(249)	
#Descending colon		(170)	(249)	
	(117)		( <del>-</del> /	(10)
Adenomatous polyp, NOS			3	(1%)
JRINARY SYSTEM				
#Kidney	(117)		(250)	
Tubular cell adenoma				(1%)
Tubular cell adenocarcinoma				(2%)
Mixed tumor, malignant		(1%)		(0%)
#Urinary bladder	(116)		(250)	
Transitional cell papilloma	2	(2%)		
NDOCRINE SYSTEM				
#Pituitary	(117)		(245)	
Carcinoma, NOS		(3%)		(2%)
Adenoma, NOS		(13%)		(17%)
#Adrenal	(117)	.a	(250)	/a~:
Cortical adenoma		(2%)		(3%)
Pheochromocytoma		(25%)		(18%)
Pheochromocytoma, malignant		(2%)		(2%)
#Adrenal medulla	(117)	(0a)	(250)	(00)
Pheochromocytoma	4	(3%)		(3%)
Pheochromocytoma, malignant	/4 4 A			(1%)
#Thyroid	(116)	(Car )	(249)	(00)
Follicular cell adenoma		(6%)		(6%)
Follicular cell carcinoma		(3%)		(9%)
C-cell adenoma		(11%)		(14%)
C-cell carcinoma		(16%)		(19%)
#Pancreatic islets	(117)	40-11	(249)	
Islet cell adenoma		(2%)		
Islet cell carcinoma	11	(9%)	11	(4%)

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	l Control	1% Crocide	olite Asbestos
REPRODUCTIVE SYSTEM				
*Mammary gland	(118)		(250)	
Adenoma, NOS	\		• •	(0%)
Adenocarcinoma, NOS	1	(1%)	4	(2%)
Fibroadenoma	18	(15%)	18	(7%)
*Preputial gland	(118)		(250)	
Squamous cell carcinoma		(3%)		(6%)
#Prostate	(116)		(250)	
Carcinoma, NOS				(0%)
#Testis	(118)	(00°)	(249)	(AF#)
Interstitial cell tumor		(98%)		(95%)
#Rete testis	(118)		(249)	(0~)
Adenocarcinoma, NOS	(440)			(0%)
*Epididymis	(118)	(10)	(250)	(04)
Lipoma Manadaliama NOS		(1%)	1	(0%)
Mesothelioma, NOS	1	(1%)		
NERVOUS SYSTEM				
#Cerebrum	(117)		(249)	
Carcinoma, NOS, invasive	1	(1%)	1	(0%)
Granular cell tumor, NOS			1	(0%)
Astrocytoma			2	(1%)
#Cerebellum	(117)		(249)	
Meningioma				(0%)
#Medulla oblongata	(117)		(249)	
Meningioma, invasive			1	(0%)
*Cauda equina	(118)		(250)	
Liposarcoma, invasive			1	(0%)
*Cranial nerve	(118)		(250)	
Ganglioneuroma	1	(1%)		
SPECIAL SENSE ORGANS				
*Harderian gland	(118)		(250)	
Squamous cell carcinoma, invasive			1	(0%)
Adenoma, NOS			1	(0%)
*Ear canal	(118)		(250)	
Squamous cell carcinoma		(1%)		
*Zymbal gland	(118)		(250)	
Squamous cell carcinoma		(3%)		(2%)
Keratoacanthoma	1	(1%)	1	(0%)
MUSCULOSKELETAL SYSTEM				
*Mandible	(118)		(250)	
Squamous cell carcinoma, invasive	,,		1	(0%)
Osteosarcoma		(1%)		
*Scapula	(118)		(250)	
Osteosarcoma		(1%)		
*Rib	(118)		(250)	
Osteosarcoma				(0%)
*Muscle of back	(118)		(250)	
Rhabdomyosarcoma				(0%)
*Muscle of neck	(118)		(250)	
C-cell carcinoma, invasive	2	(2%)	1	(0%)

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	d Control	1% Crocide	olite Asbestos
BODY CAVITIES				
*Mediastinum	(118)		(250)	
Alveolar/bronchiolar carcinoma, invasive	<b>(</b> )		1	(0%)
*Abdominal cavity	(118)		(250)	
Lipoma	1	(1%)		
Leiomyosarcoma, invasive			1	(0%)
*Peritoneum	(118)		(250)	
Liposarcoma			1	(0%)
*Pleura	(118)		(250)	
Mesothelioma, malignant	1	(1%)		
*Mesentery	(118)		(250)	
Fibrosarcoma			1	(0%)
Mesothelioma, malignant			1	(0%)
*Tunica vaginalis	(118)		(250)	
Mesothelioma, NOS		(1%)		(0%)
Mesothelioma, malignant	3	(3%)	4	(2%)
ALL OTHER SYSTEMS				
*Multiple organs	(118)		(250)	
Squamous cell carcinoma, invasive		(3%)	2	(1%)
Squamous cell carcinoma, metastatic	1	(1%)		
Alveolar/bronchiolar carcinoma, invasive	1	(1%)		
C-cell carcinoma, metastatic			1	(0%)
Sarcoma, NOS, invasive			1	(0%)
Fibrosarcoma, invasive			1	(0%)
Liposarcoma, metastatic			1	(0%)
Mesothelioma, invasive	4	(3%)	5	(2%)
Osteosarcoma, invasive	1	(1%)		
Osteosarcoma, metastatic	1	(1%)		
ANIMAL DISPOSITION SUMMARY				
Animals initially in study	118		250	
Natural death	15		32	
Moribund sacrifice	92		186	
Terminal sacrifice	11		29	
Accidentally killed, nda			3	
TUMOR SUMMARY				
Total animals with primary tumors**	118		248	
Total primary tumors	395		831	
Total animals with benign tumors	117		242	
Total benign tumors	251		498	
Total animals with malignant tumors	97		209	
Total malignant tumors	134		315	
Total animals with secondary tumors##	17		37	
Total secondary tumors	21		48	
Total animals with tumors				
	9		18	
uncertain benign or malignant	· · ·			

<sup>\*</sup> Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically.

\*\* Primary tumors: all tumors except secondary tumors

# Number of animals examined microscopically at this site

## Secondary tumors: metastatic tumors or tumors invasive into an adjacent organ

‡ Multiple occurrence of morphology; tissues are counted once only.

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS: UNTREATED CONTROL

STUDY OF	CRUC	ш	UL	TII	LA	ZB	L	IU	Э:	Uľ	111	T.E.	A I	ĽИ	C	JIN	IR	OL							
ANIMAL NUMBER	5 1 2	5 1 5	5 3 7	4 9 6	4 7 0	5 1 8	4 3 7	5 3 9	5 0 4	7 2	9 9	3	4	6	8	5 3 5	8 5	5 1 1	5 1 6	5 4 1	4 7 4	5 1 9	5	4 3 6	9 5
weeks on Study	6	0 7 1	0 7 4	0 7 6	0 7 8	0 7 8	0 8 3	0 8 4	0 8 6	0 8 9	0 8 9	9	9	9 2	9 5	9 5	9	9	9	9 8	9	1 0 0	1 0 1	1 0 3	1 0 4
INTEGUMENTARY SYSTEM Skin Squamous cell papilloma	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma Basal cell tumor Basal cell carcinoma Keratoacanthoma Fibroma Fibrosarcoma Myxosarcoma Subcutaneous tissue	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Sarcoma, NOS Fibroma Fibrosarcoma Lipoma Neurofibroma									x	x		x					x			x					x
RESPIRATORY SYSTEM Lungs and bronch: Squamous cell carcinoma Squamous cell carcinoma, metastatic Alveolar/bronchiolar adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Alveolar/bronchiolar carminoma C cell carminoma, metastatic Hemangiosarcoma, metastatic Trachea C-cell carminoma, invasive	+	+	<b>X</b> +	+	F	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Hemangrosarcoma	+	+	+	+	F	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spleen Lymph nodes Squamous cell carcinoma, metastatic Mesothelioma, metastatic	‡	+	++	+	F	+	+	+	+	+	+	+	+	+	+	++	++	+	+	+	+	+	+	+	+
Thymus Granulocytic leukemia	+	+	+	+	٠	+	+	+	-	+	-	+	-	-	+	-	+	*	+	+	+	+	_	+	+
CIRCULATORY SYSTEM Heart Hemangiosarcoma Neurilemoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell carcinoma	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
Salivary gland Sarcoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver Neoplastic nodule Hepatocellular carcinoma Sarcoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Bile duct Pancreas Acinar cell adenoma	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Esophagus Stomach	-	+	+	+	+	++	<b>+</b>	+	+	++	+	+	++	+	++	++	+	+	+	+	+	+	+	+	+
Carcinoma in situ, NOS Small intestine Adenocarcinoma, NOS Fibrosarcoma	+	+	+	+	+	<b>x</b>	<b>X</b> +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Large intestine Carcinoma, NOS Adenomatous polyp, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney Mixed tumor, malignant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Urinary bladder Transitional cell papilloma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

<sup>+</sup> Tissue examined microscopically
- Required tissue not examined microscopically
X. Tumor incidence
N Necropsy, no autolysis, no microscopic examination
S Animal missexed

No tissue information submitted
C Necropsy, no histology due to protocol
A. Autolysis
A minal missing
B No necropsy performed

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: UNTREATED CONTROL (Continued)

					(C	OIII	MIII	rea	,																
ANIMAL NUMBER	9 7	5 2 9	5 3 8	4 6 3	4 5 1	9	5 0 9	5 2 4	5 0 5	5 4 4	5 4 7	4 6 6	5 3 6	4 5 2	4 5 8	5 5	4 5 6	4 6 7	5 2 2	7	9	5 3 2	4 3 4	4 7 5	4 8 8
WEEKS ON STUDY	1 0 4	1 0 4	1 0 5	1 0 6	1 0 8	1 0 8	1 0 8	1 0 8	1 1 0	1 1 0	1 1 0	1 1 1	1 1 1	1 1 2	1 1 2	1 1 3	1 1 3	1 3	1 1 3	1 1 4	1 1 5	1 1 5	1 6	1 1 6	1 1 6
INTEGUMENTARY SYSTEM Skin Squamous cell papilloma Squamous cell carcinoma Basal cell tumor	+	+	+	+ <b>X</b>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Basal cell carcinoma Keratoacanthoma Fibroma Fibrosarcoma Myxosarcoma Subcutanacous tissue	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X X	+	+	+
Sarcoma, NOS Fibroma Fibrosarcoma Lipoma Neurofibroma																x						x			
RESPIRATORY SYSTEM Lungs and bronch Squamous cell carcinoma Squamous cell carcinoma, metastatic Alveolar/bronchiolar adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Alveolarbronchiolar carcinoma C-cell carcinoma, metastatic Hemangosarcoma, metastatic Trachea C-cell carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b>	+
HEMATOPOIETIC SYSTEM Bone marrow Hemangosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spleen Lymph nodes Squamous cell carcinoma, metastat c Mesothehoma, metastatic	++	+	+	+	+	++	+	++	+	+	++	++	++	++	++	+	++	++	++	+	+	++	++	++	+
Thymus Granulocytic leukemia	-	+	+	_	-	+	-	-	+	+	+	+	-	-	-	+	+	+	+	+	+	+	+	_	-
CIRCULATORY SYSTEM Heart Hemangosarcoma Neurilemoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell carcinoma	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
Salivary gland Sarcoma, NOS Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_	+	+	+	+	+	+
Neoplastic nodule Hepatocellular carcinoma Sarcoma, NOS	, T	Т		•				T	т	т	x			т	т	T	т		т	_	_	т	•	т	
Bile duct Pancreas _Acinar cell adenoma	+	+	+	+	+	+	+	+	+	+	+	+	++	+	+	+	+	+	+	+	+	+	+	+	+
Esophagus Stomach Caronoma in situ, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ +
Small intestine Adenocarcinoma, NOS Fibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Large intestine Carcinoma, NOS Adenomatous polyp, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney Mixed tumor, malignant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Urinary bladder Transitional cell papilloma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: UNTREATED CONTROL (Continued)

					(C	on	un	ued	)																
ANIMAL NUMBER	5 4 2	5 4 5	4	5 0 7	5 1 7	3 2	4 6 9	5 3	8	5 1 3	4 5 3	7 9	5 0 3	5 1 4	4 2	4 7 6	9	5 0 8	9 2	5 2 0	5 0 2	5 2 3	5 3 0	4 4	5 2 6
Weeks on Study	1 1 6	1 1 6	1 7	1 7	1 1 7	1 1 8	1 1 8	1 1 8	1 1 9	1 1 9	1 2 0	1 2 0	1 2 2	1 2 2	1 2 3	1 2 3	1 2 3	1 2 3	1 2 4	1 2 4	1 2 6	1 2 6	1 2 6	1 2 7	1 2 7
INTEGUMENTARY SYSTEM Skin Squamous cell papilloma Squamous cell carcinoma Basal cell tumor	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Basal cell carcinoma Keratoacanthoma Fibroma Fibrosarcoma								x		X											x				
Myxosarcoma Subcutaneous tissue Sarcoma, NOS Fibroma Fibrosarcoma Lipoma	+	X	*	+	+	+	+	+	+	+ X	+	+	+	+	+ <b>X</b>	+	*	+	+ <b>X</b>	+	+	+ X	+	+	+
Neurofibroma										••								X							
RESPIRATORY SYSTEM Lungs and bronch Squamous cell carcinoma Squamous cell carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
C-cell carcinoma, metastatic Hemangiosarcoma, metastatic Trachea C cell carcinoma, invasive	+	+	-	+	+	+	+	+	+	+	+	<b>*</b>	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Hemangiosarcoma	_   +	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spieen Lymph nodes Squamous cell carcinoma, metastatic Mesothelioma, metastatic	++	+	-	++	+	+	+	+	++	++	+	+	+	+	++	+	+	+	++	+	+	+	+ *	+	+
Thymus Granulocytic leukemia	+	-	-	-	-	+	+	+	+	-	+	+	+	-	+	+	-	+	+	-	-	+	+	+	+
CIRCULATORY SYSTEM Heart Hemangiosarcoma Neurilemoma	+	+	-	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell carcinoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N
Sarcoma, NOS	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver Neoplastic nodule Hepatocellular carcinoma Sarcoma, NOS	+	X	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	7	+	+	*	+	+	+
Bile duct Pancreas Acınar cell adenoma	++	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ + X	+ *	+	+	+
Esophagus Stomach Cartinoma in situ, NOS	++	+	~	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Small intestine Adenocarcinoma, NOS Fibrosarcoma	+	+	~	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+
Large intestine Carcinoma, NOS Adenomatous polyp, NOS	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney Mixed tumor, malignant	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Urinary bladder Transitional cell papilloma	_   _	+		+	+	+	+	+		+	+	+	+	+	+	+	+		+		+	_	+		

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: UNTREATED CONTROL (Continued)

					•	-			•																
ANIMAL NUMBER	4 4 0	5 2 5	5 2 8	5 3 1	3	5 1 0	4 7	4 4 8	4 5 4	4 6 5	8 1	5 0 6	5 3 4	5 4 0	4 4 5	4 5 7	4 8 4	5 0 0	5 4 8	3 5	5 2 1	7	8 2	5 4 3	5 4 6
WEEKS ON STUDY	1 2 8	1 2 8	1 2 8	1 2 8	1 2 9	1 2 9	1 3 0	1 3 1	1 3 1	1 3 2	1 3 2	1 3 2	1 3 3	1 3 3	3 4	1 3 4	1 3 5	1 3 7							
INTEGUMENTARY SYSTEM Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell papilioma Squamous cell carcinoma Basal cell tumor Basal cell carcinoma						x																x			
Keratoacanthoma Fibroma Fibrosarcoma						•												x							x
Myxosarcoma Subcutaneous tissue Sarcoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibroma Fibrosarcoma Lipoma			X						x	X							X			X				X	
Neurofibroma RESPIRATORY SYSTEM																					X				
Lungs and bronch: Squamous cell carcinoma Squamous cell carcinoma, metastatic Alveolar/bronchiolar adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Alveolar/bronchiolar carcinoma C-cell carcinoma, metastatic Hemangiosarcoma, metastatic Trachea							x																		
C-cell carcinoma, invasive	+	т					+	*									т				т				_
HEMATOPOIETIC SYSTEM Bone marrow Hemangiosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spleen Lymph nodes Squamous cell carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	++	+	+	+	+	+	+	+	+	+	++
Mesothelioma, metastatic Thymus Granulocytic leukemia	+	+	+	+	+	+	+	+	-	+	+	-	+	+	-	+	+	~	+	+	+	+	+	+	+
CIRCULATORY SYSTEM Heart Hemangiosarcoma Neurilemoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell carcinoma	N	N	N	N X	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Salivary gland Sarcoma, NOS Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+
Neoplastic nodule Hepatocellular carcinoma Sarcoma, NOS	X	+	X X	+	т	т	+	*	_	+	+	+	+	_	+	+	X	_	т	+	_	*	X	_	•
Bile duct Pancreas	+ +	++	+	+	+	+	+	+	+	+	+	+	+	+ +	+	+	+	+	++	+	+	+	+	+	+
Acınar cell adenoma Esophagus Stomach	* + +	X + +	++	+	++	++	++	++	++	++	++	+	++	* + +	++	++	++	+	+	++	++	++	++	++	<b>+</b>
Carcinoma in situ, NOS Small intestine Adenocarcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibrosarcoma Large intestine Carcinoma, NOS Adenomatous polyp, NOS	+	+	+	+	+	+	X X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney	+	<del>-</del>	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+
Mixed tumor, malignant Urinary bladder Transitional cell papilloma	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	<b>x</b>	+	+	+	-	+	+	+	+	+

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: UNTREATED CONTROL (Continued)

								(C	on	LIKE	ueo	,							
ANIMAL NUMBER	6	4 7 8	5 2 7	4 6 0	4	8 9	5 0 1	3 9	4 3	5 9	6 2	6	7 3	8 0	4 8 7	9	9	5 4 9	 TOTAL
WEEKS ON STUDY	1 3 8	1 3 8	1 3 8	1 3 9	1 4 0	1 4 0	1 4 1	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	TISSUES
INTEGUMENTARY SYSTEM																			*118
Skin Squamous cell papilloma Squamous cell carcinoma Basal cell tumor Basal cell carcinoma Keratoacanthoma Fibroma Fibrosarcoma Myxosarcoma Subcutaneous tissue	+	+	+ x +	+	+	+	+	+	+	+	+	N	+	+	+	+	+ X +	+	1 2 1 2 4 1 2 1 *118
Sarcoma, NOS Fibroma Fibrosarcoma Lipoma Neurofibroma	x						x	x			x					x			17 6 1 3
RESPIRATORY SYSTEM Lungs and bronch Squamous cell carcinoma Squamous cell carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma C-cell carcinoma, metastatic	+	+	+	+	+ <b>X</b>	+	+	+	† X	+	+	+	+	+	+	+	+ X	+	117 1 1 1 2 1
Hemangiosarcoma, metastatic Trachea C cell carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	117 1
HEMATOPOIETIC SYSTEM Bone marrow Hemangiosarcoma	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	117
Spleen Lymph nodes Squamous cell carcinoma, metastatic Mesothelioma, metastatic	++	+	+	+	+	+	+	++	++	+	+	+ *	++	+	+	++	++	+	117 117 1
Thymus Granulocytic leukemia	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	88 1
CIRCULATORY SYSTEM Heart Hemangiosarcoma Neurilemoma	+	+	+	+	+	+	+	+	+ <b>X</b>	+	+	+	+	+	+	+	+	+	117 1 1
DIGESTIVE SYSTEM Oral cavity	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	 *118
Squamous cell carcinoma Salivary gland	+	+	+	+	<b>X</b>	+	+	+	+	+	+	+	+	+	+	+	+	+	115
Sarcoma, NOS Liver Neoplastic nodule Hepatocellular carcinoma	*	+ <b>X</b>	+	+	+	+	+	+	*	+	+	+	+	+	+	+	Х + Х	+	117 8 4
Sarcoma, NOS Bile duct Pancreas Acnar cell adenoma	+ + X	+	++	+	+	++	+ + X	++	++	++	+ + X	+	++	++	++	+	++	++	1 117 117 8
Esophagus Stomach Carcinoma in situ, NOS	++	<del>+</del>	++	+	+	++	++	++	++	++	++	++	+	+	++	+	++	+	115 116 1
Small intestine Adenocarcinoma, NOS Fibrosarcoma Large intestine Carcinoma, NOS Adenomatous polyp, NOS	+ X +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	117 1 2 117 1 1
URINARY SYSTEM Kidney Mixed tumor, malignant Urinary bladder Transitional cell papilloma	+	+	+	+	+	+	+	+	+ *	+	+	+	+	+	+	+	+	+	117 1 116 2

<sup>\*</sup> Animals necropsied

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: UNTREATED CONTROL (Continued)

					(4	;on	un	ue	1)																
ANIMAL NUMBER	5 1 2	5 1 5	5 3 7	4 9 6	7	5 1 8	3 7	5 3 9	5 0 4	7 2	9	4 3 8	4	4 6 8	8	5 3 5	4 8 5	5 1 1	5 1 6	5 4 1	7	5 1 9	4 5 0	3	4 9 5
weeks on study	0 6 0	0 7 1	7 4	0 7 6	0 7 8	0 7 8	0 8 3	8 4	8 8	8 9	8 9	9	9	9 2	9 5	9 5	9	9	9	9	9	0	1 0 1	1 0 3	1 0 4
ENDOCRINE SYSTEM Pituitary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ ¥	+	+	+	+	+	+	+	+	+
Carcinoma, NOS Adanoma NOS Adrenai Cortical adenoma	-	+	4	4	4	+	+	+	+	+	<b>X</b> +	+	+	+	<b>X</b> +	+	+	+	+	+	+	+	+	+	+
Pheochromocytoma Pheochromocytoma, malignant Thyroid	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+	+	+	+	+	+	+	+	+	+	+	+
Follicular cell adenoma Follicular cell carcinoma C-cell adenoma C-cell carcinoma						x												x		x		X			
Parathyroid Pancreatic islets Islet cell adenoma Islet cell cartinoma	++	++	++	++	++	++	++	++	++	++	++	++	++	++	+ *	++	+	+ + X	++	++	++	+	+	+ +	+ +
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibroadenoma Testus Interstitual cell tumor Prostata	+ X	*	+	+ X +	X + X +	* X +	+ X +	* X	<b>X</b>	<b>X</b>	* X +	+ X +	* X +	+ X +	+ X +	+ X +	+ X +	* X	* X	* X	* X	+ X +	<b>X</b>	X X	+ X
Preputial/clitoral gland Squamous cell carcinoma Epiddyms Lipoma	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	N N	Ň N	N N	N N	N N	N N	N N	N
Mesothelioma, NOS NERVOUS SYSTEM															_X					_					
Nerves Ganghoneuroma Brain Garcinoma, NOS, invasive	N X +	N +	<b>N</b> +	N +	<b>N</b> +	<b>N</b> +	N +	N +	N +	<b>N</b> +	N +	N +	N +	N +	N +	N + X	N +	N +	N +	N +	N +	<b>N</b> +	<b>N</b> +	N +	N +
SPECIAL SENSE ORGANS Ear	+	N		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma Zymbal gland Squamous cell carcinoma Keratoacanthoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N
MUSCULOSKELETAL SYSTEM Bone	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
Osteosarcoma Muscle C-cell carcinoma, invasive	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
BODY CAVITIES Pleura Mesothehoma, mahgnant	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
Hemangiosarcoma Peritoneum Lipoma	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
Tunica vaginalis Mesothelioma, NOS Mesothelioma, malignant	+	+	+	+	+	+	+	+	+	+	+	+	X	+	X	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS Multiple organs NOS Squamous cell carcinoma, invasive Squamous cell carcinoma, metastatic Alveolar/bronchrolar carcinoma, invasive Fibrous histocytoma, malignant	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
Mesothelioma, invasive Osteosarcoma, invasive Osteosarcoma, metastatic Malignant lymphoma, histiocytic type													X												
Monocytic leukemia		X		X							X			X					<b>X</b>				X ——	<b>X</b>	

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: UNTREATED CONTROL (Continued)

					(0	on	im	uea	IJ																
ANIMAL NUMBER	9 7	5 2 9	5 3 8	4 6 3	5	4 9 4	5 0 9	5 2 4	5 5	5 4 4	5 4 7	6	5 3 6	5 2	5	5	4 5 6	4 6 7	5 2 2	7	9	5 3 2	4 3 4	4 7 5	4 8 8
Weeks on Study	0 4	1 0 4	1 0 5	1 0 6	1 0 8	1 0 8	1 0 8	1 0 8	1 1 0	1 1 0	1 0	1	1 1 1	1 2	1 2	1 3	1 3	1 3	1 3	1 4	1 1 5	1 5	1 6	1 6	1 1 6
ENDOCRINE SYSTEM Pituitary	_   _	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS Adenoma, NOS Adrenal		_	_	_	_	_	_	_	X	_	_	_	X	_	_	_	_	_	_	_	_	_	<b>X</b>	+	+
Cortical adenoma Pheochromocytoma	'	_	•		x		•	x	•	-	X	x	т	x	x	•	x	x	•	•	•	x	•	x	•
Pheochromocytoma, malignant Thyroid Follicular cell adenoma	+	+	+	+	<b>*</b>	+	+	+	+	+	+	+	+	+	+	+	+	<b>*</b>	-	+	+	*	+	+	+
Follicular cell carcinoma C-cell adenoma C-cell carcinoma	x										x				x		X								,
Parathyroid Pancreatic islets	=	+	++	++	++	++	++	++	++	++	++	++	+	++	++	++	++	++	- +	++	++	+	- +	++	+ +
Islet cell adenoma Islet cell carcinoma	x					x						x													
REPRODUCTIVE SYSTEM Mammary gland	_   _	+	+	+	+	N	N	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma, NOS Fibroadenoma Testis	_	+	+	+	+	+	+	X +	+	+	X	+	+	+	X	+	+	+	+	X +	+	+	+	+	+
Interstitial cell tumor Prostate	X +	X +	X +	X +	X +	X +	X +	X	X +	X +	X +	X +	<u>+</u>	X +	X +	X +	X +	X +	X +	X +	X +	X +	X + N	X + N	X +
Preputial/clitoral gland Squamous cell carcinoma Epididymis	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	N N	N	N	N N	N N	N N	N N	N N	N	•	N N
Lipoma Mesothelioma, NOS	"	11	.,	*1		1,	.,	X	.,	.,	11	-	.,	•	•	•	•	•	.,		• •		•	••	.,
NERVOUS SYSTEM Nerves Ganghoneuroma	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
Brain Carcinoma, NOS, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS	_  _	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+
Squamous cell carcinoma Zymbal giand Squamous cell carcinoma	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
Keratoacanthoma										_			_				x								
MUSCULOSKELETAL SYSTEM Bone Osteosarcoma	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
Muscle C-cell carcinoma, invasive	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
BODY CAVITIES Pleura Mesothehoma, malignant	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
Hemangiosarcoma Peritoneum	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
Lipoma Tunica vaginalis Mesothelioma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mesothelioma, malignant	_	X							X																
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive	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
Squamous cell carcinoma, metastatic Alveolar/bronchiolar carcinoma, invasive Fibrous histocytoma, malignant Massibalioma, invanye		x							x															X	
Mesothelioma, invasive Osteosarcoma, invasive Osteosarcoma, metastatic		Α.							Λ.																
Malignant lymphoma, histiocytic type Monocytic leukemia			x				X			X				x		X		x	x	X					X
	'																								

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: UNTREATED CONTROL (Continued)

ANIMAL NUMBER	5 4 2	5 4 5	4 9	5 0 7	5 1 7	4 3 2	4 6 9	5 3 3	8	5 1 3	4 5 3	4 7 9	5 0 3	5 1 4	4 2	4 7 6	9	5 0 8	9 2	5 2 0	5 0 2	5 2 3	5 3 0	4 4	5 2 6
WEEKS ON STUDY	1 1 6	1 1 6	1 7	1 1 7	1 1 7	1 8	1 8	1 1 8	1 1 9	1 1 9	1 2 0	1 2 0	1 2 2	1 2 2	1 2 3	1 2 3	1 2 3	1 2 3	1 2 4	1 2 4	1 2 6	1 2 6	1 2 6	1 2 7	1 2 7
ENDOCRINE SYSTEM Pituitary	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS Adenoma, NOS Adrenal		_	_	4.		_	_				+			X		_			_	1	_	_	_	_	X +
Cortical adenoma Pheochromocytoma		т		т	т	т.	X	_	7	X	_	X	X	т	*	X	т	Ŧ	X	X	Ψ.	•	x	T	x
Pheochromocytoma, malignant Thyroid	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Follicular cell adenoma Follicular cell carcinoma C-cell adenoma		x					x	x				_		x	X	X X			x					_	_
C cell carcinoma Parathyroid	-	+	_	+	+	+	+	+	+	+	<b>X</b>	<b>X</b>	X -	+	<b>X</b>	+	+	+	-	+	+	+	+	<b>X</b>	X +
Pancreatic islets Islet cell adenoma Islet cell carcinoma	+	+	_	x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM Mammary gland	+	+	N	+		+		_	+	_	+	_			+	+	+	+		+	+	+		+	+
Adenocarcinoma, NOS Fibroadenoma	•	•	٠,	X			-	•	•	•	•	7	,	•	,	•	•	•	•	,	,	•	•	•	. !
Testis Interstitial cell tumor	*	X,	*	X +	*	*	*	<b>X</b>	X,	X	*	<b>X</b>	*	X	*	*	*	*	*	*	*	X,	<b>X</b>	X,	*
Prostate Preputial/clitoral gland Squamous cell carcinoma	N +	'n	N	N H	N N	n N	'n	Ņ V	N +	'n	N +	, N	+ N	Ņ	'n	† N	N N	, N	N +	'n	Ņ	N N	N N	Ņ,	N +
Epididymis Lipoma Mesothelioma, NOS	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
NERVOUS SYSTEM Nerves	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
Ganglioneuroma Brain Carcinoma, NOS, invasive	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS																			_			_			
Ear Squamous cell carcinoma Zymbal gland	N	+ N	N	N	T N	n	T N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Squamous cell carcinoma Keratoacanthoma	14	.,	.,	**	21	.,	14	X	**	.,	.,	.,	14	**	.,		.,	•	.,	•	•	•	••	•	•
MUSCULOSKELETAL SYSTEM Bone	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
Osteosarcoma Muscle	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
C-cell carcinoma, invasive BODY CAVITIES												X													
Pleura Mesothelioma, malignant Hemangiosarcoma	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
Peritoneum Lipoma	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Tunica vaginalis Mesothelioma, NOS Mesothelioma, mahgnant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive Squamous cell carcinoma, metastatic Alveolar/bronchiolar carcinoma, invasive Fibrous histiocytoma, malignant Mesothelioma, invasive Osteosarooma, invasive	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N
Osteosarcoma, metastatic Malignant lymphoma, histiocytic type Monocytic leukemia	x	x			x	x					x		x		x	x	x					x			

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: UNTREATED CONTROL (Continued)

					, •	<b>/</b> 011	CIII	uec	47																
ANIMAL NUMBER	4 4 0	5 2 5	5 2 8	5 3 1	3	5 1 0	4 7	4 8	4 5 4	4 6 5	8 1	5 0 6	5 3 4	5 4 0	4 5	4 5 7	8	5 0 0	5 4 8	4 3 5	5 2 1	4 7 7	8 2	5 4 3	5 4 6
WEEKS ON STUDY	1 2 8	1 2 8	1 2 8	1 2 8	1 2 9	1 2 9	1 3 0	3	1 3 1	1 3 1	1 3 2	1 3 2	1 3 2	1 3 3	1 3 3	1 3 4	1 3 4	1 3 5	1 3 7						
ENDOCRINE SYSTEM Pitutary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS Adenoma, NOS Adrenal	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	<b>X</b>	+	+	+	+	+	+	+	+	+	<b>X</b> +
Cortical adenoma Pheochromocytoma Pheochromocytoma, malignant	x				x	x					x								x					x	
Thyroid Follicular cell adenoma Follicular cell carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	<b>X</b>	+	+	<b>x</b>	+	+	+
C-cell adenoma C cell carcinoma Parathyroid Pancreatic islets	++	+	++	++	+	+	++	X + +	++	X + +	++	+	+	+	<b>X</b> + +	++	+	+	++	+	+	++	+	+++	+
Islet cell adenoma Islet cell carcinoma	x						X				x				x										X
REPRODUCTIVE SYSTEM Mammary gland		+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma, NOS Fibroadenoma Testis	+	X +	+	+	+	+	+	+	+	+	X +	X +	<b>X</b>	+	<b>X</b>	+	+	<b>X</b> +	+	<b>X</b> +	+	+	+	+	+
Interstitial cell tumor Prostate Preputial/chtoral gland	X + N	X + N	X + N	X + N	X + N	X + N	X + N	X + N	X + N	X + N	X + N	X + N	X + N	X + N	X + N	X + N	X + N	X + N	X + N	X N	X + N	X + N	X + N	X + N	X + N
Squamous cell carcinoma Epididymis Lipoma Mesothelioma, NOS	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
NERVOUS SYSTEM Nerves	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
Ganglioneuroma Brain Carcinoma, NOS, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Ear			+	+	+	+	+		+	+	+	+	+		+	+	+	+	+		+	+		+	+
Squamous cell carcinoma Zymbal gland Squamous cell carcinoma Keratoacanthoma	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	X N	N	N	N	N	N	N	N	N
MUSCULOSKELETAL SYSTEM Bone	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		N	N
Osteosarcoma Muscle C-cell carcinoma, invasive	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
BODY CAVITIES Pleura Mesothelioma, malignant	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
Hemangiosarcoma Peritoneum Lipoma	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
Tunica vaginalis Mesothehoma, NOS Mesothehoma, malignant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive	N	N	N	N X	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Squamous cell carcinoma, metastatic Alveolar/bronchiolar carcinoma, invasive Fibrous histiocytoma, malignant Mesothelioma, invasive		x																							
Osteosarcoma, invasive Osteosarcoma, metastatic Malignast lymphoma, histocytic type Monceyte leukemia	x		x			x					¥	x	¥			x			x		x	X	x		x
MANON TO THE TO			41.									-12	46			4			**						

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: UNTREATED CONTROL (Continued)

								,,	, OII	****	uct	•,								
ANIMAL NUMBER	6 1	4 7 8	5 2 7	6 0	4	8 9	5 0 1	3	4 3	4 5 9	4 6 2	4 4	7 3	8	4 8 7	4 9 1	9 8	5 4 9		TOTAL
WEEKS ON STUDY	1 3 8	1 3 8	1 3 8	1 3 9	1 4 0	1 4 0	1 4 1	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2		TISSUES TUMORS
ENDOCRINE SYSTEM Pituitary	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		117 3
Carcinoma, NOS Adenoma, NOS Adrenal	_	Λ +	_	+	4	4	X	_	X	_		X	+	<b>X</b> +	+	X	X	_		15 117
Cortical adenoma Pheochromocytoma	'	x	,	x	x	x	X	X	x		x	,	•	'	x	x				33
Pheochromocytoma, malignant Thyroid	±	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+	+	+	+		11 <u>6</u>
Follicular cell adenoma Follicular cell carcinoma C-cell adenoma	X								x				x							7 3 13
C-cell carcinoma Parathyroid	+	+	+	<b>X</b> +	+	+	X +	+	+	X +	+	X +	+	+	X +	X +	<b>X</b> +	+		19 111
Pancreatic islets Islet cell adenoma Islet cell carcinoma	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+		117 2 11
REPRODUCTIVE SYSTEM Mammary gland	+		+	+	+	+	+	+	+	_	+	+		+	+	+	+	+		*118
Adenocarcinoma, NOS Fibroadenoma	1	'	x	x	•	•	,	x		•	,	•	ľ	x		X		•		1 18
Testis Interstitial cell tumor	X X	X.	X	X,	<b>x</b>	X,	*	*	X,	*	X,	X,	X +	X	X	X,	X	X		118 116
Prostate Preputial/clitoral gland Squamous cell carcinoma	h N	N +	'n	N X	N +	, N	, N	N +	'n	N +	N +	, N	N +	† N	N +	Ŋ	N +	N N		116 *118 3
Epididymis Lipoma Mesothelioma, NOS	N	N	N	Ñ	N	N	N	N	N	N	N	N	N	N	N	N	N	N		*118 1 1
NERVOUS SYSTEM Nerves	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		*118
Ganghoneuroma Brain Carcinoma, NOS, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		117 1
SPECIAL SENSE ORGANS Ear	+		+	+	+	+		+	+	+	+	+	+	+	+	+		+	····	*118
Squamous cell carcinoma Zymbal gland	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		1 *118
Squamous cell carcinoma Keratoacanthoma	1										X									<b>4</b> 1
MUSCULOSKELETAL SYSTEM Bone	N	N	N	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N		*118
Osteosarcoma Muscle C-cell carcinoma, invasive	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		*118 2
BODY CAVITIES Pleura Mesothelioma, malignant	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N		*118 1
Hemangiosarcoma Peritoneum	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		*118
Lipoma Tunica vaginalis Mesothelioma, NOS Mesothelioma, malignant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		*118 1 3
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive Squamous cell carcinoma, metastatic Alveolar/bronchiolar carcinoma, invas Fibrous histiccytoma, malignant	N	N	N	N	N X	N	N	N	N	N	N		N	N	N	N	N	N		*118 4 1 1
Mesothehoma, invasive Osteosarcoma, invasive Osteosarcoma, metastatic Malignant lymphoma, histocytic type												X								4 1 1 1
Monocytic leukemia	x		X	X				X	X				x				X			42

<sup>\*</sup> Animals necropsied

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS: 1% CROCIDOLITE ASBESTOS

STUDY OF CROC					~-				- /-	-	•••					101									
ANIMAL NUMBER	8	6 9 2	7 4 6	6 8 6	7 3 7	8 3 1	8	6 7 8	7 1 5	8 7 6	8 0 2	8 8 7	8 6 6	7 8	7 0 9	7 5 7	6 6 9	7 0 2	8 2 2	6 8 3	6 8 0	8 7 7	7 0 6	8 9 5	7 2 0
WEEKS ON STUDY	0 1 7	0 4 2	0 6	0 7 3	0 8 1	0 8 2	8	0 8 5	0 8 5	8	8	8	9	9	9	9	9	9	9	9	9	9	0	0	1 0 1
INTEGUMENTARY SYSTEM	-																								
Skin Squamous cell papilloma	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma Basal cell tumor																									
Basal cell carcinoma Trichoepithelioma																									
Keratoacanthoma Fibrosarcoma																									
Hemangiopericytoma, malignant Neurofibroma																									
Neurofibrosarcoma Subcutaneous tissue	_	+	+	+	N	_	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Keratoacanthoma Sarcoma, NOS, invasive	'	·	·		•	·	Ċ	•		,	,	·			•	•	·	•	·		-	·	•	-	
Fibroma Fibrosarcoma											X				X			X							
Lipoma Hemangiosarcoma																			x	x					
Osteosarcoma Neurofibroma						X																			
Neurofibrosarcoma																									
RESPIRATORY SYSTEM Lungs and bronch:	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+
Neoplasm, NOS, metastatic Squamous cell carcinoma, metastatic								·																	
Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma																				x					
C cell carcinoma, metastatic Pheochromocytoma, metastatic					x																				
Liposarcoma, metastatic Mesothelioma, metastatic			x		А																				
Hemangiosarcoma, metastatic Osteosarcoma, metastatic		X		x		x																			
Trachea  C-cell carcinoma, invasive	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
HEMATOPOIETIC SYSTEM	_																	_							
Bone marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spieen Pheochromocytoma, metastatic	+	_	т	т	т	_	т	_	т	Τ.	7	*	+	Ŧ	+	_	_	+	7	т	т	т	_	•	т
Fibrosarcoma Fibrosarcoma, metastatic																				x					
Hemangiosarcoma, metastatic Leukemia, mononuclear cell	١.																			·.					
Lymph nodes Squamous cell carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
C-cell carcinoma, metastatic Pheochromocytoma, metastatic																									
Sarcoma, NOS, invasive Rhabdomyosarcoma, metastatic													x												
Thymus Papıllary adenocarcınoma	+	+	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+	-	-	-	+	+	+
CIRCULATORY SYSTEM	-													_											
Heart Alveolar/bronchiolar carcinoma, invasive	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	1				•	7																			
DIGESTIVE SYSTEM	-																								
Oral cavity Squamous cell papilloma	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
Oral cavity Squamous cell papilloma Squamous cell carcinoma Salivary gland	N +	N -	N +	<b>N</b>	N +	N +	N +	N +	 N +	N +	N +														
Oral cavity Squamous cell papilloma Squamous cell carcinoma Salivary gland Adenoma, NOS Sarcoma, NOS	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N + x	N +	N +	N +	N -	N +	N +	N +	N +	N +	N +	N +	N +	+
Oral cavity Squamous cell papilloma Squamous cell carcinoma Salivary gland Adenoma, NOS Sarcoma, NOS Liver Neoplastic nodule	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + X +	N + +	N + +	N + +	N - +	N + +	N +	N + +	N + +	N + +	N + +	N + +	N + +	N + * *
Oral cavity Squamous cell papilloma Squamous cell carcinoma Salivary gland Adenoma, NOS Sarcoma, NOS Liver Neoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histocytic type	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + X +	N + +	N + +	N + +	N - +	N + +	N + +	N + +	<b>N</b> + +	N + +	N + +	N + +	N + +	+
Oral cavity Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma Salivary gland Adenoma, NOS Sarcoma, NOS Liver Neoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histocytic type Kupffer cell sarcoma Monocytic leukemia	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + x +	N + +	N + +	N + +	N - +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	+ *
Dral cavity Squamous cell papilloma Squamous cell carcinoma Salivary gland Adenoma, NOS Sarcoma, NOS Liver Neoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histiocytic type Kupfler cell sarcoma Monocytic leukemia Bile duct Pancreas	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + +	N + + + + + + + + + + + + + + + + + + +	N + + +	N + + +	N + + +	N + + -	N + + +	N + + +	N + + + + + + + + + + + + + + + + + + +	N + X + + +	N + + +	N + + +	N + + + + + + + + + + + + + + + + + + +	N - + + +	N + + +	N + + +	N + + +	N + + +	N + + +	N + + +	N + + +	N + + +	+
Oral cavity Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma Salivary gland Adenoma, NOS Sarcoma, NOS Liver Neoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histiocytic type Kupffer cell sarcoma Monocytic leukemia Bile duct Pancreas Acinar cell adenoma Acinar cell carcinoma Acinar cell carcinoma Acinar cell carcinoma	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + -	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + X + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + +	N + + + + + + + + + + + + + + + + + + +	N - + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	+ *
Oral cavity Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma Salivary gland Adenoma, NOS Sarcoma, NOS Liver Neoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histiocytic type Kupffer cell sarcoma Monocytic leukemia Bile duct Pancreas Acinar cell adenoma Acinar cell carcinoma Esophagus Stomach	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + x + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N - + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	+ *
Oral cavity Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma Salivary gland Adenoma, NOS Sarcoma, NOS Liver Neoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histiocytic type Kupffer cell sarcoma Monocytic leukemia Bile duct Pancreas Acinar cell adenoma Acinar cell carcinoma Escophagus Stomach Carcinoma, NOS Squamous cell papilloma	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + x + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N - + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	+ *
Oral cavity Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma Salivary gland Adenoma, NOS Sarcoma, NOS Liver Neoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histiocytic type Kupffer cell sarcoma Monocytic leukemia Bile duct Pancreas Acinar cell adenoma Acinar cell carcinoma Esophagus Stomach Carcinoma, NOS Squamous cell carcinoma Squamous cell carcinoma Basal cell carcinoma Basal cell carcinoma	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + X + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N - + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	n + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	+ *
Drai cavity Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma Salivary gland Adenoma, NOS Sarcoma, NOS Liver Neoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histiocytic type Kupffer cell sarcoma Monocytic leukemia Bile duct Pancreas Acinar cell adenoma Acinar cell carcinoma Esophagus Scomach Carcinoma, NOS Squamous cell papilloma Squamous cell carcinoma Basal cell carcinoma Basal cell carcinoma Basal cell carcinoma Basal cell carcinoma Fibrosarcoma Lenomyosarcoma	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + x + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N - + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	**************************************	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	+ *
Drai cavity Squamous cell papilloma Squamous cell carcinoma Salivary gland Adenoma, NOS Sarcoma, NOS Liver Neoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histiocytic type Kupfler cell sarcoma Monocytic leukemia Bile duct Pancreas Acinar cell adenoma Acinar cell carcinoma Esophagus Stomach Carcinoma, NOS Squamous cell papilloma Squamous cell carcinoma Basal cell carcinoma Fibrosarcoma Basal cell carcinoma Company	N + + + + + + + + + + + + + + + + + + +	N + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + - + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + +	N + + + + + + + + +	N + x + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N - + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	+ *
Oral cavity Squamous cell papilloma Squamous cell carcinoma Salivary gland Adenoma, NOS Sarcoma, NOS Liver Neoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histiocytic type Kupfer cell sarcoma Monocytic leukemia Bile duct Pancreas Acinar cell adenoma Acinar cell carcinoma Esophagus Stomach Carcinoma, NOS Squamous cell appilloma Squamous cell carcinoma Basal cell carcinoma Fibrosarcoma Leiomyosarcoma Small intestine Mucinous cystadenocarcinoma Fibrosarcoma Leiomyosarcoma	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + x + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + ++ ++	N + + + + + + + + + + + + + + + + + + +	N - + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	+ + X ++ ++ ++
Oral cavity Squamous cell papilloma Squamous cell carcinoma Salivary gland Adenoma, NOS Sarcoma, NOS Liver Neoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histocytic type Kupfier cell sarcoma Monocytic leukemia Bile duct Pancreas Acnar cell adenoma Acnar cell carcinoma Esophagus Stomach Carcinoma, NOS Squamous cell papilloma Squamous cell carcinoma Basal cell carcinoma Fibrosarcoma Leiomyosarcoma Small intestine Mucnous cystadenocarcinoma Fibrosarcoma Small intestine Mucnous cystadenocarcinoma Fibrosarcoma	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + x + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N - + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	N + + + + + + + + + + + + + + + + + + +	+ *

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(C	on	tin	ued	L)																
ANIMAL NUMBER	7 3 0	7 5 9	7 8 1	8 3 4	8 8	6 7 2	6 7 9	6 9	7 2 5	7 2 9	7 7 1	7 8 0	8 7 4	7 0 0	7 9	7 9 9	7 5 1	9 0 2	9 1 6	7 4 7	8 2 7	8 5 1	8 6 1	9 1 1	8 0 9
weeks on Study	1 0 2	1 0 2	1 0 2	1 0 2	1 0 2	1 0 3	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 5	1 0 5	1 0 5	1 0 6	1 0 6	1 0 6	1 0 7	1 0 8	1 0 8	1 0 8	1 0 8	1 0 9
INTEGUMENTARY SYSTEM	-					<del></del>								_											
Skin Squamous cell papilloma Squamous cell carcinoma	+	+	7	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma Basal cell tumor																									
Basal cell carcinoma Trichoepithelioma	İ																								
Keratoacanthoma Fibrosarcoma																									
Hemangropericytoma, malignant Neurofibroma	}																					x			
Neurofibrosarcoma	Ι.																								
Subcutaneous tissue Keratoacanthoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_	*	_
Sarcoma, NOS, invasive Fibroma	ĺ											x													
Fibrosarcoma Lipoma				X												X									
Hemangiosarcoma Osteosarcoma	1																								
Neurofibroma				X																					
Neurofibrosarcoma																									
RESPIRATORY SYSTEM Lungs and bronchi	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Neoplasm, NOS, metastatic Squamous cell carcinoma, metastatic																									
Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma	1																		x						
C cell carcinoma, metastatic Pheochromocytoma, metastatic																									
Liposarcoma, metastatic																									
Mesothelioma, metastatic Hemangiosarcoma, metastatic	l																								
Osteosarcoma, metastatic Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
C cell carcinoma, invasive																									
HEMATOPOIETIC SYSTEM Bone marrow						_	_		_			_				_				_	_				_
Spleen	∓	Ŧ	+	Ŧ	+	+	Ŧ	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	Ŧ	+	÷	+
Pheochromocytoma, metastatic Fibrosarcoma	ł																								
Fibrosarcoma, metastatic Hemangiosarcoma, metastatic																									
Leukemia, mononuclear cell Lymph nodes	1 +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma, metasatatic C cell carcinoma, metastatic											·		•												
Pheochromocytoma, metastatic Sarcoma, NOS, invasive																									
Rhabdomyosarcoma, metastatic	} .																								
Thymus Papillary adenocarcinoma	+	+	_	+	+	+	_	-	+	~	+	+	-	_	+	+	_	-	+	-	+	+	+	+	+
CIRCULATORY SYSTEM																									
Heart Alveolar/bronchiolar carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+
DIGESTIVE SYSTEM																			—						
Oral cavity Squamous cell papilloma	N	N	N	N	Ŋ	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Squamous cell carcinoma Salivary gland	1.	+		+	+	_	+	_	+	+	+	_	_	+	+	+	4	_	+	+	+	_	+	4	X
Adenoma NOS Sarcoma, NOS	] `	•	•		•	•	•		•	,	•	•		•	•	•	•	•	•	•	•	•	·	•	•
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Neoplastic nodule Hepatocellular carcinoma																									
Malignant lymphoma, histiocytic type Kupffer cell sarcoma	1																								
Monocytic leukemia Bile duct	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pancreas Acunar cell adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Acınar cell carcınoma		_		_	_	_	_	_	_		_	_		_	_	_	_		_		_	_	_	_	+
Esophagus Stomach	+	+	+	+	÷	+	÷	+	+	Ŧ	Ŧ	+	Ŧ	+	÷	+	+	+	+	+	+	÷	÷	÷	+
Carcinoma, NOS Squamous cell papilloma																					x				
Squamous cell carcinoma Basal cell carcinoma																									
Fibrosarcoma	X																								
Leiomyosarcoma	1	4.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	+																								
Small intestine Mucinous cystadenocarcinoma Fibrosarcoma	+	т																							
Small intestine Mucinous cystadenocarcinoma Fibrosarcoma Leiomyosarcoma Large intestine	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+
Small intestine Mucinous cystadenocarcinoma Fibrosarcoma Leiomyosarcoma		+	+	+	+	+	+	+	+	+	+	<b>*</b>	+	+	+	+	+	+	+	+	+	+	+	+	+

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(C	on	unı	ued	1)																
ANIMAL NUMBER	8 3 3	6 9 3	6 9 4	7 1 1	7 1 3	7 3 5	7 4 3	7 6 3	7 7 5	8 2	7 5 2	7 7 7	7 9 2	8 1 9	8 7 3	8 7 8	6 9 0	7 3 9	7 9 7	8 4 7	8 5 3	7 1 8	8 5 8	6 9 5	7 0 5
WEEKS ON STUDY	1 0 9	1 1 0	1 1 0	1 1 0	1 0	1 1 0	1 0	1 1 0	1 1 0	1 1 0	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 2	1 1 2	1 1 2	1 1 2	1 1 2	1 1 3	1 3	1 1 4	1 1 4
INTEGUMENTARY SYSTEM Skin Squamous cell papilloma Squamous cell carcinoma Basal cell tumor	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+
Basal cell timor Basal cell timor Basal cell timora Trichoepithelioma Keratoecanthoma Fibrosarooma Hemangiopencytoma, malignant Neuvofibroma																					x				
Neurofibrosarcoma Subcutaneous tissue Keratoscanthoma Sarcoma, NOS, invasive Fibroma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ @X	+	+	+	+	+	+
Fibrosarcoma Lipoma Hemangiosarcoma Osteosarcoma Neurofibroma Neurofibrosarcoma																									
RESPIRATORY SYSTEM Lungs and bronch Neoplasm, NOS, metastatic Squamous cell carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma C-cell carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pheochromocytoma, metastatic Liposarcoma, metastatic Mesothelioma, metastatic Hemangiosarcoma, metastatic Ozteosarcoma, metastatic Trachea Collamoraria, paragraficatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>x</b>	+	+	+	+
C cell carcinoma, invasive  HEMATOPOIETIC SYSTEM  Bolean  Splean	++	++	++	++	+ +	++	++	- +	++	++	++	++	++	++	++	++	++	++		++	++	++	++	++	++
Pheochromocytoma, metastatic Fibrosarcoma, metastatic Fibrosarcoma, metastatic Hemangocarcoma, metastatic Leukema, mononuclear cell Lymph nodes Squamous cell carcinoma, metastatic C-cell carcinoma, metastatic Pheochromocytoma, metastatic	+	<b>*</b>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Sarcoma, NOS, invasive Rhabdomyosarcoma, metastatic Thymus Papillary adenocarcinoma	+	+	-	+	+	+	_	+	+	-	+	+	+	+	+	+	+	+	_	+	+	+	-	-	+
CIRCULATORY SYSTEM Heart Alveolar/bronchiolar carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DICESTIVE SYSTEM Oral cavity Squamous cell papilloma Squamous cell carcinoma	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
Salivary gland Adenoma, NOS Sarcoma, NOS Liver Neoplastac nodule	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular carcinoma Mahgnast lymphoma, histocytic type Kupfer cell sarcoma Monocytic leukemia Blie duct	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pancreas Acinar ceil adenoma Acinar cell carcinoma Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach Carcinoma, NOS Squamous cell papilloma Squamous cell carcinoma Basal cell carcinoma Fibrosarroma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Leiomyosarcoma Small intestine Mucinous cystadenocarcinoma Fibrosarcoma Leiomyosarcoma	+	+	+	+	+	+	+	<b>X</b> +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lenge infestine Adenomatous polyp, NOS Lipoma Lenomyosarcoma	+ x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

<sup>@</sup> Multiple occurrence of morphology

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(C	on	tin	ued	l)																	
ANIMAL NUMBER	8 6 2	8 0	9 0 5	8 1 7	8 2 0	8 3 8	8 5 6	8 6 8	8 7 1	8 8 5	7 2 6	7 4 1	7 9 1	8 1 5	8 2 5	8 2 6	8 2 8	8 2 9	8		8 4 2	9	9 0 6	9 0 8	6 7 3	6 8 5
WEEKS ON STUDY	1 2 5	1 2 5	1 2 5	1 2 6	1 2 7	1 2 7	1 2 7	2 7	1 2 7	1 2 7	1 2 7	1 2 7	2		1 2 7	1 2 7	1 2 7	1 2 7	1 2 8	1 2 8						
INTEGUMENTARY SYSTEM	-								-																	
Skin Squamous cell papilloma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+
Squamous cell carcinoma Basal cell tumor																										
Basal cell carcinoma Trichoepithehoma																					X					í
Keratoacanthoma Fibrosarcoma															X											
Hemangiopericytoma, malignant Neurofibroma	ļ																									ſ
Neurofibrosarcoma	1.																									
Subcutaneous tissue Keratoacanthoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		•	+	+	+	+	+	+
Sarcoma, NOS, invasive Fibroma		x				X						x	x	x		x							x			
Fibrosarcoma Lipoma	1																									
Hemangiosarcoma Osteosarcoma						x																				
Neurofibroma Neurofibrosarcoma	- 1														X									x		
RESPIRATORY SYSTEM	-																									
Lungs and bronchi Neoplasm, NOS, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		۲	+	+	+	+	+	+
Squamous cell carcinoma, metastatic Alveolar/bronchiolar adenoma	-																									
Alveolar/bronchiolar carcinoma	ŀ																									-
C-cell carcinoma, metastatic Pheochromocytoma, metastatic	-			x																						
Liposarcoma, metastatic Mesothelioma, metastatic																										ļ
Hemangiosarcoma, metastatic Osteosarcoma, metastatic	-																									
Trachea C-cell carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	۲	+	+	+	+	+	+ 1
HEMATOPOIETIC SYSTEM	-																									
Bone marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+ 1
Spleen Pheochromocytoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		۲	+	+	+	+	+	+
Fibrosarcoma Fibrosarcoma, metastatic																										
Hemangiosarcoma, metastatic Leukemia, mononuclear cell	1																		2	ζ						
Lymph nodes Squamous cell carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+
C-cell carcinoma, metastatic Pheochromocytoma, metastatic																										
Sarcoma, NOS, invasive Rhabdomyosarcoma, metastatic																										
Thymus	+	-	+	+	+	+	*	_		+	+	-	+	+	+	-	+	-		+	+	-	-	-	-	_ '
Papillary adenocarcinoma	-																									
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠.	+	+	+	+	+	+	+
Alveolar/bronchiolar carcinoma, invasive																										
DIGESTIVE SYSTEM Oral cavity	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	1 1	1	N	N	N	N	N	N
Squamous cell papilloma Squamous cell carcinoma																										
Salivary gland Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+		۲	+	+	+	+	+	+
Sarcoma, NOS Liver	1 +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		4	+	+	+	+	+	+
Neoplastic nodule Hepatocellular carcinoma					X				X							X	X									X
Malignant lymphoma, histiocytic type Kupffer cell sarcoma	}																									
Monocytic leukemia Bile duct	١,						_	_	_	_	_		_		_	_		_	. 1	ζ.	_	_	_	_	_	
Pancreas	+	+	+	+	+	+	+	+	+	±	+	+	+	+	+	+	+	+		+	7	+	+	+	+	+
Acınar cell adenoma Acınar cell carcinoma								A	A	A																
Esophagus Stomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	- :	+	+	+	+	+	+	+
Carcinoma, NOS Squamous cell papilloma																										
Squamous cell carcinoma Basal cell carcinoma																										
Fibrosarcoma Leiomyosarcoma																										
Small intestine Mucinous cystadenocarcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	~	+
Fibrosarcoma Leiomyosarcoma																										
Large intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	~	+
Adenomatous polyp, NOS Lipoma																										
Leiomyosarcoma	_																									
			_			_						_	_								_					

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(C	on	tin	ued	l)																
ANIMAL NUMBER	7 5 3	7 6 1	7 6 2	8 0 3	6 7 4	7 4 9	7 5 0	7 6 5	8 0 0	6 7 0	7 0 1	7 2 7	7 3 1	7 5 5	7 9 5	8 7 2	8 6	8 9	6 7 1	7 2 2	7 8 9	7 1 6	8 5 7	9 1 3	7 2 3
WEEKS ON STUDY	1 2 8	1 2 8	1 2 8	1 2 8	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	3 0	1 3 0	1 3 0	1 3 0	1 3 0	1 3 0	1 3 0	1 3 0	1 3 0	1 3 1	1 3 1	1 3 1	1 3 2	1 3 2	1 3 2	1 3 3
INTEGUMENTARY SYSTEM	$\vdash$									_														·	
Skin Squamous cell papilloma	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma Basal cell tumor																									
Basal cell carcinoma Trichoepithelioma	X						_							₩.											
Keratoacanthoma Fibrosarcoma Hemangiopericytoma, malignant							Α.	X		X				X											X
Neurofibrosarcoma Neurofibrosarcoma																									
Subcutaneous tissue Keratoacanthoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Sarcoma, NOS, invasive Fibroma			x		x							X	x				x				x			x	
Fibrosarcoma Lipoma						x	x							X			••					X		••	
Hemangiosarcoma Osteosarcoma																									
Neurofibroma Neurofibrosarcoma										X															
RESPIRATORY SYSTEM	<u> </u>									_				<del></del> -										<del></del>	
Lungs and bronchi Neoplasm, NOS, metastatic	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma											X														
C-cell cardinoma, metastatic Pheochromocytoma, metastatic																									
Liposarcoma, metastatic Mesothelioma, metastatic									x				x												
Hemangiosarcoma, metastatic Osteosarcoma, metastatic									Α.																
Trachea C-cell carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOLETIC SYSTEM																									
Bone marrow Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pheochromocytoma, metastatic Fibrosarcoma																									
Fibrosarcoma, metastatic Hemangosarcoma, metastatic																									
Leukemia, mononuclear cell Lymph nodes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma, metastatic C-cell carcinoma, metastatic																									
Pheochromocytoma, metastatic Sarcoma, NOS, invasive Rhabdomyosarcoma, metastatic																									
Thymus Papillary adenocarcinoma	+	+	+	+	+	-	+	+	-	+	-	+	+	+	+	-	+	+	-	-	+	+	+	+	+
CIRCULATORY SYSTEM																									
Heart Alveolarforonchiolar carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																									
Oral cavity Squamous cell papilloma Squamous cell carcinoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N X	N	N	N	N	N	N
Salivary gland Salivary gland Adenoma NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Sarcoma, NOS Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Neoplastic nodule Hepatocellular carcinoma								X																	
Malignant lymphoma, histiocytic type Kupffer cell sarcoma																									
Monocytic leukemia Bile duct	+	+	+	+	+	+	+	<b>X</b>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pancreas Acinar cell adenoma	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	*	+	+
Acınar cell carcinoma Esophagus	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach Carcinoma, NOS Squamous sail papilloma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell papilloma Squamous cell carcinoma Basai cell carcinoma																									
Fibrosarcoma Leiomyosarcoma																									
Small intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
mucinous cystadenocarcinoma :																	v								
Mucinous cystadenocarcinoma Fibrosarcema Leiomyesarcoma																	Λ								
Fibrosarosma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+	+	+	+	+	+	*	+

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(C	on	tın	ued	L)																
ANIMAL NUMBER	7 7 3	8 1 6	8 2 4	8 9	9 4	7 7 2	7 4	8 0 6	7 6 4	7 8 8	6 8	6 7 7	7 3 3	8 5 0	7 5 8	7 6 0	7 9 4	8 6 3	8 6 4	8 6 5	9 3	7 1 2	8 2 3	8 3 5	8 4 4
WEEKS ON STUDY	1 4	1 4	1 4	1 4	1 1 4	1 1 6	1 6	1 1	1 1 7	1 1 7	1 1 8	1 1 8	1 8	1 1 8	1 9	1 1 9	1 1 9	1 1 9	1 1 9	1 1 9	1 1 9	1 2 0	1 2 0	1 2 0	1 2 0
INTEGUMENTARY SYSTEM																									
Skin Squamous cell papilloma Squamous cell carcinoma Basai cell tumor Basai cell carcinoma Trichoepithelioma Keratoecanthoma Fibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	x x	+	+	+	+	+	+	+	+
Hemangiopericytoma, malignant Neurofibroma Neurofibrosarcoma							x			X															
Subcutaneous tissue Keratoacanthoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Sarcoma, NOS, invasive Fibroma Fibrosarcoma				x			x																		
Lipoma Hemangosarcoma Osteosarcoma Neurofibroma			x																						
Neurofibrosarcoma																									
RESPIRATORY SYSTEM Lungs and bronch: Neoplasm, NOS, metastatic Squamous cell carcinoma, metastatic Alveolarbronchiolar adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Alveolar/bronchiolar carminoma C-cell carminoma et al. Pheochromocytoma, metastatic Liposarcoma, metastatic Mesothelioma, metastatic Hemangiosarcoma, metastatic Hemangiosarcoma, metastatic Osteosarooma, metastatic																									
Trachea C celi carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen	++	++	++	++	+	++	++	++	++	+	++	++	+ +	++	++	++	+	+ +	++	++	+ +	+	++	+	++
Pheochromocytoma, metastatic Fibrosarcoma Fibrosarcoma, metastatic Hemangsosarcoma, metastatic Leukema, mononuclear cell Lymph nodes									•																
Squamous cell carcinoma, metastatic C-cell carcinoma, metastatic Pheochremocytoma, metastatic Sarcoma, NOS, invasive	, 7	7	7	7	7	7	7	7	7	+	7	7	7	Ŧ	7	+	<i>T</i>	7	7	*	+	7	7	7	7
Rhabdomyosarcoma, metastatic Thymus Papillary adenocarcinoma	-	-	+	+	_	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	-	+
CIRCULATORY SYSTEM	<u> </u>																								
Alveolar/bronchiolar carcinoma, invasive			<del>+</del>	_		+	+	+	+	_	+	+	+		+	_	+			+		+	+		
Oral cavity Squamous cell papilloma Squamous cell carcinoma	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
Salivary gland Adenoma, NOS Sarcoma, NOS	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
over Neoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histocytic type Kupfier cell sarcoma	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Monocytic leukemia ble duct ancreas Acinar cell adenoma	++	++	++	++	++	+ +	++	+	++	++	++	++	++	<b>X</b> + +	+	++	+	++	++	++	++	++	++	++	+
Acınar cell carcinoma Sophagus Stomach	+++	++	++	++	++	++	++	++	++	++	++	<b>+</b>	++	++	++	++	++	++	++	++	++	++	++	++	++
Carcinoma, NOS Squamous cell papilloma Squamous cell carcinoma																									
Basal cell carcinoma Fibrosarcoma Leiomycearcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
mall intestine Mucinous cystadenocarcinoma Fibrosarcoma Leiomycarcoma					,				٠.	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenomatous polyp, NOS	+	+	+	+	+	+	X,	+	Ψ	~	٢	•	•		•		•	•	•						

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(C	on	tinı	ued	l)																
ANIMAL NUMBER	9 1 7	7 6 8	7 8 2	7 8 7	8 9 1	9 2	7 3 8	8 3 2	9 9	6 8 9	6 9 7	6 9 8	7 1 9	8 1 0	8	8 2	7 2 4	7 8 3	7 8 4	7 9 6	8 6 0	9 0 3	7 1 4	7 3 4	7 7 6
WEEKS ON STUDY	1 2 0	1 2 1	1 2 1	1 2 1	1 2 1	1 2 1	1 2 2	1 2 2	1 2 2	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 4	1 2 4	1 2 4	2	1 2 4	2 4	1 2 4	1 2 5	1 2 5	1 2 5
INTEGUMENTARY SYSTEM	-																								
Skin Squamous cell papilloma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma Basal cell tumor						x																			
Basal cell carcinoma Trichospithelioma															x								X		
Keratoacanthoma	x				X										Λ.										
Fibrosarcoma Hemangiopericytoma, malignant Neurofibroma																									
Neurofibrosarcoma Subcutaneous tissue	١.	_	1	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_
Keratoacanthoma	1		-	•	7	•		'	•	•	-	•	•	•	•	•	•	•	•	•		,		'	
Sarcoma, NOS, invasive Fibroma						v					X			x											
Fibrosarcoma Lipoma Hemangiosarcoma						X																			
Osteosarcoma	1																								
Neurofibroma Neurofibrosarcoma							X										X								
ESPIRATORY SYSTEM ungs and bronch	-   _	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<del></del> -
Neoplasm, NOS, metastatic Squamous cell carcinoma, metastatic	'	•	,	·	•			•		•	•	•	•	•	,	•	•	•	•	•	•		•	•	·
Alveolar/bronchiolar adenoma	Ì											x													
Alveolar/bronchiolar carcinoma C-cell carcinoma, metastatic																									
Pheochromocytoma, metastatic Liposarcoma, metastatic																									
Mesothehoma, metastatic Hemangiosarcoma, metastatic																									
Osteosarcoma, metastatic	١.		,				,																		,
'rachea C-ceil carcinoma, invasive	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	7	+	+	7	_
EMATOPOIETIC SYSTEM	-											_			-										
one marrow pleen	1 +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pheochromocytoma, metastatic Fibrosarcoma				X																					
Fibrosarcoma, metastatic	- }			**																					
Hemangiosarcoma, metastatic Leukemia, mononuclear cell	1																								
ymph nodes Squamous cell carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
C-cell carcinoma, metastatic Pheochromocytoma, metastatic	-																								
Sarcoma, NOS, invasive Rhabdomyosarcoma, metastatic											X														
hymus	+	-	-	+	+	-	_	_	+	+	_	+	+	+	+	-	-	-	+	-	+	-	_	+	+
Papillary adenocarcinoma  IRCULATORY SYSTEM	-																								
Alveolarori Sisiem Alveolaroronchiolar carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
IGESTIVE SYSTEM	-																								
oral cavity	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
Squamous cell papilloma Squamous cell carcinoma						x																			
alivary gland Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Sarcoma, NOS	1 +	_	+	4	_	+	+	+	+	+	X	_	_	_	_	_	_	_		_	_	+	_	_	_
Neoplastic nodule Hepatocellular carcinoma		•								•	•	X	x	•	•		•	•	•	•	•	X		X	·
Malignant lymphoma, histiocytic type													^									Α.			
Kupffer cell sarcoma Monocytic leukemia																									
ile duct ancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Acınar cell adenoma	-   '	•	X	٠	•	•	·	•	ľ		•			•	•	'	•		٠	•			j	•	,
Acınar cell carcınoma sophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	+
tomach Carcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell papilloma																									
Squameus cell carcinoma Basal cell carcinoma	1																								
Fibrosarcoma Leiomyosarcoma																									
mall intestine Mucinous cystadenocarcinoma	+	+ ¥	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibrosarcoma		Λ																							
	1		_	_	_	_	+	+	+	_	+	_	_	+	+	+	+	+	+	+	+	+	+	+	+
Leiomyosarcoma arge intestine	+	+	-	-	-	-	•		•			~													
Leiomyosarcoma arge intestine Adenomatous polyp, NOS Lipoma	+	+		т	Ŧ	-	Ċ	•	•		Ċ	т	Ċ	Ċ	•					X					

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

						(€	on	tin	ued	l)																
ANIMAL NUMBER	9		8 0 1	8 0 5	8 3 6	8 4 6	8 5 2	8 3	9 0 7	6 8 1	8 4 1	9 1 5	7 4 5	7 8 5	7 9 8	8 7 5	9 0	8 9 8	9 1 0	7 1 7	7 6 7	8 5 5	8 6 7	9 0 4	6 8 4	6 8 8
WEEKS ON STUDY	3 3		1 3 3	1 3 3	1 3 3	1 3 3	1 3 3	3	1 3 3	1 3 4	1 3 4	1 3 4	1 3 5	1 3 6	1 3 6	1 3 6	1 3 6	1 3 6	1 3 7	1 3 7						
INTEGUMENTARY SYSTEM Skin	-   -	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+ X	+	+
Squamous cell papilloma Squamous cell carcinoma Basal cell tumor				X			X									_								А		
Basal cell carcinoma Trichoepithelioma Keratoacanthoma					X										Х	X					x	x				
Fibrosarcoma Hemangupericytoma, malignant Neurofibroma	ļ																									
Neurofibrosarcoma Subcutaneous tissue Keratoacanthoma		٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Sarcoma, NOS, invasive Fibroma Fibrosarcoma														x												
Lipoma Hemangiosarcoma																						X				
Osteosarcoma Neurofibroma Neurofibrosarcoma																										
RESPIRATORY SYSTEM Lungs and bronch	_  -	 +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Neoplasm, NOS, metastatic Squamous cell carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma C-cell carcinoma, metastatic							X																			
Pheochromocytoma, metastatic Liposarcoma, metastatic Mesothehoma, metastatic Hemangiosarcoma, metastatic Osteosarcoma, metastatic																										
Trachea C-cell carcinoma, invasive	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen Pheochromocytoma, metastatic	+	+	+	+	+	+	+	+	+	+	+ *	++	+	++	++	+	++	+	++	+	+	+	++	+	++	++
Fibrosarcoma Fibrosarcoma, metastatic Hemangiosarcoma, metastatic Leukemia, mononuclear cell																									x	
Lymph nodes Squamous cell carcinoma, metastatic C-cell carcinoma, metastatic Pheochromocytoma, metastatic Sarcoma, NOS, invasive	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Rhabdomyosarcoma, metastatic Thymus Papillary adenocarcinoma	+		-	+	+	+	+	+	_	+	+	+	+	-	+	+	+	+	+	+	+	-	+	+	+	+
CIRCULATORY SYSTEM Heart	_  -	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Alveolar/bronchiolar carcinoma, invasive DIGESTIVE SYSTEM																										
Oral cavity Squamous cell papilloma Squamous cell carcinoma	N	ſ	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Salivary giand Adenoma, NOS Sarcoma, NOS	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver Neoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histocytic type	+	-	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	*	+	+	+	+	+	+	+	+
Kupffer cell sarcoma Monocytic leukemia Bile duct	1		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pancreas Acınar cell adenoma Acınar cell carcinoma	1			<i>T</i>	Τ.		<i>+</i>	,	X	f	,	,	, T	,	X.	,	,	, T								
Esophagus Stomach Carcinoma, NOS Squamous cell papilloma	+	•	+	++	++	+	++	+	+	+	+	+	+	+	+	+	+	+	+	* *	+	+	+	+	+	+
Squamous cell carcinoma Basal cell carcinoma Fibrosarcoma							x																			
Leiomyosarcoma Small intestine Mucinous cystadenocarcinoma Fibrosarcoma	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+
Leromyosarcoma Large intestine Adenomatous polyp, NOS Lipoma Leiomyosarcoma	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
-	_																									

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(0	OH	LIII	ued	1)																
ANIMAL NUMBER	7 4 8	7 5 6	8 2 1	8 4 3	7 0 4	7 1 0	8 4 9	9 6	8 1 3	7 4 0	7 9 0	8 0 4	8 1 4	8 7 0	8 7 9	9 0 1	9 1 2	6 8 7	7 6 6	8 4 5	8 8 1	6 7 5	6 7 6	6 9 1	6 9 6
weeks on study	1 3 7	1 3 7	1 3 7	1 3 7	3 8	1 3 8	1 3 8	1 3 8	1 3 9	1 4 0	1 4 0	1 4 0	1 4 0	1 4 0	1 4 0	1 4 0	1 4 0	1 4 1	1 4 1	1 4 1	1 1	1 4 2	1 4 2	1 4 2	1 4 2
INTEGUMENTARY SYSTEM	-	_			<u> </u>		<u> </u>	<u> </u>				· ·					<u> </u>			<u> </u>	<u> </u>			<u> </u>	
Skin Squamous cell papilloma Squamous cell carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+
Basal cell tumor Basal cell carcinoma Trichoepithelioma																									
Keratoacanthoma Fibrosarcoma																									
Hemangiopericytoma, malignant Neurofibroma Neurofibrosarcoma																									
Subcutaneous tissue Keratoacanthoma	+	+	+	+	+	+	+	<b>X</b>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Sarcoma, NOS, invasive Fibroma	x																	x							
Fibrosarcoma Lipoma Hemangiosarcoma																									
Osteosarcoma Neurofibroma Neurofibrosarcoma			x																						
RESPIRATORY SYSTEM	-				_																<del></del>				
Lungs and bronch: Neoplasm, NOS, metastatic Squamous cell carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Alveolarforonchiolar adenoma Alveolarforonchiolar carcinoma C-cell carcinoma, metastatic																		X							
Pheochromocytoma, metastatic Liposarcoma, metastatic Mesothelioma, metastatic		X																x							
Hemanguosarcoma, metastatic Osteosarcoma, metastatic																									
Trachea C-cell carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spleen Pheochromocytoma, metastatic Fibrosarcoma Fibrosarcoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	т
Hemanguosarcoma, metastatic Laukamia, mononuclear cell Lymph nodes Squamous cell carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
C-cell carcinoma, metastatic Pheochromocytoma, metastatic Sarcoma, NOS, invasive Rhabdomyosarcoma, metastatic																									
Thymus Papillary adenocarcinoma	-		+	+	-	+	+	+	+	+	-	-	+	-	+	+	+	+	+	+	+	+	+	+	+
CIRCULATORY SYSTEM Heart Alveolar/bronchiolar carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity	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
Squamous cell papilloma Squamous cell carcinoma Sahvary gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Sarcoma, NOS Liver	1	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Neoplastic nodule Hepatocellular carcinoma	'		•	•	•	•	•	X	•	·		•	_		•		·	•		•	•	•	•	,	•
Malignant lymphoma, histiocytic type Kupffer cell sarcoma Monocytic leukemia				x									X												
Bile duct Pancreas	+	+	+	+	+	+	+	+	+	+	+	++	+	+	+	+	+	+	+	+	+	+	+	+	+
Acınar cell adenoma Acınar cell arcunoma Escopla gris	1	X.	+	+	+	х +	+	+	4	+	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+
Esophagus Stomach Carcinoma, NOS Squamous cell papilloma	+	+	+	÷	÷	+	÷	÷	÷	÷	+	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	+
Squamous cell carcinoma Basal cell carcinoma Fibrosarcoma																									
Leiomyosarcoma Small intestine Mucinous cystadenocarcinoma Fibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Leiomyosarcoma Large intestine Adenomatous polyp, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>*</b>	+	+
Lipoma Leiomyosarcoma																									

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS
(Continued)

								(C	on	tin	ued	l)														
ANIMAL NUMBER	7 0 3	7 0 7	7 0 8	7 2 1	7 2 8	7 3 2	7 3 6	7 4 2	7 4 4	7 5 4	7 7 0	7 8 6	7 9 3	8 0 7	8 0 8	8 1 1	8 1 2	8 3	8 3 9	8 4 0	8 5 4	8 5 9	8 8 4	8 9 7	9 1 4	TOTAL
WEEKS ON STUDY	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	TUMO
TEGUMENTARY SYSTEM	<u> </u>																								+	*250
Squamous cell papilloma Squamous cell carcinoma Basai cell tumor Basai cell carcinoma Frichoepithelioma Keratoscanthoma	*	x	+	+	+	*	*	+	+	*	x	+	x	+	*	+	x	*	<b>T</b>	*	*	*	<b>T</b>	<b>T</b>	•	8 3 1 10 1 1
Fibro <b>sarcema</b> Heman <b>grop</b> ericytoma, malignant Neurofibrosarcoma Neurofib <b>ros</b> arcoma																v										1 1 1 3
Neuronnostroma Bertaneous tissue Keratoacanthoma Sarcoma, NOS, invasive Fibroma	+ X	+	+	+	+	+	+	+	+	+	+	+	+ X	+	*	<b>X</b> +	+	+	+	+	+	+	+	+ <b>x</b>	+	*250 1 1 27
riotoma Lipoma Hemangosarcoma	^												Α.											Α		6 3 2
Osteosarcoma Neurofibroma Neurofibrosarcoma			x																							8 1
ESPIRATORY SYSTEM ings and bronchi Veoplasm, NOS, metastatic Squamous cell carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	250 1 2
Alveolar/bronchiolar adenoma Lveolar/bronchiolar carcinoma C cell carcinoma, metastatic Pheochromocytoma, metastatic iposarcoma, metastatic	x		x																				x			2 2 1 5 3 2
Mesothehoma, metastatic Hemangiosarcoma, metastatic Disteosarcoma, metastatic achea C-cell carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>*</b>	+	+	+	+	+	+	+	+	+	+	2 2 248 1
EMATOPOIETIC SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	248
leen Pheochromocytoma, metastatic Pibrosarcoma Pibrosarcoma, metastatic Hemangrosarcoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	250 1 1 1 1
Leukemia, mononuclear cell ymph nodes Squamous cell carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	250 1
C-cell carcunoma, metastatic Pheochromocytoma, metastatic Sarcoma, NOS, invasive Rhabdomyosarcoma, metastatic	x																						X			1 1 1
hymus Papillary adenocarcinoma		+	+	_		_		+	+		+	+	_		+		+	_	+	_	+			+	+	182
IRCULATORY SYSTEM eart Alveolar/bronchiolar carcinoma, invasiv	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	250 1
GESTIVE SYSTEM ral cavity Squamous cell papilloma	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	*250 1 3
Squamous cell carcinoma livary gland Adenoma, NOS Sarcoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	249 1 5
ver Veoplastic nodule Hepatocellular carcinoma Malignant lymphoma, histiocytic type Kupffer cell sarroma	+	*	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+ X	+	+	+	+	+	+	+	250 16 3 1
Monocytic leukemia le duct increas Acinar cell adenoma	++	+ + <b>Y</b>	++	+	+	+	+	+	+	+	+ + X	+	+ + X	+	++	++	++	++	+	+ + X	+	++	+	++	+	250 249 15
Acinar cell carcinoma ophagus omach	+	+ +	+	++	++	++	++	++	++	++	++	++	++	++	++	+++	++	++	++	++	++	++	++	X + +	+++	2 247 249
Jarcinoma, NOS quamous cell papilloma quamous cell carcinoma assal cell carcinoma 'ibrosarooma		т	7	т	r	,	•	•	•	•	•	•	•	,	•	•	•	•	r	•	٠	ī	x	•	•	1 1 1 1 1 1
.eiomyosarcoma nall intestine Mucinous cystadenocarcinoma Fibrosarcoma .eiomyosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	249 1 1 1
John Joseph Adenomatous polyp, NOS Lipoma Lipoma Lipoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	249 4 1 1

<sup>\*</sup> Animals necropsied

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS<br/>(Continued)

					(C	on	un	ued	L)																
ANIMAL NUMBER	8 6 9	6 9 2	7 4 6	6 8	7 3 7	8 3 1	8 1 8	6 7 8	7 1 5	8 7 6	8 0 2	8 8 7	8 6 6	7 8	7 0 9	7 5 7	6 6 9	7 0 2	8 2 2	6 8 3	6 8 0	8 7 7	7 0 6	8 9 5	7 2 0
WEEKS ON STUDY	0 1 7	0 4 2	0 6 1	0 7 3	0 8 1	0 8 2	0 8 3	0 8 5	0 8 5	0 8 6	0 8 8	0 8 8	0 9 0	0 9 1	9 3	0 9 4	0 9 5	0 9 5	0 9 5	0 9 6	0 9 8	9 8	0	1 0 0	1 0 1
URINARY SYSTEM	-															_		-				_			
Kidney Tubular ceil adenoma Tubular ceil adenocarcinoma Mused tumor, malignant Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM	-																								
Pitutary Carcinoma, NOS Adenoma, NOS	-	-	+	+	+	+	+	-	+	+	+	+	+	+	+	+	X.	+	+	+	+	+ X	+	+	<b>+</b>
Adrenal Cortical adenoma Pheochromocytoma Pheochromocytoma, malignant	+	+	+	+	×	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Thyroid Follicular cell adenoma Follicular cell carcinoma	+	+	+	+	+	+	+	-	+	+	<b>X</b>	+	+	+	+	+	+	*	+	+	+	+	+	+	+
C-cell adenoma C-cell carcinoma											X			X			X	X			X		x		
Parathyroid Pancreatic islets Islet cell carcinoma	+	+	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+
Adenocarcinoma, NOS Fibroadenoma Testis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma, NOS Interstitual cell tumor					X	X		X	X	X	X	X	X	X	X	X		X	X	x	X	X	X	X	X
Prostate Carcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Preputaléhtoral gland Squamous cell carcinoma Epididymis Lipoma	N	N N	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	N	N N	N	N	N N	N	N N
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive Granular cell tumor, NOS Astrocytoma Meningoma Meningoma, invasive Spinal cord	+ N	+	+ N	+ N	+ N	+ N	+ N	_ _	+ N	+ N	+ N	+ N	+	+ N	+ N	+	+ N	+	+ N	+ N	+ X X N	+ N	+ N	+ N	+ N
Liposarcoma, invasive  SPECIAL SENSE ORGANS  Harderian gland	N	N		N	N	N N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		N	N	N.
Squamous cell carcinoma, invasive Adenoma, NOS Zymbal gland Squamous cell carcinoma		_											N						N		N		X X N	N	N
Keratoacanthoma																									
MUSCULASKELETAL SYSTEM Bone Squamous cell carcinoma, invasive	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
Hemangosarcoma Osteosarcoma Muscle C-cell carcinoma, invasive	N	X N	N	X N	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N
Rhabdomyosarcoma													X												
BODY CAVITIES Mediastinum	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
Alveolarforonchiolar carcinoma, invasive Peritoneum Liposarcoma Leiomyosarcoma, invasive	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
Tunica vagnahs Mesotheroma, NOS Mesotheroma, mahgnant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mesentery Fibrosaroma Mesotheboma, malignant Hemangosarcoma	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
ALL OTHER SYSTEMS Multiple ergans, NOS Squamous cell carcinoma, invasive C-cell carcinoma, metastatic Sarcoma, NOS, invasive Fibrosarcoma, invasive Liposarcoma, invasive Liposarcoma, metastatic Mesothahoma, invasive	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N	N
Hemangosarcoma, metastatic Malignasi lymphoma, undifferentiated type Malignasi lymphoma, histiocytic type Monocytic leukemia							x	x	x							X								x	x
	_																								

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(	Con	tin	ue	d)																
ANIMAL NUMBER	7 3 0	7 5 9	7 8 1	8 3 4	8 8 8	6 7 2	6 7 9	6 9	7 2 5	7 2 9	7 7 1	7 8 0	8 7 4	7 0 0	7 7 9	7 9 9	7 5 1	9 0 2	9 1 6	7 4 7	8 2 7	8 5	8 6 1	9 1 1	8 0 9
weeks on Study	1 0 2	1 0 2	1 0 2	1 0 2	1 0 2	1 0 3	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 5	1 0 5	1 0 5	1 0 6	1 0 6	1 0 6	1 0 7	0 8	1 0 8	1 0 8	1 0 8	1 0 9
URINARY SYSTEM Kidney Tubular cell adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Tubular cell adenoma Tubular cell adenoma Mixed tumor, mahgnant Urmary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Adrenal Cortical adenoma	+	+	<b>X</b> +	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	Х + Х	+	+	+	+	+
Pheochromocytoma Pheochromocytoma, malignant Thyroid Follicular cell adenoma	+	+	+	+	+	+	<b>X</b> +	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+
Follicular cell carcinoma C-cell adenoma C cell carcinoma Parathyroid Pancreatu siets Islet cell carcinoma	++	<del>-</del> +	X + +	++	++	++	<b>X</b> + +	+ + X	++	++	+++	X X + +	++	++	<b>+</b> +	++	++	++	++	++	++	~ +	<del>-</del>	<b>+</b> +	<b>X</b> + +
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+
Adenocarcinoma, NOS Fibroadenoma Testis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+	+	+	+	+	+	+
Adenocarcnoma, NOS Interstitual cell tumor Prostate Carcinoma, NOS	X +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	+	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +
Preputial/chtoral gland Squamous cell carcinoma Epiddymis Lipoma	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	N N	N N	N N	N N	N N	N N	N N	N N	N N	N N	N	N N
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive Granular cell tumor, NOS Astrocytoma Meningioma Meningioma Meningioma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Spinal cord Liposarcoma, invasive	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
SPECIAL SENSE ORGANS Hardernan gland Squamous cell carcinoma, invasive Adenoma, NOS Zymbal gland Squamous cell carcinoma Keratoacanthoma	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 N	N
MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive Hemanguesarcoma	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
Osteosarcoma Muscle C-cell carcinoma, invasive Rhabdomyosarcoma	N	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
BODY CAVITIES Mediastinum Alveolarbronchiolar carcinoma, invasive Peritoneum Liposarcoma	İ	N	N N	N N	N N		N N	N N		N N	N N	N N		N N		N N		N N	N X N				N N	N N	
Leiomyosarooma, invasive Tunica vaginalis Mesothehoma, NOS Mesotheloma, malignant Mesentery	+ 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
Fibrosarcoma Mesothelioma, malignant Hemangiosarcoma																									
ALL OTHER SYSTEMS Multiple organs, NOS Squamous sell carcinoma, invasive C-cell carunoma, metastatic Sarcoma, NOS, invasive Fibrosarcoma, invasive Liposarcoma, invasive Liposarcoma, metastatic Mesothelioma, invasive Hemangosarcoma, metastatic Melagant lymphoma, undifferentiated type	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
Malignant lymphoma, histocytic type Monocytic leukemia		x			x	x			x		x		x	x	x	x	X	x				x	x		ļ

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(C	ont	in	ıed	)																
ANIMAL NUMBER	8 3 3	6 9 3	6 9 4	7 1 1	7 1 3	7 3 5	7 4 3	7 6 3	7 5	8 2	7 5 2	7 7 7	7 9 2	8 1 9	8 7 3	8 7 8	6 9 0	7 3 9	7 9 7	8 4 7	5 3	7 1 8	8 5 8	6 9 5	7 0 5
weeks on study	1 0 9	1 0	1 1 0	1 1 0	1 1 0	1 0	1 1 0	1 0	1 1 0	1 1 0	1 1	1 1	1 1	1 1	1 1 1	1 1 1	1 1 2	1 2	1 1 2	1 1 2	1 2	1 3	1 3	1 1 4	1 1 4
URINARY SYSTEM Kidney Tubular cell adenoma Tubular cell adenocarcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mixed tumor, malignant Urmary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Adranal Cortical adenoma Pheochromocytoma	+	+	+	+	+	+	+	+ X	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>*</b>
Pheochromocytoma, malignant Thyroid Follicular cell adenoma	+	+ <b>X</b>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Folhcular cell carcinoma C-cell adenoma C-cell carcinoma	x	x		X				x						x	x			x		x	x				x
Parathyroid Pancreatic islets Islet cell carcinoma	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+ *	+	+	+	+	+	+	+	+	+	++
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS Adenocartinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+
Fibroadenoma Testas Adenocarcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	<b>X</b>	+	+	+	+	+	+	+	+	+	+	+	+	+
Interstitial cell tumor Prostate Carcinoma, NOS	X +	<b>X</b> +	<b>X</b> +	<b>X</b> +	X +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b>	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	X +	<b>X</b>	<b>X</b> +	<b>X</b> +	X +	<b>X</b>	+	<b>X</b>	<b>X</b>	<b>X</b>
Preputial/clitoral gland Squamous cell carcinoma Epididymis Lipoma	N N	N	N	N N	N X N	N N	N N	N	N N	N N	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	N N
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive Granular cell tumor, NOS Astrocytoma Meningioma Meningioma, invasive Spinal cord	+	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+	+ N	+ N	+ N
Liposarcoma, invasive SPECIAL SENSE ORGANS																									
Harderian gland Squamous cell carcinoma, invasive Adenoma, NOS Zymbal gland Squamous cell carcinoma Keratoacanthoma	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	
MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive Hemangiosarcoma Osteosarcoma Muscle	N	N	N N		N N	N N	N N	N	N	N N			N N			N N	N	N	<b>H</b>	N		N N		N N	N N
C-cell carcinoma, invasive Rhabdomyosarcoma																									
Mediastinum Alveolarbronchiolar carcinoma, invasive Peritoneum Liposarcoma	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 N	N	N N	N N	N N	N N	N N	N N	N N	N N	N N	N
Leiomyosarcoma, invasive Tunica vaginalis Mesothelioma, NOS Mesothelioma, malignant	+ N	+ N	+ N	+ N	+ N	+ N	+ N	X +	+ N	+ N	+ N	+	+ N	+	+ N	+ X N	+ N	+ N	+ N	+ N	+ N	+ N	+	+ N	+ N
Mesentery Fibrosarcoma Mesothelioma, malignant Hemangiosarcoma		7.4	7.4	7.4	74	14	14	14	14	7.4	14	14	14	14	14	14	74	14	N	7.4	X	14	14	14	14
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive C-cell carcinoma, metastatic Sarcoma, NOS, invasive Fibrosarcoma, invasive	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
Liposarcoma, metastatic Mesothelioma, invasive Hemangiosarcoma, metastatic Malignant lymphoma, undifferentiated type			x													X					x				
Malignant lymphoma, intollerentiated type Malignant lymphoma, histocytic type Monocytic leukemia		x		x	x	x	x	x	x	x	x		x		x		X			x		x	X		x

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(C	on	tin	ued	l)																
ANIMAL NUMBER	7 7 3	8 1 6	8 2 4	8 9	8 9 4	7 7 2	7 4	8 0 6	7 6 4	7 8 8	6 8	6 7 7	7 3 3	8 5 0	7 5 8	7 6 0	9 4	8 6 3	8 6 4	8 6 5	8 9 3	7 1 2	8 2 3	8 3 5	8 4 4
WEEKS ON STUDY	1 1 4	1 1 4	1 1 4	1 1 4	1 4	1 1 6	1 1 6	1 1 6	1 1 7	1 1 7	1 1 8	1 8	1 8	1 1 8	1 1 9	1 1 9	1 1 9	1 1 9	1 1 9	1 1 9	1 1 9	1 2 0	1 2 0	1 2 0	1 2 0
URINARY SYSTEM Kidney Tubular cell adenoma Tubular cell adenocarcinoma Mixed tumor, malignant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Urmary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adenoma, NOS Adenoma, NOS Adrenal	+ x	+	+	+ X	+ X	+	+	+	+ X	+	+	+ X	+ X	+	+	+	+	+	+	+	* X	+	+	+	+
Cortical adenoma Pheochromocytoma Pheochromocytoma, malignant Thyroid	<u>+</u>	+	+	+	+	+	+	<b>X</b>	+	х +	+	+	+	+	+	<b>X</b>	±	+	х +	+	+	+	+	+	<b>X</b>
Folkcular cell adenoma Folkcular cell carcinoma C-cell adenoma C-cell carcinoma Parathyroid	<b>X</b>	+	+	X X +	+	X +	<b>X</b>	+	+	+	+	<b>X</b>	+	<b>x</b>	<b>X</b>	+	<b>X</b>	<b>X</b> +	+	+	+	+	+	+	<b>X</b>
Pancreatic islets Islet cell carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS Adenocarcinoma, NOS	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+
Fibroadenome Testis Adenocarcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Interstitial cell tumor Prostate	X +	<b>X</b> +	<b>X</b> +	X +	<b>X</b> +	X +	<b>X</b>	X +	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b> +	<b>X</b>	X +	X +	<b>X</b> +	<b>X</b>	<b>X</b>	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	X +	<b>X</b> +
Carcinoma, NOS Preputial/chtoral gland Squamous cell carcinoma Epididymis Lipoma	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	N N	N N	N N	N N	N N	N N	N N	N N	N N	N	N N	N N
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive Granular cell tumor, NOS Astrocytoma Meningioma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+
Meningroma, invasive Spinal cord Liposarcoma, invasive	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
SPECIAL SENSE ORGANS Harderan gland Squamous cell carcinoma, invasive Adenoma, NOS	N	N	N	N	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
Zymbal gland Squamous cell carcinoma Keratoacanthoma	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
MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive Hemangiosarcoma	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
Osteosarcoma Muscle C-cell carcinoma, invasive Rhabdomyosarcoma	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
BODY CAVITIES Mediastinum	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
Alveolar/bronchiolar carcinoma, invasive Peritoneum Liposarcoma Leiomyosarcoma, invasive	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
Tunica vagnalis Mesothelioma, NOS Mesothelioma, malignant Mesentery Fibrosarcoma Mesothelioma, malignant	, N	N +	X N	n N	n N	n	n N	n	n	n N	H N	n	n N	+ N	n N	n N	n	+ N	n N	n N	n N	n N	n	N N	n
Hemangiosarcoma  ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive C-cell carcinoma, metastatic Sarcoma, NOS, invasive Fibrosarcoma, invasive Liposarcoma, metastatic	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Mesothehoma, invasive Hemangiosarcoma, metastatic Malignant lymphoma, undifferentiated type Malignant lymphoma, histiocytic type Monocytic leukemia		x	X			x		x			x		x					x	x			x	x	x	x
	- '				_																				

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(•	On	f111	uec	.,																
ANIMAL NUMBER	9 1 7	7 6 8	7 8 2	7 8 7	8 9 1	8 9 2	7 3 8	8 3 2	9 0 9	6 8 9	6 9 7	6 9 8	7 1 9	8 1 0	8 4 8	6 8 2	7 2 4	7 8 3	7 8 4	7 9 6	8 6 0	9 0 3	7 1 4	7 3 4	7 7 6
Weeks on Study	1 2 0	1 2 1	1 2 1	1 2 1	1 2 1	1 2 1	1 2 2	1 2 2	1 2 2	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 4	1 2 4	1 2 4	1 2 4	1 2 4	1 2 4	1 2 4	1 2 5	1 2 5	1 2 5
URINARY SYSTEM	-  -					•															-,				
Kidney Tubular cell adenoma Tubular cell adenocarcinoma Mixed tumor, malignant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Urmary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adrenal Cortical adenoma	+	+	+	<b>X</b>	+	+	+ X	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	<b>X</b>	+	+
Pheochromocytoma Pheochromocytoma, malignant		X	X	X	X		Α.					Α	X	X				X				X		X	X
Thyroid Follicular cell adenoma Follicular cell carcinoma C-cell adenoma	+	+	X	+	+	+	+	+	<b>x</b>	+ <b>x</b>	+	+	X X	+	+	+	+	+	+	+	+	+	+	+ X	+
C-cell carcinoma Parathyroid			_				1.	X +	+	+	X +	+	+						X	Х	X				1.
Pancreatic islets Islet cell carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	Ŧ	+	Ŧ	+	+	+	+	+	Ŧ	+	+	+
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS	-   +	+	N	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	N	+	+	N	+	+
Adenocarcinoma, NOS Fibroadenoma Testis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+	+	+	+	+	+	+	+
Adenocaranoma, NOS Interstitual cell tumor	x	X	X	X	X	X	x	X	X	X	X	X	X	x	X	x	X	X	X	X	X	X		X	
Prostate Carcinoma, NOS Preputial/chtoral gland	+ N	+ N	+ N	+	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N									
reputancus cell carcinoma Epididymis Lipoma	N	N	X	N		N		N		N	N N	N	N	N	_	N		N			N N	N	N	N N	N N
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive Granular cell tumor, NOS Astrocytema Meningsoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Meningioma, invasive Spinal cord Liposarcoma, invasive	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
SPECIAL SENSE ORGANS Harderian gland Squamous cell carcinoma, invasive	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
Adenoma, NOS Zymbal gland Squamous cell carcinoma Keratoacanthoma	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N
MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive Hemangosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N
Osteosarcoma Muscle C-cell carcinoma, invasive Rhabdomyosarcoma	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
BODY CAVITIES Mediastinum	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
Alveolarforonchiolar carcinoma, invasive Peritoneum Liposarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N			N	N	N		N	N	N	N	N
Leiomyosarcoma, invasive Funica vagnalis Mesotheboma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mesotheboma, malignant Mesentery Fibrosarcoma Mesotheboma, malignant Hemangosarcoma	N	N	N	N	Ň	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive C-cell carcinoma, metastatic Sarcoma, NOS, invasive Fibrosarcoma, invasive Liposarcoma, metastatic Mesothehoma, invasive	N	N	N	N	N X	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Hemangosarcoma, metastatic Malignast lymphoma, undifferentiated type Malignast lymphoma, histocytic type Monocytic leukemia	x				x					x		x		x	x	x			x			x		x	
	_																								

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(C	on	un	ued	l)																
ANIMAL NUMBER	8 6 2	8 8 0	9 0 5	8 1 7	8 2 0	8 3 8	8 5 6	8 6 8	8 7 1	8 5	7 2 6	7 4 1	9 1	8 1 5	8 2 5	8 2 6	8 2 8	8 2 9	8 3 7	8 4 2	9 0 0	9 0 6	9 0 8	6 7 3	6 8 5
Weeks on Study	1 2 5	1 2 5	1 2 5	1 2 6	1 2 6	1 2 6	1 2 6	1 2 6	1 2 6	1 2 6	1 2 7	1 2 7	1 2 7	1 2 7	1 2 7	1 2 7	1 2 7	1 2 7	1 2 7	1 2 7	1 2 7	1 2 7	1 2 7	1 2 8	1 2 8
URINARY SYSTEM Kidney Tubular cell adenoma Tubular cell adenocarcinoma	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mixed tumor, malignant Urinary bladder ENDOCRINE SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+	+	+	+	+	+	+
Prituitary Carcinoma, NOS Adenoma, NOS Adrenal	+	+	+	+	+	+	+ X +	+	+	+	+	+	+ X +	+ X +	+	+	+	+	+	+	+ X +	+	+ X +	+	+
Cortical adenoma Pheochromocytoma Pheochromocytoma, malignant Thyroid Folicular cell adenoma	+	+	+	X X +	+	+	+ X	<b>X</b> +	+	<b>X</b> +	+	+	+	+	<b>x</b> +	+ X	+	+	+ X	+	<b>X</b> +	+	+	+	+
Follicular cell carcinoma C-cell adenoma C-cell carcinoma Parathyroid Pancreatic silets	   +   +	X - +	++	+++	++	<b>X</b> + +	X + +	X + +	X - +	++	++	++	X + +	+++	++	++	X X + +	++	X + +	++	X + +	<b>X</b> + +	++	++	X X + +
Islet cell carcinoma  REPRODUCTIVE SYSTEM  Mammary gland	_	+			_		_				_							<u> </u>	_	_					_
Adenoma, NOS Adenocarcinoma, NOS Fibroadenoma Testis		X +	X		_	· +	_		_	, +	_	· -	x	·	<u> </u>	·	_	+	_			+	·	· +	+
Adenocarcinoma, NOS Interstitial cell tumor Prostate	X +	X +	X +	X +	X +	<b>X</b>	X	<b>X</b>	X +	<b>X</b>	X +	х +	X +	<b>X</b>	<b>X</b>	X +	X +	<b>X</b>	X	<b>X</b>	х +	<b>X</b>	+	X +	X +
Carcinoma, NOS Preputial/clitoral gland Squamous cell carcinoma Epididymis Lipoma	N N	N N	N N	N N	N N	N N	N N	N X N	N N	N X N	N X N	N N	X N N	N N	N N	N N	N N	N N	N N	N N	N N	N X N	N N	N N	N N
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive Granular cell tumor, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Astrocytoma Meningioma Meningioma, invasive Spinal cord Liposarcoma, invasive	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N	N
SPECIAL SENSE ORGANS Harderian gland Squamous cell carcinoma, invasive Adenoma, NOS	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
Zymbal gland Squamous cell carcinoma Keratoacanthoma	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
MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive Hemangiosarcoma	N	N	N	N	N	N	N	N	+	N	N	+	+	N	N	N	N	N	N	N	N	N	N	N	N
Osteosarcoma Muscle C-cell carcinoma, invasive Rhabdomyosarcoma	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
BODY CAVITIES Mediastinum Alveolarbronchiolar carcinoma, invasive Peritoneum	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	N N	N N	N N	N N	N N	N N	N N	N N	N N	N N	N N	N N
Liposarcoma Leiomyosarcoma, invasive Tunica vaginalis Mesothelioma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mesothelioma, malignant Mesothery Fibrosarcoma Mesothelioma, malignant Hemangiosarcoma	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
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive C-cell carcinoma, metastatic Sarcoma, NOS, invasive Fibrosarcoma, invasive Liposarcoma, metastatic Mesothelioma, invasive Hemangiosarcoma, metastatic Malignant lymphoma, undifferentiated type	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
Malignant lymphoma, histocytic type Menocytic leukemia			x		x				x	x	x	x					x							x	x

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(C	on	tin	ued	I)																
ANIMAL NUMBER	7 5 3	7 6 1	7 6 2	8 0 3	6 7 4	7 4 9	7 5 0	7 6 5	8 0	6 7 0	7 0 1	7 2 7	7 3 1	7 5 5	7 9 5	8 7 2	8 8	8 9 9	6 7 1	7 2 2	7 8 9	7 1 6	8 5 7	9 1 3	7 2 3
WEEKS ON STUDY	1 2 8	1 2 8	1 2 8	1 2 8	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 3 0	1 3 0	1 3 0	1 3 0	1 3 0	1 3 0	1 3 0	3	1 3 0	1 3 1	1 3 1	1 3 1	1 3 2	1 3 2	1 3 2	1 3 3
URINARY SYSTEM	-														_			<del></del>						_	
Kidney Tubular cell adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Tubular cell adenocarcinoma Mixed tumor, malignant Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM Pituitary	_   _		+	_	_	+	_					+	_	+	_	+	_		_			_	_	+	+
Carcinoma, NOS Adenoma, NOS	'	•	X	X	x	•	x		•	•	•			x	x	•		Ċ	•	X	•	x	Ċ	Ċ	x
Adrenal Cortical adenoma	+	+	+	7	+	+	+	+	+	+	+	*	+	+ X	+	+	+	+	+	+	+	+	+	+	+
Pheochromocytoma Pheochromocytoma, malignant		X			X							А	X	Α.	X							X			
Thyroid Follicular cell adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+
Follicular cell carcinoma C-cell adenoma												X		X		x	v			X		x			
C-cell carcanoma	1.						X	X		X		x				Α.	^				X				, 1
Parathyroid Pancreatic islets Islet cell carcinoma	‡	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+ X
REPRODUCTIVE SYSTEM	-							.1	.,											.1					
Mammery gland Adenoma, NOS Adenocareinoma, NOS Fibroedenoma	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+ X	+	+
Testis Adenocarcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Interstitial cell tumor Prostate	X	X	X	X	X	X	X +	X +	X	X	X	<b>X</b>	X +	X	X	X	X	X +	X +	X +	X	X	X	X	X
Carcinoma, NOS Preputial/chtoral gland	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
Squamous cell carcinoma Epididymis	N	N	N	N	N	N	N	N	N	N	N	X	N	N		N		N	N	X	N	N	N	N	
Lipoma	'	••	•	-1	•		•	•	• •	•	••	• •	••	•		• •	••	•	•	• •	•		•	••	•
NERVOUS SYSTEM Brain	_	+			_	<u> </u>	+	+					4	+	_	_	_	_	_		_		_	+	+
Carcinoma, NOS, invasive Granular cell tumor, NOS	'	•	,	•		•	•		,	ľ	•	•	•	•	•	,	'	,	•	•	•	•		•	•
Astrocytoma Meningioma																	X								
Meningioma, invasive Spinal cord	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
Liposarcoma, invasive	1 -	.,	•	•	-	•	•	-	•			••		••	•	•	•	•	••	• •	•	•	- 1	-	•
SPECIAL SENSE ORGANS Harderian gland	-   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
Squamous cell carcinoma, invasive Adenoma, NOS		•		•	•	-	•		•	-	•	•	•	•		•	•	•	•	•	•	•	•	•	•
Zymbal gland Squamous cell carcinoma	N	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
Keratoacanthoma											•														
MUSCULOSKELETAL SYSTEM Bone	N	N	+	N	N	N	N	+	+	N	N	+	N	N	+	N	N	N	N	N	N	N	N	N	
Squamous cell carcinoma, invasive Hemangiosarcoma	1		•	-11	•	••	•	•	ľ	•		•	.,	•	Ċ	•	•	•	N X	•	-11	•		•	•
Osteosarcoma Muscle	N	N	+	N	N	Ът	N	N	N.T	N	N	N	NT	N	NT.	N	NT.	N.T	N	N	N	N	NT	N	N
C-cell carcinoma, invasive Rhabdomyosarcoma	14	Ť.	т-	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14		1
BODY CAVITIES	_																								
Mediastinum Alveolarferonchiolar carcinoma, invasive	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
Peritoneum Liposarcoma	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	N
Leiomyosarcoma, invasive Tunica vaginalis	1	+	+	+	+	+	+	+	+	+	4	+		+	+	+	4	+	+	+	+	+	+	4	+
Mesotheboma, NOS Mesotheboma, malignant		,	'		,	,		•	y	,	•		•		1	•	•	,		,	•	•	r	•	
Mesentary Fibrosarcoma	N	N	N	N	N	N	N	N	Ñ	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Mesothehoma, malignant Hemangsosarcoma																									
ALL OTHER SYSTEMS	-  -																					_			
Multiple organs, NOS Squamous cell carcinoma, invasive	N	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
C-cell carcinoma, metastatic Sarcoma, NOS, invasive																									
Fibrosarcoma, invasive Liposarcoma, metastatic																									l
Mesothehoma, invasive Hemangusarcoma, metastatic									X																
Malignast lymphoma, undifferentiated type Malignast lymphoma, histocytic type								x																	
Monocytic leukemia	_  _	X		X	X	X	X			X		X					X							X	X

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					(C	on	tin	ued	l)																
ANIMAL NUMBER	7 6 9	8 0 1	8 0 5	8 3 6	8 4 6	8 5 2	8 3	9 0 7	8	8 4 1	9 1 5	7 4 5	7 8 5	7 9 8	8 7 5	8 9 0	8 9 8	9 1 0	7 1 7	7 6 7	8 5 5	8 6 7	9 0 4	8 4	6 8 8
WEEKS ON STUDY	1 3 3	1 3 3	1 3 3	3 3	1 3 3	3 3	3 3	1 3 3	1 3 4	1 3 4	1 3 4	1 3 5	1 3 5	1 3 5	1 3 5	1 3 5	1 3 5	1 3 5	1 3 6	1 3 6	3 6	1 3 6	1 3 6	1 3 7	1 3 7
URINARY SYSTEM Kidney Tubular cell adenoma Tubular cell adenocarcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mixed tumor, malignant Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Adrenai Cortical adenoma Pheochromocytoma	+	+	+	+ <b>X</b>	+	+ X	+	+	<b>X</b>	+	+	+	+ X	+	<b>A</b> <b>X</b>	+ <b>X</b>	+ X	+ X	+ X	+	+	+	+	+	+ X
Pheochromocytoma, malignant Thyroid Follicular cell adenoma	+	+	+	+	+	+	+	+	*	<b>X</b>	+	+	X X + X	+	+	+	+	+	+	+	+	+	+	+	+
Follicular cell carcinoma C-cell adenoma C-cell carcinoma Parathyroid Pancreatic islets Islet cell carcinoma	++	+ +	X + +	X X + +	<b>X</b> + +	X + +	<b>X</b> + +	+	* + +	+++	++	++	++	++	++	++	X + +	X + +	X + +	<b>X</b> + +	X + +	++	X + +	+	* + +
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma, NOS Fibroadenoma Testis Adenocarcinoma, NOS	+	+	+	+	+	+	+	+	+	_	<b>X</b> +	+	+	+	X +	+	X +	+	+	+	<b>X</b> +	<b>X</b> +	+	+	+
Interstitial cell tumor Prostate Carcinoma, NOS	X +	<b>X</b> +	<b>X</b>	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	+	<b>X</b> +	<b>X</b> +	+	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +
Preputial/clitoral gland Squamous cell carcinoma Epiddymis Lipoma	N	N N	N	N	N N	N	N N	N	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 N
NERVOUS SYSTEM Brain Cartinoma, NOS, invasive Granular cell tumor, NOS Astrocytoma Meningioma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Meningioma, invasive Spinal cord Liposarcoma, invasive	N	N	<b>X</b>	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SPECIAL SENSE ORGANS Harderian gland Squamous cell carcinoma, invasive	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
Adenoma, NOS Zymbal gland Squamous cell carcinoma Keratoacanthoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N
MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive Hemangiosarcoma	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
Osteosarcoma Muscle C-cell carcinoma, invasive Rhabdomyosarcoma	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
BODY CAVITIES Mediastinum	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
Alveolar/bronchiolar carcinoma, invasive Peritoneum Liposarcoma Leiomyosarcoma, invasive	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
Tunica vaginalis Mesothelioma, NOS Mesothelioma, malignant	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mesentery Fibrosarcoma Mesothelioma, malignant Hemangiosarcoma	N	N	N	N	W	N	N	N	N	N	N	N	Ŋ	N	N	N	N	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive C-cell carcinoma, metastatic Sarcoma, NOS, invasive Fibrosarcoma, invasive Liposarcoma, invasive Liposarcoma, invasive	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Mesotreinima, invasive Hemangiosarroma, metastatic Malignant lymphoma, undifferential ed type Malignant lymphoma, histocytic type Monocytic leukemia		x	x	x		x		x			x			x		x	x				x			x	x

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

					,,	VII	·III.	uec	.,																
ANIMAL NUMBER	7 4 8	7 5 6	8 2 1	8 4 3	7 0 4	7 1 0	8 4 9	8 9 6	8 1 3	7 4 0	7 9 0	8 0 4	8 1 4	8 7 0	8 7 9	9 0 1	9 1 2	6 8 7	7 6 6	8 4 5	8 1	6 7 5	6 7 6	6 9 1	6 9 6
WEEKS ON STUDY	1 3 7	1 3 7	1 3 7	1 3 7	1 3 8	1 3 8	3 8	1 3 8	1 3 9	1 4 0	1 4 0	1 4 0	1 4 0	1 4 0	1 4 0	1 4 0	1 4 0	1 4	1 4	1 4 1	1 4 1	1 4 2	1 4 2	1 4 2	1 4 2
URINARY SYSTEM Kidney Tubular cell adenoma Tubular cell adenocarcinoma Mixed tumor, malignant	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X X
Unnary bladder ENDOCRINE SYSTEM	_   _+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pituitary Carcinoma, NOS Adenoma, NOS Adrenal Cortical adenoma Pheochromocytoma Pheochromocytoma Pheochromocytoma Thyroid Folicular cell adenoma Folicular cell carcinoma C-cell adenoma	+ X +	+ + X +	+	+ X + X +	+ * *	+ X + X + X	+	+ +	+ X X X	+ +	+ * *	+ X +	+ + +	+ +	+ +	+ X +	+ + X	+ +	+ X +	+ x +	+ +	+ * *	+ + X +	+ +	+ + X +
C-cell carcinoma Parathyroid Pancreatic islets Islet cell carcinoma	++	+	++	+ +	++	+ *	+ +	++	<b>X</b> + +	++	++	++	X + +	* + +	+ *	++	+ + X	+	+ + X	<b>X</b> + +	++	++	++	<b>X</b> + +	++
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS Adenocarcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+
Fibroadenoma Testis Adenocarcinoma, NOS Interstitial cell tumor Prostate	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	X + X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X	+ X	X + X +	+ X +	+ X	+ X	X + X	+ X	+ X
Carcinoma, NOS Preputial/clitoral gland Squamous cell carcinoma Epididymis Lipoma	N	N	N N	N N	N N	N N	N N	N N X	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 N	N N	N X N	N N	N N
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive Granular cell tumor, NOS Astrocytoma Meningioma Meningioma, invasive Spinal cord	+ 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
Liposarcoma, invasive  SPECIAL SENSE ORGANS  Harderian gland Squamous cell carcinoma, invasive	_   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
Adenoma, NOS Zymbal gland Squamous cell carcinoma Keratoacanthoma	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive Hemangiosarcoma Osteosarcoma	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
Muscle C-cell carcinoma, invasive Rhabdomyosarcoma	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
BODY CAVITIES Mediastinum Alveolarforonchiolar carcinoma, invasive Peritoneum Liposarcoma Leiomyosarcoma, invasive Tunica vagnalis	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	N N +	N +	N H	N N +	N N +	N +	N H	N N	N +	N N +	N N +	N N +
Mesothehoma, NOS Mesothehoma, malignant Mesentery Fibrosarcoma Mesothehoma, malignant Hemangiosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive C-cell carcinoma, metastatic Sarcoma, NOS, invasive Fibrosarcoma, invasive Liposarcoma, metastatic Mesothelioma, invasive Hemangosarcoma, metastatic	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
Maignant lymphoma, undufferentiated t/pe Maignant lymphoma, intocytic type Monocytic leukemia				x		x	x	x	x		x							x	x	x		x	x	x	
	_																								

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

								(0	on	tin	ued	l)														
ANIMAL NUMBER	7 0 3	7 0 7	7 0 8	7 2 1	7 2 8	7 3 2	7 3 6	7 4 2	7 4 4	7 5 4	7 7 0	7 8 6	7 9 3	8 0 7	8 0 8	8 1 1	8 1 2	8 3 0	8 3 9	8 4 0	8 5 4	8 5 9	8 4	8 9 7	9 1 4	TOTAL
WEEKS ON STUDY	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	TISSUES
URINARY SYSTEM Kudney Tubular cell adenoma Tubular cell adenocarcinoma	+	+	+	+ X	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	250 2 5 1
Mixed tumor, malignant Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	250
ENDOCRINE SYSTEM Pituitary Carrinoma, NOS Adenoma, NOS	-	+	+	+ X	+	+	+	+	+	+ X	+	+	+	+ X	*	+	+	+	+	+	+	+	+	+ X	+	245 4 41
Adrenal Cortical adenoma Pheochromocytoma Pheochromocytoma, malignant	+ x	+	+ X X	+	+	+	+	+ X	+	X	+	+	+	<b>x</b>	+	+ X	<b>x</b>	+	+	+	+	+	+	<b>x</b>	+	250 8 54 8
Thyroid Follicular cell adenoma Follicular cell carcinoma C-cell adenoma C-cell carcinoma	+	<b>x</b>	Ŧ	+	+	+	+	+	+ X X	+ X X	+ X	+	+ X	+	+ X X	+	+ X	+	+	<b>X</b>	<b>x</b>	+ X	+ X	<b>x</b>	+ x	249 15 22 34 48
Parathyroid Pancreatic islets Islet cell carcinoma	++	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	238 249 11
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS Adenocarcinoma, NOS Fibroadenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+ X	+ X	+	+	+ X	+	+	+	+	*250 1 4 18
Testis Adenocarcinoma, NOS Interstitial cell tumor Prostate	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	+ X +	¥ X +	* X +	+ X +	+ X +	* X X +	* X +	+ X +	+ X +	+ X +	+ X +	249 1 237 250
Carcinoma, NOS Preputial/clitoral gland Squamous cell carcinoma Epididymis Lipoma	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	N N	N N	N X N	N N	1 *250 16 *250						
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive Granular cell tumor, NOS Astrocytoma Meningroma, invasive	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	249 1 1 2 1
Spinal cord Liposarcoma, invasive 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	*250 1
Harderian gland Squamous cell carcinoma, invasive Adenoma, NOS Zymbal gland Squamous cell carcinoma	N	N	N	N N	N N	N	N	N		N	N N	N N	N	N N	N	N N	N N	N		*250 1 1 *250 5						
Keratoacanthoma MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive	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	*250 1
Hemangiosarcoma Osteosarcoma Muscle C-cell carcinoma, invasive Rhabdomyosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	1 1 *250 1 1
BODY CAVITIES Mediastinum Alveolar/bronchiolar carcinoma, invasi	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	*250
Pertoneum Liposarcoma Leiomyosarcoma, invasive Tunica vagnahs	N +	N +	<b>N</b>	N +	N	N +	,	'n	N +	N +	N +	N +	N +	<b>N</b>	N +	N +	N +	*250 1 1 *250								
Mesothelioma, NOS Mesothelioma, malignant Mesentery Fibrosarcoma Mesothelioma, malignant	N		N	N	N	N	X N	N	N	N	N	N	N	N	N	N	N	N	N		N		N			1 4 *250 1 1
Hemangiosarcoma  ALL OTHER SYSTEMS  Multiple organs, NOS Squamous cell carcinoma, invasive C-cell carcinoma, metastatic Sarcoma, NOS, invasive Fibrosarcoma, invasive	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	*250 2 1 1
Liposarcoma, metastatic Mesothelioma, invasive Hemangiosarcoma, metastatic Malig lymphoma, undifferentiated type Malignant lymphoma, histocytic type Monocytic leukemia		x	x		x	x	x	x	x	x		x				x	x						x	x		1 5 1 1 3 110

<sup>\*</sup>Animals necropsied

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS

	Control	1% Crocidolite Asbestos
Integumentary System: Fibroma		
Overall Rates (a)	18/118 (15%)	27/250 (11%)
Adjusted Rates (b)	48.8%	29.6%
Terminal Rates (c)	2/11 (18%)	3/29 (10%)
Week of First Observation	86	88
Life Table Test (d)		P = 0.054N
Incidental Tumor Test (d)		P=0.103N P=0.148N
Fisher Exact Test (d)		P=0.1461V
ntegumentary System: Fibroma or Neurofibroma Overall Rates (a)	21/118 (18%)	36/250 (14%)
Adjusted Rates (b)	52.5%	36.9%
Terminal Rates (c)	2/11 (18%)	4/29 (14%)
Week of First Observation	86	88
Life Table Test (d)	00	P=0.093N
Incidental Tumor Test (d)		P=0.184N
Fisher Exact Test (d)		P=0.245N
ntegumentary System: Fibroma or Fibrosarcoma		
Overall Rates (a)	26/118 (22%)	34/250 (14%)
Adjusted Rates (b)	61.5%	33.6%
Terminal Rates (c)	3/11 (27%)	3/29 (10%)
Week of First Observation	86	88
Life Table Test (d)		P = 0.006N
Incidental Tumor Test (d)		P = 0.016N
Fisher Exact Test (d)		P=0.032N
Integumentary System: Neurofibroma or Neurofibrosarcoma		
Overall Rates (a)	3/118 (3%)	13/250 (5%)
Adjusted Rates (b)	6.9%	16.2%
Terminal Rates (c)	0/11 (0%)	2/29 (7%)
Week of First Observation	104	102
Life Table Test (d)		P = 0.287
Incidental Tumor Test (d)		P = 0.210
Fisher Exact Test (d)		P = 0.188
Integumentary System: Sarcoma, Fibrosarcoma, Neurofibrosa		
Overall Rates (a)	10/118 (8%)	11/250 (4%)
Adjusted Rates (b)	25.2%	12.1%
Terminal Rates (c)	1/11 (9%)	1/29 (3%)
Week of First Observation	89	95
Life Table Test (d)		P=0.042N
Incidental Tumor Test (d) Fisher Exact Test (d)		P=0.075N P=0.094N
Integumentary System: Fibroma, Neurofibroma, Sarcoma, Fib Overall Rates (a)	rosarcoma, Neurof 30/118 (25%)	ibrosarcoma, or Myxosarcon 45/250 (18%)
Adjusted Rates (b)	64.8%	44.4%
Terminal Rates (c)	3/11 (27%)	5/29 (17%)
Week of First Observation	86	88
Life Table Test (d)	<b>~</b> 0	P=0.014N
Incidental Tumor Test (d)		P=0.037N
Fisher Exact Test (d)		P=0.068N
Hematopoietic System: Monocytic Leukemia		
Overall Rates (a)	42/118 (36%)	113/250 (45%)
Adjusted Rates (b)	73.5%	81.2%
Terminal Rates (c)	4/11 (36%)	15/29 (52%)
Week of First Observation	71	83
Life Table Test (d)		P = 0.401
Incidental Tumor Test (d)		P = 0.062

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Control	1% Crocidolite Asbesto
Hematopoietic System: Leukemia		
Overall Rates (a)	43/118 (36%)	113/250 (45%)
Adjusted Rates (b)	73.7%	81.2%
Terminal Rates (c)	4/11 (36%)	15/29 (52%)
Week of First Observation	71	83
Life Table Test (d)		P = 0.452
Incidental Tumor Test (d)		P = 0.082
Fisher Exact Test (d)		P = 0.070
Liver: Neoplastic Nodule		
Overall Rates (a)	8/117 (7%)	16/250 (6%)
Adjusted Rates (b)	30.8%	19.1%
Terminal Rates (c)	2/11 (18%)	2/29 (7%)
Week of First Observation	116	101
Life Table Test (d)		P=0.361N
Incidental Tumor Test (d)		P=0.449N
Fisher Exact Test (d)		P=0.518N
Liver: Neoplastic Nodule or Hepatocellular Carcinoma		
Overall Rates (a)	11/117 (9%)	18/250 (7%)
Adjusted Rates (b)	40.1%	22.7%
Terminal Rates (c)	2/11 (18%)	3/29 (10%)
Week of First Observation	116	101
Life Table Test (d)		P = 0.152N
Incidental Tumor Test (d)		P = 0.218N
Fisher Exact Test (d)		P=0.297N
Pancreas: Acinar Cell Adenoma		
Overall Rates (a)	8/117 (7%)	15/249 (6%)
Adjusted Rates (b)	30.0%	24.8%
Terminal Rates (c)	1/11 (9%)	4/29 (14%)
Week of First Observation	126	121
Life Table Test (d)		P = 0.293N
Incidental Tumor Test (d)		P = 0.365N
Fisher Exact Test (d)		P=0.464N
Pancreas: Acinar Cell Adenoma or Carcinoma		
Overall Rates (a)	8/117 (7%)	17/249 (7%)
Adjusted Rates (b)	30.0%	28.3%
Terminal Rates (c)	1/11 (9%)	5/29 (17%)
Week of First Observation	126	121
Life Table Test (d)		P = 0.392N
Incidental Tumor Test (d)		P = 0.481N
Fisher Exact Test (d)		P = 0.578N
Pituitary Gland: Adenoma		
Overall Rates (a)	15/117 (13%)	41/245 (17%)
Adjusted Rates (b)	59.1%	45.4%
Terminal Rates (c)	5/11 (45%)	4/28 (14%)
Week of First Observation	89	98
Life Table Test (d)		P = 0.499
Incidental Tumor Test (d)		P = 0.337
Fisher Exact Test (d)		P = 0.211
Pituitary Gland: Adenoma or Carcinoma	10/11/2/15/2	4E 10 4E (1 0 M)
Overall Rates (a)	18/117 (15%)	45/245 (18%)
Adjusted Rates (b)	62.3%	48.8%
Terminal Rates (c)	5/11 (45%)	5/28 (18%)
Week of First Observation	89	95 D. 0 500N
Life Table Test (d)		P=0.502N
Incidental Tumor Test (d)		P = 0.439 P = 0.293
Fisher Exact Test (d)		P = 0.903

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Control	1% Crocidolite Asbesto
Adrenal Gland: Pheochromocytoma		
Overall Rates (a)	33/117 (28%)	54/250 (22%)
Adjusted Rates (b)	75.7%	58.9%
Terminal Rates (c)	5/11 (45%)	9/29 (31%)
Week of First Observation	90	103
Life Table Test (d)		P = 0.017N
Incidental Tumor Test (d)		P = 0.053N
Fisher Exact Test (d)		P = 0.106N
Adrenal Gland: Pheochromocytoma or Malignant Phe		
Overall Rates (a)	35/117 (30%)	60/250 (24%)
Adjusted Rates (b)	80.3%	63.7%
Terminal Rates (c)	6/11 (55%)	10/29 (34%)
Week of First Observation	90	81
Life Table Test (d)		P = 0.024N
Incidental Tumor Test (d)		P = 0.076N
Fisher Exact Test (d)		P=0.142N
hyroid Gland: Follicular Cell Adenoma	M14 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 7 10 40 (00)
Overall Rates (a)	7/116 (6%)	15/249 (6%)
Adjusted Rates (b)	15.5%	14.2%
Terminal Rates (c)	0/11 (0%)	0/29 (0%)
Week of First Observation	108	88
Life Table Test (d)		P = 0.443N
Incidental Tumor Test (d) Fisher Exact Test (d)		P = 0.562N P = 0.582N
'hyroid Gland: Follicular Cell Carcinoma		
Overall Rates (a)	3/116 (3%)	22/249 (9%)
Adjusted Rates (b)	9.0%	31.7%
Terminal Rates (c)		6/29 (21%)
Week of First Observation	0/11 (0%) 100	110
Life Table Test (d)	100	P=0.061
Incidental Tumor Test (d)		P=0.034
Fisher Exact Test (d)		P = 0.034 P = 0.019
Thyroid Gland: Follicular Cell Adenoma or Carcinom	a	
Overall Rates (a)	10/116 (9%)	37/249 (15%)
Adjusted Rates (b)	23.1%	41.5%
Terminal Rates (c)	0/11 (0%)	6/29 (21%)
Week of First Observation	100	88
Life Table Test (d)		P = 0.196
Incidental Tumor Test (d)		P = 0.095
Fisher Exact Test (d)		P=0.065
hyroid Gland: C-Cell Adenoma		
Overall Rates (a)	13/116 (11%)	34/249 (14%)
Adjusted Rates (b)	34.8%	31.2%
Terminal Rates (c)	2/11 (18%)	3/29 (10%)
Week of First Observation	78	88
Life Table Test (d)		P = 0.518
Incidental Tumor Test (d)		P = 0.321
Fisher Exact Test (d)		P = 0.319
hyroid Gland: C-Cell Carcinoma	10/410/40%	40/040/10%
Overall Rates (a)	19/116 (16%)	48/249 (19%)
Adjusted Rates (b)	62.5%	57.8%
Terminal Rates (c)	5/11 (45%)	10/29 (34%)
Week of First Observation	98	95
Life Table Test (d)		P = 0.497N
Incidental Tumor Test (d)		P = 0.436
Fisher Exact Test (d)		P = 0.304

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Control	1% Crocidolite Asbesto
Fhyroid Gland: C-Cell Adenoma or Carcinoma		
Overali Rates (a)	32/116 (28%)	79/249 (32%)
Adjusted Rates (b)	80.1%	71.6%
Terminal Rates (c)	7/11 (64%)	13/29 (45%)
Week of First Observation	78	88
Life Table Test (d)		P=0.458N
Incidental Tumor Test (d)		P=0.353
Fisher Exact Test (d)		P = 0.250
ancreatic Islets: Islet Cell Carcinoma	44/47/00()	11/040 (44)
Overall Rates (a)	11/117 (9%)	11/249 (4%)
Adjusted Rates (b)	25.7%	17.5%
Terminal Rates (c)	0/11 (0%)	1/29 (3%)
Week of First Observation	95	104
Life Table Test (d)		P = 0.020N
Incidental Tumor Test (d)		P=0.028N
Fisher Exact Test (d)		P = 0.055N
ancreatic Islets: Islet Cell Adenoma or Carcinoma Overall Rates (a)	12/117 (10%)	11/249 (4%)
Adjusted Rates (b)	26.4%	17.5%
Terminal Rates (c)	0/11 (0%)	1/29 (3%)
Week of First Observation	95	104
Life Table Test (d)	30	P = 0.010N
Incidental Tumor Test (d)		P = 0.015N
Fisher Exact Test (d)		P=0.031N
lammary Gland: Fibroadenoma		
Overall Rates (a)	18/118 (15%)	18/250 (7%)
Adjusted Rates (b)	52.4%	29.1%
Terminal Rates (c)	3/11 (27%)	4/29 (14%)
Week of First Observation	78	106
Life Table Test (d)		P = 0.002N
Incidental Tumor Test (d)		P=0.005N
Fisher Exact Test (d)		P=0.015N
lammary Gland: Adenoma or Fibroadenoma	10/110 (150)	10/950 (94)
Overall Rates (a)	18/118 (15%)	19/250 (8%)
Adjusted Rates (b)	52.4%	29.8%
Terminal Rates (c)	3/11 (27%)	4/29 (14%) 106
Week of First Observation	78	P=0.003N
Life Table Test (d) Incidental Tumor Test (d)		P=0.003N P=0.007N
Fisher Exact Test (d)		P = 0.021N
ammary Gland: Adenoma, Fibroadenoma, or Adenoc	oroinomo	
Overall Rates (a)	19/118 (16%)	22/250 (9%)
Adjusted Rates (b)	53.6%	33.6%
Terminal Rates (c)	3/11 (27%)	5/29 (17%)
Week of First Observation	78	106
Life Table Test (d)		P = 0.005N
Incidental Tumor Test (d)		P = 0.012N
Fisher Exact Test (d)		P = 0.031 N
reputial Gland: Squamous Cell Carcinoma		
Overall Rates (a)	3/118 (3%)	16/250 (6%)
Adjusted Rates (b)	10.6%	21.3%
Terminal Rates (c)	0/11 (0%)	2/29 (7%)
Week of First Observation	118	86
Life Table Test (d)		P = 0.183
Incidental Tumor Test (d)		P = 0.109
Fisher Exact Test (d)		P = 0.091

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Control	1% Crocidolite Asbesto
Festis: Interstitial Cell Tumor		
Overall Rates (a)	116/118 (98%)	237/249 (95%)
Adjusted Rates (b)	100.0%	100.0%
Terminal Rates (c)	11/11 (100%)	29/29 (100%)
Week of First Observation	60	81
Life Table Test (d)		P = 0.023N
Incidental Tumor Test (d)		P = 0.047N
Fisher Exact Test (d)		P = 0.119N
All Sites: Benign Tumors		
Overall Rates (a)	117/118 (99%)	242/250 (97%)
Adjusted Rates (b)	100.0%	100.0%
Terminal Rates (c)	11/11 (100%)	29/29 (100%)
Week of First Observation	60	81
Life Table Test (d)		P = 0.029N
Incidental Tumor Test (d)		P = 0.050N
Fisher Exact Test (d)		P = 0.159N
All Sites: Malignant Tumors		
Overall Rates (a)	97/118 (82%)	209/250 (84%)
Adjusted Rates (b)	98.8%	98.3%
Terminal Rates (c)	10/11 (91%)	26/29 (90%)
Week of First Observation	71	42
Life Table Test (d)		P = 0.089N
Incidental Tumor Test (d)		P = 0.498
Fisher Exact Test (d)		P = 0.422
All Sites: All Tumors		
Overall Rates (a)	118/118 (100%)	248/250 (99%)
Adjusted Rates (b)	100.0%	100.0%
Terminal Rates (c)	11/11 (100%)	29/29 (100%)
Week of First Observation	60	42
Life Table Test (d)		P = 0.042N
Incidental Tumor Test (d)		P=0.314N
Fisher Exact Test (d)		P = 0.461N

<sup>(</sup>a) Number of tumor-bearing animals/number of animals examined at the site

<sup>(</sup>b) Kaplan-Meier estimated tumor incidences at the end of the study after adjusting for intercurrent mortality

<sup>(</sup>c) Observed tumor incidence at terminal kill

<sup>(</sup>d) Beneath the control incidence are the P values associated with the trend test. Beneath the dosed group incidence are the P values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group is indicated by (N).

TABLE A4a. HISTORICAL INCIDENCE OF LEUKEMIA IN MALE F344/N RATS RECEIVING NO TREATMENT IN LIFETIME STUDIES (a)

Asbestos Studies	Incidence in Controls		
Chrysotile (short range)	37/88		
Chrysotile (intermediate range)	31/88		
Tremolite	43/118		
Crocidolite	43/118		
Amosite	38/117		
TOTAL	192/529 (36.3%)		
SD(b)	3.48%		
Range			
High	37/88 (42,0%)		
Low	38/117 (32.5%)		

<sup>(</sup>a) All studies conducted by Hazleton Laboratories; age at start of terminal kill, 138-146 weeks. (b) Standard deviation

TABLE A4b. HISTORICAL INCIDENCE OF THYROID GLAND FOLLICULAR CELL TUMORS IN MALE F344/N RATS RECEIVING NO TREATMENT IN LIFETIME STUDIES (a)

	Incidence in Controls						
Asbestos Studies	Adenoma	Carcinoma	Adenoma or Carcinoma				
Chrysotile (short range)	4/86	2/86	6/86				
Chrysotile (intermediate range)	1/84	5/84	6/84				
Tremolite	5/117	6/117	11/117				
Crocidolite	7/116	3/116	10/116				
Amosite	4/117	7/117	11/117				
TOTAL	21/520 (4.0%)	23/520 (4.4%)	44/520 (8.5%)				
SD(b)	1.79%	1.81%	1.19%				
Range							
High	7/116 (6.0%)	7/117 (6.0%)	11/117 (9.4%)				
Low	1/84 (1.2%)	2/86 (2.3%)	6/86 (7.0%)				

<sup>(</sup>a) All studies conducted by Hazleton Laboratories; age at start of terminal kill, 138-146 weeks.

<sup>(</sup>b) Standard deviation

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS

	Untreate	d Control	1% Crocidolite Asbesto			
ANIMALS INITIALLY IN STUDY	118		250			
ANIMALS NECROPSIED	118		250			
ANIMALS EXAMINED HISTOPATHOLOGICALLY	118		250			
NTEGUMENTARY SYSTEM						
*Skin	(118)		(250)			
Epidermal inclusion cyst	2	(2%)	_	(1%)		
Edema, NOS				(0%)		
Hemorrhage				(0%)		
Inflammation, acute				(0%)		
Inflammation, acute focal Abscess, NOS				(0%)		
Inflammation, acute/chronic	1	(10%)	2	(1%)		
Necrosis, focal	1	(1%)	9	(1%)		
Hyperplasia, focal Hyperkeratosis	1	(10%)		(0%) (1%)		
		(1%)				
Acanthosis Metaplasia aggregate		(1%)	Z	(1%)		
Metaplasia, osseous *Subcutaneous tissue		(1%)	(250)			
Abscess, NOS	(118)			(1%)		
Inflammation, chronic				(1%)		
Fibrosis				(0%)		
RESPIRATORY SYSTEM						
*Nasal cavity	(118)		(250)			
Hyperkeratosis			1	(0%)		
Metaplasia, squamous			1	(0%)		
*Nasal turbinate	(118)		(250)			
Inflammation, chronic			1	(0%)		
#Trachea	(117)		(248)			
Inflammation, chronic			1	(0%)		
#Lung	(117)		(250)			
Bronchiectasis				(0%)		
Congestion, NOS		(6%)		(3%)		
Hemorrhage		(4%)		(6%)		
Inflammation, interstitial	2	(2%)		(0%)		
Pneumonia, aspiration				(0%)		
Inflammation, acute				(0%) (0%)		
Inflammation, acute focal		(10)	1	(0%)		
Inflammation, acute diffuse	1	(1%)	1	(0%)		
Pneumonia, chronic murine Inflammation, chronic	QQ	(84%)		(86%)		
Granuloma, NOS		(1%)		(2%)		
Necrosis, focal	•	(110)		(0%)		
Pigmentation, NOS	9	(2%)		(3%)		
Hyperplasia, alveolar epithelium		(3%)		(4%)		
Metaplasia, squamous	•	(3.0)		(0%)		
#Lung/alveoli	(117)		(250)			
Histiocytosis		(3%)		(2%)		
HEMATOPOIETIC SYSTEM		****				
*Mediastinum	(118)		(250)			
Hematopoiesis			1	(0%)		
#Bone marrow	(117)		(248)			
Congestion, NOS		(1%)				
Hemorrhage	1	(1%)				
			1	(0%)		
Necrosis, focal	_					
Necrosis, focal Hypoplasia, NOS Hyperplasia, NOS		(3%) (3%)	8	(3%) (3%)		

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	d Control	1% Crocidolite Asbestos			
IEMATOPOIETIC SYSTEM (Continued)						
#Spleen	(117)		(250)			
Hemorrhage	, -,		6	(2%)		
Fibrosis			1	(0%)		
Fibrosis, focal	3	(3%)	21	(8%)		
Fibrosis, multifocal			6	(2%)		
Fibrosis, diffuse	2	(2%)	2	(1%)		
Necrosis, NOS			1	(0%)		
Necrosis, focal		(1%)	13	(5%)		
Amyloidosis	1	(1%)	_			
Pigmentation, NOS				(1%)		
Hemosiderosis	14	(12%)		(19%)		
Hyperplasia, reticulum cell	_		1	(0%)		
Hyperplasia, lymphoid		(1%)				
Hematopoiesis		(18%)		(20%)		
#Splenic capsule	(117)		(250)			
Fibrosis, multifocal	/# # =:			(0%)		
#Splenic follicles	(117)	/a ~/ \	(250)			
Atrophy, NOS		(1%)		(2%)		
#Submandibular lymph node	(117)		(250)	(0 m)		
Hyperplasia, lymphoid	(117)			(0%)		
#Mandibular lymph node	(117)	(10)	(250)	(0.01)		
Hemorrhage	1	(1%)		(0%)		
Inflammation, acute diffuse				(0%) (0%)		
Inflammation, chronic diffuse	•	(10)	1	(0%)		
Fibrosis, focal		(1%)	97	(1 E or )		
Hyperplasia, lymphoid #Cervical lymph node		(12%)		(15%)		
•	(117)		(250)	(00)		
Pigmentation, NOS				(0%)		
Erythrophagocytosis	(117)			(0%)		
#Mediastinal lymph node Congestion, NOS	(117)		(250)	(00)		
•	=	(4%)		(0%)		
Hemorrhage Pigmentation, NOS				(6%) (14%)		
Atrophy, NOS	12	(10%)		(0%)		
Erythrophagocytosis	1	(3%)		(6%)		
Hyperplasia, reticulum cell		(1%)	10	(070)		
Hyperplasia, lymphoid		(1%)	7	(3%)		
#Pancreatic lymph node	(117)	(170)	(250)	(0,0)		
Hemorrhage	(221)			(1%)		
Pigmentation, NOS	1	(1%)		(6%)		
Atrophy, NOS	-	(- 70)		(0%)		
Hyperplasia, reticulum cell	2	(2%)		(2%)		
#Mesenteric lymph node	(117)	(= /0)	(250)	(= ,0 )		
Congestion, NOS		(1%)	(===,			
Hemorrhage		(1%)	2	(1%)		
Pigmentation, NOS		(1%)		(1%)		
Atrophy, NOS		(1%)		(0%)		
Erythrophagocytosis		(1%)		(2%)		
Hyperplasia, reticulum cell		(32%)		(23%)		
Hyperplasia, lymphoid	3	(3%)		(4%)		
Mastocytosis		(1%)				
#Ileocolic lymph node	(117)		(250)			
Edema, NOS	1	(1%)				
Inflammation, acute diffuse	1	(1%)				
Inflammation, chronic diffuse			1	(0%)		
Necrosis, NOS	1	(1%)				
Pigmentation, NOS			2	(1%)		
#Renal lymph node	(117)		(250)			
Pigmentation, NOS	1	(1%)		(1%)		
Hyperplasia, reticulum cell			1	(0%)		

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated Control	1% Crocidolite Asbestos			
HEMATOPOIETIC SYSTEM (Continued)					
#Iliac lymph node	(117)	(250)			
Hemorrhage	ν=/	1 (0%)			
Hyperplasia, lymphoid		1 (0%)			
#Lung	(117)	(250)			
Leukocytosis, NOS	1 (1%)	,			
#Liver	(117)	(250)			
Leukocytosis, NOS	5 (4%)	7 (3%)			
Hematopoiesis	1 (1%)	2 (1%)			
#Hepatic sinusoid	(117)	(250)			
Leukocytosis, NOS	(111)	1 (0%)			
#Kidney	(117)	(250)			
Hematopoiesis	(111)	1 (0%)			
#Adrenal	(117)	(250)			
Hematopoiesis	(421)	1 (0%)			
#Thymus	(88)	(182)			
Cyst, NOS	(00)	1 (1%)			
Congestion, NOS		1 (1%)			
Hemorrhage		1 (1%)			
Hyperplasia, epithelial		1 (1%)			
		<u> </u>			
CIRCULATORY SYSTEM					
*Eye	(118)	(250)			
Thrombosis, NOS		1 (0%)			
Embolus, septic		1 (0%)			
#Spleen	(117)	(250)			
Thrombosis, NOS		1 (0%)			
#Mandibular lymph node	(117)	(250)			
Lymphangiectasis	2 (2%)	5 (2%)			
#Mediastinal lymph node	(117)	(250)			
Lymphangiectasis	2 (2%)				
Thrombosis, NOS		1 (0%)			
#Pancreatic lymph node	(117)	(250)			
Lymphangiectasis	` '	2 (1%)			
#Mesenteric lymph node	(117)	(250)			
Lymphangiectasis	12 (10%)	21 (8%)			
#Ileocolic lymph node	(117)	(250)			
Lymphangiectasis	3 (3%)	3 (1%)			
#Iliac lymph node	(117)	(250)			
Lymphangiectasis	(111)	2 (1%)			
· · ·	(117)	(250)			
#Lung Thrombosis, NOS	(117)	1 (0%)			
#Heart	(117)	(250)			
Embolus, septic	(441)	2 (1%)			
#Heart/atrium	(117)	(250)			
Thrombosis, NOS	(111)	5 (2%)			
#Myocardium	(117)	(250)			
#Myocardium Mineralization	1 (1%)	(200)			
Thrombosis, NOS	1 (170)	1 (0%)			
Infomosis, NOS Inflammation, acute focal		1 (0%)			
Inflammation, acute focal	40 (34%)	96 (38%)			
	33 (28%)	78 (31%)			
Inflammation, chronic diffuse		2 (1%)			
Fibrosis, focal	3 (3%)	4 (170)			
Fibrosis, multifocal	1 (1%)	9 (10%)			
Degeneration, NOS		2 (1%) 1 (0%)			
Necrosis, focal	(117)				
#Endocardium	(117)	(250)			
Fibrosis	(117)	1 (0%)			
#Cardiac valve	(117)	(250)			
Inflammation, acute focal		1 (0%)			
Inflammation, chronic		1 (0%)			

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	Control	1% Crocidolite Asbesto			
IRCULATORY SYSTEM (Continued)						
*Aorta	(118)		(250)			
Mineralization		(1%)	, ,	(1%)		
Atherosclerosis			1	(0%)		
*Coronary artery	(118)		(250)			
Mineralization			1	(0%)		
*Pulmonary artery	(118)		(250)			
Inflammation, chronic	1	(1%)				
*Mesenteric artery	(118)		(250)			
Inflammation, chronic	1	(1%)				
*Vena cava	(118)	•	(250)			
Mineralization	, -,		1	(0%)		
#Liver	(117)		(250)	(* ,		
Thrombosis, NOS		(3%)	1	(0%)		
#Pancreas	(117)	(2)	(249)	(5.1.)		
Periarteritis		(1%)	6	(2%)		
#Stomach	(116)	(=)	(249)	(,		
Periarteritis	,,		1	(0%)		
*Mesentery	(118)		(250)			
Periarteritis	(-10)		•	(1%)		
#Kidney	(117)		(250)			
Thrombosis, NOS	(-11)			(0%)		
Embolism, NOS				(0%)		
Embolish, 1000 Embolus, septic				(0%)		
#Testis	(118)		(249)	(070)		
		(90%)	,,	(2%)		
Periarteritis #Adrenal		(2%)	(250)	(270)		
	(117)	(90%)	(200)			
Thrombosis, NOS		(2%)	(050)			
#Adrenal cortex Thrombosis, NOS	(117)		(250)	(0%)		
IGESTIVE SYSTEM						
*Tongue	(118)		(250)			
Epidermal inclusion cyst			1	(0%)		
Edema, NOS			1	(0%)		
Inflammation, acute diffuse				(0%)		
Inflammation, chronic focal				(0%)		
Hyperkeratosis				(1%)		
Acanthosis				(0%)		
#Salivary gland	(115)		(249)	(0,0)		
Inflammation, acute focal	·/	(1%)	(210)			
Inflammation, chronic focal		(1%)	1	(0%)		
Inflammation, chronic diffuse		(1%)		(2%)		
Degeneration, NOS	•	\- · - /		(1%)		
Atrophy, diffuse				(3%)		
#Submaxillary gland	(115)		(249)			
Inflammation, chronic		(1%)	(= 30)			
Atrophy, NOS		(1%)				
#Liver	(117)	\-·-/	(250)			
Congestion, NOS	(221)			(1%)		
Hemorrhage	9	(2%)		(2%)		
Inflammation, fibrinous	4	~ ~ ,		(0%)		
Granuloma, NOS	a	(8%)		(7%)		
Hepatitis, toxic		(7%)		(15%)		
Degeneration, NOS		(176) ( <b>9</b> %)		(12%)		
Necrosis, NOS		(9%) (1%)		(12%)		
Necrosis, NOS Necrosis, focal		(176) (15%)		(12%)		
Metamorphosis, fatty		(15%) (24%)				
Pigmentation, NOS				(22%)		
0 1 1 1	18	(15%)		(20%)		
Hemosiderosis	4.4	(28%)		(0%)		
Focal cellular change		(38%)		(36%)		
Angiectasis	•	(1%)	-	(3%)		

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated Control		1% Crocidolite Asbesto		
IGESTIVE SYSTEM (Continued)				· · · · · ·	
#Liver/hepatocytes	(117)		(250)		
Cytomegaly	, ,		1	(0%)	
Hepatocytomegaly			1	(0%)	
#Bile duct	(117)		(250)		
Calculus, unknown gross or micro			1	(0%)	
Dilatation, NOS				(0%)	
Cyst, NOS	1	(1%)		(0%)	
Multilocular cyst			-	(0%)	
Inflammation, chronic		(13%)		(7%)	
Fibrosis		(9%)	-	(4%)	
Hyperplasia, NOS	45	(38%)		(32%)	
Hyperplasia, focal	(115)			(1%)	
#Pancreas	(117)	(A & )	(249)	(0 <i>0</i> ()	
Ectopia		(3%)	20	(8%)	
Inflammation, acute diffuse		(1%)	•	(10)	
Inflammation, chronic focal		(1%)	2	(1%)	
Inflammation, chronic diffuse	2	(2%)		(00)	
Atrophy, NOS	1.4	(100)		(0%)	
Atrophy, focal		(12%)		(20%)	
Atrophy, diffuse	3	(3%)		(4%)	
Hyperplasia, focal	(117)			(1%)	
#Pancreatic acinus	(117)	(0 <i>0</i> ()	(249)	(00)	
Hyperplasia, focal		(3%)		(6%)	
#Esophagus	(115)	(TO)	(247)	(7%)	
Hyperkeratosis		(7%)	17	(170)	
Acanthosis		(1%)	(940)		
#Stomach	(116)	(00)	(249)	(10/)	
Mineralization	4	(3%)		(1%)	
Cyst, NOS				(1%)	
Edema, NOS				(1%)	
Hemorrhage				(1%)	
Ulcer, NOS	9	(00)		(0%)	
Inflammation, acute focal	Z	(2%)		(2%) (0%)	
Inflammation, acute diffuse Inflammation, chronic	E .	(4%)		(1%)	
Inflammation, chronic Inflammation, chronic focal		(4%) (6%)		(3%)	
Inflammation, chronic diffuse		(11%)		(11%)	
Ulcer, perforated		(11 <i>%)</i> (9%)		(8%)	
Fibrosis, diffuse		(2%)		(0,0)	
Adhesion, NOS	~	(270)	1	(0%)	
Necrosis, focal	19	(16%)		(19%)	
Hyperplasia, epithelial		(3%)		(0%)	
Hyperplasia, focal	-	(0,0)		(0%)	
Hyperkeratosis	17	(15%)		(19%)	
Acanthosis	28	(24%)		(24%)	
#Gastric submucosa	(116)	,	(249)		
Edema, NOS	•			(0%)	
#Gastric muscularis	(116)		(249)		
Degeneration, NOS			3	(1%)	
#Small intestine	(117)		(249)		
Inflammation, acute focal		(1%)			
Necrosis, focal		(1%)			
#Duodenum	(117)		(249)		
Inflammation, acute focal				(0%)	
Necrosis, focal		(1%)	1	(0%)	
#Jejunum	(117)		(249)		
Diverticulum	1	(1%)			
Ulcer, perforated			1	(0%)	
#Large intestine	(117)		(249)		
Parasitism			3	(1%)	

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	Untreated Control		1% Crocidolite Asbestos	
DIGESTIVE SYSTEM (Continued)					
#Colon	(117)		(249)		
Inflammation, chronic focal	•			(1%)	
Inflammation, chronic diffuse	1	(1%)			
Fibrosis, focal	1	(1%)			
Parasitism		(4%)	9	(4%)	
Necrosis, focal		(2%)		(1%)	
Hyperplasia, focal		(=)		(0%)	
#Colonic muscularis propria	(117)		(249)		
Degeneration, NOS	(== 1)			(0%)	
#Cecum	(117)		(249)	(-,-,	
Hemorrhage		(2%)	\ <b>\</b> /		
Inflammation, acute diffuse	_	(=,	1	(0%)	
Inflammation, chronic diffuse	1	(1%)		(0%)	
Parasitism	-	(=)		(0%)	
Necrosis, focal	1	(1%)		(1%)	
Necrosis, degr	•	(- /0)		(0%)	
#Transverse colon	(117)		(249)	(370)	
Inflammation, chronic focal	(117)			(0%)	
Necrosis, focal				(0%)	
URINARY SYSTEM					
#Kidney	(117)		(250)		
Mineralization	12	(10%)	6	(2%)	
Hydronephrosis			1	(0%)	
Congestion, NOS			1	(0%)	
Inflammation, acute focal	1	(1%)			
Abscess, NOS			1	(0%)	
Inflammation, acute/chronic			1	(0%)	
Inflammation, chronic	105	(90%)	220	(88%)	
Inflammation, chronic diffuse			2	(1%)	
Fibrosis, diffuse	1	(1%)		<b>,</b> ,	
Necrosis, focal	_	(= . • )	1	(0%)	
Calcification, NOS				(0%)	
Pigmentation, NOS	1	(1%)		(0%)	
Hyperplasia, tubular cell		(1%)		(0%)	
#Kidney/cortex	(117)	(170)	(250)	(070)	
Cyst, NOS		(4%)		(5%)	
Multiple cysts		(1%)		(0%)	
#Renal papilla	(117)	(170)	(250)	(V /V)	
Necrosis, NOS	(117)			(0%)	
#Kidney/tubule	(117)		(250)	(370)	
		(37%)		(34%)	
Pigmentation, NOS	43	(0170)		(1%)	
Hyperplasia, focal	(110)		(250)		
*Ureter	(118)	(10%)	(200)		
Dilatation, NOS	1	(1%)		(0%)	
Inflammation, chronic				(0%)	
Hyperplasia, epithelial	/4.4.00			(0%)	
#Urinary bladder	(116)		(250)	(00)	
Hemorrhage	_	/o~ \		(2%)	
Inflammation, hemorrhagic	2	(2%)		(0%)	
Inflammation, acute				(0%)	
Inflammation, acute diffuse				(0%)	
Inflammation, chronic				(0%)	
Inflammation, chronic focal				(1%)	
Inflammation, chronic diffuse	1	(1%)		(1%)	
Granuloma, NOS			1	(0%)	
Necrosis, NOS			1	(0%)	
Necrosis, focal				(0%)	
Pigmentation, NOS				(0%)	

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	d Control	1% Crocidolite Asbestos		
URINARY SYSTEM		<del>,</del>			
#Urinary bladder (Continued)					
Hyperplasia, epithelial	2	(2%)	7	(3%)	
Hyperplasia, diffuse	-	(= ///		(0%)	
Hyperplasia, papillary				(1%)	
Polyp, inflammatory				(1%)	
Metaplasia, squamous				(0%)	
ENDOCRINE SYSTEM					
#Pituitary	(117)		(245)		
Cyst, NOS	(117)			(1%)	
Hemorrhage				(0%)	
Abscess, NOS				(0%)	
				• •	
Necrosis, NOS Necrosis, focal				(0%) (0%)	
Pigmentation, NOS				(1%)	
•	7	(6%)		(5%)	
Hyperplasia, focal Angiectasis				• • •	
•		(6%)		(2%)	
#Adrenal	(117)		(250)	(00%)	
Congestion, NOS				(0%)	
Hemorrhage		(1.0)	1	(0%)	
Necrosis, NOS		(1%)		(0%)	
Necrosis, focal	1	(1%)		(0%)	
Metamorphosis, fatty			2	(1%)	
Hyperplasia, focal	1	(1%)			
Angiectasis				(2%)	
#Adrenal cortex	(117)		(250)		
Congestion, NOS		(2%)		(0%)	
Degeneration, NOS	1	(1%)		(1%)	
Necrosis, focal				(1%)	
Metamorphosis, fatty		(26%)		(22%)	
Hyperplasia, focal		(7%)		(8%)	
Angiectasis	4	(3%)	1	(0%)	
#Adrenal medulla	(117)		(250)		
Hyperplasia, NOS			1	(0%)	
Hyperplasia, focal	30	(26%)	68	(27%)	
Hyperplasia, diffuse				(0%)	
#Thyroid	(116)		(249)	* * * * *	
Follicular cyst, NOS		(5%)		(9%)	
Hemorrhage	Ü	, , , , ,		(0%)	
Inflammation, chronic				(0%)	
Pigmentation, NOS				(0%)	
Hyperplasia, C-cell	13	(11%)		(19%)	
Hyperplasia, follicular cell		(1%)	40	(20.0)	
#Parathyroid	(111)	,	(238)		
Hyperplasia, NOS		(14%)		(12%)	
#Pancreatic islets	(117)	(== N)	(249)	(2270)	
Hyperplasia, focal		(3%)		(3%)	
REPRODUCTIVE SYSTEM					
*Mammary gland	(118)		(250)		
Galactocele		(1%)		(1%)	
Cystic ducts		(5%)		(3%)	
Fibrosis, focal		(1%)	- 1	(0.70)	
Pigmentation, NOS	1	(170)	1	(0%)	
Hyperplasia, NOS	11	(9%)		(4%)	
Hyperplasia, focal	11	(370)		(1%)	
ily per piasia, iocai			4	( * N)	

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	l Control	1% Crocidolite Asbesto		
EPRODUCTIVE SYSTEM (Continued)					
*Preputial gland	(118)		(250)		
Cystic ducts	5	(4%)	11	(4%)	
Abscess, NOS	2	(2%)	3	(1%)	
Inflammation, chronic			1	(0%)	
Inflammation, chronic diffuse			1	(0%)	
Hyperplasia, NOS	1	(1%)			
Hyperplasia, diffuse	1	(1%)	2	(1%)	
Hyperkeratosis	1	(1%)	2	(1%)	
#Prostate	(116)		(250)		
Cyst, NOS			3	(1%)	
Cystic ducts			1	(0%)	
Hemorrhage	1	(1%)	3	(1%)	
Inflammation, acute	1	(1%)			
Inflammation, acute focal	2	(2%)	1	(0%)	
Inflammation, acute diffuse	1	(1%)	3	(1%)	
Abscess, NOS	8	(7%)	12	(5%)	
Inflammation active chronic		,		(0%)	
Inflammation, acute/chronic	1	(1%)		(2%)	
Inflammation, chronic			1	(0%)	
Inflammation, chronic focal	25	(22%)	71	(28%)	
Inflammation, chronic diffuse	7	(6%)	23	(9%)	
Hyperplasia, NOS			1	(0%)	
Hyperplasia, epithelia l	3	(3%)	9	(4%)	
Hyperplasia, focal	4	(3%)	7	(3%)	
Hyperplasia, diffuse		. ,	2	(1%)	
Angiectasis				(0%)	
*Seminal vesicle	(118)		(250)	()	
Cyst, NOS	(==0)			(4%)	
Cystic ducts	2	(2%)		(1%)	
Hemorrhage	-	(= 10)		(0%)	
Inflammation, acute focal				(1%)	
Abscess, NOS				(0%)	
Inflammation, chronic	1	(1%)	1	(070)	
Inflammation, chronic diffuse		(1%)	1	(0%)	
Hyperplasia, focal	-	(170)		(0%)	
Hyperplasia, local Hyperplasia, diffuse	1	(1%)		(2%)	
Hyperplasia, uniuse Hyperplasia, papillary	1	(170)		(0%)	
#Testis	(118)		(249)	(070)	
• • • • • • • • • • • • • • • • • • • •	(116)		\— <i>,</i>	(00)	
Granuloma, spermatic	10	(100)		(0%)	
Degeneration, NOS	12	(10%)		(7%)	
Infarct, NOS	<b>,</b>	(400)		(1%)	
Hyperplasia, interstitial cell		(43%)		(39%)	
*Epididymis	(118)		(250)	(00)	
Inflammation, chronic focal	•	(10)	_	(0%)	
Necrosis, fat		(1%)		(3%)	
*Scrotum	(118)		(250)	(00)	
Hemorrhage				(0%)	
ERVOUS SYSTEM					
#Brain/meninges	(117)		(249)		
Abscess, NOS				(0%)	
#Cerebrum	(117)		(249)		
Hemorrhage	1	(1%)			
Gliosis			_	(0%)	
Necrosis, focal			2	(1%)	
Malacia	1	(1%)			
#Brain	(117)	•	(249)		
Hydrocephalus, NOS	,,			(0%)	
Hemorrhage	3	(3%)	_	(0%)	

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	Untreated Control 1%		1% Crocidolite Asbestos	
NERVOUS SYSTEM (Continued)			<u> </u>		
*Spinal cord	(118)		(250)		
Degeneration, NOS	(110)			(0%)	
*Optic nerve	(118)		(250)	, ,	
Necrosis, NOS			1	(0%)	
SPECIAL SENSE ORGANS	· · · · · · · · · · · · · · · · · · ·				
*Eye	(118)		(250)		
Hemorrhage	5	(4%)	6	(2%)	
Empyema	2	(2%)	3	(1%)	
Synechia, anterior			1	(0%)	
Synechia, posterior	2	(2%)	2	(1%)	
Cataract		(15%)		(10%)	
Phthisis bulbi		(2%)		(2%)	
*Vitreous body	(118)		(250)		
Inflammation, chronic				(0%)	
Vascularization		(1%)		(0%)	
*Eye/cornea	(118)		(250)	(24)	
Inflammation, acute	_	/a.a.\		(0%)	
Inflammation, acute diffuse		(1%)		(0%)	
Inflammation, chronic focal		(2%)		(1%)	
Inflammation, chronic diffuse	7	(6%)		(3%)	
Acanthosis	المرافق المرافق المرافق المرافق المرافق المرافق المرافق المرافق المرافق المرافق المرافق المرافق المرافق المراف			(0%)	
*Eye/retina	(118)	(0 F or )	(250)	(90%)	
Degeneration, NOS		(35%)		(23%)	
*Eye/crystalline lens	(118)		(250)	(0~)	
Rupture	(110)			(2%)	
*Eyelid	(118)		(250)	(0.01)	
Hemorrhage				(0%)	
Inflammation, acute Necrosis, NOS				(0%)	
*Harderian gland	(118)		(250)	(0%)	
Inflammation, acute diffuse	(118)		• •	(0%)	
Inflammation, chronic diffuse	1	(1%)		(0%)	
Atrophy, NOS	•	(170)		(0%)	
*Ear canal	(118)		(250)	(0 %)	
Necrosis, NOS	, -,	(1%)	(200)		
*Zymbal gland	(118)	(10)	(250)		
Cystic ducts		(14%)		(20%)	
Abscess, NOS		(14%)		(1%)	
Inflammation, chronic		(1%)	2	(1/0)	
Inflammation, chronic Inflammation, chronic focal	1	(1 /0)	1	(0%)	
Hyperkeratosis	1	(1%)		(2%)	
Acanthosis	1	( = N)		(0%)	
MUSCULOSKELETAL SYSTEM					
*Skull	(118)		(250)		
Osteopetrosis	1	(1%)		(1%)	
*Mandible	(118)	*	(250)	•	
Fibrous osteodystrophy				(0%)	
*Sternum	(118)		(250)		
Osteopetrosis				(0%)	
Fibrous osteodystrophy	1	(1%)			
Hypoplasia, NOS		-	1	(0%)	
*Rib	(118)		(250)	•	
Degeneration, NOS	/			(2%)	

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	d Control	1% Crocide	olite Asbestos
BODY CAVITIES				
*Abdominal cavity	(118)		(250)	
Steatitis	1	(1%)	2	(1%)
Necrosis, fat	5	(4%)	12	(5%)
*Pleura	(118)		(250)	
Hemorrhage	1	(1%)		
Inflammation, chronic diffuse	1	(1%)		
*Mesentery	(118)		(250)	
Hemorrhage	1	(1%)		
Inflammation, acute diffuse	1	(1%)		
Inflammation, chronic focal	3	(3%)	1	(0%)
Granuloma, NOS	2	(2%)		
Necrosis, fat			1	(0%)
Pigmentation, NOS	1	(1%)		
ALL OTHER SYSTEMS				
*Multiple organs	(118)		(250)	
Mineralization	4	(3%)	2	(1%)
Cyst, NOS	1	(1%)		
Inflammation, acute			1	(0%)
Inflammation, chronic	8	(7%)	21	(8%)
Inflammation, chronic diffuse			2	(1%)
Degeneration, NOS			1	(0%)
Necrosis, focal				(1%)
Pigmentation, NOS		(1%)		(1%)
Hyperplasia, NOS	3	(3%)	3	(1%)
Diaphragm				
Hernia, NOS	2		1	

SPECIAL MORPHOLOGY SUMMARY None

<sup>\*</sup> Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically. # Number of animals examined microscopically at this site

## APPENDIX B

## SUMMARY OF LESIONS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS

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TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS

	Untreated Control		1% Crocidolite Asbestos		
ANIMALS INITIALLY IN STUDY	118		250		
ANIMALS NECROPSIED	118		250		
ANIMALS EXAMINED HISTOPATHOLOGICALLY	118		250		
NTEGUMENTARY SYSTEM					
*Skin	(118)		(250)		
Squamous cell papilloma	_			(0%)	
Squamous cell carcinoma	1	(1%)		(0%)	
Squamous cell carcinoma, invasive Basal cell tumor				(0%) (0%)	
Basal cell carcinoma	1	(1%)	•	(070)	
Trichoepithelioma		(1%)			
Keratoacanthoma		<b>\_ /</b>	1	(0%)	
Fibroma		(1%)			
Fibrosarcoma	2	(2%)		(1%)	
Neurofibrosarcoma				(0%)	
*Subcutanaous tissue	(118)		(250)	(00)	
Squamous cell papilloma	4	(10%)		(0%)	
Squamous cell carcinoma, invasive Follicular cell carcinoma, invasive	1	(1%)		(0%) (0%)	
Sarcoma, NOS	1	(1%)		(0%)	
Fibroma		(4%)	_	(4%)	
Fibrosarcoma		(1%)		(1%)	
Lipoma	2	(2%)			
Neurofibroma			1	(0%)	
RESPIRATORY SYSTEM					
*Nasal turbinate	(118)		(250)		
Squamous cell carcinoma			1	(0%)	
Adenocarcinoma, NOS				(0%)	
#Trachea	(117)		(250)	(A.W.)	
Follicular cell carcinoma, invasive	(110)			(0%)	
#Lung	(118)		(250)	(00%)	
Squamous cell carcinoma, metastatic Adenocarcinoma, NOS, metastatic	1	(1%)		(0%) (1%)	
Alveolar/bronchiolar adenoma	1	(170)		(0%)	
Alveolar/bronchiolar carcinoma	1	(1%)		(1%)	
Cortical carcinoma, metastatic		(1%)	_	, _ , ,	
C-cell carcinoma, metastatic			1	(0%)	
Granulosa cell carcinoma, metastatic	1	(1%)			
Pheochromocytoma, metastatic				(0%)	
Liposarcoma, metastatic			1	(0%)	
IEMATOPOIETIC SYSTEM			.000		
*Multiple organs	(118)		(250)		
Malignant lymphoma, lymphocytic type Myelomonocytic leukemia				(0%) (2%)	
Monocytic leukemia	<b>41</b>	(35%)		(47%)	
Leukemia, mononuclear cell		(1%)	*10	(21/0)	
#Spleen	(118)		(250)		
Fibrosarcoma		(1%)			
#Mandibular lymph node	(118)		(250)		
Squamous cell carcinoma, metastatic	/4.40			(1%)	
#Axillary lymph node	(118)	(10()	(250)		
Sarcoma, NOS, metastatic #Liver	(118)	(1%)	(250)		
Monocytic leukemia	, ,	(2%)	(200)		
	(91)	(2 /0)	(187)		
#Thymus	(29)				

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

CIRCULATORY SYSTEM  #Heart Alveolar/bronchiolar carcinoma, metastatic  #Myocardium Neurilemoma  DIGESTIVE SYSTEM	(117) (117) 1	., <u></u>	(250)	
#Heart Alveolar/bronchiolar carcinoma, metastatic #Myocardium Neurilemoma  DIGESTIVE SYSTEM	(117)			
#Myocardium Neurilemoma  DIGESTIVE SYSTEM	, ,		1	
Neurilemoma  DIGESTIVE SYSTEM	, ,		-	(0%)
DIGESTIVE SYSTEM	1		(250)	
		(1%)		
*Oral mucous membrane	(118)		(250)	
Squamous cell papilloma	1	(1%)		
Squamous cell carcinoma				(1%)
*Tongue	(118)		(250)	
Squamous cell carcinoma		(1%)	(0.50)	
*Tooth	(118)		(250)	(00)
Squamous cell carcinoma, invasive	(117)			(0%)
#Salivary gland Fibrosarcoma	(117)		(248)	(0%)
#Liver	(118)		(250)	(0%)
Neoplastic nodule		(3%)		(2%)
Hepatocellular carcinoma	ŭ	(0 10)		(0%)
#Pancreas	(118)		(249)	(2.0)
Acinar cell adenoma		(2%)		(2%)
Acinar cell carcinoma	_	(=,		(0%)
*Pharynx	(118)		(250)	
Squamous cell carcinoma			1	(0%)
#Stomach	(118)		(250)	
Carcinoma, NOS				(0%)
Squamous cell papilloma				(0%)
Squamous cell carcinoma				(0%)
Adenomatous polyp, NOS	(110)			(0%)
#Duodenum	(118)	(10)	(250)	
Leiomyoma #Jejunum	(118)	(1%)	(250)	
Carcinoid tumor, malignant	(110)			(0%)
Mucinous cystadenocarcinoma	1	(1%)	•	(0 10)
Leiomyosarcoma		(1%)		
URINARY SYSTEM				
#Kidney	(117)		(250)	
Tubular cell adenoma	2	(2%)	,	
Tubular cell adenocarcinoma	1	(1%)		
Lipoma	1	(1%)		
Mixed tumor, malignant	1	(1%)		
ENDOCRINE SYSTEM				
#Pituitary	(116)		(247)	
Carcinoma, NOS		(8%)		(3%)
Adenoma, NOS		(36%)		(41%)
#Adrenal	(118)		(250)	
Cortical adenoma		(3%)		(7%)
Cortical carcinoma		(2%)		(0%)
Pheochromocytoma	14	(12%)		(14%)
Pheochromocytoma, malignant				(1%)
Ganglioneuroma	/110			(1%)
#Adrenal medulla Pheochromocytoma	(118)	(3%)	(250)	(1%)
Pheochromocytoma Pheochromocytoma, malignant		(3%) (2%)	ა	(170)

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	l Control	rol 1% Crocidolite A	
ENDOCRINE SYSTEM (Continued)				
#Thyroid	(117)		(250)	
Follicular cell adenoma		(7%)		(3%)
Follicular cell carcinoma		(3%)		(1%)
C-cell adenoma		(3%)		(9%)
C-cell carcinoma	(108)	(10%)	(224)	(18%)
#Parathyroid Adenoma, NOS		(1%)		(0%)
#Pancreatic islets	(118)	(170)	(249)	(0,0)
Islet cell adenoma		(2%)		(2%)
Islet cell carcinoma		(3%)	6	(2%)
EPRODUCTIVE SYSTEM				
*Mammary gland	(118)		(250)	
Adenoma, NOS		(2%)		(0%)
Adenocarcinoma, NOS		(14%)		(9%)
Fibroadenoma		(41%)		(45%)
*Preputial gland	(118)		(250)	(0%)
Carcinoma, NOS Squamous cell carcinoma	4	(3%)		(0%) (9%)
Squamous ceu carcinoma Basal cell carcinoma		(1%)	22	(3 10)
Adenoma, NOS		(1%)	2	(1%)
Keratoacanthoma	•	\/		(0%)
#Uterus	(116)		(248)	
Adenocarcinoma, NOS	1	(1%)	2	(1%)
Papillary adenoma	1	(1%)	1	(0%)
Leiomyoma			1	(0%)
Leiomyosarcoma		(1%)		
Endometrial stromal polyp	19	(16%)		(15%)
Endometrial stromal sarcoma		(1%)		(1%)
#Cervix uteri	(116)		(248)	
Squamous cell carcinoma				(0%)
Sarcoma, NOS				(0%)
Endometrial stromal sarcoma, invasive #Uterus/endometrium	(116)		(248)	(0%)
Papillary adenoma	(110)			(0%)
#Fallopian tube	(116)		(248)	
Granulosa cell carcinoma, invasive	· · ·	(1%)	(= 20)	
#Ovary	(116)		(248)	
Granulosa cell tumor		(1%)	4	(2%)
Granulosa cell carcinoma		(1%)	1	(0%)
NERVOUS SYSTEM				
#Brain/meninges	(118)		(248)	
Meningioma		(1%)	(248)	
#Cerebrum Carcinoma, NOS, invasive	(118)	(3%)		(2%)
Glioma, invasive		(1%)	3	(2 10)
Astrocytoma	•	(2 10)	1	(0%)
Meningioma	1	(1%)	•	, - ,
#Brain	(118)		(248)	
Carcinosarcoma, metastatic		(1%)	•	
#Cerebellum	(118)		(248)	
Carcinoma, NOS, invasive		(3%)	3	(1%)
Granular cell tumor, NOS		(1%)		
Glioma, NOS		(1%)		
Astrocytoma	1	(1%)		

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	l Control	1% Crocide	olite Asbestos
NERVOUS SYSTEM (Continued)	· · · · · · · · · · · · · · · · · · ·			
#Medulla oblongata	(118)		(248)	
Astrocytoma, invasive				(0%)
*Spinal cord Astrocytoma	(118)	(1%)	(250)	
SPECIAL SENSE ORGANS				
*Eyelid	(118)		(250)	
Squamous cell carcinoma				(0%)
*Eye/conjunctiva	(118)		(250)	
Squamous cell carcinoma, invasive		(1%)	/0-0	
*Harderian gland	(118)		(250)	
Squamous cell carcinoma		(1%)		
Squamous cell carcinoma, metastatic		(1%)	(070)	
*Zymbal gland	(118)		(250)	(00)
Carcinoma in-situ, NOS Squamous cell papilloma				(0%) (0%)
Squamous cell carcinoma				(2%)
Carcinosarcoma	1	(1%)	4	(270)
Caromobarooma		(170)	<u> </u>	
MUSCULOSKELETAL SYSTEM				
*Skull	(118)		(250)	
Squamous cell carcinoma, invasive		(1%)		
*Maxilla	(118)		(250)	(A.4)
Squamous cell carcinoma, invasive				(0%)
*Mandible	(118)		(250)	(1 ~)
Squamous cell carcinoma, invasive			3	(1%)
BODY CAVITIES				
*Mediastinum	(118)		(250)	
Mesothelioma, malignant			1	(0%)
ALL OTHER SYSTEMS				
*Multiple organs	(118)		(250)	
Squamous cell carcinoma, invasive				(1%)
Squamous cell carcinoma, metastatic			1	(0%)
Adenocarcinoma, NOS, invasive		(1%)		
Alveolar/bronchiolar carcinoma, metastatic		(1%)		
C-cell carcinoma, metastatic		(1%)		(0%)
Endometrial stromal sarcoma, invasive		(1%)	2	(1%)
Carcinosarcoma, invasive	1	(1%)		(00)
Mesothelioma, invasive			1	(0%)
Orbital region	•			
Squamous cell carcinoma, metastatic	1			
Adipose tissue Cortical carcinoma, invasive			1	
Ou dear caremonia, mvasive			1	

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated Control	1% Crocidolite Asbestos
ANIMAL DISPOSITION SUMMARY		
Animals initially in study	118	250
Natural death	21	30
Moribund sacrifice	85	195
Terminal sacrifice	12	25
TUMOR SUMMARY		
Total animals with primary tumors**	115	242
Total primary tumors	291	661
Total animals with benign tumors	91	190
Total benign tumors	166	378
Total animals with malignant tumors	80	187
Total malignant tumors	120	273
Total animals with secondary tumors##	17	28
Total secondary tumors	24	36
Total animals with tumors		
uncertain benign or malignant	5	10
Total uncertain tumors	5	10

<sup>\*</sup> Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically.
\*\* Primary tumors: all tumors except secondary tumors

<sup>#</sup> Number of animals examined microscopically at this site

<sup>##</sup> Secondary tumors: metastatic tumors or tumors invasive into an adjacent organ

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS: UNTREATED CONTROL

ANIMAL NUMBER	5 7 8	5 9 4	6 4 0	6 0 4	5 7 9	5 8 2	6 2 3	6 1 6	5 6 8	5 9 8	6 3 7	5 5 8	5 6 1	6 6	5 5 1	5 6	5 6 2	6 3 0	5 6 7	6 1 8	6 3 2	6 5 2	6 2 2	6 5 8	6 5 5
WEEKS ON STUDY	6	0 7 0	7	0 7 9	8 3	8 3	8 4	0 8 5	0 8 6	0 8 7	0 8 7	9 1	0 9 1	9	9	9	9	9 4	0 9 5	9 5	0 9 5	9 5	9 6	9 6	0 9 7
INTEGUMENTARY SYSTEM Skin Squamous cell carcinoma Basal cell carcinoma Trichoepithelioma Fibroma Fibrosarcoma Subcutaneous tissue	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* X	+
Squamous cell carcinoma, invasive Sarcoma, NOS Fibroma Fibrosarcoma Lipoma	,									·															
RESPIRATORY SYSTEM Lungs and bronch Adenocarcinoma, NOS, metastatic Aiveolarbronchiolar carcinoma Cortical carcinoma, metastatic Granulosa cell carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ x	+	+
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM  Spleen Fibrosarcoma Lymph nodes	++	++	++	++	++	++	+	++	++	+	++	++	++	++	++	+	+	+	+	++	++	++	+	++	++
Sarcoma, NOS, metastatic Thymus	+	_	+	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
CIRCULATORY SYSTEM Heart Neurilemoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell papilloma	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
Squamous cell carcinoma Salivary gland Liver Neoplastic nodule	++	+	+	++	+	<b>+</b> <b>+</b>	+	+ +	+	<b>X</b> + +	<b>+</b> +	+	+ +	++	++	++	+	++	++	++	+	+	+	++	++
Monocytic leukemia Bile duct Pancreas Acnar cell adenoma	X + +	++	++	++	+	++	++	++	+	+	+ +	++	++	++	++	++	++	+	+	++	+	+	+	++	++
Esophagus Stomach Small intestine Mucinous cystadenocarcinoma	- + +	- + +	+ + +	+ + +	+++	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+++	+++	+ + +	+ + +	+++	+ + +	+++	+ + +	+++	+ + +	+ + +	+ + +	+ + +	+ + + + +
Leiomyoma Leiomyosarcoma Large intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney Tubular cell adenoma Tubular cell adenocarcinoma Lipoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Mixed tumor, malignant Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

<sup>+.</sup> Tissue examined microscopically
-: Required tissue not examined microscopically
X. Tumor incidence
N. Necropsy, no autolysis, no microscopic examination
S: Animal missexed

<sup>:</sup> No tissue information submitted
C: Necropsy, no histology due to protocol
A. Autolysis
M: Animal missing
B: No necropsy performed

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: UNTREATED CONTROL (Continued)

					`				,																
ANIMAL NUMBER	6 6 0	6 6 4	6 5 4	6 5 9	6 1 2	5 6 5	5 7 2	6 0 1	6 1 1	6 4 3	6 1 3	6 2 4	6 5 1	6 3 1	6 3 4	6 5	6 1	5 7 3	5 8 1	6 2 6	6 6 7	5	5 6 9	5 7 6	6 1 0
WEEKS ON STUDY	9 8	9 8	0 0	1 0 2	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 5	0 6	1 0 8	1 1 0	1 1 0	1 1 0	1 1 0	1 1 1	1 4	1 4	1 4	1 5	1 1 5	1 7	1 1 7
INTEGUMENTARY SYSTEM Skin Squamous cell carcinoma Basal cell carcinoma Trichoepithelioma Fibroma Fibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Subcutaneous tissue Squamous cell carcinoma, invasive Sarcoma, NOS Fibroma Fibrosarcoma Lipoma	* X	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	×	+	+
RESPIRATORY SYSTEM Lungs and bronch: Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar carcinoma Cortical carcinoma, metastatic Granulosa cell carcinoma, metastatic Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	<del>-</del>	+	+	+
Spleen Fibrosarcoma Lymph nodes Sarcoma, NOS, metastatic	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Thymus	+	+	+	_	+	-	+	+	-	+	-	+	+	+	+	-	-	+	+	_	+	+	_	+	+
CIRCULATORY SYSTEM Heart Neurlemoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell papilloma Squamous cell carcinoma	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
Squamous cent carcinoma Salivary gland Liver Neoplastic nodule Monocytic leukemia	++	++	+	+	+	++	++	++	+	+	+	+	+	+	+ *	+	+	+	+	+	+	+	+	+	++
Bile duct Pancreas Acinar cell adenoma	++	+	+	+	+	++	+	+	++	++	+	+	+	+	++	++	+	+	+	+	+	+	+	+	++
Esophagus Stomach Small intestine Mucinous cystadenocarcinoma Leiomyoma	+++	+ + +	+ + +	+++	+++	+++	+ + +	+ + +	+ + +	+ + +	+ + +	+++	+++	+++	+ +	+ + +	+++	+++	+ + +	+++	+++	+++	+++	+ + +	+++
Leiomyosarcoma Large intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney Tubular cell adenoma Tubular cell adenocarcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lipoma Mixed tumor, malignant Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	<b>X</b>	+	+	+

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: UNTREATED CONTROL (Continued)

ANIMAL NUMBER	6 3	5	5 6 4	5 7 4	5 8 3	5 8 9	5 7	5 8 4	8	5 9 2	6	5 0	6 0 2	6 1 4	6 0 3	4	6 3	6 4 5	5	5 8 5	5 8 7	5 5	6 1 5	6 2 5	6 6 2
WEEKS ON STUDY	1 7	1 8	1 8	1 1 8	1 1 8	1 1 8	1 2 1	1 2 1	1 2 2	1 2 3	1 2 4	1 2 5	1 2 5	1 2 5	1 2 6	1 2 6	1 2 6	1 2 7	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 9
INTEGUMENTARY SYSTEM Skin Squamous cell carcinoma Basal cell carcinoma Trichoepithelioma Fibroma Fibrosarcoma Subcutaneous tissue	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma, invasive Sarcoma, NOS Fibroma Fibrosarcoma Lipoma		•	•	•	•	x	•	•	,	•	x	•	,	•	•	x	•	,	•	•	,	•	,	•	•
RESPIRATORY SYSTEM Lungs and bronch Adenocaronoma, NOS, metastatic Alveolar/bronchiolar carcinoma Cortical carcinoma, metastatic Granulosa cell carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Trachea HEMATOPOIETIC SYSTEM Bone marrow	+	<u>+</u>	_	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+ 	+	+
Soleen Fibrosarcoma Lymph nodes	+	++	+	+	+ +	+	+	+	+	+	+	+ +	+ + _	+	+	+ +	+ +	+	+	+	+	+	+	+	+++++++++++++++++++++++++++++++++++++++
Sarcoma, NOS, metastatic Thymus	-	+	_	_	+	+	+	+	+	_	-	_	+	_	+	_	+	+	_	_	+	_	+	+	-
CIRCULATORY SYSTEM Heart Neurlemoma	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell papilloma Squamous cell carcinoma	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
Salivary gland Liver Neoplastic nodule	++	+ *	+	+	+	+	+	++	+	+	+	+	+	+	+	+	+	+	+	+	++	+	+	+	+
Monocytic leukemia Bile duct Pancreas	++	++	++	++	++	++	++	++	++	++	++	+	++	++	++	++	++	+	++	++	++	++	<b>X</b> + +	++	++
Acınar celi adenoma Esophagus Stomach	++	++	+	++	+ +	++	++	++	++	++	++	++	+	++	+	++	+++	+ + +	+	+	+	+	+	+	+
Small intestine Mucinous cystadenocarcinoma Leiomyoma Leiomyosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+
Large intestine URINARY SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
UKINAKI SISTEM Kidney Tubular cell adenoma Tubular cell adenocarcinoma Lipoma	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+
Mixed tumor, malignant Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+	+	+	+	+

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: UNTREATED CONTROL (Continued)

ANIMAL NUMBER	5 5 5	5 6 3	6 0 9	5 7 5	6 1 9	6 3 3	5 2	5 8 8	5 9 7	6 0 5	6 6 5	5 7 7	6 0 7	6 2 7	6 4 8	5 9	6 4 9	6 5 7	5 7 0	5 9 0	5 5 3	5 8 6	6 3 5	5 8 0	5 9 6
WEEKS ON STUDY	1 3 0	1 3 0	1 3 0	1 3 1	1 3 1	1 3 1	1 3 4	1 3 4	1 3 4	1 3 4	1 3 4	1 3 5	1 3 6	1 3 6	1 3 6	1 3 7	1 3 7	1 3 7	1 3 8	1 3 8	1 4 0	1 4 1	1 4 1	1 4 3	1 4 3
INTEGUMENTARY SYSTEM Skin Squamous cell carrinoma Basal cell carrinoma Trichoepithelioma Fibroma Fibrosarroma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ <b>X</b>	+ x	+	+	+	+	+ X	+	+	+
Subcutaneous tissue Squamous cell carcinoma, invasive Sarcoma, NOS Fibroma Fibrosarcoma Lipoma	+	+	+	+	+	+	+	+	+	+	+	+	<b>x</b>	<b>x</b>	+	+	+	+	+	+ <b>X</b>	+	+	+	+ X	+
RESPIRATORY SYSTEM Lungs and bronch Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar carcinoma Cortical carcinoma, metastatic Granulosa cell carcinoma, metastatic Trachea	+	+	+	+	+	+ X	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen Fibrosarcoma	+ +	+ +	++	++	++	+ +	++	+ +	++	++	++	+ +	++	+ +	++	++	++	+ +	++	- +	++	++	++	++	++
Lymph nodes Sarcoma, NOS, metastatic Thymus	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X +	+	+	+	+	++
CIRCULATORY SYSTEM Heart Neurnlemoma	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell papilloma Squamous cell carcinoma	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
Salivary gland Liver Neoplastic nodule Monocytic leukemia	++	+	+	+	+	+	+	+	++	+	+	+	+ *	+	+	+	+	+	+	+	+	+	+	+	++
Bile duct Pancreas Acinar cell adenoma Esophagus	++	+	+	+	++	++	++	++	++	++	++	++	++	++	++	+ +	++	++	++	++	++	++	+	+	++++
Esopiagus Stomach Small intestine Mucinous cystadenocarcinoma Leiomyoma	++	++	++	++	++	++	+++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	+	++
Leiomyosarcoma Large intestine	+	+	+	+	<b>X</b> +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney Tubular cell adenoma Tubular cell adenocarcinoma Lipoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ <b>X</b>	+	+
Mixed tumor, malignant Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: UNTREATED CONTROL (Continued)

								(0	OII	L4111	uea	,							
ANIMAL NUMBER	6 2 0	6 6	6 5 3	5 6	5 7 1	5 9 1	5 9 3	6 0 0	6 1 7	6 2 1	6 2 8	6 2 9	6 3 8	6 3 9	6 4 2	6 4 4	6 4 7	6 5 0	 TOTAL
WEEKS ON STUDY	1 4 3	1 4 3	1 4 4	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	 TISSUES
INTEGUMENTARY SYSTEM Skin Squamous cell carcinoma Basal cell carcinoma Trichospithelioma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	 *118 1 1 1
Fibroma Fibrosarcoma Subcutaneous tissue Squamous cell carcinoma, invasive Sarcoma, NOS Fibroma Fibrosarcoma Lipoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+	+	*118 1 1 5 1 2
RESPIRATORY SYSTEM Lungs and bronch: Adenocarcinoma, NOS, metastatic Adveolar/bronchiolar carcinoma Cortical carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	 118 1 1 1
Granulosa cell carcinoma, metastatic Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	117
HEMATOPOIETIC SYSTEM Bone marrow Spleen Fibrosarcoma	+ +	+	+	+	+	+ + X	+	+	++	++	++	+	++	+	++	++	++	+++	116 118
Fibrosarcoma Lymph nodes Sarcoma, NOS, metastatic Thymus	+	+	+	+	+	++	+	+	+	+	+	+	+	+	+	+	+	++	118 1 91
CIRCULATORY SYSTEM Heart Neurilemoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	117
DIGESTIVE SYSTEM Oral cavity Squamous cell papilloma	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	 *118
Squamous cell carcinoma Salvary gland Liver Neoplastic nodule Monocytic leukemia	++	+	+	+	+	+	+	+	+	+	+	+	+	+	++	+	++	++	117 118 3 2
Bile duct Pancreas Acinar cell adenoma	++	+	+	+	+	+ *	+	+ X	++	++	+	++	+	++	+	+	++	++	118 118 2
Esophagus Stomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	116
Small intestine Mucinous cystadenocarcinoma Leiomyoma	+	+	÷	÷	÷	÷	+	÷	÷	÷	+	+	+	÷	+	×	+	÷	118
Leiomyosarcoma Large intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	118
URINARY SYSTEM Kidney Tubular cell adenoma Tubular cell adenocarcinoma Lipoma	+	+	+	+	+	+	*	+	+	+	+	+	*	+	+	+	+	+	117 2 1
Mixed tumor, malignant Umnary bladder	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	1 11 <b>6</b>

<sup>\*</sup> Animals necropsied

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: UNTREATED CONTROL (Continued)

					(C	on	tin	ued	l)																
ANIMAL NUMBER	5 7 8	5 9 4	6 4 0	6 0 4	5 7 9	5 8 2	6 2 3	6 1 6	5 6 8	5 9 8	6 3 7	5 5 8	5 6 1	6 4	5 5 1	5 6 0	5 6 2	6 3 0	5 6 7	6 1 8	6 3 2	6 5 2	6 2 2	6 5 8	6 5 5
WEEKS ON STUDY	0 6 0	0 7 0	0 7 0	0 7 9	8 3	0 8 3	0 8 4	8 5	8 6	0 8 7	0 8 7	9 1	9 1	9	9 2	9 2	9 3	9	9 5	9	9 5	9	9	9 6	0 9 7
ENDOCRINE SYSTEM																									
Pituitary Carcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS		X		X	X	X	X				X	X		*								X			
Adrenal Cortical adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Cortical carcinoma																									
Pheochromocytoma Pheochromocytoma, malignant							X														x				
Thyroid	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+
Follicular cell adenoma Follicular cell carcinoma																X		X							
C cell adenoma																									
C-cell carcinoma Parathyroid	١.	_		_	_							_	_			_	_	_	_					_	_
Adenoma, NOS	*		т	т		T		т	_	_	_		т	_	_	т	т	_	-		_		•		т
Pancreatic islets Islet cell adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islet cell carcinoma	1																								
REPRODUCTIVE SYSTEM	-																								
Mammary gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Adenocarcinoma, NOS			X																						
Fibroadenoma	,,			**		X		X	X														2.7	2.7	
Preputial/chtoral gland Squamous cell carcinoma	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
Basal cell carcinoma	1																								
Adenoma, NOS Uterus	1	_	_	_	_	_	_	_	_	_	_	_	+	_	_	_	+	4		_	4	1	+	+	
Adenocarcinoma, NOS	1.	•		•	•		,		•	•	,	•	'		,	•			•		•	•	•		•
Papillary adenoma Granulosa cell carcinoma, invasive	į																						x		
Leiomyosarcoma																							Λ		
Endometrial stromal polyp Endometrial stromal sarcoma	Ì												X												
Ovary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Granulosa cell tumor Granulosa cell carcinoma																							x		
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS, invasive																				-					
Carcinosarcoma, metastatic Granular cell tumor, NOS																									
Ghoma, NOS																									
Glioma, invasive Astrocytoma																									
Meningioma																									
Spinal cord Astrocytoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Ņ	N	N	N	N
	_																								
SPECIAL SENSE ORGANS Eye appendages	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
Squamous cell carcinoma, invasive	,,															37				.,				37	
Harderian gland Squamous cell carcinoma	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
Squamous cell carcinoma, metastatic	N.T	N.T	NT.	N.T	B.T	N.T	<b>N</b> T	B.T	NT.	N.T	N.T	n.r	B.f	).	N.T	N.T	ът	N.T	B.T	n.T	N.T	N.T	B.T	X	N
Zymbal gland Carcinosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	14
MUSCULOSKELETAL SYSTEM												-													
Bone	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
Squamous cell carcinoma, invasive																								х	
ALL OTHER SYSTEMS	N	).T	NT.	N.T	p.r	N	NT	N.T	) NT	N.T	N.T	p.T	N	PAT .	N.T	NT.	N	N	Nr	N.T	NI	N	N	N	N
Multiple organs, NOS Adenocarcinoma, NOS, invasive	IN.	14	N	14	1.4	7.4	IA	IN	14	14	7.4	IN	14	IA	IA	IN	14	14	14	14	14	14	74	14	74
Alveolar/bronchiolar carcinoma, metastatic																									
C-cell carcinoma, metastatic Endometrial stromal sarcoma, invasive																									
Carcinosarcoma, invasive					,									_					-						
Monocytic leukemia	x				X		X					X		X	X				X						
Leukemia, mononuclear cell																									
Leukemia, mononuclear cell Orbital region Squamous cell carcinoma, metastatic	*																							X	

 TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: UNTREATED CONTROL

 (Continued)

ANIMAL NUMBER	6 6 0	6 4	6 5 4	6 5 9	6 1 2	5 6 5	5 7 2	6 0 1	6 1 1	6 4 3	6 1 3	6 2 4	6 5 1	6 3 1	6 3 4	6 5 6	6 6 1	5 7 3	5 8 1	6 2 6	6 6 7	5 4	5 6 9	5 7 6	6 1 0
WEEKS ON STUDY	9	9	1 0 0	0 2	1 0 3	1 0 4	0 4	1 0 4	0 4	0 4	1 0 5	0 6	1 0 8	1 1 0	1 1 0	1 1 0	1 1 0	1	1 1 4	1 4	1 1 4	1 1 5	1 1 5	1 1 7	1 7
ENDOCRINE SYSTEM	<u> </u>																								_
Pituitary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS Adenoma, NOS	1	X	X			X		X		X		X	X	X										X	
Adrenal	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Cortical adenoma Cortical carcinoma												x													
Pheochromocytoma									X	Х		Λ											X		
Pheochromocytoma, malignant	١.																		X						+
Thyroid Follicular cell adenoma	1	_	+	_	+	+	+	+	7	+	+	+	+	*	+	_	+	+	+	+	т	+	_	+	+
Follicular cell carcinoma																									
C-cell adenoma C-cell carcinoma																					x				
Parathyroid	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_	+	+	+	_	+	+	_
Adenoma, NOS Pancreatic islets	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islet cell adenoma	'							•											·			•			•
Islet cell carcinoma																									
REPRODUCTIVE SYSTEM	1																								
Mammary gland Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+
Adenocarcinoma, NOS																									X
Fibroadenoma Preputial/clitoral gland	X   N	N	N	N	N	N	X N	N	N	N	N	N	N	N	N	N	X N	N	N	X N	N	X N	X N	N	N
Squamous cell carcinoma	1	.,	14	14	14	14	11	14	14	1,1	14	17	14	14	14	14	14	14	14	14	.,	14	11	14	14
Basal cell carcinoma																									
Adenoma, NOS Uterus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_	+	+	+	+	+
Adenocarcinoma, NOS																									
Papillary adenoma Granulosa cell carcinoma, invasive																									
Leiomyosarcoma																									
Endometrial stromal polyp Endometrial stromal sarcoma			X	X		X							X				X		X					X	
Ovary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_	+	+	+	+	+
Granulosa cell tumor Granulosa cell carcinoma																									
NERVOUS SYSTEM																									
Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS, invasive	ŀ																								
Carcinosarcoma, metastatic Granular cell tumor, NOS																									
Glioma, NOS	1																								
Glioma, invasive Astrocytoma											x														
Meningioma																									
Spinal cord Astrocytoma	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
SPECIAL SENSE ORGANS Eye appendages	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
Squamous cell carcinoma, invasive	1			_	•						-					-					•				-
Harderian gland Squamous cell carcinoma	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
Squamous cell carcinoma, metastatic																									
Zymbai gland Carcinosarcoma	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
																			_						
MUSCULOSKELETAL SYSTEM Bone	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
Squamous cell carcinoma, invasive		-			•				-		-		-		-		_	-	_	-	-	_	-	-	-
ALL OTHER SYSTEMS																									
Multiple organs, NOS	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
Adenocarcinoma, NOS, invasive Alveolar/bronchiolar carcinoma, metastatic																									
C-cell carcinoma, metastatic	1																								
Endometrial stromal sarcoma, invasive Carcinosarcoma, invasive																									
Monocytic leukemia			X		x							X			X	X		X	X	X	X	X			X
Leukemia, mononuclear cell	}		-																						
Orbital region	1																								
Squamous cell carcinoma, metastatic	1																								

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: UNTREATED CONTROL (Continued)

					(€	on	un	uec	1)																
ANIMAL NUMBER	6 3 6	5 5 9	5 6 4	5 7 4	5 8 3	5 8 9	5 7	5 8 4	6 0 8	5 9 2	6 0 6	5 5 0	6 0 2	6 1 4	6 0 3	6 4 1	6 3	6 4 5	5 5 6	5 8 5	5 8 7	5 9 5	6 1 5	6 2 5	6 6 2
weeks on study	1 7	1 1 8	1 1 8	1 8	1 1 8	1 8	1 2 1	1 2 1	1 2 2	1 2 3	1 2 4	1 2 5	1 2 5	1 2 5	1 2 6	1 2 6	1 2 6	1 2 7	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 9
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS	-	+	+	*	+	+	+ X	+	+	+	+	+ X	+	+	+	+	+	+ X	+	+	+	+	+	+	+
Adenoma, NOS Adrenal Cortical adenoma Cortical carcinoma	<b>X</b> +	+	+	+	+	<b>X</b> +	+	<b>X</b> +	+	<b>X</b> +	<b>X</b> +	+	+	<b>X</b> +	<b>X</b> +	+	+	+	+	+	+	Х * Х	+	+	+
Pheochromocytoma Pheochromocytoma, malignant Thyroid Follicular cell adenoma Follicular cell carcinoma	+	+	-	+	+	+	+ X	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+
C-cell adenoma C-cell carcinoma Parathyroid		+	_	+	+	+	+	+	X +	+	+	+	X +	+	+	+	_	+	+	+	+	X +	+	_	<b>X</b>
Adenoma, NOS Pancreatic islets Islet cell adenoma Islet cell carcinoma	+	+	+	+	+	+	+	+	+	+	* X	+	+	+	+	+	<b>*</b>	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma, NOS Fibroadenoma Preputial/clitoral gland Squamous cell carcinoma Basal cell carcinoma	и	N	N	X N	X N	N	X N	N	X N	N	N	X N	N	X N	X X N	N	X N	X N	X N	N	N	X N	X N	X N	N
Adenoma, NOS Uterus Adenocarcinoma, NOS Papillary adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+	+	+	+	+	+	+
Granulosa cell carcinoma, invasive Leiomyosarcoma Endometrial stromal polyp Endometrial stromal sarcoma Ovary Granulosa cell tumor Granulosa cell carcinoma	+	+	+	<b>X</b> +	+	+	+	+	+	<b>X</b> +	<b>x</b> +	+	<b>x</b> +	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive Carcinosarcoma, metastatic Granular cell tumor, NOS Glioma, NOS Glioma, invasive Astrocytoma Meningioma	+	+	+,	 @X	+	+	+ X	+	+	+	+	+	+	+	+	+ <b>x</b>	+	+ X	+	+	+	+	+	+	+
Spinal cord Astrocytoma	N	*	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
SPECIAL SENSE ORGANS Eye appendages Squamous cell carcinoma, invasive Harderian gland	N		N N	N N	N N	N X 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	N N	N N	N N	N N	N N	N N	- i
Squamous cell carcinoma Squamous cell carcinoma, metastatic Zymbal gland Carcinosarcoma	N	N	N	N	N	X N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N
MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive	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
ALL OTHER SYSTEMS Multiple organs, NOS Adenocarcinoma, NOS, invasive Alveolar/bronchiolar carcinoma, metastatic C-cell carcinoma, metastatic Endometrial stromal sarcoma, invasive	N	N	N	N	N	N	N	N	N	N X	N	N	N X	N	N		N	N	N	N	N	N	N	N	N
Carcinosarcoma, invasive Monocytic leukemia Leukemia, mononuclear cell Orbital region Squamous cell carcinoma, metastatic			x						X						x	X					x	x		x	

<sup>@</sup> Multiple occurrence of morphology

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: UNTREATED CONTROL (Continued)

					(C	on	un	uea	IJ																
ANIMAL NUMBER	5 5 5	5 6 3	6 0 9	5 7 5	6 1 9	6 3 3	5 5 2	5 8 8	5 9 7	6 0 5	6 6 5	5 7 7	6 0 7	6 2 7	6 4 8	5 9 9	6 4 9	6 5 7	5 7 0	5 9	5 5	5 8 6	6 3 5	5 8 0	5 9 6
WEEKS ON STUDY	3 0	1 3 0	1 3 0	1 3 1	1 3 1	1 3 1	1 3 4	1 3 4	1 3 4	1 3 4	1 3 4	1 3 5	3	1 3 6	1 3 6	1 3 7	1 3 7	1 3 7	3 8	1 3 8	1 4 0	1 4	1 4 1	1 4 3	1 4 3
ENDOCRINE SYSTEM	-																				_				
Pituitary NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	÷
Carcinoma, NOS Adenoma, NOS	x	X		X	X		x		x				x		А		X	x							X
Adrenal	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Cortical adenoma Cortical carcinoma	- 1																								
Pheochromocytoma			X	X	X		X	X																	
Pheochromocytoma, malignant Thyroid	_	_	_		4	_	_	_	_	_	_	_	_	_	_	_	_	4	_	_	_	_	_	_	+
Follicular cell adenoma	, ,	,	X	•	'	•	,	•	'	X	'	•	,	•	X	•	•	,	1	•	,	•	•	•	•
Follicular cell carcinoma												X													
C-cell adenoma C-cell carcinoma							X		X					x				X						x	
Parathyroid	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Pancreatic islets	_	+	+	+	+	_	4	+	+	+	+	+	_	4	+	+	+	+	X	_	_	+	4	+	+
Islet cell adenoma Islet cell carcinoma	'	•	•	•		•		•	•	•	•		•	•	•	•	•	•	•	•	•	•	x	•	x
REPRODUCTIVE SYSTEM Mammary gland	_  _	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma NOS	'	•	•	•	•		•	•	•		•	•	•	٠		•					•	•	•		
Adenocarcinoma, NOS Fibroadenoma	x			x	X	X	X			x	x	x			X		X	X	X	х	x	x	x	X	X
Preputial/chtoral gland	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	X N	N X	N	N	N	N	N	N	N
Squamous cell carcinoma Basal cell carcinoma																		х							
Adenoma, NOS																									
Uterus Adenocarcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+
Papillary adenoma														Α.											
Granulosa cell carcinoma, invasive				x																					
Leiomyosarcoma Endometrial stromal polyp				А	X							X				x			X						
Endometrial stromal sarcoma	١.																								
Ovary Granulosa cell tumor	+	+	+	+	+	+	+	+	+	_	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Granulosa cell carcinoma																									
NERVOUS SYSTEM	-																								
Brain Carcinoma, NOS, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	<b>+</b>
Carcinosarcoma, metastatic Granular cell tumor, NOS Glioma, NOS															•							x			*
Glioma, invasive Astrocytoma																									
Meningioma																									
Spinal cord Astrocytoma	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
SPECIAL SENSE ORGANS	-	27	27				»·	37	<b></b>	ът	B.T	B.T	NT	D.T.	2.7	h.	37	»T		37	NT.	B.7	B.7	RT.	
Eye appendages Squamous cell carcinoma, invasive	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
Hardeman gland	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
Squamous cell carcinoma Squamous cell carcinoma, metastatic																									
Zymbal gland Carcinosarcoma	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
MUSCULOSKELETAL SYSTEM																									
Bone Squamous cell carcinoma, invasive	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
ALL OTHER SYSTEMS	-	N	N	N	N	N	N	N	N	N	N	N	N	NI.	N	N	N	N	NT.	N	N	N	N	N	N
Multiple organs, NOS Adenocarcinoma, NOS, invasive	"	14	N	14	14		14	N	74	14	7.4	14	14	N X	14	7.4	1.4	14	TA	14	14	14	7.4	14	14
Alveolar/bronchiolar carcinoma, metastatic						X																			
C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive																									
Carcinosarcoma, invasive	-						v	T	₩.	*		v				v	v			v		w	<b>T</b>	•	
Monocytic leukemia Leukemia, mononuclear cell	, x	X	A				A	X	Л	А		X				X	А			X		A	X	A	
Orbital region																									
Squamous cell carcinoma, metastatic																									
				_																					

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: UNTREATED CONTROL (Continued)

								(C	on	tin	uec	l)							
ANIMAL NUMBER	6 2 0	6 6	6 5 3	5 6 6	5 7 1	5 9 1	5 9 3	6 0 0	6 1 7	6 2 1	6 2 8	6 2 9	6 3 8	6 3 9	6 4 2	6 4 4	6 4 7	6 5 0	 TOTAL:
WEEKS ON STUDY	1 4 3	1 4 3	1 4 4	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	TISSUES
ENDOCRINE SYSTEM	-															-			
Pituitary Carcinoma, NOS	+	+	X X	+	+	X	+	+	+	+	+	+	+	~	+	+	+	+	116
Adenoma, NOS	1.			X	X		X		X	X	X				X			X	42
Adrenal Cortical adenoma	+	+	+	+	+	+	*	+	+	+	+	X	X	+	+	+	+	+	118 4
Cortical carcinoma		v			v					•			~	X			X		17
Pheochromocytoma Pheochromocytoma, malignant	X	Х			Х	X				X	Х		X	А					2
Thyroid Follicular cell adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	117 8
Follicular cell carcinoma					X							Λ					_		3
C-cell adenoma C-cell carcinoma			х								X		x		X	х	X		12
Parathyroid	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	108
Adenoma, NOS Pancreatic islets	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	118
Islet cell adenoma Islet cell carcinoma		х																	2 3
REPRODUCTIVE SYSTEM Mammary gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*118
Adenoma, NOS		v	x															x	2
Adenocarcinoma, NOS Fibroadenoma	x	X		X			X	X	X			X	X	X N	X	X			16 48
Preputial/clitoral gland Squamous cell carcinoma	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	*118
Basal cell carcinoma	^					Х			А		A								i
Adenoma, NOS Uterus	+	+	+	+	+	+	+	+	+	+	_	+	+	+	+	+	+	+	116
Adenocarcinoma, NOS	'					•		,		'				•	•				1
Papillary adenoma Granulosa cell carcinoma, invasive																X			1 1
Leiomyosarcoma	1														v		v		1
Endometrial stromal polyp Endometrial stromal sarcoma				X											X		X		19 1
Ovary Granulosa cell tumor	+	+	+	+	+	+	+	+	+	+	_	+	+	+	+	+	+	+	116 1
Granulosa cell carcinoma																			î
NERVOUS SYSTEM	-										-								 
Brain Carcinoma, NOS, invasive	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	118
Carcinosarcoma, metastatic Granular cell tumor, NOS	1																		1 1
Glioma, NOS		X																	1
Glioma, invasive Astrocytoma	j	X																	1 1
Meningioma				3.7				3.7						3.7			QΧ.	**	1
Spinal cord Astrocytoma	l N	N	N	N	N	N	N	N	N	N	N	Ŋ	N	N	N	N	N	N	*118
SPECIAL SENSE ORGANS																			-
Eye appendages	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*118
Squamous cell carcinoma, invasive Harderian gland	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*118
Squamous cell carcinoma	1	•	•	-	•		•	•	•	•	•	•	-	-	-	•	-	-	1
Squamous cell carcinoma, metastatic Zymbal gland	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*118
Carcinosarcoma																			1
MUSCULOSKELETAL SYSTEM																			 
Bone Squamous cell carcinoma, invasive	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*118
ALL OTHER SYSTEMS																			 -
Multiple organs, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*118
Adenocarcinoma, NOS, invasive Alveolar/bronchiolar carcinoma, meta	1																		1 1
C-cell carcinoma, metastatic Endometrial stromal sarcoma, invasive	ĺ																		1 1
Carcinosarcoma, invasive	1														_				1
Monocytic leukemia Leukemia, mononuclear cell	1	X					X		X						X				41
Orbital region																			
Squamous cell carcinoma, metastatic																			1

<sup>\*</sup> Animals necropsied
@ Multiple occurrence of morphology

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS: 1% CROCIDOLITE ASBESTOS

SIGHT OF OR	OCID	OL.			LOL		10	υ.	1 /0	•	ivo	<b>U</b> 11	50.			710	L		U	•					
ANIMAL NUMBER	0 0 1	0 2 3	1 0 8	0 8 9	1 2 8	1 5 8	0 0 9	9 1	9 7	1 3 1	9 8 9	0 1 0	9 2	9 7 0	9 4 3	9 5 1	0 5 1	0 3 7	0 2 0	0 7 6	1 4 9	0 2 9	1 0 9	0 1 6	0 9 0
Weeks on Study	0 4 5	0 5 3	0 5 7	0 6 0	0 6 0	0 6 3	0 7 1	0 7 4	0 7 6	0 7 6	0 7 6	0 7 8	0 7 8	0 8 1	0 8 2	0 8 2	0 8 3	0 8 6	0 8 7	0 8 7	0 8 7	9 2	0 9 7	9 8	0 9 8
INTEGUMENTARY SYSTEM	-																								
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell papilloma Squamous cell carcinoma	J																								
Squamous cell carcinoma, invasive																									
Basal cell tumor	- 1																								
Keratoacanthoma Fibrosarcoma	1																								
Neurofibrosarcoma																									
Subcutaneous tissue	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell papilloma Squamous cell carcinoma, invasive	- 1																								
Folloniar call carmooma invasiva																									
Sarcoma, NOS																									
Fibroma Fibrosarcoma	1																								
Neurofibroma	l																								
RESPIRATORY SYSTEM	-																								
Lungs and bronchi	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma, metastatic Adenocarcinoma, NOS, metastatic																									
Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar adenoma																									
Alveolar/bronchiolar carcinoma	- 1																								
C-cell carcinoma, metastatic	İ																								
Pheochromocytoma, metastatic Liposarcoma, metastatic	- 1																								
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Follicular cell carcinoma, invasive	Ι.																							3.7	n.
Nasal cavity Squamous cell carcinoma	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	IA
Adenocarcinoma, NOS																									
HEMATOPOIETIC SYSTEM	_				• • • • • • • • • • • • • • • • • • • •					_															
Bone marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+
Spleen Lymph nodes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma, metastatic	"	т	Τ.		-	Τ.	7	-	т.	-	т	т.	•	7	т		-	T	•	т-	7	7	-	,	'
Thymus	+	+	+	+	+	+	+	+	+	+	+	+	-	+	-	-	+	+	_	_	+	+	+	+	+
Thymoma, benign																									
CIRCULATORY SYSTEM	_													_		_									
Heart Alveolar/bronchiolar carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	_																								
DIGESTIVE SYSTEM Oral cavity	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
Squamous cell carcinoma	1	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	11	14	14	14	14	14	14	14	11
Squamous cell carcinoma, invasive																									
Salivary gland Fibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Neoplastic nodule																									
Hepatocellular carcinoma Bile duct	1 +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pancreas	i	÷	÷	+	÷	÷	÷	÷	÷	÷	÷	+	+	+	+	+	+	+	<u> </u>	+	+	+	+	+	+
Acınar cell adenoma																									
Acınar cell carcinoma Esophagus	-	_	_	-	_	_	_	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	_	+
Stomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS Squamous cell papilloma							х																		
Squamous cell carcinoma							А											X							
Adenomatous polyp, NOS																									
Small intestine Carcinoid tumor, malignant	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Large intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM	_																								
Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Urmary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
	_ !																								

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

ANIMAL	T OI	-	<u>а</u>	OI.	<u> </u>	OI.	ΛĪ.	11	11	OI.	<u>α</u>	ΔI.	- 01	11	-11		A)	OI.	Al -	-	-11	ন	O.	o	1
NUMBER	9	4	8	6	9	3	8	1 3	1	7	4	5	6	19	2 2	0	8	5	6	8	6	7	3	5	1 2 7
WEEKS ON STUDY	9 8	9 9	9 9	1 0 0	1 0 0	1 0 0	1 0 1	1 0 1	1 0 1	1 0 1	1 0 2	1 0 2	1 0 2	1 0 3	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 6	1 0 7	1 0 7
INTEGUMENTARY SYSTEM																									
Skin Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma, invasive Basal cell tumor Keratoacanthoma Fibrosarcoma Neurofibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Subcutaneous tissue Squamous cell papilloma Squamous cell carcinoma, invasive Follicular cell carcinoma, invasive Sarcoma, NOS Fibroma Fibrosarcoma Neurofibroma	+	+	+	+	+	+	+	+	+	+	* <b>x</b>	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronch: Squamous cell carcinoma, metastatic Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma C-cell carcinoma, metastatic Pheochromocytoma, metastatic Liposarcoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Folicular cell carcinoma, invasive Nasal cavity Squamous cell carcinoma Adenocarcinoma, NOS	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
HEMATOPOIETIC SYSTEM	-																								
Bone marrow Spleen Lymph nodes Squamous cell carcinoma, metastatic Thymus	++	+++++	+++	+++++	+ + + +	++++++	+++++	+++	+++++	+++	+++-	+++++	+++++	+++	++++++	+++	+++	+ + + +	+++	+++++	++++++	++++++	+++	+++	+++-
Thymoma, benign																									
CIRCULATORY SYSTEM Heart Alveolar/bronchiolar carcinoma, melastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell carcinoma	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
Squamous cell carcinoma, invasive Salivary gland	+	+	+	+	+	+	+	+	_	+	+	+	+	±	+	+	+	+	+	+	+	+	+	+	+
Fibrosarcoma Liver Neoplastic nodule Hepatocellular carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+	+	+	+	+	+	+	+	+	+	+
Bile duct Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Acınar cell adenoma Acınar cell carcinoma																									
Esophagus Stomach Carcinoma, NOS Squamous cell papilloma Squamous cell carcinoma Adenomatous polyp, NOS	+	+	++	+	++	+	+	+	++	+	+	++	+	++	++	++	++	+	+	++	+	+	+	+	++
Small intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoid tumor, malignant Large intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THE PARTY OF THE P																				•					
URINARY SYSTEM Kidney	1 +	+	+				+	+	,	,															+

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

							` ` -																		
ANIMAL NUMBER	9 7 9	1 3 8	1 5 6	9 1 8	0 1 3	0 7 7	1 5 5	9 3 1	9 3 2	0 2 5	0 4 3	0 7 4	1 2 4	9	9 9 5	8 8	1 2 0	1 6 7	9 2 1	9 2 3	9 2 6	0 4 4	0 6 7	1 1 4	1 5 9
WEEKS ON STUDY	1 0 7	0 8	0 8	0 8	1 0 9	1 0 9	1 0 9	0 9	0 9	1 0	1 1 0	1 1 0	1 1 0	1 0	1 1 0	1 1 1	1 1 1	1 1 1	1 1	1 1 1	1 1	1 1 2	1 1 2	1 1 2	1 1 2
INTEGUMENTARY SYSTEM Skin Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma, invasive Basal cell tumor Keratoacanthoma Fibrosarcoma Neurofibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ x	+	+	+	+	+	+
Subcutaneous tissue Squamous cell carcinoma, invasive Foliecular cell carcinoma, invasive Sarcoma, NOS Fibroma Fibrosarcoma Neurofibroma	+	+	+	+	<b>x</b>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronch Squamous cell carcinoma, metastatic Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma C-cell carcinoma, metastatic Pheochromocytoma, metastatic	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liposarcoma, metastatic Trachea Folincular cell carcinoma, invasive Nasal cavity Squamous cell carcinoma Adenocarcinoma, NOS	+ N	+ N	+ <b>N</b>	h N	+ N	+ N	+ N	+	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	h N	+ N	+ N	+ N	+ N	+ N	+ N
HEMATOPOIETIC SYSTEM Bone marrow Spieen Lymph nodes Squamous cell carcinoma, metastatic Thymus Thymome, benign	+++++	+ + + +	++++++	+++ +	+++	+++-	+ + + +	+++++	+ + + +	+++++	+++	+++	+ + + -	+ + +	+ + +	+++	+++++++++++++++++++++++++++++++++++++++	+++	+++++	+++	+ + + + +	+ + +	+ + -	+ + +	+++
CIRCULATORY SYSTEM Heart Alveolar/bronchiolar carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell carcinoma Squamous cell carcinoma, invasive	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	И	N	N	N	N	N	N	N	N	N	N
Salivary gland Fibrosarcoma Liver Neoplastic nodule	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular carcinoma Bile duct Pancreas Acinar cell adenoma	+++	+	++	++	++	+++	++	++	++	++	+	+++	++	++	<b>+</b> +	++	++	++	++	++	++	++	++	++	++
Acinar cell carcinoma Esophagus Stomach Carcinoma, NOS Squamous cell papilloma Squamous cell carcinoma	++	+	+	++	+	++	+	++	++	++	+	+	+	++	++	++	+	++	++	+	+	++	++	++	+ +
Adenomatous polyp, NOS Small intestine Carcinod tumor, malignant Large intestine	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ +
URINARY SYSTEM Kidney Urinary bladder	++	++	++	++	++	++	++	++	++	++	++	++	+	<u>+</u>	+	+	++	++	++	++	++	++	++	++	+

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

ANIMAL NUMBER	9 2 0	9 2 8	9 3 0	1 4 8	0 9 2	1 0 0	1 6 0	0 3 5	0 5 4	1 5 2	9 4 9	9 6 0	0 5 3	1 3 7	1 3 9	9 9 6	0 6 4	1 6 3	0 2 7	0 3 1	1 4 7	9 3 8	9 5 8	9 8 3	0 0 7
WEEKS ON STUDY	1 1 2	1 1 2	1 1 2	1 1 3	1 4	1 4	1 4	1 5	1 5	1 1 5	1 1 5	1 5	1 6	1 6	1 6	1 6	1 1 7	1 1 7	1 8	1 8	1 8	1 8	1 8	1 8	1 1 9
INTEGUMENTARY SYSTEM Skin Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma, invasive Basal cell tumor Keratoacanthoma Fibrosarcoma Neurofibrosarcoma Subcutaneous tissue Squamous cell papilloma Squamous cell carcinoma, invasive Follicular cell carcinoma, invasive Sarcoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibroma Fibrosarcoma Neurofibroma											_														
RESPIRATORY SYSTEM  Lungs and bronch Squamous cell carcinoma, metastatic Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma C-cell carcinoma, metastatic Pheochromocytoma, metastatic Liposarcoma, metastatic	+	+	+	+	+	<b>x</b>	+	+	+	+	+	+	+	+	+	+	+	+	+	+ <b>x</b>	+	+	+	+	+
Trachea Follicular cell carcinoma, invasive Nasal cavity Squamous cell carcinoma Adenocarcinoma, NOS	+ N	+ N	+ N	+ N	+ N	h H	+ N	+ N	+ N	+ N	h N	+ N	+ N	+ N	+ N	h N	N +	h N	+ N	+ N	n +	+ N	+ N	h H	+ N
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Squamous cell carcinoma, metastatic Thymus Thymoma, benign	+++-	+ + + +	+++++	+++	+ + + +	++++++	+ + + +	+++++++++++++++++++++++++++++++++++++++	+++++++	+ + + -	+ + + + +	+ + + +	+ + + + +	+ + +	+ + + +	+ + + +	+ + +	++++++	+++	+ + +	+++	+ + + +	+++++	++++++	+ + -
CIRCULATORY SYSTEM Heart Alveolar/bronchiolar carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell carcinoma Squamous cell carcinoma, invasive	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
Salivary gland Fibrosarcoma Liver Neoplastic nodule	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ *	+	+	+	+	+	+	+	+
Hepatocellular carcinoma Bile duct Pancreas Acnar cell adenoma	+	+	+	+	++	+	++	+ +	+ +	++	++	++	++	++	++	++	+	++	++	+	+	+	+	+	+ +
Acinar cell carcinoma Esophagus Stomach Carcinoma, NOS Squamous cell papilloma Squamous cell carcinoma	++	+	+	+	++	++	++	++	++	++	++	+++	+ +	++	+	++	+	++	++	+	+	++	++	++	++
Squamous cent carcinoma Adenomatous polyp, NOS Small intestine Carcinod tumor, malignant Large intestine	+	+	+	+	+	+	+	+	++	+	++	+	+	+	++	+	+	+	+	<b>X</b> +	+	+	+	+	+
URINARY SYSTEM Kidney Urinary bladder	++	+	++	++	++	++	++	++	++	++	++	++	++	++	++	++	+	++	+	++	+	++	++	+	++

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

			Pai	3D1	4001	U	, (•	<b>J</b> Q11	um	uee	1)														
ANIMAL NUMBER	0 1 1	1 0 6	1 1 1	1 2 6	1 5 4	9 8 0	9 9 7	6 6	0 7 1	0 7 8	1 6 2	9 8 5	0 0 6	0 5 7	1 0 5	1 6 5	9 2 4	9 9 4	0 1 7	0 7 9	9 3	9 9 3	0 3 3	0 3 4	1 0 1
weeks on study	1 1 9	1 1 9	1 9	1 9	1 1 9	1 1 9	1 2 0	1 2 1	1 2 1	1 2 1	1 2 1	1 2 1	1 2 2	1 2 2	1 2 2	1 2 2	1 2 2	1 2 2	1 2 3	1 2 3	1 2 3	1 2 3	1 2 4	1 2 4	1 2 4
INTEGUMENTARY SYSTEM Skin	-   +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma, invasive Basal cell tumor Keratoacanthoma Fibrosarcoma Neurofibrosarcoma																			x						
Subcutaneous tissue Squamous cell papilloma Squamous cell carcinoma, invasive Follicular cell carcinoma, invasive Sarcoma, NOS Fibroma	+	+	+	+	+	+	+	+	+ <b>x</b>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+
Fibrosarcoma Neurofibroma																									
RESPIRATORY SYSTEM Lungs and bronch: Squamous cell carcinoma, metastatic Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma C-cell carcinoma, metastatic Pheochromocytoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liposarcoma, metastatic Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Folicular cell carcinoma, invasive Nasal cavity Squamous cell carcinoma Adenocarcinoma, NOS	+	N	N	N	N	N	N	N	N	N	N	N	N	N	+	N	N	N	*	N	N	N	N	N	N
HEMATOPOIETIC SYSTEM Bone marrow	-   -	+	+	+	+	+	+	+	+	+	+	+		+	+		+	+	+	+	+	+	+	+	+
Spleen Lymph nodes Squamous cell carcinoma, metastatic Thymus Thymoma, benign	+++++++++++++++++++++++++++++++++++++++	+++	+++	++++	+ + +	+	+++	++++	++++	+++	+++	+ + +	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+ + +	+++++	+++++	++++	+ +	++++	+++	+ + +	+++++++++++++++++++++++++++++++++++++++	+ +	+++++++++++++++++++++++++++++++++++++++
CIRCULATORY SYSTEM Heart Alveolar/bronchiolar carcinoma, metastatic	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity	N N	N	N	N	N	N	N	N	N	N	N	N	N	N	Ņ	N	N	N	N	N	N	N	N	N	N
Squamous cell carcinoma Squamous cell carcinoma, invasive Salivary gland	X	+	+	+	+	_	+	_	+	+	_	+	+	+	X	+	+	+	+	+	+	+	+	+	+
Fibrosarcoma Liver Neoplastic nodule	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular carcinoma Bile duct Pancreas	+ + X	+	++	+	+	++	++	++	++	++	++	++	++	+	++	+	++	+	+	++	+	++	++	++	++
Acınar cell adenoma Acınar cell carcınoma Esophagus	X   +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach Carcinoma, NOS Squamous cell papilloma Squamous cell carcinoma Adenomatous polyp, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Small intestine Carcinoid tumor, malignant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Large intestine	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney Urinary bladder	+ +	+	+	++	+	++	+	+ +	+	+	++	+	+ +	+	+	+	+ +	+	++	++	+	+	+ +	++	+
																					_				

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

			A	201	LS.	ľ	<b>5</b> ( <b>C</b>	on	un	ue	a)														
ANIMAL NUMBER	1 0 4	9	0 3 8	0 4 7	0 6 1	6 4	9 5 2	9 7 2	0 2 6	0 5 9	0 7 2	9 7 6	9 7 7	9 8 7	0 3 0	1 0 7	1 5 0	0 4 0	0 5 6	1 0 3	1 4 3	9 3 7	9 6 4	0 0 5	0 1 2
WEEKS ON STUDY	1 2 4	1 2 4	1 2 5	1 2 5	1 2 5	1 2 5	1 2 5	1 2 5	1 2 6	1 2 6	1 2 6	1 2 6	1 2 6	1 2 6	1 2 7	1 2 7	1 2 7	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 9	1 2 9
INTEGUMENTARY SYSTEM Skin Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma, invasive Basal cell tumor Keratoacanthoma	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibrosarcoma Neurofibrosarcoma Subcutaneous tassue Squamous cell papilloma Squamous cell carcinoma, invasive Follicular cell carcinoma, invasive Sarcoma, NOS Fibrosar Fibrosarcoma Neurofibroma	+	+	+	+	+	+	+	+	+ <b>X</b>	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronch: Squamous cell carcinoma, metastatic Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma C-cell carcinoma, metastatic Pheochromocytoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+
Liposarcoma, metastatic Trachea Follicular cell carcinoma, invasive Nasal cavity Squamous cell carcinoma Adenocarcinoma, NOS	+ N	+ N	+ N	+ N	+ N	+ N	+ N	N +	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	h N	, N	+ N						
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Squamous cell carcinoma, metastatic Thymus Thymoma, benign	++++++	+ + +	+ + + +	+ + + +	+ + + +	+ + +	++++++++	+ + + +	+ + + +	++++++	++++++	+ + + +	+ + X +	+++++	+ + + +	+++++	++++++	+ + + +	+ + + +	++++++	+++++	+ + + + +	+++++	++++-	+ + + + +
CIRCULATORY SYSTEM Heart Alveolar/bronchiolar carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell carcinoma Squamous cell carcinoma, invasive	N	N	N	N	И	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Salivary gland Fibrosarcoma Liver	+ +	+	+	+	+	+	+	+	+	+	+ +	+	+	+ *	+	+	+	+	+	+	+	+	+	+	+ +
Neoplastic nodule Hepatocellular carcinoma Bule duct Pancreas Acinar cell adenoma	++	+	++	++	<b>+</b> +	++	+ +	+ + X	++	++	++	+	+ +	+ +	X X + +	++	+	++	++	+ +	+	+ +	++	+	+ +
Acınar cell carcinoma Esophagus Stomach Carcinoma, NOS Squamous cell papilloma Squamous cell carcinoma	++	+ +	+	++	++	++	++	++	+ +	++	+ +	+ +	++	++	++	++	+	++	++	++	++	++	+	+++	+
Adenomatous polyp, NOS Small intestine Carcnoid tumor, malignant Large intestine	++	+	+	+	+	+	+	+	+	+	+	++	+	+	+	+	+	+	+	+	+	+	+	+	+ +
URINARY SYSTEM Kidney Urinary bladder	++	+	++	++	++	+	++	+	++	++	++	+	++	++	++	++	+	+	++	++	+	++	++	+	+ +
													_												

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

							• -				•														
ANIMAL NUMBER	0 2 1	0 7 5	1 2 3	1 3 4	1 3 6	1 4 2	9 4 2	9 8 6	0 1 8	0 8 6	0 7 3	9	9 5 4	9 6	0 8 2	9	1 1 7	1 5 1	1 5 7	0 4 5	0 4 9	0 6 5	9 5	1 2 1	9 6 1
WEEKS ON STUDY	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 3 0	1 3 0	1 3 1	1 3 1	1 3 1	1 3 1	1 3 2	1 3 2	1 3 2	1 3 2	1 3 2	1 3 3	1 3 4	1 3 4	1 3 4	3	1 3 4
INTEGUMENTARY SYSTEM Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma, invasive Basal cell tumor Keratoacanthoma Fibrosarcoma															x							x			
Neurofibrosarcoma Subcutaneous tissue Squamous cell papilloma Squamous cell carcinoma, invasive Follicular cell carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Sarcoma, NOS Fibrosarcoma Neurofibroma																		X X				x			
RESPIRATORY SYSTEM Lungs and bronch Squamous cell carcinoma, metastatic Adenocarcinoma, NOS, metastatic Adveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma C-cell carcinoma, metastatic Pheochromocytoma, metastatic	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liposarcoma, metastatic Trachea	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	+	+	+	+	+	+	+	+	+	+	+
Follicular cell carcinoma, invasive Nasal cavity Squamous cell carcinoma Adenocarcinoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N	N	N	N	N	N
HEMATOPOIETIC SYSTEM Bone marrow	+		_						_													_			+
Spleen Lymph nodes	‡	+	Ŧ	Ŧ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	++
Squamous cell carcinoma, metastatic Thymus Thymoma, benign	-	+	+	+	+	-	+	+	+	+	+	+	+ X	+	+	+	+	+	+	-	+	+	-	-	+
CIRCULATORY SYSTEM Heart Alveolar/bronchiolar carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell carcinoma	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
Squamous cell carcinoma, invasive Salivary gland	+	+	+	+	+	+	+	+	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+
Fibrosarcoma Liver Neoplastic nodule	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>*</b>	+	+	+	+	+
Hepatocellular carcinoma Bile duct Pancreas Acinar cell adenoma	++	++	++	+	+	++	+	+	+	+	++	+	+ +	++	++	+	+	+	++	+	+	+	+	+	++
Acinar cell carcinoma Esophagus Stomach	+	+	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	++
Carcinoma, NOS Squamous cell papilloma Squamous cell carcinoma		·	•	•	•	•	•	•	•			·	•	•	•	•	•	•	·	•	•		·		•
Adenomatous polyp, NOS Small intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoid tumor, malignant Large intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Unnary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

						-	•				•														
ANIMAL NUMBER	1 2 9	9 7 4	0 3 6	9 4	1 8	9 4 6	9 5 6	9 6 8	0 5 5	1 1 6	1 4 6	9 5 9	0 1 5	0 7 0	9	1 4 4	1 1 2	1 3 3	9 9 1	0 6 8	1 0 2	1 6 6	9 2 2	9 4 5	0 4 2
weeks on study	1 3 5	1 3 5	1 3 6	1 3 6	1 3 6	1 3 6	1 3 6	1 3 6	1 3 7	1 3 7	1 3 7	1 3 7	1 3 8	1 3 8	1 3 8	1 3 8	1 3 9	3 9	1 3 9	1 4 0	1 4 0	1 4 0	1 4 0	1 4 0	1 4 1
INTEGUMENTARY SYSTEM Skin Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma, invasive Basal cell tumor Keratoacanthoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibrosarcoma Neurofibrosarcoma Subcutaneous tissue Squamous cell papilloma Scuamous cell carcinoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b> +	+	+	+	+	+	+	+	+	+	+	+
Follicular cell carcinoma, invasive Sarcoma, NOS Fibroma Fibrosarcoma Neurofibroma	X					x																x			
RESPIRATORY SYSTEM Lungs and bronch Squamous cell carcinoma, metastatic Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma C-cell carcinoma, metastatic Pheochromocytoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liposarcoma, metastatic Trachea Folizzilar cell carcinoma, invasive Nasal cavity Squamous cell carcinoma Adenocarcinoma, NOS	+ X N	h H	+ N	+ N	+ N	<b>N</b>	+ N	+ N	+ N	+ N	+ N	+	+ N	+ N	+ N	+ N	+ N	+ N							
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Squamous cell carcinoma, metastatic Thymus Thymoma, benign	+ + + +	+ + +	+ + + +	+ + + +	++++++	+ + + +	+ + + +	+++	+++++++	++++++	+ + +	+ + + +	+ + +	+ + + +	+ + + +	+ + + -	+ + + +	+++++	+ + + +	++++++	+ + + +	+ + +	+++	++++++++	+++++
CIRCULATORY SYSTEM Heart Alveolar/bronchiolar carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell carcinoma Squamous cell carcinoma, invasive	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
Sahvary gland Fibrosarcoma Liver Neoplastic nodule	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular carcinoma Bile duct Pancreas Acuar cell adenoma Acuar cell carcinoma	++	+ + X	+	+	+	+	+	+	+	+	+	+	++	+	+	+	+ * X	+	+	++	++	++	+	+	+ +
Esophagus Stomach Carcinoma, NOS Squamous cell papilloma Squamous cell carcinoma	++	++	++	+ +	++	++	++	++	++	++	++	++	+	+ +	+ +	++	+ +	++	++	+	++	+	++	++	++
Adenomatous polyp, NOS Small intestine Carcinoid tumor, malignant Large intestine	++	+	+	+	+	+	+	+	+	+	+ +	+	+	+	+	+ +	+	+	+	+	+	+	+ +	+	+
URINARY SYSTEM Kidney Urinary bladder	++	+	+	++	++	+	+	++	+	+	++	++	+	+	++	+	+	+	++	++	+	++	+	++	++

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

							• (-													_				_	
ANIMAL NUMBER	1 3 2	0	0 8 5	9 4 1	9 5 7	9 6 5	9 6 7	0 0 2	0 5 2	0 6 2	1 1 0	1 2 5	1 4 5	9 2 7	9 4 4	9 8 1	0 4 1	0 8 1	0 8 4	9 3 4	9 9	0 0 3	0 1 4	0 1 9	0 2 2
WEEKS ON STUDY	1 4 1	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 3	1 4 3	1 4 3	1 4 3	1 4 3	1 4 3	1 4 3	1 4 3	1 4 3	4 4	1 4 4	1 4 4	1 4 4	1 4 4	1 4 5	1 4 5	1 4 5	1 4 5
INTEGUMENTARY SYSTEM	-		-														_								
Skin Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma, invasive Basal cell tumor Keratoacanthoma	+	+	+	+	+	+	+	+	+	+	+ X	+	*	+	+	+	+	+	+	+	+	+	+	+	+
Fibrosarcoma Neurofibrosarcoma Subcutaneous tissue Squamous cell papilloma Squamous cell carcinoma, invasive Follicular cell carcinoma, invasive	+	+	<b>*</b>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Sarcoma, NOS Fibroma Fibrosarcoma Neurofibroma	x							x																	
RESPIRATORY SYSTEM Lungs and bronch: Squamous cell carcinoma, metastatic Adenocarcinoma, NOS, metastatic Alveolarfbronchiolar adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Alveolar/bronchiolar carminoma C-cell carminoma, metastatic Pheochromocytoma, metastatic										X										x					
Liposarcoma, metastatic Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Follicular cell carcinoma, invasive Nasal cavity Squamous cell carcinoma Adenocarcinoma, NOS	N	N	N	N	N	N	N	N	N	N	N	+	N	N	N	N	+ X	N	N	N	N	N	N	N	N
HEMATOPOIETIC SYSTEM	_																	-							
Bone marrow Spleen Lymph nodes	+ + +	++	+	++	+	++	++	+	+	+	+	+++	++	+	++++	++++	+++	+	+	+	++	++	++++	++++	++++
Squamous cell carcinoma, metastatic Thymus Thymoma, benign	-	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	_	-	+	+
CIRCULATORY SYSTEM Heart Alveolar/bronchiolar carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell carcinoma	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
Squamous cell carcinoma, invasive Salivary gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibrosarcoma Liver Neoplastic nodule	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular carcinoma Bile duct Pancreas	++	+	++	++	++	++	+	++	++	++	++	++	+	+	+	++	++	++	+	+	++	+	++	++	++
Acınar cell adenoma Acınar cell carcinoma Esophagus			_	_	_	_	_	_	_	_	_	_	_	+	+	_	+	+	+	+	+	+	+	+	+
Stomach Carcinoma, NOS Squamous cell papilloma Squamous cell carcinoma	+	+	÷	÷	÷	÷	+	÷	÷	X	÷	÷	÷	÷	+	÷	÷	÷	+	÷	+	+	<del>,</del>	÷	÷
Adenomatous polyp, NOS Small intestine Carcinoid tumor, malignant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Large intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney Urinary bladder	++	+	+	+	+	+	+	+	++	+	++	++	++	++	+	++	++	++	++	+ +	+	++	++	++	+
	1																								

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

						11.	,,	10.		, (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		400	1,												
ANIMAL NUMBER	0 2 4	0 2 8	0 3 2	9 9	0 4 6	0 6 3	0 8 3	0 8 7	1 1 5	1 3 0	1 3 5	1 4 0	1 5 3	9 2 5	9 3 3	9 3 6	9 5 0	9 5 5	9 6 2	9 6 9	9 7 1	9 7 3	9 8 2	9 8 4	9 8 8	TOTAL
WEEKS ON STUDY	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	TISSUES
INTEGUMENTARY SYSTEM Skin Squamous cell papilloma Squamous cell carcinoma Squamous cell carcinoma, invasive Basal cell tumor	N	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*250 1 1 1
Keratoscanthoma Fibrosarcoma Neurofibrosarcoma Subcutaneous tissue Squamous cell papilloma Squamous cell carcinoma, invasive Follicular cell carcinoma, invasive Sarcoma, NOS	N	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*250 1 1 1 1
Fibroma Fibrosarcoma Neurofibroma							X																x			9 3 1
RESPIRATORY SYSTEM Lungs and bronch Squamous cell carcinoma, metastatic Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma C-cell carcinoma, metastatic Pheochromocytoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ <b>x</b>	250 1 2 1 2 1
Liposarcoma, metastatic Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	250
Follicular cell carcinoma, invasive Nasal cavity Squamous cell carcinoma Adenocarcinoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N	N	N	*250 1 1
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Squamous cell carcinoma, metastatic Thymus Thymoma, benign	+++++++	+ + + +	+ + X +	+ + + +	+ + + +	+ + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + +	+ + +	+ + +	+ + + +	+ + + +	+ + + +	+ + +	+ + + +	+++++	+ + + +	+ + + +	+ + + +	+++	+ + + +	+ + + +	249 250 250 2 187 1
CIRCULATORY SYSTEM Heart Alveolar/bronchiolar carcinoma, metast	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	250
DIGESTIVE SYSTEM Oral cavity Squamous cell carcinoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	*250
Squamous cell carcinoma, invasive Salivary gland Fibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<b>X</b>	+	+	+	+	+	+	+	+	248 1
Liver Neoplastic nodule Hepatocellular carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	250 6 1
Pancreas Acinar cell adenoma	+ + X	+	++	+ +	+	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	250 249 5
Acmar cell carcinoma Esophagus Stomach Carcinoma, NOS Squamous cell papilloma	++	++	++	X + +	++	+	+ +	++	+ +	+	+ +	+	+	+++	++	++	++	++	+ +	+	+	++	+ +	+ +	+	239 250 1
Squamous cell carcinoma Adenomatous polyp, NOS Small intestine Carcinoid tumor, malignant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1 250 1
Large intestine URINARY SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	250
Urinary Sistem Kidney Urinary bladder	++	+	++	++	++	++	+	++	+	+	++	+	+	++	+	++	++	+	+	+	+	++	+	+	++	250 248
							-																			

<sup>\*</sup> Animals necropsied

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

			A	SBI	EST	OS	3 ((	Con	tin	ue	1)														
ANIMAL NUMBER	0 0 1	0 2 3	1 0 8	0 8 9	1 2 8	1 5 8	0 9	0 9 1	0 9 7	1 3 1	9 8 9	0 1 0	9 9 2	9 7 0	9 4 3	9 5 1	0 5 1	0 3 7	0 2 0	0 7 6	1 4 9	0 2 9	1 0 9	0 1 6	0 9 0
weeks on study	0 4 5	0 5 3	0 5 7	0 6 0	0 6 0	0 6 3	0 7 1	0 7 4	0 7 6	0 7 6	0 7 6	0 7 8	0 7 8	0 8 1	0 8 2	0 8 2	0 8 3	0 8 6	0 8 7	0 8 7	0 8 7	9 2	9 7	9 8	9 8
ENDOCRINE SYSTEM									_																
Pituitary Carcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	_	+	-	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS	1.					X		X						X					X				X		
Adrenal Cortical adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Cortical carcinoma																						~			
Pheochromocytoma Pheochromocytoma, malignant				X																		X			
Ganglioneuroma Thyroid	X	_	_	X	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	+
Folicular cell adenoma Folicular cell carcinoma C cell adenoma		Т.	т	Т.	т	7	т	т	т	Т.	т	•	т	т	_	•	Τ.	т	т	т	T	т	Т	т	т
C cell carcinoma																									
Parathyroid Adenoma, NOS	+	+	+	+	_	+	+	_	+	+	+	+	+	+	+	+	-	+	_	+	+	+	+	_	+
Pancreatic islets	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+
Islet cell adenoma Islet cell carcinoma																									
REPRODUCTIVE SYSTEM																									
Mammary gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Adenocarcinoma, NOS	1																				x				
Fibroadenoma									X N				X N					X N				X		X	
Preputial/clitoral gland Carcinoma, NOS	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
Squamous cell carcinoma																									
Adenoma, NOS Keratoacanthoma																									
Uterus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma Adenocarcinoma, NOS Papillary adenoma																									
Sarcoma, NOS Leiomyoma Endometrial stromal polyp					x																		x		
Endometrial stromal sarcoma Endometrial stromal sarcoma, invasive							X																		
Ovary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Granulosa cell tumor Granulosa cell carcinoma																									
NERVOUS SYSTEM																									
Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS, invasive Astrocytoma	-																								
Astrocytoma, invasive																									
SPECIAL SENSE ORGANS	—  —																								
Eye appendages	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
Squamous cell carcinoma Zymbal gland	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
Carcinoma in situ, NOS	1	•	٠,	-11	•	•	1,	21	-1	•	.,	•	-11		.,	11	.,		••	••			-11	•	•
Squamous cell papilloma Squamous cell carcinoma															X										
MUSCULOSKELETAL SYSTEM Bone	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
Squamous cell carcinoma, invasive	-																								
BODY CAVITIES					_																				
Mediastinum Mesothelioma, malignant	N	N	N	N	N	N	N	N	N	N	N	И	N	N	И	N	N	N	N	N	N	N	N	N	N
																							<u>.</u>		
ALL OTHER SYSTEMS Multiple organs NOS	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
Squamous cell carcinoma, invasive	"	• '	•	•	•	•	•,	• •	•	•	•	•	•	•	•	•	•	•	•	•	• •	•	•	•	•
Squamous cell carcinoma, metastatic C cell carcinoma, metastatic																									
Endometrial stromal sarcoma, invasive							X																		
Mesothelioma, invasive Malignant lymphoma, lymphocytic type																									
Myelomonocytic leukemia	J									₩.	**	**		**		**	₹2			₩			*		*
Monocytic leukemia Adipose tissue										X	X	х		X		Х	X			X			X		X
Cortical carcinoma, invasive	-																								
	1																								

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

										uec															
ANIMAL NUMBER	9 9 8	9 4 0	9 4 8	0 6 0	9 2 9	9 3 5	0 0 8	1 1 3	1 4 1	9 7 8	9 4 7	9 5 3	9 6 3	1 1 9	1 2 2	0	0 4 8	0 5 0	0 6 9	0 8 0	1 6 1	9 7 5	9 9	0 5 8	1 2 7
WEEKS ON STUDY	9 8	9 9	9	1 0 0	1 0 0	1 0 0	1 0 1	1 0 1	1 0 1	1 0 1	1 0 2	1 0 2	1 0 2	1 0 3	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	0 4	1 0 4	0 6	1 0 7	1 0 7
ENDOCRINE SYSTEM													_					-						-	
Pituitary	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS Adenoma, NOS						Λ											X							X	X
Adrenal	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+
Cortical adenoma Cortical carcinoma																Λ									
Pheochromocytoma																									
Pheochromocytoma, malignant Ganglioneuroma																									
Thyroid	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Follicular cell adenoma Follicular cell carcinoma	1																								
C cell adenoma C cell carcinoma	i	v																							X
Parathyroid	+	X +	+	+	+	+	+	+	+	+	+	+	+	X	+	+	_	+	+	-	_	+	_	_	_
Adenoma, NOS																									
Pancreatic islets Islet cell adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islet cell carcinoma																									
REPRODUCTIVE SYSTEM																							_		
Mammary gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Adenocarcinoma, NOS	1																								
Fibroadenoma	NT.	B.T	N.T	X	NT.	X N	NT.	).T	3.7	N.T	X N	).T	N	X N	N	N	X	X N	N	N.T	NT.	NT.	B.T	X	B.T
Preputial/clitoral gland Carcinoma, NOS	l 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
Squamous cell carcinoma																									
Adenoma, NOS Keratoacanthoma																									
Uterus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma Adenocarcinoma, NOS																									
Papillary adenoma	ļ																								
Sarcoma, NOS Leiomyoma																									
Endometrial stromal polyp Endometrial stromal sarroma	ı				X			X		X										X			X		
Endometrial stromal sarcoma, invas ve																									
Ovary Granulosa cell tumor	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Granulosa cell carcinoma	1																								
NERVOUS SYSTEM																									
Brain	+	+	+	+	+	*	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS, invasive Astrocytoma	}					Х																			
Astrocytoma, invasive																									
755771 V 455775 45571577	1																								
SPECIAL SENSE ORGANS																									
SPECIAL SENSE ORGANS Eye appendages Squareness cell carmona	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
Eye appendages Squamous cell carcinoma Zymbal gland	N N	N N			N N		_		-		N N		N N	N N			N N	N N	N N		N N	N N	N N		
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ. NOS	[ ]	_					_		-																
Eye appendages Squamous cell carcinoma Zymbal gland	[ ]	_					_		-																
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma	N	_					_		-											N					
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma MUSCULOSKELETAL SYSTEM Bone	N X	_	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N		N	N
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma MUSCULOSKELETAL SYSTEM	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive BODY CAVITIES	N X N	N N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X N	N N	N	N N	N N	N
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive BODY CAVITIES Mediastinum	N X N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X N	N N	N	N	N	N
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma  MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive  BODY CAVITIES Mediastinum Mesothelioma, malignant	N X N	N N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X N	N N	N	N N	N N	N
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma  MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive  BODY CAVITIES Mediastinum Mesothelioma, malignant  ALL OTHER SYSTEMS	N X N	N	N	N N	N	N	N	N	N	N	N	N	N	N	N	И	N	N	N	N X N	N	N	N	N	N
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma  MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive BODY CAVITIES Mediastinum Mesothelioma, malignant  ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive	N X N	N	N	N N	N	N	N	N	N	N	N	N	N	N	N	И	N	N	N	N X N	N	N	N	N	N
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma  MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive BODY CAVITIES Mediastinum Mesothelioma, malignant  ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive Squamous cell carcinoma, invasive Squamous cell carcinoma, invasive Squamous cell carcinoma, metastatic C cell carcinoma, metastatic	N X N N	N	N	N N	N	N	N	N	N	N	N	N	N	N	N	И	N	N	N	N X N	N	N	N	N	N
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive BODY CAVITIES Mediastinum Mesothelioma, malignant ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive Squamous cell carcinoma, invasive Squamous cell carcinoma, cell carcinoma, cell carcinoma, metastatic C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive	N X N N	N	N	N N	N	N	N	N	N	N	N	N	N	N	N	И	N	N	N	N X N	N	N	N	N	N
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma  MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive BODY CAVITIES Mediastinum Mesothelioma, malignant  ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive Squamous cell carcinoma, invasive Squamous cell carcinoma, metastatic C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive Mesothelioma, invasive Mesothelioma, invasive Malignant lymphoma, lymphocytic type	N X N N	N	N	N N	N	N	N	N	N	N	N	N	N	N	N	И	N	N	N	N X N	N	N	N	N	N
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive BODY CAVITIES Mediastinum Mesothelioma, malignant ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive Squamous cell carcinoma, invasive Squamous cell carcinoma, metastatic C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive Mesothelioma, invasive Mesothelioma, invasive Mesothelioma, invasive Mesothelioma, invasive	N X N N	N N N	N N N	N N	N	N	N N	N	N	и	N	и	N	N	N N	N	N	N	N	N X N	N N	N N N	N N N	N	N
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive BODY CAVITIES Mediastinum Mesothelioma, malignant ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive Squamous cell carcinoma, metastatic C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive Mesothelioma, invasive Malignant lymphoma, lymphocytic type Myelomonocytic leukemia Monocytic leukemia Monocytic leukemia	N X N N	N N N	N	N N	N	N	N N	N	N	N	N	и	N	N	N N	И	N	N	N	N X N	N N	N	N N N	N	N
Eye appendages Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma  MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive BODY CAVITIES Mediastinum Mesothelioma, malignant  ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive Squamous cell carcinoma, invasive Squamous cell carcinoma, invasive Squamous cell carcinoma, invasive Squamous cell carcinoma, invasive Mesothelioma, invasive Mesothelioma, invasive Malignant lymphoma, lymphocytic type Myelomonocytic leukemia Monocytic leukemia	N X N N	N N N	N N N	N N	N	N	N N	N	N	и	N	и	N	N	N N	N	N	N	N	N X N	N N	N N N	N N N	N	N

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

			A	SBI	EST	ros	3 ((	Con	tin	ue	d)														
ANIMAL NUMBER	9 7 9	1 3 8	1 5 6	9 1 8	0 1 3	0 7 7	1 5 5	9 3 1	9 3 2	0 2 5	0 4 3	0 7 4	1 2 4	9	9 9 5	0 8 8	1 2 0	1 6 7	9 2 1	9 2 3	9 2 6	0 4 4	0 6 7	1 1 4	1 5 9
WEEKS ON STUDY	1 0 7	1 0 8	1 0 8	1 0 8	1 0 9	1 0 9	1 0 9	1 0 9	1 0 9	1 1 0	1 1 0	1 1 0	1 1 0	1 1 0	1 1 0	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 2	1 1 2	1 1 2	1 1 2
ENDOCRINE SYSTEM																									
Pituitary Carcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Adrenal	1	X	_	_	_	X	X	_	_	+	+	X +	+	<b>X</b> +	<b>X</b> +	+	<b>X</b> +	+	4	_	_	X +	+	+	X +
Cortical adenoma		т	Ψ.	т	т		τ.	т	_	X		Τ.	Τ.	т		т	т			-	т.	т.	X	т	т
Cortical carcinoma Pheochromocytoma Pheochromocytoma, malignant Ganglioneuroma																									
Thyroid Follicular cell adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Follicular cell carcinoma C-cell adenoma						X									x								x		
C-cell carcinoma						Λ									Λ	X	X						Λ.		
Parathyroid Adenoma, NOS	( +	-	-	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	-	+	+	+	_	+
Pancreatic islets	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islet cell adenoma Islet cell carcinoma						x																			
REPRODUCTIVE SYSTEM																									
Mammary gland Adenoma, NOS	( +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma, NOS		v		v			v		10					v		v	v	v							
Fibroadenoma Preputial/clitoral gland	N	N	N	X N	N	N	X N	N	X N	Ň	N	N	N	X N	N	X N	X N	N	N	N	N	N	N	N	N
Carcinoma, NOS Squamous cell carcinoma					х																x		х		
Adenoma, NOS	1				46																		••		
Keratoacanthoma Uterus	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma Adenocarcinoma, NOS Papillary adenoma Sarcoma, NOS																									
Leiomyoma Endometrial stromal polyp Endometrial stromal sarcoma											x	x				x									
Endometrial stromal sarcoma, invasive Ovary Granulosa cell tumor Granulosa cell carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM	_  _																								
Brain Carcinoma, NOS, invasive Astrocytoma Astrocytoma, invasive	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS																									
Eye appendages Squamous cell carcinoma	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
Zymbal gland	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
Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma		x																							
MUSCULOSKELETAL SYSTEM																									
Bone Squamous cell carcinoma, invasive	N	N	N	N	N	N		N @X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
BODY CAVITIES Mediastinum Mesothelioma, malignant	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	И	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive Squamous cell carcinoma, metastatic C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive Mesothelioma, invasive Maignant lymphoma, lymphocytic type Myelomonocytic 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
Monocytic leukemia Adipose tissue Cortical carcinoma, invasive	Х		X		-		X		X	X	X	X	X	X		X						X		X	X

<sup>@</sup> Multiple occurrence of morphology

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

			A	)DI	וכיי	U	, ((	on	un	uec	1)														
ANIMAL NUMBER	9 2 0	9 2 8	9 3 0	1 4 8	9 2	1 0 0	1 6 0	0 3 5	0 5 4	1 5 2	9 4 9	9 6 0	0 5 3	1 3 7	1 3 9	9 9 6	0 6 4	1 6 3	0 2 7	0 3 1	1 4 7	9 3 8	9 5 8	9 8 3	0 0 7
<b>W</b> EEKS ON STUDY	1 1 2	1 1 2	1 1 2	1 1 3	1 4	1 1 4	1 4	1 1 5	1 5	1 5	1 5	1 1 5	1 1 6	1 1 6	1 6	1 6	1 1 7	1 1 7	1 1 8	1 8	1 8	1 1 8	1 1 8	1 1 8	1 1 9
ENDOCRINE SYSTEM	-																								
Pituitary Carcinoma, NOS	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*X	+	+
Adenoma, NOS	X		X							X	X	X									X			X	
Adrenal Cortical adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+
Cortical carcinoma Pheochromocytoma Pheochromocytoma, malignant														x						x	x	x	x	x	
Ganglioneuroma Thyroid	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Follicular cell adenoma Follicular cell carcinoma C-cell adenoma	'	,	'		Ċ	•	x	,	•			,	,		•	'		,	x	•	x	•	·	•	Ċ
C-cell carcinoma	1.	X								X					X					X				X	.
Parathyroid Adenoma, NOS	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+
Pancreatic islets Islet cell adenoma Islet cell carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma, NOS						X						-			**						v		v	v	
Fibroadenoma Preputial/clitoral gland	N	N	N	X N	N	X N	X N	N	N	N	X N	X N	N	N	X N	N	N	N	N	N	X N	N	X N	N	N
Carcinoma, NOS Squamous cell carcinoma Adenoma, NOS				x					x															X	
Keratoacanthoma Uterus	1	_	_	_	_	_	_		_		_	_	_	_	_	_	_	_	4	_	+	+	+	+	_
Squamous cell carcinoma Adenocarcinoma, NOS Papillary adenoma					,	_	x		т	т	•		,	Т.		•		•					•		·
Sarcoma, NOS Leiomyoma Endometrial stromal polyp	x							x			x						x				x				
Endometrial stromal sarcoma Endometrial stromal sarcoma, invasive																									
Ovary Granulosa cell tumor Granulosa cell carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM	-																								
Brain Carcinoma, NOS, invasive Astrocytoma Astrocytoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X X	@X	+	+
SPECIAL SENSE ORGANS																									
Eye appendages Squamous cell carcinoma	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
Zymbal gland	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
Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma																				X					
MUSCULOSKELETAL SYSTEM																									
Bone Squamous cell carcinoma, invasive	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
BODY CAVITIES Mediastinum Mesothelioma, malignant	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive Squamous cell carcinoma, metastatic C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive Mesothelioma, invasive Malignant lymphoma, lymphocytic type Myelomonocytic leukemia	N	N	N	N	N	N	N	N	N	N	N	N						N	N	N			N X	N	
Monocytic leukemia	1	X	X	X	X		X	X	Х		X		X	X	Х	X	X				X	X			X

<sup>@</sup> Multiple occurrence of morphology

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

			A	SBI	S	OS	s ( <b>(</b>	Con	tin	uec	1)														
ANIMAL NUMBER	0 1 1	1 0 6	1 1 1	1 2 6	1 5 4	9 8 0	9 9 7	0 6	0 7 1	0 7 8	1 6 2	9 8 5	0	0 5 7	1 0 5	1 6 5	9 2 4	9 9 4	0 1 7	0 7 9	9	9	0 3 3	0 3 4	1 0 1
WEEKS ON STUDY	1 1 9	1 1 9	1 1 9	1 1 9	1 1 9	1 1 9	1 2 0	1 2 1	1 2 1	1 2 1	1 2 1	1 2 1	1 2 2	1 2 2	1 2 2	1 2 2	1 2 2	1 2 2	1 2 3	1 2 3	1 2 3	1 2 3	1 2 4	1 2 4	1 2 4
ENDOCRINE SYSTEM Pituitary Caronoma, NOS Adenoma, NOS	+	+ X	+ X	+	+	+	*	+	+ X	+ X	+ X	+ X	+ X	+	+	+ X	+ X	* X	+	+ X +	+	+ X	+ X	+	+
Adrenal Cortical adenoma Cortical carcinoma Pheochromocytoma Pheochromocytoma Pheochromocytoma		+	+	+	x	+	+	+	+	+	+	+	+	*	+	+	+	Т	*	X	<b>T</b>	Т	<b>T</b>	T	*
Ganghoneuroma Thyroid Follicular cell adenoma Follicular cell carcinoma C cell adenoma	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+ x	+	+	+	+	+
C cell carcinoma Parathyroid Adenoma, NOS Pancreatic işlets	++	X +	+	+	* +	+	+	+	+	+	+	+	+	+ + X	+	+	+	+	+	+	+	<b>X</b> +	+	+	- +
Islet cell adenoma Islet cell carcinoma REPRODUCTIVE SYSTEM					x									х											
Mammary gland Adenoma, NOS Adenocarcinoma, NOS Fibroadenoma	+ x	+ x	+ x	+ x	+ x	+	+ x	+	+	+	+ x	+	+	+	*	+	+	+	+ x	+ x	+ x	+	+ X X	+ X	+ X
Preputial/clitoral gland Carcinoma, NOS Squamous cell carcinoma Adenoma, NOS Keratoacanthoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N X	N X
Uterus Squamous cell carcinoma Adenocarcinoma, NOS Papillary adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Sarcoma, NOS Leiomyoma Endometrial stromal polyp Endometrial stromal sarcoma Endometrial stromal sarcoma, invasive Ovary Granulosa cell tumor	+	+	+	+	+	+	+	+	+	+	+	<b>x</b> +	+	X X +	+	+	+	<b>x</b> +	+	+	+	+	+	+	+
Granulosa cell carcinoma NERVOUS SYSTEM																					_				
Brain Carcinoma, NOS, invasive Astrocytoma Astrocytoma, invasive	+	+	+	+	+	+	*X	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Eye appendages Squamous cell carcinoma	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
Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N
MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive	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
BODY CAVITIES Mediastinum Mesothelioma, malignant	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
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive Squamous cell carcinoma, metastatic C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive Mesothelioma, invasive	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N X	N	N	N	N	N	N
Malignant lymphoma, lymphocytic type Myelomoncytic leukemia Monocytic leukemia Adipose tissue Cortical carcinoma, invasive	x	x		x	x	x	x		x		x		x	x							x	x			x

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

			A	2B1	E 2.1	ros	) (	Jon	tın	uec	1)														
ANIMAL NUMBER	1 0 4	9 1 9	0 3 8	0 4 7	0 6 1	1 6 4	9 5 2	9 7 2	0 2 6	0 5 9	0 7 2	9 7 6	9 7 7	9 8 7	0 3 0	1 0 7	1 5 0	0 4 0	0 5 6	1 0 3	1 4 3	9 3 7	9 6 4	0 0 5	0 1 2
WEEKS ON STUDY	1 2 4	1 2 4	1 2 5	1 2 5	1 2 5	1 2 5	1 2 5	1 2 5	1 2 6	1 2 6	1 2 6	1 2 6	1 2 6	1 2 6	1 2 7	1 2 7	1 2 7	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 8	1 2 9	1 2 9
ENDOCRINE SYSTEM				_													-								
Pituitary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS			v		v	v		Х		•		•	Х	•				v				~	v		
Adenoma, NOS Adrenal	+	X	A	+	X +	X	+	+	+	X	X +	X	+	X	+	+	+	X +	+	+	+	+	X.	+	+
Cortical adenoma	'	•			X	•	•	•			•	•	•	•		•	•								
Cortical carcinoma																								v	
Pheochromocytoma Pheochromocytoma, malignant	i				X																			Х	
Ganglioneuroma																									
Thyroid	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Follicular cell adenoma Follicular cell carcinoma																									
C cell adenoma																							X		
C-cell carcinoma		X							X			X									X	X	X		
Parathyroid Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_	+	+	+	+	_	+	+	+	+
Pancreatic islets	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islet cell adenoma	1																							Х	
Islet cell carcinoma																									
REPRODUCTIVE SYSTEM																			-						
Mammary gland	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Adenocarcinoma, NOS											Х							x				X			
Fibroadenoma		x	x		x	x		x		x	X		x	x		X	X	А		X		Λ.	x		
Preputial/clitoral gland	N	N	Ñ	N	Ñ	Ñ	N	N	N	N	Ñ	N	X N	X N	N	Ñ	N	N	N	N	N	N	N	N	N
Carcinoma, NOS	+												v												
Squamous cell carcinoma Adenoma, NOS		X											X					X			X				
Keratoacanthoma		•••																				X			
Uterus Sanamana all accessor	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma Adenocarcinoma, NOS																			Λ.						
Papillary adenoma	İ																				X				
Sarcoma, NOS														x											
Leiomyoma Endometrial stromal polyp								x	X	x				Λ				X							
Endometrial stromal sarcoma																									
Endometrial stromal sarcoma, invasive Ovary																									
Granulosa cell tumor	†	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	-	+	+		_	т
Granulosa cell carcinoma																									
STEDITOTIC ANAMEST																									
NERVOUS SYSTEM Brain	+	+	_	_	+	4	+	+	4	+	4	+	+	+	_	4	+	+	+	+	+	+	+	+	+
Carcinoma, NOS, invasive	'	•			•		•		•	•	•		+ X		•	•		•	•	•					•
Astrocytoma	Ì																								
Astrocytoma, invasive																									
SPECIAL SENSE ORGANS		_															-								
Eye appendages	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
Squamous cell carcinoma Zymbal gland	l N	N	N	N	N	N	N	N	N	N	N	N	X N	N	N	N	N	N	N	N	N	N	N	N	N
Carcinoma in situ. NOS	•	•			• •	•	•	-	•	•	••	•	• •	• •	••	•	•		•	•	•	•	•		-
Squamous cell papilloma																									
Squamous cell carcinoma																									
MUSCULOSKELETAL SYSTEM																									
Sone Sone and and a sone and a sone and a sone and a sone	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N	+	Ν	N	N	N	N	N	N	N	N
Squamous cell carcinoma, invasive																									
BODY CAVITIES																									
Mediastinum Mesothelioma, malignant	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
Mesothenoma, manghant																									
ALL OTHER SYSTEMS																									
Multiple organs, NOS Squamous cell carcinoma, invasive	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
Squamous cell carcinoma, invasive Squamous cell carcinoma, metastatic	[																								
C cell carcinoma, metastatic																									
Endometrial stromal sarcoma, invasive																									
Mesothelioma, invasive Malignant lymphoma, lymphocytic type																									
Myelomonocytic leukemia																									
Monocytic leukemia	х			X		X		X		X				X	X	X	X		X	X		X	X	X	X
Adipose tissue Cortical carcinoma, invasive																									
Coreteal caremonia, invasive																									

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

			A	3D.	LO.	U	<b>)</b> (	JOH	шп	ue	1)														
ANIMAL NUMBER	0 2 1	0 7 5	1 2 3	1 3 4	1 3 6	1 4 2	9 4 2	9 8 6	0 1 8	0 8 6	0 7 3	0 9 6	9 5 4	9 6 6	0 8 2	9 9	1 1 7	1 5 1	1 5 7	0 4 5	0 4 9	0 6 5	0 9 5	1 2 1	9 6 1
Weeks on Study	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9	1 3 0	1 3 0	1 3 1	1 3 1	1 3 1	1 3 1	1 3 2	1 3 2	1 3 2	1 3 2	1 3 2	1 3 3	1 3 4	1 3 4	1 3 4	1 3 4	1 3 4
ENDOCRINE SYSTEM																									
Pituitary Carcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Adrenal	X	+	X	+	X	+	+	X	X	X	+	+	+	X	+	+	X +	X +	+	+	X	+	<b>X</b>	X	X
Cortical adenoma Cortical carcinoma																		X							
Pheochromocytoma Pheochromocytoma, malignant Ganglioneuroma	x												X	X		X	X	X							X
Thyroid Follicular cell adenoma	+	+	+	+	+	+	+	+	+	+	+	+	* X	+	+	+	+	+	+	+ X	+	*X	+	+	+
Follicular cell carcinoma	ļ			_				_				_	Λ							Λ		Λ			
C cell adenoma C-cell carcinoma	x		X	X	x			X		X		X					x	x	x				x		
Parathyroid Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pancreatic islets	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islet cell adenoma Islet cell carcinoma	X				x																		X		
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma, NOS		v	v			v	X	v	•		X			v		v		v			v	v			v
Fibroadenoma Preputial/clitoral gland	N	X N	X N	N	N	X N	N	X N	X N	N	X X N	N	N	X N	N	X N	N	X N	N	N	X N	X N	N	N	N
Carcinoma, NOS Squamous cell carcinoma Adenoma, NOS			X																						
Keratoacanthoma Uterus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_
Squamous cell carcinoma Adenocarcinoma, NOS Papillary adenoma Sarcoma, NOS																									
Leiomyoma Endometrial stromal polyp Endometrial stromal sarcoma		x		x										x		X				x					
Endometrial stromal sarcoma, invasive Ovary	١.	_	_	_	_	_				_	_	_	_	_	4		_	_	_	_	_	_	_	_	_
Granulosa cell tumor Granulosa cell carcinoma			•	x	,	,	7		_	7	_	,		ī	•	_	,	•		,	ľ	,		•	
NERVOUS SYSTEM																									
Brain Carcinoma, NOS, invasive Astrocytoma Astrocytoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS																									
Eye appendages	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
Squamous cell carcinoma Zymbal gland	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
Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma																									
MUSCULOSKELETAL SYSTEM			_											_											
Bone Squamous cell carcinoma, invasive	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
BODY CAVITIES Mediastinum Mesothehoma, malignant	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
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive	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
Squamous cell carcinoma, metastatic C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive Mesothelioma, invasive																x			x						
	1																								
Malignant lymphoma, lymphocytic type Myelomonocytic leukemia Manocytic leukemia	· ·		v	¥	v		¥	¥	¥	¥	y	¥						v	¥	v					Y
	x		x	x	x		X	x	X	x	x	x						x	X	X					X

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

			A	2B1	12.1	O	) (	Jon	itin	ue	<b>d</b> )														
ANIMAL NUMBER	1 2 9	9 7 4	0 3 6	9 4	1 1 8	9 4 6	9 5 6	9 6 8	0 5 5	1 1 6	1 4 6	9 5 9	0 1 5	0 7 0	0 9 8	1 4 4	1 2	1 3 3	9 9 1	0 6 8	1 0 2	1 6 6	9 2 2	9 4 5	0 4 2
WEEKS ON STUDY	1 3 5	1 3 5	1 3 6	1 3 6	1 3 6	1 3 6	1 3 6	1 3 6	1 3 7	1 3 7	1 3 7	1 3 7	1 3 8	1 3 8	1 3 8	1 3 8	1 3 9	1 3 9	1 3 9	1 4 0	1 4 0	1 4 0	1 4 0	1 4 0	1 4 1
ENDOCRINE SYSTEM			-										_						-						
Pituitary Carcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS	X	X		X			X				X		X	X	X		X	X		X	X				
Adrenal Cortical adenoma	+	+	+	+	+	+	+	+	+ X	+	+	X	*	+	X X	*	+	+	+	+	+	+	+	+	+
Cortical carcinoma	[			v					•									v							
Pheochromocytoma Pheochromocytoma, malignant				Х		X	X		X	X		X						X							
Ganglioneuroma Thyroid	_	_	4		_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	4	_
Follicular cell adenoma		т	т	т	Τ.	т.		Ŧ	т			_	_	т	т	_	_	т	Ŧ	_	т	7	7	-	-
Follicular cell carcinoma C-cell adenoma	X												x		x										
C-cell carcinoma						X	X	X					Λ		Λ	X		X							
Parathyroid Adenoma, NOS	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pancreatic islets	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islet cell adenoma Islet cell carcinoma						x																			
REPRODUCTIVE SYSTEM Mammary gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS	'														17										
Adenocarcinoma, NOS Fibroadenoma	x	x		X			X	X	X	X		X	X		X	х		X			X				X
Preputial/clitoral gland	N	N	Ν	Ŋ	N	N	N	N	N	X N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Carcinoma, NOS Squamous cell carcinoma								X	X			X	X												
Adenoma, NOS Keratoacanthoma																									
Uterus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell carcinoma Adenocarcinoma, NOS																									
Papillary adenoma																									
Sarcoma, NOS Leiomyoma																									
Endometrial stromal polyp	х	X				X									X	X									
Endometrial stromal sarcoma Endometrial stromal sarcoma, invasive																									
Ovary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Granulosa cell tumor Granulosa cell carcinoma											X														
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS, invasive																									
Astrocytoma Astrocytoma, invasive																									
SPECIAL SENSE ORGANS																									
Eye appendages	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
Squamous cell carcinoma Zymbal gland	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
Carcinoma in situ, NOS	1	-	•	•	•	•	- '	•	•	•	•	•	•	•	•	-		-	-	•					
Squamous cell papilloma Squamous cell carcinoma																									
MUSCULOSKELETAL SYSTEM																									
Bone Bone	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N
Squamous cell carcinoma, invasive																									
BODY CAVITIES													_					_							
Mediastinum Mesothelioma, malignant	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
· · · · · · · · · · · · · · · · · · ·																									
ALL OTHER SYSTEMS Multiple organs, NOS	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
Squamous cell carcinoma, invasive Squamous cell carcinoma, metastatic																									
C-cell carcinoma, metastatic																									
Endometrial stromal sarcoma, invasive Mesothelioma, invasive																									
Malignant lymphoma, lymphocytic type																									
Myelomonocytic leukemia Monocytic leukemia	x				x							х			x	X		х					x	x	
Adipose tissue	"																							-	
Cortical carcinoma, invasive																									

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

			Δ.	3D1	201	UZ	, (•	<b>,</b> 011	CIII	uec	1,														
ANIMAL NUMBER	1 3 2	0	0 8 5	9 4 1	9 5 7	9 6 5	9 6 7	0 0 2	0 5 2	0 6 2	1 1 0	1 2 5	1 4 5	9 2 7	9 4 4	9 8 1	0 4 1	0 8 1	0 8 4	9 3 4	9 9	0 3	0 1 4	0 1 9	0 2 2
WEEKS ON STUDY	1 4 1	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 2	1 4 3	1 4 3	1 4 3	1 4 3	1 4 3	1 4 3	1 4 3	1 4 3	1 4 3	1 4 4	1 4 4	1 4 4	1 4 4	1 4 4	1 4 5	1 4 5	1 4 5	1 4 5
ENDOCRINE SYSTEM	-																								
Pituitary NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS Adenoma, NOS	x	X	X	X	X			X		X		X	X		А	X	X	X	X				X		X
Adrenal Cortical adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Cortical carcinoma		_			_				_			_				_		X							_
Pheochromocytoma Pheochromocytoma, malignant		X			X				X	X		X				X				X				X	X
Ganglioneuroma	1.																								
Thyroid Follicular cell adenoma Follicular cell carcinoma	†	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+
C cell adenoma C cell carcinoma	1		X			X		X		x	X	X	X	X	x	X	X	X	X		X				X
Parathyroid Adenoma, NOS	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+
Pancreatic islets	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islet cell adenoma Islet cell carcinoma	j				X																				
REPRODUCTIVE SYSTEM Mammary gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Adenocarcinoma, NOS	1							X	X			X							X						
Fibroadenoma Preputial/clitoral gland	X	X	X	N	X N	X N	X N	N	N	N	N	X N	N	X N	N	X N	X N	X							
Carcinoma, NOS	"	14	14	41		11	14	11	14	11	14	1.	1,	14	1,	11	14	11	1,	•		41			-11
Squamous cell carcinoma Adenoma, NOS					X																X		X		
Keratoacanthoma	- I .																								
Uterus Squamous cell carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma, NOS Papillary adenoma Sarcoma, NOS																X	X								
Leiomyoma Endometrial stromal polyp								х		х			x									x			x
Endometrial stromal sarcoma								Λ		Λ			Λ	X								А			Λ
Endometrial stromal sarcoma, invasive Ovary		_	_	4	_	_	_	_	_	_	4	4	_	_	4	_	_	_	4	_	_	+	_	+	+
Granulosa cell tumor Granulosa cell carcinoma				•	x		,	•	X	•		•	•	,	•	,	•	•				·		•	•
NERVOUS SYSTEM	-																								
Brain Carcinoma, NOS, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+
Astrocytoma Astrocytoma, invasive	-														4.										
SPECIAL SENSE ORGANS	-																								
Eye appendages Squamous cell carcinoma	N	N	Ν	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Zymbal gland	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
Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma																									
MUSCULOSKELETAL SYSTEM	-																								
Bone Squamous cell carcinoma, invasive	+	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	И
BODY CAVITIES	-							•			•••														
Mediastinum Mesothelioma, malignant	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	И
ALL OTHER SYSTEMS	-						<b>~</b>															-,-		27	
Multiple organs, NOS Squamous cell carcinoma, invasive	l N	N	N	W	IN	ĬΑ	IN	N	IA	IA	IA	IA	IA	N	IA	IA.	14	N	N	Ŋ	N	IA	IA	N	N
	1																								
Squamous cell carcinoma, metastatic																									
Squamous cell carcinoma, metastatic C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive																									
Squamous cell carcinoma, metastatic C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive Mesothelioma, invasive																									
Squamous cell carcinoma, metastatic C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive Mesothelioma, invasive Malignant lymphoma, lymphocytic type Myelomonocytic leukemia		<del>.</del>	v		T			w			₩.				¥		₩		•						•
Squamous cell carcinoma, metastatic C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive Mesothelioma, invasive Malignant lymphoma, lymphocytic type		x	x		x			x	x	x	x			x	x		x	x	x		х			x	x

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: 1% CROCIDOLITE ASBESTOS (Continued)

						A	SBI	EST	OS	3 ((	Con	tin	uec	1)												
ANIMAL NUMBER	0 2 4	0 2 8	0 3 2	0 3 9	0 4 6	0 6 3	0 8 3	0 8 7	1 1 5	1 3 0	1 3 5	1 4 0	1 5 3	9 2 5	9 3 3	9 3 6	9 5 0	9 5 5	9 6 2	9 6 9	9 7 1	9 7 3	9 8 2	9 8 4	9 8 8	TOTAL.
WEEKS ON STUDY	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	1 4 5	TISSUES
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	247
Adenoma, NOS Adenoma, NOS Cortical adenoma	+	X + v	+	X + X	<b>X</b> +	+	<b>X</b> +	+	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	<b>X</b> +	+	+	+	+	<b>X</b> +	<b>X</b> +	+	<b>X</b> +	+	<b>X</b> +	+	X + *	101 250 18
Cortical carcinoma Pheochromocytoma	x	Α.		Λ		x		x		x		x		x						Λ			x	x	Λ	1 39 3
Pheochromocytoma, malignant Ganglioneuroma Thyroid Follicular cell adenoma	+	+ X	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	2 250 8
Follicular cell carcinoma C-cell adenoma C cell carcinoma	x	x	x					x		x		v	Α.			v			v				x	x		2 23 46
Parathyroid Adenoma, NOS	+	+	+	+	+	+	<b>X</b>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	224 1
Pancreatic islets Islet cell adenoma Islet cell carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+ X	249 5 6
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*250
Adenocarcinoma, NOS Fibroadenoma Preputial/clitoral gland	X	X N	N	N	X N	X X N	X N	X N	N	N	X N	X N	X N	N	X X N	N	N	X N	X N	X X N	X N	X X N	X N	N	X N	23 112 *250
Carcinoma, NOS Squamous cell carcinoma Adenoma, NOS												x	x	x							x					22 2
Keratoacanthoma Uterus Squamous cell carcinoma Adenocarcinoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	248 1 2
Papillary adenoma Sarcoma, NOS Leiomyoma Endometrial stromal polyp					x								x												x	2 1 1 38
Endometrial stromal sarcoma Endometrial stromal sarcoma, invasive Ovary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	3 1 248
Granulosa cell tumor Granulosa cell carcinoma									X																	1
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive Astrocytoma Astrocytoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	248 7 1 1
SPECIAL SENSE ORGANS Eye appendages	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	*250
Squamous cell carcinoma Zymbal gland Carcinoma in situ, NOS Squamous cell papilloma Squamous cell carcinoma	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	*250 1 1 4
MUSCULOSKELETAL SYSTEM Bone Squamous cell carcinoma, invasive	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	*250
BODY CAVITIES Mediastinum Mesothelioma, malignant	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	И	N	N	N	N	*250
ALL OTHER SYSTEMS Multiple organs, NOS Squamous cell carcinoma, invasive Squamous cell carcinoma, metastatic C cell carcinoma, metastatic Endometrial stromal sarcoma, invasive Mesothelioma, invasive	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N	*250 2 1 1 2 1
Malignant lymphoma, lymphocytic type Myelomonocytic leukemia Monocytic leukemia Adipose tissue															x	x	X	x			x	x		x		1 4 118
Cortical carcinoma, invasive																										1

<sup>\*</sup> Animals necropsied

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS

	Control	1% Crocidolite Asbestos
Integumentary System: Fibroma	· · · · · · · · · · · · · · · · · · ·	
Overall Rates (a)	6/118 (5%)	9/250 (4%)
Adjusted Rates (b)	14.5%	15.8%
Terminal Rates (c)	0/15 (0%)	2/29 (7%)
Week of First Observation	98	102
Life Table Test (d)		P = 0.307N
Incidental Tumor Test (d)		P = 0.345N
Fisher Exact Test (d)		P=0.339N
Integumentary System: Fibroma or Neurofibroma		
Overall Rates (a)	6/118 (5%)	10/250 (4%)
Adjusted Rates (b)	14.5%	16.8%
Terminal Rates (c)	0/15 (0%)	2/29 (7%)
Week of First Observation	98	102
Life Table Test (d)		P = 0.373N
Incidental Tumor Test (d)		P = 0.416N
Fisher Exact Test (d)		P = 0.409N
Integumentary System: Fibroma or Fibrosarcoma		
Overall Rates (a)	9/118 (8%)	14/250 (6%)
Adjusted Rates (b)	26.3%	20.1%
Terminal Rates (c)	1/15 (7%)	2/29 (7%)
Week of First Observation	98	102
Life Table Test (d)		P = 0.252N
Incidental Tumor Test (d)		P = 0.293N
Fisher Exact Test (d)		P=0.297N
Integumentary System: Fibroma, Neurofibroma, Sarcoma, 1	Fibrosarcoma, or Neu	rofibrosarcoma
Overall Rates (a)	10/118 (8%)	16/250 (6%)
Adjusted Rates (b)	29.3%	21.1%
Terminal Rates (c)	1/15 (7%)	2/29 (7%)
Week of First Observation	98	102
Life Table Test (d)		P = 0.248N
Incidental Tumor Test (d)		P = 0.298N
Fisher Exact Test (d)		P = 0.301N
Hematopoietic System: Monocytic Leukemia		
Overall Rates (a)	43/118 (36%)	118/250 (47%)
Adjusted Rates (b)	66.7%	74.9%
Terminal Rates (c)	3/15 (20%)	8/29 (28%)
Week of First Observation	60	76
Life Table Test (d)	00	P=0.152
Incidental Tumor Test (d)		P = 0.032
Fisher Exact Test (d)		P=0.033
Hamatanaiatia Systam, Myalamanaaytia Laykamia		
Hematopoietic System: Myelomonocytic Leukemia Overall Rates (a)	0/118 (0%)	4/250 (2%)
Adjusted Rates (b)	0.0%	2.7%
Terminal Rates (c)	0/15 (0%)	0/29 (0%)
Week of First Observation	0,10 (0,0)	118
Life Table Test (d)		P=0.227
Incidental Tumor Test (d)		P=0.238
Fisher Exact Test (d)		P=0.211
Hematopoietic System: All Leukemia		
	43/118 (36%)	122/250 (49%)
	120/110 (JU70)	· · · · · · · · · · · · · · · · · · ·
Overall Rates (a)	66 7%	
Overall Rates (a) Adjusted Rates (b)	66.7% 3/15 (20%)	75.6% 8/29 (28%)
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c)	3/15 (20%)	8/29 (28%)
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation		8/29 (28%) 76
Overall Rates (a) Adjusted Rates (b) Terminal Rates (c)	3/15 (20%)	8/29 (28%)

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Control	1% Crocidolite Asbesto
Pituitary Gland: Adenoma		
Overall Rates (a)	42/116 (36%)	101/247 (41%)
Adjusted Rates (b)	76.0%	82.9%
Terminal Rates (c)	8/14 (57%)	16/29 (55%)
Week of First Observation	70	63
Life Table Test (d)		P = 0.383
Incidental Tumor Test (d)		P = 0.239
Fisher Exact Test (d)		P = 0.231
Pituitary Gland: Carcinoma	044040%	0.10.477 (0.01)
Overall Rates (a)	9/116 (8%)	8/247 (3%)
Adjusted Rates (b)	26.1%	9.6%
Terminal Rates (c)	1/14 (7%)	1/29 (3%)
Week of First Observation	91	100 P=0.045N
Life Table Test (d)		P=0.045N P=0.034N
Incidental Tumor Test (d)		P = 0.054N P = 0.055N
Fisher Exact Test (d)		P=0.055IN
Pituitary Gland: Adenoma or Carcinoma	F4 (4 4 A / 4 4 A )	100/047 (440)
Overall Rates (a)	51/116 (44%)	109/247 (44%)
Adjusted Rates (b)	84.1%	85.3% 17/29 (59%)
Terminal Rates (c)	9/14 (64%)	17/29 (59%) 63
Week of First Observation	70	P=0.415N
Life Table Test (d) Incidental Tumor Test (d)		P=0.413N P=0.517N
Fisher Exact Test (d)		P=0.534
Adrenal Gland: Cortical Adenoma	4/119 (90%)	18/250 (7%)
Overall Rates (a)	4/118 (3%)	
Adjusted Rates (b)	21.6%	25.3%
Terminal Rates (c)	3/15 (20%)	4/29 (14%)
Week of First Observation	128	104 P=0.131
Life Table Test (d)		P = 0.131 P = 0.126
Incidental Tumor Test (d) Fisher Exact Test (d)		P=0.111
Adrenal Gland: Cortical Adenoma or Carcinoma Overall Rates (a)	6/118 (5%)	19/250 (8%)
Adjusted Rates (b)	29.0%	27.5%
Terminal Rates (c)	4/15 (27%)	4/29 (14%)
Week of First Observation	106	104
Life Table Test (d)		P = 0.278
Incidental Tumor Test (d)		P = 0.266
Fisher Exact Test (d)		P = 0.255
Adrenal Gland: Pheochromocytoma		
Overall Rates (a)	17/118 (14%)	39/250 (16%)
Adjusted Rates (b)	54.7%	55.4%
Terminal Rates (c)	6/15 (40%)	10/29 (34%)
Week of First Observation	84	92
Life Table Test (d)		P = 0.484
Incidental Tumor Test (d)		P = 0.490
Fisher Exact Test (d)		P = 0.448
Adrenal Gland: Pheochromocytoma or Malignant Pl		
Overall Rates (a)	19/118 (16%)	42/250 (17%)
Adjusted Rates (b)	55.8%	57.2%
Terminal Rates (c)	6/15 (40%)	10/29 (34%)
Week of First Observation	84	60
Life Table Test (d)		P = 0.537
Incidental Tumor Test (d)		P = 0.561 N
Fisher Exact Test (d)		P = 0.497

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Control	1% Crocidolite Asbesto
Thyroid Gland: Follicular Cell Adenoma		
Overall Rates (a)	8/117 (7%)	8/250 (3%)
Adjusted Rates (b)	18.8%	13.5%
Terminal Rates (c)	1/15 (7%)	2/29 (7%)
Week of First Observation	92	118
Life Table Test (d)	•	P = 0.092N
Incidental Tumor Test (d)		P = 0.084N
Fisher Exact Test (d)		P = 0.097N
hyroid Gland: Follicular Cell Adenoma or Carcinoma		
Overall Rates (a)	11/117 (9%)	10/250 (4%)
Adjusted Rates (b)	28.2%	15.2%
Terminal Rates (c)	2/15 (13%)	2/29 (7%)
Week of First Observation	92	118
Life Table Test (d)		P = 0.032N
Incidental Tumor Test (d)		P = 0.025N
Fisher Exact Test (d)		P=0.037N
hyroid Gland: C-Cell Adenoma		
Overall Rates (a)	4/117 (3%)	23/250 (9%)
Adjusted Rates (b)	17.1%	34.3%
Terminal Rates (c)	2/15 (13%)	5/29 (17%)
Week of First Observation	122	107
Life Table Test (d)		P = 0.046
Incidental Tumor Test (d)		P = 0.038
Fisher Exact Test (d)		P = 0.034
hyroid Gland: C-Cell Carcinoma		
Overall Rates (a)	12/117 (10%)	46/250 (18%)
Adjusted Rates (b)	39 9%	53.4%
Terminal Rates (c)	3/15 (20%)	6/29 (21%)
Week of First Observation	114	99
Life Table Test (d)		P = 0.054
Incidental Tumor Test (d)		P = 0.041
Fisher Exact Test (d)		P = 0.030
Thyroid Gland: C-Cell Adenoma or Carcinoma		
Overall Rates (a)	16/117 (14%)	68/250 (27%)
Adjusted Rates (b)	52 2%	71 2%
Terminal Rates (c)	5/15 (33%)	11/29 (38%)
Week of First Observation	114	99
Life Table Test (d)		P = 0.008
Incidental Tumor Test (d)		P = 0.003
Fisher Exact Test (d)		P = 0.002
fammary Gland: Fibroadenoma		
Overall Rates (a)	48/118 (41%)	112/250 (45%)
Adjusted Rates (b)	85 7%	85 7%
Terminal Rates (c)	9/15 (60%)	17/29 (59%)
Week of First Observation	83	76
Life Table Test (d)		P = 0.417
Incidental Tumor Test (d)		P = 0.322
Fisher Exact Test (d)		P = 0.264
fammary Gland: Adenoma or Fibroadenoma		
Overall Rates (a)	49/118 (42%)	112/250 (45%)
Adjusted Rates (b)	86 0%	85.7%
Terminal Rates (c)	9/15 (60%)	17/29 (59%)
Week of First Observation	83	76
Life Table Test (d)		P = 0.467
Incidental Tumor Test (d)		P = 0.385
Fisher Exact Test (d)		P = 0.316

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Control	1% Crocidolite Asbesto
Mammary Gland: Adenocarcinoma		
Overall Rates (a)	16/118 (14%)	23/250 (9%)
Adjusted Rates (b)	46.6%	39.2%
Terminal Rates (c)	3/15 (20%)	7/29 (24%)
Week of First Observation	70	87
Life Table Test (d)		P = 0.131N
Incidental Tumor Test (d)		P = 0.102N
Fisher Exact Test (d)		P = 0.140N
fammary Gland: Adenoma or Adenocarcinoma		2/272/2021
Overall Rates (a)	18/118 (15%)	24/250 (10%)
Adjusted Rates (b)	48.2%	39.8%
Terminal Rates (c)	3/15 (20%)	7/29 (24%)
Week of First Observation	70	87
Life Table Test (d)		P = 0.074N
Incidental Tumor Test (d)		P = 0.049N
Fisher Exact Test (d)		P=0~081N
fammary Gland: Adenoma, Fibroadenoma, or Adenocarcin Overall Rates (a)		195/950 (50%)
Overall Rates (a) Adjusted Rates (b)	58/118 (49%)	125/250 (50%)
Terminal Rates (c)	90.5%	90.6%
Week of First Observation	10/15 (67%)	20/29 (69%)
Life Table Test (d)	70	76 P=0 459N
Incidental Tumor Test (d)		P=0.459N P=0.508N
Fisher Exact Test (d)		P = 0.30614
Preputial (Clitoral) Gland Squamous Cell Carcinoma		
Overall Rates (a)	4/118 (3%)	22/250 (9%)
Adjusted Rates (b)	20.6%	31.6%
Terminal Rates (c)	2/15 (13%)	5/29 (17%)
Week of First Observation	137	109
Life Table Test (d)		P = 0.058
Incidental Tumor Test (d)		P = 0.053
Fisher Exact Test (d)		P = 0.042
Preputial (Clitoral) Gland Carcinoma or Squamous Cell Ca	rcinoma	
Overall Rates (a)	4/118 (3%)	23/250 (9%)
Adjusted Rates (b)	20.6%	32 2%
Terminal Rates (c)	2/15 (13%)	5/29 (17%)
Week of First Observation	137	109
Life Table Test (d)		P = 0.047
Incidental Tumor Test (d)		P = 0.043
Fisher Exact Test (d)		P = 0.032
reputial (Clitoral) Gland Adenoma, Carcinoma, or Squamo	ous Cell Carcinoma	
Overall Rates (a)	5/118 (4%)	25/250 (10%)
Adjusted Rates (b)	22 2%	33 1%
Terminal Rates (c)	2/15 (13%)	5/29 (17%)
Week of First Observation	127	109
Life Table Test (d)		P = 0.060
Incidental Tumor Test (d)		P = 0.056
Fisher Exact Test (d)		P = 0.041
terus: Endometrial Stromal Polyp		
Overall Rates (a)	19/116 (16%)	38/248 (15%)
Adjusted Rates (b)	41 8%	40.7%
Terminal Rates (c)	3/14 (21%)	5/29 (17%)
Week of First Observation	91	60
Life Table Test (d)		P = 0.375N
Incidental Tumor Test (d)		P = 0.440N
Fisher Exact Test (d)		P = 0.454N

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Control	1% Crocidolite Asbestos
All Sites: Benign Tumors	<del>"</del>	
Overall Rates (a)	91/118 (77%)	190/250 (76%)
Adjusted Rates (b)	100.0%	98.2%
Terminal Rates (c)	15/15 (100%)	26/29 (90%)
Week of First Observation	70	45
Life Table Test (d)		P = 0.312N
Incidental Tumor Test (d)		P = 0.377N
Fisher Exact Test (d)		P = 0.462N
All Sites: Malignant Tumors		
Overall Rates (a)	80/118 (68%)	187/250 (75%)
Adjusted Rates (b)	93.4%	95.8%
Terminal Rates (c)	10/15 (67%)	23/29 (79%)
Week of First Observation	60	53
Life Table Test (d)	- •	P = 0.389
Incidental Tumor Test (d)		P = 0.128
Fisher Exact Test (d)		P = 0.101
All Sites: All Tumors		
Overall Rates (a)	115/118 (97%)	242/250 (97%)
Adjusted Rates (b)	100.0%	100.0%
Terminal Rates (c)	15/15 (100%)	29/29 (100%)
Week of First Observation	60	45
Life Table Test (d)	•	P = 0.297N
Incidental Tumor Test (d)		P=0.513N
Fisher Exact Test (d)		P=0.509N

<sup>(</sup>a) Number of tumor-bearing animals/number of animals examined at the site

<sup>(</sup>b) Kaplan-Meier estimated tumor incidences at the end of the study after adjusting for intercurrent mortality

<sup>(</sup>c) Observed tumor incidence at terminal kill

<sup>(</sup>d) Beneath the control incidence are the P values associated with the trend test. Beneath the dosed group incidence are the P values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group is indicated by (N).

TABLE B4a. HISTORICAL INCIDENCE OF LEUKEMIA IN FEMALE F344/N RATS RECEIVING NO TREATMENT IN LIFETIME FEED STUDIES (a)

Asbestos Studies	Incidence in Controls	
Chrysotile (short range)	28/88	
Chrysotile (intermediate range)	34/88	
remolite	56/118	
Crocidolite	43/118	
Amosite	40/117	
TOTAL	201/529 (38.0%)	
SD(b)	6.01%	
Range		
High	56/118 (47.5%)	
Low	28/88 (31.8%)	

<sup>(</sup>a) All studies conducted by Hazleton Laboratories; age at start of terminal kill, 138-146 weeks.

TABLE B4b. HISTORICAL INCIDENCE OF THYROID GLAND FOLLICULAR CELL TUMORS IN FEMALE F344/N RATS RECEIVING NO TREATMENT IN LIFETIME FEED STUDIES (a)

		Incidence in Controls			
Asbestos Studies	Adenoma	Carcinoma	Adenoma or Carcinoma		
hrysotile (short range)	1/87	4/87	5/87		
hrysotile (intermediate range)	6/87	1/87	7/87		
remolite	3/118	5/118	7/118		
rocidolite	8/117	3/117	11/117		
mosite	2/116	7/116	9/116		
TOTAL	20/525 (3.8%)	20/525 (3.8%)	39/525 (7.4%)		
SD(b)	2.82%	1.89%	1.54%		
ange					
High	6/87 (6.9%)	7/116 (6.0%)	11/117 (9.4%)		
Low	1/87 (1.1%)	1/87 (1.1%)	5/87 (5.7%)		

<sup>(</sup>a) All studies conducted by Hazleton Laboratories; age at start of terminal kill, 138-146 weeks.

<sup>(</sup>b) Standard deviation

<sup>(</sup>b) Standard deviation

TABLE B4c. HISTORICAL INCIDENCE OF THYROID GLAND C-CELL TUMORS IN FEMALE F344/N RATS RECEIVING NO TREATMENT IN LIFETIME FEED STUDIES (a)

		Incidence in Controls				
Asbestos Studies	Adenoma	Carcinoma	Adenoma or Carcinoma			
Chrysotile (short range)	11/87	7/87	17/87			
Chrysotile (intermediate range)	11/87	11/87	21/87			
remolite	7/118	18/118	25/118			
Crocidolite	4/117	12/117	16/117			
Amosite	14/116	10/116	24/116			
TOTAL	47/525 (9.0%)	58/525 (11.0%)	103/525 (19.6%)			
SD(b)	4.36%	2.99%	3.84%			
lange						
High	1/87 (12.6%)	18/116 (15.5%)	21/87 (24.1%)			
Low	4/117 (3.4%)	7/87 (8.0%)	16/117 (13.7%)			

<sup>(</sup>a) All studies conducted by Hazleton Laboratories; age at start of terminal kill, 138-146 weeks.

TABLE B4d. HISTORICAL INCIDENCE OF CLITORAL GLAND TUMORS IN FEMALE F344/N RATS RECEIVING NO TREATMENT IN LIFETIME FEED STUDIES (a)

		Incidence in Controls			
Asbestos Studies	Adenoma	Carcinoma	Adenoma or Carcinoma		
Chrysotile (short range)	1/88	2/88	3/88		
Chrysotile (intermediate range)	0/88	1/88	1/88		
Tremolite	0/118	6/118	6/118		
Crocidolite	1/118	4/118	5/118		
Amosite	0/117	6/117	6/117		
TOTAL	2/529 (0.2%)	19/529 (3.6%)	21/529 (4.0%)		
SD(b)	0.55%	1.75%	1.65%		
Range					
High	0/118 (0%)	6/117 (5.1%)	6/117 (5.1%)		
Low	1/88 (1.1%)	1/88 (1.1%)	1/88 (1.1%)		

<sup>(</sup>a) All studies conducted by Hazleton Laboratories; age at start of terminal kill, 138-146 weeks.

<sup>(</sup>b) Standard deviation

<sup>(</sup>b) Standard deviation

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS

	Untreated	l Control	1% Crocido	olite Asbestos
ANIMALS INITIALLY IN STUDY	118		250	
ANIMALS NECROPSIED	118		250	
ANIMALS EXAMINED HISTOPATHOLOGICALLY	118		250	
NTEGUMENTARY SYSTEM				
*Skin	(118)		(250)	
Abscess, NOS				(1%)
Fibrosis, focal			1	(0%)
Hyperplasia, NOS		(1%)	4	(04)
Hyperkeratosis		(1%)		(0%) (1%)
Acanthosis *Subcutaneous tissue	(118)	(1%)	(250)	(170)
Inflammation, pyogranulomatous	(116)			(0%)
RESPIRATORY SYSTEM				
*Nasal cavity	(118)		(250)	
Congestion, NOS	,	(1%)	,,	
*Nasal turbinate	(118)		(250)	
Abscess, NOS			1	(0%)
Inflammation, chronic				(0%)
#Trachea	(117)		(250)	
Abscess, NOS		(1%)	(050)	
#Lung	(118)		(250)	(00%)
Mineralization				(0%) (0%)
Atelectasis Congestion, NOS	9	(2%)		(1%)
Hemorrhage		(3%)		(4%)
Inflammation, interstitial		(2%)		(2%)
Inflammation, acute diffuse	_	(= / )		(0%)
Inflammation, chronic	96	(81%)	218	(87%)
Granuloma, NOS	2	(2%)	3	(1%)
Necrosis, focal			1	(0%)
Pigmentation, NOS	5	(4%)		(1%)
Hyperplasia, alveolar epithelium		(3%)		(2%)
#Lung/alveoli	(118)	/ <b></b>	(250)	/4 <b>~</b> \
Histocytosis	6	(5%)		(4%)
HEMATOPOIETIC SYSTE W	(116)		(249)	
#Bone marrow Osteopetrosis	(110)		•	(1%)
Hypoplasia, NOS	5	(4%)		(3%)
Histocytosis	-	(1%)	•	(0,0)
#Spleen	(118)	, ,	(250)	
Hemorrhage		(1%)	6	(2%)
Hemorrhagic cyst	1	(1%)		
Inflammation, fibrinous				(1%)
Inflammation, chronic diffuse				(0%)
Granuloma, NOS				(0%)
Fibrosis, focal	4	(10%)		(2%) (1%)
Fibrosis, multifocal Fibrosis, diffuse	1	(1%)		(3%)
Pibrosis, diffuse Necrosis, NOS				(1%)
Necrosis, NOS Necrosis, focal				(2%)
Infarct, NOS				(0%)
Metamorphosis, fatty				(0%)
Pigmentation, NOS				(0%)
Hemosiderosis	29	(25%)		(18%)
Metaplasia, osseous			1	(0%)
Hyperplasia, reticulum cell	1	(1%)		
rryper plasta, reticulum com				
Hyperplasia, lymphoid Hematopoiesis		(3%) (19%)		(0%) (2 <b>4</b> %)

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated Control		1% Crocidolite Asbesto		
EMATOPOIETIC SYSTEM (Continued)					
#Splenic follicles	(118)		(250)		
Atrophy, NOS		(2%)	3	(1%)	
#Mandibular lymph node	(118)		(250)		
Congestion, NOS			1	(0%)	
Edema, NOS			1	(0%)	
Hemorrhage	1	(1%)			
Pigmentation, NOS				(0%)	
Atrophy, NOS				(0%)	
Hyperplasia, reticulum cell				(0%)	
Hyperplasia, lymphoid		(18%)		(11%)	
#Cervical lymph node	(118)		(250)	(0.00)	
Pigmentation, NOS				(0%)	
Erythrophagocytosis	(110)		(250)	(1%)	
#Mediastinal lymph node Congestion, NOS	(118)	(2%)		(0%)	
Hemorrhage		(4%)		(2%)	
Pigmentation, NOS		(15%)		(13%)	
Erythrophagocytosis		(5%)		(4%)	
Hyperplasia, reticulum cell		(1%)		(0%)	
Hyperplasia, lymphoid		(3%)		(2%)	
#Pancreatic lymph node	(118)	(-,-,	(250)		
Hemorrhage	(,			(0%)	
Pigmentation, NOS	2	(2%)	4	(2%)	
Erythrophagocytosis				(0%)	
Hyperplasia, reticulum cell	3	(3%)		(3%)	
Hyperplasia, lymphoid				(1%)	
Hematopoiesis	(4.4.0)			(0%)	
#Mesenteric lymph node	(118)	(0~)	(250)	(1.0()	
Hemorrhage		(3%)		(1%) (3%)	
Pigmentation, NOS	ა	(3%)		(1%)	
Atrophy, NOS Erythrophagocytosis	4	(3%)		(1%) (4%)	
Hyperplasia, reticulum cell		(37%)		(27%)	
Hyperplasia, lymphoid		(5%)		(4%)	
#Ileocolic lymph node	(118)	(0 10)	(250)	(470)	
Hemorrhage		(1%)	(200)		
Hyperplasia, lymphoid		(2%)	1	(0%)	
#Renal lymph node	(118)	(= ,0)	(250)	(* /	
Hemorrhage			1	(0%)	
Pigmentation, NOS			2	(1%)	
Atrophy, NOS	2	(2%)		_	
Erythrophagocytosis		(2%)		(2%)	
Hyperplasia, reticulum cell		(1%)		(1%)	
Hyperplasia, lymphoid		(1%)		(0%)	
#Iliac lymph node	(118)		(250)		
Inflammation, acute diffuse				(0%)	
Hyperplasia, lymphoid	(110)		(250)	(0%)	
*Sternum	(118)			(0%)	
Myelofibrosis #Liver	(118)		(250)	(070)	
#Liver Leukocytosis, NOS		(4%)		(3%)	
Hematopoiesis		(1%)		(1%)	
#Adrenal	(118)	1~ /0/	(250)	\ <del>-</del> /\ \ /	
Hematopoiesis	•	(1%)		(0%)	
#Thymus	(91)		(187)	•	
Multilocular cyst				(1%)	
Hemorrhage	1	(1%)			

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated (	Control	1% Crocido	olite Asbestos
CIRCULATORY SYSTEM				
#Spleen	(118)		(250)	
Thrombosis, NOS			4	(2%)
#Mesenteric lymph node	(118)		(250)	
Lymphangiectasis	2 (2	2%)		(1%)
#Ileocolic lymph node	(118)		(250)	
Lymphangiectasis	2 (2	2%)		(0%)
#Renal lymph node	(118)		(250)	
Lymphangiectasis	1 (1	L%)	(070)	
#Iliac lymph node	(118)		(250)	(04)
Lymphangiectasis	(4 A = 4)			(0%)
#Heart	(117)		(250)	(0~)
Inflammation, chronic focal				(0%)
Inflammation, chronic diffuse	/4 4 <del></del> \			(0%)
#Heart/atrium	(117)	1~\	(250)	(10()
Thrombosis, NOS	$\frac{1}{(117)}$	1%)		(1%)
#Myocardium	(117)		(250)	(0%)
Inflammation, chronic	<b>22</b> (1	19%)		(27%)
Inflammation, chronic focal Inflammation, chronic diffuse	34 (2			(32%)
Fibrosis, focal	34 (2	43 10)		(0%)
Fibrosis, nocal Fibrosis, multifocal				(0%)
#Cardiac valve	(117)		(250)	(370)
Inflammation, chronic focal	1 (1	196)	(200)	
#Liver	(118)	10)	(250)	
#Liver Thrombosis, NOS	(119)			(1%)
Thrombosis, NOS Thrombus, organized	1 (1	1%)	2	(1/0)
#Stomach	(118)	170)	(250)	
Periarteritis	(116)			(0%)
*Mesentery	(118)		(250)	(070)
Periarteritis	(110)			(0%)
#Uterus	(116)		(248)	(3. <b>4</b> .
Thrombosis, NOS	(110)			(1%)
#Pituitary	(116)		(247)	V-1-1
Thrombosis, NOS	(110)		, ,	(0%)
#Adrenal	(118)		(250)	
Thrombosis, NOS	(110)			(0%)
DIGESTIVE SYSTEM				
*Tongue	(118)		(250)	
Acanthosis				(0%)
#Salivary gland	(117)		(248)	
Mineralization			1	(0%)
Inflammation, acute focal	1 (			
Inflammation, acute diffuse	2 (2		•	(10)
Inflammation, chronic	1 (		3	(1%)
Inflammation, chronic focal	1 (	1%)		(00)
Inflammation, chronic diffuse				(0%)
Fibrosis				(0%)
Fibrosis, diffuse		• ~ `	2	(1%)
Atrophy, NOS	1 (		^	(10)
Atrophy, focal	1 (	1%)		(1%)
#Parotid gland	(117)		(248)	(00)
Inflammation, chronic diffuse			1	(0%)

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated Control		1% Crocidolite Asbesto		
GESTIVE SYSTEM (Continued)					
#Liver	(118)		(250)		
Congestion, NOS			2	(1%)	
Hemorrhage			1	(0%)	
Inflammation, chronic				(0%)	
Inflammation, chronic focal				(0%)	
Granuloma, NOS		(21%)		(16%)	
Fibrosis, focal		(1%)		(0%)	
Hepatitis, toxic	20	(17%)		(22%)	
Degeneration, NOS				(1%)	
Necrosis, NOS				(0%)	
Necrosis, focal		(13%)		(15%)	
Metamorphosis, fatty		(36%)		(23%)	
Pigmentation, NOS	21	(18%)		(22%)	
Hemosiderosis				(0%)	
Focal cellular change		(46%)		(44%)	
Angiectasis		(3%)		(2%)	
#Hepatic capsule	(118)	(10)	(250)		
Inflammation, acute focal		(1%)	(050)		
#Bile duct	(118)	(00)	(250)	(20%)	
Inflammation, chronic	3	(3%)		(3%)	
Fibrosis	c	(EM)		(0%)	
Hyperplasia, NOS		(5%)		(4%)	
#Pancreas	(118)	(EM)	(249)	(2%)	
Ectopia	б	(5%)			
Hemorrhage				(0%) (1%)	
Inflammation, chronic focal				(0%)	
Necrosis, fat				(0%)	
Pigmentation, NOS	9	(2%)	1	(070)	
Atrophy, NOS Atrophy, focal		(3%)	17	(7%)	
Atrophy, diffuse		(2%)		(2%)	
#Pancreatic acinus	(118)	(270)	(249)		
Hyperplasia, focal		(2%)		(4%)	
#Esophagus	(116)	(270)	(239)		
Inflammation, chronic diffuse	, ,	(1%)	(200)		
Necrosis, diffuse		(1%)			
Hyperkeratosis		(4%)	3	(1%)	
#Stomach	(118)	(470)	(250)		
Mineralization	\ <del>- /</del>	(1%)	(200)		
Cyst, NOS	1	(170)	1	(0%)	
Edema, NOS	1	(1%)	•	(0,0)	
Inflammation, chronic		(1%)	2	(1%)	
Inflammation, chronic focal		(4%)		(4%)	
Inflammation, chronic diffuse		(13%)		(14%)	
Ulcer, perforated		(8%)	17	(7%)	
Necrosis, focal		(19%)		(14%)	
Hyperplasia, epithelial		(1%)	1	(0%)	
Hyperkeratosis	31	(26%)	28	(11%)	
Acanthosis		(24%)		(20%)	
#Duodenum	(118)		(250)		
Inflammation, acute focal	ŕ			(0%)	
Inflammation, chronic focal			2	(1%)	
Ulcer, perforated			1	(0%)	
Necrosis, focal				(0%)	
#Jejunum	(118)		(250)		
Fibrosis, focal				(0%)	
Necrosis, focal			1	(0%)	
#Ileal mucosa	(118)		(250)		
Hyperplasia, NOS			1	(0%)	

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	l Control	1% Crocido	olite Asbestos
DIGESTIVE SYSTEM (Continued)				
#Large intestine	(118)		(250)	
Cyst, NOS			1	(0%)
Inflammation, chronic focal			1	(0%)
Parasitism	1	(1%)	8	(3%)
#Colon	(118)		(250)	
Fibrosis, multifocal	1	(1%)		
Parasitism	8	(7%)	1	(0%)
Necrosis, focal	1	(1%)		
#Cecum	(118)		(250)	
Congestion, NOS	1	(1%)		
Hemorrhage				(1%)
Inflammation, acute focal				(0%)
Inflammation, acute diffuse				(0%)
Inflammation, acute/chronic				(0%)
Inflammation, chronic focal				(1%)
Inflammation, chronic diffuse				(0%)
Fibrosis, focal		(10/)		(0%) (1%)
Necrosis, focal	1	(1%)		• •
Hyperplasia, epithelial			Z	(1%)
JRINARY SYSTEM				
#Kidney	(117)	(2000)	(250)	(000)
Mineralization		(72%)	208	(83%)
Hydronephrosis		(1%)		
Inflammation, acute focal		(1%)	90	(91%)
Inflammation, chronic	98	(84%)		(0%)
Inflammation, chronic diffuse				(0%)
Granuloma, NOS Fibrosis, focal	1	(1%)	1	(070)
Necrosis, focal		(1%)		
Infarct, NOS		(1%)		
Infarct, NOS Infarct, healed		(1%)		
Calcification, NOS		(6%)	19	(5%)
Hyperplasia, tubular cell		(2%)	14	(070)
#Kidney/capsule	(117)	(270)	(250)	
Inflammation, chronic focal		(1%)	(200)	
#Kidney/cortex	(117)	(170)	(250)	
Cyst, NOS		(1%)		(1%)
#Renal papilla	(117)	(170)	(250)	•
Abscess, NOS		(1%)	(200)	
#Kıdney/tubule	(117)		(250)	
Pigmentation, NOS		(58%)		(72%)
#Urınary bladder	(116)		(248)	
Edema, NOS	1	(1%)		
Inflammation, chronic	1	(1%)		
Inflammation, chronic focal	1	(1%)		
Inflammation, chronic diffuse				(0%)
Hyperplasia, epithelial	3	(3%)	2	(1%)
Hyperplasia, papillary		(1%)		
Hyperkeratosis		(1%)		
Metaplasia, squamous	1	(1%)		
ENDOCRINE SYSTEM				
#Pituitary	(116)		(247)	
Cyst, NOS		(5%)		(6%)
Hemorrhage		(3%)		(0%)
Hemorrhagic cyst	3	(3%)		(2%)
Necrosis, focal				(0%)
Pigmentation, NOS		(1%)		(1%)
Hyperplasia, focal	13	(11%)	17	(7%)
Angiectasis		(11%)		(11%)

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreate	d Control	1% Crocidolite Asbesto		
ENDOCRINE SYSTEM (Continued)					
#Adrenal	(118)		(250)		
Congestion, NOS	, ,	(1%)	(200)		
Hemorrhage		(1%)			
Metamorphosis, fatty		(1%)	3	(1%)	
Pigmentation, NOS		(1%)	·	(2,0)	
Atrophy, NOS		(1%)			
Angiectasis		(1%)	2	(1%)	
Metaplasia, osseous	•	(170)		(0%)	
#Adrenal cortex	(118)		(250)	(0,0)	
Congestion, NOS	(==0)			(1%)	
Degeneration, NOS	5	(4%)		(5%)	
Necrosis, focal		(2%)	2	(1%)	
Metamorphosis, fatty		(30%)	99	(40%)	
Hypertrophy, focal		(1%)			
Hyperplasia, focal		(10%)	30	(12%)	
Angiectasis		(2%)	12	(5%)	
#Adrenal medulla	(118)	,	(250)		
Hyperplasia, focal	19	(16%)	31	(12%)	
#Thyroid	(117)	, , ,	(250)		
Cystic follicles	<b>(</b> ,		1	(0%)	
Follicular cyst, NOS	7	(6%)	11	(4%)	
Hemorrhagic cyst			1	(0%)	
Hyperplasia, C-cell	15	(13%)	63	(25%)	
Hyperplasia, follicular cell	1	(1%)	1	(0%)	
#Parathyroid	(108)		(224)		
Hyperplasia, NOS	8	(7%)		(4%)	
#Pancreatic islets	(118)		(249)		
Hyperplasia, focal			2	(1%)	
REPRODUCTIVE SYSTEM					
*Mammary gland	(118)		(250)		
Galactocele	8	(7%)		(18%)	
Cyst, NOS		(1%)		(0%)	
Cystic ducts	32	(27%)		(35%)	
Inflammation, acute diffuse				(0%)	
Abscess, NOS				(2%)	
Hyperplasia, NOS		(9%)		(11%)	
Hyperplasia, diffuse		(2%)		(0%)	
*Preputial gland	(118)	(0.04)	(250)	(0%)	
Cystic ducts	3	(3%)		(3%)	
Hemorrhage				(0%)	
Inflammation, acute				(0%)	
Inflammation, acute diffuse		(101)		(1%)	
Abscess, NOS		(1%)	Z	(1%)	
Inflammation, acute/chronic		(1%)	0	(10()	
Inflammation, chronic diffuse	1	(1%)		(1%)	
Necrosis, NOS	4	(10%)	1	(0%)	
Necrosis, focal	1	(1%)	1	(0%)	
Necrosis, diffuse Hyperplasia, NOS				(1%) (1%)	
Hyperplasia, NOS Hyperplasia, diffuse	9	(2%)	ა	(170)	
Hyperkeratosis		(2%) (2%)	9	(1%)	
*Vagina	(118)	(210)	(250)		
T LAM AAILA	(110)		(2007		

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	d Control	1% Crocidolite Asbesto		
REPRODUCTIVE SYSTEM (Continued)					
#Uterus	(116)		(248)		
Hydrometra		(3%)	8	(3%)	
Cyst, NOS			1	(0%)	
Hemorrhage			1	(0%)	
Inflammation, acute focal			1	(0%)	
Inflammation, acute/chronic	1	(1%)			
Inflammation, chronic diffuse	1	(1%)		(0%)	
Hyperplasia, papillary				(0%)	
#Cervix uteri	(116)		(248)		
Cyst, NOS	_	/d =4.5		(0%)	
Abscess, NOS	1	(1%)		(1%)	
Inflammation, chronic focal		(1 ~ )		(0%)	
Fibrosis		(1%)		(1%)	
Hyperkeratosis	1	(1%)		(1%)	
Acanthosis	/4 4 /4\			(2%)	
#Uterus/endometrium	(116)	(9.0%)	(248)	(E0L)	
Cyst, NOS		(3%)		(5%)	
#Ovary	(116)	(90)	(248)	(40/)	
Cyst, NOS Followler cyst, NOS	9	(8%)		(4%)	
Follicular cyst, NOS Parovarian cyst	n	(2%)		(0%) (1%)	
rarovarian cyst		(2%)	J	(170)	
NERVOUS SYSTEM					
#Cerebrum	(118)		(248)		
Hemorrhage	2	(2%)		(1%)	
Inflammation, acute focal				(0%)	
Necrosis, focal		(1%)	2	(1%)	
Malacia		(1%)	/ <b></b> :		
#Brain	(118)		(248)		
Hemorrhage		(2%)			
#Cerebellum	(118)	/A == 1	(248)		
Hemorrhage	1	(1%)		(00)	
Necrosis, focal Pigmentation, NOS				(0%) (0%)	
SPECIAL SENSE ORGANS					
*Eye	(118)		(250)		
Hemorrhage	, -,	(4%)	\_ <b>-</b> /	(2%)	
Empyema		(3%)	*	(2 10)	
Inflammation, acute	*	(J /U)	1	(0%)	
Synechia, anterior	1	(1%)		(0%)	
Synechia, ancertor		(2%)		(1%)	
Cataract		(18%)		(10%)	
Phthisis bulbi		(2%)		(2%)	
*Eye/cornea	(118)		(250)		
Inflammation, necrotizing	ζ= • γ			(1%)	
Inflammation, acute diffuse	1	(1%)			
Inflammation, chronic focal		(6%)	2	(1%)	
Inflammation, chronic diffuse	5	(4%)		(5%)	
*Eye/retina	(118)		(250)		
Degeneration, NOS		(32%)		(31%)	
*Eyelid	(118)		(250)		
Abscess, NOS				(0%)	
*Harderian gland	(118)		(250)		
Abscess, NOS				(0%)	
Inflammation, chronic focal				(0%)	
Inflammation, chronic diffuse				(0%)	
Inflammation, pyogranulomatous				(0%)	
Atrophy, NOS			2	(1%)	
Hyperplasia, diffuse	1	(1%)			

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS (Continued)

	Untreated	Control	1% Crocide	olite Asbestos
SPECIAL SENSE ORGANS (Continued)	5-30 <sub>40</sub> , 109 <sub>1</sub> , 1049 <sub>1</sub> , 4659			
*Zymbal gland	(118)		(250)	
Cystic ducts	13	(11%)	24	(10%)
Inflammation, chronic			1	(0%)
Inflammation, chronic focal				(0%)
Hyperplasia, focal				(0%)
Hyperkeratosis		(2%)	4	(2%)
Acanthosis	1	(1%)		
MUSCULOSKELETAL SYSTEM		···		
*Skull	(118)		(250)	
Osteopetrosis		(2%)		(2%)
*Sternum	(118)		(250)	
Osteopetrosis		(3%)		(7%)
Hypoplasia, NOS	2	(2%)		
*Rıb	(118)		(250)	
Degeneration, NOS			1	(0%)
BODY CAVITIES			······································	
*Abdominal cavity	(118)		(250)	
Embryonal rest	, , ,		1	(0%)
Inflammation, chronic focal	1	(1%)		
Inflammation, chronic diffuse	1	(1%)		
Necrosis, fat	4	(3%)	11	(4%)
*Mesentery	(118)		(250)	
Inflammation, acute focal			1	(0%)
Inflammation, chronic			1	(0%)
Inflammation, chronic focal	1	(1%)		
ALL OTHER SYSTEMS				
*Multiple organs	(118)		(250)	
Osteopetrosis	1	(1%)		
Mineralization			1	(0%)
Cyst, NOS	3	(3%)		
Inflammation, chronic	9	(8%)	5	(2%)
Pigmentation, NOS	2	(2%)	1	(0%)
Hyperplasia, NOS	1	(1%)	1	(0%)
Diaphragm				
Hernia, NOS	1		1	
Inflammation, acute focal			1	
Adipose tissue				
Hamartoma	1			
Inflammation, acute focal	1		1	

#### SPECIAL MORPHOLOGY SUMMARY

None

<sup>\*</sup> Number of animals receiving complete necropsy examination, all gross lesions including masses examined microscopically # Number of animals examined microscopically at this site ‡ Multiple occurrence of morphology in the same organ, tissue is counted once only

## APPENDIX C

# PATHOGEN BURDEN SURVEY

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TABLE C1. INITIAL MICROSCOPIC EXAMINATION FOR ENDOPARASITES AND BACTERIA IN  $\mathbf{F}_0$  RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

Animal/Specimen Number (a)	Micro-organisms Identified (b)	
165/3782	1 + Coliform; 1 + Proteus vulgaris	
166/3783	3 + Coliform; 3 + Proteus vulgaris	
167/3784	1 + Coliform; 1 + Proteus vulgaris	
168/3785	1 + Coliform; 1 + Proteus vulgaris	
169/3786	1 + Coliform; 1 + Proteus vulgaris	
170/3787	1 + Coliform; 1 + Proteus vulgaris	
171/3788	1 + Coliform; 1 + Proteus vulgaris	
172/3789	1 + Coliform; 1 + Proteus vulgaris	
173/3790	1 + Coliform	
174/3791	No growth	
175/3792	2 + Coliform	
176/3793	2 + Coliform; 1 + Proteus vulgaris	
177/3794	1 + Coliform	
178/3795	No growth	
179/3796	No growth	
180/3797	3 + Coliform; 1 + Proteus vulgaris	

<sup>(</sup>a) Date of specimen: 11/16/77

TABLE C2. MURINE VIRUS ANTIBODY DETERMINATION IN  $\mathbf{f}_0$  RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

Sample	Complement Fixation	
Number	Sendai LCM	
3782		
3784		
3785		
3786		
3788		
3789	<del></del>	
3790	<b>-</b> -	
3792	<b>_</b> _	
3793		
3795	<u> </u>	
3796		
3797		
• .		
gnificant titer	10 10	

<sup>(</sup>b) Lung, spieen, feces, and tracheal wash were examined for each specimen; no growth observed in the spleen or lungs; no mycoplasma isolated from tracheal washings.

TABLE C3. INITIAL INDIVIDUAL HISTOPATHOLOGIC FINDINGS IN  $\mathbf{F}_0$  RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

	Male							Female									
Organ and Lesion	Animal Number:	1 6 5	1 6 6	1 6 7	1 6 8	1 6 9	1 7 0	1 7 1	1 7 2	1 7 3		1 7 5	1 7 6	1 7 7	1 7 8	1 7 9	1 8 0
Brain		Х	х	Х	х	х	x	х	х	х	X	х	х	х	х	X	Х
leart .		X	X	X	x	X	X	X	X	х	X	X	X	x	X	X	o
ung Peribronchial lymphoid h Perivascular lymphoid hy Aspirated blood		2	1	1	1	2	1	1	2	2	2	2 P	2	2	2	X	1
pleen		X	X	X	X	X	X	X	x	х	X	X	X	X	X	X	X
aver Nonsuppurative perichol	angitis	X	X	1	X	X	X	X	X	X	X	X	X	X	X	X	X
Kidney		X	X	X	X	X	X	X	X	Х	X	X	X	X	X	X	X
Small intestine		X	X	X	x	X	X	x	X	х	X	X	X	X	X	X	X
arge intestine		X	X	X	X	X	X	x	X	х	X	X	X	x	X	X	X
alıvary gland		X	X	X	X	X	X	X	X	х	X	X	x	x	X	X	X
Jrınary bladder		X	X	X	X	X	X	X	x	Х	X	x	X	x	X	X	0
Iarderian gland		X	X	X	X	X	X	X	X	Х	x	o	X	X	X	X	0
kın		X	X	X	X	0	X	X	x	Х	X	o	X	X	0	X	0
nus		0	X	0	X	X	X	X	o	Х	X	X	X	X	X	X	X
rachea		x	x	х	X	X	0	x	X	х	х	x	X	x	x	x	Х

Type of Finding

Tissue absent

Tissue examined and not remarkable
 Finding present

Degree of Finding

Mınımal

2 Slight Moderate =

Moderately severe Severe

#### Pathogen Burden Summary (F<sub>0</sub> Repeated)

Sections of brain, heart, lung, spleen, liver, kidney, small intestine, large intestine, salivary gland, urinary bladder, harderian gland, skin, anus, and cecum were examined from five rats of each sex in the parental generation killed for pathology burden.

Evidence of respiratory disease was noted in all rats. This was characterized by minimal to moderate peribronchial lymphoid hyperplasia in all 10 rats and a bronchial exudate in 6 rats. The respiratory disease was slightly more pronounced than that observed at a prior kill. Microbiologic examination did not reveal the presence of *Mycoplasma* sp., and serum titers were negative for Sendai virus.

Minimal to focal nonsuppurative myocarditis was noted in two males. Minimal to slight pigment deposition (presumably hemosiderin) was noted in sections of spleen from three rats.

In sections of liver, minimal nonsuppurative pericholangitis occurred in four males and two females, and scattered microgranulomas and vacuolated hepatocytes were each noted in single male rats.

In sections of kidney, minimal chronic interstitial nephritis occurred in all five males and in one female. Intratubular mineralization was noted at the corticomedullary junction in four females.

Porphyrin pigment was noted in the harderian gland of four rats.

The remaining tissues examined were not remarkable; no external or internal parasites were observed.

TABLE C4. REPEATED MICROSCOPIC EXAMINATION FOR ENDOPARASITES AND BACTERIA IN  $\mathbf{F}_0$  RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

Animal/Specimen Number (a)	Micro-organisms Identified (b)
287/4021	4+ Group D Streptococcus; 3+ Coliform, 3+ Proteus vulgaris 2+ Pseudomonas aeruginosa
288/4022	4+ Group D $Streptococcus, 3+$ $Micrococcus$ sp.; $3+$ Coliform; $2+$ $Proteus$ $vulgaris; 2+$ $Pseudomonas$ $aeruginosa$
289/4023	4+ Group D Streptococcus; 4+ Staphylococcus epidermis; 4+ Micrococcus sp.; 1+ Coliform
290/4024	4+ Group D Streptococcus; 4+ Micrococcus sp.; 4+ Coliform; 1+ Pseudomonas aeruginosa
291/4025	4+ Group D Streptococcus; 4+ Micrococcus sp; 4+ Coliform; 2+ Pseudomonas aeruginosa
292/4026	4+ Group D Streptococcus; 4+ Micrococcus sp , 4+ Coliform, 2+ Pseudomonas aeruginosa
293/4027	4+ Group D Streptococcus; $2+$ Micrococcus sp , $2+$ Coliform; $3+$ Proteus vulgaris; $1+$ Pseudomonas aeruginosa
294/4028	4+ Group D $Streptococcus; 4+$ $Micrococcus sp.; 4+$ Diphtheroids; $4+$ Coliform, $4+$ $Pseudomonas aeruginosa$
295/4029	4+ Group D Streptococcus; 4+ Micrococcus sp.; 4+ Coliform
296/4030	4+ Group D Streptococcus; 4+ Micrococcus sp.; 4+ Diphtheroids; 4+ Coliform, 4+ Proteus vulgaris

<sup>(</sup>a) Date of specimen 6/5/78

TABLE C5. REPEATED MURINE VIRUS ANTIBODY DETERMINATION IN  $\mathbf{f}_0$  RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

Sample	Complemen	nt Fixation	
Number	Sendai	LCM	
4021			
4022	_	_	
4023			
4024		-	
4025	_	_	
4026		<del>-</del> -	
4027	_	_	
4028	_	<del>-</del>	
4029	_	-	
4030	n-partition	_	
ngnıficant tıter	10	10	

<sup>(</sup>b) Lung, spieen, feces, and tracheal wash were examined for each specimen, no growth observed in the spleen or lung; no mycoplasma isolated from tracheal washings

TABLE C6. REPEATED INDIVIDUAL HISTOPATHOLOGIC FINDINGS IN  $\mathbf{F}_0$  RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

			Contro	ol		1% Crocidolite							
		ale		Fema		M	Male			Femal <u>e</u>			
Animal	2	2	2	2	2	2	2	2	2	2			
Number: Organ and Lesion	8 7	8 8	8 9	9	9	9 2	9 3	9 4	9 5	9 6			
Frgan and Lesion		-	y		1		<u> </u>	4	ъ 				
Frain	X	X	X	X	X	Х	X	X	X	X			
Heart		X	X	x		Х	X	X	X	X			
Focal nonsuppurative myocarditis	1				1								
lung		_	_	_			_		_	_			
Peribronchial lymphoid hyperplasia Bronchial exudate	1	2 P	2 P	3 P	3 P	2	1	1	2 P	2 P			
· · · · · · · · · · · · · · · · · · ·		-		•	-				•				
bleen Pigment deposition	1	X	X	2	X	X	X	X	2	X			
-				4					2				
.iver Microgranulomas	P					X		X		X			
Vacuolated hepatocytes	P		Р										
Nonsuppurative pericholangitis	1	1		1	1		1		1				
idney													
Chronic interstitial nephritis	1	1	1	1	1	1	_	_	_	_			
Foci of mineralization							P	P	P	P			
mall intestine	X	X	X	X	X	X	X	X	X	X			
arge intestine	х	x	х	x	X	x	x	X	x	x			
-													
alivary gland	X	X	Х	X	X	X	X	X	X	О			
Jrinary bladder	X	X	X	X	X	X	X	X	X	X			
Harderian gland		X	0	X		0		0	0				
Porphyrin pigment	P		-		P	· ·	P	-	-	P			
kin	x	x	х	x	x	X	х	х	X	o			
nus	X	O	0	0	0	О	O	0	X	О			
ecum	x	X	X	X	x	x	X	0	х	X			

Type of Finding:

 $egin{array}{lll} O &=& Tissue \ absent \ X &=& Tissue \ examined \ and \ not \ remarkable \ P &=& Finding \ present \ \end{array}$ 

Degree of Finding:

Minimal Slight

= Moderate

= Moderately severe

= Severe

#### Pathogen Burden Summary (F<sub>1</sub>)

Sections of brain, heart, lung, spleen, liver, kidney, small intestine, large intestine, salivary gland, urinary gland, harderian gland, skin, anus, and cecum were examined from eight male and eight female rats killed for pathology burden.

Evidence of early spontaneous respiratory disease was present in the lungs of all rats examined. This lesion consisted of minimal to slight peribronchial lymphoid hyperplasia. Microbiologic examination did not reveal the presence of *Mycoplasma* sp., and serum titers were negative for Sendai virus.

In sections of kidney, foci of intratubular mineralization were noted at the corticomedullary junction in two males and six females.

The remaining tissues examined were not remarkable; no external or internal parasites were observed.

TABLE C7. MICROSCOPIC EXAMINATION FOR ENDOPARASITES AND BACTERIA IN  $\mathbf{f_1}$  RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

ntococcus; 1 + Staphylococcus aureus; 3 + Coliform; aeruginosa ntococcus; 1 + Proteus morganu; aeruginosa
otococcus; 3 + Coliform; 1 + Proteus vulgaris
tococcus; 1 + Staphylococcus aureus; 2 + Coliform; aeruginosa
otococcus; 3 + Staphylococcus epidermis; aeruginosa
tococcus; 1 + Bacıllus sp.; 1 + Coliform
tococcus; 1 + Staphylococcus aureus; 3 + Coliform
vococcus; 3 + Coliform; 2 + Proteus vulgaris; aeruginosa
tococcus; 1 + Micrococcus sp.; 3 + Coliform
+ Group D Streptococcus; 1 + Coliform
etococcus; 1 + Bacıllus sp.
otococcus; 4 + Coliform
otococcus; 1 + Coliform
otococcus; 3 + Coliform; 1 + Pseudomonas aeruginos
otococcus; 3 + Coliform; 1 + Pseudomonas aeruginos ris
otococcus; 2 + Staphylococcus aureus; aerugīnosa

<sup>(</sup>a) Date of specimen: 4/24/78
(b) Lung, spleen, feces, and tracheal wash were examined for each specimen; no growth observed in the spleen or lung; no mycoplasma isolated from tracheal washings.

TABLE C8. MURINE VIRUS ANTIBODY DETERMINATION IN  $\mathbf{F_1}$  RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

Sample Number	Complement Fixation Sendai LCM
3951	
3952	
3953	<del>-</del> -
3954	<del>-</del> -
3955	<b>_ _</b>
3957	
3958	
3959	<b>- -</b>
3960	<b>- -</b>
3961	<u> </u>
3962	
3963	
3964	
3966	
Significant titer	10 10

TABLE C9. INDIVIDUAL HISTOPATHOLOGIC FINDINGS IN  $\mathbf{F_{1}}$  RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

					ontro			1% Crocide					<u>ocido</u>					
A			Male Female				Male						Female					
	Animal	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
	Number:	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	•	
ergan and Lesion		5	6	7	8	9	0	1	2	3	4	5	6	7	8	9		
rain		X	Х	х	X	X	Х	X	X	X	X	х	Х	X	Х	X	X	
leart		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	3	
ung Peribronchial lymphoid	hyperplasia	1	2	2	2	2	2	1	2	1	1	2	1	1	2	2		
pleen		X	X	X	0	X	X	X	X	X	X	X	X	X	X	X	3	
iver		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2	
idney Focal mineralization		P	X	X	P	P	P	X	X	X	X	P	X	X	P	P	]	
mall intestine		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2	
arge intestine		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2	
alivary gland		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	(	
rinary bladder		X	X	X	X	X	X	X	X	X	X	X	o	X	X	x	2	
arderian gland		X	X	X	o	o	0	X	X	X	X	X	X	X	X	X	(	
kin		X	0	x	X	X	X	X	0	X	X	X	X	X	X	X	2	
nus		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2	
ecum		0	х	x	x	X	х	х	x	x	Х	x	х	х	0	х		

#### Type of Finding:

O = Tissue absent

X = Tissue examined and not remarkable
P = Finding present

#### Degree of Finding:

Minimal

3 =

Slight
Moderate
Moderately severe

Severe

#### APPENDIX D

# ANALYSIS OF BEDDING SAMPLES IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

		PAGE
TABLE D1	ANALYSIS OF BEDDING SAMPLES AT HAZLETON LABORATORIES	164
TABLE D2	ANALYSIS OF BEDDING SAMPLES AT ILLINOIS INSTITUTE OF TECHNOLOGY RESEARCH INSTITUTE	164

TABLE D1. ANALYSIS OF BEDDING SAMPLES AT HAZLETON LABORATORIES

Collection Date	Desired Level (ppm)	Determined Level of Pentachlorophenol (ppm)	Determined Level of Polychlorinated Biphenyls (ppm)
07/78	<1.0	6.0	<0.5
08/78	<1.0	< 0.5	< 0.5
08/79	<1.0	< 0.2	< 0.5
01/80	<1.0	< 0.2	< 0.5
08/80	<1.0	< 0.2	< 0.5

TABLE D2. ANALYSIS OF BEDDING SAMPLES AT ILLINOIS INSTITUTE OF TECHNOLOGY RESEARCH INSTITUTE

	Fiber_Co	oncentration
Collection Date	Total (a)	Asbestos (a)
03/77	110/g	ND
03/79	90/g	ND
02/80	130/g	ND
08/80	40/g	ND

<sup>(</sup>a) ND = less than detection limit (~ 25,000 fibers per liter or 25 fibers per gram)

### APPENDIX E

# WATER ANALYSIS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

#### APPENDIX E. WATER ANALYSIS

Samples of drinking water were submitted to the Water Supply Research Laboratory, U.S. Environmental Protection Agency, Cincinnati, Ohio, for baseline asbestos determinations. The samples were collected on November 8, 1976, and November 11, 1980.

The results of the first analysis determined the concentration of chrysotile asbestos and amphibole asbestos to be below detectable limits of 10,000 fibers per liter.

The second analysis detected one chrysotile asbestos fiber, equivalent to 50,000 fibers per liter, but a count based on a single fiber is not statistically significant. The chrysotile asbestos fiber was probably a contaminant from the study diet.

### APPENDIX F

# AIR ANALYSIS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

PAGE

TABLE F1

RESULTS OF ANALYSES OF AIR SAMPLES IN LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS IN RATS

169

#### APPENDIX F. ANALYSIS OF AIR SAMPLES

Results of air sample analyses are presented in Table F1.

Initially, 6-hour samplings of air were taken for baseline asbestos determinations from clean and dirty corridors and one room. Samples were sent for analysis to the Illinois Institute of Technology Research Institute (IITRI). Additional 6-hour air samplings of rooms and corridors were taken when each asbestos diet was introduced into a room and thereafter approximately every 6 months.

Air samples were obtained with a portable pump Model G (part no. 456058) from Mining Safety Appliances Co. (Pittsburgh, Pennsylvania), which was connected by Tygon tubing to a Millipore Filter Field Monitor (pore size,  $5 \mu$ ).

TABLE F1. RESULTS OF ANALYSES OF AIR SAMPLES IN LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS IN RATS (a)  $\,$ 

Date	Room No. 32 (next to return hall door)	Service Hall (outside room no. 30)	Room No. 35 (next to service hall door)	Return Hall Intersection of Nos. 45 and 44	Room No. 36 (next to return hall door)
		Total Fib	er Concentration (	no./cc of air)	
6/78	0.0	0	0	0	0
1/79	0.17	0.04	0.04	·	0.30
2/80	0.095		0.048		
7/80	0.11	0.09	0.03		0
		Asbestos F	iber Concentration	(no/cc of air)	
6/78	0.06	0	0	0	0
1/79	0.13	0.04	0.00		0.17
2/80	0.095	0.00	0.00		
7/80	0.03	0.03	0.03		
			>5 µm (no/cc of a	air)	
6/78	0	0		0	0
1/79	0	0	0		0
2/80	0	_	0		_
7/80	0	0	0		0
			>1 µm (no/cc of a	air)	
6/78	0	0		0	0
1/79	0.13	0	0		0.14
2/80	0		0		
7/80	0	0	0.03		0
	Service Hall	Room No. 33	Return Hall	Room No. 30	
Date	Intersection of Nos. 29 and 55	(next to return hall door)	(No. 20) Outside Women's Locker	e of (next to return	Service Hall
Date	Intersection	(next to return hall door)	(No. 20) Outside Women's Locker	e of (next to return Room hall door)	Service Hall
	Intersection of Nos. 29 and 55	(next to return hall door)  Total Fib	(No. 20) Outside Women's Locker er Concentration (	e of (next to return Room hall door) no/cc of air)	Service Hall
6/78	Intersection	(next to return hall door)  Total Fib	(No. 20) Outside Women's Locker	e of (next to return Room hall door) no/cc of air)	
6/78 1/79	Intersection of Nos. 29 and 55	(next to return hall door)  Total Fib  (b) 0 0.11	(No. 20) Outside Women's Locker er Concentration (	e of (next to return Room hall door) no/cc of air)	Service Hall
6/78 1/79 2/80	Intersection of Nos. 29 and 55	(next to return hall door)  Total Fib  (b) 0  0.11  0.00	(No. 20) Outside Women's Locker er Concentration (	e of (next to return Room hall door)  no/cc of air)  0 0.04	
6/78 1/79	Intersection of Nos. 29 and 55	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11	(No. 20) Outside Women's Locker er Concentration (	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34	
6/78 1/79 2/80	Intersection of Nos. 29 and 55	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11	(No. 20) Outside Women's Locker er Concentration (	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34	
6/78 1/79 2/80 7/80	Intersection of Nos. 29 and 55	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11 Asbestos F (b) 0	(No. 20) Outside Women's Locker er Concentration (	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34 n (no/cc of air)	0.04
6/78 1/79 2/80 7/80	Intersection of Nos. 29 and 55	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11 Asbestos F  (b) 0 0.04	(No. 20) Outside Women's Locker er Concentration (	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34 n (no/cc of air)	
6/78 1/79 2/80 7/80 6/78 1/79 2/80	Intersection of Nos. 29 and 55	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11 Asbestos F  (b) 0 0.04 0.00	(No. 20) Outside Women's Locker er Concentration (	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34 n (no/cc of air)  0 0.04	0.04
6/78 1/79 2/80 7/80	Intersection of Nos. 29 and 55	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11 Asbestos F  (b) 0 0.04	(No. 20) Outside Women's Locker er Concentration (  0  Siber Concentration 0	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34 a (no/cc of air)  0 0.04 0.23	0.04
6/78 1/79 2/80 7/80 6/78 1/79 2/80	Intersection of Nos. 29 and 55	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11 Asbestos F  (b) 0 0.04 0.00	(No. 20) Outside Women's Locker er Concentration (	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34 a (no/cc of air)  0 0.04 0.23	0.04
6/78 1/79 2/80 7/80 6/78 1/79 2/80 7/80	Intersection of Nos. 29 and 55	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11  Asbestos F  (b) 0 0.04 0.00 0.03	(No. 20) Outside Women's Locker er Concentration (  0  Siber Concentration 0	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34 0.004 0.004 0.23 air)  0	0.04
6/78 1/79 2/80 7/80 6/78 1/79 2/80 7/80	Intersection of Nos. 29 and 55  0.12  0.06	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11  Asbestos F  (b) 0 0.04 0.00 0.03	(No. 20) Outside Women's Locker  er Concentration (  0  Tiber Concentration 0  >5 µm (no./cc of 1)	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34 n (no/cc of air)  0 0.04 0.23 air)	0.04
6/78 1/79 2/80 7/80 6/78 1/79 2/80 7/80	Intersection of Nos. 29 and 55  0.12  0.06	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11  Asbestos F  (b) 0 0.04 0.00 0.03	(No. 20) Outside Women's Locker  er Concentration (  0  Tiber Concentration 0  >5 µm (no./cc of 1)	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34 0.004 0.004 0.23 air)  0	0.04
6/78 1/79 2/80 7/80 6/78 1/79 2/80 7/80	Intersection of Nos. 29 and 55  0.12  0.06	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11  Asbestos F  (b) 0 0.04 0.00 0.03	(No. 20) Outside Women's Locker  er Concentration (  0  Tiber Concentration 0  >5 µm (no./cc of 1)	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34 a (no/cc of air)  0 0.04 0.23 air)  0	0.04
6/78 1/79 2/80 7/80 6/78 1/79 2/80 7/80	1ntersection of Nos. 29 and 55  0.12  0.06	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11  Asbestos F  (b) 0 0.04 0.00 0.03	(No. 20) Outside Women's Locker  or Concentration (  0  Siber Concentration  0  >5 µm (no./cc of a)  >1 µm (no./cc of a)	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34 0.04 0.04 0.23 air)  0 0 0	0.04
6/78 1/79 2/80 7/80 6/78 1/79 2/80 7/80 6/78 1/79 2/80 7/80	Intersection of Nos. 29 and 55  0.12  0.06	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11  Asbestos F  (b) 0 0.04 0.00 0.03	(No. 20) Outside Women's Locker  er Concentration (  0  Tiber Concentration  0  >5 µm (no/cc of 1)	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34 1 (no/cc of air)  0 0.04 0.23 air)  0 0	0.04
6/78 1/79 2/80 7/80 6/78 1/79 2/80 7/80	1ntersection of Nos. 29 and 55  0.12  0.06	(next to return hall door)  Total Fib  (b) 0 0.11 0.00 0.11  Asbestos F  (b) 0 0.04 0.00 0.03	(No. 20) Outside Women's Locker  or Concentration (  0  Siber Concentration  0  >5 µm (no./cc of a)  >1 µm (no./cc of a)	e of (next to return Room hall door)  no/cc of air)  0 0.04 0.34 0.04 0.04 0.23 air)  0 0 0	0.04

TABLE F1. RESULTS OF ANALYSES OF AIR SAMPLES IN LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS IN RATS (Continued)

Date	Return Hall	Service Hall (halls 55 and 56)	Room 31	Room 34	Blank				
	· · · · · · · · · · · · · · · · · · ·	Total Fiber Concen	tration (no/cc	of air)					
6/78									
1/79	0.07		0.13	0.17	0.04				
2/80	0.048	0.048	0.048	0.24					
7/80		0.26	0.03	0.20	0.03				
		Asbestos Fiber Conce	entration (no/c	c of air)					
6/78									
1/79	0.04		0.04	0.04	0.00				
2/80	0.048	0.048	0.00	0.14					
7/80		0.20	0.03	0.09	0				
		>5 μm (no/cc of air)							
6/78									
1/79	0		0	0	0				
2/80	0	0	0	0	_				
7/80		0.06	0	0	0				
		>1 μm (n	o/cc of air)						
6/78									
1/79	0		0	0.04	0				
2/80	0	0	0	0.05					
7/80		0.14	0	0.06	0				
Date	Service Hall	Wash Area Room 48	Chang	e Area	Room 56				
		Total Fiber Concen	tuntion (no los e	of air)					
6/78		Total Tibel Concen	tration (nozee )	л ан /					
1/79									
2/80	_								
7/80	0	0.06	0.1	.1	0.09				
		Asbestos Fiber Conce	entration (no/co	of air)					
		ABBESTOS TIBEL COLLE	citivation (nove						
6/78		TISSESSOS TISCI CONC.	<u> </u>						
1/79	0	Assessed Ander Cont.	(11000)						
1/79 2/80	0			13	0.09				
1/79	0	0	0.0	3	0.09				
1/79 2/80 7/80	0	0		3	0.09				
1/79 2/80 7/80 6/78 1/79	0	0	0.0	3	0.09				
1/79 2/80 7/80 6/78 1/79 2/80		0 >5 μm (n	0.0 o/cc of air)	3					
1/79 2/80 7/80 6/78 1/79		0 <b>&gt;5 μm (n</b> . 0	0.0 o/cc of air)	3	0.09				
1/79 2/80 7/80 6/78 1/79 2/80 7/80		0 <b>&gt;5 μm (n</b> . 0	0.0 o/cc of air)	3					
1/79 2/80 7/80 6/78 1/79 2/80 7/80	0	0 <b>&gt;5 μm (n</b> . 0	0.0 o/cc of air)	3					
1/79 2/80 7/80 6/78 1/79 2/80 7/80		0 <b>&gt;5 μm (n</b> . 0	0.0 o/cc of air)	13					

<sup>(</sup>a) Samples analyzed by IITRI; the computations are based on a 1 liter/min sample rate and a 6-h sample period = 360 min. (b) Sample holder was damaged.

### APPENDIX G

# SUMMARY OF CLINICAL SIGNS OBSERVED PRIOR TO MORIBUND KILL IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

		PAGE
TABLE G1	SUMMARY OF CLINICAL SIGNS OBSERVED IN RATS BEFORE MORIBUND KILL IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS: CONTROL	172
TABLE G2	SUMMARY OF CLINICAL SIGNS OBSERVED IN RATS BEFORE MORIBUND KILL IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS: 1%	173

TABLE G1. SUMMARY OF CLINICAL SIGNS OBSERVED IN RATS BEFORE MORIBUND KILL IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS: CONTROL (a)

							98-102
Male	Female	Male	Female	Male	Female	Male	Femal
2	4	5	2	3	10		4
	1	1	1	2	4	1	
	1		1		4		3
	2	1	1		2		2
	1		1				
1							
1							
		2		1			
	1						
1							
					2		
	1	3		1	3		1
						1	
		1					
1	2	1		2	4		2
		2	2		1	3	2
					1		
			1				
	1		1				
	_	1	_				
						1	
		ī				_	
1		_					
-		1					
		Weeks	103-107		Weeks	108-112	
		Male	Female		Male	Female	
lition		6	6		7	3	
1101011			v		•	Ū	
					4	1	
			1		*	•	
			1				
					1		
					1	1	
		9	3		3		
			J		U	1	
					1		
		3	1		•	1	
nguina	l, lower	Ü			9		
		1			4	1	
		1	2		1		
					1	ī	
			4				
		ı					
			1				
		ī					
	Male  2  1 1 1	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Male         Female         Male           2         4         5           1         1           2         1           1         2           1         3           1         2           1         1           1         2           1         1           1         1           1         1           1         1           1         1           1         1           2         1           1         1           2         1           1         2           1         1           2         1           1         2           1         1           2         1           1         2           1         1           2         1           1         1           3         3	Male         Female           2         4         5         2           1         1         1         1           1         1         1         1           1         1         1         1           1         1         3         1           1         2         1         1           1         2         2         2           1         1         1         1           1         1         1         1           1         1         1         1           1         1         1         1           1         2         3         1           1         1         2         3           1         1         2         3           1         1         2         1           1         2         1         1           1         2         1         1           1         2         1         1           2         3         1         1           1         2         1         1           1         2         1         1	Male         Female         Male         Female         Male           2         4         5         2         3           1         1         1         2           1         1         1         1           1         2         1         1           1         3         1         1           1         2         1         1           1         1         1         1           1         1         1         1           1         1         1         1           1         1         1         1           1         2         3         1           1         1         2         3           1         1         2         3           1         1         2         1           1         2         3         1           1         2         1         1           2         3         1         1           3         1         1         1           4         1         2         1           1         2         1         1	Male         Female         Male         Female           2         4         5         2         3         10           1         1         1         2         4         4         2         4         10         2         4         4         1         2         1	Male   Female   Male   Female   Male   Female   Male   M

<sup>(</sup>a) The intervals were arbitrarily selected based on weeks when a large percentage of moribund kills occurred Clinical signs observed after the last interval selected were believed not to be readily discernible from signs of aging

TABLE G2. SUMMARY OF CLINICAL SIGNS OBSERVED IN RATS BEFORE MORIBUND KILL IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS: 1% (a)

		ks 83-87 Female		ks 88-92 Female		ks 93-97 Female	Weeks Male	98-102 Female
	_							
Number of animals killed in moribund condition	2	2	4	3	5	1	c	o
Pale	1	2	4	3	2	1	6 3	8 6
Thin	1	2 2	1		$\overset{\mathbf{z}}{2}$		2	1
Bloody crust around nose and/or eyes	1	4	1		4		4	1
Pale eyes	1		1	1	1			1
Malocclusion	•		•	•	•			1
Hunched		1						•
Depressed	1	2	1	1	1		3	3
Labored respiration	•	2	•	1	•		U	J
Wheezing			1	•				
Abdomen firm and/or distended			•	1				
Palpable mass in abdomen		2		ī				3
Tissue masshindleg, neck, chest, back,		-		•				ŭ
eye, head, axilla, hip, inguinal, midline								
or perineal	<b>1</b>	1	4	1	1	1	2	2
Loss of pain perception		1						
Unable to stand							1	
Lack of coordination					1			
Loss of equilibrium or righting reflex							2	1
Rough haircoat			2					
Flaccid muscle tone	1							
Yellow extremities		1		1				
Cold to touch		2			1			
Prostrate in cage					1			
Paralysis in hindlegs					1			1
Red discharge from penis					1			
Urine stains								1

	_Weeks	s 103-107	Weeks	108-112
	Male	Female	Male	Female
Number of animals killed in moribund condition	13	12	12	15
Pale	4	10	6	6
Thin	7	5	3	8
Cloudy eyes				2
Pale eyes	2	1	2	4
Salivating	ī	•	-	-
Hunched	-			1
Depressed	7	4	4	2
Labored respiration	i	•	•	1
Rapid respiration	ī			•
Wheezing	ī			
Cyanotic	1			
Abdomen firm and/or distended			1	
Palpable mass in abdomen	8	8	8	5
Tissue masshindleg, neck, chest, back, eye, head, axilla, hi	p.			
inguinal, midline, or perineal	5	5	3	6
Nodule	1		1	
Side of head swollen				1
Unkempt	2		2	_
Loss of equilibrium or righting reflex			_	1
Prostrate in cage	1		1	1
Paralysis in hindlegs	-	1	•	ī
Urine discoloration (red, bright yellow)	2	_		-

<sup>(</sup>a) The intervals were arbitrarily selected based on weeks when a large percentage of moribund kills occurred. Clinical signs observed after the last interval selected were believed not to be readily discernible from signs of aging.

#### APPENDIX H

# FEED AND COMPOUND CONSUMPTION BY RATS IN THE LIFETIME FEED STUDIES OF CROCIDOLITE ASBESTOS

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TABLE H1. FEED AND COMPOUND CONSUMPTION BY MALE RATS FOR REPRESENTATIVE WEEKS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS

	Cor	itrol	1% Crocidolite Asbestos					
Week	Grams Feed/ Day (a)	Body Weight (grams)	Grams Feed/ Day (a)	Body Weight (grams)	1%/Control (b)	Dose/Day (c)		
17	17	312	17	244	1.0	697		
27	17	359	16	317	0.9	505		
37	18	408	17	351	0.9	484		
47	18	411	17	366	0.9	464		
57	17	443	17	392	1.0	434		
67	18	466	17	413	0.9	412		
77	16	471	16	427	1.0	375		
87	17	417	16	429	0.9	373		
97	16	464	15	424	0.9	354		
107	17	460	15	419	0.9	358		
117	15	424	15	399	1.0	376		
127	18	401	16	373	0.9	429		
137	15	361	18	332	1.2	542		
an	16.8	415	16.3	376	1.0	446		
(d)	1.1		0.9		0.1	96		
(e)	6.5		5.5		10.0	21.5		

<sup>(</sup>a) Grams of feed removed from the feeder per animal per day; not corrected for scatter.

TABLE H2. FEED AND COMPOUND CONSUMPTION BY FEMALE RATS FOR REPRESENTATIVE WEEKS IN THE LIFETIME FEED STUDY OF CROCIDOLITE ASBESTOS

	Con	itrol	1% Crocidolite Asbestos					
Week	Grams Feed/ Day (a)	Body Weight (grams)	Grams Feed/ Day (a)	Body Weight (grams)	1%/Control (b)	Dose/Day (c)		
17	12	188	12	163	1.0	736		
27	12	203	11	186	0.9	591		
37	13	224	12	200	0.9	600		
47	13	228	13	220	1.0	591		
57	13	251	12	235	0.9	511		
67	14	282	13	259	0.9	502		
77	13	303	12	280	0.9	429		
87	15	317	13	292	0.9	445		
97	14	328	12	294	0.9	408		
107	15	334	13	302	0.9	430		
117	14	324	13	295	0.9	441		
127	15	314	14	275	0.9	509		
137	13	295	13	253	1.0	514		
ean	13.5	276	12.5	250	0.9	516		
) (d)	1.1		0.8		0.0	93		
V(e)	8.1		6.4		0.0	18.0		

<sup>(</sup>a) Grams of feed removed from the feeder per animal per day; not corrected for scatter.

<sup>(</sup>b) Grams of feed per day for the dosed group divided by that for the controls

<sup>(</sup>c) Estimated milligrams of crocidolite asbestos consumed per day per kilogram of body weight

<sup>(</sup>d) Standard deviation

<sup>(</sup>e) Coefficient of variation = (standard deviation/mean)  $\times$  100

<sup>(</sup>b) Grams of feed per day for the dosed group divided by that for the controls

<sup>(</sup>c) Estimated milligrams of crocidolite asbestos consumed per day per kilogram of body weight

<sup>(</sup>d) Standard deviation

<sup>(</sup>e) Coefficient of variation = (standard deviation/mean) × 100

# APPENDIX I

## **AUDIT SUMMARY**

#### APPENDIX I. AUDIT SUMMARY

The experimental data, documents, pathology materials, and draft Technical Report for the lifetime toxicology and carcinogenesis studies of crocidolite asbestos in F344/N rats were audited for accuracy, consistency, and completeness. The laboratory experiments were conducted for the NTP at Hazleton Laboratories (Vienna, Virginia) under a subcontract with Tracor Jitco, Inc., from the National Cancer Institute. The exposure portion of the studies was begun in January 1978 and ended in December 1980, before the time (October 1981) the NTP implemented the requirement that studies be conducted in compliance with the Good Laboratory Practice (GLP) regulations of the Food and Drug Administration. The retrospective audit was conducted for the NIEHS at the NTP Archives from June to July 1985 by Dynamac Corporation (F. Cavender, Ph.D., Principal Investigator). A separate audit for the chemistry data for all NTP asbestos studies was conducted by Argus Research Laboratories (P. Wennerberg, D.V.M., Principal Investigator) in October 1986. The other individuals who conducted the audit are listed in the full audit report, which is on file at the NIEHS. The audit included a review of:

- (1) All records concerning animal receipt, quarantine, randomization, and disposition prior to study start.
- (2) Chemistry records for fiber characterization and chemical/vehicle analyses.
- (3) Body weight and clinical observation data for a random 10% sample of the study animals.
- (4) Feed consumption for approximately 10% of the animals.
- (5) Inlife records concerning environmental conditions, palpable masses, and mortality.
- (6) All postmortem records for individual animals concerning identification, disposition and condition codes, and correlation between gross observations and microscopic diagnoses.
- (7) Wet tissues from a random 10% sample of the study animals to verify animal identification and to examine for untrimmed potential lesions.
- (8) Blocks and slides of tissues from 50% of the control and exposed groups to examine for inventory and correspondence.
- (9) Tabulated pathology diagnoses for a random 10% of study animals to verify computer data entry.

The audit indicated that records were not available for environmental conditions for the control animals or gestation and litter data following breeding of the  $F_0$  to produce the  $F_1$  generation. A Daily Animal Observation Record was not available for control animals, and therefore the primary mortality records for these animals were the Individual Animal Data Records. Other inlife records were generally complete and consistent.

The records documenting the identification and characterization of the various mineral fibers were complete and adequate. Recalculated values for formulated diets containing crocidolite asbestos were in agreement with the values recorded.

Wet tissues were present for all animals except three exposed male rats. Of the 74 rats examined at random for ear tag identification, 2 control males, 2 exposed males, and 1 exposed female had no ear tags in the tissue bags; all others were properly identified. Audit examination for gross to microscopic noncorrelation indicated four nonneoplastic lesions for the gastrointestinal tract (one exposed male, three exposed females) and eight potentially neoplastic lesions in "nontarget" organs (two control males, two exposed males, two control females, two exposed females). The NTP pathology review of these findings indicated that they would in no way change or affect the conclusions drawn in the study.

The retrospective audit indicated that the records and specimens for the lifetime studies of crocidolite asbestos support the data and results presented in the NTP Technical Report.