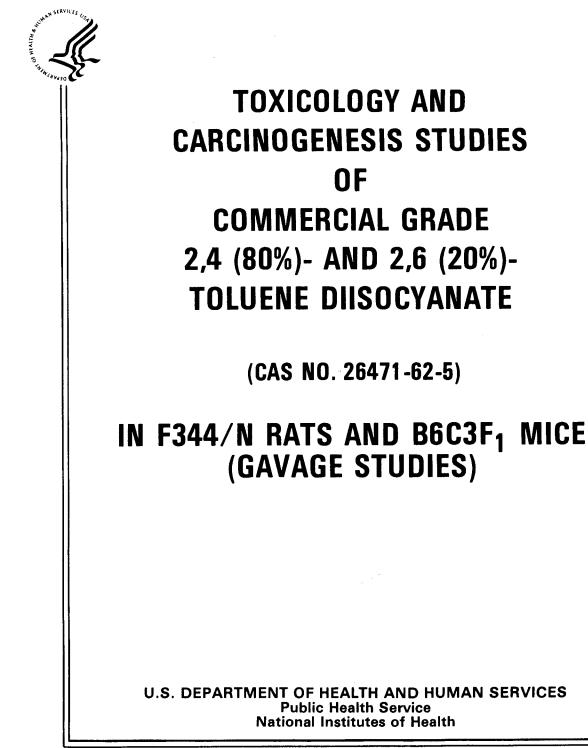
NATIONAL TOXICOLOGY PROGRAM Technical Report Series No. 251



NATIONAL TOXICOLOGY PROGRAM

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

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

TOXICOLOGY AND CARCINOGENESIS STUDIES OF COMMERCIAL GRADE 2,4 (80%)- AND 2,6 (20%)-TOLUENE DIISOCYANATE

(CAS NO. 26471-62-5)

IN F344/N RATS AND B6C3F1 MICE (GAVAGE STUDIES)

NATIONAL TOXICOLOGY PROGRAM P.O. Box 12233 Research Triangle Park North Carolina 27709

August 1986

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5

NOTE TO THE READER

These studies are designed and conducted to characterize and evaluate the toxicologic potential, including carcinogenic activity, of selected chemicals in laboratory animals (usually two species, rats and mice). Chemicals selected for testing in the NTP Carcinogenesis Program are chosen primarily on the bases of human exposure, level of production, and chemical structure. Selection per se is not an indicator of a chemical's carcinogenic potential. Negative results, in which the test animals do not have a greater incidence of cancer than control animals, do not necessarily mean that a test chemical is not a carcinogen, inasmuch as the experiments are conducted under a limited set of conditions. Positive results demonstrate that a test chemical is carcinogenic for animals under the conditions of the test and indicate that exposure to the chemical has the potential for hazard to humans. The determination of the risk to humans from chemicals found to be carcinogenic in animals requires a wider analysis which extends beyond the purview of this study.

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).

These NTP Technical Reports are available for sale from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, VA 22161 (703-487-4650). Single copies of this Technical Report are available without charge (and while supplies last) from the NTP Public Information Office, National Toxicology Program, P.O. Box 12233, Research Triangle Park, NC 27709.

Special Note: This Technical Report was peer reviewed in public session and approved by the NTP Board of Scientific Counselors' Technical Reports Review Subcommittee on September 22, 1982 [see pages 11 and 12]. 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 M.] 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 supercedes all previous drafts of this report that have been distributed.

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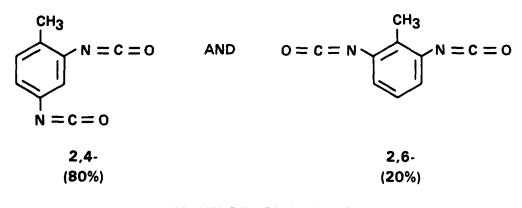
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TOXICOLOGY AND CARCINOGENESIS STUDIES OF COMMERCIAL GRADE 2,4 (80%)- AND 2,6 (20%)-TOLUENE DIISOCYANATE

MIXTURE OF



TOLUENE DIISOCYANATE

CAS NO. 26471-62-5

ABSTRACT

Groups of 50 female F344/N rats and 50 female $B6C3F_1$ mice were administered commercial grade toluene diisocyanate (80% 2,4- and 20% 2,6-) in corn oil by gavage at doses of 60 or 120 mg/kg body weight, 5 days per week for 105 or 106 weeks. Groups of 50 male F344/N rats received 30 or 60 mg/kg and groups of 50 male B6C3F₁ mice received 120 or 240 mg/kg on the same schedule. Dosage analyses of toluene diisocyanate indicated that the chemical had reacted in the corn oil vehicle, resulting in actual gavage concentrations 77% to 90% of theoretical values. Groups of 50 rats and 50 mice of each sex received corn oil only and served as vehicle controls.

Survival in all groups of dosed rats in the 2-year studies was shorter ($P \le 0.005$) than that of the controls; depressions in mean body weight gain relative to controls were greater than 10% in all dosed rat groups throughout most of the study. A dose-dependent pattern of cumulative toxicity began at 70 weeks and culminated in excessive mortality, indicating the estimated maximum tolerated dose had been exceeded for rats. Acute bronchopneumonia occurred at increased incidences in groups of dosed male and female rats (males: control, 2/50; low dose, 6/50; high dose, 14/50; females: 1/50, 10/50, 25/49).

Subcutaneous tissue fibromas or fibrosarcomas (combined) in male rats occurred with a positive trend (P < 0.01; 3/50, 6/50, 12/50). The incidence in the high dose group was higher than that in the controls ($P \le 0.01$). The same tumor comparisons were significant (P < 0.001) in female rats by the life table analysis. Mammary gland fibroadenomas in female rats occurred with a positive trend (P < 0.001), and the incidences in low and high dose groups were significantly higher than that in controls ($P \le 0.01$).

Pancreatic acinar cell adenomas in male rats occurred with a positive trend (P < 0.05; 1/47, 3/47, 7/49). The incidence in the high dose group was higher than that in the controls (P < 0.05).

The incidences of pancreatic islet cell adenomas in female rats were higher by the incidental tumor test ($P \le 0.01$) in low dose (6/49) and high dose (2/47) groups than in controls (0/50). An islet cell carcinoma was also observed in a low dose female rat. The incidences of female rats with neoplastic nodules in the liver occurred with a positive trend (P < 0.05; 3/50, 8/50, 8/48), and the incidence in the high dose group was higher (P < 0.05) than that in the controls.

Survival of high dose male mice in the 2-year study was significantly shorter than that of the controls (P < 0.001). During the second year of the study, mean body weight gains of high dose male mice were less than those of the controls. Cytomegaly of kidney tubular epithelium was found in 45/48 (94%) low dose male mice and 41/50 (82%) high dose male mice but not in any of the controls.

Hemangiomas or hemangiosarcomas (combined) of the circulatory system in female mice occurred with a positive trend ($P \le 0.01$; control, 0/50; low dose, 1/50; high dose, 5/50). The incidence in the high dose group was significantly higher than that in the controls (P < 0.05).

Hepatocellular adenomas in female mice occurred with a positive trend ($P \le 0.001$; 2/50, 3/50, 12/50), and the incidence in the high dose group was higher than that in the controls (P < 0.01).

Toluene diisocyanate was mutagenic in *Salmonella typhimurium* strains TA98 and TA100 in the presence (but not the absence) of Aroclor 1254-induced male Sprague-Dawley rat or male Syrian hamster liver S9; it was not mutagenic in strains TA 1535 or 1537.

An audit of the experimental data for these 2-year toxicological and carcinogenicity studies on commercial grade 2,4- and 2,6-toluene diisocyanate was conducted. There were no data discrepancies that influenced the final interpretations.

Under the conditions of these gavage studies, commercial grade toluene diisocyanate in corn oil was carcinogenic for F344/N rats, causing subcutaneous fibromas and fibrosarcomas (combined) in males and females, pancreatic acinar cell adenomas in males, and pancreatic islet cell adenomas, neoplastic nodules of the liver, and mammary gland fibroadenomas in females. Toluene diisocyanate was not carcinogenic for male $B6C3F_1$ mice. TDI was carcinogenic for female $B6C3F_1$ mice, causing hemangiomas or hemangiosarcomas (combined), as well as hepatocellular adenomas.

CONTRIBUTORS

These carcinogenesis studies of toluene diisocyanate were conducted at Litton Bionetics, Inc. under a subcontract to Tracor Jitco, Inc., the prime contractor for the Carcinogenesis Testing Program. The 2-year studies for F344, N rats and B6C3F₁ mice were begun in December 1978 and completed in January 1981.

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SUMMARY OF PEER REVIEW COMMENTS ON THE CARCINOGENESIS STUDIES OF COMMERCIAL GRADE TOLUENE DIISOCYANATE

On 22 September 1982 this technical report on the carcinogenesis studies of commercial grade toluene diisocyanate underwent peer review by the National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee and associated Panel of Experts. This public review meeting began at 9:00 a.m. in the Conference Center, Building 101, South Campus, National Institute of Environmental Health Sciences, Research Triangle Park, North Carolina. The following precis represents the critiques made by the principal reviewers, as well as comments from and discussion by the Peer Review Panel, NTP staff, and attendees.

Dr. Elashoff, a principal reviewer, agreed with the conclusions. He noted that due to the common lethal nontumorigenic toxicity, the life table and incidental tumor tests were the appropriate statistical analyses. As a second principal reviewer, Dr. Mirer said the conclusions were appropriate. He criticized the storage of gavage solutions at room temperature in view of the reactivity of TDI with corn oil. He said the compound and dose related toxicity indicated the doses may have been too high in rats yet this did not compromise the conclusions.

As a third principal reviewer, Dr. Holland accepted the report as written. He commented that the interpretation of these studies was complicated by the instability of the material in contact with water, as would occur in the gastrointestinal tract. However, since similar degradation would occur if exposure were by the respiratory route, the data were, in his opinion, a valid representation of TDI tumorigenicity. Dr. M. Dieter, NTP, said the corn oil was not anhydrous or kept in a desiccator, and degradation rates of TDI would be given in the report.

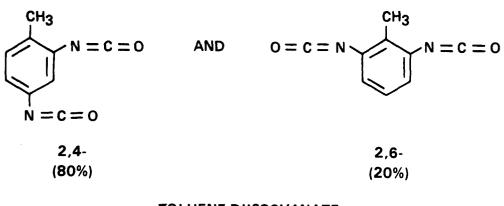
In discussion from the floor, Dr. L. Rampy, Dow Chemical Company and representing the International Isocyanate Institute, reiterated and added to comments sent to the review panel and NTP staff prior to the meeting. First, since the occupational route of exposure to TDI was mainly inhalation, he said the gavage route was improper because toxicity, spectrum of metabolites, and other factors would likely differ between the routes. He opined that TDI would be converted after oral dosing to toluene diamine, a known animal carcinogen. He requested that the report be deferred.

Dr. Swenberg stated the study should have been stopped at one year due to excessive mortality and chemically associated toxicity. He said that bronchial pneumonia may have been a cause of the animals dying early. Dr. Holland said the effect of reducing a sample size in a positive study is of less overall concern than the effect of reducing sample size in the case of a negative study. Dr. Elashoff noted that, in the case of TDI, despite reduction of power and sensitivity due to early mortality, the tumorigenic effects were such that there was significance both in trend tests and pairwise comparisons at a number of target sites.

Dr. Scala requested that statements be added about exceeding the maximum tolerated dose in rats, and possibly in male mice. Dr. Mirer asked that there be in the abstract a comment about the reactivity of TDI with corn oil.

Dr. Elashoff moved that the report on the carcinogenesis studies of toluene diisocyanate be accepted conditional on the revisions, written and discussed. Dr. Holland seconded the motion and the technical report was approved by the Peer Review Panel (nine affirmative votes and one abstention; Dr. Schwetz).

I. INTRODUCTION



MIXTURE OF

TOLUENE DIISOCYANATE

CAS NO. 26471-62-5

Toluene diisocyanate (TDI) is commercially produced as an approximate 80:20 mixture of the 2,4- and 2,6-isomers. In 1980, 580,000 pounds of this chemical were produced in the United States, primarily for use in the manufacture of flexible polyurethane foams (USITC, 1981). These foam elastomers are found in furniture and automobile cushions, carpet underlays, pillow filling, mattresses, insulation, shoes, purses, and toys (Kirk-Othmer, 1970). TDI is also used to produce polyurethane coatings for lacquers and wood finishes (IARC, 1979).

TDI reacts readily with polyols, water, urea, urethanes, amines, and other basic compounds (E.I. DuPont, 1969; Ehrlicher, 1974). Concentrations as high as 10 ppm TDI have been measured in the air above urethane foams during their production (Buist, 1970). The maximum allowable 8-hour time weighted average concentration of 2,4-toluene diisocyanate to which workers can be exposed is 0.02 ppm (U.S. CFR, 1974).

The oral LD50 value for TDI in rats is 5.8 g/kg body weight (Zapp, 1957), and the LC50 values for rats and mice are 14 and 10 ppm, respectively (Duncan, 1962).

Skin, eye, and respiratory tract irritation has been reported in both humans and rats exposed to TDI in air (Union Carbide, 1976; Patty, 1963). Hypersensitivity to TDI, manifested as an asthma-like response, has been reported in workers exposed to the chemical (Parkes, 1970; Taylor, 1970; Sangha and Alarie, 1979), and a 10-hour TWA exposure concentration of 5 ppb TDI has been recommended for workplace air (NIOSH, 1979).

Toluene 2,6-diisocyanate (2,6-TDI) is unstable in hydroxylic solvents and reacts even more rapidly with primary and secondary amines. At very low concentrations in water, it hydrolyzes stepwise to first form 2-amino-6-isocyanatotoluene, then 2,6-diaminotoluene. At higher concentrations, poly-ureas are formed by the reaction of amino groups of the hydrolysis products with the isocyanate. In an aqueous suspension of stomach contents the half-life of 2,6-TDI was less than 2 minutes. The half-life of 2,6-TDI in serum was less than 30 seconds (RTI, 1985).

When 2,6-TDI was given orally to 11 adult male Fischer 344 rats in corn oil, most of the 2,6-TDI formed polymers in the gastrointestinal tract (RTI, 1985). At doses of 900 mg/kg body weight, the 2,6-TDI usually polymerized and lined the stomach, slowing or preventing the migration of food into the intestines. In these cases, the stomachs became greatly distended. At doses of 60 mg/kg body weight, these results were not observed.

I. INTRODUCTION

Most 2,6-TDI-derived materials were excreted in feces or were found in the gastrointestinal tract 72 hours after dosing. Excretion in breath was insignificant. Approximately 2.5 times as much 2.6-TDI-derived materials were excreted in urine after a 60 mg/kg oral dose (12%) than after a 900 mg/kg dose (5%). More than half of the xenobiotic related material excreted in urine was 2,6bis(acetylamino)toluene. Increased urinary excretion of metabolites of 2,6-TDI with decreasing dosage is consistent with the lower concentration of 2,6-TDI in the stomach permitting increasing amounts of the 2,6-TDI to be hydrolyzed completely to monomeric 2,6diaminotoluene rather than forming polymers. The 2.6-diaminotoluene could then be absorbed, acetylated, and excreted in urine. 2,6-TDIderived materials were not concentrated in any tissues (RTI, 1985).

Both 2,4- and 2,6-diaminotoluene were mutagenic in Salmonella typhimurium TA1538 (Dybing and Thorgeirsson, 1977; Andersen et al., 1980). Although 2,4-toluene diisocyanate was reported as not mutagenic in S. typhimurium TA1535, TA1538, TA98, and TA100, with or without metabolic activation with S-9 preparation from Aroclor 1254-induced Sprague-Dawley rats (Anderson and Styles, 1978), an 80:20 mixture of 2,4- and 2,6-toluene diisocyanate was mutagenic in a narrow dose range in S. typhimurium TA100, TA98, and TA1538 after metabolic activation with rat liver S-9 preparation from phenobarbital-induced rats (Andersen et al., 1980). Differences in the results from the two studies are probably due to differences in the test conditions. Using the micronucleus mutagenesis test procedure, Loeser (1983) observed no mutagenic responses in groups of five male or female Sprague-Dawley rats or CD-1 mice exposed to TDI vapors at doses of 0, 0.05, or 0.15 ppm (v/v) 6 hr/day, 5 days/wk for 4 weeks.

Both 2,6-TDI and a mixture of 2,4- and 2,6-TDI were mutagenic in Salmonella typhimurium strains TA98 and TA100 in the presence but not the absence of metabolic activation provided by 9000 \times g liver supernatant (S-9) fractions from Aroclor 1254-induced male Sprague-Dawley rats or Syrian golden hamsters (Appendix L). Toluene diisocyanate was not mutagenic in S. typhimurium strains TA1535 or TA1537 with or without metabolic activation.

No evidence of 2,4-/2,6-TDI (80/20)-associated benign or malignant lesions was reported by Loeser (1983) following vapor exposure of male and female Sprague-Dawley rats and CD-1 mice to 0, 0.05, or 0.15 ppm (6 hr/day, 5 days/wk) for approximately two years.

A commercial TDI mixture was tested since a large number of workers (approximately 40,000) are potentially exposed to these isomers and because no long-term studies were available.

Toluene Diisocyanate

II. MATERIALS AND METHODS

CHEMICAL ANALYSES

DOSE PREPARATION

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CHEMICAL ANALYSES

Toluene diisocyanate (Hylene®) was obtained in two lots from E.I. duPont de Nemours and Co. (Wilmington, DE). Lot no. 228 was used for the single-dose, 14-day, and 13-week studies and for the first 14 months of the 2-year studies. Lot no. 414417 was obtained to complete the 2-year studies.

Purity and identity analyses were conducted on both lots at Midwest Research Institute (Appendix G). The results of elemental analyses of lot 228 for carbon, hydrogen, and nitrogen and of lot 414417 for carbon and hydrogen agreed with the theoretical values. The results for nitrogen in lot 414417 were slightly high. When both lots were analyzed in comparable systems by vapor-phase chromatography, lot 228 was found to contain six trace impurities, each with an area of less than 0.02% of the major peak, while lot 414417 contained only two of these impurities (both totalling 0.2% of the major peak). Lot 414417 still exhibited only two impurities when analyzed in a second system. The infrared, ultraviolet, and nuclear magnetic resonance spectra for both lots were consistent with the literature spectra and with each other. Comparison of the integration ratios of the nuclear magnetic resonance for the protons on the 2,4-and 2,6-isomers indicated that lot 228 consisted of approximately 80% of the 2,4-and 20% of the 2,6-isomers, and lot 41447 was approximately 85% of the 2,4- and 15% of the 2,6-isomers.

As a part of the initial stability analysis of gavage solutions, Midwest Research Institute determined that TDI reacted very rapidly with water — approximately 20% remained less than 15 minutes after the aqueous solution was prepared (MRI Report, August 7, 1975). Campbell et al., (1975 and 1976) have reported that, upon reaction with water, TDI forms a disubstituted urea, N,N'-bis(3-isocyanato-4-methylphenyl) urea (Figure 1). This material is insoluble in TDI and precipitates, thereby inhibiting further reaction to form polymers (Figure 2). If TDI is warmed to increase the solubility of this disubstituted urea, the relative amount of the polymers can be increased. It was therefore important that TDI be stored in a dry environment.

Lot 228 was initially received at the bioassay laboratory in two 10-pound metal cans. Storage conditions were varied over the course of its use in an attempt to determine the most suitable conditions. These storage conditions may have contributed to the cloudy appearance in the first can. The cloudiness was first noticed in March 1979 (the 2-year studies began in December 1978), and the testing laboratory was directed to use the second can. Use of the second can began in July 1979, and this too was found to be cloudy. Analysis of this material by Midwest Research Institute (Appendix H) indicated that the sample contained approximately 0.5% (w/w) of a nonvolatile material dissolved in the bulk liquid.

The isolated dried precipitate was analyzed by mass spectrometry and was determined to be the urea (Figure 1) and its polymeric analogs (Figure 2). Quantitation of the precipitated material indicated that there was 0.3% (w/w) of this precipitate suspended in the bulk liquid. Since these materials may be formed once the TDI reaches the stomach of the animal, this small amount was

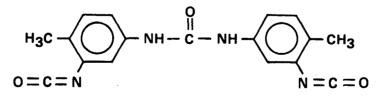


Figure 1. Structure of N,N'-Bis(3-isocyanato-4-methylphenyl)Urea

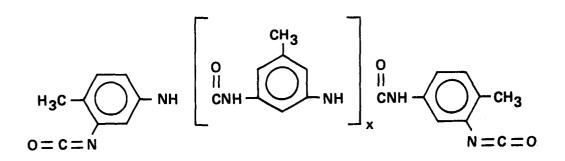


Figure 2. Polymeric Analog of N.N'-Bis(3-isocyanato-4-methylphenyl)Urea

not considered to be a serious problem. However, a new lot of the chemical (414417) was procured and placed on test after being analyzed and found to be suitable (May 1980). No evidence of any polymer was detected in this lot over the 10-month period that it was used and stored in a desiccator at the testing laboratory. Analysis by infrared spectrometry and vaporphase chromatography (using the same system used for lot 228) indicated no change in the purity of the bulk chemical liquid, despite the presence of the precipitate in lot 228.

DOSE PREPARATION

TDI was administered by gavage because the chemical is unstable in water or in feed. Doses were prepared by weighing appropriate amounts of TDI and mixing them with enough corn oil of normal moisture content (0.05%) to give the desired concentrations. (The stability of TDI in corn oil and the results of analysis of the corn oil for moisture are presented in Appendixes I and J.) All glassware was oven dried and stored in a dessicator until used. Gavage solutions were stored at room temperature outside of a desiccator.

The concentration of TDI in the corn oil formulations was analyzed periodically at the bioassay laboratory (Appendix K). Since TDI corn oil formulations were used for no more than 7 days, only those analyses performed during this time period are presented in Table K1. According to the MRI report (Appendix I), the animals could have received 77-90% of the target dose at the end of the dosing period (7 days after preparation). The results from the bioassay laboratory indicate the importance of glassware preparation and sample handling, since the results did not always parallel those predicted by the MRI stability study.

On the average, the groups of animals that received 9, 18, 36, or 72 mg/ml formulations received approximately 77%, 82%, 90%, or 84% of the target doses, respectively. When doses in the 2-year study are examined in terms of the milligrams of TDI administered per kilogram of body weight, the following estimated doses can be calculated:

	Rats		Mice			
	Ma	ales	Fer	nales	Males	Females
Target dose (mg/kg)	30	60	60	120	120 240	60 120
Estimated dose (mg kg)	23	49	49	108	108 202	49 108

SINGLE-DOSE STUDIES

Male and female F344/N rats and $B6C3F_1$ mice (C57BL/6N×C3H/HeN MTV-) were obtained from Frederick Cancer Research Center, quarantined, and held for approximately 6 weeks before the test began. Animals were approximately 10 weeks old when placed on study.

Groups of five rats of each sex were administered a single dose of TDI (2,150, 3,160, 4,640, 6,810, 10,000, or 14,700 mg/kg body weight) in corn oil by gavage, and groups of five mice of each sex received doses of 2,150 (males only), 3,160, 4,640, 6,810, or 10,000 mg/kg by the same route. No controls were used. All animals were observed for mortality for 14 days; observations were made every 30 minutes for the first 8 hours and then daily for the rest of the study.

Rats were housed two or three per cage and mice were housed five per cage. Animals received water and feed *ad libitum* during the observation period. Details of animal maintenance are presented in Table I. Necropsies were performed on all animals.

FOURTEEN-DAY STUDIES

Male and female F344/N rats and $B6C3F_1$ mice were obtained from Frederick Cancer Research Center and held for 2 to 3 weeks before the study began. Animals were 6 to 7 weeks old when placed on study.

Two studies were conducted. In the first, groups of five rats and mice of each sex were administered TDI in corn oil at doses of 0, 500, 1,000, 2,000, 3,000, or 4,000 mg/kg for 14 consecutive days. Similar groups of rats and mice in

the second study received doses of 0, 30, 60, 120, 240, or 500 mg/kg on the same schedule.

Rats were housed two to three per cage and mice five per cage and received water and feed *ad libitum*. Details of animal maintenance are presented in Table 1.

Rats and mice were observed daily for mortality and were weighed on days 0, 7, and 14. Necropsies were performed on all animals.

THIRTEEN-WEEK STUDIES

Two 13-week studies were conducted to evaluate the cumulative toxicity of TDI and to determine the doses to be used in the 2-year studies.

Three-to-four-week-old male and female F344 rats and $B6C3F_1$ mice were obtained from Frederick Cancer Research Center for the first study and from Charles River Breeding Laboratories for the second study. Animals on the first study were held for 12 days, randomized by weight, and then assigned to test groups so that average cage weights were approximately equal for all animals of the same sex and species. Rats were 6 weeks old and mice 5 weeks old when placed on study. For the second study, rats were held 8 weeks and mice 5 weeks before the test began; the animals were 12 and 9 weeks old, respectively, when placed on study. Rats and mice were housed five per cage in polycarbonate cages (Table 1). They received Purina® Lab meal and water in bottles (acidified to pH 2.5 for bacterial control) ad libitum.

In the first study, groups of 10 rats of each sex received TD1 in corn oil by gavage at doses of 0, 7, 15, 30, 60, 120, or 240 mg/kg body weight, 5 days per week for 13 weeks, and groups of 10 mice of each sex received doses of 0, 6, 12, 25, 50, or 100 mg kg on the same schedule. Rats and mice in the second study were administered TD1 at doses of 0, 15, 30, 60, 120, or 240 mg kg.

Animals were checked for mortality and signs of morbidity twice daily. Those animals that were judged moribund were killed and necropsied. Each animal was given a clinical examination weekly, including palpation for tissue masses or swelling. Body weight data were collected weekly.

At the end of the 91-day study, survivors were killed, and necropsies were performed on animals that survived to the end of the study and on all animals found dead, unless precluded in whole or in part by autolysis or cannibalization. Thus, the number of animals from which particular organs or tissues were examined microscopically varies and does not necessarily represent the number of animals that were placed on study in each group. The following specimens were examined histopathologically for control and high dose groups: gross lesions, tissue masses. abnormal lymph nodes, skin, mandibular lymph nodes, mammary gland, salivary gland, thigh muscle, sciatic nerve, bone marrow, costochondral junction (rib), thymus, larynx, trachea, lungs and bronchi, heart, thyroid, parathyroid, esophagus, stomach, duodenum, jejunum, ileum, colon, mesenteric lymph nodes, liver, gallbladder (mice), pancreas, spleen, kidneys, adrenals, bladder, seminal vesicles/prostate/ testes or ovaries/uterus, nasal cavity, brain, pituitary, and spinal cord. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin.

TWO-YEAR STUDIES

Study Design

Groups of 50 male rats received TDI in corn oil by gavage at doses of 0, 30, or 60 mg/kg body weight; groups of 50 male mice received 0, 120, or 240 mg/kg; groups of 50 female rats and 50 female mice received 0, 60, or 120 mg/kg. Doses were administered 5 days per week for 106 weeks (rats) or 105 weeks (mice).

Additional groups of 50 rats and 50 mice of each sex were started as untreated controls but were subsequently sacrificed at 87 weeks.

Source and Specifications of Test Animals

Six-week-old male and female F344/N rats and B6C3F₁ mice were obtained from Harlan Industries, observed for 6 weeks, and then assigned to cages according to a table of random numbers. The cages were then assigned to control and dosed groups according to another table of random numbers. Rats and mice were 12 weeks old when placed on study.

Animal Maintenance

Rats and mice were housed five per cage in polycarbonate cages covered with nonwoven filter sheets (Table 1). Racks and filters were changed once every 2 weeks. Cages, bedding, and glass water bottles (equipped with stainless steel sipper tubes) were replaced twice per week. Tap water (acidified to pH 2.5 for bacterial control) and feed were available *ad libitum*. The temperature in the animal rooms was 20°-26°C and the humidity was 20%-78%. Twelve to 15 changes of room air per hour were provided. Fluorescent lighting provided illumination 12 hours per day.

Clinical Examinations and Pathology

All animals were observed twice daily for mortality and morbidity. Clinical signs and the results of palpations were recorded every 4 weeks. Body weights were recorded once per week for the first 13 weeks and then monthly thereafter. The mean body weight of each group was calculated by dividing the total weight of all animals in the group by the number of surviving animals in the group. Moribund animals and animals that survived to the end of the study were killed with carbon dioxide and necropsied.

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. The following were examined microscopically: tissue masses, abnormal lymph nodes, skin, mandibular lymph nodes, mammary gland, salivary gland, thigh muscle, sciatic nerve, bone marrow, costochondral junction (rib), thymus, larynx, trachea, lungs and bronchi, heart, thyroid, parathyroid, esophagus, stomach, duodenum, jejunum, ileum, colon, mesenteric lymph nodes, liver, gallbladder (mice), pancreas, spleen, kidneys, adrenals, bladder, seminal vesicles/prostate/ testes or ovaries/uterus, brain, and pituitary. Necropsies were performed on all animals found dead and on those killed at the end of the study, unless precluded in whole or in part by autolysis or cannibalization. Thus, the number of animals from which particular organs or tissues were examined microscopically varies and is not necessarily equal to the number of animals that were placed on study in each group.

The classification of neoplastic nodules was done according to the recommendations of Squire and Levitt (1975) and the National Academy of Sciences (1980).

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 tissues were verified, and histotechniques were evaluated. All tumor diagnoses, target tissues, and tissues from a randomly selected 10% of the animals were evaluated by a 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 slides selected by the Chairperson were reviewed blindly by PWG pathologists, who reached a consensus and compared their findings with the original diagnoses. When disagreements occurred, the PWG sent the appropriate slides and their comments to the original pathologist for review. (This procedure has been described by Maronpot and Boorman, 1982.) The final diagnosis represents a consensus of contractor pathologists and the NTP Pathology Working Group.

Data Recording and Statistical Methods

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

Probabilities of survival were estimated by the product-limit procedure of Kaplan and Meier (1958) and are presented in this report in the form of graphs. All animals dying of accidents or found to be missing were statistically censored from the survival analysis at the time of death. Statistical analyses for a possible dose-related effect on survival used the method of Cox (1972) for testing two groups for equality and Tarone's (1975) extensions of Cox's methods for testing for a dose-related trend. All reported P values for the survival analysis are two-sided.

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 included only those animals for which that site was examined histologically. However, when macroscopic examination was required to detect lesions (e.g., skin or mammary tumors) prior to histologic sampling, or when lesions could have appeared at multiple sites (e.g., lymphomas), the denominators consist of the numbers of animals necropsied.

For the statistical analysis of tumor incidence data, two different methods of adjusting for intercurrent mortality were employed. Each used the classical methods for combining contingency tables developed by Mantel and Haenszel (1959). Tests of significance included pairwise comparisons of high and low dose groups with controls and tests for overall dose-response trends.

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 methods 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 second method of analysis assumed that all tumors of a given type observed in animals dying 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 animals found to have tumors in dosed and control groups were compared in each of five time intervals: 0-52 weeks, 53-78 weeks, 79-92 weeks, week 93 to the week before the terminal kill, and the terminal kill period. The denominators of these proportions were the number of animals actually necropsied during the time interval. The individual time interval comparisons were then combined by the previously described methods to obtain a single overall result. (See Peto et al., 1980, for the computational details of both methods.)

In addition to these tests, one other set of statistical analyses was carried out and reported in the appendix containing the analyses of tumor incidence: the Fisher exact test for pairwise comparisons and the Cochran-Armitage linear trend test for dose-response trends (Armitage, 1971; Gart et al., 1979). These tests were based on the overall proportion of tumor-bearing animals. All reported P values for the tumor incidence analyses are one-sided.

For studies in which there is little effect of compound administration 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.

	Single-Dose Studies	14-Day Studies	13-Week Studies	2-Year Studies
Experimental Design				
Size of Test Groups	5 males and 5 females of each species	5 males and 5 females of each species	10 males and 10 females of each species	50 males and 50 females of each species
Doses	Rats: males and females— 2,150, 3,160, 4,640, 6,810, 10,000 or 14,700 mg/kg body weight toluene diisocyanate in corn oil	Rats: 1st study: 0, 500, 1,000, 2,000, 3,000, or 4,000 mg/kg; 2nd study: 0, 30, 60, 120, 240, or 500 mg/kg body weight toluene diisocyanate in corn oil	Rats: males and females— 1st study: 0, 7, 15, 30, 60, 120, or 240 mg/kg body weight toluene diisocyanate in corn oil; 2nd study: 0, 15, 30, 60, 120, or 240 mg/kg body weight toluene diisocyanate in corn oil	Rats: males: 0, 30, or 60 mg/kg body weight; females: 0, 60, or 120 mg/kg body weight toluene diisocyanate in corn oil
	Mice: males: 2,150, 3,160, 4,640, 6,810, or 10,000 mg/kg; females: 3,160, 4,640, 6,810, or 10,000 mg/kg body weight toluene diisocyanate in corn oil	Mice: 1st study: 0, 500, 1,000, 2,000, 3,000, or 4,000 mg/kg toluene diisocyanate in corn oil; 2nd study: 0, 30, 60, 120, 240, or 500 mg/kg	Mice: males and females— 1st study: 0, 6, 12, 25, 50, or 100 mg/kg body weight toluene diisocyanate in corn oil; 2nd study: 0, 15, 30, 60, 120, or 240 mg/kg body weight TDI in corn oil.	Mice: males: 0, 120 or 240 mg/kg body weight; females: 0, 60, or 120 mg/kg body weight toluene diisocyanate in corn oil.
Duration of Dosing	Single dose	Daily for 14 days	Five days per week for 13 weeks	Five days per week for 106 weeks (rats) or 105 weeks (mice)
Type and Frequency of Observation	Observed for mortality every 1/2 hour for first 8 hrs and then daily	Observed daily for mortality and morbidity	Observed twice daily for mortality and morbidity; weighed weekly	Observed twice daily for mortality and morbidity; clinical signs taken and palpation done every 4 weeks; weighed once per week for 13 weeks, then monthly
Necropsy and Histologic Examination	Necropsies were performed on all animals	Necropsies were performed on all animals	Necropsies were performed on all animals; histopatho- logic examinations performed on control and high-dose groups	Necropsies and histopathologic examinations were performed on all animal

TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS

	Single-Dose Studies	14-Day Studies	13-Week Studies	2-Year Studies
Animals and Animal Mainter	lance			
,		F344/N rats; B6C3F1 mice	F344/N rats; B6C3F1 mice	F344/N rats; B6C3F1 mice
Animal Source	Frederick Cancer Research Center (Frederick MD)	Frederick Cancer Research Center	1st study: Frederick Cancer Research Center 2nd study: Charles River Breeding Laboratories (Wilmington, DE)	Harlan Industries, Inc. (Indianapolis, IN)
Time Held Before Start of Test	6 weeks	1st study: 3 weeks 2nd study: 2 weeks	1st study: 12 days 2nd study: rats: 8 weeks; mice: 5 weeks	Rats: 6 weeks Mice: 6 weeks
Age When Placed on Study	10 weeks	1st study: 7 weeks 2nd study: 6 weeks	1st study: rats: 6 weeks; mice: 5 weeks 2nd study: rats: 12 weeks mice: 9 weeks	Rats: 12 weeks Mice: 12 weeks
Age When Killed	12 weeks	1st study: 9 weeks 2nd study: 8 weeks	1st study: rats: 19 weeks mice: 18 weeks 2nd study: rats: 25 weeks mice: 22 weeks	119 weeks
Method of Animal Distribution			Animals were randomized by weight	Animals assigned to groups according to a series of computer- generated random number
Feed	Purina [®] Laboratory Chow (ground), Ralston Purina Co. (St. Louis, MO); provided <i>ad libitum</i>	Same as single-dose study	Same as single-dose study	Same as single-dose study but supplied pellets
Bedding	Ab-sorb-dri® hard- wood chips Lab Products, Inc (Garfield, NJ)	Same as single-dose study	Same as single-dose study	Same as single-dose study
Water	Tab water acidified to pH 2.5 provided by water bottles ad libitum	Same as single-dose study	Same as single-dose study	Same as single dose study

TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS (Continued)

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TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS (Continued)

Lab Products, Inc. Garfield, NJ)Lab Products, Inc. Garfield, NJ)Cage Filters-Non-woven polyesterNon-woven polyesterAnimals Per CageRats: 2-3 per cage; Mice: 5 per cageS per cage5 per cageAnimal-Room Environment22° to 25° C; 30%-70% relative humidity20° to 26° C; 20%-70% relative humidity20° to 26° C; 20%-70% relative humidity20% relative humidityOther Chemicals on Test in Same RoomRats: diallyl phthalate, 2,6-dichloro- p-phenylenediamine, caprolactam; Mice: dialtyl phthalate, 2,6-dichloro-p-penylene- diasolved in corn oil at at a concentration of 200 gm/mlDiphenyl methane dissolved in corn oil at a concentration of 200 gm/ml dissolved in corn oil at a concentration of 300 mg/mlToluene diisocyanate was dissolved in corn oil at a concentration of 300 mg/mlToluene diisocyanate was dissolved in corn oil at a concentration of 45 gm/ml for the 1st study and 45 gm/ml for the 1st study and 45 gm/ml for the 2nd studyPrepared dailyI week		Single-Dose Studies	14-Day Studies	13-Week Studies	2-Year Studies
Lab Products, Inc. Garfield, NJ)Lab Products, Inc. Garfield, NJ)Cage Filters-Non-woven polyesterNon-woven polyesterAnimals Per CageRats: 2-3 per cage; Mice: 5 per cageRats: 2-3 per cage; Mice: 5 per cage5 per cage5 per cageAnimal-Room Environment22° to 25° C; 30%-70% relative humidity20% 78% relative humidity20% 78% relative humidityOther Chemicals on Test in Same RoomRats: diallyl phthalate, 2.6-dichloro- p-phenylenediamine, caprolactam; Mice: diallyl phthalate, 2.6-dichloro-p-penylene- diasolved in corn oil at a concentration of 20 mg/ml 500 mg/mlDiphenyl methane disolved in corn oil at a concentration of 20 mg/ml disolved in corn oil at a concentration of 300 mg/mlToluene diisocyanate was disolved in corn oil at a concentration of 30 mg/ml for the 1st study and 45 mg/ml for the 2d studyToluene dially Prepared within 2 hoursToluene dially Prepared within 2 hoursPrepared within 2 hours of dosingPrepared dailyI week	Animals and Animal Mainter	ance			
Animals Per Cage Rats: 2-3 per cage; Mice: 5 per cage Rats: 2-3 per cage; Mice: 5 per cage 5 per cage 5 per cage Animal-Room Environment - - 22° to 25°C; 30%-70% relative humidity 20° to 26°C; 20%-78% relative humidity: 12-15 room air changes per hour; 12 hours per day fluorescent light Other Chemicals on Test in Same Room Rats: diallyl phthalate, 2.6-dichloro- p-phenylenediamine, caprolactam; Mice: diallyl phthalate, 2.6-dichloro-p-phenylene- diamine, caprolactam Diphenyl methane diisocyanate None None Preparation Toluene diisocyanate was dissolved in corn oil at a concentration of 500 mg/ml Toluene diisocyanate was dissolved in corn oil at a concentration of 250 mg/ml for the 1st study and 45 mg/ml for the 2nd study of dosing Toluene diisocyanate was dissolved in corn oil at concentrations of 16 or 32 mg/ml Toluene diisocyanate was dissolved in corn oil at concentrations of 16 or 32 mg/ml Toluene diisocyanate was dissolved in corn oil at concentrations of 16 or 32 mg/ml I week	Cages	Lab Products, Inc.	Polycarbonate	Polycarbonate	Polycarbonate
Mice: 5 per cageMice: 5 per cageAnimal-Room Environment22° to 25° C; 30%-70% relative humidity20° to 26° C; 20%-78% relative humidity: 12-15 room air changes per hour; 12 hours per day fluorescent lightOther Chemicals on Test in Same RoomRats: dially! phthalate, 2,6-dichloro- p-phenylenediamine, caprolactam; Mice: dially! phthalate, 2,6-dichloro-phenylene- diamine, caprolactam; Mice: disolved in corn oil at a concentration of 250 mg/mlNoneNonePreparationToluene diisocyanate was dissolved in corn oil at a concentration of 250 mg/ml of ml for the 2nd studyToluene diisocyanate was dissolved in corn oil at concentrations of 16 or 32 mg/mlToluene diisocyanate was dissolved in corn oil at concentrations of 9, 18, 36, or 72 mg/mlMaximum Storage TimePrepared within 2 hours of dosingPrepared within 2 hours of dosingPrepared diallyI week	Cage Filters	-	-	Non-woven polyester	filter paper, Snow Filtration Co.
30%-70% relative humidity20%-78% relative humidityOther Chemicals on Test in Same RoomRats: diallyl 	Animals Per Cage			5 per cage	5 per cage
Test in Same Roomphthalate, 2,6-dichloro- p-phenylenediamine, caprolactam; Mice: diallyl phthalate, 2,6-dichloro-p-phenylene- diamine, caprolactamdiisocyanateChemical/Vehicle MixtureToluene diisocyanate was dissolved in corn oil at a concentration of 500 mg/mlToluene diisocyanate was dissolved in corn oil at a concentration of 250 mg/ml for the 1st study and 45 mg/ml for the 2nd studyToluene diisocyanate was dissolved in corn oil at concentrations of 16 or dissolved in corn concentrations of 9, 18, sof, or 72 mg/mlMaximum Storage TimePrepared within 2 hours of dosingPrepared within 2 hours of dosingPrepared within 2 hours of dosingPrepared daily1 week	Animal-Room Environment			30%-70% relative	20%-78% relative humidity; 12-15 room air changes per hour; 12 hours per day
PreparationToluene diisocyanate was dissolved in corn oil at a concentration of 500 mg/mlToluene diisocyanate was dissolved in corn oil at a concentration of 250 mg/mlToluene diisocyanate was dissolved in corn oil at a concentration of 250 mg/ml for the 1st study and 45 mg/ml for the 2nd studyToluene diisocyanate was 		phthalate, 2,6-dichloro- p-phenylenediamine, caprolactam; Mice: diallyl phthalate, 2,6-dichloro-p-phenylene-		None	None
dissolved in corn oil at a concentration of 500 mg/mldissolved in corn oil at a concentration of 250 mg/mldissolved in corn oil at a concentrations of 16 or 32 mg/mldissolved in corn oil at concentrations of 9, 18, 36, or 72 mg/mlMaximum Storage TimePrepared within 2 hours of dosingPrepared within 2 hours 	Chemical/Vehicle Mixture				
of dosing of dosing	Preparation	dissolved in corn oil at a concentration of	dissolved in corn oil at a concentration of 250 mg/ml for the 1st study and	dissolved in corn oil at concentrations of 16 or	dissolved in corn oil at concentrations of 9, 18,
Storage Conditions Room temperature	Maximum Storage Time	-	-	Prepared daily	l week
	Storage Conditions	-	-	-	Room temperature

III. RESULTS

RATS

SINGLE-DOSE STUDIES

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES

TWO-YEAR STUDIES Body Weights and Clinical Signs Survival Pathology and Statistical Analyses of Results

MICE

SINGLE-DOSE STUDIES

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES

TWO-YEAR STUDIES

Body Weights and Clinical Signs Survival Pathology and Statistical Analyses of Results

III. RESULTS: RATS—SINGLE-DOSE STUDIES

SINGLE-DOSE STUDIES

Mortality was proportional to the dose of TDI administered (Table 2). Loss in mean body weight was greater than 10 g in all groups of dosed males. In rats receiving 10,000 or 14,700 mg/kg, death was preceded by labored breath-

ing, inactivity, and diarrhea. White, crystalline material was found in the stomach and dark red lungs were observed at necropsy; these findings were dose related.

FOURTEEN-DAY STUDIES

Two 14-day studies were conducted because the initial study resulted in excessive mortality in all dosed groups (Table 3). Dose levels for the second 14-day study were an order of magnitude less than those in the original study; few animals died and deaths were not dose related. Mean body weight relative to controls was depressed by more than 10% in male rats administered doses of 120 mg/kg or more and female rats administered 500 mg/kg.

Dose	Survival (a)	Mean Body Weights (grams)			
(mg/kg)	(Day of Death)	Initial	Final	Change	
MALES					
2,150	3/5 (5,9)	272	260	-12	
3,160	2/5 (1,3,14)	264	244	-20	
4,640	3/5 (2,10)	238	214	-24	
6,810	3/5 (4,5)	222	204	-18	
10,000	0/5(1,1,1,2,2)	263			
14,700	0/5 (2,2,2,2,2)	241	_	—	
FEMALES					
2,150	5/5	162	165	+ 3	
3,160	3/5 (3,3)	163	161	- 2	
4,640	3/5 (2,2)	150	144	- 6	
6,810	0/5 (2,2,3,4,4)	150	_		
10,000	1/5 (3,3,3,3)	157	133	-24	
14,700	0/5 (1,2,2,2,2)	144		_	

TABLE 2. SURVIVAL AND MEAN BODY WEIGHTS OF RATS ADMINISTERED A SINGLE DOSE OF TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

(a) Number surviving/number per group

D		Mea	Final Body Weight Relative to		
Dose (mg/kg)	Survival (a) – (Day of Death)	Initial	Final	Change	— Controls (b) (Percent)
		FI	RST STUDY		
MALES					
0	4 5 (11)	120	174	+54	
500	2 5 (1,2,9)	119	131	+12	-25
1,000	1 5 (1, 1, 7, 10)	120	164	+44	- 6
2,000	0 5 (2,2,3,3,5)	120			
3,000	0 5 (2,3,4,6,6)	119			
4.000	0 5 (2,2,3,3,4)	119		_	
FEMALES					
0	5 5	99	126	+27	
500	3 5 (8,9)	99	111	+12	-12
1,000	1 5 (2,6,6,9)	98	98	0	-22
2,000	1 5 (2,2,2,3)	99	100	+ 1	-21
3,000	0/5 (2,2,4,5,6)	99			
4,000	0/5 (3,3,3,4,6)	99			_
		SEC	COND STUDY		
MALES					
0	5 5	97	163	+66	
30	4/5 (10)	97	158	+61	- 3
60	5,5	97	156	+59	- 4
120	5/5	98	144	+46	-12
240	4/5 (5)	97	126	+29	-23
500	5/5	97	106	+ 9	-35
FEMALES					
0	5/5	87	126	+39	
30	4/5 (3)	87	125	+38	- 1
60	5,5	87	119	+32	- 6
120	5/5	87	119	+32	- 6
240	4/5 (7)	87	120	+33	- 5
500	4/5 (4)	86	105	+19	-17

TABLE 3. SURVIVAL AND MEAN BODY WEIGHTS OF RATS ADMINISTERED TOLUENEDIISOCYANATE IN CORN OIL BY GAVAGE FOR 14 DAYS

(a) Number surviving/number per group

(b) Weight of the dosed group relative to that of the controls =

Weight (Dosed Group) - Weight (Control Group)

Weight (Control Group)

× 100

THIRTEEN-WEEK STUDIES

Two 13-week studies were conducted. In the initial study, additional groups were started at doses of 0, 120, and 240 mg/kg when no weight gain depression was observed in the original test groups after 60 days on study (Table 4). Since the patterns of mortality between the two 120 mg/kg groups were inconsistent and there was no doseresponse relationship when 240 mg/kg was administered, the second 13-week study was conducted.

In the second study, only one death (a female receiving 240 mg/kg) was considered to be compound related (Table 4). Mean body weight, relative to controls, was depressed by 10% or more in male rats receiving 120 or 240 mg/kg; weight gain was not depressed in female rats. Mucoid bronchopneumonia was mild to moderate in 8/10 males that received 240 mg/kg, moderate to

severe in 2/10 females administered 240 mg/kg, and moderate in 1/2 males that received 120 mg/kg and died before the end of the study. The accumulation of mucoid material in bronchioles was referred to as "mucoid bronchopneumonia," even though this lesion was not entirely inflammatory. The less severe lesions consisted of mucoid material and a few plump macrophages that were assumed to have originated as alveolar macrophages. The more pronounced lesions had more neutrophils.

Doses of 30 and 60 mg/kg were selected for males and doses of 60 and 120 mg/kg were selected for females in the 2-year study because depression in mean body weight gain and mucoid bronchopneumonia had been observed at higher doses.

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of dosed rats were lower than those for the controls after week 10 in males and week 20 in females. The depressions in mean body weight gains were dose related (Table 5 and Figure 3). No other compound-related clinical signs were observed.

Survival

Estimates of the probabilities of survival of male and female rats administered TDI in corn oil at the doses used in these studies, and those of the controls, are shown by the Kaplan and Meier curves in Figure 4. In male rats, the survival of animals in the two dosed groups was significantly shorter than that of the controls (P<0.001). In females, the survival in each dosed group was significantly shorter than that in the controls (high dose, P<0.001; low dose, P=0.005), and the survival in the high dose group was significantly shorter than that in the low dose group (P=0.001). One control, six low dose, and three high dose males and one high dose female and five low dose females were accidentally killed and were censored from the statistical analysis of survival.

In male rats, 36/50 (72%) of the controls, 14/50 (28%) of the low dose, and 8/50 (16%) of the high dose group lived to the end of the study at 108 weeks. In female rats, 36/50 (72%) of the controls, 19/50 (38%) of the low dose, and 6/50(12%) of the high dose group lived to the end of the study at 108 weeks. The survival data included one control male and one high dose female that died during the termination period of the study. For statistical purposes, these animals are considered to have been killed at the end of the study. Because of the reduced survival in dosed male and female rats, the statistical procedures that adjust for intercurrent mortality (life table and incidental tumor tests) were regarded as more meaningful than the "unadjusted" analyses in the evaluation of tumor incidence data in these groups.

_		Me	Final Body Weights Relative to Controls (b) (Percent)		
Dose (mg/kg)	Survival (a) – (Week of Death)	Initial Final (d) Change			
<u></u>		F	IRST STUDY		,
MALES				. *	•
0	10/10	110	288	+178	
7	9/10 (8)	111	283	+172	- 2
.15	10/10	112	283	+172	- 1
30	7/10 (1,2,7)	112	277	+172	- 4
50 60		108	270	+165	- 6
120	8/10 (6,6)	108	249	+162	- 14
	7/10 (6,6,7)				-14
0 (c)	10/10	99	288	+189	
120 (c)	9/10 (12)	99	276	+177	- 4
240 (c)	7/10 (10,13,13)	99	237	+138	-18
FEMALES					
0	10/10	96	190	+ 94	
7	9/10 (7)	95	190	+ 95	0
15	9/10 (7)	96	184	+ 88	- 3
30	7/10 (1,1,5)	95	181	+ 86	- 5
60	7/10 (2,5,5)	96	177	+ 81	- 7
120	6/10 (1,1,6,6)	96	172	+ 76	- 9
0 (c)	10/10	81	185	+104	
120(c)	10/10	82	175	+ 93	- 5
240 (c)	10/10	81	155	+ 74	-16
		SE	COND STUDY		
MALES					
0	10/10	189	317	+128	
15	10/10	178	315	+137	- 1
30	10/10	185	316	+131	0
60	9/10 (7)	172	312	+140	- 2
120	8/10 (8,9)	177	283	+106	-11
240	10/10	182	278	+ 92	-12
FEMALES					
0	10/10	150	198	+ 48	_
15	10/10	144	193	+ 49	- 3
30	10/10	147	193	+ 46	- 3
60	10/10	148	198	+ 50	. 0
120	10/10	149	192	+ 43	- 3
240	9/10(7)	152	189	+ 37	- 5

TABLE 4. SURVIVAL AND MEAN BODY WEIGHTS OF RATS ADMINISTERED TOLUENE **DIISOCYANATE IN CORN OIL BY GAVAGE FOR 13 WEEKS**

(a) Number surviving number per group

(b) Weight of the dosed group relative to that of the controls = Weight (Dosed Group) - Weight (Control Group)

Weight (Control Group) (c) Started 2 months after other group

(d) Weight at day 84

Week			Low Dose		High Dose			
on	Av. Wt. No. of		Av. Wt. Wt. (percent No. of		Av. Wt. Wt. (percent No. of			
Study	(grams)	Survivors	(grams)	of veh controls)	Survivors	(grams)	of veh controls)	Survivors
ALE					<u> </u>			
0	184	50	182	99	50	198	108	50
1 2	200 211	50 50	190 210	95 100	50 50	200 212	100 100	50 50
3	224	50	227	101	50	228	102	49
4	240	50	240	100	50	239	100	48
5	232	50	238	103	48	237	102	48
6	253	50	249	98	48	256	101	47
7 8	262 273	50 50	260 263	99 97	47 45	268 266	102 98	47 45
ğ	288	50	277	96	44	276	96	44
10	283	50	268	95	43	266	94	43
11	296	50	280	95	41	266	90	42
12	297	50	284	96	41	272	92	40
13 16	302 323	50 50	290 306	96 95	41 41	278 294	92 91	40 39
20	353	50	338	96	41	309	88	39
24	357	49	338	95	41	323	90	39
28	371	49	351	95	39	330	89	36
32 36	384 396	49 49	366 367	95 93	39 39	341 338	89 85	36 36
40	402	49	378	94	37	341	85	35
44	411	49	378	92	37	339	82	33
48	418	49	387	93	37	343	82	32
52	418	49	385	92	35	337	81	32
56 60	426 421	49 49	386 379	91 90	33 38	335 325	79 77	30 29
64	429	49	386	90	33	332	77	29
68	425	49	382	90	31	324	76	29
72	427	49	376	88	31	324	78	27
76 80	430 425	48 47	377 370	88 87	30 28	325 3 29	76 77	25 23
84	424	47	370	87	27	327	77	20
88	410	46	354	86	27	323	79	20
92	4.æ	45	358	88	26	314	77	16
96 100	413 4**	42 39	365 358	89 87	22 20	316 309	77 75	14 13
104	443	36	350	86	18	318	78	10
EMAL								
0	130	50	134	103	50	139	107	50
1	137	57	138	101	50	145	106	50
2	146	,	145	99	50	149	102	50
3	154	<i>.</i> О	151	98	50	156 162	101 101	50 50
4 5	161 161	50 50	157 161	98 100	50 48	165	101	50
6	167	50	166	99	47	166	99	50
7	171	50	171	100	46	173	101	50
8 9	174 178	50 50	172 178	99 100	44 43	173 182	99 102	49 47
10	178	50 50	178	98	43	175	97	47
11	181	50	182	101	42	176	97	47
12	185	50	179	97	41	181	98	47
13 16 20	186 191	50 50	182 186	96 97	41 41	179 183	96 96	47
20	205	50	197	96	41	193	94	45
24	209	50	203	97	41	193 199	94 95	47 47 45 43 43 43 43 43 43 43 43
28	211 220 228 232	50 50	200 206	95 94	41 39 39 39 39 39 39 39 39 39 39 38 36 36 36	191	91	43
32	220	50 50	206	94	39	195	89	43
36	249	50 50	210 211	92 91	39	195 193	86 83 82	43
44	236	50	208	88	39	193 198	82	43
48	236 237 237	50 50 50	208 211 206	88 89 87	39	196	85	41
52	237	50	206	87	39	192 192	83 81 78	40 40
00 A0	246 242 253	50 50	212 209	86 84	39 89	193	78 77	40
64	252	50	209 214	86 85 82 81	39	191	76 71	40
68	261	49	214 215	82	38	185	71	39
72	267	49	215	81	36	189	71	37
80	261 267 275 277	50 50 49 48 48	218 216	79 78	36	190 184	71 69 66	30
84	284	45	216	76	35	189	67	40 40 39 37 35 30 28 28 26
88	284 282	45 45	215	76	34	192	68	26
24 28 32 36 40 44 48 52 56 60 64 68 80 84 88 92 96 100	286	- 44	214	75 74 74	35 34 30 30 26 28	189	67 68 65 67 71	23 20 15
96	291 293 297	41	216 218	74	30	196 208 224	67	20
100	204	41	218		28	2794		15

TABLE 5. MEAN BODY WEIGHTS AND SURVIVAL OF RATS IN THE TWO-YEAR GAVAGE STUDIESOF TOLUENE DIISOCYANATE

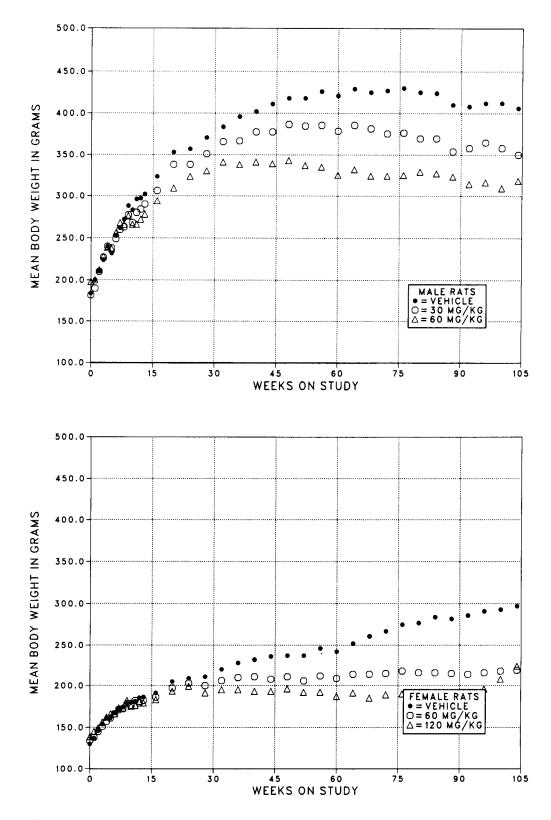


Figure 3. Growth Curves for Rats Administered Toluene Diisocyanate in Corn Oil by Gavage

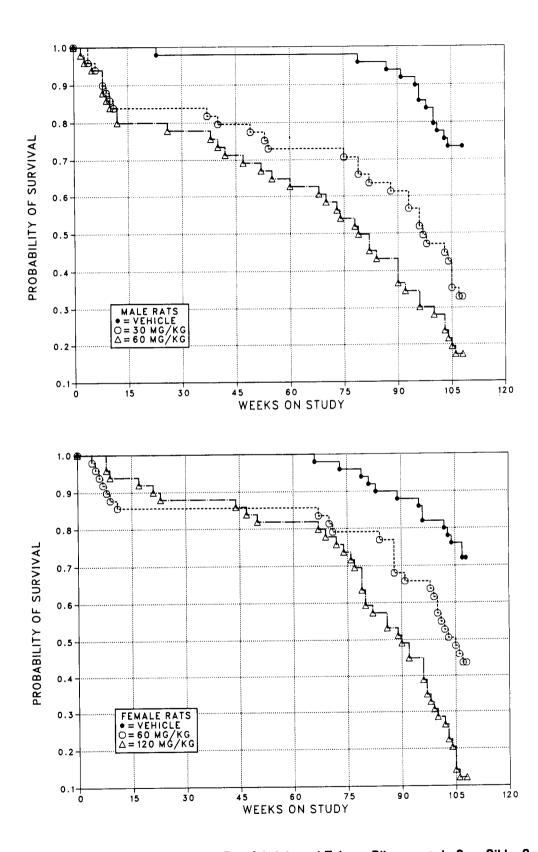


Figure 4. Kaplan-Meier Survival Curves for Rats Administered Toluene Diisocyanate in Corn Oil by Gavage

Toluene Diisocyanate

Pathology and Statistical Analyses of Results

Histopathologic findings on neoplasms in rats are summarized in Appendix A, Tables A1 and A2; Appendix Tables A3 and A4 give the survival and tumor status for individual male and female rats. Findings on nonneoplastic lesions are summarized in Appendix C, Tables C1 and C2. Historical incidences of tumors in control animals are listed in Appendix E. Because of the reduced survival observed in dosed groups relative to controls, a direct comparison of overall tumor incidences in dosed groups and historical controls may be misleading. The historical control data are included primarily to determine how representative the tumor incidences observed in concurrent vehicle controls are with respect to other studies in the bioassay program. Appendix F, Tables F1 and F2, contain 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 (Data Recording and Statistical Methods) and Appendix F (footnotes).

Untreated Controls: At week 87 untreated controls were sacrificed and examined. The incidence and type of tumors in individual rats did not appear different from the normal background of tumors in the F344/N rat. Thus these data are not given in this report.

Subcutaneous Tissue: Fibromas or fibrosarcomas occurred in male rats with a statistically significant positive trend, and the incidence in the high dose males was significantly higher than that in the controls (Table 6). (See Appendix E, Table E1 for a comparison of these test incidences with a combined historical control rate of 6.5%.)

Fibromas or fibrosarcomas also occurred in female rats with a statistically significant positive trend, and the incidence in the high dose females was higher than that in the controls by life table analysis (Table 6). (See Appendix E, Table E2 for a comparison of these test incidences with a combined historical control rate of 1.6%.)

Mammary Gland: By life table and incidental tumor test analyses, there were statistically significant increases in the incidence of combined mammary gland tumors in female rats in both low dose and high dose groups (Table 7). Since these mammary gland tumors and subcutaneous tissue tumors were all found in the axillary and inguinal areas, they are regarded as all arising from mammary tissue. The survival-adjusted tumor incidences provide a more meaningful comparison than unadjusted overall tumor rates. For example, the first tumor was seen in an animal dying at week 84, and the proportions of animals surviving at least to week 84 with combined mammary gland tumors were: controls, 17/45 (38%); low dose, 25/36 (69%); and high dose, 21/28 (75%). See Appendix E, Table E3 for a comparison of these test incidences with a historical control rate of 23% for combined mammary gland tumors.

There we no differences in the incidence of mammary gland fibroadenomas in male rats after 30 or 60 mg/kg TDI treatment compared to controls (Appendix F, Table F1).

	Vehicle	30	60
	Control	mg/kg	mg/kg
Fibroma			
Overall Incidence	3/50 (6%)	3/50 (6%)	9/50 (18%)
Adjusted Incidence	8.3%	16.5%	56.6%
Terminal Incidence	3/36 (8%)	1/14 (7%)	3/8 (38%)
Life Table Test	P<0.001	P=0.258	P<0.001
Incidental Tumor Test	P=0.002	P=0.415	P=0.004
Fibrosarcoma			
Overall Incidence	0/50 (0%)	3/50 (6%)	3/50 (6%)
Adjusted Incidence	0.0%	19.0%	23.1%
Terminal Incidence	0/36 (0%)	2/14 (14%)	0/8 (0%)
Life Table Test	P=0.003	P=0.020	P=0.008
Incidental Tumor Test	P=0.021	P=0.044	P=0.089
Fibroma or Fibrosarcoma			
Overall Incidence	3/50 (6%)	6/50 (12%)	12/50 (24%)
Adjusted Incidence	8.3%	33.5%	66.6%
Terminal Incidence	3/36 (8%)	3/14 (21%)	3/8 (38%)
Life Table Test	P<0.001	P=0.016	P<0.001
Incidental Tumor Test	P<0.001	P=0.056	P<0.001

TABLE 6. INCIDENCES OF RATS WITH SUBCUTANEOUS TUMORS

		FEMALE	S
	Vehicle Control	60 mg/kg	120 mg/kg
Fibroma			
Overall Incidence	0/50 (0%)	1/50 (2%)	3/50 (6%)
Adjusted Incidence	0.0%	5.3%	35.7%
Terminal Incidence	0/36 (0%)	1/19 (5%)	1/6 (17%)
Life Table Test	P<0.001	P=0.373	P=0.001
Incidental Tumor Test	P=0.019	P=0.373	P=0.083
Fibroma or Fibrosarcoma			
Overall Incidence	2/50 (4%)	1/50 (2%)	5/50 (10%)
Adjusted Incidence	5.3%	5.3%	51.8%
Terminal Incidence	1/36 (3%)	1/19 (5%)	2/6 (33%)
Life Table Test	P<0.001	P=0.715N	P<0.001
Incidental Tumor Test	P=0.038	P=0.609N	P=0.092

TABLE 7. COMBINED INCIDENCES OF MAMMARY GLAND TUMORS AND SUBCUTANEOUSTISSUE TUMORS IN FEMALE RATS

	Vehicle	60	120
	Control	mg/kg	mg/kg
Overall Incidence	17/50 (34%)	25/50 (50%)	21/50 (42%)
Adjusted Incidence	43.1%	88.8%	91.1%
Terminal Incidence	14/36 (39%)	16/19 (84%)	4/6 (67%)
Life Table Test	P<0.001	P<0.001	P<0.001
Incidental Tumor Test	P<0.001	P<0.001	P=0.009

III. RESULTS: RATS-TWO-YEAR STUDIES

Hematopoietic System: Monocytic leukemia was observed in male and female rats with a statistically significant decreasing trend (Table 8), and the pairwise comparisons between the control and dosed groups were significant. These decreases were not significant by life table analysis. See Appendix E. Tables E4 and E5 for a comparison of these test incidences with a historical control rate of 9.6% (males) and 13.2%(females) for leukemia.

Pancreas: Acinar cell adenomas were observed in male rats with a statistically significant trend, and the incidence in the high dose group was significantly higher than that in the controls (Table 9). See Appendix E, Table E6 for a comparison of these test incidences with a historical control rate of 0.6%. In high dose female rats one acinar cell adenoma and one acinar cell carcinoma were observed.

The adenomas were sharply demarcated from the surrounding tissue and were characterized by a loss of acinar structure, an increase in the number of basophilic cells, and enlarged and irregular nuclei with increased mitotic activity. (Mitoses often averaged one to three per highpower field.) The lesions were usually small, often less than 1 to 2 millimeters in diameter.

A dose-related increase also was observed in the number of male rats with nodular hyperplasia of the pancreatic acinus (control, 0%; low dose, 4%; high dose, 8%).

Islet cell adenomas occurred in female rats with a statistically significant positive trend (Table 9): the incidences of dosed females with these tumors were significantly higher than those in the controls. An islet cell carcinoma was observed in a low dose female rat. (See Appendix E, Table E7 for a comparison of these test incidences with a historical control rate of 0.8% for adenomas and 0.1% for carcinomas.) The markedly reduced survival in high dose female rats may have been responsible for the lower incidence of islet cell tumors in this group relative to the low dose group. In male rats, pancreatic islet cell adenoma or carcinoma (combined) showed a positive trend and increased incidence in the high dose group by the life table test (Table 9).

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TABLE 8. INCIDENCES OF MONOCYTIC LEUKEMIA IN RATS

		MALES	
	Vehicle Control	30 mg/kg	60 mg/kg
Overall Incidence	11/50 (22%)	4/50 (8%)	4/50 (8%)
Adjusted Incidence	25.5%	19.0%	19.2%
Terminal Incidence	5/36 (14%)	0/14 (0%)	0/8 (0%)
Life Table Test	P=0.559N	P=0.423N	P=0.574
Incidental Tumor Test	P=0.027N	P=0.053N	P=0.039N

	FEMALES				
	Vehicle Control	60 mg/kg	120 mg/kg		
Overall Incidence	21/50 (42%) <i>(a)</i>	7/50 (14%)	4/50 (8%)		
Adjusted Incidence	47.4%	26.3%	32.9%		
Terminal Incidence	13/36 (36%)	2/19 (11%)	1/6 (17%)		
Life Table Test	P=0.168N	P=0.120N	P=0.392N		
Incidental Tumor Test	P<0.001N	P=0.006N	P=0.001N		

(a) One lymphoma was observed in this group.

TABLE 9. INCIDENCES OF PANCREATIC LESIONS IN RATS

	MALES					
	Vehicle Control	30 mg/kg	60 mg/kg			
Acinar Cell						
Nodular Hyperplasia	0/47 (0%)	2 47 (4%)	4 49 (8%)			
Adenoma						
Overall Incidence	1/47 (2%)	3 47 (6%)	7 49 (14%)			
Adjusted Incidence	2.9%	18.2%	59.2 %			
Terminal Incidence	1 35 (3%)	2 14 (14%)	4 8 (50%)			
Life Table Test	P<0.001	P=0.075	P<0.001			
Incidental Tumor Test	P<0.001	P=0.128	P=0.001			

	MALES				
	Vehicle	30	60		
	Control	mg/kg	mg/kg		
Islet Cell					
Adenoma or Carcinoma					
Overall Incidence	1/47 (2%)	0, 47 (0%)	4 49 (8%)		
Adjusted Incidence	2.9%	0.0%	24.2%		
Terminal Incidence	1/35 (3%)	0 14 (0%)	1 8 (13%)		
Life Table Test	P=0.007	P=0.682N	P=0.013		
Incidental Tumor Test	P=0.075	P=0.682N	P=0.180		

		FEMALES	
	Vehicle Control	60 mg/kg	120 mg/kg
Islet Cell			
Adenoma			
Overall Incidence	0/50 (0%)	6/49 (12%) <i>(a)</i>	2/47 (4%)
Adjusted Incidence	0.0%	24.2%	33.3%
Terminal Incidence	0/36 (0%)	3/19 (16%)	2/6 (33%)
Life Table Test	P=0.008	P=0.003	P=0.006
Incidental Tumor Test	P=0.054	P=0.010	P=0.006

(a) One islet cell carcinoma was also observed in this group.

Liver: The incidence of female rats with neoplastic nodules occurred with a statistically significant positive trend; the incidence of high dose females with these nodules was significantly higher than that of the controls (Table 10). (See Appendix E, Table E8 for a comparison of these test incidences with a historical control rate of 1.5% for liver tumors.)

Brain: Gliomas were found in two high dose male rats and a pinealoma was found in a third high dose male. (See Appendix E, Table E9 for a comparison of these test incidences with a historical control rate of 1.0% for all brain tumors.)

Lungs: Acute bronchopneumonia was found in increased incidence in dosed rats (males: control, 2/50, 4%; low dose, 6/50, 12%; high dose, 14/50, 28%; females: control, 1/50, 2%; low dose, 10/50, 20%; high dose, 25/49, 51%; Appendix C).

Lung sections were examined from 11 male and 10 female rats that died during the first 4 months of the studies. All lungs showed marked congestion and variable amounts of pulmonary edema. Edema occurred in the bronchioles and alveoli and in a perivascular location. Slight to

	Vehicle	60	120
	Control	mg/kg	mg/kg
Overall Incidence	3/50 (6%)	8/50 (16%)	8/48 (17%)
Adjusted Incidence	8.0%	30.6%	60.1%
Terminal Incidence	2/36 (6%)	3/19 (16%)	3/6 (50%)
Life Table Test	P<0.001	P=0.014	P<0.001
Incidental Tumor Test	P=0.035	P=0.068	P=0.022

TABLE 10. INCIDENCES OF NEOPLASTIC NODULES OF THE LIVER IN FEMALE RATS

moderate amounts of perivascular lymphoplasmacytosis were observed in four rats. Necrotizing suppurative pneumonia was detected in two rats, and the lungs of one of these animals contained numerous bacteria. Bacteria were also detected in the lungs of two other rats, and a clump of foreign material (presumably of vegetable origin) was found in the bronchus of another animal. Mucocellular exudate was observed in bronchiolar lumens in a moderate number of rats. The presence of trace to very small quantities of pale yellow, slightly refractile material was detected in terminal portions of the respiratory tree (alveoli and terminal bronchioles) in 13/21 lungs examined. In the bronchioles, the material was associated with a stringy pink substance that was suggestive of fibrin and that appeared as an aggregate of vacuoles and strands. Very pale, refractive material was sometimes observed in the vacuoles. Larger, pale yellow, globular bodies were found in respiratory bronchioles and alveoli. The bodies occasionally appeared "fractured" and were sometimes associated with an inflammatory reaction.

III. RESULTS: MICE-SINGLE-DOSE STUDIES

SINGLE-DOSE STUDIES

Mortality was proportional to the dose of TDI administered, but the death rate for males was higher than that for females (Table 11). White, crystalline material was found in the stomach at necropsy; this finding was dose related.

TABLE 11. SURVIVAL AND MEAN BODY WEIGHTS OF MICE ADMINISTERED A SINGLE DOSEOF TOLUENE DIISOCYANATE BY GAVAGE

Dose	Survival (a)	М	ean Body Weights (gra	ams)
(mg/kg)	(Day of Death)	Initial	Final	Change
MALES				
2,150	5/5	28	30	+2
3,160	5/5	26	25	-1
4,640	1/5 (2,7,7,8)	21	22	+1
6,810	0/5 (2,2,2,4,4)	24	_	_
10,000	0/5 (1,1,1,2,2)	26		_
FEMALES				
3,160	5/5	20	20	0
4,640	4/5 (5)	19	18	-1
6,810	1/5 (1,2,2,2)	17	23	+6
10,000	0/5 (1,2,2,2,2)	19		

(a) Number surviving/number per group

FOURTEEN-DAY STUDIES

Two 14-day studies were conducted because all animals in the first study (administered 500 to 4,000 mg/ kg) died by day 12.

Doses of 30 to 500 mg/kg were administered to animals in the second study. Deaths and changes in mean body weight gains were not dose related (Table 12).

Dose Survival (a)		Mea	n Body Weights (g	rams)	Final Body Weights Relative to
(mg/kg)	Survival (a) – (Day of Death)	Initial	Final	Change	Controls (b) (Percent)
MALES					
0	5/5	22	23	+1	<u>. </u>
30	3/5 (8,9)	22	23	+1	0
60	4/5 (8)	22	23	+1	0
120	4/5(14)	22	24	+2	+ 4
240	4,5(8)	23	23	0	0
500	3 5 (6.10)	23	24	+1	+ 4
FEMALES					
0	5/5	19	20	+1	_
30	5:5	19	19	0	- 5
60	5/5	19	19	0	- 5
120	5.5	19	20	+1	0
240	3, 5 (7,10)	19	22	+3	+10
500	5/5	19	19	0	- 5

TABLE 12. SURVIVAL AND MEAN BODY WEIGHTS OF MICE ADMINISTERED TOLUENE DIISOCYANATE FOR 14 DAYS

(a) Number surviving/number per group

(b) Weight of the dosed group relative to that of the controls =

Weight (Dosed Group) - Weight (Control Group)

Weight (Control Group)

× 100

THIRTEEN-WEEK STUDIES

Two 13-week studies were conducted, the first using doses of 6 to 100 mg/kg and the second employing doses of 15 to 240 mg/kg. In the first study, decrements in mean body weight gain and food consumption and respiratory noises were interpreted as being related to administration of TDI (Table 13). The second study failed to confirm any of the previous data; only two females administered 240 mg/kg and one female receiving 120 mg/kg died as a result of chemical administration. Livers from two of these animals had necrosis or inflammation, but no compoundrelated lesions were observed in other mice. The doses for females in the 2-year study (60 and 120 mg/kg) were selected because of the deaths observed in the 13-week studies. Doses of 120 and 240 mg/kg were selected for male mice.

Dave	Suminal (a)	Mea	n Body Weights (gr	ams)	Final Body Weights Relative to
Dose (mg/kg)	Survival (a) – (Day of Death)	Initial	Final	Change	Controls (b) (Percent)
		FI	RST STUDY		
MALES					
0	6:10(1,1,1,1)	18	31	+13	_
6	9 10 (1)	17	30	+13	- 3
12	8/10 (1,4)	16	27	+11	-13
25	9/10 (3)	17	25	+ 8	-19
50	9/10 (6)	17	25	+ 8	-19
100	7 10 (1.3,5)	17	23	+ 6	-26
FEMALES					
0	10/10	14	22	+ 8	_
6	9/10(1)	13	21	+ 8	- 5
12	9/10 (5)	13	20	+ 7	- 9
25	8/10 (1,2)	14	20	+ 6	- 9
50	7/10 (3,4,5)	14	18	+ 4	-18
100	5/10 (1.2.2.2.2)	14	19	+ 5	-14
		SEC	COND STUDY		
MALES					
0	5/10 (c)	18.9	23.6	+ 4.7	_
15	5/10 (c)	18.9	27.0	+ 8.1	+14
30	10/10	17.6	26.3	+ 8.7	+11
60	10/10	18.8	26.0	+ 7.2	+10
120	10/10	18.3	26.5	+ 8.2	+12
240	5/10 (c)	17.9	25.2	+ 7.3	+ 7
FEMALES					
0	10/10	15.8	21.0	+ 5.2	_
15	10/10	17.1	20.8	+ 3.7	- 1
30	5/10 (c)	17.0	20.0	+ 3.0	- 5
60	5/10 (c)	16.4	22.2	+ 5.8	+ 6
120	9/10 (d)	16.4	21.6	+ 5.2	+ 3
240	8/10 (e)	16.0	21.1	+ 5.1	0

TABLE 13. SURVIVAL AND MEAN BODY WEIGHTS OF MICE ADMINISTERED TOLUENEDIISOCYANATE FOR 13 WEEKS

(a) Number surviving/number per group

(b) Weight of the dosed group relative to that of the controls =

Weight (Dosed Group) - Weight (Control Group)

Weight (Control Group)

(c) Deaths were due to drowning during week 13

(d) Death was during week 10

(e) Deaths were during weeks 6 and 9

× 100

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of dosed male mice (throughout the study) and of high dose female mice (after week 56) were lower than those of the controls. The depressions in mean body weight were dose related (Table 14 and Figure 5). No other compound-related clinical signs were observed.

Survival

Estimates of the probabilities of survival of male and female mice administered TDI in corn oil at the doses used in these studies, and those of the controls, are shown by the Kaplan and Meier curves in Figure 6. In male mice, the survival of the high dose group was significantly shorter than that of the controls (P < 0.001) and of the low dose group (P=0.003). In female mice, the survival of the high dose group was significantly shorter than that of the low dose group (P=0.028). One female control mouse was accidentally killed.

In male mice, 46/50 (92%) of the controls, 40/50 (80%) of the low dose, and 26/50 (52%) of the high dose group lived to the termination period of the study at 107 weeks. In female mice, 34/50 (68%) of the controls, 43/50 (86%) of the

low dose, and 33/50(66%) of the high dose group lived to the termination period of the study at 107 weeks.

Pathology and Statistical Analyses of Results

Histopathologic findings on neoplasms in mice are summarized in Appendix B, Tables B1 and B2; Appendix Tables B3 and B4 give the survival and tumor status for individual male and female mice. Findings on nonneoplastic lesions are summarized in Appendix D, Tables D1 and D2. Historical incidences of tumors in control animals are listed in Appendix E. Because of the reduced survival observed in dosed groups relative to controls, a direct comparison of overall tumor incidences in dosed groups and historical controls may be misleading. The historical control data are included primarily to determine how representative the tumor incidences observed in concurrent vehicle controls are with respect to other studies in the bioassay program. Appendix F, Tables F3 and F4, contain 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 (Data Recording and Statistical Methods) and Appendix F (footnotes).

Weeks		e Control	• <u> </u>	Low Dose		High Dose	
on	Av. Wt.	No. of	Av. Wt. W	t. (percent No. of	Av. Wt.	Wt. (percent	No. of
Study	(grams)	Survivors	(grams) of	eh controls) Survivors	(grams)	of veh controls)	Survivors
ALE				<u> </u>			
o	24.5	50	24.9	102 50		102	50
1 2	26.3 27.0	50 50	25.6 27.1	97 50 100 50		94 94	49 49
รื	26.9	50	26.6	99 50		97	49
4	29.0	50				87	46
5 6	29.4 29.8	50	27.1	92 50 96 47		90 89	44
7	30.0	50 50	28.6 29.0	96 47 97 47		91	44
8	\$1.1	50	30.1	97 47	28.3	91	44
9	81.7	50	30.8	97 47		92	44 44 44 44
10 11	30.9 32.0	50 50	30.3 31.1	96 47 97 47		94 92	44
12	32.5	50	31.0	96 47		89	
13	31.9	50	30.1	94 47		91	44 44 43 43 42
16	32.8	50	\$1.0	95 47		90	43
20	33.6	50	32.8	96 40 96 40		89 87	43
24 28	34.3 36.0	50 50	33.0 33.7	94 40		87	41
32	\$4.5	50	33.6	97 46	32.6	94	41
36	38.5	50	35.9	98 46		90	41
40 44	38.0 36.9	50 50	36.0 36.7	95 46 94 46		90 88	41 41
48	37.7	50	35.8	95 46		90	41
52	87.5	50	35.7	95 46	33.2	89	40
56	37.4	50	35.9	96 46		89	40
60 64	38.0 \$7.5	50 50	36.3 36.1	96 46 96 46		88 88	40 40
68	38.0	50	36.3	96 46		88	40
72	38.8	50	37.2	96 46	34.8	90	40
76	37.8	50	37.0	96 45		91	39
80 84	39.7 39.8	50 50	37.0 37.5	93 45 94 45		84 86	36 34
88	38.9	49	36.7	94 45		87	33
92	38.8	49	36.2	93 45	33.6	87	33
96	38.4	47	36.2	94 42		88	31
100 104	36.9 36.1	47 48	35.4 35.1	96 40 97 40		89 91	30 29
EMAL							
0	19.3	50	19.2	99 50		101	50
1 2	20.5 21.0	50 50	18.3 20.0	89 50 95 48		88 94	49 45
ŝ	21.5	50	21.0	98 48		94	44
4	22.2	50	21.7	98 48	20.3	91	41
5	22.0	50	21.7	99 48		99 97	41 41
6 7	22.2 22.1	50 50	31.8 22.6	96 48 102 48		101	41
ś	23.1	50	23.1	100 48	23.5	102	40
9	24.4	50	25.6	97 48	23.9	98	40
10 11	23.8 23.8	50 50	23.5 23.9	99 48 100 48		102 102	40 40
12	23.8 23.8	50	23.9	99 48		102	40
13	23.4 23.6	50 50	23.3 23.9	100 45		103	40
16 20	23.6 24.7	50 50	23.9 24.7	101 48 100 47	24.5 24.6	104	40
20	25.0	50 50	25.0	100 47	25.0	100	40 40
24 28 32	25.0 26.0	50	26.5	109 47	26.7	103 100	40 40
32	27.5	50	27.7	101 47	27.4	100	40
36 40 44-45 48 52	29.0 29.4	50 50	29.1 30.1	100 47 102 47	28.6 29.5	99 100	40 40 40
44-45	30.0	50	30.2	101 47	28.9	96	40
48	\$0.0 29.3 29.4	50	29.7	101 47	28.5	97	40
52	29.4	50	29.8	101 47	28.7	96 99	40 40 40
56 60 64	19.5 30.7	50 50	30.4 30.8	108 47 100 47	29.1 29.0	94 94	40
64	31.4	50 50	31.4	100 47	29.0 30.0	96	40
68	31.7	50	31.8	100 47	30.2	95 96	39
68 72 76 80 84 88	32.8	49 47	33.3	102 47	31.6 31.7	96 96	39
80	33.0 34.9	47 45	33.5 34.5	102 47 99 45	31.7 31.8	91	39
84	54.4	45	35.2	102 45	31.9	93 90	38
88	34.8	45 44	34.6	99 45	31.9 31.4		39 39 39 38 38 38
92 96	34.8	42	34.8	100 45 99 45	\$1.1	89 91	37
20	34.9 34.2	40 39 34	34.4 33.4	99 45 98 45 96 44	31.6 31.2	91	37 34 33
100					XI *	.	

TABLE 14. MEAN BODY WEIGHTS AND SURVIVAL OF MICE IN THE TWO-YEAR GAVAGE STUDIESOF TOLUENE DIISOCYANATE

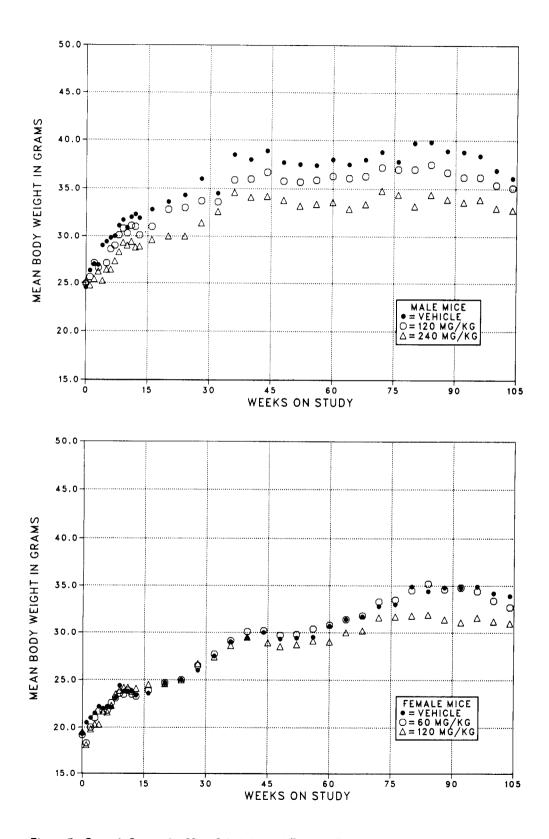


Figure 5. Growth Curves for Mice Administered Toluene Diisocyanate in Corn Oil by Gavage

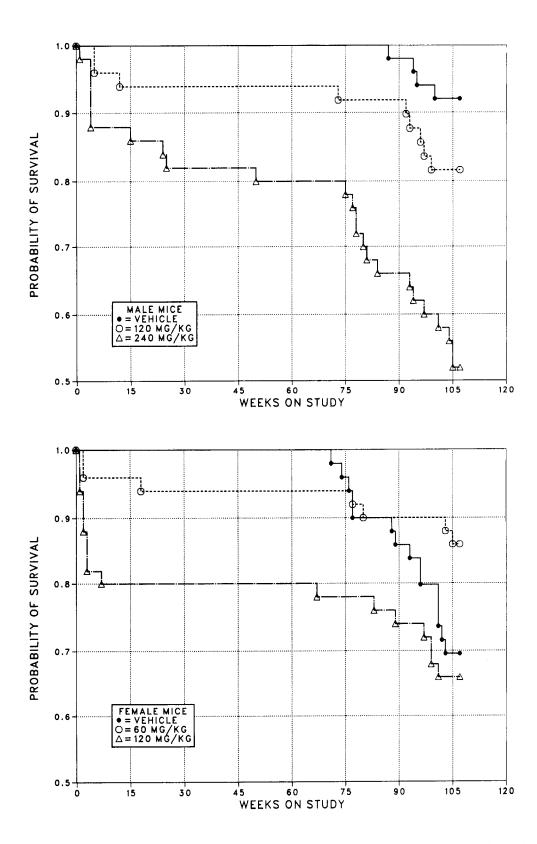


Figure 6. Kaplan-Meier Survival Curves for Mice Administered Toluene Diisocyanate in Corn Oil by Gavage

Toluene Diisocyanate

Untreated Controls: At week 87 untreated controls were sacrificed and examined. The incidence and type of tumors in individual mice did not appear different from the normal background of tumors in the $B6C3F_1$ mouse. Thus these data are not given in this report.

In male mice, no tumors occurred at statistically significant incidences.

Circulatory System: Hemangiosarcomas (of the liver, ovaries, or peritoneum) were observed

with a statistically significant positive trend in female mice (Table 15). The combined incidences of hemangiomas (of the spleen, or subcutaneous tissue) or hemangiosarcomas occurred with a statistically significant positive trend, and the results of pairwise comparisons between the control and high dose groups were significant. (See Appendix E, Table E10 for a comparison of these test incidences with a combined historical control rate of 2.9%.)

	Vehicle	60	120
	Control	mg/kg	mg/kg
Hemangiosarcoma			
Overall Incidence	0/50 (0%)	0/50 (0%)	3/50 (6%)
Adjusted Incidence	0.0%	0.0%	8.0%
Terminal Incidence	0/34 (0%)	0/43 (0%)	0/33 (0%)
Life Table Test	P=0.029		P=0.105
Incidental Tumor Test	P=0.015	—	P=0.037
Hemangioma or Hemangiosarcoma			
Overall Incidence	0/50 (0%)	1/50 (2%)	5/50 (10%)
Adjusted Incidence	0.0%	2.3%	13.3%
Terminal Incidence	0/34 (0%)	1/43 (2%)	1/33 (3%)
Life Table Test	P=0.008	P=0.547	P=0.029
Incidental Tumor Test	P=0.003	P=0.547	P=0.005

TABLE 15. INCIDENCES OF FEMALE MICE WITH TUMORS OF THE CIRCULATORY SYSTEM

Liver: Hepatocellular adenomas occurred in female mice with a statistically significant positive trend, and the pairwise comparisons between the control and high dose groups were significant (Table 16). Adenomas or carcinomas (combined) occurred with a significant positive trend, and the results of pairwise comparisons between the control and high dose groups were significant. See Appendix E, Table E11 for a comparison of these test incidences with a combined historical control rate of 6.7%.

Hematopoietic System: Leukemia was observed in female mice with a statistically significant, decreasing trend (Table 17). The results of pairwise comparisons were not significant. Malignant lymphoma in female mice was observed with a statistically significant, increasing trend, and the results of pairwise comparisons between the control and high dose group were significant. The incidence of leukemia or lymphoma (combined) was not significantly different for dosed or control male or female mice.

Kidney: Cytomegaly, mainly in tubules near the corticomedullary junction, was observed in 45/48 (94%) low dose male mice and 41/50 (82%) high dose male mice compared with 0/50 in the controls.

	Vehicle	60	120
	Control	mg/kg	mg/kg
Hepatocellular Adenoma			
Overall Incidence	2/50 (4%)	3/50 (6%)	12/50 (24%)
Adjusted Incidence	5.3%	6.7%	36.4%
Terminal Incidence	1/34 (3%)	2/43 (5%)	12/33 (36%)
Life Table Test	P<0.001	P=0.571	P=0.003
Incidental Tumor Test	P<0.001	P=0.325	P=0.003
Hepatocellular Carcinoma			
Overall Incidence	2/50 (4%)	2/50 (4%)	3/50 (6%)
Adjusted Incidence	5.0%	4.7%	8.8%
Terminal Incidence	1/34 (3%)	2/43 (5%)	2/33 (6%)
Life Table Test	P=0.376	P=0.629N	P=0.463
Incidental Tumor Test	P=0.248	P=0.644	P=0.308
Hepatocellular Adenoma or Carcin	oma		
Overall Incidence	4/50 (8%)	5/50 (10%)	15/50 (30%)
Adjusted Incidence	10.1%	11.2%	44.1%
Terminal Incidence	2/34 (6%)	4/43 (9%)	14/33 (42%)
Life Table Test	P=0.001	P=0.601	P=0.004
Incidental Tumor Test	P<0.001	P=0.321	P=0.001

TABLE 16. INCIDENCES OF FEMALE MICE WITH LIVER TUMORS

TABLE 17. INCIDENCES OF FEMALE MICE WITH TUMORS OF THE HEMATOPOIETIC SYSTEM

	Vehicle	60	120
	Control	mg/kg	mg/kg
Leukemia			
Overall Incidence	3/50 (6%)	0/50 (0%)	0/50 (0%)
Adjusted Incidence	7.4%	0.0%	0.0%
Terminal Incidence	0/34 (0%)	0/43 (0%)	0/33 (0%)
Life Table Test	P=0.040N	P=0.102N	P=0.147N
Incidental Tumor Test	P=0.119N	P=0.414N	P=0.240N
Malignant Lymphoma			
Overall Incidence	10/50 (20%)	17/50 (34%)	16/ 50 (32%)
Adjusted Incidence	25.8%	38.6%	44.2%
Terminal Incidence	7/34 (21%)	16/43 (37%)	13/33 (39%)
Life Table Test	P=0.082	P=0.241	P=0.101
Incidental Tumor Test	P=0.029	P=0.085	P=0.033
Lymphoma or Leukemia			
Overall Incidence	13/50 (26%)	17/50 (34%)	16/50 (32%)
Adjusted Incidence	31.3%	38.6%	44.2%
Terminal Incidence	7/34 (21%)	16/43 (37%)	13, 33 (39%)
Life Table Test	P=0.241	P=0.503	P=0.273
Incidental Tumor Test	P=0.089	P=0.151	P=0.098

IV. DISCUSSION AND CONCLUSIONS

Because the 2,4 (80%)/2,6 (20%)-toluene diisocyanate (TDI) reacted with the moisture in the corn oil vehicle, the doses received by rats and mice in the 2-year studies were reduced to 77% to 90% of the target doses (female rats and mice: 60or 120 mg/kg; male rats: 30 or 60 mg/kg; male mice: 120 or 240 mg/kg). Despite the reduced doses, mean body weight gains of male and female rats were less than those of the controls after week 20. Early deaths occurred in groups of dosed male and female rats, but by week 60 only the high dose male rats were dying as a result of TDI administration. At this time, a decision was made to continue the studies of rats; however, an apparent dose-related pattern of mortality began to emerge at week 70, and persisted until the end of the study. The delayed cumulative toxicity caused by TDI administration indicated that the estimated maximum tolerated doses had been exceeded in rats. Mortality in male mice was also dose related and significantly higher than in controls, but it was not as excessive as that in rats.

Bronchopneumonia was the most prominent nonneoplastic effect seen in the short-term and 2-year phases of these gavage studies. The respiratory effects observed were similar to those seen in rats exposed by inhalation to TDI at a concentration of 0.1 ppm for 6 hours per day, once per week, for 38 weeks: tracheitis, bronchitis, pneumonia, and purulent bronchiectasis (Niewenhuis et al., 1965). The major lesion was described as a fibrous tissue proliferation, often blocking the bronchioles, and was similar to what has been described in animals exposed to higher concentrations of inhaled TDI (Duncan et al., 1962). The control rats in the Niewenhuis study also had mild to marked pneumonitis. Loeser (1983) observed dose-related respiratory tract irritation in mice exposed by vapor inhalation to 2,4-/2,6-TDI (80/20) at 0.05 or 0.15 ppm for 2 years; none was apparently found in rats.

TDI stimulates the trigeminal nerve and is one of the more potent sensory irritants (Sangha and Alarie, 1979). Occupational asthma, or reversible obstruction of the airways in response to TDI, has been seen in workers exposed to the chemical (Weil et al., 1981). Workers exposed to TDI at concentrations of less than 0.1 ppm had marked declines in forced respiratory volume, with reductions in the ratio of forced expiratory volume to forced vital capacity; forced expiratory flow was 25%-50% of the forced vital capacity. Bronchial hypersensitivity to TDI developed in 4.3% of these workers, but there were no predictive indices for this response. Respiratory hypersensitivity has been shown to develop in guinea pigs exposed to 0.005 ppm TDI after dermal contact with the chemical (Karol et al., 1981).

In the present study, the late-appearing pattern of mortality in rats could be a reflection of delayed hypersensitivity, as well as direct respiratory irritation. The incidences of bronchopneumonia were dose related in male and female rats, and this effect may have weakened the animals' resistance to further chemical challenge. The increased rate of mortality may also be due, in part, to TDI's inhibition of acetylcholinesterase, which could have compounded the animals' respiratory difficulty (Brown et al., 1982). The study by Brown and co-workers showed that 2,6-toluene diisocyanate was 60 times more effective than the 2,4-isomer in inhibiting human serum cholinesterase. The commercial mixture of TDI used in the present studies consisted of 80% 2,4-isomer and 20% 2,6-isomer, the latter being the active enzyme inhibitor.

Despite the reduced survival, there was unequivocal evidence of dose-related increases in tumors in rats and mice in the 2-year studies. About 50% of the tumors detected were observed in animals killed at the end of these studies; the rest were found in animals dying between weeks 77 and 108.

Tissues associated with the digestive system were primary sites of tumor induction and included acinar cell adenomas of the pancreas in male rats, and liver tumors in female rats and mice. There were also increased incidences of islet cell adenomas in low dose female rats. Dose-related increases were observed in the number of male rats with nodular hyperplasia of the pancreatic acinus (control, 0%; low dose, 4%; high dose, 8%) and in the incidence of acinar cell adenomas (control, 2%; low dose, 6%; high dose, 14%). The corn oil vehicle used in these gavage studies may have contributed to the incidences of acinar cell tumors in male and female rats. High dietary fat levels were shown to enhance the carcinogenic effect of azaserine in rat pancreas (Longnecker et al., 1981; Roebuck et al. 1981), and enhanced pancreatic tumorigenesis occurred in rats pretreated with azaserine whose diets were supplemented with 20% corn oil (Longnecker et al., 1979). The National Toxicology Program reexamined pancreata of untreated and corn oil gavage control male rats from 37 chronic studies and found a positive association between corn oil administration and the increased incidence of acinar cell hyperplasia, adenoma, and carcinoma of the pancreas

(Boorman and Eustis, 1984). However, further evaluation of the data revealed the increased incidences of pancreatic cell adenoma in the corn oil gavage control male rats were also associated with elevated body weights relative to untreated controls (Haseman et al., 1985). There was no such relationship here since depression of body weight gain commenced at 10-20 weeks TDI treatment, and was dose-related throughout the remainder of the study.

The systemic nature of the carcinogenicity of TDI was demonstrated by the appearance of tumors at multiple sites in male rats (fibromas and fibrosarcomas of the skin), in female rats (mammary gland fibroadenomas, adenomas, papillary adenomas, cystadenomas and subcutaneous fibroadenomas and fibromas), and in female mice (hemangiomas and hemangiosarcomas).

The tumors observed in the liver, pancreas, mammary gland, and subcutaneous tissues of F344/N rats in these studies are the same type as those seen when 2,4-diaminotoluene-a possible hydrolysis product of 2,4-toluene diisocyanatewas administered to the same strain (NCI, 1979). In the 2,4-diaminotoluene study, increased incidences of neoplastic nodules and hepatocellular carcinomas were found in males fed diets containing 79 or 176 ppm and in females fed 171 ppm. Increased incidences of pancreatic acinar cell adenomas were observed in dosed males and in females that received 171 ppm. The incidences of mammary gland fibroadenomas in females were 10-fold greater in the low and high dose groups compared with controls. Furthermore, subcutaneous fibromas were found at significantly increased incidences relative to controls in dosed male rats.

In addition, 2,4-diaminotoluene causes increases in hemangiomas and hemangiosarcomas in male mice and significant increases in hepatocellular neoplasms in both sexes of mice. Although TDI caused the same type of neoplasms in the present study, they were seen in female mice but not in males. There are no available metabolic data that might account for this difference in response. A probable hydrolysis product of 2,6-toluene diisocyanate (2,6diaminotoluene) was not considered to be carcinogenic for F344/N rats or B6C3F₁ mice (NTP, 1980).

Disposition studies of 2,6-TD1 in F344 rats showed that the majority of a 14 C labelled 60 mg/kg dose administered by gavage was excreted in urine and feces, accounting for 67%-

78% of the dosage in 72 hours (RTI, 1985). Very low amounts of ¹⁴C were recovered in tissues, ranging from 0.012% to 0.16% of the dose recovered in blood, muscle, skin, adipose tissue, liver, and kidney. At 24 hours after treatment, about 10% of the administered dosage was recovered in urine. The major urinary metabolite was identified by HPLC and confirmed by mass spectrometry and reverse isotopic dilution techniques. More than half (54%) of the 2,6-TDIderived material in urinary ¹⁴C was 2,6-bis (acetylamino)toluene, suggesting the parent 2,6-TDI was hydrolyzed to 2,6-diaminotoluene which was subsequently acetylated and excreted.

Other noteworthy effects observed in rats in the current studies included the brain tumors found in high dose males (two had gliomas and one had a pinealoma). Gliomas have been found in 3/995 controls in the bioassay program and pinealomas have not been previously diagnosed (Appendix E, Table E9). The evidence suggests a possible association between these tumors and administration of TD1.

Differences in mean body weight gains, hypersensitivity, and the incidences of neoplastic and nonneoplastic lesions in animals in the present studies emphasize differences in the degree to which TDI is toxic in different species and sexes. Both female rats and female mice received doses of 60 or 120 mg/kg, and most of the rats died during the study. Male mice received higher doses (120 and 240 mg/kg) than male rats (30 and 60 mg/kg), yet mortality and decreases in mean body weights were less severe in the former group, and no tumors were detected at statistically significant incidences in male mice. Male and female rats and female mice showed positive evidence of carcinogenicity associated with TDI administration. The species and sex differences in sensitivity to TDI may be metabolic, but no experimental data are available.

Loeser (1983) exposed groups of 126 male and female Sprague-Dawley CD rats and 120 CD-1 mice of each sex to 0, 0.05, or 0.15 ppm 2,4-/2,6toluene diisocyanate (80/20) for 6 hr/day, 5 days/wk by whole-body vapor inhalation for 108-110 weeks (rats) or 104 weeks (mice). Survival for rats was similar among groups at the end of the study (males: controls, 35%; low-dose, 33%; high dose, 29%; females: 32%, 25%, 36%). Survival for mice at study termination was: male mice—controls, 22%; low dose, 30%; high dose, 30%; female mice—40%, 23%, 26%. In both sexes of rats there was a dose-related increase in the incidence of rhinitis in the anterior portion of the nasal cavity. The lesions were characterized by squamous metaplasia and hyperplasia of the epithelium, variably accompanied by leukocytic infiltration in the lamina propria and exudate in the lumen. For mice, chronic or necrotic rhinitis was common in exposed groups, with lesser lesions of the lower respiratory tract (bronchitis) and eyes, particularly in the 0.15 ppm group. No evidence of TDI-associated benign or malignant tumor induction was reported. The exposure levels used by Loeser correspond to daily gavage doses of less than 1 mg/kg, even assuming 100% retention of inhaled TDI, and may not have been optimal doses to adequately detect a potential carcinogenic response.

There are also conflicting reports about the mutagenicity of TDI. Anderson and Styles (1978) originally reported that 2,4-toluene diisocyanate of unknown purity was non-mutagenic in a study of 120 chemicals performed by Purchase et al. (1978), but several known mutagens were also reported as negative, suggesting a lack of definition in these studies. Andersen et al. (1980) later optimized the procedure for testing volatile isocyanates, and in a study with adequate positive and negative controls showed that a mixture of 2,4- and 2,6-toluene diisocyanate (Desmodur T80) caused a dose-dependent mutagenic response utilizing S-9 activation in Salmonella typhimurium strains TA98, TA100, and TA1538. The positive control was 2,4-diaminotoluene, a probable hydrolysis product of 2,4toluene diisocvanate, which Ames et al. (1975) reported to be mutagenic. In the NTP tests, both 2.6-TDI and a mixture of 2.4- and 2.6-TDI were mutagenic in Salmonella typhimurium strains TA98 and TA100 in the presence (but not the absence) of Aroclor 1254-induced male Sprague-Dawley rat or Syrian hamster liver S9. Neither sample was mutagenic in S. typhimurium strains TA1535 or TA1537 with or without metabolic activation (Appendix L). Loeser (1983) reported the results of a micronucleus test as showing no dose- or treatment-related percentage increase of micronucleated erythrocytes from rats and mice exposed to 0.05 or 0.15 ppm (v/v) TDI vapor for four weeks (6 hr/day, 5 days/wk).

Toxicology studies with 4,4'-diphenylmethane diisocyanate (MDI) were recently deferred by NTP because of problems similar to those encountered with TDI—difficulties with dose preparation and unexplained toxicity in the short-term studies. For an adequate examination of the toxic reponses to this class of chemicals, particularly to define the metabolism and to evaluate the biochemical and immunological toxicity, it would be necessary to conduct further tests at lower dose levels. Such a comparison of the toxicological properties of TDI, MDI, and other commercially important isocyanates in polyurethane production would be useful, since annual production of these exceeds 1 million tons (Sangha and Alarie, 1979) and only limited toxicological information is available (Woolrich, 1982). It would be preferable to test these chemicals by the inhalation route, since potential human exposure occurs primarily during their production (Weil et al., 1981) or during fires, when the pyrolysis products of polyurethanes are released. Woolley and Raftery (1976) stated that the yellow smoke released during decomposition of flexible polyurethane foam at 200°-300°C appeared to be a polymerized form of TDI. In another study, results of gas chromatographic analysis and mass spectrometry indicated that toluene monoisocyanate was the major decomposition product from combustion of flexible polyurethane foams (Alarie et al., 1975). A report on the occupational hazards of firefighting specifically cites the dangers of exposure to isocyanates produced from the combustion of polyurethane or encountered as neat chemical (Axford et al., 1976).

In summary, the commercial mixture of 2,4and 2,6-toluene diisocyanate has been shown to produce a variety of toxic effects in humans and animals, including asthma, decreased respiratory function, delayed pulmonary hypersensitivity, bronchopneumonia, and inhibition of acetylcholinesterase. A possible hydrolysis product (2,4-diaminotoluene) of the 2,4-isomer and the mixture of the 2,4- and the 2,6-isomers of TDI have been shown to be mutagenic. In the present studies, the pattern of multifocal tumors was similar to the carcinogenic responses produced by the hydrolysis product of the 2,4isomer.

Conclusions: Under the conditions of these gavage studies, commercial grade toluene diisocyanate in corn oil was carcinogenic for F344/N rats, causing subcutaneous fibromas and fibrosarcomas (combined) in males and females, pancreatic acinar cell adenomas in males, and pancreatic islet cell adenomas, neoplastic nodules of the liver, and mammary gland fibroadenomas in females. Toluene diisocyanate was not carcinogenic for male mice. TDI was carcinogenic for female B6C3F₁ mice, causing hemangiomas or hemangiosarcomas (combined) as well as hepatocellular adenomas.

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APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

TABLE A1.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN Papilloma, nos squamous cell papilloma	(50) 1 (2%)	(50)	(50) 1 (2%)
SQUAMOUS CELL CARCINOMA TRICHOEPITHELIOMA KERATOACANTHOMA	1 (2%) 1 (2%)		1 (2%) 1 (2%)
*SUBCUT TISSUE BASAL-CELL TUMOR ADENOCARCINOMA, NOS SARCOMA, NOS	(50) 1 (2%) 1 (2%) 1 (2%)	(50)	(50)
FIBROMA FIBROSARCOMA FIBROSARCOMA, INVASIVE FIBROADENOMA	3 (6%)	3 (6%) 3 (6%) 1 (2%) 1 (2%)	9 (18%) 3 (6%)
MESOTHELIOMA, INVASIVE Osteosarcoma Neurilemoma, Malignant		1 (2%)	1 (2%) 1 (2%)
RESPIRATORY SYSTEM			
#LUNG ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	(50) 1 (2%) 1 (2%)	(50)	(50)
OSTEOSARCOMA, METASTATIC		1 (2%)	
HEMATOPOIETIC SYSTEM			· · · · · · · · · · · · · · · · · · ·
*MULTIPLE ORGANS Monocytic Leukemia	(50) 11 (22%)	(50) 4 (8%)	(50) 4 (8%)
*MEDIASTINUM Thymoma	(50)	(50)	(50)

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
#THYMUS ALVEOLAR/BRONCHIOLAR CA, INVASIV	(27) 1 (4%)	(37)	(36)
IRCULATORY SYSTEM			
<pre>*MULTIPLE ORGANS HEMANGIOSARCOMA, INVASIVE</pre>	(50)	(50) 1 (2%)	(50,)
#HEART NEUROFIBROMA	(50)	(50) 1 (2%)	(50)
#LIVER HEMANGIOSARCOMA	(50)	(50) 1 (2%)	(50)
IGESTIVE SYSTEM			
#SUBMAXILLARY GLAND Sarcoma, nos	(50)	(50) 1 (2%)	(48)
#LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA	(50) 7 (14%)	(50) 2 (4%) 1 (2%)	(50) 2 (4%) 2 (4%)
#PANCREAS Acinar-cell adenoma	(47) 1 (2%)	(47) 3 (6%)	(49) 7 (14%)
#STOMACH MESOTHELIOMA, METASTATIC	(49) 1 (2%)	(49)	(47)
RINARY SYSTEM			
#KIDNEY Adenocarcinoma, Nos	(50) 1 (2%)	(48)	(49)
PHEOCHROMOCYTOMA, METASTATIC FIBROSARCOMA, METASTATIC		1 (2%)	1 (2%)
NEPHROBLASTOMA			1 (2%)
#PERIRENAL TISSUE LIPOMA	(50) 1 (2%)	(48)	(49)
NDOCRINE SYSTEM			
#PITUITARY Adenoma, Ngs	(50) 2 (4%)	(44)	(49)

	VEHICLE Control	LOW DOSE	HIGH DOSE
CHROMOPHOBE ADENOMA	3 (6%)	4 (9%)	7 (14%) 1 (2%)
<pre>#ADRENAL CORTICAL CARCINOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT GANGLIONEUROMA</pre>	(50) 1 (2%) 12 (24%) 1 (2%)	(49) 7 (14%)	(50) 6 (12%) 1 (2%)
	(46) 2 (4%) 1 (2%)	(49) 2 (4%) 2 (4%)	(47) 2 (4%)
#PARATHYROID Adenoma, nos	(34)	(36)	(33) 1 (3%)
<pre>#PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA</pre>	1 (2%)	(47)	(49) 2 (4%) 2 (4%)
EPRODUCTIVE SYSTEM			
MAMMARY GLAND FIBROADENOMA	(50) 7 (14%)	(50) 1 (2%)	(50) 3 (6%)
*PREPUTIAL GLAND Adenoma, nos	(50) 7 (14%)	(50)	(50) 1 (2%)
INTERSTITIECCELE TOMORS MALIGNA	(50) 48 (96%)		(50) 29 (58%) 1 (2%)
MESOTHELIOMA, NOS MESOTHELIOMA, MALIGNANT	2 (4%)	2 (4%)	1 (2%)
ERVOUS SYSTEM			
<pre>#BRAIN CHROMOPHOBE CARCINOMA, INVASIVE PINEALOMA GLIOMA, NOS</pre>		(49)	1 (2%) 1 (2%)
PECIAL SENSE ORGANS			
*EAR Squamdus cell carcinoma	(50)	(50)	(50)

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TABLE A1. MALE RATS: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
1USCULOSKELETAL SYSTEM			
*ABDOMINAL MUSCLE FIBROSARCOMA	(50) 1 (2%)	(50)	(50)
*CARTILAGE,NOS LIPOMA	(50) 1 (2%)	(50)	(50)
BODY CAVITIES			
*MEDIASTINUM Alveolar/bronchiolar ca, invasiv	(50) 1 (2%)	(50)	(50)
*ABDOMINAL CAVITY Interstitial-cell tumor, metasta	(50)	(50)	(50) 1 (2%)
*PERITONEAL CAVITY Myxosarcoma Lipoma	(50) 1 (2%) 2 (4%)	(50)	(50)
*MESENTERY MYXOSARCOMA LIPOMA	(50) 1 (2%)	(50) 1 (2%) 1 (2%)	(50)
*TUNICA VAGINALIS Mesothelioma, Nos	(50)	(50)	(50) 1 (2%)
LL OTHER SYSTEMS			
*MULTIPLE ORGANS ADENOCARCINOMA, NOS, METASTATIC	(50) 1 (2%)	(50)	(50)
MYXOSARCOMA, METASTATIC MESOTHELIOMA, NOS MESOTHELIOMA, INVASIVE MESOTHELIOMA, METASTATIC	1 (2%) 1 (2%) 1 (2%)	1 (2%)	1 (2%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE	50 6 8	50 26 4	50 27 12
SCHEDULED SACRIFICE Terminal sacrifice Dosing accident	35	14	8
ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NDS ANIMAL MISSING ANIMAL MISSEXED OTHER CASES	1	6	3
INCLUDES AUTOLYZED ANIMALS			
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	49 127	35 77	33 95
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	48 98	35 58	31 67
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	18 22	13 14	18 23
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	5 7	3 4	4 4
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors	777	5 5	5 5
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS			

* PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY TUMORS * Secondary Tumors: Metastatic tumors or tumors invasive into an adjacent organ

TABLE A2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM	n		
*SKIN Papilloma, Nos	(50)	(50) 1 (2%)	(50)
*SUBCUT TISSUE BASAL-CELL TUMOR	(50)	(50) 1 (2%) 1 (2%)	(50) 3 (6%)
FIBROMA FIBROSARCOMA LEIOMYOSARCOMA	2 (4%)	1 (24)	3 (6%) 2 (4%) 1 (2%) 1 (2%)
RHABDOMYOSARCOMA FIBROADENOMA	2 (4%)	4 (8%)	2 (4%)
RESPIRATORY SYSTEM			
#LUNG ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA	(50)	(50) 1 (2%) 1 (2%)	(49) 1 (2%) 1 (2%)
HEMATOPOIETIC SYSTEM			
<pre>*MULTIPLE ORGANS MALIGNANT LYMPHOMA, NOS</pre>	(50)	(50)	(50)
MONOCYTIC LEUKEMIA	20 (40%)	7 (14%)	2 (4%)
#SPLEEN Monocytic Leukemia	(50) 1 (2%)	(50)	(47)
#LUNG Monocytic Leukemia	(50)	(50)	(49) 1 (2%)
#LIVER MONOCYTIC LEUKEMIA	(50)	(50)	(48)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#THYMUS THYMOMA	(30)	(31) 1 (3%)	(28)
CIRCULATORY SYSTEM			
#HEART Alveolar/bronchiolar ca, invasiv		(50) 1 (2%)	(49)
DIGESTIVE SYSTEM			
#LIVER Neoplastic Nodule	(50) 3 (6%)	(50) 8 (16%)	(48) 8 (17%)
<pre>#PANCREAS ACINAR-CELL ADENOMA ACINAR-CELL CARCINOMA</pre>	(50)	(49)	(47) 1 (2%) 1 (2%)
#STOMACH Squamous cell papilloma	(50) 1 (2%)	(49)	(45)
#DUODENUM Adenocarcinoma, nos	(50)	(46) 1 (2%)	(43)
JRINARY SYSTEM			
NONE			
ENDOCRINE SYSTEM			
#PITUITARY Adenoma, Nos	(50)	(49)	(49)
CHROMOPHOBE ADENOMA Chromophobe Carcinoma	25 (50%) 2 (4%)	15 (31%)	16 (33%)
#ADRENAL Cortical Adenoma Pheochromocytoma	(50) 2 (4%) 2 (4%)	(50) 3 (6%) 5 (10%)	(48) 5 (10%) 4 (8%)
#THYROID Follicular-cell carcinoma	(50) 1 (2%)	(47)	(41)

(14%) (2%) 4 (9%) (3%) (3%) (3%) (49) 6 (12 1 (2%) (50) 1 (2%) (50) (50) (2%) 4 (8%) (50)	(31) (47) 2 (4%) %) (50) %) 1 (2%) %) 1 (2%) %) 1 (2%) %) (50) %) (50)
(3%)) (49) 6 (12 1 (2%) (50) 1 (2%) (50) (5) (50)	(47) 2%) 2 (4%) %) (50) %) 1 (2%) %) 1 (2%) %) 2%) 18 (36%) (50) %) (50)
) (50)) (50) 1 (2%) (50) 1 (2%) (50) (50) (2%) 4 (8%)	2%) 2 (4%) %) (50) %) 1 (2%) %) 1 (2%) %) 1 (2%) %) 18 (36%) (50) %) (50)
1 (2% 1 (2% 1 (2% 1 (2%) 21 (42 50) (50) 4 (8%	<pre>%) 1 (2%) %) 1 (2%) %) 2%) 18 (36%) (50) %) (50)</pre>
1 (2% 1 (2% 1 (2% 1 (2%) 21 (42 50) (50) 4 (8%	<pre>%) 1 (2%) %) 1 (2%) %) 2%) 18 (36%) (50) %) (50)</pre>
(2%) 4 (8%	%) (50)
) (50)	
	1 (2%) 1 (2%)
(50)	(47)
(24%) 9 (18 (2%)	1 (2%) 8%) 8 (17%)
(2%)	(48)
) (50) (2%)	(49)
	(2%) (2%) (2%) (2%) (50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
NUSCULOSKELETAL SYSTEM			
NONE			
ODY CAVITIES			
*THORACIC CAVITY Alveolar/bronchiolar ca, invasiv	(50)	(50) 1 (2%)	(50)
*ABDOMINAL CAVITY Lipoma	(50)	(50) 1 (2%)	(50)
*MESENTERY LIPOMA	(50) 2 (4%)	(50)	(50)
ALL OTHER SYSTEMS			۰.
*MULTIPLE ORGANS FIBROSARCOMA, METASTATIC OSTEOSARCOMA, UNC PRIM OR META	(50) 1 (2%)	(50)	(50) 1 (2%)
PERIORBITAL REGION Fibroma		1	
NECK C-CELL CARCINOMA, INVASIVE		1	
NIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE	50 8 6	50 19 7	50 31 13
	36	19	5
DOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED OTHER CASES		5	1
INCLUDES AUTOLYZED ANIMALS			

	/EHICLE Control	LOW DOSE	HIGH DOSE
JMOR SUMMARY	* * * * * * * * * * * *		
TOTAL ANIMALS WITH PRIMARY TUMORS* Total primary tumors	45 106	36 99	34 87
TOTAL ANIMALS WITH BENIGN TUMORS Total benign tumors	40 71	33 77	33 66
TOTAL ANIMALS WITH MALIGNANT TUMORS Total malignant tumors	28 32	13 14	1 t 12
TOTAL ANIMALS WITH SECONDARY TUMORS# Total secondary tumors	2 2	23	
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total uncertain tumors	3 3	8 8	8 8
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Primary or metastatic Total uncertain tumors		_	1

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

. 1

ANIMAL NUMBER WEEKS ON	0	2	3	4	-5	6	2		9	0	1	2	3	4	5	4	1			2	21	2	3	2	
STUDY	0	0	0	0	1	1 0 8	9	8 9 9	21	à	8	3	8	8	2	0		8	8	8	ő	0	0	0	
NTEGUMENTARY SYSTEM															+	•						•			
SKIN Squamdus Cell Papilloma Trichoepithelioma Keratoacanthoma	Ŀ	•	·	•	·	•		* X	·	•	•	•	·		•	·		•	•	•	+	ž	×	•	
SUBCUTANEDUS TISSUE BASAL-CELI TUMOR Adenocarcinoma, nos Sarcoma, nos Fibroma	•	٠	٠	* ×	•	٠	* ×	•	٠	٠	٠	•	• x	٠	٠	٠	٠	•	٠	* ×	٠	•	•	•	
ESPIRATORY SYSTEM				-																			_	_	
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenom. Alveolar/Bronchiolar Carcipjma	·	• 	×	+	•	+	•	•	•	•	•	_	·	•	+	•	•	•	•	+	* x	•	•	•	_
TRACHEA EMATOPOIETIC SYSTEM	ŀ	<u> </u>	-	+	*	<u> </u>	•	*	<u> </u>	•	+	•	+	•	-	•	-	•	•		-	*	•	-	_
BONE MARROW	١.	٠	. +	•	•	+	٠	+	.+	+	+	÷		+	+	+	+	+	•	+	•	+	•	+	
SPLEEN	ŀ	+	+	+	+	٠	+	-	+	+	•	•	٠	+	+	•	+	•	+	٠	+	+	+	+	_
LYMPH NCDES	ŀ	+	•	+	٠	+	٠	•	+	-	٠	-	+	•	+	•	+	•	+	+	+	•	•	٠	_
THYMUS ALVEOLAR/BRONCHIOLAR CA, INVASIVE IRCULATORY SYSTEM		•	•	•	-	•	-	-	•	•	•	-	•	•	•	•	-	•	•	-	×	•		-	
HEART	•	+	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	+	+	+	+	+	+	٠	٠	٠	+	
TGES) IVE SYSTEM											-	_													
SALIVARY GLAND LIVER		•	•	•	•	•	:	•	•	;	• •	•	:	•	:	•	•	•	•	:	:	:	:	:	
NEOPLASTIC NODULE	Ļ		_		Ť		Ť	×.	_						•	×_		x	_	x				x	-
BILE DUCT	<u> •</u>	•	<u>.</u>	+	+	+	+	+	•	*	. <u>+</u>	•	<u>+</u>	*	<u>+</u>	+	<u>+</u>	<u>+</u>	•	<u>+</u>	+	+	•	:	-
GALLBLADDER & COMMON BILE DUCT	+	<u>N</u>	+	_ <u>N</u> _+	+	- <u>N</u> -	•	+	<u>+</u>	- <u>N</u> -+	+	- <u>N</u>	+	*	+	м_ +	+	*	*	*	*	+	+	+	-
ACINAR-CELL ADEHOMA	-		-		<u> </u>							_								-			<u> </u>		-
ESOPHAGUS . STOMACH	l:	÷	÷	<u>.</u>	•	•	•	÷	. <u>.</u>	÷	•	÷	<u>+</u>	÷	÷	÷	<u>.</u>	•	<u>.</u>	<u>.</u>	•	÷	÷	•	-
MESOTHELIOMA, METASTATIC	ļ.								<u> </u>		·	x				<u> </u>			-				·	_	-
SMALL INTESTINE	+	+	*	•	<u>.</u>	•	*	•	*	*	•	+	÷	+	•	+	• •	•	. +	*	+	<u>+</u>	+	+	-
LARGE INTESTINE RINARY SYSTEM	ŀ	+		<u> </u>	•	<u> </u>	·	•	-	<u> </u>	•	<u>.</u>	<u>.</u>		•	·	<u> </u>	<u>.</u>	*		•	-	<u> </u>	_	-
KIDNEY Adenocarcingma, nos Lipoma	·	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	•	٠	٠	٠	٠	٠	٠	
URINARY BLADDER	•	٠	•	٠	•	•	-	٠	+	+	-	+	+	•	٠	+	٠	+	-	+	+	٠	•	٠	
NDOCRINE SYSTEM Pituitary Adenoma, nos	•	•	•	•	•	•	•	•	•	•	•	•	÷	•	•	•	•	•	•	•	÷	٠	•	٠	
ADENOMA, NOS Chromophobe Adenoma Chromophobe Carcinoma Adrenal	+	•	•	•	•	•	•	•	•	•	•	•	•	•	•	+	•	•	•	•	•	•	•	•	-
CORTICAL CARCINOMA PHEOCHROMOCYTOMA GANGLIONEUROMA				×					x x			×					x	×							_
THYROID C-CELL ADENOMA C-CELL CARCINOMA	•	•	•	•	•	• 	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
PARATHYROID PANOPEATIC ISLETS	1:	:	:	:	-	:		:	:	:		:	:		:	:	:	:	:	-	:	:	-	-	
PANCREATIC ISLETS ISLET-CELL ADENOMA	Ľ	_		·		·			•			·			,			·	•	x	<u> </u>	·			
PRODUCTIVE SYSTEM Mammary Gland Fibroadenoma	٠	•	•	N	•	н	•	N	•	•	•	٠	н	٠	٠	•	•	٠	÷	•	ż	÷	N	N	
TESTIS Interstitial-cell tumor Mesothelioma, Malighant	×	×	×	×	*	×	×	×	×	×	×	* x x	×	*	'	*	×	ż	*	×	*	*	×	×	
PROSTATE	٠	•	*	·	•	•	•	•	•	•	•	-	•	•	•	•	+	•	-	-	•	•	-	<i></i>	-
PREPUTIAL/CLITORAL GLAND ADENOMA, NOS	X	N	N	N	H	N	N	N	N	N	N	н	N	N	N	X	H	ĸ	н	H X	н	н.	N	N	
ERVOUS SYSTEM																									
BRAIN USCULOSKELETAL SYSTEM	•	•	·	•	•	<u>.</u>	<u>·</u>	•				-	•	·		•	•	•	•	·	•	·	•	-	-
MUSCLE	N	N	N	N	N	N	N	м	N	N	N	N	N	N	н	N	N	N	N	н	ĸ	N	N	N	
FIBROSARCOMA Cartilage Lipoma	H	H	н	N	N	N	N	N	N	N X	N	N	N	H	N	N	H	N	H	H	н	N	н	H	-
DDY CAVITIES						_	_										-								-
MEDIASTINUM Alveolar/bronchiolar CA, invasive Thymoma	N	•	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	H	N	M	X	N	H	N	
PERITONEUM Myxosarcoma Lipoma	×	N	N	N	N	N	н	н	N	N	M	N		N	н		N			N	H	N	N	N	
MESENTERY LIPOMA	N	N	н	N	N	M	N	N	н	N	N	N	N	N	N	н	н	H	н	N	ĸ	N	N	H	
L DTHER SYSTEMS MULTIPLE ORGANS NOS ADENGCARCINOMA, NOS, METASTATIC MYXOSARCOMA, METASTATIC MESOTHELIOMA, JUNASIVE MESOTHELIOMA, METASTATIC	N	N	ĸ	H	N	н	N	H	N	н	N	H	N	ĸ	н	H	н	н	H	H	ĸ	н	N	H	-
MESOTHELIOMA, METASTATIC MONDCYTIC LEUKEMIA					x		×				x	x						x	x					x	_
+: TISSUE EXAMINED MICROSCOPI -: REQUIRED TISSUE NOT EXAMIN X: TUNOR INCIDENCE N: NECROPSY. NO AUTOLYSIS. NO S: ANIMAL MIS-SEXED	ED	MIC					NAT	104		i	C : A : M : 8 :	AU	TIS CROP	M	5	NG				13M) UE	1111 TO	PR(0100	OL	

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: VEHICLE CONTROL

Toluene Diisocyanate

ANIMAL				ži.	2	0	3	01	31	0	31	3	0	0	0	01	0	0	04	0	0	4	0	1	0	ę	T
WEEKS ON	- 8	+	+	81-	11	1	11		+	4	칶	+	3 7 9	- 11	31	0		2	4	-4	5	- 6	47	Å	1	5	TOTAL TISSUE TUMOR
STUDY	1	6	L		¢i 8	01	8	8	8	8	0 8	8	9) 81	8	8	9	8	0 81	0	8	8	0	8	8	8	6	TUMOR
SKIN Squamous cell papilloma Tricmdepitmelioma Keratoacanthoma	•	•		•	•	•	·	·	٠	٠	·	٠	٠	٠	٠	٠	•	٠	•	٠	٠	٠	٠	٠	•	•	50*
SUBCUTANEOUS TISSUE BASAL-CELL TUMOR ADENOCARCINIMA, NOS SARCOMA, NO: FIBROMA		•			•	•	•	•	•	•	•	•	+	•	•	•	•	• ×	+	•	•	+	•	•	•	•	50H
RESPIRATORY SYSTEM	+-				-																				_		
LUNGS AND BRONCHI Alveolar/Bronchidlar Adenoma Alveolar/Bronchidlar carcinoma	ŀ	•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	50
TRACHEA	•	•			•	-	•	•	+	-	•	+	-	•	-	+	•	-	-	-	+	•	+	•	•	+	37
BONE MARROW																											49
SPLEEN	Ŀ		_			•	•	•	•	•	•	•	•	•		•	÷	•	÷	÷	÷	•	•	•	+	•	49
LYMPH NODES	<u>.</u>	•				•	•	•	•	•	•	•	•	÷	*	•	•	•	•	•	+	•	•	•	•		48
THYMUS Alvequar/Bronchiolar ca, invasivi		٠			•	٠	•	-	-	-	-	٠	٠	٠	٠	-	-	٠	•	٠	+	-	-	٠	•	-	27
CIRCULATORY SYSTEM																			_						_		
HEART		•				÷	•	•	•	•	•	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	50
DIGESTIVE SYSTEM	+			-		-		_	_		-				~					_							
SALIVARY GLAND	1.	٠	•		•	•	+	•	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	50
LIVER NEOPLASTIC NODULE	Ŀ	ż			•	•	•	•	•	•	•	•	•	•	+	•	•	•	٠	٠	+	+	+	ż	•	+	50,7
BILE DUCT	ŀ	•		_		+	•	•	•	•	•	•	۰.	٠	+	•	٠	•	٠	•	+	+	•	•	•	•	50
GALLBLADDER & COMMON BILE DUCT	<u>↓</u> ₩	N	_1	N	<u> </u>	N	<u>N_</u>	H I	٩	N	<u>N</u>	Ν	N	N	N	N	N	N	H	N	N	N	H	N	N	M	50×
PANCREAS ACINAR-CELL ADENOMA	Ľ	•	<u> </u>	•		•	•	· ·	_	•	•	<u>.</u>	_	ż	+	*	•	<u>.</u>	-	•	*	•	•	•	•	٠	47
ESOPHAGUS	1·	+	+	_+		•	•	• •	<u> </u>	•	+	•	+ _	+	+	+		÷	+	+	+	•	•	•	-	٠	49
STOMACH MESOTHELIOMA, METASTATIC		٠	٠	٠	•	+	•	•	•	+	•	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	49,
SMALL INTESTINE	1-	•	•	•	_		•	•		• .	•	•	-	•	•	÷	•	•		•	•	•	٠	•	•	•	46
LARGE INTESTINE	+	٠	•	+		-	•			•	•	•	•	+	+	•	٠	•	•	٠	٠	+	٠	•	٠	•	48
RINARY SYSTEM Kidney Adenocarcinoma, nos	•	**	•	+		• •	• •			• •	•	•	•	•	•	•	•	+	•	•	•	•	•	•	•	•	50,
LIPOMA	+													<u>×</u>	-	•						-			•	-	<u> </u>
URINARY BLADDER NDOCRINE SYSTEM	ŀ	-		-							-	-	-	-		-	-	<u> </u>	<u> </u>	-		-	<u> </u>	-	-	·	44
PITUITARY Adenoma nos Chromophobe Adenoma Chromophobe Carcinoma	ŀ	* ×	•	•						•		×	•		* ×	•	•	•	• x_	•	+ X	•	•	•	•	•	50 2 3
ADRENAL Cortical carcinoma Pheochromocytoma Ganglidneuroma		•	•	•				,		+ •	•	+ ×	+ ×	•	+ X	•	•	• ×	•	• ×	•	•	•	•	* ×	٠	50 12 1
THYROID C-Cell Adenoma C-Cell Carcingma	ŀ	•	•	+	-	• •	• •	;		• •	•	•	-	•	٠	•	•	• ×	-	•	•	٠	•	٠	×	·	46 2 1
PARATHYRDID Pancreatic islets islet-cell adehoma	+	• •	•	- +						• •	,	• •	-	- +	• •	• •	•	•	-	- •	• •	•	• •	•	-	-	34
EPRODUCTIVE SYSTEM	 						~				_	_					_	_								-+	
MAMMARY GLAND FIBROADENOMA	ŀ	+	N	_	•					<u>`</u> ;	<u> </u>	•	•	<u>*</u>	•	*	•	•	•	•	•	•	•	×	ż	4	50× 7
TESTIS Interstitial-cell tumor Mesothelioma, malignant	İ×	×	×	×	* *	; ;	*	* *	>	× *		* :	* ×	×	*	*	*	*	•	*	ż	×	×	*	*××	ż	50 48 2
PROSTATE	+	+					•		_	•		•	•	•	+	٠	•	*	•	+	+		+	•	•	•	44
PREPUTIAL/CLITORAL GLAND ADENOMA, NOS	N	H X	N	N	N	i H	N	N	H	(1		N	N	н	H	N	ĸ	Ħ	ĸ	X	N	N	N	H	N	н	50× 7
ERVOUS SYSTEM	1								-			_						_								1	
BRAIN USCULOSKELETAL JYSTEM	Ļ:	-		*	*					•		+	•	•	+	•	•	•	•	•	+	•	•	•	•	+	50
MUSCLE FIBROSARCOMA	N	N	N	N	N	N	N	N	N	()	-	н і	N	N	N	N	N X	H	N	ĸ	N	H	N	N	ĸ	"	50×
CARTILAGE LIPDMA	N	N	N	N	N	i N	N	N	N	I N		N 1	ĸ	N	N	N	N	N	N	N	н	Ħ	N	N	N	×	50×
ODY AVITIES	+-			_			_	-			-				_											+	
MEDIASTIHUM Alveolar/Bronchiolar CA, invasive Thymoma	N	M	н	н	H	I N	N	N	•	· ·		N 1	N	н	N	N	H	N	H	H	H	N	N	H	н	"	50# [1_
PERITONEUM MYXOSARCOMA LIPOMA	H	N	N	N	N	I N	N	н	N		, i	N I K.	N	N	н	N X		N X	N	N	N	N	N	N	N	N	50× 1 2
MESENTERY LIPOMA	H	H	N	N X	N	N	N	н	N	8 N	, ,	N 1	H	н	N	N	H	H	N	N	H	ĸ	H	H	м	H	50*
LL OTHER SYSTEMS MULTIPLE ORGANS NOS Adenocacinoma. Nos, metastatic MTXOSARCOMA, metastatic MESOTHELIOMA, metastatic MESOTHELIOMA, metastatic	н	N	N	н	N	N	н	N	N	N	•	• •		N	N	ĸ		N X	N	н	н	н	N	H	H XX	R	50× 1
MESSTHELIOMA, METASTATIC MONOCYTIC LEUKEMIA	L×.	x					_			<u>x</u>										_		x	_		×		

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

ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOPICALLY -: RECROPSY. NO HISTOLOGY DUE TO PROTOCOL -: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION B: NO RECROPSY PERFORMED

Toluene Diisocyanate

AN IMAL NUMBER			0	0	004	5	0	n 7	ò	0	1	1	2	1	1	1	1	1	1	01	2	2	2	2	2	Γ
WEEKS ON STUDT			2	8	0	91	5	0	\$	9	91	0	0	0	2	0	01	2	8	ii 0	0	04	2	1	1	1
INTEGUMENTARY SYSTEM	-	и.,	21	41	.01	<u>e</u> 1	01		- 21	- 11		71	-91	81	.9]	81	91	21	<u>.</u>	41	- 41	0		-2	5	1
SUBCUTANEDUS TISSUE Fibroma Fibrosarcoma Fibrosarcoma, invasive Fibrosoroma Osteosarcoma			•	+ ×	•	٠	٠	•	•	•	•	٠	•	•	•	•	•	•	٠	•	•	٠	•	٠	x	
RESPIRATORY SYCTEM	+-										~						-								_	
LUNGS AND BRONCHI Osteosarcoma, metastatic	Ŀ		•	÷_	+	•	•	•	•	٠	•	•	÷	•	٠	•	+	•	•	٠	٠	•	+	•	+	
TRACHEA	1.		٠	•	٠	٠	٠	+	+	+	+	+	٠	-	+	٠	٠	-	-	٠	+	٠	+	٠	٠	
HEMATOPOIETIC SYSTEM	+-	-														_	_		-							-
BONE MARROW	1.		<u>.</u>	•	•	+	+	•	•	<u>.</u>	+	+	•	•	•	+	•	•	+	•	•	+	٠	÷	-	
SPLEEN	+		•	•	•	•	+	+	•	+	•	•	+	•	•	•	+		<u>+</u>	•	•	•	•	÷	+	
LYMPH NODES	÷		<u>.</u>	•	٠	<u>*</u>	+	•	•	•	•	+	+	٠	<u>.</u>	+	•	•	<u>+</u>	•	•	•	+	•	•	
THYMUS	-		•	•	٠	-	٠	٠	٠	٠	•	٠	٠	•	-	+	+	-	-	٠	٠	٠	٠	٠	٠	
CIRCULATORY SYSTEM													-													-
HEART HEURDF1BROMA	+		•	•	•	•	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	
DIGESTIVE SYSTEM	1					-															_				_	-
SALIVARY GLAND Sarcoma, Hos	ŀ			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	٠	•	•	+	•	+	
LIVER Neoplastic Nodule Hepatocellular carcinoma Hemangiosarcoma	•	•	•	•	•	•	•	×	٠	•	٠	•	٠	•	•	•	•	٠	• x	* x	٠	٠	٠	٠	٠	
BILE DUCT	1.			•	٠	•	•	•	+	•	•	•	٠	•	•	•	•	•	•	÷	٠	•		•	÷	
GALLBLADDER & COMMON BILE DUCT	N	,	<u> </u>	4	N	N	N	N	N	N.	N	N	N.	N	N	N	N	н.	н	N	N	ĸ	N	ĸ	N	
PANCREAS ACINAR-CELL ADENOMA	Ŀ	•		•	* x	•	+	٠	+					•		+	•	+	•	+	+	•	+	٠	+	
ESOPHAGUS	+	_			•	•	•	•	•	÷	•	•	+	•	•	•			•	•	<u>+</u>	+	•	+	+	
STOMACH	+	-	<u> </u>	•	÷	•	+	٠	•	•	<u>+</u>	•	<u>.</u>	•	•	•	•	•	<u>. </u>	•	+	+	•	+	•	
SMALL INTESTINE	+		<u> </u>	<u>.</u>	+	<u>.</u>	•	•	•	•	•	•	•	<u>.</u>	•	•			•		+	٠	+	•	•	
LARGE INTESTINE	+	•	•	•	•	÷	+	+	٠	•	+	•	٠	•	•	•	•	+	+	+	+	+	٠	٠	٠	
JRINARY SYSTEM	T																							_		-
KIDNEY Fibrosarcoma, metastatic	1+	•	•	•	•	•	+	٠	+	•	•	•	•	• •	•	• •	•	•	ł	+	+	٠	+	+	+	1
URINARY BLADDER	+	•			+	,	+	•	+	+ -	•	-	+	• •		• •		• •		+	•	•	•	•	•	Ξ.
ENDOCRINE SYSTEM	+									_																
PITUITARY Chromophobe Adenoma	ŀ	•	•		•		+	+	+	• •	+	+ ·	•	• •	•	• •	•	•	•	•	+	÷	٠	٠	٠	•
ADR THAL Ph.DCHROMOCYTOMA	ŀ	•	•		• •	• •	•	• ×	•	•	•	* · X	• ;	• •	• •	• •	• •	•		+	•	+	÷ x	+	٠	•
THYROID C-Cell Adenoma C-Cell Carcinoma	•	+	•		• •		•	•	•	•	•	•	•	• •		•		• •	, .	,	+	+	+	+	+ x	,
PARATHYROID	+	٠	÷		• •		-	•	+	• •	•		• •	• •						•	+	-	+		-	•
EPRODUCTIVE SYSTEM	+																_	-		-			-			
MAMMARY GLAND Fibroadenoma	ŀ	•	H	_	• •			• 1	N .	• •	• •	• •	• •	• •	•	N	•	•		•	•	+	•	N	+	٠
TESTIS Interstitial-Cell Tumor Mesothelioma, nos	×	•	* x	;		;	Ċ.	×	• ;		~ >	* *	• • • • • •	•	,	•	*	×	;	k .	•	+	*	* X	*	* x
PROSTATE	+	+	+	+	•	•	•	•		• •	• •	• •	• •	• •	•	•	+	•	•	• •	•	•	•	÷	٠	٠
ERVOUS SYSTEM	1	-		-																						
BRAIH	+	+	+	•	+	٠		• •	• •	•	•	• •	• •	+	+	+	٠	•	•	• •	•	٠	+	٠	+	÷
MESENTERY	N	N	н	н	N	N		N N		. N		(N	. N	N	н	N	н	н			. ,	•	N 1		N	N
MYXOSARCOMA LIPOMA										x	×	¢														
LL OTHER SYSTEMS	T										_										-					-
MULTIPLE ORGANS NOS MESOTHELIOMA, NOS HEMANGIOSARCOMA, INVASIVE Mongcytic Leukemia	N	N	N	N	N	N		• •	i N	N	*	t N		N	N	N	N	н х		i H	• •	•	H 1	H	н	N

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: LOW DOSE

 *: TISUE EXAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBMITTED

 -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBMITTED

 :: NUMDISTUDE NOT EXAMINED MICROSCOPICALLY
 : NO MISTOLOGY DUE TO FROTOCOL

 :: NUMDISTUDE NOT EXAMINED MICROSCOPICALLY
 : NO MISTOLOGY

 :: NUMDISTUDE NOT EXAMINED MICROSCOPICALLY
 : ANITAL MISTOLOGY

 :: NO MICROSCOPIC EXAMINATION
 : ANITAL MISTON

 :: ANIMAL MISTOR
 : NO MECROSY FREFORMED

ANIMAL	1 1	-										01		οŤ.	61	11	<u>6</u> 1	01	61	01	- AT	- ff	ā T			
NUMBER	0 2 6	0 2 7	0 2 8 0 5	29	3	3	32	3	3	31	3	3	3	3	ě.		2	-			i	2	8	04900	00000	TOTAL
STUDY	0	0	5	ġ	1	61	ġ	ġ	è	6	2	3	0	į,	0	4	1	9	ġ,	<u>i</u> l	ŏ	ě)	0	ŏ	9	TUMOR
INTEGUMENTARY SYSTEM	+••	. 61	-91	<u></u>		-21	- 61	-81		21	21	-0	-21	- 10	<u> </u>			-21	<u>e</u> 1	21	بع		-	01	- 84	
SUBCUTANEOUS TISSUE FIBROMA FIBROSARCOMA FIBROSARCOMA, INVASIVE FIBROBARCOMA DSTEOSARCOMA	• ×	* * *	٠	·	·	•	٠	• x	٠	•	•	٠	•	•	٠	•	٠	•	•	* x	•	•	* ×	٠	×	50N 3 1 1
RESPIRATORY SYSTEM	1				_					-		-	_				_			_			-		-	
LUNGS AND BRONCHI Osteosarcoma, metastatic	ŀ	+	+	+	+	+	+	<u>.</u>	+	•	•	•		•		_	•	~	•	•	•	•	•	•	÷	50,
TRACHEA	+	-	•	+	+	-	+	+	+	*	+	*	~	+	+	+	•	-	*	-	-	+	+	+	. *	41
HEMATOPOIETIC SYSTEM	T																									
BONE MARROW	++	<u>+</u>	+	+	+	<u>+</u>	<u>+</u>	*	•.	+	+	<u>+</u>	•	•	+	•	<u>+</u>	+	+	+	•	+	<u>+</u>	+	4	42
SPLEEN	+·	+	+	+	+_	+	<u>+</u>	+	•	+	•	+	•	+	+	+	*	+	+	-	+	<u>+</u>	+	+	4	48
LYMPH HODES	+	+	+	+	+	+	<u>+</u>	+	+	+	+	•	-	+	-	•	-	•	+	+	+	+	+	•	긕	47
THYMUS	+	+	+	+	+	٠	٠	٠	•	-	•	-	-	+	•	-	•	•	•	+	•	•	•	+	•	37
CIRCULATORY SYSTEM	T						-																			
HEART NEUROFIBROMA	+	+	•	+	•	•	٠	+	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	50,
DIGESTIVE SYSTEM								_			_	_					_									
SALIVARY GLAND Sarcoma, nos	Ŀ	•		<u>.</u>	+	*	+	•	•	*	•	+	ż	•	•	<u>+</u>	+	+	•	•	<u>+</u>	•	+	•	-	50
LIVER Neoplastic Nodule Hepatocellular Carcinoma Hemangidsar:oma	•	•	•	•	٠	٠	٠	•	•	•	•	٠	٠	+ X	٠	•	•	•	٠	•	•	•	٠	٠	•	50 2 1
BILE DUCT		+	+	+	+	<u>+</u>	•	+	+	•	+_	+	+	•	+	+	÷	•	•	•	•	+	•	+_	+	50
GALLBLADDER & COMMON BILE DUCT	LN.	N	N.	Ν.	N	H	N		N	N	N	N	N	h	ĸ	ĸ	ĸ	ĸ	N	N	N	N	N.	н		50×
PANCREAS ACINAR-CELL ADENOMA	ŀ	÷.	+	+	+	•	+	*	•	•	•	•	•	+	•	•	-	+	•	-	•	-	•	٠	·	47,
ESOPHAGUS		•	+	+		+	+	+	+	•	+	-	+	+	+	+	+	+	•	+	+	+	٠	+	+	48
STOMACH	1.	+	+	+	+	+	+	+	+	+	+	•	+	•	•	•		+	•	+	+	•	+	٠	+	- 49
SMALL INTESTINE		+		+	+	+	+	+	+_	•	-	-	+	+	+	•	-	•	•	-	•	-	٠	<u>+</u>	•	39
LARGE INTESTINE	+	+	٠	+	٠	•	+	+	+	+	٠	٠	+	+	٠	٠	-	+	٠	+	٠	٠	-	-	+	47
URINARY SYSTEM	+								_		_						_		-		_				- 1	
KIDNEY FIBROSARCOMA, METASTATIC	ŀ	÷.	+	•	•	+	+	٠	•	+	•	•	•	•	•	+	-	•	•	•	•	-	÷	•	·	48,
URINARY BLADDER	+	٠	+	+	٠	+	+	٠	٠	٠	+	٠	+	+	+	+	+	+	٠	٠	٠	-	٠	٠	•	47
ENDOCRINE SYSTEM	+												_	•			-								-	
PITUITARY CHFOMOPHOBE ADENOMA	ŀ	•	•	٠	•	-	•	•	•	ż	•	•	ż	•	-	+	•	•	•	•	•	-	-	•	·	
ADRENAL PHEOCHROMOCYTOMA	+	*	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	÷.	*	•	-	•	•	·	* ⁹ ,
THYROID C-CELL ADENOMA C-CELL CARCINOMA	ŀ	•	•	×	•	•	•	* *	•	•	•	•	•	•	•	•	•	•	•	×	•	•	•	•	-	49 22
PARATHYROID	1 +	٠	+	٠	•	-	+	+	•	٠	٠	•	٠	٠	٠	٠	•	٠	٠	٠	٠	-	٠	٠	-	36
REPRODUCTIVE SYSTEM	1														-			-	_					_	1	
MAMMARY GLANU FIBROADENOMA	ŀ	•	<u>.</u>	+	•	<u>+</u>	+	+	+	+	•	•	N	H	+	+	•	+	ż_	•	+	N	+	+	-	50 H
TESTIS INTERSTITIAL-CELL TUMOR MESOTHELIOM4. NOS	×	* x	* X	* ×	٠	* ×	* ×	+ x x	* ×	×	* ×	٠	* ×	* ×	•	٠	٠	×	*	*	٠	٠	×	•	×	50 35 2
PROSTATE	+	+	+	٠	٠	+	*	•	•	٠	•	+	•	•	٠	•	•	•	•	•	•	•	+	.+	٠	50
NERVOUS SYSTEM	1		_																							
BRAIN	ŀ	+	<u> </u>	*	•	*	<u>.</u>	<u>.</u>	<u>+</u>	*	<u>+</u>	<u> </u>	<u>.</u>	•	-	<u>.</u>	<u>.</u>	<u>*</u>	<u>.</u>		•	•		•	•	49
BODY CAVITIES Mesentery Myxosarcoma Lipoma	H	N	н	н	N	N	N	N	H	N	N	N	N	N	N	N	н	N	N	N	H	N	N	M	н	50*
ALL OTHER SYSTEMS	+	_								-								_	_						+	
MULTIPLE ORGANS NOS MESGTHELICMA, NOS HEMANGIOSARCOMA, INVASIVE MONOCYTIC LEUKEMIA	N	N	N	N	N	ĸ	H	N	N	N	H	N	N	N	N	N	N	н	H	N	N	H	N	N	H X	50×

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

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NUMDETILE LEVALUAR
 ANIMALS RECROPSIED MICROSCOPICALLY
 HISSUE CRAINED MICROSCOPICALLY
 HISSUE CRAINED MICROSCOPICALLY
 INTERROPSY, NO HISTOLOGY DUE TO PROTOCOL
 AINTAL MISSINO
 H: MECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 B: NO MECROPSY PERFORMED

ANIMAL NUMBER	0	0	003	004	0	006	0	0	0	1	1	0	1	1	0 1 5	1	0	0	0	2	2	2	2	24	
WEERS DH Study	5	0	0	7	0	0	0	0	0	41	4	1	0	0	0	0 51 5	104	004	0 3 8	0	1 0 8	2096	3024	6	
TEGUMENTARY SYSTEM																									
SKIN Papilloma, Nos Squamdus Cell Carcinoma Keratoacanteoma	Ļ	•	+	N	•	•	•	•	* x	+	•	+	·	+	+	+	•	+	•	+	•	•	•	•	
SUBCUTANEDUS TISSUE FIBROMA FIBROSARCOMA MESOTHELIOMA, INVASIVE NEURILEMOMA, MALIGNANT	·	٠	* ×	N	•	٠	•	٠	* ×	•	٠	•	٠	•	٠	٠	٠	•	•	٠	•	* X	•	•	
SPIRATORY SYSTEM	<u>† </u>				_							_	_				_		_				-		
LUNGS AND BRONCHI	++	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	<u>_+</u>	٠	+	+	
TRACHEA	-	-	٠	-	+	•	-	*	+	٠	-	+	+	+	-	+	+	•	-	+	•	٠	+	+	_
MATOPOIETIC SYSTEM	1																								
BONE MARROW	+	*	+	-	<u>+</u>	+	+	+	+	+	+	+	+	<u>+</u>	•	+	<u>+</u>	+	•	+	<u>.</u>	+	+	<u>.</u>	,
SPLEEN Lymph Nodes	†÷	÷	•	÷	÷	<u>.</u>	•	<u>.</u>		<u>.</u>	<u>+</u>		•	•	+	•	•	÷	•	. <u>.</u>	÷	-	<u>.</u>	÷	-
THYMUS	Ť.	+	•	•	•	+	+	<u>,</u>	•	-		+	+	÷	-	+		•	•	+		-	+	•	-
RCULATORY SYSTEM	ļ		•								_							_				_			
HEART	•	٠	٠	٠	+	٠	٠	•	٠	+	+	٠	+	+	+	÷	+	+	٠	+	٠	+	٠	٠	
GESTIVE SYSTEM				_		_		_						_		_		_				-			
SALIVARY GLAND	++	+	-	+	÷	+	+	+	٠	-	+	•	+	•	+	+	+	+	•	+	+	+	+	+	_
LIVER HEOPLASTIC NODULE	+	+	٠	٠	٠	٠	٠	+	٠	٠	+	٠	+	٠	+	+	٠	٠	٠	٠	٠	+	+	٠	
HEPATOCELLULAP CARCINOMA																					×				
BILE DUCT	+•-	•	+	+	+	+	+	+	•	٠	•	+	+	+	*	+	+	+	•	+	<u>.</u>	+	+	+	
GALLBLADDER & COMMON BILE DUCT	<u> </u>	N	<u>N</u>	N	N	N	N	N	N	N	N	<u>N</u>	N	Ν.	N	<u>N</u> .	N	N	N	N	H	N	N	N	-
ACINAR-CELL ADENOMA	+	<u> </u>	+	*	*	+	*	<u>+</u>	<u>×</u>	+	<u>.</u>	+	*	+	-	+	*	+	+	*	<u>×</u>	*	+	*	
ESOPHAGUS	L+_	•		+	+	+	+	+	•	+	+	+	٠	•	+	+		+	+	+	<u>+</u>	٠	+	<u> </u>	
STOMACH	+ +	+	•	+	-	•	+	•	+	+	+	•	٠	-	+	•	+	+	+	٠	•	•	•	+	_
SMALL INTESTINE	٠.	+	+	+	÷	٠	+	•	+	+	+	+	+	-	+	•	+	+	-	٠	•	٠	+	•	_
LARGE INTESTINE	i +	٠	٠	-	٠	٠	٠	٠	٠	٠	+	+	٠	+	٠	-	+	٠	+	+	+	-	٠	+	
INARY SYSTEM																	_								
KIDNEY PHEOCHROMOCYTOMA, METASTATIC NEPHROBLASTOMA	·	•	•	•	*	•	•	·	+	+	•	•	•	•	-	+	•	-	+	•	x	•	•	•	_
URINARY BLADDER	Ŀ	•	-	-	-	+	•	<u>.</u>	•	+	+	•	<u>.</u>	-	+	•	*	<u>+</u>	•	+	•	+	•	•	_
PITUITARY CHROMOPHOBE ADENOMA CHROMOPHOBE CARCINOMA	+	٠	٠	* x	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	* x	٠	٠	٠	٠	٠	٠	٠	٠	
ADRENAL Pheochromocytoma Pheochromocytoma, malignant	·	•	*	•	•	٠	٠	* ×	+	٠	•	•	+	•	+	+	٠	٠	•	٠	+ ×_	٠	•	•	
THYROID	+	+	+	+	+	+	٠	+	•	•	+	٠	•	÷		÷	•	+	٠	+	+	+	•	•	
C-CELL CARCINOMA	1		_					<u>×</u>	_			•	•				+								-
PARATHYROID Adenoma, Nos	Ľ	<u>+</u>	+	*	+	•	•	•	•	•	•	<u> </u>	·	-	-	•	<u> </u>		•		×.	<u> </u>	_	_	
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLFT-CFLI CARCINOMA PRODUCTIVE SYSTEM	•	•	•	•	•	•	•	•	×	•	٠	•	•	•	-	•	•	•	•	•	•	•	•	•	_
MAMMARY GLANI FIBROADENOMA	ŀ	٠	٠	٠	٠	٠	н	+	٠	٠	N	٠	N	٠	+	+	*	*	N	N	٠	٠	•	٠	_
TESTIS INTERSTITIAL-CELL TUMOR INTERSTITIAL-CELL TUMOR, MALIGHAN MESOTHELIONA, MALIGHANT	·	•	* x	* ×	٠	* x	* x	* ×	* x	٠	+	٠	٠	٠	٠	٠	* x	* x	٠	٠	* ×	* x	٠	*	
PROSTATE	•	+	-	•	•	•	•	•	•	+	•	•	+	•		+	÷	•	+	•	+	+	+	•	
PREPUTIAL/CLITORAL GLAND ADENOMA, NOS	N	N	N	м	H	N	N	N	N	N	N	N	н	N	N	N	N	N	N	N	N	N	H	N	
ERVOUS SYSTEM	1																								
BRAIN CHROMOPHOBE CARCINOMA, INVASIVE Pinealoma Glioma, Nos	l •	•	•	•	٠	٠	٠	•	•	٠	+	٠	•	•	•	·	•	•	* ×	•	٠	* x	•	• ×	
ECTAL SENSE ORGANS	\vdash										-		_					_						_	-
EAR Squamous cell carcinoma	N	N	N	N	N	N	N	N	N	N	N	N	N	H	٠	N	H	N	N	N	N	N	٠	N	
DDY CAVITIES	1																								1
PERITONEUM INTERSTITIAL-CELL TUMOR, METASTAT	H	N	N	N	H	N	N	N	N	N	N	N	н	N	N	N	N	м	N	н	N	н	N	N	_
TUNICA VAGINALIS MESOTHELIOMA, NOS	ŀ	•	•	•	•	•	•	•	•	•	•	•	•	٠	•	٠	•	•	•	•	•	•	٠	•	_
L OTHER SYSTEMS MULTIPLE ORGANS NOS MESOTHELIOMA, NOS MONOCYTIC LEUKEMIA	H	N	N	N	N	N	N	N	N	N	N	н	н	N	N	N	N	N	N	N	N	N	N	N	

TABLE A3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: HIGH DOSE

NUMBER		2	2 8 0	2 9	+	3	20	0 3 3 0	3	- 5	36	3 7 1	-	3 9	01	4	2	4 3 9	4	5	6 0 9	7	-	9	8	TOTAL TISSUE
STUDY	0 81.	8	4	5	2	8	21	8	6	7 9	8	0 3	8	2	2	2 4	0	9	8	3	9	9 01	3	8	6	TUMOR
SKIN PAPILLOMA, HOS SQUAMQUS CEL. CARCINOMA KERATBACANTHUMA	* X	٠	٠	٠	٠	٠	٠	٠	·	+	٠	٠	٠	٠	+	+	•	٠	•	•	•	•	•	•	* ×	50×
SUBCUTANEOUS TISSUE FIBROMA FIBROSARCOMA MESOTHELIOMA, INVASIVE	* ×	•	+	* x	٠	* x	•	•	+ ×	×	•	+	* x	٠	٠	٠	+	٠	•	• ×	•	* ×	•	×	•	50 # 9 3
NEURILEMOMA, MALIGNANT		×																							_	1
ESPIRATORY SYSTEM	+	٠	÷	•	•	÷	÷	٠		+	•	+	÷	•	•	•	÷	•	•	•	+	•	+	•	•	50
TRACHEA	٠	-	+	÷	-	+	-	+	+	•	+	•	+	٠	+	+	-	+	-	٠	•	•	+	٠	-	36
EMATOPOIETIC SYSTEM										-										_		,			+	
BONE MARROW	•	+	•	•	+	•	•	•	•	*	<u>.</u>	•	•	•	*	-	•	•	÷	<u>+</u>	<u>.</u>	<u>+</u>	<u>+</u>	<u>*</u>	+	47
SPLEEN LYMPH NODES	•	•	• •	. <u>.</u>	<u>+</u>	÷	<u>.</u>	•	÷	<u> </u>	÷	* +	÷.	•	÷	• •	•	•	•	÷	+	•	÷	÷	+	49
THYMUS	+	+	+	-	+	+	•	+	-	-	+	-		•	•	•	+	÷	+	-	•	+	+	-	+	36
IRCULATORY SYSTEM							_	-																	-+	
HEART	•	•	+	•	+	+	•	*	+	•	+	٠	•	+	•	+	•	•	•	•	•	•	•	+	+	50
IGESTIVE SYSTEM																÷		÷		÷	÷		÷		•	48
LIVER NEOPLASTIC NOLULE HEPATOCELLULAR CARCINOMA	•	+	+	+ ×	+	•	•	·	•	+	•	+	•	+	•	•		÷ x	+	x	+	•	+	+	+	50 2
BILE DUCT	+	+	+	*	•	+	+	+	+	+	+	٠	+	+	+	•	•	+	•	+	+	+	+	٠	+	_ 50_
GALLBLADDER & COMMON BILE DUTT	N	N	N	N	N	N	N	N	м	<u>N</u>	N	N	N	N	н.	N	<u>N</u>	N	N	N	N	N	<u>N_</u>	N	N	50*
PANCREAS ACINAR-CELL ADENOMA	*_	+	•	•	٠	÷.	+	•	* ×	•	+	+	*	+	•	+	•	+	•	+	•	•	•	•	+	49 .7
ESOPHAGUS	÷	÷	÷	•	•	+	+	+	+	•	÷	+	•	•	+	•	+	•	•	•	•	•	•	+	•	47
STOMACH	+	+	+	•	+	<u>+</u>	+	•	+	+	+	+	+	•	•	+	•	•	+	•	•	•	<u>+</u>	<u> </u>	*	47
SMALL INTESTINE	+	•	+	+	-	+	+	•	+	+	+		+	-	+	+	•	+	*	+	<u>.</u>	+	<u> -</u>	+	+	44
LARGE INTESTINE	÷	+	•	+		+	+	•	•	-	+	•	+		+	•	÷ —	•	•	•	•	•	+		+	44
KIDNEY Pheochromocytoma, Metastatic Nephroblastoma	•	•	•	•	•	•	•	•	+	•	+ X	•	•	•	•	•	•	•	•	•	•	•	+	•	•	49
URIMARY BLADDER	•	+	٠	٠	+	٠	٠	•	+	•	+	+	٠	+	+	-	*	+	+	+	+	*	-	•	+	44
NDOCRINE SYSTEM Pituitary Chromdphobe Adenoma Chromdphobe Carcinoma	÷	÷ x	•	÷	+	•	+	+	-	+	* x	÷	٠	÷	•	+	•	* *	•	* x	•	•	•	•	•	49 7
ADRENAL PHEOCHROMOCYTOMA	+	+	•	* ×	٠	+	•	+	* ×	+	*	+	•	+	+	+	+	+	·	* ×	+	•	•	•	•	50
PHEOCHROMOCYTOMA, MALIGNANT Thyroid	+	•	+	+	•	+	-	+	•	•	+	+	+	+	+	+	+	+	•	•	•	+		•	+	47
C-CELL CARCINOMA											<u>×</u>		-			+	•	+				<u> </u>			+	2
PARATHYROID ADENOMA, NOS	÷		•	-					•		_	+		-		-	-								-+	33,
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA EPRODUCTIVE SISTEM	+	•	•	+	+	+	•	+	+	+	+	+	•	+	•	+	+	+ <u>×</u>	•	+	×	•	•	•	-	49
MAMMARY GLAND FIBROADENOMA	+	+	+	н	+	+	N	•	ĸ	+	+	* x	н	+	+	+	+	٠	+	+	•	N	•	+	N	50×
TESTIS INTERSTITIAL~CELL TUMOR INTERSTITIAL~CELL TUMOR, MALIGNAN MESOTHELIOMA, MALIGNANT	* ×	×	×	×	+	×	*	•	* × ×	×	* x	×	×	•	•	•	•	* ×	ż	* ×	×	*	•	×	×	50 29
PROSTATE	++	_+	-	<u>+</u>	•	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	-	÷	+	<u>+</u>	+	-1	47
PREPUTIAL/CLITORAL GLAND ADENOMA, NOS	N	N	N	N	н	N	N	N	Η	H	Ν	×	Η	N	N	N	H	N	N	N	N	H	N	N	Nİ	50× 1
ERVOUS SYSTEM Brain Chromophobe carcinoma, invasive Pinealoma Glioma, Nos	+	+	·	+	•	+	+	•	+	•	+	* ×	+	•	÷	+	٠	+	•	•	•	•	•	•	•	50
PECIAL SENSE ORGANS	\vdash														-										-+	
EAR Squamdus cell carcinoma Oby cavities	н	×	N	N	N	н	н	N	H	N	N	N	N	+	N	N	N	N	м	N	H	H	•	н	н	50× 1
PERITONEUM	N	N	N	N	N	к	N	N	N	N	N	N	N	ж	N	N	N	N	N	N	N	N	н	N	N	50×
INTERSTITIAL-CELL TUMOR, METASTAT Tunica vaginalis Mesotheliona, nos	+	÷	÷	+	+	•	+	•	+	+	+	+	•	•	+	•	+	·	+	•	÷	÷	+	•	•	50# 1
LL OTHER SYSTEMS Multiple drgans nos Mesothelioma, nos	N	N	N	N	N	N	н	N	н	H	н	N	н	N	н	н	н	н х	H	н	н	N	N	н	н	50×

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

+ + + + + + + + + + + + + + + + + + +	+ + + + + + + + + + + + + + + + + + +			* *		9 9 1 0 1 8 + + + + + + + + + + + + +	+ + + + +	• • • • • •	+ + + + + +			+ + + + + +						3 0 1 1 1 1 1 1 1 1 1 1 1 1 1	
+ + + + + + + + + + + + + + + + + + +	1 6 + + + + + + + + + + + + +	9 + ,X + + + + + + + + + + + + +		• • • • • •	š •	ði +	• • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • •			¢ + + + + + + + + +	31 + + + + + + + + + + + + N							
+ + + + + + + + + + + + + + + + + +	+ + + + + + + + + + + + + + +	X + + + + + + + + + + + + +	+ + + + + + + + + + + + + + +	+ + + + +	+ + + + + + + + + + +	+ + + + + + + + + + + + +	+ + + + + + + + + + + +	+ + + + + + + + + + + +	× + + + + + + + + + + + + + + + + + +	+ + + + + +	+ + + + + + + + +	+ + + + + + + + +	+ · · · · · · · · · · · · · · · · · · ·	· •	· · · · · · · · · · · · · · · · · · ·	+ + + + + + + +	+ + + - + + + +	+ + + + + + + +	* * * *
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+ + + + + + + + + + + + + + + +	+ + + + + + + + + + + + + + +	+ + + + + + + + + + + + + + +	+ + + + + + + + + + + +	* * * *	+ + + + + + + + + + +	+ + + + + + + + + + +	+ + + + + + + + + + + + +	+ + + + + + + +	× + + + + + + + + + + + + + + + + + +	+ + + + + +	+ + + + + + + + +	+ + + + + + + + +	+ · ·	· •	+	• • • • •	+ + - + + +	+ + + + + + + +	• • • •
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+ + + + + + + + + + + + + + + +	+ + - + + + + + + + + +	• • • • • • • • • • • • • • •	- + + + + + + + + +	•	+ + + + + +	+ - + + + + + + +	+ + + + + + + +	+ + + + + + + + + + + + + + + + + + +	+ + + - + + + + + + + +	+ + + +	+ + + +	+ + + +	+ + + + + + + + + + + + + + + + + + +	• • •	+	+ + + +	- + +	+ - + +	•
+ + + + + + + + + + + + + +	+ + + + + + + + + + +	+ + + + + + + + + + + +	- + + + + + + + + +	•	+ + + + + +	+ - + + + + + + +	+ + + + + + + +	+ + + + + + + + + + + + + + + + + + +	+ + + - + + + + + + + +	+ + + +	+ + + +	+ + + +	+ + + + + + + + + + + + + + + + + + +	• • •	+	+ + + +	- + +	+ - + +	•
+ + + + + + + + + + + + + +	+ + + + + + + + + + +	+ + + + + + + + + + + +	- + + + + + + + + +	•	+ + + + + +	+ - + + + + + + +	+ + + + + + + +	+ + + + + + + + + + + + + + + + + + +	+ + + - + + + + + + + +	+ + + +	+ + + +	+ + + +	+ + + + + + + + + + + + + + + + + + +	• • •	+	+ + + +	- + +	+ - + +	•
+ + + + + + + + + + + + + +	+ + + + + + + + + + +	+ + + + + + + + + + + +	- + + + + + + + + +	•	+ + + + + +	+ - + + + + + + +	+ + + + + + + +	+ + + + + + + + + + + + + + + + + + +	+ + + - + + + + + + + +	+ + + +	+ + + +	+ + + +	+ + + + + + + + + + + + + + + + + + +	• • •	+	+ + + +	- + +	+ - + +	•
• • • • • •	+ + + + + + + +	+ + + + + +	+ + + + + + +	. +	+ + + N +	+ + + + +	+ + + 	+ + + + + - +	+ + + + + +	+ + +	+ + +	+ + +	• • • •	•	+	•	•	•	• • •
• • • • • •	+ + + + + + + +	+ + + + + +	+ + + + + + +	. +	+ + + N +	+ + + + +	+ + + 	+ + + + + - +	+ + + + + +	+ + +	+ + +	+ + +	• • • •	•	+	•	•	•	+ + + +
• • • • • •	+ + + + + + + +	+ + + + + +	+ + + + + + +	. +	+ + + N +	+ + + + +	+ + + 	+ + + + + - +	+ + + + + +	+ + +	+ + +	+ + +	• • • •	•	+	•	•	•	•
• • • • • •	+ + + + + + + +	+ + + + + +	+ + + + + + +	. +	+ + + N +	+ + + + +	+ + + 	+ + + + + - +	+ + + + + +	+ + +	+ + +	+ + +	• • • •	•	+	•	•	•	•
+ + + + + +	+ + + +	+ + + +	+	+ + + + + + +	+ N +	+ + + +	• • • •	+	+ + N N	н Н	+ + N	+ + N	• •	+	+	•	•	•	•
+ + + + + +	+ + + +	+ + + +	+	+ + + + + + + +	+ N +	+ + + +	• • • •	+	+ + N N	н Н	+ + N	+ + N	• •	+	+	•	•	•	+
+ + + + + +	+ + + +	+ + + +	+	+ + + + +	+ N +	+ + + +	• • • •	+	+ + N N	н Н	+ N	• N	н_н	+	+	•	•	•	•
H + + + +	N + + +	+ + + +	•	* * * *	+ + • •	+ + + +	• •	NP	ни	н				+ N	+	•	•	+	•
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•	+	÷	•	• • •	•	+	<u>+</u>						+ +	+	+	+	٠	+	+
•	+	÷	•	+ + +	•	+	4	+ +	<u>+</u>	•	+	•	+ +	-	_ +	+	•	_+	+
•		•	•	• •	+		· · ·	• •	• •	+	+	+	+ +	+	+	٠	٠	٠	•
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•	÷	٠			-														
+			•	.+	+	+	<u>+</u>	• •	• •	+	+	+	<u>+ +</u>	+	+	٠	+	٠	+
	+	٠	-	٠	+	+	+	• •	• •	٠	+	٠	+ +	+	+	٠	+	٠	٠
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X			x					×		×	×		×	X		x	x		X
٠	÷	+	+	+	* x	+	+	+ +	• •	+	+	٠	• •	+	+	+	+	+	٠
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	•	•			×	•			x	x	•	•		x	•	•	Ť	x	Ť
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-	+	+	-	-	+	٠	+	• •	•	+	-	•	* - * -	+	٠	-	٠	+	-
* ×	٠	٠	+	+	٠	+	H	+ +	•	÷	÷	+	• •	+	٠	٠	٠	;	٠
Ň	N	N	н	N	N	N	N	N N	I N		N.	н	и н	N	N	N	N	N	N
+ 	+	+	+	+	٠	•			•	+	٠	+ •		+	*	+	+	+	+
X	X	×		X			;	×					×			x			
+	+	+	-	+	٠	•	+ •	• •	+	+	+	• •	• •	+	٠	+	٠	+	÷
+	+	+	÷	+	+	•	• •		+	,	+	• •	• •	÷	+	÷	÷	+	+
N	N				- N														
		н	n.	a	a	.1		, n	n	a	n	n 1	л г	п	'n	n	п	a	N
											-								
N		н	N			н				N				н	N	н	N		N
					*							_							x
	+ X + + N N	X H N + + X X + + H H N N RDSCOP	X N N N + + + X X X + + + + + + N N N N N N N R R COSCOPICAL	X N N N N + + + + X X X + + + + + + + + N N N N N N N R N N N X ROSCOPICALLY	X N N N N N + + + + + X X X + + + - + + + + + + N N N N N N N N N N R N N N N R N N N N	X N N N N N N N + + + + + + + X X X X + + + + - + + + + + + + + N N N N N N N N N N N N N N X X X	X M N N N N N N N + + + + + + + + X X X X + + + - + + + + + + + - + + + + + + + + - + + + + + + + + + + + + + + + + + + +	X M N N N N N N N N + + + + + + + + + + X X X + + + + - + + + + + + N N N N N N N N N N N N N N N N N N N	X M N N N N N N N N N N + + + + + + + + + + + X X X X + + + - + + + + + + + + + + + + + + + + + + +	X N N N N N N N N N N N N N + + + + + + + + + + + + + X X X + + + - + + + + + + + + + + + + + + + +	X 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 + + + + + + + + + + + + + + + + + + +	* *	X N N N N N N N N N N N N N N N N N + + + + + + + + + + + + + + + + + + +	* *	* *	* *	* *	* *

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: VEHICLE CONTROL

ANIMAL Number Weeks on	026	27	2	29	3		3	3	3	3	3	3	8	3	-	1	2	-	-	-	4	1	1	1	1	TOTAL
STUDY	8	?	8	8	ŝ	8	ŝ	â	ŝ	8	ŝ	â	1	:	ŝ	8	8	3	ŝ	å	å	:	2	:	비	TUMOR
INTEGUMERTARY LYSTEM Subcutaneous tissue Fibrosarcoma Fibroadenoma	+	* ×	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	• x	٠	٠	•	٠	•	50 x 2
RESPIRATORY SYSTEM	<u> </u>		-			-		_			-	_	_								-					
LUNGS AND BRONCHI Alveolar/bronchiolar carcinoma	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	+	٠	٠	٠	٠	+	٠	٠	٠	•	50
TRACHEA		•	÷	+	•	•	•		•	•	•	•	•	•	•	+	•		+	•	+	+		•	+	45
HEMATOPDIETIC SYSTEM										_	-														+	
BONE MARROW	÷	+	•	+	+	•	۰.	+	+	+	•	+	•	+	+	+	+	•	-	+	+	•	+	+	•	- 49
SPLEEN	٠	٠	٠	٠	+	٠	+	٠	٠	+	٠	+	٠	٠	+	+	٠	٠	٠	٠	٠	•	+	٠	+	50
MONOCYTIC LEUKEMIA Lymph nodes		÷		•	•	+	•	•	•	Ţ	+		+	+		+		+	•	+		+				45
THYMUS	-	-		+	+	-	-	+	•	+	+	-	-		+	+	-	•	٠	+	-	-	•	-	-	50
CIRCULATORY SYSTEM		_	_			_			_											_				-	+	
HEART	•	٠	٠	٠	+	٠	+	٠	+	+	+	٠	٠	+	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	+	50
DIGESTIVE SYSTEM	-					-		-							• •					-	_		-		1	
SALIVARY GLAND	+	+	•	+	•	+	+	•	+	•	+	٠	•	+	+	٠	+	٠	+	•	•	•	•	٠.	4	50
LIVER NEOPLASTIC NODULE	•	٠	٠	٠	٠	٠	٠	٠	٠	÷	٠	٠	٠	+	÷	٠	٠	٠	٠	٠	٠	٠	*	•	+	50,
BILE DUCT		•	+	•	+	•	+	•	+	+	+	•	•	+	•	•	•	•	+	•	+	+	+	•	•	58
GALLBLADDER 4 COMMON BILE DUCT	N.	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Ν.		N	N	л.	N	N	N	ĸ	50×
PANCREAS	•	•	+	+	+	+	+	+	+	+	+	٠	+	٠	٠	٠	٠	•	٠	•	•	٠	٠	٠	•	54
ESOPHAGUS	•	٠	•	٠	+	•	+	٠	٠	٠	•	<u>.</u>	+	•	٠	٠.	٠	·	+	+	٠	•	•	•	•	48
STOMACH Squamous cell papilloma	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	*	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	50
SMALL INTESTINE		•	•	•	•	•	•	•	•	+	•	•	•	•	•	•	+	•	•	+	•	•	•	•	•	50
LARGE INTESTINE	+	+	•	•	•	•	+	•	+	+	-	٠	+	•	•	+	٠	•	٠	+	٠	•	•	•	•	49
URINARY SYSTEM				_										_		_				_					1	
KIDNEY	•	+	+	٠	+	<u>+</u>	•	+	+	+	+	•	+	•	+	٠	٠	+	٠.	+	٠	•	٠.	•	+	50
URINARY BLADDER	+	٠	٠	-	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	•	٠	٠	•	48
ENDOCRINE SYSTEM			•	-											_										Т	
PITUITARY AD Noma, Nos Ch.Qmophobe Adenoma Chromophobe Carcinoma	+	•	* x	* X	٠	* x	^	٠	* ×	* x	•	* x	•	* x	* x	* ×	* ×	•	•	* ×	* ×	* ×	* x	* ×	*××	50 25 2
ADRENAL Cortical Adenoma Pheochromocytoma	•	+ ×	+	٠	+	٠	*	+	٠	•	٠	•	•	•	•	٠	•	•	•	٠	•	•	•	•	·	50 2
THYROID Follicular-Cell Carcinoma	·	•	+	•	*	٠	+ ×	•	٠	•	•	•	•	•	•	•	٠	•	•	* x	•	•	•	•	•	50
C-CELL ADENOMA C-CELL CARCINOMA PARATHYROID	-	•	-	•	-	•	•	-	•	-	- -	-	+	•	·		•	+		•	+	-	•	•	•	31
ADENOMA, NOS Reproductive system				_																					-	
MAMMARY GLAND	N	٠	٠	٠	N	٠	٠	٠	٠	٠	٠	•	٠	•	•	•	:	٠	•	٠	٠	•	٠	•	•	50
FIBROADENOMA Preputial/clitoral gland	H	N	<u>х</u> к	н	N	N	<u>х</u> н	N	<u>х</u> н	N	N	Ň	N	N	<u>х</u> н	×. N	<u>х</u> н	H	N	N	N	N	N	N	N	50 %
CARCINOMA, HOS		X		_																					-	
UTERUS ADENOCARCINOMA, NOS Endometrial Stromal Polyp Endometrial Stromal Sarcoma	×	•	* X	* X	•	•	•	•	•	•	•	•	•	•	•	·	·	×	•	•	•	•	•	x	×	50 12
OVARY	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	÷	٠	٠	÷	٠	٠	٠	٠	٠	٠	٠	•	47
LIPOMA NERVOUS SYSTEM		_														_			_					_	-	
BRAIN Chromophobe carcinoma, metastatic	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	* ×	٠	٠	٠	٠	٠	٠	٠	·	50
BODY CAVITIES Mesentery Lipoma	N	N	N	N	N	NX	N	N	н	N	N	н	ĸ	N	N	H	N	N	N	ĸ	N	N	N	N	N	503
			_																						-	
	N	ZX J	M	H	H X	N	N	H			H		H	H	H										*	504
ALL OTHER SYSTEMS MULTIPLE ORGANS NOS FIBROSARCOMA, METAS.,TIC MALTONANI TYMHOMA, NOS MONOCYTIC LEUKEMIA * ANIMALS: NECROFSEE -: TISSUE EXAMINED MICROSCOPT -: TUNOR INCIDENCE H: HECROFSY. NO AUTOLYSIS, NO	CALL ED 1	× 11cl	1050	:0P1	×	N				_ <u>×</u>		ND NEC	H X ROP OLY MAL		IN	X.		<u>×</u>	X	<u>×</u>		X	<u>×</u> .	<u>×</u>	N	

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

ANIMAL Number	0	0	0	04	12	0	007	0	09	1	1	0 1 2	j	14	0 1 5	1	1	0 1 8	0 1 9	2	2	2	2 2 3	24	1
WEEKS ON Study	7	0	0	8		0	0	0	0	8	į	8	005	00	1	000	0	0	0	1	2	1	0 7	0	T
INTEGUMENTARY SYSTEM	T																	_91				لفن			-
SKIN Papilloma, nos	Ļ	•	+	+	*	•	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	*	+	*	
SUBCUTANEOUS TISSUE BASAL-CELL TUMOR FIBROMA FIBROADENOMA	•	٠	•	+	۰ x	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	+	٠	٠	+ x	+	٠	٠	+	٠	
RESPIRATORY SYSTEM	+																	-			_				
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma		•	•	•	•	•	•	+	+	* 	•	•	+	•	+	•	+	•	•	•	•	•	•	•	
TRACHEA	-	+	+	-	•	•	-	+	*	-	+	•	•	*	+	+	+	+	+	+	+	+	+	+	
BEMATOPOIETIC SYSTEM Bone Marrow																									
SPLEEN	T,	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	÷	•	+	+	+	+		•
LYMPH NODES	Ŀ	•	+	+	•	+	•	٠	+	•	.+	٠	•	÷	÷	•	+	+	+	+	+	+	•	+	_
THYMUS Thymoma	+	+	٠	٠	-	*	-	-	-	-	-	+	٠	٠	-	-	٠	+	٠	-	-	•	-	٠	
CIRCULATORY SYSTEM	+						-															_			
HEART	+	+	+	٠	÷	+	٠	+	•	+	+	٠	+	÷	+	٠	+	÷	•	+	٠	+	٠	+	
ALVEOLAR/BRONCHIOLAR CA, INVASIVE DIGESTIVE SYSTEM	-									×											_				
SALIVARY GLAND	1.	•	_+	•	+	_+	•	+	•	٠	+	÷	•	•	•	÷	•	÷	•	+	÷	•	•	÷	
LIVER	T.	+	+	+	+	+	+	+	+	+	+	+	+	·	+	+	+	•	+	+	•	+	+	+	
NEOPLASTIC NODULE		×			X		,				×				×										
BILE DUCT Gallbladder & Common Bile Duct	t.	. +. N		+	*	+ N	+	*	+ N	+	+ N	+ N	+	+	+	•	+	<u>+</u>	.+ 	+	<u>+</u>	<u>+</u>	+	•	
PANCREAS	t,	+	<u> </u>	<u> </u>	0		<u>N</u>	<u>+</u>	•	<u> </u>	-ri	+	<u>н</u> +	<u>N</u> +	<u>н</u>	<u>n</u>	<u>N</u>	_ <u>N</u> _+	N	<u>N</u>	<u>N</u>	_ <u>N_</u>	<u> </u>	<u>_N</u>	-
ESOPHAGUS	T,	+	+	+	+	•	+	+	+	+	+	+	+	•	•	+		÷	•	÷	÷	- <u>`-</u>	÷.	•	
STOMACH	Ŀ	+	+	-	+	•	+	+	+	+	+	+	•	+	•	•	•	+	+	+	•	*	. +	+	_
SMALL INTESTINE Adenocarcinoma, nos	+	+	٠	٠	٠	٠	٠	•	+	+	+	+	+	-	•	-	+	•	+	+	+	+	+	+	
LARGE INTESTINE	+	•	+	•	•	+	+	+	•	+	•	+	+	+	+	•	•	•	•	+	+	•	+	•	-
JRINARY SYSTEM											-														
KID.IEY	+	. +	•	•	+	+	•	•	٠	+	+	•	+	•	+	•	÷	+	•	+	+	t	. +	•	
URIHARY BLADDER	+	+	+	٠	+	٠	٠	+	٠	+	٠	+	÷	٠	٠	٠	+	٠	٠	٠	+	+	٠	٠	
ENDOCRINE SYSTEM	1																								
PITUITARY Chromophobe Adenoma Adrehal	+	ž	• •	•	-	÷	•	•	<u>*</u>	•		ż.	•	• •	<u>*</u>	•	* *	+	•	•	•	×	*	•	
CORTICAL ADENOMA Pheochromocytoma		×						·	·		X	·	·	,	x	•	·		•	•	•	,	•	×	
THYROID	-	+	+	-	-	+	+	+	+	+	٠	•	+	•	+	+	÷	+	+	+	•	,	+	+	
C-GELL CARCINOMA	-					-																×			-
PARATHYROID Pangreatic islets Islet-cell adenoma Islet-cell carcinoma	+	•	+	+	•	+	•	•	+	•	÷	•	•	•	* * *	• •	•	•		* *	•	+ +	+	•	-
LEPRODUCTIVE SYSTEM	<u> </u>																-								
MAMMARY GLAND Adenoma, Nos Cystadenoma, Nos Lipoma	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	* ×	٠	N	•	•	•	•	+ x	٠	+	٠	N	٠	
FIBROADENOMA		x		x			×					x								x		×		×	
PREPUTIAL/CLITORAL GLAND Adenoma, Nos	N	N	N	M	N	н	N	N	N	N	N	N	н	N 	N I	N	н	н	Ν	H	N	×.	H	N	_
UTERUS Endometrial stromal polyp	+	÷	٠	٠	٠	* ¥	+	٠	÷	•	÷	÷ x	•	+	•	•	÷	٠	•	;	•	•	٠	٠	
OVARY	•	+	٠	+	•	•	•	•	•	•	÷	•	•	•	•	,	+	•	•	<u>م</u> ــــ	•	+	+	•	
ERVOUS SYSTEM																								-	-
BRAIN	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	•	•	•	٠	٠	+	•	٠	٠	٠	
ODY CAVITIES																						•			
PLEURA ALVEOLAR/BRONCHIOLAR CA, INVASIVE	N	N	N	N	N	N	N	H	N	NX	N	H	N I	N	н	۲	N	N	N	N	н	N	N	N	
PERITONEUM	н	N	N	н	N	н	N	N	N	N	н	N	N I	N	N I	4	N	N	N	N	N	N	N	н	
LIPOMA																									
	N	н	N	N	N	н	N	н	н	N	N	N	н і	ĸ			N	N	N	N	N	н	N	N	
MULTIPLE ORGANS NOS Monocytic leukemia Periorbital region	<u> </u>		.,		×.						X					-				.,					_
FIBROMA NECK HDS																			x						_
C-CELL CARCINOMA, INVASIVE																									

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: LOW DOSE

AN IMAL NUMBER	2	27	2	2	01	3	0	3	31	3	6	3	3	31	540	4	04 22	4 3	4 0 8	5	6 9	2	4	4	0	TOTAL TISSUE
WEEKS ON STUDY	0	02	0	0	2	0	0	0	0	0	0	6	91				01	8	š i	8	š.		8	9	8	TUMOR
INTEGUMENTARY SYSTEM									- الن	V .1.						<u> </u>	×1-									
SKIN Papilloma, Nos	+	<u>.</u>	•	+	•	•	*	•	*	<u>×</u>	*	<u> </u>	<u>.</u>	•	<u> </u>	*	+	*	*	•	•	+	•	<u> </u>	•	50+
SUBCUTANEOUS TISSUE BASAL-CELL TUMOR FIBROMA FIBROMA	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	• x	٠	٠	٠	+ X	•	٠	•	٠	• ×	٠	×	50*
RESPIRATORY SYSTEM											- •														-+	
LUNGS AND BRONCHI Alveolar/bronchiolar adenoma Aiveolar/bronchiolar carcinoma	·	•	•	•	+	•	•	•	٠	•	•	•	•	•	٠	•	•	* x	•	•	•	•	•	•	•	50
TRACHEA	+	٠	٠	٠	٠	٠	+	٠	-	٠	-	-	+	٠	-	٠	٠	+	•	-	-	٠	٠	•	+	38
EMATOPOIETIC SYSTEM																										
BONE MARRON	·	*	+	•	+	+	+	*	+	•	•	+	. <u>.</u>	+	•	+	<u>+</u>	+	<u>+</u>	+	•	+	<u>+</u> -	+	+	49
SPLEEN	+	<u>+</u>	. <u>.</u>	•	+	<u>.</u>	<u>*</u>		+	<u>+</u>	•	•	+	<u>*</u>	•	<u>.</u>	÷	<u>.</u>	<u>*</u>	<u>.</u>	<u>.</u>	•	<u>.</u>	•	*	<u>50</u> 47
LYMPH NODES Thymus	•	<u>.</u>		÷	<u>.</u>		÷	<u>.</u>	<u>.</u>	÷	÷	<u>.</u>	<u> </u>	<u>.</u>		<u>.</u>	<u>,</u>	•	•	<u>.</u>	•		<u>.</u>	•	÷	31
THYMOMA		•	•	,		·			•		·															1
IRCULATORY SYSTEM				_																						
HEART ALVEOLAR/BRONCHIOLAR CA, INVASIVE IGESTIVE SYSTEM	•	•	• 		+	• 	•	•	•	•	•	•	•	•	•	•	•	•		•	•	•	• 	•	-	50,
SALIVARY GLAND	+	•	<u> </u>	. t	•		•	<u>.</u>	•	<u>.</u>	•	<u>+</u>	•	·'	+	•	•	+	<u>•</u>	+		+	•	•	+	49
LIVER NEOPLASTIC NODULE BILE DUCT	•	* *	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	* *	•	* *	* *	•	•	•	*	50 x
GALLBLADDER & COMMON BILE DUCT	N.	_N	N	N	н	N	н	N	N	N	N	N	н.	N	N	N	N	N	N	N	н	N	Ν.	N	N	50*
PANCREAS	•	•	+	•	. •	•	+	•	•	+		+	•	÷	•	•	+	•	•	+	÷	•	•	•	+	49
ESOPHAGUS	+	•	+	•	+	+	+	•	•	+	+	+	+	•	+	•	•	+	•	•	•	+	•	•	+	49
STOMACH	+	+	+	•	+	<u>.</u>	<u>.</u>	<u>+</u>	+	+	•	٠.	+	+	+	+	•	+	•	+	+	+	+	•	•	49
SMALL INTESTINE ADENDCARCINOMA, NOS	+	•	•	•	•	+	+	•	+	•	-	×	•	•	•	•	•		•	•	• •	•	•	•	1	46 1 50
LARGE INTESTINE	<u> </u>	<u> </u>	+	<u> </u>	<u> </u>	•	•	÷	•	+	•	+	+	*		<u> </u>	<u>.</u>	·	-	<u> </u>		-			4	
KIDNEY	•	٠	+	•	•	٠	٠	٠	•	•	÷	+	•	÷	•	÷	•	÷	•	•	•	•	•	٠	•	50_
URINARY BLADDER	+	+	•	+	+	•	•	+	٠	•	•	+	+	+	+	+	+	•	-	+	-	+	•	•	+	48
ENDOCRINE SYSTEM	-	~									_								••••						-	
PITUITARY CHROMOPHOBE ADENOMA	+	•	•	<u>*</u>	•	* ×	+	+	•	<u>*</u>	+	•	×	<u>*</u>	•	<u>*</u>	•	•	•	+	•	<u>*</u>	<u>*</u>	<u>*</u>	+	49 15
ADRENAL Cortical Adenoma Pheochromocytoma		• 	•	•	•	+ x	+	•	•	<u> </u>	•	•		<u> </u>	x	• 	• 			•	×	_			4	50 5
THYROID C-CELL CARCINOMA	* x	•	+	<u>.</u>	+	+	+	+	•	*	•	*	+	*	*	•	•	•	•	*	+	+	•	•	+	47
PARATHYRDID	+		-	+	•	•		<u>.</u>	٠	+	-	-	+	•	+	-	•	+	-	+	<u>+</u>	+	+	<u>.</u>	-	38
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	٠	٠	٠	٠	+	٠	+	٠	* ×	-	•	* ×	•	٠	•	+	•	* X	+	•	+ x	٠	٠	•	49 6 1
EPRODUCTIVE SYSTEM																										
MAMMARY GLAND Adenoma, nos Cystadenoma, nos Lipoma	+	٠	٠	+	٠	+	٠	٠	•	•	н	٠	•	•	٠	•	•	•	+	+	•	•	•	•		50× 1 1
FIBROADENOMA PREPUTIAL/CLITORAL GLAND ADENDMA, NDS	х н	N	н	н	н	× N	×	н	н	X N	N	N	N X	н		X N		X N	н	н	X N	ĸ	H	н	N	21 50*
ADENUMA, NUS UTERUS ENDOMETRIAL STROMAL POLYP	+	+	÷	·	÷	•	•	+	+	٠	•	÷.	٠	•	+	·	٠	+	÷ ×	+	·	٠	+	·	·	50,
OVARY	+	+	+	+	+	+	٠	٠	٠	٠	٠	٠	+	٠	+	٠	+	+	•	٠	+	٠	+	•	+	50
ERVOUS SYSTEM																										
BRAIN	+	+	+	+	+	*	+	•	•	*	+	+	<u>+</u>	*	+	*	+	*	•	*	<u>.</u>	*	+	+	-	50
ODY CAVITIES		ч	L.	ч	ų	N	ч	н	N	N	N	н	N	N	N	н	н	N	N	N	N	н	H	н	н	50×
PLEURA ALVEGLAR/BRONCHIGLAR CA, INVASIVE PERITONEUM	<u> </u>		п Н		<u>н</u>	N	N	·	N	N			N						_					N.	+	1 50×
LIPOMA							×																		_	1
NLL OTHER SYSTEMS Multiple organs nos Monocytic leukemia	н	H X	N	N	N	N	N	N	н	ĸ	N	N	N	N	N	N	NX	N X	N	H X	н Х	N	N	N	н	50×
PERIORBITAL REGION FIBROMA				_																					-	
NECK NOS C-CELL CARCINOMA, INVASIVE												x														

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

* ANIMALS NECROPSIED

ANIMAL NUMBER	0	0	0	004	0	0	0	0	0	0		1		014	0	0	11	0 1 8	0 1 9	2	2	2	2	0 2 4	
WEEKS ON Study	1	0 Z	5	-1	0	0 0	0	1	é	- Č	81	0	1	9	9	0	9	0	1	01	2		30	1	
NTEGUMENTARY SYSTEM	<u> </u>	31	ź	Š	ő	9 i	źİ	š	6j	4	Ž	4	Ž	6	<i>i</i> i	7	91	4	4	. ŏ	i	8	č	6	i_
SUBCUTANEOUS TISSUE FIBROMA FIBROSARCOMA LEIOMYOSARCOMA RHABDOMYOSARCOMA	•	٠	٠	•	٠	٠	٠	×	• x	٠	٠	٠	H	٠	·	•	٠	٠	•	٠	٠	* ×	٠	* X	
FIBROADEHOMA ESPIRATORY SYSTEM	4_				_														×						
LUNGS AND BRONCHI Alveolar/Bronchidlar Adenoma Alveolar/Bronchidlar Carcinoma Monocytic Leukemia		+	+	•	•	+	٠	٠	٠	٠	•	•	• ×	+	•	٠	•	•	٠	٠	+	٠	٠	٠	
TRACHEA	•	-	-	٠	+	-	+	٠	٠	-	٠	٠	٠	+	-	٠	-	٠	٠	-	٠	٠	-	٠	
EMATOPOIETIC SYSTEM	+-																				*****				-
BONE MARROW	+	•	•	•	٠	٠	<u>.</u>	<u>.</u>		+	•	+	•	+	•	+	٠	٠	٠	+	·	•	٠	•	
SPLEEN	+-+	•	<u>.</u>	•	•	-	•	•	+	+	•	•	+	+		+	•	+	-	•	+	•	•	+	
LYMPH NODES	+		•	+	٠			+	+	+	<u>.</u>			+	+	+	+	-			+	+	•	+	_
THYMUS	-	٠	-	-	٠	+	+	+	•	+	-	-	•	-	+	*	-	+	•	+	-	٠	-	٠	
IRCULATORY SYSTEM																									
HEART	+	-	*	•	+	+	•	•	•	•	<u>.</u>	•	•	•	+	•	+	•	•	*	•	•	+	•	
IGESTIVE SYSTEM Salivary gland															•										
LIVER NEOPLASTIC NODULE MONDCYTIC LEUKEMIA	×	-	+	•	•	-	+	+	•	+	•	•	•	•	+	+	•	٠	+ x	٠	•	* ×	•	•	
BILE DUCT	Ŀ	-	•	•	•		•	+	+	+	•	+	+	+	٠	+	+	•	+	+	_+	٠	+	+	_
GALLBLADDER & COMMON BILE DUCT	H.N.	N	N	N	N	<u>. N</u>	N	N	N	N	н	N	N	N	N.	N	N	н	н	N	N	н	н	N	
PANCREAS Acinar-Cell Adenoma Acinar-Cell Carcinoma	ŀ	-	+	+	•	-	•	٠	•	•	•	٠	•	•	•	+	+	+	-	+	•	+	٠	+	
ESOPHAGUS	++	•	+	٠	٠	+	•	+	٠	٠	+	+	+	٠	+	•	+	+	٠	+		+	+	+	
STOMACH	++	•	٠	÷	t.	-	+	٠	+	+	•	÷	+	+	+	+	٠	÷	٠	.+	. +	+	+	٠	
SMALL INTESTINE	+·		+	+	÷	-	•		+	٠	<u>.</u>	•	+	•	+	•	+	+	÷	+	+	+-		•	_
LARGE INTESTINE	-	٠	+	-	٠	-	+	+	+	٠	٠	•	+	-	•	٠	+	+	+	+	•	+	+	+	
RINARY SYSTEM	_																								
KIDNEY	++		•	+	+		*	•	•	+			• •	+	+	<u> </u>	<u>.</u>	*	-	+	- <u>+</u> +	<u>+</u>	_ <u>+</u>	+	-
URINARY BLADDER NDOCRINE SYSTEM	+	<u> </u>	<u> </u>	•	•	-	+	+	+	-	•				•	_		_			-	•	•	-	_
PITUITARY Chromophobe Adenoma	ŀ	٠	* ×	+	٠	-	+	* ×	٠	•	+	ż.	+	٠	* ×	+	•	+	* X	٠	•	•	•	* x	
ADRENAL Cortical Adenoma Pheochromocytoma	×	-	•	* x	+	-	•	•	+	•	•	•	•	+	+ 	+	+	•	•	•	+	××	+	* ×	
THYROID C-Cell Adendma C-Cell Carcinoma		-	•	* ×	+		•	•	•	+	•	+	•	•	•	-	+	•	•	-	•	•	+	*	
PARATHYROID	+-	+		+	+	-	. +	+	+	-	•		+	•	+	-	<u>+</u> -			•	<u>+</u>	+	.+	+	-
PANCREATIC ISLETS ISLET-CELL ADENOMA	×	•	+	+	٠	-	+	+	•	•	+	+	+	+	٠	•	+	+	-	•	+	+	+	+	
EPRODUCTIVE SYSTEM	1										-														-
MAMMARY GLAND Papillary adenoma Cystadenoma, nos Fibroadenoma	+ ×	H	+ x	+ x	٠	н	H	• ×	٠	н	٠	٠	+ x	+ x	+	+	٠	٠	+	٠	٠	•	٠	+ x	
VAGINA Squamous Cell Papilloma Adenomatous Polyp, Nos	H	N	N	н	н	н	N	н	н	M	H X	H	н	N	M	н	н	R	н	м	N	н	н	н	
UTERUS Leiomyosarcoma Endometrial stromal Polyp	·	•	+ x	+	٠	-	+ _X	-	٠	+	+ ×	•	+	+	+	+	+	٠	•	+	•	• x	•	+	
OVARY	+	-	+	٠	٠	-	+	٠	+	+	+	+	٠	٠	٠	٠	٠	٠	+	٠	+	٠	٠	٠	
ERVOUS SYSTEM	+																								
BRAIN	٠	+	٠	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	
LL OTHER SYSTEMS Multiple organs nos Osteosarcoma, unc prim or meta	N	н	N	N	н	н	н	N	н	н	N	н	N	н	N	H	н	н	ч×	н	н	н	н	N	

TABLE A4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: HIGH DOSE

X: TUMOR INCIDENCE A: AUTOLYSIS N: Necropsy, no Autolysis, no microscopic examination B: Animal Missing S: Animal Mis-Sexed B: No necropsy performed B: No necropsy performed

ANIMAL NUMBER	2	0 2 7	0 2 8 9 8	629	0 3 0	3	03204	3	3	3	3	37		3	01	11	2			0 6 6	1	8	9	0 5	TOTAL
WEEKS ON STUDY		6	8	2	?	0	4	è!	9	2	8	?	2	8	!	2	<u>}</u>	i	0	3	i	ġ	ž	-	TOTAL TISSUES TUMORS
INTEGUMENTARY SYSTEM	1 21	_/1	- 01	-21	-	- 11	71	-21	-		<u>.</u>	<u>.</u>	71	<u>.</u>	91	21_	<u>.</u>	<u>, , , , , , , , , , , , , , , , , , , </u>		لك		<u>. e i</u>	-/1	- 4	
SUBCUTANEGUS TISSUE FIBROSARCOMA IEIOMYDSARCOMA RHABDOMYDSARCOMA FIBROADENOMA	+	٠	•	•	٠	* ×	•	٠	+ X	٠	٠	•	٠	•	٠	+		ł ≁ <	٠	٠	N	*x	•	•	58H 3 2 1 1 2
RESPIRATORY SYSTEM	+															_			_						
LUNGS AND BRONCHI Alveolar/bronchiolar Adenoma Alveolar/bronchiolar Carcinoma Monocytic Leukemia	+	•	+	•	•	+	+	+	•	•	•	* ×	•	•	•	•	- ·	•	•	•	•	×	•	٠	**
TRACHEA	+	+	+	+	٠	+	٠	-	-	-	٠	-	+	•	•	-	- •		-	-	٠	•	٠	+	31
HEMATOPOIETIC SYSTEM	+							-												-		-		-+	
BONE MARROW	+	+	+	+	+	+	.+	•	+	•	+	+	•	•	*	•	• •	•	+	+	•	+	٠		49
SPLEEN	L+	•	+	•	+	+	+	+	+	•	+	•	+	+	+	•	•	•	+		•	+	ŧ.,		47
LYMPH NODES	+	+	+	+	+	+			+	•	+	+	+	<u>+</u>	+	+	• •	•	•	•	+	•	+		45
THYMUS	-	+	+	+	+	+	•	-	-	-	+	+	+	+	+	-	• •		+	-	٠	-	-	-	28
CIRCULATORY SYSTEM	+	-						-																-+	
HEART	+	٠	+	+	+	٠	٠	٠	•	+	•	+	٠	+	+	•	• •	•	•	+	•	٠	٠	•	49
DIGESTIVE SYSTEM	+				_													-						-+	
SALIVARY GLAND	1.	+	٠	•	•	•	-	•	+.	+	•	÷	•	+	•	•	• •	+	•	+	•	•	٠	•	43
LIVER HEDPLASTIC HODULE Monocytic Leukemia	ŀ	+	*	•	٠	+	+	+	•	+	+	*	×	•	×	+	÷ i	•	٠	•	+	+	٠	×	48
	1.	,															• •				•			١	48
BILE DUCT	+÷	<u>+</u>	•	÷		÷	<u>.</u>	*	<u>.</u>	<u>.</u>		•			•		-	<u> </u>	Ň	- <u>-</u> -	Ň.	. <u>.</u>	¥	1	504
GALLBLADDER & "JMMON BILE DUCT	18	M	N	<u>.</u> M	N	. <u>N</u> _	<u>N</u>	N	<u>N</u>	N	N	N.	N							- P -			<u> </u>	- 1	
PANCREAS Acinar-cell Adenoma Acinar-cell Carcinoma	Ľ	+	*	•	•	×	•	•	•	•	•	•	•	•	*	•	• •	•	+ x	•	•	•	<u>.</u>	-	47
ESOPHAGUS	<u>↓</u> •	•	.+	+	+	+	+	+	+	+	+	+	+	•	٠	<u>+</u>	• •	• •	+	<u>.</u>	+	<u>.</u>	+	-+	50
STOMICH	L+	+	+	+	.+	+	.+	<u>+</u>	+	-	٠.	•	٠	+	٠	<u>.</u>	• •	•		•	٠	٠	-	4	45
SMALL INTESTINE	<u>↓</u> •	٠	+	+	+			+	+	-	+	+	•	+	٠	•	÷ •	-	٠		٠	+	-	ᅫ	43
LARGE INTESTINE	+	٠	+	٠	•	٠	+	٠	+	-	+	-	+	+	+ -	•	• •	•	٠	٠	٠	٠	•	•	42
URINARY SYSTEM	+														_					·				4	
KIDNEY	<u> +</u>	+	+	+	•	+	•			•	+	•	<u>+</u>	+	•	•	• •	•	+	. 4	4		+	بك	48
URINARY BLADDER	+	+	-	-	٠	+	٠	+	٠	٠	+	+	•	•	•	•	• •	•	٠	•	•	•	٠	+	44
ENDOCRINE SYSTEM	+	_											-									_		+	
PITUITARY Chromophobe Adenoma	Ŀ	•	•	•	+	ż	•	•	٠	•	+	ż.	ż	•	<u>x</u>	*	• •	x	ż	•	•	ż	+	ż	49 16
ADRENAL Cortical Adenoma Pheochromocytoma	×	•	•	+	•	•	•	+	•	•	•	•	•	•	•	•	• •	×	•	•	•	•	•		48 2
THYROID C-CELL ADENOMA C-CELL CARCINOMA	+	٠	-	٠	+	*	-	٠	•	-	•	•	•	•	•	+ X	• •	•	•	•	٠	•	-	٠	41 2 1
PARATHYROID	Γ.	•		•	+	+		-	-	+	•	+	-	•	•	•	• •	•	•	•	•			_	14
PANCREATIC ISLETS ISLET-CELL ADEMOMA	ŀ	+	•	٠	•	* ×	٠	+	٠	•	٠	+	٠	٠	٠	•	•	•	٠	٠	•	٠	•	٠	472
REPRODUCTIVE SYSTEM	1			_	_							_											_		
MAMMARY GLAND Papillary Adenoma Cystadenoma, nos Filroadenoma	·	•	٠	٠	N	* ×	٠	+ ×	* ×	• ×	٠	•	+ ×	•	•	•	• • ×	• • ×	• ×	• ×	• ×	• ×	٠	•	50H 1
YAGANA Squamqus Cell Papilloma Adenomatous Polyp, Nos	Ĥ	H	X	N	M	Ň	N	N	N	Ň	м	M	N	N	N	N	N 1	• •	N	N	N	N	N	N	30
UTERUS Leiomyosarcoma Endometrial stromal Polyp	ŀ	٠	٠	• ×	* x	•	٠	٠	+	٠	•	•	•	•	•	•	• ×	• •	×	•	•	•	•	٠	47
OVARY	1.	•	+	•	+	•	•	•	•	•	•	•	٠	•	•	•	•	• •	•	+	•	٠	+	•]	48
NERVOUS SYSTEM	+											_												-	
BRAIN	•	•	+	٠	÷	٠	٠	•	•	•	٠	•	٠	٠	•	•	•	• •	٠	٠	٠	٠	٠	+	49
ALL OTHER SYSTEMS										_															
MULTIPLE ORGANS NOS OSTEDSARCOMA, UNC PRIM OR META MONOCYTIC LEUKEMIA	H	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	4 N	N	N	M	N	N	N	501

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

* ANIMALS NECROPSIED

+: TISSUE EXAMINED MICROSCOPICALLY -: Recuired tissue not Examined Microscopically -: Tumor Incidence H: Necropst, no Autolysis, no Microscopic Examination

; NO TISSUE INFORMATION SUBHITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Auto(Ysis H: Antmal Missing B: No recomposition performed

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Toluene Diisocyanate

APPENDIX B

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

TABLE B1.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 49 49	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN Fibroma	(50) 2 (4%)	(49)	(50)
FIBROSARCOMA NEUROFIBROMA	L (4 <i>4</i>)	4 (8%) 1 (2%)	
*SUBCUT TISSUE Sarcoma, NOS FIBROSARCOMA	(50) 1 (2%) 1 (2%)	(49)	(50)
RESPIRATORY SYSTEM			
#LUNG	(50)	(48)	(49)
HEPATOCELLULAR CARCINOMA, METAST Alveolar/bronchiolar Adenoma Alveolar/bronchiolar carcinoma	1 (2%) 1 (2%)	3 (6%) 2 (4%)	2 (4%)
IEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Malignant Lymphoma, Nos	(50) 3 (6%)	(49) 2 (4%)	(50) 2 (4%)
#SPLEEN Malignant Lymphoma, Nos	(48)	(47) 2 (4%)	(49)
<pre>#MEDIASTINAL L.NODE Alveglar/bronchiolar ca, metasta</pre>	(41) 1 (2%)	(35)	(37)
<pre>#MESENTERIC L. NODE Malignant Lymphoma, Nos</pre>	(41) 2 (5%)	(35)	(37)
#LIVER MALIG,LYMPHOMA, HISTIOCYTIC TYPE	(49)	(48)	(50) 1 (2%)

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

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

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#DUODENUM Malignant Lymphoma, Nos	(46)	(44) 1 (2%)	(37)
#JEJUNUM Malignant Lymphoma, Nos	(46) 1 (2%)	(44)	(37)
CIRCULATORY SYSTEM			
*EPIDIDYMIS HEMANGIOSARCOMA	1 (2%)	(49)	(50)
DIGESTIVE SYSTEM			
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	(49) 5 (10%) 6 (12%)	(48) 3 (6%) 9 (19%)	(50) 2 (4%) 3 (6%)
#FORESTOMACH Papilloma, Nos	(48) 1 (2%)	(47)	(50)
#DUODENUM PAPILLOMA, NOS	(46) 1 (2%)	(44)	(37)
JRINARY SYSTEM			
#KIDNEY TUBULAR-CELL ADENOMA	(50)	(48) 1 (2%)	(50)
ENDOCRINE SYSTEM			
#PITUITARY Adenoma, nos	(46)	(42) 1 (2%)	(41)
#ADRENAL Cortical Adenoma	(49) 1 (2%)	(48) 1 (2%)	(50)
#THYROID Follicular-cell Adenoma	(46)	(39) 1 (3%)	(44) 1 (2%)
#PANCREATIC ISLETS ISLET-CELL CARCINOMA	(49)	(47)	(50)

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

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSI
REPRODUCTIVE SYSTEM			
#TESTIS INTERSTITIAL-CELL TUMOR	(49)	(49) 1 (2%)	(50)
RERVOUS SYSTEM			
NONE			
SPECIAL SENSE ORGANS			
*HARDERIAN GLAND Adenoma, Nos	2 (4%)	(49)	(50)
1USCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
NONE			
ALL OTHER SYSTEMS			
<pre>*MULTIPLE ORGANS FIBROSARCOMA, METASTATIC</pre>	(50)	(49) 1 (2%)	(50)
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY Natural deathg	50 4	50 8	50 20
MORIBUND SACRIFICE Scheduled Sacrifice	7	1	4
TERMINAL SACRIFICE DOSING ACCIDENT ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS	46	40	26
ANIMAL MISSING Animal Missexed Other Cases		1	
NINCLUDES AUTOLYZED ANIMALS			

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

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
UMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS*	22	27	9
Total primary tumors	29	33	11
TOTAL ANIMALS WITH BENIGN TUMORS	11	11	4
TOTAL BENIGN TUMORS	13	12	5
TOTAL ANIMALS WITH MALIGNANT TUMORS	14	19	6
TOTAL MALIGNANT TUMORS	16	21	6
TOTAL ANIMALS WITH SECONDARY TUMORS	# 3	2	
TOTAL SECONDARY TUMORS	3	2	
TOTAL ANIMALS WITH TUMORS UNCERTAIN Benign or Malignant Total Uncertain Tumors	-		
TOTAL ANIMALS WITH TUMORS UNCERTAIN PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS	-		

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

TABLE B2.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50	50 50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN FIBROSARCOMA Myxosarcoma	(50)	(50) 1 (2%)	(50) 1 (2%) 1 (2%)
*SUBCUT TISSUE Sarcoma, Nos	(50) 1 (2%)	(50)	(50)
RESPIRATORY SYSTEM			
#LUNG HEPATOCELLULAR CARCINOMA, METAST ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA SARCOMA, NOS, METASTATIC OSTEOSARCOMA, METASTATIC OSTEOSARCOMA, UNC PRIM OR META		(50) 1 (2%) 2 (4%)	
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS Malignant Lymphoma, Nos Malig.Lymphoma, Histiocytic Type Leukemia,Nos		(50) 14 (28%)	(50) 12 (24%) 2 (4%)
#MEDIASTINAL L.NODE Alveolar/bronchiolar ca, metasta Osteosarcoma, metastatic Osteosarcoma, unc prim or meta Malignant Lymphoma, nos	(45)	(44) 1 (2%)	(44) 1 (2%) 1 (2%) 1 (2%)
#MESENTERIC L. NODE Malignant Lymphoma, Nos	(45)	(44) 2 (5%)	(44)

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

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

Toluene Diisocyanate

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
<pre>#INGUINAL LYMPH NODE MALIG.LYMPHOMA, HISTIOCYTIC TYPE</pre>	(45) 1 (2%)	(44)	(44)
#JEJUNUM Malignant Lymphoma, Nos	(45)	(50) 1 (2%)	(41)
#THYMUS Malignant Lymphoma, Nos	(38)	(34)	(40) 1 (3%)
IRCULATORY SYSTEM			
*ABDOMINAL CAVITY Hemangiosarcoma	(50)	(50)	(50) 1 (2%)
*SUBCUT TISSUE Hemangioma	(50)	(50)	(50) 2 (4%)
#SPLEEN Hemangioma	(50)	(50) 1 (2%)	(49)
#LIVER HEMANGIOSARCOMA	(50)	(50)	(50) 1 (2%)
#OVARY HEMANGIDSARCOMA	(47)	(47)	(48) 1 (2%)
IGESTIVE SYSTEM			
#LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA SARCOMA, NOS, METASTATIC	(50) 2 (4%) 2 (4%) 1 (2%)	(50) 3 (6%) 2 (4%)	(50) 12 (24%) 3 (6%)
#DUODENUM PAPILLARY ADENOMA	(45)	(50)	(41) 1 (2%)
#CECUM LEIOMYOSARCOMA	(45) 1 (2%)	(50)	(46)
RINARY SYSTEM			
#KIDNEY OSTEOSARCOMA, METASTATIC	(50) 1 (2%)	(50)	(50)

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
ENDOCRINE SYSTEM			
#PITUITARY Adenoma, Nos	(46) 4 (9%)	(44) 3 (7%)	(43) 1 (2%)
#ADRENAL Pheochromocytoma	(47)	(49) 1 (2%)	(49)
#THYROID Follicular-cell Adenoma	(44) 1 (2%)	(44) 1 (2%)	(48)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Adendcarcinoma, nos Carcinosarcoma	(50)	(50) 1 (2%)	(50) 1 (2%)
#UTERUS LEIOMYOMA ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA	(50) 1 (2%)	(50) 2 (4%)	(50) 1 (2%)
#OVARY TERATOMA, NOS		(47)	(48) 1 (2%)
NERVOUS SYSTEM			
SPECIAL SENSE ORGANS			
<pre>*HARDERIAN GLAND ADENOMA, NOS</pre>	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
MUSCULOSKELETAL SYSTEM			
*BONE OSTEOSARCOMA	(50) 1 (2%)	(50)	(50) 1 (2%)
*VERTEBRAL COLUMN OSTEOSARCOMA	(50) 2 (4%)	(50)	(50)

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

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

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
	(50) 1 (2%)	(50)	
DDY CAVITIES			
*MEDIASTINUM OSTEOSARCOMA, METASTATIC	(50) 1 (2%)	(50)	(50)
LL OTHER SYSTEMS			
*MULTIPLE ORGANS FIBROSARCOMA, METASTATIC	(50)	(50) 1 (2%)	(50)
IIMAL DISPOSITION SUMMARY			
MORIBUND SACRIFICE	50 11 4	50 5 2	50 17
SCHEDULED SACRIFICE TERMINAL SACRIFICE DOSING ACCIDENT	34	43	33
ACCIDENTALLY KILLED, NDA ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED OTHER CASES	1		
NUMBER OF ANIMALS WITH TISSUE EXAMIN NUMBER OF ANIMALS NECROPSIED	ED MICROSCOP	ICALLY	
	VEHICLE Control	LOW DOSE	HIGH DOSE
			HIGH DOSE
	CONTROL	LOW DOSE 31 36	HIGH DOSE 30 48
MOR SUMMARY TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	26		30
MOR SUMMARY TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	26 30 7 8	31 36 11	30 48 15
MOR SUMMARY TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	26 30 7 8 21 22	31 36 11 13 21	30 48 15 19 22
MOR SUMMARY TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL ANIMALS WITH SECONDARY TUMORS#	26 30 7 8 21 22 6 9	31 36 11 13 21 23 2	30 48 15 19 22 26 1
JMOR SUMMARY TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS TOTAL ANIMALS WITH TUMORS UNCERTAIN- BENIGN OR MALIGNANT	26 30 7 8 21 22 6 9	31 36 11 13 21 23 2	30 48 15 19 22 26 1 2 1

31001 OF 1010																									
AN IMAL NUMBER	0	0	0	0	0	0	07	0	0	0	0	0	0	0	0	0	0	1	0	2	2	2	2	0	Ē
WEEKS ON Study		-1	1	-1		-	1	8	ů		1	1		뷞	3	1	-1	-	-	-	1	1	- 1	-	
INTEGUMENTARY SYSTEM	7	7	7	2	2	ž	7	ž	7	7	ž	2	ž	.71	2	ž	ž	ž	ž	7	ž	2	ž	71	L
SKIN		•			•	•		•	•		+	•	•	÷	•	•	•	•		•	•		٠	•	
FIBROMA	–−						X	X																	-
SUBCUTANEOUS TISSUE Sarcoma, nos Fibrosarcoma	+	•	٠	+	•	٠	٠	٠	•	٠	•	٠	•	•	•	•	•	•	•	•	•	٠	•	٠	
RESPIRATORY SYSTEM																									Ī
LUNGS AND BRONCHI HEFATDCELULAR CARCINOMA, METASTA Alveolar/Sronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	•	٠	•	٠	•	+	•	•	٠	•	•	•	•	• ×	•	+ x	٠	٠	٠	•	×	٠	•	٠	
TRACHEA	+	٠	٠	÷	+	+	+	+	+	+	٠	+	•	٠	•	+	٠	٠	٠	•	+	+	٠	٠	
HEMATOPOIETIC SYSTEM	-				-																				-
BONE MARROW	+	•	<u> </u>	•	-		+	+	٠	٠	÷	+	•	+	٠	•	•	•	•	٠.	<u>t</u>	t	•	٠	_
SPLEEN	l +	•	<u> </u>	•	+	+	+	+	٠	+	+	+	+	٠	•	+	٠	+	٠	٠	٠	-	+	٠	_
LYMPH NODES Alveolar/bronc;iolar ca, metastat Malignant lymphoma, nos	·	•	•	+ X	•	•	٠	+	٠	+	+	•	•	•	•	×	-	•	•	٠	•	+	•	+	
THYMUS	+	-	٠	+	٠	•	٠	+	-	-	+	-	+	٠	+	٠	٠	-	-	٠	-	٠	٠	+	
CIRCULATORY SYSTEM	<u> </u>																								-
HEART	•	+	٠	٠	٠	٠	٠	•	+	٠	٠	٠	•	+	٠	٠	٠	+	٠	٠	٠	+	٠	٠	
DIGESTIVE SYSTEM			_											-								_			
SALIVARY GLAND	+	•	٠	٠	٠	+	٠	٠	•	•		•	•	.t.,	+	+	+	+	•	•	+	+	•	•	-
LIVER Hepatocellular adenoma Hepatocellular carcingma	•	٠	•	٠	٠	* X	٠	* ×	•	٠	٠	•	•	•	×	•	٠	•	+ x	٠	+ x	٠	٠	•	
BILE DUCT	+	•	•	٠	•	+	٠	+	٠		•	•	•	٠	+	+	+	+	+	٠	+	•	•	*	•
GALLBLADDER 5 COMMON BILE DUCT	+	•	<u>+</u>	<u>.</u>	+	+	٠	N	٠	+	+	+	+	+	+	+	+	.+	+	٠.	Ν.	•	+	+	-
PANCREAS	+	+	+	+	٠	+	•	+	+	•	+	+	+	+	+	+	+	+	. <u>.</u>	+	•	•	•	+	-
ESOPHAGUS	+	•	+	+	+	+	+	+	+	٠	+	+	+	•	+	+	+.	+	•	+	•		•	+	-
STOM*CH PAP LLOMA, NOS	•	•	+	•	+	•	•	•	•	•	+	•	•	•	•	•	•	•	•	+	•	+	•	•	-
SMALL INTESTINE Papiloma, nos Malignant lymphoma, nos		• 	+ _x_	•	•	•	•	•	•	•	•	•	+	•	•	•	•	•	•		•	·	·	•	
LARGE INTESTINE	•	+	+	٠	+	٠	+	٠	٠	٠	٠	+	+	•	+	٠	٠	+	+	٠	+	+	+	٠	
JRINARY SYSTEM																									
KIDNEY	+	•	+	٠	+	+	+	+	+	+	٠	+	+	+	+	•	+	•		•	•	+	+	+	•
URINARY BLADDER	•	+	-	+	+	+	+	+	•	+	٠	•	•	+	-	•	•	+	-	+	•	+	٠	*	
ENDOCRINE SYSTEM																						,			
PITUITARY	H.	•	+	+	+	*	<u>+</u>	<u>.</u>	-	•	•	+	. <u>+</u> +	. <u>+</u>	<u>.</u>	•	•	+	•	•	•	+	÷.	<u>+</u> .	-
ADRENAL Cortical Adenoma	ŀ	+	+	+	+	×	*	+	•	•	•	•	÷	•	•	•	*	•	•	•	•			-	_
THYROID	+	<u> </u>	•	٠	+	٠	٠	+		+	+	+	+	+	+	+	+	•	•	•	•	+	٠	÷	-
PARATHYROID	-	-	+	+	+	•	-	-	-	-	-	-	-	•	-	-	-	-	-	•	•	-	•	•	
EPRODUCTIVE SYSTEM													_												•
MAMMARY GLAND	н	N	N	N	N	N	N	<u>N.</u>	N	N	N	N	N _	<u>H</u>	N	N	N	N	N	N	Ν.	N	N	N	-
TESTIS	+-+-	<u>.</u>	<u>+</u>	٠	+	+	+	+	•	•	+	•	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	-
PROSTATE		+	+	+	+	+	+	+	+	+		+	+	+	+ .	.+	<u>+</u>	*	+	•	+	+	*	+	-
EPIDIDYMIS HEMANGIOSARCOMA HERVOUS SYSTEM	N	н	N	N	H	N	N	N	N	м	N	N	N .	Η.	H.	N X	N .	N .	H	N .	N .	N .	N	N	-
BRAIN	•	٠	+	٠	+	٠	٠	٠	٠	٠	٠	٠	+	+	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	
SPECIAL SENSE ORGANS								_																	
HARDERIAN GLAND Adenoma, Nos All other Systems	м	н	N	N	H	H	N	N	N,	N	N	N	N	N	N	H	N	N	N	H	м	N	N	H	
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, NOS	н	N	N	N	N	N	N	N	N	N	N	N	N	к	N	N	н	N	N	N	N	н	N	N	

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEARSTUDY OF TOLUENE DIISOCYANATE: VEHICLE CONTROL

1: IISSUE EXAMINED MICROSCOPICALLY 2: REQUIRED IISSUE NOT EXAMINED MICROSCOPICALLY X: TUMOR INCIDENCE 0: NECEDFY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION S: ANIMAL MIS-SEXED

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

ANIMAL NUMBER	2	2	2	2	3	3	3	3	3	3	3	3	3	3	-	-	1	1	1	3	\$;	Ţ	Ţ	\$	TOTAL
WEEKS ON STUDY		ş	1	1	ţ	i	1	1	1	1	1	1	1	#	÷.	뷞	1	1	1	1	1	i	1	1	1	TISSUES
INTEGUMENTARY SYSTEM	ļ il	ś	i	ě	ál.	<u>i</u>	i	ž	<i>i</i>	i	<u>i</u> l	<u>i</u>	žL.	jI.	ž	<i>i</i>	žI.	ž.	i	i	ž.	<u>ii</u>	i	j	ž	
SKIN Fibroma	+	•	+	٠	+	•	٠	•	٠	•	+	٠	•	•	•	+	•	+	٠	٠	•	•	٠	•	·	5011
SUBCUTANEOUS TISSUE Sarcoma, nos Fibrosarcoma	·	* ×	+	•	+ ×	•	•	٠	٠	٠	+	•	•	•	٠	+	٠	•	٠	•	•	•	٠	٠	•	50x
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI Hepatocellular Carcinoma, metasta Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	ŀ	•	•	+	•	•	•	+	•	•	•	•	•	•	•	×	•	•	•	•	•	•	•	•	•	50 2 1 1
TRACHEA	+	-	٠	+	÷	٠	+	+	٠	+	٠	+	+	٠	٠	٠	٠	٠	٠	•	٠	+	-	٠	+	48
HEMATOPOIETIC SYSTEM											_									-	_				1	
BONE MARROW	+	+	٠	+	+	•	+	•	۰.	+	•	•	+	•	+	٠	÷	+	٠	٠	•		ŧ	+		45
SPLEEN	+	-	•	+	+.	•	•	•	+	•	•	+	٠	•		+	<u>.</u>	•	+	+	•	+	٠	•	4	48
LYMPH NODES Alveolar/Bronchiolar Ca, Metastat Malignant Lymphoma, Nos	-	-	-	-	+	•	•	-	+	•	•	•	•	•	•	• ×	•	•	•	•	•	-	•	•	·	41 1 2
THYMUS	•	-	٠	-	-	٠	+	+	٠	٠	+	•	•	•	+	+	•	+	•	-	٠	-	٠	٠	+	37
CIRCULATORY SYSTEM	1								_																1	
HEART	+	+	•	٠	٠	•	+	٠	+	+	٠	+	+	٠	+	•	+	•	•	٠	٠	•	•	٠	•	50
DIGESTIVE SYSTEM												_														
SALIVARY GLAND	+	+	<u>+</u>	+	+	•	+	٠	•	+	+	*	•	•	+	+	+	•	•	٠	•	•	+	۰.	+	- 90
LIVER Hepatocellular Adenoma Hepatocellular carcinoma	* ×	-	٠	•	٠	*	•	* x	٠	•	•	٠	•	•	•	* x	•	•	•	٠	٠	•	*	*	1	""
BILE DUCT	•	-	+	•	+	+	<u>+</u>	+	٠	•	•	•	+	•	+	•	٠	•	+	•	+	+	٠	۰.		- 49
GALLBLADDER & COMMON BILE DUCT	+	N	÷	N	М.,	+	+	+	+	•	+	•	+	•	N	+	٠	<u>+</u>	•	+	•	•	٠	٠	4	
PANCREAS .	+	-	+	+	+	+	+	+	٠	+	٠	+	•	+	٠	+	•	٠	٠	<u>+</u>	•	٠.	•	٠	4	_ 69_
ESOPHAGUS .	1.	-	+	•	+	+	+	<u>+</u>	ŧ	+	•	+	+	*	•	+	+	<u>+</u>	+	+	+	•	•	۰.	4	48
STOMACH Papilloma, Nos	•	-	*	-	•	+	÷.	•	•	+	•	•	٠	•	•	<u>•</u>	٠	•	•	•	•	•	•	•	٠	48,
SMALL INTESTINE Papilloma, nos Malignant Lymphoma, nos	•	-	*	-	-	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	٠	·	46
LARGE INTESTINE	+	-	٠	+	٠	٠	•	+	•	+	٠	٠	•	•	•	٠	•	+	•	٠	-	+	٠	٠	•	- 48
URINARY SYSTEM							-							_											1	
KIDNEY .	+ •	+	•	•	•	•	+	+	+	•	•	+	+	•	•	<u>*</u>	<u>.</u>	•	•	<u>+</u>	*	•	٠	٠	•	50
URINARY BLADDER	+	-	٠	•	٠	٠	+	•	•	٠	•	•	+	•	•	•	•	•	•	•	•	•	•	٠	+	46
ENDOCRINE SYSTEM																									Τ	
PITUITARY .	<u> </u> +-	•	+	<u>.</u>	+	+	+	*	•	+	-	*	+	•	+	+	+	-	+	+	*	<u>+</u>	•	+	4	
ADRENAL Cortical Adenoma	•	•	•	•	•	•	+	<u>.</u>	•	•	•	•	٠	•	•	+	•	•	•	•	•	•	•	•	4	_ ``
THYROID .	+	+	. +	•	•	•	•	•	•	•	•	<u>.</u>	•	•	•	+	•	•		-	•	•	•	*	+	_ 46
PARATHYROID	+	+	-	-	٠	-	-	-	•	•	•	-	-	•	-	-	•	•	-	-	•	•	•	-	•	10
REPRODUCTIVE SYSTEM	1																								Τ	
MAMMARY GLAND	<u> N</u>	N.	N	Ν.	N	M	N	N	M	N	<u>N</u>	N	N	N	N_	<u>N</u>	<u>N</u>	N	N	N	Η.	N	N	H	≞	50*
TESTIS	+	-	+	•	•	•	•	•	+	•	+	+	•	•	+	•	•	*	<u>+</u>	+	•	<u>+</u>	+	•	4	- 49
PROSTATE .	+		*	•	•	•	<u>+</u>	*	<u>+</u>	•	•	•	<u>.</u>	•	<u>+</u>	÷	•	•	<u>+</u>	<u>*</u>	<u>+</u>	•	•	•	4	- 49
EPIDIDYMIS Hemangioslacoma Nervous System	N	N	N	H	N	N	N	N	H	N	N	N	N	N	N	N	N	N 	N	N	N	N	N	N	*	50*
BRAIN	•	٠	•	٠	٠	٠	٠	•	٠	٠	٠	•	٠	٠	٠	٠	٠	•	•	٠	٠	٠	٠	٠	+	50
SPECIAL SENSE ORGANS																	-				_				+	
HARDERIAN GLAND Adenoma, Nos	N	×	H	н	н	N X	н	N	N	N	H	N	N	N	H	N	N	H	N	N	H	N	N	N	۳	507 2
ALL OTHER SYSTEMS																									T	
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, NOS	N	N	N	N	×	Ν.	N X	N	H	N	N	N	N	N	N	H	ĸ	N	N X	N	M	N	N	N	۳	50 %

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

MALIGHARI LIDIFUMA, NYZ * ANIMALS NECROPSIED + ITSSUE EXAMINED MICROSCOPICALLY + RECROPSY, NO NISTOLOGY DUE TO PROTOCOL - RECROPSY, NO NISTOLOGY DUE TO PROTOCOL - NUMBER OF STATUS H: NECROPSY, NO AUTOLYSIS, NO HICROSCOPIC EXAMINATION H: NECROPSY, NO AUTOLYSIS, NO HICROSCOPIC EXAMINATION H: NECROPSY PERFORMED B: NO NECROPSY PERFORMED

ANIMAL NUMBER	0	0	03	0	0	0	2	0	9	1	1	1	j.	1	1	6	1	1 8	0 1 9	0 2 0	0 2 1	222	0 2 3	024	
WEEKS ON Study	0	0	0	0	0	0	ļ	ò	0	9	1	0	0	0	0	ò	0	0		0	9	į	2	9	1
INTEGUMENTARY SYSTEM		71	.71	71		.71	71	_/_	/1	- 21	./1	.71.		/1	31	<u></u>	-4	_/.1.		21	<u>8</u> .1		_21	_/1	
SKIN Fibrosarcoma Neurofibroma	+	•	٠	٠	+	٠	+	•	×	٠	٠	+	٠	•	5	•	•	+	•	+	+ × ×	٠	٠	×	
RESPIRATORY SYSTEM					-							_													-
LUNGS AND BRONCHI Hepatoceluliar carcinoma, metasta Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar carcinoma	٠	•	+	٠	٠	٠	٠	٠	٠	* ×	•	•	+	•	5	• x	+	•	+	•	•	•	•	+	
TRACHEA	+	+	÷	+	+	+	+	+	+	+	+	+	•	+	5	+	+	+	+	•	+	+	+	•	
HEMATOPOIETIC SYSTEM						-						-						-							
BONE MARROW	+	+	•	•	۰.	•	+	+	+	-	+_	+	+	+	5	٠	+.	+	+	+	٠	+	+	÷	
SPLEEN Malignant Lymphona, Nos	•	٠	٠	٠	٠	٠	٠	+	٠	-	+	٠	+	÷	5	+	٠	+	+	٠	٠	+	+	٠	
LYMPH NODES	•	+		+		+	•	+	+	•	-	-	•	+	5	-	+	+	÷	+	-	+	+	•	
THYMUS	+	•	+	+	÷	-	+	٠	-	+	+	+	٠	+	5	+	•	+	+	-	-	÷	-	-	
CIRCULATORY SYSTEM																									
HEART	•	٠	٠	٠	+	٠	+	+	+	+	+	+	+	÷	5	+	٠	٠	+	٠	٠	٠	+	٠	
DIGESTIVE SYSTEM																									
SALIVARY GLAND	•	+	•	٠	+	•	•	+	٠	÷	+	+	+	<u>+</u>	5	+	۰.	+	+	+.	+	•	+	. •	_
LIVER Hepatocellular adenoma Hepatocellular carcinoma	+ X	+	+	•	٠	٠	+	+	+	-	+	+	•	+	5	×	•	•	+ x	•	٠	•	+ 	•	
BILE DUCT	+	+	+	+	•	+	•	٠	+	-	•	٠	+	÷	5	٠	+	+	٠	٠	+	٠	+	+	
GALLBLADDER & COMMON BILE DUCT	+.	N	•	•	÷	+	+	+	•	N	+	<u>+</u>	•	+	5	<u>+</u>	+	٠	+	÷	•			•	
PANCREAS	+	+	•	+	+	+	+	+	+	-	+	•	+	+	s	+	+	•	+	+	+	+	+	+	_
ESOPHAGUS	+	+	+	+	+		+	÷	.+	+	+	+	+	+ .	5	+	+	+	+	+	•	+	•	+	_
STOMACH	•	+	+	+	•	+	•	•	+	•	•	+	+	+	5	+	+		+	•	+		+	•	
SMALL INTESTINE Malignant Lymphoma, Nos	+	•	•	٠	*	•	•	•	+	-	•	+		•	5	•	+	+	•	•	•	٠	-	-	_
LARGE INTESTINE	+	+	+	*	*	+	•	*	+	-	*	+	•	*	\$	+	+	•	+	-	+	+	•	+	
JRINARY SYSTEM Kidney Tubular-Cell Adenoma	÷	٠	٠	٠	+	٠	٠	÷	٠	-	٠	×	÷	+	5	•	+	٠	+	٠	٠	٠	٠	٠	
URINARY BLADDER	+	٠	+	+	•	•	+	•	+	-	+	•	+	+	5	•	+	+	+	•	+	+	+	+	
ENDOCRINE SYSTEM																									
PITUITARY Adendma, Nos	٠	+	+	•	•	+	+	•	٠	+	•	+	•	•	5	•	•	+	•	-	-	•	-	+	_
ADRENAL Cortical Adenoma	٠	•	٠	+	+	٠	+	+	•	-	•	+	٠	÷	5	•	•	*	•	•	•	*	+	•	
THYROID Follicular-cell Adenoma	-	-	-	+	•	+	٠	+	+	+	+	+	+	•	5	•	•	•	•	-	+	•	•	•	
PARATHYROID		-	-	-	-	+	-	÷		٠		-	٠	•	5	-	+	+	-	-	•	•	<u> </u>	-	_
PANCREATIC ILLETS ISLET-CELL C. RCINOMA	٠	*	٠	+	٠	٠	٠	٠	٠	•	+	+	٠	•	5	٠	٠	٠	٠	•	٠	+	٠	٠	
REPRODUCTIVE SYSTEM	-												_												-
MAMMARY GLAND	<u>N</u> _	N	M	Ν.,	N	<u>.</u> M	N	Ν_	. N	Ν.	<u>H</u>	N		N	5	N	н.	N	N	Ν.	N	N	N	N	
TESTIS INTERSTITIAL-CELL TUMOR	•	•	+	•	•	•	•	ż	•	•	•	•	•	•	5	•	•	•	+	•	•	•	•	•	
PROSTATE	+	<u>.</u>	•	•	•	•	<u>.</u>	•.	•	+	+	+		•	5.		÷	•	•	<u>.</u>	•	•	•	•	-
BRAIN	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	+	\$	٠	٠	+	٠	٠	٠	+	٠	٠	
LL OTHER SYSTEMS																									
MULTIPLE ORGANS HOS Fibrosarcoma, metastatic Malignant Lymphoma, Nos	N	N	N	N	H	N	N	N	N	н	N	N	N	N	5	N	N	N	N	N	м	N	N	H X	

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEARSTUDY OF TOLUENE DIISOCYANATE: LOW DOSE

-: REQUIRED TISSUE NCI EXAMINED MICROSCOPICALLY C: NECROPSY, NO MISTOLOGY X: Tunor Incidence N: Recropsy, NO Autolysis, no microscopic examination M: Animal Missing S: Animal Missered B: No Necropsy Performed

ANIMAL NUMBER WEEKS ON	020	2 7	2	29	3	31	3	31	3	3	3	11	0 3 8	3		4	4209	045	44	4	046		8	04900	51	
STUDY INTEGUMENTARY SYSTEM	2	0 Z	9 7	9	21	2	?	2	9	?	ż	<u>7</u>	?	0 7	?	?	9	?	9	?	?	9	07	3	?	TUMORS
SKIN FIBROSARCOMA NEUROFIBROMA	•	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	*	٠	·	69n 6 1
RESPIRATORY SYSTEM	<u> </u>																								-	
LUNGS AND BRONCHI Hepatocelular carcinoma, metasta Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar carcinoma	×	•	•	•	•	•	• ×	•	•	• ×	•	•	•	•	•	•	•	•	+ ×	•	•	•	•	•	•	48 3 2
TRACHEA	•	٠	+	+	٠	٠	٠	•	٠	٠	٠	٠	٠	٠	-	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	46
HEMATOPOIETIC SYSTEM	1-						·																			
BONE MARROW	÷	•	•		•	*	•	<u>+</u>	•	•		÷	+	•	•	+	•	<u>+</u>	•	+	<u>.</u>	+	•	<u> </u>	•	47
SPLEEN Malignant Lymphoma, Nos	<u>۰</u>	•	•	•	*	•	•	•	•	*	+	•	•	•	+	*	-	<u>.</u>	÷.	•	•	•	•	•	*	472
LYMPH NODES	·	-	•	<u>+</u>	•	•		•	÷	+	•	-		-	•	٠	-	<u> </u>	+		٠	•	•	<u>.</u>	.+	35
THYMUS	+	٠	٠	-	-	-	٠	٠	٠	+	-	٠	٠	-	٠	-	-	٠	٠	٠	٠	٠	٠	٠	۰	35
CIRCULATORY SYSTEM	<u> </u>																									
HEART	+	+	٠	٠	٠	٠	٠	+	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	•	٠	•	٠	•	•	•	49
DIGESTIVE SYSTEM	1																									
SALIVARY GLAND	≁		+	•	+	•	+	<u>.</u>	+	<u>.</u>	+	*	•	<u>.</u>	+	<u>+</u>		<u>+</u>	+	•	+		•	<u>+</u>	-	49
LIVER Hepatocellular adenoma Hepatocellular carcinoma	+	•	٠	٠	•	٠	+	٠	+	+	٠	•	* x	+	•	•	•	+	٠	٠	٠	×	+	٠	•	⁴⁸ 3
	<u>⊢×</u>			_X_	X				-							X	<u>×</u> _				<u> </u>		X		_	•
BILE DUCT	+	٠	٠	٠	٠	•	+	*	•	•	•	ć	•	•	•	•	•	•	•	•	•	•	•	,	•	48
GALLBLADDER & COMMON BILE DUCT	╇	· ·	•	· •	•	<u>.</u>	<u>.</u>	• ·	<u>.</u>	<u>.</u>	•	÷	•	<u>.</u>	•	<u>.</u>	N	<u>.</u>	÷	•	<u>.</u>	÷	<u>.</u>	<u></u> M	•	<u>49</u> #
PANCREAS ESOPHAGUS	+·		•	<u>.</u>	<u>.</u>	<u>.</u>	• •	<u>.</u>	÷	<u>,</u>	÷	÷		÷	÷	÷		÷	÷	- <u>-</u> -	÷	- <u>`</u> -	•	•	Ť	46
STOMACH	1.			<u> </u>	<u>,</u>	<u> </u>	÷		<u>.</u>		•	•	•	•	•	÷		•	•	•	•	•	•		Ţ	67
	1.	•	+	+	+	•	+	+	•	+	•	+	+	+	+		-	•		+	,	+				44
SMALL INTESTINE Malignant 'ymphoma, nos	<u> </u>									_							-								-+	1
LARGE INTESTINE	•	+	-	•	•	•	•	•	•	•	•	*	+	*	<u>.</u>	+	•	•	<u>.</u>	•	<u>.</u>	•	•	<u>.</u>	•	44
URINARY SYSTEM KIDNEY Tubular-Cell Adenoma	ŀ	•	•	•	·	•	+	•	•	٠	•	٠	•	•	•	٠	•	٠	٠	٠	•	•	•	•	•	48
URINARY BLADDER	•	+	٠	٠	+	٠	•	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	•	48
ENDOCRINE SYSTEM	<u>†-</u> -											_									-					
PITUITARY Adenoma, ngs	ļ.	+	×	•	+	•	+	•	-	٠	•	•	•		•	•	•	•	•	-	•	•	-		•	42 ₁
ADRENAL Cortical Adenoma	L*	+	•	+	•	<u> </u>	*	•	<u> </u>	•	•	•	•	•	+	*	+	<u>.</u>	٠	+	•	•	•		-	48
THYROID Follicular-cell Adenoma	ŀ	-	•	-	•	•	•	•	•	•	•	•	-	•	•	•	٠	•	* x	•	+	•	•	•	•	39
PARATHYROID	++		-		•		•		-	-	-		-	<u> </u>	-	-	÷		<u>.</u>	•		-		• <u>•</u>		1
PANCREATIC IS.ETS Islet-cell carcinoma	•	+	٠	٠	+	٠	+	•	•	٠	•	•	+	٠	•	+	-	٠	•	٠	•	٠	•	+	•	47 I
REPRODUCTIVE SYSTEM	+			×,																					-	
MAMMARY GLAND	×.	H.	•	N	N	N.	N	•	N	Ν.	N	Ν.	N	N	н_	N	N	N	<u>N</u> _	N	N.	<u>H</u> .	Ν.	м	N	492
TESTIS Interstitial-Cell Tumor	ŀ	•	•	•	•	•	+	•	•	•	•	•	•	•	•	•	•	•	•	•	+	•	•	<u>•</u>	•	49 ₁
PROSTATE NERVOUS SYSTEM	+•-	<u>+</u>	۰.	<u>.</u> .	•-	.*-	+.	÷	<u>.</u>	+	<u>+</u>	*	<u>.</u>	*	÷		<u>+</u> .	÷	٠.	*	<u>.</u>	<u>.</u>	· ·	-1-	-1	
BRAIN	+	٠	٠	٠	٠	٠	٠	+	٠	٠	÷	+	٠	+	٠	+	+	٠	٠	٠	٠	٠	٠	٠	•	49
ALL OTHER SYSTEMS	†																								1	
MULTIPLE ORGANS NOS FIBROSARCOMA, METASTATIC Malignant Lymphoma, Nos	N	N	N	H	N	H	н	N	N	N	N	N X	N	N	N	N	N	N X	н	N	N	N	н	N	м	49× 1 2
* ANIMALS HECROPSIED * IISSUE EXAMINED MICROSCOP - REQUIRED TISSUE NOT EXAMINE ' TURGE INCIDENCE H: MECROPSY, NO AUTOLYSIS, NO H: MECROPSY, NO AUTOLYSIS, NO	CALL ED MIC	IICF RDS	1050 500 P	0P1 1C	CAL EXA	LY MIN	ATI	0 11		C A M	1 2 4 4 2	O T ECR UTC NIM	ISS OPS LYS IAL ECR	UE Y, IS MIS OPS	INF HO SIN Y P	ORM HIS G ERF	ATI TOL ORM	ON Ogy Ed	DU DU	E TI	TED O PI	ROTI	3001	L		

Toluene Diisocyanate

							-		•••								. –								
ANIMAL NUMBER	8	0	01	0	8	2	8	01	8	1	1	<u> </u>	0Ţ	0 T	01	٩Ţ	0	0	0	2	21	0	91	2	2
WEEKS ON	1	Ž	Ĭ	-	-și	ě	-11-	ě.	- 1	-il		2	si.	*	5	6	-	8	8	- 8	1	-	4	4	5
STUDY	1	8	ģ	ž	ģ	ġ	ġ	ė į	ě i	ġį	ġ	ġ	ġ	1	ž	<u>o</u>	0	ġ.	š	2	2	9) 2	ġ	ě
RESPIRATORY SYS EM	1	4			- (1									21		- 1							<u> </u>		1
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma	ŀ	٠	•	٠	٠	٠	•	•	•	÷.	•	•	٠	•	•	•	•	٠	•	•	•	•	•	•	•
TRACHEA	+	٠	٠	٠	٠	٠	٠	-	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	-	٠	٠	٠	٠	+
HEMATOPOIETIC SYSTEM		-											_												
BONE MARROW	<u>↓ •</u>	-		+	•	•	<u>.</u>	•	٠	٠	+	+	<u>.</u>	t	+	<u>.</u>	*	•	•	•	+	-	+	•	4
SPLEEN	<u> </u>	+	+	٠	+.		+	•	٠	•	•	•	÷	•	٠.	+	•	•	<u>.</u>	<u>.</u>			•	<u>+</u>	+
LYMPH NODES	L±		•	-	•	-	٠	-	۰.	•	<u>.</u>		•	-	٠.	-	٠	٠	-	-	٠	•	٠	-	-
THYMUS		-	٠	٠	•	٠	-	٠	٠	-	٠	•	•	-	-	-	-	٠	+	+	-	٠	٠	-	-
CIRCULATORY SYSTEM																									1
HEART	+	٠	+	٠	+	٠	٠	+	٠	٠	+	•	٠	+	٠	•	٠	٠	٠	٠	+	٠	٠	٠	٠
DIGESTIVE SYSTEM	+																								-
SALIVARY GLAND	Ŀ	•	•	٠	٠	+	٠	+.	+		•	<u>.</u>	•	•	<u>.</u>	•	•		÷		•	•	•	•	٠
LIVER Hepatocellular Adenoma Hepatocellular Carcinoma	•	• x	٠	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	۱
MALIG.LYMPHOMA, HISTIOCYTIC TYPE	\vdash															<u>×</u>									۲
BILE DUCT	ŀ	+	+	+	+	•	•	+	+	+	•	•	•	÷		•	*	•	•		•	·* -	<u></u>	•	+
GALLBLADDER & COMMON BILE DUCT	+•-	·*-	····	<u>N</u>	<u>.</u>		·	•	•	•	•	•	•	•		N	•	+	•	N	<u>N</u> _	+	<u>.</u>	•	Ν.
PANCREAS	+	•	+	•	+	•	•	•	•	+	•	•	•	•	•	<u>.</u>	+	+	<u>+</u>	<u>.</u>	÷	<u>+</u>	÷	<u> </u>	+
ESOPHAGUS	+	+	<u>.</u>	<u>+</u>	<u>+</u>	<u>+</u>	÷	*	<u>*</u>	•	•		•	•	•	•	•	•	•	•	•	•	•	•	-
STOMACH	+	•	+	•	٠	٠	•	•	•	٠	•			•		•	•	•	•	•	•	•		•	•
SMALL INTESTINE	+	<u> </u>	+		<u>.</u>	*	•	<u>.</u>	<u>.</u>	- •	•	•		•		•	•	•	•	+	-	•	•	•	-
LARGE INTESTINE	+	*	+	•	*	+	+	•	•	*	•	*	•	*	•	*	•	+	*	-	-	•	•	•	٠
URINARY SYSTEM																									
KIDNEY	<u>+⁺</u> -	•	+	*	•	+	•	<u>·</u>	<u>.</u>	*	<u>.</u>	•	*			+	+	+	+	+	+	+	+	•	늭
URINARY BLAUDER	+	•	*	•	+	•	+	•	•	•	+	*	+	•	•	•	+	+	+	+	•	٠	*	+	•
ENDOCRINE SYSTEM																					-				
PITUITARY	<u>+ •</u> -	•			+	+	•	•	-	•	+	.t	•		<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	<u>+</u>	.	•	<u>.</u>		<u>.</u>	-1
ADRENAL	+	•	+	+	•	+	٠	+	•	•	+	+	•	+	•	÷	+	•	+	+	+	٠	•	•	+
THYROID Follicular-cell Adenoma	ŀ	•	•	•	•	•	•	-	•	•	•	•	•	•	•	•	-	•	•	•	•	٠	٠	•	۱
PARATHYROID	-	٠	-	-	٠	-	٠	-	-	-	-	-	-	-	-	٠	-	-	٠	٠	-	-	٠	·	-
REPRODUCTIVE SYSTEM										-															-
MAMMARY GLAND	N .	N.	N	N	N	<u>N</u>	N	N	N	Ν	H.	N	•	H	N	N	N	N	N	N	N	N	Ν	<u>N</u>	нļ
TESTIS	+	•	•	•	•	+	٠	+	•	٠	•	٠	•	•	•	•	٠	•	+	+	•	•	•		4
PROSTATE	+	٠	٠	٠	+	+	+	-	٠	٠	+	٠	+	•	٠	+	+	٠	+	٠	٠	+	٠	٠	-
NERVOUS SYSTEM								-					•	-											1
BRAIN	+	+	+	+	+	+	+	+	+	٠	+	•	+	•	٠	+	+	٠	٠	+	+	+	+	+	٠ļ
ALL OTHER SYSTEMS	<u> </u>																								+
MULTIPLE ORGANS NOS Malignant Lymphoma, Hos	N	н	N	N	N	N	N X	N	N	N	N	N	н Х	N	N	N	N	N	N	N	н	N	H	N .	×
+: TISSUE EXAMINED MICROSCOPI											;	10			7.61					IBMT					

TABLE B3. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEARSTUDY OF TOLUENE DIISOCYANATE: HIGH DOSE

 +:
 TISSUE EXAMINED MICROSCOPICALLY
 :
 NO TISSUE INFORMATION SUBMITTED

 -:
 REGUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 C:
 NCORPSY, NO HISTOLOGY DUE TO PROTOCOL

 X:
 TUMOR INCIDENCE
 Autolysis
 Autolysis

 S:
 ANECROPSY, NO AUTOLYSIS, ND MICROSCOPIC EXAMINATION
 M:
 ANIMAL MISSING

 S:
 ANIMAL MISSING
 B:
 NO NECROPSY PERFORMED

ANIMAL NUMBER	2	27	2	21	3	3	3	3	3	3	03	3	03	3	4	4	4	-	4	4	4	4	4	4	050	TOTAL
WEEKS ON STUDY		1	1	01	- 1		9	-	0	1	1	1	1	-	-	9	\$	3	3	\$	2	ŝ	;	;		TISSUE
RESPIRATORY SYSTEM	1-71	21		11	2	7	8	_71	4	7	21	21	5	5	-21-	4	71	21.	41	.01	5	. 61	4	21	-21	
LUNGS AND BRONCHI Alveolar/bronchiolar adenoma	Ŀ	•	+	٠	•	•	+	٠	٠	•	+	+	+	•	+	+	•	٠	•	•	٠	-	٠	•	٠	49
TRACHEA	+	٠	•	+	٠	٠	+	٠	٠	٠	+	+	٠	+	٠	٠	+	+	+	٠	٠	-	٠	٠	+	47
REMATOPOIETIC SYSTEM	┢					_										-							_		-	
BONE MARROW	<u> </u>	+	+	+		+	.t.	+	+	٠	+	•	+	+	+	+	•	+	•	•	+	+	+	•	-	48
SPLEEN	1.	.+	+	+	+	÷	+	•	•	+	+	ŧ.	+	+_	+	+	•	•	+	•	٠	•	+	÷	-	42
LYMPH NODES	+	+	+	+	+		•	+	٠		+	+	+	+	+	+	•	ŧ.	+	٠	+		•	-	•	37
THYMUS	-	٠	+	+	+	-	٠	-	+	+	٠	-	-	+	-	•	-	+	٠	٠	•	•	٠	٠	•	28
CIRCULATORY SYSTEM											_											_			-	
HEA. T	+	+	٠	+	+	٠	٠	+	٠	+	+	٠	٠	+	+	•	+	+	٠	+	٠	-	٠	+	+	49
DIGESTIVE SYSTEM	1																									
SALIVARY GLAND	<u>↓</u> .	+	+	•	•	+	+	+		٠	٠	+	+	+	+	+_	+	•	•	÷	+	+	•	+	•	50
LIVER Hepatocellular Adenoma Hepatocellular carcinoma Malio.lymphoma, histiocytic type	×	×	•	•	•	•	•	•	•	•	•	•	* x	+ x	•	•	•	•	•	+	•	•	•	•	•	50
BILE DUCT	+	_ <u>+</u>		•	+	+	+	+	+	+	+	•	+	+	+	٠	+	٠	+	ŧ	•	+	+			50
GALLBLADDER & COMMON BILE DUCT	Ŀ	+	+	+	+	+	N	+.	N	+	+	+	N	+	+	N	+	+	N	•	.N	N.	N	+		50
PANCREAS	1.	+	•	+	+	+		+	•	+.	+	+	+	+	+	+	+	+	•	•	+	+	•	٠	*	50
ESOPHAGUS	+	+	+.	+	+	+	+	+	+	+	+		+		+	•	+	+	•	+	+		+	+	+	47
STOMACH	+	+	+	+	+	٠	٠	+	٠	٠	٠	+	٠	٠	٠	+	•	+	+	•	٠	٠	•	٠	*	50
SMALL INTESTINE	L.		+		+	+	•	+	-	•	•	•	-			-	•	+	•	•	-	•	.+	+	+	37
LARGE INTESTINE	•	+	٠	-	+	+	٠	٠	٠	٠	٠	٠	٠	•	٠	٠	+	٠	-	٠	٠	٠	٠	٠	٠	46
URINARY SYSTEM	+																				_				-	
KIDNEY	<u>اب</u>	+	+	<u>+</u>	+	٠	•	+	•	•	+	•	+	•	+	+	•	+	•	+	+	+	٠	+	+	50
URINARY BLADDER	+	+	٠	+	+	٠	+	+	٠	٠	٠	٠	٠	٠	٠	+	+	+	٠	+	+	-	٠	٠	+	- 49
ENDOCRINE SYSTEM	+																			-						
PITUITARY	1.	_+		+	+	+	+	<u>+</u>		+	-	+	+	+	+	+	•	+	+	+	-	٠	•	٠	+	61
ADRENAL	1.	.+	+		+	+	•	+	+	٠	•	+	•	+	+	٠	+	+	•	<u>.</u>	+	+	+	٠		50
THYROID Follicular-cell Adenoma	ŀ	•	•	-	٠	+	•	٠	•	+	+	-	•	*	•	+	•	+	•	•	٠	-	٠	+	٠	44
PARATHYROID	-	٠	-	-	-	-	-	-	-	٠	-	-	-	٠	-	+	-	٠	٠	٠	+	-	-	٠	•	16
REPRODUCTIVE SYSTEM	1																_								-	
MAMMARY GLAND	L.	_ N.	<u>N</u>	N.		N.	<u>N</u>	N.	N	N	N	N	N	N.,	N	N.,	N	N	N	N	N	N	N	N		50
TESTIS	+	+	+	_ <u>+</u> _	+	•	•	. •	•	•		•	٠.	•	٠.	+	+	+	•	+	+	٠	+	ŧ.		50
PROSTATE	•	+	+	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	•	+	٠	٠	٠	-	+	٠	٠	47
NERVOUS SYSTEM		-												_	-											
BRAIN	•	+	+	٠	٠	+	٠	٠	٠	٠	+	+	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	50
ALL OTHER SYSTEMS	+							•																		
MULTIPLE ORGANS HOS Malighant Lymphoma, Nos	ĸ	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	H	N	H	N	N	Ņ	N	50
* ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOP: -: REGURED TISSUE NOT EXAMIN :: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO	NED 1	110					ITA	ON		C A M B		VECP NUTO	9075 DLY5 1Al	Y, IS MIS	INF HD SIN	HIS G	TOL	DGY	SUB	NIT E T	TED O P	ROT	oco	L		

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

ANIMAL NUMBER	0	0	003	0	ů 5	0 6	0 0 7	0	0	0	1	1	1	1	5	i	ż	i	į	2	2	Ž	2	24
WEEKS ON STUDY	0	0	0	0	9	7	0	0	0	7	2	0	9	1	0	0	ģ	0	0	0	è	8	0	į
INTEGUMENTARY SYSTEM		_61			_0]		-4	-41										_/1						
SUBCUTANEOUS TISSUE Sarcoma, Nos	•	+	٠	٠	٠	+	+	+	٠	+	•	+	+	•	+	+	+	+	•	+	+	×	+	•
RESPIRATORY SYSTEM																								
LUNGS AND BRONCHI Hepatocellular carcinoma, metasta Sarcoma, nos, metastatic Osteosarcoma, metastatic	+	+	*	•	+	•	•	•	•	•	•	•	•	•	•	•	•	•	•	+	*	×	•	•
TRACHEA	+	-	٠	+	٠	+	٠	٠	٠	٠	+	٠	-	٠	+	٠	+	٠	+	+	٠	٠	+	٠
HEMATOPOIETIC SYSTEM							<u> </u>																	-
BONE MARROW	+-		*	<u>+</u> .	•	•	+	•	•	. + _	+	+	•	•	<u>+</u>	<u>+</u>	*	•	+		•	•	<u>.</u>	<u>+</u>
SPLEEN . Lymph nodes	+	<u>.</u>	• •	•	÷	÷	÷	• •	• •	•	÷	•	+	• •	÷	+	<u>*</u>	+	÷	<u>,</u>	•	-	+	*
MALIG.LYMPHOMA, HISTIOCYTIC TYPE	ļ.,				<u> </u>				· ·		<u> </u>	·				-	-	-	•	•				-
THYMUS	+	-	+	+	-	-	+	-	•	-	•	+	+	+	-	*	<u>+</u>	+	•	+	•	-	•	•
CIRCULATORY SYSTEM																								
HEART DIGESTIVE SYSTEM	•	•	•	•	•	•	+	•	<u>.</u>	+	•	+	•	*	*	•	•	+	•	+	•	•	+	•
SALIVARY GLANL		-	•	÷			+	•	•	•	•	•	÷	•	÷	÷	+	•	•	٠	•	÷	÷	÷
LIVER	+	+	+	+	+	•	+	+	+	+	•	•	+	•	+	•	÷	•	•	+	+	•	•	•
HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA Sarcoma, Hos, Metastatic					x		×		×													x		
BILE DUCT	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	+	+	+	•	٠	٠	٠.	+	٠	٠	+	+
GALLBLADDER & COMMON BILE DUCT	•	N.	٠		<u>.</u>	+	•	٠.	+	H	N	+	•	•	<u>+</u>	<u>.</u>	<u>+</u>	•	<u>+</u>	+	+	N	-*	+
PANCREAS	•	•	•	•	<u>*</u>	<u>.</u>	•	•	•	•	+	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>*</u>	<u>+</u>	•	•	. <u>.</u>	•	+	<u>.</u>	<u>+</u>
ESOPHAGUS Stomach	•		÷	÷	÷	•	÷	÷		÷		÷	÷	<u>.</u>	÷	•	<u>.</u>	÷	÷	•	<u>*</u>	•	÷	<u>.</u>
SMALL INTESTINE	+		+	•	+	•	+	+	•	+	+	+	•	•	+	•	+	•	+	•	-	+	+	
LARGE INTESTINE	+	•	٠	+	+	•	•	+	•	-	•	+	٠	+	+	•	•	•	+	-	+	•	•	÷
LEIOMYOSARCOMA																						×		
RINARY SYSTEM KIDI EY	•	•	•	٠	•	•	•	•	•	•	•	÷	•	÷	÷	•	•	÷	÷	•	•	•	•	•
OS EOSARCOMA, METASTATIC																				• ••				
URINARY BLADDER	•	•	•	•	+	•	+	•	•	+	•	•	•	•	+	•	•	*	+	+	+	*	•	•
NDOCRINE SYSTEM																								
PITUITARY Adenoma, NOS	*	<u>.</u>	•	•	<u>.</u>	<u>.</u>	+	•	<u>*</u>	-	•	•	*	+	<u>+</u>	•	·	•	•	•	<u> </u>	*	<u> </u>	•
ADRENAL	٠	•	•	•	<u>.</u>	•	+	-	•	•	•	+		•	•	•	•	٠	•		•	•	•	+
THYROID Follicular-cell Adenoma	+	-	-	+	ż	•	+	-	•	•	•	•	-	•	•	*	•	٠	•	*	•	•	•	-
PARATHYROID	•	•		-	-	-	-	-	-	-	-	٠	-	-	•	-	-	٠	-	-	-	+	+	•
REPRODUCTIVE SYSTEM																_					_			
MAMMARY GLAND	•	N	•	٠	٠	<u>N</u> .	•	·	•		<u>+</u>	•	•	•	<u>+</u>	<u>•</u>	•	٠	٠	N	•	•	+	N
UTERUS ENDOMETRIAL STROMAL SARCOMA	•	•	•	•	•	*	•	•	•	٠	•	•	*	•	<u>•</u>	•	•	*	•	* x	•	•	•	•
OVARY	-	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	•	•	•	٠	٠	•	•	٠	٠
ERVOUS SYSTEM												-				_								
BRAIN PECIAL SENSE ORGANS	۰.	•	. <u>.</u>	•	•.	۰.	•	•	•	+	•	•.	+	<u>.</u>	<u>+</u>	+	•	+.	•	+	•	+.	* :	•
HARDERIAN GLAND ADENOMA, NOS	н	N	N	N	N	N	N	N	н	н	N	N	N .	μ	Ν.	N	N	N	N	N	N	N	н	N
USCULOSKELETAL SYSTEM BONE	N	N	2			5			N		N		N 1	н	N I			N	N	N	N	N	N	H
DSTEDSARCOMA	н	R		•	'n	n	n					a						a		.,				
ODY CAVITIES				-											_									
MEDIASTINUM OSTEOSARCOMA, METASTATIC	N	N	H	N	N	H	N	н	N	N	N	н	N	N	N	N I	H	N	H	N	N	N	N	N
LL OTHER SYSTEMS																								
MULTIPLE ORGANS NOS MALIGNANT LYMPHOMA, NOS LEUKEMIA,HOS	N	N X	н	H	N	N X	н	N	N	N X	N	N X	N	N .	н –	N	×	N	N X	N	N X	N	N	N
+: TISSUE EXAMINED MICROSCOPI -: Required Tissue not Examin X: Tumor incidence N: Necropsy, no Autolysis, no S: Animal Mis-Sexed	CALI ED P MIC	Y IICA ROS	1050 500P	071 1C	EX	.LY (MI)	ITAN	ON		Ň		AUT	TIS RDP OLY MAL NECI	SY. SIŞ	N0	HI	510	100	Y D	JBMI DUE	TTE TO	PRO	ot o ¢	0L

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: VEHICLE CONTROL

AN IMAL NUMBER	2	21	2	21	0 3 0	3	3 2	31	3	3	31	31	31	0 3 (9	4 0	041	2	4 3	4	04	0	41	4	4	5	TOTAL
WEEKS ON STUDY		0	10	81	01	0		0	1	0	0	8	-	2	0	9	2	0		0	6	0	0	9	0	TUMORS
INTEGUMENTARY SYSTEM	12	21	_71	.11	21	_11	<u> </u>	3	-11	4		81	1	-91	<u></u>	-/1	-41	_4_		-11			_/_		4	
SUBCUTANEOUS TISSUE Sarcoma, nos	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	N	+	50*
RESPIRATORY SYSTEM												~~~														
LUNGS AND BRDNCHI HEPATOCELLULAR CARCINOMA, METASTA Sarcoma, Nos, metastatic Ostegsarcoma, metastatic	•	٠	٠	• x	•	•	•	• ×	٠	•	•	•	•	+ x	•	•	×	•	•	-	٠	•	•	• ×	*	49 1 4
TRACHEA		•	•	•	•	•	+	•	•	•	•	•	•	•	+	•	+	•	•	•	•	•	٠	-	+	47
EMATOPOIETIC SYSTEM	<u> </u>									,									_						-†	
BONE MARPOW	Ļ.	+	•	•	•	•	•	+	•	•	•		+	•	+	•	÷	•	٠	+	•	•	۰.	٠	Ŀ	50
SPLEEN	•	•	•	•	•	•	ŧ.	•		•	•	•	٠	•	+	•	•	•	٠	•	•	+	•	•	•	50
LYMPH NODES Malig.lymphoma, histiocytic type		•	٠	•	•	•	•	•	•	•	•	•	•	•	•	-	•	•	•	•	•	-	*	•	•	45 ,
THYMUS		+	-	-	٠	٠	٠	-	٠	٠	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	-	+	-	+	38
CIRCULATORY SYSTEM	<u> </u>						4.																		-1	
HEART	•	•	٠	•	•	•	•	•	•	•	•	•	·	•	•	•	•	•	•	*	•	•	•	٠	•	49
IGESTIVE SYSTE: Salivary gland			•		•	•	•	•		•	•	•	•		٠	_			÷			-	•		ļ	46
SALIVART GLAND LIVER HEPATDCELLULAR ADENOMA HEPATDCELLULAR CARCINOMA SARCOMA, NOS, METASTATIC	+	•	•	•	•	•	•	•	·	•	•	•	•	•	•	•	• ×	•	•	•	•	•	•	٠	•	50
BILE DUCT	+	•	•	•	•	•	•	•	•	•	•	•	+	+	•	٠	•	•	•	•	•	•	+	٠	•]	50
GALLBLADDER & COMMON BILE DUCT	<u>.</u>	•	•	N		•	•	Ν.,	•	÷	•	٠	•	N.	•	•	N	+	+	+	•	н	٠	N	•	5.0 #
PANCREAS	+		+	•	•	•		•	+	٠	•	•	•	•	•	•	÷	•	۰.	•	•	<u>.</u>	·	_	4	_49
ESOPHAGUS		•	•	•	+	+	•	+	•	•	•	•	•	•	٠	٠	<u>+</u>	•	•	•	•	•	•		4	48
STOMACH	+	٠	•	•	•	•	•	•	•	+	+	٠	•	+	•	٠	•	÷	+	•	•	•	•	-	·	49
SMALL INTESTINE		+	+	+.	•	•	•	+	•	•	•	+	•		•	•	÷	•	+	•	•	ف	•	-	4	45
LARGE INTESTINE LEIOMYOSARCOMA	•	+	•	•	٠	٠	٠	٠	٠	٠	-	٠	٠	-	٠	٠	٠	٠	٠	٠	٠	٠	٠	·	•	45 ₁
JRINA Y SYSTEM	†							_			_	-														
KIDNEY OSTEDSARCOMA, METASTATIC	+	•	•	×	•		•		<u> </u>	•					•				•	•	٠	•	•	•	4	50,
URINARY BLADDER	+	*	•	•	•	+	•	•	+	•	•	+	•	-	-	-	-	•	<u>•</u>	+	•	•	<u>.</u>	-	-1	44
ENDOCRINE SYSTEM	1			_																						
PITUITARY Adenoma, Nds	Ľ	+	ź.	<u> </u>	ż.		*	•	•	<u> </u>	•	÷	<u> </u>	•	<u>.</u>	•	•	<u>.</u>	*	*	<u>.</u>	•		<u> </u>	4	46
ADRENAL	+		+	<u>+</u>	+	+	+	+	+	•	+	+	+	•	•	+	<u>.</u>		+	•	•	+	•		4	47
THYROID FOLLICULAR-CELL ADENOMA	•	•	•	•	•	•	•	•	•	•	•	+	•	+	•	•	•	•	+	•	•	•	•	-	4	44
PARATHYROID	-	•	٠	٠	٠	٠	-	٠	-	•	٠	+	•	-	-	-	٠	-	-	٠	-	-	•	-	+	16
REPRODUCTIVE SYSTEM	1																	_	_						1	
MAMMARY GLAND	<u> 8</u>	N	N.,	+	•	•	•	. <u>+</u>	•	٠	•	.*	•	+	•	•	+	+	•	+	•	N.	•	<u>N</u> .	4	50×
UTERUS Endometrial stromal sarcoma	<u> </u> ⁺_	•	•	•	+	•	+	•	•	+	•	-	•	+	•	+	+	•	+	•	+	+	•	•	•	50
OVARY	+	•	+	+	•	•	•	+	*	•	•		*	•	*	•	•	<u>.</u>	•	<u>.</u>	•	•	<u>.</u>	•	-1	47
NERVOUS SYSTEM	[_																		
BRAIN SPECIAL SENSE ORGANS	++-	<u>.</u>	<u> </u>	÷	*	<u> </u>	<u>+</u>	÷	. <u>+</u>	•	•	÷	<u>.</u>	<u>.</u>	•	<u>+</u>	•	÷	•	·	·*	_*	- -		4	48
HARDERIAN GLAND Adendma, Nos	н	н	N	H	N	N	N	N	H	N	Η	N X	N	H	H	N	н	N	N	H	H	H	н	H	N	50× 1
MUSCULÖSKELETAL SYSTEM	1							_																	1	
BONE OSTEOSARCOMA	N	N	N	×	н	N	N	X	H	N	H	N	N	×	N	N	N	H	N	N	N	н	N	×	N	50× 4
BODY CAVITIES Mediastinum Ostedsarcoma, metastatic	н	н	H	н	N	н	H	кX	ж	H	N	H	N	N	N	N	N	N	N	N	N	N	N	H	M	50× 1
ALL OTHER SYSTEMS Multiple Organs nos Malighant Lymphoma, nos Leukenal.nos	N	N	H	N	н	N	N	N	N	N	ĸ	N	××	N	N	H	N	н	H	××	N	н	N	H	N X	50×

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

A ANIMALS RECROPSIED A ANIMALS RECROPSED A ANIMALS RECROPSED A ANIMALS RECROPSED A ANIMALS RECROPSED A ANIMAL RESERVO A ANIMAL RESER

ANIMAL NUMBER	0	0	0	004	0	0	0	0	0	1	1	11	1	1	1		11	11	1	20	21	0 2 2 0	2	0 ~ 4	
WEEKS ON STUDY	1	-	0	1	5	1	,	-	-?	-	1	2	3	1	1	6 1 0	:	1	9	1	1	0	-11		ŀ
TEGUMENTARY SYSTEM	+ '	71	_7,1		71	71	71	71	71	71		_21		81	71	_21	-21	21	71	_71	71	2	2	. 21	L
SKIN Fibrosarcoma	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	
SPIRATORY SISTEM	+						•										-	-							-
LUNGS AND BRONCHI Alveolar/bronchiolar Adenoma Alveolar/bronchiolar carcinoma	ŀ	+	•	+	•	•	•	•	٠	•	•	•	•	•	٠	•	•	•	•	٠	•	•	•	•	
TRACHEA	+	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	-	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	
MATOPOLETIC SYSTEM	+															-	_	_							
BOHE MARROW	+	+	•	•	•	•		٠	•	+	٠	•	٠	٠	٠	•	•	•	•	-	+	<u>.</u>	-	٠	_
SPLEEN HEMANGIOMA	Ŀ	•	•	•	+	٠	•	•	•	•	٠	•	•	•	•	•	•	•	÷.	•	•	٠	•	•	
LYMPH HODES Alveolar/bronchiglar ca. Metastat Malignant Lymphoma, nos	•	• x	•	•	•	٠	٠	٠	٠	٠	•	٠	٠	٠	•	•	٠	+	٠	•	•	-	-	-	
THYMUS	+	•	•	٠	٠	•	٠	+	•	•	٠	-	٠	-	•	•	-	•	-	•	•	•	+	-	
RCULATORY SYSTEM	+																_			-					-
HEART	•	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	+	٠	٠	٠	
GESTIVE SYSTEM	1																	_							-
SALIVARY GLAND	+	+	•	•	+	•	+	•	•	•	•	•	•	<u>.</u>	•	•	•	<u>+</u>	•		<u> </u>			•	_
LIVER Hepatocellular Adenoma Hepatocellular carcinoma	×	•	• 	•	•	•	•	•	•	•	•	•	×	•	•	•	•	•	•	•	•	•	• 	•	
BILE DUCT	•	٠	٠	٠	٠	+	+	٠	٠	+	٠	٠	•	•	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	
GALLBLADDER & COMMON BILE DUCT	+	. •	-	+	+	+	•	•	+	+	•	+	•	N	Ν	+	N	+	+	•	+	N	<u>.</u>	•	-
PANCREAS Esophagus	+	+	<u>.</u>	+	+	•		*	•	+	•	•	•	•	•	+	+	<u>.</u>	+	•	+	•	+	+	
ESUPRAGUS Stomach	+	<u>.</u>	÷	•		•	•	•	•	*		<u>.</u>	•	•		•	•	<u>+</u>	<u>.</u>	•	*	-	<u> </u>	•	-
SMALL INTESTINE	t:	•	•	•	•	•	•	•	•	÷	•	÷	•	•	÷	÷	. <u>*</u>	÷	÷	÷	•	•	•	÷	-
MALIGNANT LYMPHOMA, NOS	Ļ			<u> </u>	-	-		<u> </u>	·	×.				<u> </u>		•		<u> </u>	•					-	
LARGE INFESTINE	+	+	+	•	•	+	•	+	٠	٠	+	٠	٠	•	٠	+	٠	+	+	٠	+	٠	+	+	
INARY SYSTEM																									Ī
KIDNEY URINARY BLADDER	†÷	<u>.</u>	<u>.</u>	+	÷.	•	÷.	÷	. <u>+</u>	<u>+</u>	•	•	+	. <u>.</u>	•	•	÷	÷	<u>*</u>	•	•	÷	• •	<u>.</u>	-
DOCRINE SYSTEM	+-	-			-		-	-		<u> </u>	• 		<u> </u>		•	•	<u> </u>	<u> </u>	-		<u> </u>	·	<u> </u>		-
PITUITARY ADENGMA, NGS	+	٠	٠	٠	* ×	٠	٠	+	٠	-	٠	٠	٠	-	٠	٠	٠	÷	٠	٠	٠	٠	-	٠	
ADRENAL PHEOCHROMOCVTOMA	F	٠	+	٠	٠	٠	٠	٠	٠	•	•	٠	٠	+	٠	ţ	٠	+	٠	+	٠	+	٠	+	
THYROID FOLLICULAR-CELL ADENOMA	-	٠	٠	+	+	٠	٠	+	+	+	-	٠	٠	+	-	•	+	t	٠	+	÷	-	+	+	
PARATHYROID	<u>t</u> _	•					-					•	-	•		•	•	<u>.</u>			•				-
PRODUCTIVE SYSTEM	+-					,			•					•	-		. <u> </u>				<u> </u>	-			_
MAMMARY GLAND Carcinosar: DMA	Ŀ	٠	٠	٠	٠	٠	+	٠		N	N	N	•	+	N	٠	N	٠	٠	٠	•	•	•	* ×	
UTERUS Endometrial stromal Polyp	ŀ	٠	٠	•	٠	÷	٠	+	•	٠	٠	٠	+	•	+	٠	•	•	+	٠	•	+	+	٠	
RVOUS SYSTEM	+.		<u>+</u>	٠	+	•	•	+	٠.	•	+	•	+	٠.	•	•	-	•	.+	•	+	•	_t	÷	_
BRAIN	+	٠	+	٠	+	+	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	٠	•	•	٠	•	+	+	٠	
ECIAL SENSE ORGANS	$^{+-}$																								-
HARDERIAN GLAND Adenoma, NDS	•	N	N	N	N	N	N	N	н	N	N	N	N	H	N	N	H	N	H	H	н	N	N	N	
OTHER SYSTEMS	1-																								-
ULTIPLE ORGANS NOS FIBROSARCOMA, METASTATIC Malignant Lymphoma, Nos	N	N	N	N	N	N	N	M	N	N	N	N	ĸ	H	ĸ	H	N	н	H	N	N	Ħ	N	H	

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: LOW DOSE

ANÎMAL Number Weeks on	2	2 7	21	21	3	3	31	3	3	3	3	3	3	3	i	1	2	1	1			2		į	5	TOTAL
STUDY	07	ģ	į	ģ	2	ġ	ġ	ġ	0 0 2	Ŷ	ŝ	į	ġ	ġ	ġ	<u>;</u>	?	ġ	ġ	į	<u>;</u>]	i	ģ	ŝ	ġ	TUMOR
INTEGUMENTARY SYSTEM	.														•	N	•	н		•	•	•	•			50×
SKIN Fibrosarcoma	Ĺ		·				_	_	<u> </u>													×				1
RESPIRATORY SYSTEM																						•				50
LUNGS AND BRONCHÍ Alveolar/Bronchíolar Adenoma Alveolar/Bronchíolar carcinoma			_					<u> </u>					<u>×</u>	·			x		×						_	1
TRACHEA	+	+	٠	٠	٠	+	+	٠	٠	٠	+	+	+	+	*	•	•	•	+	•	•	•	+	*	+	49
HEMATOPOLE IC SYSTEM																										
BONE MARRCW	+-	+	+	<u>+</u>	+	<u>+</u>	<u>+</u>	. <u>+</u>	*	*	+	÷.	+	÷	+	<u>*</u>	<u>*</u>	<u>*</u>	<u>*</u>	<u>.</u>	<u>+</u>	<u>*</u>		<u>.</u>	1	<u>46</u> 50
SPLEEN Hemangioma	*	+		÷	<u> </u>	<u> </u>	•	•	<u>.</u>	<u>+</u>	•	<u> </u>	_	-		<u> </u>	<u> </u>	·	-	-	<u> </u>	<u> </u>		<u> </u>	4	<u>1</u>
LYMPH NDDES Alveolar/bronchiolar ca, metast/t Malignant Lymphoma, nds	•	-	+	•	•	•	•	+	•	*	-	•	×	+	· x	•	•	•	•	•	•	•	•	•	1	44 1 2
THYMUS	•	•	+	٠	+	+	٠	٠	٠	٠	÷	٠	-	٠	٠	٠	-	-	•	٠	•	-	•	-	•	54
CIRCULATORY SYSIEM	 															-				_					1	
HEART	+	٠	+	٠	+	4	+	+	+	+	٠	٠	٠	٠	٠	+	+	+	٠	٠	+	•	+	٠	+	50
DIGESTIVE SYSTEM	-													-											1	
SALIVARY GLAND	++	+	+	•	*	+	.*	•	+	+	*	+	+	•		•	+	+	+	+	+	+	+	<u>+</u>	4	_ (1
LIVER Hepatocellular Adenoma Hepatocellular carcinoma	•	•	•	<u>.</u>	•	•	×	+	•	+ ×	*	•	•	•	•	•	•	•	•	•	•	•	•	<u> </u>	ž,	56 3
BILE DUCT	+	٠	+	٠	٠	٠	٠	+	٠	٠	٠	٠	+	٠	٠	٠	•	+	٠	٠	٠	٠	+	٠	٠	58
GALLBLADDER & COMMON BILE DUCT	+	•	+	<u>.</u>	+	+	t	•	<u>N.</u>	+	N	+	+_	+	+	•	+	+	+	٠	•	•	•	<u>N</u> _	+	<u>50 H</u>
PANCREAS .	ŀ	•	+	+	+	<u>+</u>	+	<u>.</u>	+	+	•	•	+	+	<u>.</u>	<u>+</u>	•	<u>+_</u>	<u>+</u>	+	<u>+</u>	•	•	•	4	50
ESOPHAGUS .	+	+	+	+	٠	<u>t</u>	•	+	•	•	٠	٠.	+	+	+	•	+	•	٠	+	•	t_	+	+	*	. 48
STOMACH .	+-+	+	+	+	*	<u>+</u>	+	•	+	•	+	+	+	•	*	*	*	+	٠	*	+	•	•	+	+	50
SMALL INTESTINE Mailghant Lymphoma, Nos	·	<u> </u>	<u> </u>	<u> </u>	+		<u> </u>	•	+	•	<u>.</u>	•	•	•	•	•	•	<u>.</u>	•	•	+	•	•	•	4	<u>50</u>
LARGE INTESTINE	+	*	+	*	•	+	•	•	•	*	*	+	*	*	*	•	*	*	•	<u>.</u>	<u>.</u>	•	<u>.</u>	*	4	50
URINARY SYSTEM												+	•	٠	•	•										58
KIDNEY .	÷	÷	<u>+</u>	÷	<u>.</u>	<u>.</u>	*	÷	•	<u>+</u>	<u>.</u>	+	÷	•	÷.	÷	÷	+	•	÷	+	<u>.</u>	•	+	Ť	46
URINARY BLADDER ENDOCRINE SYSTEM	Ŀ			<u> </u>		<u> </u>		<u> </u>																-	-+	
PITUITARY ADENOMA, NO3	ż	+	+	•	٠	+	•	•	-	•	•	•	•	+	-	•	•	٠	+	•	•	•	•	٠	٠	
ADRENAL Pheochromocytoma	+	•	•	•	٠	+	+	•	•	•	•	•	٠	•	•	•	•	•	•	•	<u>.</u>	-	•	•	·	4 9
THYROID Follicular-cell Adenoma	•	-	•	•	•	•	•	•	٠	+	•	•	+	•	+	•	•	•	٠	•	<u>.</u>	•	•	•	÷	44
PARATHYROID	- 1	•	-	-	٠	٠	٠	٠	٠	-	-	-	-	•	-	-	٠	-	-	٠	-	•	-	٠	-	19
REPRODUCTIVE SYSTEM				_								_			_											
MAMMARY GLAND Carcinosarcoma	•	•	•	•	+	+	•	•	•	•	•	•	•	•	•	H	•	N	N	H	<u>.</u>	•	•	•	4	50+
UTERUS ENDOMETRIAL STROMAL POLYP	·	<u>.</u>	•	•	<u> </u>	•		<u>.</u>	+	<u>.</u>	*		<u>.</u>	ż.	<u> </u>	<u> </u>		*	<u>.</u>	•	<u>*</u>	•	•	•	4	<u>50</u> 2
DVARY NERVOUS SYSTEM	ŀ	<u>.</u>		÷	•	<u>+</u>	· ·	<u>.</u>	•_	•	•	•	•	•	<u>.</u>		÷	<u>+</u>	•	<u>+</u>	*	÷	•	•_	4	47
SRAIH	•	٠	٠	٠	•	٠	٠	٠	٠	٠	•	٠	+	٠	+	+	•	٠	+	٠	•	•	•	•	+	50
SPECIAL SENSE ORGANS	1							-															,		1	
NARDERIAN GLAND ADENOMA, NOS	N	N	•	н	H	н	N	H	H	H	M	N	H	X	N	H	н	N	ĸ	н	N	N	́н	*	*	50#
ALL OTHER SYSTEMS																			ы						_	
MULTIPLE ORGANS NOS FIBROSARCOMA, METASTATIC Malignani Lymphoma, Nos		N	N	H X	н	N 	н 	N _X	н	H X	N	H X	N	N	H	н	N	*	M	н _X	•	×	*	N X	H X	584
* ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOPI -: Rebuiked TISSUE NOT EXAMIN :: TUTUR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO	CALL IED M	T ROS	ROSC BCOP	0P1 1C	CAL EXA	LY MIN	ATI	01		C A M B		10 1 NEC1 NUTI NUTI	IISS ROPS DLYS NECR	UE 15 MIS OPS	INF NO SIN Y P	GRM H15 G ERF	ATI TOL ORM	GN OGY ED	508 DU	M271 E TI	1 E D 9 P1	ROTO	000			

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

AN IMAL NUMBER	0	0	0	14	0	000	0	0	0	0 1 0	0 1 1	0 1 2	0 1 3	0 1 4	0 1 5	0	0 1 7	0	0 1 9	0 2 0	2	22	2	24	
WEEKS ON Study	8	0			0	9	0	0	0	0	0	0	0	0	0	0	0	8	1	10	ò	0	e	0	
NTEGUMENTARY SYSTEM	+ 1	<u> </u>	1		فسا	<u> </u>						_/1			-11	_4		- 2.1	_ /				1		+
SKIN Fibrosarcoma Myxosarcoma	ŀ	+	•	•	•	•	+	•	* 	•	•	•	•	•	•	+	•	•	•	•	•	+	•	•	
SUBCUTANEOUS TISSUE HEMANGIOMA	•	•	+	*	+	٠	+	+	+	+	٠	٠	٠	٠	+	٠	٠	٠	+	٠	٠	•	٠	+	
ESPIRATORY SYSTEM																									
LUNGS AND BRONCHI Alveolar/Bronchiglar Adenoma Dstedsarcoma, metastatic Gstedsarcoma, unc prim or meta	Ŀ	+	+	•	+	×	• X	•	+	•	•	•	•	•	•	•	•	•	•	•	+	•	×	+	
TRACHEA	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	•	٠	٠	٠	+	•	+	٠	+	+	
EMATOPOIETIC SYSTEM	+									_					_					-	-				-
BONE MARROW	++	+	<u></u>	+	•	+	+	•	- <u>+</u>	+		٠	+	+	<u>.</u>		+	+	+	•	•		•	*	_
SPLEEN	+		. +	*	+	+	+	•	<u> </u>	†	+	•	•	+	<u>+</u>	*	+	+	-	÷	+	•	+	<u>+</u>	-
LYMPH HODES OSTEOSARCOMA, METASTATIC OSTEOSARCOMA, UNC PRIM OR META Malighant Lymphoma, Nos	Ľ	-	-	•	•	×	×	•	•	+	•	•	•	+	•	+	•	•	•	•	•	+	+	•	
THYMUS Malignant lymphoma, nos	-	٠	٠	٠	٠	-	٠	٠	٠	•	٠	٠	* ×	-	٠	٠	+	٠	٠	٠	٠	٠	+	٠	
RCULATORY SYSTEM	1												-												-
HÉART	+	+	+	•	•	•	.+	+	+	+	+	•	+	+	•	•	•	•	•	•	•	•	+	•	_
GESTIVE SYSTEM Salivary gland											,					,									
LIVER HEPATOCELLUIAR ADENOMA HEPATOCELLUIAR CARCINOMA		•	•	•	•	•	•	* *	* *	* *	* *	•	•	•	•	•	•	•	•	•	* *	•	• •	• ×	
HEMANGIOSARCLMA	+						·····											<u>×</u>	••						
BILE DUCT	+	+	•	•	+	+	+	•		•	•	+	*	+	*	+	•	*	*	•	.+	+		*	
GALLBLADDER & COMMON BILE DUCT Pancreas		+	<u>.</u>	<u>.</u>	<u>.</u>	<u>.</u>	.•	•	+	<u>+</u>	<u>+</u>	<u>+</u>	+	•	<u>*</u>	<u>+</u>	<u>+</u>	<u>N</u>	<u>.</u>	<u>, *</u>	. •	.+	<u>.</u>	<u>.</u>	-
ESOPHAGUS	T,	•	•	•	÷		•	•	•	•	•	•	<u>,</u>	- <u>`</u>	•	•	<u>.</u>	÷	•	- <u>*</u>		•	•	÷	-
STOMACH		+	+	+	+	-	•	+	+	+	.+	+	+	+	+	+	+	+	+	+	•	•	•	•	
SMALL INTESTINE PAPILLARY ADENOMA	-	٠	٠	+	٠	-	t	٠	٠	٠	٠	•	+	٠	+	+	+	•	+	٠	٠	+	+	٠	
LARGE INTESTINE	+-	+	+	•	+	•	_ <u>×</u>	•	•	+	•	+	+	•	+	•	+		•	•	•	•	•	•	-
INARY SYSTEM														·											-
KIDNEY	1.	•	•	•		•	+	+	•	+	•	<u>.</u>	+	+	•	•		•	•	•	•	+	•	•	
URINARY BLADDER	+	٠	+	٠	٠	٠	٠	٠	٠	·	٠	٠	٠	٠	+	٠	٠	-	٠	+	٠	٠	٠	٠	
DOCRINE SYSTEM	+				-	_												-							-
ADENOMA, HOS	ŀ	•	•	٠	•	•	•	٠	•	•	+	•	•	•	+	+	-	٠	•	-	•	*	•	•	
ADREHAL	+·	•		. +	•	•	•	+	•		+		+	٠	•	+	٠	•	•	•	•		•	•	
THYROID	++	•	•	•	<u>+</u>	*	+	+	٠	+	٠	•	•	+	÷	•	٠	•	•	•	+	•	+		
PARATHYROID	-	•	•	•	-	•	•	•	-	•	•	•	•	-	•	•	*	•	•	-	-	•	·	<u> </u>	
PRODUCTIVE SYSTEM Mammary Gland Adenocarcinoma, Nos	ŀ	٠	٠	٠	•	H	•	•	٠	٠	٠	٠	•	٠	•	٠	H	÷ x	٠	•	N	•	•	٠	
UTERUS LEIOMYOMA	•	٠	٠	٠	٠	:	٠	٠	٠	٠	٠	٠	٠	٠	•	٠	٠	+	٠	٠	٠	٠	•	+	
OVARY TERATOMA, NOS Hemangiosarcoma	•	٠	٠	٠	٠	-	٠	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	٠	٠	٠	٠	* ×	٠	٠	
RVOUS SYSTEM	+										• • •														
BRAIN	•	+	٠	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	•	٠	٠	٠	٠	•	٠	٠	٠	٠	
ECIAL SENSE ORGANS	1																	·		_					-
MARDERIAH GLAND Adenoma, Nos Sculoskeletal system	M	N	N	н	N	H	н	N	н	N	N	N	H	N	н 	N	H	H	N	N	н	N	N	N	
ONE	N 1	N	N	N	N	н	N	N	N	N	N	N	N	н	N	N	N	N	н	N	н	N	N	N	
OSTEOSARCOMA	L					X																			_
DY CAVITIES PERITONEUM HEMANGIOSARCOMA	N	N	N	н	N	N	N	н	H	H	H	H	N	N	н	N	N	N	N	н	N	M	N	N	
L OTHER SYSTEMS	+													-											-
MULTIPLE CRGANS NOS Malignant (Mphoma, nos Malig.lymphoma, <u>histiocytic type</u>	X	×	H X	N X	н	N	H	N X	H	N	H	н	N	H	X	H	H	N	H	H	H	N	N X	H X	

TABLE B4. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF TOLUENE DIISOCYANATE: HIGH DOSE

-: REQUIRED IISSUE NOT EXAMINED MICROSCOPICALLY C: NECROPSY, NO HISTOLOGY X: Tumor Incidence N: Recropsy, NO Autolysis, no microscopic examination S: Antmak, mis-sexed B: No necropsy performed

AN IMAL NUMBER		21	2	2	31	31	3	-31	s	3	3	3	3	31	6	41	44	41		450	61	2	4	0	51	101AL TISSUES
WEEKS ON STUDY	0	0	ġ.	9	0	0	6	et e	0	41	ġį.			01	01		çį	9			0			01	21	TUMOR
INTEGUMENTARY SYSTEM	+-*-	<u> </u>			<u>.</u>			. ف. ف	ل.ک			-						- -	<u> </u>	-6-1		<u></u>				
SKIN Fibrosarcoma Myxosarcoma	•	•	•	٠	٠	•	•	•	•	•	•	×	•	•	•	•	•	•	•	•	•	•	•	•	•	50.
SUBCUTANEOUS 7155UE HEMANGIOMA	•	٠	٠	٠	٠	•	٠	٠	٠	٠	٠	•	٠	٠	٠	* ×	٠	٠	٠	٠	٠	٠	٠	.•	•	50 = 2
RESPIRATORY SYSTEM	1																-									
LUNGS AND BRONCHI Alveqlar/bronchiqlar Adenoma Osteosarcoma, metastatic Osteosarcoma, unc prim or meta	+	•	٠	٠	٠	٠	٠	٠	•	•	•	•	•	•	٠	•	•	•	•	•	٠	•	•	•	•	50
TRACHEA	1	-	-	,	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•	+	•	•	+	48
NEMATOPOIETIC SYSTEM	+	-																							-+	
BONE MARROW	1.	•	•	•	•	•		•	•	•	·	•	<u>.</u>	•	÷	<u>.</u>	·	<u>.</u>	•	<u>.</u>	•	•	•			48
SPLEEN	·	٠	•	•	·	•	•	•	<u>.</u>	•	•	•	•	•		<u>.</u>	•	•	•	·	٠	•	•	. • .	4	. 49_
LYM H NODES OS.EOSARCOMA METASTATIC OSTEDSARCOMA, UHC PRIM OR META Malignan', Lymphoma, Nos		-	•	•	•	•	•	•	•	٠	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	"
THYMUS Malignant Lymphoma, nos	-	٠	٠	٠	·	٠	٠	-	٠	٠	•	-	٠	•	·	•	•	•	•	-	٠	•	•	•	•	40 ₁
CIRCULATORY SYSTEM	1																									
HEART	+	٠	٠	٠	٠	٠	٠	•	•	+	•	•	•	•	•	•	•	•	•	+	•	٠	٠	•	•	50
DIGESTIVE SYSTEM	1	-										_													1	
SALIVARY GLAND	•	-	+	٠	٠	•	٠	٠	•	٠	٠	٠	٠	•	٠	٠	•	•	•	٠	-	٠	٠	٠	• 1	67
LIVER Hepatocellul; q ademoma Hepatocellulax carcinoma Hemangiosarcoma		•	×	•	×	•	•	•	•	•	•	×	·	•	•	×	×	•	×	•	•	•	•	×	×	50 12 3
BILE DUCT	+	•	•	•	+	•	÷	•	+	+	+	·	•	•	.	•	•	•	•	<u>.</u>	•	<u>.</u>	<u></u>	•		50
GALLBLADDER & COMMON BILE DUCT	1.		•	H	•	. . .	÷	N.	N	•	•	٠	·	· -		8	•	•	•	<u>N</u> _	N	•	•	•		50 4
PANCREAS	+	•	•	•	•	. <u>.</u>	<u> </u>	+	+	•	•	÷	•	•	•	·	÷	•	•		•	÷	•	•	4	48
ESOPHAGUS	++		÷		·	÷	<u>.</u>	•	<u> </u>	•	•	•	•	<u>.</u>	•	•	•	•	•	•	<u>.</u>	•	۰.	•		47
STOMACH	+-		+	<u>.</u>	+	<u>.</u>	÷	•	•	+	+	<u>.</u>	<u>+</u>	<u>.</u>	*	*	*	<u>+</u>	•	•	<u> </u>	•	<u>+</u>	•	4	48
SMALL INTESTINE Papillary adenoma	<u> -</u>		+	•	•	•	<u>.</u>			<u>.</u>	<u> </u>	•	•		-	<u>.</u>	•	•	•	•		• 	<u>.</u>	•	-	41,
LARGE INTESTINE	Ŀ	•	+	*	•	<u> </u>	•	•	-	•	*	<u>.</u>	<u> </u>	•	•	•	•	<u>.</u>	<u>.</u>	•	-	<u>.</u>	<u>.</u>	•		46
KIDNEY	1.							•		•	•			•	•			•	•	٠				•		50
URINARY BLADDER		÷	•	•	•	•	•		+	•	•	•	•	•	•	•	•	•	•	-		•	•	•	-	46
ENDOCRINE SYSTEM	<u> </u>																								-	
PITUITARY ADENOMA, NOS	1.	-	٠	٠	•	•	٠	٠	•	٠	٠	÷	٠	٠	٠	٠	٠	٠	٠	٠	-	•	٠	٠	-	43
ADRENAL	1.	•		•	+	•	•	•	-	•	•	•		•	+	•	•	•	•	•			•	•	•	49
THYROID	1.	-		•	•	•		•	•	•	•	•	•	•	•	•	•	•	÷		-	•	•	+	•	48
PARATHYROID	-	-	-	-	•	-	-		•	-	-	-		-	-	-		•	-	•	-	٠	-	-	•	13
REPRODUCTIVE SYSTEM	+																									
MAMMARY GLAND Adenocarcingma, nos	ŀ	н	•	N	•	•	•		N	H	•	•	<u>.</u>	•	•	•	•	•	•	•	•	•	•	•	·	50#
UTÉRUS LEIOMYOMA	•	٠	٠	٠	٠	+	٠	٠	٠	٠	٠	٠	•	•	٠	•	٠	•	•	٠	٠	٠	٠	٠	•	50
OVARY Teratoma, HCS Hemangiosarcoma	1.	•	•	* x	•	٠	٠	٠	•	•	-	٠	٠	•	٠	•	•	•	•	•	•	•	•	·	•	48 1
NERVOUS SYSTEM	+			_											-											
BRAIN	+	٠	٠	٠	٠	٠	٠	٠	٠	+	٠	٠	٠	•	+	•	٠	•	•	•	*	٠	•	•	+	50
SPECIAL SENSE ORGANS	+																									
HARDERIAN GLAND Adenoma, NCS	н	N	N	*	н	N	н	N	h	N	N	N	N	н	N	н	н	N	X	H	N	N	N	N	*	50*
MUSCULOSKELETAL SYSTEM BONE OSTEOSARCOMA	н	N	N	н	H	H	н	н	N	N	N	N	N	N	N	H	N	н	N	N	H	N	H	N	н	50
BODY CAVITIES	+																									
PERITONEUM Hemangirsarcoma	N	N	H	н	z x	N	N	N	N	N	н	N	N	N	N	N	N	н	N	H	N	H	н	N	н	50-
ALL OTHER SYSTEMS MULTIPLE DEGANS NOS MALIGNANT LYMPHOMA, NOS MALIGNANT, LYMPHOMA, HISTIOCYTIC TYPE	н	N	H	н	N	N X	N	N	N	N	н	N	ε×	н	H	H	ĸ	N	N	H	н	ĸ	н	N	× X	50

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

A ANIMALS NECROPSIE * ANIMALS NECROPSIE * ANIMALS NECROPSE * ANIMALS NECROPSE * ANIMALS NECROPSE * ANIMALS NECROPSE * NO TISSUE INFORMATION SUBNITIED

Toluene Diisocyanate

APPENDIX C

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

TABLE C1.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN EPIDERMAL INCLUSION CYST HEMORRHAGE INFLAMMATION, ACUTE/CHRONIC HYPERKERATOSIS	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%) 1 (2%)
*SUBCUT TISSUE Inflammation, focal granulomatou	(50) 1 (2%)	(50)	(50)
RESPIRATORY SYSTEM			
*NASAL MUCOSA Hemorrhage Lymphocytic inflammatory infiltr	(50)	(50) 1 (2%)	(50) 1 (2%)
*LARYNX Ultimobranchial cyst Hemorrhage	(50)	(50) 1 (2%) 1 (2%)	(50)
*LARYNGEAL GLAND DILATATION, NOS	(50) 1 (2%)	(50)	(50)
#TRACHEA Inflammation, acute Inflammation, acute/chronic	(37)	(41) 3 (7%) 1 (2%)	(36)
#LUNG/BRONCHUS BRONCHIECTASIS	(50)	(50) 1 (2%)	(50)
#LUNG MINERALIZATION CONGESTION, NOS	(50) 2 (4%) 3 (6%)	(50) 1 (2%)	(50) 2 (4%)

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
EDEMA, NOS Hemorrhage Lymphocytic inflammatory infiltr	2 (4%) 4 (8%) 3 (6%)	12 (24%) 1 (2%) 6 (12%)	4 (8%) 3 (6%) 5 (10%)
PNEUMONIA, ASPIRATION BRONCHOPNEUMONIA, ACUTE INFLAMMATION, ACUTE/CHRONIC PNEUMONIA, CHRONIC MURINE BRONCHOPNEUMONIA, CHRONIC	2 (4%) 2 (4%)	6 (12%) 2 (4%) 1 (2%) 1 (2%) 1 (2%)	1 (2%) 14 (28%) 3 (6%)
BRUNCHUPNEUMUNIA, CHRUNIC Inflammation, granulomatous granuloma, nos cholesterol deposit	1 (2%) 1 (2%)	1 (2%)	2 (4%) 1 (2%)
FOREIGN MATERIAL, NOS PIGMENTATION, NOS	1 (2%)	2 (4%)	2 (4%)
HYPERPLASIA, ALVEOLAR EPITHELIUM HISTIOCYTOSIS	13 (26%)	1 (2%) 9 (18%)	9 (18%)
EMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS HEMATOPOIESIS	(50) 4 (8%)	(50) 1 (2%)	(50) 2 (4%)
#BONE MARROW Myelofibrosis	(49) 4 (8%)	(49) 3 (6%)	(47) 1 (2%)
#SPLEEN Congestion, Nos Fibrosis, Focal	(49) 1 (2%)	(48)	(49) 1 (2%)
NECROSIS, NOS		8 (17%)	1 (2%) 5 (10%)
LYMPHOID DEPLETION HEMATOPOIESIS	5 (10%)	1 (2%) 2 (4%)	
#SPLENIC CAPSULE LYMPHOCYTIC INFLAMMATORY INFILTR SIDEROPHAGOCYTOSIS	(49) 1 (2%)	(48) 1 (2%)	(49)
#SPLENIC RED PULP Collapse	(49) 2 (4%)	(48)	(49) 1 (2%)
#LYMPH NODE EDEMA, NOS Plasmacytosis	(48)	(47)	(43) 1 (2%) 1 (2%)
#MANDIBULAR L. NODE DILATATION, NOS	(48)	(47)	(43)

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

NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY :* NUMBER OF ANIMALS NECROPSIED

	VEHICLE Control	LOW DOSE	HIGH DOSE
CYST, NOS Edema, Nos	1 (2%)	1 (2%)	
HEMORRHAGE Inflammation, Acute	1 (24)	1 (2%)	4 (9%)
PLASMACYTOSIS	22 (46%)	18 (38%)	1 (2%) 14 (33%)
MEDIASTINAL L.NODE Hemorrhage	(48) 12 (25%)	(47)	(43)
HISTIOCYTOSIS PLASMACYTOSIS	1 (2%)	7 (15%)	5 (12%)
	1 (2%)		1 (2%)
MESENTERIC L. NODE DILATATION, NOS INFLAMMATION, ACUTE	(48)	(47)	(43) 1 (2%) 1 (2%)
#RENAL LYMPH NODE Hemorrhage	(48)	(47) 1 (2%)	(43)
#STOMACH SIDEROPHAGOCYTOSIS	(49) 1 (2%)	(49)	(47)
#COLON Hyperplasia, lymphoid	(48) 1 (2%)	(47)	(44)
#ADRENAL Hematopoiesis	(50) 3 (6%)	(49) 1 (2%)	(50) 1 (2%)
THYMUS Cyst, NDS	(27) 2 (7%)	(37)	(36)
HEMORRHAGE	2 (7%)	3 (8%)	3 (8%) 1 (3%)
NECROSIS, CORTICAL Lymphoid depletion		1 (3%)	1 (3%) 2 (6%)
RCULATORY SYSTEM			
#BRAIN Thrombosis, nos	(50) 1 (2%)	(49)	(50)
ILUNG Thrombosis, nos	(50) 1 (2%)	(50)	(50)
#HEART MINERALIZATION	(50)	(50)	(50)
THROMBOSIS, NOS	2 (4%) 2 (4%)	1 (2%)	1 (2%)

TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

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

	VEHICLE Control	LOW DOSE	HIGH DOSE
HEMORRHAGE LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE/CHRONIC	1 (2%)	2 (4%) 3 (6%) 2 (4%)	3 (6%) 1 (2%)
INFLAMMATION, ACUTE/CHRONIC Inflammation, Chronic Fibrosis Fibrosis, Focal	1 (24)	2 (4%) 34 (68%)	3 (6%) 31 (62%)
CORONARY ARTERY Inflammation, chronic	(50) 1 (2%)	(50)	(50)
PULMONARY ARTERY Mineralization	(50) 14 (28%)	(50)	(50) 5 (10%)
THROMBOSTS, NOS	(50)	(49)	(50) 2 (4%)
GESTIVE SYSTEM			
INFLAMMATION, ACUTE/CHRONIC		(50)	(48) 1 (2%) 1 (2%)
ATROPHY, NOS	2 (4%)	2 (4%)	6 (13%)
IVER	(50)	(50)	(50)
ABNORMAL CURVATURE Cyst, Nos	2 (4%)	1 (2%)	3 (6%) 1 (2%)
CONGESTION, NOS Inflammation, acute Granuloma, nos Degeneration, costic		1 (2%)	• • • • • •
CRANULOMA NOS	6 (8%)	2 (4%) 2 (4%) 1 (2%)	3 (6%) 1 (2%)
DEGENERATION, CYSTIC	7 (047	$\frac{2}{1}(2\%)$	6 (12%)
DEGENERATION, CYSTIC NECROSIS, NOS NECROSIS, CENTRAL CYTOPLASMIC VACUOLIZATION BASOPHILIC CYTO CHANGE EOSINOPHILIC CYTO CHANGE ATYPIA, NOS	7 (14%)	3 (6%)	5 (10%)
NECRUSIS, CENTRAL	1 (2%)	1 (2%)	5 (10%)
BASOPHILIC CYTO CHANGE	42 (84%)	32 (64%)	33 (66%)
EOSINOPHILIC CYTO CHANGE	17 (34%)	28 (56%)	21 (42%)
ATYPIA, NOS Angiectasis	4 (8%) 1 (2%)	1 (2%)	1 (2%)
IVER/KUPFFER CELL Hyperplasia, nos	(50)	(50)	(50) 1 (2%)
ILE DUCT Hyperplasia, nos	(50) 45 (90%)	(50) 30 (60%)	(50) 28 (56%)
ANCREAS ACCESSORY STRUCTURE	(47)	(47)	(49)

	VEHICLE Control	LOW DOSE	HIGH DOSE
CYST, NOS Inflammation, chronic	2 (4%) 1 (2%)	1 (2%)	2 (4%)
CYTOPLASMIC VACUOLIZATION Atrophy, nos	2 (4%)		1 (2%)
<pre>#PANCREATIC ACINUS CYST, NOS</pre>	(47)	(47)	(49) 1 (2%)
CYTOPLASMIC VACUOLIZATION Atrophy, nos Atrophy, exhaustion	1 (2%) 10 (21%)	6 (13%) 1 (2%)	6 (12%)
HYPERPLASIA, NODULAR	•	2 (4%)	4 (8%)
<pre>#PERIPANCREATIC TISSU NECROSIS, FAT</pre>	(47)	(47)	(49) 1 (2%)
#ESOPHAGUS Inflammation, Chronic	(49)	(48) 1 (2%)	(47)
#STOMACH MINERALIZATION	(49) 1 (2%)	(49)	(47)
INFLAMMATION, NECROTIZING Inflammation, acute Ulcer, acute	14 (29%)	9 (18%) 1 (2%)	1 (2%) 7 (15%)
INFLAMMATION, ACUTE/CHRONIC FIBROSIS	1 (2%)	1 (24)	1 (2 %)
HYPERPLASIA, EPITHELIAL	5 (10%)	1 (2%)	1 (2%)
#GASTRIC FUNDAL GLAND DILATAŢION, NOS	(49) 1 (2%)	(49)	(47)
#JEJUNUM ECTOPIA INFLAMMATION, GRANULOMATOUS	(46) 1 (2%) 1 (2%)	(39) 1 (3%)	(44) 1 (2%)
HYPERPLASIA, EPITHELIAL	(2%)		1 (2%)
#COLON Hemorrhage	(48) 1 (2%)	(47)	(44)
PARASITISM	1 (2%)	1 (2%)	4 (9%)
×RECTUM POLYP, INFLAMMATORY	(50)	(50) 1 (2%)	(50)
RINARY SYSTEM			
#KIDNEY MINERALIZATION	(50) 3 (6%)	(48) 1 (2%)	(49)

TABLE C1. MALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

_____ VEHICLE CONTROL LOW DOSE HIGH DOSE _____ _____ _____ 2 (4%) HYDRONEPHROSIS HYDRONEPHROSIS CONGESTION, NOS HEMORRHAGE GLOMERULONEPHRITIS, NOS PYELONEPHRITIS, ACUTE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC 6 (12%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 48 (96%) 2 (4%) 38 (79%) 2 (4%) NEPHROPATHY 35 (71%) PIGMENTATION, NOS HISTIOCYTOSIS 1 (2%) #KIDNEY/PELVIS HYPERPLASIA, EPITHELIAL (50) (48) (49) 1 (2%) (44) 1 (2%) 2 (5%) (47) (44) #URINARY BLADDER EDEMA, NOS Lymphocytic inflammatory infiltr 1 (2%) INFLAMMATION, ACUTE ULCER, ACUTE HEMORRHAGIC 1 (2%) 1 (2%) ENDOCRINE SYSTEM (49) 7 (14%) 3 (6%) (44) (50) **#PITUITARY** CYST, NOS HYPERPLASIA, CHROMOPHOBE-CELL 4 (9%) 3 (7%) 1 (2%) 6 (12%) 12 (24%) ANGIECTASIS (50) 3 (6%) (50) (49) #ADRENAL 1 (2%) 1 (2%) CONGESTION, NOS INFLAMMATION, ACUTE Cytoplasmic vacuolization 3 (6%) 1 (2%) 3 (6%) ANGIECTASIS 1 (2%) #ADRENAL CORTEX CYTOPLASMIC CHANGE, NOS CYTOPLASMIC VACUOLIZATION (50) (49) (50) 1 (2%) 4 (8%) 8 (16%) 1 (2%) 4 (8%) 8 (16%) HYPERPLASIA, NODULAR #ADRENAL MEDULLA HYPERPLASIA, NOS (49) 3 (6%) (50) (50) 8 (16%) 3 (6%) (47) 2 (4%) <u>2 (4%)</u> #THYROID (46) (49) 1 (2%) 1 (2%) ULTIMOBRANCHIAL CYST MINERALIZATION 2 (4%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
FOLLICULAR CYST, NOS Hyperplasia, C-Cell	6 (13%) 15 (33%)	4 (8%) 4 (8%)	2 (4%) 2 (4%)
#PARATHYROID Hyperplasia, Nos	(34) 12 (35%)	(36) 9 (25%)	(33) 4 (12%)
<pre>#PANCREATIC ISLETS Hyperplasia, NOS</pre>	(47) 1 (2%)	(47) 1 (2%)	(49) 1 (2%)
EPRODUCTIVE SYSTEM			
*MAMMARY GLAND DILATATION/DUCTS	(50) 2 (4%)	(50) 2 (4%)	(50)
*MAMMARY GLAND DILATATION/DUCTS INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, GRANULOMATOUS HYPERPLASIA, NOS HYPERPLASIA, EPITHELIAL LACTATION	1 (2%) 3 (6%) 3 (6%) 2 (4%)	1 (2%)	1 (2%) 2 (4%) 3 (6%)
*PENIS Inflammation, acute	(50)	(50)	(50) 1 (2%)
*PREPUTIAL GLAND EPIDERMAL INCLUSION CYST INFLAMMATION, CHRONIC	(50) 1 (2%)	(50) 1 (2%)	(50)
<pre>#PROSTATE INFLAMMATION, ACUTE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC INFLAMMATION, GRANULOMATOUS FIBROSIS HYPERPLASIA, EPITHELIAL METAPLASIA, SQUAMOUS</pre>	1 (2%)	1 (2%)	1 (2%)
*SEMINAL VESICLE Inflammation, acute/chronic	(50) 1 (2%)	(50)	(50)
#TESTIS MINERALIZATION INFLAMMATION, GRANULOMATOUS GRANULOMA, NOS NECROSIS, FAT ATYPIA, NOS	(50) 25 (50%) 1 (2%) 1 (2%)	(50) 17 (34%) 1 (2%) 1 (2%)	(50) 21 (42%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
ATROPHY, NOS Hyperplasia, interstitial cell	2 (4%)	1 (2%) 1 (2%)	1 (2%) 3 (6%)
EPIDIDYMIS Inflammation, acute/chronic	(50)	(50) 3 (6%)	(50)
INFLAMMATION, CHRONIC FIBROSIS	2 (4%) 1 (2%)	1 (2%)	1 (2%)
RVOUS SYSTEM			
CHOROID PLEXUS Mineralization	(50)	(50) 1 (2%)	(50)
BRAIN MINERALIZATION	(50)	(49)	(50) 1 (2%)
EDEMA, NOS HEMORRHAGE	1 (2%)	1 (2%) 1 (2%)	1 (2%)
GLIOSIS MALACIA	2 (4%) 1 (2%)		
ANGIECTASIS	1 (2%)		
CIAL SENSE ORGANS			
EYE RETINOPATHY	(50) 4 (8%)	(50)	(50) 1 (2%)
CATARACT	4 (8%)		2 (4%)
CLERA MINERALIZATION	(50) 1 (2%)	(50)	(50)
EYE/CORNEA Inflammation, acute	(50)	(50)	(50) 1 (2%)
CORNEA SUBSTANTIA PR Inflammation, acute	(50)	(50)	(50) 1 (2%)
EAR Inflammation, acute/chronic	(50)	(50) 2 (4%)	(50) 4 (8%)

MUSCULOSKELETAL SYSTEM

NONE

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

• /

	VEHICLE Control	LOW DOSE	HIGH DOSE
BODY CAVITIES			
*PERITONEAL CAVITY Inflammation, acute/chronic Necrosis, fat	(50) 1 (2%) 1 (2%)	(50)	(50)
*MESENTERY HEMATOMA, NOS	(50) 1 (2%)	(50)	(50)
INFLAMMATION, CALC GRANULOMATOUS NECROSIS, FAT	2 (4%)	1 (2%)	
LL OTHER SYSTEMS			
<pre>*MULTIPLE ORGANS CONGESTION, NOS</pre>	(50) 8 (16%)	(50) 24 (48%)	
HEMORRHAGE Lymphocytic inflammatory infiltr	1 (2%)	1 (2%)	2 (4%)
INFLAMMATION, ACUTE Inflammation, acute/chronic	1 (2%) 1 (2%)		1 (2%)
FIBROSIS Hyperplasia, epithelial			1 (2%) 1 (2%)
SPECIAL MORPHOLOGY SUMMARY			
NONE			
NUMBER OF ANIMALS WITH TISSUE EXAMI			
NUMBER OF ANIMALS WITH TISSUE EXAMINE NUMBER OF ANIMALS NECROPSIED	NED PILOKUSCUPI	UALLI	

TABLE C2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
NIMALS INITIALLY IN STUDY NIMALS NECROPSIED NIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
NTEGUMENTARY SYSTEM			
*SKIN EPIDERMAL INCLUSION CYST ACANTHOSIS	(50)	(50)	(50) 1 (2%) 1 (2%)
ESPIRATORY SYSTEM			
<pre>«LARYNX Hemorrhage Inflammation, acute</pre>	(50)	(50) 1 (2%)	(50) 1 (2%)
TRACHEA Inflammation, acute	(45)	(38) 1 (3%)	(31) 1 (3%)
#LUNG MINERALIZATION VEGETABLE FOREIGN BODY CONGESTION, NOS EDEMA, NOS HEMORRHAGE LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, INTERSTITIAL BRONCHOPNEUMONIA, ACUTE INFLAMMATION, ACUTE INFLAMMATION, ACUTE/CHRONIC GRANULOMA, NOS FIBROSIS FOREIGN MATERIAL, NOS PIGMENTATION, NOS HYPERPLASIA, ALVEOLAR EPITHELIUM HISTIOCYTOSIS	3 (6%) 1 (2%) 1 (2%) 1 (2%)	2 (4%) 10 (20%) 1 (2%) 2 (4%) 5 (10%) 2 (4%)	4 (8%)
MATOPOIETIC SYSTEM			
MULTIPLE ORGANS Plasmacytosis	(50)	(50) 1 (2%)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
HEMATOPOIESIS		4 (8%)	9 (18%)
#BONE MARROW OSTEOSCLEROSIS Myelofibrosis	(49)	(49) 1 (2%) 4 (8%)	(49) 5 (10%)
#SPLEEN Granuloma, nos Fibrosis	(50)	(50)	(47) 1 (2%) 1 (2%)
HEMOSIDEROSIS Lymphoid depletion	24 (48%) 1 (2%)	14 (28%)	15 (32%) 2 (4%)
HEMATOPOIESIS	1 (2%)	6 (12%)	2 (4%)
#LYMPH NODE Plasmacytosis	(45)	(47)	(45) 1 (2%)
MANDIBULAR L. NODE Hemorrhage	(45) 1 (2%)	(47)	(45) 1 (2%)
GRANULOMA, NOS Necrosis, Nos	1 (2%)	1 (2%)	
ATROPHY, NOS Plasmacytosis	23 (51%)	19 (40%)	1 (2%) 16 (36%)
#MEDIASTINAL L.NODE Hemorrhage Inflammation, acute granuloma, nos	(45) 5 (11%)	(47) 6 (13%) 1 (2%) 1 (2%)	(45) 7 (16%) 3 (7%)
PIGMENTATION, NOS Plasmacytosis	1 (2%) 2 (4%)	2 (4%)	2 (4%)
<pre>#PANCREATIC L.NODE EDEMA, NOS</pre>	(45) 1 (2%)	(47)	(45)
#RENAL LYMPH NODE Hemorrhage	(45)	(47) 2 (4%)	(45)
#LIVER Leukemoid reaction Hematopoiesis	(50)	(50)	(48) 1 (2%) 2 (4%)
#THYMUS Cyst, Nos Hemorrhage Necrosis, cortical	(30) 3 (10%)	(31) 2 (6%) 1 (3%) 1 (3%)	(28) 2 (7%) 1 (4%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
IRCULATORY SYSTEM			
<pre>*MULTIPLE ORGANS THROMBOSIS, NOS</pre>	(50)	(50)	(50) 1 (2%)
#HEART	(50)	(50)	(49)
THROMBOSIS, NOS Hemorrhage		1 (2%) 1 (2%)	1 (2%)
LYMPHOCYTIC INFLAMMATORY INFILTR Inflammation, Acute		1 (2%) 2 (4%)	1 (2%)
FIBROSIS	37 (74%)	29 (58%)	30 (61%)
*PULMONARY ARTERY	(50)	(50)	(50)
MINERALIZATION	4 (8%)	2 (4%)	
*SPLENIC ARTERY Inflammation, granulomatous	(50)	(50) 1 (2%)	(50)
*LIVER	(50)	(50)	(48)
THROMBOSIS, NOS	2 (4%)	(30)	1 (2%)
#UTERUS	(50)	(50)	(47)
THROMBOSIS, NOS	1 (2%)		
#ADRENAL Thrombosis, Nos	(50)	(50)	(48) 1 (2%)
DIGESTIVE SYSTEM			
#SALIVARY GLAND	(50)	(49)	(45)
FIBROSIS Atrophy, Nos		3 (6%)	1 (2%) 7 (16%)
#LIVER	(50)	(50)	(48)
ABNORMAL CURVATURE	6 (12%)	(30)	3 (6%)
LYMPHOCYTIC INFLAMMATORY INFILTR Inflammation, acute necrotizing			1 (2%) 2 (4%)
INFLAMMATION, ACUTE/CHRONIC Inflammation, granulomatous	1 (2%)	2 (4%)	
GRANULOMA, NOS	20 (40%)	4 (8%)	4 (8%)
FIBROSIS Necrosis, nos	4 (8%)	5 (10%)	1 (2%) 3 (6%)
PIGMENTATION, NOS	1 (2%)		

	VEHICLE Control	LOW DOSE	HIGH DOSE
CYTOPLASMIC VACUOLIZATION BASOPHILIC CYTO CHANGE EOSINOPHILIC CYTO CHANGE ATYPIA, NOS ANGIECTASIS	2 (4%) 42 (84%) 12 (24%) 2 (4%)	1 (2%) 37 (74%) 22 (44%) 2 (4%) 1 (2%)	2 (4%) 43 (90%) 31 (65%)
BILE DUCT Hyperplasia, Nos	(50) 26 (52%)	(50) 10 (20%)	(48) 3 (6%)
PANCREAS ACCESSORY STRUCTURE DILATATION/DUCTS CYST, NOS HEMORRHAGE LYMPHOCYTIC INFLAMMATORY INFILTR FIBROSIS ATROPHY, NOS	(50) 1 (2%) 1 (2%) 2 (4%) 1 (2%)	(49)	(47) 1 (2%) 1 (2%) 1 (2%)
<pre>#PANCREATIC ACINUS CYTOPLASMIC VACUOLIZATION ATROPHY, NOS</pre>	(50) 6 (12%)	(49) 5 (10%)	(47) 1 (2%) 2 (4%)
#ESOPHAGUS INFLAMMATION, CHRONIC	(48)	(49) 1 (2%)	(50)
CYST, NOS EDEMA, NOS INFLAMMATION, NOS INFLAMMATION, ACUTE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC	(50) 1 (2%) 1 (2%) 22 (44%) 1 (2%) 7 (14%)	(49) 7 (14%)	(45) 1 (2%) 1 (2%) 1 (2%) 2 (4%)
#GASTRIC FUNDAL GLAND DILATATION, NOS	(50) 1 (2%)	(49) 1 (2%)	(45) 1 (2%)
JEJUNUM ECTOPIA	(50) 1 (2%)	(46) 2 (4%)	(43)
COLON Parasitism 	(49)	(50) 1 (2%)	(42) 2 (5%)
RINARY SYSTEM			
#KIDNEY MINERALIZATION	(50) 10 (20%)	(50) 3 (6%)	(48) 2 (4%)

	TABLE C2.	FEMALE RATS:	NONNEOPLASTIC	LESIONS (CONTINUED)
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VEHICLE Control	LOW DOSE	HIGH DOSE
1 (2%) 1 (2%) 1 (2%)	36 (72%)	40 (83%)
1 (2%) 4 (8%)	1 (2%)	
(50)	(50)	(48) 1 (2%)
		(44)
(50)	(49)	(49)
22 (44%) 1 (2%) 1 (2%)	21 (43%)	15 (31%)
3 (6%) 2 (4%)	4 (8%)	2 (4%) 1 (2%)
(50)	(50)	(48) 5 (10%)
2 (44)		2 (4%)
		1 (2%)
1 (2%)	4 (8%) 1 (2%)	1 (2%) 2 (4%)
	4 (8%)	1 (2%)
(50)	(50) 1 (2%)	(48)
(50)	(50) 1 (2%)	(48)
		1 (2%) 2 (4%)
6 (12%)	2 (4%)	4 (8%)
18 (36%) 1 (2%)	14 (28%)	8 (17%)
(50) 6 (12%)	(50) 4 (8%)	(48) 2 (4%)
	CONTROL 1 (2%) 1 (2%) 1 (2%) 34 (68%) 1 (2%) 4 (8%) (50) (48) 2 (4%) (50) (48) 2 (4%) 1 (2%) 3 (6%) 2 (4%) (50) 2 (4%) (50) (4%) (50) (50) (50) (4%) (50) (50) (50) (50) (4%) (50) (50) (50) (4%) (50) (50) (50) (50) (50) (6%) (50) (CONTROL LOW DOSE 1 $(2x)$ 1 $(2x)$ 34 $(68x)$ 34 $(68x)$ 1 $(2x)$ 4 $(68x)$ 50) (50) (48) (48) 2 $(4x)$ 2 $(4x)$ 2 $(4x)$ 2 $(4x)$ 2 $(4x)$ 1 $(2x)$ 2 $(4x)$ 1 $(2x)$ 3 $(6x)$ 4 $(8x)$ 2 $(4x)$ 4 $(8x)$ 50) (50) 1 $(2x)$ 4 $(8x)$ (50) (50) 1

:	VEHICLE Control	LOW DOSE	HIGH DOSE
#THYROID MINERALIZATION	(50)	(47)	(41) 1 (2%)
FOLLICULAR CYST, NOS Hyperplasia, C-Cell Hyperplasia, Follicular-Cell	10 (20%) 11 (22%)	3 (6%) 12 (26%) 1 (2%)	4 (10%)
THYROGLOSSAL DUCT Ultimobranchial cyst	(50)	(47)	(41) 1 (2%)
<pre>#PARATHYROID Hyperplasia, Nos</pre>	(31) 4 (13%)	(38) 7 (18%)	(31) 1 (3%)
EPRODUCTIVE SYSTEM			
*MAMMARY GLAND DILATATION/DUCTS	(50) 7 (14%)	(50) 10 (20%)	(50) 4 (8%)
GALACTOCELE Inflammation, acute Inflammation, granulomatous	1 (2%) 1 (2%)	1 (2%)	2 (4%)
HYPERPLASIA, NOS Hyperplasia, epithelial Hyperplasia, cystic	2 (4%)	3 (6%) 1 (2%)	1 (2%)
LACTATION	14 (28%)	10 (20%)	9 (18%)
CLITORAL GLAND Impaction, Nos	(50)	(50)	(50) 1 (2%)
*VAGINA Inflammation, acute necrotizing	(50)	(50)	(50) 1 (2%)
UTERUS	(50)	(50)	(47)
CYST, NOS Inflammation, acute Necrosis, fat	1 (2%)		1 (2%) 1 (2%)
#UTERUS/ENDOMETRIUM Cyst, Nos Inflammation, acute Hyperplasia, Nos	(50) 7 (14%) 1 (2%) 1 (2%)	(50) 1 (2%)	(47) 3 (6%)
HYPERPLASIA, EPITHELIAL			1 (2%)
#FALLOPIAN TUBE Inflammation, acute	(50)	(50) 1 (2%)	(47)

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	VEHICLE Control	LOW DOSE	HIGH DOSE
#DVARY/PAROVARIAN NECROSIS, FAT	(49) 1 (2%)	(50) 1 (2%)	(48)
#OVARY Cyst, Nos Follicular Cyst, Nos Necrosis, Nos		(50) 1 (2%) 1 (2%)	(48) 4 (8%)
ERVOUS SYSTEM			
#BRAIN MINERALIZATION HYDROCEPHALUS, NOS	(50) 1 (2%) 1 (2%) 2 (4%) 2 (4%)		(49) 1 (2%)
EDEMA, NOS Hemorrhage	2 (4%) 2 (4%)	1 (2%) 1 (2%)	1 (2%)
PECIAL SENSE ORGANS			
*EYE MINERALIZATION	(50) 1 (2%)	(50)	(50)
INFLAMMATION, CHRONIC Retinopathy Cataract	5 (10%) 3 (6%)	4 (8%) 5 (10%)	1 (2%) 2 (4%)
USCULOSKELETAL SYSTEM			
*STERNUM OSTEOSCLEROSIS	(50)	(50)	(50) 1 (2%)
*CARTILAGE,NOS NECROSIS, FAT	(50)	(50)	(50) 1 (2%)
ODY CAVITIES			
*MEDIASTINUM Inflammation, acute	(50)	(50)	(50) 2 (4%)
*MESENTERY Inflammation, Acute/Chronic	(50)	(50) 1 (2%)	(50)
NECROSIS, FAT	1 (2%)		

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TABLE C2. FEMALE RATS: NONNEOPLASTIC LESIONS (CONTINUED)

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	VEHICLE Control	LOW DOSE	HIGH DOSE
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS	(50)	(50)	(50)
MINERALIZATION Congestion, nos Inflammation, acute	2 (4%) 3 (6%)	19 (38%)	29 (58%) 1 (2%)
ADIPOSE TISSUE Inflammation, granulomatous	1		
PECIAL MORPHOLOGY SUMMARY		/	
NONE			
# NUMBER OF ANIMALS WITH TISSUE EX * NUMBER OF ANIMALS NECROPSIED	AMINED MICROSCOP	ICALLY	

APPENDIX D

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

TABLE D1.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 49 49	50 50 50
NTEGUMENTARY SYSTEM			
*SKIN FIBROSIS		(49)	(50)
RESPIRATORY SYSTEM			
*LARYNX Inflammation, suppurative	(50)	(49) 1 (2%)	(50)
<pre>#TRACHEA INFLAMMATION, SUPPURATIVE</pre>	(48)	(46) 1 (2%)	(47) 3 (6%)
<pre>#LUNG/BRONCHUS BRONCHIECTASIS</pre>	(50)	(48)	(49) 1 (2%)
<pre>#LUNG CONGESTION, NOS HEMORRHAGE BRONCHOPNEUMONIA, NOS INFLAMMATION, INTERSTITIAL ABSCESS, NOS INFLAMMATION, CHRONIC BRONCHOPNEUMONIA, CHRONIC PERIVASCULAR CUFFING EPITHELIALIZATION</pre>	(50) 9 (18%) 1 (2%) 16 (32%) 1 (2%) 1 (2%)	(48) 8 (17%) 12 (25%) 1 (2%) 1 (2%) 1 (2%)	
#LUNG/ALVEOLI HISTIDCYTOSIS	(50)	(48)	(49) 1 (2%)
HEMATOPOIETIC SYSTEM	 		
#BONE MARROW Necrosis, Nos	(43)	(47)	(48)

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
MYELOFIBROSIS Hyperplasia, Hematopoietic Hyperplasia, Reticulum Cell		1 (2%)	1 (2%) 1 (2%)
SPLEEN Hyperplasia, lymphoid Hematopoiesis	(48) 1 (2%)	(47) 3 (6%) 2 (4%)	(49) 1 (2%)
LYMPH NODE Inflammation, Chronic Hyperplasia, Lymphoid	(41) 1 (2%) 1 (2%)	(35)	(37)
MANDIBULAR L. NODE Hyperplasia, lymphoid	(41)	(35) 1 (3%)	(37)
#MEDIASTINAL L.NODE PLASMACYTOSIS HYPERPLASIA, LYMPHOID	(41)	(35) 1 (3%) 1 (3%)	(37) 1 (3%) 1 (3%)
#MESENTERIC L. NODE HEMORRHAGE	(41) 5 (12%)	(35) 2 (6%)	(37)
RENAL LYMPH NODE Plasmacytosis	(41)	(35)	(37) 1 (3%)
LIVER HEMATOPOIESIS	(49)	(48) 1 (2%)	(50)
<pre>#ILEUM HYPERPLASIA, LYMPHOID</pre>	(46) 2 (4%)	(44)	(37)
#THYMUS CYST, NOS Hyperplasia, lymphoid	(37) 1 (3%)	(35)	(28) 2 (7%) 1 (4%)
IRCULATORY SYSTEM			
#HEART INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC POLYANGIITIS	(50) 1 (2%)	(49) 1 (2%) 1 (2%)	(49)
#MYOCARDIUM INFLAMMATION, SUPPURATIVE	(50)	(49)	(49) 1 <u>(</u> 2%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#CARDIAC VALVE PIGMENTATION, NOS	(50) 1 (2%)	(49)	(49)
*BLOOD VESSEL PolyangIITIS	(50)	(49) 1 (2%)	(50)
*VAS DEFERENS Polyangiitis	(50)	(49) 1 (2%)	(50)
IGESTIVE SYSTEM			
<pre>#SALIVARY GLAND LYMPHOCYTIC INFLAMMATORY INFILTR FIBROSIS ATROPHY, NOS</pre>	(50) 4 (8%)	(49) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%)
#LIVER TORSION CONGESTION, NOS LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, MULTIFOCAL NECROSIS, COAGULATIVE CYTOPLASMIC VACUOLIZATION GROUND-GLASS CYTO CHANGE ANGIECTASIS	(49) 1 (2%) 1 (2%) 2 (4%) 1 (2%) 4 (8%)	(48) 1 (2%) 2 (4%)	(50) 1 (2%) 1 (2%) 1 (2%)
#PANCREAS DILATATION/DUCTS CYST, NOS	(49)	(47) 1 (2%) 1 (2%)	(50) 1 (2%)
#PANCREATIC ACINUS Atrophy, Nos	(49)	(47) 2 (4%)	(50)
#ESOPHAGUS Inflammation, suppurative	(48)	(46) 1 (2%)	(47)
#STOMACH LYMPHOCYTIC INFLAMMATORY INFILTR EROSION HYPERPLASIA, EPITHELIAL	(48)	(47)	(50) 1 (2%) 1 (2%) 1 (2%)
#GASTRIC MUCOSA CYST, NOS	(48)	(47)	(50) 1 (2%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
JRINARY SYSTEM			
#KIDNEY CALCULUS, NOS MINERALIZATION PYELONEPHRITIS, NOS	(50) 1 (2%)	(48) 1 (2%)	(50)
LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, INTERSTITIAL INFLAMMATION, SUPPURATIVE	10 (20%) 1 (2%)	4 (8%) 1 (2%)	5 (10%)
INFLAMMATION, CHRONIC Nephropathy Necrosis, Nos Cytomegaly	1 (2%) 1 (2%)	1 (2%) 45 (94%)	1 (2%)
HYPERPLASIA, TUBULAR CELL Metaplasia, Osseous	1 (2%)	43 (7447	1 (2%)
#KIDNEY/TUBULE Degeneration, NOS	(50)	(48) 1 (2%)	(50)
#URINARY BLADDER LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, CHRONIC	(46)	(48) 1 (2%)	(49) 3 (6%)
*URETHRA HEMORRHAGE	(50)	(49)	(50) 1 (2%)
NDOCRINE SYSTEM			
#PITUITARY CYST, NOS Focal cellular change	(46) 1 (2%)	(42) 1 (2%) 1 (2%)	(41)
#ADRENAL MINERALIZATION	(49)	(48) 1 (2%)	(50)
#ADRENAL CORTEX Focal cellular change	(49) 2 (4%)	(48) 2 (4%)	(50) 1 (2%)
#ADRENAL MEDULLA Focal cellular change	(49)	(48) 1 (2%)	(50)
#THYROID PERSISTENT EMBRYONIC STRUCTURE	(46)	(39)	(44)

	VEHICLE	LOW DORE	
ATROPHY, FOCAL		LOW DOSE 1 (3%)	HIGH DOSE
EPRODUCTIVE SYSTEM			
*PENIS Congestion, Nos	(50)	(49)	(50) 1 (2%)
*PREPUTIAL GLAND DILATATION/DUCTS	(50)	(49)	(50) 2 (4%)
INFLAMMATION, SUPPURATIVE Abscess, nos Inflammation, chronic	1 (2%) 1 (2%) 1 (2%)	1 (2%)	
HYPERPLASIA, NOS			2 (4%)
#PROSTATE INFLAMMATION, SUPPURATIVE	(49) 1 (2%)	(49)	(47)
INFLAMMATION, CHRONIC	(())	1 (2%)	
#TESTIS MINERALIZATION	(49) 19 (39%)	(49) 12 (24%)	(50) 4 (8%)
NECROSIS, NOS Hypospermatogenesis	1 (2%) 1 (2%)	2 (4%)	4 (8%)
*EPIDIDYMIS	(50)	(49)	(50)
INFLAMMATION, GRANULOMATOUS GRANULOMA, SPERMATIC			1 (2%)
IERVOUS SYSTEM			
<pre>#BRAIN/MENINGES INFLAMMATION, SUPPURATIVE</pre>	(50)	(49)	(50) 1 (2%)
PIGMENTATION, NOS	2 (4%)	1 (2%)	1 (24)
#BRAIN Congestion, Nos Hemorrhage	(50)	(49)	(50) 1 (2%) 1 (2%)
#BRAIN/THALAMUS	(50) 16 (32%)	(49) 19 (39%)	(50)
CALCULUS, NOS MINERALIZATION	16 (32%) 1 (2%)	19 (39%)	12 (24%)
PECIAL SENSE ORGANS			
*EYE CATARACT	(50)	(49)	(50) 1 (2%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
*EAR INFLAMMATION, SUPPURATIVE	(50)	(49)	(50) 1 (2%)
USCULOSKELETAL SYSTEM			
INFLAMMATION, CHRONIC		(49) 1 (2%) 5 (10%)	
ODY CAVITIES			
*MEDIASTINUM HEMORRHAGE	(50) 5 (10%)	(49)	(50)
ALL OTHER SYSTEMS	``		
*MULTIPLE ORGANS Lymphocytic inflammatory infiltr	(50) 34 (68%)	(49) 30 (61%)	(50) 26 (52%)
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED Animal Mis-sexed/no necropsy		1	1
# NUMBER OF ANIMALS WITH TISSUE EXAMI * NUMBER OF ANIMALS NECROPSIED	NED MICROSCOPI	CALLY	

Toluene Diisocyanate

TABLE D2.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50	50 50 50
NTEGUMENTARY SYSTEM			
NONE			
RESPIRATORY SYSTEM			
<pre>#TRACHEA INFLAMMATION, SUPPURATIVE</pre>	(47)	(49)	(48)
INFLAMMATION, CHRONIC		1 (2%)	((24)
#LUNG/BRONCHUS Inflammation, suppurative	(49)	(50)	(50) 1 (2%)
#LUNG Congestion, Nos	(49)	(50)	(50)
HEMORRHAGE BRONCHOPNEUMONIA, NOS	3 (6%)	4 (8%) 1 (2%)	5 (10%) 4 (8%)
INFLAMMATION, INTERSTITIAL PNEUMONIA, ASPIRATION	16 (33%) 1 (2%)	1 (2%) 17 (34%)	18 (36%)
INFLAMMATION, SUPPURATIVE Perivascular cuffing		1 (2%)	2 (4%)
HEMOSIDEROSIS	1 (2%)	(- -)	(
#LUNG/ALVEOLI HISTIOCYTOSIS	(49)	(50) 1 (2%)	(50) 2 (4%)
IEMATOPOIETIC SYSTEM			
<pre>#BONE MARROW Myelofibrosis</pre>	(50) 41 (82%)	(46) 38 (83%)	(48) 32 (67%)
#SPLEEN HYPERPLASIA, RETICULUM CELL	(50)	(50)	(49)

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE ADMINISTERED TOLUENE DIISOCYANATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
HYPERPLASIA, LYMPHOID HEMATOPOIESIS	1 (2%) 3 (6%)	2 (4%)	4 (8%) 2 (4%)
LYMPH NODE Plasmacytosis Hematopoiesis	(45) 1 (2%) 1 (2%)	(44)	(44)
MANDIBULAR L. NODE Hyperplasia, lymphoid	(45)	(44)	(44) 1 (2%)
#MEDIASTINAL L.NODE HEMORRHAGE PLASMACYTOSIS	(45) 1 (2%)	(44)	(44) 1 (2%)
#HEPATIC LYMPH NODE Hyperplasia, lymphoid	(45)	(44)	(44) 1 (2%)
MESENTERIC L. NODE Hemorrhage Mastocytosis	(45) 1 (2%)	(44)	(44) 1 (2%)
RENAL LYMPH NODE Hyperplasia, lymphoid	(45) 1 (2%)	(44) 1 (2%)	(44) 1 (2%)
SACRAL LYMPH NODE Hyperplasia, lymphoid	(45)	(44) 1 (2%)	(44) 1 (2%)
INGUINAL LYMPH NODE Hyperplasia, lymphoid	(45)	(44) 1 (2%)	(44)
STERNUM MYELOFIBROSIS	(50) 1 (2%)	(50)	(50)
LIVER LEUKOCYTOSIS, NOS HEMATOPOIESIS	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
#THYMUS Hyperplasia, lymphoid	(38) 1 (3%)	(34) 1 (3%)	(40)
IRCULATORY SYSTEM			
#HEART ARTERIOSCLEROSIS, NOS	(49) 1 (2%)	(50)	(50)

TABLE D2. FEMALE MICE: NONNEOPLASTIC LESIONS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#MYOCARDIUM Inflammation, granulomatous	(49) 1 (2%)	(50)	(50)
#CARDIAC VALVE PIGMENTATION, NOS	(49) 1 (2%)	(50) 2 (4%)	(50)
*AORTA MINERALIZATION	(50) 1 (2%)	(50)	(50)
#UTERUS POLYANGIITIS	(50) 1 (2%)	(50)	(50)
DIGESTIVE SYSTEM			
#SALIVARY GLAND Lymphocytic inflammatory infiltr Inflammation, acute		(48)	(47) 1 (2%) 1 (2%)
#LIVER LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, MULTIFOCAL FIBROSIS NECROSIS, NOS	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 2 (4%)	(50) 1 (2%)	(50)
HETAHOKEHUJIJ FATTI			1 (2%) 2 (4%) 2 (4%)
CYTOPLASMIC VACUOLIZATION BASOPHILIC CYTO CHANGE GROUND-GLASS CYTO CHANGE EDSINOPHILIC CYTO CHANGE	1 (2%) 3 (6%)	2 (4%) 1 (2%)	2 (4%) 2 (4%) 1 (2%)
<pre>#PANCREAS INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC</pre>	(49)	(50) 1 (2%)	(48) 1 (2%)
<pre>#PANCREATIC ACINUS ATROPHY, NOS</pre>	(49) 1 (2%)	(50)	(48) 1 (2%)
#ESOPHAGUS Inflammation, suppurative	(48)	(48)	(47) 1 (2%)
#STOMACH Ulcer, nos	(49)	(50)	(48)

	VEHICLE Control	LOW DOSE	HIGH DOSE
JRINARY SYSTEM			
#KIDNEY CYST, NOS GLOMERULONEPHRITIS, NOS LYMPHOCYTIC INFLAMMATORY INFILTR METAMORPHOSIS FATTY METAPLASIA, OSSEOUS	1 (2%) 1 (2%) 9 (18%)	1 (2%)	(50) 1 (2%) 1 (2%)
#URINARY BLADDER Lymphocytic inflammatory infiltr Inflammation, suppurative	(44) 6 (14%) 1 (2%)	(46) 1 (2%)	(46) 1 (2%)
ENDOCRINE SYSTEM			
	(46) 3 (7%)	(44) 1 (2%) 1 (2%) 4 (9%) 1 (2%)	(43) 4 (9%)
ANGIECTASIS #ADRENAL Congestion, NOS	(47)	(49)	(49) 1 (2%)
#ADRENAL CORTEX Focal Cellular Change	(47)	(49) 3 (6%)	(49) 2 (4%)
#ADRENAL MEDULLA Focal cellular change	(47)	(49)	(49) 1 (2%)
#THYROID Cyst, Nos Atrophy, Focal	(44) 10 (23%)	(44) 1 (2%) 10 (23%)	(48) 9 (19%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND DILATATION/DUCTS	(50) 1 (2%)	(50)	(50) 1 (2%)
#UTERUS MINERALIZATION	(50)	(50)	(50) 1 (2%)
#UTERUS/ENDOMETRIUM HYPERPLASIA, CYSTIC	(50) 42 (84%)	(50) <u>44 (88%)</u>	(50) <u>33 (66%)</u>

	VEHICLE Control	LOW DOSE	HIGH DOSE
			(48)
#DVARY MINERALIZATION FOLLICULAR CYST, NOS PAROVARIAN CYST HEMORRHAGIC CYST ABSCESS, NOS ANGIECTASIS	2 (4%) 7 (15%) 1 (2%)	2 (4%) 6 (13%)	1 (2%) 9 (19% 1 (2%)
ABSCESS, NOS Angiectasis	1 (2%)		1 (2%)
ERVOUS SYSTEM			
<pre>#BRAIN/MENINGES PIGMENTATION, NOS</pre>	(48) 1 (2%)	(50) 4 (8%)	(50)
#BRAIN HEMOSIDEROSIS	(48) 1 (2%)	(50)	(50)
#BRAIN/THALAMUS CALCULUS, NOS	(48) 16 (33%)	(50) 10 (20%)	(50) 11 (22%)
PECIAL SENSE ORGANS		*********	
*EYE Abscess, Nos Cataract		(50)	(50) 1 (2%)
IUSCULOSKELETAL SYSTEM			
*STERNUM NECROSIS, NOS	(50) 1 (2%)	(50) 6 (12%)	(50) 3 (6%)
BODY CAVITIES			
*ABDOMINAL CAVITY Hematoma, nos Necrosis, fat	(50)	(50) 1 (2%) 1 (2%)	(50)
*MESENTERY CYST, NOS	(50) 1 (2%)	(50)	(50)
LL OTHER SYSTEMS			
*MULTIPLE DRGANS LYMPHOCYTIC INFLAMMATORY INFILTR	(50)	(50) 34 (68%)	(50) 24 (48%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
INFLAMMATION, CHRONIC	1 (2%)		
SPECIAL MORPHOLOGY SUMMARY No lesion reported			1
<pre># NUMBER OF ANIMALS WITH TISSUE E> * NUMBER OF ANIMALS NECROPSIED</pre>	AMINED MICROSCOP	ICALLY	

APPENDIX E

HISTORICAL INCIDENCES OF TUMORS IN F344/N RATS AND B6C3F₁ MICE

Laboratory	Skin Fibroma	Skin Fibrosarcoma	Subcutaneous Fibroma	Subcutaneous Fíbrosarcoma
Battelle	0/100 (0.0%)	0/100 (0.0%)	6/100 (6.0%)	2/100 (2.0%)
Gulf South	0/294 (0.0%)	0/294 (0.0%)	12/294 (4.1%)	1/294 (0.3%)
Hazleton	0/50 (0.0%)	0/50 (0.0%)	2/50 (4.0%)	1/50 (2.0%)
Litton	0/130 (0.0%)	0/130 (0.0%)	5/130 (3.8%)	0/130 (0.0%)
Mason	0/125 (0.0%)	0/125 (0.0%)	10/125 (8.0%)	1/125 (0.8%)
Papanicolaou	0/50 (0.0%)	0/50 (0.0%)	4/50 (8.0%)	0/50 (0.0%)
Southern	0/250 (0.0%)	0/250 (0.0%)	16/250 (6.4%)	5/250 (2.0%)
Total	0/999 (0.0%)	0/999 (0.0%)	55/999 (5.5%)	10/999 (1.0%)
erall Historical Rang	ge			
High	0/50	0/50	6/50	5/50
Low	0/50	0/50	0/50	0/50

TABLE E1. HISTORICAL INCIDENCE OF SUBCUTANEOUS TUMORS IN MALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of November 30, 1981 for studies of at least 104 weeks. The range is presented for groups of 35 or more animals.

TABLE E2. HISTORICAL INCIDENCE OF SUBCUTANEOUS TUMORS IN FEMALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

Laboratory	Skin Fibroma	Skin Fibrosarcoma	Subcutaneous Fibroma	Subcutaneous Fibrosarcoma
Battelle	0/100 (0.0%)	0/100 (0.0%)	0/100 (1.0%)	2/100 (2.0%)
Gulf South	0/295 (0.0%)	0/295 (0.0%)	4/295 (1.4%)	1/295 (0.3%)
Hazleton	0/50 (0.0%)	0/50 (0.0%)	3/50 (6.0%)	2/50 (4.0%)
Litton	0/130 (0.0%)	0/130 (0.0%)	0/130 (0.0%)	2/130 (1.5%)
Mason	0/124 (0.0%)	0/124 (0.0%)	0/124 (0.0%)	0/124 (0.0%)
Papanicolaou	0/50 (0.0%)	0/50 (0.0%)	1/50 (2.0%)	0/5 (0.0%)
Southern	2/250 (0.8%)	0 250 (0.0%)	1/250 (0.4%)	1/250 (0.4%)
Total	2/999 (0.2%)	0/999 (0.0%)	8 999 (0.8%)	8/999 (0.8%)
erall Historical Rang	ge			
High	1750	0 50	3 50	2/50
Low	0/50	0 50	0 50	0/50

Laboratory	G	mmary land idenomas	G	mmary land lors <i>(b)</i>	Т	itaneous issue iors <i>(c)</i>		mmary or neous (b,c)
Battelle	11 100	(11%)	15 100	(15.0°¿)	0 100	(0°i)	15 100	(15.0°¿)
Gulf South	46 295	(15.6°¿)	55 295	(18.6%)	7 295	$(2.4c_{\ell}^{c})$	62 295	$(21.0^{c_{\ell}})$
Hazleton	8 50	(16%)	9 50	(18.0%)	3 50	(6.0%)	12 50	(24.0°¿)
Litton	23 130	(17.7%)	23 130	(17.7°¿)	2 130	(1.5%)	25 130	(19.2°¿)
Mason	34 124	$(27.4c_{\ell}^{c})$	36 124	(29.0%)	0 124	$(0^{c}i)$	36 124	(29.0%)
Papanicolaou	9 50	(18.0%)	9 50	(18.0%)	1 50	(2.0%)	10 50	(20.0%)
Southern	63 250	$(25.2c_{\ell}^{c})$	65 250	$(26.0^{c_{\ell}})$	2 250	(0.8%)	67 250	(26.8°¿)
Total	194 999	(19.4° _c)	212 999	(21.2%)	15 999	(1.5%)	227 999	(22.7°¿)
Overall Historical R	ange							
High	18 50		18 50		4 50		18 50	
Low	1 48		4 50		0 50		4 48	

TABLE E3. HISTORICAL INCIDENCE OF FIBROMAS AND ADENOMAS OF THE MAMMARY
GLAND AND SUBCUTANEOUS TISSUE IN FEMALE F344/N RATS RECEIVING CORN
OIL BY GAVAGE (a)

(a) Data as of November 30, 1981 for studies of at least 104 weeks. The range is presented for groups of 35 or more animals.

(b) Mammary tumors include: fibroadenoma, adenoma, NOS, fibroma, papillary adenoma, cystadenoma, papillary cystadenoma.

(c) Subcutaneous tissue tumors include: fibroadenoma, fibroma.

TABLE E4. HISTORICAL INCIDENCE OF HEMATOPOIETIC TUMORS IN MALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

Laboratory	Leukemia		Lymphoma		Lymphoma or Leukemia	
Battelle	14/100	(14.0%)	4, 100	(4.0%)	18/100	(18%)
Gulf South	29/294	(9.9%)	4 294	(1.4%)	31/294	(10.5%)
Hazleton	12/50	(24.0%)	2/50	(4.0%)	14/50	(28.0%)
Litton	13/130	(10.0%)	0/130	(0.0%)	13/130	(10.0%)
Mason	13/125	(10.4%)	2/125	(2.0%)	15/125	(12.0%)
Papanicolaou	5/50	(10.0%)	1/50	(2.0%)	6/50	(12.0%)
Southern	10/250	(4.0%)	1/250	(0.4%)	11/250	(4.4%)
Total	96/999	(9.6%)	14/999	(1.4%)	108/999	(10.8%)
Overall Historical Range						
High	12/50	(24%)	4/50	(1.4%)	14/50	(28.0%)
Low	1/50	(2.0%)	0/50	(0.0%)	1/50	(2.0%)

Laboratory	Leukemia		Lymphoma		Lymphoma or Leukemia	
Battelle	18/100	(18.0%)	3/100	(3.0%)	21/100	(21%)
Gulf South	30/295	(10.2%)	6/295	(2.0%)	36/295	(12.2%)
Hazleton	2/50	(4.0%)	1/50	(2.0%)	3/50	(6.0%)
Litton	28/130	(21.5%)	2/130	(1.5%)	30/130	(23.1%)
Mason	14/124	(11.3%)	1/124	(0.8%)	15/124	(12.1%)
Papanicolaou	14/50	(28.0%)	0/50	(0.0%)	14/50	(28.0%)
Southern	26/250	(10.4%)	2/250	(0.8%)	28/250	(11.2%)
Total	132/999	(13.2%)	15/999	(1.5%)	147/999	(14.7%)
Overall Historical Range						
High	21/50		3/49		22/50	
Low	1/49		0/50		2/50	

TABLE E5. HISTORICAL INCIDENCE OF HEMATOPOIETIC TUMORS IN FEMALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of November 30, 1981 for studies of at least 104 weeks. The range is presented for groups of 35 or more animals.

TABLE E6. HISTORICAL INCIDENCE OF PANCREATIC ACINAR CELL ADENOMAS IN MALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

	Laboratory		
<u> </u>	Battelle	0/100 (0%)	
	Gulf South	2/286 (0.7%)	
	Hazleton	0/49 (0%)	
	Litton	1/125 (0.8%)	
	Mason	1/121 (0.8%)	
	Papanicolaou	0/47 (0%)	
	Southern	2/248 (0.8%)	
·	Total	6/976 (0.6%)	
	Overall	Historical Range	
	High	1/47	
	Low	0/50	

(a) Data as of November 30, 1981 for studies of at least 104 weeks. The range is presented for groups of 35 or more animals. No acinar cell carcinomas have been observed in male rats receiving corn oil by gavage.

Laboratory	Islet Cell Adenoma	Islet Cell Carcinoma	
Battelle	1/96 (1.0%)	1/96 (1.0%)	
Gulf South	1/288 (0.3%)	0/288 (0.0%)	
Hazleton	4/50 (8.0%)	0/50 (0.0%)	
Litton	0/125 (0.0%)	0/125 (0.0%)	
Mason	0/122 (0.0%)	0/122 (0.0%)	
Papanicolaou	0/48 (0.0%)	0/48 (0.0%)	
Southern	2/247 (0.8%)	0/247 (0.0%)	
Total	8/976 (0.8%)	1/976 (0.1%)	
Overall Historical Range			
High	4/50	1/50	
Low	0/50	0/50	

TABLE E7. HISTORICAL INCIDENCE OF PANCREATIC ISLET TUMORS IN FEMALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of November 30, 1981 for studies of at least 104 weeks. The range is presented for groups of 35 or more animals.

TABLE E8. HISTORICAL INCIDENCE OF LIVER TUMORS IN FEMALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

Laboratory	Neoplastic Nodule		Hepatocellular Carcinoma		Neoplastic Nodule Carcinoma	
Battelle	1/99	(1.0%)	0/99	(0.0%)	1/99	(1.0%)
Gulf South	6/244	(2.5%)	1/244	(0.4%)	7/244	(2.9%)
Hazleton	0/50	(0.0%)	0/50	(0.0%)	0/50	(0.0%)
Litton	4/129	(3.1%)	0/129	(0.0%)	4/129	(3.1%)
Mason	2/124	(1.6%)	0/124	(0.0%)	2/124	(1.6%)
Papanicolaou	0/50	(0.0%)	0/50	(0.0%)	0/50	(0.0%)
Southern	1/250	(0.4%)	0/250	(0.0%)	1/250	(0.4%)
Total	14/946	(1.5%)	1/946	(0.1%)	15/946	(1.6%)
Overall Historical Range						
High	4/49		1/49		4/49	
Low	0/50		0/50		0/50	

Laboratory	Site	Diagnosis		
Battelle	Cerebrum	Astrocytoma	1/100	(1.0%)
Gulf South	Brain, NOS Medula Oblongata, NOS	Glioma Neuroma		(0.7%) (0.3%)
Hazleton			0/50	(0.0%)
Litton	Brain, NOS	Ependymoma	1/129	(0.8%)
Mason	Brain, NOS Cerebellum, NOS	Glioma Astrocytoma		(0.8%) (0.8%)
Papanicolaou	`		0/49	(0.0%)
Southern	Brain, NOS	Astrocytoma	3/250 <i>(b)</i>	(1.2%)
Total incidence of all brain tumors			10/995	(1.0%)

TABLE E9. HISTORICAL INCIDENCE OF BRAIN TUMORS IN MALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

(a) Data as of November 30, 1981 for studies of at least 104 weeks.

(b) Two astrocytomas were found in a group of 50.

TABLE E10. HISTORICAL INCIDENCE OF CIRCULATORY SYSTEM TUMORS IN FEMALE B6C3F1 MICE RECEIVING CORN OIL BY GAVAGE (a)

Laboratory	Hemangioma		Hemangiosarcoma	
Battelle	1/99	(1.0%)	6/99	(6.1%)
Gulf South	2/341	(0.6%)	6/341	(1.8%)
Litton	1/119	(0.8%)	2/119	(1.7%)
Mason	1/150	(0.7%)	3/150	(2.0%)
Papanicolaou	1/48	(2.1%)	0/48	(0.0%)
Southern	1/250	(0.4%)	5/250	(2.0%)
Total	7/1007	(0.7%)	22/1007	(2.2%)
Overall Historical Range				
High	2/50		3/49	
Low	0/97		0/50	

Laboratory	Hepatocellular Adenoma	Hepatocellular Carcinoma	Hepatocellular Adenoma or Carcinoma
Battelle	4 98 (4.1° _c)	3 98 (3.1%)	6 98 (6.1°¿)
Gulf South	15 334 (4.5°¿)	11,334,(3.3%)	26 334 (7.8°¿)
Litton	2 118 (1.7%)	3 118 (2.5%)	5 118 (4.2%)
Mason	8 148 (5.4°¿)	3 148 (2.0%)	11 148 (7.4°¿)
Papanicolaou	$2 48 (4.2^{c_{i}})$	$2 \ 48 \ (8.3^{\circ})$	4 48 (8.3°¿)
Southern	7 250 (2.8%)	8 250 (3.2%)	15 250 (6.0°¿)
Total	38 996 (3.8°¿)	30 996 (3.0%)	67 996 (6.7°¿)
Overall Historical Range			
High	5 50	3 49	7 50
Low	0 50	0 49	1 50

TABLE E11. HISTORICAL INCIDENCE OF LIVER TUMORS IN FEMALE B6C3F1 MICE RECEIVING CORN OIL BY GAVAGE (a)

Toluene Diisocyanate

APPENDIX F

ANALYSIS OF PRIMARY TUMORS IN F344/N RATS AND B6C3F₁ MICE

		30	60
· · · · · · · · · · · · · · · · · · ·	Control	mg/kg	mg/kg
Subcutaneous Tissue: Fibroma			
Tumor Rates			
Overall (a)	3/50 (6%)	3/50 (6%)	9/50 (18%)
Adjusted (b)	8.3%	16.5%	56.6%
Terminal (c)	3/36 (8%)	1/14 (7%)	3/8 (38%)
Statistical Tests (d)			
Life Table	P<0.001	P=0.258	P<0.001
Incidental Tumor Test	P=0.002	P=0.415	P=0.004
Cochran-Armitage Trend Test	P=0.033		
Fisher Exact Test		P=0.661	P=0.061
ubcutaneous Tissue: Fibrosarcoma			
Fumor Rates			
Overall (a)	0/50 (0%)	3/50 (6%)	3/50 (6%)
Adjusted (b)	0.0%	19.0%	23.1%
Terminal (c)	0/36 (0%)	2/14 (14%)	0/8 (0%)
Statistical Tests (d)	T A A A A		n
Life Table	P=0.003	P=0.020	P=0.008
Incidental Tumor Test	P=0.021	P=0.044	P=0.089
Cochran-Armitage Trend Test Fisher Exact Test	P=0.101	D-0 101	D-0 101
		P=0.121	P=0.121
Subcutaneous Tissue: Fibroma or Fibros	arcoma		
Fumor Rates			10/00 (0/00)
Overall (a)	3/50 (6%)	6/50 (12%)	12/50 (24%)
Adjusted (b)	8.3%	33.5%	66.6%
Terminal (c)	3/36 (8%)	3/14 (21%)	3/8 (38%)
Statistical Tests (d)	D < 0.001	D =0.01(D < 0.001
Life Table Incidental Tumor Test	P<0.001	P=0.016	P<0.001
Cochran-Armitage Trend Test	P<0.001	P=0.056	P<0.001
Fisher Exact Test	P=0.007	P=0.243	P=0.011
		F=0.243	F-0.011
ubcutaneous Tissue: All Sarcomas Jumor Rates			
Overall (a)	1/50 (2%)	4/50 (8%)	3/50 (6%)
Adjusted (b)	2.3%	21.9%	23.1%
Terminal (c)	0/36 (0%)	2/14 (14%)	0/8 (0%)
statistical Tests (d)	0/50(070)	2/14(14/0)	0/0 (0/0)
Life Table	P=0.016	P=0.035	P=0.039
Incidental Tumor Test	P=0.129	P=0.122	P=0.246
Cochran-Armitage Trend Test	P=0.252		
Fisher Exact Test		P=0.181	P=0.309
Iematopoietic System: Monocytic Leuke	mia		
umor Rates			
Overall (a)	11/50 (22%)	4/50 (8%)	4/50 (8%)
Adjusted (b)	25.5%	19.0%	19.2%
Terminal (c)	5/36 (14%)	0/14 (0%)	0/8 (0%)
tatistical Tests (d)	-, (/0)	-, - · 、 - / · / · /	-, - (-,0)
Life Table	P=0.559N	P=0.423N	P=0.574
Incidental Tumor Test	P=0.027N	P=0.053N	P=0.039N
Cochran-Armitage Trend Test	P=0.025N		
Fisher Exact Test		P=0.045N	P=0.045N

TABLE F1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS

	Control	30 mg/kg	60 mg/kg
Liver: Neoplastic Nodule	n <u>ee territoria</u>		
Tumor Rates			
Overall (a)	7/50 (14%)	2/50 (4%)	2/50 (4%)
Adjusted (b)	17. 9 %	12.0%	12.3%
Terminal (c)	5/36 (14%)	1/14 (7%)	0/8 (0%)
Statistical Tests (d)			
Life Table	P=0.520N	P=0.442N	P=0.656
Incidental Tumor Test	P=0.223N	P=0.249N	P=0.329N
Cochran-Armitage Trend Test Fisher Exact Test	P=0.042N	P=0.080N	P=0.080N
Liver: Neoplastic Nodule or Hepatocellu	lar Carcinoma	1-0.00014	1-0.08014
Tumor Rates			
Overall (a)	7/50 (14%)	3/50 (6%)	4/50 (8%)
Adjusted (b)	17.9%	18.8%	30.9%
Terminal (c)	5/36 (14%)	2/14 (14%)	1/8 (13%)
Statistical Tests (d)			
Life Table	P=0.177	P=0.634	P=0.199
Incidental Tumor Test	P=0.469	P=0.450N	P=0.559
Cochran-Armitage Trend Test	P=0.195N		
Fisher Exact Test		P=0.159N	P=0.262N
Pancreas: Acinar-Cell Adenoma			
Tumor Rates			
Overall (a)	1/47 (2%)	3/47 (6%)	7/49 (14%)
Adjusted (b)	2.9%	18.2%	59.2%
Terminal (c)	1/35 (3%)	2/14 (14%)	4/8 (50%)
Statistical Tests (d)			
Life Table	P<0.001	P=0.075	P<0.001
Incidental Tumor Test	P<0.001	P=0.128	P=0.001
Cochran-Armitage Trend Test	P=0.020		
Fisher Exact Test		P=0.308	P=0.034
Pituitary: Chromophobe Adenoma			
ſumor Rates Overall (a)	2 (50 (60%)	A (AA (007)	7/40 (1407)
Adjusted (b)	3/50 (6%) 8.3%	4/44 (9%) 18.3%	7/49 (14%) 38.7%
Terminal (c)	3/36 (8%)	0/13 (0%)	1/8 (13%)
Statistical Tests (d)	57 50 (870)	0/13 (0%)	1/0 (15%)
Life Table	P=0.001	P=0.134	P=0.002
Incidental Tumor Test	P=0.061	P=0.399	P=0.057
Cochran-Armitage Trend Test	P=0.112		. 0.001
Fisher Exact Test		P=0.428	P=0.151
Pituitary: Chromophobe Adenoma or Ca	rcinoma		
Fumor Rates			
Overall (a)	4/50 (8%)	4/44 (9%)	7/49 (14%)
Adjusted (b)	10.7%	18.3%	38.7%
Terminal (c)	3/36 (8%)	0/13 (0%)	1/8 (13%)
Statistical Tests (d)			
Life Table	P=0.004	P=0.220	P=0.004
Incidental Tumor Test	P=0.124	P=0.578	P=0.120
Cochran-Armitage Trend Test	P=0.196		
Fisher Exact Test		P=0.569	P=0.251

	Control	30 mg/kg	60 mg/kg
Pituitary: Adenoma or Carcinoma		<u> </u>	
Tumor Rates			
Overall (a)	6/50 (12%)	4/44 (9%)	7/49 (14%)
Adjusted (b)	16.1%	18.3%	38.7%
Terminal (c)	5/36 (14%)	0/13 (0%)	1/8 (13%)
Statistical Tests (d)			.,
Life Table	P=0.013	P=0.371	P=0.012
Incidental Tumor Test	P=0.236	P=0.564N	P=0.199
Cochran-Armitage Trend Test	P=0.424		
Fisher Exact Test		P=0.454N	P=0.484
Adrenal: Pheochromocytoma			
Fumor Rates			
Overall (a)	12/50 (24%)	7/49 (14%)	6/50 (12%)
Adjusted (b)	31.4%	39.5%	48.6%
Terminal (c)	10/36 (28%)	4/14 (29%)	2/8 (25%)
Statistical Tests (d)			
Life Table	P=0.080	P=0.305	P=0.112
Incidental Tumor Test	P=0.313	P=0.563	P=0.374
Cochran-Armitage Trend Test	P=0.071N		
Fisher Exact Test		P=0.166N	P=0.096N
Adrenal: All Pheochromocytomas			
Fumor Rates		.	
Overall (a)	12/50 (24%)	7/49 (14%)	7/50 (14%)
Adjusted (b)	31.4%	39.5%	57.1%
Terminal (c)	10/36 (28%)	4/14 (29%)	3/8 (38%)
Statistical Tests (d)			
Life Table	P=0.034	P=0.305	P=0.043
Incidental Tumor Test	P=0.172	P=0.563	P=0.199
Cochran-Armitage Trend Test	P=0.118N	D A 1777	
Fisher Exact Test		P=0.166N	P=0.154N
Thyroid: C-Cell Adenoma or Carcinom a Fumor Rates	8		
Overall (a)	3/46 (7%)	4/49 (8%)	2/47 (4%)
Adjusted (b)	8.3%	23.8%	25.0%
Terminal (c)	3/36 (8%)	2/14 (14%)	2/8 (25%)
Statistical Tests (d)	- / (- / 0 /		-/- (/0)
Life Table	P=0.099	P=0.110	P=0.236
Incidental Tumor Test	P=0.216	P=0.265	P=0.236
Cochran-Armitage Trend Test	P=0.405N		
Fisher Exact Test		P=0.536	P=0.490N
Pancreatic Islets: Islet-Cell Adenoma or	Carcinoma		
Fumor Rates			
Overall (a)	1/47 (2%)	0/47 (0%)	4/49 (8%)
Adjusted (b)	2.9%	0.0%	24.2%
Terminal (c)	1/35 (3%)	0/14 (0%)	1/8 (13%)
Statistical Tests (d)			
Life Table	P=0.007	P=0.682N	P=0.013
Incidental Tumor Test	P=0.075	P=0.682N	P=0.180
Cochran-Armitage Trend Test	P=0.088		
Fisher Exact Test		P=0.500N	P=0.194

	Control	30 mg/kg	60 mg/kg
	<u> </u>	<u> </u>	
Tumor Rates			
Overall (a)	7/50 (14%)	1/50 (2%)	3/50 (6%)
Adjusted (b)	19.4%	7.1%	20.1%
Terminal (c)	7/36 (19%)	1/14 (7%)	0/8 (0%)
Statistical Tests (d)	.,,	•/••(•/0)	
Life Table	P=0.436	P=0.265N	P=0.360
Incidental Tumor Test	P=0.517N	P=0.265N	P=0.638
Cochran-Armitage Trend Test	P=0.090N		. 0.000
Fisher Exact Test	1-0.07014	P=0.030N	P=0.159N
Preputial Gland: Adenoma			
Tumor Rates			
Overall (a)	7/50 (14%)	0/50 (0%)	1/50 (2%)
Adjusted (b)	18.7%	0.0%	7.7%
Terminal (c)	6/36 (17%)	0/14 (0%)	0/8 (0%)
Statistical Tests (d)			
Life Table	P=0.174N	P=0.094N	P=0.463N
Incidental Tumor Test	P=0.103N	P=0.064N	P=0.317N
Cochran-Armitage Trend Test	P=0.007N		
Fisher Exact Test		P=0.006N	P=0.030N
Testis: Interstitial Cell Tumor			
Tumor Rates			
Overall (a)	48/50 (96%)	35/50 (70%)	29/50 (58%)
Adjusted (b)	100.0%	100.0%	96 .7%
Terminal (c)	36/36 (100%)	14/14 (100%)	7/8 (88%)
Statistical Tests (d)			
Life Table	P<0.001	P<0.001	P<0.001
Incidental Tumor Test	P=0.339N	P=0.520	P=0.515N
Cochran-Armitage Trend Test	P<0.001N		
Fisher Exact Test		P<0.001N	P<0.001N
Testis: Interstitial Cell Tumor or Intersti	tial Cell Tumor, Malignan	t	
Tumor Rates			
Overall (a)	48/50 (96%)	35/50 (70%)	30/50 (60%)
Adjusted (b)	100.0%	100.0%	96.7%
Terminal (c)	36/36 (100%)	14/14 (100%)	7/8 (88%)
Statistical Tests (d)	B ~0.001	B-0.001	B~0.001
Life Table	P<0.001	P<0.001	P<0.001
Incidental Tumor Test	P=0.539N	P=0.520	P=0.602
Cochran-Armitage Trend Test Fisher Exact Test	P<0.001N	D-0 001N	DC0 001N
risher Exact Test		P<0.001N	P<0.001N

(a) Number of tumor-bearing animals/number of animals examined at the site.

(b) Kaplan-Meier estimated lifetime tumor incidence after adjusting for intercurrent mortality.

(c) Observed tumor incidence at terminal kill.

⁽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 before the end of the study 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 is indicated by (N).

	Control	60 mg/kg	120 mg/kg
Subcutaneous Tissue: Fibroma			
Tumor Rates			
Overall (a)	0/50 (0%)	1/50 (2%)	3/50 (6%)
Adjusted (b)	0.0%	5.3%	35.7%
Terminal (c)	0/36 (0%)	1/19 (5%)	1/6 (17%)
Statistical Tests (d)			-/-(-//0)
Life Table	P<0.001	P=0.373	P=0.001
Incidental Tumor Test	P=0.019	P=0.373	P=0.083
Cochran-Armitage Trend Test	P=0.060		
Fisher Exact Test		P=0.500	P=0.121
Subcutaneous Tissue: Fibroadenoma			
Fumor Rates			
Overall (a)	2/50 (4%)	4/50 (8%)	2/50 (4%)
Adjusted (b)	4.9%	18.1%	16.1%
Terminal (c)	1/36 (3%)	1/19 (5%)	0/6 (0%)
Statistical Tests (d)			
Life Table	P=0.085	P=0.130	P=0.266
Incidental Tumor Test	P=0.496N	P=0.341	P=0.625N
Cochran-Armitage Trend Test	P=0.588		
Fisher Exact Test		P=0.339	P=0.691
Subcutaneous Tissue: Fibroma or Fibros	arcoma		
Tumor Rates			
Overall (a)	2/50 (4%)	1/50 (2%)	5/50 (10%
Adjusted (b)	5.3%	5.3%	51.8%
Terminal (c)	1/36 (3%)	1/19 (5%)	2/6 (33%)
Statistical Tests (d)			
Life Table	P<0.001	P=0.715N	P<0.001
Incidental Tumor Test	P=0.038	P=0.609N	P=0.092
Cochran-Armitage Trend Test	P=0.133		
Fisher Exact Test		P=0.500N	P=0.218
Hematopoietic System: Monocytic Leuk	emia		
Fumor Rates	01 (ED (400)	7 (50 (1402)	4 (60 (90%)
Overall (a)	21/50 (42%)	7/50 (14%)	4/50 (8%) 32.9%
Adjusted (b) Terminal (c)	47.4%	26.3% 2/19 (11%)	
Statistical Tests (d)	13/36 (36%)	2/19(11%)	1/6 (17%)
Life Table	P=0.168N	P=0.120N	P=0.392N
Incidental Tumor Test	P<0.001N	P=0.006N	P=0.001N
Cochran-Armitage Trend Test	P<0.001N	1-0.00010	1-0.00111
Fisher Exact Test		P=0.002N	P<0.001N
lematopoietic System: Lymphoma or L	aukamia		
Tumor Rates	Curcinia		
Overall (a)	22/50 (44%)	7/50 (14%)	4/50 (8%)
Adjusted (b)	48.7%	26.3%	32.9%
Terminal (c)	13/36 (36%)	2/19 (11%)	1/6 (17%)
Statistical Tests (d)			
Life Table	P=0.133N	P=0.096N	P=0.345N
Incidental Tumor Test	P<0.001N	P=0.002N	P<0.001N
Cochran-Armitage Trend Test	P<0.001N		
Fisher Exact Test		P=0.001N	P<0.001N

TABLE F2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS

	Control	60 mg/kg	120 mg/kg
Liver: Neoplastic Nodule		,	
Tumor Rates			
Overall (a)	3/50 (6%)	8/50 (16%)	8/48 (17%)
Adjusted (b)	8.0%	30.6%	60.1%
Terminal (c)	2/36 (6%)	3/19 (16%)	3/6 (50%)
Statistical Tests (d)			
Life Table	P<0.001	P=0.014	P<0.001
Incidental Tumor Test	P=0.035	P=0.068	P=0.022
Cochran-Armitage Trend Test Fisher Exact Test	P=0.075	P=0.100	P=0.087
Pituitary: Chromophobe Adenoma			
Tumor Rates			
Overall (a)	25/50 (50%)	15/49 (31%)	16/49 (33%)
Adjusted (b)	60.6%	55.5%	79.2%
Terminal (c)	20/36 (56%)	8/19 (42%)	3/6 (50%)
Statistical Tests (d)			
Life Table	P=0.003	P=0.487	P<0.001
Incidental Tumor Test	P=0.497N	P=0.336N	P=0.560
Cochran-Armitage Trend Test	P=0.046N		
Fisher Exact Test		P=0.039N	P=0.061N
Pituitary: Chromophobe Adenoma or Ca	rcinoma		
Fumor Rates	22:50 (5401)	15 (40, (310))	16 100 (0000)
Overall (a)	27/50 (54%)	15/49 (31%)	16/49 (33%)
Adjusted (b)	63.9%	55.5%	79.2%
Terminal (c)	21/36 (58%)	8/19 (42%)	3/6 (50%)
Statistical Tests (d) Life Table	D-0.007	D-0 640N	D =0.001
Incidental Tumor Test	P=0.007 P=0.319N	P=0.549N P=0.201N	P=0.003
Cochran-Armitage Trend Test	P=0.019	F-0.2011	P=0.463N
Fisher Exact Test	F-0.019	P=0.015N	P=0.026N
Adrenal: Cortical Adenoma			
fumor Rates			
Overall (a)	2/50 (4%)	3/50 (6%)	5/48 (10%)
Adjusted (b)	5.6%	12.1%	46.5%
Terminal (c)	2/36 (6%)	1/19 (5%)	2/6 (33%)
Statistical Tests (d)			
Life Table	P=0.003	P=0.263	P=0.002
Incidental Tumor Test	P=0.064	P=0.395	P=0.043
Cochran-Armitage Trend Test Fisher Exact Test	P=0.144	D~0 600	D-0 201
		P=0.500	P=0.201
Adrenal: Pheochromocytoma Fumor Rates			
Overali (a)	2/50 (4%)	5/50 (10%)	4/48 (8%)
Adjusted (b)	5.3%	22.2%	43.2%
Terminal (c)	1/36 (3%)	3/19 (16%)	2/6 (33%)
Statistical Tests (d)	.,(.)()		
Life Table	P=0.003	P=0.055	P=0.004
Incidental Tumor Test	P=0.074	P=0.130	P=0.137
Cochran-Armitage Trend Test	P=0.263	1 01100	- J.I <i>J</i> /

	Control	60 mg/kg	120 mg/kg
Thyroid: C-Cell Adenoma	<u></u>		
Tumor Rates			
Overall (a)	7/50 (14%)	0/47 (0%)	2/41 (5%
Adjusted (b)	18.4%	0.0%	25.0%
Terminal (c)	6/36 (17%)	0/19 (0%)	1/6 (17%
Statistical Tests (d)	, , ,	, , , , , , , , , , , , , , , , , , , ,	
Life Table	P=0.393N	P=0.050N	P=0.546
Incidental Tumor Test	P=0.221N	P=0.040N	P=0.555N
Cochran-Armitage Trend Test	P=0.048N		
Fisher Exact Test		P=0.008N	P=0.136N
Fhyroid: C-Cell Carcinoma			
Tumor Rates			
Overall (a)	1/50 (2%)	4/47 (9%)	1/41 (2%
Adjusted (b)	2.8%	17.9%	2.9%
Terminal (c)	1/36 (3%)	3/19 (16%)	0/6 (0%)
Statistical Tests (d)	×, 50 (570)		0,0(0%)
Life Table	P=0.172	P=0.055	P=0.538
Incidental Tumor Test	P=0.318	P=0.062	P=0.734
Cochran-Armitage Trend Test	P=0.522		
Fisher Exact Test		P=0.162	P=0.701
Thyroid: C-Cell Adenoma or Carcinoma			
Tumor Rates			
Overall (a)	8/50 (16%)	4/47 (9%)	3/41 (7%)
Adjusted (b)	21.1%	17.9%	27.2%
Terminal (c)	7/36 (19%)	3/19 (16%)	1/6 (17%)
Statistical Tests (d)			
Life Table	P=0.406	P=0.545N	P=0.396
Incidental Tumor Test	P=0.462N	P=0.497N	P=0.597N
Cochran-Armitage Trend Test	P=0.117N		
Fisher Exact Test*		P=0.210N	P=0.174N
Pancreatic Islets: Islet Cell Adenoma			
Tumor Rates			
Overall (a)	0/50 (0%)	6/49 (12%)	2/47 (4%)
Adjusted (b)	0.0%	24.2%	33.3%
Terminal (c)	0/36 (0%)	3/19 (16%)	2/6 (33%)
Statistical Tests (d)			
Life Table	P=0.008	P=0.003	P=0.006
Incidental Tumor Test	P=0.054	P=0.010	P=0.006
Cochran-Armitage Trend Test	P=0.229		
Fisher Exact Test		P=0.012	P=0.232
Pancreatic Islets: Islet Cell Adenoma or C	Carcinoma		
Fumor Rates			
Overall (a)	0/50 (0%)	7/49 (14%)	2/47 (4%)
Adjusted (b)	0.0%	29.0%	33.3%
Terminal (c)	0/36 (0%)	4/19 (21%)	2/6 (33%)
Statistical Tests (d)			
Life Table	P=0.005	P<0.001	P=0.006
Incidental Tumor Test	P=0.038	P=0.004	P=0.006
Cochran-Armitage Trend Test	P=0.238		
Fisher Exact Test		P=0.006	P=0.232

· · · · · · · · · · · · · · · · · · ·			120
	Control	60 mg/kg	120 mg/kg
Mammary Gland: Fibroadenoma			
Tumor Rates			
Overall (a)	15/50 (30%)	21/50 (42%)	18/50 (36%)
Adjusted (b)	39.2%	82.8%	88.6%
Terminal (c)	13/36 (36%)	15/19 (79%)	4/6 (67%)
Statistical Tests (d)			
Life Table	P<0.001	P<0.001	P<0.001
Incidental Tumor Test	P<0.001	P=0.002	P=0.010
Cochran-Armitage Trend Test Fisher Exact Test	P=0.301	P=0,149	P=0.335
Clitoral Gland: Adenoma		1-0,149	1-0.555
Tumor Rates		•	
Overall (a)	0/50 (0%)	4/50 (8%)	0/50 (0%)
Adjusted (b)	0.0%	18.8%	0.0%
Terminal (c)	0/36 (0%)	3/19 (16%)	0/6 (0%)
Statistical Tests (d)	0,00 (070)	0/ (10/0)	0,0(0)
Life Table	P=0.173	P=0.015	(e)
Incidental Tumor Test	P=0.295	P=0.023	(e)
Cochran-Armitage Trend Test	P=0.622		(•)
Fisher Exact Test		P=0.059	(e)
Clitoral Gland: Adenoma or Carcinoma			
Tumor Rates			
Overall (a)	1/50 (2%)	4/50 (8%)	0/50 (0%)
Adjusted (b)	2.6%	18.8%	0.0%
Terminal (c)	0/36 (0%)	3/19 (16%)	0/6 (0%)
Statistical Tests (d) Life Table	D-0 303	D-0.063	D-0.0551
Incidental Tumor Test	P=0.303 P=0.619	P=0.053 P=0.108	P=0.855N
Cochran-Armitage Trend Test		F-0.108	P=0.362N
Fisher Exact Test	P=0.390N	P=0.181	P=0.500N
Uterus: Endometrial Stromal Polyp			
fumor Rates			
Overall (a)	12/50 (24%)	9/50 (18%)	8/47 (17%)
Adjusted (b)	30.1%	33.2%	35.3%
Terminal (c)	9/36 (25%)	4/19 (21%)	1/6 (17%)
Statistical Tests (d)	D-0.094	D=0.1//	D -0.007
Life Table Incidental Tumor Test	P=0.084	P=0.366	P=0.096
	P=0.374N	P=0.563N	P=0.491N
Cochran-Armitage Trend Test Fisher Exact Test	P=0.229N	P=0.312N	P=0.276N
Jterus: Endometrial Stromal Polyp or Sa	100ma		
fumor Rates	ncoma		
Overall (a)	13/50 (26%)	9/50 (18%)	8/47 (17%)
Adjusted (b)	31.7%	33.2%	35.3%
Terminal (c)	9/36 (25%)	4/19 (21%)	1/6 (17%)
tatistical Tests (d)			
Life Table	P=0.127	P=0.445	P=0.144
Incidental Tumor Test	P=0.241N	P=0.443N	P=0.317N
Cochran-Armitage Trend Test	P=0.164N		
Fisher Exact Test	·	P=0.235N	P=0.205N

•

- (a) Number of tumor-bearing animals/number of animals examined at the site.
- (b) Kaplan-Meier estimated lifetime tumor incidence after adjusting for intercurrent mortality.

- (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 before the end of the study 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 is indicated by (N).
- (e) Not significant. No tumors observed in dosed and control groups.

⁽c) Observed tumor incidence in surviving animals killed at end of study.

		120	240
	Control	mg/kg	mg/kg
kin: Fibrosarcoma			
umor Rates			
Overall (a)	0, 50 (0%)	4/49 (8%)	0/50 (0%)
Adjusted (b)	0.0%	9.4%	0.0%
Terminal (c)	0 46 (0%)	2/40 (5%)	0/26 (0%)
tatistical Tests (d)			
Life Table	P=0.469	P=0.052	(e)
Incidental Tumor Test	P=0.573N	P=0.066	(e)
Cochran-Armitage Trend Test	P=0.621		
Fisher Exact Test		P=0.056	(e)
kin or Subcutaneous Tissue: Fibrosarco	oma		
umor Rates			
Overall (a)	1/50 (2%)	4/49 (8%)	0/50 (0%)
Adjusted (b)	2.0%	9.4%	0.0%
Terminal (c)	0/46 (0%)	2/40 (5%)	0/26 (0%)
tatistical Tests (d)			
Life Table	P=0.559N	P=0.150	P=0.585N
Incidental Tumor Test	P=0.276N	P=0.194	P=0.331N
Cochran-Armitage Trend Test	P=0.391N		
Fisher Exact Test		P=0.175	P=0.500N
ung: Alveolar/Bronchiolar Adenoma			
umor Rates			
Overall (a)	1/50 (2%)	3/48 (6%)	2/49 (4%)
Adjusted (b)	2.2%	7.7%	7.7%
Terminal (c)	1/46 (2%)	3/39 (8%)	2/26 (8%)
tatistical Tests (d)			
Life Table	P=0.200	P=0.249	P=0.306
Incidental Tumor Test	P=0.200	P=0.249	P=0.306
Cochran-Armitage Trend Test	P=0.392		
Fisher Exact Test		P=0.293	P=0.492
ung: Alveoiar/Bronchiolar Adenoma o	r Carcinoma		
umor Rates Overall (a)	2/50 (4%)	5/48 (10%)	2/49 (4%)
Adjusted (b)	4.3%	12.3%	7.7%
Terminal (c)	4.3% 2/46 (4%)	4/39 (10%)	2/26 (8%)
tatistical Tests (d)	<i>∞</i> , +0 (<i>₹70</i>)		a/20 (070)
Life Table	P=0.321	P=0.161	P=0.476
Incidental Tumor Test	P=0.387	P=0.180	P=0.476
Cochran-Armitage Trend Test	P=0.573	1-0.100	1-0.470
Fisher Exact Test	1-0.575	P=0.201	P=0.684
		1-0.201	1 0.004
ematopoietic System: Malignant Lymp umor Rates	nomâ		
Overall (a)	6/50 (12%)	5/49 (10%)	3/50 (6%)
Adjusted (b)	13.0%	12.5%	10.9%
Terminal (c)	6/46 (13%)	5/40 (13%)	2/26 (8%)
tatistical Tests (d)	-, (/0/	-, (/0)	-, -• (•/0)
Life Table	P=0.496N	P=0.598N	P=0.565N
Incidental Tumor Test	P=0.434N	P=0.598N	P=0.474N
Cochran-Armitage Trend Test	P=0.196N		
		P=0.514N	P=0.243N

TABLE F3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE

	Control	120 mg/kg	240 mg/kg
Liver: Adenoma	······································		
Tumor Rates			
Overall (a)	5/49 (10%)	3 48 (6%)	2 50 (4°¿)
Adjusted (b)	10.9%	7.5%	7.7%
Terminal (c)	5/46 (11%)	3.40 (7%)	2 26 (8 ^c _c)
Statistical Tests (d)			
Life Table	P=0.382N	P=0.435N	P=0.491N
Incidental Tumor Test	P=0.382N	P=0.435N	P=0.491N
Cochran-Armitage Trend Test	P=0.153N		
Fisher Exact Test		P=0.369N	P=0.210N
Liver: Carcinoma			
Tumor Rates			
Overall (a)	6/49 (12%)	9/48 (19%)	3 50 (6%)
Adjusted (b)	13.0%	20.7%	9.8%
Terminal (c)	6/46 (13%)	6/40 (15%)	0 26 (0%)
Statistical Tests (d)			
Life Table	P=0.552N	P=0.207	P=0.546N
Incidental Tumor Test	P=0.144N	P=0.321	P=0.233N
Cochran-Armitage Trend Test	P=0.211N		
Fisher Exact Test		P=0.273	P=0.233N
Liver: Adenoma or Carcinoma			
Tumor Rates			
Overall (a)	11/49 (22%)	12/48 (25%)	5/50 (10%)
Adjusted (b)	23.9%	27.7%	16.7%
Terminal (c)	11/46 (24%)	9/40 (23%)	2/26 (8%)
Statistical Tests (d)			
Life Table	P=0.418N	P=0.359	P=0.420N
Incidental Tumor Test	P=0.114N	P=0.481	P=0.193N
Cochran-Armitage Trend Test	P=0.073N		
Fisher Exact Test		P=0.477	P=0.079N

(a) Number of tumor bearing animals/number of animals examined at the site.

(b) Kaplan-Meier estimated lifetime tumor incidence after adjusting for intercurrent mortality.

(c) Observed tumor incidence at terminal kill.

(d) Beneath the control incidence are the P-values associated with the trend test. Beneath the dosed group incidence are the P-values 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 non-fatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend or lower incidence is indicated by (N).

(e) Not significant. No tumors observed in dosed and control groups.

	Control	60 	120 mg/kg
		mg/ kg	
Lung: Alveolar/Bronchiolar Adenoma o	r Carcinoma		
Tumor Rates			
Overall (a)	0/49 (0%)	3/50 (6%)	1/50 (2%)
Adjusted (b)	0.0%	7.0%	3.0%
Terminal (c)	0/33 (0%)	3/43 (7%)	1/33 (3%)
Statistical Tests (d)			
Life Table	P=0.372	P=0.172	P=0.500
Incidental Tumor Test	P=0.372	P=0.172	P=0.500
Cochran-Armitage Trend Test	P=0.384		
Fisher Exact Test		P=0.125	P=0.505
Hematopoietic System: Leukemia			
Tumor Rates			
Overall (a)	3/50 (6%)	0/50 (0%)	0/ 50 (0%)
Adjusted (b)	7.4%	0.0%	0.0%
Terminal (c)	0/34 (0%)	0/43 (0%)	0/33 (0%)
Statistical Tests (d)			, ,
Life Table	P=0.040N	P=0.102N	P=0.147N
Incidental Tumor Test	P=0.119N	P=0.414N	P=0.240N
Cochran-Armitage Trend Test	P=0.037N		
Fisher Exact Test		P=0.121N	P=0.121N
Hematopoietic System: Malignant Lymp	homa		
Tumor Rates			
Overall (a)	10/50 (20%)	17/50 (34%)	16/50 (32%)
Adjusted (b)	25.8%	38.6%	44.2%
Terminal (c)	7/34 (21%)	16/43 (37%)	13/33 (39%
Statistical Tests (d)			
Life Table	P=0.082	P=0.241	P=0.101
Incidental Tumor Test	P=0.029	P=0.085	P=0.033
Cochran-Armitage Trend Test	P=0.112		
Fisher Exact Test		P=0.088	P=0.127
Hematopoietic System: Lymphoma or L	eukemia		
Tumor Rates			
Overall (a)	13/50 (26%)	17/50 (34%)	16, 50 (32%
Adjusted (b)	31.3%	38.6%	44.2%
Terminal (c)	7/34 (21%)	16/43 (37%)	13/33 (39%
Statistical Tests (d)			
Life Table	P=0.241	P=0.503	P=0.273
Incidental Tumor Test	P=0.089	P=0.151	P=0.098
Cochran-Armitage Trend Test	P=0.294		
Fisher Exact Test		P=0.257	P=0.330
Circulatory System: Hemangiosarcoma			
Fumor Rates			
Overall (a)	0 50 (0%)	0/50 (0%)	3/50 (6%)
Adjusted (b)	0.0%	0.0%	8.0%
Terminal (c)	0 34 (0%)	0 43 (0%)	0/33 (0%)
Statistical Tests (d)			
Life Table	P=0.029	(e)	P≈0.105
Incidental Tumor Test	P=0.015	(e)	P=0.037
Cochran-Armitage Trend Test	P=0.037		
Fisher Exact Test		(e)	P=0.121

TABLE F4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE

	Control	60 mg/kg	120 mg/kg
	· · · · · · · · · · · · · · · · · · ·		
Circulatory System: Hemangioma or He	mangiosarcoma		
Tumor Rates			
Overall (a)	0/50 (0%)	1/50 (2%)	5/50 (10%)
Adjusted (b)	0.0%	2.3%	13.3%
Terminal (c)	0/34 (0%)	1/43 (2%)	1/33 (3%)
Statistical Tests (d)			
Life Table	P=0.008	P=0.547	P=0.029
Incidental Tumor Test	P=0.003	P=0.547	P=0.005
Cochran-Armitage Trend Test	P=0.011		
Fisher Exact Test		P=0.500	P=0.028
Liver: Hepatocellular Adenoma			
Tumor Rates			
Overall (a)	2/50 (4%)	3/50 (6%)	12/50 (24%
Adjusted (b)	5.3%	6.7%	36.4%
Terminal (c)	1/34 (3%)	2/43 (5%)	12/33 (36%
Statistical Tests (d)			
Life Table	P<0.001	P=0.571	P=0.003
Incidental Tumor Test	P<0.001	P=0.325	P=0.003
Cochran-Armitage Trend Test	P=0.001		
Fisher Exact Test		P=0.500	P=0.004
Liver: Hepatocellular Carcinoma			
Tumor Rates			
Overall (a)	2/50 (4%)	2/50 (4%)	3/50 (6%)
Adjusted (b)	5.0%	4.7%	8.8%
Terminal (c)	1/34 (3%)	2/43 (5%)	2/33 (6%)
Statistical Tests (d)	1/54 (570)	2) 43 (370)	2/33 (0%)
Life Table	P=0.376	P=0.629N	P=0.463
Incidental Tumor Test	P=0.248	P=0.644	P=0.308
Cochran-Armitage Trend Test	P=0.406	1-0.044	1-0.500
Fisher Exact Test	1-0.400	P=0.691	P=0.500
		1 -0.071	1 0.000
Liver: Hepatocellular Adenoma or Carci	noma		
Fumor Rates	1.00	E (E A (10 M)	16 (60 (300)
Overall (a)	4/50 (8%)	5/50 (10%)	15/50 (30%)
Adjusted (h)	10.1%	11.2%	44.1%
Terminal (c)	2/34 (6%)	4/43 (9%)	14/33 (42%)
Statistical Tests (d)	D A A A	D 0 (0)	D 0 00 /
Life Table	P=0.001	P=0.601	P=0.004
Incidental Tumor Test	P<0.001	P=0.321	P=0.001
Cochran-Armitage Trend Test	P=0.002	D-0 600	D-0.005
Fisher Exact Test		P=0.500	P=0.005
Pituitary: Adenoma			
fumor Rates			
Overall (a)	4/46 (9%)	3/44 (7%)	1/43 (2%)
Adjusted (b)	11.3%	7.7%	3.2%
Terminal (c)	3/33 (9%)	3/39 (8%)	1/31 (3%)
Statistical Tests (d)			
Life Table	P=0.143N	P=0.417N	P=0.204N
Incidental Tumor Test	P=0.160N	P=0.500N	P=0.221N
Cochran-Armitage Trend Test	P=0.150N		
Fisher Exact Test		P=0.525N	P=0.202N

	Control	60 mg/kg	120 mg/kg
Skeletal System: Osteosarcoma			
Tumor Rates			
Overall (a)	4 50 (8%)	0 50 (0%)	1 50 (2%)
Adjusted (b)	9.2%	0.0%	2.8 %
Terminal (c)	0 34 (0%)	0 43 (0%)	0 33 (0%)
Statistical Tests (d)			
Life Table	P=0.098N	P=0.057N	P=0.225N
Incidental Tumor Test	P=0.309N	P=0.343N	P=0.472N
Cochran-Armitage Trend Test	P=0.082N		
Fisher Exact Test		P=0.059N	P=0.181N

(a) Number of tumor bearing animals number of animals examined at the site.

(b) Kaplan-Meier estimated lifetime tumor incidence after adjusting for intercurrent mortality.

(c) Observed tumor incidence at terminal kill.

(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 non-fatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend or lower incidence is indicated by (N).

(e) Not significant. No tumors observed in dosed and control groups.

APPENDIX G

ANALYSIS OF TOLUENE DIISOCYANATE

A. ELEMENTAL ANALYSIS

Element	С	Н	Ν
Theory	62.07	3.47	16.09
1. Lot No. 228: Determined	62.40	3.64	16.40
	62.33	3.60	16.35
2. Lot No. 414417: Determined	62.46	3.61	16.89
	62.66	3.52	16.60

B. BOILING POINT

Determined Lot No. 228: b.p. 254° to Literature Value b.p. ~240°C (Fieser and Fieser, 1968)

255°C at 742.8 mm

C. INDEX OF REFRACTION

Lot No. 228: n_D²⁰ 1.5687

 n_D^{25} 1.5658 for 99.6% in chlorobenzene (Goldberg et al., 1959)

D. TITRATION

1. Procedure

Reaction of the isocyanate groups with an excess of di-n-butylamine and titration of the unreacted amine with 1.0 N hydrochloric acid using bromophenol blue as an indicator (Annual Book of ASTM Standards, 1974).

2. Results

Lot. No. 414417 102.6% $\pm 0.7(\delta)$ %

E. VAPOR PHASE CHROMATOGRAPHY

1. Lot No. 228

Instrument: Tracor MT-220 Column: 3% OV-1 on 80/100 Supelcoport, 1.8 m x 4 mm I.D. Detector: Flame ionization Oven Temperature Program: 5 min hold at 100°C, then programmed from 100° to 235°C at 10°C/min Results: Major peak and six impurities

APPENDIX G

Peak	Retention Time (min)	Retention Time (Relative to Major Peak)	Area (Percent of Major Peak Area)
1	2.2	0.29	Trace
2	5.2	0.68	Trace
3	5.4	0.71	Trace
4	7.6	1.00	100
5	8.9	1.17	Trace
6	9.3	1.22	Trace
7	16.4	2.16	Trace
2. Lot	No. 414417		
Ínst	rument: Hewlett-Pack	ard 5730A	
Dete	ector: Flame ionizatio	n	
Inle	Temperature: 200°C		
	ector Temperature: 25		
	rier Gas: Nitrogen		
	-		
a. S	ystem 1		
C	olumn: 3% SP-2100 o silylated glass	on 100/120 Supelcoport, 1.8 r	n x 2 mm I.D.,
C	arrier Flow Rate: 70	ml min	
C	followed by a 8°C r	ogram: Initial 4-min hold at 7: nin increase to 250°C for the mal at 125°C for major peak	detection
S	detect and determine	of a 10% (v/v) solution in he the area of impurities; 3-5 μ lions in hexane to determine r detector response.	l of 1.0
F		ities, four preceding and eigh peaks, were detected. Only t	

Peak	Retention Time (min)	Retention Time (Relative to Major Peak)	Area (Percent of Major Peak Area)
1	13.3	1.00	100
2	15.6	1.17	0.2
3	27.3	2.05	0.2

b. System 2

Column: 3^{C7} Dexsil 400 on 80–100 Chromosorb W(AW), 1.8 m x 4 mm I.D., silylated glass

Carrier Flow Rate: 70 ml min

Oven Temperature Program: Initial hold at 70°C for 4 min, programmed to 250°C at 8°C min for impurity detection.

Isothermal at 140°C to monitor detector response.

Samples Injected: 6 μ l of 10%, 1%, and 0.5% (v v) solutions in n-pentane to detect and determine relative areas of all volatile impurities.

Results: One major peak followed by two impurities with relative areas greater than 0.1% were detected.

Peak	Retention Time (min)	Retention Time (Relative to Major Peak)	Area (Percent of Major Peak Area)
1	14.1	1.00	100.0
2	15.7	1.12	0.21
3	26.0	1.85	0.15

F. SPECTRAL DATA

1.	1. Infrared (Both lots)			
Instrument: Beckman IR 12 Cell: Neat liquid between sodium chloride plates (Lot 228) or silver chloride plates (Lot 41447)		The spectra were consistent with a literature spectrum (Sadtler Standard Spectra)		
	Results: See Figure	es 7 and 8		
2.	Ultraviolet/Visible:			
	a. Lot No. 228 Instrument: Cary I	18	Literature Values	
	$\lambda \max^{(nm)}$	$\varepsilon \times 10^{-3}$	λ max (nm)	$\varepsilon \times 10^{-3}$
	284	$1.03 \pm 0.01(\delta)$	282 290 Solvent: Dioxane	1.3 (shoulder)
	No maxima observed between 350 and 800 nm at a concentration of 1.5 mg/ml Solvent: Heptane b. Lot No. 414417			
	$\lambda \max(nm)$	$\varepsilon \times 10^{-3}$		
	284 290 (shoulder)	0.95 ± 0.01 0.89 ± 0.01		
	Solvent: n-Pentane			

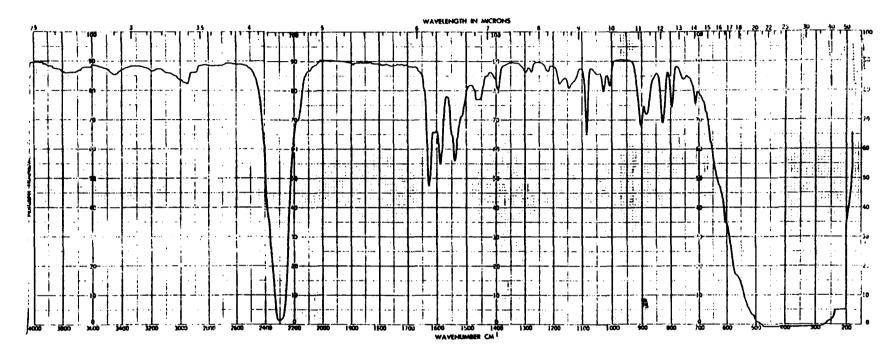


Figure 7. Infrared Absorption Spectrum of Toluene Diisocyanate (Lot No. 228)

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G. NUCLEAR MAGNETIC RESONANCE

1. Lot No. 228

Instrument: Varian HA-100

Solvent: Neat with added internal tetramethylsilane Assignments: See Figure 9 No literature spectrum found.

Spectrum consistent with literature spectrum for 2.4isomer (Sadtler Standard Spectra)

79.7% 2,4-Toluene diisocyanate; 20.3% 2,6toluene diisocyanate

(a) s, $\delta = 2.06$ ppm (b) d, $\delta = 6.39$ ppm (J_{bc} = 2 Hz) (c) d, AB pattern, $\delta = 6.57$ ppm (J_{cd} = 8 Hz) (d) d, $\delta = 6.85$ ppm (e) s, $\delta = 2.00$ ppm (f) d, $\delta = 6.65$ ppm (J_{fg} = 9 Hz) (g) t, $\delta = 6.85$ ppm

Integration Ratios:

- (a) 3.00
 (b) 1.02
 (c) 1.1
 (d) 1.2
 (e) 3.00
 (f) 2.1
- (g) 1.2
- 2. Lot No. 414417

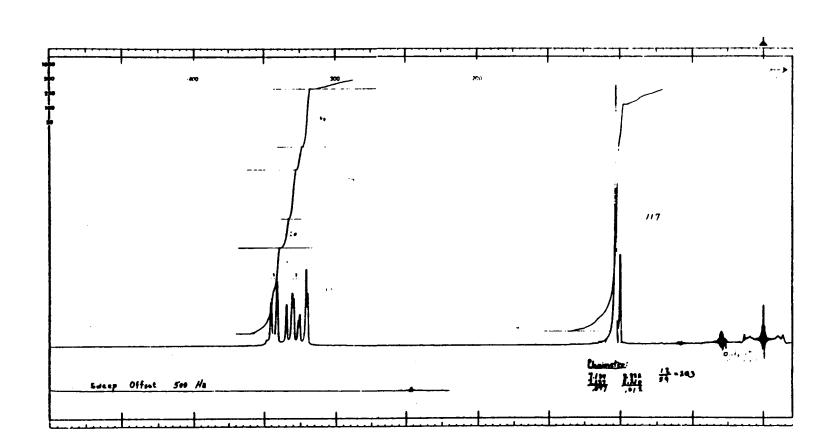
Instrument: Varian EM360 Solvent: Neat with a TMS internal standard Assignments: See Figure 10

Determined

(a) s, $\delta = 2.07$ ppm (b) d, δ = 6.42 ppm, J_{bc} = 2 Hz (c) d, $\delta = 6.57$ ppm, J_{cd} = 8 Hz (d) d, $\delta = 6.92$ ppm (e) s, $\delta = 2.01$ ppm (f) d, $\delta = 6.69$ ppm, J fg = 8 Hz (g) t, δ = 6.93 ppm Integration Ratios: (a) 8.25/3.29 = 2.51 (b) 6.36/3.29 = 1.93 (c) (\mathbf{f}) (d)3.80/3.29 = 1.15 (g) (e) 1.41/3.79 = 0.43Isomer Ratio: Percent 2,4 = 8.25/9.66 x 100 = 85.4

Percent 2,6 = $1.41/9.66 \times 100 = 14.6$

Consistent with literature spectrum for 2,4-isomer and also with the spectra of the mixed isomers for Lot No. 228





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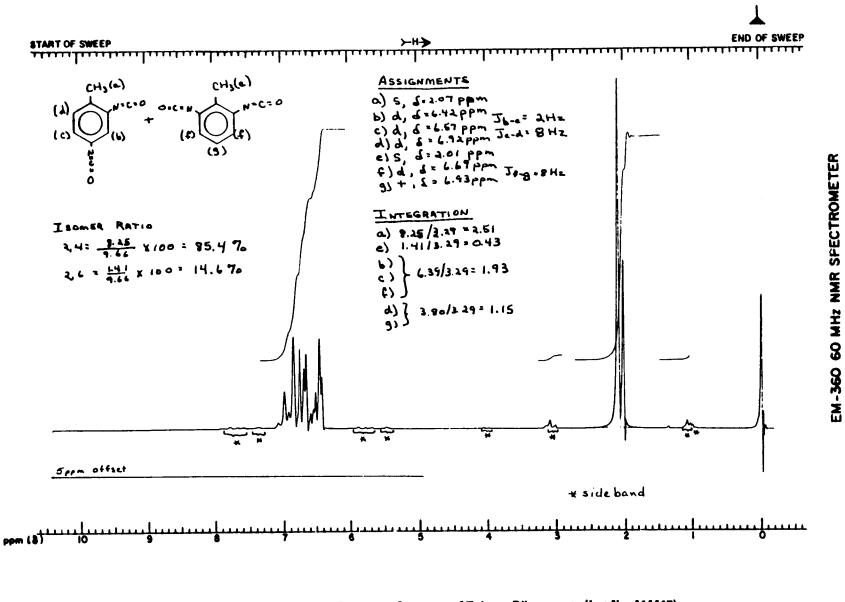


Figure 10. Nuclear Magnetic Resonance Spectrum of Toluene Diisocyanate (Lot No. 414417)

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Toluene Diisocyanate

Toluene Diisocyanate

APPENDIX H

ANALYSIS OF TOLUENE DIISOCYANATE FOR DISUBSTITUTED UREAS

APPENDIX H

A. ANALYSIS

A sample of TDI stored in a septum vial and free of precipitate or suspended material was analyzed for nonvolatile residue by the following procedure.

A 50-ml round bottom flask (chromic acid washed, rinsed, and oven dried) was flame dried while being flushed with dry N₂. It was then immediately connected to a dry ice acetone trap and vacuum pump, and a vacuum was drawn until the flask had cooled. The vacuum was released through a valve fitted with a CaSO4 tube. An inverted funnel was arranged directly above the flask and connected via a CaSO4 drying tube to a N₂ tank. The N₂ flow rate was adjusted to provide a N₂ atmosphere in the immediate vicinity of the flask. Within the cone of the inverted funnel, the TDI vial was opened and approximately 20 g of TDI was poured into the flask. The vacuum was then reapplied and the flask heated to approximately 100°C with an electric heating mantle. Gentle hand swirling of the flask was used to prevent bumping. When only a few grams of TDI remained, the flask was cooled and the vacuum released. The contents were then transferred, under N₂ with a Pasteur pipette and two 2-ml acetonitrile washes (Burdick and Jackson, UV grade), into a dry, tared, 10-ml round bottom flask. The vacuum was reapplied and evaporation conducted as before. This was continued for 30 minutes after no liquid remained in the flask to ensure drying. The flask was then cooled, the vacuum was released, and the weight of nonvolatile residue was determined by difference on a Mettler H51AR analytical balance. This entire procedure was repeated with a second sample of TDI.

	First Determination	Second Determination
Mass of TDI	18.3 ± 0.05 g	19.9 ± 0.05 g
Mass of nonvolatile residue	0.0583 ± 0.0001 g	0.06791 ± 0.00005 g
Mass percentage	$0.318 \pm 0.001\%$	$0.341 \pm 0.001\%$
Values expressed as + stand	ard deviation	

Values expressed as \pm standard deviation.

The residue does not melt up to 250°C, suggesting that it is a polymer (II) (m.p. 230°C) formed from (1) (m.p. 170°-180°C) during distillation (Eight Peak Index, 1970).

B. IDENTIFICATION OF THE NONVOLATILE RESIDUE

1. Sample Preparation

a. Isolation of the Precipitate from the Sample

Ten milliliters of toluene diisocyanate containing the precipitate was centrifuged for 5 minutes, and the supernatant toluene diisocyanate was drawn off with a dispo-pipet. The precipitate was then washed with two 5-ml portions of chloroform and dried using vacuum filtration.

In addition, 4.0 ml of toluene diisocyanate, as received from Litton, was filtered through a preweighed 0.5 μ m filter, washed with chloroform (saturated with the precipitate compound), and the isolated precipitate was dried at room temperature. The weight of precipitate per given volume of toluene diisocyanate was then calculated.

b. Preparation of Suspected Compound

Since the precipitate was suspected to be the reaction product of toluene diisocyanate with moisture in the headspace of the sample bottle, the following reactions were conducted:

(1) Reaction with Water At Elevated Temperatures

Distilled water (2 ml) was added to 2 ml of freshly filtered toluene diisocyanate in a small beaker. The mixture was swirled and gently warmed on a hotplate. When a reaction began to occur, the beaker was removed from the hotplate and allowed to cool to room temperature. The product was vacuum filtered and then spread thinly on a glass plate to dry.

(2) Reaction with Water at Room Temperature

Distilled water (2 ml) was added to 2 ml of freshly filtered toluene diisocyanate in a test tube. After 2 hours, the reaction product was isolated by vacuum filtration and then spread thinly on a glass plate to dry.

(3) Reaction with Moist Air at Room Temperature

Five milliliters of toluene diisocyanate was placed in a small uncovered beaker in a hood. After 2 days, the toluene diisocyanate had completely reacted. The product was spread thinly on a glass plate to dry.

2. Mass Spectrometry

Electron impact mass spectra (70 ev) were obtained for each of the precipitate samples using a Varian CH4-B mass spectrometer. Samples were introduced by direct inlet at a probe temperature of 220°C. The data were processed by a Varian 620/i computer.

C. RESULTS

The spectra obtained from the precipitate in the Litton sample (Figure 11) and samples reacted with water and air (Figure 12) were all consistent with a literature spectrum and with the structure of N,N'-bis-(3-isocyanato, 4-methylphenyl) urea. This compound is one of the expected reaction products of toluene diisocyanate and water. (The others should be positional isomers and possible polymers.)

Filtration of 4 ml of toluene diisocyanate (as received from Litton) yielded 21.49 mg of precipitate assumed to be bis-(3-isocyanato, 4-methyl-phenyl) urea.

Spectrum Obtained from Precipitate in Litton Sample (Figure 11)		Reaction	Spectrum tained from the Product of Toluene cyanate and Water (Figure 12)
m/e	Relative Intensity (Percent of Base Peak)	m/e	Relative Intensity (Percent of Base Peak)
148	100	148	100
174	91	174	93
147	47	322	37
322	42	147	33
44	36	145	22
145	25	173	18
173	21	146	18
146	18	. 44	16
119	13	132	11
120	12	119	10
132	11	175	9
77	10	323	9
149	9	51	9
51	9	77	9
175	9	149	8
323	9		

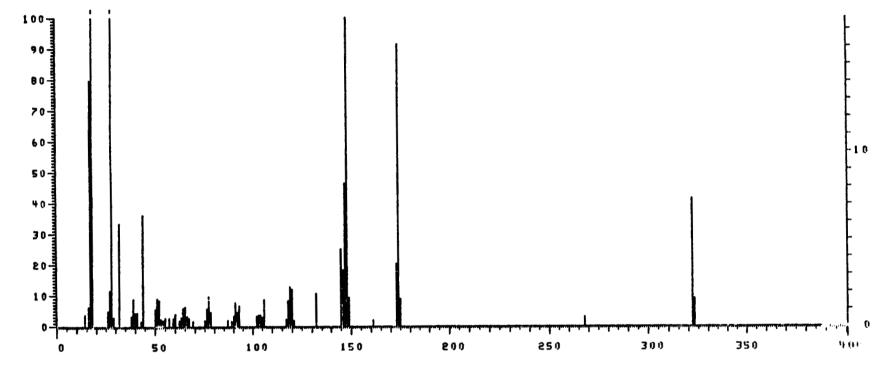


Figure 11. Mass Spectrum of Precipitate from Litton Bionetics, Inc. Sample of Toluene Diisocyanate

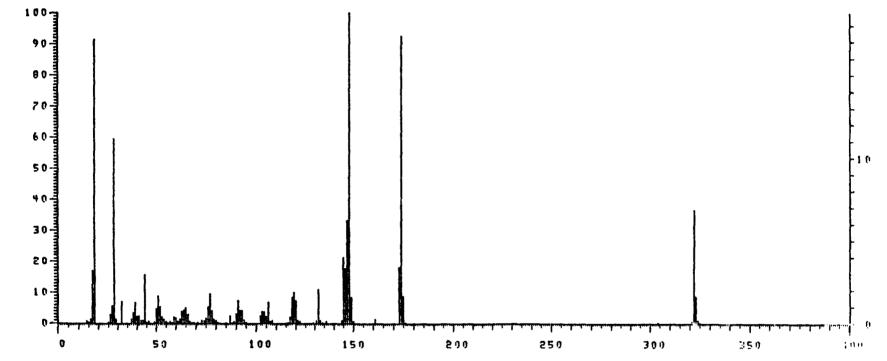


Figure 12. Mass Spectrum of Precipitate from Reaction of Toluene Diisocyanate with Water

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m/e	Relative Intensity (Percent of Base Peak)
148	100
174	39
147	21
146	11
44	10
149	9
43	9
57	8
M+ 322	7.30

Literature Spectrum of N,N'-Bis-(3-isocyanato, 4-methylphenyl) Urea (Eight Peak Index, 1970)

Isotopic contributions to the M⁺ + 1 ion are in agreement with the molecular formula for the assigned structure.

			Intensities of m/e 322)
m/e	Precipitate	Reaction Product with Water	Theoretical for C17H14N4O3
M+ 322 M++1 323	100 21.7	100 24.2	100 20.8

D. CONCLUSIONS

The mass spectrum of the precipitate in the Litton sample is consistent with the structure and with a literature spectrum of N.N^{*}-bis-(3-isocyanato, 4-methylphenyl) urea. The spectrum is also identical with a spectrum obtained from the reaction product of toluene diisocyanate and water, as well as with a spectrum of the material obtained when toluene diisocyanate is allowed to react completely with moist air. Although the spectrum matches well, it is possible that the precipitate contains other positional isomers as well as polymers. The spectrum obtained probably represents the most volatile materials present. Quantitation by filtration and gravimetric analysis indicated the toluene diisocyanate from Litton contained 0.54% (w/w) or 0.44% (w/w) precipitate. Assuming the precipitate is bis-(3-isocyanato, 4-methylphenyl) urea, this represents reaction of 0.47% of the toluene diisocyanate with water.

APPENDIX I

STABILITY OF TOLUENE DIISOCYANATE IN CORN OIL

A. PURPOSE

This study was conducted to determine the stability of toluene diisocyanate at low, medium, and high dose concentrations in corn oil with a normal water content, and in corn oil which had been dried to remove as much water as possible. Also requested with the stability study was a determination of the rate of moisture absorption by the dried oil during exposure to environmental conditions similar to those encountered at the bioassayer's laboratory.

B. CORN OIL DRYING STUDIES

1. Drying Procedure

A 1-liter round bottom flask (24/40 neck) containing approximately 400 ml of corn oil was connected to a Buchi rotatory vacuum evaporator apparatus equipped with a 100°C oil bath. A vacuum of approximately 16 mm Hg was maintained over a 3-hour period while rotating the flask partially immersed in the oil bath.

At the end of the drying period, dry nitrogen was bled into the flask until atmospheric pressure had been reached; then the flask was removed from the apparatus and tightly stoppered. The residual water content of the oil was determined by the Karl Fischer analysis method below.

2. Karl Fischer Analysis Method for Water Content

a. Titrating Medium - 200 ml of reagent grade chloroform was mixed with 100 ml of anhydrous reagent grade methanol.

b. Karl Fischer Reagent - Purchased reagent approximately 5 to 7 mg/ml water titer. (Fisher Scientific Company, Catalog No. SO-K-3)

c. Diluted Karl Fischer Reagent - Reagent (B-2) diluted to a water titer of approximately 1 mg/ml using Fisher Scientific Company KF Diluent, Catalog No. SO-K-5.

d. Instrumentation and Operating Parameters

Instrument: E-536 Metrohm Herisau Potentiograph with E-456 Polarizer, E-535 Dosimat and E-549 Titrating Stand

Potentiograph Settings: Stop-% full scale: 70% Titrating speed: 5 min/100% vol-Range: 1 V Counter-voltage: 300 mv Slope adaption: 100% Selector switch: mv/pH Volume axis: 200 mm/100% vol-

Polarizer Settings: Amps 250 mV: 100 U Pol. +: 250 mV

e. Procedure

A 50-ml volume of chloroform-methanol titrating medium was transferred to an autotitrator reaction vessel containing a magnetic stirring bar. Karl Fischer reagent (2 to 3 ml of undiluted reagent) was added and the vessel was immediately connected to the apparatus. The mixture was stirred for about 2 minutes while the headspace of the vessel was being continuously purged with a gentle stream of dry nitrogen; then the solvent mixture was automatically titrated to a zero water endpoint, using the diluted Karl Fischer reagent.

Without delay, 10 ml of corn oil sample was drawn into a dry 25-ml syringe and weighed to the nearest 0.01 g. The sample was immediately injected into the titration vessel containing the anhydrous base and was titrated to the typical zero water endpoint. The syringe was reweighed to determine the weight of the sample by difference.

f. Standardization of the Karl Fischer Reagent

The Karl Fischer titrant was standardized by adding 2, 3, and 4 μ l volumes of water into 50 ml anhydrous titrating medium as prepared above, using a calibrated 10 μ l syringe. The syringe was calibrated by injecting 2, 3, and 4 μ l quantities of water into a small, tared septum vial and reweighing the vial. The mean weight of water from at least 3 injections of each volume was used for calculating the KF titer.

A special study was also conducted to determine whether the presence of 10 ml of corn oil in the titrating medium would have an effect on the water titer determination. For this work, 50 ml of titrating medium, 10 ml of corn oil, and 3 ml of undiluted KF were combined and titrated to anhydrous condition. Aliquots of 2, 3, and 4μ l of water were added and titrated. The results showed no significant difference from the titer values obtained with no corn oil present.

g. Calculations

The titer of the Karl Fischer reagent was computed as follows:

KF Titer (as mg H₂O₁ ml) = $\frac{\mu l H_2O \text{ injected } x \text{ mg } H_2O_1 \mu l}{\text{ml of Karl Fischer reagent used}}$

Then using the KF titer, the water content of the samples was computed as,

Percent H₂O = $\frac{\text{KF Titer}(\text{as mg H}_2\text{O}/\text{ml}) \times \text{ml KF consumed by sample}}{\text{KF Titer}(\text{as mg H}_2\text{O}/\text{ml}) \times \text{ml KF consumed by sample}} \times 100$

Sample Weight (g) x 1000

3. Experimental Summary

The experiments to find an effective method for removing water from corn oil as completely as possible were conducted under conditions which were thought to be sufficiently mild so as not to adversely affect the corn oil. The drying techniques evaluated included heating the corn oil in a rotatory vacuum evaporator for various times and temperatures and direct heating of the oil up to 135°C for varying periods of time while continuously gassing with dry nitrogen. Temperatures above 135°C were not used because of the risk of causing chemical changes in the unsaturated fatty acids in the triglycerides.

4. Results/Conclusion

It was determined from these experiments that corn oil could not be easily dried below a moisture content of approximately 0.005%. For practical reasons, drying conditions were chosen to require 3 hours of drying at 100°C on a rotatory vacuum evaporator operated at a pressure of approximately 16 mm Hg. Water analyses on different corn oils dried by this method ranged from 0.0053% to 0.0068%.

C. STABILITY OF TOLUENE DIISOCYANATE IN NORMAL AND DRY CORN OIL

1. Test Parameters

Concentrations: 9, 36, and 72 mg/ml Vehicle: Corn oil, normal water content, and dried oil Duration: 7 days, with sampling for analysis after 0, 1, and 7 days storage Temperature: Room temperature

APPENDIX I

In preparing for the stability study, a decision had to be made as to what moisture content should be chosen for the "normal corn oil." Water analyses on corn oil samples from various sources ranged widely. For example, two freshly opened bottles of Mazola[®] corn oil purchased from a local grocery analyzed 0.029% and 0.034% water. Corn oil from a gallon bottle in current use for gavage experiments in this laboratory contained 0.045% water, and two samples of corn oil received recently from a bioassayer analyzed 0.060% and 0.69%. As a practical compromise, and for the purpose of testing the stability of TDI in two media with significantly different water contents, the "normal corn oil" used in the study was adjusted to a water content of 0.050%. The dried corn oil used for the stability study contained approximately 0.0053% water.

2. Sample Preparation and Storage

For the stability study, approximately 400 ml quantities each of normal corn oil and dried corn oil (B-1) were prepared. The oils were carefully analyzed for their water content by the Karl Fischer method (B-3); then solutions with TDI (50 ml) were prepared in duplicate at dose levels of 9, 36, and 72 mg/ml, using the normal and dried oils. The oil solutions were stored in amber glassware at room temperature for the stability study.

Analyses for TDI content were run initially and again after 1 day and 7 days of storage, using the analysis method described below.

3. Analysis Procedure for TDI

Samples (1 g) were placed into dry 50-ml amber volumetric flasks and weighed to the nearest 0.1 mg. They were then immediately prepared for gas chromatographic analysis by one of the methods described below, depending on the dose concentration.

9 mg/ml dose level - 5 ml of internal standard solution (hexadecane, 0.5 mg/ml in hexane) was added to the flask; then the contents were diluted to 50 ml with hexane and thoroughly mixed. The resulting solution was used without further dilution.

36 mg/ml dose level - The sample was diluted to 50 ml with hexane and thoroughly mixed; then, a 10-ml aliquot was pipetted into a 50-ml septum vial containing 26 ml of hexane and 4 ml of internal standard solution (see 9 mg/ml dose). After sealing and mixing thoroughly, the TDI content of the solution was determined by the gas chromatography system described below.

Vial seals were Microsep F-138 gas chromatography septa with Teflon® film facing available from Canton Biomedical Products, Inc., Boulder, Colorado 80302; the aluminum crimp seals and vials are available from Wheaton Scientific Company, Inc., Millville, New Jersey.

72 mg/ml dose level - The sample was diluted to 50 ml with hexane and thoroughly mixed; then, a 5-ml aliquot was pipetted into a 50-ml septum vial containing 31 ml of hexane and 4 ml of internal standard solution (see 9 mg/ml dose). After sealing and mixing thoroughly, the TDl content of the solution was determined by the gas chromatography system described below.

Instrument: Varian 3700 gas chromatograph with a CDS-111 Integrator and Autosampler Column: 3% OV-17 on 100/120 mesh Supelcoport, 1.8 m x 2 mm I.D., glass, silanized Detector: Flame Ionization Temperatures: Oven, 130°C isothermal Injector, 160°C Detector, 250°C Carrier Gas: Nitrogen Volume Injected: 3 μl Retention Times: TDI - 2.6 min Hexadecane - 4.1 min

APPENDIX I

The gas chromatograph was calibrated with two independently prepared standards as follows: 50 mg of TDI was weighed to the nearest 0.1 mg and diluted to 50 ml with hexane. A 10-ml aliquot of each standard solution was mixed with 5 ml of hexadecane internal standard solution (0.5 mg/ml in hexane) and was diluted to 50 ml with hexane. Standards were injected after every third sample injection to maintain calibration.

The analysis results were calculated from relative response factors (RRF) computed from electronically integrated peak areas of the standards using the following equations:

then the mg/g chemical in the vehicle was calculated as,

where D.F. = dilution factor

The linearity of the chromatograph detector response was evaluated with solutions of TDI in hexane at concentrations of 0.115, 0.192, and 0.230 mg/ml. The correlation coefficient was 0.9992. The test results are shown on the Tables 11-13 and Figure 13.

Dosage Level (mg/ml)	Corn Type	mg TDI/ml (Theoretical)	mg TDI/ml (Found)	Percent Recovery (Found/Theoretical x 100)
9	Dry	8.97	9.15	102.0
	2	9.03	8.86	98.1
				$\bar{x} = 100.1 \pm 2.1$
9	Normal	8.60	8.24	95.8
		9.05	8.97	99.1
				$\bar{x} = 97.5 \pm 1.7$
36	Dry	36.80	37.45	101.8
	•	36.72	36.18	98.5
				$\bar{x} = 100.2 \pm 1.7$
36	Normal	36.52	35.50	97.2
		36.53	36.86	100.9
				$\bar{x} = -99.1 \pm 1.9$
72	Dry	72.38	72.41	100.0
	-	72.58	72.11	99.4
				$x = -99.7 \pm 0.3$
72	Normal	73,18	71.57	97.8
		72.85	71.68	98.4
				$\ddot{x} = 98.1 \pm 0.3$

TABLE II. TOLUENE DIISOCYANATE STABILITY IN CORN OIL: ZERO TIME ANALYSES

(a) The mean water content of the dry and normal corn oil used for the stability study was 0.0053% and 0.0500%, respectively. Water analyses could not be run on the TDI-corn oil blends because TDI reacts with Karl-Fischer reagent.

Dosage Level (mg/ml)	Corn Type	mg TDI/mi (Theoretical)	mg TDI/ml (Found)	Percent Recovery (Found/Theoretical x 100)
9	Dry	8.97	7.44	82.9
		9.03	8.05	89.1
				$\bar{x} = 86.0 \pm 3.1$
9	Normal	8.60	6.26	72.8
		9.05	6.85	75.7
				$\overline{\mathbf{x}} = 74.3 \pm 1.5$
36	Dry	36.80	34.11	92.7
		36.72	33.41	91.0
				$\bar{x} = 91.9 \pm 0.9$
36	Normal	36.52	29.29	80.2
		36.53	30.30	82.9
				$\bar{x} = 81.6 \pm 1.4$
72	Dry	72.38	69.27	95.7
		72.58	65.81	90.7
				$\bar{x} = 93.2 \pm 2.5$
72	Normal	73.18	64.35	87.9
		72.85	63.63	87.3
				$\bar{x} = 87.6 \pm 0.3$

TABLE 13. TOLUENE DIISOCYANATE STABILITY IN CORN OIL: 7-DAY STABILITY ANALYSES

Dosage Level (mg/ml)	Corn Type	mg TDI/ml (Theoretical)	mg TDI/ml (Found)	Percent Recovery (Found/Theoretical x 100)
9	Dry	8.97	4.42	49.3
	-	9.03	4.21	46.6
				$\bar{x} = 48.0 \pm 1.4$
9	Normal	8.60	1.76	20.5
		9.05	lost	lost
36	Dry	36.80	25.11	68.2
	-	36.72	24.79	67.5
				$\bar{x} = 67.9 \pm 0.4$
36	Normal	36.52	17.69	48.4
		36.53	19.65	53.8
				$\bar{x} = 51.1 \pm 2.7$
72	Dry	72.38	57.91	80.0
		72.58	59 .07	81.4
				$\tilde{x} = 80.7 \pm 0.7$
72	Normal	73.18	53.57	73.2
		72.85	52.43	72.0
				$\bar{x} = 72.6 \pm 0.6$

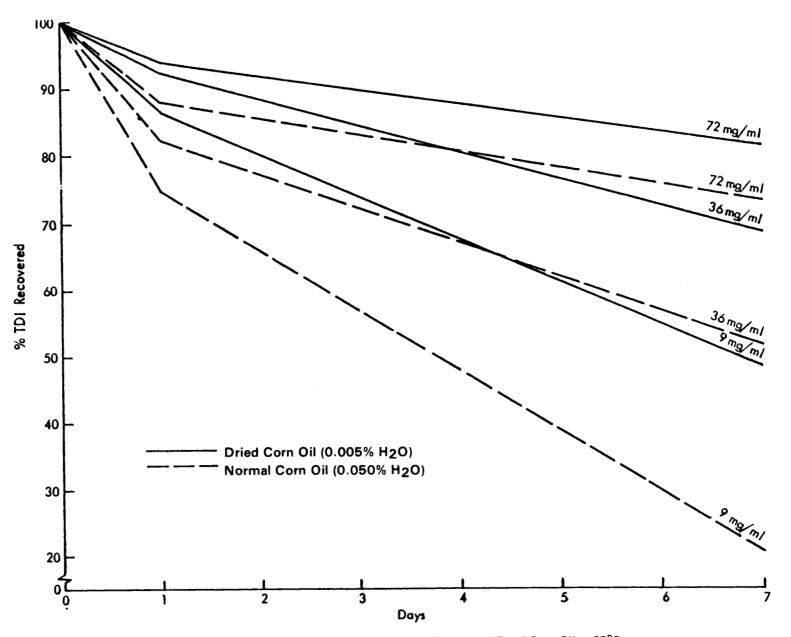


Figure 13. Stability of Toluene Diisocyanate in Normal and Dried Corn Oil at 25°C

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Toluene Diisocyanate

4. Discussion

During the stability study, the gavage samples were inspected daily. All of the samples prepared with the dried oil remained clear over the 7-day period, and all of the hexane dilutions prepared from these samples for GC analysis were also free of insoluble matter.

The gavage solutions prepared with the "normal corn oil" remained clear for the first 24 hours, but showed evidence of insoluble matter after 48 hours. All of the hexane dilutions prepared from the "normal oil" samples exhibited a white precipitate in proportion to the dose level, except the zero time samples. Since no precipitate was observed in the gavage solutions prepared with dried corn oil, one can infer that the precipitate observed in the normal oil samples was probably caused by reaction products of TDI with water.

"Wet" corn oil containing 0.05% water corresponds to 25.4 μ mol water/ml corn oil (0.916 g ml x 0.0005/18 = 25.4); whereas, "dry" corn oil with 0.0053% water corresponds to 3.5 μ mol water ml corn oil. One mole of water will consume two moles of TDI. Therefore, the water in one ml of "wet" corn oil will react with 50.8 μ mol of TDI and "dry" will react with 5.4 μ mol. The following table summarizes the amount of TDI consumed at each dose level.

Dose mg/ml (mol)	Percent TDI that reacts with Water				
	Wet Co	Dry Corn Oil			
	Theo. (a)	Act. (b)	Theo.	Act	
9.0 (51.7)	98.3	79.5	10.4	52.0	
36.0 (206.8)	24.6	48.9	2.6	32.1	
72.0 (413.6)	12.3	27.4	1.3	19.3	

(a) Calculated

(b) From this study

It is evident that the amount of water present in normal ("wet") corn oil is sufficient to account for 45%-100% of the decomposition of TDI observed in this study. The "dry" corn oil theoretical values can only account for 6%-20% of the actual observed results. Even if the dry corn oil absorbed enough water to approach the day one value of 0.0128%, this would still only account for 16%-46% of the observed results. Thus, it is obvious that TDI must also react with components of the corn oil other than water, but the dry corn oil appears to be more destructive than the normal material.

A literature study of the possible decomposition of TDI in corn oil was conducted by Midwest Research Institute. Besides the reaction of TDI with water in the corn oil to form aromatic amines and disubstituted urea, TDI could also react with the sterols, tocopherols, and triterpene alcohols contained in the corn oil; it is most likely the remaining loss of TDI was due to dimer formation, but this was not experimentally determined.

5. Conclusions

Toluene diisocyanate (TDI) was unstable in gavage solutions prepared with corn oil of normal moisture content (0.05%) and with corn oil which had been dried to a water content of 0.005%. After 7 days storage at room temperature, gavage solutions in normal corn oil at dose levels of 9, 36, and 72 mg/ml showed losses of 80%, 49%, and 27%, respectively. Gavage solutions prepared at the 9, 36, and 72 mg/ml dose levels with the dried corn oil showed losses of 52%, 32%, and 19% respectively after 7 days at room temperature.

An evaluation of stability test results revealed that over 90% of the TDI loss measured in the gavage solutions prepared with dried corn oil was caused by reaction of TDI with components in the corn oil other than water. The same calculations applied to gavage solutions prepared with normal corn oil showed that 12%-98% of the loss could have been caused by reaction with the available water in the oil (theoretical basis) and the remainder was due to reaction of TDI with components of the corn oil.

APPENDIX J

ANALYSIS OF CORN OIL FOR WATER CONTENT

A. SAMPLE IDENTIFICATION AND ANALYSIS RESULTS

Two 4 oz bottles of corn oil were received from Litton Bionetics on 8/24/79 identified as follows:

1. Corn oil, 8/23/79, LBI No. 4313, Lab No. RO-4325-S79

2. Corn oil, 8 23/79, LBI No. 4332, Lab No. RO-4326-S79

The samples were analyzed by the Karl Fischer method using chloroform/methanol (3/1) as the titrating medium. For purposes of comparison, the corn oil currently being used at MRI for conducting gavage stability studies (Mazola® food grade corn oil) was run along with the samples.

Litton No. 4313	Litton No. 4332	MRI Oil
0.069	0.061	0.047
0.070	0.060	0.043
0.068	0.058	0.045
$\bar{x} = 0.069 \pm 0.001$	0.060 ± 0.002	0.045 ± 0.002

WATER CONTENT OF CORN OIL SAMPLES (as Percent H₂O)

B. DISCUSSION

The moisture content of the two oil samples from Litton Bionetics was significantly higher than that of the MRI sample included for comparison purposes. However, according to Mr. Jack Ackerboom, Director of Research at Corn Products Company Research Center in Princeton, New Jersey, these samples are within the range of moisture content for typical Mazola® oil, although they are on the high side of the range. According to Mr. Ackerboom, the average moisture content of Mazola® oil will be around 0.05%.

If it is necessary to dry corn oil prior to preparing gavage solutions, the recommended procedure is to heat the oil to 135° C in a glass vessel while bubbling dry nitrogen through it for about 30 minutes. Heating the oil to 135° C under a vacuum with a dry nitrogen sweep would be the ideal method, according to Mr. Ackerboom.

C. CONCLUSION

Two samples of corn oil from Litton Bionetics showed moisture contents of 0.060% and 0.069% by the Karl Fischer method. While these values fell within the normal moisture range for Mazola oil (average 0.05% according to the manufacturer), they favored the high end of the range and were significantly higher than the moisture content (0.045%) of corn oil used at MRI for gavage stability studies.

APPENDIX K

ANALYSIS OF TOLUENE DIISOCYANATE/CORN OIL MIXTURES FOR CONCENTRATIONS OF TOLUENE DIISOCYANATE

A. METHOD A

A few drops of corn oil suspension, accurately weighed, were diluted with benzene to a suitable volume. The solution was analyzed by gas chromatography on a Varian Model 2100 instrument equipped with flame ionization detectors. The column used was 1.8 m x 2 mm I.D. glass packed with 3% OV-1 on 80 100 mesh Supelcoport. The column temperature was 105° with a nitrogen (carrier) flow rate of 34 ml minute. Concentrations were determined by analysis of standard solution of toluene diisocyanate in benzene under the same parameters.

The recovery study was performed by weighing accurately a few drops of control corn oil and adding an amount of the test compound in benzene equivalent to the theoretical concentration of the dosage solutions. The recovery sample was then diluted to a suitable volume with benzene and analyzed as described above.

In both instances, the concentration of test compound was determined as mg per gram of corn oil. This value was converted to gm per ml of corn oil using its density value of 0.918 gm/ml.

B. METHOD B

A 2.0-ml aliquot of the corn oil dosage mixture was extracted with 20 ml of acetonitrile containing biphenyl as an internal standard (1 mg/ml). Analysis of the extract was performed by the gas chromatography system described below:

Instrument: Hewlett Packard 5880A or 5840A equipped with a 7672 Automatic Sampler

Column: 3% OV-17 on 80/100 mesh Supelcoport, 1.8 m x 2 mm I.D., glass, silanized

Detector: Flame ionization

Temperature: Oven, 120°C, isothermal Injector, 240°C Detector, 280°C

Carrier gas: Nitrogen

Flow rate: 30 ml/min

The concentration of the test compound was determined by reference to a calibration curve prepared by analysis of a set of TDI working standards.

C. RESULTS: See Table K1

	Concentration (a) of Toluene Diisocyanate in Corn Oil for Target Concentration (mg/ml)				
Date Mixed	9	18	36	72	
Aethod A					
2/05/79	3.9	10.0	24.7	-	
3/01/79	5.9	12.5	34.0	58.8	
3/22/79	-	•	-	46.3	
fethod B					
8/23/79	7.0	-	-	-	
9/06/79	-	-	-	72.8	
9/20/79	-	16.2	· •	-	
10/04/79	8.3	-	31.6	-	
10/04/79	8.0	•	37.9	-	
11/01/79	5.6	12.4	29.1	62.9	
11/15/79	-	15.2	•	32.8	
11/29/79	-	•	34.9	-	
12/13/79	8.2	-	-	-	
12/27/79	-	-	-	70.2	
1/09/80	5.8	13.0	-	•	
-,,	••••	(17.0, MRI)			
1/24/80	-	-	33.1	-	
2/07/80	6.9	•	•	-	
2/21/80	-	•	-	67.2	
3/06/80	-	15.8	-	-	
3/20/80	-	•	30.8	-	
5/15/80	-		33.4	-	
6/12/80	8.0	_	-	66.6	
6/26/80	-	17.8	-	-	
7/10/80	•		33.0	-	
7/24/80	7.6	-	55.0	_	
8/07/80	7.0	-	-	66.4	
8/21/80	-	17.8 •	-	00.4	
9/04/80	-		32.4	-	
9/04/80 9/18/80	7.8	•	32.4	-	
10/17/80	-	14.7	-	-	
10/30,80	_	14.7	30.5	-	
11/04/80	-	_	36.5		
	-	-	50.0	(66.8, MRI)	
11/30/80	-	-	-	64.0	
12/11/80	-	17.3	-	-	
12/11/80	-	-	31.6	•	
· · · · · · · · · · · · · · · · · · ·					
Mean (mg ml)	6.9	14.8	32.4	60.8	
Standard deviation	1.4	2.5	3.2	12.2	
Coefficient of variation (%)	19.7	17.2	10.0	20.1	
Range (mg ml)	3.9-8.3	10.0-17.8	24.7-37.9	32.8-72.8	
No. of samples	11	11	14	10	

TABLE K1. ANALYSES OF CORN OIL MIXTURES

(a) The data presented are the average of the results of duplicate analyses. Only values verified in the data audit are presented.

APPENDIX L MUTAGENICITY OF TOLUENE DIISOCYANATE IN SALMONELLA

		Revertants/plate (a)			
Strain	Dose (µg/plate)	-59	+S9 (rat)	+S9 (hamster)	
TA100	0	170 ± 2.6	99 ± 0.3	95 ± 5.3	
	3		102 ± 3.0	109 ± 3.9	
	10	157 ± 8.5	118 ± 15.4	97 ± 9.6	
	33	138 ± 10.5	144 ± 15.3	118 ± 6.4	
	100	132 ± 16.0	159 ± 12.7	143 ± 6.1	
	333	111 ± 6.7 ppt (b)	178 ± 6.0	134 ± 4.4	
	1000	145 ± 17.5 ppt			
	3333	••			
	10000				
TA1535	0	26 ± 6.4	14 ± 5.5	10 ± 2.3	
	10	25 ± 2.4			
	33	20 ± 1.9			
	100	17 ± 1.9	19 ± 4.5	11 ± 2.2	
	333	15 ± 3.8 ppt	20 ± 3.5	14 ± 6.1	
	1000	12 ± 1.3 ppt	22 ± 7.7	11 ± 2.1	
	3333		14 ± 2.3 ppt	7 ± 1.7 ppt	
	10000		9 ± 2.0 ppt	3 ± 2.7 ppt	
TA1537	0	5 ± 1.2	14 ± 1.9	4 ± 0.9	
	10	8 ± 0.9			
	33	11 ± 1.5			
	100	8 ± 2.4	20 ± 2.6	15 ± 1.0	
	333	$12 \pm 2.0 \text{ ppt}$	17 ± 5.1	19 ± 2.7	
	1000	8 ± 1.2 ppt	20 ± 2.3	14 ± 1.2	
	3333	••	7 ± 1.2 ppt	14 ± 1.5 ppt	
	10000		8 ± 0.9 ppt	8 ± 0.9 ppt	
TA98	0	19 ± 1.5	20 ± 1.3	31 ± 3.8	
	3		21 ± 2.6	35 ± 1.0	
	10	17 ± 4.9	25 ± 0.7	31 ± 4.1	
	33	20 ± 3.5	30 ± 4.0	34 ± 8.4	
	100	17 ± 2.2	50 ± 0.6	58 ± 7.3	
	333	$14 \pm 1.2 \text{ ppt}$	67 ± 0.9	97 ± 8.6	
	1000	16 ± 2.8 ppt			

TABLE L1. MUTAGENICITY OF TOLUENE DIISOCYANATE (2,4 AND 2,6-MIXTURE) INSALMONELLA (CAS# 26471-62-5)

(a) The S9 fractions were prepared from the livers of Aroclor 1254-induced animals (male Sprague-Dawley rats and male Syrian hamsters). Cells and test compound or solvent (DMSO) were incubated for 20 min at 37°C in the presence of either S9 or buffer. After the addition of soft agar, the contents of each tube were poured onto minimal medium, and the plates were incubated at 37°C for 48 hr (Haworth et al., 1983). Experiment was performed twice, each in triplicate; because the results were similar, data from only one experiment are shown.

(b) Precipitate observed.

		Revertants/plate (a)		
o	Dose	<u> </u>	· 60 (
Strain	(µg/plate)	-\$9	+S9 (rat)	+S9 (hamster)
TA100	0	97 ± 4.6	162 ± 5.8	162 ± 14.4
	3		156 ± 18.6	189 ± 4.7
	10	96 ± 6.1	178 ± 5.1	212 ± 4.2
	33	93 ± 5.7	202 ± 2.0	261 ± 7.4
	100	97 ± 3.5	251 ± 8.8	312 ± 4.9
	333	91 ± 1.7 ppt (h)	253 ± 17.8 ppt	$327 \pm 4.9 \text{ ppt}$
	666	95 ± 7.8 ppt		
TA1535	0	8 ± 2.2	8 ± 1.3	9 ± 2.5
	10	6 ± 0.9		
	33	7 ± 1.2		
	100	6 ± 0.9	8 ± 1.3	9 ± 0.3
	333	7 ± 0.7 ppt	7 ± 0.6 ppt	9 ± 0.7 ppt
	666	9 ± 1.8 ppt		
	1000		5 ± 1.5 ppt	4 ± 1.8 ppt
	3333		3 ± 0.7 ppt	5 ± 1.5 ppt
	10000		5 ± 1.5 ppt	5 ± 1.9 ppt
TA1537	0	102 ± 16.2	185 ± 8.5	175 ± 6.2
	10	135 ± 0.9		
	33	118 ± 7.9		
	100	97 ± 10.1	156 ± 10.5	184 ± 10.3
	333	$112 \pm 4.5 \text{ ppt}$	$143 \pm 25.7 \text{ ppt}$	223 ± 17.6 ppt
	666	$91 \pm 9.8 \text{ ppt}$		
	1000		$115 \pm 22.9 \text{ ppt}$	$150 \pm 13.2 \text{ ppt}$
	3333		$121 \pm 17.3 \text{ppt}$	$193 \pm 8.2 \text{ ppt}$
	10000		$124 \pm 21.5 \text{ ppt}$	116 ± 51.1 ppt
ТА98	0	12 ± 2.1	31 ± 0.9	38 ± 2.3
	3		35 ± 3.2	60 ± 5.1
	10	10 ± 1.7	50 ± 8.5	75 ± 1.5
	33	11 ± 1.9	65 ± 0.9	117 ± 7.1
	100	10 ± 2.6	84 ± 0.3	155 ± 5.0
	333	14 ± 2.5 ppt	$106 \pm 6.8 \text{ ppt}$	$170 \pm 12.3 \text{ ppt}$
	666	16 ± 1.2 ppt		

TABLE L2. MUTAGENICITY OF 2,6-TOLUENE DIISOCYANATE (CAS# 91-08-7) IN SALMONELLA

(a) The S9 fractions were prepared from the livers of Aroclor 1254-induced animals (male Sprague-Dawley rats and male Syrian hamsters). Cells and test compound or solvent (DMSO) were incubated for 20 min at 37°C in the presence of either S9 or buffer. After the addition of soft agar, the contents of each tube were poured onto minimal medium, and the plates were incubated at 37°C for 48 hr (Haworth et al., 1983). Experiment was performed twice, each in triplicate; because the results were similar, data from only one experiment are shown.

(b) Precipitate observed.

APPENDIX M DATA AUDIT SUMMARY

DATA AUDIT SUMMARY

The experimental data and summary tables of the NTP Technical Report No. 251 on the toxicology and carcinogenesis studies of commercial grade 2,4- and 2,6-toluene diisocyanate were examined for completeness, consistency, and accuracy and for procedures consistent with Good Laboratory Practice requirements. An audit of the data was conducted by Immuquest Laboratories, Inc. under a contract for NTP (N01-ES-38947). The individuals involved in the audit were P.H. Errico, M.A.; L.H. Brennecke, D.V.M.; C.S. Reese, M.S.; and K.M. Witkin, Ph.D. The two-year chronic studies in rats and mice were begun in December, 1978 and completed in January, 1981, at Litton Bionetics, Inc., Kensington, Maryland, under a subcontract with Tracor Jitco, Inc.

The full report of the NTP audit is on file at the National Toxicology Program, NIEHS, and is available upon request. The audit included, but was not limited to, a review of the records of the in-life portion of the studies for 10% of the animals, 100% of the available chemistry data, and a random 50% sample of the chemical mix calculations. All Individual Animal Data Records were examined for correspondence between necropsy observations and histopathologic findings. All wet tissue bags were counted and 10% were reviewed for animal identification and the presence of untrimmed lesions. A complete slide-block match for both sexes of both species in the high dose and control groups was performed.

The audit indicated there were some gross observations suggesting possible tumors but with no correlation of microscopic diagnoses. These included 7 gross lesions in treated animals and 1 gross lesion in controls that had not been trimmed. Mortality records indicated that two more mice and five more rats may have died from gavage trauma. The accuracy of the TDI dose mixtures were uncertain because of reactivity with water and the unknown nature of the decomposition products that resulted from preparation of the TDI-corn oil mixtures. Although not every potential discrepancy identified in the audit was fully resolved it was concluded that the data reported were adequate to support the conclusions presented in this Technical Report.