NATIONAL TOXICOLOGY PROGRAM **Technical Report Series** No. 319

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av43	TOXICOLOGY AND CARCINOGENESIS
	STUDIES OF
	1,4-DICHLOROBENZENE
	(CAS NO. 106-46-7)
	IN F344/N RATS AND B6C3F1 MICE
	(GAVAGE STUDIES)

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

NATIONAL TOXICOLOGY PROGRAM

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

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

NTP TECHNICAL REPORT ON THE

TOXICOLOGY AND CARCINOGENESIS STUDIES OF 1,4-DICHLOROBENZENE

(CAS NO. 106-46-7)

IN F344/N RATS AND B6C3F1 MICE

(GAVAGE STUDIES)



NATIONAL TOXICOLOGY PROGRAM P.O. Box 12233 Research Triangle Park, NC 27709

January 1987

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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.

Five categories of interpretative conclusions were adopted for use in June 1983 in the Technical Reports series to specifically emphasize consistency and the concept of actual evidence of carcinogenicity. For each definitive study result (male rats, female rats, male mice, female mice), one of the following quintet will be selected to describe the findings. These categories refer to the strength of the experimental evidence and not to either potency or mechanism.

- Clear Evidence of Carcinogenicity is demonstrated by studies that are interpreted as showing a chemically related increased incidence of malignant neoplasms, studies that exhibit a substantially increased incidence of benign neoplasms, or studies that exhibit an increased incidence of a combination of malignant and benign neoplasms where each increases with dose.
- Some Evidence of Carcinogenicity is demonstrated by studies that are interpreted as showing a chemically related increased incidence of benign neoplasms, studies that exhibit marginal increases in neoplasms of several organs/tissues, or studies that exhibit a slight increase in uncommon malignant or benign neoplasms.
- Equivocal Evidence of Carcinogenicity is demonstrated by studies that are interpreted as showing a chemically related marginal increase of neoplasms.
- No Evidence of Carcinogenicity is demonstrated by studies that are interpreted as showing no chemically related increases in malignant or benign neoplasms.
- Inadequate Study of Carcinogenicity demonstrates that because of major qualitative or quantitative limitations, the studies cannot be interpreted as valid for showing either the presence or absence of a carcinogenic effect.

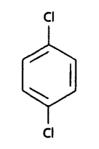
Additionally, the following concepts (as patterned from the International Agency for Research on Cancer Monographs) have been adopted by the NTP to give further clarification of these issues:

The term *chemical carcinogenesis* generally means the induction by chemicals of neoplasms not usually observed, the earlier induction by chemicals of neoplasms that are commonly observed, or the induction by chemicals of more neoplasms than are generally found. Different mechanisms may be involved in these situations. Etymologically, the term *carcinogenesis* means induction of cancer, that is, of malignant neoplasms; however, the commonly accepted meaning is the induction of various types of neoplasms or of a combination of malignant and benign neoplasms. In the Technical Reports, the words *tumor* and *neoplasm* are used interchangeably.

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

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

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.



1,4-DICHLOROBENZENE

CAS No. 106-46-7

 $C_6H_4Cl_2$

Molecular weight: 147

Synonyms: p-Dichlorobenzene; para-Dichlorobenzene; para-Chlorophenyl chloride

ABSTRACT

1,4-Dichlorobenzene is commonly used as a space deodorant in toilets and for moth control. Because of its extensive production and use and the absence of carcinogenicity data, carcinogenesis studies were conducted by administering 1,4-dichlorobenzene (greater than 99% pure) in corn oil by gavage (5 days per week) to male F344/N rats at doses of 0, 150, or 300 mg/kg and to female F344/N rats and male and female B6C3F₁ mice at doses of 0, 300, or 600 mg/kg per day for 2 years (50 animals per group). Fourteen-day and 13-week studies were performed to characterize the toxicity, identify affected sites, and set doses for the 2-year studies. Clinical chemistry and hematologic studies were performed during the 13-week studies to assess the effects of 1,4-dichlorobenzene on the liver, kidney, and hematopoietic system and to assess whether the compound produced hepatic porphyria.

Two 13-week studies were performed in rats. In the first study, rats were dosed with 300-1,500 mg/kg 1,4-dichlorobenzene. Because histologic changes were observed in the kidney of male rats at all doses, a second 13-week study was performed at doses of 38-600 mg/kg. In the 13-week studies, survival was decreased in groups of male rats given 1,200 or 1,500 mg/kg and in female rats given 1,500 mg/kg. Weight gain was decreased in male rats receiving doses of 300 mg/kg or more and in female rats given doses of 1,200 or 1,500 mg/kg. Doses of 1,200 or 1,500 mg/kg produced degeneration and necrosis of hepatocytes, hypoplasia of the bone marrow, lymphoid depletion of the spleen and thymus, and epithelial necrosis of the nasal turbinates in male and female rats. Renal tubular cell degeneration was observed in male rats receiving 300 mg/kg or more in the first study, but only slight changes were seen at 300 mg/kg in the second study. Liver weight to brain weight ratios were increased at 900 mg/kg or more for both male and female rats. The kidney weight to brain weight ratio was increased in male rats receiving doses of 600 mg/kg or more.

Administration of 1,4-dichlorobenzene to rats for 13 weeks produced slight but statistically significant decreases in the hematocrit, red blood cell count, and hemoglobin level in all males receiving doses of 300-1,200 mg/kg. No clear hematologic changes were observed in female rats. 1,4-Dichlorobenzene produced minimal changes in clinical chemistry parameters in the 13-week studies. Serum cholesterol levels were increased by doses of 600 mg/kg or more in male rats and 900 mg/kg or more in female rats. Serum triglycerides were reduced by doses of 300 mg/kg or more in male rats. The blood urea nitrogen level was increased slightly in male rats dosed with 900 mg/kg or more. Urinary porphyrins were increased slightly in male rats administered 1,200 or 1,500 mg/kg and female rats receiving 1,200 mg/kg. However, these increases were modest and indicative of a mild porphyrinuria rather than hepatic porphyria. Liver porphyrins were not increased at any dose.

Two 13-week studies were performed in mice. The doses selected for the first study were 600-1,800 mg/kg. Survival was decreased in male and female mice receiving doses of 1,500 mg/kg or more, and body weight gain was decreased at all doses. Hepatocellular degeneration was observed in both sexes at all doses, and the liver weight to brain weight ratio was increased at doses of 900 mg/kg or more. Serum cholesterol levels were increased in male mice at doses of 900 mg/kg or more, whereas serum protein and triglycerides were increased at doses of 1,500 mg/kg or more. These relatively modest clinical chemistry changes probably reflect the hepatic effects of this compound. The white blood cell count was reduced significantly in male mice receiving doses of 600 mg/kg or more and female mice receiving 1,000 mg/kg or more, but this effect was not dramatic. Hepatic porphyria was not found in mice at any dose in the 13-week study. Because hepatic effects were seen in all dose groups in the first study, a second 13-week study was performed at doses of 85-900 mg/kg. In this study, hepatocellular cytomegaly was observed in male and female mice at doses of 675 mg/kg or more but not at 338 mg/kg. Renal damage was not observed in mice in either 13-week study.

Based on the histopathologic findings in the kidney of male rats and in the liver of both sexes of rats and mice in the 13-week studies, the doses selected for the 2-year studies were 150 and 300 mg/kg for male rats and 300 and 600 mg/kg for female rats and male and female mice. In the 2-year studies, survival of female rats and of both sexes of mice was comparable to that of vehicle controls; survival of high dose male rats was significantly lower than that of the vehicle controls (vehicle control, 32/50; low dose, 31/50; high dose, 20/50). Mean body weights of high dose male rats were 5%-8% lower than those of vehicle controls after week 38, and those of high dose female rats were 5%-7% lower than those of vehicle controls after week 55. Mean body weights of mice dosed with 1,4-dichlorobenzene were comparable to those of vehicle controls throughout the studies.

Administration of 1,4-dichlorobenzene to male rats increased the average severity of nephropathy and caused epithelial hyperplasia of the renal pelvis (1/50; 30/50; 31/50), mineralization of the collecting tubules in the renal medulla (4/50; 46/50; 47/50), and focal hyperplasia of renal tubular epithelium (0/50; 1/50; 9/50). There were increased incidences of nephropathy in both low and high dose female rats compared with vehicle controls (21/49; 32/50; 41/49). 1,4-Dichlorobenzene produced a dose-related increase in the incidence of tubular cell adenocarcinomas of the kidney in male rats (1/50; 3/50; 7/50); one tubular cell adenoma was observed in a high dose male rat. These malignant tumors are uncommon in male F344/N rats. They have been diagnosed in only 4/1,098 (0.4%) corn oil gavage controls in previous NTP studies. There were no tubular cell tumors in dosed or vehicle control female rats. There was a marginal increase in the incidence of mononuclear cell leukemia in dosed male rats compared with that in vehicle controls (5/50; 7/50; 11/50).

1,4-Dichlorobenzene increased the incidences of nonneoplastic liver lesions in male and female mice, including alteration in cell size (cytomegaly and karyomegaly), hepatocellular degeneration, and individual cell necrosis. 1,4-Dichlorobenzene also increased the incidences of nephropathy in male mice and renal tubular regeneration in female mice. 1,4-Dichlorobenzene increased the incidences of hepatocellular carcinomas in high dose male (14/50; 11/49; 32/50) and female (5/50; 5/48; 19/50) mice and hepatocellular adenomas in dosed male (5/50; 13/49; 16/50) and high dose female (10/50; 6/48; 21/50) mice. Hepatoblastomas were observed in four high dose male mice but not in vehicle controls. This rare tumor has not occurred in 1,091 male vehicle control mice in NTP studies. An increase in thyroid gland follicular cell hyperplasia was observed in dosed male mice (1/47; 4/48; 10/47), and there was a marginal positive trend in the incidence of follicular cell adenomas of the thyroid gland in female mice (0/48; 0/45; 3/46). Pheochromocytomas (benign or malignant, combined) of the adrenal gland occurred with a positive trend in dosed male mice, and the incidence in the high dose group was significantly greater than in the vehicle controls (0/47; 2/48; 4/49). The incidence of adrenal gland medullary hyperplasia in male mice was 2/47, 4/48, and 4/49. Focal hyperplasia of the adrenal gland capsule was also observed in dosed male mice (11/47; 21/48; 28/49).

1,4-Dichlorobenzene was not mutagenic in Salmonella typhimurium strains TA98, TA100, TA1535, or TA1537 with or without activation by Aroclor 1254-induced male Sprague-Dawley rat or male Syrian hamster liver S9 when tested according to a preincubation protocol at concentrations up to 100 μ g/plate. 1,4-Dichlorobenzene did not induce forward mutations in the mouse lymphoma L5178Y/TK^{+/-} assay in the absence of exogenous metabolic activation; however, the results were equivocal in this system in the presence of metabolic activation. 1,4-Dichlorobenzene did not produce an increase in sister-chromatid exchanges or chromosomal aberrations in Chinese hamster ovary cells in culture with or without exogenous metabolic activation. No increase in micronucleated cells was seen in erythrocytes of mice from the first 13-week studies.

An audit of the experimental data was conducted for the 2-year studies of 1,4-dichlorobenzene. No data discrepancies were found that influenced the final interpretations.

Under the conditions of these 2-year gavage studies, 1,4-dichlorobenzene produced *clear evidence of* carcinogenicity^{*} for male F344/N rats, as shown by an increased incidence of renal tubular cell adenocarcinomas. There was no evidence of carcinogenicity for female F344/N rats receiving doses of 300 or 600 mg/kg. There was *clear evidence of carcinogenicity* for both male and female B6C3F₁ mice, as shown by increased incidences of hepatocellular carcinomas and hepatocellular adenomas. Marginal increases were observed in the incidences of pheochromocytomas of the adrenal gland in male mice. Nonneoplastic effects in the kidney of male and female rats, in the liver of male and female mice, and in the thyroid gland and adrenal gland of male mice were also associated with the administration of 1,4-dichlorobenzene.

^{*}Categories of evidence of carcinogenicity are defined in the Note to the Reader on page 2.

A summary of the Peer Review comments and the public discussion on this Technical Report appears on pages 9-10.

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PEER REVIEW PANEL

The members of the Peer Review Panel who evaluated the draft Technical Report on 1,4-dichlorobenzene on March 26, 1986, are listed below. Panel members serve as independent scientists, not as representatives of any institution, company, or governmental agency. In this capacity, Panel members have five major responsibilities: (a) to ascertain that all relevant literature data have been adequately cited and interpreted, (b) to determine if the design and conditions of the NTP studies were appropriate, (c) to ensure that the Technical Report presents the experimental results and conclusions fully and clearly, (d) to judge the significance of the experimental results by scientific criteria, and (e) to assess the evaluation of the evidence of carcinogenicity and other observed toxic responses.

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SUMMARY OF PEER REVIEW COMMENTS ON THE TOXICOLOGY AND CARCINOGENESIS STUDIES OF 1,4-DICHLOROBENZENE

On March 26, 1986, the draft Technical Report on the toxicology and carcinogenesis studies of 1,4dichlorobenzene received peer review by the National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee and associated Panel of Experts. The review meeting was held at the National Institute of Environmental Health Sciences, Research Triangle Park, North Carolina.

Dr. J. Goldstein, NTP, introduced the studies by reviewing the experimental design, results, and proposed conclusions (clear evidence of carcinogenicity for male rats, no evidence of carcinogenicity for female rats, clear evidence of carcinogenicity for male and female mice).

Dr. Swenberg, a principal reviewer, agreed with the conclusion in female rats. He proposed that the conclusions in male rats and male and female mice be changed to some evidence of carcinogenicity based on: (1) occurrence of tumors only in tissues where there was considerable toxicity, (2) lack of genotoxicity in a battery of short-term tests, and (3) a negative finding for carcinogenicity in previous inhalation studies. Dr. S. Eustis, NIEHS, commented that although the incidence of nonneoplastic lesions in mice was great, the toxicity (single cell necrosis) was not severe but generally minimal to mild. Dr. Swenberg thought that the inhalation route would have been more appropriate than the gavage route, since it is the predominant route of human exposure. Dr. Goldstein responded that oral administration was a valid route, since the chemical is found in drinking water and also in many waste dumps. Regarding the negative findings in the previous inhalation studies, she reported that the exposure period in rats was only 76 weeks versus 102 weeks in the present studies, and the mice in the earlier inhalation studies suffered from high early mortality because of fighting and a respiratory infection. Therefore, exposures were terminated at 61 weeks and surviving mice were killed at 51-61 weeks (males) or 75-76 weeks (females).

As a second principal reviewer, Dr. Crowley agreed with the conclusions as written. He thought that based on the short-term studies, the top dose in male rats in the 2-year study was probably too high.

As a third principal reviewer, Dr. Hooper agreed with the conclusions as written. He said that the conclusions in mice were supported by the finding of rare hepatoblastomas in high dose males. In view of the similarity of renal toxicity in male rats to that observed with other hydrocarbons, Dr. Hooper asked whether there was evidence of the role of the a-2-microglobulin in these effects. Dr. Eustis commented that although the accumulation of hyaline droplets in renal tubules (presumably a-2-microglobulin) is seen earlier than most of the renal lesions, there is no direct evidence for a cause-and-effect relationship between the protein and the later appearing lesions. Dr. Hooper suggested that inclusion of concentration levels of 1,4-dichlorobenzene in products for home use, such as mothballs, and for commercial use, such as toilet disinfectant, would be useful. Dr. Goldstein said that this information would be included if available.

In further discussion, Dr. Mirer cautioned against giving too much weight to results of the previous inhalation studies, since the protocols and other aspects of the studies were different from the NTP studies. With regard to the concomitant toxicity and tumors in the same organ, he stated that it would be departure from past practice for the Panel to lower the level of evidence because of concurrent toxicity. Dr. Swenberg said that after hearing clarifying remarks on liver tumors in mice and because of the rarity of the hepatoblastomas found in high dose male mice, he would agree that the level of evidence in male and female mice should remain clear evidence of carcinogenicity.

Dr. J. Barter, representing the Chlorobenzene Producers Association, made several comments on the Technical Report. He opined that the differences reported between the inhalation studies and the NTP oral studies were important and should not be overlooked. He noted that there was considerable scientific debate about the relevance of liver tumors in mice as predictive of human cancer in view of the high and variable spontaneous incidences of such tumors. Finally, he said that the Association believed that the cited number of humans occupationally exposed was seriously overestimated. Dr. J. Huff, NIEHS, mentioned that liver neoplasia was not uniformly high in mice; the background rates for male $B6C3F_1$ mice are high but female mice have a relatively low rate in comparison. He asked for more accurate information on occupational exposures if available. [See p. 14.]

Dr. Perera felt that too much attention was being given to other studies and that emphasis should be placed on the NTP studies being reviewed. Dr. Swenberg argued that the previous inhalation studies as well as information on apparent lack of genotoxicity of the chemical were relevant to determining the strength of evidence in the present studies.

Dr. Hooper moved that the Technical Report on 1,4-dichlorobenzene be accepted with the conclusions as written, clear evidence of carcinogenicity for male rats and male and female mice, and no evidence of carcinogenicity for female rats. Dr. Perera seconded the motion and it was approved by 10 affirmative votes to 1 negative vote (Dr. Swenberg).

CONTRIBUTORS

The NTP Technical Report on the Toxicology and Carcinogenesis Studies of 1,4-Dichlorobenzene is based on the first 13-week studies that began in July 1978 and ended in October 1978, the second 13week studies that began in July 1979 and ended in September 1979, and the 2-year studies that began in May 1980 and ended in May 1982 at Battelle Columbus Laboratories.

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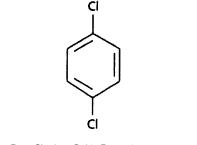
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I. INTRODUCTION

Use and Production Metabolism Acute Toxicity Short-Term and Subchronic Toxicity Effects on Reproduction and Teratology Carcinogenicity Studies Case Reports and Epidemiologic Studies Mutagenicity NTP Carcinogenicity Studies of Other Lower Chlorinated Benzenes Study Rationale



1,4-DICHLOROBENZENE

CAS No. 106-46-7

 $C_6H_4Cl_2$

Molecular weight: 147

Synonyms: p-Dichlorobenzene; para-Dichlorobenzene; para-Chlorophenyl chloride

Use and Production

1,4-Dichlorobenzene is used primarily as a space deodorant (55%) and for moth control (35%) (IARC, 1982). Solid 1,4-dichlorobenzene is commonly used to mask odors in toilets. Other applications (10%) include use as an intermediate in organic syntheses. The most important synthetic product is the dye intermediate 2,5-dichloroaniline. 1,4-Dichlorobenzene is also used in the synthesis of polyphenylene sulfide resins that are used in the electronic and electrical industries. It is registered for use as an animal repellent.

The production of 1,4-dichlorobenzene was estimated to be 33 million kg in 1982 (USITC, 1983). No imports of 1,4-dichlorobenzene were reported in 1982 (U.S. Department of Commerce, 1983). U.S. exports of all dichlorobenzenes were reported to be 17 million kg in 1980 (U.S. Department of Commerce, 1981).

As reported in 1980, approximately 1 million workers in the United States are occupationally exposed to 1,4-dichlorobenzene, primarily via the inhalation route (USEPA, 1980a). According to one survey, approximately 821 workers were exposed to 1,4-dichlorobenzene during production, captive use, and shipment from producers (Hull & Co., report prepared for Chlorobenzene Producers Association, 1980). Levels of 42-4,350 mg/m³ have been measured in various factory operations (USEPA, 1980a,b). The Occupational Safety and Health Administration has set 75 ppm (450 mg/m^3) as the highest acceptable time-weighted-average concentration for an 8-hour exposure in a 40-hour workweek (OSHA, 1980).

1,4-Dichlorobenzene has been measured in ambient air in a number of studies (Bozelli and Kebbekus, 1979; USEPA, 1980a). Values (up to 5 ppb) reported for urban areas were greater than those for rural areas. 1,4-Dichlorobenzene also has been reported in some samples of raw and finished drinking water in the United States (0.07-2 μ g/liter) (USEPA, 1980b). Higher concentrations were reported in discharges of industrial and municipal sewage treatment plants (generally 2-12 μ g/liter).

Morita and Ohi (1975) reported indoor concentrations of 1,4-dichlorobenzene from its use as a space deodorant or moth repellant of 1,700 μ g/m³ (283 ppb) (wardrobe), 315 μ g/m³ (52 ppb) (closet), and 105 μ g/m³ (18 ppb) (bedroom) compared with outdoor concentrations of 1.5-4.2 μ /m³ in the Tokyo area.

Metabolism

The ability of animals to metabolize chlorinated benzenes decreases as the number of chlorine atoms increases (Matthews, 1982). The position of the chlorine atom on the benzene ring is also important. 1,4-Dichlorobenzene is metabolized more slowly than 1,2-dichlorobenzene in both rabbits and rats (Azouz et al., 1955; Reid and Krishna, 1973). In rabbits, the major metabolites of 1,4-dichlorobenzene are 2,5-dichlorophenol and the sulfate and glucuronide conjugates of 2,5-dichlorophenol (Azouz et al., 1955). In contrast to other dichlorobenzenes, mercapturic acids and catechols were not found as metabolites in the rabbit.

Hawkins et al. (1980) compared tissue distribution and metabolism of 1,4-[14C]dichlorobenzene after daily administration by the oral (250 mg/kg), subcutaneous (250 mg/kg), or inhalation (1,000 ppm for 3 hours per day) routes to adult female CFY (Sprague-Dawley derived) rats for 2-10 days. Tissue distribution and patterns of excretion were similar for the three routes. The concentration in the tissues was highest at 4-6 days, indicating a low potential for bioaccumulation. The highest concentration was in fat, followed in descending order by kidney, lung and liver, plasma, and muscle. The concentration in fat was generally at least 10-30 times the concentration in other tissues. Most of the radioactivity was excreted in the urine (91%-97%), only 2%-6% in feces, and little in expired air (0.2%) after inhalation; 1% after oral and 6% after subcutaneous administration). The two major urinary metabolites were the sulfate (46%-54%) and the glucuronide conjugates (31%-34%) of 2,5-dichlorophenol. Two minor metabolites, a dihydroxydichlorobenzene and a mercapturic acid conjugate of 1,4-dichlorobenzene, were identified in acid hydrolysates of urine. In bile ductcannulated animals, 49% of the excreted radioactivity was found in bile after an inhalation dose and 63% after an oral dose. A comparison of the amount excreted in feces versus bile indicates that enterohepatic circulation occurred in intact animals. In bile duct-cannulated animals dosed orally, 9% of the radioactivity was excreted in feces, indicating approximately 91% absorption. 2,5-Dichlorophenol glucuronide and an unidentified metabolite were the major metabolites found in bile. The unidentified metabolite was not found in urine or feces, indicating that it is reabsorbed in vivo. The disappearance of radioactivity from the various tissues was determined in animals killed at various times after daily administration for 10 days. Concentrations were highest within 8 hours of the last dose

and declined rapidly thereafter. Tissue concentrations were approximately one-third the maximum value 24 hours after the last dose and were negligible after 5 days.

Kimura et al. (1979) administered single oral doses of 200 mg/kg nonradioactive 1,4-dichlorobenzene to male Wistar rats. Gas chromatographic determinations indicated that tissue concentrations of 1,4-dichlorobenzene reached a maximum 6-20 hours after administration and that the compound disappeared from the blood, liver, kidney, lung, heart, and brain by 48 hours. 1.4-Dichlorobenzene was still present in fat at 120 hours, but the concentration was only 2% of the peak values. The half-life in fat appeared to be approximately 24 hours. Two metabolites of 2,5-dichlorophenol (2,5-dichlorophenyl methyl sulfoxide and 2,5-dichlorophenyl methyl sulfone) were identified. The concentration of the methyl sulfoxide metabolite was highest in kidney, followed in descending order by blood, adipose tissue, and liver. The concentration of the dimethyl sulfone was highest in blood, followed in descending order by adipose tissue, kidney, and liver. The peak concentrations of both metabolites in blood were only 10% that of the parent compound; however, the dimethyl sulfone disappeared more slowly from blood than did the parent compound. Dimethyl sulfone concentrations peaked at 18-48 hours; the compound was still detectable in blood at 120 hours, although its concentration had decreased by approximately 90%. Both compounds were found in urine at very low concentrations (less than 0.03% of the total dose).

In humans, 1,4-dichlorobenzene is converted to 2,5-dichlorophenol and 2,5-dichlorohydroquinone (Hallowell, 1959; Pagnotto and Walkley, 1965). The phenol is excreted as the glucuronide and sulfate conjugates. 1,4-Dichlorobenzene has been reported in fat and plasma of humans in Japan and in plasma of humans in Louisiana (Morita, 1977). The mean concentration in 34 samples of human fat taken from residents in the Tokyo area was 2 ppm.

Chlorobenzene, bromobenzene, iodobenzene, and 1,2-dichlorobenzene bind covalently to liver protein and produce hepatic centrilobular necrosis when administered to rats (Reid and Krishna, 1973; Brodie et al., 1971). Phenobarbital pretreatment enhances these effects, apparently by increasing metabolism by the hepatic cytochrome P-450 system that is responsible for the initial hydroxylation of chlorinated benzenes (Matthews, 1982). In contrast to mono- and 1,2dichlorobenzene, 1,4-dichlorobenzene did not produce hepatic necrosis when injected into control or phenobarbital-dosed rats at similar doses (single doses of 0.5 mmol/kg) (Brodie et al., 1971; Reid and Krishna, 1973). Covalent binding of 1,4-dichlorobenzene to liver and lung protein was 90%-98% less than that of mono- or 1,2dichlorobenzene (Reid et al., 1973; Reid and Krishna, 1973). 1,4-Dichlorobenzene was present at higher concentrations in the liver and was metabolized and disappeared from the tissues more slowly than did 1,2-dichlorobenzene. The lower rate of metabolism of 1,4-dichlorobenzene to reactive metabolites relative to mono- and 1,2-dichlorobenzene may explain the difference in the relative hepatotoxicity and the covalent binding of these chlorinated benzenes.

Acute Toxicity

Hollingsworth et al. (1956) reported that the LD₅₀ value for 1,4-dichlorobenzene administered orally in olive oil to rats was greater than 1.0 g/kg but less than 4.0 g/kg. The LD_{50} value for guinea pigs was greater than 1,600 mg/kg but less than 2,800 mg/kg. Zupko and Edwards (1949) reported an LD_{50} value of 2.6 g/kg for 1,4-dichlorobenzene administered intraperitoneally to Wistar rats. Domenjoz (1946) reported an oral LD₅₀ value of 2.95 g/kg in white mice. Irie et al. (1973) reported a subcutaneous LD_{50} value of 5.15 g/kg for mice. The effects of acute oral administration generally included increased lacrimation, salivation, and excitation followed by ataxia, dyspnea, and death from respiratory paralysis within 3 days. At necropsy, enlarged livers with necrosis and necrotic changes in the kidneys were observed. Eye and nose irritation, hemorrhage and edema of the lungs, renal and hepatic necrosis, and central nervous system depression were observed after inhalation (Hollingsworth et al., 1956).

Short-Term and Subchronic Toxicity

Zupko and Edwards (1949) administered a high dose of 1,4-dichlorobenzene by inhalation (calculated to be 100 mg/liter air) for 30 minutes per day for 30 days to rabbits and 20 minutes per day to Wistar rats (11-25 days). This dose caused narcosis in both species and some deaths. A decrease in granulocyte counts was reported in rats and rabbits; the counts returned to normal after cessation of exposure. Hemorrhagic areas in the lungs, edema of the lung tissue, and kidney damage (but little liver damage) were observed.

Hollingsworth et al. (1956) administered 1,4dichlorobenzene in olive oil by gavage 5 days per week for 4 weeks to adult male rats (two per group; strain unspecified) at 10, 100, or 500 mg/kg. Animals were killed 1 day after the last dose. Necrosis of the centrilobular area of the liver, swelling and cloudiness in the renal tubular epithelium, and casts in the kidney were reported in rats administered 500 mg/kg per day. In a longer study, female white rats (10 per group) were administered 18.8, 188, or 376 mg/kg 1,4-dichlorobenzene in olive oil containing 5%-10% gum arabic emulsifier for a total of 138 doses in 192 days. 1,4-Dichlorobenzene at 188 mg/kg per day increased liver and kidney weights, and increases in kidney and liver weights and focal necrosis and slight cirrhosis of the liver were observed at 376 mg/kg. No hematologic changes or bone marrow abnormalities were observed. No effects were noted at 18.8 mg/kg.

Hollingsworth et al. (1956) administered 1,4dichlorobenzene by gavage to rabbits at 500 mg/kg (5 days per week for 367 days or a total of 263 doses) or 1,000 mg/kg (92 doses over 219 days). At 500 mg/kg per day, enlargement of the liver and a few areas of necrosis were found, and animals exhibited weakness, tremors, and weight loss. At the higher dose, some deaths occurred. No hematologic changes were observed. Rats, rabbits, and guinea pigs were also exposed to 1,4-dichlorobenzene by inhalation. Inhalation at 96 ppm (7 hours per day, 5 days per week for 6-7 months) produced no effects in 10 female mice, 10 rats, 1 rabbit of each sex, 8 guinea pigs, or 1 female monkey. At 173 ppm (7 hours per day, 5 days per week for 16 days), exposure of rats (five per sex), guinea pigs (five per sex), and rabbits (one of each sex) did not affect growth or mortality but did increase liver and kidney weights of rats and decrease spleen weights of

male guinea pigs. Congestion and granular degeneration of the centrilobular areas of the liver were observed in female rats. Examination of the lung revealed some interstitial edema and congestion and alveolar hemorrhage and edema in male rats, female guinea pigs, and the female rabbit. At 341 ppm, 20 male rats, 8 male guinea pigs, 8 female guinea pigs, and 1 male and 1 female rabbit were exposed 7 hours per day, 5 days per week for 6 months. The only effects noted were increases in liver and kidney weights of male rats: cloudy swelling, fatty degeneration, and focal necrosis of the liver of male guinea pigs; and a slight depression of growth in male guinea pigs. At 798 ppm (8 hours per day, 20-69 exposures), deaths occurred in 2/19 male rats, 2/15 female rats, 2/16 male guinea pigs, 0/7 female guinea pigs, 3/8 male rabbits, and 1/8 female rabbits. Signs of toxicity included tremors, weakness, unconsciousness, and weight loss. Irritation of the lungs, including slight congestion and emphysema, were found in two rabbits. Microscopic examination of the liver revealed slight to moderate changes, including cloudy swelling and centrilobular necrosis. Cloudy swelling of the tubular epithelium of kidney of female rats also was observed.

Another chlorinated benzene, hexachlorobenzene, was responsible for an outbreak of porphyria cutanea tarda in approximately 3,000 people in Turkey from 1955 through 1959 (Cam and Nigogosyan, 1963). The amount of hexachlorobenzene ingested by individuals with this syndrome was estimated to be approximately 0.05-0.2 g per day for a relatively long period of time. Exposure began in 1954-1955, but many incidents were first noted in 1956. The signs of the disease included cutaneous lesions, neurologic manifestations, and excretion of large amounts of porphyrins in the urine. The porphyrinuria has been reproduced in rats (Ockner and Schmid, 1961). Rimington and Ziegler (1963) reported that large doses of a number of other chlorinated benzenes, including 1,4-dichlorobenzene (770 mg/kg per day for 5 days), also produced porphyrinuria in rats. However, the doses used in this study were quite large, and the increases in porphyrin excretion were modest compared with the large increases produced by short-term administration of hexachlorobenzene. Later work showed that, unlike

hexachlorobenzene, which produces porphyria in female rats when administered for 3 months at dietary concentrations as low as 50 ppm (Carlson, 1977), neither 1,4-dichlorobenzene nor 1,2,4-trichlorobenzene produced hepatic porphyria at concentrations of 50-200 ppm. Moreover, pentachlorobenzene did not affect tissue or urinary porphyrins when administered in the diet for 6 months at doses as high as 1,000 ppm (Linder et al., 1980). Therefore, although hexachlorobenzene is clearly porphyrogenic in rats, there is little evidence that less chlorinated benzenes cause porphyria in this species.

The chlorinated benzenes, including 1,4-dichlorobenzene, induce hepatic drug-metabolizing enzymes and produce hypertrophy of the liver (Carlson and Tardiff, 1976; Goldstein et al., 1982). 1,4-Dichlorobenzene is less potent than many of the more highly chlorinated benzenes but is more potent than 1,2-dichlorobenzene. Hawkins et al. (1980) suggested that enzyme induction was probably responsible for the greater levels of 1,4-dichlorobenzene in tissues after 4-6 daily doses than after 10 daily doses.

Effects on Reproduction and Teratology

Hayes et al. (1985) studied the teratogenic potential of 1,2-dichlorobenzene and 1,4-dichlorobenzene in rabbits and 1.2-dichlorobenzene in rats. Groups of inseminated female F344 rats (30-32) or New Zealand white rabbits (28-30) were exposed by inhalation at 0, 100, 300, or 800 ppm 1,4-dichlorobenzene or 0, 100, 200, or 400 ppm 1,2-dichlorobenzene 6 hours per day on days 6-15 (rats) or days 6-18 (rabbits) of gestation. Both 1,2- and 1,4-dichlorobenzene produced a slight decrease in maternal weight gain of rabbits at the highest dose on days 6-8 of gestation; however, there was no effect on liver or kidney weights at the end of the study. In fetuses, the incidences of external, soft tissue, and skeletal alterations appeared similar in control and 1,4dichlorobenzene-dosed rabbits. There was a significant increase in resorptions at 300 ppm but not at 800 ppm. Therefore, the investigators concluded that the increase at the 300-ppm dose was probably not compound related. 1,2-Dichlorobenzene also produced no effect on the number of pregnancies, litter size, or resorption rate. The incidence of major malformations was not

increased in any of the exposed groups compared with the controls.

In pregnant rats dosed with 1,2-dichlorobenzene, there was no effect on litter size, resorption, or fetal measurements (Hayes et al., 1985). The incidence of major malformations was not increased. There was a significant delay in the ossification of the vertebrae in the offspring of the 400-ppm group. The 400-ppm dose produced a transient decrease in weight gain in female rats on days 6-8 of gestation and produced a significant increase in liver weight at the end of the study, indicating that this dose produced slight maternal toxicity.

Hodge et al. (1977) (reviewed by Loeser and Litchfield, 1983) examined the teratogenic potential of 1.4-dichlorobenzene in pregnant rats (an SPF colony, Alderley Park, Wistar-derived strain, 32 per group). Exposure was by inhalation at 0, 75, 200, or 500 ppm for 6 hours per day for days 6-15 of gestation. In this study, it was concluded that 1.4-dichlorobenzene had no effect on implantations, resorptions, number of viable fetuses, corpora lutea, fetal weight, litter weight, or implantation efficiency. It was not embryotoxic, fetotoxic, or teratogenic in rats at these concentrations, and there was no effect on maternal weight gain. The results of these studies indicate that 1,4-dichlorobenzene is not teratogenic to rats or rabbits (Hayes et al., 1985; Hodge et al., 1977).

Carcinogenicity Studies

Groups of 76-79 male and female SPF rats (Alderley Park, Wistar-derived strain) were exposed by inhalation to 1.4-dichlorobenzene at 0. 75, or 500 ppm 5 hours per day 5 days per week for 76 weeks (Riley et al., 1980a, summarized by Loeser and Litchfield, 1983). Five male and five female rats per group were killed at weeks 26-27, 52-53, and 76-77. The remainder were killed at week 108 after a 32-week recovery period. The compound did not affect mortality, clinical condition, body weight, hematologic parameters, or body weight gain at these doses. 1.4-Dichlorobenzene at 500 ppm did increase the liver weight to body weight ratio of male rats slightly at week 76 of exposure (13%), indicating some biologic effects. However, the liver size of

animals killed at 108 weeks (after a 32-week recovery period) was no greater than that of control rats, suggesting that the effect had disappeared. The liver weights of female rats were increased over those of controls at 75 and 500 ppm at 26 weeks but not at 76-77 weeks, although the liver weights in the high dose animals were greater than those in controls at 109-112 weeks. Kidney weights were increased in the high dose male rats at 26-27 and 76-77 weeks, but at 109-112 weeks (after the 32-week recovery period), they were similar to those of controls. Excretion of urinary coproporphyrin was purported to be higher at 500 ppm; however, there was so much variation in the mean values for this parameter in different groups of rats that this suggestion does not appear to be valid. 1,4-Dichlorobenzene did not affect the incidence of tumors in rats given this regimen (exposed at 75 or 500 ppm by inhalation for 76 weeks, given a 32-week recovery period, and then killed at 108 weeks). No histologic alterations were noted, however.

In a second study (Riley et al., 1980b, also quoted by Loeser and Litchfield, 1983), groups of 75 male and 75 female SPF Swiss mice (Alderley Park strain) were exposed to 1,4-dichlorobenzene at 75 or 500 ppm by inhalation for 57 weeks. Because of fighting among the males and the probable occurrence during the study of a respiratory infection in both sexes due to a suspected Sendai virus, the male study was terminated at week 61, when mortality was approaching 80%. Exposure of the females ceased at week 57, and the animals were killed at weeks 75-76. Histologic examination of all groups of female mice indicated a high incidence of respiratory disease, but there was no evidence of any compound-related effects. The authors concluded that, within the limitations of the experiments, the administration of 1,4-dichlorobenzene to female mice at levels up to 500 ppm for 57 weeks followed by a recovery period of 19 weeks did not produce any significant nonneoplastic lesions or increase the number or type of neoplasms.

In these inhalation studies, the rats and mice were exposed for fewer than 104 weeks, the usual duration of dosing for carcinogenicity studies in these species (IARC, 1982; NTP, 1984). Moreover, the absence of histologic

alterations in both rats and mice at terminal kill suggests that recovery may have occurred. Also, the doses selected may have been lower than would be chosen according to current practice. There was no evidence of a biologic effect in mice. Riley et al. (1980a) stated that the doses for the rat study were based on a possible effect level based on findings from a study published by Hollingsworth et al. (1956) which was performed in an unspecified strain of rats. However, fewer biologic effects were observed at the 500-ppm level than were anticipated based on the Hollingsworth study. It is doubtful that the inhalation studies reported by Riley et al. (1980a,b) achieved tissue levels comparable to those achieved in the present NTP studies. This inference is based on data reported by Hawkins et al. (1980) which indicated that roughly comparable tissue levels were achieved when female rats were given 1,4-dichlorobenzene orally at doses of 250 mg/kg or by inhalation at 1,000 ppm. In the present NTP 2-year gavage studies, doses of 150 and 300 mg/kg were given to male rats and 300 and 600 mg/kg to females.

Case Reports and Epidemiologic Studies

Girard et al. (1969) reported the occurrence of leukemia in five humans who had been exposed to 1,2- or 1,4-dichlorobenzene as a solvent for other chemicals or in chlorinated benzene mixtures. These included two incidents of chronic lymphatic leukemia, two of myeloblastic leukemia, and one of myeloproliferative syndrome. One of the individuals with chronic lymphatic leukemia had been exposed for several years to a glue containing 2% 1,2-dichlorobenzene, and the other had been exposed to a solvent containing 1,2-, 1,3-, and 1,4-dichlorobenzenes (80%, 2%, and 15%, respectively). One of the persons with myeloblastic leukemia had used this same solvent, and the other had been exposed to a product containing 37% 1,2-dichlorobenzene. The person with myeloproliferative syndrome had been exposed to many chemicals, including 1,2dichlorobenzene. The authors were unable to conclude that the chlorinated benzenes were the causative agents for these blood disorders but suggested that workers exposed to these solvents should be monitored carefully. The International Agency for Research on Cancer considered these data to be inadequate to evaluate

the carcinogenicity of dichlorobenzenes in humans (IARC, 1982).

An increase in chromosomal aberrations was observed in peripheral blood samples from 8 male and 18 female workers accidentally exposed 8 hours per day for 4 days to 1,2-dichlorobenzene vapors; exposure produced symptoms in 10 individuals (headache, malaise, dizziness, and nausea) (Zapata-Gayon et al., 1982). The chief chromosomal alterations were single and double breaks. Six months later, a reduction in the aberrations was observed. No estimates of the levels of exposure or tissue residues were given in this study.

Mutagenicity

Lawlor et al. (1979) examined the genotoxic potential of 1.4-dichlorobenzene with repair-deficient and repair-proficient strains of Escherichia coli and Salmonella. 1,4-Dichlorobenzene decreased the survival index for E. coli only at the highest dose tested (200 µg/ml). Shimizu et al. (1983) found that 1,4-dichlorobenzene was not mutagenic in Salmonella typhimurium strains TA98, TA100, TA1535, TA1537, or TA1538 with or without metabolic activation at the highest doses that could be tested without toxicity (6.6 mg/plate). 1,4-Dichlorobenzene was not mutagenic in S. typhimurium strains TA98, TA100, TA1535, or TA1537 with or without activation by Aroclor 1254-induced male Sprague-Dawley rat or male Syrian hamster liver S9 at concentrations up to 100 µg/plate when tested according to a preincubation protocol (Haworth et al., 1983; Appendix E, Table E1). 1,4-Dichlorobenzene was reported to be weakly mutagenic to the meth₃ locus in Aspergillus nidulans (Prasad, 1970); however, the IARC working group suggested that these findings need to be confirmed (IARC, 1982). 1,4-Dichlorobenzene did not increase the frequency of forward mutations in $L5178Y/TK^{+/-}$ mouse lymphoma cells in the absence of metabolic activation (Table E2). In the presence of S9 from Aroclor 1254-induced male F344 rat liver, the results of this test were equivocal in that a first trial gave negative results for mutagenicity, a clearly positive response occurred at the highest dose administered in a second trial, and in a third trial the response at a similar dose was marginal

(Table E3). 1,4-Dichlorobenzene did not induce unscheduled DNA synthesis in human lymphocytes in vitro (Perocco et al., 1983).

Several studies have demonstrated that 1.4-dichlorobenzene produces chromosomal aberrations in root tips (Sharma and Bhattacharyya, 1956; Srivastava, 1966; Gupta, 1972). However, 1.4-dichlorobenzene did not induce chromosomal aberrations or sister-chromatid exchanges in Chinese hamster ovary cells either with or without metabolic activation by Aroclor 1254-induced male Sprague-Dawley rat liver S9 (Tables E4 and E5). Further, in a review of results from an unpublished in vivo mammalian cytogenetics test, Loeser and Litchfield (1983) reported that 1,4-dichlorobenzene produced no increase in the number of chromosomal abnormalities in rat bone marrow cells 22 hours after inhalation exposure to three rats per group under one of the following conditions: 2 hours at 299 or 682 ppm; 5 hours per day for 5 days at 75 or 500 ppm; or 5 hours per day, 5 days per week for 3 months at 75 or 500 ppm. These findings are supported by the negative results in studies conducted by NTP on micronuclei in circulating erythrocytes from mice exposed orally to 1.4dichlorobenzene for 13 weeks at doses of 600-1,800 mg/kg (Table E6). Loeser and Litchfield (1983) also reviewed previously unpublished data on a dominant lethal assay in which 16 male mice were exposed by inhalation at concentrations of 75, 225, or 450 ppm 1,4-dichlorobenzene 6 hours per day for 5 days. The mice were mated with virgin females each week for 8 weeks. Fertility was not affected. No significant increase in postimplantation early fetal deaths was observed at any time. There was no evidence of preimplantational ovum loss as indicated by the total number of implantations during weeks 1-7, but a decrease in total implantations at 75 and 450 ppm at week 8 was observed. The significance of this decrease was weakened by the absence of an increase in the number of early deaths.

NTP Carcinogenicity Studies of Other Lower Chlorinated Benzenes

Another chlorinated benzene derivative, monochlorobenzene, was studied for toxic and carcinogenic potential by gavage administration to

male and female F344/N rats and B6C3F1 mice at doses up to 750 mg/kg body weight per day for 13 weeks and at doses up to 120 mg/kg per day (high dose of 60 mg/kg per day for male mice) for 103 weeks (NTP, 1985a). In the 13-week studies, doses of 250-750 mg/kg per day caused death, hepatocellular necrosis, renal tubular injury, thymic necrosis, or lymphoid or myeloid depletion of the bone marrow, spleen, or thymus in both rats and mice. The dose of 120 mg/kg per day in the 103-week study caused an increased incidence of neoplastic nodules of the liver in male rats. Increased tumor incidences associated with long-term monochlorobenzene administration were not observed in female rats or in male and female mice. No other toxic lesions attributed to monochlorobenzene were detected in the 103-week studies.

1,2-Dichlorobenzene was administered by gavage to male and female F344/N rats and B6C3F1 mice at doses up to 500 mg/kg 5 days per week for 13 weeks and at doses of 60 and 120 mg/kg 5 days per week for 103 weeks (NTP, 1985b). In the 13-week studies, 500 mg/kg of 1,2-dichlorobenzene decreased survival in male and female mice and in female rats and produced centrilobular necrosis, hepatocellular degeneration, and depletion of lymphocytes in the thymus and spleen of both sexes of mice and rats. This dose also produced renal tubular degeneration in male rats and multifocal mineralization of the myocardial fibers of the heart and skeletal muscle in male and female mice. At 250 mg/kg, 1,2-dichlorobenzene produced necrosis of individual hepatocytes in rats and mice of each sex. Minimal hepatocellular necrosis was observed in a few rats at a dose of 125 mg/kg. The only hematologic changes seen at any dose were slight decreases in hemoglobin and hematocrit in male and female rats at 500 mg/kg and a slight decrease in the red blood cell count in male rats at 500 mg/kg.

1,2-Dichlorobenzene caused a slight porphyrinuria (a threefold to fivefold increase in urinary uroporphyrins and coproporphyrins) in male and female rats at 500 mg/kg. However, there was no increase in hepatic porphyrins at any dose in rats or mice, indicating that 1,2-dichlorobenzene was not porphyrogenic in these species. Increases in liver weight to body weight ratios were seen in male and female rats at 125-500 mg/kg and in mice at 500 mg/kg. There was a dose-related increase in serum cholesterol in male rats at 30-500 mg/kg and in females at 125-500 mg/kg. Total serum proteins were increased at doses of 250-500 mg/kg (male) and 30-500 mg/kg (female). Polyuria was seen in male rats at 500 mg/kg. (Serum analyses were not performed for mice.)

In the 2-year carcinogenicity study, there was an increase in the incidence of pheochromocytomas of the adrenal gland in the low dose male rats (60 mg/kg) relative to vehicle controls; however, there was no increase in the high dose group (vehicle control, 9/50; 60 mg/kg, 16/50; 120 mg/kg, 6/49) (NTP, 1985b). Therefore, the increased incidence of pheochromocytomas in the low dose male rats was not considered to be related to the administration of 1,2-dichlorobenzene. There was no increase in other neoplastic lesions in rats or mice in these studies. There was a decrease in survival of high dose male rats, but aspiration of 1,2-dichlorobenzene in corn oil in the lungs of 12 high dose male rats may have contributed to the early deaths. An increased incidence of tubular regeneration in the kidney of high dose male mice was observed in the 2-year study. There was no evidence of carcinogenicity of 1,2-dichlorobenzene for F344/N rats or $B6C3F_1$ mice under the conditions of the 2-year studies.

Study Rationale

1.4-Dichlorobenzene was studied for toxicity and carcinogenicity because of its extensive production and use and the absence of previous studies to determine its carcinogenic potential. Although the predominant route of human exposure is inhalation, the oral route (gavage) was used because of ease of administration and because humans are exposed via multiple routes including air and drinking water. Moreover, recent studies have shown that the metabolism and distribution of 1,4-dichlorobenzene are similar after gavage administration, inhalation exposure, and subcutaneous injection (Hawkins et al., 1980). The 13-week studies were expanded to include hematologic evaluation and clinical chemistry studies because a few reports suggested that human exposure to the dichlorobenzenes might be associated with hematologic disorders, including leukemia (Girard et al., 1969). Clinical chemistry and urinary porphyrin values were determined in the 13-week studies to assess the effects of this chemical on the liver and kidney.

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II. MATERIALS AND METHODS

PROCUREMENT AND CHARACTERIZATION OF 1,4-DICHLOROBENZENE PREPARATION AND CHARACTERIZATION OF DOSE MIXTURES FIRST FOURTEEN-DAY STUDIES SECOND FOURTEEN-DAY STUDIES FIRST THIRTEEN-WEEK STUDIES SECOND THIRTEEN-WEEK STUDIES TWO-YEAR STUDIES Study Design Source and Specifications of Animals Animal Maintenance Clinical Examinations and Pathology

Statistical Methods

PROCUREMENT AND CHARACTERIZATION OF 1,4-DICHLOROBENZENE

Technical-grade 1,4-dichlorobenzene was obtained in one lot from Dover Chemical Co., a subsidiary of ICC Solvent Chemical Co. (New York, New York). Purity and identity analyses were conducted at Midwest Research Institute (Kansas City, Missouri) (Appendix F).

The identity of 1,4-dichlorobenzene was confirmed by infrared, ultraviolet/visible, and nuclear magnetic resonance spectroscopy. The purity was determined by elemental analysis, Karl Fischer water analysis, and gas chromatography. This lot was greater than 99% pure. Results of elemental analysis were in agreement with theoretical values. No impurities were detected by gas chromatography. (Peaks corresponding to 1,2- and 1,3-dichlorobenzene at the limit of detection, 0.05%, w/w, were not present.) Periodic characterization of the bulk chemical by infrared spectroscopy and gas chromatography confirmed the identity of the chemical and indicated that no detectable deterioration occurred over the course of the studies.

PREPARATION AND CHARACTERIZATION OF DOSE MIXTURES

1,4-Dichlorobenzene in corn oil at a concentration of 8% was stable for at least 7 days at room temperature (Appendix G). Formulations of 1,4-dichlorobenzene in corn oil were prepared (Table 1), and samples were periodically selected at random to estimate the accuracy with which the formulations were prepared over the course of the studies. Dose mixtures were analyzed at approximately 8-week intervals during the 2year studies (Appendixes H and I). All of the samples analyzed were within \pm 10% of the target concentrations (Table 2; Table II).

First Fourteen-Day Studies	Second Fourteen-Day Studies	First Thirteen-Week Studies	Second Thirteen-Week Studies	Two-Year Studies
Preparation Weighed portion of 1,4-dichlorobenzene and corn oil mechan- ically stirred in volumetric flask for 1 h; lower doses pre- pared by serial dilution.	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies
Maximum Storage Time 14 d	e 14 d	1 4 đ	14 d	14 d
Storage Conditions 23° C	23° C	23° C	23° C	23° C

TABLE 1. PREPARATION AND STORAGE OF DOSE MIXTURES IN THE GAVAGE STUDIES OF1,4-DICHLOROBENZENE

	Target Concentration (mg/ml)		
	30	60	120
Mean (mg/ml)	30.7	59.7	121.1
Standard deviation	1.05	2.32	5.44
Coefficient of variation (percent)	3.4	3.9	4.5
Range (mg/ml)	28.4-32.4	56.0-62.4	110,4-127.2
Number of samples	12	12	12

TABLE 2. SUMMARY OF RESULTS OF ANALYSIS OF DOSE MIXTURES IN THE TWO-YEAR GAVAGE STUDIES OF 1,4-DICHLOROBENZENE

FIRST FOURTEEN-DAY STUDIES

Male and female F344/N rats and B6C3F₁ mice were obtained from Harlan Industries and held for 14 days (rats) or 22 days (mice) before the studies began. 1,4-Dichlorobenzene was administered by gavage in corn oil to groups of five male and five female rats at doses of 60, 125, 250, 500, or 1,000 mg/kg for 14 consecutive days. 1,4-Dichlorobenzene was administered to groups of five male and five female mice at doses of 250, 500, 1,000, 2,000, or 4,000 mg/kg. Controls were untreated.

Animals were housed five per cage. Feed and water were available ad libitum. Details of animal maintenance are presented in Table 3. The rats and mice were observed twice per day. A necropsy was performed on all animals.

SECOND FOURTEEN-DAY STUDIES

Male and female F344/N rats and $B6C3F_1$ mice were obtained from Harlan Industries and held for 14 days before the studies began.

Groups of five male and five female rats were administered 500, 1,000, 2,000, 4,000, or 8,000 mg/kg 1,4-dichlorobenzene in corn oil by gavage for 14 consecutive days. Groups of five male and five female mice were administered 60, 125, 250, 500, or 1,000 mg/kg. Controls were untreated.

Animals were housed five per cage. Feed and water were available ad libitum. Details of animal maintenance are presented in Table 3. The rats and mice were observed twice per day. A necropsy was performed on all animals.

FIRST THIRTEEN-WEEK STUDIES

Thirteen-week studies were conducted to evaluate the cumulative toxic effects of repeated administration of 1,4-dichlorobenzene and to determine the doses to be used in the 2-year studies.

Four- to five-week-old male and female F344/N rats and 5-week-old male and female $B6C3F_1$ mice were obtained from Harlan Industries, observed for 17 days (rats) or 14 days (mice), and assigned to cages according to a table of random numbers. The cages were then assigned to groups according to another table of random numbers.

Groups of 10 rats of each sex were administered 0, 300, 600, 900, 1,200, or 1,500 mg/kg 1,4-dichlorobenzene in corn oil by gavage, 5 days per week for 13 weeks. Groups of 10 mice of each sex were administered 0, 600, 900, 1,000, 1,500, or 1,800 mg/kg.

Rats and mice were housed five per cage in polycarbonate cages. Feed and water were available ad libitum. Further experimental details are summarized in Table 3.

Animals were checked twice per day; moribund animals were killed. Individual animal weights were recorded weekly. One week before the rats and mice were killed, the animals were placed in metabolism cages and urine was collected for 24 hours. The following analyses were performed: pH, protein, glucose, ketones, bilirubin, occult blood, specific gravity, creatine, uroporphyrins, and coproporphyrins. One day before the animals were killed, blood was withdrawn from the

First Fourteen-Day Studies	Second Fourteen-Day Studies	First Thirteen-Week Studies	Second Thirteen-Week Studies	Two-Year Studies
EXPERIMENTAL DE	SIGN			
Size of Study Groups 5 males and 5 females of each species	Same as first 14-d studies	10 males and 10 fe- males of each species	Same as first 13-wk studies	50 males and 50 females of each species
Doses Rats60, 125, 250, 500, or 1,000 mg/kg 1,4-dichlorobenzene in corn oil by gavage; mice250, 500, 1,000, 2,000, or 4,000 mg/kg 1,4-dichlorobenzene in corn oil by gavage; dose vol5 ml/kg; rat controls untreated; mouse controls untreated after d 1	Rats500, 1,000, 2,000, 4,000, or 8,000 mg/kg 1,4-dichlorobenzene in corn oil by gavage; dose vol20 ml/kg during wk 1, 5 ml/kg during wk 2; controls untreated mice60, 125, 250, 500, or 1,000 mg/kg in corn oil by gavage; dose vol5 ml/kg; controls untreated	Rats0, 300, 600, 900, 1,200, or 1,500 mg/kg 1,4-dichlorobenzene in corn oil by gavage; mice0, 600, 900, 1,000, 1,500, or 1,800 ; mg/kg 1,4-dichloroben- zene in corn oil by gavage; dose vol 5 ml/kg	Rats0, 37.5, 75, 150, 300, or 600 mg/kg 1,4-dichlorobenzene in corn oil by gavage; mice0, 84.4, 168.8, 337.5, 675, or 900 mg/kg 1,4-dichlorobenzene in corn oil by gavage; dose vol5 ml/kg	Male rats0, 150, or 300 mg/kg 1,4-dichloroben- zene in corn oil by gavage; female rats and mice0, 300, or 600 mg/kg 1,4-dichloroben- zene in corn oil by gavage; dose vol5 ml/kg
Date of First Dose Rats1/12/78; mice1/5/78	Rats4/13/78; mice4/12/78	Rats7/21/78; mice7/19/78	7/2/79	Rats5/12/80; mice5/19/80
Date of Last Dose Rats1/25/78; mice1/18/78	Rats4/26/78; mice4/25/78	Rats10/19/78; mice10/17/78	9/28/79	Rats4/30/82; mice5/7/82
Duration of Dosing 14 consecutive d	14 consecutive d	5 d/wk for 13 wk	5 d/wk for 13 wk	5 d/wk for 103 wk
Type and Frequency Observed 2 × d	of Observation Same as first 14-d studies	Observed 2 $ imes$ d; weighed 1 $ imes$ wk	Same as first 13-wk studies	Observed $2 \times d$; weighed initially, $1 \times wk$ for $13 wk$, then monthly
Necropsy and Histolo Necropsy performed on all animals; selected animals received histologic exam	gic Examination Same as first 14-d studies except no histologic exams on rats	Necropsy performed on all animals; histologic exam on all vehicle controls, 3 highest dose groups of rats, and 2 highest dose groups of mice; kidneys and lungs examined from 600 mg/kg rats and 300 mg/kg male rats; liver and gallbladder of 600, 900, and 1,000 mg/kg male mice. Tissues examined: gross le- sions, skin lesions (if present), mammary gland, salivary gland, quadriceps muscle, sciatic nerve, sternum with bone marrow, thy- mus, larynx, trachea, lungs, heart, thyroid	Necropsy performed on all animals; tissues examined are the same as in first 13- wk studies.	Necropsy and histologic exam performed on all animals; the following tissues were examined: gross lesions and tissue masses, regional lymph nodes, mandibular or mesenteric lymph nodes, salivary gland, femur including bone marrow, thyroid gland, parathyroids, small intestine, colon, liver, gallbladder (mice), prostate/testes or ovaries/uterus, heart, esophagus, stomach, brain, thymus, spleen, pancreas, skin, trachea, lungs and mainstem bronchi, kidneys, adrenal glands, urinary bladder, pituitary

TABLE 3. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE GAVAGE STUDIESOF 1,4-DICHLOROBENZENE

First Fourteen-Day Studies	Second Fourteen-Day Studies	First Thirteen-Week Studies	Second Thirteen-Week Studies	Two-Year Studies
EXPERIMENTAL D	ESIGN	- 4 - ¹ - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
Necropsy and Histol	ogic Examination (Co	ntinued) gland, parathyroids, esophagus, stomach, duodenum, right pinna aorta, ear canal, right eye, tissue masses and regional lymph nodes, ileum, colon, cecum, mesenteric and thoracic lymph nodes, liver, pan- creas, spleen, right kidney, adrenal glands, urinary blad- der, testes or ovary/ uterus, nasal turbi- nates, brain, pitui- tary gland, and spinal cord/lumbar	Α,	gland, eyes (if grossly abnormal), and mammary gland
ANIMALS AND ANI	MAL MAINTENANC	E		
Strain and Species F344/N rats; B6C3F ₁ mice	F344/N rats; B6C3F ₁ mice	F344/N rats; B6C3F ₁ mice	F344/N rats; B6C3F1 mice	F344/N rats; B6C3F1 mice
Animal Source Harlan Industries, Inc. (Cumberland, IN)	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies	Charles River Breedin Laboratories (Portage MI)
Study Laboratory Battelle Columbus Laboratories	Battelle Columbus Laboratories	Battelle Columbus Laboratories	Battelle Columbus Laboratories	Battelle Columbus Laboratories
Method of Animal Id Foe clip	entification Toe clip	Toe clip	Toe clip	Toe clip
Fime Held Before St Rats14 d; mice22 d	udy 14 d	Rats17 d; mice14 d	17 d	Rats17 d; mice14 d
Age When Placed on Rats6 wk; nice8 wk	Study Same as first 14 d studies	Rats6 wk; mice7 wk	7 wk	Rats7 wk; mice8 wk
Age When Killed Rats9 wk; nice11 wk	Rats8 wk; mice10 wk	Rats20 wk; mice21 wk	20 wk	Rats111 wk; mice112 wk
Necropsy Dates Rats1/31/78; nice1/23/78	Rats4/28/78; mice4/27/78	Rats10/23/78- 10/24/78; mice 10/19/78-10/20/78	10/1 /79-10/2/79	Rats5/10/82-5/13/82; mice5/18/82-5/20/82
Method of Animal Dis Assigned to cages by able of random num- iers, then to groups by inother table	s tribution Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies

TABLE 3. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE GAVAGE STUDIESOF 1,4-DICHLOROBENZENE (Continued)

First Fourteen-Day Studies	Second Fourteen-Day Studies	First Thirteen-Week Studies	Second Thirteen-Week Studies	Two-Year Studies
ANIMALS AND ANI	MAL MAINTENANC	CE (Continued)	, <u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Feed Purina Lab Chow (Ralston Purina, St. Louis, MO); available ad libitum	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies	NIH 07 Rat and Mouse Ration (Zeigler Bros., Gardners, PA); available ad libitum
Bedding Absorb-Dri (Lab Products, Garfield, NJ)	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies
Water Automatic watering system (Edstrom Indus- tries, Waterford, WI); available ad libitum	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies
Cages Polycarbonate (Lab Products, Inc., Rochelle Park, NJ)	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies
Cage Filters Reemay spun-bonded polyester filters (Snow Filtration, Cincinnati, OH)	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies
Animals per Cage 5	5	5	5	5
Other Chemicals on S None	itudy in the Same R None	oom None	None	None
Animal Room Enviror Temp21°-23° C; hum40%-60%; fluorescent light 12 h/d; 15 room air changes/h	nment Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies	Same as first 14-d studies

TABLE 3. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE GAVAGE STUDIES OF 1,4-DICHLOROBENZENE (Continued)

orbital venous plexus and analyzed for hemoglobin, hematocrit, total and differential white blood cell count, red blood cell count, mean corpuscular volume, platelet count, and reticulocyte count. On the day the animals were killed, they were anesthesized with sodium pentobarbital and blood samples were withdrawn by cardiac puncture. The following analyses were performed: alkaline phosphatase, serum glutamic pyruvic transaminase (SGPT), gamma-glutamyltranspeptidase, bilirubin, cholesterol, triglycerides, blood urea nitrogen, glucose, total protein, and globulin fractions. Alpha₁ and alpha₂ globulin fractions were combined because of the low concentrations present. The methods of analysis are described in Appendix J.

The following organs were weighed: lung, heart, liver, spleen, thymus, right kidney, brain, right testicle or right ovary, and uterus. Liver samples were analyzed by the method of Abritti and DeMatteis (1971-1972).

At the end of the 13-week studies, survivors were killed. A necropsy was performed on all animals except those excessively autolyzed or cannibalized. Tissues and groups examined are listed in Table 3.

Statistical analyses were performed on the organ weight, clinical chemistry, and hematology data to assess the significance of differences among dosed and vehicle control group means. These analyses involved the multiple comparison procedures of Dunnett (1955) or Williams (1971, 1972). Williams' test is designed to detect compound-related differences when the response consistently increases (or decreases) as the dose increases. Although the test employs a smoothing algorithm to adjust for dose-response inversions. Dunnett's test is more appropriate if the departure from monotonicity is severe. To assess this departure, Jonckheere's (1954) test for a dose-related trend was applied. If the Jonckheere P value was greater than 0.15, Dunnett's test was used in place of Williams' test.

SECOND THIRTEEN-WEEK STUDIES

The 13-week studies were rerun because a noeffect dose was not achieved in the first 13-week studies.

Four-week-old male and female F344/N rats and 5-week-old male and female $B6C3F_1$ mice were obtained from Harlan Industries, observed for 17 days, and assigned to cages according to a table of random numbers. The cages were then assigned to dosed and vehicle control groups according to another table of random numbers.

Groups of 10 rats of each sex were administered 0, 37.5, 75, 150, 300, or 600 mg/kg 1,4-dichlorobenzene in corn oil by gavage, 5 days per week for 13 weeks. Groups of 10 mice of each sex were administered 0, 84.4, 168.8, 337.5, 675, or 900 mg/kg.

Rats and mice were housed five per cage in polycarbonate cages. Feed and water were available ad libitum. Further experimental details are summarized in Table 3. Animals were checked twice per day; moribund animals were killed. Individual animal weights were recorded weekly. At the end of the 13-week studies, survivors were killed. A necropsy was performed on all animals except those excessively autolyzed or cannibalized. Tissues and groups examined are listed in Table 3.

TWO-YEAR STUDIES

Study Design

Groups of 50 male rats were administered 0, 150, or 300 mg/kg 1,4-dichlorobenzene, 5 days per week for 103 weeks. Groups of 50 female rats and 50 male and female mice were administered 0, 300, or 600 mg/kg on the same schedule.

Source and Specifications of Animals

The male and female F344/N rats and B6C3F1 (C57BL/6N, female, \times C3H/HeN MTV⁻, male) mice used in these studies were produced under strict barrier conditions at Charles River Breeding Laboratories under a contract to the Carcinogenesis Program. Breeding stock for the foundation colonies at the production facility originated at the National Institutes of Health Repository. Animals shipped for study were progeny of defined microflora-associated parents that were transferred from isolators to barriermaintained rooms. Rats were shipped to the study laboratory at 5 weeks of age and mice at 6 weeks. The rats were quarantined at the study facility for 17 days and the mice for 14 days. Thereafter, a complete necropsy was performed on five animals of each sex and species to assess their health status. The rats were placed on study at 7 weeks of age and the mice at 8 weeks of age. The health of the animals was monitored during the course of the studies according to the protocols of the NTP Sentinel Animal Program (Appendix K).

A quality control skin grafting program has been in effect since early 1978 to monitor the genetic integrity of the inbred mice used to produce the hybrid $B6C3F_1$ study animal. In mid-1981, data were obtained that showed incompatibility between the NIH C3H reference colony and the C3H colony from a Program supplier. In August 1981, inbred parental lines of mice were further tested for genetic integrity via isozyme and protein electrophoresis profiles that demonstrate phenotype expressions of known genetic loci.

The C57BL/6 mice were homogeneous at all loci tested. Eighty-five percent of the C3H mice monitored were variant at one to three loci, indicating some heterogeneity in the C3H line from this supplier. Nevertheless, the genome of this line is more homogeneous than that of randomly bred stocks.

Male mice from the C3H colony and female mice from the C57BL/6 colony were used as parents for the hybrid $B6C3F_1$ mice used in these studies. The influence of the potential genetic nonuniformity in the hybrid mice on these results is not known, but results of the studies are not affected because concurrent controls were included in each study.

Animal Maintenance

Animals were housed five per cage. Feed and water were available ad libitum. Further details of animal maintenance are given in Table 3.

Clinical Examinations and Pathology

All animals were observed twice daily, and clinical signs were recorded once per week. Body weights by cage were recorded once per week for the first 12 weeks of the studies and once per month thereafter. Mean body weights were calculated for each group. Animals found moribund and those surviving to the end of the studies were humanely killed. A necropsy was performed on all animals including those found dead, unless they were excessively autolyzed or cannibalized, missexed, or found missing. 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.

During necropsy, all organs and tissues were examined for grossly visible lesions. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. Tissues examined microscopically are listed in Table 3.

When the pathology evaluation was completed, the slides, paraffin blocks, and residual wet tissues were sent to the NTP Archives for inventory, slide/block match, and wet tissue audit. The slides, individual animal data records, and pathology tables were sent to an independent quality assessment laboratory. The individual animal records and tables were compared for accuracy, slides and tissue counts were verified, and histotechnique was evaluated. All tumor diagnoses, all target tissues, and all tissues from a randomly selected 10% of the animals were evaluated by a quality assessment pathologist. The quality assessment report and slides were submitted to the Pathology Working Group (PWG) Chairperson, who reviewed all target tissues and those about which there was a disagreement between the laboratory and quality assessment pathologists.

Representative slides selected by the Chairperson were reviewed by the PWG, which includes the laboratory pathologist, without knowledge of previously rendered diagnoses. When the consensus diagnosis of the PWG differed from that of the laboratory pathologist, the laboratory pathologist was asked to reconsider the original diagnosis. This procedure has been described, in part, by Maronpot and Boorman (1982) and Boorman et al. (1985). The final diagnoses represent a consensus of contractor pathologists and the NTP Pathology Working Group. For subsequent analysis of pathology data, the diagnosed lesions for each tissue type are combined according to the guidelines of McConnell et al. (1986).

Slides/tissues are generally not evaluated in a blind fashion (i.e., without knowledge of dose group) unless lesions in question are subtle or unless there is an inconsistent diagnosis of lesions by the laboratory pathologist. Nonneoplastic lesions are not examined routinely by the quality assessment pathologist or PWG unless they are considered part of the toxic effect of the chemical.

Statistical Methods

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

Survival Analyses: The probability of survival was estimated by the product-limit procedure of Kaplan and Meier (1958) and is presented in the form of graphs. Animals were censored from the survival analyses at the time they were found dead of other than natural causes or were found to be missing; animals dying from natural causes were not censored. Statistical analyses for a possible dose-related effect on survival used the method of Cox (1972) for testing two groups for equality and Tarone's (1975) life table test for a dose-related trend. When significant survival differences were detected, additional analyses using these procedures were carried out to determine the time point at which significant differences in the survival curves were first detected. All reported P values for the survival analysis are two-sided.

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

Analysis of Tumor Incidence: Three statistical methods are used to analyze tumor incidence data. The two that adjust for intercurrent mortality employ the classical method for combining contingency tables developed by Mantel and Haenszel (1959). Tests of significance included pairwise comparisons of high dose and low dose groups with vehicle controls and tests for overall dose-response trends.

For studies in which compound administration has little effect on survival, the results of the three alternative analyses will generally be similar. When differing results are obtained by the three methods, the final interpretation of the data will depend on the extent to which the tumor under consideration is regarded as being the cause of death. Continuity-corrected tests are used in analysis of tumor incidence, and reported P values are one-sided.

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

Incidental Tumor Analyses--The second method of analysis assumed that all tumors of a given type observed in animals that died before the end of the study were "incidental"; i.e., they were merely observed at necropsy in animals dying of an unrelated cause. According to this approach, the proportions of tumor-bearing animals in dosed and vehicle control groups were compared in each of five time intervals: weeks 0-52, weeks 53-78, weeks 79-92, week 93 to the week before the terminal-kill period, and the terminal-kill period. The denominators of these proportions were the number of animals actually examined for tumors during the time interval. The individual time interval comparisons were then combined by the previously described method to obtain a single overall result. (See Haseman, 1984, for the computational details of both methods).

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

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

III. RESULTS

RATS

FIRST FOURTEEN-DAY STUDIES SECOND FOURTEEN-DAY STUDIES FIRST THIRTEEN-WEEK STUDIES SECOND THIRTEEN-WEEK STUDIES TWO-YEAR STUDIES Body Weights and Clinical Signs Survival Pathology and Statistical Analyses of Results

MICE

FIRST FOURTEEN-DAY STUDIES

SECOND FOURTEEN-DAY STUDIES

FIRST THIRTEEN-WEEK STUDIES

SECOND THIRTEEN-WEEK STUDIES

TWO-YEAR STUDIES

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

FIRST FOURTEEN-DAY STUDIES

One male rat in the 125 mg/kg group died before the end of the studies (Table 4). This animal had a punctured esophagus, indicating probable gavage error. The final mean body weights of dosed male rats were 7%-12% lower than that of the controls; however, there was no clear doserelated trend. The final mean body weights of the female rats were not affected in a doserelated manner. No compound-related effects were observed at necropsy or after microscopic examination in either sex. Thus, additional 14day studies were performed at higher doses.

SECOND FOURTEEN-DAY STUDIES

All rats receiving 1,4-dichlorobenzene at 2,000,

4,000, or 8,000 mg/kg died before the end of the studies (Table 5). Four of five females died in the 1,000 mg/kg group; the death of one male rat at this dose was due to gavage error. The final mean body weight of male rats receiving 500 or 1,000 mg/kg 1,4-dichlorobenzene was 9% or 14% lower than that of the controls, and weight gain was also lower than that of the controls (Table 5). The final body weight of the single surviving female rat receiving 1,000 mg/kg was 17% lower than that of the controls, but the 500 mg/kg dose did not affect final body weight or weight gain of female rats. The reason for the discrepancy in survival of female rats at 1,000 mg/kg is not readily apparent. However, a high dose of 1,500 mg/kg was selected for the 13-week studies, since there were deaths in females but not in males at 1,000 mg/kg in these studies.

TABLE 4.	SURVIVAL AND	MEAN BODY	WEIGHTS	OF RATS IN	THE FIRST	FOURTEEN-DAY
		GAVAGE ST	TUDIES OF	1,4-DICHLOR	OBENZENE	

		Mean Body Weights (grams)			Final Weight Relative	
Dose (mg/kg)	Survival (a)	Initial (b)	Final	Change (c)	to Controls (percent)	
IALE						
(d) 0	5/5	125	183	+58		
60	5/5	124	170	+46	92.9	
125	(e) 4 /5	120	166	+46	90.7	
250	5/5	126	174	+48	95.1	
500	5/5	123	168	+45	91.8	
1,000	5/5	118	161	+43	88.0	
EMALE						
(d) 0	5/5	95	122	+27		
60	5/5	9 9	121	+22	99.2	
125	5/5	99	122	+23	100.0	
250	5/5	95	117	+22	95.9	
500	5/5	92	119	+27	97.5	
1,000	5/5	98	130	+32	106.6	

(a) Number surviving/number initially in group

(b) Initial mean group body weight

(c) Mean group body weight change

(d) Controls were untreated.

(e) Day of death: 8

		Mean	Body Weights	Final Weight Relative	
Dose (mg/kg)	Survival (a)	Initial (b)	Final	Change (c)	to Controls (percent)
ÍALE			······	· · · · · · · · · · · · · · · · · · ·	<u></u>
(d) 0	5/5	112	192	+80	
500	5/5	118	175	+57	91.1
1,000	(e) 4 /5	110	166	+56	86.5
2,000	(f) 0/5	115	(g)	(g)	(g)
4,000	(h) 0/5	116	(g)	(g)	(g)
8,000	(i) 0/5	108	(g)	(g)	(g)
EMALE					
(d) 0	5/5	100	132	+32	
500	(j) 4/5	99	134	+35	101.5
1,000	(k) 1/5	92	110	+18	83.3
2,000	(1) 0/5	94	(g)	(g)	(g)
4,000	(i) 0/5	97	(g)	(g)	(g)
8,000	(i) 0/5	99	(g)	(g)	(g)

TABLE 5. SURVIVAL AND MEAN BODY WEIGHTS OF RATS IN THE SECOND FOURTEEN-DAY GAVAGE STUDIES OF 1,4-DICHLOROBENZENE

(a) Number surviving/number initially in group

(b) Initial mean group body weight

(c) Mean group body weight change

(d) Controls were untreated.

(e) Death due to gavage technique (f) Day of death: 2, 3, 3, 3, 3

(1) Day of death. 2, 3, 3, 5, 5

(g) No data are reported due to the 100% mortality in this group.

(h) Day of death: 1, 2, 2, 2, 2

(i) Day of death: all 2 (j) Day of death: 13

(k) Day of death: 1,4,5,5

(1) Day of death: 2, 2, 2, 2, 3

FIRST THIRTEEN-WEEK STUDIES

The doses selected for the first 13-week studies are given in Table 6. Presumably the 900, 1,200. and 1,500 mg/kg doses were spaced closely because of differences in lethality of the 1,000 mg/kg dose in the first and second 14-day studies. Eight of 10 male and 9/10 female rats receiving 1,500 mg/kg 1,4-dichlorobenzene, 5/10 males and 1/10 females receiving 1,200 mg/kg, and 1/10 male and 2/10 females receiving 900 mg/kg died before the end of the studies (Table 6). 1,4-Dichlorobenzene significantly (P < 0.01) depressed body weight gain of male rats in the 600, 900, 1,200, and 1,500 mg/kg groups. In female rats, body weight gain was significantly decreased at 1,200 mg/kg. No comparison was made at 1,500 mg/kg, since only one female rat survived.

Tremors, poor motor response, and ocular discharge were noted before death in the 1,200 mg/kg group of males and in the 1,500 mg/kg groups of males and females. Degeneration and necrosis of hepatocytes, hypoplasia of the bone marrow, lymphoid depletion of the spleen and thymus, epithelial necrosis and villar bridging of the small intestinal mucosa, and epithelial necrosis of the nasal turbinates were observed in the rats receiving 1,200 or 1,500 mg/kg but not in those receiving 900 mg/kg or less. Most of the dosed male rats that survived 45 days or more had a renal lesion characterized by multifocal degeneration or necrosis of the renal cortical tubular epithelial cells with amorphous eosinophilic material in the lumens of the affected tubules. There was an increase in the number and size of eosinophilic droplets in the cytoplasm of epithelial cells of the proximal

		Mea	n Body Weight	Final Weight Relative	
Dose (mg/kg)	Survival (a)	Initial (b)	Final	Change (c)	to Vehicle Controls (percent)
IALE					
0	(d) 9/10	127 ± 2	314 ± 6	$+187 \pm 5$	
300	10/10	118 ± 3	281 ± 9	(e) $+163 \pm 8$	89
600	10/10	121 ± 1	263 ± 6	(f) $+142 \pm 5$	84
900	(g) 9/10	121 ± 2	259 ± 7	(f) $+137 \pm 6$	82
1,200	(h) 5/10	122 ± 4	238 ± 13	$(f) + 114 \pm 9$	76
1,500	(i) 2/10	118 ± 3	213 ± 23	(f) +91 \pm 22	68
EMALE					
0	10/10	104 ± 2	174 ± 5	$+70 \pm 4$	
300	10/10	106 ± 3	177 ± 5	$+71 \pm 5$	102
600	10/10	102 ± 2	168 ± 3	$+66 \pm 3$	97
900	(j) 8/10	103 ± 2	164 ± 3	$+60 \pm 4$	94
1,200	(g) 9/10	103 ± 3	155 ± 6	$(f) + 51 \pm 4$	89
1,500	(k) 1/10	103 ± 2	140	(1) + 29	80

TABLE 6. SURVIVAL AND MEAN BODY WEIGHTS OF RATS IN THE FIRST THIRTEEN-WEEK GAVAGE STUDIES OF 1,4-DICHLOROBENZENE

(a) Number surviving/number initially in group

(b) Initial mean group body weight \pm standard error of the mean; subsequent calculations based on those animals surviving to the end of the study.

(c) Mean group body weight change of the survivors \pm standard error of the mean

(d) Week of death: 10

(e) Significant decrease, P<0.05 versus the vehicle controls by Williams' test

(f) Significant decrease, P<0.01 versus the vehicle controls by Williams' test

(g) Week of death: 1

(h) Week of death: 4, 7, 8, 13, 13

(i) Week of death: 1, 1, 1, 1, 1, 1, 6, 10

(j) Week of death: 1,5

(k) Week of death: 1, 2, 3, 4, 5, 5, 7, 9, 13

(1) Data not analyzed because only one animal survived

convoluted tubules. Reexamination by NTP pathologists of kidney slides stained with Mallory's Heidenhain stain confirmed the increase in the number and size of droplets in these cells. Some thickening of tubular basement membranes was present. Renal tubular cell degeneration was observed in 9/10 or 10/10 male rats receiving 300-1,200 mg/kg and in 3/10 males receiving 1,500 mg/kg. Kidney damage was not noted in dosed female rats. Lymphocytic perivasculitis in the lung was observed at increased incidence in male rats that received 600 or 900 mg/kg.

1,4-Dichlorobenzene produced significant increases in liver weight to brain weight ratios in male and female rats receiving doses of 900 mg/kg or more (Appendix M, Table M1). Organ weight to brain weight ratios are reported in the present studies rather than organ weight or organ weight to body weight ratios because 1,4dichlorobenzene produced marked decreases in final body weights of all dosed male rats and female rats dosed with 1,200 mg/kg or more. Kidney weight to brain weight ratios were increased significantly in male rats at doses of 600-1,200 mg/kg.

1,4-Dichlorobenzene produced a slight decrease in the hematocrit level in male rats in all dosed groups and a larger decrease (from 50.1% to 42.5%) in the two surviving male rats at 1,500 mg/kg (Table M3). This effect was accompanied by a modest but statistically significant decrease in the red blood cell count and the hemoglobin concentration in male rats at all doses. There was a significant increase relative to the vehicle controls in the percent of reticulocytes only at 300 and 900 mg/kg. None of these hematologic changes was consistently seen in female rats. However, mean corpuscular volume was significantly decreased in male rats at doses of 900 mg/kg or more and in female rats at 600 mg/kg or more. Hematologic and clinical chemistry parameters were not analyzed in female rats at 1,500 mg/kg, and clinical chemistry parameters were not analyzed in male rats at this dose because of poor survival.

In male rats, serum triglyceride levels were reduced by doses of 300 mg/kg or more, whereas the concentration of serum cholesterol was significantly increased over that in vehicle controls at 600 mg/kg or more (Table M3). These two changes may reflect effects of the compound on hepatic function. Total serum protein levels were significantly reduced at doses of 300, 600, and 900 mg/kg. Alkaline phosphatase activity was significantly reduced at 300 mg/kg or more. Although the latter two changes are statistically significant, the biologic implications are modest and the causes of such changes could be nonspecific. In female rats, the serum cholesterol level was significantly increased at doses of 900 and 1,200 mg/kg. The total protein level was significantly increased at doses of 900 and 1,200 mg/kg. Alkaline phosphatase activity was significantly increased at 1,200 mg/kg. There were no significant changes in SGPT activity in male or female rats at any dose. Blood urea nitrogen concentration was increased slightly in male rats dosed with 900 or 1,200 mg/kg but not in female rats.

An approximately threefold increase was observed in urinary uroporphyrin excretion and a sixfold increase in urinary coproporphyrin excretion in male rats dosed with 1,200 or 1,500 mg/kg (Table M3). Urinary uroporphyrin excretion was not increased significantly in female rats at 1,200 mg/kg, but coproporphyrin was increased twofold at this dose. Urine from male and female rats in other dose groups was not analyzed. However, liver porphyrin levels were not increased significantly in either sex at any dose (300-1,500 mg/kg).

Since administration of 1,4-dichlorobenzene to male rats produced histologic changes in the kidney which were judged to be potentially life threatening at all doses in this study, the 13week studies were repeated at lower doses (37.5-600 mg/kg).

SECOND THIRTEEN-WEEK STUDIES

No compound-related deaths occurred (Table 7). Body weight gains of dosed and vehicle control rats were comparable in each sex.

An increase in the incidence and severity of kidney cortical tubular degeneration was observed in male rats receiving 600 mg/kg of 1,4-dichlorobenzene (vehicle control, 7/10, mild; 150 mg/kg, 5/10, mild-moderate; 300 mg/kg, 3/10, moderate; 600 mg/kg, 9/10, moderate). No compoundrelated histopathologic effects were observed in female rats.

Dose Selection Rationale: Based on histopathologic effects observed in male rats, 1,4-dichlorobenzene doses selected for the 2-year studies were 150 and 300 mg/kg for male rats and 300 and 600 mg/kg for female rats. The principal data considered for this dose selection were as follows: body weight changes in male but not in female rats at 300 mg/kg in the first studies and an increase in the incidence of renal tubular change in male rats; weight loss, hepatocellular damage, and deaths of female rats at 1,200 mg/kg but not at 600 mg/kg; no body weight change in the second studies, but renal tubular changes confirmed in male rats at 600 mg/kg with some indication of a slight increase in severity at 300 mg/kg. The doses were to be administered in corn oil by gavage, 5 days per week.

		Mear	Body Weigh	its (grams)	Final Weight Relative
Dose (mg/kg)	Survival (a)	Initial (b)	Final	Change (c)	to Vehicle Controls (percent)
IALE	<u> </u>				
0	10/10	158 ± 10	327 ± 7	$+169 \pm 12$	
37.5	10/10	144 ± 9	316 ± 7	$+172 \pm 9$	97
75	9/10	149 ± 9	335 ± 8	$+181 \pm 14$	102
150	9/10	153 ± 9	314 ± 6	$+164 \pm 11$	96
300	10/10	153 ± 9	324 ± 7	$+171 \pm 7$	99
600	8/10	140 ± 10	322 ± 6	(d) +173 ± 14	98
EMALE					
0	10/10	100 ± 1	187 ± 3	$+87 \pm 3$	
37.5	9/10	99 ± 1	187 ± 2	$+88 \pm 2$	100
75	10/10	102 ± 2	187 ± 3	$+85 \pm 3$	100
150	9/10	102 ± 1	187 ± 2	$+86 \pm 3$	100
300	8/10	100 ± 2	192 ± 3	$+92 \pm 4$	103
600	8/10	99 ± 2	189 ± 3	$+89 \pm 3$	101

TABLE 7. SURVIVAL AND MEAN BODY WEIGHTS OF RATS IN THE SECOND THIRTEEN-WEEK GAVAGE STUDIES OF 1,4-DICHLOROBENZENE

(a) Number surviving/number initially in group; all deaths were due to gavage error.

(b) Initial mean group body weight \pm standard error of the mean; subsequent calculations based on those animals surviving to the end of the study.

(c) Mean group body weight change of the survivors ± standard error of the mean

(d) The final body weight (205 g) of one animal with hydrocephalus was excluded from calculations.

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of high dose male rats were generally 5%-8% lower than those of the vehicle controls after week 38 (Table 8 and Figure 1). Mean body weights of high dose female rats were 5%-7% lower than those of the vehicle controls after week 55.

Weeks on Study	Av. Wt. (grams)	No. of Survivors	Av. Wt. (grams)	Wt. (percent of veh. controls)	No. of Survivors	Av. Wt. (grams)	Wt. (percent of veh. controls)	No. of Survivors
MALE	Vehicle	Control		150 mg/kg	·		300 mg/kg	······································
0	188	50	189	101	50	185	98	50
ĩ	219	50	220	100	50	216	99	50
2	238	50	237	100	50	228	96	50
3	260	50	260	100	50	253	97	50
4	272	50	264	97	50	265	97	49
5	289	50	286	99	50	284	98	49
6 7	300 307	50 50	297 306	99 100	50 50	293 303	98 99	49 49
8	323	50	318	98	50	318	98	49
9	328	50	328	100	50	329	100	49
10	332	50	331	100	50	330	99	49
11	341	50	336	99	50	337	99	49
12	345	50	341	99	50	340	99	49
16	376	50	368	98	50	362	96	49
20	397	50	388	98	50	398	100	49
25	419	49	413	99	50	403	96	49
29 34	431 447	49 49	421 436	98 98	50 50	412 429	96 96	49 49
34	460	49	436 451	98 98	48	429	95	49
42	466	49	451	98	46	430	96	49
46	477	48	467	98	45	446	94	48
51	488	47	477	98	44	464	95	48
55	494	47	481	97	44	467	95	48
59	494	47	481	97	42	469	95	48
64	491	47	482	98	41	465	95	44
68	490	45	479	98	41	462	94	44
72	497	44	472	95	40	457	92	42
77	498	43	474	95	40	458	92	39
81 86	496 486	43 43	477 476	96 98	39 37	474 466	96 96	36 32
91	482	43 37	471	98	35	400	93	30
95	479	35	467	97	35	445	93	28
100	464	33	458	99	34	429	92	25
103	461	33	450	98	31	424	92	21
EMALE	Vehicle	Control		300 mg/kg			600 mg/kg	<u></u>
0	128	50	128	100	50	128	100	50
ĩ	142	50	146	103	50	146	103	50
2	153	50	154	101	50	155	101	50
3	164	50	164	100	50	163	99	50
4	168	50	169	101	50	166	99	50
5	178	50	177	99	50	176	99	50
6	179	50	179	100	50	180	101	50
7 8	183 192	50 50	185 194	101 101	50 50	186 195	102 102	50 50
9	192	50	194	101	50	201	102	50
10	195	50	197	102	50	199	102	50
11	198	50	197	99	50	198	100	50
12	199	50	201	101	50	199	100	49
16	207	50	208	100	50	208	100	49
20	217	50	217	100	50	217	100	49
25	223	50	223	100	50	221	99	47
29	230	50	229	100	50	225	98 97	47
34	237 240	50	236 240	100	50 50	229 234	97 98	47 47
38 42	240	49 49	240 245	100 100	50	234 237	98 97	47
46	252	49 49	253	100	50	242	96	47
	265	49	265	100	50	255	96	47
51	070	49	269	99	50	257	94	47
51 55	273	49	279	98	50	265	93	45
55 59	286		287	99	50	272	93	44
55 59 64	286 291	49	05.5		49	276	95	44
55 59 64 68	286 291 292	49 48	290	99		074	~~	
55 59 64 68 72	286 291 292 296	49 48 48	290 291	98	48	274	93	42
55 59 64 68 72 77	286 291 292 296 302	49 48 48 48	290 291 300	98 99	48 47	281	93 93	41
55 59 64 68 72 77 81	286 291 292 296 302 307	49 48 48 48 48 47	290 291 300 306	98 99 100	48 47 47	281 288	93 93 94	41 41
55 59 64 68 72 77 81 86	286 291 292 296 302 307 307	49 48 48 48 47 46	290 291 300 306 309	98 99 100 101	48 47 47 46	281 288 292	93 93 94 95	41 41 39
55 59 64 68 72 77 81 86 91 95	286 291 292 296 302 307 307 315	49 48 48 48 47 46 43	290 291 300 306 309 317	98 99 100 101 101	48 47 47 4 6 43	281 288 292 295 298	93 93 94 95 94 96	41 41 39 37
55 59 64 68 72 77 81 86	286 291 292 296 302 307 307	49 48 48 48 47 46	290 291 300 306 309	98 99 100 101	48 47 47 46	281 288 292	93 93 94 95	41 41 39

TABLE 8. MEAN BODY WEIGHTS AND SURVIVAL OF RATS IN THE TWO-YEAR GAVAGE STUDIESOF 1,4-DICHLOROBENZENE

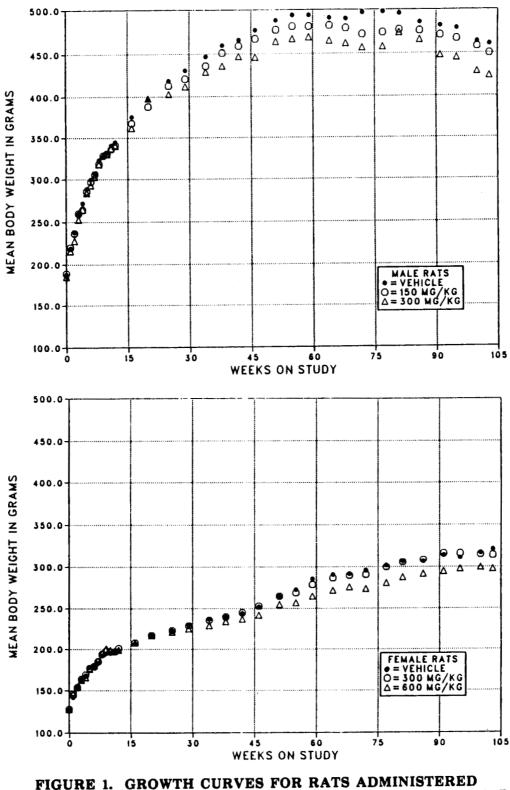


FIGURE 1. GROWTH CURVES FOR RATS ADMINISTERED 1,4-DICHLOROBENZENE IN CORN OIL BY GAVAGE FOR TWO YEARS

Survival

Estimates of the probabilities of survival for male and female rats administered 1,4-dichlorobenzene at the doses used in these studies and for the vehicle controls are shown in the Kaplan and Meier curves in Figure 2. The survival of the high dose male group was significantly lower than that of the vehicle controls after week 97 (Table 9). No significant differences in survival were observed between any female groups.

Pathology and Statistical Analyses of Results

This section describes the significant or noteworthy changes in the incidences of rats with neoplastic or nonneoplastic lesions of the kidney, hematopoietic system, multiple organs, and parathyroid.

Lesions in male rats are summarized in Appendix A. Histopathologic findings on neoplasms are summarized in Table A1. Table A2 gives the survival and tumor status for individual male rats. Table A3 contains the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups. The statistical analyses used are discussed in Chapter II (Statistical Methods) and Table A3 (footnotes). Historical incidences of tumors in corn oil vehicle control male rats are listed in Table A4. Findings on nonneoplastic lesions are summarized in Table A5.

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

	Vehicle Control	Low Dose	High Dose
MALE (a)	<u></u>	150 mg/kg	300 mg/kg
Animals initially in study	50	50	50
Nonaccidental deaths before termination (b)	11	14	26
Accidentally killed	7	5	4
Cilled at termination	32	31	20
Survival P values (c)	0.003	0.597	0.005
EMALE (a)		300 mg/kg	600 mg/kg
nimals initially in study	50	50	50
Vonaccidental deaths before termination (b)	15	10	18
ccidentally killed	Ō	Ĩ	3
illed at termination	35	39	29
urvival P values (c)	0.387	0.409	0.439

TABLE 9. SURVIVAL OF RATS IN THE TWO-YEAR GAVAGE STUDIES OF 1,4-DICHLOROBENZENE

(a) Terminal-kill period: week 104

(b) Includes animals killed in a moribund condition

(c) The result of the life table trend test is in the vehicle control column, and the results of the life table pairwise comparisons with the vehicle controls are in the dosed columns.

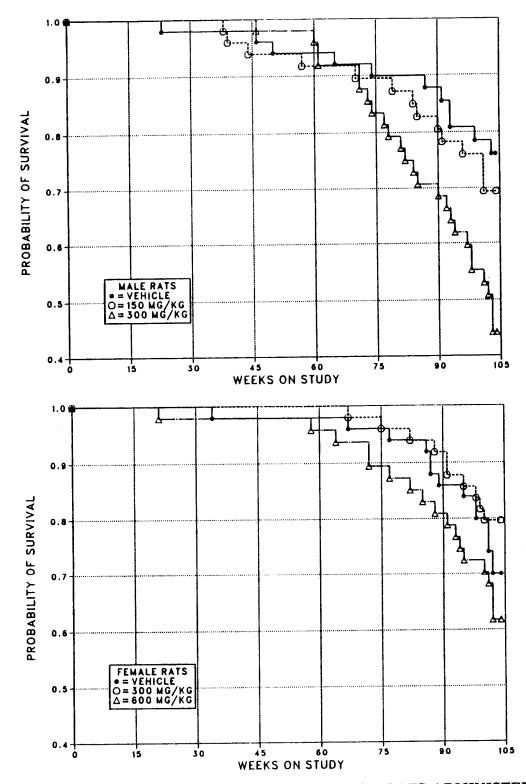


FIGURE 2. KAPLAN-MEIER SURVIVAL CURVES FOR RATS ADMINISTERED 1,4-DICHLOROBENZENE IN CORN OIL BY GAVAGE FOR TWO YEARS

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Kidney: 1,4-Dichlorobenzene increased the incidence of nephropathy in low and high dose female rats (Table 10). The incidences of nephropathy were similar among vehicle control and 1,4-dichlorobenzene-dosed male rats, but the average severity of the lesion was greater in dosed male rats. This lesion was characterized by the occurrence of several interrelated changes, including degeneration and regeneration of tubular epithelium, tubular dilatation with attenuation and atrophy of the epithelium, granular casts in tubules of the outer stripe of the medulla, thickening of basement membranes, and minimal accumulation of interstitial collagen. 1,4-Dichlorobenzene also increased the incidences of mineralization of collecting tubules in the renal medulla of low and high dose groups of male rats, focal hyperplasia of the renal tubular epithelium in high dose male rats, and hyperplasia of the pelvic urothelium overlying the renal papillae of low and high dose groups of male rats compared with the vehicle controls. The intensity of the mineralization was generally minimal in vehicle controls, mild to moderate in low dose males, and moderate to severe in high dose male rats. Focal hyperplasia of the renal tubular epithelium

consisted of single or multiple cross-sections of tubules filled or partially filled with stratified epithelial cells. The stratification of these cells and loss of basement membrane dependency differentiates this lesion from the epithelial regeneration occurring in response to the degenerative changes in the kidney. Hyperplasia of the renal pelvic epithelium was minimal to mild in severity and was characterized by thickening and folding of the transitional epithelium to form small nodular structures protruding into the pelvic lumen.

Tubular cell adenocarcinomas and one adenoma occurred in the kidney of dosed male rats (Table 11). Two tumors in the low dose and two tumors in the high dose male rats were grossly visible at necropsy. The incidences of adenocarcinomas and adenomas or adenocarcinomas (combined) in the high dose males were significantly greater than those in the vehicle controls. The renal tumors were observed at multiple kidney sites in two high dose males, and the tumor metastasized to other organs in one high dose male. No renal tumors were observed in any female rats.

		Male		Female			
Site/Lesion	Vehicle Control	150 mg/kg	300 mg/kg	Vehicle Control	300 mg/kg	600 mg/kg	
Number of rats examined	50	50	50	49	50	49	
Kidney							
Nephropathy	42	42	46	21	32	41	
Cortex							
Cysts	0	1	7	0	1	1	
Medulla							
Mineralization	4	46	47	5	1	10	
Tubule							
Focal hyperplasia	0	1	9	0	0	0	
Pelvis							
Epithelial hyperplasia	1	30	31	0	0	2	
Tubular cell							
Adenoma	0	0	1	0	0	0	
Adenocarcinoma	1	3	7	0	0	0	

 TABLE 10. NUMBERS OF RATS WITH KIDNEY LESIONS IN THE TWO-YEAR GAVAGE STUDIES OF 1,4-DICHLOROBENZENE

	Vehicle Control	150 mg/kg	300 mg/kg
Pelvic Epithelial Cell Hyperplasia	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
Overall Rates	1/50 (2%)	30/50 (60%)	31/50 (62%)
Fubular Cell Hyperplasia, Focal			
Overall Rates	0/50 (0%)	1/50 (2%)	9/50 (18%)
fubular Cell Adenoma			
Overall Rates	0/50 (0%)	0/50 (0%)	1/50 (2%)
Tubular Cell Adenocarcinoma			
Overall Rates	1/50 (2%)	3/50 (6%)	7/50 (14%)
Adjusted Rates	3.1%	9.2%	25.7%
Terminal Rates	1/32 (3%)	2/31 (6%)	2/20 (10%)
Week of First Observation	104	101	46
Life Table Tests	P=0.005	P=0.301	P=0.011
Incidental Tumor Tests	P = 0.022	P=0.278	P=0.037
Fubular Cell Adenoma or Adenocarci	noma (b)		
Overall Rates	1/50 (2%)	3/50 (6%)	8/50 (16%)
Adjusted Rates	3.1%	9.2%	28.0%
Terminal Rates	1/32 (3%)	2/31 (6%)	2/20 (10%)
Week of First Observation	104	101	46
Life Table Tests	P = 0.002	P = 0.301	P = 0.006
Incidental Tumor Tests	P = 0.012	P = 0.278	P = 0.022

TABLE 11. ANALYSIS OF KIDNEY LESIONS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF1,4-DICHLOROBENZENE (a)

(a) The statistical analyses used are discussed in Chapter II (Statistical Methods) and Appendix A, Table A3 (footnotes). (b) Historical incidence at study laboratory (mean): 1/150 (0.7%); historical incidence in NTP studies: 5/1,098 (0.5%)

Hematopoietic System: Mononuclear cell leukemia in male rats occurred with a positive trend by the life table test (Table 12). This is the appropriate test, since this tumor is usually lethal. The incidence in the high dose group was significantly greater than that in the vehicle controls by the life table test; however, the incidence in the high dose group was only slightly greater than that of the average historical incidence in corn oil vehicle control male F344/N rats at this laboratory (17%). Mononuclear cell leukemia was not increased in dosed female rats (vehicle control, 15/50; 300 mg/kg, 10/50; 600 mg/kg, 9/50).

Multiple Organs: Mesotheliomas in male rats occurred with a significant positive trend (P=0.041) by the life table test; however, the incidences in the dosed groups were not significantly different from that in the vehicle controls (vehicle control, 1/50; 150 mg/kg, 0/50; 300 mg/kg, 4/50). No mesotheliomas were reported in female rats. The incidences of this tumor in dosed animals are not considered to be related to administration of the chemical.

Parathyroid: Hyperplasia was observed at increased incidences in dosed male rats (vehicle control, 4/42, 10%; 150 mg/kg, 13/42, 31%; 300 mg/kg, 20/38, 53%). Parathyroid hyperplasia was not observed in female rats.

TABLE 12. ANALYSIS OF MONONUCLEAR CELL LEUKEMIA IN MALE RATS IN THE TWO-YEARGAVAGE STUDY OF 1,4-DICHLOROBENZENE (a)

	Vehicle Control	150 mg/kg	30 0 mg/kg
Overall Rates	5/50 (10%)	7/50 (14%)	11/50 (22%)
Adjusted Rates	12.8%	19.6%	32.1%
Terminal Rates	2/32 (6%)	4/31 (13%)	2/20 (10%)
Week of First Observation	65	57	73
Life Table Tests	P = 0.025	P = 0.349	P = 0.040
Incidental Tumor Tests	P = 0.221	P = 0.331	P=0.300

(a) Historical incidence of leukemia at study laboratory (mean \pm SD): 25/150 (17% \pm 3%); historical incidence in NTP studies: 152/1,100 (14% \pm 8%)

FIRST FOURTEEN-DAY STUDIES

All male and female mice that received 4,000 mg/kg 1,4-dichlorobenzene were dead by day 4 (Table 13). Two male vehicle controls and one female vehicle control died as a result of gavage error. The final mean body weight of male mice that received 2,000 mg/kg was 15% lower than that of the controls. No compound-related histopathologic effects were noted. Although only some of the deaths appeared to be due to gavage error, a maximum tolerated dose could not be established because of the scattered pattern of deaths in all dosed groups in these 14-day studies. Therefore, the 14-day studies were repeated with lower doses.

SECOND FOURTEEN-DAY STUDIES

No compound-related deaths occurred (Table 14). The one male mouse that died in the 125 mg/kg group had an esophageal rupture. Final mean body weights were not dose related. Therefore, the doses in these studies were too low. Neither of these 14-day studies is considered to be definitive. However, all the mice at 4,000 mg/kg died in the first 14-day studies and no mice died in the second 14-day studies at 1,000 mg/kg. Therefore, the highest dose selected for the 13-week studies was 1,800 mg/kg.

 TABLE 13. SURVIVAL AND MEAN BODY WEIGHTS OF MICE IN THE FIRST FOURTEEN-DAY

 GAVAGE STUDIES OF 1,4-DICHLOROBENZENE

		Mean	Body Weights	Final Weight Relative	
Dose (mg/kg)	Survival (a)	Initial (b)	Final	Change (c)	to Controls (percent)
MALE					
(d) 0	(e) 3/5	23.8	28.1	+4.3	
250	(f) 2/5	24.0	24.4	+0.4	86.7
500	(g) 1/5	22.4	25.7	+3.3	91.4
1,000	(h) 1/5	23.6	26.1	+2.5	92.8
2,000	(i) 1/5	22.4	24.0	+1.6	85.3
4,000	(j) 0/5	24.0	(k)	(k)	(k)
FEMALE					
(d) 0	(e) 4 /5	19.4	21.4	+2.0	
250	(1) 2/5	18.0	20.9	+2.9	97.7
500	(m) 0/5	17.4	(k)	(k)	(k)
1,000	(n) 2/5	18.6	21.4	+2.8	99.8
2,000	(o) 3/5	19.2	22.9	+3.7	107.2
4,000	(p) 0/5	19.0	(k)	(k)	(k)

(a) Number surviving/number initially in group

(b) Initial mean group body weight

(c) Mean group body weight change

(d) Controls untreated after day 1

(e) Deaths due to gavage error (f) Day of death: 6, 6, 7

(g) Day of death: 3, 5, 5, 8

(h) Day of death: 5, 7, 8, 8

(i) Day of death: 4, 6, 7, 7

(j) Day of death: 2, 2, 2, 2, 4

(k) No data are presented due to the 100% mortality in this group.

(1) Day of death: 5, 5, 6

(m) Day of death: 3, 3, 4, 4, 5 (n) Day of death: 3, 8, 12

(o) Day of death: 5,8

(p) Day of death: 2, 2, 3, 3, 3

		Mean	Body Weights	Final Weight Relative	
Dose (mg/kg)	Survival (a)	Initial (b)	Final	Change (c)	to Controls (percent)
IALE					
(d) 0	5/5	25.0	27.8	+ 2.8	
60	5/5	25.2	26.0	+ 0.8	93.5
125	(e) 4 /5	25.4	27.0	+ 1.6	97.1
250	5/5	25.0	26.0	+ 1.0	93.5
500	5/5	25.2	27.8	+ 2.6	100.0
1,000	5/5	24.8	27.8	+ 3.0	100.0
EMALE					
(d) 0	5/5	18.6	21.0	+ 2.4	
60	5/5	18.6	20.0	+ 1.4	95.2
125	5/5	18.8	19.8	+ 1.0	94.3
250	5/5	19.6	20.4	+ 0.8	97.1
500	5/5	19.8	20.2	+ 0.4	96.2
1,000	5/5	17.6	20.2	+ 2.6	96.2

TABLE 14. SURVIVAL AND MEAN BODY WEIGHTS OF MICE IN THE SECOND FOURTEEN-DAY GAVAGE STUDIES OF 1,4-DICHLOROBENZENE

(a) Number surviving/number initially in group

(b) Initial mean group body weight

(c) Mean group body weight change of the survivors

(d) Controls were untreated.

(e) Death due to gavage accident

FIRST THIRTEEN-WEEK STUDIES

Seven of 10 male mice and 9/10 female mice that received 1,800 mg/kg died before the end of the studies (Table 15). The incidences of deaths in other groups are tabulated in Table 15. Body weight gain of male and female mice was significantly lower in all dose groups except for female mice that received 1,500 or 1,800 mg/kg. Weight gain of the 1,800 mg/kg female mice was not analyzed because only one animal survived.

The livers of all mice were examined under longrange ultraviolet light at necropsy. No positive red fluorescence indicative of porphyria was observed. Hepatocellular degeneration was observed microscopically at increased incidences in all groups of dosed mice. The incidences were 7/10 and 9/10 for males and females in the 600 mg/kg groups, 10/10 for males and females in the 900, 1,000, and 1,500 mg/kg groups, and 5/10 and 6/10 for males and females in the 1,800 mg/kg groups. The hepatocellular degeneration was centrilobular in distribution and was associated with cytomegaly, variation in nuclear shape, karyomegaly, and granular amphophilic cytoplasm. The severity of this change was dose related. Lymphoid necrosis in the thymus, lymphoid depletion in the spleen, and hematopoietic hypoplasia of the spleen and bone marrow were also noted in animals in the 1,500 and 1,800 mg/kg dose groups which died before the end of the studies.

The liver weight to brain weight ratios were significantly increased relative to vehicle controls in the male and female mice that received 900, 1,000, or 1,500 mg/kg and in male mice that received 1,800 mg/kg (Appendix M, Table M2). Organ weight to brain weight ratios were not analyzed for high dose female mice because of poor survival. Spleen weight to brain weight ratios were significantly reduced relative to vehicle controls in all male dosed groups but not in female dosed groups. The ovary weight to brain weight ratio was significantly increased at 1,500 mg/kg.

The hematocrit value was not significantly altered in either sex (Table M4). The white blood cell count was significantly reduced (34%-50%) in all dosed male groups and in the 1,000 and

		Me	an Body Weight	Final Weight Relative	
Dose (mg/kg)	Survival (a)	Initial (b)	Final	Change (c)	to Vehicle Controls (percent)
IALE					
0	(d) 9/10	23.7 ± 0.4	35.9 ± 0 7	$+121 \pm 08$	
600	10/10	230 ± 0.5	309 ± 07	(e) +79 ±04	86 1
900	10/10	23.1 ± 0.7	321 ± 11	(e) +90 ±08	89 4
1,000	(f) 9/10	22.0 ± 0.7	314 ± 12	$(e) + 93 \pm 08$	87 5
1,500	(g) 7/10	25.7 ± 0 4	(h) 31 8 \pm 1 1	(e) $+62 \pm 08$	88 6
1,800	(1) 3/10	219 ± 05	310 ± 12	(e) $+90 \pm 10$	86 4
EMALE					
0	10/10	17.4 ± 0.5	263 ± 0.4	$+89 \pm 08$	
600	10/10	18.2 ± 0.4	236 ± 03	(j) $+5.4 \pm 0.3$	89 7
900	10/10	18.5 ± 0.5	250 ± 08	(j) $+65 \pm 07$	95 1
1,000	10/10	18.8 ± 0.3	251 ± 0.3	$(1) + 6.3 \pm 0.3$	95 4
1,500	(k) 5/10	18.2 ± 0.4	260 ± 03	$+74 \pm 05$	98 9
1,800	(1) 1/10	185 ± 04	26 0	(m) +6 0	98 9

TABLE 15. SURVIVAL AND MEAN BODY WEIGHTS OF MICE IN THE FIRST THIRTEEN-WEEK GAVAGE STUDIES OF 1,4-DICHLOROBENZENE

(a) Number surviving/number initially in group

(b) Initial mean group body weight \pm standard error of the mean, subsequent calculations based on those animals surviving to the end of the study.

(c) Mean group body weight change of the survivors \pm standard error of the mean

(d) Week of death 13

(e) Significantly lower than vehicle controls by Williams' test, P < 0.05

(f) Week of death: 13

(g) Week of death. 1, 1, 13

(h) Data from six animals weighed at the end of the study, the seventh animal was not weighed until necropsy and is not included in calculations of weight change or significance

(1) Week of death: 1, 1, 1, 1, 1, 1, 7

(j) Significantly lower than vehicle controls by Dunnett's test, P < 0.01

(k) Week of death: 7, 8, 9, 13, 13

(1) Week of death: 1, 1, 1, 1, 8, 11, 13, 13, 13

(m) Data not analyzed because only one animal survived

1,500 mg/kg groups of females (27% and 33%) In male mice, the decreases were accompanied by decreases in both lymphocytes (26% decrease at the low dose to 33% at the two high doses) and neutrophils (69%-82% decreases). In females, there were also slight decreases in lymphocytes (up to 34%) and neutrophils (20%), but these were not statistically significant. The platelet count was significantly decreased in the 1,800 mg/kg male group but significantly increased in the 900, 1,000, and 1,500 mg/kg female groups Serum glutamic pyruvic transaminase (SGPT) values were not significantly affected by 1,4-dichlorobenzene in male and female mice However, the alkaline phosphatase value was increased 70% in the only two male mice examined in the 1,800 mg/kg group. Values for serum cholesterol, blood urea nitrogen, triglycerides, and total protein were not reported for female

mice, since the sample size (less than 3) was insufficient to analyze most groups The concentration of serum triglycerides was significantly increased in male mice receiving 1,500 or 1,800 mg/kg Serum cholesterol concentrations were increased significantly in male mice receiving 900, 1.000, 1.500, or 1.800 mg/kg, total serum protein was significantly increased in male mice receiving 1,500 or 1,800 mg/kg Liver porphyrins were increased slightly in male mice at the 1.000-1.800 mg/kg doses (43%-83%) and in female mice at the 1,000 mg/kg dose (41%) However, these increases were relatively slight and of little biologic significance and do not indicate porphyria There was no evidence of an increase in the number of micronucleated red blood cells in blood smears from the mice in these 13-week studies (Appendix E, Table E6)

A second series of 13-week studies was conducted because high incidences of hepatocellular degeneration were observed in all dosed male and female mice. The decision to perform additional 13-week studies at lower doses was based on the absence of a no-effect level in the first studies and uncertainty as to whether the hepatocellular degeneration observed at 600 mg/kg would be life threatening.

SECOND THIRTEEN-WEEK STUDIES

No compound-related deaths occurred (Table 16). All deaths were attributed to gavage error. There was no significant change in body weight gain. Final mean body weights of male mice were 1%-8% greater than that of the vehicle controls. Final mean body weights of female mice ranged from 95% to 104% of those of vehicle controls. There was no apparent dose-response trend for either sex.

Centrilobular to midzonal hepatocytomegaly was observed at significantly increased incidences in male and female mice that received 675 or 900 mg/kg 1,4-dichlorobenzene (8/10 males and 4/10 females at 675 mg/kg and 9/10 males and 10/10 females at 900 mg/kg). Hepatocytomegaly was not observed in the vehicle controls or in the 337.5 mg/kg group of mice of either sex. The severity of the lesion was mild to moderate at 900 mg/kg and minimal to mild at 675 mg/kg.

Dose Selection Rationale: Because of the incidence and severity of histopathologic changes in the liver at 600 mg/kg in the first studies and at 675 mg/kg in the second studies, doses selected for mice for the 2-year studies were 300 and 600 mg/kg 1,4-dichlorobenzene to be administered in corn oil by gavage 5 days per week.

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of dosed and vehicle control mice were comparable throughout the studies (Table 17 and Figure 3).

TABLE 16. SURVIVAL AND MEAN BODY WEIGHTS OF MICE IN THE SECOND THIRTEEN-WEEKGAVAGE STUDIES OF 1,4-DICHLOROBENZENE

		Mea	n Body Weights	Final Weight Relative	
Dose (mg/kg)	Survival (a)	Initial (b)	Final	Change (c)	to Vehicle Controls (percent)
MALE					
0	10/10	26.4 ± 0.5	32.9 ± 1.0	$+6.5 \pm 1.0$	
84.4	10/10	26.1 ± 0.7	34.4 ± 1.3	$+8.3 \pm 0.9$	104.6
168.8	9/10	24.5 ± 0.9	34.0 ± 1.0	$+9.0 \pm 1.1$	103.3
337.5	10/10	25.3 ± 0.8	33.2 ± 1.1	$+7.9 \pm 0.9$	100.9
675	8/10	25.9 ± 0.3	35.5 ± 0.8	$+9.6 \pm 0.8$	107.9
900	10/10	26.8 ± 0.6	34.5 ± 1.0	$+7.7 \pm 0.7$	104.9
FEMALE					
0	8/10	22.3 ± 0.3	27.5 ± 0.6	$+5.0 \pm 0.7$	
84.4	8/10	21.4 ± 0.5	26.9 ± 0.8	$+5.6 \pm 0.4$	97.8
168.8	9/10	22.6 ± 0.2	26.1 ± 0.6	$+3.6 \pm 0.4$	94.9
337.5	9/10	22.5 ± 0.5	26.1 ± 0.6	$+3.8 \pm 0.4$	94.9
675	9/10	22.6 ± 0.3	28.2 ± 0.4	$+5.4 \pm 0.4$	102.5
900	10/10	23.9 ± 0.3	28.5 ± 0.6	$+4.6 \pm 0.5$	103.6

(a) Number surviving/number initially in group; all deaths were related to gavage technique.

(b) Initial mean group body weight \pm standard error of the mean; subsequent calculations based on those animals surviving to the end of the study.

(c) Mean group body weight change of the survivors \pm standard error of the mean

Weeks <u>Vehicle Control</u>			300 mg/kg			600 mg/kg		
on Study	Av. Wt. (grams)	No. of Survivors	Av. Wt.	Wt. (percent of veh. controls)	No. of Survivors	Av. Wt.	Wt. (percent of veh. controls)	No. of Survivors
Study	(gi ams)		(grams)			(grams)	or ven. controls/	Survivors
IALE								
0	25 6	50	25 3	99	50	24 9	97	50
1	27 2	50	26 9	99	50	26 3	97	50
2	28 2	50	27 9	99	50	28 0	99	50
3 4	29 5 30 5	50 50	29 0 30 0	98 98	50 50	29 2 30 3	99 99	50 50
5	298	50	30 7	103	50	30 5	99 102	50
6	31 3	50	30 9	99	50	30 1	96	50
7	31 8	50	32 0	101	50	30 8	97	50
8	32 5	50	32 4	100	49	32 1	99	50
9	33 5	50	31 8	95	49	32 1	96	50
10	32 9	50	33 1	101	49	32 7	99	50
11 12	35 5 35 0	47 47	34 8 34 4	98 98	44 42	33 1 33 2	93 95	44 42
12	35 9	47	34 4 35 2	98	42 42	33 2 35 2	95 98	42
20	36 3	47	36 8	101	42	35 5	98	42
24	38 1	47	38 1	100	42	377	99	42
28	40 5	47	38 5	95	41	38 7	96	42
33	40 8	47	40 0	98	41	40 3	99	42
37	415	47	415	100	40	41 5	100	42
41 46	418 425	46 46	41 5 42 5	99 100	40 40	417 426	100 100	42 42
51	419	46	408	97	40	42 6	99	42
55	42 2	46	42 4	100	40	43 6	103	42
59	44 0	45	44 3	101	40	45 0	102	42
64	45 3	45	43 7	96	40	46 2	102	42
68	43 2	44	44 4	103	40	44 6	103	42
72	44 1	44	44 3	100	40	45 2	102	42
77 81	42 7 42 9	43 43	42 3 43 4	99	40	43 9 43 4	103 101	42 42
85	42 9	43	43 4 42 7	101 100	39 39	43 4 42 6	101	42
89	42 0	40	42 4	101	39	417	99	38
93	415	36	43 1	104	36	40 3	97	34
98	40 3	32	41 8	104	34	39 8	99	31
103	39 5	28	41 7	106	32	39 3	99	31
EMALE								
0	198	50	198	100	50	20 6	104	50
$\frac{1}{2}$	20 8 21 8	50 50	207 214	100 98	50	21 4 22 6	103 104	50 50
3	23 1	50 50	23 1	100	50 50	23 8	104	50
4	23 8	50	24 8	104	50	24 4	103	50
5	23 9	50	23 4	98	50	24 2	101	50
6	23 9	50	23 5	98	49	24 1	101	50
7	24 5	50	24 4	100	49	25 1	102	50
8	24 4	50	24 6	101	49	25 5	105	50
9 10	24 3 24 9	50 50	25 0 25 2	103 101	49 49	25 0 25 8	103 104	50 50
11	26 0	49	25 1	97	43	27 1	104	48
12	23 6	48	23 6	100	46	24 4	103	48
16	26 8	48	26 5	99	46	27 4	102	48
20	274	48	27 4	100	46	276	101	48
24	278	48	27 2	98	46	28 4	102	48
28	29 2 30 0	48	28 3	97	46	30 1	103	48
33 37	30 8	48 48	30 0 30 3	100 98	46 46	31 2 31 8	104 103	48 48
41	30 6	48	303	99	46	316	103	48
46	32 3	48	31 3	97	46	33 3	103	48
51	32 8	48	31 4	96	46	33 3	102	48
55	33 3	48	32 4	97	46	34 9	105	48
59	34 2	48	341	100	46	36 5	107	48
64	36 2	47	36 1	100	46	383	106	47
68 72	367 369	46	35 7 36 8	97 100	46	369 385	101 104	46 45
14	37 1	46 45	368	96	45 45	38 5	104	45 44
77	378	45	386	102	45	390	100	44
77 81								
81 85	376	45	36 3	97	45	37 9	101	43
81 85 89	376 373	44	38 2	102	42	38 0	102	43
81 85	376				45 42 42 39			

TABLE 17. MEAN BODY WEIGHTS AND SURVIVAL OF MICE IN THE TWO-YEAR GAVAGE STUDIESOF 1,4-DICHLOROBENZENE

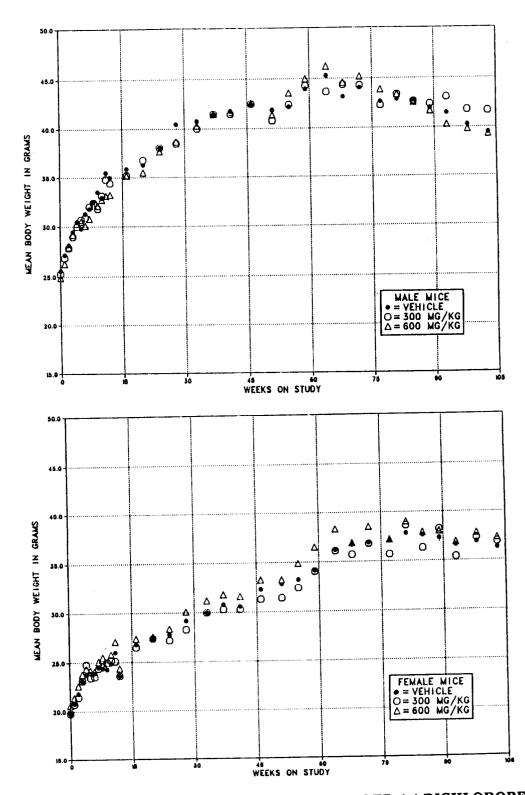


FIGURE 3. GROWTH CURVES FOR MICE ADMINISTERED 1,4-DICHLOROBENZENE IN CORN OIL BY GAVAGE FOR TWO YEARS

Survival

Estimates of the probabilities of survival for male and female mice administered 1,4-dichlorobenzene at the doses used in these studies and for the vehicle controls are shown in the Kaplan and Meier curves in Figure 4. No significant differences in survival were observed between any group of either sex (Table 18).

Pathology and Statistical Analyses of Results

This section describes the significant or noteworthy changes in the incidences of mice with neoplastic or nonneoplastic lesions of the liver, adrenal gland, thyroid gland, lung, hematopoietic system, and kidney.

Lesions in male mice are summarized in Appendix C. Histopathologic findings on neoplasms are summarized in Table C1. Table C2 gives the survival and tumor status for individual male mice. Table C3 contains the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups. The statistical analyses used are discussed in Chapter II (Statistical Methods) and Table C3 (footnotes). Historical incidences of tumors in corn oil vehicle control male mice are listed in Table C4. Findings on nonneoplastic lesions are summarized in Table C5.

Lesions in female mice are summarized in Appendix D. Histopathologic findings on neoplasms are summarized in Table D1. Table D2 gives the survival and tumor status for individual female mice. Table D3 contains the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups. The statistical analyses used are discussed in Chapter II (Statistical Methods) and Table D3 (footnotes). Historical incidences of tumors in corn oil vehicle control female mice are listed in Table D4. Findings on non-neoplastic lesions are summarized in Table D5.

	Vehicle Control	300 mg/kg	600 mg/kg
MALE (a)			
Animals initially in study	50	50	50
Nonaccidental deaths before termination (b)	19	10	10
Accidentally killed (c)	3	8	9
Killed at termination	28	32	30
Died during termination period	0	0	1
Survival P values (d)	0.112	0.139	0.168
FEMALE (a)			
Animals initially in study	50	50	50
Nonaccidental deaths before termination (b)	12	10	11
Accidentally killed (c)	3	4	3
Killed at termination	35	36	35
Died during termination period	0	0	1
Survival P values (d)	0.918	0.809	0.835

TABLE 18. SURVIVAL OF MICE IN THE TWO-YEAR GAVAGE STUDIES OF 1,4-DICHLOROBENZENE

(a) Terminal-kill period: week 104(b) Includes animals killed in a moribund condition

(c) Gavage deaths

(d) The result of the life table trend test is in the vehicle control column, and the results of the life table pairwise comparisons with the vehicle controls are in the dosed columns.

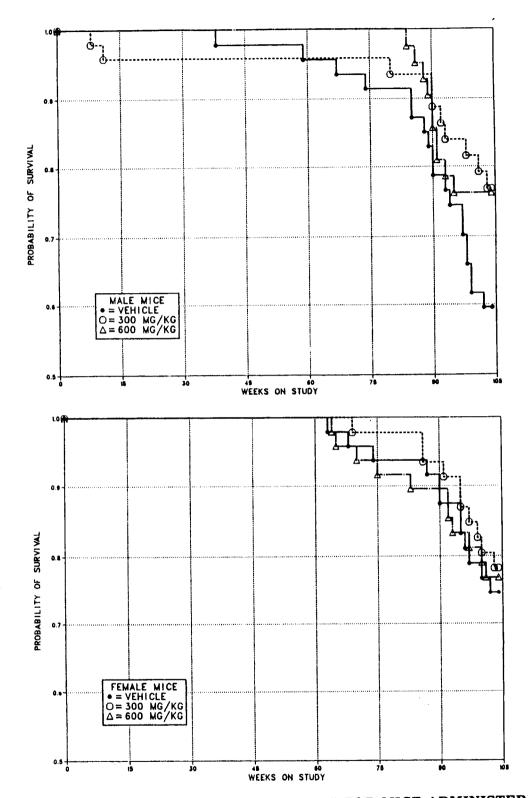


FIGURE 4. KAPLAN-MEIER SURVIVAL CURVES FOR MICE ADMINISTERED 1,4-DICHLOROBENZENE IN CORN OIL BY GAVAGE FOR TWO YEARS

Liver: The incidences of hepatocellular degeneration with individual cell necrosis and cell size alteration (cytomegaly and karyomegaly) were increased in male and female mice receiving 1,4dichlorobenzene (Table 19). The primary degenerative change was cellular swelling with clearing or vacuolation of the cytoplasm. Individual hepatocytes had pyknotic or karyorrhectic nuclei and condensed eosinophilic cytoplasm. Some necrotic hepatocytes formed globular eosinophilic masses in the sinusoids.

Hepatocellular adenomas, hepatocellular carcinomas, and hepatocellular adenomas or carcinomas (combined) in male and female mice occurred with positive trends, and the incidences in the high dose groups were significantly greater than those in the vehicle controls (Table 20). The incidences of hepatocellular adenomas and adenomas or carcinomas (combined) in low dose male mice were also significantly greater than those in the vehicle controls. Hepatoblastomas occurred in four high dose male mice. Hepatoblastoma is a rare type of hepatocellular carcinoma (not seen in 1,091 vehicle controls) composed of small primitive cells with hyperchromatic nuclei and scant cytoplasm arranged in thick solid trabecular, pseudo-glandular, or rosette patterns.

Adrenal Gland: Pheochromocytomas or malignant pheochromocytomas (combined) in male mice occurred with a significant positive trend; the incidence in the high dose group was significantly greater than that in vehicle controls, and one malignant tumor was seen in this group (Table 21). The historical incidence of pheochromocytomas at this laboratory $(5\% \pm 3\%)$ is greater than that observed in the current study. However, the incidences of both medullary hyperplasia (Table 22) and focal hyperplasia of the adrenal gland capsule (vehicle control, 11/47, 23%; low dose, 21/48, 44%; high dose, 28/49, 57%) were also increased in dosed male mice.

 TABLE 19. NUMBER OF MICE WITH LIVER LESIONS IN THE TWO-YEAR GAVAGE STUDIES OF 1,4-DICHLOROBENZENE

		Male		Female		
Lesion	Vehicle Control	300 mg/kg	600 mg/kg	Vehicle Control	300 mg/kg	600 mg/kg
Number of mice examined	50	49	50	50	48	50
Hepatocellular degeneration	0	36	39	0	8	36
Cell size alteration	0	38	40	0	4	27
Focal necrosis	1	35	37	1	4	30
Hepatocellular adenoma	5	13	16	10	6	21
Hepatocellular carcinoma	14	11	32	5	5	19
Hepatoblastoma	0	0	(a) 4	0	0	0

(a) All hepatoblastomas were observed in mice that had hepatocellular carcinomas.

	Vehicle Control	300 mg/kg	600 mg/kg
MALE			
Hepatocellular Adenoma			
Overall Rates	5/50 (10%)	13/49 (27%)	16/50 (32%)
Adjusted Rates	15.0%	39.4%	46.4%
Terminal Rates	3/28 (11%)	12/32 (38%)	13/31 (42%)
Week of First Observation	85	103	88
Life Table Tests	P = 0.009	P = 0.058	P = 0.012
Incidental Tumor Tests	P = 0.009 P = 0.010	P = 0.035 P = 0.035	P = 0.012 P = 0.015
	P=0.010	P=0.035	P = 0.015
Hepatocellular Carcinoma			
Overall Rates	14/50 (28%)	11/49 (22%)	32/50 (64%)
Adjusted Rates	37.5%	28 5%	81.9%
Terminal Rates	7/28 (25%)	5/32 (16%)	24/31 (77%)
Week of First Observation	74	80	84
Life Table Tests	P<0.001	P = 0.280N	P = 0.002
Incidental Tumor Tests	P<0 001	P = 0.570	P<0.001
Iepatocellular Adenoma or Carcinoma (b)			
Overall Rates	17/50 (34%)	22/49 (45%)	40/50 (80%)
Adjusted Rates	43.4%	57 6%	100.0%
Terminal Rates	43.4% 8/28 (29%)	16/32 (50%)	31/31 (100%)
Week of First Observation	74 D < 0.001	80 D 0 004	84 D <0.001
Life Table Tests	P<0.001	$P \approx 0.324$	P<0.001
Incidental Tumor Tests	P<0.001	P = 0.047	P<0.001
Hepatoblastoma (c)			
Overall Rates	0/50 (0%)	0/49 (0%)	4/50 (8%)
Adjusted Rates	0.0%	0.0%	11.9%
Terminal Rates	0/28 (0%)	0/32 (0%)	3/31 (10%)
Week of First Observation			88
Life Table Tests	P = 0.017	(d)	P = 0.074
Incidental Tumor Tests	P = 0.022	(d)	P = 0.085
FEMALE			
Iepatocellular Adenoma			
Overall Rates	10/50 (90%)	G/AQ (1900)	21/50 (42%)
	10/50 (20%)	6/48 (13%)	
Adjusted Rates	27.4%	16.7%	55.1%
Terminal Rates	9/35 (26%)	6/36 (17%)	19/36 (53%)
Week of First Observation	90 D	104	92
Life Table Tests	P = 0.008	P = 0.187N	P = 0.017
Incidental Tumor Tests	P = 0.006	P = 0.197N	P = 0.012
Iepatocellular Carcinoma			
Overall Rates	5/50 (10%)	5/48 (10%)	19/50 (38%)
Adjusted Rates	13 2%	126%	48.6%
Terminal Rates	3/35 (9%)	3/36 (8%)	16/36 (44%)
Week of First Observation	95	69	83
Life Table Tests	P<0.001	P = 0.610N	P = 0.002
Incidental Tumor Tests	P<0.001	P = 0.578	P<0.001
Iepatocellular Adenoma or Carcinoma (e)			
Overall Rates	15/50 (30%)	10/48 (21%)	36/50 (72%)
Adjusted Rates	39.0%	25 9%	90.0%
		23 9% 8/36 (22%)	
Terminal Rates Week of First Observation	12/35 (34%)		32/36 (89%) 83
Week of First Observation	90 P<0 001	69 D-0.164N	83 R < 0.001
Life Table Tests		P = 0.164N	P<0.001
Incidental Tumor Tests	P<0.001	P = 0.200 N	P<0.001

TABLE 20. ANALYSIS OF LIVER TUMORS IN MICE IN THE TWO-YEAR GAVAGE STUDIES OF **1,4-DICHLOROBENZENE** (a)

(a) The statistical analyses used are discussed in Chapter II (Statistical Methods) and Appendix C, Table C3 (footnotes). (b) Historical incidence at study laboratory (mean \pm SD) 50/150 (33% \pm 4%); historical incidence in NTP studies: 357/1,091 (33% ± 10%)

(c) All hepatoblastomas were observed in animals also bearing hepatocellular carcinomas. No hepatoblastomas have been observed in corn oil gavage male mice (0/1,091) or in untreated control male mice (0/1,784). No hepatoblastomas were observed in corn oil gavage female mice (0/1,092) and in only 1/2,080 untreated female mice.

(d) No P value is reported because no tumors were observed in the 300 mg/kg and vehicle control groups (e) Historical incidence at study laboratory (mean \pm SD): 10/148 (7% \pm 2%); historical incidence in NTP studies: 74/1,092 (7% ± 4%)

	Vehicle Control	300 mg/kg	600 mg/kg
Medullary Hyperplasia			
Overall Rates	2/47 (4%)	4/48 (8%)	4/49 (8%)
Pheochromocytoma			
Overall Rates	0/47 (0%)	2/48 (4%)	3/49 (6%)
Adjusted Rates	0.0%	6.1%	9.3%
Terminal Rates	0/27 (0%)	1/32 (3%)	2/31 (6%)
Week of First Observation		103	95
Life Table Tests	P = 0.094	P = 0.277	P = 0.136
Incidental Tumor Tests	P = 0.028	P=0.181	P = 0.063
Malignant Pheochromocytoma			
Overall Rates	0/47 (0%)	0/48 (0%)	1/49 (2%)
Pheochromocytoma (All Types) (a)			
Overall Rates	0/47 (0%)	2/48 (4%)	4/49 (8%)
Adjusted Rates	0.0%	6.1%	12.4%
Terminal Rates	0/27 (0%)	1/32 (3%)	3/31 (10%)
Week of First Observation		103	95
Life Table Tests	P = 0.044	P = 0.277	P = 0.076
Incidental Tumor Tests	P = 0.012	P=0.181	P = 0.035

TABLE 21. ANALYSIS OF ADRENAL GLAND LESIONS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE

(a) Historical incidence at study laboratory (mean \pm SD): 7/148 (5% \pm 3%); historical incidence in NTP studies: 23/1,051 (2% \pm 3%)

Thyroid Gland: Follicular cell hyperplasia was increased in male mice (vehicle control, 1/47, 2%; low dose, 4/48, 8%; high dose, 10/47, 21%) but not in female mice (Table 22). Follicular cell adenomas in female mice occurred with a significant positive trend. However, the incidence in the high dose group was not significantly greater than that in the vehicle controls.

Lung: The incidence of alveolar/bronchiolar carcinomas in low dose male mice was significantly greater than that in the vehicle controls; alveolar/bronchiolar carcinomas were not observed in the high dose or vehicle control groups (Table 23). The incidence of alveolar/bronchiolar adenomas or carcinomas (combined) was not significantly greater in either dosed group than in the vehicle controls. Hematopoietic System: The incidence of lymphoid hyperplasia of the mandibular lymph node was increased in dosed male and female mice (male: vehicle control, 1/46, 2%; low dose, 12/41, 29%; high dose, 10/47, 21%; female: 3/46, 7%; 8/43, 19%; 10/44, 23%).

Kidney: Increased incidences of nephropathy were observed in dosed male mice (vehicle control, 6/50, 12%; low dose, 12/50, 24%; high dose, 15/47, 32%) and to a much lesser extent in female mice (0/50; 3/47, 6%; 3/46, 7%). The nephropathy consisted primarily of degeneration of the cortical tubular epithelium with thickening of the tubular and glomerular basement membranes and increased interstitial collagen. Increased incidences of renal tubular regeneration were observed in dosed female mice (4/50, 8%; 7/47, 15%; 13/46, 28%) but not in males.

TABLE 22. ANALYSIS OF THYROID GLAND LESIONS IN FEMALE MICE IN THE TWO-YEAR **GAVAGE STUDY OF 1,4-DICHLOROBENZENE**

	Vehicle Control	300 mg/kg	600 mg/kg
Follicular Cell Hyperplasia			
Overall Rates	8/48 (17%)	5/45 (11%)	9/46 (20%)
Follicular Cell Adenoma (a)			
Overall Rates	0/48 (0%)	0/45 (0%)	3/46 (7%)
Adjusted Rates	0.0%	0.0%	8.6%
Terminal Rates	0/35 (0%)	0/34 (0%)	3/35 (9%)
Week of First Observation		,	104
Life Table Tests	P=0.038	(b)	P = 0.121
Incidental Tumor Tests	P = 0.038	(b)	P = 0.121

(a) Historical incidence at study laboratory (mean \pm SD): 6/134 (4% \pm 2%); historical incidence in NTP studies: 36/1,009 (4% ± 3%)

(b) No P value is reported because no tumors were observed in the 300 mg/kg and vehicle control groups.

TABLE 23. ANALYSIS OF LUNG LESIONS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF1,4-DICHLOROBENZENE

	Vehicle Control	300 mg/kg	600 mg/kg
Alveolar Epithelium Hyperplasia			
Overall Rates	1/50 (2%)	6/50 (12%)	2/50 (4%)
Alveolar/Bronchiolar Adenoma			
Overall Rates	6/50 (12%)	8/50 (16%)	2/50 (4%)
Alveolar/Bronchiolar Carcinoma			
Overall Rates	0/50 (0%)	5/50 (10%)	0/50 (0%)
Adjusted Rates	0.0%	15.2%	0.0%
Terminal Rates	0/28 (0%)	4/32 (13%)	0/31 (0%)
Week of First Observation		103	
Life Table Tests	P = 0.575N	P = 0.047	(a)
Incidental Tumor Tests	P = 0.558	P = 0.028	(a)
Alveolar/Bronchiolar Adenoma or Carc	inoma (b)		
Overall Rates	6/50 (12%)	13/50 (26%)	2/50 (4%)
Adjusted Rates	17.8%	39.4%	6.5%
Terminal Rates	3/28 (11%)	12/32 (38%)	2/31 (6%)
Week of First Observation	88	103	104
Life Table Tests	P = 0.116N	P = 0.105	P = 0.121N
Incidental Tumor Tests	P = 0.150N	P = 0.054	P = 0.129N

(a) No P value is reported because no tumors were observed in the 600 mg/kg and vehicle control groups.
(b) Historical incidence at study laboratory (mean ± SD): 24/150 (16% ± 4%); historical incidence in NTP studies: 169/1,093 (15% ± 6%)

IV. DISCUSSION AND CONCLUSIONS

Short-Term Studies (Rats) Short-Term Studies (Mice) Two-Year Studies (Rats) Two-Year Studies (Mice) Mutagenicity Data Audit Conclusions

Short-Term Studies (Rats)

Short-term studies were performed to identify the principal target organs, to characterize the prechronic toxicity of 1,4-dichlorobenzene in rats and mice, and to set doses for the 2-year studies. Clinical chemistry tests were performed to assist in the assessment of the toxicity of the compound on the liver, kidney, and hematopoietic system. Urinary and liver porphyrins were determined because a related compound, hexachlorobenzene, is known to produce a disease known as hepatic porphyria in both humans and rodents (Ockner and Schmid, 1961).

The kidney and liver have been reported to be the principal sites affected when 1,4-dichlorobenzene is administered to rats and mice in short-term studies (Hollingsworth et al., 1956). The hepatotoxicity of 1.4-dichlorobenzene is less than that of 1,2-dichlorobenzene when administered at equivalent doses (Brodie et al., 1971; Reid and Krishna, 1973). In the current 13week studies, renal toxicity was more common in male rats than in female rats dosed with 1,4dichlorobenzene. The renal lesion was characterized by multifocal degeneration or necrosis of the renal cortical tubular epithelial cells at doses of 1,200 mg/kg or more and renal tubular degeneration at doses of 600 mg/kg or more, with some indication of a slight increase in the incidence of tubular regeneration at 300 mg/kg. There was an increase in the number and size of eosinophilic droplets in the cytoplasm of epithelial cells of the proximal convoluted tubules. Linder et al. (1980) also reported a dose-related increase in hyaline droplets in male rats given another chlorobenzene, pentachlorobenzene, in the diet at concentrations of 125, 250, 500, or 1,000 ppm for 100 days. The increase was seen in 8/10 male rats at the 125-ppm level but was even more pronounced at higher levels. In contrast, hyaline droplets were observed in only 1/10 females fed 1,000 ppm for 180 days and were not observed at lower doses in females. The increase in hyaline droplets in male rats in these two studies is similar to that reported in these cells after exposure of male rats to light hydrocarbons (Phillips and Cockrell, 1984). Increases in the kidney weight to brain weight ratio were another indication of kidney damage observed in male rats in the present study. Moreover, blood

urea nitrogen levels were increased in male rats dosed with 900 mg/kg or more.

1,4-Dichlorobenzene increased the liver weight to brain weight ratio at doses of 900 mg/kg or more in male and female rats, whereas degeneration and necrosis of hepatocytes were seen at doses of 1,200 mg/kg or more. Several clinical chemistry parameters were affected, which may reflect the hepatic effects of this compound. In male rats, the serum cholesterol level was increased at doses of 600 mg/kg or more, whereas the serum triglycerides were reduced by doses of 300 mg/kg or more. In female rats, serum cholesterol was affected at doses of 900 mg/kg or more. However, SGPT was not affected in either male or female rats, and alkaline phosphatase was increased only in female rats receiving 1,200 mg/kg. Although female rats were generally less sensitive to 1,4-dichlorobenzene than were male rats, some deaths occurred at 900 mg/kg in both male and female rats.

Expanded hematologic studies were performed because Girard et al. (1969) reported the development of leukemia in five persons exposed to 1,2-dichlorobenzene or 1,4-dichlorobenzene used as a solvent for other chemicals or to chlorinated benzene mixtures. Two of the patients were diagnosed as having chronic lymphoid leukemia. two as having acute myeloblastic leukemia, and one as having a myeloproliferative syndrome. Girard et al. also reported two cases of severe anemia associated with exposure to monochlorobenzene or trichlorobenzene. Moreover, Hallowell (1959) reported two incidents of hemolytic anemia in humans exposed to 1,4-dichlorobenzene at large doses. In the present 13-week study, 1.4-dichlorobenzene produced a mild microcytic anemia in male rats. The effect was most pronounced at the high dose. None of these hematologic changes occurred in female rats, although the mean corpuscular volume was decreased in females at doses of 600 mg/kg or more. The white blood cell count was not affected in either sex at any dose. The hematologic changes were modest and occurred in male rats at toxic doses that also depressed body weight gain. Therefore, the results of these studies indicate that 1,4-dichlorobenzene produces only minimal hematologic changes in rats and do not suggest any effect on white blood cells in this species.

Short-Term Studies (Mice)

Two 13-week studies were performed in mice at doses of 600-1,800 mg/kg and 85-900 mg/kg. In the first studies, survival was decreased in both sexes at doses of 1,500 mg/kg or more. Hepatocellular degeneration was observed histologically in males and females at doses of 600-1,800 mg/kg, but kidney damage was not observed. Liver weight to brain weight ratios were increased at doses of 900 mg/kg or more. The white blood cell count was reduced significantly for all groups of dosed male mice and for female mice at 1,000 or 1,500 mg/kg. These effects were accompanied by decreases in neutrophils and lymphocytes. The hematocrit and red blood cell count were not altered in either sex. Serum cholesterol concentrations were increased in males at doses of 900 mg/kg or more, and serum triglycerides were increased in males receiving 1,500 mg/kg or more. These changes are consistent with the hepatic effects of this compound. These parameters were not measured in female mice due to insufficient serum sample size. In the second studies, hepatocytomegaly was observed in male and female mice at doses of 675 or 900 mg/kg but not at 375 mg/kg. The hepatocellular lesion was rated as minimal to mild at 675 mg/kg and mild to moderate at 900 mg/kg. On the basis of these data, doses of 300 and 600 mg/kg were selected for the 2-year studies.

Although there is clear-cut evidence that hexachlorobenzene produces porphyria (Ockner and Schmid, 1961; Carlson, 1977), several laboratories have reported that many less chlorinated benzenes (1,4-dichlorobenzene, 1,2,4-trichlorobenzene, and pentachlorobenzene) do not appear to produce porphyria in rats or mice (Carlson, 1977; Linder et al., 1980). In the present studies, 1.4-dichlorobenzene did not cause hepatic porphyria when administered for 13 weeks to rats at doses of 300-1,500 mg/kg or when administered to mice for 13 weeks at 600-1,800 mg/kg. Similarly, the NTP (1985b) recently reported that 1,2-dichlorobenzene did not cause hepatic porphyria in rats and mice at doses of up to 500 mg/kg per day for 13 weeks. Small increases in levels of urinary porphyrins (rats) (1.5-fold to sixfold) or hepatic porphyrins (mice) (40%-80%) were observed in the present studies. However, changes of this magnitude are considered to be physiologic rather than pathologic changes. In comparison, hexachlorobenzene administered in the diet at 300 ppm to female Sprague-Dawley rats for 4 months increased tissue porphyrin levels from 1.0 ± 0.1 to $385 \pm 85 \,\mu\text{g/g}$ and urinary uroporphyrin excretion from $1.4 \pm 0.2 \,\mu\text{g/}24$ hours to $383 \pm 63 \,\mu\text{g/}24$ hours (both increases are more than hundredfold) (Goldstein et al., 1978).

Two-Year Studies (Rats)

Doses of 150 and 300 mg/kg 1,4-dichlorobenzene were selected for the 2-year studies for male rats. These doses were based primarily on the renal toxicity observed in the 13-week study in males and hepatotoxicity at higher doses in both sexes. Although the incidence of renal tubular degeneration in male rats in the first 13-week study was increased at 300 mg/kg, there was only an equivocal increase in the severity and no increase in the incidence of renal tubular degeneration in male rats at this dose in the second 13week study, and at 150 mg/kg, there were no detectable effects on the kidney in the second study. Female rats were generally less sensitive to 1,4-dichlorobenzene than were male rats in the 13-week study, and no kidney lesions were observed at any dose. However, some deaths occurred in females at 900 mg/kg, and degeneration and necrosis of hepatocytes as well as body weight loss were observed at 1,200 mg/kg. Therefore, the doses selected for the 2-year study for female rats were 300 and 600 mg/kg.

In the 2-year study, survival of male rats dosed with 300 mg/kg 1,4-dichlorobenzene was significantly lower than that of vehicle controls after week 97 (P=0.005) (see Table 9 and Figure 2), and body weights were 5%-8% lower than that of vehicle controls after week 38 (see Figure 1). Survival of low dose male rats and dosed female rats was similar to that of the vehicle controls. However, body weights of female rats dosed with 600 mg/kg were lower than those of the vehicle controls after week 55.

1,4-Dichlorobenzene increased the incidence of nephropathy in high dose (600 mg/kg) female rats (vehicle control, 43%; low dose, 64%; high dose, 84%) (see Table 10) and increased the severity of the lesion in dosed male rats. All

groups of dosed male rats had marked increases in mineralization of the collecting tubules of the renal medulla (8%; 92%; 94%) and epithelial hyperplasia of the renal pelvis (2%; 60%; 62%). Incidences of renal tubular cell adenocarcinomas were clearly increased in dosed male rats (2%; 6%: 14%) (see Tables 10 and 11). The increases occurred with a significant (P=0.005) positive trend, and the incidence in the high dose group was significantly (P=0.011) greater than that in the vehicle controls by the life table test. These malignant tumors are uncommon in male F344/N rats, having been diagnosed in only 4/1,098 (0.4%) corn oil gavage controls in previous NTP studies (Table A4a). Two of the tumors in low dose male rats and two of the tumors in high dose male rats were grossly visible at necropsy. The increase in this neoplasm is considered to have been produced by the administration of the compound. Administration of 1.4dichlorobenzene did not produce renal neoplasms in female rats in the present study. The increase in hyperplasia of the parathyroid gland observed in male rats (10%; 31%; 53%) in the present 2-year study was not noted in female rats. The hyperplasia of the parathyroid gland is probably related to a decrease in functional renal mass, a subsequent alteration in serum phosphate and calcium excretion by the kidney. and stimulation of the parathyroid gland to release parathyroid hormone (Anderson, 1978).

The spectrum of renal toxicity in male rats given 1.4-dichlorobenzene by gavage for 13 weeks and 2 years is similar to that of male rats exposed to gasoline vapors, related petroleum naphthas, light hydrocarbons consisting of paraffins, cycloparaffins, or alkyl aromatic hydrocarbons, and decalin (Mehlman et al., 1984). Long-term administration of a number of these compounds to male rats produces renal tubular cell adenocarcinomas. Degeneration of epithelium in proximal convoluted tubules, regeneration, and dilated tubules filled with granular proteinaceous material were reported in male rats exposed to light hydrocarbon compounds in short-term inhalation studies (Phillips and Cockrell, 1984). The characteristic early lesion consisted of an accumulation of hyaline droplets in epithelial cells that were demonstrated to be phagolysosomes filled with amorphous electron-dense material. The hyaline droplets formed within

tubular cells of male rats following exposure to decalin were reported to be primarily a-2-microglobulin, a specific protein produced in the liver under the influence of testosterone (Trump et al., 1984). Whether this protein plays a role in the pathogenesis of the chronic lesions associated with administration of these hydrocarbons or 1,4-dichlorobenzene is unknown. Administration of pentachlorobenzene in the diet also produced a dramatic increase in the number of hyaline droplets in the kidneys of male but not of female rats (Linder et al., 1980).

Mononuclear cell leukemia occurred with a marginally increased incidence in high dose male rats (22%) when compared with concurrent vehicle controls (10%), but the incidence is only slightly greater than the average historical incidence in three other corn oil vehicle control groups at this laboratory $(17\% \pm 3\%)$ (Table A4b). No increase in mononuclear cell leukemia was observed in female rats in the present study (vehicle control, 30%; low dose, 20%; high dose, 18%). In male rats, mononuclear cell leukemia is a common tumor originating in the spleen, and it occurs with a wide range of incidences. Therefore it is doubtful whether the increase in the incidence of this tumor in high dose male rats in the present study is related to the administration of 1.4-dichlorobenzene.

Two-Year Studies (Mice)

In mice, survival and body weights in the 2-year studies were not affected by administration of 300 or 600 mg/kg 1,4-dichlorobenzene. 1,4-Dichlorobenzene increased the incidences of nonneoplastic liver lesions in male and female mice. The lesions included alterations in cell size, degeneration and single-cell necrosis of hepatocytes, and cytomegaly and karyomegaly. 1,4-Dichlorobenzene also increased the incidences of nephropathy in male mice and renal tubular regeneration in female mice.

1,4-Dichlorobenzene increased the incidences of hepatocellular neoplasms in both male and female mice. There was an increase in the number of hepatocellular adenomas in dosed male (vehicle control, 10%; low dose, 26%; high dose, 32%) and high dose female mice (20%; 13%; 42%) accompanied by a positive dose-response trend.

There was also an increase in the incidence of hepatocellular carcinomas in both high dose male (28%; 22%; 64%) and female mice (10%; 10%; 38%) with a positive dose-response trend. Hepatoblastomas were observed in four high dose male mice but not in any other group. These rare tumors have been observed historically in 0/1.091 vehicle control male mice (Table C4b) and 0/1,784 untreated control male mice. Another chlorinated benzene, monochlorobenzene, increased the incidence of neoplastic nodules of the liver in male rats, although it did not increase the incidence of hepatic tumors in either sex of mice (NTP, 1985a). Hexachlorobenzene has been reported to increase the incidence of hepatomas in male and female hamsters (Cabral et al., 1977), male and female outbred Swiss mice (Cabral et al., 1979), and female Agus rats (male rats were not studied) (Smith and Cabral, 1980).

There was a positive dose-response trend for adrenal gland pheochromocytomas (five benign and one malignant) in male mice, and the incidence in the high dose group was greater than that of concurrent vehicle controls (vehicle control, 0%; low dose, 4%; high dose, 8%). Although the incidence of pheochromocytomas in the high dose males is only slightly greater than the historical rate for this tumor in vehicle control male mice in this laboratory $(5\% \pm 3\%)$ or in all laboratories (2% \pm 3%), the marginal increase in adrenal gland medullary hyperplasia (4%; 8%; 8%) tends to provide some support for the positive dose-response trend for pheochromocytomas. Focal hyperplasia of the adrenal gland capsule was also observed in dosed male mice (23%; 44%; 57%).

A positive dose-response trend for follicular cell adenomas of the thyroid gland was observed in dosed female mice, but the incidence was not significantly greater in the high dose group than in the vehicle controls. 1,4-Dichlorobenzene also increased the incidences of hyperplasia of the thyroid gland in dosed male but not female mice (see Table 22). Hexachlorobenzene has been reported to produce alveolar adenomas of the thyroid gland in male hamsters (Cabral et al., 1977). Therefore, the marginal effect of 1,4-dichlorobenzene on this organ may have biologic significance.

Mutagenicity

1.4-Dichlorobenzene has been tested for mutagenic activity by the National Toxicology Program as well as by a number of other laboratories. Results from most of these short-term in vitro tests indicate that 1,4-dichlorobenzene is not mutagenic or genotoxic to either bacterial or mammalian cells in culture, although it does appear to produce chromosomal aberrations in plants. It has been shown that monochlorobenzene, 1,2-dichlorobenzene, and 1,2,4-trichlorobenzene do not induce DNA repair in rat hepatocytes (Shimada and Williams, unpublished data), but no reports of effects of 1,4-dichlorobenzene on DNA repair in rat hepatocytes in vitro are available. Zapata-Gayon et al. (1982) reported an increase in chromosomal aberrations in peripheral blood from humans accidentally exposed to 1,2-dichlorobenzene. However, in vivo cytogenetic and dominant lethal studies with rodents failed to corroborate clastogenic effects of 1,4-dichlorobenzene in laboratory animals. The NTP in vivo cytogenetics study indicated no increase in micronucleated cells in mice in the 13-week studies even at toxic doses (Table E6). Thus, the carcinogenic activity of 1.4-dichlorobenzene cannot be adequately predicted on the basis of available genotoxicity data. Since most of the data suggest that chlorinated benzenes are not genotoxic, 1,4-dichlorobenzene may produce tumors by other mechanisms. Smith (1985) has presented preliminary data indicating that hexachlorobenzene may act as a promoter of liver tumors in rats. 1,4-Dichlorobenzene may produce liver tumors in mice by a similar mechanism.

Data Audit

The experimental and tabulated data for the NTP Technical Report on 1,4-dichlorobenzene were examined for accuracy, consistency, and compliance with Good Laboratory Practice requirements. As summarized in Appendix N, the audit revealed no major problems with the conduct of the studies or with the collection and documentation of the experimental data. No discrepancies were found that influenced the final interpretation of these studies.

Conclusions

Under the conditions of these 2-year gavage studies, 1,4-dichlorobenzene produced *clear evidence of carcinogenicity*^{*} for male F344/N rats, as shown by an increased incidence of renal tubular cell adenocarcinomas. There was *no evidence of carcinogenicity* for female F344/N rats receiving doses of 300 or 600 mg/kg. There was *clear evidence of carcinogenicity* for both male and female $B6C3F_1$ mice, as shown by increased incidences of hepatocellular carcinomas and hepatocellular adenomas. Marginal increases were observed in the incidences of pheochromocytomas of the adrenal gland in male mice. Nonneoplastic effects in the kidney of male and female rats, in the liver of male and female mice, and in the thyroid gland and adrenal gland of male mice were also associated with the administration of 1,4-dichlorobenzene.

^{*}Categories of evidence of carcinogenicity are defined in the Note to the Reader on page 2.

A summary of the Peer Review comments and the public discussion on this Technical Report appears on pages 9-10.

V. REFERENCES

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1. Abritti, G.; DeMatteis, F. (1971-1972) Decreased levels of cytochrome P-450 and catalase in hepatic porphyria caused by substituted acetamides and barbiturates. Chem.-Biol. Interact. 4:281-286.

2. Anderson, C. (1978) Renal failure. Knox, F., Ed.: Textbook of Renal Pathophysiology. Hagerstown, MD: Harper and Row, pp. 257-258.

3. Armitage, P. (1971) Statistical Methods in Medical Research. New York: John Wiley & Sons, Inc., pp. 362-365.

4. Azouz, W.; Parke, D.; Williams, R. (1955) The metabolism of halogenobenzenes ortho- and para-dichlorobenzenes. Biochem. J. 59:410-415.

5. Barthelmai, W; Czok, R. (1962) Enzymatic determination of glucose in the blood, cerebrospinal fluid, and urine. Klin. Wochschr. 40:585-589.

6. Berenblum, I., Ed. (1969) Carcinogenicity Testing: A Report of the Panel on Carcinogenicity of the Cancer Research Commission of UICC, Vol. 2. Geneva: International Union Against Cancer.

7. Boorman, G.; Montgomery, C., Jr.; Eustis, S.; Wolfe, M.; McConnell, E.; Hardisty, J. (1985) Quality assurance in pathology for rodent carcinogenicity studies. Milman, H.; Weisburger, E., Eds.: Handbook of Carcinogen Testing. Park Ridge, NJ: Noyes Publications, pp. 345-357.

8. Bozelli, J.; Kebbekus, B. (1979) Analysis of Selected Volatile Organic Substances in Ambient Air (NJDESP-79/02). Newark, NJ: New Jersey Institute of Technology, pp. 24-33.

9. Brodie, B.; Reid, W.; Cho, A.; Sipes, G.; Krishna, G.; Gillette, J. (1971) Possible mechanism of liver necrosis caused by aromatic organic compounds. Proc. Natl. Acad. Sci. 68:160-164.

10. Bucolo, G.; David, H. (1973) Quantitative determination of serum triglycerides by the use of enzymes. Clin. Chem. 19:476-482. 11. Cabral, J.; Shubik, P.; Mollner, T.; Raitano, F. (1977) Carcinogenic activity of hexachlorobenzene in hamsters. Nature (London) 269:510-511.

12. Cabral, J.; Mollner, T.; Raitano, F.; Shubik, P. (1979) Carcinogenesis of hexachlorobenzene in mice. Int. J. Cancer 23:47-51.

13. Cam, C.; Nigogosyan, G. (1963) Acquired toxic porphyria cutanea tarda due to hexachlorobenzene. J. Am. Med. Assoc. 183:90-93.

14. Carlson, G. (1977) Chlorinated benzene induction of hepatic porphyria. Experientia 33:1627-1629.

15. Carlson, G.; Tardiff, R. (1976) Effect of chlorinated benzenes on the metabolism of foreign organic compounds. Toxicol. Appl. Pharmacol. 36:383-394.

16. Clive, D.; Johnson, K.; Spector, J.; Batson, A.; Brown, M. (1979) Validation and characterization of the L5178Y/TK^{+/-} mouse lymphoma mutagen assay system. Mutat. Res. 59:61-108.

17. Cox, D. (1972) Regression models and life tables. J. R. Stat. Soc. B34:187-220.

18. Domenjoz, R. (1946) Zur biologischen Wirkung einiger DDT-Derivate. Arch. Int. Pharmacodyn. 73:128-146.

19. Dunnett, C. (1955) A multiple comparison procedure for comparing several treatments with a control. J. Am. Stat. Assoc. 50:1096-1122.

20. Dunnett, C. (1980) Pairwise multiple comparisons in the unequal variance case. J. Am. Stat. Assoc. 75:796-800.

21. Galloway, S.; Bloom, A.; Resnick, M.; Margolin, B.; Nakamura, F.; Archer, P.; Zeiger, E. (1985) Development of a standard protocol for in vitro cytogenetic testing with Chinese hamster ovary cells: Comparison of results for 22 compounds in two laboratories. Environ. Mutagen. 7:1-51. 22. Gart, J.; Chu, K.; Tarone, R. (1979) Statistical issues in interpretation of chronic bioassay tests for carcinogenicity. J. Natl. Cancer Inst. 62:957-974.

23. Girard, R.; Tolot, F.; Martin, P.; Bourret, J. (1969) Hemopathies graves et exposition des derives chlores du benzene (a propos de 7 cas). J. Med. Lyon 50:771-773.

24. Goldenberg, H.; Drews, P. (1971) Direct photometric determination of globulin in serum. Clin. Chem. 17:358-362.

25. Goldstein, J.; Friesen, M.; Scotti, T.; Hickman, P.; Hass, J.; Bergman, H. (1978) Assessment of the contribution of chlorinated dibenzo*p*-dioxins and dibenzofurans to hexachlorobenzene-induced toxicity, porphyria, changes in mixed function oxygenases, and histopathological changes. Toxicol. Appl. Pharmacol. 46:633-649.

26. Goldstein, J.; Linko, P.; Huckins, J.; Stalling, D. (1982) Structure-activity relationships of chlorinated benzenes as inducers of different forms of cytochrome P-450 in rat liver. Chem.-Biol. Interact. 41:131-139.

27. Gupta, K. (1972) Effects of some antimitotics on the cytology of Fenugreek roots in vivo and in vitro. Cytobios 5:179-187.

28. Hallowell, M. (1959) Acute haemolytic anemia following the ingestion of para-dichlorobenzene. Arch. Dis. Child. 34:74-75.

29. Haseman, J. (1984) Statistical issues in the design, analysis and interpretation of animal carcinogenicity studies. Environ. Health Perspect. 58:385-392.

30. Haseman, J.; Huff, J.; Boorman, G. (1984) Use of historical control data in carcinogenicity studies in rodents. Toxicol. Pathol. 12:126-135.

31. Haseman, J.; Huff, J.; Rao, G.; Arnold, J.; Boorman, G.; McConnell, E. (1985) Neoplasms observed in untreated and corn oil gavage control groups of F344/N rats and (C57BL/6N \times C3H/HeN)F₁ (B6C3F₁) mice. J. Natl. Cancer Inst. 75:975-984. 32. Hawkins, D.; Chasseaud, L.; Woodhouse, R.; Cresswell, D. (1980) The distribution, excretion and biotransformation of *p*-dichloro[¹⁴C]benzene in rats after repeated inhalation, oral and subcutaneous doses. Xenobiotica 10:81-95.

33. Haworth, S.; Lawlor, T.; Mortelmans, K.; Speck, W.; Zeiger, E. (1983) Salmonella mutagenicity test results for 250 chemicals. Environ. Mutagen. (Suppl. 1) 5:3-142.

34. Hayes, W.; Hanley, T., Jr.; Gushow, T.; Johnson, K.; John, J. (1985) Teratogenic potential of inhaled dichlorobenzenes in rats and rabbits. Fundam. Appl. Toxicol. 5:190-202.

35. Henry, N.; Orville, J.; Berkman, S. (1960) Revised spectrophotometric methods for the determination of glutamic-oxalacetic transaminase, glutamic-pyruvic transaminase, and lactic acid dehydrogenase. Am. J. Clin. Pathol. 34:381-398.

36. Hodge, M.; Palmer, S.; Wilson, J.; Bennett, I. (1977) Paradichlorobenzene: Teratogenicity Study in Rats. Report No. CTL/P/340. Imperial Chemical Industries Limited, Central Toxicology Laboratory, Alderley Park, Macclesfield, Cheshire, UK.

37. Hollingsworth, R.; Rowe, V.; Oyen, F.; Hoyle, H.; Spencer, H. (1956) Toxicity of paradichlorobenzenes. Determinations on experimental animals and human subjects. Am. Med. Assoc. Arch. Ind. Health 14:138-147.

38. Hopkins, F.; Cole, S. (1901) On the proteid reaction of Adam Kiewicz, with contribution to the chemistry of glyoxylic acid. Proc. R. Soc. Lond. 68:21-33.

39. Hull & Co. (1980) Report Prepared for Chlorobenzene Producers Association (unpublished).

40. International Agency for Research on Cancer (IARC) (1982) ortho- and para-Dichlorobenzenes. IARC Monographs on the Evaluation of the Carcinogenic Risk of Chemicals to Humans, Vol. 29. Lyon, France: IARC, pp. 213-238. 41. Irie, D.; Sasaki, T.; Ito, R. (1973) Acute toxicity, inhalation toxicity and skin irritation of cyclododecane (CD), tricyclododecane (TCD), naphthaline (NP) and para-dichlorobenzene (parazol) (PZ). J. Med. Soc. Toho Univ. 20:772-775.

42. Jonckheere, A. (1954) A distribution-free ksample test against ordered alternatives. Biometrika 41:133-145.

43. Kaplan, E.; Meier, P. (1958) Nonparametric estimation of incomplete observations. J. Am. Stat. Assoc. 53:457-481.

44. Kimura, R.; Hayashi, T.; Sato, M.; Aimoto, T.; Murata, T. (1979) Identification of sulfurcontaining metabolites of p-dichlorobenzene and their disposition in rats. J. Pharm. Dyn. 2:237-244.

45. Lawlor, T.; Haworth, S.; Voytek, P. (1979) Evaluation of the genetic activity of nine chlorinated phenols, seven chlorinated benzenes, and three chlorinated hexanes. Environ. Mutagen. 1:143 (Abstr.).

46. Linder, R.; Scotti, T.; Goldstein, J.; McElroy, K.; Walsh, D. (1980) Acute and subchronic toxicity of pentachlorobenzene. J. Environ. Pathol. Toxicol. 4:183-196.

47. Linhart, M.; Cooper, J.; Martin, R.; Page, N.; Peters, J. (1974) Carcinogenesis bioassay data system. Comput. Biomed. Res. 7:230-248.

48. Loeser, E.; Litchfield, M. (1983) Review of recent toxicology studies on *p*-dichlorobenzene. Food Chem. Toxicol. 21:825-832.

49. MacGregor, J.; Wehr, C.; Gould, D. (1980) Clastogen induced micronuclei in peripheral blood erythrocytes: The basis of an improved micronucleus test. Environ. Mutagen. 2:509-514.

50. Malloy, H; Evelyn, K. (1937) The determination of bilirubin with the photoelectric colorimeter. J. Biol. Chem. 119:481-490.

51. Mantel, N.; Haenszel, W. (1959) Statistical aspects of the analysis of data from retrospective studies of disease. J. Natl. Cancer Inst. 22:719-748.

52. Maronpot, R.; Boorman, G. (1982) Interpretation of rodent hepatocellular proliferative alterations and hepatocellular tumors in chemical safety assessment. Toxicol. Pathol. 10:71-80.

53. Matthews, H. (1982) Aryl halides. Jakoby, W.; Bend, J.; Caldwell, S., Eds.: Metabolic Basis of Detoxication. New York: Academic Press, Inc., pp. 51-58.

54. McConnell, E.; Solleveld, H.; Swenberg, J.; Boorman, G. (1986) Guidelines for combining neoplasms for evaluation of rodent carcinogenesis. J. Natl. Cancer Inst. 76:283-289.

55. Mehlman, M.; Hemstreet, C., III; Thorpe, J.; Weaver, N., Eds. (1984) Advances in Modern Environmental Toxicology, Vol. VII. Renal Effects of Petroleum Hydrocarbons. Princeton: Princeton Scientific Publishers, Inc.

56. Merck Index (1976) 9th ed. Rahway, NJ: Merck and Co., Inc., p. 403.

57. Morita, M. (1977) Chlorinated benzenes in the environment. Ecotox. Environ. Saf. 1:1-6.

58. Morita, M.; Ohi, G. (1975) Paradichlorobenzene in human tissue and atmosphere in Tokyo metropolitan area. Environ. Pollut. 8:269-274.

59. National Cancer Institute (NCI) (1976) Guidelines for Carcinogen Bioassay in Small Rodents. NCI Carcinogenesis Technical Report Series No. 1. U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health.

60. National Institutes of Health (NIH) (1978) NIH Specification, NIH-11-133f, November 1.

61. National Toxicology Program (NTP) (1984) Report of the Ad Hoc Panel on Chemical Carcinogenesis Testing and Evaluation of the National Toxicology Program Board of Scientific Counselors.

62. National Toxicology Program (NTP) (1985a) Toxicology and Carcinogenesis Studies of Chlorobenzene in F344/N Rats and $B6C3F_1$ Mice. NTP TR 261. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health. 63. National Toxicology Program (NTP) (1985b) Toxicology and Carcinogenesis Studies of 1,2-Dichlorobenzene in F344/N Rats and B6C3F₁ Mice. NTP TR 255. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health.

64. Ockner, R.; Schmid, R. (1961) Acquired porphyria in man and rat due to hexachlorobenzene intoxication. Nature 189:449.

65. Occupational Safety and Health Administration (OSHA) (1980) Air Contaminants. U.S. Code of Federal Regulations, Title 29, Part 1910.1000.

66. Pagnotto, L.; Walkley, J. (1965) Urinary dichlorophenol as an index of *para*-dichlorobenzene exposure. Indus. Hyg. J. 26:137-142.

67. Perocco, P.; Silvana, B.; Alberghini, W. (1983) Toxic activity of seventeen industrial solvents and halogenated compounds on human lymphocytes cultured in vitro. Toxicol. Lett. 16:69-75.

68. Phillips, R.; Cockrell, B. (1984) Effect of certain light hydrocarbons on kidney function and structure in male rats. Mehlman, M.; Hemstreet, C., III; Thorpe, J.; Weaver, N., Eds.: Advances in Modern Environmental Toxicology, Vol. VII. Renal Effects of Petroleum Hydrocarbons. Princeton: Princeton Scientific Publishers, Inc., pp. 89-106.

69. Pinter, J.; Hayashi, J.; Watson, J. (1967) Enzymatic assay of glycerol, dihydroxyacetone, and glyceraldehyde. Arch. Biochem. Biophys. 121:404-414.

70. Prasad, I. (1970) Mutagenic effects of the herbicide 3',4'-dichloropropionanilide and its degradation products. Can. J. Microbiol. 16:369-372.

71. Reid, W.; Krishna, G. (1973) Centrolobular hepatic necrosis related to covalent binding of metabolites of halogenated aromatic hydrocarbons. Exp. Mol. Pathol. 18:80-99.

72. Reid, W.; Ilett, K.; Glick, J.; Krishna, G. (1973) Metabolism and binding of aromatic hydrocarbons in the lung. Am. Rev. Resp. Dis. 107:539-551.

73. Riley, R.; Chart, I.; Doss, A.; Gore, C.; Patton, D.; Weight, T. (1980a) Report No. CTL/P/447. Imperial Chemical Industries Limited, Central Toxicology Laboratory, Alderley Park, Macclesfield, Cheshire, UK.

74. Riley, R.; Chart, I.; Gaskell, B.; Gore, C. (1980b) Para-dichlorobenzene: Long Term Inhalation Study in the Mouse. Report No. CTL/P/478. Imperial Chemical Industries Limited, Central Toxicology Laboratory, Alderley Park, Macclesfield, Cheshire, UK.

75. Rimington, C.; Ziegler, G. (1963) Experimental porphyria in rats induced by chlorinated benzenes. Biochem. Pharmacol. 12:1387-1397.

76. Sadtler Standard Spectra, Philadelphia, PA: Sadtler Research Laboratories, IR No. 146; UV No. 55; NMR No. 715.

77. Sharma, A.; Bhattacharyya, N. (1956) Chromosome breakage through paradichlorobenzene treatment. Cytologia 21:353-360.

78. Shimada, T.; Williams, G. Study of effects on cultured liver cells of three chlorinated benzenes. Unpublished; submitted to Chemical Manufacturers Association.

79. Shimizu, M.; Yasui, Y.; Matsumoto, N. (1983) Structural specificity of aromatic compounds with special reference to mutagenic activity in *Salmonella typhimurium*--a series of chloro- or fluoro-nitrobenzene derivatives. Mutat. Res. 116:217-238.

80. Smith, A. (1985) Unpublished data presented at the International Symposium on Hexachlorobenzene (HCB), June 24-28. Lyon, France: International Agency for Research on Cancer.

81. Smith, A.; Cabral, J. (1980) Liver-cell tumors in rats fed hexachlorobenzene. Cancer Lett. 11:169-172.

82. Srivastava, L. (1966) Induction of mitotic abnormalities in certain genera of tribe Vicieae by paradichlorobenzene. Cytologia 31:166-171.

83. Szasz, G. (1969) Kinetic photometric method for serum gamma-glutamyl transpeptidase. Clin. Chem. 15:124-136. 84. Tarone, R. (1975) Tests for trend in life table analysis. Biometrika 62:679-682.

85. Trump, B.; Jones, T.; Heatfield, B. (1984) The biology of the kidney. Mehlman, M.; Hemstreet, C., III; Thorpe, J.; Weaver, N., Eds.: Advances in Modern Environmental Toxicology, Vol. VII. Renal Effects of Petroleum Hydrocarbons. Princeton: Princeton Scientific Publishers, Inc., pp. 27-50.

86. U.S. Department of Commerce (1981) Bureau of the Census. Cited in U.S. Exports, DIALOG Information Retrieval Service.

87. U.S. Department of Commerce (1983) Bureau of the Census, Report EM522. Cited in U.S. Exports, DIALOG Information Retrieval Service.

88. U.S. Environmental Protection Agency (USEPA) (1980a) Assessment of Testing Needs: Chlorinated Benzenes, Support Document for Proposed Health Effects Test Rule, TSCA Chemical Assessment Series. Toxic Substances Control Act, Sec. 4. EPA-560/11-80-014. Washington, DC: Office of Toxic Substances, pp. 23-32, 142-163.

89. U.S. Environmental Protection Agency (USEPA) (1980b) Ambient Water Quality Criteria for Dichlorobenzenes. EPA-440/5-80-039. Washington DC: Office of Water Regulations and Standards, pp. C1-C11.

90. U.S. International Trade Commission (USITC) (1983) Synthetic Organic Chemicals, United States Production and Sales, 1982. USITC Publication No. 1422. Washington, DC: Government Printing Office. 91. Weichselbaum, T. (1946) An accurate and rapid method for the determination of proteins in small amounts of blood serum and plasma. Am. J. Clin. Pathol., Tech. Sect. 10:40-49.

92. Wilkinson, J.; Boutwell, J.; Winsten, S. (1969) Evaluation of a new system for the kinetic measurement of serum alkaline phosphatase. Clin. Chem. 15:487-495.

93. Williams, D. (1971) A test for differences between treatment means when several dose levels are compared with a zero dose control. Biometrics 27:103-117.

94. Williams, D. (1972) The comparison of several dose levels with a zero dose control. Biometrics 28:519-531.

95. Wybenga, D.; Pelegg, U.; Dirstine, P.; Di-Giorgio, J. (1970) Direct manual determination of serum total cholesterol with a single stable reagent. Clin. Chem. 16:980-984.

96. Wybenga, D.; DiGiorgio, J.; Pelegg, U. (1971) Manual and automated methods for urea nitrogen measurement in whole serum. Clin. Chem. 17:891-895.

97. Zapata-Gayon, C.; Zapata-Gayon, N.; Gonzalez-Angulo, A. (1982) Clastogenic chromosomal aberrations in 26 individuals accidentally exposed to orthodichlorobenzene vapors in the National Medical Center in Mexico City. Arch. Environ. Health 37:231-235.

98. Zupko, A.; Edwards, L. (1949) A toxicological study of *p*-dichlorobenzene. J. Am. Pharm. Assoc. 38:124-131.

APPENDIX A

SUMMARY OF LESIONS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE

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	CONTR	ROL (VEH)	LOW	DOSE	HIG	H DOSE
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALLY	¥ 50		50		50	
INTEGUMENTARY SYSTEM						
*Skin	(50)		(50)		(50)	
Squamous cell papilloma			1	(2%)	1	(2%)
Squamous cell carcinoma	1	(2%)				
Trichoepithelioma	1	(2%)			1	(2%)
Sebaceous adenoma	1	(2%)			1	(2%)
Sebaceous adenocarcinoma	1	(2%)				
Keratoacanthoma			4	(8%)	2	(4%)
*Subcutaneous tissue	(50)		(50)		(50)	
Fibroma			1	(2%)		
Fibrosarcoma	2	(4%)				
Lipoma		(2%)	1	(2%)		
Rhabdomyosarcoma	1	(2%)				
Fibroadenoma					1	(2%)
Neurofibrosarcoma	1	(2%)				
RESPIRATORY SYSTEM						
#Lung	(50)		(50)		(49)	
Alveolar/bronchiolar adenoma	(***			(2%)	· /	
C-cell carcinoma, metastatic			ī	(2%)		
Sebaceous adenocarcinoma, metastatic	1	(2%)	-	(=)		
Liposarcoma, metastatic	-	()	1	(2%)		
HEMATOPOIETIC SYSTEM		·			<u></u>	
*Multiple organs	(50)		(50)		(50)	
Leukemia, mononuclear cell	5	(10%)	7	(14%)	11	(22%)
#Spleen	(49)		(48)		(49)	
Fibroma					1	(2%)
#Splenic capsule	(49)		(48)		(49)	
Mesothelioma, NOS		(2%)	((
#Mandibular lymph node	(44)	(= // /	(48)		(39)	
Malignant lymphoma, lymphocytic type	(,			(2%)		
CIRCULATORY SYSTEM				······		
#Spleen	(49)		(48)		(49)	
Hemangiosarcoma				(2%)		
DIGESTIVE SYSTEM					<u> </u>	
*Tongue	(50)		(50)		(50)	
Squamous cell papilloma		(2%)				
#Liver	(50)		(49)		(50)	
Neoplastic nodule		(2%)		(4%)		
Hepatocellular carcinoma		(2%)				
#Pancreas	(50)		(48)		(46)	
Acinar cell adenoma		(8%)		(19%)		(11%)
Acinar cell carcinoma						(2%)
#Forestomach	(49)		(47)		(45)	
Squamous cell papilloma			•			(2%)

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE

	CONTR	OL (VEH)	LOW	DOSE	HIG	H DOSE
URINARY SYSTEM						
#Kidney	(50)		(50)		(50)	
Tubular cell adenoma	x ,				1	(2%)
Tubular cell adenocarcinoma	1	(2%)	3	(6%)	7	(14%)
ENDOCRINE SYSTEM	<u> </u>	<u> </u>	<u> </u>			
#Anterior pituitary	(45)		(49)		(49)	
Adenoma, NOS	9	(20%)	10	(20%)	7	(14%)
#Adrenal	(50)		(49)		(50)	
Cortical adenoma		(4%)				
#Adrenal medulla	(50)	(0.0.01)	(49)	((50)	(00%)
Pheochromocytoma		(22%)	17	(35%)	11	(22%)
Pheochromocytoma, malignant		(2%)	(40)		(45)	
#Thyroid	(48)	(00)	(48)	(90)	(45)	(901)
Follicular cell adenoma Follicular cell agreiname		(2%) (2%)		(2%) (4%)		(2%) (2%)
Follicular cell carcinoma C-cell adenoma		(2%) (19%)		(4%) (13%)		(2%) (9%)
C-cell adenoma C-cell carcinoma		(19%) (4%)		(13%) (4%)		(9%) (4%)
		(+170)		(**70)	(38)	(4870)
#Parathyroid Adenoma, NOS	(42)	(2%)	(42)	(2%)		(5%)
#Pancreatic islets	(50)	(470)	(48)	(470)	(46)	(0.0)
Islet cell adenoma		(4%)		(4%)		(2%)
Islet cell carcinoma	4	(470)	2	(4,0)		(2%)
REPRODUCTIVE SYSTEM	<u></u>	·····			<u>.</u>	
*Mammary gland	(50)		(50)		(50)	
Adenocarcinoma, NOS	(00)		(00)			(2%)
Fibroadenoma	1	(2%)	1	(2%)		(8%)
*Preputial gland	(50)	(2.0)	(50)	(=,	(50)	
Carcinoma, NOS	((2%)	•	
Adenoma, NOS				(6%)	1	(2%)
Adenocarcinoma, NOS			-		1	(2%)
#Testis	(50)		(50)		(50)	
Interstitial cell tumor	• •	(88%)		(82%)	47	(94%)
NERVOUS SYSTEM					<u> </u>	
#Brain	(49)		(48)		(48)	
Granular cell tumor, NOS				(2%)	,	
SPECIAL SENSE ORGANS						
*Ear canal	(50)		(50)		(50)	
Squamous cell carcinoma			1	(2%)		
MUSCULOSKELETAL SYSTEM		·····				<u></u>
*Cervical vertebra other	(50)		(50)		(50)	
Osteoma		(2%)				
BODY CAVITIES			<u> </u>			
*Tunica vaginalis	(50)		(50)		(50)	
Mesothelioma, NOS	1	(2%)			2	(4%)

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTROL (VEH)	LOW DOSE	HIGH	DOSE
ALL OTHER SYSTEMS				
*Multiple organs	(50)	(50)	(50)	
Tubular cell adenocarcinoma, metastatic				(2%) (4%)
Mesothelioma, malignant			2 ((4.%)
ANIMAL DISPOSITION SUMMARY				
Animals initially in study	50	50	50	
Natural death	6	7	11	
Moribund sacrifice	5	7	15	
Terminal sacrifice	32	31	20	
Dosing accident	3	5	4	
Accidentally killed, nda	4			
TUMOR SUMMARY				
Total animals with primary tumors**	49	43	49	
Total primary tumors	109	120	121	
Total animals with benign tumors	46	42	48	
Total benign tumors	89	99	92	
Total animals with malignant tumors	16	14	23	
Total malignant tumors	17	18	27	
Total animals with secondary tumors##	1	2	1	
Total secondary tumors	ī	2	1	
Total animals with tumors uncertain				
benign or malignant	2	3	2	
Total uncertain tumors	3	3	2	

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

* Number of animals receiving complete necropsy examinations; all gross lesions including masses examined microscopically.
 ** Primary tumors: all tumors except secondary tumors
 # Number of animals examined microscopically at this site
 ## Secondary tumors: metastatic tumors or tumors invasive into an adjacent organ

TABLE AS.	INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR GAVAGE	
	STUDY OF 1,4-DICHLOROBENZENE: VEHICLE CONTROL	

ANIMAL NUMBER	8	0 4 3	0 3 6	0 1 5	026	0 5 0	0 0 3	0 2 4	0 3 7	0 3 8	0 5 9	0 4 0	0 1 0	0 2 1	0 3 4	044	0 4 9	0 1 2	0 0 1	002	0 0 4	005	006	0 0 7	0 0 8
WEEKS ON STUDY	023	04 6	50	0 5	000	068	0 7 4	0 8 7	0 8 9	0 8 9	89	0 8 9	0 9 1	0 9 3	9 3	9	9 9	1 0 3	1 0 4	104	104	104	104	04	1 0 4
INTEGUMENTARY SYSTEM Skin Squamous cell carcinoms	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Trichospithelioma Sebeceous adenoma Sebeceous adenoma Subcutaneous tusque Fibrosarooma Lipoma Rhabdomyosarooma	+ X	ż	+	+	+	+	+	+	+	X +	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	+
Neurofibrosarcoma RESPIRATORY SYSTEM																	X	.							
Lungs and bronchi Sebaceous adenocarrinoms, metastatic Trachea	+++	++	+	+	+ -	+++	++	++	++	+x +	+++	++	++	+	+ +	++	++	+ +	+	++	++	+++++++++++++++++++++++++++++++++++++++	+ +	++	+ +
HEMATOPOIETIC SYSTEM Bone marrow Spiesa Mesothetioma, NOS	:	+++	+	‡	+	+	+++	‡	+++	+++	++	++	+	+++	<u>+</u>	++++	+++	++	+ +	;	+	+	++	+ +	÷
Lymph aodes Thymus	++	+	++	+	Ŧ	++	++	++	Ŧ	Ŧ	+	++	+++	++	+	++	++	++	++	++	+	+ +	++	+	Ŧ
CIECULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell papilloma Salivary gland	N +	N +	N ++	N ++	N +	N +	N +	N ++	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N + +	N + +	N + +
Liver Neoplastic nodule Hepatocellular carvinoma Bile duct Galibladder & commen bile dust	+ *	+ N	+ *	+ N	+ N	+ N	+ + N	+ N	+ N	+ + N	+ N	+ N	+ N	+ + N	+ *	+ + N	+ + N	+ + N	+ + N	+ + N	+ N	+ + N	+ + N	+ + N	+ + N
Pancress Annar cell adenoma Ecophagus	++++	+++	÷ +	+	÷	÷ ;	÷ ÷	÷ +	+++++++++++++++++++++++++++++++++++++++	÷ ÷	+++++++++++++++++++++++++++++++++++++++	++	×+ × + +	++	++	÷	+++	+++	÷	÷	÷	++	++	++	+++++++++++++++++++++++++++++++++++++++
Stomach Small intestine Large intestine	+++++	ŧ	Ī	-	÷	÷	+++++++++++++++++++++++++++++++++++++++	+ + +	÷	÷ +	+ + +	+ + +	+ + +	+ + +	+ + +	+++++	+ + +	++++	+ + +	+ + +	+ + +	+ + +	+ + +	++++	++++
URINARY SYSTEM Kidney Tubular cell adenovarvinoma Urinary bladder	+ +	+	+++	+	+++	+	+++	++++	+++	+++	+++	+++	+++	+ +	+++	+	+++	+++	+++	+++	+++	+++	+++	+++	+++
ENDOCRINE SYSTEM Pituitary Adeona, NOS Adrona	++	+++	+++	-+	-+	+++	+++	** +	÷,	+++	++	-+	+*+	+++	+	+	+++	+	+++	++	+	* *	+++	+++	* X +
Contral adesoma Pheochromocytoma Pheochromocytoma, malignant Thyroid Thyroid	+	+	+	_	-	¥ +	+	+	+	X +	+	+	+	+	+	+	+	ж +	х +	x +	+	+	+	х +	х +
Follicular cell adenema Follicular cell carcinoma C-cell adenema C-cell carcinoma									X				x			x	x							x	
Parathyroid Adenoma, NOS Pancratic ialta Islet cell adenoma	+ +	+ +	+ +	+	+ +	+ +	+ +	+ +	+ +	+ +	+	+ +	+ +	+ +	+ +	- +	+ +	+ +	+ +	+ +	+ +	+ +	*	+ +	+ +
REPRODUCTIVE SYSTEM Mammary gland Fibroadenoma	N +	+	+	N	+	N	+	+	N	N	+	N	N	+	+	N	N	N	+	N	+	+	N	N	+
Testis Interstituai cell tusser Prostate		+	+	+	×	×	¥ ¥	X.	¥ +	×+	*X +	+ X +	¥.	× ×	ž	¥,	¥.	¥ +	X +	¥ +	Ť.	+x +	+ x +	+x+	x +
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NUSCULÖSKELETAL SYSTEM Bone Osteoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	NX	N	N	N	N	N	N	N
BODY CAVITIES Tunica vaginalis Mesothelioma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS Multiple organs, NOS Leuksmis, monouuclear cell	N	M	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

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ANIMAL NUMBER	009	0 1 1	0 1 3	14	1	0 1 7	0 1 8	0 1 9	22	23	25	0 2 7	0 2 8	0 2 9	0 3 0	0 3 1	0 3 2	0 3 3	0 3 5	0 4 1	42	0 4 5	04	0 4 7	0 4 8	70741
WEEKS ON STUDY	10 4	104	104	104	104	104	104	104	104	104	104	104	104	104	104	104	04	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	104	1 0 4	1 0 4	TOTAL TISSUES TUMORS
INTEGUMENTARY SYSTEM	<u> </u>																									·
Skin Squamous cell carcinoma Trichoepithelioma Sebaceous adenoma Sebaceous adenocarcinoma	+	+	•	+	+	+	+	+ x	N	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	*50 1 1 1
Subrutaneous tusue Fibrosarcoma Lipoma Rhabdonyosarcoma Neurofibrosarcoma	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	Ť	+	+ X	+	+	+	+	+	*50 2 1 1 1
RESPIRATORY SYSTEM		-	*	<u> </u>							*		-						•							50
Sebaceous adenocarcinoma, metastatic Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+	+	1
HEMATOPOIETIC SYSTEM																		-								
Bone marrow Spisen	1 ‡	++	+++	+++	+++	++	+++	+++	+++	++	+	+++	+	+++	+	++	+	+	+++	+	++	++	++++	+++	++	50 49
Mesothehoma, NOS Lymph nodes	+	X +	+	+	_	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1 44
Thymus	+	+	+	+	+	+	+	+	+	+	+	+	+	-	-	÷	+	+	+	+	÷	÷	-		+	42
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Oral cavity	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50
Squamous cell papilloma Salvary gland	±	+	+	+	+	+	+	+	+	+	-	X +	+	+	+	+	+	÷	+	+	+	+	+	+	+	49
Liver Neoplastic nodule Hepatocellular carcinoma		Ŧ	Ť	Ŧ	Ŧ	Ŧ	Ŧ	Ť	*	Ŧ	Ŧ	+	•	•	Ť	ž	+	+	+	+	+	Ŧ	+	x	+	50 1
Bile duct Galibledder & common bile duct	+ N	* N	* N	* N	+ N	* N	, N	, N	* N	н М	+ N	ň,	* N	* N	+ N	+ N	* N	* N	, N	* N	+ N	+ N	, N	+ N	* N	50 •50
Pancreas Acinar cell adenoma	+	Ť	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	50
Esophagus Stomach	+	‡	+	+	+	+	‡	+	+	+	+	+	+	+	+	+	+++++++++++++++++++++++++++++++++++++++	+	+	+	+	+	+	+	+++	50
Small intestine Large intestine	++++	÷	++	÷	÷	÷	++	++	+++++++++++++++++++++++++++++++++++++++	+ +	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++	++	÷	++	+++	+	+ +	++	÷	++	÷	+++++++++++++++++++++++++++++++++++++++	÷	48
URINARY SYSTEM Kidney	-					+		-		-			•	-	-	•	-								+	50
Tubular ceil adenocarcinoma Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	× +	+	48
ENDOCRINE SYSTEM	+	+	_	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
Adenome, NOS Adrenal	+	+	+	+	+	+	+	+	+	+	X +	+	+	X +	+	+	+	X ±	X +	+	+	+	+	+	+	9 50
Cortical adenoma Pheochromocytoma										x		x		x				X				x		x	x	2 11
Pheochromocytoma, malignant Thyroid Follicular cell adenoma	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Follicular cell carennoma C-cell adenoma	I			x					x					x								x				19
C-cell carennoma Parathyroid	+	+	-	+	+	+	-	X +	¥.	+	-	+	+	+	-	+	+	+	+	+	_	+	+	+	+	43
Adenoma, NOS Pancreatic islets Islet cell adenoma	+	+	+	+	+	+	+	+	+	+	ż	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1 50 2
REPRODUCTIVE SYSTEM																										
Mammary gland Fibroadenoma	+	N	+	+	N	+	+	+	N	N	N	+	+	+	+	+	+	N	+	N	*	+	N	+	N	*50
Testis Interstitual cell tumor Prostate	+	ŧ.	÷×÷	+ x +	÷ x ±	÷ × ÷	ŧ.		+ × +	÷ × ÷	±		+ × +	÷×÷	× ×	÷×÷	*	+	+ x +	ŧ,	÷×+		+ x +		* *	50 44 49
NERVOUS SYSTEM Brain			_	+	+		+	+		+	+	+	+	+	+	+		+	<u>,</u>	+		• •		+		49
MUSCULOSKELETAL SYSTEM Bone Osteoma											N							-	N		N				N	*50 1
BODY CAVIFIES Tusica vagnalis Mesothelioms, NOS	+	÷ x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50 1
ALL OTHEE SYSTEMS Multiple organs, NOS Leukemus, mononuclear cell	N	N	N	N	N	N	N	N	N	N	N	N	N	NX	N	NX	N	N	N	N	N	N	N	N	N	•50 5

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

* Animals accropsied

STUDY	v	F I	.,	DI	-11	LU.	nu	DE	IIN Z	- Ear	(E);		JW	L.	0.31	6									
ANIMAL NUMBER	0 4 6	0 2 6	0 1 3	0 2 4	0 2 5	0 0 6	0 3 6	0 1 1	0 4 8	0 0 3	0 3 1	0 3 7	0 3 3	0 0 1	0 3 4	0 4 0	0 1 5	0 3 0	0 3 9	0 0 2	0 0 4	0 0 5	0 0 7	0 0 8	0 0 9
WEEKS ON STUDY	0 3 7	0 3 8	0 3 9	0 4 2	0 4 4	0 5 0	0 5 7	0 5 8	0 6 3	0 7 0	0 7 9	0 8 4	0 8 5	0 9 0	0 9 1	0 9 6	1 0 1	1 0 1	1 0 1	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM Skin Squamous cell papilloma Keratoacanthoma Subcutaneous tissue	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X +	+	+	+	+	+	+	+
Fibroma Lipoma RESPIRATORY SYSTEM			<u> </u>																×			x			
Lungs and bronch Alveolar/bronchiolar adenoma C cell carcinoma, metastatic Liposarcoma, metastatic Trachea	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+ X	+	+	+
HEMATOPOIETIC SYSTEM	+		+		+		+	•			+	+	+	+	+	••	+		+	· ·	+				+
Bone marrow Spleen Hemanguosarcoma	+ +	+ +	+ -	+ -	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +						
Lymph nödes Malıgnant lymphoma, lymphocytic type Thymus	' + _	+	+ +	+	+ +	+	+ +	+	-	+ +	+	+	+ +	+	+ -	+ +	+ +	+ +	+ +	+ -	+	+ +	+ +	+ 	+
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver Neoplastic nodule	+++	+++	+++	+++	+ +	+ +	+ +	+ +	++++	+	++	+ +	+ +	+++	+ +	+ +	+++	++++	+++	+++	+ +	+ + X	+++	+ +	+ +
Bile duct Gallbladder & common bile duct Pancreas	+ N +	+ N +	+ N +	+ N +	+ N +	+ N +	+ N +	+ N +	н м –	Ň	+ N +	+ N + +	+ N +	+ N +	+ N +	+ N + +	+ N +	+ N +	+ N +	+ N +	+ N +	A + N +	+ N +	+ N +	+ N +
Acınar cell adenoma Esophagus Stomach Small intestine	+ + -	++	++++	+++++	++++	++++	+ + +	+++++	+	+	+	+ + +	+++++	++++	+ + +	+ + +	+ + +	++++	+++	+ + +	X + + +	++++	++++	X + +	+ + +
Large intestine	-	+	÷	÷	÷	÷	÷	÷	-	-		÷	÷	÷	-	+	÷	÷	÷	÷	÷	÷	÷	÷	+
URINARY SYSTEM Kidney Tubular cell adenocarcinoma Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* *	+	+	+	+ X +	+	+	+
ENDOCRINE SYSTEM Pituitary	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma, NOS Adrenal Pheochromocytoma Thyroid	++	++	+ +	+ +	+ +	++	+ +	++	+ -	- -	++	++	X + X +	+ +	+ +	* *	+ +	+ x +	++	+ +	+ +	+ x +	* X +	+ X +	Х + +
Folicular cell adenoma Folicular cell carcinoma C cell adenoma C cell carcinoma														x								v	x	x	x
Parathyroid Adenoma, NOS Pancreatic islets	+ +	+ +	 +	- +	+ +	+ +	+ +	+ +	+	+	+ +	+ +	+ +	+ +	+ +	+ +	+ +	++	+ +	++	+ +	x + +	- +	+ +	* *
Islet cell adenoma REPRODUCTIVE SYSTEM					<u> </u>	<u> </u>																			
Mammary gland Fibroadenoma Testis	N +	N +	+	++	+	++	N +	N +	N ±	N ±	N ±	N ±	+	N +	+ +	м ±	+ ±	+ +	+	N +	+ * *	N ±	+	+	+ +
Interstitial cell tumor Prostate Preputial/clitoral gland Carcinoma, NOS Adenoma, NOS	+ N	+ N	+	+	+	X + N	+ N	+	-		+	+	+	+		X + N	X + N	X + N	X + N						
NERVOUS SYSTEM Brain Granular cell tumor, NOS	+	+	+	+	+	+	+	+		+	_	+	+	+	+	+	*	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Ear Squamous cell carcinoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell	N	N	N	N	N	N	N X	N	N	N	N	N	N X	N	N	N	N	N X	N	N X	N	N	N X	N	N

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR GAVAGESTUDY OF 1,4-DICHLOROBENZENE: LOW DOSE

ANIMAL NUMBER	0 1 0	0 1 2	0 1 4	0 1 6	0 1 7	0 1 8	0 1 9	020	0 2 1	0 2 2	0 2 3	0 2 7	0 2 8	0 2 9	0 3 2	0 3 5	0 3 8	0 4 1	0 4 2	0 4 3	0 4 4	0 4 5	0 4 7	0 4 9	0 5 0	<u> </u>
WEEKS ON STUDY		104	104	104	104	104	104		104	1	1 0 4		104	1 0 4	104	104	1 0 4	1 0 4	1 0 4	1 0 4		1 0 4		1 0 4	1 0 4	TOTAL: TISSUES TUMORS
INTEGUMENTARY SYSTEM																······										
Skin Squamous cell papilloma Keratoacanthoma Subcutaneous tissue Fibroma Lipoma	+	+	+	+	+	* +	+	+	+	+	+	+	+	+	+ X +	+	+	+	+	+	+	+	+ X +	+ X +	+	*50 1 4 *50 1 1
RESPIRATORY SYSTEM Lungs and bronch Alveolar/bronchiolar adenoma C-cell carcinoma, metastatic Liposarcoma, metastatic Trachea	+	+	+	+	+	+	+	* *	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1 1 1 47
HEMATOPOIETIC SYSTEM Bone marrow Spleen Hemangtosarcoma Lymph nodes Malignant lymphoma, lymphocytic type Thymus	+++++++++++++++++++++++++++++++++++++++	+ + + +	+ + + X +	++++	+ + + +	++++	++++	++++	+ + +	+ + + +	+++-++	+ + + +	+++++++	+ + +	+ + X + +	+ + + +	+ + + +	+ + + +	+++++++	++++++	++++	+++++++	+ + + +	+++++	+ + + +	50 48 1 48 1 36
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Neoplastic nodule Bile duct Gailbladder & common bile duct Pancreas Actinar cell adenoma Esophagus Stomach Small intestine Large intestine	++ +X+ ++++	++ +Z+ ++++	++ +X+ ++++	++ +X+X++++	++ +2+ ++++	++ +2+ ++++	++ +X+ ++++	++ +X+X++++	++ +X+ ++++	++ +2+ ++++	++ +2+ ++++	++X+N+ ++++	++ +2+ ++++	++ +N+N+++++	++ +X+X++++	++ +2+ ++++	-+ + Z + ++++	++ +2+ ++++	++ +2+ ++++	++ +N+X++++	++ +N+X++++	++ +N+X++++	++ +Z+ ++++	++ +2+ ++++	++ +N+ ++++	49 49 2 49 *50 48 9 50 47 45 45
URINARY SYSTEM Kıdnəy Tubular cell adənocarcınoma Urınary bladder	++	+ +	++	+ +	++	++	++	++	++	++	+++	++	+	++	+ +	++	++	+ +	++	++	* *	++	++	+ +	+ +	50 3 45
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenal Pheochromocytoma Thyroid Follicular cell adenoma Follicular cell carcinoma C cell adenoma C cell adenoma Parathyroid Adenoma, NOS Pancreatic islets Islet cell adenoma	+ + X + + X +	+x+ +	+ + + x + + + + + + + + + + + + + + + +	+ + x + + + +	+x+ + + + *	+ + + +	+ + X + + + +	+ + x + + + + + + + + + + + + + + + + + + +	+ + + +	+X+++++	+ + + X + + X	+x+ + + +	+x+x+ + + +	+ + + +	+ + + +	+ + + X - +	+ + X + + + +	+ + + X +	+ + X + + + +	+x + + + + +	+ + + X +	+ + * * + * * * * *	+ + + +	+ + x + + + +	+x+x+ + +	49 10 49 17 48 1 2 6 6 2 42 1 48 2
REPRODUCTIVE SYSTEM Mammary gland	+	+	N	+	+	N	N	+	N	+	N	N	N	N	+	N	+	N	+	+	+	+	N	+	+	*50
Fibroadenoma Testis Interstitial cell tumor Prostate Preputial/chtoral gland Carcinoma, NOS Adenoma, NOS	+ + + N	+ X + N	+ X + N	+ X + N	+ x + N	+ x + N	+ X + N	+ X + N	+ X + N	+ X + N X + N	+ X + N	+ X + N	+ X + N	+ X + N	+ X + N	+ X + N	+ X + N	+ X + N X + N		+ X + N	+ x + N	+ X + N	+ X + N	+ X + N	+ X + + N	1 50 41 49 *50 1 3
NERVOUS SYSTEM Brain Granular cell tumor, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48 1
SPECIAL SENSE ORGANS Ear Squamous cell carcinoma	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	*50 1
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell	N X	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	*50 7

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: LOW DOSE (Continued)

* Animals necropsied

		с л	•																						
ANIMAL NUMBER	0 3 4	0 1 5	0 1 8	0 0 7	0 4 1	0 9	0 2 1	0 4 5	0 4 2	0 3 7	0 3 3	0 1 9	0 2 7	0 4 6	0 3 0	0 2 2	0 0 1	0 1 7	0 1 3	0 3 1	020	0 2 5	0 2 6	0 0 8	0 4 8
WEEKS ON STUDY	0 0 3	0 4 6	0 6 0	0 6 1	0 6 1	0 6 3	0 7 1	0 7 1	0 7 3	0 7 4	0 7 7	0 7 8	0 7 8	0 8 1	0 8 2	0 8 4	0 8 5	0 8 5	0 9 0	0 9 2	0 9 3	0 9 4	0 9 7	0 9 8	0 9 8
INTEGUMENTARY SYSTEM																				•					
Skin Squamous cell papilloma Trichoepithelioma Sebaceous adenoma Keratoacanthoma Subcutaneous tissue Fibroadenoma	+	+	++	+	+	+	+	+	+	+	+	+	+	+	+	+	++	+	+	+	+	+	++	+	+
RESPIRATORY SYSTEM Lungs and bronchi Trachea	++++	++	++++	++++	+++	+	+	+ +	+++	+	++++	+++	+ -	+++	+ +	-	+++	+ +	+ +	+ +	+++	+++	+ +	+ +	+++
HEMATOPOIETIC SYSTEM Bone marrow Spleen Fibroma Lymph nodes	+++++++++++++++++++++++++++++++++++++++	+++++++	+++	+ + +	+++	++++++	- + -	+ + +	+ + +	- + -	+ + +	++++++	+ -	+ + +	+++++	++++	+ + +	++++++	+++++++	+++	+++++	+++	+ + +	+++++	+++++++++++++++++++++++++++++++++++++++
Thymus	+	-	+	-	-	-	+	+	+	-	+	+	+	+	+	~	+	-	-	+	+	+	+	+	+
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salıvary gland Lıver Bıle duct Galibladder & common bıle duct Pancreas Acınar cell adenoma	+++X+	++++2+	+ + + X +	++++2+	+++2+	+++2 -	- + + N	+ + + + N +	+ + + + X +	+ + N	+++N+	++++2+	- + + N	+ + + + X +	+ + + N +	- + + N +	+++N+	+++× +++×	+ + + + X +	+ + + N +	+ + + N + X	+ + + N +	+ + + N +	++++2+	+ + + Z +
Acınar cell carcınoma Esophagus Stomach Squamous cell papılloma Small intestine	+++++++++++++++++++++++++++++++++++++++	+ + +	+ -	+ - -	+ + +	++x-	+ 	+ + +	+ + +	+ - -	+ + +	+ + +	+ - -	+ + +	+ + +	- + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	X + + +	+ + +
Large intestine	+	+	-	-	+	-	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	+	+		+
URINARY SYSTEM Kidney Tubular cell adenoma Tubular cell adenocarcinoma Urinary bladder	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* *	+	+	+	+	+	+ X +
ENDOCRINE SYSTEM Pituitary Adenoma, NOS	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	*	+	*	+	+	+	+	*
Adrenal Pheochromocytoma Thyroid Follicular cell adenoma	++	+ +	+	+ +	+ +	+	+	+ +	+ +	+	+ +	+ +	+ +	+ +	+ +	+	+ +	+ +	+ +	+ + X	+	+ +	+ +	+ +	+ X +
Follicular cell carcinoma C cell adenoma C cell carcinoma								x				x													
Parathyroid Adenoma, NOS Pancreatic islets Islet cell adenoma Islet cell carcinoma	+	+	+	+	+	-	-	+	+	-	+	+ * X	+ ~	+	+	+	+	+	+	+	+	+	+	* +	+ +
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS Fibroadenoma	+	+	+	N	+	N	N	N	N	+	+	N	N	N	N	N	+	N	N	+	+	+	+	N	+
rioroadenoma Testis Interstital cell tumor Prostate Preputal/clitoral gland Adenoma, NOS Adenocarcinoma, NOS	+ + N	+ + N	+ x + N	+ x + N	X + X + N	+ X + N	+ x + x + N	+	+ x + N		+ x + N	+	_	+	+	+	+	+ X + N	+	+ x + + N	+ x + N + N	+	+ X + N	+ x + N N X	+ X + N
NERVOUS SYSTEM Brain	+	+	+	+	+	+	_	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BODY CAVITIES Tunica vaginalis Mesothelion a, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS Multiple organs, NOS Tubular cell adenocarcinoma, metastatic Mesothelioma, malignant Leukemia, mononuclear cell	N	N	N	N	N	N	N	N X	N X		N	N X	N	N X	N	N	N	N X	N	N		N X		N	N

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR GAVAGESTUDY OF 1,4-DICHLOROBENZENE: HIGH DOSE

								"	on	6111	uçı	*)														
ANIMAL NUMBER	0 1 6	0 0 6	0 1 0	0 1 1	0 4 4	0 0 2	0 0 3	0 0 4	0 0 5	0 1 2	0 1 4	0 2 3	0 2 4	0 2 8	0 2 9	0 3 2	0 3 5	0 3 6	0 3 8	0 3 9	0 4 0	0 4 3	0 4 7	0 4 9	0 5 0	TOTAL
WEEKS ON STUDY	1 0 1	1 0 2	1 0 3	1 0 3	1 0 3	1 0 4	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TOTAL: TISSUES TUMORS											
INTEGUMENTARY SYSTEM																										-
Skin Squamous cell papilloma Trichoepithelioma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	*	+	+	+	+	+	+	*50 1 1
Sebaceous adenoma Keratoacanthoma	x							X							х											1 2
Subcutaneous tissue Fibroadenoma	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50 1
RESPIRATORY SYSTEM Lungs and bronchi	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Lungs and bronchi Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
HEMATOPOIETIC SYSTEM Bone marrow	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Spleen Fibroma	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	49 1
Lymph nodes Thymus	-+	+ +	+ +	++	+ -	+ +	+ +	+ +	-	+ +	+ +	++	+ +	+	+ +	+	+ +	+++	+ +	39 39						
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
DIGESTIVE SYSTEM Sahvary gland	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
Liver Bile duct	++++	+++	+++	+++	+++	++	++	++	+++	+++	+++++	+++	+++++	+ +	+++	+++	+++	+++	+++	+++	+++	+++	+++++++++++++++++++++++++++++++++++++++	+++	+++++++++++++++++++++++++++++++++++++++	50 50
Gallbladder & common bile duct Pancreas	N +	Ń +	N +	N	N	Ν	N +	N +	N +	Ń +	N +	Ň +	Ň +	Ň	Ň +	N +	Ň +	N +	Ň +	N +	N +	N +	N	N +	N +	*50 46
Acinar cell adenoma Acinar cell carcinoma		Ŧ	x	*	*	+	Ŧ	x	Ŧ	Ŧ	Ŧ	+	+	Ŧ	Ŧ	Ŧ	Ŧ	Ŧ	т	Ŧ	Ŧ	Ŧ	Ŧ	Ŧ	т	40 5 1
Esophagus Stomach	+++	++	+++	++	+++	++	++	+++	+++	+++	+ +	++	+++	+++	++	+++	+ +	+++	+++	+ +	+++	+ +	+ +	+++	+ +	49 45
Squamous cell papilloma Small intestine		_	÷	_		т		÷	_	_			÷	Ļ	÷	_	_		_		+	+	+	+	+	1 44
Large intestine	-	+	+	+	+	+	+	+	+	+	+	÷	÷	+	÷	+	+	÷	÷	+	÷	÷	÷	÷	÷	43
URINARY SYSTEM Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Tubular cell adenoma Tubular cell adenocarcinoma		x		x	x				x					x												
Urinary bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	43
ENDOCRINE SYSTEM Pituitary	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	49
Adenoma, NOS Adrenal	X +	X +	+	+	+	+	X +	+	+	+	+	+	+	X +	+	+	+	+	+	+	+	+	+	+	+	7 50
Pheochromocytoma Thyroid	X +	+	+	+	+	+	+	+	+	+	+	+	X	X +	X	X +	+	X	X +	X +	+	+	+	X +	X +	11 45
Folicular cell adenoma Folicular cell carcinoma	'	•	•	,	'	•	•	•	•		•		'	·		x	•	•	•	'	•	·	•		•	
C cell adenoma							X									Â										4
C-cell carcinoma Parathyroid	+	+	+	+	+	Х +	+	+	-	+	+	х +	+	+	_	+	+	+	+	+	_	+	+	-	+	2 38
Adenoma, NOS Pancreatic islets	+	+	+	+	+	+	+	х +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	2 46
Islet cell adenoma Islet cell carcinoma														X												1
REPRODUCTIVE SYSTEM																									- <u>-</u>	
Mammary gland Adenocarcinoma, NOS	N	+	N	+	+	+	x,	N	N	+	N	N	N	+	+	+	+	+	+	+	+	N	N	N	+	*50
Fibroadenoma Testis	+	+	+	x + x	+	X +	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	+	+	+	+	4 50
Interstitiel cell tumor Prostate	+	Х +	Х +	X +	X +	X +	X +	Х +	X +	Х +	Х +	X +	X +	X +	X +	X +	Х +	Х +	Х +	X +	X +	X +	X +	X +	X +	47
Preputial/clitoral gland Adenoma, NOS	N	N	N	Ň	N	Ň	Ń	N	Ň	N	Ń	Ň	Ń	N	Ň	N	N	N	N	N	N	N X	N	N	N	*50
Adenocarcinoma, NOS																						А				î
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
BODY CAVITIES Funica vaginalis Mesothelioma, NOS	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	* x	+	+	+	+	+	+	+	+	*50 2
ALL OTHER SYSTEMS Multiple organs, NOS Tubular cell adenocarcinoma, meta	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50
Mesothelioma, malignant Leukemia, mononuclear cell	ļ	-		x	X								x										x			2 11
	I																									L

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS: HIGH DOSE (Continued)

* Animals necropsied

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDYOF 1,4-DICHLOROBENZENE

	Vehicle Control	150 mg/kg	300 mg/kg
Skin: Keratoacanthoma			
Overall Rates (a)	0/50 (0%)	4/50 (8%)	2/50 (4%)
Adjusted Rates (b)	0.0%	12.3%	8.8%
Terminal Rates (c)	0/32 (0%)	3/31 (10%)	1/20 (5%)
Week of First Observation		101	101
Life Table Tests (d)	P = 0.116	P = 0.062	P = 0.162
Incidental Tumor Tests (d)	P = 0.210	P = 0.055	P = 0.254
Cochran-Armitage Trend Test (d)	P = 0.222		
Fisher Exact Test (d)		P = 0.059	P = 0.247
ubcutaneous Tissue: Fibrosarcoma or Neu			
Overall Rates (a)	3/50 (6%)	0/50 (0%)	0/50 (0%)
Adjusted Rates (b)	7.9%	0.0%	0.0%
Terminal Rates (c)	1/32 (3%)	0/31 (0%)	0/20 (0%)
Week of First Observation	46		
Life Table Tests (d)	P = 0.051N	P=0.131N	P = 0.172N
Incidental Tumor Tests (d)	P = 0.029N	P = 0.097N	P = 0.128N
Cochran-Armitage Trend Test (d)	P = 0.037 N		
Fisher Exact Test (d)		P = 0.121 N	P=0.121N
ubcutaneous Tissue: Fibroma, Fibrosarcon			
Overall Rates (a)	3/50 (6%)	1/50 (2%)	0/50 (0%)
Adjusted Rates (b)	7.9%	2.9%	0.0%
Terminal Rates (c)	1/32 (3%)	0/31 (0%)	0/20 (0%)
Week of First Observation	46	101	
Life Table Tests (d)	P = 0.086N	P = 0.316N	P = 0.172N
Incidental Tumor Tests (d)	P = 0.036N	P = 0.282N	P = 0.128N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P=0.060N	P=0.309N	P=0.121N
		1 0.0001.	
Iematopoietic System: Mononuclear Cell Le	eukemia		
Overall Rates (a)	5/50 (10%)	7/50 (14%)	11/50 (22%)
Adjusted Rates (b)	12.8%	19.6%	32.1%
Terminal Rates (c)	2/32 (6%)	4/31 (13%)	2/20 (10%)
Week of First Observation	65	57	73
Life Table Tests (d)	P = 0.025	P = 0.349	P = 0.040
Incidental Tumor Tests (d)	P=0.221	P=0.331	P = 0.300
Cochran-Armitage Trend Test (d)	P=0.063		
Fisher Exact Test (d)		P = 0.380	P=0.086
ancreas: Acinar Cell Adenoma			
Overall Rates (a)	4/50 (8%)	9/48 (19%)	5/46 (11%)
Adjusted Rates (b)	11.8%	29.0%	20.1%
Terminal Rates (c)	3/32 (9%)	9/31 (29%)	1/20 (5%)
Week of First Observation	91	104	93
Life Table Tests (d)	P = 0.181	P = 0.100	P = 0.282
Incidental Tumor Tests (d)	P = 0.343	P=0.097	P = 0.571
Cochran-Armitage Trend Test (d)	P=0.379	-	
Fisher Exact Test (d)		P = 0.102	P=0.447
ancreas: Acinar Cell Adenoma or Carcino			A11.0 (1 0
Overall Rates (a)	4/50 (8%)	9/48 (19%)	6/46 (13%)
Adjusted Rates (b)	11.8%	29.0%	23.1%
Terminal Rates (c)	3/32 (9%)	9/31 (29%)	1/20 (5%)
Week of First Observation	91	104	93
Life Table Tests (d)	P=0.113	P = 0.100	P=0.181
Incidental Tumor Tests (d)	P=0.265	P=0.097	P = 0.474
	P = 0.270		
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	F - 0.270		P = 0.318

	Vehicle Control	150 mg/kg	300 mg/kg
Kidney: Tubular Cell Adenocarcinoma			
Overall Rates (a)	1/50 (2%)	3/50 (6%)	7/50 (14%)
Adjusted Rates (b)	3.1%	9.2%	25.7%
Terminal Rates (c)	1/32 (3%)	2/31 (6%)	2/20 (10%)
Week of First Observation	104	101	46
Life Table Tests (d)	P=0.005	P=0.301	P = 0.011
Incidental Tumor Tests (d)	P = 0.022	P=0.278	P=0.037
Cochran-Armitage Trend Test (d)	P = 0.017		
Fisher Exact Test (d)		P=0.309	P=0.030
idney: Tubular Cell Adenoma or Adenoc	arcinoma		
Overall Rates (a)	1/50 (2%)	3/50 (6%)	8/50 (16%)
Adjusted Rates (b)	3.1%	9.2%	28.0%
Terminal Rates (c)	1/32 (3%)	2/31 (6%)	2/20 (10%)
Week of First Observation	104	101	46
Life Table Tests (d)	P = 0.002	P=0.301	P = 0.006
Incidental Tumor Tests (d)	P = 0.012	P=0.278	P = 0.022
Cochran-Armitage Trend Test (d)	P=0.008		
Fisher Exact Test (d)		P=0.309	P = 0.015
ituitary Gland: Adenoma			
Overall Rates (a)	9/45 (20%)	10/49 (20%)	7/49 (14%)
Adjusted Rates (b)	25.8%	29 .5%	25.1%
Terminal Rates (c)	6/30 (20%)	8/31 (26%)	2/20 (10%)
Week of First Observation	87	70	85
Life Table Tests (d)	P = 0.479	P = 0.498	P = 0.543
Incidental Tumor Tests (d)	P=0.334N	P = 0.545	P = 0.361N
Cochran-Armitage Trend Test (d)	P = 0.276N		
Fisher Exact Test (d)		P=0.583	P = 0.322N
drenal Gland: Pheochromocytoma			
Overall Rates (a)	11/50 (22%)	17/49 (35%)	11/50 (22%)
Adjusted Rates (b)	32.0%	49.7%	49.2%
Terminal Rates (c)	9/32 (28%)	14/31 (45%)	9/20 (45%)
Week of First Observation	89	85	98
Life Table Tests (d)	P = 0.122	P = 0.108	P = 0.171
Incidental Tumor Tests (d)	P = 0.251	P=0.088	P = 0.294
Cochran-Armitage Trend Test (d)	P=0.545	B	n
Fisher Exact Test (d)		P=0.119	P = 0.595N
drenal Gland: Pheochromocytoma or Ma			
Overall Rates (a)	12/50 (24%)	17/49 (35%)	11/50 (22%)
Adjusted Rates (b)	33.5%	49.7%	49.2%
Terminal Rates (c)	9/32 (28%)	14/31 (45%)	9/20 (45%)
Week of First Observation	68	85	98
Life Table Tests (d)	P = 0.184	P=0.159	P = 0.249
Incidental Tumor Tests (d)	P = 0.375	P=0.130	P=0.438
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.455N	P=0.172	P=0.500N
	G 1		- 5.00011
hyroid Gland: Follicular Cell Adenoma or Overall Rates (a)	Carcinoma 2/48 (4%)	3/48 (6%)	2/45 (4%)
Adjusted Rates (b)	5.4%	9.7%	8.3%
Terminal Rates (c)	1/32 (3%)	3/31 (10%)	1/19 (5%)
Week of First Observation	89	104	92
			. –
	P = 0.414	P≈0.477	P=0.004
Life Table Tests (d)	P = 0.414 P = 0.443	P=0.477 P=0.472	P = 0.554 P = 0.601
	P = 0.414 P = 0.443 P = 0.567	P=0.477 P=0.472	P = 0.554 P = 0.601

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDYOF 1,4-DICHLOROBENZENE (Continued)

	Vehicle Control	150 mg/kg	300 mg/kg
Thyroid Gland: C-Cell Adenoma	<u></u>		
Overall Rates (a)	9/48 (19%)	6/48 (13%)	4/45 (9%)
Adjusted Rates (b)	25.4%	18.4%	14.8%
Terminal Rates (c)	6/32 (19%)	5/31 (16%)	2/19 (11%)
Week of First Observation	91	90	71
Life Table Tests (d)	P = 0.258N	P = 0.312N	P = 0.325N
Incidental Tumor Tests (d)	P = 0.109N	P = 0.345N	P = 0.116N
Cochran-Armitage Trend Test (d)	P = 0.107N		
Fisher Exact Test (d)		P=0.288N	P = 0.142N
hyroid Gland: C-Cell Adenoma or Carc	inoma		
Overall Rates (a)	10/48 (21%)	8/48 (17%)	6/45 (13%)
Adjusted Rates (b)	28.3%	24.7%	24.9%
Terminal Rates (c)	7/32 (22%)	7/31 (23%)	4/19 (21%)
Week of First Observation	91	90	71
Life Table Tests (d)	P = 0.464N	P=0.425N	P = 0.525N
Incidental Tumor Tests (d)	P = 0.267N	P = 0.461N	P = 0.276N
Cochran-Armitage Trend Test (d)	P = 0.205N		
Fisher Exact Test (d)	1 -0.2001	P=0.397N	P = 0.248N
ammary Gland: Fibroadenoma			
Overall Rates (a)	1/50 (2%)	1/50 (2%)	4/50 (8%)
Adjusted Rates (b)	3.1%	3.2%	15.7%
Terminal Rates (c)	1/32 (3%)	1/31 (3%)	2/20 (10%)
Week of First Observation	1/32 (378)	104	61
Life Table Tests (d)	P = 0.047	P = 0.755	P = 0.093
Incidental Tumor Tests (d)	P = 0.047 P = 0.102	P = 0.755 P = 0.755	P = 0.093 P = 0.183
		r = 0.100	r - V.100
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P=0.101	P = 0.753	P=0.181
manufiel Claude Adamana			
reputial Gland: Adenoma	0(50(00))	9/60 (60)	1/50 (90)
Overall Rates (a)	0/50 (0%)	3/50 (6%)	1/50 (2%)
Adjusted Rates (b)	0.0%	9.7%	5.0%
Terminal Rates (c)	0/32 (0%)	3/31 (10%)	1/20 (5%)
Week of First Observation		104	104
Life Table Tests (d)	P = 0.240	P=0.115	P = 0.406
Incidental Tumor Tests (d)	P = 0.240	P=0.115	P = 0.406
Cochran-Armitage Trend Test (d)	P=0.378		<u> </u>
Fisher Exact Test (d)		P=0.121	P = 0.500
reputial Gland: Adenoma, Adenocarcine		A/ED (90%)	9/60 (40)
Overall Rates (a)	0/50 (0%)	4/50 (8%)	2/50 (4%)
Adjusted Rates (b)	0.0%	12.3%	8.5%
Terminal Rates (c)	0/32 (0%)	3/31 (10%)	1/20 (5%)
Week of First Observation		96	98
Life Table Tests (d)	P = 0.121	P = 0.061	P = 0.167
Incidental Tumor Tests (d)	P = 0.210	P = 0.055	P = 0.254
Cochran-Armitage Trend Test (d)	P = 0.222		D-0.947
Fisher Exact Test (d)		P = 0.059	P = 0.247
stis: Interstitial Cell Tumor Overall Rates (a)	44/50 (88%)	41/50 (82%)	47/50 (94%)
	44/50 (88%) 95.7%	41/50 (82%) 100.0%	47/30 (94%) 100.0%
Adjusted Rates (b)			
Terminal Rates (c)	30/32 (9 4%)	31/31 (100%)	20/20 (100%)
Week of First Observation	66 D. 0.000	63 D 0 470N	60 D = 0.004
Life Table Tests (d)	P = 0.002	P = 0.479N	P = 0.004
Incidental Tumor Tests (d)	P = 0.104	P = 0.651N	P = 0.238
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.221		
		P = 0.289N	P = 0.243

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	Vehicle Control	150 mg/kg	300 mg/kg
All Sites: Mesothelioma			
Overall Rates (a)	1/50 (2%)	0/50 (0%)	4/50 (8%)
Adjusted Rates (b)	3.1%	0.0%	15.9%
Terminal Rates (c)	1/32 (3%)	0/31 (0%)	2/20 (10%)
Week of First Observation	104		71
Life Table Tests (d)	P = 0.041	P = 0.506N	P=0.093
Incidental Tumor Tests (d)	P = 0.097	P = 0.506N	P = 0.183
Cochran-Armitage Trend Test (d)	P = 0.082		
Fisher Exact Test (d)		P = 0.500N	P=0.181

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

(b) Kaplan-Meier estimated tumor incidence at the end of the study after adjusting for intercurrent mortality

(c) Observed tumor incidence at terminal kill

(d) Beneath the vehicle 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 vehicle controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group is indicated by (N).

Study	No. Examined	No. of Tumors	Diagnosis
Historical Incidence at Bat	telle Columbus Laboratories		
Chlorobenzene	50	0	
1,2-Dichlorobenzene	50	0	<u>-</u> .
Benzene	50	1	Tubular cell adenocarcinoma
TOTAL	150	1 (0.7%)	
Overall Historical Inciden	ce		
	1,098	1	Tubular cell adenoma
	,	2 2	Adenocarcinoma, NOS
		2	Tubular cell adenocarcinoma
TOTAL	Benign	1 (0.1%)	
	Malignant		
	Combined	5 (0.5%)	

TABLE A4a. HISTORICAL INCIDENCE OF KIDNEY TUBULAR CELL TUMORS IN MALE F344/N RATS ADMINISTERED CORN OIL BY GAVAGE (a)

(a) Data as of August 3, 1984, for studies of at least 104 weeks. No more than one tumor was observed in any vehicle control group.

TABLE A4b. HISTORICAL INCIDENCE OF LEUKEMIA IN MALE F344/N RATS ADMINISTERED CORN OIL BY GAVAGE (a)

Study	Incidence in Vehicle Controls	
Historical Incidence at Battelle Colu	mbus Laboratories	<u></u>
Chlorobenzene	8/50	
1,2-Dichlorobenzene	10/50	
Benzene	7/50	
TOTAL	25/150 (16.7%)	
SD (b)	3.06%	
Range (c)		
High	10/50	
Low	7/50	
Overall Historical Incidence		
TOTAL	152/1,100 (13.8%)	
SD (b)	8.12%	
Range (c)		
High	14/50	
Low	1/50	

(a) Data as of August 3, 1984, for studies of at least 104 weeks(b) Standard deviation

(c) Range and SD are reported for groups of 35 or more animals.

TABLE A4c. HISTORICAL INCIDENCE OF MESOTHELIOMAS IN MALE F344/N RATS ADMINISTERED CORN OIL BY GAVAGE (a)

Study	Incidence in Vehicle Controls (b)	
Historical Incidence at Battelle Columb	us Laboratories	<u> </u>
Chlorobenzene	3/50	
1,2-Dichlorobenzene	3/50	
Benzene	3/50	
TOTAL	9/150 (6.0%)	
SD(c)	0.00%	
Range (d)		
High	3/50	
Low	3/50	
Overall Historical Incidence		
TOTAL	42/1,100 (3.8%)	
SD (c)	2.95%	
Range (d)		
High	6/50	
Low	0/50	

(a) Data as of August 3, 1984, for studies of at least 104 weeks
(b) Includes mesothelioma, NOS, benign and malignant from all tissue sites combined

(c) Standard deviation

(d) Range and SD are reported for groups of 35 or more animals.

	CONTR	ROL (VEH)	LOW	DOSE	HIG	H DOSE
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALL			50		50	
INTEGUMENTARY SYSTEM				······		
*Skin	(50)		(50)		(50)	
Epidermal inclusion cyst	1	(2%)		(A +)		
Ulcer, chronic	(50)			(2%)	(50)	
*Subcutaneous tissue Hemorrhagic cyst	(50)		(50)		(50)	(2%)
Inflammation, granulomatous focal	5	(10%)			-	(270)
Necrosis, fat		(2%)	1	(2%)		
RESPIRATORY SYSTEM			<u>_ , , , , , , , , , , , , , , , , ,</u>			
#Trachea	(48)		(47)		(45)	
Inflammation, acute focal						(2%)
#Lung	(50)		(50)		(49)	
Congestion, acute		(4%)	3	(6%)		
Edema, NOS Hemorrhage	2	(4%)	1	(2%)	1	(2%)
Inflammation, interstitial	5	(10%)		(4%)		(2%)
Pneumonia, aspiration	v	(10,0)		(4%)		(4%)
Inflammation, acute focal			_	()		(2%)
Inflammation, acute diffuse					1	(2%)
Inflammation, chronic focal		(4%)				
Granuloma, NOS		(4%)				
Perivascular cuffing		(2%)		(0.1~)		(000)
Foreign material, NOS Hyperplasia, alveolar epithelium		(10%) (6%)	12	(24%)		(33%) (4%)
	ں 	(0%)				(470)
HEMATOPOIETIC SYSTEM	(50)		(50)		(47)	
#Bone marrow Myelofibrosis	(50)		(50)	(90)	(47)	
Myerollorosis Hyperplasia, hematopoietic	9	(4%)	1	(2%)	3	(6%)
Hyperplasia, reticulum cell		(2%)			0	(0,0)
Hypoplasia, hematopoietic		(4%)			1	(2%)
#Splenic follicles	(49)		(48)		(49)	
Depletion, lymphoid		(4%)				
#Splenic red pulp	(49)		(48)		(49)	(00)
Inflammation, granulomatous focal	~	(00)	~	(10)		(2%)
Fibrosis, focal Fibrosis, diffuse	3	(6%)	2	(4%)		(6%) (2%)
Hemosiderosis			1	(2%)	1	(470)
Atrophy, fatty	1	(2%)	1	(21,10)		
Hematopoiesis		(8%)	1	(2%)	1	(2%)
#Mandibular lymph node	(44)		(48)		(39)	
Plasmacytosis						(3%)
#Mediastinal lymph node Pigmentation, NOS	(44)		(48)		(39)	(20)
#Mesenteric lymph node	(44)		(48)		(39)	(3%)
Edema, NOS	(****)		(40)			(3%)
#Lung	(50)		(50)		(49)	(2.2)
Leukocytosis, NOS		(2%)	(/		/	
#Thymus	(42)		(36)		(39)	
Hyperplasia, epithelial					~	(5%)

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THETWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE

	CONTR	IOL (VEH)	LOW	DOSE	HIG	H DOSE
CIRCULATORY SYSTEM						
#Mesenteric lymph node	(44)		(48)		(39)	
Lymphangiectasis	(**)			(2%)		(3%)
#Heart	(50)		(50)		(49)	
Thrombus, organized	(00)			(2%)	(
Inflammation, acute focal			-	(=)	1	(2%)
#Heart/atrium	(50)		(50)		(49)	
Thrombus, organized	• •	(4%)	(,			(2%)
Thrombus, fibrin		(2%)	1	(2%)	_	(=,
#Myocardium	(50)		(50)	• • •	(49)	
Inflammation, chronic focal	2	(4%)				
Fibrosis, focal	1	(2%)				
Degeneration, NOS	46	(92%)	47	(94%)	39	(80%)
#Endocardium	(50)		(50)		(49)	
Fibrosis, multifocal			1	(2%)		
#Hepatic sinusoid	(50)		(49)		(50)	
Dilatation, NOS	1	(2%)	3	(6%)		
#Pancreas	(50)		(48)		(46)	
Periarteritis	2	(4%)	1	(2%)		
DIGESTIVE SYSTEM				<u> </u>		
#Salivary gland	(49)		(49)		(45)	
Inflammation, chronic focal					1	(2%)
Degeneration, NOS	1	(2%)		(0		
Atrophy, focal	(70)			(2%)	(50)	
#Liver	(50)		(49)		(50)	(0.00)
Inflammation, granulomatous focal		(1	(2%)
Necrosis, focal		(4%)		(1997)	• •	(00%)
Basophilic cyto change		(64%)		(47%)		(28%)
Focal cellular change		(16%)		(18%)		(14%)
#Intrahepatic bile duct	(50)	(0.00)	(49)		(50)	
Hyperplasia, NOS		(2%)			(50)	
#Liver/centrilobular	(50)		(49)		(50)	(00)
Congestion, passive	_	(0.4)			1	(2%)
Necrosis, focal	1	(2%)				(00)
Hemosiderosis	(50)		(10)			(2%)
#Liver/periportal	(50)		(49)		(50)	(2%)
Cytoplasmic vacuolization	(20)		(49)		(50)	(470)
#Liver/hepatocytes	(50)	(99)	• /	(10%)		(4%)
Degeneration, cystic	1	(2%)		(10%)		(4%) (2%)
Cytoplasmic vacuolization Hyperplasia, focal				(2%)	I	(410)
#Pancreas	(50)		(48)	(20)	(46)	
#Pancreas Necrosis, fat	(50)	(2%)	(40)		(40)	
#Pancreatic acinus	(50)	(270)	(48)		(46)	
Focal cellular change	(00)			(4%)		(7%)
Atrophy, focal	14	(28%)		(19%)		(26%)
Atrophy, local Atrophy, diffuse		(2%)	3			(2%)
Hyperplasia, focal		(16%)	e	(13%)		(17%)
#Esophagus	(50)		(50)		(49)	(11/0)
Inflammation, acute diffuse		(2%)	(00)		(40)	
Inflammation, acute/chronic	1	(1	(2%)
#Gastric mucosa	(49)		(47)		(45)	~~ /~ /
Mineralization	(10)		()			(2%)
Inflammation, acute focal						(2%)
#Glandular stomach	(49)		(47)		(45)	
Ulcer, acute	((2%)		(2%)
Necrosis, focal			-	()		(4%)

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTROL (VEH) LOW DOSE		DOSE	HIG	H DOSE	
DIGESTIVE SYSTEM (Continued)	·····					
#Forestomach	(49)		(47)		(45)	
Hemorrhage	(10)			(2%)	(10)	
Ulcer, acute			-	(= ///	3	(7%)
Ulcer, chronic	1	(2%)			·	(,,,,,
Ulcer, perforated	-	(=,	1	(2%)	1	(2%)
Hyperplasia, epithelial				(2%)		(4%)
Hyperkeratosis			-	, ,		(4%)
#Duodenum	(48)		(45)		(44)	
Inflammation, acute necrotizing	,				1	(2%)
#Colon	(47)		(45)		(43)	
Ulcer, acute			1	(2%)		
Parasitism			3	(7%)	2	(5%)
URINARY SYSTEM						
#Kidney	(50)		(50)		(50)	
Pyelonephritis, NOS					1	(2%)
Pyelonephritis, acute	1	(2%)	1	(2%)		
Pyelonephritis, chronic						(2%)
Nephropathy	42	(84%)	42	(84%)	46	(92%)
#Kidney/cortex	(50)		(50)		(50)	
Cyst, NOS						(8%)
Multiple cysts			1	(2%)		(6%)
Pigmentation, NOS					1	(2%)
Cytoplasmic aggregate, NOS				(2%)		
#Kidney/medulla	(50)		(50)		(50)	
Mineralization		(8%)		(92%)		(94%)
#Kidney/tubule	(50)		(50)		(50)	
Mineralization	2	(4%)	1	(90)		
Necrosis, focal		(00)	1	(2%)		
Necrosis, diffuse	1					
Pigmentation, NOS	1	(2%		(9/1)	•	(1001)
Hyperplasia, focal	(50)			(2%)		(18%)
#Kidney/pelvis	(50)		(50)	(97)	(50)	
Inflammation, acute diffuse	1	(00)		(2%)	91	(690)
Hyperplasia, epithelial		(2%)		(60%)		(62%)
#Urinary bladder Hemorrhage	(48)		(45)	(2%)	(43)	
Inflammation, acute focal				(2%)	1	(2%)
Inflammation, acute local Inflammation, acute diffuse			T	(270)		(2%)
Inflammation, acute unruse						(2%)
Necrosis, diffuse	1	(2%)			-	
Necrosis, hemorrhagic	•	<u>,</u>			1	(2%)
Polyp, inflammatory	1	(2%)			-	,
Metaplasia, squamous	-				1	(2%)
*Prostatic urethra	(50)		(50)		(50)	
Inflammation, acute diffuse		(2%)	/			
Hyperplasia, epithelial		()			1	(2%)
NDOCRINE SYSTEM						
#Anterior pituitary	(45)		(49)		(49)	
Degeneration, NOS	•					(2%)
Focal cellular change						(2%)
Cytomegaly		(4%)				
Hyperplasia, focal	13	(29%)	3	(6%)		(14%)
Angiectasis					3	(6%)

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

ENDOCRINE SYSTEM (Continued)		. <u> </u>		<u> </u>		<u> </u>
#Pituitary posterior	(45)		(49)		(49)	
Gliosis	(()			(2%)
Hyperplasia, epithelial	1	(2%)			1	(2%)
#Adrenal cortex	(50)		(49)		(50)	
Inflammation, acute necrotizing					1	(2%)
Degeneration, lipoid	5	(10%)	3	(6%)	5	(10%)
Cytoplasmic vacuolization	1	(2%)			1	(2%)
Focal cellular change	3	(6%)				
Hyperplasia, focal	14	(28%)	10	(20%)	23	(46%)
Angiectasis			1	(2%)		
#Adrenal medulla	(50)		(49)		(50)	
Hyperplasia, focal	13	(26%)	13	(27%)	17	(34%)
#Thyroid	(48)		(48)		(45)	
Follicular cyst, NOS	5	(10%)	4	(8%)		(9%)
Hyperplasia, C-cell	13	(27%)	8	(17%)	14	(31%)
Hyperplasia, follicular cell		(4%)		(2%)		(2%)
#Thyroid follicle	(48)		(48)		(45)	
Multiple cysts					2	(4%)
#Parathyroid	(42)		(42)		(38)	
Hyperplasia, NOS	4	(10%)	13	(31%)	20	(53%)
REPRODUCTIVE SYSTEM				<u></u>		
*Mammary gland	(50)		(50)		(50)	
Cyst, NOS		(6%)	(/			
Hyperplasia, cystic		(2%)	5	(10%)	3	(6%)
*Preputial gland	(50)	(=)	(50)	(===,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(50)	
Dilatation, NOS		(4%)		(2%)		(4%)
Inflammation, active chronic		(4%)	-	(= /)		(2%)
Inflammation, pyogranulomatous	-	(4,0)				(2%)
Hyperplasia, diffuse						(2%)
#Prostate	(49)		(49)		(48)	()
Multiple cysts	(((2%)
Inflammation, suppurative	1	(2%)			-	(= /• /
Inflammation, acute diffuse	-	(=)	1	(2%)		
Inflammation, acute hemorrhagic			-		1	(2%)
Inflammation, pyogranulomatous			1	(2%)		
Hyperplasia, epithelial	1	(2%)	•		1	(2%)
Hyperplasia, focal		(2%)			-	,
#Periprostatic tissue	(49)	((49)		(48)	
Inflammation, granulomatous focal	(-0)		(-•)			(2%)
#Testis	(50)		(50)		(50)	,
Atrophy, NOS	1	(4%)		(2%)	(
Atrophy, diffuse		(10%)		(2%)	2	(4%)
Hyperplasia, interstitial cell		(60%)		(70%)		(78%)
*Epididymis	(50)		(50)		(50)	
Inflammation, chronic focal		(2%)	/		~,	
IERVOUS SYSTEM				<u> </u>	<u> </u>	
#Brain	(49)		(48)		(48)	
Necrosis, hemorrhagic		(2%)		(4%)		(2%)
#Hypothalamus	(49)	~~~~	(48)		(48)	~~ /~ /
Hemorrhage		(2%)	(40)		(40)	
	1	(- <i>m</i>)	1			

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTR	OL (VEH)	LOW	DOSE	HIG	H DOSE
SPECIAL SENSE ORGANS						
*Eye/anterior chamber	(50)		(50)		(50)	
Inflammation, acute hemorrhagic					1	(2%)
*Eye/cornea	(50)		(50)		(50)	
Ulcer, NOS					1	(2%)
*Eye/retina	(50)		(50)		(50)	
Atrophy, diffuse		(4%)		(10%)		(8%)
*Eye/crystalline lens	(50)		(50)		(50)	
Cataract	2	(4%)	5	(10%)	5	(10%)
MUSCULOSKELETAL SYSTEM						
*Cortex of bone	(50)		(50)		(50)	
Fibrous osteodystrophy	1	(2%)	(00)		1	(2%)
Hyperplasia, diffuse	-	(=)			ī	(2%)
*Cervical vertebra other	(50)		(50)		(50)	<u></u>
Fibrous osteodystrophy	1	(2%)				
BODY CAVITIES					/ ·	
*Mediastinum	(50)		(50)		(50)	
Inflammation with fibrosis	(00)		(1	(2%)
*Pleura	(50)		(50)		(50)	•
Inflammation, acute/chronic	1	(2%)	(/			
*Mesentery	(50)	<u></u>	(50)		(50)	
Inflammation, granulomatous focal	1	(2%)	1	(2%)	1	(2%)
Necrosis, fat	2	(4%)	3	(6%)	2	(4%)
ALL OTHER SYSTEMS						
*Multiple organs	(50)		(50)		(50)	
Mineralization	(00)		(00)		· · · · ·	(2%)

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

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SPECIAL MORPHOLOGY SUMMARY

None

Number of animals receiving complete necropsy examinations; all gross lesions including masses examined microscopically.
 Number of animals examined microscopically at this site

APPENDIX B

SUMMARY OF LESIONS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE

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	RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE	107

1,4-Dichlorobenzene, NTP TR 319

(CONTR	OL (VEH)	LOW	DOSE	HIG	H DOSE
ANIMALS INITIALLY IN STUDY		<u></u>	50			
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALLY			50		50	
INTEGUMENTARY SYSTEM		<u></u>				
*Skin	(50)		(50)		(50)	
Squamous cell papilloma				(2%)	1	(2%)
Keratoacanthoma	(50)			(2%)	(50)	
*Subcutaneous tissue Fibroma	(50)	(2%)	(50)	(4%)	(50)	(2%)
Fibrosarcoma	•	(2.0)	4	(42)		(2%)
RESPIRATORY SYSTEM						
#Lung	(50)		(50)		(50)	
Squamous cell carcinoma			,		1	(2%)
Alveolar/bronchiolar carcinoma						(2%)
Cortical carcinoma, metastatic	-	(0.7)	-	(07)	1	(2%)
C-cell carcinoma, metastatic	1	(2%)	1	(2%)		
HEMATOPOIETIC SYSTEM	(50)		/EA)		(50)	
*Multiple organs Leukemia, mononuclear cell		(30%)	(50)	(20%)		(16%)
#Spleen	(50)		(50)	(4070)	(49)	(1070)
Sarcoma, NOS	(00)			(2%)	(40)	
Leukemia, mononuclear cell			•	(2.0)	1	(2%)
CIRCULATORY SYSTEM None						
DIGESTIVE SYSTEM						
*Intestinal tract	(50)		(50)		(50)	(0.01)
Adenocarcinoma, NOS	(20)		(50)			(2%)
*Tongue Squamous cell papilloma	(50)	(4%)	(50)		(50)	
#Liver	(50)	(470)	(50)		(50)	
Neoplastic nodule	x x	(2%)		(2%)		(4%)
#Pancreas	(50)	(=,	(50)	(2.0)	(49)	(-/-/
Acinar cell adenoma						(2%)
URINARY SYSTEM						
#Urinary bladder Adenocarcinoma, NOS, metastatic	(49)		(49)		(46) 1	(2%)
ENDOCRINE SYSTEM						
#Anterior pituitary	(48)		(49)		(49)	
		(2%)		(2%)	(
Carcinoma, NOS	15	(31%)		(27%)		(22%)
Adenoma, NOS			(20)		(49)	
Adenoma, NOS #Adrenal	(50)		(50)			
Adenoma, NOS #Adrenal Cortical adenoma	(50)	(6%)		(2%)	2	(4%)
Adenoma, NOS #Adrenal Cortical adenoma Cortical carcinoma	(50) 3	(6%)	1	(2%)	2 1	(4%) (2%)
Adenoma, NOS #Adrenal Cortical adenoma Cortical carcinoma #Adrenal medulla	(50) 3 (50)		1 (50)		2 1 (49)	(2%)
Adenoma, NOS #Adrenal Cortical adenoma Cortical carcinoma	(50) 3 (50) 7	(6%) (14%) (2%)	1 (50)	(2%) (10%)	2 1 (49)	

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEARGAVAGE STUDY OF 1,4-DICHLOROBENZENE

	CONTR	ROL (VEH)	LOW	DOSE	HIG	H DOSE
ENDOCRINE SYSTEM (Continued)		<u> </u>				
#Thyroid	(49)		(50)		(48)	
Follicular cell adenoma	(,			(4%)		(2%)
Follicular cell carcinoma			1	(2%)		
C-cell adenoma	9	(18%)	13	(26%)	5	(10%)
C-cell carcinoma	5	(10%)	3	(6%)	2	(4%)
#Parathyroid	(40)		(38)		(42)	
Adenoma, NOS	1	(3%)	1	(3%)		
#Pancreatic islets	(50)		(50)		(49)	
Islet cell adenoma			4	(8%)		
REPRODUCTIVE SYSTEM			<u> </u>			
*Mammary gland	(50)		(50)		(50)	
Adenoma, NOS	(00)			(2%)	(00)	
Adenocarcinoma, NOS				(2%)	1	(2%)
Fibroadenoma	12	(24%)		(24%)		(10%)
*Clitoral gland	(50)		(50)		(50)	,
Adenoma, NOS		(2%)		(4%)	(2.0)	
Adenocarcinoma, NOS	-			(4%)		
*Vagina	(50)		(50)		(50)	
Leiomyosarcoma	(20)			(2%)	(00)	
#Uterus	(50)		(50)	((50)	
Adenocarcinoma, NOS	(00)			(2%)		(4%)
Adenocarcinoma, NOS, metastatic			-			(2%)
Leiomyosarcoma			1	(2%)	-	
Endometrial stromal polyp	9	(18%)		(20%)	7	(14%)
NERVOUS SYSTEM						
#Brain	(50)		(50)		(50)	
Carcinoma, NOS, invasive	()	(2%)	(00)		(00)	
Astrocytoma		(2%)	1	(2%)	1	(2%)
				····		
SPECIAL SENSE ORGANS						
*Ear	(50)		(50)		(50)	
Neurofibrosarcoma		(2%)				
*Zymbal gland	(50)		(50)		(50)	
Adenocarcinoma, NOS			,		1	(2%)
MUSCULOSKELETAL SYSTEM None						
BODY CAVITIES	······································				<u> </u>	
*Mediastinum	(50)	(0))	(50)		(50)	
C-cell carcinoma, metastatic		(2%)				
*Mesentery	(50)		(50)		(50)	(00)
Adenocarcinoma, NOS, metastatic	4	(99)	•	(99)	1	(2%)
Leiomyosarcoma	1	(2%)	1	(2%)		
ALL OTHER SYSTEMS	<u></u>					
*Multiple organs	(50)		(50)		(50)	
Adenocarcinoma, NOS, metastatic			1	(2%)		
Tail	-					
Fibrosarcoma	1					

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEAR
GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTROL (VEH)	LOW DOSE	HIGH DOSE
ANIMAL DISPOSITION SUMMARY			
Animals initially in study	50	50	50
Natural death	4	3	9
Moribund sacrifice	11	7	9
Terminal sacrifice	35	39	29
Dosing accident		1	3
TUMOR 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 Total animals with secondary tumors## Total secondary tumors Total animals with tumors uncertain	43 87 37 60 20 26 2 3	45 93 41 68 21 24 2 2	36 60 28 37 17 21 2 4
benign or malignant	1	1	2
Total uncertain tumors	1	1	2

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEAR
GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

Number of animals receiving complete necropsy examinations; all gross lesions including masses examined microscopically.
 Primary tumors: all tumors except secondary tumors
 Number of animals examined microscopically at this site

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

	_	_	- , -																						
ANIMAL NUMBER	0 1 7	0 4 4	0 2 3	0 0 2	0 0 7	0 1 2	0 5 0	0 3 5	0 1 6	0 3 8	0 0 6	0 2 9	0 3 6	0 2 5	0 4 5	0 0 1	0 0 3	0 0 4	0 0 5	0 0 8	0 0 9	0 1 0	0 1 1	0 1 3	0 1 4
WEEKS ON STUDY	0 3 4	0 6 7	0 7 7	0 8 6	0 8 7	0 8 7	0 8 9	0 9 5	0 9 8	0 9 8	1 0 1	1 0 1	1 0 1	1 0 2	1 0 2	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM Subcutaneous tissue Fibroma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronch: C-cell carcinoma, metastatic Trachea	+++	++	++	++	+++	++	++	* *	++	+++	++	+ +	+++	++	++	+++	+++	++	++	++	++	++	+	++	+++
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	++++++	+ + + +	+++-	++++	+++++	+++++	+++++	+++++	+++++	+++++	+++++	+++++	+ + + +	+ + + +	+ + + +	+ + + + +	+ + + +	+ + + +	+ + + + + +	++++	+++++	+ + + +	+++++	+ + + +	+ + + +
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Squamous cell papilloma Salivary gland Liver	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N X + +	N ++	N + +	N + +
Neoplastic nodule Bile duct Gallbladder & common bile duct Fancreas Esophagus Stomach Small intestine Large intestine	+ 2 + + + + +	+N++++	+ Z + + + + +	+z++++	+ z + + + + +	+2+++++	+ Z + + + + +	+ Z + + + + +	+ N + + + + +	+ 2 + + + + + +	+ 2 + + + + + +	+ 2 + + + + +	+ 2 + + + + +	+ 2 + + + + +	+ 2 + + + + +	+ 2 + + + + +	+ N + + + + +	+ 12 + + + + + + +	+ z + + + + +	+ 2 + + + + + +	+ X + + + + +	+ 12 + + + + + +	+ 2 + + + + +	+ 2 + + + + + +	+ X + + + + +
URINARY SYSTEM Kidney Urinary bladder	 + +	++++	++++	++++	 + +	++++	+++	+++	+++	+++	+++	+++	+++	+++	++++	++++	++	++++	++	+++		+++	+++	+++	+++
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adrenal Cortical adenoma Pheochromocytoma Pheochromocytoma	+	+	+ X +	+	+ + X	+	+ X +	+ + x	+	+ + X	+ +	- +	* *	+ X +	+ X + X	+ + x	+ +	+	+	+ + x	+ +	+ X +	+	+ + X	+ *
Thyroid C-cell adenoma C-cell carcinoma Parathyroid Adenoma, NOS	+	+ *	+	+	-	+ X +	+	+ x	+	* *	+	+ x -	+ +	+	+	+ +	* *	+ +	+ X +	+	+	* *	+	+	* *
REPRODUCTIVE SYSTEM Mammary gland Fibroadenoma Preputial/clitoral gland Adenoma, NOS Uterus	+ N +	+ N +	+ N +	N N +	+ N +	+ N +	N N +	+ N +	+ N +	+ N +	+ N +	+ N +	+ N X +	+ x N +	+	+ N +	+ x N +	+ N +	N N +	+ N +	N N +	+ x N +	+ N +	+ N +	+ X N +
Endometrial stromal polyp Ovary NERVOUS SYSTEM	+	+	+	+	+	+	+	+	+	+	X +	+	+	+	* +	Х +	+	+	Х +	+	+	+	+	+	+
Brain Carcinoma, NOS, invasive Astrocytoma	+	+ x	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Ear Neurofibrosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	* x	N	N	N	N	N
BODY CAVITIES Mediastinum C-cell carcinoma, metastatic Mesentery Leiomyosarcoma						N N		X			N														
ALL OTHER SYSTEMS Multuple organs, NOS Leukemia, mononuclear cell Tail Fibrosarcoma	N	N	N	N X	N X	N X	N	N X	X	N X X	N	N	N	N	N	N	N X	N	N X	N X	N X	N	N	N	N

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEARGAVAGE STUDY OF 1,4-DICHLOROBENZENE: VEHICLE CONTROL

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

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

									.011	e111	uec	.,														
ANIMAL NUMBER	0 1 5	0 1 8	0 1 9	0 2 0	0 2 1	0 2 2	0 2 4	0 2 6	0 2 7	0 2 8	0 3 0	0 3 1	0 3 2	0 3 3	0 3 4	0 3 7	0 3 9	0 4 0	0 4 1	0 4 2	0 4 3	0 4 6	0 4 7	0 4 8	0 4 9	TOTAL
WEEKS ON STUDY	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TISSUES
INTEGUMENTARY SYSTEM Subcutaneous tissue Fibroma	N	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	N	+	+	*50
RESPIRATORY SYSTEM Lungs and bronchi cell carcinoma, metastatic Trachea	-	++	++	+	+	++	++	+	++	++	++	++	++	++	++	++	++	++	++	+	+++	+	++	++	+++	50 1 50
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	++++	+++++	+++++	++++++	+++++	++++	+++++	+ + + + +	++++	++++	++++	++++++	++++-	+++++	+++++	++++++	+++++	++++++	+++++	+++++++	+++++	++++++	++++++	+++++	+++++	50 50 50 46
CIRCULATORY SYSTEM Heart	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Oral cavity Squamous cell papilloma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	*50
Salivary gland Liver Neoplastic nodule	++	+	++	++	+++	++	++	++	+ + X	+++	++	++	++	++	++	++	++	++	++	++	++	++	++	++	+++	50 50 1
Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Small intestine Large intestine	+N+++++	+ X + + + + + +	+ 2 + + + + + +	+ 2 + + + + + +	+ 2 + + + + + + +	+ Z + + + + +	+ 2 + + + + + + +	+ Z + + + + +	+ N + + + + + +	+ 2 + + + + + +	+N+++++	+ N + + + + +	+ N + + + + + +	+ N + + + + +	+Z+++++	+N+++++	+ X + + + + +	+N++++	+ Z + + + +	+ Z + + + + + +	+ Z + + + + +	+N+++++	+ Z + + + + +	+ Z + + + + + +	+ N + + + + +	50 *50 50 50 50 50 49
URINARY SYSTEM Kıdney Urınary bladder	- + +	+++	++++	+++	++++	++++	+++	++++	++++	 + +	++++	++++	++++	+++	+	++++	+++	+++	++++	+++	++++	++++	+++	++++	++++	49 49
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adenoma, NOS Adrenai	+	+ X +	+	++	++	+ X +	++	+ X +	+++	++	+ X +	+ X +	+	+	+	+ X + X	+	+ X +	+	+ X +	+ X +	+	+ X +	+	++	48 1 15 50
Cortical adenoma Pheochromocytoma Pheochromocytoma, malignant Thyroid	x	+	+	+	+	+	+	+	+	+	+	+	+	+	X + X	х +	+	+	+	+	+	+	+	+	+	3 7 1 49
C cell adenoma C cell carcinoma Parathyroid	+	+	х +	+	+	+	+	х +	+	+	× -	+	+	+	× +	+	х +	+	+	+	+	-	+	х +	+	9 5 40
Adenoma, NOS REPRODUCTIVE SYSTEM Mammary gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50
Fibroadenoma Preputial/clitoral gland Adenoma, NOS	N	X N	N	N	X N	N	N	N	X N	N	N	N	X N	X N	N	N	N	X N	N	N	N	X N	X N	N	N	12 *50 1
Uterus Endometrial stromal polyp Ovary	++	++	+ X +	+ +	+	+ x +	+ +	+ X +	+ +	+	++	+	+	+ x +	+ x +	+	+ +	+ +	+	++	+	+	+	++	+ +	50 9 50
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive Astrocytoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1 1
SPECIAL SENSE ORGANS Ear Neurofibrosercome	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1
BODY CAVITIES Mediastinum C cell carcinoma, metastatic	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1
Mesentery Leiomyosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell Fail Fibrosarcoma	N	N	N	N	N	N	N	N	N X	N	N		N X	N	N	N	N	N	N X	N	N	N	N	N X	N	*50 15 1

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

* Animals necropsied

GAVAGE S																									
ANIMAL NUMBER	0 2 8	0 2 2	0 3 1	0 0 5	0 0 7	0 2 6	0 3 6	0 4 8	0 1 5	0 4 2	0 3 9	0 0 1	0 0 2	0 0 3	0 0 4	0 0 6	0 0 8	0 0 9	0 1 0	0 1 1	0 1 2	0 1 3	0 1 4	0 1 6	0 1 7
WEEKS ON STUDY	0 6 7	0 6 9	0 7 5	0 8 2	0 8 8	0 9 1	0 9 1	0 9 5	0 9 8	0 9 9	1 0 0	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM										·····						+	+								+
Skin Squamous cell papilloma	+	Ŧ	+	+	+	+	+	÷	+	+	+	* x	+	+	+	Ŧ	+	+	+	+	+	+	Ŧ	+	Ŧ
Keratoacanthoma Subcutaneous tissue Fibroma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	* X	+	+	+
RESPIRATORY SYSTEM																									······
Lungs and bronchi C-cell carcinoma, metastatic Trachea	-	+	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM	-											<u> </u>													
Bone marrow Spleen	+	++	++	++	++	++	++	+++++++++++++++++++++++++++++++++++++++	++	++	+++++++++++++++++++++++++++++++++++++++	++	++	+++++++++++++++++++++++++++++++++++++++	+++	+	+ +	++	++	++	+	++	++	++	++
Sarcoma, NOS Lymph nodes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	+	+	+	+	+	+	+
Thymus	+	+	+	-	+	-	+	+	+	+	-	+	+	+	+	+	-	+	-	+	+	+	+	+	+
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver Neoplastic nodule	+	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	÷	, x	÷	÷	÷	÷	÷	÷	÷
Gallbladder & common bile duct	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N							
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Esophagus Stomach	+++	+++	++	+ +	+++	+++	+++	+ +	+++	+++	++	+ +	+ +	+ +	+++	+ +	+ +	++	++	+ +	++	++	+ +	+++	+++
Small intestine Large intestine	=	_	++++	++	++	+++	+ +	++	+ +	++	+	++++	+ +	++	+++	++	+++	+++	++	++	++	+++	++	++	+ +
URINARY SYSTEM																									
Kidney Urinary bladder	+ -	+ +	+ +	+ +	+ +	+ +	++	+ +	+++	+ +	+ +	+ +	+ +	+ +	++	+ +	+ +	+ +	+ +						
ENDOCRINE SYSTEM Pituitary		+			+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Carcinoma, NOS				'	'	•		•		÷	, w	v	•	•	•		•	•	•	'	~		•	,	
Adenoma, NOS Adrenal	+	+	+	+	+	+	+	+	+	X +	X +	Х +	+	+	+	+	+	+	Х +	+	Х +	X +	+	+	X +
Cortical adenoma Pheochromocytoma	x				x	x																x			
Thyroid Follicular cell adenoma	+	+	+	*	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+
Follicular cell carcinoma C-cell adenoma						x												x	x				x		
C-cell carcinoma																									
Parathyroid Adenoma, NOS	1		+	Ţ	+	-	т	Ţ	.	Ţ	Ŧ	т	Ţ	Ţ	Ŧ	Ť	т	Ŧ	Ť	Ť	+	Ţ	-	-	
Pancreatic islets Islet-cell adenoma	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM Mammary gland	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+
Adenoma, NOS Adenocarcinoma, NOS																									
Fibroadenoma Preputial/clitoral gland	N	N	N	N	N	N	N	N	X N	N	N	N	N	X N	N	N	N	N	X N	N	N X	N	N	X N	N
Adenoma, NOS Adenocarcinoma, NOS																					х				X
Vagina	N	N	N	N	X N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N
Leiomyosarcoma Uterus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+
Adenocarcinoma, NOS Leiomyosarcoma										X						X									
Endometrial stromal polyp Ovary	+	+	+	+	+	+	+	+	+	+	+	Х +	X +	X +	+	+	+	+	+	+	+	X +	+	Х +	+
NERVOUS SYSTEM		<u> </u>																							
Brain Astrocytoma	x x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BODY CAVITIES Mesentery		N	N	N	N	N	N	N	N	N	N		N	N	N	N	N	N	N	N	N	M	N	N	N
Leiomyosarcoma		14	14	14	14	X	14	*4	14	14	74	14	74	••	11	14			.,	14	.,		14	14	14
ALL OTHER SYSTEMS Multiple organs, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Adenocarcinoma, NOS, metastatic		14	14		14	14			14	X	14		14			11	11	**	74	14			14	14	
Leukemia, mononuclear ceil				X			X	л							X										X

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEARGAVAGE STUDY OF 1,4-DICHLOROBENZENE: LOW DOSE

ANIMAL	ा ज	0	0	0	न	0	õ	0	0	0	O	ল	0	0	0	0	0	0	0	0	0	0	0	0	0	T
NUMBER	18	1 9	2 0	2 1	2 3	2 4	2 5	2 7	2 9	3 0	3 2	3 3	3 4	3 5	3 7	3 8	40	4	4 3	4 4	4 5	4	4 7	4 9	5 0	TOTAL.
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TUMORS
INTEGUMENTARY SYSTEM						+					 _		 +		+				 		+		+	+	+	*50
Squamous cell papilloma Keratoacanthoma Subcutaneous tissue Fibroma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	х +	+	+	+	+	1 1 *50 2
RESPIRATORY SYSTEM Lungs and bronchi C-cell carcinoma, metastatic Trachea	- + +	+++	+++	+++	+++	+	+++	+++	+++	+	+	+++	+++	+++	+	++	+++	+++	++	+++	++++	× ×	+	+++	+++	50 1 48
HEMATOPOIETIC SYSTEM Bone marrow Spleen Sarcoma, NOS Lymph nodes Thymus	+ + + + + + + + + + + + + + + + + +	+++++	++++++	++++	+ + +	++++++	+++++	++++++	++++-	++++	++++++	 + + + +	++++++	+++++	++++++	+ + + +	 + + + + +	++++++	+ + + +	++++++	++++++	+++++++++++++++++++++++++++++++++++++++	++++++	+ + + +	+++++	50 50 1 50 43
CIRCULATORY SYSTEM Heart	-	+	+	+	+	+	 +	+	+	+	+	 +	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver	-	+ +	+++	+++++	++++	+++	+ +	++++	+ +	+ +	++++	+ +	++++	++++	+++++	++++	++++	+ +	++++	+ +	+++	++++	+++	+++	+ +	50 50
Neoplastic nodule Bile duct Galibladder & common bile duct Pancreas Esophagus Stomach Small intestine Large intestine	+ X + + + + +	+ Z + + + + +	+	+ Z + + + + +	+ Z + + + + +	+ N + + + + + +	+ N + + + + +	+N+++++	+ 2 + + + + +	+N + + + + +	+ X + + + + +	+ Z + + + + +	+ 2 + + + + +	+ Z + + + + +	+ 2 + + + + +	+ X + + + + +	+z++++	+ z + + + + +	+ X + + + + +	+ N + + + + +	+ Z + + + + +	+ 12 + + + + + +	+ X + + + + +	+N+++++	+ N + + + + +	1 50 *50 50 50 47 48
URINARY SYSTEM Kidney Urinary bladder	-	++	+++	++++	+++	++++	+++	+++	++++	++	+++	+++	+ +	+ + +		+ +	+++	+++	+ +	++	+++	+ + +	++	+ +	++	50 49
ENDOCRINE SYSTEM Pituitary Carmoma, NOS Adenoma, NOS	+	+	+	+	+	+	+	+	+	+	*	+	+ X +	+ X +	+	+	+ X	+	+ X	+	+ X	+	+	+	+	49 1 13
Adrenal Cortical adenoma Pheochromocytoma Thyroid	+	+	+	++	+	+	+	+	++	+	+	+	+	+	* +	++	+	++	+	+ X +	++	+	++	+	+	50 1 5 50
Follicular cell adenoma Follicular cell carcinoma C-cell adenoma C-cell carcinoma Parathyroid	X +	_	+	х -	x -	x -	x +	+	+	+	+	+	х +	X +	x +	x 	X +	+ *	+	X +	+	X -	-	+	х +	2 1 13 3 38
Adenoma, NOS Pancreatic islets Islet-cell adenoma	+	+	+	*	+	+	+	+	+	+	+	* x	+	+	+	+	+	X +	+	+	*	+	+	+	+	1 50 4
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS Adenocarcinoma, NOS Fibroadenoma	+	+	+	+	+	N	+	N	N	+	* X	+	N	+	+	+	+ X X	N	+	+	+	+	N	+	+	*50 1 1 12
Preputial/chtoral gland Adenoma, NOS Adenocarcinoma, NOS	N	N	N	Ñ	N	N	N	N	N	Ñ	N	N	N	X N	N	X N	N	N	N	N	N	Ñ	N	Ñ X	N	*50 2 2
Vagina Leiomyosarcoma Uterus Adenocarcinoma, NOS	+	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	*50 1 50 1
Leiomyosarcoma Endometrial stromal polyp Ovary	+	X +	+	+	X +	+	+	+	X +	X +	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	1 10 50
NERVOUS SYSTEM Brain Astrocytoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1
BODY CAVITIES Mesentery Leiomyosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1
ALL OTHER SYSTEMS Multiple organs, NOS Adenocercinoma, NOS, metastatic Leukemia, mononuclear cell	N X		N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N X	N	*50 1 10
															<u>-</u>											10

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: LOW DOSE (Continued)

* Animals necropsied

GAVAGE	510		01		, x - L	10		UN	.01	5ET	123	3141			GП		US	-							
ANIMAL NUMBER	0 1 4	0 0 7	0 4 3	0 5 0	0 3 3	0 0 6	0 2 0	0 2 2	0 0 8	0 3 2	0 3 9	0 1 7	0 3 7	0 4 7	0 0 2	0 4 1	0 4 5	0 4 9	0 0 5	0 2 9	0 3 6	0 0 1	0 0 3	0 0 4	0 0 9
WEEKS ON STUDY	0 1 1	0 2 1	0 2 2	0 5 5	0 5 8	0 6 4	0 7 2	0 7 2	0 7 7	0 8 2	0 8 5	0 8 8	0 9 1	0 9 3	0 9 4	0 9 5	1 0 0	1 0 L	1 0 2	1 0 2	1 0 2	1 0 4	1 0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM	- -														<u> </u>		·								
Skin Squamous cell papilloma Subcutaneous tissue Fibroma Fibrosarcoma	+	+	+	+	+	+ + X	N N	+	+	+	+	+	+	+	+	N N	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronch Squamous cell carcinoma Alveolar/bronchiolar carcinoma Cortical carcinoma, metastatic	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+ x	+	+	+	+	+
Trachea	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen Leukemia, mononuclear cell Lymph nodes Thymus	+++++++++++++++++++++++++++++++++++++++	+ + +	+ + + +	+++++	+ + +	+ + + +	++++-	+ - - +	+++++	++++	+++-++	+ + + +	+++++	+++++	+ + +	+ + - +	+++++	+++-	+ + +	++++-	+ + +	+++++	+ + X +	+ + +	+ + +
CIRCULATORY SYSTEM Heart		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	۲	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Sahvary gland Liver Neoplastic nodule	-	+ +	++	++	++	+ +	+ +	+ +	+++	+++	+++	+ +	++++	+++	++	+++	+ + X	ـــــ +	+ +	++++	+ +	++++	+ +	++	+++
Bile duct Gallbladder & common bile duct Pancreas Acınar-cell adenoma	+ N +	+ N +	+ N +	+ N +	+ N +	+ N +	+ N +	+ N -	+ N +	+ N +	+ N +	+ N +	+ N +	+ N +	+ N +	+ N +	+ N +	⊦ N +	+ N +	+ N +	+ N +	+ N +	+ N +	+ N +	+ N +
Esophagus Stomach Small intestine Large intestine	+++++++++++++++++++++++++++++++++++++++	-+ + +	+ + +	+ - -	+ + + +	++++	+	+	+ + + +	++++	++++	++++	+ + + +	++++	+ + +	+ + + +	+ + + +	+ + + +	+ + + +	++++	+ + + +	++++	++++	+++++	+ + +
URINARY SYSTEM Kidney Urinary bladder Adenocarcinoma, NOS, metastatic	+++	+ +	+	+	+ +	+ +	+	-	+ + X	+++	+++	+++	+++	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenal Cortical adenoma Cortical carcinoma Pheochromocytoma	+	+ +	+	+	+	+ +	+ +	-	+ +	+ +	+ +	* *	+	++	+ + X	+	+ X +	+ X +	* *	+ + X	+ +	+ +	* *	+ +	+ +
Ganglioneuroma Thyroid Folicular cell adenoma C cell adenoma C cell carcinoma	+	+	+	+	+	-	+	-	+	+	+	+ X	+	+	+	+	+	4	+	+	+	+	+	+	+
Parathyroid	-	+	-	+	+	+	+	+	+	+	-	+	+	+	+	+	-	+	+	+	+	+	+	+	-
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS	+	+	+	+	N	N	N	+	N	+	N	+	+	*	+	+	+	+	+	+	+	+	+	+	+
Fibroadenoma Uterus Adenocarcinoma, NOS Adenocarcinoma, NOS, metastatic Endometrual stromal polyp	+	+	+	+	+	+	+	+	+ X	+ x	+	+ x	+	+	+ x	+ X	+	+	+	+ x	+	+	+	+	+
Ovary	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM Brain Astrocytoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* x	+	+	+	+	+
SPECIAL SENSE ORGANS Zymbal gland Adenocarcinoma, NOS	- - N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*	N	N	N	N	N	N	N	N
BODY CAVITIES Mesentery Adenocarcinoma, NOS, metastatic	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
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, monoouclear cell Intestinal tract Adenocarcinoma, NOS	- N	N	N	N	N X	N	N	N	N X	N X	N	N X	N X		N X	N	N X	N	N	N	N	N	N	N	N

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEARGAVAGE STUDY OF 1,4-DICHLOROBENZENE: HIGH DOSE

										6411	ueo	1)														
ANIMAL NUMBER	0 1 0	0 1 1	0 1 2	0 1 3	0 1 5	0 1 6	0 1 8	0 1 9	0 2 1	0 2 3	0 2 4	0 2 5	0 2 6	0 2 7	0 2 8	0 3 0	0 3 1	0 3 4	0 3 5	0 3 8	0 4 0	0 4 2	0 4 4	0 4 6	0 4 8	TOTAL
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	L 0 4	1 0 4	1 0 4	1 0 4	TISSUES
INTEGUMENTARY SYSTEM		~				-																				-
Skin Squamous cell papilloma Subcutaneous tissue Fibroma Fibrosarcoma	+++	* * +	+	+	+ +	+ +	+	+	+ +	+	+ +	+ +	+	+ +	+	+ + X	+	+	+	+	+	+ +	+	+	• +	*50 1 *50 1 1
RESPIRATORY SYSTEM Lungs and bronchi Squamous cell carcinoma Alveolar/bronchiolar carcinoma Cortical carcinoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	50 1 1 1
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
HEMATOPOIETIC SYSTEM Bone marrow Spleen Leukemia, mononuclear cell Lymph nodes Thymus	++++++	+ + +	+ + + +	+ + + +	+ + +	+ + + +	+ + + _	++ +~	+ + + +	+ + + +	+ + +	+ + + +	+ + + + +	+ + +	+ + -+	+ + + +	+ + + +	+ + + -	+ + +	++++	++++	+ + + +	+ + +	+ + +	+ + +	49 49 1 46 42
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salvary gland Liver Neoplastic nodule Bile duct Gallbladder & common bile duct	+ + + + N	++ ++ N	++ ++ N+	+++ +X+	+ + + + N	+ + + + N +	+ + + + N	+++ +N+	+ + + + ×	+ + + + N+	+ + + N	+ + + + N	++ +N+	++ + + N +	+ + X + N	++ + + N+	+ + + N	++ ++ N	++ +N+	+ + + + N +	+ + + N +	+ + + ×	++ ++ N	+ + + N	+ + + N	50 50 2 50 *50
Pancreas Acinar cell adenoma Esophagus Stomach Small intestine	+ X + +	+++++	+ +++-	+++++	+++++	++++++	++++	++++	++++	++++	+++++	+ + + + + + + + + + + + + + + + + + + +	+ +++	++++	++++	+++++	+ + + + -	++++	+ + + + + + + + + + + + + + + + + + + +	+++++	+ + - + -	+++++	+ +++	+ +++-	+++++	49 1 49 46 46 46
Large intestine	+	+	*	*	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+	41
URINARY SYSTEM Kidney Urnary bladder Adenocarcinoma, NOS, metastatic	+++	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	49 46 1
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenal Cortical adenoma Cortical carcinoma Pheochromocytoma	+++	+	+	* * +	+	+ +	+ X +	+ +	+ +	+	+ +	+ + X	* * +	* * +	++	+ +	+ +	+ + X	+ +	+ X +	+	+ + X	++	* * +	+ +	49 11 49 2 1 2
Ganglioneuroma Thyroid Follicular cell adenoma C cell adenoma	+	+	+	+	+ X	+	*	+	+	+ X	х +	+	+	+	+	+	+	+ X	+ X	+	+	+	+	+	+	1 48 1 5
C cell carcinoma Parathyroid	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	-	+	~	X +	+	X +	+	2 42
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS Fibroadenoma Uterus Adenocarcinoma, NOS	 + +	N +	N +	+	++	++	N + X	++	++	+ +	++	+	+	+	+	N +	++	+	+ x +	++	+ X +	N +	+	N +	++	*50 1 5 50 2
Adenocarcinoma, NOS, metastatic Endometrial stromal polyp Ovary	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	X +	+	+	+	+	+	+	+	+	1 7 49
NERVOUS SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1
Astrocytoma SPECIAL SENSE ORGANS Zymbal gland Adenocarcinoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50
BODY CAVITIES Mesentery Adenocarcinoma, NOS, metastatic	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1
ALL OTHER SYSTEMS Multiple organs, NOS Leukema, mononuclear cell Intestinal tract Adenocarcinoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	*50 8 1

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS: HIGH DOSE (Continued)

*Animals necropsied

	Vehicle Control	300 mg/kg	600 mg/kg
Iematopoietic System: Mononuclear Cell	Leukemia		
Overall Rates (a)	15/50 (30%)	10/50 (20%)	9/50 (18%)
Adjusted Rates (b)	35.3%	23.3%	22.6%
Terminal Rates (c)	9/35 (26%)	7/39 (18%)	2/29 (7%)
Week of First Observation	86	82	58
Life Table Tests (d)	P = 0.206N	P = 0.147N	P = 0.266N
Incidental Tumor Tests (d)	P = 0.112N	P = 0.199N	P = 0.129N
Cochran-Armitage Trend Test (d)	P = 0.094N	1 = 0.10011	1 - 0
Fisher Exact Test (d)	r 0.0341	P = 0.178N	P = 0.121 N
ituitary Gland: Adenoma			
Overall Rates (a)	15/48 (31%)	13/49 (27%)	11/49 (22%)
Adjusted Rates (b)	38.8%	30.7%	32.6%
Terminal Rates (c)	11/34 (32%)	10/39 (26%)	7/29 (24%)
Week of First Observation	77	75	88
Life Table Tests (d)	P = 0.359N	P = 0.297N	P = 0.414N
Incidental Tumor Tests (d)	P = 0.339 N P = 0.232 N	P = 0.297 N P = 0.382 N	P = 0.414N P = 0.297N
		r - 0.00211	1 -0.43/11
Cochran-Armitage Trend Test (d)	P = 0.194N	D-0 296N	D-0 997M
Fisher Exact Test (d)		P=0.386N	P = 0.227 N
ituitary Gland: Adenoma or Carcinoma			1110 000
Overall Rates (a)	16/48 (33%)	14/49 (29%)	11/49 (22%)
Adjusted Rates (b)	40.3%	33.1%	32.6%
Terminal Rates (c)	11/34 (32%)	11/39 (28%)	7/29 (24%)
Week of First Observation	77	75	88
Life Table Tests (d)	P = 0.291 N	P = 0.298N	P = 0.342N
Incidental Tumor Tests (d)	P = 0.170N	P = 0.401N	P = 0.220N
Cochran-Armitage Trend Test (d)	P = 0.140N		
Fisher Exact Test (d)		P = 0.387N	P=0.166N
Adrenal Gland: Cortical Adenoma			
Overall Rates (a)	3/50 (6%)	1/50 (2%)	2/49 (4%)
Adjusted Rates (b)	8.3%	2.6%	6.9%
Terminal Rates (c)	2/35 (6%)	1/39 (3%)	2/29 (7%)
Week of First Observation	102	104	104
Life Table Tests (d)	P = 0.466N	P = 0.274N	P = 0.581N
			P = 0.568N
Incidental Tumor Tests (d)	P = 0.457N	P = 0.335N	F=0.5001
Cochran-Armitage Trend Test (d)	P = 0.407 N		D0 "1031
Fisher Exact Test (d)		P=0.309N	P=0.510N
drenal Gland: Cortical Adenoma or Car		1/50/07	0/40/07
Overall Rates (a)	3/50 (6%)	1/50 (2%)	3/49 (6%)
Adjusted Rates (b)	8.3%	2.6%	9.8%
Terminal Rates (c)	2/35 (6%)	1/39 (3%)	2/29 (7%)
Week of First Observation	102	104	102
Life Table Tests (d)	P = 0.523	P = 0.274N	P = 0.579
Incidental Tumor Tests (d)	P = 0.539	P = 0.335N	P = 0.604
Cochran-Armitage Trend Test (d)	P = 0.585		
Fisher Exact Test (d)		P = 0.309N	P=0.651
drenal Gland: Pheochromocytoma			
Overall Rates (a)	7/50 (14%)	5/50 (10%)	2/49 (4%)
Adjusted Rates (b)	17.4%	11.1%	6.1%
Terminal Rates (c)	4/35 (11%)	2/39 (5%)	1/29 (3%)
Week of First Observation	87	67	94
Life Table Tests (d)	P = 0.101N	P = 0.343N	P = 0.141N
	V.IVIII	I - 0.0 TUIN	
	P=0.066N	P=0.395N	P = 0.109N
Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d)	P=0.066N P=0.065N	P = 0.395N	P = 0.109N

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDYOF 1,4-DICHLOROBENZENE

	Vehicle Control	300 mg/kg	600 mg/kg
Adrenal Gland: Pheochromocytoma or Ma	lignant Pheochromocyto		
Overall Rates (a)	8/50 (16%)	5/50 (10%)	2/49 (4%)
Adjusted Rates (b)	20.0%	11.1%	6.1%
Terminal Rates (c)	5/35 (14%)	2/39 (5%)	1/29 (3%)
Week of First Observation	87	2/39 (3%) 67	94
Life Table Tests (d)	P = 0.061N	P = 0.245N	P = 0.093N
Incidental Tumor Tests (d)	P=0.038N	P = 0.283N	P = 0.070N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P=0.036N	P=0.277N	P=0.049N
Fhyroid Gland: Follicular Cell Adenoma o	r Carcinoma		
Overall Rates (a)	0/49 (0%)	3/50 (6%)	1/48 (2%)
Adjusted Rates (b)	0.0%	7.1%	3.4%
Terminal Rates (c)	0/35 (0%)	2/39 (5%)	1/29 (3%)
	0/35(0%)		
Week of First Observation	D = 0.994	82 D=0.120	104 D=0.469
Life Table Tests (d)	P = 0.324	P = 0.136	P = 0.462
Incidental Tumor Tests (d)	P=0.354	P = 0.154	P = 0.462
Cochran-Armitage Trend Test (d)	P = 0.371		
Fisher Exact Test (d)		P = 0.125	P=0.495
Shyroid Gland: C-Cell Adenoma	A (4 A		*//
Overall Rates (a)	9/49 (18%)	13/50 (26%)	5/48 (10%)
Adjusted Rates (b)	24.7%	32.3%	16.0%
Terminal Rates (c)	8/35 (23%)	12/39 (31%)	4/29 (14%)
Week of First Observation	98	91	88
Life Table Tests (d)	P=0.297N	P = 0.322	P = 0.309N
Incidental Tumor Tests (d)	P=0.266N	P = 0.302	P = 0.278N
Cochran-Armitage Trend Test (d)	P = 0.192N		
Fisher Exact Test (d)	1 -0.10211	P = 0.251	P = 0.205 N
Fhyroid Gland: C-Cell Carcinoma			
Overall Rates (a)	5/49 (10%)	3/50 (6%)	2/48 (4%)
Adjusted Rates (b)	12,2%	7.7%	6.9%
Terminal Rates (c)	2/35 (6%)	3/39 (8%)	2/29 (7%)
Week of First Observation	87	104	104
Life Table Tests (d)	P = 0.217N	P = 0.324N	P = 0.301N
Incidental Tumor Tests (d)			
	P = 0.191N	P=0.391N	P = 0.246N
Cochran-Armitage Trend Test (d)	P = 0.163N	D 004037	D 0 00737
Fisher Exact Test (d)		P=0.346N	P=0.227N
hyroid Gland: C-Cell Adenoma or Carcine		10/20 (000)	7140 (1 201)
Overall Rates (a)	14/49 (29%) 25.19	16/50 (32%)	7/48 (15%)
Adjusted Rates (b)	35.1%	39.8%	22.7%
Terminal Rates (c)	10/35 (29%)	15/39 (38%)	6/29 (21%)
Week of First Observation	87	91	88
Life Table Tests (d)	P = 0.147N	P = 0.532	P = 0.162N
Incidental Tumor Tests (d)	P = 0.115N	P=0.468	P = 0.118N
Cochran-Armitage Trend Test (d)	P = 0.072N		
Fisher Exact Test (d)		P = 0.440	P = 0.077 N
ancreatic Islets: Islet Cell Adenoma			
Overall Rates (a)	0/50 (0%)	4/50 (8%)	0/49 (0%)
Adjusted Rates (b)	0.0%	9.7%	0.0%
Terminal Rates (c)	0/35 (0%)	3/39 (8%)	0/29 (0%)
Week of First Observation	•	88	· · ·
Life Table Tests (d)	P=0.572	P = 0.077	(e)
Incidental Tumor Tests (d)	P = 0.582	P = 0.076	(e)
Cochran-Armitage Trend Test (d)	P = 0.616		(0)
Fisher Exact Test (d)	1 -0.010	P = 0.059	(e)

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDYOF 1,4-DICHLOROBENZENE (Continued)

	Vehicle Control	300 mg/kg	600 mg/kg
Mammary Gland: Fibroadenoma			
Overall Rates (a)	12/50 (24%)	12/50 (24%)	5/50 (10%)
Adjusted Rates (b)	33.3%	29.9%	15.4%
Terminal Rates (c)	11/35 (31%)	11/39 (28%)	2/29 (7%)
Week of First Observation	102	98	101
Life Table Tests (d)	P = 0.103N	P = 0.480N	P = 0.119N
Incidental Tumor Tests (d)	P=0.091N	P = 0.546N	P = 0.098N
Cochran-Armitage Trend Test (d)	P = 0.050N		
Fisher Exact Test (d)		P = 0.592	P=0.054N
Mammary Gland: Adenoma or Fibroadenoma			
Overall Rates (a)	12/50 (24%)	13/50 (26%)	5/50 (10%)
Adjusted Rates (b)	33.3%	32.4%	15.4%
Terminal Rates (c)	11/35 (31%)	12/39 (31%)	2/29 (7%)
Week of First Observation	102	98	101
Life Table Tests (d)	P=0.109N	P = 0.568N	P=0.119N
Incidental Tumor Tests (d)	P=0.096N	P = 0.555	P=0.098N
Cochran-Armitage Trend Test (d)	P = 0.052N		
Fisher Exact Test (d)		P = 0.500	P=0.054N
Clitoral Gland: Adenoma or Adenocarcinoma			
Overall Rates (a)	1/50 (2%)	4/50 (8%)	0/50 (0%)
Adjusted Rates (b)	2.5%	9.7%	0.0%
Terminal Rates (c)	0/35 (0%)	3/39 (8%)	0/29 (0%)
Week of First Observation	101	88	
Life Table Tests (d)	P=0.449N	P = 0.205	P = 0.538N
Incidental Tumor Tests (d)	P = 0.429N	P = 0.161	P = 0.500N
Cochran-Armitage Trend Test (d)	P=0.390N		
Fisher Exact Test (d)		P=0.181	P = 0.500N
Uterus: Endometrial Stromal Polyp			
Overall Rates (a)	9/50 (18%)	10/50 (20%)	7/50 (14%)
Adjusted Rates (b)	24.1%	25.6%	19.0%
Terminal Rates (c)	7/35 (20%)	10/39 (26%)	2/29 (7%)
Week of First Observation	101	104	82
Life Table Tests (d)	P=0.497N	P=0.594	P=0.542N
Incidental Tumor Tests (d)	P=0.458N	P=0.526	P=0.483N
Cochran-Armitage Trend Test (d)	P=0.346N		
Fisher Exact Test (d)		P = 0.500	P = 0.393N

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

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

(b) Kaplan-Meier estimated tumor incidence at the end of the study after adjusting for intercurrent mortality

(c) Observed tumor incidence at terminal kill

(e) No P value is reported because no tumors were observed in the 600 mg/kg and vehicle control groups.

⁽d) Beneath the vehicle 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 vehicle controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group is indicated by (N).

С	ONTR	OL (VEH)	LOW	DOSE	HIG	H DOSE
ANIMALS INITIALLY IN STUDY	50				50	
ANIMALS INTIALLY IN STOLY	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALLY			50		50	
INTEGUMENTARY SYSTEM			·····	<u></u>		
*Skin	(50)		(50)		(50)	
Inflammation, active chronic		(2%)				
Hyperplasia, basal cell		(2%)				
*Subcutaneous tissue	(50)	(4 - 4)	(50)		(50)	
Inflammation, active chronic	2	(4%)			1	(2%)
RESPIRATORY SYSTEM	<u> </u>			n - Carlon da Noveman del a contra		
#Lung	(50)		(50)		(50)	
Congestion, acute		(4%)			3	(6%)
Inflammation, interstitial		(2%)		(2%)		
Pneumonia, aspiration		(8%)	2	(4%)	2	(4%)
Inflammation, acute/chronic		(2%)	_	(0.21)		
Granuloma, NOS	1	(2%)	1	(2%)		(0//)
Parasitism Foreign material, NOS	•	(190)	14	(28%)		(2%) (12%)
Metaplasia, osseous		(18%) (2%)	14	(2070)	Ū	(1270)
HEMATOPOIETIC SYSTEM						
*Blood	(50)		(50)		(50)	
Leukocytosis, neutrophilic	,	(2%)	(00)		(00)	
#Bone marrow	(50)	·	(50)		(49)	
Myelofibrosis	(20)		(00)			(4%)
Hyperplasia, hematopoietic			2	(4%)		(4%)
Hyperplasia, reticulum cell		(4%)				
Hypoplasia, hematopoietic		(2%)	2	(4%)		(6%)
#Splenic follicles	(50)		(50)		(49)	
Depletion, lymphoid		(2%)				(2%)
#Splenic red pulp	(50)		(50)		(49)	
Congestion, acute				(0.4)		(2%)
Fibrosis, focal		(5.4)		(2%)	1	• • • • •
Hematopoiesis		(8%)		(10%)		(6%)
#Mandibular lymph node	(50)	(2%)	(50)		(46)	
Plasmacytosis #Cervical lymph node	(50)	(470)	(50)		(46)	
Abscess, chronic	(00)			(2%)	(40)	
#Lung	(50)		(50)	(,	(50)	
Leukemoid reaction	(20)		1	(2%)		(2%)
#Liver	(50)		(50)		(50)	
Leukemoid reaction			1	(2%)		
#Thymus	(46)		(43)		(42)	
Hyperplasia, epithelial	1	(2%)				
CIRCULATORY SYSTEM						
#Inguinal lymph node	(50)		(50)		(46)	
Lymphangiectasis		(2%)				
#Myocardium	(50)	(00)	(50)		(50)	
Mineralization		(2%)		(90)	•	(60)
Inflammation, chronic focal		(2%) (86%)		(2%) (86%)		(6%) (79%)
Degeneration, NOS *Aorta	43 (50)	(86%)	43 (50)	(86%)	39 (50)	(78%)
Mineralization	(00)		(00)			(2%)
	(50)		(50)		(50)	(~~~)
#Hepatic sinusoid	(au)		1 4 3 4 3 1			

TABLE B4. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN
THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE

	CONTR	OL (VEH)	LOW	DOSE	HIG	H DOSE
DIGESTIVE SYSTEM		<u></u>		. <u>.</u>		
*Tongue	(50)		(50)		(50)	
Acanthosis	(00)			(2%)	(00)	
#Salivary gland	(50)		(50)		(50)	
Focal cellular change	(00)			(2%)	(00)	
#Liver	(50)		(50)		(50)	
Granuloma, NOS		(8%)		(2%)	(00)	
Degeneration, lipoid		(2%)	-	(2,0)		
Necrosis, focal		(2%)				
Basophilic cyto change		(74%)	37	(74%)	17	(34%)
Focal cellular change		(8%)		(2%)		(0 - 10)
Eosinophilic cyto change	*			(2%)		
#Liver/centrilobular	(50)		(50)	. ,	(50)	
Necrosis, diffuse	(00)			(6%)		(2%)
Hepatocytomegaly			U	(0,2)		(2%)
#Liver/periportal	(50)		(50)		(50)	(4 10)
Cytoplasmic vacuolization	,	(2%)	(00)		(00)	
#Liver/hepatocytes	(50)	(20)	(50)		(50)	
	(00)			(2%)	(00)	
Degeneration, cystic	(EA)			(270)	(40)	
#Pancreas	(50)	(00)	(50)		(49)	
Accessory structure		(2%)				
#Pancreatic acinus	(50)		(50)		(49)	
Focal cellular change		(6%)				(6%)
Atrophy, focal		(10%)		(20%)	6	(12%)
Hyperplasia, focal		(10%)		(6%)		
#Periesophageal tissue	(50)		(50)		(49)	
Inflammation, acute focal						(2%)
#Stomach	(50)		(50)		(46)	
Cyst, NOS		(2%)				
#Glandular stomach	(50)		(50)		(46)	
Ulcer, acute	1	(2%)				
Necrosis, focal	4	(8%)	3	(6%)	2	(4%)
Hyperplasia, focal					1	(2%)
#Forestomach	(50)		(50)		(46)	
Ulcer, acute	1	(2%)	1	(2%)		
Hyperplasia, epithelial		(4%)				
Hyperkeratosis		(,	3	(6%)		
Acanthosis				(6%)		
#Colon	(49)		(48)		(47)	
Cyst, NOS		(2%)	()		()	
Parasitism		(2%)		1(2%)		
JRINARY SYSTEM			······			
#Kidney	(49)		(50)		(49)	
Hydronephrosis			1	(2%)	2	(4%)
Multiple cysts	1	(2%)				
Inflammation, acute necrotizing					1	(2%)
Nephropathy	21	(43%)	32	(64%)		(84%)
Infarct, focal			5	(10%)		(6%)
Pigmentation, NOS	1	(2%)				
#Kidney/cortex	(49)		(50)		(49)	
Cyst, NOS				(2%)		(2%)
#Kidney/medulla	(49)		(50)		(49)	
Mineralization		(10%)		(2%)		(20%)
#Renal papilla	(49)		(50)		(49)	
Necrosis, NOS			()			(2%)
#Kidney/pelvis	(49)		(50)		(49)	·
Mineralization	()		()			(2%)
Hyperplasia, epithelial						(4%)

TABLE B4. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTR	OL (VEH)	LOW	DOSE	HIG	h dose
URINARY SYSTEM (Continued)			<u></u>			<u></u>
#Urinary bladder	(49)		(49)		(46)	
Calculus, gross observation only	((10)			(2%)
Necrosis, hemorrhagic						(2%)
Hyperplasia, epithelial						(2%)
ENDOCRINE SYSTEM	<u></u>					
#Anterior pituitary	(48)		(49)		(49)	
Cyst, NOS		(2%)	(,		(
Hemorrhage		(2%)				
Degeneration, NOS	1					
Degeneration, lipoid	-	(2%)				
Hyperplasia, focal		(25%)	19	(39%)	7	(14%)
#Adrenal cortex	(50)		(50)	· · · · -	(49)	
Degeneration, lipoid		(14%)		(6%)		(10%)
Focal cellular change		(6%)	4			
Hyperplasia, focal	23	(46%)	25	(50%)	14	(29%)
Angiectasis			-			(2%)
#Adrenal medulla	(50)		(50)		(49)	
Hyperplasia, focal	9	(18%)	12	(24%)	6	(12%)
#Thyroid	(49)		(50)		(48)	
Follicular cyst, NOS	(20)		((8%)
Hyperplasia, C-cell	28	(57%)	22	(44%)		(58%)
#Thyroid follicle	(49)		(50)	, /	(48)	
Multiple cysts	(,			(6%)	(10)	
REPRODUCTIVE SYSTEM						
*Mammary gland	(50)		(50)		(50)	
Hyperplasia, cystic		(58%)		(74%)	• •	(60%)
#Uterus	(50)		(50)		(50)	(
Dilatation, NOS		(10%)		(18%)		(10%)
Hemorrhage	-		-		2	(4%)
Inflammation, acute diffuse			1	(2%)	-	(,
Metaplasia, squamous			-	(= / - /	1	(2%)
#Uterus/endometrium	(50)		(50)		(50)	.=,
Inflammation, acute diffuse	,,	(2%)	(00)		(23)	
Hyperplasia, epithelial		(2%)	2	(4%)	5	(10%)
#Endometrial gland	(50)		(50)		(50)	
Cyst, NOS		(6%)		(2%)		(6%)
Multiple cysts		(10%)		(18%)		(10%)
#Ovary	(50)		(50)		(49)	
Follicular cyst, NOS		(10%)		(16%)		(6%)
Parovarian cyst	3	(6%)	2	(4%)		(2%)
Atrophy, NOS	2	(4%)				
#Ovary/follicle	(50)		(50)		(49)	
Multiple cysts		(2%)		(2%)		(4%)
NERVOUS SYSTEM	······································					
#Brain	(50)		(50)		(50)	
Necrosis, focal		(2%)	(00)		(00)	
Necrosis, hemorrhagic		(2%)	1	(2%)		
#Hypothalamus	(50)	<u>,_</u> ,_,	(50)	<u>,_</u> ,_,	(50)	
Atrophy, pressure		(8%)		(16%)		(8%)

TABLE B4. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTR	OL (VEH)	LOW	DOSE	HIG	H DOSE
SPECIAL SENSE ORGANS				₩ •• ¹ · 2 ·		
*Eye/retina	(50)		(50)		(50)	
Atrophy, diffuse	4	(8%)	2	(4%)	5	(10%)
*Eye/crystalline lens	(50)		(50)		(50)	
Cataract	3	(6%)	2	(4%)	4	(8%)
MUSCULOSKELETAL SYSTEM			,			
*Cortex of bone	(50)		(50)		(50)	
Hyperplasia, diffuse	5	(10%)	3	(6%)		(4%)
*Phalanges of foot	(50)		(50)		(50)	·
Osteoarthritis	1	(2%)				
Hyperostosis	1	(2%)				
BODY CAVITIES		e e e e e e e e e e e e e e e e e e e		<u>,</u>	<u> </u>	
*Thoracic cavity	(50)		(50)		(50)	
Granuloma, foreign body					2	(4%)
*Mediastinum	(50)		(50)		(50)	
Granuloma, foreign body		(2%)				
*Mesentery	(50)		(50)		(50)	
Necrosis, fat	4	(8%)	5	(10%)	6	(12%)
ALL OTHER SYSTEMS	. <u>.</u>			·		
None						
SPECIAL MORPHOLOGY SUMMARY None						

TABLE B4. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

* Number of animals receiving complete necropsy examinations; all gross lesions including masses examined microscopically.
 # Number of animals examined microscopically at this site

APPENDIX C

SUMMARY OF LESIONS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE

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PAGE

1,4-Dichlorobenzene, NTP TR 319

	CONT	ROL (VEH)	LOW	DOSE	HIG	H DOSE
INTEGUMENTARY SYSTEM	······	<u> </u>		<u></u>		
*Skin	(50))	(50)		(50)	
Squamous cell papilloma		(2%)		(2%)	(00)	
Neurofibroma				(2%)		
*Subcutaneous tissue	(50))	(50)	()))	(50)	
Sarcoma, NOS					1	(2%)
Fibroma		(2%)				(2%)
Fibrosarcoma	† 9) (18%)	2	(4%)		(6%)
Neurofibrosarcoma					1	(2%)
RESPIRATORY SYSTEM					* <u> </u>	
#Lung	(50)		(50)		(50)	
Hepatocellular carcinoma, metastatic	· ·	(8%)		(6%)		(4%)
Alveolar/bronchiolar adenoma		(12%)		(16%)		(4%)
Alveolar/bronchiolar carcinoma	÷			(10%)	-	·/
Sarcoma, NOS, metastatic			-		1	(2%)
Fibrosarcoma, metastatic	2	(4%)				(2%)
HEMATOPOIETIC SYSTEM		· · · · · · · · · · · · · · · · · · ·				
*Multiple organs	(50)	1	(50)		(50)	
Malignant lymphoma, histiocytic type		(2%)		(2%)	(00)	
Malignant lymphoma, mixed type		(14%)		(14%)	6	(12%)
#Spleen	(47)		(48)	/	(46)	/0/
Malignant lymphoma, mixed type		(2%)	(10)		(-3)	
#Jejunum	(44)		(43)		(44)	
Malignant lymphoma, lymphocytic type	(,		(,			(2%)
CIRCULATORY SYSTEM						
*Multiple organs	(50)		(50)		(50)	
Hemangiosarcoma		(2%)	(00)		(00)	
#Bone marrow	(50)		(49)		(49)	
Hemangiosarcoma		(2%)	(10)		(,	
#Spleen	(47)		(48)		(46)	
Hemangiosarcoma		(2%)	(10)			(7%)
#Splenic red pulp	(47)	(= ,	(48)		(46)	(1.12)
Hemangiosarcoma	(-1)			(4%)	(
#Liver	(50)		(49)	· - · - ·	(50)	
Hemangiosarcoma		(6%)		(4%)	(20)	
Hemangiosarcoma, unclear primary or me		-		(2%)		
DIGESTIVE SYSTEM	<u> </u>			······································		
#Liver	(50)		(49)		(50)	
Adenocarcinoma, NOS, metastatic						(2%)
Hepatocellular adenoma		(10%)		(27%)		(32%)
Hepatocellular carcinoma	14	(28%)	11	(22%)		(64%)
Hepatoblastoma						(8%)
Neurofibrosarcoma, metastatic						(2%)
#Gastric fundal gland	(45)		(46)		(44)	_
Adenocarcinoma, NOS						(2%)
	(45)		(46)		(44)	
#Forestomach Squamous cell papilloma	(40)					(2%)

TABLE C1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE IN THE TWO-YEARGAVAGE STUDY OF 1,4-DICHLOROBENZENE

	CONTROL (VEH)	LOW DOSE	HIGH DOSE
ENDOCRINE SYSTEM		=	
#Adrenal	(47)	(48)	(49)
Cortical adenoma		1 (2%)	1 (2%)
#Adrenal/capsule	(47)	(48)	(49)
Adenoma, NOS		3 (6%)	
#Adrenal medulla	(47)	(48)	(49)
Pheochromocytoma		2 (4%)	3 (6%)
Pheochromocytoma, malignant	(1		1 (2%)
#Thyroid	(47)	(48)	(47)
Follicular cell adenoma	1 (2%)	1 (2%)	3 (6%)
Follicular cell carcinoma		1 (2%)	(477)
#Thyroid follicle	(47)	(48)	(47) 1 (2%)
Papillary adenoma			1 (2%)
REPRODUCTIVE SYSTEM			
#Testis	(50)	(50)	(48)
Interstitial cell tumor			1 (2%)
NERVOUS SYSTEM None			
SPECIAL SENSE ORGANS			
*Harderian gland	(50)	(50)	(50)
Adenoma, NOS	2 (4%)		1 (2%)
MUSCULOSKELETAL SYSTEM			
*Intercostal muscle	(50)	(50)	(50)
Sarcoma, NOS, metastatic			1 (2%)
BODY CAVITIES	······································		
*Tunica vaginalis	(50)	(50)	(50)
Mesothelioma, NOS	1 (2%)	(00)	
ALL OTHER SYSTEMS			
*Multiple organs	(50)	(50)	(50)
Fibrosarcoma, unclear primary or metastatic			1 (2%)
ANIMAL DISPOSITION SUMMARY	· · · · · · · · · · · · · · · · · · ·		······································
Animals initially in study	50	50	50
Natural death	9	5	6
Moríbund sacrifice	10	5	5
Terminal sacrifice	28	32	30
Dosing accident	1	8	1
Accidentally killed, NOS	2		8

TABLE C1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTROL (VEH)	LOW DOSE	HIGH DOSE
TUMOR SUMMARY			
Total animals with primary tumors**	35	33	42
Total primary tumors	56	62	84
Total animals with benign tumors	16	20	24
Total benign tumors	16	30	30
Total animals with malignant tumors	30	22	36
Total malignant tumors	39	31	53
Total animals with secondary tumors##	6	3	6
Total secondary tumors	6	3	7
Total animals with tumors uncertain			
benign or malignant	1		
Total uncertain tumors	1		
Total animals with tumors uncertain			
primary or metastatic		1	1
Total uncertain tumors		1	1

TABLE C1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE IN THE TWO-YEAR **GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)**

Number of animals receiving complete necropsy examinations; all gross lesions including masses examined microscopically.
 Primary tumors: all tumors except secondary tumors
 Number of animals examined microscopically at this site
 Secondary tumors: metastatic tumors or tumors invasive into an adjacent organ
 Multiple occurrence of morphology in the same organ. Tissue is counted once only.

ANIMAL	0	0	0	0	0	0	0	Ó	Õ	Ő	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NUMBER	2	3 2	3 3	0 1	0 6	2 9	0 9	25	2 6	1 9	0 8	2 4	4 9	3 9	4 5	1 6	3 8	0 2	4 7	4 8	5 0	4 3	0 3	0 4	0 5
WEEKS ON STUDY	0 1 1	0 1 1	0 1 1	0 3 8	0 5 9	0 6 7	0 7 4	0 8 5	0 8 5	0 8 8	0 8 9	0 9 0	0 9 0	0 9 3	0 9 4	0 9 7	0 9 7	0 9 8	0 9 8	0 9 9	0 9 9	1 0 2	1 0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell papilloma Subcutaneous tissue Fibroma Fibrosarcoma	+	+	+	+	+ X	+	+	+ X	+	+	+	+ X	+	+	+	+	+ X	+	+	+ X	+	+ X	+	+	+
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Fibrosarcoma, metastatic	+	+	+	+	+	+	+	+	+	* x	* x x	+	* X	+	+	+	+ x	+	+	+	+ x	+ x	+	+	+
Trachea	+	+	۲	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Hemangrosarcoma Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hemangiosarcoma Malignant lymphoma, mixed type Lymph nodes	-	-	+	-	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Thymus CIRCULATORY SYSTEM Heart	+	+	+	+ +	+	+	+	+ +	++	+ +	+	+	- +	+	+	++	+	+ +	+	+	- 	+ +	+	+ +	+
DIGESTIVE SYSTEM Salıvary gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver Hepatocellular adenoma Hepatocellular carcinoma Hemangiosarcoma	+	+	+	+	+	+	+ X	* X	+ X	+ X	+ X	*	+ X	+ X	+	+ x	+	+	+	+	+ X	+	+	+	* X
Bile duct Gallbladder & common bile duct Pancreas	++++++	+ + +	+ + +	++++	+ + +	+ N +	+ N +	+ + +	+ N +	+ N +	+ + +	+ + +	+ + +	+ + +	+ N +	+ + +	+ + +	+ + +	+ N +	+ N +	+ + +	+ + +	+ + +	+ + +	+ + +
Esophagus Stomach Small intestine Large intestine	+ + +	+++++	+++++	++	++++	+ - +	+	++++	++	+	+	+ + +	+ + + +	++++	++++	+++++	+ + + +	+ + + +	+ + + +	++++	+++++	++++	+ + + +	+ + + +	+ + +
URINARY SYSTEM Kidney Urinary bladder	++++	++++	+++	++++	++++	+ +	+	++++	+ + +	+	+	+++	+ +	+ +	+ +	+++	++++	++++	+ +	+ +	 + +	+++	+++	+ +	+ + +
ENDOCRINE SYSTEM Pituitary Adrenal	-	 +	 +		++++	 + +	++++	++++		+	++++	+++	+++	_	+++++	++++	++++	-+	++++	++++	+ + +	+++++	+	++++	+ +
Thyroid Follcular cell adenoma Parathyroid		÷ +	+	+	+ +	-	+	+ +	+ -	++	++	+ +	÷ -	-	+	+ +	+	÷ -	+ -	++	+	++	+ _	+ +	÷ +
REPRODUCTIVE SYSTEM Mammary gland Testis	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Harderian gland Adenoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N
BODY CAVITIES Tunica vaginalis Mesothelioma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+
ALL OTHER SYSTEMS Multiple organs, NOS Hemangiosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N		N	N	N	N	N X	N	N	N	N	N
Malignant lymphoma, histiocytic type Malignant lymphoma, mixed type									x						х			x	x						

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR GAVAGESTUDY OF 1,4-DICHLOROBENZENE: VEHICLE CONTROL

Tissue examined microscopically

 Required tissue not examined microscopically
 Tumor incidence
 Necropsy, no autolysis, no microscopic examination
 Animal missexed
 Multiple occurrence of morphology

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

0 0 7	0 1 0	0 1 1	0 1 2	0 1 3	0 1 4	, 0 / 1 5	0 1 7	0 1 8	0 2 0	0 2 1	0 2 2	0 2 7	0 2 8	0 3 0	0 3 1	0 3 4	0 3 5	0 3 6	0 3 7	0 4 0	0 4 1	0 4 2	0 4 4	0 4 6	TOTAL
1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TOTAL TISSUES TUMORS
+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50
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+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
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+	+	+	+	+	+	+	+	+	+	+	- <u>-</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	50
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	*50 2
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TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE: VEHICLE CONTROL (Continued)

* Animals necropsied

ANIMAL NUMBER		0 4 1	0 2 9	0 0 5	0 2 5	0 2 6	0 3 1	0 3 7	0 4 7	0 1 9	0 1 0	0 1 5	0 3 9	0 4 5	0 3 6	0 4 0	0 4 4	0 2 0	0 4 9	0 0 1	0 0 2	0 0 3	0 0 4	0 0 6	0 0 7	0 0 8
WEEKS ON STUDY		0 0 8	0 1 0	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 1 1	0 2 6	0 3 4	0 8 0	0 9 0	0 9 0	0 9 2	0 9 3	0 9 8	1 0 1	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Squamous cell papilloma Neurofibroma Subcutaneous tissue Fibrosarcoma		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronchn Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma		+	+	+	+	+	+	+	+	+	+	+	+	* X	+	+	+	+	* x	+	+	+	+	+	+	+
Alveolar/bronchiolar carcinoma Trachea		+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	Х +	+	+	Х +	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen		+ +	+ +	+ 	++	+ ~-	+ +	-+	+++	+++	+++	+ +	+++	+ +	+++	+ +	+++	+ +	++	+ +	+ +	+ +	+ +	+++	+ +	++
Hemangiosarcoma Lymph nodes Thymus		+	+ +	+	+	+ -	 +	- +	+	+ +	 +	+	+ -	+ -	+ +	+ -	+ -	+ +	_	+ +	+ +	+ +	+ +	+ +	+ +	+ +
CIRCULATORY SYSTEM Heart		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salvary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Hemangiosarcoma		++	+	+ +	+ +	+++	+++	+ +	+ +	+ +	++	+ + x	+ + X	+ + x	+ + X	+++	+ + X X	+++	+ + X X	+ +	+++	+ + x	+ + X X	+ + X	+ +	+ + X
Hemanguosarcoma, unc prim or met Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Small intestine Large intestine		+ Z + + + +	- X + +	++-+-+-	+++++-+	+ X + + +	+++++	+++++	+ N + + + + +	+ X + + + + +	++++++	+ N + +	+N++	+ + + + + + +	+N + + + + +	++++++	+N++++++	+ N + + + - +	+++++++	+ + + + + + +	++++++	++++++	++++++	++++++	++++++	++++++
URINARY SYSTEM Kidney Urinary bladder		+++	+	+++	++++	+++	+ +	+++	+ +	+++++	++++	+	+	++++	+ +	+++	+++	+++	+++	+++	 + +	+ +	++	+++++	++++	++++
ENDOCRINE SYSTEM Pituitary Adrenal Adenoma, NOS Cortical adenoma		+	+ +	+	+ +	_	+ +		+	+ +	+	+ +	+++	+ +	+ +	+ +	+ +	+	++++	+ + X	+++	+ + X	+ +	+ + +	+++	+ +
Pheochromocytoma Thyroid Follicular cell adenoma Follicular cell carcinoma		+	+	+	+	+	-	+		+	+	+	+	+	+	+	* x	+	X +	+	+	+	+	+	+	+
Parathyroid REPRODUCTIVE SYSTEM	-	+			-	+		+				+	+	-	+		_	-	+	+	+	+		+	+	+
Mammary gland Testis Prostate		N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +
NERVOUS SYSTEM Brain	-	+	+	+	+	+	+	+	-	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, histiocytic type Malignant lymphoma, mixed type		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N X	N	N	N X	N	N	N	N X

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR GAVAGESTUDY OF 1,4-DICHLOROBENZENE: LOW DOSE

																							_			
ÁNIMAL NUMBER	0 0 9	0 1 1	0 1 2	0 1 3	0 1 4	0 1 6	0 1 7	0 1 8	0 2 1	0 2 2	0 2 3	0 2 4	0 2 7	0 2 8	0 3 0	0 3 2	0 3 3	0 3 4	0 3 5	0 3 8	0 4 2	0 4 3	0 4 6	0 4 8	0 5 0	TOTAL
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TOTAL: TISSUES TUMORS
INTEGUMENTARY SYSTEM Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50
Squamous cell papilloma Neurofibroma Subcutaneous tissue Fibrosarcoma	+	+	+	+	х +	+	+	X +	+	+	+	+	+	+	* X	+	+	+	+	+	+	+	+	+	+	1 1 *50 2
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Aiveolar/foronchiolar adenoma	+	+	+	+	+ x	+ x	+	+	+	+ X	+	+	+ X	+	+	+	+	+ X	* X	+ X	+	+ X	+	+ X	+	50 3 8
Alveolar/bronchiolar carcinoma Trachea	+	+	+	+	+	л +	+	X +	+	+	+	X +	+	+	+	X +	+	+	+	+	+	л +	+	+	+	5 48
HEMATOPOIETIC SYSTEM Bone marrow Spleen	++++	+	+++	+++	+ +	+ +	+ +	+ +	++++	++++	+ +	+ +	+ +	+ +	+ +	+++	+ +	++++	++++	+++	+ + X	+ + X	+++	+++	+ +	49 48 2
Hemangiosarcoma Lymph nodes Thymus	+++	+-	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ -	+ +	+ +	+ +	+ -	4 +	* +	+ +	- +	+	41 39						
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma	+ + X	+ +	+++	++++	+ + X	+ +	++++	+ + X	+ + X	+ + x	+ +	+ +	+ + X	+++	+ +	+ + X	+ +	+ + X	+ + X	+ + x	+ +	+ +	+ + + X X	+ + X	+ +	50 49 13 11 2
Hemangiosarcoma Hemangiosarcoma, unc prim or meta Bile duct Gallbladder & common bile duct Pancheas	 + + +	++++	+ + + +	+++-	+++-	+++++	++++	+ + +	+ N + + + +	+ N + -	++++	++++	+++	+++	+ + + +	+++	+++	+++++	+++	+++++	+++++	X + + + +	A + + + + + + + + + + + + + + + + + + +	++++	++++	2 1 49 *50 49 50
Esophagus Stomach Small intestine Large intestine	+ + + +	+ + + +	++++	+ + +	+ + +	+ + +	+ + + +	+ + +	+ + +	+ + +	+ + + +	+ + + +	+ + + +	+ + + +	+ + +	+ + + +	+ + + +	+ + +	+ + + +	+ + +	+ + +	+ + + +	++++	+ + +	+ + + +	46 43 43
U RINARY SYSTEM Kidney Urinary bladder	+ +	+ +	+++	+ +	+ +	++++	+ +	+ +	+ +	+++++	+ +	+ +	+ +	+ +	+ +	++	+ +	++++	+++	+++	++++	+ +	++++	++++	+ +	50 47
ENDOCRINE SYSTEM Pituitary Adrenal Adenoma, NOS Cortical adenoma	+ +	++	+ +	++++	+ +	+ + X	+ +	+ +	+++	+++	+ +	+ +	+++	+ + X	+ +	+ +	+ +	+++++	+ +	+++	+ +	+++	+++	+++	+ +	43 48 3 1
Pheochromocytoma Thyroid Follicular cell adenoma Follicular cell carcinoma	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	X +	+	+	+	+	+	+	2 48 1 1
Parathyroid	+	+	-		+	+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	-	+	+	+	34
REPRODUCTIVE SYSTEM Mammary gland Testus Prostate	N + +	N + + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	*50 50 50
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, histiocytic type Malignant lymphoma, mixed type	N	N X	N	N	N	N	N X		N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	*50 1 7

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE: LOW DOSE (Continued)

* Animals necropsied

ANIMAL NUMBER	09	0 1 4	0 1 7	0 2 7	0 4 3	0 4 6	0 4 8	0 3 8	0 0 6	0 2 4	0 3 1	0 2 6	0 1 3	0 1 5	0 3 3	0 4 1	0 1 1	0 3 5	0 1 6	0 0 1	0 0 2	0 0 3	0 0 4	0 0 5	0 0 7
weeks on Study	0 1 1	0 1 2	0 8 4	0 8 6	0 8 8	0 8 9	0 9 0	0 9 0	0 9 1	0 9 1	0 9 3	0 9 5	0 9 7	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4						
INTEGUMENTARY SYSTEM Subcutaneous tissue Sarcoma, NOS Fibroma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+
Fibrosarcoma Neurofibrosarcoma													X	X						x		x			
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+
Sarcoma, NOS, metastatic Fibrosarcoma, metastatic Trachea	+	+	+	+	+	-	+	+	+	+	+	+	+	X +	+	+	л +	-	_	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen	++	+	++	+++	++		+++	+ +	++++	+ +	+++	+	+++	+ +	+	+++	+++	+	+	+++	+++	+ +	+++++	+++	+ +
Hemangiosarcoma Lymph nodes Thymus	‡	+ +	+ +	-	+ -	-	+ +	+ +	+ -	+ -	+ 	+ +	+ +	+ +	X + +	+ -	+	2	+ +	+ +	+ +	+	+	X + -	+ +
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Sahvary gland Liver	++++	++	+++	 + +	++	+++	+++	+++	+++	+++	++++	+++	+++	+++	+++	++	+++	+	 + +	+++	++	+++	+++	++	+ + +
Adenocarcinoma, NOS, metastatic Hepatocellular adenoma Hepatocellular carcinoma Hepatoblastoma									x	x	X X X	x	x		x	X X		x	x	x	X X	x	x	x	X X
Neurofibrosarcoma, metastatic Bile duct Gallbladder & common bile duct Pancreas	+++++++	+ + +	+ + +	+ + +	+ + +	+ N -	+ + +	+ + +	+ + +	+++	+ + +	+ N +	+ + +	+ + +	+ N +	+ + +	++	+ N -	+ N -	++++	+ + +	X + + + +	+ + +	+ + +	+ + +
Esophagus Stomach Squamous cell papilloma Adenocarcinoma, NOS	‡	+ +	+ +	+ +	+++	+ -	+ +	+ +	+ +	++	+ +	+	+ +	+ +	+ -	+ +	+ -	+_	+	+ +	+ + X	+ +	+ +	+ +	+ +
Small intestine Malignant lymphoma, lymphocytic type Large intestine	+ +	++	++	++	++	-	++	++	++	++	++	++	+ +	++	-	* *	-	-	-	++	+ +	+ +	+	+ +	++
URINARY SYSTEM Kidney Urinary bladder	+	++	+++	+++	+++	+	+++	+ +	+ +	+++	+++	++++	+++	+++	=	+++	<u>+</u>	=	-	+++++	+ +	++++	++++	 + +	+ +
ENDOCRINE SYSTEM Pitutary Adrenal	++++	+++	+++	+++	+++	+ +	++	++++	÷	+ +	+++	+++	++++	+++	+ +	++++	+++	~ +	_	+++	+ +	+++	+++	+++	+++
Cortical adenoma Pheochromocytoma Pheochromocytoma, malignant Thyroid																		X					x		
Papiliary adenoma Folicular cell adenoma Parathyroid	-	+	+	- -	- -	_		-	- -	+	+	+	+	+	-	+	-	_	-	-	+	- -	-	-	+
REPRODUCTIVE SYSTEM Mammary gland Testis	N +	N +	N +	N +	N +	N	N +	N	N +																
Înterstitul cell tumor Prostate	+	-	+	+	+	-	+	+	+	+	+	+	+	+	+	Х +	+	-	+	+	+	+	+	+	+
NERVOUS SYSTEM Brain	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	-	-	+	+	+	+	+	+
SPECIAL SENSE ORGANS Hardenan gland Adenoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MUSCULOSKELETAL SYSTEM Muscie Sercoma, NOS, metastatic	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Fibrosarcoma, unclear primary or metastatic Malignant lymphoma, mixed type	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR GAVAGESTUDY OF 1,4-DICHLOROBENZENE: HIGH DOSE

ANIMAL NUMBER	0 8	0 1 0	0 1 2	0 1 8	0 1 9	0 2 0	0 2 1	0 2 2	0 2 3	0 2 5	0 2 8	0 2 9	0 3 0	0 3 2	0 3 4	0 3 6	0 3 7	0 3 9	0 4 0	0 4 2	0 4 4	0 4 5	0 4 7	0 4 9	0 5 0	T
WEEKS ON STUDY	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	04	1 0 4	1 0 4	1 0 4	TOTAL TISSUES TUMORS
INTEGUMENTARY SYSTEM Subcutaneous tissue Sarcoma, NOS Fibroma Fibrosarcoma Neurofibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	*50 1 1 3 1
RESPIRATORY SYSTEM Lungs and bronch Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Sarcoma, NOS, metastatic Fibrosarcoma, metastatic Trachea	+	++	+ X +	++	++	+	+	+ X +	+	++	+	+	+	+	+	+	+	+ X +	+	+	++	+	++	+	++	50 2 2 1 1 47
HEMATOPOIETIC SYSTEM Bone marrow Spieen Hemangiosarcoma Lymph nodes Thymus	+++++++++++++++++++++++++++++++++++++++	+ + + +	++++-	+ + + + +	+++++	+ + + + +	++ ++ ++	++ ++	+ + + +	++ ++ ++	++++++	+++++	++++-	+++++	+ + + -	+ + X + +	++ ++	++ ++	+ + + -	++++-	++++-	+ + + +	++++	+ + + +	+++++	49 46 3 47 30
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salvary gland Liver	++++	+ +	+++	++	+++	+++	+ +	++++	+++	+++	+++	+++	 + +	+++	+ +	+++	+ +	++++	+ +	+++	+ +	+ +	 +	+ +	+ +	48 50
Adenocarcinoma, NOS, metastatic Hepatocellular adenoma Hepatocellular carcinoma Hepatoblastoma	x	X X	x	x	x	X	x	x	X X	x	X	x	X X	x	X X	X X	X X X	X X	x	x	x	x	x	x	x	1 16 32 4
Neurofibrosarcoma, metastatuc Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach	+++++++++++++++++++++++++++++++++++++++	++++	++++	++++	++++	+++++	+++++	+++++	+++++	+++++	++++	+++++	++++	++++	+++++	+ + + + +	++++	+++++	++++	+++++	+++++	+++++	+ N + + +	+++++	+++++	1 50 *50 46 50 44
Squamous ceil papiloma Adenocarcinoma, NOS Small intestine Malignant iymphoma, lymphocytic type Large intestine	+	+ +	+ +	+ +	+ +	+ +	+	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	X + +	+ +	+ +	1 1	+ +	+ +	1 1 44 1 44
URINARY SYSTEM Kidney Urinary bladder	 + +	+ +	+ +	++	++++	+ +	+++	+++	+++++	+ +	++++	+ +	+++	++	+ +	+ +	+++	+++	+++	+ +	+ + +	+ +	+ -	+ +	+ +	47 44
ENDOCRINE SYSTEM Pituitary Adrenal Cortical adenoma Pheochromocytoma	++	+ +	+ + X	++	+ +	+ +	+ +	+ +	+ +	+ +	+ +	++	+ + X	+ +	+++	++++	+ +	+++	+ +	+	+ +	+ +	+	+ +	+ +	45 49 1 3
Pheochromocytoma, malgnant Thyroid Papillary adenoma Folicular cell adenoma Parathyroid	+	+	+	+	+ X +	+	+	+	+ X	+	+	+	+	+ X	* x	+	+	+	+	+	+	+	x +	+ +	+	1 47 1 3 29
REPRODUCTIVE SYSTEM Mammary gland Testis Interstitial cell tumor	N +	+++	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	*50 48 1
Prostate NERVOUS SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Brain SPECIAL SENSE ORGANS Harderian gland Adenoma, NOS	+ N	+ N	+ N	+ N	+ N	+ N	+ N X	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	47 *50 1
MUSCULOSKELETAL SYSTEM Muscle Sarcoma, NOS, metastatic	N	N	N	N	N	N		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50
ALL OTHER SYSTEMS Multiple organs, NOS Fibrosarcoma, unclear primary or meta Malignant lymphoma, mixed type	N	N	N	N	N	N	N	N	N X	N	N	N X	N	N X	N	N X	N	N	N	N X	N	N	N X	N	N X	*50 1 6

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE: HIGH DOSE (Continued)

* Animals necropsied

TABLE C3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDYOF 1,4-DICHLOROBENZENE

	Vehicle Control	300 mg/kg	600 mg/kg
ubcutaneous Tissue: Fibrosarcoma			
Overall Rates (a)	9/50 (18%)	2/50 (4%)	3/50 (6%)
Adjusted Rates (b)	25.2%	5.8%	8.3%
Terminal Rates (c)	4/28 (14%)	1/32 (3%)	1/31 (3%)
Week of First Observation	59	93	90
Life Table Tests (d)	P = 0.031N	P = 0.027N	P = 0.065 N
Incidental Tumor Tests (d)	P = 0.075N	P = 0.097N	P = 0.101N
Cochran-Armitage Trend Test (d)	P = 0.029N	1 = 0.00110	1 -0.10110
Fisher Exact Test (d)	r = 0.02511	P=0.026N	P = 0.061 N
ubcutaneous Tissue: Sarcoma, Fibrosa	coma. or Neurofibrosarco	ma	
Overall Rates (a)	9/50 (18%)	2/50 (4%)	5/50 (10%)
Adjusted Rates (b)	25.2%	5.8%	14.0%
•			2/31 (6%)
Terminal Rates (c)	4/28 (14%)	1/32 (3%)	
Week of First Observation	59	93	90
Life Table Tests (d)	P = 0.130N	P = 0.027N	P = 0.195N
Incidental Tumor Tests (d)	P = 0.285N	P=0.097N	P=0.334N
Cochran-Armitage Trend Test (d)	P = 0.128N		
Fisher Exact Test (d)		P = 0.026N	P==0.194N
ubcutaneous Tissue: Fibroma or Fibros			
Overall Rates (a)	10/50 (20%)	2/50 (4%)	4/50 (8%)
Adjusted Rates (b)	27.6%	5.8%	11.4%
Terminal Rates (c)	4/28 (14%)	1/32 (3%)	2/31 (6%)
Week of First Observation	59	93	90
Life Table Tests (d)	P = 0.039N	P = 0.016N	P=0.078N
Incidental Tumor Tests (d)	P = 0.106N	P = 0.070N	P = 0.147N
		F=0.0701	F 0.14/14
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P=0.037N	P = 0.014N	P = 0.074N
ubcutaneous Tissue: Fibroma, Sarcoma			
Overall Rates (a)	10/50 (20%)	2/50 (4%)	6/50 (12%)
Adjusted Rates (b)	27.6%	5.8%	16.9%
Terminal Rates (c)	4/28 (14%)	1/32 (3%)	3/31 (10%)
Week of First Observation	59	93	90
Life Table Tests (d)	P = 0.141N	P = 0.016N	P = 0.206N
Incidental Tumor Tests (d)	P = 0.333N	P = 0.070 N	P = 0.392N
Incidental Tumor Tests (d) Cochran Armitage Trend Test (d)	P = 0.333N P = 0.141N	P = 0.070N	P = 0.392N
Cochran-Armitage Trend Test (d)	P=0.333N P=0.141N		
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P=0.141N	P=0.014N	P = 0.207 N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ntegumentary System: Fibroma, Neurofi	P=0.141N broma, Sarcoma, Fibrosar	P=0.014N coma, or Neurofib	P=0.207N prosarcoma
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ntegumentary System: Fibroma, Neurofi Overall Rates (a)	P=0.141N broma, Sarcoma, Fibrosar 10/50 (20%)	P=0.014N coma, or Neurofib 3/50 (6%)	P=0.207N prosarcoma 6/50 (12%)
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ntegumentary System: Fibroma, Neurofi Overall Rates (a) Adjusted Rates (b)	P=0.141N broma, Sarcoma, Fibrosar 10/50 (20%) 27.6%	P=0.014N coma, or Neurofib 3/50 (6%) 8.9%	P = 0.207N prosarcoma 6/50 (12%) 16.9%
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ntegumentary System: Fibroma, Neurofi Overall Rates (a)	P=0.141N broma, Sarcoma, Fibrosar 10/50 (20%)	P=0.014N coma, or Neurofib 3/50 (6%)	P = 0.207N prosarcoma 6/50 (12%) 16.9% 3/31 (10%)
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ntegumentary System: Fibroma, Neurofi Overall Rates (a) Adjusted Rates (b)	P=0.141N broma, Sarcoma, Fibrosar 10/50 (20%) 27.6% 4/28 (14%) 59	P=0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%) 93	P=0.207N prosarcoma 6/50 (12%) 16.9% 3/31 (10%) 90
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) Itegumentary System: Fibroma, Neurof Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation	P=0.141N broma, Sarcoma, Fibrosar 10/50 (20%) 27.6% 4/28 (14%) 59	P=0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%) 93	P = 0.207N prosarcoma 6/50 (12%) 16.9% 3/31 (10%)
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) tegumentary System: Fibroma, Neurof Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d)	P = 0.141N broma, Sarcoma, Fibrosar 10/50 (20%) 27.6% 4/28 (14%) 59 P = 0.144N	P=0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%)	P=0.207N prosarcoma 6/50 (12%) 16.9% 3/31 (10%) 90
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) itegumentary System: Fibroma, Neurofi Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d)	P = 0.141N (broma, Sarcoma, Fibrosar 10/50 (20%) 27.6% 4/28 (14%) 59 P = 0.144N P = 0.333N	P=0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%) 93 P=0.035N	P = 0.207N prosarcoma 6/50 (12%) 16.9% 3/31 (10%) 90 P = 0.206N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ntegumentary System: Fibroma, Neurof Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d)	P = 0.141N broma, Sarcoma, Fibrosar 10/50 (20%) 27.6% 4/28 (14%) 59 P = 0.144N	P=0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%) 93 P=0.035N	P = 0.207N prosarcoma 6/50 (12%) 16.9% 3/31 (10%) 90 P = 0.206N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ntegumentary System: Fibroma, Neurofi Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.141N (broma, Sarcoma, Fibrosar 10/50 (20%) 27.6% 4/28 (14%) 59 P = 0.144N P = 0.333N	P=0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%) 93 P=0.035N P=0.134N	P = 0.207N brosarcoma 6/50 (12%) 16.9% 3/31 (10%) 90 P = 0.206N P = 0.392N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) Ategumentary System: Fibroma, Neuroff Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ung: Alveolar/Bronchiolar Adenoma	P=0.141N broma, Sarcoma, Fibrosard 10/50 (20%) 27.6% 4/28 (14%) 59 P=0.144N P=0.333N P=0.146N	P = 0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%) 93 P = 0.035N P = 0.134N P = 0.036N	P = 0.207N brosarcoma 6/50 (12%) 16.9% 3/31 (10%) 90 P = 0.206N P = 0.392N P = 0.207N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) Ategumentary System: Fibroma, Neuroff Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ung: Alveolar/Bronchiolar Adenoma Overall Rates (a)	P = 0.141N (broma, Sarcoma, Fibrosar 10/50 (20%) 27.6% 4/28 (14%) 59 P = 0.144N P = 0.333N P = 0.146N 6/50 (12%)	P = 0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%) 93 P = 0.035N P = 0.134N P = 0.036N 8/50 (16%)	P = 0.207N prosarcoma 6/50 (12%) 16.9% 3/31 (10%) 90 P = 0.206N P = 0.392N P = 0.207N 2/50 (4%)
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ntegumentary System: Fibroma, Neuroff Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ung: Alveolar/Bronchiolar Adenoma Overall Rates (a) Adjusted Rates (b)	P = 0.141N (broma, Sarcoma, Fibrosar 10/50 (20%) 27.6% 4/28 (14%) 59 P = 0.144N P = 0.333N P = 0.146N 6/50 (12%) 17.8%	P = 0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%) 93 P = 0.035N P = 0.134N P = 0.036N 8/50 (16%) 25.0%	P = 0.207N prosarcoma 6/50 (12%) 16.9% 3/31 (10%) 90 P = 0.206N P = 0.392N P = 0.207N 2/50 (4%) 6.5%
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) Ategumentary System: Fibroma, Neuroff Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ung: Alveolar/Bronchiolar Adenoma Overall Rates (a) Adjusted Rates (b) Terminal Rates (c)	P = 0.141N (broma, Sarcoma, Fibrosar 10/50 (20%) 27.6% 4/28 (14%) 59 P = 0.144N P = 0.333N P = 0.146N 6/50 (12%) 17.8% 3/28 (11%)	P = 0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%) 93 P = 0.035N P = 0.134N P = 0.036N 8/50 (16%) 25.0% 8/32 (25%)	P = 0.207N prosarcoma 6/50 (12%) 16.9% 3/31 (10%) 90 P = 0.206N P = 0.392N P = 0.207N 2/50 (4%) 6.5% 2/31 (6%)
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ntegumentary System: Fibroma, Neuroff Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ung: Alveolar/Bronchiolar Adenoma Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation	P = 0.141N (broma, Sarcoma, Fibrosard 10/50 (20%) 27.6% 4/28 (14%) 59 P = 0.144N P = 0.333N P = 0.146N 6/50 (12%) 17.8% 3/28 (11%) 88	P = 0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%) 93 P = 0.035N P = 0.134N P = 0.036N 8/50 (16%) 25.0% 8/32 (25%) 104	P = 0.207N brosarcoma 6/50 (12%) 16.9% 3/31 (10%) 90 P = 0.206N P = 0.392N P = 0.207N 2/50 (4%) 6.5% 2/31 (6%) 104
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ntegumentary System: Fibroma, Neurofi Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ung: Alveolar/Bronchiolar Adenoma Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d)	P = 0.141N (broma, Sarcoma, Fibrosar 10/50 (20%) 27.6% 4/28 (14%) 59 P = 0.144N P = 0.333N P = 0.146N 6/50 (12%) 17.8% 3/28 (11%)	P = 0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%) 93 P = 0.035N P = 0.134N P = 0.036N 8/50 (16%) 25.0% 8/32 (25%) 104 P = 0.470	P = 0.207N brosarcoma 6/50 (12%) 16.9% 3/31 (10%) 90 P = 0.206N P = 0.392N P = 0.207N 2/50 (4%) 6.5% 2/31 (6%) 104 P = 0.121N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ntegumentary System: Fibroma, Neuroff Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ung: Alveolar/Bronchiolar Adenoma Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation	P = 0.141N (broma, Sarcoma, Fibrosard 10/50 (20%) 27.6% 4/28 (14%) 59 P = 0.144N P = 0.333N P = 0.146N 6/50 (12%) 17.8% 3/28 (11%) 88	P = 0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%) 93 P = 0.035N P = 0.134N P = 0.036N 8/50 (16%) 25.0% 8/32 (25%) 104	P = 0.207N brosarcoma 6/50 (12%) 16.9% 3/31 (10%) 90 P = 0.206N P = 0.392N P = 0.207N 2/50 (4%) 6.5% 2/31 (6%) 104
Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ntegumentary System: Fibroma, Neurof Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) ung: Alveolar/Bronchiolar Adenoma Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d)	P = 0.141N (broma, Sarcoma, Fibrosard 10/50 (20%) 27.6% 4/28 (14%) 59 P = 0.144N P = 0.333N P = 0.146N 6/50 (12%) 17.8% 3/28 (11%) 88 P = 0.100N	P = 0.014N coma, or Neurofib 3/50 (6%) 8.9% 2/32 (6%) 93 P = 0.035N P = 0.134N P = 0.036N 8/50 (16%) 25.0% 8/32 (25%) 104 P = 0.470	P = 0.207N brosarcoma 6/50 (12%) 16.9% 3/31 (10%) 90 P = 0.206N P = 0.392N P = 0.207N 2/50 (4%) 6.5% 2/31 (6%) 104 P = 0.121N

	Vehicle Control	300 mg/kg	600 mg/kg
Lung: Alveolar/Bronchiolar Carcinoma	<u></u>		
Overall Rates (a)	0/50 (0%)	5/50 (10%)	0/50 (0%)
Adjusted Rates (b)	0.0%	15.2%	0.0%
Terminal Rates (c)	0/28 (0%)	4/32 (13%)	0/31 (0%)
Week of First Observation	0/28(070)	103	0/31(0,8)
	D-0 575N		(a)
Life Table Tests (d)	P = 0.575N	P = 0.047	(e) (a)
Incidental Tumor Tests (d)	P=0.558	P = 0.028	(e)
Cochran-Armitage Trend Test (d)	P = 0.610	D-0.099	
Fisher Exact Test (d)		P = 0.028	(e)
Lung: Alveolar/Bronchiolar Adenoma or (Carcinoma		
Overall Rates (a)	6/50 (12%)	13/50 (26%)	2/50 (4%)
Adjusted Rates (b)	17.8%	39.4%	6.5%
Terminal Rates (c)	3/28 (11%)	12/32 (38%)	2/31 (6%)
Week of First Observation	88	103	104
Life Table Tests (d)	P=0.116N	P = 0.105	P = 0.121N
Incidental Tumor Tests (d)	P = 0.150N	P = 0.054	P = 0.129N
Cochran-Armitage Trend Test (d)	P = 0.150 N P = 0.157 N	1 -0.004	1 - 0,14011
Fisher Exact Test (d)	r = 0.107 m	P=0.062	P=0.135N
· ISHCI BAQU ICOLUI		1 -0.002	1 -0.10014
Hematopoietic System: Malignant Lympho	oma, Mixed Type		
Overall Rates (a)	8/50 (16%)	7/50 (14%)	6/50 (12%)
Adjusted Rates (b)	24.6%	21.1%	19.4%
Terminal Rates (c)	5/28 (18%)	6/32 (19%)	6/31 (19%)
Week of First Observation	85	101	104
Life Table Tests (d)	P = 0.276N	P = 0.410N	P = 0.336N
Incidental Tumor Tests (d)	P=0.378N	P = 0.571N	P = 0.418N
Cochran-Armitage Trend Test (d)	P = 0.333N		
Fisher Exact Test (d)	1 - 0.00011	P=0.500N	P = 0.387N
Hematopoietic System: Lymphoma, All Ma			
Overall Rates (a)	9/50 (18%)	8/50 (16%)	7/50 (14%)
Adjusted Rates (b)	26.7%	23.5%	21.6%
Terminal Rates (c)	5/28 (18%)	6/32 (19%)	6/31 (19%)
Week of First Observation	85	101	91
Life Table Tests (d)	P=0.292N	P=0.409N	P=0.353N
Incidental Tumor Tests (d)	P=0.455N	P = 0.567	P = 0.461 N
Cochran-Armitage Trend Test (d)	P=0.341N		
Fisher Exact Test (d)		P = 0.500 N	P = 0.393N
Circulatory System: Hemangiosarcoma Overall Rates (a)	5/50 (10%)	4/50 (8%)	3/50 (6%)
Adjusted Rates (b)	16.1%	12.0%	9.1%
Terminal Rates (c)	3/28 (11%)	3/32 (9%)	2/31 (6%)
Week of First Observation	97	98	91 B
Life Table Tests (d)	P = 0.265N	P = 0.435N	P = 0.333N
Incidental Tumor Tests (d)	P=0.389N	P = 0.608N	P = 0.440N
Cochran-Armitage Trend Test (d)	P=0.290N		
Fisher Exact Test (d)		P = 0.500N	P = 0.358N
iver: Hepatocellular Adenoma			
Overall Rates (a)	5/50 (10%)	12/40 (970)	16/50 (290)
Adjusted Rates (b)	5/50 (10%) 15.0%	13/49 (27%) 20.4%	16/50 (32%)
	15.0%	39.4%	46.4%
Terminal Rates (c) Weak of First Observation	3/28 (11%)	12/32 (38%)	13/31 (42%)
Week of First Observation	85	103	88 D 0 010
Life Table Tests (d)	P=0.009	P = 0.058	P = 0.012
Incidental Tumor Tests (d)	P=0.010	P = 0.035	P=0.015
Cochran-Armitage Trend Test (d)	P=0.006		
Fisher Exact Test (d)		P=0.030	P = 0.006

TABLE C3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	Vehicle Control	300 mg/kg	600 mg/kg
Liver: Hepatocellular Carcinoma			
Overall Rates (a)	14/50 (28%)	11/49 (22%)	32/50 (64%)
Adjusted Rates (b)	37.5%	28.5%	81. 9%
Terminal Rates (c)	7/28 (25%)	5/32 (16%)	24/31 (77%)
Week of First Observation	74	80	84
Life Table Tests (d)	P<0.001	P = 0.280N	P = 0.002
Incidental Tumor Tests (d)	P<0.001	P = 0.570	P<0.001
Cochran-Armitage Trend Test (d)	P<0.001		
Fisher Exact Test (d)		P = 0.343N	P<0.001
iver: Hepatoblastoma			
Overall Rates (a)	0/50 (0%)	0/49(0%)	(f) 4/50 (8%)
Adjusted Rates (b)	0.0%	0.0%	11.9%
Terminal Rates (c)	0/28 (0%)	0/32(0%)	3/31 (10%)
Week of First Observation			88
Life Table Tests (d)	P = 0.017	(e)	P = 0.074
Incidental Tumor Tests (d)	P=0.022	(e)	P=0.085
Cochran-Armitage Trend Test (d)	P=0.015		
Fisher Exact Test (d)		(e)	P = 0.059
iver: Hepatocellular Adenoma or Carcir		0040	10/00/00/00
Overall Rates (a)	17/50 (34%)	22/49 (45%)	40/50 (80%)
Adjusted Rates (b)	43.4%	57.6%	100.0%
Terminal Rates (c)	8/28 (29%)	16/32 (50%)	31/31 (100%)
Week of First Observation	74	80	84
Life Table Tests (d)	P<0.001	P = 0.324	P<0.001
Incidental Tumor Tests (d)	P<0.001	P = 0.047	P<0.001
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P<0.001	P=0.183	P<0.001
drenal Capsule or Adrenal Gland: Ader	ioma or Cortical Adenoma		140 (07)
Overall Rates (a)	0/47 (0%)	4/48 (8%)	1/49 (2%)
Adjusted Rates (b)	0.0%	12.5%	3.2%
Terminal Rates (c)	0/27 (0%)	4/32 (13%)	1/31 (3%)
Week of First Observation		104	104
Life Table Tests (d)	P = 0.437	P = 0.085	P = 0.528
Incidental Tumor Tests (d)	P = 0.437	P = 0.085	P = 0.528
Cochran-Armitage Trend Test (d)	P = 0.405	D 0.021	D 0 510
Fisher Exact Test (d)		P = 0.061	P = 0.510
drenal Gland: Pheochromocytoma	0/47 (0%)	2/48 (4%)	3/49 (6%)
Overall Rates (a) Adjusted Rates (b)	0.0%	6.1%	9.3%
Adjusted Rates (b)	0.0%	1/32 (3%)	2/31 (6%)
Terminal Rates (c) Week of First Observation	0 /2 1 (0 / 0)	103	95
Life Table Tests (d)	P=0.094	P = 0.277	P = 0.136
		P = 0.277 P = 0.181	P = 0.130 P = 0.063
Incidental Tumor Tests (d)	P = 0.028	r -0.101	1 -0.000
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P=0.088	P=0.253	P = 0.129
drenal Gland: Pheochromocytoma or M	alignant Pheochromocytor	ma	
Overall Rates (a)	0/47 (0%)	2/48 (4%)	4/49 (8%)
Adjusted Rates (b)	0.0%	6.1%	12.4%
Terminal Rates (c)	0/27 (0%)	1/32 (3%)	3/31 (10%)
Week of First Observation	0.21 (0.07)	103	95
Life Table Tests (d)	P=0.044	P = 0.277	P=0.076
Incidental Tumor Tests (d)	P = 0.012	P = 0.181	P = 0.035
Cochran-Armitage Trend Test (d)	P = 0.040		
COULD AND AND AND AND AND AND AND AND AND AN		P = 0.253	P = 0.064

TABLE C3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	Vehicle Control	300 mg/kg	600 mg/kg
Thyroid Gland: Follicular Cell Adenoma	<u> </u>		
Overall Rates (a)	1/47 (2%)	1/48 (2%)	3/47 (6%)
Adjusted Rates (b)	3.6%	2.9%	9.7%
Terminal Rates (c)	1/28 (4%)	0/32 (0%)	3/31 (10%)
Week of First Observation	104	98	104
Life Table Tests (d)	P = 0.217	P=0.739N	P = 0.341
Incidental Tumor Tests (d)	P = 0.132	P=0.703	P = 0.341
Cochran-Armitage Trend Test (d)	P = 0.201		
Fisher Exact Test (d)		P=0.747N	P = 0.308
Thyroid Gland: Follicular Cell Adenoma	or Papillary Adenoma		
Overall Rates (a)	1/47 (2%)	1/48 (2%)	4/47 (9%)
Adjusted Rates (b)	3.6%	2.9%	12.9%
Terminal Rates (c)	1/28 (4%)	0/32 (0%)	4/31 (13%)
Week of First Observation	104	98	104
Life Table Tests (d)	P=0.112	P=0.739N	P=0.209
Incidental Tumor Tests (d)	P = 0.062	P=0.703	P = 0.209
Cochran-Armitage Trend Test (d)	P = 0.100		
Fisher Exact Test (d)		P = 0.747 N	P=0.181
Thyroid Gland: Follicular Cell Adenoma	or Carcinoma		
Overall Rates (a)	1/47 (2%)	2/48 (4%)	3/47 (6%)
Adjusted Rates (b)	3.6%	5.9%	9.7%
Terminal Rates (c)	1/28 (4%)	1/32 (3%)	3/31 (10%)
Week of First Observation	104	98	104
Life Table Tests (d)	P = 0.242	P=0.538	P=0.341
Incidental Tumor Tests (d)	P=0.158	P=0.453	P=0.341
Cochran-Armitage Trend Test (d)	P=0.221		
Fisher Exact Test (d)		P = 0.508	P=0.308
Thyroid Gland: Papillary Adenoma, Foll	icular Cell Adenoma. or Fo	ollicular Cell Carci	inoma
Overall Rates (a)	1/47 (2%)	2/48 (4%)	4/47 (9%)
Adjusted Rates (b)	3.6%	5.9%	12.9%
Terminal Rates (c)	1/28 (4%)	1/32 (3%)	4/31 (13%)
Week of First Observation	104	98	104
Life Table Tests (d)	P=0.132	P=0.538	P = 0.209
Incidental Tumor Tests (d)	P = 0.080	P = 0.453	P = 0.209
Cochran-Armitage Trend Test (d)	P=0.117		
Fisher Exact Test (d)		P = 0.508	P=0.181

TABLE C3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

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

(b) Kaplan-Meier estimated tumor incidence at the end of the study after adjusting for intercurrent mortality

(c) Observed tumor incidence at terminal kill

(d) Beneath the vehicle 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 vehicle controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group is indicated by (N).

(e) No P value is reported because no tumors were observed in the dosed and vehicle control groups.

(f) All hepatoblastomas were observed in animals also bearing hepatocellular carcinomas.

	In	Incidence in Vehicle Controls									
Study	Adenoma	Carcinoma	Adenoma or Carcinoma								
Historical Incidence at Battell	e Columbus Laboratories										
Chlorobenzene	4/50	2/50	6/50								
,2-Dichlorobenzene	4/50	4/50	8/50								
Senzene	6/50	5/50	10/50								
TOTAL	14/150 (9.3%)	11/150 (7.3%)	24/150 (16.0%)								
SD (b)	2.31%	3.06%	4.00%								
Range (c)											
High	6/50	5/50	10/50								
Low	4/50	2/50	6/50								
Verall Historical Incidence											
TOTAL	111/1,093 (10.2%)	63/1,093 (5.8%)	169/1,093 (15.5%)								
SD (b)	4.27%	3.82%	5.95%								
Range (c)											
High	10/50	6/50	13/50								
Low	1/50	0/50	2/50								

TABLE C4a. HISTORICAL INCIDENCE OF ALVEOLAR/BRONCHIOLAR TUMORS IN MALE B6C3F₁ MICE ADMINISTERED CORN OIL BY GAVAGE (a)

(a) Data as of August 3, 1984, for studies of at least 104 weeks. No hepatoblastomas have been observed.
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

	I	Incidence in Vehicle Controls									
Study	Adenoma	Carcinoma	Adenoma or Carcinoma								
Historical Incidence at Battel	le Columbus Laboratories										
Chlorobenzene	5/50	12/50	16/50								
1,2-Dichlorobenzene	8/50	14/50	19/50								
Benzene	7/50	9/50	15/50								
TOTAL	20/150 (13.3%)	35/150 (23.3%)	50/150 (33.3%)								
SD(b)	3.06%	5.03%	4.16%								
Range (c)											
High	8/50	14/50	19/50								
Low	5/50	9/50	15/50								
Overall Historical Incidence											
TOTAL	140/1,091 (12.8%)	238/1,091 (21.8%)	357/1,091 (32.7%)								
SD(b)	6.82%	7.75%	9.63%								
Range (c)											
High	14/50	19/50	25/50								
Low	0/50	5/50	7/50								

TABLE C4b. HISTORICAL INCIDENCE OF HEPATOCELLULAR TUMORS IN MALE B6C3F₁ MICE ADMINISTERED CORN OIL BY GAVAGE (a)

(a) Data as of August 3, 1984, for studies of at least 104 weeks. No hepatoblastomas have been observed.
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

Study	Incidence in Vehicle Controls	
Historical Incidence at Battelle Colum	bus Laboratories	<u>,</u>
Chlorobenzene	2/50	
1,2-Dichlorobenzene	4/50	
Benzene	1/48	
TOTAL	7/148 (4.7%)	
SD (b)	3.02%	
Range (c)		
High	4/50	
Low	1/48	
Overall Historical Incidence		
TOTAL	(d) 23/1,051 (2.2%)	
SD (b)	3.10%	
Range (c)		
High	5/49	
Low	0/50	
	0/50	

TABLE C4c. HISTORICAL INCIDENCE OF ADRENAL GLAND PHEOCHROMOCYTOMAS IN MALEB6C3F1 MICE ADMINISTERED CORN OIL BY GAVAGE (a)

(a) Data as of August 3, 1984, for studies of at least 104 weeks
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

(d) Includes two pheochromocytomas, malignant

	CONTH	ROL (VEH)	LOV	V DOSE	HIG	h dose
ANIMALS INITIALLY IN STUDY	50)	50		50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICAL	LY 50	I	50	I	50	
INTEGUMENTARY SYSTEM		<u></u>	<u></u>	······································		
*Skin	(50)		(50)		(50)	
Wound, NOS		(2%)				
Ulcer, NOS		(2%)			1	(2%)
Inflammation, active chronic		(2%)		(00)		
Inflammation, chronic focal		(2%)	1	(2%)		
Fibrosis, multifocal Parasitism		(4%) (4%)			1	(2%)
Hyperkeratosis		(4%)	1	(2%)		(2%)
Acanthosis		(4%)	1	(270)		(8%)
*Subcutaneous tissue	. (50)		(50)		(50)	
Foreign body, NOS	(00)			(4%)	(00)	
Abscess, NOS				(2%)		
Inflammation, active chronic	1	(2%)	•	(= /*/	2	(4%)
Inflammation, granulomatous focal		(2%)			-	. = / - /
Fibrosis, focal	•				2	(4%)
Fibrosis, multifocal	1	(2%)	1	(2%)		(2%)
RESPIRATORY SYSTEM	<u> </u>					
#Peritracheal tissue	(50)		(48)		(47)	
Foreign body, NOS	1	(2%)				
Hemorrhage	1	(2%)			1	(2%)
Inflammation, acute diffuse		(2%)				
#Bronchial mucous gland	(50)		(50)		(50)	
Dilatation, NOS		(2%)				(2%)
#Lung/bronchiole	(50)		(50)		(50)	
Lymphocytic inflammatory infiltrate		(8%)		(10%)		
#Lung	(50)		(50)		(50)	
Aspiration, foreign body			4	(8%)		(20%)
Mineralization						(2%)
Congestion, NOS		(4%)		(2%)		(4%)
Congestion, acute		(2%)		(6%)		(4%)
Hemorrhage		(2%)	2	(4%)	1	(2%)
Lymphocytic inflammatory infiltrate		(2%)	~	(00)	~	(00)
Inflammation, interstitial	7	(14%)		(6%)	3	(6%)
Pneumonia, aspiration Pneumonia, interstitial chronic				(2%) (2%)		
Pneumonia, interstitial chronic Inflammation, granulomatous focal				(2%) (6%)	7	(14%)
Hyperplasia, alveolar epithelium	1	(2%)		(12%)		(14%) (4%)
IEMATOPOIETIC SYSTEM		<u></u>		<u> </u>	<u></u>	
#Bone marrow	(50)		(49)		(49)	
Hyperplasia, granulocytic		(18%)		(6%)		(14%)
#Spleen	(47)	/	(48)	· · · · ·	(46)	- /
Depletion, lymphoid		(2%)				(4%)
#Splenic follicles	(47)	-	(48)		(46)	
Degeneration, NOS				(2%)		(2%)
Necrosis, focal				(2%)		
Hyperplasia, focal		(2%)		(8%)		(11%)
		(26%)	16	(33%)	17	(37%)
Hyperplasia, lymphoid		(20%)				
Hyperplasia, lymphoid #Splenic red pulp	(47)		(48)		(46)	
Hyperplasia, lymphoid #Splenic red pulp Hematopoiesis	(47) 10	(21%)	(48) 6	(13%)	(46) 5	(11%)
Hyperplasia, lymphoid #Splenic red pulp	(47)		(48)		(46) 5 (47)	(11%) (2%)

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE
TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE

	CONTR	OL (VEH)	LOW	DOSE	HIG	H DOSE
HEMATOPOIETIC SYSTEM (Continued)						
#Mandibular lymph node	(46)		(41)		(47)	
Hemorrhage		(2%)	(41)		(4))	
Inflammation, granulomatous focal		(2%)	1	(2%)		
Necrosis, focal	•	(2.0)		(2%)		
Depletion, lymphoid				(2%)		
Hyperplasia, focal			-	(2,0)	1	(2%)
Plasmacytosis	3	(7%)				(4%)
Hyperplasia, lymphoid		(2%)	12	(29%)		(21%)
#Lumbar lymph node	(46)		(41)	, –,,	(47)	• •
Hematopoiesis				(2%)		
#Mesenteric lymph node	(46)		(41)		(47)	
Inflammation, granulomatous focal	1	(2%)				
Depletion, lymphoid						(2%)
Hyperplasia, focal						(4%)
Angiectasis		(17%)	6	(15%)	18	(38%)
Hyperplasia, reticulum cell		(2%)				
Hyperplasia, lymphoid	-	(11%)	•	(17%)		(11%)
Hematopoiesis		(22%)	-	(12%)		(30%)
#Inguinal lymph node	(46)		(41)		(47)	
Hyperplasia, lymphoid				(2%)		
#Lung/bronchiole	(50)		(50)		(50)	
Hyperplasia, lymphoid		(2%)			(40)	
#Salivary gland	(50)		(50)	(1.00)	(48)	
Hyperplasia, lymphoid	(50)			(4%)	(50)	
#Liver	(50)		(49)		(50)	(00)
Hematopoiesis	(50)		(50)		3 (47)	(6%)
#Kidney	(50)		(50)			(4%)
Hyperplasia, lymphoid *Epididymis	(50)		(50)		(50)	(4170)
	(50)		(50)	(2%)	(50)	
Hyperplasia, lymphoid #Thymus	(07)			(290)	(30)	
	(37)		(39)			(20)
Foreign body, NOS						(3%) (3%)
Inflammation, acute/chronic Depletion, lymphoid	1	(3%)	1	(3%)		(20%)
Hyperplasia, lymphoid	1	(370)	I	(370)		(3%)
#Thymic cortex	(37)		(39)		(30)	(070)
Degeneration, NOS	(07)			(3%)	(00)	
Depletion, lymphoid	4	(11%)		(8%)	2	(7%)
#Thymic lymphocytes	(37)	(11,20)	(39)		(30)	(1,20)
Degeneration, NOS	(01)			(3%)	(00)	
Necrosis, focal				(3%)		
Necrosis, diffuse				(3%)		
IRCULATORY SYSTEM		·····		····		
*Multiple organs	(50)		(50)		(50)	
Periarteritis	(00)			(2%)	(00)	
#Lung	(50)		(50)	(2.07)	(50)	
Perivasculitis		(2%)	(00)		(20)	
#Heart	(50)		(50)		(50)	
Periarteritis						(2%)
#Myocardium	(50)		(50)		(50)	
Inflammation, acute focal			2	(4%)		
Inflammation, acute/chronic						(2%)
Degeneration, NOS					2	(4%)
Metamorphosis, fatty	1	(2%)				
#Myocardium/right ventricle	(50)		(50)		(50)	
Mineralization						(2%)
*Sup. pancreaticoduodenal artery	(50)	(0.2)	(50)		(50)	
Periarteritis	1	(2%)				

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTR	ROL (VEH)	LOW	DOSE	HIG	H DOSE
CIRCULATORY SYSTEM (Continued)	<u></u>				,	
*Mesentery	(50)		(50)		(50)	
Thrombosis, NOS		(2%)				(2%)
#Kidney	(50)		(50)		(47)	
Periarteritis	(50)					(2%)
#Kidney/glomerulus	(50)		(50)	(2%)	(47)	
Embolus, fat #Periprostatic tissue	(49)		(50)	(2%)	(47)	
Periarteritis	(45)		(00)			(2%)
DIGESTIVE SYSTEM	<u></u>					
#Salivary gland	(50)		(50)		(48)	
Foreign body, NOS				(2%)		
Inflammation, acute/chronic			1	(2%)		
Inflammation, chronic focal			-	(0.01)	1	(2%)
Degeneration, NOS				(2%)		
Necrosis, focal	(20)			(2%)	(20)	
#Liver Hemorrhage	(50)	(90)	(49)		(50)	
Inflammation, acute focal		(2%) (2%)				
Necrosis, coagulative		(8%)	9	(4%)	A	(12%)
Basophilic cyto change	-	(0,0)		(2%)	U	(14/0)
Focal cellular change	3	(6%)		(4%)	2	(4%)
Clear cell change		(2%)		(2%)		(2%)
Hyperplasia, focal						(2%)
Angiectasis						(2%)
#Liver/hepatocytes	(50)		(49)		(50)	
Degeneration, NOS				(73%)		(78%)
Necrosis, focal	1	(2%)	35	(71%)		(74%)
Clear cell change				(70.07)		(2%)
Cell size alteration *Gallbladder	(50)		38 (50)	(78%)	40 (50)	(80%)
Cyst, NOS	(00)			(2%)	(50)	
Hyperplasia, epithelial	1	(2%)		(2%)	4	(8%)
#Bile duct	(50)	(210)	(49)	(2,0)	(50)	(0,0)
Dilatation, NOS	(00)			(2%)	(00)	
Multiple cysts			1	(2%)		(2%)
Hyperplasia, focal				(2%)		(10%)
#Pancreas	(50)	(0.4)	(49)		(46)	(0.01)
Cystic ducts		(2%)			1	(2%)
Inflammation, acute/chronic		(2%)	(49)		(46)	
#Pancreatic acinus Atrophy, focal	(50)			(4%)	(40)	
*Jejunal lumen	(50)		(50)	(770)	(50)	
Hemorrhage		(2%)	(00)		(00)	
#Esophagus	(50)	~~~~	(50)		(50)	
Ulcer, NOS	(00)			(2%)	(20)	
#Periesophageal tissue	(50)		(50)		(50)	
Foreign body, NOS		(2%)	6	(12%)	5	(10%)
Hemorrhage		(2%)		(0.11)		(1.0.51)
Inflammation, acute/chronic	1	(2%)		(8%)	5	(10%)
Inflammation, granulomatous focal	(4)			(2%)		
#Glandular stomach Erosion	(45)	(2%)	(46)		(44)	
Hyperplasia, epithelial	Ţ	(470)			1	(2%)
Metaplasia, squamous						(2%)
Dysplasia	1	(2%)			-	~~/

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTR	IOL (VEH)	LOW	DOSE	HIG	H DOSE
DIGESTIVE SYSTEM (Continued)						·····
#Forestomach	(45)		(46)		(44)	
Inflammation, active chronic	()		((2%)
Hyperplasia, epithelial	2	(4%)				
Hyperkeratosis		(7%)	1	(2%)	3	(7%)
Acanthosis		(7%)		(2%)		(7%)
#Peyer's patch	(44)		(43)		(44)	
Inflammation, active chronic					1	(2%)
#Jejunum	(44)		(43)		(44)	
Ulcer, NOS					1	(2%)
Necrosis, focal					1	(2%)
#Ileum	(44)		(43)		(44)	
Inflammation, acute focal		(2%)	,			
#Colon	(46)		(43)		(44)	
Parasitism	(,			(2%)		(2%)
IRINARY SYSTEM					<u></u>	
#Kidney	(50)		(50)		(47)	
Mineralization	1	(2%)				
Inflammation, interstitial			1	(2%)		
Pyelonephritis, acute						(2%)
Pyelonephritis, acute/chronic				(2%)		(2%)
Nephropathy	6	(12%)	12	(24%)	15	(32%)
Infarct, acute	-				1	(2%)
#Kidney/cortex	(50)		(50)		(47)	
Cyst, NOS		(2%)		(4%)		
Infarct, focal	-			(2%)		
#Kidney/tubule	(50)		(50)		(47)	
Dilatation, NOS	(30)					(2%)
Necrosis, focal			1	(2%)		
Hyperplasia, epithelial				(2%)		
Regeneration, NOS	24	(48%)	20	(40%)	17	(36%)
#Urinary bladder	(46)	()	(47)	, · · ,	(44)	
Dilatation, NOS		(2%)	,			
Inflammation, acute focal		(2%)				
Hyperplasia, epithelial	•	(1,0)			1	(2%)
#Urinary bladder/mucosa	(46)		(47)		(44)	(-,0)
Cytoplasmic vacuolization	(40)		(47)			(2%)
#Urinary bladder/submucosa	(46)		(47)		(44)	(= ,0)
Congestion, NOS		(2%)	(11)		(==)	
#Urinary bladder/muscularis	(46)		(47)		(44)	
Inflammation, acute focal		(2%)	(*)		(***)	
NDOCRINE SYSTEM	<u> </u>				<u></u>	······
#Anterior pituitary	(41)		(43)		(45)	
Multiple cysts						(2%)
#Adrenal/capsule	(47)		(48)		(49)	(0.00)
Accessory structure		(00 %)	•	(449)		(2%)
Hyperplasia, focal		(23%)		(44%)		(57%)
#Adrenal cortex	(47)	(0~)	(48)		(49)	
Cyst, NOS	1	(2%)		(0.0)		
Hemorrhage			1	(2%)	-	(0.00)
Infarct, acute						(2%)
Cytoplasmic vacuolization					2	(4%)
Clear cell change		(2%)				(0.01)
Hypertrophy, focal		(2%)		(6%)		(2%)
Hyperplasia, focal		(2%)		(6%)		(2%)
#Adrenal medulla	(47)		(48)	(0.01)	(49)	
Hyperplasia, NOS				(2%)		
Hyperplasia, focal	0	(4%)	0	(6%)	A	(8%)

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTR	ROL (VEH)	LOW	DOSE	HIG	H DOSE
ENDOCRINE SYSTEM						
#Thyroid	(47)		(48)		(47)	
Follicular cyst, NOS		(4%)		(2%)	(/	
Hyperplasia, C-cell	-	(1)))	-	(2,0)	1	(2%)
Hyperplasia, follicular cell	1	(2%)	4	(8%)		(21%)
#Pancreatic islets	(50)		(49)		(46)	(/0)
Hyperplasia, focal		(12%)		(6%)		(9%)
REPRODUCTIVE SYSTEM						
*Preputial gland	(50)		(50)		(50)	
Dilatation/ducts		(2%)	·	(2%)	(00)	
Cyst, NOS		(2%)	-	(2,0)		
Multiple cysts	1	(270)			1	(2%)
Cystic ducts						(2%)
Inflammation, acute focal						(2%)
Inflammation, active chronic	1	(2%)	9	(4%)		(2%)
Inflammation, active chronic Inflammation, chronic suppurative		(2%)	4	(**70)		(2%)
#Prostate	(49)		(50)		(47)	(470)
Inflammation, acute focal		(2%)		(2%)	(427)	
Inflammation, acute local	1	(270)	T	(470)	1	(2%)
Hyperplasia, epithelial						(4%)
*Seminal vesicle	(50)		(50)		(50)	
Retention fluid		(4%)		(4%)		(2%)
Hyperplasia, epithelial		(4%)	2	(370)		(2%)
#Periprostatic tissue			(50)		(47)	(270)
	(49)		(50)			(2%)
Inflammation, acute focal		(2%) (2%)			1	(270)
Inflammation, acute diffuse	1	(2%)		(90)		
Inflammation, active chronic			1	(2%)		(00)
Inflammation, acute/chronic				(0~)	1	(2%)
Thrombophlebitis	(50)			(2%)	(40)	
#Testis	(50)		(50)	(00)	(48)	
Inflammation, granulomatous focal		(00)	1	(2%)		
Atrophy, NOS	1	(2%)				(00)
Atrophy, diffuse				(00)	1	(2%)
Hyperplasia, interstitial cell	(50)			(2%)	(40)	
#Testis/tubule	(50)	(0~)	(50)		(48)	
Degeneration, NOS	1	(2%)				(0~)
Atrophy, focal						(2%)
*Epididymis	(50)		(50)		(50)	
Dilatation, NOS		(2%)				
Inflammation, acute/chronic		(2%)	_	(0~)		
Inflammation, chronic focal	1	(2%)		(2%)	-	
Inflammation, granulomatous focal	'		1	(2%)		(2%)
Granuloma, spermatic				(*	1	(2%)
Hyperplasia, epithelial				(2%)		
*Vas deferens	(50)		(50)		(50)	
Inflammation, acute/chronic	1	(2%)				
IERVOUS SYSTEM						
#Brain/meninges	(50)		(48)		(47)	
Inflammation, chronic focal					1	(2%)
#Brain	(50)		(48)		(47)	
Necrosis, focal			1	(2%)		
#Hippocampus	(50)		(48)		(47)	
Necrosis, focal			1	(2%)		
#Cerebellum	(50)		(48)		(47)	
Cytoplasmic vacuolization					1	(2%)
#Cerebellar white matter	(50)		(48)		(47)	
Cytoplasmic vacuolization					1	(2%)

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTR	ROL (VEH)	LOW	DOSE	HIG	H DOSE
SPECIAL SENSE ORGANS				<u>, , , , , , , , , , , , , , , , , , , </u>		
*Eye	(50)		(50)		(50)	
Phthisis bulbi	1	(2%)	()		(
*Eye/cornea	(50)	(/	(50)		(50)	
Ulcer, NOS	(,				1	(2%)
Inflammation, active chronic					1	(2%)
MUSCULOSKELETAL SYSTEM				<u></u>		
*Knee joint	(50)		(50)		(50)	
Ankylosing spondylitis	/		1	(2%)	,	
*Skeletal muscle	(50)		(50)		(50)	
Degeneration, NOS	1	(2%)				
BODY CAVITIES		······				
*Mediastinum	(50)		(50)		(50)	
Foreign body, NOS	3	(6%)	4	(8%)	7	(14%)
Inflammation, multifocal			1	(2%)		
Inflammation, acute focal					1	(2%)
Inflammation, acute diffuse	1	(2%)				
Inflammation, acute necrotizing					1	(2%)
Inflammation, active chronic				(2%)		
Inflammation, acute/chronic		(4%)		(2%)		(10%)
*Peritoneum	(50)		(50)		(50)	
Inflammation, active chronic		(2%)				
*Parietal peritoneum	(50)		(50)		(50)	
Inflammation, active chronic		(2%)				
Inflammation, acute/chronic		(2%)				
*Pleura	(50)		(50)	(0.4)	(50)	
Inflammation, acute/chronic				(2%)	2	(4%)
Inflammation, granulomatous focal				(2%)		
*Mesentery	(50)		(50)		(50)	(0.21)
Inflammation, granulomatous focal						(2%)
*Tunica vaginalis	(50)		(50)		(50)	(00)
Inflammation, chronic focal					1	(2%)
ALL OTHER SYSTEMS						
*Multiple organs	(50)		(50)		(50)	
Inflammation, active chronic	1	(2%)				
Inflammation, acute/chronic			1	(2%)		

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

SPECIAL MORPHOLOGY SUMMARY None

Number of animals receiving complete necropsy examinations; all gross lesions including masses examined microscopically.
 # Number of animals examined microscopically at this site
 † Multiple occurrence of morphology in the same organ. Tissue is counted once only.

APPENDIX D

SUMMARY OF LESIONS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE

TABLE D1	SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE	
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	MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE	152

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С	ONTR	OL (VEH)	LOW	DOSE	HIG	H DOSE		
ANIMALS INITIALLY IN STUDY					50			
ANIMALS NECROPSIED	50		50		50			
ANIMALS EXAMINED HISTOPATHOLOGICALLY	50		50		50			
INTEGUMENTARY SYSTEM								
*Subcutaneous tissue	(50)		(50)		(50)			
Osteosarcoma					1	(2%)		
RESPIRATORY SYSTEM								
#Lung	(50)		(48)		(49)			
Hepatocellular carcinoma, metastatic		(2%)	_			·		
Alveolar/bronchiolar adenoma		(6%)	5	(10%)	1	(2%)		
Alveolar/bronchiolar carcinoma		(4%)						
Pheochromocytoma, metastatic	1	(2%)				(00)		
Leiomyosarcoma, metastatic Osteosarcoma, metastatic						(2%) (2%)		
HEMATOPOIETIC SYSTEM								
*Multiple organs	(50)		(50)		(50)			
Malignant lymphoma, NOS	(2-)			(2%)	(00)			
Malignant lymphoma, lymphocytic type	6	(12%)	4	(8%)	4	(8%)		
Malignant lymphoma, histiocytic type	2	(4%)	1	(2%)	4	(8%)		
Malignant lymphoma, mixed type	12	(24%)		(18%)	12	(24%)		
Mast cell sarcoma			1	(2%)				
Leukemia, NOS		(2%)						
#Peyer's patch	(47)		(43)	(00)	(42)			
Malignant lymphoma, mixed type			1	(2%)				
CIRCULATORY SYSTEM								
*Multiple organs	(50)		(50)		(50)			
Hemangiosarcoma						(2%)		
#Mesenteric lymph node	(46)	(0.0)	(43)		(44)			
Hemangioma		(2%)	(40)		(20)			
#Liver Hemangioma	(50)	(90)	(48)		(50)			
Hemangiosarcoma		(2%) (2%)			9	(4%)		
#Ovary/parovarian	(49)		(48)		(49)	(10)		
Hemangioma	()		()			(2%)		
#Ovary	(49)		(48)		(49)			
Hemangioma	<i>.</i>					(2%)		
DIGESTIVE SYSTEM		<u> </u>			<u>-,</u>			
#Liver	(50)		(48)		(50)			
Hepatocellular adenoma		(20%)		(13%)		(42%)		
Hepatocellular carcinoma		(10%)		(10%)		(38%)		
#Forestomach	(47)	(00)	(43)		(43)	(0// \		
Squamous cell papilloma #Dylogue		(9%)	(40)			(2%)		
#Pylorus Adenomatous polyp, NOS	(47)	(2%)	(43)		(43)			
#Cecum	(48)	(470)	(45)		(45)			
	(40)		(47)		(40)			

TABLE D1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE

	CONTR	OL (VEH)	LOW	DOSE	HIG	H DOSE
URINARY SYSTEM	······································					
#Kidney/cortex	(50)		(47)		(46)	
Tubular cell adenoma				(2%)		
ENDOCRINE SYSTEM			· . · · · · · · · · · · · · · · · · · ·		- <u> </u>	
#Pituitary intermedia	(48)		(42)		(40)	
Adenoma, NOS	1	(2%)	1	(2%)	1	(3%)
#Anterior pituitary	(48)		(42)		(40)	
Adenoma, NOS	6	(13%)		(7%)	6	(15%)
Adenocarcinoma, NOS			1	(2%)		
#Adrenal	(49)		(46)		(49)	
Cortical adenoma		(2%)		(4%)		
#Adrenal/capsule	(49)		(46)		(49)	
Adenoma, NOS				(4%)		
#Adrenal medulla	(49)		(46)	(m. o.)	(49)	
Pheochromocytoma	-	(0~)	3	(7%)	1	(2%)
Pheochromocytoma, malignant		(2%)				
#Thyroid	(48)		(45)		(46)	
Follicular cell adenoma #Pancreatic islets	(40)		(477)			(7%)
#Pancreatic islets Islet cell adenoma	(48)		(47)		(48)	(2%)
						(470)
REPRODUCTIVE SYSTEM						
*Mammary gland	(50)		(50)		(50)	
Adenocarcinoma, NOS	1	(2%)	2	(4%)		(2%)
Adenosquamous carcinoma						(2%)
Fibroadenoma						(2%)
#Uterus	(49)		(47)		(50)	
Leiomyoma		(2%)				
Endometrial stromal polyp		(2%)		(2%)		
#Cervix uteri	(49)		(47)		(50)	
Leiomyosarcoma	(10)		(4			(2%)
#Endometrial gland	(49)		(47)		(50)	(90)
Papillary adenocarcinoma #Ovary	(40)		(48)		1 (49)	(2%)
#Ovary Luteoma	(49)	(2%)	(48)			(2%)
	1	(270)		· <u>····</u>	1	(270)
NERVOUS SYSTEM						
#Cerebrum	(50)		(48)	(6// \	(46)	
Adenocarcinoma, NOS, invasive			1	(2%)		
SPECIAL SENSE ORGANS	<u></u>	<u></u>				
*Harderian gland	(50)		(50)		(50)	
Adenoma, NOS		(2%)		(2%)		
Papillary adenocarcinoma	1	(2%)	2	(4%)		
MUSCULOSKELETAL SYSTEM						
*Vertebral column	(50)		(50)		(50)	
Osteosarcoma	,			(2%)		
*Muscle of leg	(50)		(50)		(50)	
Rhabdomyosarcoma		(2%)				

TABLE D1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTROL (VEH)	LOW DOSE	HIGH DOSE
BODY CAVITIES None			ан бар ууун тайдаад байбууу тайн бар тайсан тайнуу тайн байтуу тайн
ALL OTHER SYSTEMS			
*Multiple organs Sarcoma, NOS	(50)	(50) 1 (2%)	(50)
ANIMAL DISPOSITION SUMMARY			······································
Animals initially in study	50	50	50
Natural death	3	6	9
Moribund sacrifice	9	4	3
Terminal sacrifice	35	36	35
Dosing accident	2	4	3
Accidentally killed, NOS	1		
TUMOR SUMMARY		······································	
Total animals with primary tumors**	37	36	46
Total primary tumors	66	54	86
Total animals with benign tumors	24	18	31
Total benign tumors	32	25	39
Total animals with malignant tumors	26	24	33
Total malignant tumors	34	29	47
Total animals with secondary tumors##	2	1	2
Total secondary tumors	2	1	2

TABLE D1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

* Number of animals receiving complete necropsy examinations; all gross lesions including masses examined microscopically.
 ** Primary tumors: all tumors except secondary tumors
 # Number of animals examined microscopically at this site
 ## Secondary tumors: metastatic tumors or tumors invasive into an adjacent organ

GAVAGE SICD																				- 41	- 61				
ANIMAL NUMBER	0 4 6	0 0 4	0 2 3	0 3 8	0 4 5	0 1 1	0 0 6	0 2 8	0 0 9	0 0 1	0 3 4	0 2 6	0 4 4	0 1 2	0 1 8	0 0 2	0 0 3	0 0 5	0 0 7	0 0 8	0 1 0	0 1 3	0 1 4	0 1 5	0 1 6
WEEKS ON STUDY	0 1 1	0 1 2	0 6 3	0 6 8	0 7 4	0 8 7	0 9 0	0 9 0	0 9 1	0 9 5	0 9 5	0 9 6	0 9 7	1 0 0	1 0 2	1 0 4									
RESPIRATORY SYSTEM Lungs and bronch Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Pheochromocytoma, metastatic Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	* *	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spieen	+++	+++	 +	++++	+++	+	+++	+	+	+++	+++	+++	+++	 	- +	++++		+++	 +	+	+ +	+ +	+	++++	+
Lymph nodes Hemangnoma Thymus	+++	- +	+	+	++	++	+	+ +	+	+ X +	+ +	+++	++	+	+ +	++	- +	÷ +	+ +	++	+ +	÷ +	+ +	- +	+ +
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salvary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Hemangioma	+++	+++	++	+ +	+ +	+ +	+ + X	++	+ +	+ + X	+ + x	++	+ +	+ + x	++	+++	+ + X	+++++	+++	+ + X	+++	+ +	+ +	++++	+ +
Hemangnosarcoma Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Squamous cell papilloma	++++++	+++++	+ N +	+++++	++++	+ + + + +	+ N + + +	+ + + + +	+N+++	+++++	+ + + + +	+ + + + +	+++++	+ 2 + + -	+ N + + -	+++++	++++	+ + + + +	+++++	++++	++++	++++	+ + + + +	+++++	+ + + + +
Adenomatous polyp, NOS Small intestine Large intestine Leiomyosarcoma	+++++	+ +		+ +	+ +	+ +	-	- +	+ +																
URINARY SYSTEM Kidney Urinary bladder	+++++	+++	+	+++	+++	+++	+++	++++	++	+ +	+ +	+	+ +	+	+	+++	+++	++++	+++	+++	++	+++	+++	++	++++
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenal Cortical adenoma Pheochromocytoma, malignant	-	+ +	+ +	+ +	+ +	+ +	+	+ +	+ +	+ +	+	+ +	* *	+ +	++	* *	+ +	+ +							
Pheochromocytoma, manghant Thyroid Parathyroid	+ -	+	-	+ +	+	+ +	+ +	+ +	+	+ +	+ -	+ -	+ -	+ +	Ξ	+ +	+ -	+ +	+ +	+ +	+ +	+ +	+ +	+ -	+ +
REPRODUCTIVE SYSTEM Mammary gland Adenocarcnoma, NOS Uterus	N	+	N	+	N	+	+	N	N	N	N	N	N	N	N	+	N +	N	* *	+	N +	N +	N +	N +	N +
Leionyoma Endometrial stromal polyp Ovary Luteoma	+	+	+	+	+	+	+	+	+	+	+	+	+	, +	+	, +	-	+	+	+ X	х +	+	+	х́ +	, +
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Hardernan gland Adenoma, NOS Papillary adenocarcinoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
MUSCULOSKELETAL SYSTEM Muscle Rhabdomyosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, lymphocytic type Malignant lymphoma, histocytic type Malignant lymphoma, mixed type Leukema, NOS	N	N	N X	N	N X	N X	N	N	N	N	N X	N X	N X	N	N X	N	N	N X	N	N	N	N X		N	N

TABLE D2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEARGAVAGE STUDY OF 1,4-DICHLOROBENZENE: VEHICLE CONTROL

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

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

											uci	~/														
ANIMAL NUMBER	0 1 7	0 1 9	0 2 0	0 2 1	0 2 2	0 2 4	0 2 5	0 2 7	0 2 9	0 3 0	0 3 1	0 3 2	0 3 3	0 3 5	0 3 6	0 3 7	0 3 9	0 4 0	0 4 1	0 4 2	0 4 3	0 4 7	0 4 8	0 4 9	0 5 0	TOTAL
WEEKS ON STUDY	104	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TISSUES
RESPIRATORY SYSTEM Lungs and bronch Hepatocellular carcinoma, metastatic Alveolar/bronchiolar carcinoma Alveolar/bronchiolar carcinoma Pheochromocytoma, metastatic	+	+ X	+	+	+	+	+ *	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+ X	+ X	+	+ X	50 1 3 2 1
Trachea HEMATOPOIETIC SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
Bone marrow Spleen Lymph nodes Hemangtoma Thymus	+++++++++++++++++++++++++++++++++++++++	+ + + -	+ + + +	+ + + + +	+ + + + +	+++ +	+++ ++	+++++++++++++++++++++++++++++++++++++++	++++	+++ +	++-+	++++++	+ + + + +	+ + + +	+ + + + +	+ + +	-++++++	+ + + + +	+ + + + +	+ + + +	+ + +	+ + +	+ + + +	+ + + +	+ + + + +	46 50 46 1 43
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	 +	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Hemangroma	+++	+ + X	+++	+ + X	+ + X	+ + X	+ +	+ + X	++++	++++	+	+ +	++ * X	++++	+++	+++	++	+++	+ + X	+ * X	+ + X	+ +	+ + X	+++	++++	50 50 10 5 1
Hemangosarcoma Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Squamous cell papilloma Adagomatous polyp, NOS	+++++++++++++++++++++++++++++++++++++++	++-++	+ + + + + X	+ + + + + X	++++	++++	++++	++++	X + + + + + + X	++++	+++++	++++	++++	++++	++++	++++	++++	++++	+ 2 + + +	++++	++++	+ + + + + X	++++	++++	+ + + + + X	1 50 *50 48 50 47 47 4
Small intestine Large intestine Leiomyosarcoma	+++	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ + X	+	+	+ +	+ +	+ +	+	+ +	+ +	+ +	+	+	+	+ +	+	+	+ +	47 48 1
URINARY SYSTEM Kidney Urinary bladder	+++	+++	+ +	+++	+++	+++	+++	+++	+++	+++	+++	++++	+++	++++	++++	++++	++++	++++	+++	+++	+++	+++	+++	+ +	+ +	50 47
ENDOCRINE SYSTEM Pitnitary Adenoma, NOS Adrenal Cortical adenoma	+ X +	+ +	+ +	+ +	+ +	- +	++	+ +	+ +	+ +	+ +	+ +	++	+ +	+ +	+	* *	+ +	+ +	+ X +	* * +	+ X + X	+ +	+ +	+ +	48 7 49 1
Pheochromocytoma, malignant Thyroid Parathyroid	+	+	+	+ +	+ +	+	x + -	+ +	+ +	+ -	+ +	+ +	+ -	+	+ +	+ -	+ +	+ +	+ +	+	+ +	+ +	+ -	+ +	+ +	1 48 29
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS	N	N	N	N	N	+	N	N	N	N	N	+	N	N	N	+	N	N	N	N	N	N	N	N	+	*50 1
Uterus Leiomyoma Endometrial stromal polyp Ovary Luteoma	+	+	+	+	+	+	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49 1 1 49 1
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPECIAL SENSE ORGANS Hardernan gland Adenoma, NOS Papillary adenocarcinoma	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	*50 1 1
MUSCULOSKELETAL SYSTEM Muscle Rhabdomyosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, lymphocytic type Malignant lymphoma, histiocytic type						N		N	N	N	N	N	N	N	N X	N	N	N	N	N	N X			N	N X	*50 6 2
Malignant lymphoma, mixed type Leukemia, NOS	X	X	x	x	x		X															X	х 			12 1

TABLE D2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE: VEHICLE CONTROL (Continued)

* Animals necropsied

ÁNIMAL	0	0	0	0	0	0	0	0	0	0	0	0	ग	Ó	0	0	0	0	0	0	0	0	0	0	0
NUMBER	3 8	0 1	0 7	2 3	3 5	3 6	3 9	4 0	22	4 8	2 4	1 6	$\frac{2}{1}$	4 9	0 2	0 3	0 4	0 5	0 6	0 8	0 9	1 0	1 1	$1 \\ 2$	$\frac{1}{3}$
WEEKS ON STUDY	0 0 6	0 1 1	0 1 1	0 1 1	0 6 9	0 8 6	0 8 6	0 9 1	0 9 5	0 9 5	0 9 7	0 9 9	1 0 0	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4
RESPIRATORY SYSTEM											···· ··														
Lungs and bronch: Alveolar/bronchiolar adenoma Trachea	+	-	+	-	+ x +	+	+	+	+	* *	+	+	+	+	+	+	* *	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen	+	+	+	-	+	+	+++	++++	+++	+++	++++	+++	++++	-+	+++	+	+++	+++	+++	+ +	++++	+	++++	+++	+
Lymph nodes Thymus	+++	 +	+ - -	-	+ + +	+ + +	+	+++	+ + +	+ + +	+ + +	-	+	+	+ + +	+ - +	+ + +	+ +	++++	+++	+	+ + +	+ + +	+ + +	+ + +
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salıvary gland	+	-	-	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver Hepatocellular adenoma Hepatocellular carcinoma	+	-	+	_	+ X	+	+	+	+	+	+	+ X	+	+	+	* X	* X	+	+	+	+	+	*	+	+
Bile duct Gallbladder & common bile duct Pancreas	n N	N	+ N	N	+ + +	+++++	+ N +	+ N +	+++++	+ N +	++++	+ N	+++++++++++++++++++++++++++++++++++++++	+ N +	+++++	+++++	++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++++	+++++++++++++++++++++++++++++++++++++++	++++++	+++++	+++++	+ + +
Esophagus Stomach	++	+	+ + -	+	+++++++++++++++++++++++++++++++++++++++	+ +	+	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++	++++++	+	+++	+ + -	+ + +	+ + +	+++++++++++++++++++++++++++++++++++++++	+++++	+++++++++++++++++++++++++++++++++++++++	+++++	+++++++++++++++++++++++++++++++++++++++	+++++	++++	+++	+ + +
Small intestine Malignant lymphoma, mixed type Large intestine	-+	+	_	-	++	+ +	-	++	+	++	+ +	++	++	_	++	+ +	+ +	++	++	++	++	++	++	++	++
URINARY SYSTEM Kidney		_	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Tubular cell adenoma Urınary bladder	_	-	_	-	+	+	-	+	+	+	+	-	+	-	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM Pituitary Adenoma, NOS	-	-	-	-	+	+	_	+	+	+	+	+	+	-	+	+	+	+	+	+	* X	+	* x	+	*
Adenocarcinoma, NOS Adrenal Adenoma, NOS Cortical adenoma	+	-	-	-	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	*	+	+ x	+
Pheochromocytoma Thyroid Parathyroid	+	-	_	_	+ +	+ +	+ -	+ +	+ +	+ -	+ +	+ +	+ ~	+	+	X + +	+ +	+ -	+ -	-	+ +	+ +	+ +	+ +	+ +
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS	+	N	N	N	N	N	N	N	+	N	N	* X	+	N	N	+	+	+	N	+	N	+	+	+	+
Uterus Endometrial stromal polyp	+	+	+	-	+	+	-	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+
Ovary NERVOUS SYSTEM	+	+	+		+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+
Brain Adenocarcinoma, NOS, invasive	+	-	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Hardenan gland Adenoma, NOS Papilary adenocarcinoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N X	N	N
MUSCULOSKELETAL SYSTEM Bone Osteosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Sarcoma, NOS	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
Malignant lymphoma, NOS Malignant lymphoma, lymphocytic type Malignant lymphoma, histiocytic type							x	x	x		x		x	x	x	x									
Malignant lymphoma, mixed type Mast cell sarcoma									x						X	X									

TABLE D2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEARGAVAGE STUDY OF 1,4-DICHLOROBENZENE: LOW DOSE

									/011		uec	.,														
ANIMAL NUMBER	0 1 4	0 1 5	0 1 7	0 1 8	0 1 9	0 2 0	0 2 5	0 2 6	0 2 7	0 2 8	0 2 9	0 3 0	0 3 1	0 3 2	0 3 3	0 3 4	0 3 7	0 4 1	0 4 2	0 4 3	0 4 4	0 4 5	0 4 6	0 4 7	0 5 0	TOTAL.
WEEKS ON STUDY	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TISSUES
RESPIRATORY SYSTEM Lungs and bronchı Alveolar/bronchıolar adenoma Trachea	++++	++	+ +	++	++	++	++	++	++	+ +	+ +	++	+++	+++	++	+ X +	+ +	++	+++	+ X +	++	+ +	+ +	+ +	+ +	48 5 45
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	+++++++++++++++++++++++++++++++++++++++	++++++	+ + + +	+++-	+++++	++++-	++	+ ++ ++++	+ + + +	++++-	+ + + +	++++++	+++++++	++++-	+ + + +	++++++	+ + + -	+++++	+ + + + + +	+ + +	+ + + +	+++++	++++++	+ + + +	+ + + -	48 48 43 36
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Sahvary gland Liver Hepatocellular adenoma Hepatocellular carcinoma	+++	+++	+ +	+++	++	++	+++	++	+ + X X	+ + x	+ +	+ + X	+ +	+ +	++	+++	++	+ +	+++	+ +	 + + X	++	+ + X	+ +	+ +	47 48 6 5
Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Small intestine Malignant lymphoma, mixed type Large intestine	+++++++++++++++++++++++++++++++++++++++	+ + + + + + X +	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+ N + + + + +	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++ +	+++++++++++++++++++++++++++++++++++++++	+ + + + + +	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	*****	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	48 *50 47 50 43 43 43 1 45
URINARY SYSTEM Kidney Tubular cell adenoma Urinary bladder	+ X +	+++	+++	++	+++	+++	++	++	+++	+++	+++	+++	+++	++	+ +	+++	++	+++	++	++	+	+++	+ +	++	+++	47 1 43
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adenocarcinoma, NOS	+	+	+	+	+ X	+		+	+	+	+	* x	+	+	+	+	+	+	~	+	+	+	+	+	+	42 4 1
Adrenal Adenoma, NOS Cortical adenoma Pheochromocytoma Thyroid Parathyroid	++++	++++	++++	+ ++	++++	++++	++++	+ x + +	++++	+++++	+++++	++	++++	+ + +	++++	+ X + -	+++++	++++	+ + +	+ X + -	+ +	+++++	++++	+ + +	+ X -	46 2 2 3 45 34
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS Uterus	+++	N +	N +	N +	++	++	+ X +	+++	N +	N +	+ +	++	, N +	+ + +	N +	N +	N +	++	N +	N +	N +	N +	+ +	N +	N +	*50 2 47
Endometrial stromal polyp Ovary	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1 48
NERVOUS SYSTEM Brain Adenocarcinoma, NOS, invasive	+	+	+	+	* X	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	+	+	+	48 1
SPECIAL SENSE ORGANS Harderan gland Adenoma, NOS Papillary adenocarcinoma	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	*50 1 2
MUSCULOSKELETAL SYSTEM Bone Osteosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1
ALL OTHER SYSTEMS Multiple organs, NOS Sarcoma, NOS Malignant lymphoma, NOS Malignant lymphoma, lymphocytic type	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1 1 4
Maignant lymphoma, lymphocytic type Maignant lymphoma, histocytic type Maignant lymphoma, mixed type Mast cell sarcoma	x		x								x										x		x	x	x	1 9 1

TABLE D2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE: LOW DOSE (Continued)

* Animals necropsied

ANIMAL NUMBER	0 3 7	0 3 4	0 2 4	0 1 4	0 3 2	0 0 5	0 2 2	0 1 2	0 4 9	0 4 3	0 2 0	0 1 1	0 3 1	0 1 6	0 0 1	0 0 2	0 0 3	0 0 4	0 0 6	0 0 7	0 0 8	0 0 9	0 1 0	0 1 3	0 1 5
WEEKS ON STUDY	0 1 0	0 1 1	0 6 4	0 6 5	0 7 0	0 7 5	0 8 3	0 9 2	0 9 2	0 9 3	0 9 4	0 9 7	1 0 0	1 0 1	1 0 4	1 0 4	1 0 4	1 0 4							
INTEGUMENTARY SYSTEM Subcutaneous tissue Osteosarcoma	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronch Alveolar/bronchtolar adenoma Leiomyosarcoma, metastatic Osteosarcoma, metastatic	-	+	+	+	+	+	+	+	+	+ x	+	+	+	+	+	+	+	+ x	+	+	*	+	+	+	+
Trachea	+	+	+		+	+	+	+	+	-	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	+++++++++++++++++++++++++++++++++++++++	+ + + + +	+ + + +	+ + + +	++	+ + -	+ + + +	+++-	+ + - +		+ - -	++++	+ + + +	+ + + + + +	+ + + +	+ + + +									
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salıvary gland Lıver Hepatocellular adenoma Hepatocellular carcınoma	+++++++++++++++++++++++++++++++++++++++	+++	+++	+ +	++++	+ +	+ + x	- +	+ + x	+ +	+ +	+ +	+ + x	+ + X X	+ + X	+ * X	+ + X	+ + X	+ +	+ + X X	+ +	+ + x	+ + x	+ + X X	+ + x
Hemangtosarcoma Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Styamous cell papilloma	+ N + + +	+++++	+++++	+ 2 + + +	+ N + + -	+ N - + -	+++++	+2+++	+ N + + -	+ Z - + I	+ N + + -	+ 1 + 1 + 1	++++	+N+++	++++	++++	++++	++++	++++	++++	+ + + + +	++++	+++++	++++	+ N + + +
Small intestine Large intestine	+++++	+ +	+++	+ +	+	-	+ +	+	+	-	-	-	++++	+++++	+++	+ +	++++	++	+ +	+ +	+++	+++++	++++	++	+ +
URINARY SYSTEM Kidney Urinary bladder	++	++	<u>+</u>	+ +	<u>+</u>	-	+ +	+++	+	-	+	-	+++	++++	+ +	+ +	+ +	+++	+ +	++++	+++	+ +	+ +	+ +	+ +
ENDOCRINE SYSTEM Pituitary Adenoma, NOS	+	-	*	-	-	+	+	+	+	-	-	+	+	+	+	+	-	+	+	+	+	*	+	+	*
Adrenal Pheochromocytoma Thyroid Follicular cell adenoma	+	+	+	-	+	+	+	+	+	+ -	+	-	+	+	+	+	+	+	+	+	+	+ X	+	+	++
Parathyroid Pancreatic islets Islet cell adenoma	+ +	+ +	+ +	+	+ +	-	+ +	+ +	+	-	÷ x	+ +	+ +	+	+ +	+ +	+	÷	+ +	+	+ +	4 + +	+ +	+ +	+
REPRODUCTIVE SYSTEM Mammary gland Adenosquamous carcinoma	N	N	+ x	N	N	N	N	N	+	N	N	N	N	N	N	N	N	+	+	N	N	N	N	+	N
Fibroadenoma Uterus Papillary adenocarcinoma Leiomyosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ v	+	+	+	+	+	+	+
Ovary Luteoma Hemangioma	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+
NERVOUS SYSTEM Brain	+	+	+	+	+	-	+	+	+	+		-	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS Multiple organs, NOS Hemangiosarcoma	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Malignant lymphoma, lymphocytic type Malignant lymphoma, histiocytic type Malignant lymphoma, mixed type				x				x	x				x	X					x	x		x		x	x

TABLE D2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE: HIGH DOSE

ANIMAL NUMBER	0 1 7	0 1 8	0 1 9	0 2 1	0 2 3	0 2 5	0 2 6	0 2 7	0 2 8	0 2 9	0 3 0	0 3 3	0 3 5	0 3 6	0 3 8	0 3 9	0 4 0	0 4 1	0 4 2	0 4 4	0 4 5	0 4 6	0 4 7	0 4 8	0 5 0	TOTAL
WEEKS ON STUDY	104	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TOTAL TISSUES TUMORS
INTEGUMENTARY SYSTEM Subcutaneous tissue Osteosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	4	+	+	+	*50 1
RESPIRATORY SYSTEM Lungs and bronch Alveolar/bronchiolar adenoma Leiomyosarcoma, metastatic Osteosarcoma, metastatic Traches	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49 1 1 1 45
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	+ -+ +-	++-++-+	+ + + +	+ + + +	+ + + + +	+++++	+++++	+++++	+++-	++++++	+ + + +	++++++	+++++	+ + - +	+ + + + +	+ + + +	+ + + +	++++++	+ + + +	+ + + +	+ + + +	++++++	+++++	+ + + +	+ + + +	49 46 44 42
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salvary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Hemanguosarcoma Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Squamous cell papilloma	++ x +N++-	++ +++++	++ X +++++	++ ++++	++X +++++	++ XX+N+++	++ X +++++	++X +++++	++ x +++++	++X +++++	+ + X + + + + + + + + + + + + + + + + +	++X +++++	++X +++++	-+ X +++++	++X +++++	++X +++++	++XX +++++	++X X+++++	++X +++++X	++ X +++++	+ + * X + + + + + +	+ + X + + + + + + + + + + + + + + + + + + +	++X +++++	++ X ++++	+ + X + + + + + + + + + + + + + + + + +	48 50 21 19 2 50 *50 48 50 48 50 43 1
Small intestine Large intestine URINARY SYSTEM	=	++	++	+	++	++	++	++	++	+	++	++	+	+	++	+	++	++	++	+	++	+	+	+	++	42 45
Kidney Urinary bladder	-	+ +	+++	+ +	+ +	++++	+ +	+	+ +	+++	++++	+ +	++	++	+ +	+++	++	+ +	++	+	++	+	++	+	+	46 43
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenal Pheochromocytoma Thyroid Follicular cell adenoma Parathyroid Pancreatic islets Islet cell adenoma	+ + - + +	+ X + + + + + + + + + + + + + + + + + +	- + + +	- + + +	++++-++	+ + + +	+ + + - +	+++++++++++++++++++++++++++++++++++++++	++++++	+ + + +	- + + +	+X++X-+	+ + + + + + + + + + + + + + + + + + + +	+ + + +	+ X + + X + +	+ + + + + + + + + + + + + + + + + + + +	+ + + +	+ + + +	+ + + -+	+ + + +	+ X + + +	+ + + +	- + +	+ + + +	+ + X + +	40 7 49 1 46 3 27 48 1
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS Adenosquamous carcinoma	N	+	N	*	+	N	N	+	+	N	N	+	N	+	+	N	+	N	N	+	N	N	+	N	N	*50 1 1
Fibroadenoma Uterus Papillary adenocarcinoma Leiomyosarcoma Ovary Luteoma Hemangoma	+	+ +	+ + X	+	+ +	+ +	+	+ +	+ +	+	+ +	X + +	+ +	+ +	+ +	+	+ +	+ +	+ +	+	+	+ +	+ +	+ X +	+ +	1 50 1 49 1 2
NERVOUS SYSTEM Brain		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46
ALL OTHER SYSTEMS Multiple organs, NOS Hemangiosarcoma Malignant lymphoma, lymphocytic type Malignant lymphoma, histocytic type Malignant lymphoma, mixed type	N	N X	N	N	N	N X	N	N X	N X	N X	N	N	N	N X	N	N		N X		N	N X	N	N	N	N X	*50 1 4 4 12

TABLE D2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE: HIGH DOSE (Continued)

* Animals necropsied

TABLE D3. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDYOF 1,4-DICHLOROBENZENE

	Vehicle Control	300 mg/kg	600 mg/kg
Lung: Alveolar/Bronchiolar Adenoma		, 117 <u>- 117 - 118 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 119 - 1</u>	
Overall Rates (a)	3/50 (6%)	5/48 (10%)	1/49 (2%)
Adjusted Rates (b)	8.6%	12.5%	2.8%
Terminal Rates (c)	3/35 (9%)	3/36 (8%)	1/36 (3%)
Week of First Observation	104	69	104
Life Table Tests (d)	P = 0.258N	P = 0.371	P≔0.295N
Incidental Tumor Tests (d)	P = 0.251N	P = 0.300	P = 0.295N
Cochran-Armitage Trend Test (d)	P = 0.273N	1 -0.000	1-0.2301
Fisher Exact Test (d)	r=0.2731	P=0.335	P=0.316N
Fisher Exact Test (d)		1 - 0.000	1-0.01011
Lung: Alveolar/Bronchiolar Adenoma or	Carcinoma		
Overall Rates (a)	5/50 (10%)	5/48 (10%)	1/49 (2%)
Adjusted Rates (b)	14.3%	12.5%	2.8%
Terminal Rates (c)	5/35 (14%)	3/36 (8%)	1/36 (3%)
Week of First Observation	104	69	104
Life Table Tests (d)	P=0.086N	P=0.614N	P==0.096N
Incidental Tumor Tests (d)	P = 0.084N	P = 0.581	P=0.096N
Cochran-Armitage Trend Test (d)	P = 0.095 N		-
Fisher Exact Test (d)		P = 0.603	P=0.107N
Hamatanalatia Quatana Malianant Tarak			
Hematopoietic System: Malignant Lymph Overall Rates (a)	6/50 (12%)	4/50 (8%)	4/50 (8%)
Adjusted Rates (b)	15.7%	4/30 (8%) 9.3%	10.8%
Terminal Rates (c)	4/35 (11%)	9.3% 0/36(0%)	3/36 (8%)
Week of First Observation			101
	87 B-0 200N	86 P=0.361N	
Life Table Tests (d)	P = 0.300N		P = 0.360N
Incidental Tumor Tests (d)	P = 0.359N	P=0.413N	P==0.399N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.303N	P=0.371N	P = 0.371 N
risner Exact Test (d)		P = 0.37110	r=0.3711
Hematopoietic System: Malignant Lymph	oma, Histiocytic Type		
Overall Rates (a)	2/50 (4%)	1/50 (2%)	4/50 (8%)
Adjusted Rates (b)	5.3%	2.8%	10.5%
Terminal Rates (c)	0/35 (0%)	1/36 (3%)	3/36 (8%)
Week of First Observation	96	104	92
Life Table Tests (d)	P = 0.249	P = 0.491N	P = 0.350
Incidental Tumor Tests (d)	P = 0.214	P=0.497N	P = 0.295
Cochran-Armitage Trend Test (d)	P = 0.238	1 - 0.40111	
Fisher Exact Test (d)	1 - 0.200	P=0.500N	P=0.339
- must likev 1000 (u/		1 -0.00011	I — V.UUV
Hematopoietic System: Malignant Lymph			10/50 (01/2)
Overall Rates (a)	12/50 (24%)	10/50 (20%)	12/50 (24%)
Adjusted Rates (b)	31.8%	26.8%	30.2%
Terminal Rates (c)	10/35 (29%)	9/36 (25%)	9/36 (25%)
Week of First Observation	74	95	65
Life Table Tests (d)	P = 0.524N	P=0.378N	P = 0.566N
Incidental Tumor Tests (d)	P = 0.525N	P=0.425N	P = 0.571N
Cochran-Armitage Trend Test (d)	P=0.548		
Fisher Exact Test (d)		P = 0.405N	P = 0.592N
Hematopoietic System: Lymphoma, All M	alignant		
Overall Rates (a)	20/50 (40%)	16/50 (32%)	20/50 (40%)
Adjusted Rates (b)	48.4%	37.8%	48.4%
Terminal Rates (c)	14/35 (40%)	10/36 (28%)	15/36 (42%)
Week of First Observation	74	86	65
TT VOA VI I ILOV VIDOL FALLUII	-		P = 0.542N
Life Table Tests (d)			
Life Table Tests (d) Incidental Tumor Tests (d)	P = 0.509N P = 0.502	P = 0.257N P = 0.303N	
Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d)	P = 0.509 N P = 0.502 P = 0.541	P = 0.237 N P = 0.303 N	P = 0.54214 P = 0.558

	Vehicle Control	300 mg/kg	600 mg/kg
Hematopoietic System: Lymphoma or Leu	kemia	· · · · · · · · · · · · · · · · · · ·	
Overall Rates (a)	21/50 (42%)	16/50 (32%)	20/50 (40%)
Adjusted Rates (b)	49.4%	37.8%	48.4%
Terminal Rates (c)	14/35 (40%)	10/36 (28%)	15/36 (42%)
Week of First Observation	63	86	65
Life Table Tests (d)	P=0.434N	P = 0.205N	P=0.468N
Incidental Tumor Tests (d)	P=0.487N	P = 0.267N	P = 0.511N
Cochran-Armitage Trend Test (d)	P=0.459N		
Fisher Exact Test (d)		P = 0.204 N	P = 0.500N
Circulatory System: Hemangiosarcoma			
Overall Rates (a)	1/50 (2%)	0/50 (0%)	3/50 (6%)
Adjusted Rates (b)	2.9%	0.0%	7.7%
Terminal Rates (c)	1/35 (3%)	0/36 (0%)	2/36 (6%)
Week of First Observation	104		83
Life Table Tests (d)	P = 0.180	P=0.494N	P = 0.312
Incidental Tumor Tests (d)	P = 0.167	P = 0.494N	P = 0.288
Cochran-Armitage Trend Test (d)	P = 0.176	1 -0.90911	1 -0.200
Fisher Exact Test (d)	r - 0.1 (0	P = 0.500 N	P = 0.309
		x -0.00011	x - 0.000
Circulatory System: Hemangioma or Hema			
Overall Rates (a)	2/50 (4%)	0/50 (0%)	5/50 (10%)
Adjusted Rates (b)	5.2%	0.0%	12.4%
Terminal Rates (c)	1/35 (3%)	0/36 (0%)	3/36 (8%)
Week of First Observation	95		75
Life Table Tests (d)	P=0.122	P=0.234N	P = 0.224
Incidental Tumor Tests (d)	P = 0.127	P=0.237N	P = 0.217
Cochran-Armitage Trend Test (d)	P=0.118		
Fisher Exact Test (d)	1 -0.110	P=0.248N	P = 0.218
		1 - 0,2 1011	1 0.210
Liver: Hepatocellular Adenoma			
Overall Rates (a)	10/50 (20%)	6/48 (13%)	21/50 (42%)
Adjusted Rates (b)	27.4%	16.7%	55.1%
Terminal Rates (c)	9/35 (26%)	6/36 (17%)	19/36 (53%)
Week of First Observation	90	104	92
Life Table Tests (d)	P = 0.008	P = 0.187N	P = 0.017
Incidental Tumor Tests (d)	P=0.006	P = 0.197N	P = 0.012
Cochran-Armitage Trend Test (d)	P=0.008	D 0.00033	D 0015
Fisher Exact Test (d)		P = 0.233N	P = 0.015
Liver: Hepatocellular Carcinoma			
Overall Rates (a)	5/50 (10%)	5/48 (10%)	19/50 (38%)
Adjusted Rates (b)	13.2%	12.6%	48.6%
Terminal Rates (c)	3/35 (9%)	3/36 (8%)	16/36 (44%)
Week of First Observation	95	69	83
Life Table Tests (d)	P<0.001	P=0.610N	P = 0.002
Incidental Tumor Tests (d)	P<0.001	P=0.578	P<0.001
Cochran-Armitage Trend Test (d)	P<0.001		
Fisher Exact Test (d)		P = 0.603	P<0.001
liver: Hepatocellular Adenoma or Carcino			
Overall Rates (a)	15/50 (30%)	10/48 (21%)	36/50 (72%)
Adjusted Rates (b)	39.0%	25.9%	90.0%
Terminal Rates (c)	12/35 (34%)	8/36 (22%)	32/36 (89%)
Week of First Observation	90	69	83
Life Table Tests (d)	P<0.001	P = 0.164N	P<0.001
Incidental Tumor Tests (d)	P<0.001	P = 0.200N	P<0.001
Cochran-Armitage Trend Test (d)	P<0.001 P<0.001	1 - 0.20011	1 -0.001

TABLE D3. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	Vehicle Control	300 mg/kg	600 mg/kg
Forestomach: Squamous Cell Papilloma			
Overall Rates (a)	4/47 (9%)	0/43 (0%)	1/43 (2%)
Adjusted Rates (b)	11.4%	0.0%	2.9%
Terminal Rates (c)	4/35 (11%)	0/36 (0%)	1/35 (3%)
Week of First Observation	104		104
Life Table Tests (d)	P=0.080N	P=0.059N	P=0.178N
Incidental Tumor Tests (d)	P = 0.080 N	P=0.059N	P≈0.178N
Cochran-Armitage Trend Test (d)	P = 0.096N		
Fisher Exact Test (d)		P = 0.070 N	P=0.210N
ituitary Gland: Adenoma			
Overall Rates (a)	6/48 (13%)	3/42 (7%)	6/40 (15%)
Adjusted Rates (b)	17.6%	8.8%	17.9%
Terminal Rates (c)	6/34 (18%)	3/34 (9%)	5/31 (16%)
Week of First Observation	104	104	64
Life Table Tests (d)	P = 0.511	P = 0.239N	P≈0.562
Incidental Tumor Tests (d)	P = 0.488	P = 0.239N P = 0.239N	P = 0.536
Cochran-Armitage Trend Test (d)	P = 0.444	1 - 0.40011	1 0.000
Fisher Exact Test (d)	1 - 0.111	P = 0.314N	P≈0.486
ituitary Gland: Adenoma or Adenocarci	noma		
Overall Rates (a)	6/48 (13%)	4/42 (10%)	6/40 (15%)
Adjusted Rates (b)	17.6%	4/42 (10%) 11.8%	6/40 (15%) 17.9%
Terminal Rates (c)	6/34 (18%)	4/34 (12%)	5/31 (16%)
Week of First Observation	104	4/34 (12%) 104	5/31 (16%) 64
Life Table Tests (d)			
	P = 0.507	P = 0.367N	P = 0.562
Incidental Tumor Tests (d)	P = 0.484	P = 0.367N	P = 0.536
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P=0.437	P = 0.458N	P≈0.486
drenal Capsule or Adrenal Gland: Ader			0440 40 20
Overall Rates (a)	1/49 (2%)	4/46 (9%)	0/49 (0%)
Adjusted Rates (b)	2.9%	11.1%	0.0%
Terminal Rates (c)	1/35 (3%)	4/36(11%)	0/36(0%)
Week of First Observation	104	104	D 0 40 401
Life Table Tests (d)	P = 0.380N	P = 0.187	$P \approx 0.494N$
Incidental Tumor Tests (d)	P = 0.380N	P = 0.187	P≈0.494N
Cochran-Armitage Trend Test (d)	P = 0.391 N		
Fisher Exact Test (d)		P = 0.162	P = 0.500 N
drenal Gland: Pheochromocytoma			
Overall Rates (a)	0/49 (0%)	3/46 (7%)	1/49 (2%)
Adjusted Rates (b)	0.0%	8.3%	2.8%
Terminal Rates (c)	0/35 (0%)	3/36 (8%)	1/36 (3%)
Week of First Observation		104	104
Life Table Tests (d)	P = 0.387	P = 0.126	P = 0.506
Incidental Tumor Tests (d)	P = 0.387	P = 0.126	P = 0.506
Cochran-Armitage Trend Test (d)	P = 0.379		
Fisher Exact Test (d)		P = 0.110	P = 0.500
drenal Gland: Pheochromocytoma or Ma			
Overall Rates (a)	1/49 (2%)	3/46 (7%)	1/49 (2%)
Adjusted Rates (b)	2.9%	8.3%	2.8%
Terminal Rates (c)	1/35 (3%)	3/36 (8%)	1/36 (3%)
Week of First Observation	104	104	104
Life Table Tests (d)	P = 0.600 N	P = 0.315	P = 0.756N
Incidental Tumor Tests (d)	P = 0.600N	P = 0.315	P = 0.756N
Cochran-Armitage Trend Test (d)	P = 0.609		
Fisher Exact Test (d)		P = 0.285	P = 0.753

TABLE D3. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR GAYAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	Vehicle Control	300 mg/kg	600 mg/kg
Thyroid Gland: Follicular Cell Adenoma	· ····································		
Overall Rates (a)	0/48 (0%)	0/45 (0%)	3/46 (7%)
Adjusted Rates (b)	0.0%	0.0%	8.6%
Terminal Rates (c)	0/35 (0%)	0/34 (0%)	3/35 (9%)
Week of First Observation			104
Life Table Tests (d)	P=0.038	(e)	P=0.121
Incidental Tumor Tests (d)	P = 0.038	(e)	P=0.121
Cochran-Armitage Trend Test (d)	P = 0.036		
Fisher Exact Test (d)		(e)	P=0.113
Mammary Gland: Fibroadenoma, Adeno	carcinoma, or Adenosquan	nous Carcinoma	
Overall Rates (a)	1/50 (2%)	2/50 (4%)	3/50 (6%)
Adjusted Rates (b)	2.9%	5.3%	7.5%
Terminal Rates (c)	1/35 (3%)	1/36 (3%)	2/36 (6%)
Week of First Observation	104	99	64
Life Table Tests (d)	P=0.232	P=0.513	P=0.316
Incidental Tumor Tests (d)	P=0.245	P = 0.507	P = 0.340
Cochran-Armitage Trend Test (d)	P = 0.222		
Fisher Exact Test (d)		P = 0.500	P = 0.309
Harderian Gland: Adenoma or Papillary	Adenocarcinoma		
Overall Rates (a)	2/50 (4%)	3/50 (6%)	0/50 (0%)
Adjusted Rates (b)	5.7%	8.3%	0.0%
Terminal Rates (c)	2/35 (6%)	3/36 (8%)	0/36 (0%)
Week of First Observation	104	104	
Life Table Tests (d)	P = 0.193N	P = 0.513	P = 0.232N
Incidental Tumor Tests (d)	P = 0.193N	P = 0.513	P = 0.232N
	P = 0.202N		
Cochran-Armitage Trend Test (d)	P = 0.202 N		

TABLE D3. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDYOF 1,4-DICHLOROBENZENE (Continued)

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

(b) Kaplan-Meier estimated tumor incidence at the end of the study after adjusting for intercurrent mortality

(c) Observed tumor incidence at terminal kill

(d) Beneath the vehicle 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 vehicle controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as nonfatal. The Cochran-Armitage and Fisher exact tests compare directly the overall incidence rates. A negative trend or lower incidence in a dosed group is indicated by (N).

(e) No P value is reported because no tumors were observed in the 300 mg/kg and vehicle control groups.

	Ir	cidence in Vehicle Co	ntrols
Study	Adenoma	Carcinoma	Adenoma or Carcinoma
Historical Incidence at Battell	e Columbus Laboratories	<u>.</u>	· · · · · · · · · · · · · · · · · · ·
Chlorobenzene	2/50	1/50	2/50
1,2-Dichlorobenzene	2/48	2/48	4/48
Benzene	1/50	3/50	4/50
TOTAL	5/148 (3.4%)	6/148 (4.1%)	10/148 (6.8%)
SD(b)	1.21%	2.00%	2.41%
Range (c)			
High	2/48	3/50	4/48
Low	1/50	1/50	2/50
Overall Historical Incidence			
TOTAL	41/1,092 (3.8%)	34/1,092 (3.1%)	74/1,092 (6.8%)
SD(b)	2.65%	2.29%	3.63%
Range (c)			
High	5/50	4/50	7/50
Low	0/50	0/50	1/50

TABLE D4a. HISTORICAL INCIDENCE OF HEPATOCELLULAR TUMORS IN FEMALE B6C3F1 MICEADMINISTERED CORN OIL BY GAVAGE (a)

(a) Data as of August 3, 1984, for studies of at least 104 weeks. No hepatoblastomas have been observed.
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

	Ind	cidence in Vehicle Co	ntrols
Study	Adenoma	Carcinoma	Adenoma or Carcinoma
Historical Incidence at Batte	lle Columbus Laboratories		1. pro - 2 4. march 1. marc
Chlorobenzene	(b) 2/42	0/42	(b) 2/42
1,2-Dichlorobenzene	1/43	0/43	1/43
Benzene	3/49	0/49	3/49
TOTAL	6/134 (4.5%)	0/134 (0.0%)	6/134 (4.5%)
SD(c)	1.92%	0.00%	1.92%
Range (d)			
High	3/49	0/49	3/49
Low	1/43	0/49	1/43
Overall Historical Incidence	•		
TOTAL	(e) 36/1,009 (3,6%)	5/1,009 (0.5%)	(e) 40/1,009 (4.0%)
SD (c)	3.01%	1.10%	3.04%
Range (d)			
High	5/50	2/49	5/50
Low	0/49	0/50	0/47

TABLE D4b. HISTORICAL INCIDENCE OF THYROID GLAND FOLLICULAR CELL TUMORS IN FEMALE B6C3F1 MICE ADMINISTERED CORN OIL BY GAVAGE (a)

(a) Data as of August 3, 1984, for studies of at least 104 weeks

(a) Data as of August 0, 1904, for statutes of at least 104 weeks
(b) Includes papillary adenoma
(c) Standard deviation
(d) Range and SD are presented for groups of 35 or more animals.
(e) Includes one papillary adenoma, one cystadenoma, and two papillary cystadenomas

	CONTR	OL (VEH)	LOW	DOSE	HIG	H DOSE
ANIMALS INITIALLY IN STUDY			50		50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALI	LY 50		50		50	
INTEGUMENTARY SYSTEM						
*Subcutaneous tissue	(50)		(50)		(50)	
Cystic ducts Inflammation, active chronic				(2%) (2%)		
RESPIRATORY SYSTEM				<u></u>		
#Lung/bronchiole	(50)		(48)		(49)	
Lymphocytic inflammatory infiltrate Inflammation, acute/chronic		(12%) (2%)	5	(10%)	6	(12%)
#Lung	(50)	(210)	(48)		(49)	
Aspiration, foreign body	(00)			(4%)		(6%)
Congestion, NOS			-	·		(2%)
Congestion, acute					1	(2%)
Edema, NOS		(2%)				
Hemorrhage	1	(2%)				(00)
Lymphocytic inflammatory infiltrate Inflammation, interstitial						(2%) (6%)
Pneumonia, aspiration	1	(2%)			3	(0%)
Inflammation, active chronic		(2,0)			1	(2%)
Inflammation, acute/chronic	3	(6%)			_	~ ,
Inflammation, granulomatous focal		(10%)	2	(4%)	3	(6%)
Hyperplasia, alveolar epithelium		(2%)				(2%)
#Lung/alveoli	(50)		(48)		(49)	
Hemorrhage	1	(2%)			1	(2%)
HEMATOPOIETIC SYSTEM						
#Lateral ventricle	(50)	(0)	(48)		(46)	
Hyperplasia, lymphoid *Multiple organs		(2%)	(50)		(50)	
Hyperplasia, lymphoid	(50)			(10%)	(80)	
#Bone marrow	(46)		(48)	(10,0)	(49)	
Metamorphosis, fatty	()		(/			(4%)
Myelofibrosis		(4%)		(8%)		(2%)
Hyperplasia, granulocytic	4	(9%)	1	(2%)		(10%)
Hyperplasia, reticulum cell	(20)		(40)			(2%)
#Spleen Degeneration, NOS	(50)		(48)		(46)	(2%)
Depletion, lymphoid			1	(2%)	1	(270)
#Splenic follicles	(50)		(48)	(270)	(46)	
Hyperplasia, focal		(4%)		(4%)		(22%)
Hyperplasia, lymphoid		(28%)		(31%)		(22%)
#Splenic red pulp	(50)		(48)		(46)	
Hematopoiesis		(4%)		(2%)		(9%)
#Lymph node	(46)		(43)		(44)	(90)
Cyst, NOS Inflammation, NOS						(2%) (2%)
#Mandibular lymph node	(46)		(43)		(44)	(2.0)
Congestion, NOS	(-0)		()			(2%)
Hemorrhage	1	(2%)				
Necrosis, focal						(2%)
Hyperplasia, focal	-	(7%)	-	(100)		(2%)
Hyperplasia, lymphoid		11/101	0	(19%)	10	(23%)

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THETWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE

	CONTR	ROL (VEH)	LOW	DOSE	HIG	H DOSE
IEMATOPOIETIC SYSTEM (Continued)						
#Mesenteric lymph node	(46)		(43)		(44)	
Cyst, NOS	,					(2%)
Angiectasis			2	(5%)	5	(11%)
Histiocytosis	1	(2%)	-	(0.0)	•	(
Plasmacytosis	-	(=)			1	(2%)
Hyperplasia, lymphoid	1	(2%)	2	(5%)		(7%)
Hematopoiesis		(2%)		(2%)		(7%)
#Inguinal lymph node	(46)		(43)	(2,0)	(44)	(1 N)
Necrosis, diffuse	(40)			(2%)	(44)	
Hyperplasia, lymphoid	(40)			(2%)	(44)	
#Thymic lymph node	(46)		(43)		(44)	
Hemorrhage	1	(2%)				
Inflammation, acute focal						(2%)
Plasmacytosis					1	(2%)
Hyperplasia, lymphoid				(2%)		
#Lung/bronchiole	(50)		(48)		(49)	
Hyperplasia, lymphoid	5	(10%)				(4%)
#Lung	(50)		(48)		(49)	
Hyperplasia, lymphoid	1	(2%)	1	(2%)	1	(2%)
Mastocytosis					1	(2%)
#Salivary gland	(50)		(47)		(48)	
Hyperplasia, lymphoid	(00)		((4%)
#Liver	(50)		(48)		(50)	(4/0)
	(00)		(40)		1	(2%)
Hyperplasia, lymphoid Hematopoiesis			•	(00)		
	(477)			(6%)		(2%)
#Peyer's patch	(47)		(43)		(42)	
Hyperplasia, lymphoid				(7%)		
#Kidney	(50)		(47)		(46)	
Hyperplasia, lymphoid						(2%)
#Urinary bladder	(47)		(43)		(43)	
Hyperplasia, lymphoid			3	(7%)	3	(7%)
#Adrenal cortex	(49)		(46)		(49)	
Hematopoiesis					1	(2%)
#Thymus	(43)		(36)		(42)	
Foreign body, NOS					1	(2%)
Inflammation, acute/chronic					1	(2%)
Hyperplasia, lymphoid			2	(6%)		(5%)
#Thymic cortex	(43)		(36)	~~ /~ /	(42)	,
Degeneration, NOS		(2%)	(00)		(72)	
Depletion, lymphoid		(2%)	1	(3%)		
Septemon, tympnold	L	(270)	L	(070)		
IRCULATORY SYSTEM						
#Heart	(50)		(50)		(50)	
Thrombosis, NOS				(2%)		
#Myocardium	(50)		(50)		(50)	
Mineralization			1	(2%)		(2%)
Periarteritis						(2%)
Degeneration, NOS					1	(2%)
Metamorphosis, fatty	1	(2%)				
IGESTIVE SYSTEM			<u></u>			
#Salivary gland	(50)		(47)		(48)	
Lymphocytic inflammatory infiltrate	(00)		(41)			(90)
						(2%) (2%)
Inflammation, acute/chronic						

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE
TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTR	ROL (VEH)	LOW	DOSE	HIG	H DOSE
DIGESTIVE SYSTEM (Continued)		<u></u>		·····		
#Liver	(50)		(48)		(50)	
Inflammation, acute focal			1	(2%)		
Inflammation, acute/chronic	4	(8%)	2	(4%)	4	(8%)
Inflammation, chronic focal	1	(2%)				
Inflammation, granulomatous focal						(4%)
Necrosis, coagulative	2	(4%)	2	(4%)	3	(6%)
Infarct, NOS					1	(2%)
Metamorphosis, fatty	1	(2%)				
Focal cellular change	2	(4%)			2	(4%)
#Liver/centrilobular	(50)		(48)		(50)	
Cytoplasmic vacuolization				(2%)		
#Liver/periportal	(50)		(48)		(50)	
Inflammation, acute/chronic		(2%)			(
#Liver/Kupffer cell	(50)		(48)		(50)	(a - 1 -
Hyperplasia, focal	(70)					(2%)
#Liver/hepatocytes	(50)		(48)	(a = a)	(50)	(10.01)
Degeneration, NOS				(17%)		(72%)
Necrosis, focal		(2%)	4	(8%)	30	(60%)
Focal cellular change	1	(2%)				
Cell size alteration				(8%)		(54%)
*Gallbladder	(50)		(50)		(50)	
Hyperplasia, papillary		(2%)				
#Bile duct	(50)		(48)		(50)	
Inflammation, chronic focal		(2%)				
Hyperplasia, epithelial		(2%)				
Hyperplasia, focal		(2%)				
#Pancreas	(48)		(47)		(48)	(0.21)
Inflammation, active chronic						(2%)
Inflammation, granulomatous focal	(10)					(2%)
#Pancreatic acinus	(48)	(0~)	(47)		(48)	
Atrophy, focal	3	(6%)	4	(9%)		(0.01)
Hyperplasia, focal	(10)		(4 100)			(2%)
#Pancreas/interstitiu	(48)		(47)		(48)	(00)
Inflammation, active chronic	(50)		(50)			(2%)
#Esophagus	(50)		(50)	(0~)	(50)	
Lacerated wound	((2%)	(50)	
#Periesophageal tissue	(50)	((50)	(0.00)	(50)	(0.0)
Foreign body, NOS	2	(4%)		(6%)	1	(2%)
Inflammation, multifocal			1	(2%)		(07)
Inflammation, acute	1	(90)	0	(10)		(2%)
Inflammation, acute/chronic #Glandular stomach	(47)	(2%)	(43)	(4%)	(43)	(2%)
Cyst, NOS		(2%)	(40)		(40)	
Multiple cysts		(2%)				
Inflammation, acute focal		(2%)	1	(2%)	1	(2%)
Inflammation, acute local		(2%)		(2%) (2%)	1	(270)
Hyperplasia, focal		(2%)	1	(210)	1	(2%)
Metaplasia, squamous		(4%)			I	(270)
#Forestomach	(47)	(= 70)	(43)		(43)	
Ulcer, NOS		(2%)	(40)		(40)	
Inflammation, acute focal	L	(470)	1	(2%)		
Ulcer, chronic			1	(470)	1	(2%)
Hyperplasia, epithelial	9	(4%)			1	(470)
Hyperkeratosis	4		1	(2%)		
Acanthosis				(2%)	1	(2%)
#Peyer's patch	(47)		(43)	(rv)	(42)	()
Inflammation, granulomatous focal		(2%)	(10)		()	

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THETWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTR	OL (VEH)	LOW	DOSE	HIGI	H DOSE
DIGESTIVE SYSTEM (Continued)						·
#Jejunum	(47)		(43)		(42)	
Ulcer, NOS		(2%)				
Necrosis, NOS					1	(2%)
#Jejunal mucosa	(47)		(43)		(42)	
Inflammation, acute/chronic	1	(2%)				
Amyloidosis, focal					1	(2%)
#Colon	(48)		(45)		(45)	
Inflammation, acute/chronic	1	(2%)				
JRINARY SYSTEM						
#Kidney	(50)		(47)		(46)	
Glomerulonephritis, acute	(00)		()			(2%)
Nephropathy			3	(6%)		(7%)
Infarct, NOS	1	(2%)	•		•	
#Kidney/cortex	(50)		(47)		(46)	
Infarct, focal	(00)			(4%)	(
Metaplasia, osseous	1	(2%)	4	(- <i>iv</i>)		
#Kidney/tubule	(50)		(47)		(46)	
Dilatation, NOS	(00)		(=)			(2%)
Hyperplasia, epithelial						(2%)
Regeneration, NOS		(906)	"	(15%)		(2%)
		(8%)		(10%)		(2070)
#Urinary bladder Hemorrhage	(47)		(43)		(43)	(2%)
ENDOCRINE SYSTEM #Anterior pituitary	(48)		(42)		(40)	
Congestion, NOS	1	(2%)			2	(5%)
Hyperplasia, focal	15	(31%)	12	(29%)	9	(23%)
#Adrenal/capsule	(49)		(46)		(49)	
Hyperplasia, NOS					1	(2%)
Hyperplasia, focal	37	(76%)	43	(93%)	39	(80%)
#Adrenal cortex	(49)		(46)		(49)	
Congestion, NOS					1	(2%)
Metamorphosis, fatty					1	(2%)
Cytoplasmic vacuolization					3	(6%)
Hypertrophy, focal					1	(2%)
Hyperplasia, focal			1	(2%)	1	(2%)
#Adrenal medulla	(49)		(46)		(49)	
Hyperplasia, focal				(2%)		
#Thyroid	(48)		(45)		(46)	
Follicular cyst, NOS		(2%)		(2%)	4	(9%)
Inflammation, acute/chronic	1	(2%)	1	(2%)		
Inflammation, granulomatous focal					1	(2%)
Hyperplasia, C-cell		(2%)				
Hyperplasia, follicular cell		(17%)	5	(11%)	9	(20%)
#Thyroid follicle	(48)		(45)		(46)	
Multiple cysts			3	(7%)		
#Pancreatic islets	(48)		(47)		(48)	
Hyperplasia, focal		(6%)		(4%)		(6%)
EPRODUCTIVE SYSTEM		······				
*Mammary gland	(50)		(50)		(50)	
Dilatation/ducts			3	(6%)	1	(2%)
*Vagina	(50)		(50)		(50)	
Inflammation, active chronic						(2%)
Erosion					1	(2%)

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTR	ROL (VEH)	LOW	DOSE	HIG	H DOSE
REPRODUCTIVE SYSTEM (Continued)		······				
#Uterus	(49)		(47)		(50)	
Dilatation, NOS	1	(2%)			2	(4%)
Cyst, NOS					1	(2%)
Hematoma, organized	1	(2%)				
Pyometra	1	(2%)				
Inflammation, acute focal					1	(2%)
Inflammation, acute diffuse			1	(2%)		
Inflammation, active chronic					1	(2%)
Hyperplasia, epithelial	1	(2%)				
Metaplasia, squamous					1	(2%)
Adenomyosis		(2%)				
#Cervix uteri	(49)		(47)		(50)	
Dilatation, NOS		(2%)				
Inflammation, acute focal	1	(2%)			-	(00)
Inflammation, active chronic	(40)		/ 417			(2%)
#Uterus/endometrium	(49)		(47)	(90)	(50)	
Angiectasis #Endometrial gland	(49)			(2%)	(50)	
#Endometrial gland Cyst, NOS	(49)		(47)			(2%)
Multiple cysts			1	(2%)	1	(270)
Hematoma, organized				(2%) (2%)		
Hyperplasia, focal	1	(2%)	1	(270)		
Hyperplasia, local Hyperplasia, cystic		(2%)	40	(85%)	40	(80%)
Metaplasia, squamous	40	(0070)		(4%)	40	(00%)
#Endometrial stroma	(49)		(47)	(470)	(50)	
Inflammation, acute focal		(2%)	(47)		(00)	
#Fallopian tube	(49)		(47)		(50)	
Hyperplasia, epithelial		(2%)	(41)		(00)	
#Ovary/parovarian	(49)	(2,6)	(48)		(49)	
Inflammation, suppurative	(10)		(10)		• •	(2%)
#Ovary	(49)		(48)		(49)	(,
Follicular cyst, NOS		(22%)	14	(29%)	15	(31%)
Parovarian cyst	7	(14%)	7	(15%)	3	(6%)
Hemorrhagic cyst	1	(2%)	1	(2%)		
Inflammation, acute focal			1	(2%)		
Inflammation, active chronic					1	(2%)
Inflammation chronic suppurative					1	(2%)
Atrophy, senile	10	(20%)	2	(4%)	2	(4%)
#Ovary/follicle	(49)		(48)		(49)	
Multiple cysts	5	(10%)				
Hemorrhagic cyst			2	(4%)		
NERVOUS SYSTEM						
#Brain/meninges	(50)		(48)		(46)	(0.0)
Inflammation, chronic focal						(2%)
#Cerebrum	(50)	(90)	(48)		(46)	(10)
Atrophy, pressure		(2%)	(40)			(4%)
#Cerebellar white matter	(50)		(48)		(46)	(90)
Cytoplasmic vacuolization					1 	(2%)
PECIAL SENSE ORGANS						
*Eye/cornea	(50)		(50)		(50)	
Inflammation, chronic focal				(4%)	/ - -	
*Eye/crystalline lens	(50)		(50)	((50)	
Cataract	(EA)			(4%)	(= ^	
Harderian gland	(50)	(90)	(50)		(50)	
Cyst, NOS	1	(2%)				

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

	CONTR	OL (VEH)	LOW	DOSE	HIG	H DOSE
MUSCULOSKELETAL SYSTEM						
*Femur	(50)		(50)		(50)	
Fibrous osteodystrophy			1	(2%)		
Osteosclerosis	1	(2%)			1	(2%)
BODY CAVITIES				<u></u>		
*Mediastinum	(50)		(50)		(50)	
Foreign body, NOS	2	(4%)	2	(4%)	1	(2%)
Inflammation, acute					1	(2%)
Inflammation, acute/chronic		(2%)		(4%)	1	(2%)
*Peritoneum	(50)		(50)		(50)	
Inflammation, active chronic			1	(2%)		
*Peritoneal mesothelium	(50)		(50)		(50)	
Inflammation, active chronic					1	(2%)
*Pleura	(50)		(50)		(50)	
Inflammation, acute focal					1	(2%)
*Epicardium	(50)		(50)		(50)	
Inflammation, acute focal			1	(2%)		
*Mesentery	(50)		(50)		(50)	
Inflammation, granulomatous					1	(2%)
ALL OTHER SYSTEMS						
*Multiple organs	(50)		(50)		(50)	
Inflammation necro granulomatous					1	(2%)

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF 1,4-DICHLOROBENZENE (Continued)

* Number of animals receiving complete necropsy examinations; all gross lesions including masses examined microscopically.
 # Number of animals examined microscopically at this site

APPENDIX E

GENETIC TOXICOLOGY OF

1,4-DICHLOROBENZENE

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			Revertants/plate (a,b)	
Strain	Dose (µg/plate)	- 89	+ S9 (rat)	+ S9 (hamster)
TA100	0.0	134 ± 9.2	171 ± 2.1	212 ± 11.4
	1.0	144 ± 8.8	180 ± 13.5	202 ± 7.9
	3.3	153 ± 4.5	179 ± 15.7	196 ± 2.1
	10.0	152 ± 5.0	185 ± 31.1	211 ± 8.5
	33.0	145 ± 11.4	172 ± 15.2	189 ± 7.5
	100.0	108 ± 9.0	141 ± 18.7	164 ± 8.6
TA1535	0.0	4 ± 1.8	9 ± 0.3	6 ± 1.5
	1.0	4 ± 0.3	8 ± 1.0	6 ± 0.7
	3.3	5±0.9	10 ± 0.9	8 ± 2.9
	10.0	4 ± 0.7	11 ± 1.7	8 ± 2.6
	33.0	7 ± 1.5	10 ± 1.7	6 ± 1.0
	100.0	4 ± 0.9	7 ± 1.5	5 ± 1.9
TA1537	0.0	9 ± 1.8	13 ± 3.8	18 ± 0.9
	1.0	7 ± 1.2	12 ± 1.2	16 ± 4.2
	3.3	8 ± 0.9	13 ± 2.6	14 ± 0.0
	10.0	8 ± 0.3	10 ± 1.0	16 ± 2.6
	33.0	9 ± 3.2	10 ± 1.0	13 ± 2.3
	100.0	9 ± 0.7	11 ± 0.6	17 ± 1.2
TA98	0.0	13 ± 1.5	15 ± 1.5	18 ± 2.0
	1.0	12 ± 1.2	17 ± 2.9	20 ± 2.0
	3.3	14 ± 0.9	18 ± 4.5	14 ± 3.5
	10.0	14 ± 2.3	18 ± 2.1	20 ± 2.0
	33.0	11 ± 2.6	19 ± 1.2	20 ± 1.9
	100.0	9± 1.7	19 ± 2.4	22 ± 1.9

TABLE E1. MUTAGENICITY OF 1,4-DICHLOROBENZENE IN SALMONELLA TYPHIMURIUM

(a) The S9 fractions were prepared from the liver of Aroclor 1254-induced male Sprague-Dawley rats and male Syrian hamsters. Cells and study compound or solvent (DMSO) were incubated for 20 minutes 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 hours (Haworth et al., 1983). The experiment was performed twice, each in triplicate; because the results were similar, data from only one experiment are shown.

(b) Mean \pm standard error

Compound	Dose (µg/ml)	Total Mutant Clones	Cloning Efficiency (percent)	Relative Total Growth (percent)	Mutation Frequency (mutants/10 ⁶ clonable cells)
DMSO (1%)	<u> </u>	113	88.2	100.4	43
		77	88.2	101.2	29
		73	74.7	96.4	33
		90	79.3	102.0	38
Methyl methan	e sulfonate				
	15	236	24.8	29.3	317
		315	25.8	22.8	406
1,4-Dichloroben	zene				
	65	86	73.0	81.4	39
		66	66.7	77.2	33
	85	123	86.7	49.3	47
		83	73.3	47.1	38
	95	144	76.0	16.1	63
		109	85.8	15.2	42

TABLE E2. MUTAGENICITY OF 1,4-DICHLOROBENZENE IN L5178Y/TK^{+/-} MOUSE LYMPHOMA CELLSIN THE ABSENCE OF S9 (a)

(a) Experiments were performed twice; all doses were tested in duplicate or triplicate. Because the results were similar, data from only one experiment are shown. The protocol was basically that of Clive et al. (1979). Cells (6×10^{5} /ml) were treated for 4 hours at 37° C in medium, washed, resuspended in medium, and incubated for 48 hours at 37° C. After expression, 3×10^{6} cells were plated in medium supplemented with trifluorothymidine for selection of cells that were mutant at the thymidine kinase (TK) locus, and 600 cells were plated in nonselective medium to determine the percentage of viable cells.

Compound	Dose (µg/ml)	Total Mutant Clones	Relative Cloning Efficiency (percent)	Relative Total Growth (percent)	Mutation Frequency (mutants/10 ⁸ clonable cells)
DMSO (1%)	A.	159	76.2	120.8	70
		148	91.0	87.8	54
		167	66.8	86.3	83
		154	72.5	105.1	71
	B.	67	63.0	98.1	35
		67	85.5	117.5	26
		73	68.0	88.4	36
		86	70.3	95.9	41
	C.	166	79.7	100.0	69
	0.	161	67.0	102.9	80
		175	81.2	100.0	72
		188	87.5	97.1	72
3-Methylcholanthrene	A. 2.5	598	66.5	64.3	300
5 Monty Choranoni Che	1. 2.0	561	65.5	49.9	285
	В.	498	48.3	32.8	343
	υ.	466	40.5	32.6	384
	C	697	E1 7	49 7	405
	C .	627 652	51.7 70.7	43.7 64.4	405 308
		004	10.1		JVO
1,4-Dichlorobenzene	A. 70	187	79.8	60.8	78
		129	58.0	46.0	74
	80	136	46.0	38.5	99
	00	177	61.2	37.6	96
	90	115	46.5	20.9	82
	100	147	54.0	20.9	91
	100	147 218	58.5 79.3	18.1 21.2	84 92
		210	17.0	41.4	74
	B. 65	112	58.2	34.6	64
		78	54.5	38.5	48
	85	83	69.5	23.5	40
	~~	92	73.2	21.0	42
	95	155 140	49.8 64.2	10.0 11.6	104 73
	a				
	C. 80	188	69.0 69.0	46.1 42.0	91 102
	05	211 247	69.0 73.2	42.0 26.6	102 113
	85	247 214	73.2 68.7	26.2	104
	90	306	91.5	25.6	104
	30	175	94.7	36.8	62
	95	241	87.3	27.2	92
		217	66.7	19.1	108
	100	245	77.0	17.3	106
		229	57.5	18.8	133

TABLE E3. MUTAGENICITY OF 1,4-DICHLOROBENZENE IN L5178Y/TK^{+/-} MOUSE LYMPHOMA CELLS IN THE PRESENCE OF S9 (a)

(a) Experiments were performed twice; all doses were tested in duplicate. Three separate experiments were performed (A, B, and C). The protocol was basically that of Clive et al. (1979). Cells (6×10^5 /ml) were treated for 4 hours at 37° C in medium, washed, resuspended in medium, and incubated for 48 hours at 37° C. After expression, 3×10^6 cells were plated in medium supplemented with trifluorothymidine for selection of cells that were mutant at the thymidine kinase (TK) locus, and 600 cells were plated in nonselective medium to determine the percentage of viable cells. S9 was prepared from the liver of Aroclor 1254-induced male F344 rats.

TABLE E4. INDUCTION OF SISTER-CHROMATID EXCHANGES IN CHINESE HAMSTER OVARY CELLS BY 1,4-DICHLOROBENZENE (a)

	(b)	+ \$9	(c)
Dose (µg/ml)	SCE/Cell (d)	Dose (µg/ml)	SCE/Cell (d)
DMSO (10 µl)	8.1	DMSO (10 µl)	8.2
1,4-Dichlorobenzene		1,4-Dichlorobenzene	
75	8.8		
100	7.8	100	7.7
125	8.4	125	8.8
150	8.6	150	7.2
Mitomycin C		Cyclophosphamide	
0.005	24.8	1.5	29.9

(a) SCE = sister-chromatid exchange

(b) In the absence of S9, Chinese hamster ovary cells were incubated with study compound or solvent at 37° C; 2 hours after initiation of treatment, 10 μ M BrdU was added, and incubation was continued for an additional 22-24 hours. Cells were washed, fresh medium containing BrdU (10 μ M) and colcemid (0.1 μ g/ml) was added, and incubation was continued for 2-3 hours (Galloway et al., 1985).

(c) In the presence of S9, Chinese hamster ovary cells were incubated with study compound or solvent for 2 hours at 37° C. Then cells were washed, and medium containing 10 µM BrdU was added. Cells were incubated for a further 26 hours, with colcemid (0.1 µg/ml) present for the final 2-3 hours. S9 was from the liver of Aroclor 1254-induced male Sprague-Dawley rats (Galloway et al., 1985).

(d) Cells were collected by mitotic shake-off, treated for 3 minutes with potassium chloride (75 mM), washed twice with fixative, and dropped onto slides and air-dried (Galloway et al., 1985).

TABLE E5. INDUCTION OF CHROMOSOMAL ABERRATIONS IN CHINESE HAMSTER OVARY CELLS BY 1,4-DICHLOROBENZENE (a)

-	- S9 (b)	+ S9 (c)		
Dose (µg/ml)	Abs/100 Cells (percent cells with abs)	Dose (µg/ml)	Abs/100 Cells (percent cells with abs)	
DMSO (10 µl)	2 (2)	DMSO (10 µl)	4 (3)	
1,4-Dichlorobenzene		1,4-Dichlorobenzene		
50	1(1)	25	6 (6)	
100	2(2)	50	2(2)	
150	7 (5)	100	5 (3)	
Mitomycin C		Cyclophosphamide		
0.50	34 (18)	25	28 (22)	

(a) Abs = aberrations

(b) In the absence of S9, Chinese hamster ovary cells were incubated with study compound or solvent for 8-10 hours at 37° C. Cells were then washed, and fresh medium containing colcemid (0.1 μ g/ml) was added. After a further 2-3 hours of incubation, cells were harvested by mitotic shake-off, fixed, and stained in 6% Giemsa (Galloway et al., 1985).

(c) In the presence of S9, Chinese hamster ovary cells were incubated with study compound or solvent for 2 hours at 37° C. Cells were then washed, medium was added, and incubation was continued for 8-10 hours. Colcemid (0.1 µg/ml) was added for the last 2-3 hours of incubation; then cells were harvested by mitotic shake-off, fixed, and stained in 6% Giemsa. S9 was from the liver of Aroclor 1254-induced male Sprague-Dawley rats (Galloway et al., 1985).

Dose (mg/kg)	Micronucleated Cells per 1,000 Erythrocytes \pm Standard Error	No. of Mice	
MALE			
0	1.16 ± 0.11	9	
600	0.92 ± 0.11	10	
900	1.12 ± 0.11	10	
1,000	0.72 ± 0.13	10	
1,500	1.51 ± 0.23	6	
1,800	1.32 ± 0.20	3	
FEMALE			
0	0.82 ± 0.11	10	
1,200	0.75 ± 0.10	10	
1,500	0.91 ± 0.08	5	
1,800	0.66	1	

TABLE E6. NUMBER OF MICRONUCLEATED CELLS PER THOUSAND ERYTHROCYTES IN THE FIRST THIRTEEN-WEEK STUDIES OF 1,4-DICHLOROBENZENE (a)

(a) The protocol followed was essentially that of MacGregor et al. (1980). Smears were prepared from peripheral blood samples of dosed animals. Slides were air dried, fixed in absolute ethanol, and stained. At least 10,000 erythrocytes were counted from each animal.

APPENDIX F

CHEMICAL CHARACTERIZATION OF

1,4-DICHLOROBENZENE

I. Identity and Purity Determinations of 1,4-Dichlorobenzene Lot No. D4577 Performed by the Analytical Chemistry Laboratory

			Determined	<u>Literature Values</u>
А.	Ph	ysical properties		
	1.	Melting point:	49°-55.1° C (visual capillary) Major endotherm at 57.5°-58° C; very slight endotherm at 49°-51° C (Dupont 900 DTA)	53.5° C (Merck Index, 1976)
	2.	Appearance:	White crystals	
В.	Sp	ectral data		
	1.	Infrared		
		Instrument:	Beckman IR-12	
		Cell:	Melt between sodium chloride plates	
		Results:	See Figure 5	Consistent with literature spectrum (Sadtler Standard Spectra)
	2.	Ultraviolet/visible		
			_	

Instrument:	Cary 118
Solvent:	Petroleum ether

$\lambda_{\max}(nm)$	٤ _{max}	λ_{\max} (nm)	٤ _{max}
281.7	470.4 ± 8.5	282	504
273.4	535.8 ± 11.7	273	588
267.9	318.0 ± 7.1	268 (shoulder)	353
265.6	367.2 ± 8.2	266	397
260.5	221.9 ± 5.2	260	242
258.7	218.6 ± 5.4	258 (shoulder)	235
253.5	135.7 ± 2.8	253 (shoulder)	147
252.0	125.8 ± 2.4	252 (shoulder)	140
228.0	10,404 ± 133	229	13,819
224.5	$12,539 \pm 158$	224.5	16,759

No absorbances between 350 and 800 \mbox{nm}

(Calculated from literature spectrum; Sadtler Standard Spectra)



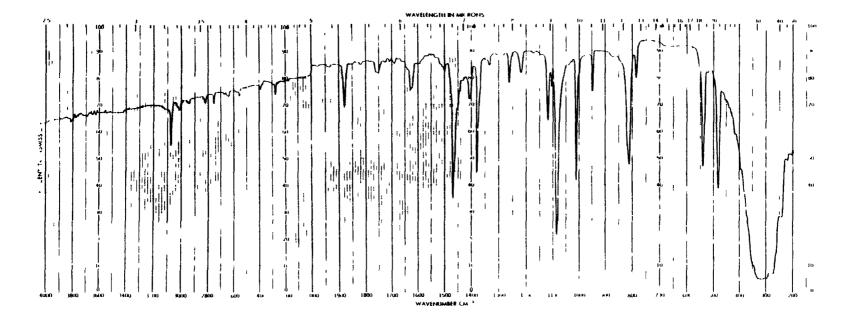


FIGURE 5. INFRARED ABSORPTION SPECTRUM OF 1,4-DICHLOROBENZENE (LOT NO. D4577)

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	3. Nuclear magnetic resonance	<u>Determined</u>	<u>Literature Values</u>	
	Instrument:	Varian HA-100		
	Solvent:	Deuterated chloroform		
	Assignments:	See Figure 6	Consistent with literature spectrum (Sadtler Standard Spectra)	
	Chemical shift (8):	a 7.06 ppm		
	Integration ratios:	a 4.00		
C. V	C. Water analysis (Karl Fischer): $0.297\% \pm 0.073(\delta)\%$			
D. 1	Elemental analysis			

Element	С	Н	Cl
Theory	49.02	2.74	48.24
Determined	48.97 48.75	2.66 2.74	48.09 48.28

E. Gas chromatography

System 1

Instrument: Tracor MT 220 **Detector:** Flame ionization Column: 3% SP2250 on 80/100 Supelcoport, 1.7 m \times 4 mm ID, glass Inlet temperature: 220°C Detector temperature: 260° C Carrier gas: Nitrogen, 70 ml/min Oven temperature program: 5 min at 70° C, then 70° C to 250° C at 10° C/min Sample injected: (5.0 µl) 1% in hexane, and 0.1% and 0.05% in hexane to check for overloading and quantitate major peak

Results: Single homogenous peak. No attempt was made to look for or quantitate impurities <0.01% (100 ppm) of the major peak area.

<u>Peak No.</u>	Retention <u>Time (min)</u>	Retention Time Relative to <u>Major Peak</u>	Area (percent of <u>major peak)</u>
1	4.25	1.00	100

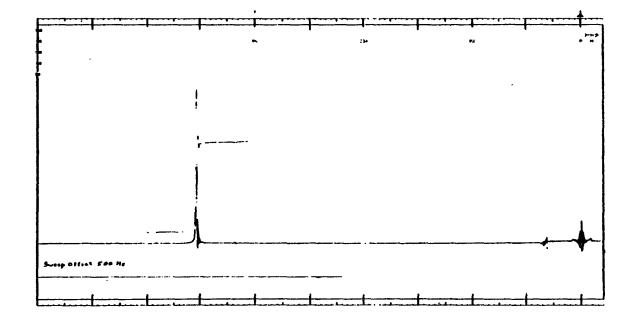


FIGURE 6. NUCLEAR MAGNETIC RESONANCE SPECTRUM OF 1,4-DICHLOROBENZENE (LOT NO. D4577)

System 2

Instrument: Varian Aerograph 2400 Detector: Flame ionization Column: 3% OV 225 on 80/100 Supelcoport, 1.8 m × 4 mm ID, glass Inlet temperature: 210° C Detector temperature: 270° C Carrier gas: Nitrogen, 50 ml/min Oven temperature program: 5 min at 50° C, then 50° C to 250° C at 10° C/min Sample injected: (8 µl) 10% in hexane, and 1.0% and 0.5% in hexane to check for overloading and quantitate the major peak

Results: Single homogenous peak. No attempt was made to look for or quantitate impurities < 0.01% (100 ppm) of the major peak area.

<u>Peak No.</u>	Retention <u>Time (min)</u>	Retention Time Relative to <u>Major Peak</u>	Area (percent of <u>major peak)</u>
1	7.1	1.00	100

F. Conclusions: The results of the elemental analysis for carbon, hydrogen, and chlorine were in agreement with the theoretical values. Two gas chromatographic systems indicated no impurities with areas 0.01% or greater of the area of the major peak. The infrared, ultraviolet, and nuclear magnetic resonance spectra were consistent with the literature spectra.

II. Analysis for the Presence of the 1,2- and 1,3- Isomers of Dichlorobenzene

A. System

Instrument: Varian 3700 Detector: Flame ionization Column: 3% SP2250 on 100/120 Supelcoport, 1.8 m × 2 mm ID, glass Inlet temperature: 170° C Detector temperature: 250° C Carrier gas: Helium, 30 ml/min Oven temperature: 40° C, isothermal

B. Results: Separate standard solutions of 1,2- and 1,3-dichlorobenzene (1.5 μ l of 0.013 mg/ml in methylene chloride), when injected on the system described above, had retention times of 20.55 and 14.80 minutes, respectively. Injection of 1,4-dichlorobenzene (1.5 μ l of a 10 mg/ml solution in methylene chloride) did not reveal any peaks with retention times corresponding to either isomer. From peak heights obtained from quantitative spikes, it was estimated that concentrations as low as 0.03%-0.05% (w/w) of either isomer could be detected in the sample.

III. Chemical Stability Study of 1,4-Dichlorobenzene Lot No. D4577 Performed by the Analytical Chemistry Laboratory

- A. Storage: Samples of 1,4-dichlorobenzene were stored at 20°, 5°, 25°, or 60° C for 2 weeks in glass screw-capped tubes with Teflon[®]-lined caps.
- **B.** Analytical method: Duplicate aliquots (approximately 100 mg) of each of the above samples were accurately weighed into glass-stoppered flasks, and petroleum ether (10.0 ml) containing 1% *n*-decane was added. These solutions were analyzed by the gas chromatographic system described below.

Instrument: Varian Aerograph 2400 Series with Hewlett-Packard 3380A automatic recorder/integrator Detector: Flame ionization Column: 0.3% SP2250 on 80/100 Supelcoport, 1.8 × 4 mm ID, glass Inlet temperature: 150°C Detector temperature: 200°C Oven temperature program: 100°C, isothermal Retention times: 1,4-dichlorobenzene--4.5 min; *n*-decane--2.5 min (internal standard)

C. Results: The area of the 1,4-dichlorobenzene peak was compared with the area of the *n*-decane peak in the same injection. These areas, adjusted for the weight of the sample, were then compared with the area of the 1,4-dichlorobenzene in the sample stored at -20° C.

Storage <u>Temperature</u>	Percent of <u>1,4-Dichlorobenzene</u>	
– 20° C	100.0 ± 2.0	
5° C	101.0 ± 3.2	
25° C	99.4 ± 1.1	
60° C	97.7 ± 0.7	

D. Conclusions: 1,4-Dichlorobenzene is stable when stored for 2 weeks at temperatures up to 60° C.

IV. Chemical Stability Study of Lot No. D4577 Performed by the Study Laboratory

A. Storage conditions

Bulk: Room temperature **Reference:** - 20°C in screw-cap glass vials

B. Analytical methods

1. Infrared spectroscopy

Instrument: Digilab FTS-10 (Fourier Transform IR System) or FTS-14; samples run in potassium bromide pellet

2. Gas chromatography

Instrument: Hewlett-Packard 5840A gas chromatograph with data terminal or Varian Aerograph 2100 gas chromatograph with CDS 111L Data System Column: 3% OV-1, 2 m × 2 mm ID, glass Detector temperature: 230° C Injector temperature: 170° C Temperature program: 50° C for 4 min, then 50° C to 250° C at 10° C/min Carrier: Nitrogen, 20-40 ml/min Sample size: 2 µl Concentration: 1.0% and 0.5% in chloroform

C. Results

1. Infrared spectroscopy: All bulk spectra were comparable to the reference spectra and to the spectrum supplied by the analytical chemistry laboratory.

2. Gas chromatography

	Percent Purity		
Date	Reference	Bulk	
03/28/78	100	100	
08/08/78	100	100	
01/19/79	99.35	99.30	
05/16/79	99.58	99.57	
09/26/79	100	100	
01/31/80	100	100	
08/04/80	100	100	
01/27/81	100	100	
05/29/81	100	100	
09/05/81	100	100	
09/08/81	100	100	
01/14/82	100	100	
05/21/82	100	100	
·	······································		

D. Conclusion: No notable degradation occurred during the studies.

APPENDIX G

PREPARATION AND CHARACTERIZATION

OF DOSE MIXTURES

APPENDIX G. PREPARATION AND CHARACTERIZATION

Studies Conducted at the Analytical Chemistry Laboratory

Sample preparation and storage: 1,4-Dichlorobenzene (7.9871 g) was dissolved in a 100-ml volumetric flask and diluted to volume (100 ml) with corn oil. The flask was agitated manually for 30 seconds. Aliquots (1.84 ml) of this solution were pipetted into 8.5-ml septum vials. The vials were then sealed and stored at room temperature in duplicate for up to 7 days. No attempt was made to protect the samples from light.

Sample extraction and analysis: At the end of the storage time period, methanol (2 ml) was added to each sample vial. The samples were agitated on a Vortex mixer for 1 minute and then placed in an ultrasonic vibrator bath for 2 minutes. Aliquots for analysis were removed directly from the methanol (top) layer of each sample by microliter syringe and analyzed by the gas chromatographic system described below.

Instrument: Varian 2400 with Heath chart/recorder Detection: Flame ionization Column: 3% OV-225 on 80/100 mesh Supelcoport, 1.8 m × 2 mm ID, glass Temperatures Inlet, 130° C Oven, 75° C, isothermal Detector, 180° C Carrier gas: Nitrogen, 50 ml/min Sample injected: 5 μl

Quality control protocols: Each analysis was performed in duplicate. Recovery studies were performed twice during the 7-day study (duplicate analyses at the 8%, w/v level). Linearity studies were done at three concentrations.

Results

<u>Day</u>	Target Percent <u>Weight/Volume</u>	Determined Percent <u>Weight/Volume</u>	Corrected Percent (a) <u>Weight/Volume</u>
0	8.01	2.48 ± 0.02	8.05 ± 0.06
2	7.99	2.40 ± 0.08	7.79 ± 0.26
4	7.99	2.49 ± 0.04	8.08 ± 0.12
7	7.99	2.41 ± 0.04	7.82 ± 0.12

(a) Corrected for recovery of $30.8\% \pm 0.4\%$.

Conclusion: 1,4-Dichlorobenzene mixed with corn oil at the 8% (w/v) concentration is stable when stored at room temperature for 7 days.

APPENDIX H

METHODS OF ANALYSIS OF DOSE MIXTURES

I. Study Laboratory

Procedure: Standards were prepared by serial dilution at 240, 120, 60, and 30 mg/kg. Then 1-ml aliquots of standards and samples were each placed in 9 ml of methanol, vortexed, and centrifuged for 5 minutes. The top 5-ml portion of sample was taken for analysis. Concentrations were determined from the linear regression standard curve, and analyses were done in duplicate.

Instrument: Varian Aerograph 2100 gas chromatograph with CDS 111L data system; Hewlett-Packard 5840A gas chromatograph with Hewlett-Packard data system (for dose mixtures prepared 1/14/82 and 3/11/82) Column: 3% OV-1 Detector temperature: 180°C Injector temperature: 130°C Temperature program: 80°C, isothermal Flow rate: 15 or 40 ml/min Sample size: 1 ul

- II. Analytical Chemistry Laboratory
 - A. Preparation of standard spiked corn oil: Two working standard solutions of 1,4-dichlorobenzene in methanol were prepared independently. These solutions were diluted with methanol to make four additional concentrations. Aliquots (10 or 20 ml) of the six standard solutions were pipetted into individual 35-ml septum vials containing 1 or 2 g of undosed corn oil to make spiked corn oil standards bracketing the specified concentration range of the referee sample. One 35-ml septum vial containing 1 or 2 g of undosed corn oil was treated with 10 or 20 ml of methanol for use as a blank. The spiked corn oil samples and the corn oil blank were extracted immediately and analyzed by the procedure below.
 - **B.** Preparation of referee sample: Three separate portions (approximately 1 or 2 g each) of the referee corn oil sample were transferred to individually tared 35-ml septum vials and were weighed to the nearest 0.001 g. Methanol (10 or 20 ml) was pipetted into each vial, and then the referee samples were extracted immediately and analyzed.
 - C. Analysis procedure: The vials were sealed, vigorously agitated for 10 seconds on a vortex mixer, and then shaken for 20 minutes at maximum stroke on a Burrell Model 75 Wrist-Action® shaker. After the extraction mixtures were agitated for 3 minutes, an aliquot of the upper methanol layer from each vial was combined with an aliquot of internal standard solution (*n*-decane or *n*-undecane in methanol) and diluted with methanol. The solutions were thoroughly mixed; the 1,4-dichlorobenzene content of each solution was then determined by the gas chromatographic system described below.

The total amount of 1,4-dichlorobenzene in the referee corn oil samples was determined with a linear regression equation calculated from the standard curve relating the ratio of the peak area of the internal standard to the amount of chemical in the respective spiked corn oil sample.

Instrument: Varian 3700 Gas Chromatograph with Autosampler and Varian CDS 111-C integrator Column: 3% OV-225 on 80/100 mesh Supelcoport, 1.8 m × 4 mm ID, glass, silanized Detection: Flame ionization Detector temperature: 250°C Inlet temperature: 200°C Temperature program: 60°-80°C, isothermal or programmed Carrier gas: Nitrogen, 30 ml/min Volume of solution injected: 1 or 3 μl

D. Quality assurance measures: The referee oil sample was analyzed in triplicate, and the corn oil blank sample was analyzed once. Individually spiked portions of undosed corn oil (six concentrations) prepared from two independently weighed standards were used to obtain standard curve data. Triplicate injections of each standard and sample were made into the gas chromatograph in a randomized order.

APPENDIX I

RESULTS OF ANALYSIS OF DOSE MIXTURES

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TABLE 12	RESULTS OF REFEREE ANALYSIS OF DOSE MIXTURES IN THE TWO-YEAR	
	GAVAGE STUDIES OF 1,4-DICHLOROBENZENE	180

Date Mixed	Concentration (a) of 1,4-Dichlorobenzene in Corn Oil for Target Concentration (mg/ml)		
	30	60	120
06/13/80	31.6	58.6	124.0
08/05/80	31.6	62.2	113.2
10/08/80	30.5	61.0	123.0
11/19/80	32.4	61.2	119.0
01/28/81	30.1	56.9	123.3
03/18/81	30.0	62.4	127.0
05/20/81	30.4	58.4	119.0
07/22/81	31.0	61.4	127.2
09/02/81	28.4	56.0	110.4
11/16/81	31.3	61.4	126.2
01/14/82	31.1	60.4	117.1
03/11/82	29.8	56.4	124.0
Mean (mg/ml)	30.7	59.7	121.1
Standard deviation	1.05	2.32	5.44
Coefficient of variation (percent)	3.4	3.9	4.5
Range (mg/ml)	28.4-32.4	56.0-62.4	110.4-127.2
Number of samples	12	12	12

TABLE I1. RESULTS OF ANALYSIS OF DOSE MIXTURES IN THE TWO-YEAR GAVAGE STUDIES OF 1,4-DICHLOROBENZENE

(a) Results of duplicate analysis

TABLE 12. RESULTS OF REFEREE ANALYSIS OF DOSE MIXTURES IN THE TWO-YEAR GAVAGE STUDIES OF 1,4-DICHLOROBENZENE

		Determined Concentration (mg/ml)	
Date Mixed	Target Concentration (mg/ml)	Study Laboratory (a)	Referee Laboratory (b)
06/13/80	60	58.6	62.05
11/19/80	30	32.4	30.26
11/16/81	120	126.2	118.1
03/11/82	120	124.0	118.8

(a) Results of duplicate analysis (b) Results of triplicate analysis

APPENDIX J

METHODS OF CLINICAL CHEMICAL ANALYSIS

Alkaline Phosphatase analyses were performed on a Gemsaec Centrifugal Analyzer with Spin Chem[®] reagents. Phosphatase activity at pH 10.2 was determined by kinetic measurement of the conversion of *p*-nitrophenyl phosphate to *p*-nitrophenol (Wilkinson et al., 1969).

Serum Glutamic Pyruvic Transaminase (SGPT) activity was determined on a Gemsaec Centrifugal Analyzer with Worthington Statzyme[®] reagents. The procedure is based on the method of Henry et al. (1960) in which SGPT catalyzes the conversion of L-alanine to pyruvate. Pyruvate is then converted to lactate by an excess of lactate dehydrogenase in the reagent. This latter reaction is accompanied by the conversion of NADH to NAD. The formation of NAD is proportional to SGPT activity and can be measured as a decreased absorption at 340 nm.

Gamma-Glutamyl Transpeptidase (GGTP) assays were performed on a Gemsaec Centrifugal Analyzer with Worthington Statzyme[®] reagents. The procedure is based on the method of Szasz (1969) in which GGTP catalyzes the conversion of gamma-glutamyl-p-nitroanilide to p-nitroaniline, which absorbs at 405 nm. Enzyme activity is proportional to the rate of increased absorbance at this wavelength.

Bilirubin was determined on a Gemsaec Centrifugal Analyzer according to a modification of the method of Malloy and Evelyn (1937). Bilirubin reacts with diazotized sulfonilic acid to form the chromagen azobilirubin, which absorbs light at 560 nm.

Cholesterol was determined by the method of Wybenga et al. (1970) with reagent commercially prepared by Dow Diagnostics (Diagnostest[®] Cholesterol Reagent). By this procedure, cholesterol reacts with the reagent that is composed of ethyl acetate, sulfuric acid, and ferric perchlorate, to form a purple chromophore that is measured spectrophotometrically at 595 nm.

Triglyceride was determined enzymatically according to the method of Pinter et al. (1967) as modified by Bucolo and David (1973).

Urea Nitrogen (BUN) was determined with diacetylmonixine thiosemicarbazide reagent (Wybenga et al., 1971). Color development, which is proportional to the amount of urea in the serum, was measured on a Coleman Jr. II spectrophotometer.

Glucose was determined by a hexokinase method (Barthelmai and Czok, 1962) on a Gemsaec Centrifuge Analyzer. Spin Chem[®] Reagent (Smith Kline, Inc.) was used for the analyses.

Total Protein was determined by the biuret color reaction (Weichselbaum, 1946) on a Gemsaec Centrifugal Analyzer.

Globulin was determined by the glyoxylic acid reaction (Hopkins and Cole, 1901) as modified by Goldenberg and Drews (1971). Reagents were obtained from Dow Diagnostics. Color development was measured on a Coleman Jr. II spectrophotometer.

APPENDIX K

SENTINEL ANIMAL PROGRAM

PAGE TABLE K1 MURINE VIRUS ANTIBODY DETERMINATIONS FOR RATS AND MICE IN THE TWO-YEAR GAVAGE STUDIES OF 1,4-DICHLOROBENZENE 184

I. Methods

Rodents used in the Carcinogenesis Program of the National Toxicology Program are produced in optimally clean facilities to eliminate potential pathogens that may affect study results. The Sentinel Animal Program is part of the periodic monitoring of animal health that occurs during the toxicologic evaluation of chemical compounds. Under this program, the disease state of the rodents is monitored via viral serology on sera from extra (sentinel) animals in the study rooms. These animals are untreated, and these animals and the study animals are both subject to identical environmental conditions. The sentinel animals come from the same production source and weanling groups as the animals used for the studies of chemical compounds.

Fifteen $B6C3F_1$ mice and 15 F344/N rats of each sex are selected at the time of randomization and allocation of the animals to the various study groups. Five animals of each designated sentinel group are killed at 7, 11, and 19 months on study. Data from animals surviving 24 months are collected from 5/50 randomly selected vehicle control animals of each sex and species. The blood from each animal is collected and clotted, and the serum is separated. The serum is cooled on ice and shipped to Microbiological Associates' Comprehensive Animal Diagnostic Service for determination of the viral antibody titers. The following tests are performed:

	Hemagglutination <u>Inhibition</u>	Complement <u>Fixation</u>	<u>ELISA</u>
Mice	PVM (pneumonia virus of mice) Reo 3 (reovirus type 3) GDVII (Theiler's encephalomyelitis virus) Poly (polyoma virus) MVM (minute virus of mice) Ectro (infectious ectromelia)	M. Ad. (mouse adenovirus) LCM (lymphocytic choriomeningitis virus) Sendai	MHV (mouse hepatitis virus)
Rats	PVM KRV (Kilham rat virus) H-1 (Toolan's H-1 virus)	RCV (rat coronavirus) Sendai	

II. Results

TABLE K1. MURINE VIRUS ANTIBODY DETERMINATIONS FOR RATS AND MICE IN THE TWO-YEAR GAVAGE STUDIES OF 1,4-DICHLOROBENZENE (a)

	Interval (months)	No. of Animals	Positive Serologic Reaction for
Rats	7		None positive
	11		None positive
	19		None positive
	24	1/10	KRV
Mice	7		None positive
	11		None positive
	19	1/9	LCM
	24	1/10	Reo 3
		5/10	мну

(a) Blood samples were taken from sentinel animals at 7, 11, and 19 months after the start of dosing and from the vehicle control animals just before they were killed; samples were sent to Microbiological Associates, Inc. (Bethesda, MD) for the Animal Disease Screening Program.

APPENDIX L

INGREDIENTS, NUTRIENT COMPOSITION, AND CONTAMINANT LEVELS IN NIH 07 RAT AND MOUSE RATION

Pelleted Diet: March 1980 to April 1982

(Manufactured by Zeigler Bros., Inc., Gardners, PA)

TABLE L1	INGREDIENTS OF NIH 07 RAT AND MOUSE RATION	186
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TABLE L1. INGREDIENTS OF NIH 07 RAT AND MOUSE RATION (a)

Ingredients (b)	Percent by Weight	
Ground #2 yellow shelled corn	24.50	
Ground hard winter wheat	23.00	
Soybean meal (49% protein)	12.00	
Fish meal (60% protein)	10.00	
Wheat middlings	10.00	
Dried skim milk	5.00	
Alfalfa meal (dehydrated, 17% protein)	4.00	
Corn gluten meal (60% protein)	3.00	
Soy oil	2.50	
Brewer's dried yeast	2.00	
Dry molasses	1.50	
Dicalcium phosphate	1.25	
Ground limestone	0.50	
Salt	0.50	
Premixes (vitamin and mineral)	0.25	

(a) NIH, 1978; NCI, 1976

(b) Ingredients ground to pass through a U.S. Standard Screen No. 16 before being mixed

	Amount	Source
Vitamins		-, - , - , - , - , - , - , - , - , - ,
A	5,500,000 IU	Stabilized vitamin A palmitate or acetate
D ₃	4,600,000 IU	D-activated animal sterol
K ₃	2.8 g	Menadione activity
d-a-Tocopheryl acetate	20,000 IU	
Choline	560.0 g	Choline chloride
Folic acid	2.2 g	
Niacin	30.0 g	
d-Pantothenic acid	18.0 g	d-Calcium pantothenate
Riboflavin	3.4 g	·
Thiamine	10.0 g	Thiamine mononitrate
B ₁₂	4,000 µg	
Pyridoxine	1.7 g	Pyridoxine hydrochloride
Biotin	140.0 mg	d-Biotin
Minerals		
Iron	120.0 g	Iron sulfate
Manganese	60.0 g	Manganous oxide
Zinc	16.0 g	Zincoxide
Copper	4.0 g	Copper sulfate
Iodine	1.4 g	Calcium iodate
Cobalt	0.4 g	Cobalt carbonate

TABLE L2. VITAMINS AND MINERALS IN NIH 07 RAT AND MOUSE RATION (a)

(a) Per ton (2,000 lb) of finished product

Autrient	Mean ± Standard Deviation	Range	No. of Samples
Frude protein (percent by weight)	24.14 ± 0.88	22.7-25.1	24
rude fat (percent by weight)	4.77 ± 0.34	4.1-5.4	24
rude fiber (percent by weight)	3.31 ± 0.50	1.4-4.3	24
sh (percent by weight)	6.67 ± 0.49	5.83-7.43	24
itamins			
Vitamin A (IU/kg)	$10,700 \pm 2,350$	7,200-17,000	24
Vitamin D (IU/kg)	6,300		1
a-Tocopherol (ppm)	37.6	31.1-44.0	2
Thiamine (ppm)	16.4 ± 4.5	7.3-27.0	(b) 23
Riboflavin (ppm)	6.9	6.1-7.4	2
Niacin (ppm)	75	65-85	2
Pantothenic acid (ppm)	30.2	29.8-30.5	2
Pyridoxine (ppm)	7.2	5.6-8.8	2
Folic acid (ppm)	2.1	1.8-2.4	2
Biotin (ppm)	0.24	0.21-0.27	2
Vitamin B_{12} (ppb)	12.8	10.6-15.0	2
Choline (ppm)	3,315	3,200-3,430	2
linerals	0,020	0,200 0,200	-
Calcium (percent)	1.32 ± 0.20	0.81-1.69	24
Phosphorus (percent)	1.01 ± 0.08	0.88-1.10	24
Potassium (percent)	0.809	0.772-0.846	2
Chloride (percent)	0.557	0.479-0.635	2
Sodium (percent)	0.304	0.258-0.349	2
Magnesium (percent)	0.172	0.166-0.177	2
Sulfur (percent)	0.278	0.270-0.285	2
Iron (ppm)	418	409-426	2
Manganese (ppm)	90.8	86.0-95.5	2
Zinc (ppm)	55.1	54.2-56.0	2
Copper (ppm)	12.68	9.65-15.70	2
Iodine (ppm)	2.58	1.52-3.64	2
Chromium (ppm)	1.86	1.79-1.93	2
Cobalt (ppm)	0.57	0.49-0.65	2
ssential Fatty Acids (percent of	total diet)		
Linoleic	2.37		1
Linolenic	0.308		1
Arachidonic	0.008		1
ssential Amino Acids (percent o	f total diet)		
Arginine	1.260	1.21-1.31	2
Cystine	0.395	0.39-0.40	2
Glycine	1.175	1.15-1.20	2
Histidine	0.553	0.530-0.576	2
Isoleucine	0.908	0.881-0.934	2
Leucine	1.905	1.85-1.96	2
Lysine	1.250	1.20-1.30	2
Methionine	0.310	0.306-0.314	2
Phenylalanine	0.967	0.960-0.974	2
Threonine	0.834	0.827-0.840	2
Tryptophan	0.175	0.171-0.178	2
Tyrosine	0.587	0.566-0.607	2
Valine	1.085	1.05-1.12	2

TABLE L3. NUTRIENT COMPOSITION OF NIH 07 RAT AND MOUSE RATION (a)

(a) One or two batches of feed analyzed for nutrients reported in this table were manufactured in January and/or April 1983.
(b) One batch (7/22/81) was not analyzed for thiamine.

TABLE L4. CONTAMINANT LEVELS IN NIH 07 RAT AND MOUSE RATION

Contaminant	Mean ± Standard Deviation	Pongo	No. of Samples
	Deviation	Range	No. of Samples
Arsenic (ppm)	0.38 ± 0.23	< 0.05-1.06	24
Cadmium (ppm) (a)	$<0.11 \pm 0.07$	< 0.01-0.40	24
Lead (ppm)	0.91 ± 0.51	0.50-2.65	24
Mercury (ppm) (b)	< 0.05		24
Selenium (ppm)	0.30 ± 0.09	0.10-0.52	24
Aflatoxins (ppb) (b,c)	<10	<5.0-<10.0	24
Nitrate nitrogen (ppm) (d,e)	7.17 ± 3.66	<0.1-13.0	24
Nitrite nitrogen (ppm) (d,e)	1.88 ± 1.58	<0.1-6.9	24
3HA (ppm) (f,g)	4.39 ± 3.72	<0.4-13.0	24
3HT (ppm) (f)	2.67 ± 1.50	0.8-5.9	24
Aerobic plate count (CFU/g)	45,008 ± 33,225	5,500-120,000	24
Coliform (MPN/g) (h)	36.4 ± 5	<3-240	23
Coliform (MPN/g) (i)	125 ± 3	<3-1,100	
E. coli (MPN/g) (j)	<3		24
Fotal nitrosamines (ppb) (k,l)	7.16 ± 6.92	0.8-24.5	21
Fotal nitrosamines (ppb) (k,m)	29.36 ± 64.76	0.8-273	24
V-Nitrosodimethylamine (ppb) (k,l)	5.54 ± 6.03	0.8-20.0	21
V-Nitrosodimethylamine (ppb) (k,m)	27.55 ± 64.41	0.8-272	24
V-Nitrosopyrrolidine (ppb)	1.34 ± 0.93	0-3.5	24
Pesticides (ppm)			
a-BHC (n)	< 0.01		24
β-BHC (b)	< 0.02		24
y-BHC-Lindane (b)	<0.01		24
δ-BHC (b)	<0.01		24
Heptachlor (b)	<0.01		24
Aldrin (b)	<0.01		24
Heptachlor epoxide (b)	<0.01		24
DDE (b,o)	<0.01	0.09 (8/26/81)	24
DDD (b)	< 0.01		24
DDT (b)	<0.01		24
HCB (b)	<0.01		24
Mirex (b)	<0.01		24
Methoxychlor (b)	< 0.05		24
Dieldrin (b)	<0.01		24
Endrin (b)	<0.01		24
Telodrin (b)	< 0.01		24
Chlordane (b)	< 0.05		24
Toxaphene (b) Estimated PCBs (b)	<0.1		24
Ronnel (b)	<0.2		24 24
Ethion (b)	<0.01 <0.02		24
Trithion (b)	<0.02 <0.05		24
Diazinon (b)	<0.05 <0.1	0.2 (4/27/81)	24 24
Methyl parathion (b)	<0.1 <0.02	0.4(4/2(/01))	24 24
Ethyl parathion (b)	<0.02 <0.02		24 24
Malathion (p)	<0.02 0.09 ± 0.07	<0.05-0.27	24 24
Malatnion (p) Endosulfan I (b)	0.09 ± 0.07 <0.01	< 0.03-0.27	24 24
Endosulfan I (b) Endosulfan II (b)	<0.01		24 24

TABLE L4. CONTAMINANT LEVELS IN NIH 07 RAT AND MOUSE RATION (Continued)

- (f) Source of contamination--soy oil and fish meal

(i) Includes the high value listed in footnote (h)

(j) All values were <3 MPN/g.

(k) All values are corrected for percent recovery.

(1) Mean, standard deviation, and range exclude three very high values in the range of 115-280 ppb for batches produced on 1/26/81, 2/23/81, and 4/27/81.

(m) Mean, standard deviation, and range include the very high values given in footnote (l). (n) BHC is hexachlorocyclohexane or benzene hexachloride.

- (o) One value above the detection limit (noted in the range column) was obtained on this date.
- (p) Twelve batches contained more than 0.05 ppm.

⁽a) Two batches contained more than 0.1 ppm.

⁽b) All values less than detection limit, given in table as the mean

⁽c) Detection limit reduced from 10 ppb to 5 ppb after 7/81

⁽d) Source of contamination--alfalfa, grains, and fish meal (e) Two batches contained less than 0.1 ppm.

⁽g) Three batches contained less than 0.5 ppm.

⁽h) Excludes one very high value of 1,100 obtained for the batch produced on 12/16/80; MPN = most probable number.

1,4-Dichlorobenzene, NTP TR 319

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APPENDIX M

RESULTS OF SUPPLEMENTARY ANALYSES PERFORMED DURING THE FIRST THIRTEEN-WEEK STUDIES

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	Vehicle Control	300 mg/kg	600 mg/kg	900 mg/kg	1,200 mg/kg	1,500 mg/kg		
MALE		<u> </u>						
No. exami	ned 9	10	10	9	5	2		
Organ								
Brain (c)	1,832 ± 26.8	1,766 ± 22.2	$1,765 \pm 23.8$	1,777 ± 16.3	1,810 ± 36.1	1,710 ± 110.5		
Heart	4.99 ± 0.187	5.01 ± 0.223	5.22 ± 0.196	4.99 ± 0.311	4.58 ± 0.221	4.29 ± 0.336		
Kidney	5.43 ± 0.092		$(d) 5.89 \pm 0.120$	(e) 6.22 ± 0.209	(d) 6.00 ± 0.231	5.79 ± 0.023		
Liver	51.10 ± 0.980		54.90 ± 1.530	$(e) 61.00 \pm 2.220$	(e) 60.50 ± 2.520			
Lung	8.16 ± 0.436		7.68 ± 0.350	8.41 ± 0.456	7.57 ± 0.730	6.97 ± 0.339		
Spleen	3.27 ± 0.078		3.08 ± 0.085	3.29 ± 0.089	2.98 ± 0.163	2.76 ± 0.260		
Testis	12.60 ± 1.420		12.30 ± 0.610	11.60 ± 0.370	11.70 ± 0.650	11.00 ± 0.240		
Thymus	1.83 ± 0.144	1.64 ± 0.125	1.72 ± 0.131	1.43 ± 0.101	1.51 ± 0.160	(e) 0.97 ± 0.151		
FEMALE								
No. examined 10		10	10	8	9	1		
Organ								
Brain (c)	1,662 ± 26.6	1,641 ± 34.0	$1,653 \pm 16.3$	1,648 ± 18.9	1,611 ± 26.7	(g)		
Heart	3.57 ± 0.145	3.66 ± 0.140	3.70 ± 0.202	3.52 ± 0.104	3.72 ± 0.242	(g)		
Uterus	5.13 ± 0.833	(e) 2.51 ± 0.216	(e) 2.23 ± 0.192	(e) 2.81 ± 0.396	(e) 2.45 ± 0.293	(g)		
Ovary (f)	4.82 ± 0.821	3.79 ± 0.456	3.24 ± 0.199	5.03 ± 0.999	4.42 ± 0.679	(g)		
Kidney	3.95 ± 0.098	4.03 ± 0.128	3.82 ± 0.064	3.90 ± 0.129	4.07 ± 0.127	(g)		
Liver	30.00 ± 0.900	33.30 ± 1.220	32.40 ± 0.990	(e) 36.40 ± 1.270	(e) 38.20 ± 1.160	(g)		
Lung	6.68 ± 0.267	7.70 ± 0.692	6.54 ± 0.262	5.94 ± 0.298	6.15 ± 0.299	(g)		
Spleen	2.48 ± 0.079	2.47 ± 0.094	2.34 ± 0.052	2.29 ± 0.056	(e) 2.12 ± 0.098	(g)		
Thymus	1.41 ± 0.071			1.35 ± 0.115	1.42 ± 0.084	4 (g)		

TABLE M1. ANALYSIS OF ORGAN WEIGHT TO BRAIN WEIGHT RATIOS FOR RATS IN THE FIRST THIRTEEN-WEEK GAVAGE STUDIES OF 1,4-DICHLOROBENZENE (a,b)

(a) $10 \times \text{organ weight}$ (in milligrams)/brain weight (in milligrams) \pm standard error except as noted

(b) The P values in Tables M1-M4 were determined by Dunnett's test when a nonsignificant result was obtained by the Jonckheere trend test; otherwise Williams' test was used (Dunnett, 1980; Jonckheere, 1954; Williams, 1971, 1972). (c) Absolute weight, milligrams ± standard error

(d) P<0.05 versus vehicle controls

(e) P<0.01 versus vehicle controls

(f) 100 \times ratio \pm standard error

(g) Statistical analysis was not performed because only one animal was examined.

Vehicle Control	600 mg/kg	900 mg/kg	1,000 mg/kg	1,500 mg/kg	1,800 mg/kg		
MALE			······				
No. examined 9	10	10	9	6	3		
Organ							
Brain (b) 448 ± 5.72	440 ± 7.15	442 ± 8.54	434 ± 8.01	452 ± 3.07	433 ± 6.67		
Heart 3.62 ± 0.118	3.63 ± 0.137	3.48 ± 0.135	3.50 ± 0.142	3.21 ± 0.067	(c) 2.93 ± 0.107		
Kidney 6.38 ± 0.096	(d) 5.70 ± 0.195	(d) 5.62 ± 0.126	5.72 ± 0.260	6.28 ± 0.282	5.54 ± 0.157		
Liver 33.00 ± 0.500	33.20 ± 0.910	(c) 41.00 ± 0.910	(c) 44.30 \pm 1.290	(c) 54.60 \pm 3.710	(c) 57.50 ± 2.240		
Lung 6.01 ± 0.678	5.20 ± 0.187	5.69 ± 0.375	5.12 ± 0.361	5.23 ± 0.455	4.85 ± 0.152		
Spleen 2.33 ± 0.165	(c) 1.77 ± 0.107	(c) 1.49 ± 0.094	(c) 1.56 ± 0.100	(c) 1.47 ± 0.084	(c) 1.40 ± 0.127		
Festis 5.26 ± 0.553	5.04 ± 0.181	6.12 ± 0.616	5.23 ± 0.527	5.25 ± 0.589	5.08 ± 0.207		
Thymus(e) 9.81 ± 0.672	8.06 ± 0.946	9.87 ± 0.956	8.82 ± 0.730	9.43 ± 2.246	10.38 ± 0.400		
FEMALE							
No.examined 10	10	10	10	5	1		
Organ							
Brain (b) 454 ± 5.42	445 ± 7.03	453 ± 7.75	463 ± 7.75	450 ± 12.25	(f)		
Heart 2.73 ± 0.111	2.48 ± 0.117	2.67 ± 0.116	2.53 ± 0.084	2.72 ± 0.116	(f)		
Uterus 4.03 ± 0.905	3.41 ± 0.364	4.77 ± 0.700	3.51 ± 0.466	3.68 ± 1.107	(f)		
Ovary (g) 4.79 ± 0.894	6.36 ± 1.014	8.48 ± 1.798	7.60 ± 1.044	(c) 11.09 ± 1.979	(f)		
Kidney 3.86 ± 0.190	3.73 ± 0.078	4.02 ± 0.178	3.95 ± 0.096	(c) 4.53 ± 0.130	(f)		
Liver 23.40 ± 1.180	25.50 ± 0.590	(c) 33.50 ± 1.220	(c) 30.10 ± 0.850	(c) 44.50 ± 1.010	(f)		
Lung 5.17 ± 0.228	4.77 ± 0.242	4.73 ± 0.438	4.76 ± 0.200	4.54 ± 0.187	(f)		
Spleen 1.53 ± 0.093	1.39 ± 0.069	1.65 ± 0.043	1.47 ± 0.067	1.47 ± 0.118	(f)		
$fhymus(g) 8.52 \pm 0.614$	9.44 ± 0.658	(d) 12.18 ± 0.811	$(d) 11.19 \pm 1.106$	(c) 13.31 ± 2.080	(f)		

TABLE M2. ANALYSIS OF ORGAN WEIGHT TO BRAIN WEIGHT RATIOS FOR MICE IN THE FIRST THIRTEEN-WEEK GAVAGE STUDIES OF 1,4-DICHLOROBENZENE (a)

(a) $10 \times \text{organ weight (in milligrams)/brain weight (in milligrams) } \pm \text{ standard error except as noted}$ (b) Absolute weight, miligrams \pm standard error (c) P<0.01 versus vehicle controls

(d) P < 0.05 versus vehicle controls (e) $100 \times \text{ratio} \pm \text{standard error}; n = 7$ for the 1,000 mg/kg group and n = 9 for the 900 mg/kg group

(f) Statistical analysis was not performed because only one animal was examined.

(g) $100 \times \text{ratio} \pm \text{standard error}$

	Vehicle Control		300 mg/kg		600 mg/kg		900 mg/kg		1,200 mg/kg		1,500 mg/kg	
MALE												
No examined (b)	9		10		10		9		5		2	
WBC (1,000/mm ³)	6 644 ±	0 533	6 533 ±	0 213 (9)	7189±	0 281 (9)	7 012 ±	0 282 (8)	6 020 ±	0 498	7 100 ±	2 1 0 0
Lymphocytes (1,000/mm ³)	5141 ±	0 355	5043 ±	0 228 (9)	5 572 ±	0 251 (9)	5176±	0 322 (8)	4 903 ±	0 424	5551 ±	1 901
Segmented neutrophils (1,000/mm ³)	1484 ±	0 360 (8)	1 413 ±	0 150 (9)	1 547 ±	0 116 (9)	1756 ±	0 306 (8)	1053 ±	0 105	1290±	0 090
Eosinophils (1,000/mm ³)	0134 ±	0 025 (8)	0077 ±	0 033 (9)	0 070 ±	0 021 (9)	0 080 ±	0 023 (8)	0064 ±	0 029	0259±	0 109
Hematocrit (%)	501±	0 81	(c) 478 ±	0 91 (9)	(d) 47 3 ±	0 69 (9)	(c) 47 2 ±	0 40	(c) 476±	0 81	(d) 42 5 ±	0 50
Hemoglobin (g/dl)	176±	0 21	(d) 164 ±	0 21 (9)	(d) 16 5 ±	0 19 (9)	(d) 16 5 ±	0 16	(d) 166±	0 34	(d) 15 3 ±	015
MCV (cubic microns)	506±	0 69	500±	0 53 (9)	493±	0 17 (9)	(d) 48 3 ±	0 17	(d) 48 8 ±	0 37	(c) 48 0 ±	0 00
Platelets (1,000/mm ³)	365 6 ±	27 80	3528±	12 70	303 S ±	26 03	3181±	24 71	3990±	34 75	3975±	67 50
RBC (1 000,000/mm ³)	100±	0 12	(d) 9 5 ±		(d) 9 5 ±	0 12 (9)	(d) 9 7 ±	0 09	(c) 98±		(d) 88 ±	0 16
Reticulocytes (%)	15±		(d) 28 ±		22±		(d) 3 7 ±	0 38	19±		19±	
Alkaline phosphatase (IU)	1638±		(d) 114 2 ±		(d) 122 4 ±		(d) 115 1 ±		(d) 121 4 ±		(e)	
Cholesterol (mg/dl)	536±	4 09 (8)	589±	2 75	(d) 72 0 ±	2 40	(d) 80 2 ±	3 98	(d) 86 0 ±	3 1 3	(e)	
Liver porphyrins (ng/g liver)	1425±	15 77	1468±	10 34	163 4 ±	13 78	1459±	8 62	1667±	23 38	1130±	13 04
Glucose (mg/dl)	151 9 ±		(d) 193 8 ±	4 27	(d) 181 6 ±	4 07	167 9 ±		163 2 ±		(e)	
SGPT (IU/liter)		7 75 (6)		14 63	416±	2 54	457±		530±	2 52 (4)	(e)	
Total bilirubin (mg/dl)	0360±	0 021 (7)	0 913 ±	0 019	(c) $0251 \pm$	0 028	(c) 0 259 ±	0 024	0340±		(e)	
Total protein (g/dl)	71±	0 18 (8)	(d) 64 ±	0 15	(d) 6 3 ±	0 14	(c) 65 ±	0 10	69±	0 12	(e)	
Triglycende (mg/dl)	2094±	16 88 (8)	(d) 121 1 ±	11 58	(d) 158 1 ±	13 42	(d) 86 1 ±	7 69	(d) 114 0 ±	16 26	(e)	
Urinary coproporphyrin (microgram/24 h)	0 299 ±								(d) 1 83 ±		(d) 2 00 ±	
Total urine (ml/24 h)	54 ±	0 52							74±	0 87	78±	3 80
Blood urea nitrogen (mg/dl)	22 9 ±	1 44 (8)	245±	0 75	240±	1 02	(d) 28 4 ±	1 21	(d) 28 0 ±	1 30	(e)	
Urinary uroporphyrin (microgram/24 h)	0632±								(c) 1 70 ±		(c) 1 92 ±	1 04
FEMALE												
No examined (b)	10		10		10		8		9		1	
WBC (1,000/mm ³)	6470±	0 353	6 310 ±	0 289	5 560 ±	0 308	5 987 ±	0 493	6 300 ±	0 270	(e)	
Lymphocytes (1,000/mm ³)	5119±	0 262	4 956 ±	0 219	4 630 ±	0 232	4 899 ±	0 481	5 372 ±	0 219	(e)	
Segmented neutrophils (1,000/mm ³)	1269±	0 1 1 1	1 282 ±	0 227	0866 ±	0 1 1 2	1 026 ±	0 112	0877±	0 126	(e)	
Eosmophils (1,000/mm ³)	0 103 ±	0 014 (8)	0142±	0 024 (5)	0076±	0 011 (7)	0 100 ±	0 021 (5)	0 092 ±	0 019 (5)	(f)	
Hematocrit (%)	477±	0 26	481±	0 66	479±		45 i ±	0 40	473±	2 11	(e)	
Hemoglobin (g/dl)	173±		169±		170±		161±	0 17	170±		(e)	
MCV (cubic microns)	529±		526±		(d) 52 1 ±		(d) 50 5 ±		(d) 50 1 ±		(e)	
Platelets (1,000/mm ⁹)	3299±		343 0 ±		303 5 ±		311 3 ±		372 9 ±		(e)	
RBC (1,000,000/mm ³)	90±		90±		92±		88±		93±		(e)	
Reticulocytes (%)	22±		19±		17±	0 19	(c) 1 4 ±	0 19	23 ±		(e)	
Alkahne phosphatase (IU)	1124±		982±		1006±		123 3 ±				(e)	
Cholesterol (mg/dl)	709±		840±		690±		(d) 88 6 ±	3 86	(d) 89 1 ±		(e)	
Liver porphyrins (ng/g liver)	120 l ±		1065±		1157±		1135±	8 83	1173±		(e)	
Glucose (mg/dl)	1538±	10 15	1743±	692	170 2 ±	4 40	1618±	6 80	1514±	5 22	(e)	
SGPT (IU/liter)	421 ±	3 85 (9)	509±	8 56	697±	14 08	903±	30 01	611±	7 76	(e)	
Total bilirubin (mg/dl)	0311 ±	0 045	0 262 ±	0 028	0313±	0 048	0 280 ±	0 016	0268 ±	0 022	(e)	
Total protein (g/dl)	70±	011	70 ±	0 12	69 ±	0 13	(c) 7 4 ±	0 08	(d)76±	0 11	(e)	
Triglyceride (mg/dl)	1171±		978±		1181±		1074±		1007±		(e)	
Urinary coproporphyrin (microgram/24 h)	0189±	0 067 (8)							(c) 0 419 ±	0 076 (8)	(e)	
Total unne (ml/24 h)	44±	0 37 (8)								1 21 (8)	(e)	
Blood urea nitrogen (mg/dl)	238±	1 43	233±	1 73	231±	2 11	221 ±	1 36	288±	2 36	(e)	
Urinary uroporphyrin (microgram/24 h)	0.005 ±	0 123 (8)								0 178 (8)	(e)	

TABLE M3. ANALYSIS OF HEMATOLOGY AND CLINICAL CHEMISTRY DETERMINATIONS FOR RATS IN THE FIRST THIRTEEN-WEEK GAVAGE STUDIES OF 1,4-DICHLOROBENZENE (a)

(a) Mean ± standard error WBC = white blood cell, MCV = mean corpuscular volume, RBC = red blood cell, SGPT = serum glutamic pyruvic transaminase (b) If fewer animals were examined, the number is shown in parentheses following the standard error (c) P<0 05 versus vehicle controls (d) P<0 01 versus vehicle controls (e) Statistical analysis not performed because only one animal was examined (f) No animals examined

	Vehicle Control		ontrol 600 mg/kg		r/kg 900 mg/k		g 1,000 mg/kg		1,500 mg/kg		1,800 mg/kg	
MALE		<u> </u>					<u></u>				<u></u>	
No examined (b)	9		10		10		9		6		3	
WBC (1,000/mm ³)	8178±	0 596	(c) 4 070 ±	0 536	(d) 3 370 ±	0 495	(d) 3 812 ±	0 778 (8)	(d) 3 08 ±	0 124 (5)	(c) 3 200 ±	0 624
ymphocytes (1,000/mm ³)	4076±	0 431	3 030 ±	0 341 (9)	(c) 2 349 ±	0 251	(c) 3 182 ±	0 561 (8)	(c) 2 697 ±	0 111 (5)	2 792 ±	0 513
egmented neutrophils (1,000/mm ³)	2055 ±	0 548	(c) 0 635 ±	0 119 (9)	(d) 1 009 ±	0 304	(d) 0 622 ±	0 271 (8)	(d) 0 354 ±	0 042 (5)	(c) 0 369 ±	0 087
Cosinophils (1,000/mm ³)	0046±	0 017	0014 ±	0 008	0 012 ±	0 005	0 009 ±	0 009 (8)	0 030 ±	0 010 (5)	0 039 ±	0 026
lematocrit (%)	47 33 ±	1 01	4910±	0 50	46 90 ±	0 38	48 56 ±	0 82	47 33 ±	0 61	47 33 ±	0 33
Hemoglobin (g/dl)	16 00 ±	0 38	1626 ±	0 22	15 89 ±	0 12	16 29 ±	074	15 58 ±	0 35	15 93 ±	0 19
MCV (cubic microns)	49 89 ±	0 65	4910±	0 10	48 80 ±	0 13	49 56 ±	0 50	495±	0 81	48 67 ±	0 33
Platelets (1,000/mm ³)	691 94 ±	69 72	75300 ±	33 73	676 25 ±	35 16	509 06 ±	37 10 (8)	635 25 ±	36 17	(d) 445 00 ±	5 00
RBC (1,000,000/mm ³)	947±	0 21	(c) 1005 ±	0 13	956±	0 06	987±	0 21	957±	014	966 ±	0 09
Reticulocytes (%)	186±	0 30 (8)	134 ±	0 22	109±	0 13	188±	0 54	235 ±	0 36	3 27 ±	1 16
Alkaline phosphatase (IU)	330±	1 53 (6)	340 ±	2 59 (6)	318±	1 80 (4)	264 ±	1 56	400±	3 18	(d) 56 0 ±	4 00 (2)
Cholesterol (mg/dl)	910±	6 11 (3)	952±	3 31 (6)	(c) 160 0 ±	11 85 (3)	(d) 151 2 ±	9 38 (5)	(d) 179 3 ±	36 92 (3)	(d) 243 5 ±	11 50 (2)
aver porphyrin (ng/g liver)	1503±	10 91	161 8 ±	13 49	173 2 ±	15 83	(c) 214 6 ±	24 75	(d) 2467±	33 2 (7)	(d) 275 4 ±	25 91
Glucose (mg/dl)	2097±	14 53 (3)	256 2 ±	15 43 (5)	2480±	7 64 (3)	(e)		244 0 ±	33 96 (3)	264 0 ±	23 00 (2)
SGPT (IU/hter)	632±	19 50 (5)	592±	14 62 (6)	537±	10 91 (3)	383±	3 42 (4)	433±	11 39 (4)	370±	6 00 (2)
Fotal bihrubin (mg/di)	0340 ±	0 058 (5)	0268 ±	0 036 (6)	0 220 ±	0 064 (3)	0 256 ±	0 034 (5)	0 292 ±	0 036 (4)	0375±	0 105 (2)
Total protein (g/dl)	567±	0 120 (3)	540 ±	0 105 (5)	577 ±	0 120 (3)	588±	0 189 (4)	(d) 6 63 ±	0 393 (3)	(d) 7 05 ±	0 150 (2)
Inglycendes (mg/dl)	174 3 ±	18 98 (3)	134 3 ±	5 20 (6)	1760±	6 66 (3)	1728±	15 27 (5)	(d) 262 0 ±	14 01 (3)	(d) 305 0 ±	28 00 (2)
Blood urea nitrogen (mg/dl)	21 0 ±	4 73 (3)	238±	1 85 (5)	22.3 ±	1 20 (3)	22 5 ±	1 50 (4)	170±	1 53 (3)	160±	2 00 (2)
FEMALE												
No examined (b)	10		10		10		10		5		1	
WBC (1,000/mm ³)	3 600 ±	0 339	4 470 ±	0 371	3 450 ±	0 320	(c) 2 620 ±		(c) 2 420 ±		(e)	
_ymphocytes (1,000/mm ³)	3 208 ±	0 310	4012 ±		3115 ±		2 375 ±		2 123 ±		(e)	
Segmented neutrophils (1,000/mm ³)	0371 ±		0406 ±		0335 ±		0245 ±		0297±		(e)	
Hematocrit (%)	47 80 ±		48 30 ±		48 50 ±		47 50 ±		48 00 ±		(e)	
Hemoglobin (g/dl)	15 95 ±		(c) 17 08 ±		16 65 ±		16 27 ±		15 98 ±		(e)	
MCV (cubic microns)	48 90 ±		4870±		48 50 ±		48 90 ±		49 40 ±		(e)	
Piateiets (1,000/mm ³)	491 95 ±		531 25 ±		(c) 649 45 ±		(c) 549 70 ±		(d) 702 40 ±		(e)	
RBC (1,000,000/mm ³)	597±		632±		619±		603±		612±		(e)	
Reticulocytes (%)	157±		134 ±		191±		162±		124 ±		(e)	
Alkalıne phosphatase (IU)		6 72 (4)		2 21 (6)	(c) 88 8 ±			4 88 (8)		1 76 (3)	(e)	
Liver porphyrin (ng/g liver)	1353 ±		1976±		155 6 ±		(c) 190 1 ±		1926±		(e)	
SGPT (IU/hter)		49 80 (4)		39 26 (5)		20 74 (6)		32 17 (8)		9 07 (3)	(e)	
Total bilirubin (mg/dl)	0515 ±	0 055 (2)	0480 ±	0 056 (4)	0 330 ±	0 049 (3)	0377 ±	0 033 (4)	0360 ±	0 012 (3)	(e)	

TABLE M4. ANALYSIS OF HEMATOLOGY AND CLINICAL CHEMISTRY DETERMINATIONS FOR MICE IN THE FIRST THIRTEEN-WEEK GAVAGE STUDIES OF 1,4-DICHLOROBENZENE (a)

(a) Mean ± standard error WBC = white blood cell, MCV = mean corpuscular volume, RBC = red blood cell, SGPT = serum glutamic pyruvic transaminase

(b) If different, the number is shown in parentheses following the standard error

(c) P<0 05 versus vehicle controls

(d) P<0 01 versus vehicle controls

(e) Statistical analysis was not performed because only one animal was examined

APPENDIX N

DATA AUDIT SUMMARY

The experimental data and tables of the NTP Technical Report on the toxicology and carcinogenesis studies of 1,4-dichlorobenzene in F344/N rats and B6C3F₁ mice were examined for completeness, consistency, and accuracy and for procedures consistent with Good Laboratory Practice requirements. The studies were conducted by Battelle Columbus Laboratories under a subcontract with Tracor Jitco, Inc., from May 1980 to May 1982 and were begun before the NTP's requirement for full compliance with Good Laboratory Practice standards in October 1981. The data audit was conducted from September 9, 1984, to September 20, 1984, by the following personnel from Program Resources, Inc.: W. Oller, K. Connor, J. Winegar, J. Sagartz, S. Corson, K. Pace, and C. Rafferty. The full audit report is on file at National Toxicology Program, Research Triangle Park, North Carolina.

The audit consisted of review of the data, pathology, materials, and correspondence collected during the studies. For the inlife toxicology data, 100% of the existing records on animal receipt, mortality, and environmental conditions were audited. The pathology audit included a review of 100% of Individual Animal Data Records (IADRs) for correlation between gross observations and microscopic diagnoses, for clerical errors, and for correlation between slides and tissue blocks for vehicle control and high dose groups. Ten percent of the animals were examined for unidentified lesions, correct animal identification, and verification of reported microscopic pathology. All of the available records concerning receipt and use of the study chemical, analysis of the bulk chemical by the study laboratory, and stability and characterization testing by Midwest Research Institute were examined in the chemistry review. In the review of the available analytical chemistry data, records to verify receipt, source, and analyses of corn oil were not present. The original laboratory notebooks used to record chemical analyses and calculations were not present, but facsimile notebooks constructed from original chromatograms and spectra were present and were adequate for documentation.

A review of the inlife toxicology data revealed no instances of misdosing during the course of the studies. The major problem in the studies was the high incidence of flooding of cages in both mice (118 recorded instances) and rats (74 instances). Four vehicle control male rats were drowned. There were also documented incidences of dehydration (38 for mice and 6 for rats) and starvation (9 incidences for rats) that did not result in any deaths. There were inconsistencies in records for body weights for rats and mice. Gavage-related deaths occurred in 30 out of 103 mice and 16 out of 112 rats. These gavagerelated deaths occurred in all dose groups.

The pathology review revealed some unresolved discrepancies between gross observations and microscopic diagnoses in rats (all nontarget organs) and in mice (two in target organs and five in nontarget organs). Most of these potential noncorrelations were considered to be irrelevant because corresponding microscopic nonneoplastic changes frequently regarded within limits of the normal background for animals of that age were identified; the few remaining were distributed among different tissues and dose groups and were not pursued further. Three untrimmed liver masses were found in mice; there was one untrimmed skin mass in a high dose male rat. Since the liver is a target organ, a wet tissue review of all male and female mice was performed, and all untrimmed liver nodules/masses found were trimmed, embedded, sectioned, and examined by light microscopy. These lesions have been reviewed by NTP pathologists, and the updated diagnoses are included in the results presented in this Technical Report.

Overall, the audit identified no substantive problems that would lead to a decreased confidence in the studies. Although some problems and discrepancies were identified, these were adequately resolved or were determined to not affect the outcome of the studies. In conclusion, the data examined in this audit are considered adequate to meet the objectives of the studies.