NATIONAL TOXICOLOGY PROGRAM Technical Report Series No. 336

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TOXICOLOGY AND CARCINOGENESIS STUDIES OF PENICILLIN VK (CAS NO. 132-98-9) IN F344/N RATS AND B6C3F1 MICE (GAVAGE STUDIES)

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

NTP TECHNICAL REPORT

ON THE

TOXICOLOGY AND CARCINOGENESIS

STUDIES OF PENICILLIN VK

(CAS NO. 132-98-9)

IN F344/N RATS AND B6C3F1 MICE

(GAVAGE STUDIES)

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NOTE TO THE READER

This study was performed under the direction of the National Institute of Environmental Health Sciences as a function of the 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 public peer review.

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

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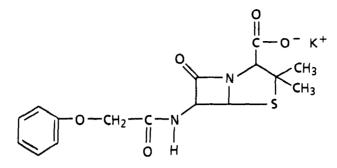
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PENICILLIN VK

4-Thia-1-azabicyclo(3.2.0)heptane-2-carboxylic acid, 3,3-dimethyl-7-oxo-6-(2-phenoxy-acetamido)-, monopotassium salt

CAS No. 132-98-9

D-q-Phenoxymethylpenicillinate K salt

Phenoxymethylpenicillin potassium

C₁₆H₁₇KN₂O₅S

Molecular weight 388.5

Synonyms:

Penicillin V potassium Penicillin V potassium salt

Trade Names:

Antibiocin Cliacil Compocillin VK Apsin VK Arcacil Distakaps V-K Distaguaine V-K Arcasin Aspin VK Dowpen V-K DQV.K Beromycin Beromycin 400 Fenoxypen Betapen VK Icipen Isocillin Calciopen K

Ispenoral Ledercillin VK Megacillin oral Oracil-VK Orapen Ospeneff Pedipen Penagen Pencompren Pen-Vee K Pen-V-K powder Penvikal Pfizerpen VK Qidpen VK Robicillin VK Roscipenin SK-Penicillin VK Stabillin VK Syrup 125 Stabillin VK Syrup 62.5 Sumapen VK Suspen Uticillin VK V-Cil-K V-Cillin K Veetids Veepen

PVK

ABSTRACT

Penicillin VK, a widely used antibiotic for treatment of gram-positive coccal infections, was nominated for study by the National Cancer Institute because rodent carcinogenicity studies for this drug had not been performed. The chemical (94% or 98% pure, USP grade) was administered orally (by gavage in corn oil) because oral administration is the primary route used to treat infections in humans. Fourteen-day, 13-week, and 2-year studies were conducted in F344/N rats and B6C3F₁ mice. Additional studies were performed to evaluate the potential for genetic damage in bacteria and mammalian cells.

Fourteen-Day and Thirteen-Week Studies: In the 14-day studies, penicillin VK was administered at doses of 150-2,400 mg/kg. No compound-related deaths or dose-related histopathologic lesions were seen in rats or mice. Final mean body weights of dosed male rats were 5%-17% lower than that of controls; weights of dosed and control female rats were comparable. Final mean body weights of dosed mice were 5%-9% lower than those of controls. Diarrhea was observed in all dosed groups of rats and mice.

In the 13-week studies, male and female rats received doses of 180-3,000 mg/kg and male and female mice received doses of 250-3,000 mg/kg. No compound-related deaths were seen in rats or mice. Final mean body weights of rats that received 3,000 mg/kg were 11% lower than those of the vehicle controls for males and 6% lower for females. For mice, mean body weights were comparable. Diarrhea

occurred in male rats at doses of 750 mg/kg and above and in female rats at doses of 1,500 and 3,000 mg/kg. Mucous cell metaplasia of the glandular stomach was observed in male and female rats receiving 1,500 and 3,000 mg/kg. Lesions of the glandular stomach (inflammation, mucous cell metaplasia, and eosinophilic cytoplasmic change) and the forestomach (papillary hyperplasia and hyperkeratosis) were seen in all groups of dosed mice. The severity of lesions at 1,000 mg/kg or below was considered minimal. Based on these results, doses selected for rats and mice in the 2-year studies were 0, 500, or 1,000 mg/kg.

Body Weight and Survival in the Two-Year Studies: Mean body weights of dosed and vehicle control male and female rats and male mice were comparable. Mean body weights of dosed female mice were 4%-16% lower than those of the vehicle controls from week 28 to the end of the study. Diarrhea was observed for dosed male and female rats and for dosed male mice. Survival of low and high dose male rats and high dose female rats was reduced (male rats: vehicle control, 34/50; low dose, 19/50; high dose, 16/50; female rats: 29/50; 26/50; 16/50). Survival of male and female mice was comparable to that of the vehicle controls (male mice: 24/50; 36/50; 26/50; female mice: 36/50; 32/50; 32/50).

Nonneoplastic and Neoplastic Effects in the Two-Year Studies: Nonneoplastic lesions occurred at low incidences in the nasal mucosa, lung, and forestomach of dosed male rats and in the nasal mucosa and lung of dosed female rats. Congestion and aspiration pneumonia occurring in dosed rats dying before week 104 was the principal cause of death in these animals.

Nonneoplastic lesions of the gastric fundal gland (eosinophilic cytoplasmic change and dilatation) and glandular stomach (cyst, chronic focal inflammation, hyperplasia, fibrosis, and squamous metaplasia) were seen in dosed male and female mice, and lesions of the gallbladder (eosinophilic cytoplasmic change) were seen in male mice.

Slight increases in the incidences of adenomas of the pituitary gland in high dose male rats and of fibroadenomas or adenomas (combined) of the mammary gland in low dose female rats were observed. These were not considered to be compound-related lesions.

The incidence of hepatocellular adenomas was decreased in high dose male mice (14/50; 15/49; 4/49). No compound-related neoplasms were seen in female mice.

Genetic Toxicology: Penicillin VK was not mutagenic in Salmonella typhimurium strains TA98, TA100, TA1535, or TA1537 with or without exogenous metabolic activation. The chemical was mutagenic only with activation in the mouse lymphoma L5178Y/TK^{+/-} forward mutation assay. Incubation of Chinese hamster ovary cells with penicillin VK resulted in increased frequencies of sister chromatid exchanges and chromosomal aberrations in the absence of metabolic activation under conditions of delayed harvest to compensate for chemical-induced cell cycle delay; no effects from penicillin VK exposure were observed in these cells in the presence of S9.

Audit: The data, documents, and pathology materials from the 2-year studies of penicillin VK were audited. The audit findings show that the conduct of the studies is documented and support the data and results given in this Technical Report.

Conclusions: Under the conditions of these 2-year gavage studies, there was no evidence of carcinogenic activity* of penicillin VK for F344/N rats or for $B6C3F_1$ mice administered 500 or 1,000 mg/kg penicillin VK in corn oil by gavage, 5 days per week for 2 years. Nonneoplastic lesions were seen in the glandular stomach of dosed mice. Decreased survival of low and high dose male rats and of high dose female rats reduced the sensitivity of the studies for determining the presence or absence of a carcinogenic response in this species.

SUMMARY OF THE TWO-YEAR GAVAGE AND GENETIC TOXICOLOGY STUDIES OF PENICILLIN VK

Male F344/N Rats	Female F344/N Rats	Male B6C3F ₁ Mice	Female B6C3F ₁ Mice
Dose 0, 500, or 1,000 mg/kg penicil- lin VK in corn oil, 5 d/wk	0, 500, or 1,000 mg/kg penicil- lin VK in corn oil, 5 d/wk	0, 500, or 1,000 mg/kg peni- cillin VK in corn oil, 5 d/wk	0, 500, or 1,000 mg/kg peni- cillin VK in corn oil, 5 d/wk
Survival rates in the 2-year 34/50; 19/50; 16/50	study 29/50; 26/50; 16/50	24/50; 36/50; 26/50	36/50; 32/50; 32/50
Nonneoplastic effects None	None	Gastric fundal gland eosinophilic cytoplasmic change and dilatation; glandular stomachcysts, chronic focal inflammation, epithelial hyperplasia, fibrosis, and squamous metaplasia; gallbladder eosinophilic cytoplasmic change	Gastric fundal gland eosinophilic cytoplasmic change and dilatation; glandular stomachcysts, chronic focal inflammation, epithelial hyperplasia, fibrosis, and squamous metaplasia
Neoplastic effects None	None	None	None
Level of evidence of carcino No evidence	genic activity No evidence	No evidence	No evidence
Other considerations Decreased survival in low and high dose groups	Decreased survival in high dose group	None	Decreased body weight in dosed female groups

Genetic toxicology

Not mutagenic in S. typhimurium strains TA98, TA100, TA1535, or TA1537; mutagenic with but not without activation in mouse lymphoma assay; increased sister chromatid exchanges and chromosomal aberrations in Chinese hamster ovary cells in absence of S9.

^{*}Explanation of Levels of Evidence of Carcinogenic Activity is on page 8.

A summary of the Peer Review comments and the public discussion on this Technical Report appears on page 11.

EXPLANATION OF LEVELS OF EVIDENCE OF CARCINOGENIC ACTIVITY

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 NTP toxicology and carcinogenesis studies 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 study animals do not have a greater incidence of neoplasia than control animals, do not necessarily mean that a chemical is not a carcinogen, inasmuch as the experiments are conducted under a limited set of conditions. Positive results demonstrate that a chemical is carcinogenic for laboratory animals under the conditions of the study and indicate that exposure to the chemical has the potential for hazard to humans.

The National Toxicology Program describes the results of individual experiments on a chemical agent and notes the strength of the evidence for conclusions regarding each study. Other organizations, such as the International Agency for Research on Cancer, assign a strength of evidence for conclusions based on an examination of all available evidence including: animal studies such as those conducted by the NTP, epidemiologic studies, and estimates of exposure. Thus, the actual determination of risk to humans from chemicals found to be carcinogenic in laboratory animals requires a wider analysis that extends beyond the purview of these studies.

Five categories of evidence of carcinogenic activity are used in the Technical Report series to summarize the strength of the evidence observed in each experiment: two categories for positive results ("Clear Evidence" and "Some Evidence"); one category for uncertain findings ("Equivocal Evidence"); one category for no observable effects ("No Evidence"); and one category for experiments that because of major flaws cannot be evaluated ("Inadequate Study"). These categories of interpretative conclusions were first adopted in June 1983 and then revised in March 1986 for use in the Technical Reports series to incorporate more specifically the concept of actual weight of evidence of carcinogenic activity. For each separate experiment (male rats, female rats, male mice, female mice), one of the following quintet is 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 Carcinogenic Activity is demonstrated by studies that are interpreted as showing a dose-related (i) increase of malignant neoplasms, (ii) increase of a combination of malignant and benign neoplasms, or (iii) marked increase of benign neoplasms if there is an indication from this or other studies of the ability of such tumors to progress to malignancy.
- Some Evidence of Carcinogenic Activity is demonstrated by studies that are interpreted as showing a chemically related increased incidence of neoplasms (malignant, benign, or combined) in which the strength of the response is less than that required for clear evidence.
- Equivocal Evidence of Carcinogenic Activity is demonstrated by studies that are interpreted as showing a marginal increase of neoplasms that may be chemically related.
- No Evidence of Carcinogenic Activity is demonstrated by studies that are interpreted as showing no chemically related increases in malignant or benign neoplasms.
- Inadequate Study of Carcinogenic Activity is demonstrated by studies that because of major qualitative or quantitative limitations cannot be interpreted as valid for showing either the presence or absence of carcinogenic activity.

When a conclusion statement for a particular experiment is selected, consideration must be given to key factors that would extend the actual boundary of an individual category of evidence. This should allow for incorporation of scientific experience and current understanding of long-term carcinogenesis studies in laboratory animals, especially for those evaluations that may be on the borderline between two adjacent levels. These considerations should include:

- The adequacy of the experimental design and conduct;
- Occurrence of common versus uncommon neoplasia;
- Progression (or lack thereof) from benign to malignant neoplasia as well as from preneoplastic lesions;
- Some benign neoplasms have the capacity to regress but others (of the same morphologic type) progress. At present, it is impossible to identify the difference. Therefore, where progression is known to be a possibility, the most prudent course is to assume that benign neoplasms of those types have the potential to become malignant;
- Combining benign and malignant tumor incidences known or thought to represent stages of progression in the same organ or tissue;
- Latency in tumor induction;
- Multiplicity in site-specific neoplasia;
- Metastases;
- Supporting information from proliferative lesions (hyperplasia) in the same site of neoplasia or in other experiments (same lesion in another sex or species);
- The presence or absence of dose relationships;
- The statistical significance of the observed tumor increase;
- The concurrent control tumor incidence as well as the historical control rate and variability for a specific neoplasm;
- Survival-adjusted analyses and false positive or false negative concerns;
- Structure-activity correlations; and
- In some cases, genetic toxicology.

These considerations together with the definitions as written should be used as composite guidelines for selecting one of the five categories. 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 induction by chemicals of more neoplasms than are generally found, or the earlier induction by chemicals of neoplasms that are commonly observed. 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.

CONTRIBUTORS

The NTP Technical Report on the Toxicology and Carcinogenesis Studies of Penicillin VK is based on the 13-week studies that began in December 1979 and ended in March 1980 and on the 2-year studies that began in November 1980 and ended in December 1982 at Springborn Institute for Bioresearch. Inc.

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Penicillin VK, NTP TR 336

PEER REVIEW PANEL

The members of the Peer Review Panel who evaluated the draft Technical Report on penicillin VK on July 14, 1987, 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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^{*}Unable to attend

SUMMARY OF PEER REVIEW COMMENTS ON THE TOXICOLOGY AND CARCINOGENESIS STUDIES OF PENICILLIN VK

On July 14, 1987, the draft Technical Report on the toxicology and carcinogenesis studies of penicillin VK received public 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.K. Dunnick, NIEHS, introduced the studies by reviewing the experimental design, results, and proposed conclusions (no evidence of carcinogenic activity for male or female rats or male or female mice).

Dr. Capen, a principal reviewer, agreed with the conclusions. He asked for clarification of the significance of the eosinophilic cytoplasmic changes reported in the fundus of the stomach. Dr. S. Eustis, NIEHS, responded that the eosinophilic changes are believed to represent a potential secretory material in the epithelial cells lining the glandular stomach.

As a second principal reviewer, Dr. Sivak agreed with the conclusions. He expressed concern about the selection of corn oil as the vehicle for a water soluble substance, as this might influence the pharmacokinetics in relation to humans. Dr. Dunnick commented that at the time these studies were designed, ampicillin was also selected and because it was less water soluble, the vehicle chosen for both studies was corn oil. She said that an aqueous gavage solution would have been appropriate and noted that NTP is monitoring blood levels on some of the newer studies on drugs.

As a third principal reviewer, Dr. Popp agreed with the conclusions.

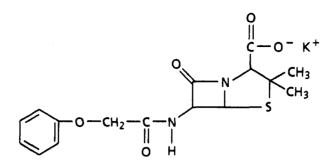
Dr. Capen moved that the Technical Report on penicillin VK be accepted with revisions discussed and with the conclusions as written for male and female rats and mice, no evidence of carcinogenic activity. Dr. Sivak seconded the motion, which was approved unanimously with eight votes.

Penicillin VK, NTP TR 336

I. INTRODUCTION

Production, Use, and Human Exposure Toxicity Reproductive and Teratogenic Effects Absorption, Distribution, and Metabolism Genetic Toxicity Study Rationale

I. INTRODUCTION



PENICILLIN VK 4-Thia-1-azabicyclo(3.2.0)heptane-2-carboxylic acid, 3,3-dimethyl-7-oxo-6-(2-phenoxy- acetamido)-, monopotassium salt

CAS No. 132-98-9

D-g-Phenoxymethylpenicillinate K salt

Phenoxymethylpenicillin potassium

C₁₆H₁₇KN₂O₅S

Molecular weight 388.5

Synonyms:

Penicillin V potassium Penicillin V potassium salt

Trade Names:

Antibiocin	Cliacil	Ispenoral
Apsin VK	Compocillin VK	Ledercillin VK
Arcacil	Distakaps V-K	Megacillin oral
Arcasin	Distaquaine V-K	Oracil-VK
Aspin VK	Dowpen V-K	Orapen
Beromycin	DQV-K	Ospeneff
Beromycin 400	Fenoxypen	Pedipen
Betapen VK	Icipen	Penagen
Calciopen K	Isocillin	Pencompren

Production, Use, and Human Exposure

Penicillin VK (phenoxymethylpenicillin, potassium salt) was first introduced in the United States for use as an antibiotic in 1955 (personal communication to Dr. J. Dunnick from V. Glocklin, Food and Drug Administration [FDA], March 7, 1983). It is one of the most widely used drugs in the United States, with approximately 23 million prescriptions being written per year for penicillin V or VK (FDA, 1986). The parent compound penicillin V was first prepared in 1948 (Behrens, 1948) and became clinically important when it was demonstrated to retain its antibiotic effects at low pH (Brandl et al., 1953). Penicillin VK became the preferred form of the drug for oral administration because higher serum levels were obtained when the salt (penicillin VK) rather than the free acid (penicillin V) Pen-Vee KStPen-V-K powderStPenvikalSuPfizerpen VKSuQidpen VKUfRobicillin VKVRocillin-VKVRoscopeninVaSK-Penicillin VKVa

Stabillin VK Syrup 125 Stabillin VK Syrup 62.5 Sumapen VK Suspen Uticillin VK V-Cil-K V-Cillin K Vectids Veetids Vepen

PVK

was used (Kaipainen and Harkonen, 1956; Colquhoun et al., 1957).

Like that of the other penicillins, the structure of penicillin VK consists of a thiazolidine ring connected to a β -lactam ring. Penicillin VK has a unique side chain that differentiates it from the other penicillin antibiotics. Penicillin VK is a white, odorless, crystalline powder (Dunham, 1972). β-Lactam antibiotics may be inactivated by β -lactamases (penicillinases) that open the β lactam ring or by amidases that split the side chain (Mandell and Sande, 1985; Herzberg and Moult, 1987). In the United States, penicillin V is produced by fermentation from cultures of Penicillin chrysogenum by adding phenoxyacetic acid to the medium (AICE, 1970; Selwyn, 1980). One milligram of penicillin VK is equivalent to 1,530 international units (IU) (Dunham, 1972),

an IU being the specific activity contained in 0.6 µg of crystalline sodium salt of penicillin G (Mandell and Sande, 1985).

Penicillin VK is administered to patients as a solution or in tablet form for oral use. It is usually given four times per day for the treatment of gram-positive cocci including streptococcal. pneumococcal, staphylococcal, and fusospirochetosis infections (Aronoff et al., 1984; Schwartz et al., 1981; PDR, 1986). Penicillin VK is not active against penicillinase-producing bacteria. The recommended dose for adults and children over 12 years of age is 125-250 mg (200,000-400,000 IU) every 6-8 hours for 10 days (USP, 1985; Remington's, 1985). Thus, a 70-kg man taking 1,000 mg of the drug per day receives a dose of approximately 14 mg/kg per day. The recommended dose for children under 12 years is 15-56 mg per day (PDR, 1986). Like the other β lactam antibiotics, penicillin VK exerts its bactericidal effect by inhibiting the cross-linking step (transpeptidation) of bacterial cell wall biosynthesis (Waxman and Strominger, 1983; Mandell and Sande, 1985; Kelly et al., 1982).

Penicillin VK was evaluated for prophylactic use for the prevention of streptococcal infection in children with sickle cell anemia (Gaston et al., 1986), and the National Heart, Lung, and Blood Institute is planning a long-term followup study on the use of oral penicillin VK prophylaxis therapy in this population (personal communication to Dr. J. Dunnick from M. Gaston, March 1987). To date, no reports have associated penicillin use in humans with any carcinogenic effect, although other toxic responses have been reported as described below (PDR, 1986; personal communication to Dr. J. Dunnick from V. Glocklin, FDA, March 1983; Friedman and Ury, 1980).

Toxicity

The following LD₅₀ values were reported for penicillin VK: 1,750 mg/kg in rats (strain unspecified) after intraperitoneal injection, and 1,000 mg/kg in mice (strain unspecified) after intravenous injection (Auhagen et al., 1962); 1,040 mg/kg in Charles River CD rats after oral administration (Goldenthal, 1971); and 1,351 mg/kg in mice (strain unspecified) after intraperitoneal injection (Drugs in Japan, 1982). At the time that this antibiotic was introduced into clinical use, comprehensive animal toxicity evaluation was not required or reported (personal communication to Dr. J. Dunnick from V. Glocklin, FDA, March 1983). Exposure of SPF (CD-1) mice to penicillin G in the drinking water at 500 U/ml reduces the number of anaerobic bacteria in the ceca (Berg, 1981).

The most common side effects reported after penicillin treatment in humans are anaphylactoid reactions. Other side effects reported (incidence not specified) include fever; gastrointestinal symptoms, such as nausea, vomiting, and diarrhea; skin rashes; and reversible effects on the hemic and lymphatic systems, including anemia, thrombocytopenia, and leukopenia (Erffmeyer, 1981; Norrby, 1986; Mandell and Sande, 1985; Alanis and Weinstein, 1983; Braver, 1983; Kitano et al., 1984). Penicillin and structurally related antibiotics elicit antibodies of all the major classes (IgE, IgA, IgM, IgG, IgD). A person with an allergy to one penicillin is assumed to be allergic to all penicillins (Erffmeyer, 1981). The prevalence of penicillin allergy in the U.S. population is estimated to be between 5% and 10% (Wendel et al., 1985).

Reproductive and Teratogenic Effects

The penicillins are frequently prescribed during pregnancy (Ledger, 1977). Reproductive toxicity or teratogenic effects after penicillin use have not been reported (Erffmeyer, 1981; Mandell and Sande, 1985; Jick et al., 1981). Penicillins have been reported to cross the placenta (Elek et al., 1972; Charles, 1954) and to be transmitted in human milk (Wilson et al., 1980).

Absorption, Distribution, and Metabolism

Penicillin VK is a biologically effective antibiotic because it is stable in acidic medium and is well absorbed from the gastrointestinal tract, with an estimated 80% of the drug absorbed after oral administration. Eighty percent of absorbed penicillin V is bound to serum protein (Neu, 1977), primarily albumin (Rolinson and Sutherland, 1965). The serum half-life of penicillin V is estimated to be 1 hour (McCracken et al., 1978). After an oral dose of 266 mg penicillin VK was administered to humans, the serum level of the antibiotic was 4.2 IU/ml serum (Colquhoun et al., 1957). Peak serum or plasma levels of penicillin VK after oral administration were seen one-half hour after administration (Juncher and Raaschou, 1957; Colquhoun et al., 1957; Peck and Griffith, 1957-1958). After oral administration of 500 mg penicillin V to humans, 26% was recovered in the urine as penicillin and 35% as penicillic acid (Cole et al., 1973).

Recovery in the urine and bile 9 hours after intravenous administration of penicillin VK to male Wistar rats was 101% (43% penicillin V, 36% phenoxymethylpenicilloic acid, and 22% 6aminopenicillanic acid and its corresponding penicilloic acid). The metabolic fate of penicillin VK is similar in a variety of animal species (Tsuji et al., 1983).

Genetic Toxicity

Published data on the mutagenicity of penicillin VK are very limited; however, several papers report results from tests with other or unspecified penicillins. For many studies, details of experimental conditions and complete data tables were not provided. Ostanina et al. (1977) reported that penicillin VK formed complexes in vitro with native and denatured Escherichia coli DNA and ribosomal RNA, inhibited nucleic acid synthesis in Micrococcus lysodeikticus and mouse lymphocytes, and blocked a DNA-dependent RNA polymerase system in vitro. When tested by the NTP, penicillin VK was not mutagenic in Salmonella typhimurium strains TA98, TA100, TA1535, or TA1537 with or without Aroclor 1254-induced Sprague Dawley rat or Syrian hamster liver S9 (Mortelmans et al., 1986; Appendix E, Table E1).

Penicillin VK was tested independently by two laboratories using the mouse lymphoma L5178Y/TK^{+/-} forward mutation assay (Table E2). Neither laboratory reported mutagenic activity without S9, but test results at both laboratories were positive in the presence of S9 from Aroclor 1254-induced F344 rat liver. One of the laboratories also tested penicillin VK in mouse lymphoma cells with S9 from noninduced rat liver, and it was mutagenic under those conditions as well.

Treatment of Chinese hamster ovary cells with penicillin VK resulted in significantly increased frequencies of sister chromatid exchanges and chromosomal aberrations in the absence of metabolic activation under conditions of delayed harvest (to compensate for chemical-induced cell cycle delay); no effects from penicillin VK exposure were observed in these cells with S9 (Tables E3 and E4). Clastogenic effects by penicillin VK have also been reported by Parida (1972), who examined testicular tissue of the grasshopper Phloeba antennala after administration of 5 mg "Crystopen V" in feed; chromosomal aberrations were observed in 63% of the cells studied. The author stated that stickiness and despiralization, which he attributed to drug interaction with chromosomal proteins, were the most frequent abnormalities observed and that they hindered the assessment of other types of structural aberrations.

Literature reports on other penicillins indicate that these compounds do not inhibit growth due to DNA damage in Bacillus subtilis (Kada et al., 1972; Suter and Jaeger, 1982) or E. coli (Slater et al., 1971; Rosenkranz, 1981). Suter and Jaeger (1982) reported penicillin G-induced growth inhibition of E. coli rec/rec⁺ in the spot test but not when exposure occurred via the plate incorporation method. In an NTP mouse lymphoma L5178Y/TK^{+/-} assay, treatment with penicillin V in the presence or absence of exogenous metabolic activation resulted in no significant increase in mutations (Table E2). Benzylpenicillin, sodium salt, has been reported to induce chromosomal aberrations in the meiotic cells of the grasshopper Poecilocerus pictus (Subramanyam and Reddy, 1975). A single injection of 50 mg/kg penicillin G induced chromosomal aberrations in mouse bone marrow cells (Manna and Bardhan, 1973), but doses of 200 or 800 mg/kg per day for 5 days to CFLP male mice did not produce increases in dominant lethal mutations in the offspring (James and Smith, 1982). No sperm head abnormalities were observed in male CBA \times BALB/c mice administered penicillin (type unspecified) by intraperitoneal injection at doses up to 1,600 mg/kg per day for 5 days (Topham, 1980).

Study Rationale

Penicillin VK was selected for study as a representative of the penicillin G- and V-type antibiotics (antibiotics used in the treatment of gram-positive coccal infections) for which carcinogenicity data were not available. Penicillin VK was selected as the representative compound because it was water soluble and acid stable and could be administered orally, as opposed to other members of this antibiotic class, such as penicillin G, which are primarily administered intramuscularly. Corn oil was selected as the vehicle to allow for comparison of results with those of 2year studies of ampicillin trihydrate (NTP, 1987) (a compound only slightly water soluble).

Penicillin VK, NTP TR 336

II. MATERIALS AND METHODS

PROCUREMENT AND CHARACTERIZATION OF PENICILLIN VK PREPARATION AND CHARACTERIZATION OF DOSE MIXTURES FOURTEEN-DAY STUDIES 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 PENICILLIN VK

USP-grade, unformulated penicillin V potassium salt (penicillin VK) was obtained in two lots from Bristol Myers Company (Table 1). Purity, identity, and stability analyses were conducted at Midwest Research Institute (MRI) (Kansas City, Missouri). MRI reports on analyses performed in support of the penicillin VK studies are on file at NIEHS.

The infrared and nuclear magnetic resonance spectra for both lots (Figures 1 to 4) were consistent with those in the literature (Sadtler Pharmaceutical Spectra; Wilson et al., 1974). The ultraviolet/visible absorption maxima observed for both lots were consistent with those obtained for a USP standard.

Lot no. C9014 was obtained as a colorless, fluffy solid with an optical rotation $[a]_D$ of $+219.9^{\circ} \pm$ 1.0° at 26° C and a decomposition temperature of 197°-202° C with a sharp exotherm at 253.5°-260° C. Cumulative analytical chemistry data indicated that lot no. C9014 met all USP and Federal regulations requirements for potency and purity. The study material was determined to be approximately 94% pure. The results of elemental analyses of this lot were slightly high for oxygen, were low for sulfur, and agreed with

the theoretical values for carbon, hydrogen, nitrogen, and potassium. Water content by Karl Fischer titration was 0.91%. This lot had a potency of 1,493 penicillin V units/mg relative to a USP standard as indicated by iodometric titration (CFR, 1977). Lot no. C9014 was 102.5% pure by titration of the carboxylate group with 0.1 N perchloric acid. Thin-layer chromatography on silica gel plates with either an nbutanol:water:glacial acetic acid (60:25:15) or a chloroform:acetone:glacial acetic acid (30:65:5) mobile phase and visualization by ultraviolet light (254 nm) and a chloroplatinic acid spray (Pokorny et al., 1973) detected one minor and one trace impurity in lot no. C9014, whereas the USP standard had a minor impurity only. Five impurities with a total peak area 5.4% that of the major peak were detected by high-performance liquid chromatography on a µBondapak C_{18} column with a 1% aqueous acetic acid:methanol containing 1% acetic acid (70:30) mobile phase at a flow rate of 2 ml/minute and ultraviolet detection at 254 nm. Six impurities with a total area 5.8% that of the major peak were detected by a similar system with a 60:40 solvent ratio. A single impurity with an area 0.2% that of the major peak was detected in a USP standard by this system. Major peak comparison of lot no. C9014 with a USP reference standard by high-performance liquid chromatography gave a value of 92.0% relative to the standard.

Fourteen-Day Studies	Thirteen-Week Studies	Two-Year Studies
Lot Numbers C9014	C9014	C9014 and H1688
Date of Initial Use 9/28/79	12/21/79	Lot no. C901412/80; lot no. H168812/81
Supplier Bristol Myers Co. (Syracuse, NY)	Bristol Myers Co. (Syracuse, NY)	Bristol Myers Co. (Syracuse, NY)

TABLE 1. IDENTITY AND SOURCE OF PENICILLIN VK USED IN THE GAVAGE STUDIES

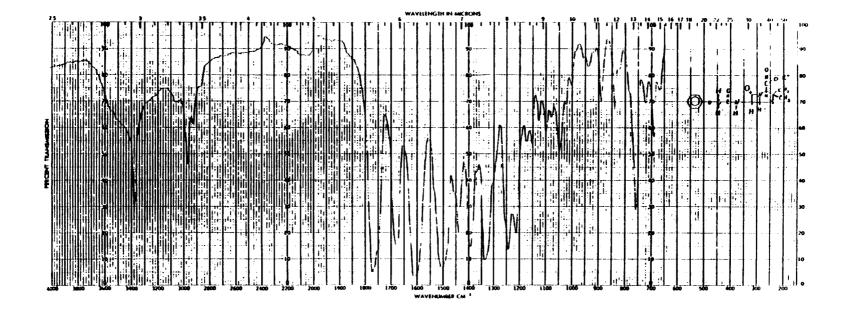


FIGURE 1. INFRARED ABSORPTION SPECTRUM OF PENICILLIN VK (LOT NO. C9014)

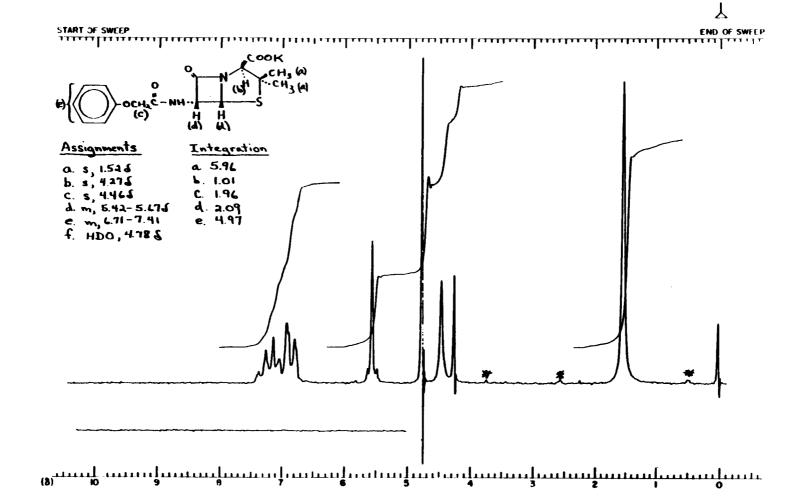


FIGURE 2. NUCLEAR MAGNETIC RESONANCE SPECTRUM OF PENICILLIN VK (LOT NO. C9014)

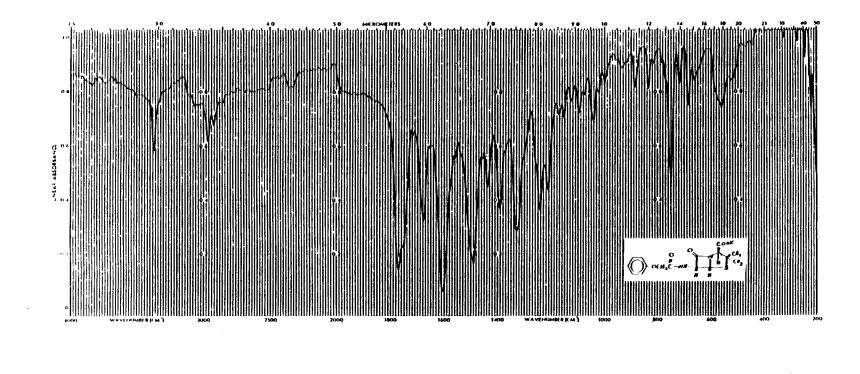
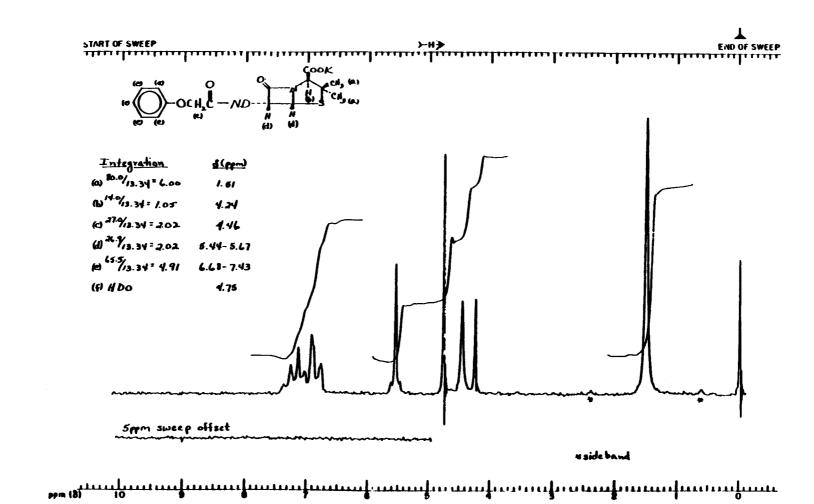


FIGURE 3. INFRARED ABSORPTION SPECTRUM OF PENICILLIN VK (LOT NO. H1688)



Cumulative analytical chemistry data indicated that lot no. H1688 also met the USP requirements for potency and purity. The study material was determined to be approximately 98% pure. The results of elemental analysis agreed with the theoretical values. The water content was 0.07%. Iodometric titration indicated a potency of 1,505 penicillin V units/mg relative to a USP standard. Lot no. H1688 was 105% pure by titration of the carboxylate group. One trace impurity was detected by thin-layer chromatography by the same systems described for lot no. C9014 but with an iodoplatinate spray (Pokorny et al., 1973). One impurity with a total peak area 1.1% that of the major peak was detected by the high-performance liquid chromatographic system described for the previous lot but with a 67:33 solvent ratio and a flow rate of 1.5 ml/minute. Major peak comparison of lot no. H1688 with a USP reference standard by high-performance liquid chromatography gave a value of 96.8% relative to the standard.

Both lots of study material were analyzed for the presence of N,N-dimethylaniline by extraction of aqueous solutions of penicillin VK with methylene chloride followed by high-resolution gas chromatography with flame ionization detection. Results of these analyses indicated that N,N-dimethylaniline was not present in either lot of study material at a concentration of 1 ppm (w/w) or greater.

Stability studies performed with the same highperformance liquid chromatographic system with a 55:45 solvent ratio indicated that penicillin VK was stable in the dark for 2 weeks at temperatures up to 60° C. The study laboratory stored several portions at -40° C to serve as reference samples; the bulk chemical was stored at -4° C. Periodic reanalyses of the bulk chemical and reference samples were performed at the study laboratory. Iodometric titration with 0.01 N sodium thiosulfate and the high-performance liquid chromatographic system previously described except with a 60:40 solvent ratio indicated that no notable deterioration of the bulk chemical occurred over the course of the studies. Identity of the chemical at the study laboratory was confirmed by infrared spectroscopy.

PREPARATION AND CHARACTERIZATION OF DOSE MIXTURES

Stability studies of penicillin VK mixed with NIH 07 Rat and Mouse Ration indicated that penicillin VK at a concentration of 1,000 ppm was unstable when stored for 2 weeks at temperatures ranging from 5° C to 45° C. Recovery of penicillin VK after 2 weeks' storage, sealed and protected from air and light, was 85% at 5° C, 40% at 25° C, and 7% at 45° C. Because of the instability of penicillin VK mixed in rodent feed, corn oil was investigated as a possible vehicle for gavage studies.

Penicillin VK and corn oil were mixed to give the desired concentrations (Table 2). Stability studies of a 10 mg/ml dose mixture stored for 2 weeks at room temperature or 5° C were performed by extraction with 0.01 M sodium dihydrogen phosphate:methanol (1:4) and analysis by high-performance liquid chromatography on a Varian MicroPak C₁₈ column with an aqueous 0.01 M sodium dihydrogen phosphate:methanol (52:48) mobile phase at a flow rate of 1 ml/minute and ultraviolet detection at 254 nm. The concentration of penicillin VK was calculated from an acetanilide internal standard.

Penicillin VK (10 mg/ml) in corn oil was found to be stable when stored at room temperature or 5° C for 14 days. In the 13-week and 2-year studies, dose mixtures were stored at 4° C for no longer than 2 weeks. Formulations of penicillin VK in corn oil were periodically selected at random at the study laboratory, extracted with the same extraction solvent listed above, and analyzed in duplicate by ultraviolet spectroscopy (269 nm) to estimate the accuracy with which formulations were prepared over the course of the studies. Dose mixtures were analyzed once during the 13-week studies; the results ranged from 94% to 107% of the target concentrations (Table 3). During the 2-year studies, the dose mixtures were analyzed once every 2 months,

TABLE 2.	PREPARATION	AND	STORAGE	OF	DOSE	MIXTURES	IN	THE	GAVAGE	STUDIES	OF
				PF	ENICIL	LIN VK					

Fourteen-Day Studies	Thirteen-Week Studies	Two-Year Studies		
Preparation 24% (w/v) stock suspension of penicillin VK in corn oil prepared every 2 d by blending at high speed in Waring micro-blender; blending repeated before dosing to obtain uniform suspension	30% and 20% suspensions prepared by mixing corn oil and weighed penicillin VK in Waring Blender until thoroughly blended. Mixture trans- ferred to volumetric flask, brought to volume with corn oil, and thoroughly mixed with stir bar and magna-stirrer. Contents of volumetric flask further mixed in beaker with magna-stirrer. Lower concentrations prepared by seri- al dilution of next higher concentration	Weighed amounts of penicillin VK diluted to volume with corn oil to give 50 100, or 200 mg/ml and mixed in a Waring Blender or a Tekmer SD-45 homogenizer Stock suspensions divided into quantitier needed for each day of dosing; on day of dosing, mixture warmed to room temperature, reblended, and mixed during dosing with magnetic stir bar		
Maximum Storage Time 1 d	2 wk	2 wk		
Storage Conditions 4° C	4° C	4° C		

TABLE 3. RESULTS OF ANALYSIS OF DOSE MIXTURES IN THE THIRTEEN-WEEK GAVAGE STUDIES OF PENICILLIN VK (a)

Target Concentration (mg/ml)	Determined Concentration (mg/ml) (b)	Determined as a Percent of Target
25	26.8	107.2
37.5	38.3	102.1
50	51.7	103.4
75	71.3	95.1
100	99.5	99.5
150	141.6	94.4
200	189.5	94.8
300	311	103.7

(a) Date mixed: 1/9/80

(b) Results of duplicate analysis

and concentrations ranged from 89% to 106% of the target values (Table 4). Because 40/41 dose mixtures analyzed were within \pm 10% of the target concentrations, the dose mixtures were estimated to have been within specifications 98% of the time throughout the 2-year studies. Referee analyses were periodically performed by the analytical chemistry laboratory. The penicillin VK concentrations in one referee sample were outside of specifications (Table 5).

	Concentration of Penicillin VK in Corn Oil for Target Concentration (mg/ml) (a)				
Date Mixed	50	100	200		
11/21/80		101	204		
01/15/81	48	100	206		
03/12/81	48	92	(b) 178		
05/07/81	47	95	181		
07/07/81	53	95	194		
09/01/81	50.2	103.1	205.5		
10/28/81	48.9	99.9	198.9		
12/22/81	48.6	98.2	200		
02/17/82	47	97	199		
03/31/82	50	101	202		
06/02/82	49	99	199		
08/25/82	49.4	97	197		
09/22/82	47	99	198		
11/09/82	50.3	97.4	197		
an (mg/ml)	49.0	98.2	197.1		
ndard deviation	1.69	2.90	8,20		
efficient of variation (percent)	3.4	3.0	4.2		
nge (mg/ml)	47-53	92-103.1	178-206		
mber of samples	13	14	14		

TABLE 4. RESULTS OF ANALYSIS OF DOSE MIXTURES IN THE TWO-YEAR GAVAGE STUDIES OF PENICILLIN VK

(a) Results of duplicate analysis

(b) Out of specifications

TABLE 5. RESULTS OF REFEREE ANALYSIS IN THE TWO-YEAR GAVAGE STUDIES OF PENICILLIN VK

		Determined Conc	entration (mg/ml)
Date Mixed	Target Concentration (mg/ml)	Study Laboratory (a)	Referee Laboratory (b)
11/21/80	200	204	195
03/12/81	50	48	55
10/28/81	100	99.9	(c) 117.7
03/31/82	50	50	44.7
09/22/82	200	198	197

(a) Results of duplicate analysis
(b) Results of triplicate analysis
(c) Out of specifications

FOURTEEN-DAY STUDIES

Male and female F344/N rats and B6C3F1 mice were obtained from Charles River Breeding Laboratories and held for 14 days before the studies began. Doses selected for the 14-day studies were based on oral administration LD_{50} values for adult rats of 1,040 mg/kg penicillin VK (Goldenthal, 1971). The highest dose for the 14day studies in rats was set at approximately two times the oral LD_{50} value. The highest dose for the 14-day studies in mice was also set at 2,400 mg/kg to allow expression of toxicity in rats and mice. Groups of five rats and five mice of each sex were administered 150, 300, 600, 1,200, or 2,400 mg/kg penicillin VK in corn oil by gavage for 14 consecutive days. The controls were untreated.

Animals were housed five per cage and received water and feed ad libitum. Details of animal maintenance are presented in Table 6. The rats and mice were observed two times per day and were weighed on days 0, 7, and 14. A necropsy was performed on all animals. Three males and three females of each species from the control and 2,400 mg/kg groups were examined histopathologically.

THIRTEEN-WEEK STUDIES

Thirteen-week studies were conducted to evaluate the cumulative toxic effects of repeated administration of penicillin VK and to determine the concentrations to be used in the 2-year studies.

Five-week-old male and female F344/N rats and 4- to 6-week-old male and female $B6C3F_1$ mice were obtained from Charles River Breeding Laboratories and were observed for 15 days before the studies began. Rats and mice were housed five per cage in polycarbonate cages. NIH 07 Rat and Mouse Ration pellets and water (half deionized/half tap) were available ad libitum.

Groups of 10 rats of each sex were administered 0, 180, 370, 750, 1,500, or 3,000 mg/kg penicillin VK in corn oil by gavage, 5 days per week for 13 weeks. The 3,000 mg/kg groups of rats were given two doses of 1,500 mg/kg, 5 hours apart. Groups of 10 mice of each sex received 0, 250, 500, 1,000, 2,000, or 3,000 mg/kg on the same schedule.

Animals were checked two times 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. Groups and tissues examined are listed in Table 6.

TWO-YEAR STUDIES

Study Design

Groups of 50 rats and 50 mice of each sex were administered 0, 500, or 1,000 mg/kg penicillin VK in corn oil by gavage, 5 days per week for 103 weeks (rats) or 104 weeks (mice).

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 4 weeks of age and mice, at 4-5 weeks of age. The animals were quarantined at the study facility for 18 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 F).

TABLE 6	. EXPERIMENTAL	DESIGN AND	MATERIALS	AND METH	IODS IN TH	HE GAVAGE STU	DIES OF
			PENICILLI	N VK			

Fourteen-Day Studies	Thirteen-Week Studies	Two-Year Studies
EXPERIMENTAL DESIGN	······································	
Size of Study Groups 5 males and 5 females of each species	10 males and 10 females of each species	50 males and 50 females of each species
Doses 150, 300, 600, 1,200, or 2,400 mg/kg penicillin VK in corn oil by gavage; dose vol: 10 ml/kg; controls were untreated	Rats0, 180, 370, 750, 1,500, or 3,000 mg/kg penicillin VK in corn oil by gavage (3,000 mg/kg group received 1,500 mg/kg 2 × d, 5 h apart); mice0, 250, 500, 1,000, 2,000, or 3,000 mg/kg; dose vol: rats5 ml/kg; mice10 ml/kg	0, 500, or 1,000 mg/kg penicillin VK in corn oil by gavage; dose vol: rats5 ml/kg mice10 ml/kg
Date of First Dose 9/28/79	12/21/79	Rats12/1/80; mice12/8/80
Date of Last Dose 10/11/79	3/20/80	Rats11/21/82; mice12/6/82
Duration of Dosing 14 consecutive d	5 d/wk for 13 wk	5 d/wk for 103 wk (rats) or 104 wk (mice)
Type and Frequency of Observati Observed $2 \times d$; weighed on d 0, 7, and 14	on Observed 2 $ imes$ d; weighed 1 $ imes$ wk	Observed $2 \times d$; weighed $1 \times wk$ for 12 wk, 1×4 wk through wk 88, and 1×2 wk thereafter; palpated for tumors 1×4 wk after wk 41
Necropsy and Histologic Examina Necropsy performed on all animals; tissues from 3 animals per sex in the control and 2,400 mg/kg groups examined histologically	Necropsy performed on all animals. Histologic exam performed on vehicle control and 3,000 mg/kg groups and on animals that died before the end of the studies; tissues examined include: adrenal glands, brain, esophagus, eyes (if grossly abnormal), gross lesions, heart, kidneys, large intestine, liver, lungs and mainstem bronchi, mam- mary gland, pancreas, parathyroids, pharynx (if grossly abnormal), pitui- tary gland, prostate/testes/epididymis or ovaries/uterus, salivary glands, skin, small intestine, spinal cord (if neurologic signs present), spleen, sternebrae or femur or vertebrae in- cluding marrow, stomach, thymus, thyroid gland, tissue masses, trachea, and urinary bladder	Necropsy and histologic exam performed on all animals; tissues examined include gallbladder (mice) and mandibular or mesenteric lymph nodes plus those tissues examined in the 13-week studies
ANIMALS AND ANIMAL MAINT	ENANCE	
Strain and Species F344/N rats; B6C3F1 mice	F344/N rats; B6C3F ₁ mice	F344/N rats; B6C3F ₁ mice
Animal Source Charles River Breeding Laboratories (Portage, MI)	Charles River Breeding Laboratories (Portage, MI)	Charles River Breeding Laboratories (Portage, MI)

Fourteen-Day Studies	Thirteen-Week Studies	Two-Year Studies
ANIMALS AND ANIMAL MAINT	ENANCE (Continued)	
Study Laboratory Springborn Institute for Bioresearch, Inc.	Springborn Institute for Bioresearch, Inc.	Springborn Institute for Bioresearch, Inc.
Method of Animal Identification Ear notch and toe clip	Ear notch and toe clip	Ear notch and toe clip
Time Held Before Study 14 d	15 d	18 d
Age When Placed on Study Rats6-7 wk; mice6-8 wk	Rats7 wk; mice6-8 wk	Rats7 wk; mice8 wk
Age When Killed Rats8-9 wk; mice8-10 wk	Rats21 wk; mice20-22 wk	Rats111 wk; mice112 wk
Necropsy Dates 10/13/79	3/24/80-3/25/80	Rats11/29/82-12/1/82; mice12/6/82-12/8/82
Method of Animal Distribution According to a table of random numbers	Same as 14-d studies	Assigned to cages according to one table of random numbers and then to groups according to another table
Feed NIH 07 Rat and Mouse Ration (Zeigler Bros., Gardners, PA); available ad libitum	Same as 14-d studies	Same as 14-d studies
Bedding Anipads (Ancare, Manhasset, NY)	Ancubes (Ancare, Manhasset, NY)	Same as 13-wk studies
Water Tap water in glass bottles; available ad libitum	Automatic watering system (Edstrom Industries, Waterford, WI) with half tap/half deionized water; available ad libitum	Same as 13-wk studies but with Osmonic water
Cages Stainless steel wire mesh (Shoreline, Kansas City, MO)	Polycarbonate (Lab Products, Inc., Rochelle Park, NJ)	Same as 13-wk studies
Cage Filters None	Polyester filters (Snow Filtration, Cincinnati, OH)	Same as 13-wk studies
Animals per Cage 5	5	5
Other Chemicals on Study in the None	Same Room None	None
Animal Room Environment Temp72.7° \pm 1.95° F; hum69.5% \pm 7.07%; fluorescent light 12 h/d; 12 room air changes/h	Temp68°-76° F; hum38%-76%; fluorescent light 12 h/d; 12 room air changes/h	Temp73.2° ± 1.84° F; hum56.9% ± 13.9%; fluorescent light 12 h/d; 12 room air changes/h

TABLE 6. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS IN THE GAVAGE STUDIES OF PENICILLIN VK (Continued)

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/6N 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/6N colony were used as parents for the hybrid B6C3F₁ 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

Rats and mice were housed five per cage in polycarbonate cages. Feed and water (Osmonic) were available ad libitum. Rack position was shifted once per week; cages were not rotated within racks. Details of animal maintenance are summarized in Table 6.

Clinical Examinations and Pathology

All animals were observed two times per day, and clinical signs were recorded at least once per month. Body weights by cage were recorded once per week for the first 12 weeks of the studies and at least 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 6.

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, 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 the 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 to be missing or dead from other than natural causes; animals dying from natural causes were not censored. Statistical analyses for a possible dose-related effect on survival used the method of Cox (1972) for testing two groups for equality and Tarone's (1975) life table test for a doserelated trend. When significant survival differences were detected, additional analyses using these procedures were carried out to determine the time point at which significant differences in the survival curves were first detected. All reported P values for the survival analysis are two-sided.

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

Life Table Analyses--The first method of analysis assumed that all tumors of a given type observed in animals dying before the end of the study were "fatal"; i.e., they either directly or indirectly caused the death of the animal. According to this approach, the proportions of 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 (1959) to obtain an overall P value. This method of adjusting for intercurrent mortality is the life table method of Cox (1972) and of Tarone (1975). The underlying variable considered by this analysis is time to death due to tumor. If the tumor is rapidly lethal, then time to death due to tumor closely approximates time to tumor onset. In this case, the life table test also provides a comparison of the time-specific tumor incidences.

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.)

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

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

Penicillin VK, NTP TR 336

III. RESULTS

RATS

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES

TWO-YEAR STUDIES

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

MICE

FOURTEEN-DAY STUDIES

THIRTEEN-WEEK STUDIES

TWO-YEAR STUDIES

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

FOURTEEN-DAY STUDIES

One female rat that received 1,200 mg/kg penicillin VK died before the end of the study (Table 7). Final mean body weights of all groups of dosed males were 5%-17% lower than that of the controls. Final mean body weights of dosed and control female rats were comparable. Diarrhea was observed in all dosed groups of animals; the incidence increased with increasing dose. Animals salivated excessively after they were dosed. No compound-related histopathologic effects were observed.

Because of minimal response (no dose-related histopathologic lesions or deaths) of rats at 2,400 mg/kg, the highest dose for the 13-week studies was set at 3,000 mg/kg.

THIRTEEN-WEEK STUDIES

No compound-related deaths occurred (Table 8).

Final mean body weights of rats that received 3,000 mg/kg were 11% lower than those of the vehicle controls for males and 6% lower for females. Diarrhea was observed for males that received 750 mg/kg or more and for females that received 1,500 or 3,000 mg/kg. Minimal to mild mucous cell metaplasia of the glandular stomach was observed in 7/9 males and 8/8 females that received 1,500 mg/kg and in 4/6 males and 8/8 females that received 3,000 mg/kg. This change occurred primarily adjacent to the junction of the glandular stomach and forestomach and consisted of a replacement of parietal and chief cells by a mucous cell type.

Dose Selection Rationale: Because of body weight changes and clinical signs at the highest dose in the 13-week studies, doses selected for rats for the 2-year studies were 500 and 1,000 mg/kg penicillin VK, administered in corn oil by gavage, 5 days per week.

TABLE 7.	SURVIVAL ANI	D MEAN BODY	Y WEIGHTS OF	RATS IN THE	FOURTEEN-DAY	GAVAGE
		ST	UDIES OF PEN	ICILLIN VK		

		Mean	Body Weights	Final Weight Relativ	
Dose (mg/kg)	Survival (a)	Initial (b)	Final	Change (c)	to Controls (percent)
IALE					
0	5/5	129 ± 3	201 ± 2	$+72 \pm 3$	
150	5/5	127 ± 3	191 ± 5	$+64 \pm 4$	95
300	5/5	124 ± 3	188 ± 4	$+64 \pm 5$	94
600	5/5	123 ± 2	188 ± 3	$+65 \pm 3$	94
1,200	5/5	124 ± 2	184 ± 2	$+60 \pm 3$	92
2,400	5/5	124 ± 2	166 ± 2	$+42 \pm 2$	83
'EMALE					
0	5/5	110 ± 4	138 ± 4	$+28 \pm 1$	
150	5/5	114 ± 1	142 ± 3	$+28 \pm 2$	103
300	5/5	117 ± 4	141 ± 3	$+24 \pm 0$	102
600	5/5	117 ± 2	143 ± 3	$+26 \pm 2$	104
1,200	(d) 4/5	118 ± 4	144 ± 2	$+23 \pm 1$	104
2,400	5/5	112 ± 3	137 ± 4	$+25 \pm 2$	99

(a) Number surviving/number initially in group

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

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

(d) Day of death: 3

		Mean	Body Weights	Final Weight Relativ	
Dose (mg/kg)	Survival (a)	Initial (b)	Final	Change (c)	to Vehicle Controls (percent)
ALE					
0	10/10	113 ± 3	359 ± 7	$+246 \pm 6$	
180	10/10	117 ± 1	349 ± 5	$+232 \pm 4$	97
370	10/10	112 ± 3	325 ± 10	$+213 \pm 9$	91
750	10/10	115 ± 3	347 ± 5	$+232 \pm 7$	97
1,500	10/10	109 ± 3	328 ± 6	$+219 \pm 6$	91
3,000	10/10	114 ± 3	321 ± 4	$+207 \pm 5$	89
MALE					
0	10/10	92 ± 1	197 ± 3	$+105 \pm 2$	
180	10/10	89 ± 2	194 ± 3	$+105 \pm 3$	98
370	10/10	86 ± 2	197 ± 3	$+111 \pm 4$	100
750	(d) 9/1 0	90 ± 1	192 ± 3	$+102 \pm 3$	97
1,500	(d) 9/10	94 ± 1	195 ± 3	$+101 \pm 3$	99
3,000	(e) 9/10	92 ± 1	185 ± 3	$+93 \pm 2$	94

TABLE 8. SURVIVAL AND MEAN BODY WEIGHTS OF RATS IN THE THIRTEEN-WEEK GAVAGE STUDIES OF PENICILLIN VK

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

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

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

(d) Week of death: 3

(e) Week of death: 4

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of dosed and vehicle control male and female rats were comparable (Table 9 and Figure 5). Diarrhea (male: vehicle control, 0/50; low dose, 15/50; high dose, 41/50; female: 1/50; 5/50; 18/50) and excessive urination (male: 0/50; 9/50; 16/50; female: 12/50; 28/50; 43/50) were observed in dosed animals.

Weeks		Control		500 mg/kg			1,000 mg/kg	
on	Av. Wt.	No. of	Av. Wt.	Wt. (percent of	No. of	Av. Wt.	Wt. (percent of	No. of
Study	(grams)	Survivors	(grams)	veh. controls)	Survivors	(grams)	veh. controls)	Survivors
ALE								
Ú	154	50	151	98	50	153	99	50
1	185	50	184	99	50	179	97	50
2 3	216 238	50 50	217 238	100 100	50 50	210 233	97 98	50 50
4	256	50	259	100	50	252	98	50
5	275	50	276	100	50	270	98	50
6	287	50	290	101	50	282	98	50
7	298	50	304	102	50	297	100	50
8	312	50	317	102	50	311	100	50
9 10	321 329	50 50	327 332	102 101	50 50	322 331	100 101	50 50
11	335	50	344	103	50	343	102	50
12	332	50	344	104	50	330	99	50
16	360	50	372	103	49	365	101	50
20	367	50	370	101	49	356	97	50
25 28	388	50	386	99	49	390	101	50
28 32	411 429	50 50	407 432	99 101	49 48	407 426	99 99	49 48
36	446	50	440	99	48	437	98	48
40	462	50	445	96	48	449	97	46
44	468	50	469	100	48	481	99	46
48	469	50	467	100	48	438	93	46
52	457	50	466	102	48	435	95	45
56 60	463 467	50 50	454 456	98 98	48 46	428 446	92 96	42 39
64	461	50	455	99	46	444	96	39
68	466	50	446	96	44	432	93	39
72	463	50	461	100	42	440	95	39
76	470	50	466	99	41	448	95	37
80	456	50	449	98	37	433	95	34
84	459	49	460	100	34	436	95	32
88 92	461 443	47 46	444 451	96 102	33 31	438 429	95 97	29 25
96	448	40	447	102	27	423	94	19
100	436	35	432	99	21	412	94	16
102	438	34	421	96	20	410	94	16
FEMALE	1							
0	121	50	121	100	50	119	98	50
1	138	50	136	99	50	134	97	50
2 3	149 156	50 50	147 155	99 99	50 50	145 153	97 98	50 50
4	168	50	168	100	50	168	100	50
5	174	50	176	101	49	175	101	48
6	186	50	183	98	49	182	98	48
7	190	50	189	99	49	187	98	47
8	198	50	192	99	49	192	99	47
9 10	195 201	50 50	196 201	101 100	49 49	192 201	98 100	47 47
11	201	50	205	103	49	200	100	47
12	203	50	206	101	49	201	99	47
16	213	50	215	101	49	212	100	47
20	213	50	218	102	49	220	103	47
25	217	50	225 237	104	49	223 229	103	47
28	228 248	50 50	237	104 102	49	229	100 102	47 47
32 36	255	50	253 287	113	49 49	253 277	102	47
40	261	50	263	101	49	265	109	46
44	267	50	277	104	49	275	103	46
48	273	50	283	104	49	269	99	44
52	278	50	290	104	49	285	103	44
56 60	275 286	50 50	284 300	103 105	49	278 290	101 101	42 41
64	297	50	308	105	48 48	303	101	41 41
68	309	50	317	103	46	317	102	41
72 76	311	50 50	323	104	45	316	102	41
76	314	50	330	105	45	327	104	40
80	322	47	333	103	43	326	101	37
84 88	331 332	47 47	333	101 103	40	328 333	99 100	33 31
92	328	47	341 336	103	37 34	333	100	29
92 96	338	43	342	101	32	335	99	22
100	335	31	337	101	30	332	99	18
102	336	29	340	101	27	335	100	16

TABLE 9. MEAN BODY WEIGHTS AND SURVIVAL OF RATS IN THE TWO-YEAR GAVAGE STUDIES OF PENICILLIN VK

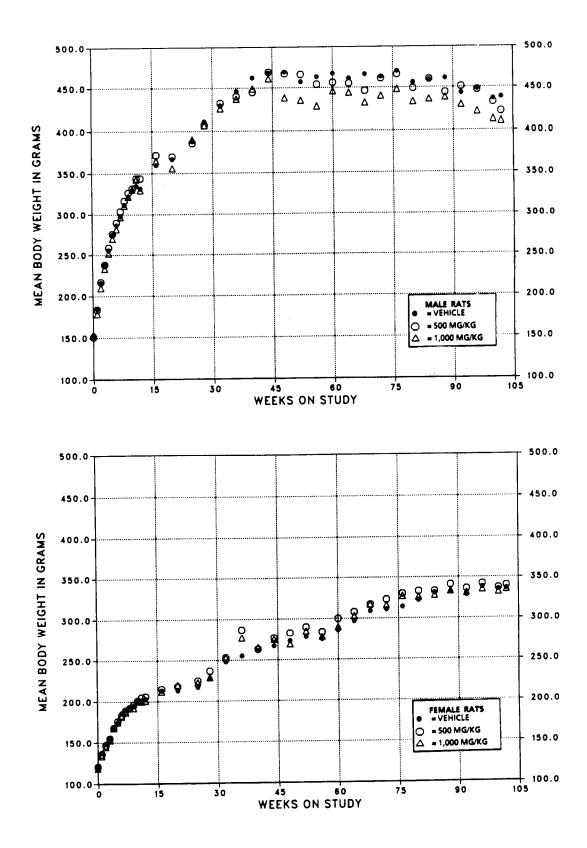


FIGURE 5. GROWTH CURVES FOR RATS ADMINISTERED PENICILLIN VK IN CORN OIL BY GAVAGE FOR TWO YEARS

Survival

Estimates of the probabilities of survival for male and female rats administered penicillin VK at the doses used in these studies and for vehicle controls are shown in Table 10 and in the Kaplan and Meier curves in Figure 6. The survival of both the low (after week 71) and high (after week 75) dose groups of male rats was significantly lower than that of the vehicle controls. The survival of the high dose group of female rats was significantly lower than that of the vehicle controls after week 82.

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 anterior pituitary gland, thyroid gland, mammary gland, clitoral gland, nasal mucosa, lung, liver, and forestomach.

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). Historical incidences of tumors in corn oil vehicle control female rats are listed in Table B4. Findings on nonneoplastic lesions are summarized in Table B5.

	Vehicle Control	500 mg/kg	1,000 mg/kg
MALE (a)	······	, <u>, , , , , , , , , , , , , , , , , , </u>	<u> </u>
Animals initially in study	50	50	50
Nonaccidental deaths before termination (b)	16	30	26
Accidentally killed	0	1	8
Killed at termination	34	17	16
Died during termination period	0	2	Ō
Survival P values (c)	0.001	0.002	0.002
FEMALE (a)			
Animals initially in study	50	50	50
Nonaccidental deaths before termination (b)	21	23	30
Accidentally killed	0	1	4
Cilled at termination	28	26	16
Died during termination period	1	0	0
Survival P values (c)	0.005	0.461	0.004

TABLE 10. SURVIVAL OF RATS IN THE TWO-YEAR GAVAGE STUDIES OF PENICILLIN VK

(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.

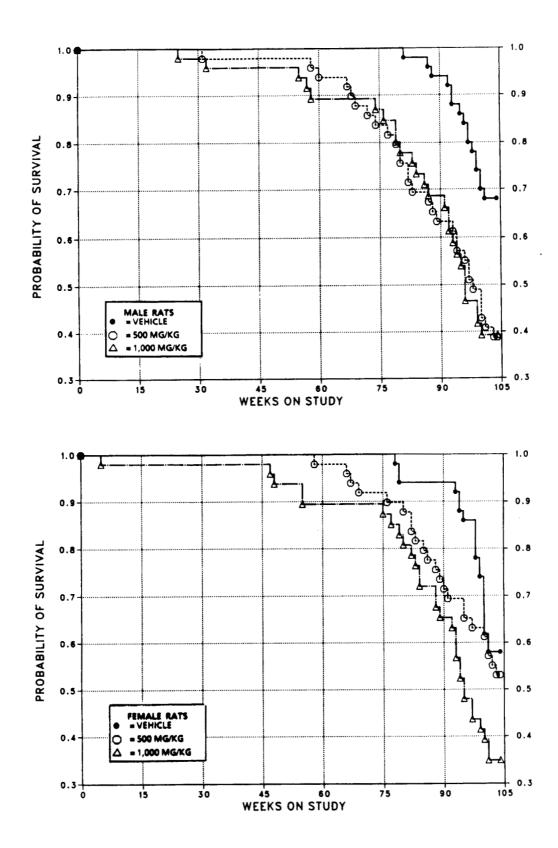


FIGURE 6. KAPLAN-MEIER SURVIVAL CURVES FOR RATS ADMINISTERED PENICILLIN VK IN CORN OIL BY GAVAGE FOR TWO YEARS

III. RESULTS: RATS

Anterior Pituitary Gland: Adenomas in male rats occurred with a marginal positive trend by the incidental tumor test; the incidence in the high dose group was slightly greater than that in the vehicle controls (Table 11). The incidence of hyperplasia was lower in high dose male rats than in vehicle controls. The incidences of adenomas or carcinomas (combined) in female rats were as follows: vehicle control, 24/48; low dose, 22/49; high dose, 20/48.

 TABLE 11. ANALYSIS OF ANTERIOR PITUITARY GLAND LESIONS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (a)

	Vehicle Control	500 mg/kg	1,000 mg/kg
Hyperplasia	·····		
Overall Rates	14/48 (29%)	13/44 (30%)	7/48 (15%)
Adenoma			
Overall Rates	10/48 (21%)	11/44 (25%)	13/48 (27%)
Adjusted Rates	29.2%	42.2%	59.2%
Terminal Rates	9/33 (27%)	5/17 (29%)	8/16 (50%)
Week of First Observation	100	72	83
Life Table Tests	P=0.007	P = 0.075	P = 0.007
Incidental Tumor Tests	P = 0.056	P = 0.204	P = 0.040
Carcinoma			
Overall Rates	0/48 (0%)	0/44 (0%)	1/48 (2%)
Adenoma or Carcinoma (b)			
Overall Rates	10/48 (21%)	11/44 (25%)	14/48 (29%)
Adjusted Rates	29.2%	42.2%	60.9%
Terminal Rates	9/33 (27%)	5/17 (29%)	8/16 (50%)
Week of First Observation	100	72	83
Life Table Tests	P=0.003	P = 0.075	P=0.003
Incidental Tumor Tests	P = 0.033	P = 0.204	P = 0.023

(a) The statistical analyses used are discussed in Chapter II (Statistical Methods) and Appendix A, Table A3 (footnotes). (b) Historical incidence at study laboratory: 12/46 (26%); historical incidence in NTP studies (mean \pm SD): 476/1,654 (29% \pm 11%) Thyroid Gland: C-Cell adenomas and C-cell adenomas or carcinomas (combined) in female rats occurred with significant positive trends; the incidence of adenomas or carcinomas (combined) in the high dose group was slightly greater than that in the vehicle controls (Table 12). The higher incidences were considered to be related not to chemical administration but to differing sectioning techniques used for dosed and vehicle control groups. More than 60% of the female rats in the high dose group had longitudinal sections of the thyroid gland, in contrast to the vehicle control group, all of which had cross sections. Longitudinal sections include a greater proportion of the thyroid gland than do cross sections; hence, a greater proportion of tissue was examined in the dosed females than in the vehicle control females. The incidences of C-cell adenomas or carcinomas (combined) in male rats were as follows: vehicle control, 2/48; low dose, 3/48; high dose, 3/48.

 TABLE 12. ANALYSIS OF THYROID GLAND C-CELL LESIONS IN FEMALE RATS IN THE TWO-YEAR

 GAVAGE STUDY OF PENICILLIN VK

	Vehicle Control	500 mg/kg	1,000 mg/kg
Hyperplasia			
Overall Rates	8/49 (16%)	13/47 (28%)	16/47 (34%)
Adenoma			
Overall Rates	6/49 (12%)	6/47 (13%)	10/47 (21%)
Adjusted Rates	16.4%	22.2%	44.4%
Terminal Rates	2/29 (7%)	4/24 (17%)	5/16 (31%)
Week of First Observation	98	97	84
Life Table Tests	P=0.015	P=0.481	P = 0.020
Incidental Tumor Tests	P = 0.049	P=0.288	P=0.091
Carcinoma			
Overall Rates	0/49 (0%)	1/47 (2%)	1/47 (2%)
Adenoma or Carcinoma (a)			
Overall Rates	6/49 (12%)	7/47 (15%)	11/47 (23%)
Adjusted Rates	16.4%	24.3%	49.5%
Terminal Rates	2/29 (7%)	4/24 (17%)	6/16 (38%)
Week of First Observation	98	90	84
Life Table Tests	P = 0.007	P = 0.356	P=0.009
Incidental Tumor Tests	P = 0.033	P = 0.255	P = 0.048

(a) Historical incidence at study laboratory: 2/50 (4%); historical incidence in NTP studies (mean \pm SD): 186/1,668 (11% \pm 7%)

Mammary Gland: Fibroadenomas and adenomas or fibroadenomas (combined) in female rats occurred with marginally increased trends; the incidences in the low dose group were marginally increased, but this effect was not seen in the high dose group and is not considered to be chemically related (Table 13).

Clitoral Gland: Adenomas in female rats occurred with a significant positive trend (vehicle control, 0/50; low dose, 1/50; high dose, 3/50; P < 0.025); the incidence of adenomas in the high dose group was slightly greater than that in the vehicle controls (P=0.05). The incidences of adenomas or carcinomas (combined) in dosed female rats were not significantly different from that in the vehicle controls (1/50; 2/50; 3/50).

Nasal Mucosa: Suppurative inflammation occurred at increased incidences (P < 0.01) in high dose rats (male: vehicle control, 14/50; low dose, 17/50; high dose, 36/50; female: 7/50; 6/50; 21/50). These microscopic lesions were characterized by the presence of acute inflammatory exudate, hair or other foreign materials, and sometimes yellow globular material that was interpreted as corn oil.

Lung: Aspiration pneumonia was observed at increased incidences (P < 0.01) in high dose rats (male: vehicle control, 2/49; low dose, 7/50; high dose, 13/47; female: 0/49; 0/50; 7/50). It was present in many rats that died before termination of the study, and it was considered to be the primary cause of death in these animals.

Liver: Congestion was observed at an increased incidence (P < 0.05) in high dose male rats (male: vehicle control, 1/49; low dose, 2/50; high dose, 8/49; female: 0/50; 1/49; 1/50). Centrilobular degeneration was observed at increased incidences (P < 0.05) in dosed female rats (male: 0/49; 2/50; 2/49; female: 0/50; 6/49; 4/50).

Forestomach: Hyperkeratosis and acanthosis were observed at increased incidences (P < 0.05) in low dose male rats but not in high dose male rats (hyperkeratosis--male: vehicle control, 1/46; low dose, 7/49; high dose, 1/48; female: 0/49; 2/48; 3/47; acanthosis--male: 6/46; 15/49; 8/48; female: 8/49; 10/48; 8/47).

	Vehicle Control	500 mg/kg	1,000 mg/kg
Hyperplasia			<u></u>
Overall Rates	1/50 (2%)	0/50 (0%)	4/50 (8%)
Fibroadenoma (a)			
Overall Rates	15/50 (30%)	21/50 (42%)	16/50 (32%)
Adjusted Rates	44.0%	63.5%	67.2%
Terminal Rates	11/29 (38%)	14/26 (54%)	9/16 (56%)
Week of First Observation	98	91	84
Life Table Tests	P=0.016	P = 0.069	P = 0.024
Incidental Tumor Tests	P=0.043	P=0.016	P = 0.081
Adenoma			
Overall Rates	2/50 (4%)	0/50 (0%)	1/50 (2%)
Adenoma or Fibroadenoma			
Overall Rates	17/50 (34%)	21/50 (42%)	17/50 (34%)
Adjusted Rates	48.4%	63.5%	68.4%
Terminal Rates	12/29 (41%)	14/26 (54%)	9/16 (56%)
Week of First Observation	98	91	84
Life Table Tests	P = 0.022	P = 0.135	P = 0.030
Incidental Tumor Tests	P = 0.057	P = 0.038	P = 0.101

TABLE 13. ANALYSIS OF MAMMARY GLAND LESIONS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

(a) Historical incidence at study laboratory: 16/50 (32%); historical incidence in NTP studies (mean \pm SD): 436/1,700 (26% \pm 7%)

FOURTEEN-DAY STUDIES

All deaths were considered to be due to gavage error (foreign oily material was observed in lungs) (Table 14). Final mean body weights of males that received 600, 1,200, or 2,400 mg/kg were 5%-9% lower than that of the controls. Final mean body weights of dosed females were 5%-8% lower than that of the controls. Diarrhea was observed in all dosed groups. No compoundrelated histopathologic effects were observed.

Because of the minimal response (no dose-related histopathologic lesions or deaths) of mice at 2,400 mg/kg, the highest dose for the 13-week studies was set at 3,000 mg/kg.

TABLE 14. SURVIVAL AND MEAN BODY WEIGHTS OF MICE IN THE FOURTEEN-DAY GAVAGE STUDIES OF PENICILLIN VK

		Mean	Body Weights (Final Weight Relativ	
Dose (mg/kg)	Survival (a)			Change (c)	to Controls (percent)
1ALE			· · · · · · · · · · · · · · · · · · ·		
0	5/5	27.4 ± 0.5	29.6 ± 1.5	$+2.2 \pm 1.5$	
150	5/5	26.8 ± 0.5	28.8 ± 0.6	$+2.0 \pm 0.5$	97.3
300	(d) 4/5	27.0 ± 0.9	29.3 ± 1.0	$+1.8 \pm 0.3$	99.0
600	(e) 4/5	25.4 ± 0.7	27.0 ± 0.9	$+1.3 \pm 0.3$	91.2
1,200	5/5	25.6 ± 0.7	27.0 ± 1.0	$+1.4 \pm 0.7$	91.2
2,400	5/5	26.4 ± 0.4	28.2 ± 0.6	$+1.8 \pm 0.8$	95.3
'EMALE					
0	5/5	20.4 ± 0.4	23.6 ± 0.5	$+3.2 \pm 0.4$	
150	(f) 2/5	20.4 ± 0.2	22.5 ± 0.5	$+2.5 \pm 0.5$	95.3
300	5/5	20.6 ± 0.2	21.8 ± 0.8	$+1.2 \pm 0.6$	92.4
600	(g) 3/5	21.4 ± 0.6	22.3 ± 1.2	$+0.7 \pm 0.3$	94.5
1,200	(h) 3/5	21.2 ± 0.4	22.0 ± 0.6	$+0.7 \pm 0.7$	93.2
2,400	(i) 2/5	20.6 ± 0.2	22.0 ± 1.0	$+2.0 \pm 1.0$	93.2

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

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

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

(d) Day of death: 11

(e) Day of death: 4

(f) Day of death: 6,8,10

(g) Day of death: 6,9

(h) Day of death: 4,6

(i) Day of death: 1,10,10

THIRTEEN-WEEK STUDIES

All deaths were considered to be due to gavage error (Table 15). The final mean body weights of dosed groups were not markedly different from those of the vehicle controls.

Inflammation, mucous cell metaplasia of the glandular stomach, and papillary hyperplasia or hyperkeratosis of the forestomach were seen at increased incidences in dosed groups (Table 16). The degree of severity was dose dependent. Eosinophilic cytoplasmic change, characterized by the accumulation of eosinophilic material in the cytoplasm of glandular epithelial cells near the junction of the glandular stomach and forestomach, occurred in dosed mice.

Dose Selection Rationale: Because of the incidences and severity of stomach lesions, doses selected for mice for the 2-year studies were 500 and 1,000 mg/kg penicillin VK, administered in corn oil by gavage, 5 days per week.

TABLE 15. SURVIVAL AND MEAN BODY WEIGHTS OF MICE IN THE THIRTEEN-WEEK GAVAGESTUDIES OF PENICILLIN VK

		Mean	Body Weights	Final Weight Relativ	
Dose (mg/kg)	Survival (a)	Initial (b)	Final	Change (c)	to Vehicle Controls (percent)
IALE					· · · · · · · · · · · · · · · · · · ·
0	10/10	24.2 ± 0.5	33.6 ± 1.1	$+9.4 \pm 0.9$	
250	10/10	24.2 ± 1.2	38.5 ± 1.0	$+14.3 \pm 1.2$	114.6
500	10/10	23.3 ± 1.2	36.2 ± 0.8	$+12.9 \pm 1.1$	107.7
1,000	10/10	25.8 ± 0.4	35.6 ± 0.9	$+9.8 \pm 0.7$	106.0
2,000	(d) 9/10	25.5 ± 1.2	37.6 ± 0.9	$+12.3 \pm 1.3$	111.9
3,000	10/10	25.4 ± 0.3	34.1 ± 0.6	$+8.7 \pm 0.5$	101.5
EMALE					
0	10/10	20.5 ± 0.6	28.0 ± 1.0	$+7.5 \pm 1.1$	
250	10/10	15.1 ± 0.2	26.6 ± 0.4	$+11.5 \pm 0.3$	95.0
500	10/10	18.4 ± 0.9	28.2 ± 0.7	$+9.8 \pm 1.1$	100.7
1,000	10/10	19.6 ± 0.4	27.1 ± 0.7	$+7.5 \pm 0.5$	96.8
2,000	10/10	20.1 ± 0.3	26.7 ± 0.4	$+6.6 \pm 0.3$	95.4
3,000	(e) 7/10	18.6 ± 0.8	27.0 ± 0.6	$+7.9 \pm 1.0$	96.4

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

(b) Initial mean group body weight ± standard error of the mean. Subsequent calculations are based on those animals

surviving to the end of the study.

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

(d) Week of death: 10

(e) Week of death: 7,9,11

	Glandul	Forestomach				
Dose (mg/kg)	Eosinophilic Cytoplasmic Change at Junction				Hyperkeratos	
MALE (a)		····				
0	0/7	0/9	0/10	0/7	0/7	
250	0/8	7/9(1.6)	4/9 (2.0)	0/7	5/7 (1.6)	
500	1/7	9/9 (2.1)	1/9 (2.0)	1/9 (1.0)	6/8 (1.7)	
1,000	4/10	10/10 (2.2)	2/10 (2.0)	3/10 (1.0)	8/10 (2.0)	
2,000	6/7	9/10 (2.4)	4/10 (1.7)	6/8 (2.2)	9/9 (2.7)	
3,000	3/7	8/8 (2.6)	7/8 (1.6)	6/7 (2.7)	8/8 (2.9)	
FEMALE (a)						
0	0/8	0/9	0/9	0/8	1/8 (1.0)	
250	2/10	10/10 (2.1)	8/10 (1.7)	0/10	6/10 (1.8)	
500	2/7	7/10 (2.6)	4/10 (1.5)	0/7	4/7 (1.2)	
1,000	1/8	10/10 (2.2)	7/10 (2.3)	0/6	6/6 (1.8)	
2,000	2/8	8/8 (2.5)	9/10 (2.2)	1/7 (1.0)	6/7 (1.8)	
3,000	6/9	8/8 (3.2)	7/10 (2.6)	5/9 (1.8)	9/9 (2.3)	

TABLE 16. INCIDENCE AND SEVERITY OF STOMACH LESIONS IN MICE IN THE THIRTEEN-WEEK GAVAGE STUDIES OF PENICILLIN VK

(a) Number of animals with lesion/number of animals with tissue sections satisfactory for evaluation. Number in parentheses = average degree of severity of lesion; degree of severity scored as: 1 (minimal), 2 (mild), 3 (moderate), 4 (severe).

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Mean body weights of dosed and vehicle control male mice were comparable (Table 17 and Figure 7). Mean body weights of dosed female mice were 4%-16% lower than those of the vehicle controls from week 28 to the end of the study. Diarrhea was observed at increased incidences for dosed male mice (vehicle control, 0/50; low dose, 15/50; high dose, 31/50) but not for dosed female mice (3/50; 0/50; 0/50).

Weeks		Control		500 mg/kg			1,000 mg/kg	
on	Av. Wt.	No. of	Av. Wt.	Wt. (percent of	No. of	Av. Wt.	Wt. (percent of	No. of
Study	(grams)	Survivors	(grams)	veh. controls)	Survivors	(grams)	veh. controls)	Survivors
MALE								
0	25.2	50	25.2	100	50	25.3	100	50
1	25.8	50	25.3	99	50	25.3	99	50
2	27.8	50	26.0	95	50	26.8	98	50
3	28.5	50	27.8	98	50	28.1	99	50
4	29.9	50	27.9	98	50	28.4	95	50
5	30.1	50	29.2	97	50	29.6	98	50
6 7	30.3	50	28.8	95	50	29.1	96	50
8	31.3	50	31.0	99	50	30.3	97	50
9	33.0 32.2	50 50	32.0 32.6	97 101	50 50	31.5 33.1	95 103	50 50
. 10	33.1	50	32.2	97	50	32.0	97	50
11	35.6	50	34.1	96	50	34.7	97	50
12	34,1	49	34.1	100	50	33.9	99	50
16	33.7	49	35.8	106	50	33.4	99	50
20	38.4	49	39.8	104	49	38.1	99	49
24	41.2	49	40.6	99	48	40.7	99	49
28	40.4	49	39.4	98	48	38.7	96	48
32	41.6	48	40.9	98	48	41.3	99	48
36	43.0	48	42.4	99	48	42.2	98	48
40	44.0	48	41.4	94	48	41.1	93	48
46	43.5	48	42.7	98	48	42.9	99	47
48	44.3	47	42.6	96	48	41.9	95	47
52	45.1	47	43.8	97	48	42.2	94	42
56	44.4	46	43.6	98	48	43.3	98	42
60	44.8	45	44.7	100	47	43.4	97	41
64	45.4	45	43.2	95	47	43.8	96	38
68	44.4	45	45.0	101	46	45.5	102	37
72	44.5	45	43.4	98	48	45.1	101	37
76	45.5	44	45.6	100	45	45.9	101	36
80	43.6	43	45.5	104	45	45.1	103	36
84	44.8	39	45.6	102	44	46.5	104	36
88	43.2	39	44.5	103	44	46.3	107	34
92	42.8	38	44.0	103	43	45.0	105	32
96 100	40.7 41.8	34 29	44.8 43.7	110	43 38	46.4	114	31
102	41.5	26	42.6	105 103	36	45.4 44.9	109 108	28 26
FEMALE								
0	19.2	50	19.4	101	50	19.6	102	50
1	19.9	50	20.0	101	50	20.2	102	50
2	20.6	50	21.5	104	50	21.5	104	50
3	21.9	50	22.6	103	50	22.9	105	50
4	22.4	50	22.7	101	50	22.7	101	49
5	22.6	50	23.8	105	50	23.5	104	48
6	23.1	50	22.8	99	50	23.0	100	48
7	22.9	50	23.6	103	50	23.7	103	48
8	24.1	50	24.4	101	50	24.1	100	48
9	24.1	50	24.6	102	50	24.8	103	48
10 11	24.1 25.6	50 50	24.0 25.1	100 98	50 50	24.6 25.5	102 100	48 48
12	23.6	50	25.7	105	50	25.6	104	48
16	23.9	48	24.3	102	50	24.2	101	48
20	27.8	48	27.1	97	50	26.7	96	46
24	28.9	48	29.3	101	50	29.2	101	46
28	31.8	48	28.1	88	50	28.9	91	46
32	32.3	48	30.3	94	50	31.1	96	46
36	34.3	48	30.3 30.3	88	50	31.1 32.0	93	46
40	35.6	48	29.8	84	50	30.9	87	46
46	35.7	47	32.0	90	50	32.7	92	45
48	37.1	47	32.2	87	50	32.7 32.6	88	45
52	37.0	47	32.8	89	50	33.7	91	45
56	37.2	47	33.0	89	48	34.0	91	45 45
60	37.9	47	33.3	88	48	33.9	89	45
64	38.2	47	34.3	90	48	35.1	92	44
68 79	39.0	47	34.4	88	48	35.4	91	43
72	39.0	47	34.5	88	48	36.0	92	43
76	41.4	46	37.0	89	47	38.0	92	43
80	41.2	45	37.2	90	46	39.1	95	42
84	42.0	43	37.7	90	45	39.9	95	40
88	42.1	43	38.1	90	44	39.4	94	38
92	42.2 43.2	43	40.1	95	40	40.0	95	37
0.6	6.3 Z	40	39.0	90,	39	40.8	94	36
96 100	42.5	38	38.3	90	33	39.0	92	33

TABLE 17. MEAN BODY WEIGHTS AND SURVIVAL OF MICE IN THE TWO-YEAR GAVAGE STUDIES OF PENICILLIN VK

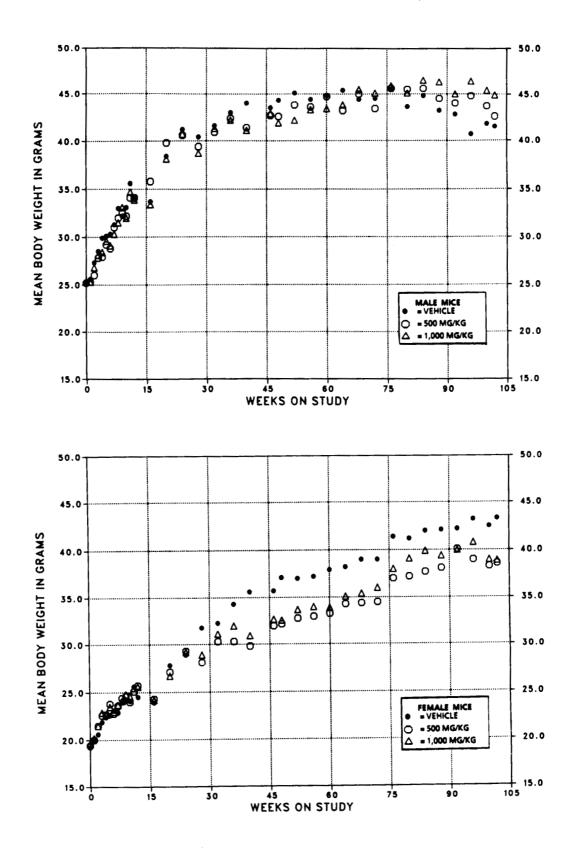


FIGURE 7. GROWTH CURVES FOR MICE ADMINISTERED PENICILLIN VK IN CORN OIL BY GAVAGE FOR TWO YEARS

Survival

Estimates of the probabilities of survival for male and female mice administered penicillin VK at the doses used in these studies and for vehicle controls are shown in Table 18 and in the Kaplan and Meier curves in Figure 8. The survival of the low dose group of male mice was significantly greater than that of the vehicle controls after week 103. No other significant differences in survival were observed between any groups of either sex.

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 stomach, gallbladder, skin, hematopoietic system, and liver.

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 nonneoplastic lesions are summarized in Table D5.

TABLE 18. SURVIVAL OF MICE IN THE TWO-YEAR GAVAGE STUDIES OF PENICILLIN VK

	Vehicle Control	500 mg/kg	1,000 mg/kg
MALE (a)		<u>.</u>	
Anim als initially in study	50	50	50
Nonaccidental deaths before termination (b)	24	13	24
Accidentally killed	2	1	0
Killed at termination	24	36	26
Survival P values (c)	0.839	0.034	0.865
FEMALE (a)			
Anim al s initially in study	50	50	50
Nonaccidental deaths before termination (b)	12	18	11
Accidentally killed	2	0	7
Killed at termination	36	31	32
Died during termination period	0	1	0
Survival P values (c)	1.000	0.328	0.977

(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.

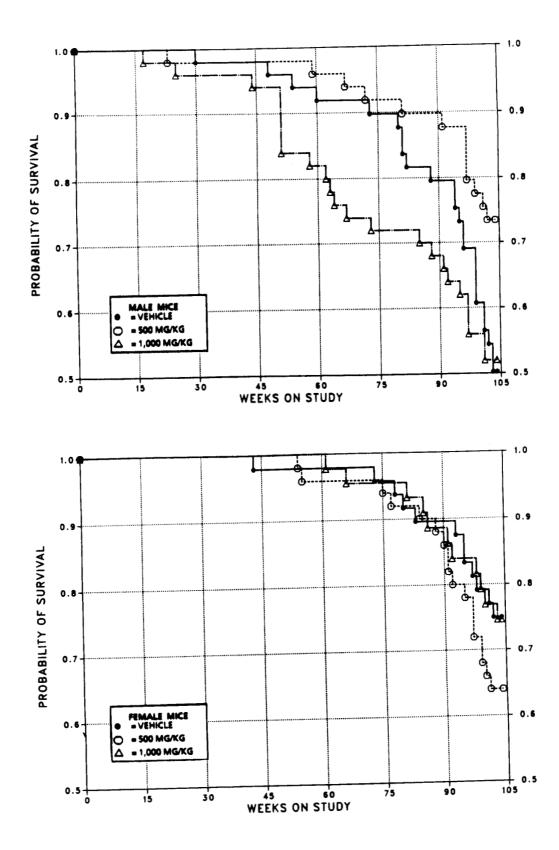


FIGURE 8. KAPLAN-MEIER SURVIVAL CURVES FOR MICE ADMINISTERED PENICILLIN VK IN CORN OIL BY GAVAGE FOR TWO YEARS

Stomach: Chronic focal inflammation, epithelial hyperplasia, cysts, dilatation (high dose only), fibrosis (high dose only), squamous metaplasia (high dose only), and eosinophilic cytoplasmic change occurred at increased incidences in the glandular stomach of dosed mice relative to those of vehicle controls (Table 19). These lesions were characterized by accumulations of mononuclear inflammatory cells with variable numbers of neutrophils in the lamina propria and submucosa, increased depth of the mucosal epithelium including the lamina epithelialis of the gastric pits, the mucous neck cells, and the parietal cells in the fundic glands (hyperplasia), greatly dilated glands lined by cuboidal cells that extended into the submucosa and occasionally through the muscularis (cysts), and accumulation of homogeneous eosinophilic material within the cytoplasm of epithelial cells lining the gastric glands. An adenoma occurred in the fundic region of the glandular stomach of one high dose female mouse, and an adenomatous polyp occurred in the pylorus of another. Benign epithelial tumors of the glandular stomach are rare in female $B6C3F_1$ mice. Only one adenoma and one adenomatous polyp were observed in the glandular stomach of 1,709 historical corn oil vehicle control female $B6C3F_1$ mice; one adenomatous polyp in the pylorus was observed in 1,709 historical corn oil vehicle control female $B6C3F_1$ mice.

TABLE 19.	NUMBER	OF MIC	WITH	LESIONS	OF	THE	STOMACH	I IN	THE	TWO	-YEAR	GAVA	AGE
			5	STUDIES (OF I	PENIC	CILLIN VK	2					

	Vehicle Control	500 mg/kg	1,000 mg/kg
IALE			<u> </u>
lumber examined	46	47	46
astric fundal gland			
Eosinophilic cytoplasmic change	2 3	(a) 32	(a) 43
Dilatation	3	3	(a) 16
landular stomach			
Cyst	0	(b) 8	(a) 20
Chronic focal inflammation	1	(c) 11	(a) 21
Fibrosis	0	1	(a) 13
Epithelial hyperplasia	1	(a) 26	(a) 34
Squamous metaplasia	0	1	(b)7
EMALE			
lumber examined	44	45	47
astric fundal gland			
Eosinophilic cytoplasmic change	3	(a) 34	(a) 41
Dilatation	1	5	(a) 13
landular stomach			
Cyst	0	(b) 5	(a) 15
Chronic focal inflammation	0	(c) 10	(a) 30
Fibrosis	0	2	(a) 11
Epithelial hyperplasia	0	(a) 19	(a) 38
Squamous metaplasia	0	1	(b) 5

(a) P<0.001 vs. vehicle controls

(b) P<0.05 vs. vehicle controls

(c) P<0.01 vs. vehicle controls

Gallbladder: Eosinophilic cytoplasmic change of the mucosal epithelium of the gallbladder was observed at increased incidences in dosed male mice (vehicle control, 1/50; low dose, 15/50; high dose, 15/50; P < 0.001). This change was similar to that occurring in the epithelium of the glandular stomach and consisted of the accumulation of homogeneous eosinophilic material within the cytoplasm.

Skin: Epithelial hyperplasia was observed at an increased incidence (P < 0.05) in high dose male mice (vehicle control, 2/50; low dose, 5/50; high dose, 11/50).

Hematopoietic System: Lymphoid hyperplasia was observed at increased incidences in the spleen, lymph nodes, mandibular lymph nodes, and mesenteric lymph nodes of low dose male mice (spleen: vehicle control, 8/48; low dose, 17/50; high dose, 12/48; lymph nodes: 3/48; 8/48; 3/44; mandibular lymph nodes: 3/48; 12/48; 4/44; mesenteric lymph nodes: 4/48; 15/48; 9/44).

Liver: Hepatocellular adenomas and adenomas or carcinomas (combined) in male mice occurred with significant negative trends; the incidences in the high dose group were significantly lower than those in the vehicle controls (Table 20).

TABLE 20. ANALYSIS OF HEPATOCELLULAR TUMORS IN MALE MICE IN THE TWO-YEAR GAVAGESTUDY OF PENICILLIN VK (a)

Overall Rates Adjusted Rates Terminal Rates Week of First Observation Life Table Tests Incidental Tumor Tests Carcinoma Overall Rates Adjusted Rates Terminal Rates Week of First Observation Life Table Tests Incidental Tumor Tests	Vehicle Control	500 mg/kg	1,000 mg/kg			
 Adenoma						
Overall Rates	14/50 (28%)	15/49 (31%)	4/49 (8%)			
Adjusted Rates	46.4%	38.0%	15.4%			
Terminal Rates	9/24 (38%)	12/36 (33%)	4/26 (15%)			
Week of First Observation	73	91	104			
Life Table Tests	P = 0.006N	P = 0.258N	P = 0.008N			
Incidental Tumor Tests	P = 0.015N	P = 0.561 N	P = 0.012N			
Carcinoma						
Overall Rates	6/50 (12%)	7/49 (14%)	4/49 (8%)			
Adjusted Rates	15.6%	18.6%	11.0%			
Terminal Rates	1/24 (4%)	6/36 (17%)	1/26 (4%)			
Week of First Observation	80	97	62			
Life Table Tests	P = 0.343N	P = 0.531N	P = 0.441 N			
Incidental Tumor Tests	P = 0.344N	P=0.340	P = 0.373 N			
Adenoma or Carcinoma (b)						
Overall Rates	19/50 (38%)	18/49 (37%)	8/49 (16%)			
Adjusted Rates	52.8%	44.6%	25.2%			
Terminal Rates	9/24 (38%)	14/36 (39%)	5/26 (19%)			
Week of First Observation	73	91	62			
Life Table Tests	P = 0.012N	P = 0.138N	P = 0.022N			
Incidental Tumor Tests	P = 0.019N	P = 0.582N	P = 0.014N			

(a) The statistical analyses used are discussed in Chapter II (Statistical Methods) and Appendix C, Table C3 (footnotes). (b) Historical incidence at study laboratory: 9/50 (18%); historical incidence in NTP studies (mean \pm SD): 569/1,736 (33% \pm 9%)

IV. DISCUSSION AND CONCLUSIONS

Penicillin VK has been used in the United States for over 30 years, but the drug's toxicity and carcinogenicity in rodents had not been previously studied. Because of this, 14-day, 13-week, and 2-year studies were performed by administering penicillin VK to F344/N rats and B6C3F₁ mice by gavage. The oral route was chosen because the drug is used orally in the treatment of infectious diseases in humans.

In the 14-day studies, penicillin VK was administered at doses up to 2,400 mg/kg. No dose-related deaths or histopathologic lesions were observed in these studies. Final mean body weights of dosed male rats and male and female mice were lower than those of vehicle controls, and diarrhea was seen in all groups of dosed animals.

In the 13-week studies, penicillin VK was administered at doses up to 3,000 mg/kg. The gastrointestinal tract was the site primarily affected, with glandular stomach and/or forestomach lesions observed in dosed rats and mice. No dose-related deaths occurred; the extent and severity of gastrointestinal lesions and body weight data were the primary factors used to select doses for the 2-year studies.

In the 2-year studies, penicillin VK was administered 5 days per week at doses of 0, 500, or 1,000 mg/kg. Survival of low and high dose male rats and high dose female rats was reduced toward the end of the studies. Survival in all groups of rats was 50% or greater until week 92, and although the reduced survival in dosed rats reduced the sensitivity of the studies for detecting a carcinogenic response, survival was considered adequate for a meaningful evaluation. There was no decrease in survival in mice. Mean body weights of dosed female mice were lower than those of corresponding vehicle controls; mean body weights of other dose groups were comparable to those of corresponding vehicle controls. Diarrhea was seen for dosed male and female rats and for dosed male mice.

The incidence of adenomas of the pituitary gland was marginally increased in the high dose group of male rats, but hyperplasia of the pituitary gland was decreased. Hyperplasia and adenomas of the pituitary gland are part of a morphologic continuum, and the combined incidence of hyperplasia and adenomas in high dose male rats was not increased. For these reasons, this lesion is not considered to be related to administration of penicillin VK.

Penicillin VK administration was associated with a reduced incidence of hepatocellular adenomas in male mice. The mechanism for this cannot be determined from the results of these studies.

Increased incidences of suppurative inflammation of the nasal mucosa and of aspiration pneumonia occurred in male and female rats. The pathogenesis of the inflammation in the nose is uncertain. It is possible that penicillin VK altered the bacterial population in the nose of dosed rats, providing a suitable environment for opportunistic bacterial infections. Alternatively, poor gavage technique may have resulted in deposition or aspiration of material into the nasopharynx. The pneumonia in rats was associated with foreign material that had the appearance of lipid droplets believed to be corn oil. The aspiration pneumonia was probably the result of poor gavage technique and deposition of the penicillin VK/corn oil mixture into the lung.

The slightly increased incidences of hyperkeratosis and acanthosis in the forestomach seen in low dose but not high dose male rats may not be a direct effect of penicillin VK, since the incidences were not dose related. This type of lesion may result from irritation or trauma, and the mechanical irritation by the gavage tube may be a contributing factor.

Increased incidences of a variety of nonneoplastic lesions occurred in the stomach of male and female mice. The spectrum of lesions indicates that the long-term administration of penicillin VK was irritating to the glandular mucosa, producing inflammation, fibrosis, and degenerative and hyperplastic changes of the glandular epithelium. Two benign tumors of the stomach (an adenoma in the fundic region of the glandular stomach and an adenomatous polyp of the pylorus) occurred in high dose female mice. These tumors occur rarely in female $B6C3F_1$ mice. Only two glandular stomach tumors and one benign tumor of the pylorus have been observed in over 1,700 corn oil vehicle control female $B6C3F_1$ mice. Because of their low incidence, these tumors were not considered to be clearly related to compound administration.

Results of 2-year toxicology and carcinogenesis studies on another penicillin, ampicillin trihydrate, have been reported (NTP, 1987). Ampicillin trihydrate was administered by oral gavage in corn oil, 5 days per week for 103 weeks, to F344/N rats at doses of 0, 750, or 1,500 mg/kg and to B6C3F₁ mice at doses of 0, 1,500, or 3,000 mg/kg. There was equivocal evidence of carcinogenicity for male rats, as indicated by marginally increased incidences of pheochromocytomas of the adrenal gland medulla and of mononuclear cell leukemia. There was no evidence of carcinogenicity for female rats or for male or female mice.

In both the 13-week and 2-year studies of penicillin VK in F344/N rats and B6C3F1 mice, the gastrointestinal tract was a primary site for toxicity. In the ampicillin trihydrate 2-year studies, gastrointestinal toxicity also was seen in F344/N rats and B6C3F₁ mice (NTP, 1987). In rats administered ampicillin trihydrate, diarrhea and hyperkeratosis and acanthosis of the forestomach were seen for dosed animals. Mice administered ampicillin trihydrate had doserelated forestomach lesions (not glandular stomach lesions as seen in the penicillin VK study), including inflammation, hyperkeratosis, acanthosis, and ulcers. B-Lactam antibiotics have been shown to cause gastrointestinal toxicity in humans (Kitano et al., 1984; Braver, 1983; Norrby, 1986) and in rodents (Murakami, 1971; Berg, 1981). Oral penicillin administration altered the population of enteric bacteria in mice, decreased the total anaerobe population, and allowed an overgrowth of gram-negative enteric bacilli in the ceca (Berg, 1981).

Although penicillin is an antimicrobial agent, Salmonella can be used to assay its mutagenic activity because an end point other than cell death is monitored; the mutagenic activity of penicillin was measured at doses that did not produce excessive toxicity. The presence of the plasmid pKM101 in strains TA98 and TA100 confers resistance to penicillin but not total immunity. Therefore, the doses of penicillin VK tested in these two strains are almost 100-fold higher than the highest nontoxic dose tested in strains TA1535 and TA1537; in all cases, no evidence for mutagenicity was observed before toxic concentrations were reached. Penicillin VK, other penicillins, and penicillin analogs are consistently nonmutagenic when tested in bacteria.

Penicillin VK is genotoxic and clastogenic in cultured Chinese hamster ovary cells, inducing both sister chromatid exchanges and chromosomal aberrations. However, the doses at which positive responses were recorded in these assays were unusually high, particularly in the chromosomal aberration tests, suggesting that the ionic effects due to high potassium concentration in the medium or similar indirect activity might play an important role in the effects observed (Ashby and Ishidate, 1986). In contrast to the positive results in the mouse lymphoma L5178Y cell assay with penicillin VK in the presence of S9, no significant increase in mutations was observed when penicillin V was tested in this assay in either the presence or absence of exogenous metabolic activation (Appendix E, Table E2). This further indicates that ionic influences may be an important factor in the observed responses to salts in in vitro mutagenicity tests.

The sodium salt of benzylpenicillin has induced chromosomal aberrations in the meiotic cells of the grasshopper, *Poecilocerus pictus* (Subramanyam and Reddy, 1975). A single injection of 50 mg/kg penicillin G induced chromosomal aberrations in mouse bone marrow cells (Manna and Bardhan, 1973), but penicillin G at doses of 200 or 800 mg/kg per day for 5 days to CFLP male mice did not produce increases in dominant lethal mutations in the offspring (James and Smith, 1982). No sperm head abnormalities were observed in male CBA × BALB/c mice administered penicillin (type unspecified) by intraperitoneal injection at doses up to 1,600 mg/kg per day for 5 days (Topham, 1980).

The experimental and tabulated data for the NTP Technical Report on penicillin VK were examined for accuracy, consistency, and compliance with Good Laboratory Practice requirements. As summarized in Appendix H, 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 the results of these studies.

Conclusions: Under the conditions of these 2year gavage studies, there was no evidence of carcinogenic activity* of penicillin VK for F344/N rats or for B6C3F₁ mice administered 500 or 1,000 mg/kg penicillin VK in corn oil by gavage, 5 days per week for 2 years. Nonneoplastic lesions were seen in the glandular stomach of dosed mice. Decreased survival of low and high dose male rats and of high dose female rats reduced the sensitivity of the studies for determining the presence or absence of a carcinogenic response in this species.

^{*}Explanation of Levels of Evidence of Carcinogenic Activity is on page 8.

A summary of the Peer Review comments and the public discussion on this Technical Report appears on page 11.

V. REFERENCES

1. Alanis, A.; Weinstein, A.J. (1983) Adverse reactions associated with the use of oral penicillins and cephalosporins. Med. Clin. North Am. 67:113-129.

2. American Institute of Chemical Engineers (AICE) (1970) The History of Penicillin Production. Chemical Engineering Progress Symposium Series, No. 100, Vol. 66. New York: AICE.

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

4. Aronoff, S.C.; Klinger, J.D.; O'Brien, C.A.; Jaffe, A.C.; Blumer, J.L. (1984) A double-blinded comparative study of sultamicillin and potassium penicillin V in the treatment of childhood streptococcal pharyngitis. J. Antimicrob. Chemother. 14:261-265.

5. Ashby, J.; Ishidate, M., Jr. (1986) Clastogenicity in vitro of the Na, K, Ca and Mg salts of saccharin; and of magnesium chloride; consideration of significance. Mutat. Res. 163:63-73.

6. Auhagen, E.; Gloxhuber, C.; Hecht, G.; Knott, T.; Rauenbusch, E.; Schawartz, J.; Schmid, J.; Scholtan, W.; Walter, A.M. (1962) Propicillin-Baycillin[®]. Arzneim. Forsch. 12:751-768.

7. Behrens, O.K. (1948) Biosynthesis of penicillins. IV. New crystalline biosynthetic penicillins. J. Biol. Chem. 175:793-809.

8. 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.

9. Berg, R.D. (1981) Promotion of the translocation of enteric bacteria from the gastrointestinal tracts of mice by oral treatment with penicillin clindamycin or metronidazole. Infect. Immun. 33:854-861. 10. Boorman, G.A.; Montgomery, C.A., Jr.; Eustis, S.L.; Wolfe, M.J.; McConnell, E.E.; Hardisty, J.F. (1985) Quality assurance in pathology for rodent carcinogenicity studies. Milman, H.; Weisburger, E., Eds.: Handbook of Carcinogen Testing. Park Ridge, NJ: Noyes Publications, pp. 345-357.

11. Brandl, E.; Giovannini, M.; Margreiter, H. (1953) Untersuchung uber das saurestabile, oral wirksame Phenoxymethyl Penicillin (Penicillin V). Wien. Med. Wochenschr. 103:602-607.

12. Braver, J.M. (1983) Drug reactions and the gastrointestinal tract. Postgrad. Radiol. 3:123-137.

13. Charles, D. (1954) Placental transmission of antibiotics. J. Obstet. Gynaecol. 61:750-757.

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

15. Code of Federal Regulations (CFR) (1977) Title 21, Food and Drugs, Parts 300-499, April 1. Washington, DC: U.S. Government Printing Office.

16. Cole, M.; Kenig, M.D.; Hewitt, V.A. (1973) Metabolism of penicillins to penicilloic acids and 6-aminopenicillanic acid in man and its significance in assessing penicillin absorption. Antimicrob. Agents Chemother. 3:463-468.

17. Colquhoun, J.; Scorer, E.C.; Sandler, G.; Wilson, G.M. (1957) Absorption of free acid, potassium, and benzathine phenoxymethylpenicillin after oral administration. Br. Med. J., pp. 1451-1452.

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

19. Drugs in Japan (Ethical Drugs) (1982) 6th ed. Edited by Japan Pharmaceutical Information Center. Tokyo: Yakugyo Jiho Co., Ltd. 20. Dunham, J.M. (1972) Potassium phenoxymethyl penicillin. Florey, K., Ed.: Analytical Profiles of Drug Substances, Vol. 1. New York: Academic Press, pp. 249-289.

21. Elek, E.; Ivan, E.; Arr, M. (1972) Passage of penicillins from mother to foetus in humans. Int. J. Clin. Pharmacol. Ther. Toxicol. 6:223-228.

22. Erffmeyer, J.E. (1981) Adverse reactions to penicillin. Ann. Allergy 47:294-300.

23. Food and Drug Administration (FDA) (1986) Drug Utilization in the U.S.-1985. Seventh Annual Review. U.S. Department of Health and Human Services, Public Health Service, National Center for Drugs and Biologics.

24. Friedman, G.D.; Ury, H.K. (1980) Initial screening for carcinogenicity of commonly used drugs. J. Natl. Cancer Inst. 65:723-733.

25. Galloway, S.M.; Bloom, A.D.; Resnick, M.; Margolin, B.H.; 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.

26. Gart, J.J.; Chu, K.C.; Tarone, R.E. (1979) Statistical issues in interpretation of chronic bioassay tests for carcinogenicity. J. Natl. Cancer Inst. 62:957-974.

27. Gaston, M.H.; Verter, J.I.; Woods, G.; Pegelow, C.; Kelleher, J.; Presbury, G.; Zarkowsky, H.; Vichinsky, E.; Iyer, R.; Lobel, J.S.; Diamond, S.; Holbrook, C.T.; Gill, F.M.; Ritchey, K.; Falletta, J.M. (1986) Prophylaxis with oral penicillin in children with sickle cell anemia: A randomized trial. N. Engl. J. Med. 314:1593-1599.

28. Goldenthal, E.I. (1971) A compilation of LD50 values in newborn and adult animals. Toxicol. Appl. Pharmacol. 18:185-207.

29. Haseman, J.K. (1984) Statistical issues in the design, analysis and interpretation of animal carcinogenicity studies. Environ. Health Perspect. 58:385-392. 30. Haseman, J.K.; Huff, J.; Boorman, G.A. (1984) Use of historical control data in carcinogenicity studies in rodents. Toxicol. Pathol. 12:126-135.

31. Haseman, J.K.; Huff, J.; Rao, G.N.; Arnold, J.; Boorman, G.A.; McConnell, E.E. (1985) Neoplasms observed in untreated and corn oil gavage control groups of F344/N rats and (C57BL/6N \times C3H/HeN)F₁ (B6C3F₁) mice. J. Natl. Cancer Inst. 75:975-984.

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

33. Herzberg, O.; Moult, J. (1987) Bacterial resistance to β -lactam antibiotics: Crystal structure of β -lactamase from *Staphylococcus aureus* PC1 at 2.5 Å resolution. Science 236:694-701.

34. James, D.A.; Smith, D.M. (1982) Analysis of results from a collaborative study of the dominant lethal assay. Mutat. Res. 97:303-314.

35. Jick, H.; Holmes, L.B.; Hunter, J.R.; Madsen, S.; Stergachis, A. (1981) First-trimester drug use and congenital disorders. J. Am. Med. Assoc. 246:343-346.

36. Juncher, H.; Raaschou, F. (1957) The solubility of oral preparations of penicillin V. Antibiot. Med. Clin. Ther. 4:497-507.

37. Kada, T.; Tutikawa, K.; Sadaie, Y. (1972) In vitro and host-mediated "rec-assay" procedures for screening chemical mutagens; and phloxine, a mutagenic red dye detected. Mutat. Res. 16:165-174.

38. Kaipainen, W.J.; Harkonen, P. (1956) Serum concentrations after oral administration of phenoxymethylpenicillin acid and phenoxymethylpenicillin potassium. Scand. J. Clin. Lab. Invest. 8:18-20.

39. Kaplan, E.L.; Meier, P. (1958) Nonparametric estimation from incomplete observations. J. Am. Stat. Assoc. 53:457-481. 40. Kelly, J.A.; Moews, P.C.; Knox, J.R.; Frere, J.-M.; Ghuysen, J.-M. (1982) Penicillin target enzyme and the antibiotic binding site. Science 218:479-480.

41. Kitano, A.; Matsumoto, T.; Hiki, M.; Hashimura, H.; Yoshiyasu, K.; Ookawa, K.; Kuwazima, S.; Kobayashi, K. (1984) Clinical study of drug-induced hemorrhagic colitis. J. Jpn. Soc. Colo-Proctol. 37:673-677.

42. Ledger, W.J. (1977) Antibiotics in pregnancy. Clin. Obstet. Gynecol. 20:411-421.

43. Linhart, M.S.; Cooper, J.; Martin, R.L.; Page, N.; Peters, J. (1974) Carcinogenesis Bioassay Data System. Comput. Biomed. Res. 7:230-248.

44. Mandell, G.L.; Sande, M.A. (1985) Antimicrobial agents-penicillins, cephalosporins, and other beta-lactam antibiotics. Gilman, A.G.; Goodman, L.S.; Rall, T.W.; Murad, F., Eds.: Goodman and Gilman's The Pharmacological Basis of Therapeutics, 7th ed. New York: Macmillan Publishing Co., pp. 1115-1149.

45. Manna, G.K.; Bardhan, S. (1973) Penicillin induced bone marrow chromosome aberrations in mice. Indian J. Zool. 1:1-12.

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

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

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

49. McCracken, G.H., Jr.; Ginsburg, C.M.; Clahsen, J.C.; Thomas, M.L. (1978) Pharmacologic evaluation of orally administered antibiotics in infants and children: Effect of feeding on bioavailability. Pediatrics 62:738-743. 50. Mortelmans, K.; Haworth, S.; Lawlor, T.; Speck, W.; Tainer, B.; Zeiger, E. (1986) Salmonella mutagenicity tests. II. Results from the testing of 270 chemicals. Environ. Mutagen. 8(Suppl. 7):1-119.

51. Murakami, H. (1971) Morphological effects of penicillin administration on the gastrointestinal tract of rats. Exp. Anim. (Tokyo) 20:139-144.

52. Myhr, B.; Bowers, L.; Caspary, W.J. (1985) Assays for the induction of gene mutations at the thymidine kinase locus in L5178Y mouse lymphoma cells in culture. Prog. Mutat. Res. 5:555-568.

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

54. National Institutes of Health (NIH) (1978) Open Formula Rat and Mouse Ration (NIH-07). Specification NIH-11-1335. U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, Bethesda, MD.

55. National Toxicology Program (NTP) (1987) Toxicology and Carcinogenesis Studies of Ampicillin Trihydrate in F344/N Rats and B6C3F₁ Mice. NTP Technical Report No. 318. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health. 190 p.

56. Neu, H.C. (1977) The penicillins. II. Overview of pharmacology, toxicology, and clinical use. N.Y. State J. Med. May, pp. 962-967.

57. Norrby, S.R. (1986) Problems in evaluation of adverse reactions to beta-lactam antibiotics. Rev. Infect. Dis. 8(Suppl. 3):S358-S370.

58. Ostanina, L.N.; Dudnik, Y.V.; Kozmyan, L.I. (1977) Beromycin, an anthracycline antibiotic: Formation of complexes with DNA and suppression of nucleic acid biosynthesis. Antibiotiki (Moscow) 22:498-502. 59. Parida, B.B. (1972) Spermatocyte chromosome aberrations induced by antibiotics in grasshoppers. I. Penicillin. Sci. Cult. 38:523-525.

60. Peck, F.B., Jr.; Griffith, R.S. (1957-1958) Comparative clinical laboratory studies of potassium penicillin V with acid penicillin V. Antibiot. Ann. Clinical Laboratory Studies, pp. 1004-1011.

61. Physicians' Desk Reference (PDR) (1986), 40th ed. Oradell, NJ: Medical Economics Co. Inc.

62. Pokorny, M.; Vitezić, N.; Japelj, M. (1973) Detection of penicillins with chloroplatinic acid on thin-layer chromatoplates. J. Chromatogr. 77:458-460.

63. Remington's Pharmaceutical Sciences (1985) Penicillin V potassium. Gennaro, A.R., Ed. Easton, PA: Mack Publishing Co.

64. Rolinson, G.N.; Sutherland, R. (1965) The binding of antibiotics to serum proteins. Br. J. Pharmacol. 25:638-650.

65. Rosenkranz, H.S. (1981) Mutagenicity of selected chemicals in Escherichia coli DNA repair deficient assays. Environ. Sci. Res. 24:5-18.

66. Sadtler Pharmaceutical Spectra, No. R540. Philadelphia: Sadtler Research Laboratories.

67. Schwartz, R.H.; Wientzen, R.L., Jr.; Pedreira, F.; Feroli, E.J.; Mella, G.W.; Guandolo, V.L. (1981) Penicillin V for group A streptococcal pharyngotonsillitis. A randomized trial of seven vs ten days' therapy. J. Am. Med. Assoc. 246:1790-1795.

68. Selwyn, S. (1980) The Beta-Lactam Antibiotics: Penicillins and Cephalosporins in Perspective. London: Hodder and Stoughton, p. 34.

69. Slater, E.E.; Anderson, M.D.; Rosenkranz, H.S. (1971) Rapid detection of mutagens and carcinogens. Cancer Res. 31:970-973.

70. Subramanyam, S.; Reddy, G.P.V. (1975) Effects of penicillin and streptomycin on *Poecilocerus pictus--*A cytological study. Proc. Indian Acad. Sci. 81B:118-126.

71. Suter, W.; Jaeger, I. (1982) Comparative evaluation of different pairs of DNA repairdeficient and DNA repair-proficient bacterial tester strains for rapid detection of chemical mutagens and carcinogens. Mutat. Res. 97:1-18.

72. Tarone, R.E. (1975) Tests for trend in life table analysis. Biometrika 62:679-682.

73. Topham, J.C. (1980) The detection of carcinogen-induced sperm head abnormalities in mice. Mutat. Res. 69:149-155.

74. Tsuji, A.; Yoshikawa, T.; Nishide, K.; Minami, H.; Kimura, M.; Nakashima, E.; Terasaki, T.; Miyamoto, E.; Nightingale, C.H.; Yamana, T. (1983) Physiologically based pharmacokinetic model for β -lactam antibiotics I: Tissue distribution and elimination in rats. J. Pharm. Sci. 72:1239-1252.

75. The United States Pharmacopeia (USP) (1985) 16th ed., 21st rev. Rockville, MD: United States Pharmacopeial Convention, Inc., pp. 799-802.

76. Waxman, D.J.; Strominger, J.L. (1983) Penicillin-binding proteins and the mechanism of action of β -lactam antibiotics. Annu. Rev. Biochem. 52:825-869.

77. Wendel, G.D., Jr.; Stark, B.J.; Jamison, R.B.; Molina, R.D.; Sullivan, T.J. (1985) Penicillin allergy and desensitization in serious infections during pregnancy. N. Engl. J. Med. 312:1229-1232.

78. Wilson, J.T.; Brown, R.D.; Cherek, D.R.; Dailey, J.W.; Hilman, B.; Jobe, P.C.; Manno, B.R.; Manno, J.E.; Redetzki, H.M.; Stewart, J.J. (1980) Drug excretion in human breast milk: Principles, pharmacokinetics and projected consequences. Clin. Pharmacokinet. 5:1-66.

79. Wilson, W.L.; Avdovich, H.W.; Hughes, D.W. (1974) Applications of NMR spectroscopy to antibiotics. Part 1. Specific identification of penicillins and cephalosporins. J. Assoc. Off. Anal. Chem. 57:1300-1313.

APPENDIX A

SUMMARY OF LESIONS IN MALE RATS IN

THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

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TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

v	ehicle	Control	Low	Dose	High	Dose
ANIMALS INITIALLY IN STUDY	50				50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALLY	7 50		50		50	
NTEGUMENTARY SYSTEM						
*Skin	(50)		(50)		(50)	
Papilloma, NOS	3	(6%)				
Keratoacanthoma	† 2	(4%)	1	(2%)	4	(8%)
*Subcutaneous tissue	(50)		(50)		(50)	
Sarcoma, NOS			1	(2%)		
Fibroma	3	(6%)	5	(10%)		
Fibrosarcoma	2	(4%)	1	(2%)		
Myxosarcoma			1	(2%)		
Lipoma	1	(2%)		()		
Liposarcoma		(,	1	(2%)		
Neurilemoma	4	(8%)		(2%)	2	(4%)
Neurilemoma, malignant	-			(2%)	~	
		<u></u>		(<u>2</u> ,0)		
RESPIRATORY SYSTEM						
#Lung	(49)		(50)		(47)	
Alveolar/bronchiolar carcinoma		(2%)				
Pheochromocytoma, metastatic		(2%)	1	(2%)		
Osteosarcoma, metastatic		(2%)				
Chordoma, metastatic	1	(2%)	1	(2%)		
HEMATOPOIETIC SYSTEM					<u></u>	
*Multiple organs	(50)		(50)		(50)	
Malignant lymphoma, NOS	(00)		(00)			(2%)
Malignant lymphoma, undifferentiated type	1	(2%)			•	(2,0)
Leukemia, mononuclear cell		(24%)	8	(16%)	5	(10%)
#Bone marrow	(46)	(24/0)	(50)	(10,0)	(50)	(10,0)
Osteosarcoma, invasive		(2%)	(00)		(00)	
#Splenic red pulp	(49)	(2,0)	(49)		(48)	
Leukemia, mononuclear cell		(4%)		(2%)	(40)	
CIRCULATORY SYSTEM #Heart	(49)		(50)		(49)	
Neurilemoma		(2%)	((2%)
DIGESTIVE SYSTEM	(10)		(10)		(10)	
#Salivary gland	(46)		(46)	(0~)	(49)	
Fibrosarcoma, invasive				(2%)		
Neurilemoma				(2%)		
#Liver	(49)		(50)		(49)	
Hepatocellular carcinoma				(2%)		
Sarcoma, NOS, unclear primary or metastatic				(2%)		
#Pancreas	(49)		(48)		(48)	
Adenoma, NOS		(4%)				
#Stomach	(46)		(49)		(48)	
Leiomyosarcoma		(2%)				
#Small intestine	(45)		(49)		(48)	
Leiomyosarcoma		(2%)				
#Cecum	(48)		(49)		(48)	
Leiomyoma						

V	/ehicle	Control	Low	Dose	High	Dose
URINARY SYSTEM None				·/· ·····	<u></u>	· · ·····
ENDOCRINE SYSTEM		1. 1971	····			
#Anterior pituitary	(48)		(44)		(48)	
Carcinoma, NOS	10	(01.01)		(05~~)		(2%)
Adenoma, NOS #Adrenal medulla		(21%)		(25%)		(27%)
#Adrenal medulla Pheochromocytoma	(48)	(27%)	(50)	(28%)	(49)	(07704)
Pheochromocytoma, malignant		(27%) (4%)		(28%) (2%)	13	(27%)
#Thyroid	(48)	(4270)	(48)	(270)	(48)	
Follicular cell adenoma	(40)		(40)			(4%)
C-cell adenoma	2	(4%)	3	(6%)		(4%)
#Pancreatic islets	(49)	(470)	(48)	(0%)	(48)	(0%)
Islet cell adenoma		(4%)	• •	(10%)	, -	(8%)
		(4.70)		(10%)		(0%)
REPRODUCTIVE SYSTEM						
*Mammary gland	(50)		(50)		(50)	
Adenocarcinoma, NOS				(2%)		
Fibroadenoma			-	(2%)		
*Preputial gland	(50)		(50)		(50)	
Carcinoma, NOS			2	(4%)		
Adenoma, NOS		(2%)	(10)		(50)	
#Testis	(50)	(0.0 <i>m</i> x	(49)	(0.0 %)	(50)	(00%)
Interstitial cell tumor	48	(96%)	42	(86%)	34	(68%)
NERVOUS SYSTEM						
#Brain	(49)		(49)		(49)	
Granular cell tumor, benign				(2%)		
Astrocytoma				(2%)		
#Brain stem	(49)		(49)		(49)	
Oligodendroglioma					1	(2%)
SPECIAL SENSE ORGANS						
*Zymbal gland	(50)		(50)		(50)	
Adenoma, NOS			1	(2%)		
MUSCULOSKELETAL SYSTEM						
*Bone/lower extremity	(50)		(50)		(50)	
Osteosarcoma	1	(2%)	·/			
						
BODY CAVITIES	(50)		(20)		(20)	
*Anterior mediastinum Alveolar/bronchiolar carcinoma, invasive		(904)	(50)		(50)	
*Peritoneum	(50)	(2%)	(50)		(50)	
Mesothelioma, NOS	(00)			(2%)	(50)	(2%)
*Mesentery	(50)		(50)	(470)	(50)	(470)
Sarcoma, NOS, unclear primary or metastatic	(00)			(2%)	(50)	
*Tunica vaginalis	(50)			(470)	(50)	
Mesothelioma, NOS		(4%)	(50)	(4%)	(50)	(4%)
	4					(*******)
ALL OTHER SYSTEMS	. حصر					
*Multiple organs	(50)		(50)	(00)	(50)	
Neurilemoma, metastatic			1	(2%)		

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

TABLE A1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle Control	Low Dose	High Dose
ANIMAL DISPOSITION SUMMARY	<u></u>	<u> </u>	
Animals initially in study	50	50	50
Natural death	7	15	19
Moribund sacrifice	9	17	7
Terminal sacrifice	34	17	16
Dosing accident		1	3
Accidentally killed, nda			5
rumor summary			
Total animals with primary tumors**	50	46	39
Total primary tumors	118	112	87
Total animals with benign tumors	49	45	39
Total benign tumors	93	87	76
Total animals with malignant tumors	21	19	7
Total malignant tumors	23	20	8
Total animals with secondary tumors##	4	4	
Total secondary tumors	5	4	
Total animals with tumors uncertain			
benign or malignant	2	2	2
Total uncertain tumors	2	3	3
Total animals with tumors uncertain			
primary or metastatic		1	
Total uncertain tumors		2	

* 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 tissue; tissue is counted once only.

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK: VEHICLE CONTROL

ANIMAL NUMBER	0 4 8	0 3 5	0 4 5	0 2 2	0 3 4	0 3 9	0 1 4	0 0 8	0 2 8	0 4 3	0 4 0	0 0 4	0 1 3	0 2 7	0 3 8	0 2 9	0 0 1	0 0 2	0 0 3	0 0 5	0 0 6	0 0 7	0 0 9	0 1 0	0 1 1
WEEKS ON STUDY	0 8 1	0 8 7	0 8 8	0 9 2	0 9 3	0 9 3	0 9 5	0 9 6	0 9 7	0 9 7	0 9 8	0 9 9	0 9 9	1 0 0	1 0 0	1 0 1	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 Papilloma, NOS	+	+	+	+	+	N	N	+	+	+	+	+	+	+	+	*	+	+	*	+	+	+	N	+	+
Keratoacanthoma Subcutaneous tissue	+	+	+	X + X	+	N	N	+	+	+	+	+	+	+	@X +	+	+	+	+	*	+	+	N	+	+
Fibroma Fibrosarcoma				х			x													X				x	
Lipoma Neurilemoma											X X							x			x				x
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar carcinoma Pheochromocytoma, metastatic	-	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Osteosarcoma, metastatic Chordoma, metastatic Trachea	+	+	+	+	+	-	+	+	+	+	+	+	_	+	X +	+	+	+	+	+	х +	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow	-	+	_	+	+		+	+	+	+	+	+	+	 +	+	+	+	+	+	+	+	+	+	+	+
Osteosarcoma, invasive Spieen	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	× +	+	+	+	+
Leukemia, mononuclear cell Lymph nodes	+	+	_	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	, +	+	+	+
Thymus	-	-	-	÷	÷	-	÷	÷	÷	+	_	÷	÷	÷	÷	÷	-	÷	÷	+	÷	÷	÷	_	÷
CIRCULATORY SYSTEM Heart Neurilemoma	+	+	+	+	+	-	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland	-	+	_	+		_	+	+	+	+	+	+	+	+	 +	+	+	+	+	+	+	+	+	+	 +
Liver Bile duct	+++	+++	+++	+++++++++++++++++++++++++++++++++++++++	+++	_	+++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++	++++	++++	÷	+++++++++++++++++++++++++++++++++++++++	+++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++	+++++	++++	÷ +	++++	+++
Pancreas Adenoma, NOS	+	÷	÷	÷	+	-	÷	÷	÷	÷	÷	÷	÷	+	÷	+ X	÷	÷	÷	÷	÷	÷	÷	÷	÷
Esophagus Stomach	+	+++	+	+++	+++++++++++++++++++++++++++++++++++++++	-	+	++	+++	+	++++	+	-	+++	+	++++	+	+	+	+	+	+	+	+	+
Leiomyosarcoma Small intestine	_	+	_	+	x	_	+	+	+	÷	÷	_	_	+	_	_	_	_		, -	⊥	, _		, _	Ļ
Leiomyosarcoma Large intestine	-	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM Kidney Urinary bladder	+	+++	+++	+++	++++	+	+++	+++	+++	+++	+++	+ +	++	+++	+ +	+ +	+++	+	++	+	+++	+++	+++	+++	++++
ENDOCRINE SYSTEM	·	·																							
Pituitary Adenoma, NOS Adrenal	+	+	++	++	++	_	++	++	++	++	+	+	++	++	× +	++	++	++	* *	* *	++	* *	+++++++++++++++++++++++++++++++++++++++	+	* *
Pheochromocytoma Pheochromocytoma, malignant Thyroid		-	-	-	T	_	<u>ـ</u> ـ	-	-	_	-	L	X	-	-	-	x	+			+	X	X		
C-cell adenoma Parathyroid		т _	x	т +	- -	_	- -	т -	т 	Ţ	+	- -	-	- -	т 	- -	Ţ	Ŧ	Ţ	Ţ	Ţ	Ŧ	Ţ	Ŧ	- -
Fancrestic islets Islet cell adenoma	+	+	+	÷	÷	-	+	+	÷	÷	÷	÷	÷	÷	+	+	+	+	Ŧ	+	+	÷	+	+	+
REPRODUCTIVE SYSTEM Mammary gland		+	N	N	+	N	N	N	+	+	+	+	N	N	+	+	+	N	+	+	+	N	N	 +	+
Testis Interstitial cell tumor	×+	Ť	x	x	÷	+ X	×	x x	+ X	÷ X	+ X	÷ x	+ X	+ X	+	+ X	+ X	x x	÷ x	Ť	+ x	+ X	* *	+ X	÷ x
Prostate Preputial/clitoral gland Adenoma, NOS	n N	н м	н М	.+ N	n+	N	+ N	+ N	+ N	n N	н М	+ N	n N	+ N	+ N	+ N	n N	+ N	n H	n N	+ N	+ N	n N	+ N	n N
NERVOUS SYSTEM Brain	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
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 X	N	N	N	N
BODY CAVITIES	·	•-																							<u> </u>
Mediastinum Alveolar/bronchiolar carcinoma, invasive	N	Ν	N	Ν	N	N	N			N		N	Ν	N			N	N	N	Ν	N	N	Ν	N	N
Tunica vaginalis Mesothelioma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	*	+	+
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
Malignant lymphoma, undifferentiated type Leukemia, mononuclear cell	x		x						x			X		x						- '			x		•
			-															-							

+: 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
 Necropsy, no histology due to protocol
 Autolysis
 Animal missing
 B: No necropsy performed

								• -				-,														
ANIMAL NUMBER	0 1 2	0 1 5	0 1 6	0 1 7	0 1 8	0 1 9	0 2 0	0 2 1	0 2 3	0 2 4	0 2 5	0 2 6	0 3 0	0 3 1	0 3 2	0 3 3	0 3 6	0 3 7	0 4 1	0 4 2	0 4 4	0 4 6	0 4 7	0 4 9	0 5 0	
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	<u> </u>																									
Skin Papilloma, NOS	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50
Keratoacanthoma Subcutaneous tissue	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50
Fibroma Fibrosarcoma Lipoma Neurilemoma												X											·		·	3 2 1 4
RESPIRATORY SYSTEM																										
Lungs and bronchi Alveolar/bronchiolar carcinoma Pheochromocytoma, metastatic Ostaosarcoma, metastatic Chordoma, metastatic Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+ *	+	+	+	+	+	+ X +	+	+	+	+	+	+	49 1 1 1 48
HEMATOPOIETIC SYSTEM									·						<u> </u>											
Bone marrow Osteosarcoma, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	46 1
Spleen	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+ v	49 2
Leukemia, mononuclear cell Lymph nodes Thymus	++++	+ -	+ +	+ +	+ -	+ -	+ +	+ +	+ +	+ +	+ +	+ +	+ +	^ + -	+ +	+ +	+ +	+ +	+ +	+ +	+ -	+ +	+ +	+ +	X + +	48 38
CIRCULATORY SYSTEM Heart Neurilemoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49 1
DIGESTIVE SYSTEM	<u> </u>																		~				·			40
Salivary gland Liver	+	+	+	+	+	+	+	+	+	+	++	+	+	+	++	+	++	+	++	++	++	++	++	+	++	46 49
Bile duct Pancreas	+++	++	++	++	++	++	++	+	++	++	++	++	++	++	++	+++++++++++++++++++++++++++++++++++++++	+++	++	++	+++	+++	++	++	++	+ +	49 49
Adenoma, NOS Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	+	+	+	+	+	+	+	+	2 48
Stomach Leiomyosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+-	+	+	+	÷	÷	÷	÷	÷	÷	÷	46
Small intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
Leiomyosarcoma Large intestine	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	1 48
URINARY SYSTEM Kidney Urinary bladder	 + +	+++	++++	+++++	++++	+ +	+++++	+++++	+++	+	+++++	+	+	+++	++++	+	++++	++++	++++	++++	+++	+++	+++	+++	+ + +	50 44
ENDOCRINE SYSTEM																			·			-				
Pituitary Adenoma, NOS	x x	+	*	+	+	+	+	+	+	+	*	*	+	* X	+	+	+	+	+	+	+	+	+	+	+	48 10
Adrenal Pheochromocytoma	+	+	÷ x	*	*	+	* X	+	+	+	+	+ x + x	+	+ x	+	+	* x	+	+	*	*	+	+	+	+	48 13
Pheochromocytoma, malignant Thyroid					î.		Ĩ,					, ,		, ,	,	x	î,	,	x	Ĩ,	, ,					2
C-cell adenoma	+	Ť	*	Ŧ	+	+	+	+	+	+	+	+	÷	+	Ŧ	+	+	÷	+	+	+	+	+	+	÷	48
Parathyroid Pancreatic islets Islet cell adenoma	++	+	+ +	÷	+	+	+	+	+	+ +	+	+	+ +	+ +	+ +	+ +	+ + X	+ +	+ +	+	+	++	+ +	+ * X	+ +	38 49 2
REPRODUCTIVE SYSTEM					N	N7				 ,		+					,	N		 ر						*50
Mammary gland Testis	N +	+ + V	+ + v	+ + v	N + v	N + V	++	+ + v	+ + v	+ + v	++	+ + v	+ + v	+ + v	++	++	++	N + *	1 + V	++	++	++	++	+++	++	50
Interstitial cell tumor Prostate Preputial/clitoral gland	X + N	X + N	X N	X + N	X + N	X + N Y	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	48 45 *50
Adenoma, NOS NERVOUS SYSTEM Brain	+	+	+	+	+	x +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
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
BODY CAVITIES Mediastinum	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50
Alveolar/bronchiolar carcinoma, invasiv Tunica vaginalis Mesothelioma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	+	+	+	+	+	+	+	+	+	+	+	1 *50 2
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, undifferent type	N	N	N	N	N	N	N	N	N	N	N	N	N	N		N	N	N	N	N	N		N		N	*50
Leukemia, mononuclear cell															x							x		x		12

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

* Animals necropsied

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK: LOW DOSE

ANIMAL NUMBER	0 4 8	0 1 2	0 0 9	0 3 5	0 3 9	0 0 6	0 2 6	0 1 1	0 0 3	0 0 2	0 2 4	0 3 3	0 4 3	0 3 4	0 4 4	0 4 2	0 3 6	0 2 9	0 2 8	0 1 3	0 0 4	0 2 5	0 4 9	0 0 5	0 1 7
WEEKS ON STUDY	0 1 3	0 3 1	0 5 8	0 6 0	0 6 7	0 6 8	0 6 9	0 7 2	0 7 4	0 7 7	0 7 9	0 8 0	0 8 0	0 8 2	0 8 2	0 8 3	0 8 7	0 8 8	0 8 9	0 9 3	0 9 4	0 9 4	0 9 6	0 9 7	0 9 7
INTEGUMENTARY SYSTEM																									
Skin Keratoacanthoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Subcutaneous tissue Sarcoma, NOS Fibroma	(*	+	+	+	x,	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibrosarcoma Myxosarcoma									x	x		X													
Liposarcoma Neurilemoma										A															x
Neurilemoma, malignant														X											~
RESPIRATORY SYSTEM Lungs and bronchi Pheochromocytoma, metastatic	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Chordoma, metastatic Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X +	+	+	+	+	+	-	+	+
HEMATOPOIETIC SYSTEM Bone marrow	-	-	+			+	+	+	+																
Spieen _ Leukemia, mononuclear cell	Ŧ	+	+	+	+	+	Ŧ	÷	+	+	÷	+	÷	÷	÷	-	+	+	+	++	++	+	+	+	++
Lymph nodes Thymus	+	-	+	+	`+ _	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	<u>+</u>
CIRCULATORY SYSTEM			Ŧ	7	7	т	-		т					т 					_						
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Fibrosarcoma, invasive	+	-	+	+	+	+	+	+	, x	÷	-	+	+	+	+	+	+	+	+	+	+	+	-	+	+
Neurilemoma Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular carcinoma Sarcoma, NOS, unclear primary or metastatic																									
Bile duct Pancreas	++	++	++	++	+	++	++	+++	++	+++	+	++	++	+	+	+++	+++	++	+++	++	++	++	++	++	+
Esophagus Stomach	++	++-	++	++	++	++	+++	+	+	+++	+++	++	++++	++	+ -	+++++++++++++++++++++++++++++++++++++++	+++	++	++	++	++	+++	+	++	++
Small intestine Large intestine Leiomyoma	++++	+ +	+ +	++	+++	+ +	-	++	+ +	+ +	+ +	+ +	+ + X	++	+ +	+ +	+ +								
URINARY SYSTEM Kidney Urinary bladder	+++	+++	+++	++++	+ +	+ +	+ +	+++	++++	+ +	++++	+ +	+ +	+ +	+	++++	++++	+	+++	+++	+++	+++	+++	+++	+ +
ENDOCRINE SYSTEM Pituitary	+	+	+	+	+	+	+	+	+	+	+	+	_	+	+	+		+	+	+	_	+	+	+	+
Adenoma, NOS Adrenal	+	+	+	+	+	+	+	X +	+	+	+	X +	+	+	X +	+	+	+	+	+	+	+	+	X +	+
Pheochromocytoma Pheochromocytoma, malignant																						x	X		
Thyroid C-cell adenoma	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		*	+
Parathyroid Pancreatíc islets Islet cell adenoma	-+	+ +	+	+ +	+ +	+	+	+	÷	+	+ -	+	+ +	+	-	+	+ +	+ +	- + X	+ +	+	+ +	+	+ +	+ +
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS	+	N	+	+	N	N	N	N	+	N	+	N	N	N	N	N	+	N	N	N	+	N	+	+	N
Fibroadenoma Testis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Interstitial cell tumor Prostate	+	+	X +	+	+	X +	+	X +	X +	X	X +	X +	X +	X +	-	+ x +	+	X_	х +	× +	× +	X +	X +	X +	X +
Preputial/clitoral gland Carcinoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N
NERVOUS SYSTEM	+				 	 +								 	 +	 	 +	 +	 	4		بد	 *	4	
Granular cell tumor, benign Astrocytoma	T	T	T	Ŧ	Ŧ	×	-	-	Ŧ	*	+	+	-	Ŧ	7	-	÷	Ŧ	+	Ŧ	Ŧ	Ŧ	*	+	Ŧ
SPECIAL SENSE ORGANS																									
Zymbal gland Adenoma, NOS	N	N	N	N	N	+	N	+	N	N	N	N	N	N	N	N	N	N	+	N	N	N	+	*	N
BODY CAVITIES Peritoneum	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Mesothelioma, NOS Tunica vaginalis	+	+	+	+	+	+	+	+	+	+	+	+	+	•• +	+	N X +	+	+	 +	+	+	+	 +	+	+
Mesothelioma, NOS Mesothery	N	N	N	N	N	N	N	N	N	N	N	N	N	N		X		Ň	N	Ņ	N	N	N	N	
Sarcoma, NOS, unclear primary or metastatic			••	••	•'	• •	••	••	• •	•	••	••	••	••	••		•1	•1	••	••	••	••	••	**	**
ALL OTHER SYSTEMS Nultiple organs, NOS Neurilemoma, 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

								(0	on		ueu	.,														
ANIMAL NUMBER	0 3 8	0 0 1	0 2 0	0 2 3	0 4 6	0 0 7	0 0 8	0 1 0	0 1 4	0 1 5	0 1 6	0 1 8	0 1 9	0 2 1	0 2 2	0 2 7	0 3 0	0 3 1	0 3 2	0 3 7	0 4 0	0 4 1	0 4 5	0 4 7	0 5 0	
WEEKS ON STUDY	0 9 8	1 0 0	1 0 0	1 0 0	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	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	<u> </u>																·									
Skin Keratoacanthoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	N	*	+	+	+	+	+	+	+	*50
Subcutaneous tissue Sarcoma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	Ν	+	+	+	+	+	+	+	+	*50
Fibroma Fibrosarcoma		X	X																			X	х			5
Myxosarcoma Liposarcoma		x																								1
Neurilemoma Neurilemoma, malignant		A																								1
RESPIRATORY SYSTEM Lungs and bronchi																		-						-		50
Pheochromocytoma, metastatic		Ŧ	r	Ŧ	r	т	F	т	т	т	F	г	r	r	F	Ŧ	+			r	г	'	*x		-	1
Chordoma, metastatic Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1 49
HEMATOPOIETIC SYSTEM																										
Bone marrow Spieen	+	+	+	+	+	+	+	+	+	++++	+	+	+	+	+	+	+++	+	++++	+	+	+	+	+	+	50 49
Leukemia, mononuclear cell		, 							x			د	, ,			Ĵ	,	, ,			,					1
Lymph nodes Thymus	++	+	-	++	+	++	+	++	+	+ -	+	+	+	+	+	+	-	+	+	+	+	+	+	-	+	49 28
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland	-	+	+	+	+	+		+				+		+	+				+	+	+	+		+	+	46
Fibrosarcoma, invasive Neurilemoma		т	F	Ŧ	F	v	Ŧ	т	Ŧ	Ŧ	٣	Ŧ	Ŧ	т	Ŧ	Ŧ	Ŧ	т	Ŧ	т	т	۲		т.	F	1
Liver	+	+	+	+	+	X +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	1 50
Hepatocellular carcinoma Sarcoma, NOS, unclear primary or meta													x									х				1 1
Bile duct Pancreas	+	+++	+++	+++++++++++++++++++++++++++++++++++++++	+	++	+	++++++	++	+++	+++	+++	++	+++++	+++	+++	+++	+++	+++	+++	+++	+++	+++++	+	+++	50 48
Esophagus	+++++++++++++++++++++++++++++++++++++++	+	÷	÷	÷	+++	÷	+ +	÷	÷	+	+++++++++++++++++++++++++++++++++++++++	÷	÷	+	+	÷	+++	+++	÷	÷	+++	+++++++++++++++++++++++++++++++++++++++	+++	÷	47 49
Stomach Small intestine	+	++	+	++	+++++++++++++++++++++++++++++++++++++++	+	++	+	++	++	++	+	+++	+	+++	++	+++	÷	+	Ŧ	+	+	+	÷	+	49
Large intestine Leiomyoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49 1
URINARY SYSTEM													~													
Kidney Urinary bladder	+++++++++++++++++++++++++++++++++++++++	++	++	++	++	+ +	++	+++	+++	++	++	++	+++	+++	+++	+++	+++	+ +	+ +	+++	+++	+ -	++++	++	++	50 48
ENDOCRINE SYSTEM																							~		<u>. </u>	
Pituitary Adenoma, NOS	*	-	+ X	+	+	+	*	*	*	+ x	+	+	+	+	+	-	*	+	+	+	+	+	+	+	-	44
Adrenal Pheochromocytoma	+	x ⁺	+	+	+	*	*	*	*	*	+	+	+	*	+	*	*	+	*	+	*	+	+	+	*	50 14
Pheochromocytoma, malignant Thyroid	1		-	4	L.				 -	-	т	-	÷		+			+		+		-	X	-		1 48
C-cell adenoma	Ľ	Ż							Ż		r	x	•			÷	÷	Ì	,	x			÷			3
Parathyroid Pancreatic islets	+	+	+	++	++	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	++	++	++	+	++	29 48
Islet cell adenoma						X		X	X										X							5
REPRODUCTIVE SYSTEM	+	N	N	+	+	N	+	+	+	+	+	+	+	+	N	+	N	+	+	+	+	+	+	+	+	*50
Adenocarcinoma, NOS Fibroadenoma	1			x																				X		
Testis Interstitial cell tumor	+ x	* X	*	+ X	*	*	+	*	*	*	+ X	+ X	+ v	* x	* X	*	-	* X	* x	*	× X	* X	* X	*	*	49 42
Prostate	+	+	+	+	+	+	+	+	+	+	*+ N		+	+	+	+	+	- -	+	+	+					44
Preputial/clitoral gland Carcinoma, NOS	N	N	N	N	N	N	Ν	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50
NERVOUS SYSTEM																									— <u> </u>	
Brain Granular cell tumor, benign Astrocytoma	+	+	+	+	+	+	. +	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	49 1 1
SPECIAL SENSE ORGANS Zymbal gland Adenoma, NOS	+	N	N	+	N	+	+	N	N	N	N	N	N	N	N	N	N	N	N	+	N	N	N	N	N	*50
BODY CAVITIES																										
Peritoneum	N	N	N	N	N	N	Ν	N	Ν	N	N	N	N	N	N	N	N	Ν	N	N	N	N	N	N	N	*50
Mesothelioma, NOS Tunica vaginalis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	*50
Mesotheliome, NOS Mesentery	N	N	N	N	N	N	N	N	N	N	N	N	N	N		N		N	N	N	N		X N	N	N	2 *50
Sarcoma, NOS, unclear primary or meta		14	14	74	14	7.	14	74	14	14	14	14	X	74	14	74	14	7.4	14		74	74	74	-1	14	1
ALL OTHER SYSTEMS		N7		NT.		N7	»r	NT.	- <u> </u>	»,		N	 N*		»	N		N	~ N'	N	 »'		- <u> </u>			***
Multiple organs, NOS Neurilemoma, metastatic	IN I	N	n	IN	N	N	ţN.	N	N	£N.	N	n	14		n		ţN.	n	ţN.	T.A	N	14	N	14	IN	*50
Leukemia, mononuclear cell			_		X			x					_	X		X			_							8
											-															

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

* Animals necropsied

TABLE A2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE TWO-YEAR GAVAGESTUDY OF PENICILLIN VK: HIGH DOSE

ANIMAL NUMBER	0 0 9	0 2 4	0 4 2	0 3 4	0 0 6	0 0 2	0 1 0	0 3 9	0 4 1	0 1 6	0 3 8	0 2 3	0 5 0	0 1 1	0 3 6	0 3 7	0 4 9	0 0 4	0 3 2	0 2 8	0 3 1	0 2 5	0 4 4	0 1 4	0 4 0
WEEKS ON STUDY	0 2 5	0 3 2	0 3 9	0 4 0	0 5 2	0 5 4	0 5 5	0 5 5	0 5 6	0 5 7	0 5 8	0 7 4	0 7 6	0 7 9	0 7 9	0 8 0	0 8 3	0 8 4	0 8 6	0 8 7	0 8 7	0 9 0	0 9 1	0 9 2	0 9 2
INTEGUMENTARY SYSTEM Skin Keratoacanthoma Subcutaneous tissue Neurilemoma	++++	++	+ +	+	++	+ +	++	+ +	++	+ +	+ +	++	+ +	+ +	+ +	+ +	+ +	+ +	N N X	++	+ +	++	+ +	+ +	+ +
RESPIRATORY SYSTEM Lungs and bronchi Trachea	 + +	+++	+ +	-	++++	++++	+++	+ +	++	+ +	+ +	+++	+ + +	++	+ +	- +	+++	+ + +	+++	++	++	++	+ +	+++	+++++
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	+++++++++++++++++++++++++++++++++++++++	+++++	++++	+	+ + + +	++++	++++++	+ + + +	+++++++	++++++	+++++	+++++	+ + -	+ - + -	++++	++++-	++++-	 + + + +	++++-	+++++	+++++	+++++	+++-	++++	+++-
CIRCULATORY SYSTEM Heart Neurilemoma	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver Bile duct Pancreas Esophagus Stomach Small intestine Large intestine	++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++		+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++++++	++++++++	+++++++	+++++++++++++++++++++++++++++++++++++++	+++++++	+++++++++	++++++++	++++++++	++++	++++++++	+++++++	+++++++++++++++++++++++++++++++++++++++	++++++++	++++++++	+++++++++++++++++++++++++++++++++++++++	++++++++	+++++++++++++++++++++++++++++++++++++++
URINARY SYSTEM Kidney Urinary bladder	++++	++++	++++	-+	++++	+++	+ +	+	+++	+++	++++	++++	+++	++++	++++	+++	+	++++	+++	+++	++++	++++	+ +	+ +	+++
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adenoma, NOS Adrenal Pheochromocytoma Thyroid	+ + + +	++++++	+++++	-	+++++	+ + +	+++++	- + +	+++++	+++++	+ + + +	++	+ + +	+++++	+++++	+ .+. +	+ X + +	+++++	+++++	+ + + +	+ X + +	+ + X +	+ X + X + +	+++++	+ + +
Follicular cell adenoma C-cell adenoma Parathyroid Pancreatic islets Islet cell adenoma	+ -	+ +	+ +	-	 +	+ +	+ +	- +	+ +	+ +	+ +	 +	 +	 +	+ +	- +	- +	X + X	+ +	+ +	+ +	+ +	+ + X	- + X	X + +
REPRODUCTIVE SYSTEM Mammary gland Testis Interstitial cell tumor Prostate	N + +	N + +	N + +	N + +	N + +	N + +	N + X +	N + +	N + +	++++++	++++++	N + X -	+ + X +	N + +	N + X -	+ + X +	N + +	N + X +	N + X +	N + X +	+ + +	+ + X +	N + +	N + X +	N + X +
NERVOUS SYSTEM Brain Oligodendroglioma	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BODY CAVITIES Peritoneum Mesothelioma, NOS Tunica vagrinalis Mesothelioma, NOS	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N + X
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, NOS Leukemia, mononuclear cell	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N X	N	N	N	N	N	N	N	Ņ	N

ANIMAI. NUMBER	0 1 3	0 4 6	0 3 3	0 2 1	0 2 6	0 4 3	0 0 1	008	0 4 8	0 0 3	005	0 0 7	0 1 2	0 1 5	0 1 7	0 1 8	0 1 9	0 2 0	022	0 2 7	0 2 9	0 3 0	0 3 5	0 4 5	0 4 7	
weeks on Study	0 9 3	0 9 4	0 9 5	0 9 6	0 9 6	9	0 9 9	0 9 9	100	104	104	1 0 4	104	104	104	104	104	104	1 0 4	1 0 4	1 0 4	104	104	1 0 4	1 0 4	TOTAL: TISSUES TUMORS
INTEGUMENTARY SYSTEM Skin Keratoacanthoma Subcutaneous tissue Neurilemoma	+++	+ +	+ +	+ +	+ +	* *	+ x +	+x +	+ + x	+ +	+ +	++	++	+ +	+ +	* *	+ +	+ +	+ +	+ +	+ +	+ +	++	+ +	+ +	*50 4 *50 2
RESPIRATORY SYSTEM Lungs and bronchi Trachea	+	++	+	+ +	++	+++	+++	+ +	+ +	‡	+	+++	++	+ +	++	+ +	+ +	- +	+ +	+++	+ +	++	++	+ +	+	47 49
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	+++++++++++++++++++++++++++++++++++++++	+++-	++++	+++++	+++++	+++-	++++	+++-	++++	++++	+++-	+++++	+++ -	++++	++++	+++1	++++	++++	+++++	++++	++++	+++++	++++	++++	+++-	50 48 48 32
CIRCULATORY SYSTEM Heart Neurilemoma	+ x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49 1
DIGESTIVE SYSTEM Salivary gland Liver Bile duct Pancreas Esophagus Stomach Small intestine Large intestine	+++++++	+++++++	++++++++	+++++++	+++++++	+++++++	++++++++	+++++++	+++++++	+++++++	+++++++	++++++++	+++++++	+++++++	+++++++	+++++++	+++++++	+++++++	+++++++	+++++++	+++++++	+++++++	++++++++	++++++++	+++++++	49 49 48 48 48 48 48 48 48 48 48
URINARY SYSTEM Kidney Urinary bladder	+	+++	++++	+++	+++	+++	++++	+++	+++	++++	++++	+++	+++	+++	+++	+++	+++	+++	+++	+++	++++	+++	++++	++	++++	49 47
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adrenal Pheochromocytoma Thyroid Folicular cell adenoma C-cell adenoma Parchatto rislets Isiet 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 + + + + + + + + + + + + + + + + + +	+ x + x + + + + + + + + + + + + + + + +	48 1 13 49 13 48 2 3 39 48 48 4
REPRODUCTIVE SYSTEM Mammary gland Testis Interstitual cell tumor Prostate	+ + X +	N + X +	+ + +	N + X	+ + X +	+ + X +	+ + X +	+ + X +	+ + X +	+ + X +	+ + +	+ + x +	+ + X +	+ + X +	+ + X +	+ + X +	+ + X +	+ + X +	+ + X +	+ + + X +	N + X +	+ + X +	+ + X +	+ + X +	+ + X +	*50 50 34 47
NERVOUS SYSTEM Brain Oligodendroglioma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* x	+	+	+	49 1
BODY CAVITIES Pentoneum Mesothelioma, NOS Tunca vaginalis Mesothelioma, NOS	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N +	N X + X	N +	N +	N +	*50 1 *50 2
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, NOS Leukemia, mononuclear ceil	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N X	N	N	N X	N	N	N	N X	N	N	N	*50 1 5

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

* Animals necropsied

	Vehicle Control	500 mg/kg	1,000 mg/kg
Skin: Papilloma			
Overall Rates (a)	3/50 (6%)	0/50 (0%)	0/50 (0%)
Adjusted Rates (b)	8.6%	0.0%	0.0%
Terminal Rates (c)	2/34 (6%)	0/19 (0%)	0/16 (0%)
Week of First Observation	101	0/20 (0/0)	
Life Table Tests (d)	P = 0.109N	P = 0.237 N	P = 0.286N
Incidental Tumor Tests (d)	P = 0.087N	P = 0.196N	P = 0.244N
Cochran-Armitage Trend Test (d)	P = 0.037N	1 -0,10011	1 - 0.23411
Fisher Exact Test (d)	1 -0.00111	P = 0.121 N	P = 0.121N
kin: Keratoacanthoma			
Overall Rates (a)	2/50 (4%)	1/50 (2%)	4/50 (8%)
Adjusted Rates (b)	4.8%	5.3%	19.9%
Terminal Rates (c)	0/34 (0%)	1/19 (5%)	1/16 (6%)
Week of First Observation	92	104	96
Life Table Tests (d)	P = 0.067	P = 0.662N	P = 0.095
Incidental Tumor Tests (d)	P = 0.067 P = 0.154	P = 0.002 N P = 0.476 N	P = 0.093 P = 0.260
Cochran-Armitage Trend Test (d)	P = 0.134 P = 0.238	1 -0.4/011	1 -0.200
Fisher Exact Test (d)	r - 0.200	P = 0.500 N	P=0.339
ubcutaneous Tissue: Fibroma			
Overall Rates (a)	3/50 (6%)	5/50 (10%)	0/50 (0%)
Adjusted Rates (b)	3/30 (6%) 7.9%	20.1%	0.0%
•			
Terminal Rates (c) Weak of First Observation	2/34 (6%)	2/19 (11%)	0/16(0%)
Week of First Observation	92 D 0 000N	80 D - 0 149	D_0.00731
Life Table Tests (d)	P = 0.390N	P = 0.142	P = 0.267N
Incidental Tumor Tests (d)	P = 0.190N	P = 0.302	P = 0.128N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.133N	P = 0.357	P = 0.121 N
ubcutaneous Tissue: Sarcoma, Fibrosarco		A # A	A 18 A 18 - 11
Overall Rates (a)	2/50 (4%)	3/50 (6%)	0/50 (0%)
Adjusted Rates (b)	5.1%	6.8%	0.0%
Terminal Rates (c)	1/34 (3%)	0/19 (0%)	0/16 (0%)
Week of First Observation	95	67	
Life Table Tests (d)	P = 0.340N	P = 0.370	P = 0.403N
Incidental Tumor Tests (d)	P = 0.028N	P = 0.302N	P = 0.357N
Cochran-Armitage Trend Test (d)	P = 0.202N		
Fisher Exact Test (d)		P = 0.500	P = 0.247 N
ubcutaneous Tissue: Fibroma or Fibrosard	coma		
Overall Rates (a)	5/50 (10%)	6/50 (12%)	0/50 (0%)
Adjusted Rates (b)	12.8%	22.0%	0.0%
Terminal Rates (c)	3/34 (9%)	2/19 (11%)	0/16 (0%)
Week of First Observation	92	74	
	D-0.917N	P = 0.217	P = 0.131N
Life Table Tests (d)	P = 0.217N		
Incidental Tumor Tests (d)	P = 0.217 R P = 0.050 N	P = 0.548	P = 0.056N
			P = 0.056N
Incidental Tumor Tests (d)	P = 0.050 N		P=0.056N P=0.028N
Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P=0.050N P=0.042N	P = 0.548 P = 0.500	
Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P=0.050N P=0.042N	P = 0.548 P = 0.500	
Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) Subcutaneous Tissue: Fibroma, Sarcoma, F Overall Rates (a)	P = 0.050N P = 0.042N ibrosarcoma, or Myxosa 5/50 (10%)	P=0.548 P=0.500 arcoma 8/50 (16%)	P = 0.028N 0/50 (0%)
Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) Subcutaneous Tissue: Fibroma, Sarcoma, F Overall Rates (a) Adjusted Rates (b)	P=0.050N P=0.042N ibrosarcoma, or Myxosa 5/50 (10%) 12.8%	P=0.548 P=0.500 arcoma 8/50 (16%) 25.5%	P=0.028N 0/50 (0%) 0.0%
Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) Subcutaneous Tissue: Fibroma, Sarcoma, F Overall Rates (a) Adjusted Rates (b) Terminal Rates (c)	P = 0.050N P = 0.042N ibrosarcoma, or Myxosa 5/50 (10%) 12.8% 3/34 (9%)	P=0.548 P=0.500 arcoma 8/50 (16%) 25.5% 2/19 (11%)	P = 0.028N 0/50 (0%)
Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) Subcutaneous Tissue: Fibroma, Sarcoma, F Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation	P = 0.050N $P = 0.042N$ ibrosarcoma, or Myxosa $5/50 (10%)$ $12.8%$ $3/34 (9%)$ 92	P = 0.548 $P = 0.500$ arcoma 8/50 (16%) 25.5% 2/19 (11%) 67	P=0.028N 0/50 (0%) 0.0% 0/16 (0%)
Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) Subcutaneous Tissue: Fibroma, Sarcoma, F Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation Life Table Tests (d)	P = 0.050N $P = 0.042N$ ibrosarcoma, or Myxosa $5/50 (10%)$ $12.8%$ $3/34 (9%)$ 92 $P = 0.257N$	P = 0.548 $P = 0.500$ arcoma 8/50 (16%) 25.5% 2/19 (11%) 67 $P = 0.091$	P=0.028N 0/50 (0%) 0.0% 0/16 (0%) P=0.131N
Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d) Fisher Exact Test (d) Subcutaneous Tissue: Fibroma, Sarcoma, F Overall Rates (a) Adjusted Rates (b) Terminal Rates (c) Week of First Observation	P = 0.050N $P = 0.042N$ ibrosarcoma, or Myxosa $5/50 (10%)$ $12.8%$ $3/34 (9%)$ 92	P = 0.548 $P = 0.500$ arcoma 8/50 (16%) 25.5% 2/19 (11%) 67	P=0.028N 0/50 (0%) 0.0% 0/16 (0%)

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

	Vehicle Control	500 mg/kg	1,000 mg/kg
Subcutaneous Tissue: Neurilemoma	- <u>1997 - 1997 - 1997 - 2997 - 2997 - 2997</u>	<u></u>	
Overall Rates (a)	4/50 (8%)	1/50 (2%)	2/50 (4%)
Adjusted Rates (b)	11.1%	3.7%	8.8%
Terminal Rates (c)	3/34 (9%)	0/19 (0%)	0/16(0%)
Week of First Observation	98	97	86
Life Table Tests (d)	P = 0.537N	P = 0.371N	P = 0.667
Incidental Tumor Tests (d)	P = 0.355N	P = 0.295N	P = 0.476N
Cochran-Armitage Trend Test (d)	P = 0.335 N	1 -0.25014	F=0.4701
Fisher Exact Test (d)	P=0.230N	P = 0.181 N	P=0.339N
ubcutaneous Tissue: Neurilemoma or Ma	lignant Neurilemoma		
Overall Rates (a)	4/50 (8%)	2/50 (4%)	2/50 (4%)
Adjusted Rates (b)	11.1%	6.3%	8.8%
Terminal Rates (c)			
	3/34 (9%)	0/19(0%)	0/16(0%)
Week of First Observation	98	82 D 0 57401	86
Life Table Tests (d)	P = 0.557N	P = 0.574N	P = 0.667
Incidental Tumor Tests (d)	P = 0.309N	P = 0.409N	P = 0.476N
Cochran-Armitage Trend Test (d)	P = 0.252N		
Fisher Exact Test (d)		P = 0.339N	P = 0.339N
ematopoietic System: Mononuclear Cell			
Overall Rates (a)	14/50 (28%)	9/50 (18%)	5/50 (10%)
Adjusted Rates (b)	32.8%	33.1%	26.9%
Terminal Rates (c)	7/34 (21%)	4/19 (21%)	4/16 (25%)
Week of First Observation	81	72	74
Life Table Tests (d)	P = 0.303N	P = 0.555	P=0.332N
Incidental Tumor Tests (d)	P = 0.046N	P=0.195N	P = 0.069N
Cochran-Armitage Trend Test (d)	P = 0.015N		
Fisher Exact Test (d)		P = 0.171N	P = 0.020 N
nterior Pituitary Gland: Adenoma			
Overall Rates (a)	10/48 (21%)	11/44 (25%)	13/48 (27%)
Adjusted Rates (b)	29.2%	42.2%	59.2%
Terminal Rates (c)	9/33 (27%)	5/17 (29%)	8/16 (50%)
Week of First Observation	100	72	83
Life Table Tests (d)	P=0.007	P = 0.075	P = 0.007
Incidental Tumor Tests (d)	P = 0.056	P = 0.204	P = 0.040
Cochran-Armitage Trend Test (d)	P = 0.276		1 01010
Fisher Exact Test (d)	1 = 0.270	P = 0.410	P = 0.317
anterior Pituitary Gland: Adenoma or Ca	reinama		
Overall Rates (a)	10/48 (21%)	11/44 (25%)	14/48 (29%)
Adjusted Rates (b)	29.2%	42.2%	60.9%
Terminal Rates (c)	9/33 (27%)	5/17 (29%)	8/16 (50%)
Week of First Observation	100	72	83
Life Table Tests (d)		P = 0.075	P = 0.003
	P = 0.003	P = 0.075 P = 0.204	P = 0.003 P = 0.023
Incidental Tumor Tests (d)	P = 0.033	r=0.204	r=0.023
Cochran-Armitage Trend Test (d)	P = 0.205	D-0.410	D-0.040
Fisher Exact Test (d)		P = 0.410	P = 0.240
drenal Gland: Pheochromocytoma	10110/07-21	14/00 (000)	10100 0000
Overall Rates (a)	13/48 (27%)	14/50 (28%)	13/49 (27%)
Adjusted Rates (b)	37.0%	59.8%	57.2%
Terminal Rates (c)	12/34 (35%)	10/19 (53%)	7/16 (44%)
Week of First Observation	99	94	90
Life Table Tests (d)	P=0.013	P = 0.037	P = 0.025
Incidental Tumor Tests (d)	P = 0.044	P = 0.067	P=0.096
Cochran-Armitage Trend Test (d)	P = 0.521 N		
······································		P = 0.550	P = 0.566N

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle Control	500 mg/kg	1,000 mg/kg
Adrenal Gland: Pheochromocytoma or Ma	lignant Pheochromocyte	ma	
Overall Rates (a)	15/48 (31%)	15/50 (30%)	13/49 (27%)
Adjusted Rates (b)	42.7%	64.3%	57.2%
Terminal Rates (c)	14/34 (41%)	11/19 (58%)	7/16 (44%)
Week of First Observation	99	94	90
Life Table Tests (d)	P = 0.027	P = 0.041	P = 0.052
Incidental Tumor Tests (d)	P = 0.082	P = 0.074	P = 0.167
Cochran-Armitage Trend Test (d)	P = 0.345N		
Fisher Exact Test (d)		P = 0.534N	P = 0.386N
hyroid Gland: C-Cell Adenoma			
Overall Rates (a)	2/48 (4%)	3/48 (6%)	3/48 (6%)
Adjusted Rates (b)	5.0%	13.8%	13.3%
Terminal Rates (c)	1/34 (3%)	2/19 (11%)	1/16 (6%)
Week of First Observation	88	97	92
Life Table Tests (d)	P = 0.148	P = 0.279	P = 0.236
Incidental Tumor Tests (d)	P = 0.328	P = 0.422	P = 0.230 P = 0.545
		r - 0.444	r - 0.040
Cochran-Armitage Trend Test (d)	P = 0.412	D-0 500	
Fisher Exact Test (d)		P = 0.500	P = 0.500
ancreatic Islets: Islet Cell Adenoma			
Overall Rates (a)	2/49 (4%)	5/48 (10%)	4/48 (8%)
Adjusted Rates (b)	5.9%	22.5%	15.6%
Terminal Rates (c)	2/34 (6%)	3/19 (16%)	1/16 (6%)
Week of First Observation	104	89	84
Life Table Tests (d)	P = 0.066	P = 0.059	P=0.113
Incidental Tumor Tests (d)	P = 0.244	P = 0.106	P = 0.392
Cochran-Armitage Trend Test (d)	P = 0.273	1 - 0.100	1 - 0.004
Fisher Exact Test (d)	r - 0.270	P=0.209	P=0.329
estis: Interstitial Cell Tumor			
Overall Rates (a)	48/50 (96%)	42/49 (86%)	34/50 (68%)
Adjusted Rates (b)	100.0%	97.6%	97.0%
Terminal Rates (c)	34/34 (100%)	17/18 (94%)	15/16 (94%)
Week of First Observation	81	58	55
Life Table Tests (d)	P = 0.014	P = 0.005	P = 0.017
Incidental Tumor Tests (d)	P = 0.071 N	P = 0.685	P = 0.231 N
Cochran-Armitage Trend Test (d)	P<0.001N		
Fisher Exact Test (d)		P = 0.075N	P<0.001N
All Sites: Benign Tumors			
Overall Rates (a)	49/50 (98%)	45/50 (90%)	39/50 (78%)
Adjusted Rates (b)	100.0%	100.0%	100.0%
Terminal Rates (c)	34/34 (100%)	19/19 (100%)	16/16 (100%)
Week of First Observation	81 D.:: 0.001	58	55
Life Table Tests (d)	P=0.001	P=0.003	P = 0.001
Incidental Tumor Tests (d)	P = 0.428N	P = 0.500	P = 0.688
Cochran-Armitage Trend Test (d)	P = 0.001 N		
Fisher Exact Test (d)		P = 0.103N	P = 0.002N
l Sites: Malignant Tumors			
Overall Rates (a)	21/50 (42%)	19/50 (38%)	7/50 (14%)
Adjusted Rates (b)	46.6%	56.0%	32.1%
Terminal Rates (c)	11/34 (32%)		$\frac{32.1\%}{4/16(25\%)}$
		7/19 (37%)	
Week of First Observation	81	67	74
Life Table Tests (d)	P = 0.260N	P = 0.152	P = 0.204N
Incidental Tumor Tests (d)	P = 0.004N	P = 0.265N	P = 0.015N
Cochran-Armitage Trend Test (d)	P = 0.002N		

TABLE A3. ANALYSIS OF PRIMARY TUMORS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle Control	500 mg/kg	1,000 mg/kg
All Sites: All Tumors		· · · · · · · · · · · · · · · · · · ·	
Overall Rates (a)	50/50 (100%)	46/50 (92%)	39/50 (78%)
Adjusted Rates (b)	100.0%	100.0%	100.0%
Terminal Rates (c)	34/34 (100%)	19/19 (100%)	16/16 (100%)
Week of First Observation	81	58	55
Life Table Tests (d)	P = 0.002	P = 0.003	P = 0.002
Incidental Tumor Tests (d)	P = 0.091 N	(e)	P = 0.718N
Cochran-Armitage Trend Test (d)	P<0.001N		
Fisher Exact Test (d)		P = 0.059 N	P<0.001N

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

(b) Kaplan-Meier estimated tumor incidences 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 all low dose animals dying after the first death in the vehicle controls had tumors.

TABLE A4. HISTORICAL INCIDENCE OF ANTERIOR PITUITARY GLAND TUMORS IN MALE F344/NRATS ADMINISTERED CORN OIL BY GAVAGE (a)

		Incidence in Vehic	le Controls
Study	Adenoma	Carcinoma	Adenoma or Carcinoma
listorical Incidence at Spi	ringborn Institute for Biores	earch, Inc.	
Ampicillin trihydrate	11/46 (23.9%)	1/46 (2.1%)	12/46 (26.1%)
Overall Historical Incident	ce		
TOTAL SD (d)	(b) 444/1,654 (26.8%) 10.52%	(c) 33/1,654 (2.0%) 2.66%	(b,c) 476/1,654 (28.8%) 10.71%
Range (e) High Low	26/48 5/50	4/47 0/50	26/48 6/50

(a) Data as of August 7, 1986, for studies of at least 104 weeks
(b) Includes 34 chromophobe adenomas and 1 acidophil adenoma
(c) Includes two adenocarcinomas, NOS, and four chromophobe carcinomas

(d) Standard deviation
(e) Range and SD are presented for groups of 35 or more animals.

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

	Vehicle	Control	Low	Dose	High	Dose
ANIMALS INITIALLY IN STUDY	50	<u></u>	50	<u> </u>	50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICA			50		50	
NTEGUMENTARY SYSTEM				<u> </u>		
*Skin	(50)		(50)		(50)	
Epidermal inclusion cyst			1	(2%)		
Inflammation, chronic focal					1	(2%)
Acanthosis			1	(2%)		
*Subcutaneous tissue	(50)		(50)		(50)	
Hemorrhage				(2%)		
Inflammation, suppurative				(2%)		
Inflammation, acute suppurative				(2%)		
Inflammation, chronic				(2%)		
Inflammation, chronic suppurative				(2%)		
Inflammation, granulomatous			1	(2%)		
Granuloma, NOS	1	(2%)				
Granulation tissue				(2%)		
Necrosis, fat	1	(2%)	1	(2%)		
RESPIRATORY SYSTEM						
*Nasal mucosa	(50)		(50)		(50)	
Lymphocytic inflammatory infiltrate	38	(76%)	37	(74%)	38	(76%)
Inflammation, suppurative	14	(28%)	17	(34%)	36	(72%)
Metaplasia, squamous					2	(4%)
#Trachea	(48)		(49)		(49)	
Inflammation, suppurative						(2%)
Inflammation, acute						(2%)
Inflammation, acute diffuse						(2%)
Inflammation, acute suppurative						(2%)
#Lung/bronchus	(49)		(50)	(8.4)	(47)	
Inflammation, acute suppurative			1	(2%)	_	
Inflammation, chronic focal						(2%)
Metaplasia, squamous	(10)		(50)			(2%)
#Lung	(49)	(0.27)	(50)		(47)	
Foreign body, NOS		(2%)	-	(1.407)	10	(000)
Congestion, acute		(6%)		(14%)	12	(26%)
Hemorrhage		(2%)	1	(2%)		(10)
Lymphocytic inflammatory infiltrate		(12%)		(90)		(4%)
Inflammation, interstitial		(2%)		(8%)		(6%)
Pneumonia, aspiration		(4%)		(14%) (2%)		(28%) (2%)
Inflammation, chronic focal	4	(8%)		(2%)	I	(270)
Inflammation, granulomatous focal Necrosis, focal	1	(2%)		(2%)		
Infarct, NOS		(2%) (2%)	T	(270)		
#Lung/alveoli	(49)	(270)	(50)		(47)	
Edema, NOS	(45)		(30)			(6%)
Histiocytosis	7	(14%)			J	(070)
· · · · · · · · · · · · · · · · · · ·		(1470)				
IEMATOPOIETIC SYSTEM						
*Blood erythrocytes	(50)		(50)		(50)	
Reticulocytosis	4	(8%)		(4%)	2	(4%)
Erythroblastosis				(10%)		
Normoblastosis		(12%)		(4%)		(2%)
#Bone marrow	(46)		(50)		(50)	
Necrosis, focal		(2%)				
Myelofibrosis		(2%)				
TT	14	(30%)	4	(8%)	11	(22%)
Hyperplasia, erythroid Hyperplasia, granulocytic		(24%)		(14%)		(22%)

	Vehicle	Control	Low	Dose	High	Dose
HEMATOPOIETIC SYSTEM (Continued)	<u> </u>			. <u>—</u>		
#Spleen	(49)		(49)		(48)	
Infarct, NOS		(2%)	(40)		(40)	
Depletion, lymphoid	3		1	(2%)	3	(6%)
#Splenic red pulp	(49)	(•,•,•,	(49)	(2/0)	(48)	(0,0)
Congestion, NOS		(6%)	((40)	
Congestion, acute		(2%)			2	(4%)
Hemosiderosis		(4%)			-	(-/•/
Atrophy, NOS	-	(- /0 /	1	(2%)		
Hematopoiesis	5	(10%)		(16%)	3	(6%)
#Mandibular lymph node	(48)	(,	(49)	(10/0)	(48)	
Cyst, NOS	()			(4%)		(2%)
Hemorrhage	1	(2%)	-	(= / = /		(4%)
Hyperplasia, focal	1	(2%)			-	(-,-,
Plasmacytosis		(6%)	1	(2%)	2	(4%)
Hyperplasia, lymphoid	10	(21%)		(14%)		(23%)
#Bronchial lymph node	(48)		(49)		(48)	/
Hemorrhage		(2%)				
#Mediastinal lymph node	(48)		(49)		(48)	
Hemorrhage	2	(4%)	4	(8%)		(10%)
Necrosis, NOS			1	(2%)		
Hemosiderosis			1	(2%)	1	(2%)
Depletion, lymphoid				,		(2%)
Histiocytosis	2	(4%)	1	(2%)	-	(
Plasmacytosis		(2%)		(= ///		
Hyperplasia, lymphoid			3	(6%)		
#Pancreatic lymph node	(48)		(49)		(48)	
Hematopoiesis		(2%)			()	
#Mesenteric lymph node	(48)		(49)		(48)	
Hemorrhage		(2%)		(2%)		(4%)
Hemosiderosis		(2%)		(-,-,	-	(= / • /
Depletion, lymphoid		(2%)				
Hyperplasia, lymphoid		(8%)				
#Lung/bronchus	(49)	. ,	(50)		(47)	
Hyperplasia, lymphoid	()					(2%)
#Liver	(49)		(50)		(49)	(=)
Hematopoiesis	,	(4%)	(00)			(2%)
#Peyer's patch	(45)	(1.1.)	(49)		(48)	(= /• /
Hyperplasia, lymphoid	,	(11%)		(2%)	(10)	
#Adrenal cortex	(48)	(11,0)	(50)	(2.0)	(49)	
Hematopoiesis		(15%)		(8%)		(6%)
#Thymus	(38)	(20,0)	(28)	(0.07	(32)	(0,0)
Hemorrhage	(00)			(7%)		(13%)
CIRCULATORY SYSTEM			··· ··· · · · · · · · · · · · · · · ·			
#Heart/atrium	(49)		(50)		(49)	
Thrombosis, NOS				(2%)	·/	
#Myocardium	(49)		(50)		(49)	
Inflammation, granulomatous focal			1	(2%)		(4%)
Degeneration, NOS	31	(63%)	23	(46%)		(59%)
#Endocardium of left atrium	(49)		(50)		(49)	.,
Fibrosis	-					(2%)
#Pancreas	(49)		(48)		(48)	
Periarteritis		(2%)			. ,	
#Adrenal medulla	(48)		(50)		(49)	
Thrombosis, NOS			1	(2%)		
#Thyroid	(48)		(48)		(48)	
Periarteritis				(2%)		

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle	Control	Low	Dose	High	Dose
GESTIVE SYSTEM				· · · · · · · · · · · · · · · · · · ·		
*Oral mucosa	(50)		(50)		(50)	
Hyperkeratosis				(2%)	(,	
*Palate	(50)		(50)		(50)	
Epidermal inclusion cyst					1	(2%)
#Salivary gland	(46)		(46)		(49)	
Cyst, NOS					1	(2%)
Lymphocytic inflammatory infiltrate		(2%)				
Inflammation, chronic focal	1	(2%)		(2%)		
Fibrosis			1	(2%)		
Fibrosis, focal		(2%)				
Degeneration, NOS		(2%)				
Nuclear size alteration		(2%)	-			
Atrophy, focal	5	(11%)		(4%)		
Regeneration, NOS				(2%)	· • • •	
#Liver	(49)	(0~)	(50)		(49)	
Mineralization		(2%)	-	(~	110~
Congestion, NOS	1	(2%)		(4%)	8	(16%)
Inflammation, suppurative				(2%)		
Inflammation, chronic focal			3	(6%)		(400)
Inflammation, granulomatous focal	-		•	(07)		(4%)
Necrosis, NOS		(14%)		(6%)		(8%)
Cytoplasmic vacuolization		(4%)		(2%)		(2%)
Basophilic cyto change		(37%)		(24%)		(33%)
Focal cellular change		(8%)		(16%)	2	(4%)
Eosinophilic cyto change		(2%)	1	(2%)	0	(40)
Clear cell change		(4%)			2	(4%)
Angiectasis		(4%)				
Regeneration, NOS		(2%)	(50)		(10)	
#Liver/centrilobular	(49)		(50)	((49)	(40)
Degeneration, NOS		(0)	Z	(4%)	2	(4%)
Cytoplasmic vacuolization		(2%)				
Angiectasis		(2%)	(50)		(10)	
#Liver/periportal	(49)	(10)	(50)		(49)	(00)
Lymphocytic inflammatory infiltrate		(4%)	(50)			(2%)
#Liver/hepatocytes	(49)	(100)	(50)		(49)	
Cytoplasmic vacuolization		(12%)	(50)		(10)	
#Bile duct	(49)		(50)	(00)	(49)	(00)
Hyperplasia, NOS		(050)		(8%)		(2%)
Hyperplasia, focal	-	(65%)		(30%)		(31%)
#Pancreas	(49)		(48)		(48)	(2%)
Cyst, NOS						(2%)
Lymphocytic inflammatory infiltrate Fibrosis, focal						(2%)
Hemosiderosis			1	(2%)	Ĩ	(270)
Atrophy, NOS				(8%)		
Atrophy, focal	16	(33%)		(31%)	9	(4%)
Hyperplasia, focal	10	(33.%)	10	(01/0)		(2%)
#Stomach	(46)		(49)		(48)	(2,0)
Granulation tissue	(40)			(2%)	(40)	
#Gastric mucosa	(46)		(49)	(2,0)	(48)	
Hemorrhage	(40)		(40)			(2%)
Ulcer, NOS			1	(2%)	•	(_ /0 /
Fibrosis	30	(65%)		(67%)	31	(65%)
Fibrosis, focal		(11%)				(4%)
Fibrosis, diffuse		(11%) (2%)				(2%)
Necrosis, focal		(2%)				(2%)
#Glandular stomach	(46)		(49)		(48)	(_ /• /
Dilatation, NOS		(2%)	((
#Forestomach	(46)		(49)		(48)	
Ulcer, NOS	(-3)			(4%)	(
Inflammation, suppurative				(6%)	1	(2%)

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle	Control	Low	Dose	High	Dose
DIGESTIVE SYSTEM	······································				<u></u>	
#Forestomach (Continued)	(46)		(49)		(48)	
Inflammation, chronic	(40)			(2%)	(40)	
Inflammation, chronic suppurative				(2%)		
Hyperkeratosis	1	(2%)		(14%)	1	(2%)
Acanthosis		(13%)		(31%)		(17%)
#Small intestine	(45)		(49)	(01.70)	(48)	(11/0)
Congestion, NOS	(10)		(40)			(2%)
#Small intestine/serosa	(45)		(49)		(48)	(2,0)
Inflammation, suppurative	(10)		(40)			(2%)
#Colon	(48)		(49)		(48)	(2 /0)
Distention	(10)			(2%)	(40)	
Congestion, NOS			1	(270)	1	(2%)
Parasitism	5	(10%)	3	(6%)		(4%)
#Cecum	(48)		(49)	(0707	(48)	(4.10)
Hemorrhage	(40)		(47)			(2%)
*Rectum	(50)		(20)			(270)
Distention		(2%)	(50)		(50)	
Distention	1	(2%)				
VRINARY SYSTEM						
#Kidney	(50)		(50)		(49)	
Hydronephrosis	(00)		(00)			(2%)
Multiple cysts	1	(2%)			-	(2,0)
Congestion, acute	•	_ ,_,	1	(2%)	3	(6%)
Inflammation, suppurative				(2%)		(2%)
Nephrosis, NOS	45	(90%)		(76%)		(65%)
#Kidney/tubule	(50)	$(\mathbf{U}\mathbf{U}\mathbf{N})$	(50)	(10,0)	(49)	(00 %)
Dilatation, NOS	(00)			(2%)	(45)	
Pigmentation, NOS	1	(2%)		(4%)	1	(2%)
#Urinary bladder	(44)	(270)	(48)	(4,70)	(47)	(270)
Distention		(5%)	(40)		(47)	
Hemorrhage	2	(0%)	1	(2%)	9	(4%)
#Urinary bladder/submucosa	(44)		(48)	(270)	(47)	(4170)
Hemorrhage		(2%)	(48)		(47)	
Temorina e	۲ 	(270)				
NDOCRINE SYSTEM						
#Anterior pituitary	(48)	((44)		(48)	
Cyst, NOS	2	(4%)	1	(2%)		(4%)
Congestion, NOS					1	(2%)
Hemorrhage		(4%)				
Hyperplasia, focal		(25%)	13	(30%)	7	(15%)
Hyperplasia, diffuse		(4%)				
#Adrenal cortex	(48)		(50)		(49)	
Hamartoma						(2%)
Cytoplasmic vacuolization		(10%)				(2%)
Hypertrophy, focal	1	(2%)				
Hyperplasia, focal	8	(17%)	4	(8%)	4	(8%)
#Adrenal medulla	(48)		(50)		(49)	
Hyperplasia, focal		(23%)		(16%)		(10%)
#Thyroid	(48)		(48)		(48)	
Follicular cyst, NOS	(10)			(2%)	(-0)	
Lymphocytic inflammatory infiltrate	9	(4%)	-			
Inflammation, chronic	4	<	1	(2%)		
Fibrosís, focal				(2%) (2%)		
Hyperplasia, C-cell	۵	(19%)	I E	(2%) (13%)	0	(100)
	9	(1370)	0	(1370)		(19%) (2%)
Hyperplasia, follicular cell	(40)		(40)			(2%)
#Pancreatic islets Hyperplasia, NOS	(49)		(48)		(48)	(0~)
					1	(2%)

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THETWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle	Control	Low	Dose	High	Dose
REPRODUCTIVE SYSTEM	•		<u></u>	······		
*Mammary duct	(50)		(50)		(50)	
Distention		(6%)	(00)			(4%)
*Preputial gland	(50)	(0,0)	(50)		(50)	(4,0)
Retention of content		(6%)	(00)			(4%)
Inflammation, suppurative		(2%)	1	(2%)		(6%)
Inflammation, chronic		(12%)		(4%)		(10%)
Inflammation, chronic focal		(40%)		(32%)		(10%) (30%)
Inflammation, chronic diffuse		(40%) (2%)	10	(3270)	15	(30%)
Hyperkeratosis	1	(470)			1	(2%)
#Prostate	(45)		(44)		(47)	(270)
Lymphocytic inflammatory infiltrate	(-)	(2%)	(44)		· · · · ·	(2%)
Inflammation, suppurative	1	(270)	2	(5%)		(2%)
Inflammation, acute suppurative	1	(2%)	2	(070)	1	(2%)
Abscess, NOS	. 1	(270)	1	(2%)		
Inflammation, chronic	0	(7%)	I	(470)		
Inflammation, chronic focal		(7%) (27%)	1 5	(34%)	10	(40%)
Hyperplasia, focal		(27%) (4%)	10	(04970)		(40%) (2%)
*Seminal vesicle	(50)	(1270)	(50)		(50)	(270)
Distention		(2%)	(30)			(2%)
Atrophy, NOS	1	(2%)	1	(2%)		(2%)
Atrophy, diffuse	2	(6%)	1	(270)	1	(270)
#Testis	(50)	(0%)	(40)		(50)	
	,	(90)	(49)		(50)	
Inflammation, granulomatous focal Atrophy, NOS		(2%)	4	(8%)	7	(14%)
Atrophy, focal		(14%)	4	(0%)		(=
Atrophy, local Atrophy, diffuse		(12%)				(8%) (6%)
		(28%)	0	(4%)		
Hyperplasia, interstitial cell		(4%)		(4%)		(10%)
#Spermatid	(50)	(0)	(49)	(00)	(50)	
Dysplasia, NOS		(8%)		(8%)	(50)	
*Epididymis	(50)		(50)		(50)	(00)
Inflammation, suppurative		(00)				(2%)
Degeneration, NOS		(2%)	-	(100)		(2%)
Cytoplasmic vacuolization	10	(20%)	5	(10%)	Z	(4%)
IERVOUS SYSTEM						
#Brain	(49)		(49)		(49)	
Congestion, NOS	1	(2%)				
Congestion, acute						(2%)
#Brain stem	(49)		(49)		(49)	
Hemorrhage	1	(2%)	1	(2%)	1	(2%)
PECIAL SENSE ORGANS						
*Eye	(50)		(50)		(50)	
Hemorrhage	(00)			(2%)	(00)	
Inflammation, chronic				(2%)		
Phthisis bulbi	1	(2%)	1			
*Harderian gland	(50)	(210)	(50)		(50)	
Lymphocytic inflammatory infiltrate		(2%)	(00)		(00)	
Inflammation, chronic focal		(2%)				
*Ear canal	(50)	(2/0)	(50)		(50)	
Lymphocytic inflammatory infiltrate		(18%)		(18%)		(18%)
-, mphoo, no mianniaou y miniade	5		5		9	(10 10)

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THETWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

None

	Vehicle	Control	Low	Dose	High	Dose
BODY CAVITIES		······				
*Mediastinum	(50)		(50)		(50)	
Hemorrhage			1	(2%)		
*Anterior mediastinum	(50)	_	(50)		(50)	
Lymphocytic inflammatory infiltrate	1	(2%)				
*Mesentery	(50)		(50)		(50)	
Inflammation, suppurative			1	(2%)		
Necrosis, fat	4	(8%)	7	(14%)	1	(2%)
LL OTHER SYSTEMS						
*Multiple organs	(50)		(50)		(50)	
Inflammation, chronic focal					1	(2%)
Hyperplasia, focal	1	(2%)				
Tail						
Healed fracture					1	

TABLE A5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS IN THE
TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

None

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

APPENDIX B

SUMMARY OF LESIONS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

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Penicillin VK, NTP TR 336

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

	Vehicle	Control	Low	Dose	High	Dose
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALI	LY 50		50		50	
NTEGUMENTARY SYSTEM	•			······································		
*Skin	(50)		(50)		(50)	
Squamous cell carcinoma					1	(2%)
Basal cell carcinoma		(2%)				
Keratoacanthoma		(2%)				
*Subcutaneous tissue	(50)		(50)		(50)	(00)
Fibroma	-	(4%)			1	(2%)
Fibrosarcoma		(2%)				
Lipoma	1	(2%)	•	(00)	•	(90)
Neurilemoma				(6%) (9%)	L	(2%)
Neurilemoma, metastatic			1	(2%)		
RESPIRATORY SYSTEM						
#Lung	(49)	(0.0.)	(50)		(50)	
Adenocarcinoma, NOS, metastatic		(2%)			•	(00)
Alveolar/bronchiolar adenoma	1	(2%)			1	(2%)
HEMATOPOIETIC SYSTEM			_			
*Multiple organs	(50)	(0.1.4)	(50)	(007)	(50)	(100)
Leukemia, mononuclear cell		(24%)		(28%)	-	(18%)
#Splenic red pulp	(49)	(90)	(49)		(48)	
Leukemia, mononuclear cell	1	(2%)				
CIRCULATORY SYSTEM None						
DIGESTIVE SYSTEM						
*Tongue	(50)		(50)		(50)	
Papilloma, NOS						(2%)
#Liver	(50)	(07)	(49)		(50)	
Bile duct adenoma	1	(2%)		(00)		
Neoplastic nodule #Duodenum	(49)		(48)	(2%)	(47)	
#Duodenum Endometrial stromal sarcoma, metastatic	(49)		(40)			(2%)
						(270)
URINARY SYSTEM None						
ENDOCRINE SYSTEM						
	(48)		(49)		(48)	
#Pitultary intermedia			,			(2%)
#Pituitary intermedia Adenoma, NOS			(49)		(48)	
Adenoma, NOS	(48)			(6%)	•	
		(2%)	J			(100)
Adenoma, NOS #Anterior pituitary	1	(2%) (48%)		(39%)	20	(42%)
Adenoma, NOS #Anterior pituitary Carcinoma, NOS Adenoma, NOS #Adrenal	1 23 (49)	(48%)			20 (49)	
Adenoma, NOS #Anterior pituitary Carcinoma, NOS Adenoma, NOS	1 23 (49)	(48%)	19 (49)		(49)	
Adenoma, NOS #Anterior pituitary Carcinoma, NOS Adenoma, NOS #Adrenal Cortical adenoma #Adrenal medulla	1 23 (49) 2 (49)	(48%) (4%)	19 (49) (49)		(49) (49)	
Adenoma, NOS #Anterior pituitary Carcinoma, NOS Adenoma, NOS #Adrenal Cortical adenoma	1 23 (49) 2 (49)	(48%) (4%)	19 (49) (49) 5		(49) (49)	

	Vehicle	Control	Low	Dose	High	Dose
ENDOCRINE SYSTEM (Continued)						
#Thyroid	(49)		(47)		(47)	
Follicular cell adenoma	(10)		(4))			(4%)
Follicular cell carcinoma	1	(2%)			_	(-,0)
C-cell adenoma		(12%)	6	(13%)	10	(21%)
C-cell carcinoma	· ·	(== /)/		(2%)		(2%)
#Pancreatic islets	(48)		(46)	(2,0)	(49)	(=,0)
Islet cell adenoma				(2%)		(2%)
REPRODUCTIVE SYSTEM			<u></u>	· ····	<u></u>	
*Mammary gland	(50)		(50)		(50)	
Adenoma, NOS	2	(4%)			1	(2%)
Adenocarcinoma, NOS	5	(10%)	2	(4%)	3	(6%)
Fibroadenoma	15	(30%)	21	(42%)		(32%)
*Clitoral gland	(50)		(50)		(50)	
Carcinoma, NOS	1	(2%)		(2%)		(2%)
Adenoma, NOS			1	(2%)	3	(6%)
*Vagina	(50)		(50)		(50)	
Endometrial stromal sarcoma	2	(4%)				
#Uterus	(48)		(47)		(49)	
Endometrial stromal polyp	7	(15%)	3	(6%)	10	(20%)
Endometrial stromal sarcoma					2	(4%)
#Uterus/endometrium	(48)		(47)		(49)	
Papillary adenoma					1	(2%)
#Ovary	(48)		(48)		(49)	
Thecoma	1	(2%)				
Granulosa cell tumor					1	(2%)
NERVOUS SYSTEM						
#Brain	(49)		(50)		(50)	
Choroid plexus papilloma					1	(2%)
Astrocytoma	1	(2%)				
#Brain/thalamus	(49)		(50)		(50)	
Carcinoma, NOS, invasive			1	(2%)		
SPECIAL SENSE ORGANS						
*Zymbal gland	(50)		(50)		(50)	
Carcinoma, NOS					1	(2%)
MUSCULOSKELETAL SYSTEM						
*Mandible	(50)		(50)		(50)	
Ameloblastoma				(2%)		
*Scapula	(50)		(50)		(50)	
Osteosarcoma	1	(2%)				
BODY CAVITIES						
	(50)		(50)	(2%)	(50)	
*Peritoneal cavity Neurilemoma, malignant						

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

Penicillin VK, NTP TR 336

	Vehicle Control	Low Dose	High Dose
ANIMAL DISPOSITION SUMMARY			<u> </u>
Animals initially in study	50	50	50
Natural death	7	9	15
Moribund sacrifice	15	14	15
Terminal sacrifice	28	26	16
Dosing accident			3
Accidentally killed, nda		1	1
Total animals with primary tumors** Total primary tumors Total animals with benign tumors Total benign tumors Total animals with malignant tumors Total animals with secondary tumors## Total secondary tumors Total animals with tumors uncertain	44 92 39 65 22 27 1 1	45 85 37 60 21 24 2 2 2	38 94 36 75 17 18 1 1
benign or malignant		1	1
Total uncertain tumors		1	1

TABLE B1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS IN THE TWO-YEARGAVAGE STUDY OF PENICILLIN VK (Continued)

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

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

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEARGAVAGE STUDY OF PENICILLIN VK: VEHICLE CONTROL

ANIMAL NUMBER	0 3 2	0 3 4	0 3 9	0 1 4	0 2 5	0 4 2	0 0 2	0 0 6	0 2 2	0 2 4	0 2 9	0 2 7	0 4 5	0 1 0	0 1 3	0 1 6	0 2 1	0 3 1	0 4 6	0 0 1	0 3 5	0 0 3	0 0 4	0 0 5	0 0 7
WEEKS ON STUDY	0 7 8	0 7 9	0 7 9	0 9 3	0 9 4	0 9 4	0 9 5	0 9 8	0 9 8	0 9 8	0 9 8	0 9 9	0 9 9	1 0 0	1 0 0	1 0 0	1 0 0	1 0 0	1 0 0	1 0 1	1 0 1	1 0 4	1 0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM Skin Basal cell carcinoma Keratoacanthoma	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Subcutaneous tissue Fibroma Fibrosarcoma Lipoma	+	+	+	+	x x	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronchi Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar adenoma Trachea	+	+	+	-	+	+	+++	+	+	* x +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen Leukemia, mononuclear cell Lymph nodes	+++++++++++++++++++++++++++++++++++++++	+++++	+++++		++	++++++	+++++	+++++	+ + +	+++++	+ + +	+++++	++++++	+++++	++++++	+++++	+ + +	+++++	 + + +	+ + +	++++++	+++	+ + +	+++++	 + + +
Thymus CIRCULATORY SYSTEM Heart	+	- +	 		+	+	+	+	+	+	+	+	+	+	+	+ +	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver		+	++++	 +	++++	++++	++++	+	 	+++++	+++	++++	+	 + +	++++	+++	 +	+	++++	 +			+		++++
Bile duct adenoma Bile duct Pancreas Esophagus	+++++	· +++	+ - +	+ -+ +	, ++++	+ + +	• + + +	+ + +	+ +	• ++++	, + + +	+ + +	+ + +	+++++	, +++	+ + +	++++	+ + +	+ + +	+ + +	+ + +	++++	+++++	+ + +	+ + +
Stomach Small intestine Large intestine	+ + +	+ + +	+ + +	-	+ + +	+ + +	+ + +	+ + +	++++	+ + +	+ + +	+ + +	+ + +	++++	+ + +	+ + +	+ + +	++++	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +
URINARY SYSTEM Kidnay Urinary bladder	+ +	+ +	+ -	_	+++	+ +	+ + +	+++	+ -	++++	+++	+ +	+ +	+ +	+ +	+	+	+++	+++	+ +	<u>+</u>	++++	+++	+ +	++++
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adenoma, NOS	+	_	+	_	+	+ X	+	+ X	*	+	+	+	+ X	+ x	+	+	+	+	+ x	+ x	+	+	+	+ x	+ x
Adrenal Cortical adenoma Pheochromocytoma Thyroid	+	+	++	-	+	++	+	+	+	+	++	++	++	++	+	++	+ X +	++	+ X +	++	++	++	++	++	+
Follicular cell carcinoma C-cell adenoma Parathyroid	-	-		-	-	+	+	+	-	<u>x</u>		+	+	-	-	X +	X +	X X -		+	+	+	+	X +	+
REPRODUCTIVE SYSTEM Marmary gland Adenoma, NOS Adenocarcinoma, NOS	N	N	N	N	+ X	+	+	* x	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+
Fibroadenoma Preputia/clitoral gland Carcinoma, NOS Vagina	N N	N N	N N	N N	N N	N N	N N	N N	X N N	N N	X N N	N N	N N	X N N	N N	N N	N X N	N N	X N N	N N	N N	N N	X N N	X N N	N N
Endometrial stromal sarcoma Uterus Endometrial stromal polyp Ovary Thecoma	+ +	+ +	X + +	+ +	+ +	+ +	+ +	+ +	-	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	x + x +	+ +	+ +	+ +	* * +
NERVOUS SYSTEM Brain Astrocytoma	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
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
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell	N	N	N	N X	N	N X		N	N	N	N	N	N	N	N X	N X	N	N	N	N	N X	N	N	N	N

+: Tissue examined microscopically -: Required tissue not examined microscopically X: Tumor incidence N. Neeropsy, 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

								•				,														
ANIMAL NUMBER	0 0 8	0 9	0 1 1	0 1 2	0 1 5	0 1 7	0 1 8	0 1 9	0 2 0	0 2 3	0 2 6	0 2 8	0 3 0	0 3 3	0 3 6	0 3 7	0 3 8	0 4 0	0 4 1	0 4 3	0 4 4	0 4 7	0 4 8	0 4 9	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 Basal cell carcinoma Keratoacanthoma Subcutaneoua tissue Fibroma Fibrosarcoma Lipoma	+	+	+	+	+	+ x x x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ + X	+	*50 1 *50 2 1 1
RESPIRATORY SYSTEM ungs and bronchi Adenocarcinoma, NOS, metastatic Alveolar/bronchiolar adenoma rachea	- +	++	+	+	+	++	+	+	+	+	+	++	+	+	+	+	+	+++	+ X +	+	+	+	+	+	+	49 1 1 48
HEMATOPOIETIC SYSTEM	-																									
Sone marrow pleen Leukemia, mononuclear cell ymph nodes hymus	++++++	++++-	+ + + + +	+++++	+ + + + +	++++	+++++	++++-	++++	++ ++	++++-	++++	+++++	+++++	+ + + +	+ + + + +	+++++	+++++	++++	+ + + + +	+++++	+++++	+++++	+ + X + -	+++++	49 49 1 47 40
IRCULATORY SYSTEM	-	+	+		+	+	+	+	+		+	+	+	+	+	+	+		+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Bile duct adenoma	-	+++	++++	+++	+++	++++	+++	+++	+++	+++	++++	+++	++++	+++	+++	++	+++	+++	++++	+++	++++	+ + x	+++	++	++++	47 50 1
blie duct adenoma bile duct ancreas sophagus	++++++	+ + +	+ + +	+ + +	+ + +	+ + +	++++	+ + +	+ + +	+++	+ + +	+++	+ + +	+ + +	++++	+++	+ + +	+ + +	+ + +	+ + -	+ + +	~++++	++++	++++	+ + +	50 48 49
itomach Imall intestine Arge intestine	+++++++++++++++++++++++++++++++++++++++	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	++++	+ + +	+ + +	+++	+++	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	+ + +	49 49 49
JRINARY SYSTEM Sidney Jrinary bladder		+++	++	+++	+	++++	++	+++	++	+ +	++++	+++	+ +	+ +	+++	+++	+++	+++	+++	+++	++++	+	++++	 + +	++++	49 42
NDOCRINE SYSTEM	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Carcinoma, NOS Adenoma, NOS Adrenal Cortical adenoma	+	X +	+	X +	+	+ x	X +	X +	+	+	X +	X +	+	+	+ X	X +	X +	X +	X +	X +	X +	X +	+	X +	X +	1 23 49 2
Pheochromocytoma Chyroid Follicular cell carcinoma	+	+	+	+	+	+	+	+	+	X +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	3 49 1 6
C-ceil adenoma Parathyroid	+	+	+	-	+	+	+	+	+	+	+	+	-	+	+	+	+	+	-	-	+	+	+	+	+	34
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS	+	+	+	+	+	+	+	+	* x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50
Adenocarcinoma, NOS Fibroadenoma 'reputial/clitoral gland Carcinoma, NOS	X N	N	N	X N	X N	N	N	X N	N	X N	N	N	N	N	N	X N	X N	X N	N	N	X N	X N	N	N	X N	5 15 *50 1
Vagina Endometrial stromal sarcoma	N	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
Indometrial stromal sarcona Endometrial stromal polyp	+	+	*	+	+	+	+	+	* X	+	*	+	+	+	+	*	+	+	+	+	+	-	*	+	+	487
ndometrial stromat polyp Vary Thecoma	+	* X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	48 1
ERVOUS SYSTEM rain Astrocytoma	* *	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49 1
USCULOSKELETAL SYSTEM Ione Osteosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	*50 1
LL OTHER SYSTEMS fultipie organs, NOS Leukemia, mononuclear cell	N X	N	N	N X	N X	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N X	*50 12

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

* Animals necropsied

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TABLE B2.	INDIVIDUAL	ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEA	١R
		GAVAGE STUDY OF PENICILLIN VK: LOW DOSE	

ANIMAL NUMBER	0 1 8	0 2 8	0 1 6	0 5 0	0 4 6	0 3 3	0 2 4	0 1 2	0 4 2	0 4 1	0 2 7	0 1 9	0 3 1	0 1 1	0 0 6	0 4 9	0 0 1	0 0 3	0 3 2	0 4 5	0 0 8	0 4 7	0 2 9	0 1 3	0 0 2
WEEKS ON STUDY	0 0 4	0 5 8	0 6 6	0 6 7	0 6 9	0 7 6	0 8 0	0 8 2	0 8 2	0 8 3	0 8 5	0 8 6	0 8 8	0 8 9	0 9 0	0 9 1	0 9 5	0 9 5	0 9 7	1 0 0	1 0 1	1 0 1	1 0 2	1 0 3	1 0 4
INTEGUMENTARY SYSTEM Subcutaneous tissue Neurilemoma Neurilemoma, metastatic	+	+	+	+	+	+	+	+	*	+	N	+ X	+	+	+	+	+	+	+	+	+	+	*	+	+
RESPIRATORY SYSTEM Lungs and bronchi Trachea	++++	+++	+++	+ +	+++	+++	+ +	+++	+++	++	+++	+++	+++	+++	+++	+++	+++	+++	+++	+ +	++++	+++	+++	+++	+++
HEMATOPOIETIC SYSTEM Bone marrow Spieen Lymph nodes Thymus	+++++	++++++	++++++	+ + + +	+++++++++++++++++++++++++++++++++++++++	+++++++	++++-	+++++	+ + ++ +	+ - + +	+++++	++++-	+++++	+++++	++++-	++++-	++++-	+ + + +	++++++	+ + + +	+++++	++++++	+ + + + +	+ + + +	+++++
CIRCULATORY SYSTEM Heart	, +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver Neoplastic nodule Bile duct Pancreas Esophagus Stomach Small intestine Large intestine	++ + +++++	++ +-++++++++++++++++++++++++++++++++++	++ ++++++	++ ++++++	++ ++++++	+ +++++++++++++++++++++++++++++++++++	++++++++++++++++++++++++++++++++++++++	++ +++++	++ ++ +++++++++++++++++++++++++++++++++	++	++ +++++	++ ++++++	++ +++++	++ ++++++	++ ++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++ +++++	++ +++++++	++ ++++++	++ +++++	++x++++++++++++++++++++++++++++++++++++	++ ++++++++++++++++++++++++++++++++++++	-+++++++	++ ++++++	++ +++++
URINARY SYSTEM Kidney Urinary bladder	+	+ +	+++	+	++++	++++	+++	+++	++++	_	++++	+	+++	+++	+ + +	+++	++++	+ + +	+++	+++	++++	+	+++	++++	++++
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adenoma, NOS Adrenal Pheochromocytoma Pheochromocytoma, malignant Thyroid	+++++	++++	+++++	+ + X +	+ X + +	+ X + +	+ X + +	+ + +	+ X +	+ - +	++++	++++++	+ X +	++++	+ + +	++++	++++	+ + X +	+ X +	+ + +	+ X + +	* + +	+ x + x + x +	* * * *	+ X + +
C-cell adenoma C-cell carcinoma Parathyroid Pancreatic islets Islet cell adenoma	+ _	+ -	– +	+ +	+ +	- +	+ +	- +	 +	+ -	- +	+ +	- +	+ +	x - +	- +	+ +	+ +	x + +	+ +	 +	+ +	x - +	+ +	÷
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS Fibroadenoma Praputia/litoral gland	+ N	+ N	+ N	+ N	+ N	+ N	+ N	+ N	N N	+ N	N N	N N	+ N	+ N	+ N	+ X N	+ X N	+ N	+ X N	+ N	+ X N	+ X N	+ X N	+ X N	+ N
Preputial/clitoral gland Carcinoma, NOS Adenoma, NOS Uterus Endometrial stromal polyp Ovary	+++	+++	+++	+++	+ x +	-+	+++	+	+++	-	++++	+++	+++	+++	++++	+++	++++	+++	+++	++++	++++	++++	++++	+	+++
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
MUSCULOSKELETAL SYSTEM Bone Ameloblastoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N
BODY CAVITIES Peritoneum Neurilemoma, malignant	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell	N	N	N	N	N	N X	N	N X	N	N	N X	N	N	N X	N X	N X	N X	N X	N X	N X	N	N	N	N	N

ANIMAL NUMBER	0 0 4	0 0 5	0 0 7	0 9	0 1 0	0 1 4	0 1 5	0 1 7	0 2 0	0 2 1	0 2 2	0 2 3	0 2 5	0 2 6	0 3 0	0 3 4	0 3 5	0 3 6	0 3 7	0 3 8	0 3 9	0 4 0	0 4 3	0 4 4	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	1 0 4	1 0 4	1 0 4	1 0 4	TOTAL: TISSUES TUMORS
INTEGUMENTARY SYSTEM Subcutaneous tissue Neurilemoma Neurilemoma, metastatic	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	*50 3 1
RESPIRATORY SYSTEM Lungs and bronchi Trachea	++++	+++	+ +	+++	+++	+++	+++	++++	+ +	+++	++++	+++	+++	+++	++++	++++	++++	+ +	++	+++	+++	+++	+ +	+++	+ +	50 50
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	+++++++++++++++++++++++++++++++++++++++	+ + + +	++++	++++++	++++	++++++	+++++	+++++	+++++	++++	+ + + +	++++++	+ + + +	++++	+++-	+++++	++++-	++++-	++ ++ -	+++++	++++++	+++-	+++++	+++++	++++	50 49 50 38
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Neoplastic nodule Bile duct Pancreas Esophagus Stomach Small intestine Large intestine	+++++++++++++++++++++++++++++++++++++++	++++++++	++ +++++	++ +++++	++ ++++++	++ ++++++	++++++++	++ ++++++	++ ++++++	-+++++++	++ + + + + + + + + + + + + + + + + + + +	++ ++++++	++ ++ ++++	+++++++++++++++++++++++++++++++++++++++	++ ++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++ ++++++	-++++++++++++++++++++++++++++++++++++++	++ ++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++ +++++	++ +++++	46 49 1 49 46 48 48 48 48 48 48
URINARY SYSTEM Kidney Urinary bladder	++++	++++	+ +	++++	+ +	++++	++++	++++	+ +	++++	+ +	++++	++++	+++	++++	+	+++	+ +	+++	+++	+++	+++	+++	+++	++++	49 45
ENDOCRINE SYSTEM Pituitary Carcinoma, NOS Adrenal Pheochromocytoma Pheochromocytoma, malignant Thyroid	+	++++	+	+++++	+ X +	+ x + x + x +	+++++	+ X +	+ X +	++	+++++	+++++	-+	+ X +	+ + X	+	++++++	+ X +	+ X +	+ +	+ X +	+ + X	+ X +	+ X +	+ X + +	49 3 19 49 5 2 47
C-ceil adenoma C-ceil carcinoma Parathyroid Pancreatic islets Islet cell adenoma	+++++	- + X	- +	+ +	++	+ x + +	+ X +	+ +	- +	- +	+ -	× - +	- +	+ x +	 +	+ +	+ +	+ +	, + +	, + +	+ +	, + +	- +	, + +	+ +	6 1 28 46 1
REPRODUCTIVE SYSTEM Mammary gland Adenocarcinoma, NOS Fibroadenoma Preputial/clitoral gland Carcinoma, NOS	+ X N	+ N	+ X N	+ N	+ X N	+ N	+ XNX	+ N	+ X N	+ X N	+ X N	+ X N	+ N	+ N	+ N	+ X N	+ X N	+ XXN	+ XN	+ N	+ N	+ N	+ X N	+ X N	+ X N	*50 2 21 *50 1
Adenoma, NOS Uterus Endometriai stromal polyp Ovary	++	+ +	* *	+ +	+ +	+ X +	+ +	X + +	+ +	+ +	+ +	- +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	1 47 3 48
NERVOUS SYSTEM Brain Carcinoma, NOS, invasive	+	+	+	+	+	, x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1
MUSCULOSKELETAL SYSTEM Bone Ameloblastoma	N	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 Peritoneum Neurilemoma, malignant	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Ň	N	N	N	*50 1
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell	N	N	N	N	N	N	N X	N	N	N	N	N X	N X	N	N	N	N X	N	N	N	N	N	N	N	N	*50 14

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

* Animals necropsied

TABLE B2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE TWO-YEARGAVAGE STUDY OF PENICILLIN VK: HIGH DOSE

ANIMAL NUMBER	0 1 7	0 4 6	0 3 3	0 1 3	0 4 4	0 3 6	0 0 3	0 3 9	0 2 8	0 4 0	0 0 5	0 1 9	0 2 4	0 2 3	0 3 5	0 2 7	0 3 2	0 0 7	0 4 7	0 3 7	0 0 4	0 1 4	0 1 5	0 4 5	0 1 2
WEEKS ON STUDY	0 0 5	0 0 5	0 0 6	0 3 7	0 4 7	0 4 8	0 5 5	0 5 5	0 5 9	0 7 5	0 7 7	0 7 9	0 8 0	0 8 2	0 8 3	0 8 4	0 8 4	0 8 8	0 8 8	0 8 9	0 9 2	0 9 3	0 9 3	0 9 3	0 9 4
INTEGUMENTARY SYSTEM Skin Squamous cell carcinoma Subcutaneous tissue Fibroma Neurilemoma	++	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+	N N	+ +	+ +	+ +	+	+ +	+ +	+ +	N N	+ +	++	+	+ + X	+	+ +	+ +
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma Trachea	+	+ +	+ +	+ +	+	+ +	++	++	+ +	+ +	++	+ +	+ +	+ +	+ +	++	+ +	++	++	+ +	+ +	+ X +	+	+ +	+++
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	++++	++++++	+++++	+++++	++++-	+ - + +	+++++	+++++	+ + + +	++++-	+++-+	+++++	+ - + +	+++-+	+ + + +	+ + + + +	++++-	+++-	+++-++	++++++	+++++	++++++	+ + + +	++++-	+ + + +
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Oral cavity Papilloma, 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
Salivary gland Liver Bile duct Fancreas Esophagus Stomach Small intestine Endometrial stromal sarcoma, metastatic	++++++	++++++	++++++	+++++++	+++++++	++++	+++++++	+++++++	++++++	+++++ +	+++ ++	+++++	++++	++++++	++++++	+++++++	-+++++	+++++++	+++++++	++++++	++++++	+++++++	++++++	+++++++	++++++
Large intestine URINARY SYSTEM	+	+	+	+	+	-	+	+	+	+	+		-	+	+	+	+	+	+	+	+	+	+	+	+
Kidney Urinary bladder	++++	+ +	+ +	+ -	+ +	+ -	+ +	+ +	+ +	+ +	+	+ +	+ +	+ +	+ -	+ +	+ +	+ +	+ +	+ -	+ +	+ +	+ +	+ +	+ +
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenal Pheochromocytoma Thyroid Follicular cell adenoma C-cell adenoma C-cell adenoma Parathyroid	++	++++	+++++	++++++	+ +	- + +	+ + + +	+ + +	+++++	+++++	++	+ + +	++++++	+ + +	+ x + +	+ X + +	+ + + X	+ + X	+++++	+ + + + x +	+ + + +	- + × +	+ + + +	+ X + +	+ + + +
Pancreatic islets Islet cell adenoma	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
REPRODUCTIVE SYSTEM Mammary gland Adenoma, NOS Adenocarcinoma, NOS Fibroadenoma Freputal/clitoral 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	+ X N	N N	+ N	+ N	+ X N	+ N	+ X N	+ X N	+ N
Carcinoma, NOS Adenoma, NOS Uterus	+	+	+	+	+	+	+	+	+	+	+	+	+	_	+	+	+	+	+	+	+	+	+	+	+
Papilary adenoma Endometrial stromal polyp Endometrial stromal sarcoma Ovary Granulosa cell tumor	+	+	+	+	+	+	+	+	+	х +	x +	+	+	_	+	+	+	х +	+	X +	x +	+	+ X	+	+
NERVOUS SYSTEM Brain Choroid plexus papilloma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Zymbai gland Carcinoma, NOS	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 ceil	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 X	N X

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

ANIMAL NUMBER	0 2 0	0 0 1	0 3 0	0 2 6	0 2 9	0 0 9	0 2 2	0 3 4	0 4 8	0 0 2	0 0 6	0 0 8	0 1 0	0 1 1	0 1 6	0	02	0 2 5	0 3 1	0 3 8	04	04	0 4 3	0 4 9	0 5 0	1
WEEKS ON STUDY	0 9 4	0 9 5	0 9 5	0 9 7	0 9 7	0 9 9	1 0 0	1 0 1	1 0 1	1 0 4	1 0 4	104	1 0 4	1 0 4	1 0 4	104	1 0 4	104	1 0 4	1 0 4	1 0 4	1 0 4	104	1 0 4	1 0 4	TOTAL: TISSUES TUMORS
INTEGUMENTARY SYSTEM										· · ·																
Skin Squamous cell carcinoma Subcutaneous tissue Fibroma Neurilemoma	N N	+ +	+ + X	+ +	+ +	+ +	+ +	+ +	+ +	+ x +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	*50 1 *50 1 1
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiclar adenoma Trachea	+++	+++	++	++	++	+	++	++	+++	+++	++	+++	++	+++	+++	+ +	+++	+ +	++	++	++	+ +	+++	+ +	+++	50 1 46
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	+++++	+ + + +	+++-++	+++++	++++-	+++++	+++++	+ + + +	+++++	++++	+++++	++++	+++++	++++-	++++++	++++	++++++	+ + + +	+++++	++++++	+++++++	+ + + + +	+++++	++++	+ + + +	50 48 45 41
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Orai cavity Papilloma, NOS Salivary gland Liver Bile duct	N X + + +	N ++++	N ++++	N ++++	N ++ +++	N ++++	N ++++	N +++	N ++++	N +++	N ++++	N ++++	N +++++	N ++++	х +++	N ++++	N ++++	N +++	N +++	N +++	N +++	N ++++	N +++	N ++++	N + + +	*50 1 48 50 50
Pancreas Esophagus Stomach Small intestine Endometrial stromal sarcoma, metastat Large intestine	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++ +	++++ +	++++ +	++++×+	++++ +	++++ +	+++++++++++++++++++++++++++++++++++++++	++++ +	+++++++	++++ +	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++ +	++++ +	++++ +	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++ +	+++++++++++++++++++++++++++++++++++++++	+ + + + +	49 49 47 47 47 47
URINARY SYSTEM Kidney Urinary bladder	 + +	++++	+ +	+++	++++	++++	++++	++++	+++++	+++	+ + +	++++	+++	+++	++++	+++	+++	+++	+++	+++	+++	+++	+++	++++	++++	50 45
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenai Pheochromocytoma Thyroid Follicular cell adenoma C-cell dedenoma C-cell dedenoma C-cell carcinoma Pancreatic islats Isiet cell adenoma	+ x + + x + +	+ + + +	+x+ + -+	+ + + +	+ + + + + + + + + + + + + + + + + + + +	+ X + X + + + + + + + + + + + + + + + +	+ X + + X + + + + + + + + + + + + + + + + + + +	+ + + -+	+ x + + + + + + + + + + + + + + + + + +	+x+ + x++	+ + X + ++	+ + + +	+ X + + ++	+x+ +xx ++	+ X + + ++	+ X + + ++	+ + + x + +	+ X + + -+	+x+ + + x ++	+ X + + -+	+x+ + + *X	+ + * * + * * + + *	+x+x+ + x + + + + + + + + + + + + + + +	+ + + ++	+x+++++	48 21 49 5 47 2 10 1 37 49 1
REPRODUCTIVE SYSTEM Mammary gland Adenoca, NOS Adenocarvinoma, NOS Fibroadenoma	*	+	+	+ x	+ x	+	+	+ x	+ X	+ X	+ X	+ X X	+	+ X	+ X	+	+ x	+ X	+	+	+ X	+	+ x	+ x	+	*50 1 3 16
Preputial/clitoral gland Caroinoma, NOS Adenoma, NOS Uterus Papillary adenoma	N +	N X +	N +	N +	N +	N +	N +	N +	N +	X N +	X N +	X N + X	N +	X N +	N +	א +	X N +	X N +	N +	N +	X N +	N +	N X X +	Ñ +	N X +	*50 1 3 49 1
Endometrial stromal polyp Endometrial stromal sarcoma Ovary Granulosa cell tumor	+	+	+	+	+	X +	+	+	+	+	х +	X X +	+	+	+	+	+	+	X +	+	Х +	+	X +	+	X +	10 2 49 1
NERVOUS SYSTEM Brain Choroid plexus papilloma	+	+	+	+	+	+	+	+	+	* x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50 1
SPECIAL SENSE ORGANS Zymbal gland Carcinoma, NOS	N	N	N	N	+	N	N	N	N	N	N	N	N	N	N	+	+	N	N	N	N	N	N	N	N	*50 1
ALL OTHER SYSTEMS Multiple organs, NOS Leukemia, mononuclear cell	N X	N	N	N X	N X	N	N	N X	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N X	N	*50 9

* Animals necropsied

	Vehicle Control	500 mg/kg	1,000 mg/kg
Subcutaneous Tissue: Fibroma or Fibrosa	rcoma		
Overall Rates (a)	3/50 (6%)	0/50 (0%)	1/50 (2%)
Adjusted Rates (b)	8.9%	0.0%	3.4%
Terminal Rates (c)	2/29 (7%)	0/26 (0%)	0/16 (0%)
Week of First Observation	94	0/20(0/0)	93
Life Table Tests (d)	P = 0.310N	P = 0.155N	P = 0.519N
Incidental Tumor Tests (d)	P = 0.310 N P = 0.297 N	P = 0.155 N P = 0.184 N	P = 0.319 N P = 0.479 N
		P = 0.184 N	P = 0.479 N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.176N	P=0.121N	P=0.309N
Fisher Exact Test (d)		F = 0.121N	r = 0.309N
Subcutaneous Tissue: Neurilemoma			
Overall Rates (a)	0/50 (0%)	3/50 (6%)	1/50 (2%)
Adjusted Rates (b)	0.0%	9.4%	4.2%
Terminal Rates (c)	0/29(0%)	1/26 (4%)	0/16 (0%)
Week of First Observation		82	95
Life Table Tests (d)	P = 0.235	P = 0.111	P = 0.379
Incidental Tumor Tests (d)	P = 0.359	P = 0.127	P = 0.435
Cochran-Armitage Trend Test (d)	P = 0.378		
Fisher Exact Test (d)		P = 0.121	P=0.500
	T . 1 .		
Hematopoietic System: Mononuclear Cell Overall Rates (a)	Leukemia 13/50 (26%)	14/50 (28%)	9/50 (18%)
Adjusted Rates (b)	35.0%		9/50 (18%) 35.1%
Terminal Rates (c)		36.1% 1/26 (15%)	35.1% 2/16 (13%)
Week of First Observation	7/29 (24%)	4/26 (15%)	
	93 D=0.249	76 R=0.321	88 R=0.201
Life Table Tests (d)	P = 0.348	P = 0.321	P = 0.391
Incidental Tumor Tests (d)	P = 0.345N	P = 0.457	P = 0.590N
Cochran-Armitage Trend Test (d)	P = 0.206N	D 0 500	D 0.00537
Fisher Exact Test (d)		P = 0.500	P = 0.235 N
Anterior Pituitary Gland: Adenoma			
Overall Rates (a)	23/48 (48%)	19/49 (39%)	20/48 (42%)
Adjusted Rates (b)	64.7%	55.0%	78.1%
Terminal Rates (c)	17/29 (59%)	11/25 (44%)	11/16 (69%)
Week of First Observation	94	69	83
Life Table Tests (d)	P = 0.071	P = 0.512N	P = 0.048
Incidental Tumor Tests (d)	P = 0.071 P = 0.290	P = 0.312 N P = 0.373 N	P = 0.048 P = 0.190
Cochran-Armitage Trend Test (d)	P = 0.290 P = 0.303N	1 -0.0 (014	1 -0.130
Fisher Exact Test (d)	r = 0.3031	P = 0.241 N	P = 0.341 N
FIGHEL BAALL LESE (U)		1 -0.24111	1-0.04114
Anterior Pituitary Gland: Carcinoma			
Overall Rates (a)	1/48 (2%)	3/49 (6%)	0/48 (0%)
Adjusted Rates (b)	2.3%	10.6%	0.0%
Terminal Rates (c)	0/29 (0%)	1/25 (4%)	0/16(0%)
Week of First Observation	98	101	
Life Table Tests (d)	P = 0.571N	P = 0.259	P = 0.653N
Incidental Tumor Tests (d)	P = 0.522N	P = 0.121	P = 0.569N
Cochran-Armitage Trend Test (d)	P = 0.378N	VI644	
Fisher Exact Test (d)	r = 0.07014	P = 0.316	P=0.500N
			-
Anterior Pituitary Gland: Adenoma or Ca		99/40 (45%)	90/49 / 490
Overall Rates (a)	24/48 (50%)	22/49 (45%)	20/48 (42%)
Adjusted Rates (b)	65.6%	61.2%	78.1%
Terminal Rates (c)	17/29 (59%)	12/25 (48%)	11/16 (69%)
Week of First Observation	94	69	83
Life Table Tests (d)	P = 0.084	P = 0.468	P = 0.066
Incidental Tumor Tests (d)	P=0.323	P = 0.528	P = 0.248
Cochran-Armitage Trend Test (d)	P = 0.237 N		
Fisher Exact Test (d)		P = 0.382N	P = 0.270N

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

TABLE B3.	ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR GAVAGE
	STUDY OF PENICILLIN VK (Continued)

	Vehicle Control	500 mg/kg	1,000 mg/kg
Adrenal Gland: Pheochromocytoma	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	
Overall Rates (a)	3/49 (6%)	5/49 (10%)	5/49 (10%)
Adjusted Rates (b)	8.7%	17.2%	25.5%
Terminal Rates (c)	1/29 (3%)	3/26 (12%)	3/16 (19%)
Week of First Observation	100	95	93
Life Table Tests (d)	P = 0.076	P = 0.289	P = 0.103
Incidental Tumor Tests (d)	P = 0.076 P = 0.112		
	P = 0.112 P = 0.297	P = 0.154	P = 0.154
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P=0.297	P=0.357	P=0.357
drenal Gland: Pheochromocytoma or M	alignant Pheochromocyto	ma	
Overall Rates (a)	3/49 (6%)	7/49 (14%)	5/49 (10%)
Adjusted Rates (b)	8.7%	22.0%	25.5%
Terminal Rates (c)	0.7% 1/29 (3%)	3/26 (12%)	
Week of First Observation	1/29 (376)		3/16 (19%)
Life Table Tests (d)		67 B=0.122	93 B-0.102
	P = 0.079	P = 0.123	P = 0.103
Incidental Tumor Tests (d)	P = 0.144	P = 0.061	P = 0.154
Cochran-Armitage Trend Test (d)	P=0.308	D 0150	
Fisher Exact Test (d)		P = 0.159	P = 0.357
hyroid Gland: C-Cell Adenoma	0/10/1021		
Overall Rates (a)	6/49 (12%)	6/47 (13%)	10/47 (21%)
Adjusted Rates (b)	16.4%	22.2%	44.4%
Terminal Rates (c)	2/29 (7%)	4/24 (17%)	5/16 (31%)
Week of First Observation	98	97	84
Life Table Tests (d)	P=0.015	P = 0.481	P = 0.020
Incidental Tumor Tests (d)	P=0.049	P=0.288	P=0.091
Cochran-Armitage Trend Test (d)	P = 0.141		
Fisher Exact Test (d)		P = 0.590	P=0.181
byroid Gland: C-Cell Adenoma or Carcin	noma		
Overall Rates (a)	6/49 (12%)	7/47 (15%)	11/47 (23%)
Adjusted Rates (b)	16.4%	24.3%	49.5%
Terminal Rates (c)			
	2/29 (7%)	4/24 (17%)	6/16 (38%)
Week of First Observation	98 D - 0.007	90 D 0 050	84
Life Table Tests (d)	P = 0.007	P = 0.356	P = 0.009
Incidental Tumor Tests (d)	P = 0.033	P = 0.255	P=0.048
Cochran-Armitage Trend Test (d)	P=0.093		
Fisher Exact Test (d)		P = 0.467	P = 0.122
fammary Gland: Fibroadenoma			
Overall Rates (a)	15/50 (30%)	21/50 (42%)	16/50 (32%)
Adjusted Rates (b)	44.0%	63.5%	67.2%
Terminal Rates (c)	11/29 (38%)	14/26 (54%)	9/16 (56%)
Week of First Observation	98	91	84
Life Table Tests (d)	P = 0.016	P = 0.069	P = 0.024
Incidental Tumor Tests (d)	P=0.043	P = 0.016	P = 0.081
Cochran-Armitage Trend Test (d)	P=0.458		
Fisher Exact Test (d)		P = 0.149	P = 0.500
fammary Gland: Adenoma or Fibroaden			
Overall Rates (a)	17/50 (34%)	21/50 (42%)	17/50 (34%)
Adjusted Rates (b)	48.4%	63.5%	68.4%
Terminal Rates (c)	12/29 (41%)	14/26 (54%)	9/16 (56%)
Week of First Observation	98	91	84
Life Table Tests (d)	P = 0.022	P = 0.135	P=0.030
		1 - 0.100	1 - 0.000
		P = 0.038	P = 0.101
Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d)	P = 0.057 P = 0.541	P=0.038	P = 0.101

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR GAVAGESTUDY OF PENICILLIN VK (Continued)

	Vehicle Control	500 mg/kg	1,000 mg/kg
Mammary Gland: Adenocarcinoma		•••	
Overall Rates (a)	5/50 (10%)	2/50 (4%)	3/50 (6%)
Adjusted Rates (b)	14.3%	7.7%	17.4%
Terminal Rates (c)	3/29 (10%)	2/26 (8%)	2/16 (13%)
Week of First Observation	94	104	101
Life Table Tests (d)	P = 0.563N	P = 0.290N	P = 0.597
Incidental Tumor Tests (d)		P = 0.250 N P = 0.351 N	
	P = 0.527N	P=0.3511N	P = 0.638N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P=0.274N	P = 0.218N	P = 0.357N
fammary Gland: Adenoma or Adenocarcinoma			
Overall Rates (a)	7/50 (14%)	2/50 (4%)	4/50 (8%)
Adjusted Rates (b)	19.6%	7.7%	20.5%
Terminal Rates (c)	4/29 (14%)	2/26 (8%)	2/16 (13%)
Week of First Observation	94	104	94
Life Table Tests (d)	P = 0.499N	P = 0.134N	P = 0.593
Incidental Tumor Tests (d)			
	P = 0.444N	P = 0.183N	P = 0.571N
Cochran-Armitage Trend Test (d)	P = 0.187N	B 0.00033	D
Fisher Exact Test (d)		P = 0.080 N	P = 0.262N
Clitoral Gland: Adenoma	0/50 (00)	1 FD (00)	0/50 (07)
Overall Rates (a)	0/50 (0%)	1/50 (2%)	3/50 (6%)
Adjusted Rates (b)	0.0%	3.8%	16.1%
Terminal Rates (c)	0/29(0%)	1/26 (4%)	2/16 (13%)
Week of First Observation		104	95
Life Table Tests (d)	P=0.018	P = 0.478	P = 0.040
Incidental Tumor Tests (d)	P=0.023	P = 0.478	P = 0.050
Cochran-Armitage Trend Test (d)	P = 0.060		
Fisher Exact Test (d)		P=0.500	P=0.121
Clitoral Gland: Adenoma or Carcinoma			
Overall Rates (a)	1/50 (2%)	2/50 (4%)	3/50 (6%)
Adjusted Rates (b)	2.7%	7.7%	16.1%
Terminal Rates (c)	0/29 (0%)	2/26 (8%)	2/16 (13%)
Week of First Observation	100	104	95
Life Table Tests (d)	P = 0.080	P = 0.454	P = 0.124
Incidental Tumor Tests (d)	P = 0.101	P=0.384	P=0.161
Cochran-Armitage Trend Test (d)	P = 0.222	2 - 0.001	1 0.101
Fisher Exact Test (d)	1 - 0.222	P=0.500	P=0.309
Jterus: Endometrial Stromal Polyp			
Overall Rates (a)	7/48 (15%)	3/47 (6%)	10/49 (20%)
Adjusted Rates (b)	24.0%	10.0%	44.3%
Terminal Rates (c)	6/28 (21%)	2/25 (8%)	6/16 (38%)
Week of First Observation	101	69	75
Life Table Tests (d)	P = 0.045	P = 0.202N	P = 0.045
Incidental Tumor Tests (d)	P = 0.045 P = 0.154	P = 0.202N P = 0.168N	P = 0.043 P = 0.201
		1 -0.10014	1 -0.201
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.244	P = 0.167 N	P = 0.314
All Sites Penign Tumors			
All Sites: Benign Tumors	00/20 (70%)	OF IED (FAM)	0.0150 1804
Overall Rates (a)	39/50 (78%)	37/50 (74%)	36/50 (72%)
Adjusted Rates (b)	90.6%	92.3%	100.0%
Terminal Rates (c)	25/29 (86%)	23/26 (88%)	16/16 (100%)
Week of First Observation	94	69	75
Life Table Tests (d)	P=0.002	P = 0.352	P = 0.002
Incidental Tumor Tests (d)	P=0.019	P = 0.195	P = 0.019
Cochran-Armitage Trend Test (d)	P = 0.283N		

	Vehicle Control	500 mg/kg	1,000 mg/kg
All Sites: Malignant Tumors			
Overall Rates (a)	22/50 (44%)	21/50 (42%)	17/50 (34%)
Adjusted Rates (b)	51.7%	51.0%	61.0%
Terminal Rates (c)	10/29 (34%)	7/26 (27%)	6/16 (38%)
Week of First Observation	79	67	82
Life Table Tests (d)	P = 0.194	P = 0.402	P=0.187
Incidental Tumor Tests (d)	P = 0.372N	P = 0.548	P = 0.590
Cochran-Armitage Trend Test (d)	P = 0.179N		
Fisher Exact Test (d)		P = 0.500N	P=0.206N
All Sites: All Tumors			
Overall Rates (a)	44/50 (88%)	45/50 (90%)	38/50 (76%)
Adjusted Rates (b)	93.6%	97.8%	100.0%
Terminal Rates (c)	26/29 (90%)	25/26 (96%)	16/16 (100%)
Week of First Observation	79	67	75
Life Table Tests (d)	P = 0.007	P = 0.162	P = 0.006
Incidental Tumor Tests (d)	P = 0.140	P = 0.074	P = 0.090
Cochran-Armitage Trend Test (d)	P = 0.063 N		
Fisher Exact Test (d)		P = 0.500	P = 0.097 N

TABLE B3. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

(a) Number of tumor-bearing animals/number of animals examined at the site
(b) Kaplan-Meier estimated tumor incidences 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).

TABLE B4a. HISTORICAL INCIDENCE OF THYROID GLAND C-CELL TUMORS IN FEMALE F344/N RATS ADMINISTERED CORN OIL BY GAVAGE (a)

	Incidence in Vehicle Controls								
Study	Adenoma	Carcinoma	Adenoma or Carcinoma						
Historical Incidence at Springborn	Institute for Bioresearch, Inc.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
Ampicillin trihydrate	1/50 (2%)	2/50 (4%)	2/50 (4%)						
Overall Historical Incidence									
TOTAL SD (b)	131/1,668 (7.9%) 6.53%	59/1,668 (3.5%) 3.09%	186/1,668 (11.2%) 6.88%						
Range (c) High	15/50	5/49	15/50						
Low	0/50	0/50	0/50						

(a) Data as of August 7, 1986, for studies of at least 104 weeks

(b) Standard deviation

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

TABLE B4b. HISTORICAL INCIDENCE OF MAMMARY GLAND FIBROADENOMAS IN FEMALE F344/N RATS ADMINISTERED CORN OIL BY GAVAGE (a)

Study	Incidence in Vehicle Controls
Historical Incidence at Springborn	Institute for Bioresearch, Inc.
Ampicillin trihydrate	16/50 (32%)
Overall Historical Incidence	
TOTAL SD (b)	436/1,700 (25.6%) 7. 49%
Range (c) High Low	20/50 6/50

(a) Data as of August 7, 1986, for studies of at least 104 weeks

(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

	Vehicle	Control	Low	Dose	High	Dose
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALI	LY 50		50		50	
NTEGUMENTARY SYSTEM			<u></u>		<u></u>	
*Skin	(50)		(50)		(50)	
Hamartoma		(2%)				19.00
Epidermal inclusion cyst		(4%)				
*Subcutaneous tissue Inflammation, NOS	(50)		(50)		(50)	(0~)
Inflammation, NOS Inflammation, suppurative					-	(2%)
Necrosis, fat			1	(2%)	2	(4%)
RESPIRATORY SYSTEM		<u> </u>				
*Nasal mucosa	(50)		(50)		(50)	
Foreign body, NOS			. ,	(2%)	(00)	
Lymphocytic inflammatory infiltrate	32	(64%)		(72%)	35	(70%)
Inflammation, suppurative		(14%)		(12%)		(42%)
Inflammation, chronic focal				(2%)		
*Larynx	(50)		(50)		(50)	
Inflammation, chronic focal						(2%)
#Trachea	(48)		(50)	(a -)	(46)	
Inflammation, suppurative				(2%)	1	(2%)
Inflammation, chronic #Lung/bronchus	(40)		1	(2%)	(50)	
Fibrosis	(49)		(50)		(50)	(2%)
#Lung	(49)		(50)		(50)	(270)
Congestion, acute		(6%)		(12%)		(26%)
Edema, NOS		(2%)	v	(12,0)		(2%)
Hemorrhage	-					(2%)
Lymphocytic inflammatory infiltrate	3	(6%)	3	(6%)	-	(=)
Inflammation, interstitial	5	(10%)	4	(8%)	2	(4%)
Pneumonia, aspiration						(14%)
Inflammation, suppurative		(2%)	1	(2%)		(6%)
Inflammation, chronic focal		(4%)				(2%)
Inflammation, granulomatous Histiocytosis		(4%) (2%)				(2%) (2%)
HEMATOPOIETIC SYSTEM						
*Blood erythrocytes	(50)		(50)		(50)	
Reticulocytosis		(14%)		(2%)	,	(8%)
Normoblastosis	6	(12%)	5	(10%)		(10%)
#Bone marrow	(49)		(50)		(50)	
Myelofibrosis	~	(100)	-	(19)		(2%)
Hyperplasia, erythroid		(16%)		(4%)		(10%)
Hyperplasia, granulocytic #Spleen	9 (49)	(18%)	4 (49)	(8%)		(14%)
#Spieen Depletion, lymphoid		(4%)		(2%)	(48)	
Plasmacytosis	4		1		1	(2%)
Hyperplasia, lymphoid	1	(2%)			1	(470)
#Splenic follicles	(49)	,	(49)		(48)	
Atrophy, diffuse	()		()			(2%)
#Splenic red pulp	(49)		(49)		(48)	
Congestion, NOS		(2%)		(2%)		(2%)
Hemosiderosis		(8%)				
Atrophy, diffuse		(4%)				(19%)
Hematopoiesis		(14%)		(14%)		

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

	Vehicle	Control	Low	Dose	High	Dose
EMATOPOIETIC SYSTEM (Continued)				· · · · · · · · · · · · · · · · · · ·		
#Mandibular lymph node	(47)		(50)		(45)	
Hemorrhage	1	(2%)			1	(2%)
Inflammation, acute suppurative					1	(2%)
Plasmacytosis		(11%)			1	(2%)
Hyperplasia, lymphoid		(15%)		(22%)	10	(22%)
#Cervical lymph node	(47)		(50)		(45)	
Hyperplasia, lymphoid				(2%)		
#Mediastinal lymph node	(47)	(4.4.24)	(50)		(45)	
Hemorrhage		(11%)	2	(4%)	1	(2%)
Inflammation, granulomatous focal		(2%)				
Hemosiderosis Histiocytosis		(6%)				
		(2%) (4%)	1	(2%)	1	(2%)
Hyperplasia, lymphoid #Mesenteric lymph node	(47)	(4970)	(50)	(270)	(45)	(270)
Edema, NOS	(**/)		(50)			(2%)
Hemorrhage	1	(2%)	1	(2%)		(2%)
Hemosiderosis		(2%)	•	(2,0)		(2%)
Histiocytosis	•	(2,0)				(2%)
Hyperplasia, lymphoid	2	(4%)				(2%)
#Renal lymph node	(47)	(1)0/	(50)		(45)	(2,0)
Hyperplasia, lymphoid	()			(2%)	(
#Lung/bronchus	(49)		(50)		(50)	
Hyperplasia, lymphoid		(2%)	(/		~~~~	
#Liver	(50)		(49)		(50)	
Hematopoiesis	5	(10%)			4	(8%)
#Peyer's patch	(49)		(48)		(47)	
Hyperplasia, lymphoid		(4%)				
#Adrenal cortex	(49)		(49)		(49)	
Hematopoiesis		(4%)				(4%)
#Adrenal medulla	(49)		(49)		(49)	
Hematopoiesis				(2%)		
#Thymus	(40)		(38)		(41)	
Congestion, acute		(3%)				
Hemorrhage		(3%)				
Hyperplasia, lymphoid	1	(3%)				
IRCULATORY SYSTEM						
#Myocardium	(50)		(50)		(50)	(00)
Inflammation, chronic focal						(2%)
Inflammation, granulomatous focal Degeneration, NOS	00	(119-)	177	(34%)		(2%) (39%)
Hemosiderosis		(44%) (2%)	17	(3470)	10	(32%)
*Hepatic vein	(50)	(270)	(50)		(50)	
Thrombosis, NOS		(2%)	(00)		(50)	
DIGESTIVE SYSTEM	<i></i>					
#Salivary gland	(47)		(46)		(48)	
Inflammation, chronic focal		(2%)			,	
Atrophy, focal	1	(2%)				
Regeneration, NOS		(4%)				
#Liver	(50)		(49)		(50)	
Hemorrhage		(2%)	± -			
Inflammation, chronic focal		(14%)	23	(47%)		(32%)
Inflammation, granulomatous focal	1	(2%)				(2%) [,]
Necrosis, focal	~					(2%)
Cytoplasmic vacuolization		(4%)	~ -	(81.01)		(6%)
Basophilic cyto change		(68%)		(51%) (9 <i>0</i> ()		(46%)
Focal cellular change		(8%)	4	(8%)	6	(12%)
Atrophy, focal	~ ~	(4%)				

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle	Control	Low	Dose	High	Dose
DIGESTIVE SYSTEM	<u></u>					
#Liver (Continued)	(50)		(49)		(50)	
Hyperplasia, focal	1	(2%)	1	(2%)		
Angiectasis	1	(2%)				(4%)
#Liver/centrilobular	(50)		(49)		(50)	
Congestion, acute				(2%)		(2%)
Degeneration, NOS				(12%)	4	(8%)
Necrosis, NOS		(2%)	1	(2%)		
Angiectasis		(2%)				(2%)
#Liver/periportal	(50)		(49)	(0~)	(50)	
Lymphocytic inflammatory infiltrate	(50)			(2%)	(50)	
#Bile duct	(50)	(400)	(49)	(1401)	(50)	(199)
Hyperplasia, NOS #Pancreas	(48)	(40%)	(46)	(14%)		(12%)
Inflammation, chronic focal	(40)			(2%)	(49)	
Atrophy, NOS	19	(25%)		(30%)	12	(27%)
Atrophy, diffuse	12	(20.0)	14	(30%)		(2%)
#Pancreatic duct	(48)		(46)		(49)	(470)
Hyperplasia, NOS	(40)		(40)			(2%)
#Esophagus	(49)		(48)		(49)	
Ulcer, NOS	(-0)		(30)			(2%)
#Gastric mucosa	(49)		(48)		(47)	
Fibrosis		(73%)		(69%)		(66%)
#Forestomach	(49)		(48)		(47)	,
Ulcer, NOS	2	(4%)			. ,	
Lymphocytic inflammatory infiltrate			1	(2%)		
Hyperkeratosis			2	(4%)	3	(6%)
Acanthosis	8	(16%)	10	(21%)	8	(17%)
#Intestinal villus	(49)		(48)		(47)	
Atrophy, NOS		(2%)				
#Jejunum	(49)		(48)		(47)	
Dilatation, NOS		(2%)				
#Ileum	(49)		(48)		(47)	
Distention		(2%)				
#Colon	(49)	(1 - 1	(47)		(47)	
Parasitism		(16%)		(11%)		(9%)
#Cecum	(49)		(47)		(47)	
Hypertrophy, focal	(20)			(2%)		
*Rectum	(50)		(50)		(50)	(0~~)
Distention					1	(2%)
JRINARY SYSTEM						
#Kidney	(49)		(49)		(50)	
Cyst, NOS		(4%)		(2%)	1	(2%)
Congestion, acute	2	(4%)		(2%)		
Inflammation, interstitial	-	(24)	1	(2%)		
Pyelonephritis, acute		(2%)		(082)		
Nephrosis, NOS	42	(86%)		(67%)	22	(44%)
Infarct, healed				(2%)	180	
#Renal papilla	(49)	(90)	(49)		(50)	
Necrosis, NOS		(2%)	(40)		(50)	
#Kidney/tubule	(49)	(2%)	(49)	(4%)	(50)	(90)
Pigmentation, NOS Hemosiderosis			Z	(4970)	1	(2%)
Hemosiderosis Hypoplasia, NOS	1	(2%)			1	(2%)
Atrophy, diffuse			1	(2%)	1	(270)
#Urinary bladder	(42)		(45)	(4 /0)	(45)	
Distention		(2%)	()		(40)	
Hemorrhage		(2%)				
	•					

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THETWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle	Control	Low	Dose	High	Dose
ENDOCRINE SYSTEM						
#Anterior pituitary	(48)		(49)		(48)	
Cyst, NOS		(19%)		(18%)		(15%)
Congestion, NOS					1	(2%)
Hemorrhage	1	(2%)	3	(6%)		(4%)
Hemosiderosis						(2%)
Hyperplasia, NOS	14	(29%)	10	(20%)		(27%)
Hyperplasia, focal				(2%)		• • • • • •
Angiectasis				(2%)		
#Adrenal cortex	(49)		(49)		(49)	
Cyst, NOS		(2%)	· · - /			(2%)
Congestion, NOS		(4%)	1	(2%)		(4%)
Necrosis, focal		(2%)	-	(= / • /	-	()
Cytoplasmic vacuolization		(8%)	1	(2%)		
Hyperplasia, NOS	-	(3.0)		(4%)		
Hyperplasia, focal	19	(39%)		(12%)	5	(10%)
#Adrenal medulla	(49)		(49)	(***/V/	(49)	
Hematoma, NOS	(40)			(2%)	(40)	
Hyperplasia, focal	19	(24%)		(33%)	Q	(16%)
#Thyroid	(49)	(27/0)	(47)		(47)	(10%)
Ultimobranchial cyst		(2%)	(=()		(41)	
Hyperplasia, C-cell		(2%) (16%)	19	(28%)	16	(34%)
	0	(10%)		(20%)	10	(34/0)
EPRODUCTIVE SYSTEM						
*Mammary gland	(50)		(50)		(50)	
Galactocele		(2%)				
Inflammation, suppurative		(2%)			2	(4%)
Inflammation, chronic focal	1	(2%)				
Atrophy, NOS					1	(2%)
Hyperplasia, NOS	1	(2%)			4	(8%)
*Mammary duct	(50)		(50)		(50)	
Distention	11	(22%)	16	(32%)	7	(14%)
Polypoid hyperplasia	1	(2%)				
*Clitoral gland	(50)		(50)		(50)	
Retention of content	1	(2%)	2	(4%)	1	(2%)
Inflammation, suppurative	2	(4%)	1	(2%)	1	(2%)
Inflammation, chronic focal		(6%)		(6%)		(2%)
Hyperplasia, focal		(2%)	-		_	/
*Vagina	(50)		(50)		(50)	
Inflammation, acute suppurative	,	(2%)	(
#Uterus	(48)		(47)		(49)	
Hydrometra		(4%)		(13%)		(2%)
Hemorrhage	-			(2%)	-	
Hematometra			-		1	(2%)
#Uterus/endometrium	(48)		(47)		(49)	
Cyst, NOS		(2%)	(=1)		(***)	
Inflammation, suppurative	-	\= / * /			1	(2%)
Hyperplasia, cystic	٩	(19%)	7	(15%)		(12%)
Metaplasia, squamous	5	(10/0)	•	(10/0)		(12%) (2%)
#Ovary	(48)		(48)		(49)	(270)
		(60)		(1 E G)		(001)
Cyst, NOS Polyp, NOS		(6%) (2%)	1	(15%)	4	(8%)
VERVOUS SYSTEM						
#Brain	(49)		(50)		(50)	
Hydrocephalus, internal	1	(2%)				

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle	Control	Low	Dose	High	Dose
SPECIAL SENSE ORGANS	····	······································		· · · · · · · · · · · · · · · · · · ·		
*Eye	(50)		(50)		(50)	
Phthisis bulbi			3	(6%)		(2%)
*Eye/retina	(50)		(50)		(50)	
Degeneration, NOS		(2%)				
*Harderian gland	(50)		(50)		(50)	
Lymphocytic inflammatory infiltrate	3		1	(2%)	1	(2%)
Atrophy, NOS	1	(2%)				
*Ear canal	(50)		(50)		(50)	
Lymphocytic inflammatory infiltrate	7	(14%)		(24%)		(12%)
Inflammation, suppurative			1	(2%)	1	(2%)
MUSCULOSKELETAL SYSTEM						
*Bone	(50)		(50)		(50)	
Osteosclerosis			1	(2%)	1	(2%)
*Mandible	(50)		(50)		(50)	
Abscess, chronic	1	(2%)				
*Carpometacarpal joint	(50)		(50)		(50)	
Inflammation, chronic			1	(2%)		
*Tarsaljoint	(50)		(50)		(50)	
Ankylosis			1	(2%)		
BODY CAVITIES		<u></u>				
*Mediastinum	(50)		(50)		(50)	
Necrosis, fat		(2%)				
*Pleura	(50)		(50)		(50)	
Inflammation, chronic focal	1	(2%)				
*Mesentery	(50)		(50)		(50)	
Necrosis, fat	12	(24%)	15	(30%)	5	(10%)
ALL OTHER SYSTEMS				<u> </u>		
*Multiple organs	(50)		(50)		(50)	
Inflammation, suppurative	(00)		(00)			(2%)

TABLE B5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

SPECIAL MORPHOLOGY SUMMARY None

* Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically.

Number of animals examined microscopically at this site

Penicillin VK, NTP TR 336

APPENDIX C

SUMMARY OF LESIONS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

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Penicillin VK, NTP TR 336

TABLE C1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE IN THE TWO-YEAR
GAVAGE STUDY OF PENICILLIN VK

	Vehicle	Control	Low	Dose	High	Dose
ANIMALS INITIALLY IN STUDY	50	<u></u>	50		50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICAL	LY 50		50		50	
NTEGUMENTARY SYSTEM			<u> </u>	<u> </u>		
*Skin	(50)		(50)		(50)	
Nevus, NOS		(2%)				
*Subcutaneous tissue	(50)		(50)		(50)	
Histiocytic sarcoma		(2%)		(0~)	-	(100)
Sarcoma, NOS		(12%)		(6%)		(10%)
Fibroma Fibrosarcoma		(6%) (2%)		(10%)		(2%) (6%)
Lipoma	1	(2%)		(4%) (2%)	ა	(0%)
Neurofibrosarcoma	2	(4%)	1	(2%)		
RESPIRATORY SYSTEM		·		<u></u>		
#Lung	(50)		(50)		(49)	
Hepatocellular carcinoma, metastatic	4	(8%)	1	(2%)		(2%)
Alveolar/bronchiolar adenoma	10	(20%)	9	(18%)	4	(8%)
Alveolar/bronchiolar carcinoma			1	(2%)	2	(4%)
Histiocytic sarcoma, metastatic	1	(2%)				
Sarcoma, NOS, metastatic			1	(2%)		
HEMATOPOIETIC SYSTEM						
*Multiple organs	(50)		(50)		(50)	
Malignant lymphoma, NOS		(2%)	1	(2%)	1	(2%)
Mast cell sarcoma		(2%)	(***		(40)	
#Spleen	(48)	(07)	(50)		(48)	
Malignant lymphoma, NOS		(2%)	(01)		(90)	
#Thymus Malignant lymphoma, NOS	(31) 1	(3%)	(31)		(26)	
CIRCULATORY SYSTEM			···			
*Multiple organs	(50)		(50)		(50)	
Hemangiosarcoma, unclear primary or meta			1	(2%)		
#Spleen	(48)		(50)		(48)	
Hemangiosarcoma	/= -·					(2%)
*Femur	(50)	(9/1)	(50)		(50)	
Hemangiosarcoma #Liver		(2%)	/ 101		(10)	
Hemangiosarcoma	(50)	(2%)	(49)	(2%)	(49)	(6%)
Hemangrosarcoma	1	(270)	۰ سرو <u>سرو ا</u>	(270)		(0%)
	(50)		(40)		(40)	
#Liver	(50)	(2896)	(49)	(31%)	(49)	(896)
#Liver Hepatocellular adenoma	14	(28%) (12%)	15	(31%) (14%)	4	(8%) (8%)
#Liver Hepatocellular adenoma Hepatocellular carcinoma	14	(28%) (12%)	15 7	(14%)	4	(8%) (8%)
#Liver Hepatocellular adenoma Hepatocellular carcinoma Mixed hepato/cholangio carcinoma	14 6		15 7 1		4 4	
#Liver Hepatocellular adenoma Hepatocellular carcinoma Mixed hepato/cholangio carcinoma #Forestomach	14 6 (46)	(12%)	15 7	(14%)	4 4 (46)	(8%)
 #Liver Hepatocellular adenoma Hepatocellular carcinoma Mixed hepato/cholangio carcinoma #Forestomach Squamous cell papilloma 	14 6 (46) 2	(12%) (4%)	15 7 1	(14%)	4 4 (46)	
 #Liver Hepatocellular adenoma Hepatocellular carcinoma Mixed hepato/cholangio carcinoma #Forestomach Squamous cell papilloma Squamous cell carcinoma 	14 6 (46) 2 1	(12%)	15 7 1 (47)	(14%)	4 4 (46) 1	(8%)
Hepatocellular adenoma Hepatocellular carcinoma Mixed hepato/cholangio carcinoma #Forestomach Squamous cell papilloma Squamous cell carcinoma #Pylorus	14 6 (46) 2 1 (46)	(12%) (4%) (2%)	15 7 1	(14%)	4 4 (46)	(8%)
#Liver Hepatocellular adenoma Hepatocellular carcinoma Mixed hepato/cholangio carcinoma #Forestomach Squamous cell papilloma Squamous cell carcinoma	14 6 (46) 2 1 (46)	(12%) (4%)	15 7 1 (47)	(14%)	4 4 (46) 1	(8%)

,	Vehicle	Control	Low	Dose	High	Dose
URINARY SYSTEM		· <u>···</u> ···				
#Kidney	(50)		(49)		(50)	
Tubular cell adenocarcinoma		(2%)				
#Urinary bladder	(46)		(43)		(47)	
Transitional cell carcinoma					1	(2%)
ENDOCRINE SYSTEM		· · · · · · · · · · · · · · · · · · ·				
#Adrenal/capsule	(49)		(48)		(50)	
Adenoma, NOS	1	(2%)	1	(2%)	1	(2%)
#Adrenal medulla	(49)		(48)		(50)	
Pheochromocytoma		(8%)				
#Thyroid	(50)		(47)		(48)	
Follicular cell adenoma				(2%)		(2%)
#Pancreatic islets	(48)		(47)		(46)	(001)
Islet cell adenoma					1	(2%)
REPRODUCTIVE SYSTEM						
#Testis	(47)		(50)		(50)	
Interstitial cell tumor			1	(2%)		
NERVOUS SYSTEM None	<u>.</u>					
SPECIAL SENSE ORGANS			<u></u>	<u> </u>		
*Harderian gland	(50)		(50)		(50)	
Adenoma, NOS	5	(10%)	3	(6%)	3	(6%)
MUSCULOSKELETAL SYSTEM		+ <u></u>				
*Skeletal muscle	(50)		(50)		(50)	
Sarcoma, NOS, invasive		(2%)				
*Abdominal muscle	(50)		(50)		(50)	
Neurofibrosarcoma, metastatic	1	(2%)				
BODY CAVITIES None				<u> </u>		
ALL OTHER SYSTEMS		<u> </u>				
*Multiple organs	(50)		(50)		(50)	
Tubular cell adenocarcinoma, metastatic	1	(2%)				
Sarcoma, NOS, metastatic	1	(2%)			1	(2%)
Sarcoma, NOS, unclear primary or metastatic			1	(2%)		
ANIMAL DISPOSITION SUMMARY			<u> </u>			
Animals initially in study	50		50		50	
Natural death	15		9		20	
Moribund sacrifice	9		4		4	
	24		36		26	
Terminal sacrifice	44		00		=0	

TABLE C1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

TABLE C1.	SUMMARY	OF THE INCIDENCE	E OF NEOPLASMS	IN MALE MICE IN THE TWO-YEAR
		GAVAGE STUD	Y OF PENICILLIN	VK (Continued)

	Vehicle Control	Low Dose	High Dose
TUMOR SUMMARY			
Total animals with primary tumors**	36	35	29
Total primary tumors	65	55	37
Total animals with benign tumors	26	29	15
Total benign tumors	41	36	16
Total animals with malignant tumors	21	15	20
Total malignant tumors	24	17	21
Total animals with secondary tumors##	9	2	2
Total secondary tumors	9	2	2
Total animals with tumors uncertain			
primary or metastatic		2	
Total uncertain tumors		2	

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

;

TABLE C2.	INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEAR
	GAVAGE STUDY OF PENICILLIN VK: VEHICLE CONTROL

ANIMAL NUMBER	0 1 5	0 3 2	0 2 0	0 3 4	0 3 7	0 4 0	0 1 2	0 1 7	0 4 3	0 2 2	0 3 3	0 0 8	0 0 5	0 3 8	0 2 7	0 2 9	0 4 2	0 1 6	0 2 6	0 3 1	0 4 6	0 4 1	0 4 9	0 0 1	0 0 2
WEEKS ON STUDY	0 1 2	0 3 0	0 4 8	0 5 4	0 6 0	0 7 3	0 8 0	0 8 1	0 8 1	0 8 2	0 8 3	0 8 8	0 9 4	0 9 4	0 9 5	0 9 6	0 9 6	0 9 9	0 9 9	0 9 9	0 9 9	1 0 1	1 0 1	1 0 2	1 0 3
INTEGUMENTARY SYSTEM Skin Nevus, NOS Subcutaneous tissue Histiocytic sarcoma Sarcoma, NOS Fibroma Fibrosarcoma Neurofibrosarcoma	++	++	++	+ + X	++	+ +	+ +	+ + X	+	++	+	+ +	+ + X	+ + X	+ +	+ + X	+ + X	++	+ + X	+ + X	+ +	+ + X	+ + X	* * +	++
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Aiveolar/bronchiolar adenoma Histiocytic sarcoma, metastatic Trachea	+	+	+++	+	+ +	+	* * +	* *	* x x +	+	+	+	+ X +	+	+	+	+ X X +	+	+ X +	+	* *	+ X +	++	+ X +	+
HEMATOPOIETIC SYSTEM Bone marrow Spieen Malignant lymphoma, NOS Lymph nodes Thymus Malignant lymphoma, NOS	++++-	+ + + + +	+ + + +	++ + + -	+ + + +	+ + + + +	+++-	+ + + +	+++++	++-++	++++-	++++++	+ + + +	+ + + -	+	+ + + -	++++-	++ ++	+ + + +	++++-	++ +	+++++	++ ++ X	++ ++ 	++++-
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular catenoma Hepatocellular carcinoma Hemangiosarcoma	+++	+++	+++	+ +	+ + X	+ + X	+ + x	+ + x	+ + X	+ + * X	+++	+ + x	+ +	+ +	+++	+ +	+ + X	+++	+ +	++++	+ + x	++++	+ +	+ + X	+++
Bile duct Gailbladder & common bile duct Esophagus Stomach Squamous cell papilloma Squamous cell carcinoma	+ N + + +	+ Z + I	+ Z + + +	+ 2 + + +	x+x+++	+ z + + +	++++	++++	+ 1 Z + 1	++++	+ Z + +	+++++	+ N + + -	+++++	+ + + +	++++	+ 2 + + +	+++++	++++	++++	+ Z + + +	++++	+ + + + + X	+ Z + + +	++++
Adenomatous polyp Small intestine Large intestine	+++	Ξ	-	- +	+ +	+ +	+ +	+ +	-	+ +	-	 +	- +	+ +	_	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ -	+ +
URINARY SYSTEM Kidney Tubular cell adenocarcinoma Urinary bladder	+++	++	+	+ +	+	+	++	+ +	+	++	+++	+ +	+++	++	++	+ +	++	+++	+ +	++	++	++	+ +	+ X +	+ +
ENDOCRINE SYSTEM Pituitary Adrenal Adrenal Adenoma, NOS Pheochromocytoma Thyroid	+++++++++++++++++++++++++++++++++++++++	+ - + +	+++++	+++++	+ + +	+++++	++++++	+++++	+++++	++++	+++++	++++++	+ +	- + +	- + +	+++++	++++++	+ + X +	++++++	+++++	- + +	+ + + X X +	- + +	++++++	+++++
Parathyroid REPRODUCTIVE SYSTEM	+	<u> </u>		-	-	+	+	+	-	<u> </u>	+	+	+	+	-	-	+	+	+	-	-	+	-		+
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 + +	и - +
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 X	N	N X	N	N	N	N X	N	N X	N
MUSCULOSKELETAL SYSTEM Bone Hemangiosarcoma Muscle Sarcoma, NOS, invasive Neurofibrosarcoma, metastatic	++++				N N				N N				N N X					N N		N N X			N N	N N	
ALL OTHER SYSTEMS Multiple organs, NOS Tubular cell adenocarcinoma, metastatic Sarcoma, NOS, metastatic Malignant lymphoma, NOS Mast cell sarcoma	N	N	N	N X	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N X	N

+: Tissue examined microscopically -: Required tissue not examined microscopically X: Tumor incidence N: Necrosy, 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

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE: VEHICLE CONTROL (Continued)

									.011	¥111	uec	.,														
ANIMAL NUMBER	0 0 3	0 0 4	0 0 6	0 0 7	0 0 9	0 1 0	0 1 1	0 1 3	0 1 4	0 1 8	0 1 9	0 2 1	0 2 3	0 2 4	0 2 5	0 2 8	0 3 0	0 3 5	0 3 6	0 3 9	0 4 4	0 4 5	0 4 7	0 4 8	0 5 0	TOTAL;
WEEKS ON STUDY	1 0 3	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	TISSUES																		
INTEGUMENTARY SYSTEM Skin	-	··	+	N	 +	+	+	 +		+	 +		+	 +			+	+	+		+	+	+		+	*50
Nevus, NOS Subcutaneous tissue Histiocytic sarcoma Sarcoma, NOS Fibroma Fibrosarcoma Neurofibrosarcoma	+	+	+	N	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+ + X	*50 1 6 3 1 2
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Histiocytic sarcoma, metastatic Traches	+	+	+	+++	+	+	+ X +	+ X +	+	+	+	+	+ X +	+	+	+	+	+	+	+	+	+	+	+	+ X +	50 .4 10 1 34
HEMATOPOIETIC SYSTEM Bone marrow Spleen	+++	++++	++++	++++	++++	++++	++++	+++	++++	+++	+++	+++	+ +	++++	+ +	+++	+++	++	++++	+ +	++++	++++	++++	++++	+++++	50 48
Malignant lymphoma, NOS Lymph nodes Thymus Malignant lymphoma, NOS	+	++	+ -	+ 	+	+ -	+ +	++++	+ +	x + -	+ +	+ +	+ +	+ +	+ +	+ -	+ +	1 48 31 1								
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma	+ + X	+ + X	+ + X	+++	+ + X	+ + X	+	+ +	+ +	+ +	+ +	+ +	+++	++	+ + X	+ + X	+++	+ +	+ +	+ + X X	+ +	+ +	+ + X	+ +	+ + x	49 50 14 6
Hemangiosarcoma Bile duct Gallbiadder & common bile duct Pancreas Esophagus Stomach	+ + + + +	++++	+++++	+++++	+++ +	+++++	+++++	+ + + + +	+ 1 + + + +	+ N + + +	+ + + + +	+ + + + +	+ + + + +	+ + + + +	+ N + + +	+++++	+++++	+ N + + +	++++	+ + + + +	+++++	++++	+ N + + +	+++++	+ + + + + +	1 50 *50 48 49 46
Squamous cell papilloma Squamous cell carcinoma Adenomatous polyp Small intestine Large intestine	+++	+++	X + +	X + +	++++	++++	+++	++	++++	+++	++++	+ +	++++	++	++	+++	+++	+++	+++	++++	++++	+ +	++	X + +	+ +	2 1 42 44
URINARY SYSTEM Kidney Tubular cell adenocarcinoma Urinary bladder	+++	+ +	+ +	+ +	+ +	+ +	+ +	+++	+ +	+ +	++	+ +	++	+ +	+ +	+ +	+++	+ +	+ +	+ +	+++	+ +	+ +	+++	+ +	50 1 46
ENDOCRINE SYSTEM Fituitary Adrenal Adenoma, NOS Pheochromocytoma	+	+	+	+ +	+ +	+++	+ +	+ + x	- +	+++	+++	++++	++++	+++	+++	++	++++	+++	 +	+ +	+ + x	++	+++	+++	+ + + + + + + + + + + + + + + + + + + +	40 49 1 4
Thyroid Parathyroid	+ -	+	+	++	+	+	+ +	+ +	+ +	++++	+	+ +	++	+	++	+	+ +	++	+	++++	++	+	+	+++	+ -	50 26
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 + +	*50 47 46
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPECIAL SENSE ORGANS Harderian gland Adenoma, NOS	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 5
MUSCULOSKELETAL SYSTEM Bone Hemangiosarcoma Muscle Sarcoma, NOS, invasive Neurofibrosarcoma, metastatic			N N				N N								N N	N N			N N		N X N		N N			*50 1 *50 1 1
ALL OTHER SYSTEMS Multiple organs, NOS Tubular cell adenocarcinoma, metasta Sarcoma, NOS, metastatic Malignant lymphoma, NOS Mast cell sarcoma	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 1 1 1 1

• Animals necropsied

ANIMAL NUMBER	0 4 7	0 2 3	0 2 6	0 2 9	0 2 0	0 4 1	0 3 6	0 0 3	0 3 3	0 4 2	0 4 5	0 1 7	0 0 5	0 1 2	0 0 1	0 0 2	0 0 4	0 0 6	0 0 7	0 0 8	0 0 9	0 1 0	0 1 1	0 1 3	0 1 4
WEEKS ON STUDY	0 1 7	0 2 3	0 5 9	0 6 7	0 7 2	0 8 1	0 9 1	0 97 7	0 9 7	0 9 7	0 9 7	0 9 9	1 0 1	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	1 0 4
INTEGUMENTARY SYSTEM Subcutaneous tissue Sarcoma, NOS Fibroma Fibrosarcoma Lipoma	+	+	+	+	+	+	+	* X	+	+	+	+	+ X	+	+ x	+	+	+ X	+	+	+	* x	+	+	*
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Sarcoma, NOS, metastatic Trachea	+	+	+++	+	+	+ X +	+	+ X +	++	+	+	+	+ X +	++	+	+	+ X +	+++	+	+	+ X +	++	++	+	++
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	++++	+++ -	+++-	++++-	+++-	++++-	++++-	++++	+++++	++1	+++-	++++-	++++	++++	+ + + +	++++	+++++	+++++	+++++	++++	+++++	+++++	++++	+++++	++++-
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Mixed hepato/cholargio carcinoma	++++	+ +	++++	+++	+ -	+ + X	+ + X	+ +	+++	+ + X	+ + x	++++	+ + X	+ +	+ + X X	+++	+ +	+++	+ +	+ +	+++	++++	+ + X	+ + X X	- + X X
Hemangiosarcoma Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Small intestine Adenocarcinoma, NOS Large intestine	+ X + + + +	+ Z + + +	++++++ +	+ Z + + + +	X 	+++++	+ Z + + + + +	+ Z + + - +	+ 2 + + 1	+ z + i + i - i	+z++++ +	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++ +	+++++ +	+++++++++++++++++++++++++++++++++++++++	+++++ +	+++++ +	X + + + - + + +	+++++++++++++++++++++++++++++++++++++++	+2+++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++ +
URINARY SYSTEM Kidney Urinary bladder	+	+	+++	+	=	++++	++++	++++	+	++	++++	++++	+++	+ +	++	++++	+ -	++++	++++	+ +	+ +	++	+++	+ +	++++
ENDOCRINE SYSTEM Pituitary Adrenal Adenoma, NOS Thyroid Follicular cell adenoma Parathyroid	+++++++	- + +	++ ++ +	+ + + +	++	++++	++++	- + + +	++	+++++++	++ ++ ++	+ + + +	+ + + +	 + +	+ + +	+++++	+++++	++++-	+ + + +	+ + +	+ + + +	+ + + +	- + +	+ + + +	+ + + -
REPRODUCTIVE SYSTEM Mammary gland Testis Interstitial cell tumor 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 + +
NERVOUS SYSTEM 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 X	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Sarcoma, NOS, unclear primary or metastatic Hemangiosarcoma, unclear primary or metastatic Malignant lymphoma, NOS	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEARGAVAGE STUDY OF PENICILLIN VK: LOW DOSE

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

ANIMAL NUMBER	0 1 5	0 1 6	0 1 8	0 1 9	0 2 1	0 2 2	0 2 4	0 2 5	0 2 7	0 2 8	0 3 0	0 3 1	0 3 2	0 3 4	0 3 5	0 3 7	0 3 8	0 3 9	0 4 0	0 4 3	0 4 4	0 4 6	0 4 8	0 4 9	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
INTEGUMENTARY SYSTEM Subcutaneous tissue Sarcoma, NOS Fibroma Fibrosarcoma Lipoma	+ X	+	+ X	N	+	+	+	+	+ X	+	+	+ x	+	+ X	ł	+	+	+	+	+	+	+	+	+	+	*50 3 5 2 1
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Aiveolar/bronchiolar carcinoma Sarcoma, NOS, metastatic Trachea	+	+	+	+	+	+	+ x -	+	+ X	+	+	+ X +	+	+	+	+	+	+	+	* *	+	+ X +	+	+	+ X X +	50 1 9 1 1 35
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	++++	++++-	+++++	+++++	+++++	+++++	+++-	++++	+++++	++-++	+++-	+ + + +	++++	++++-	+ + + +	++++	+++++	+++++	++++-	++++	+ + + + +	+++++	++++-	+++++	+ + + +	50 50 48 31
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Mixed hepato/cholangio carcinoma Hemangiosarcoma	+ + X	++++	+++	+ + X	++++	+ + X	++++	+ + X	++++	+ +	++++	++++	+ + X X	+ + X	+ +	++++	+ + X	+++	+ + X	+ + X	++	+ +	+ + X	+ +	++++	49 49 15 7 1
Reinangusatonia Bile duct Galibladder & common bile duct Esophagus Stomach Small intestine Adenocarcinoma, NOS Large intestine	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+ X + + + + +	+ N + + + + X +	+++ ++ +	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+ + + + + +	+z++++ +	++++++ +	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++	+++++++++++++++++++++++++++++++++++++++	++++++ +	++++++ +	49 *50 47 48 47 45 1 42
URINARY SYSTEM Kidney Urinary bladder	 + +	+ +	+++	++++	+++	+++	++++	++++	 + +	++++	+ + +	+++	+	+++	++++	++	+ + +	+++	+++	++++	+++	+++	+++	+ + +	+ +	49 43
ENDOCRINE SYSTEM Pituitary Adrenal Adenoma, NOS Thyroid Follicular cell adenoma Parathyroid	+++++++++++++++++++++++++++++++++++++	-+ + +	++ ++ +	++++	++ + + +	+ - + -	++++	++ ++ +	++	+++++++++++++++++++++++++++++++++++++++	- + + +	+++++	++ ++ +	++++++	++++-	++ + + * *	++++++	+ + + -	+ + + ~	++ + +	++ + +	++ + +	++x+ +	++++++	+ + + +	44 48 1 47 1 27
REPRODUCTIVE SYSTEM Mammary gland Festis Interstitial cell tumor Prostate	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 + +	*50 50 1 49
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPECIAL SENSE ORGANS Harderian gland Adenoma, NOS	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 3
ALL OTHER SYSTEMS Multiple organs, NOS Sarcoma, NOS, unclear prim or metastat Hemangicoarcoma, unclear prim or meta Malignant lymphoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N X	N	N	N	N	N	N	N	N	N	N	*50 1 1 1

* Animals necropsied

TABLE C2. INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE TWO-YEARGAVAGE STUDY OF PENICILLIN VK: HIGH DOSE

ANIMAL NUMBER	007	0 0 3		0 1 6	0 4 1	0 4 2	0 4 3	0 4 4	0 2 2	0 4 0	0 2 5	0 3 9	0 0 5	0 2 9	0 3 4	0 2 0	0 4 8	0 4 9	0 3 5	0 4 6	0 4 7	0 5 0	0 1 0	0 3 2	0 0 1
WEEKS ON STUDY	0 1 7	0 2 5	0 4 4	0 5 1	0 5 1	0 5 1	0 5 1	0 5 1	0 5 8	0 6 2	0 6 3	0 6 4	0 6 7	0 7 3	0 8 5	0 8 8	0 9 1	0 9 2	0 9 5	0 9 7	0 9 7	0 9 7	1 0 1	1 0 1	1 0 4
INTEGUMENTARY SYSTEM Subcutaneous tissue Sarcoma, NOS Fibroma Fibroma Fibrosarcoma	+	4	N	Г + Х	N	+	+	+	+	+	+	+	+	+	*	+	*	*	x x	+	+	+	+	+	N
RESFIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Trachea	+	+		- + - +	· +	+	+	+	+	+	+	+	* *	+	+	+	+	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen Hemangiosarcoma Lymph nodes Thymus	 + + + +	+++++++++++++++++++++++++++++++++++++++		· +	+++++++++++++++++++++++++++++++++++++++	+++++1	++++	++	- + +	+++	++ ++	++ ++	++++-	++++-	++++1	++++-	++	++	++ ++ ++ ++ ++ ++ ++ ++ ++ ++ ++ ++ ++	++++	++++-	+++++	++ ++	++ ++	+ + +
CIRCULATORY SYSTEM Heart			• •	• +	· +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver		+	 	• +	 + +	+++	+++	+	++++	++++	+++	++++	+++	++++	++++	+++	+++	++	++++	++++	++++	+++++	++++	++++	+++
Hepatocellular adanoma Hemangiosarcoma Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Squamous cell papilloma Small intestine Adenocarcinoma, NOS Large intestine	+++++++++++++++++++++++++++++++++++++++	* * * * *	 	- +	· +	-	+ z + + + + +	+z+++ + +	+ Z + + 1	X + Z + + +	+z+++ + +	X + X + + + + +	X +++++ + + +	X+X+X++++++	++++ + +	+2+++ +	+ 2	+z++	+++++ + +	+ 2 + + + 1 +	+++++ + X +	+x+++ +	++++ + +	++++ + +	X + + + + + + +
URINARY SYSTEM Kidney Urinary bladder Transitional cell carcinoma	++++	+		• +		+++	+ +	+ +	+ -	++	+ -	+++	+ +	++	+++	+++	+ +	+ +	+ +	+++	++	+ +	+ +	+++	+++
ENDOCRINE SYSTEM Pituitary Adrenal Adenoma, NOS Thyroid Folicular cell adenoma Parathyroid Pancreatic islets Islet cell adenoma	+ + + + + +	+++++++++++++++++++++++++++++++++++++++	· -	- + - + - +	· + · + · +	++++	++ + ++	++ + + + + + + + + + + + + + + + + + + +	++++++	+++++-	+++++++++++++++++++++++++++++++++++++++	++++++	++ + +++	++ + ++	+++++++++++++++++++++++++++++++++++++++	_ + + + +	-+ 	++ ++	+++++++++++++++++++++++++++++++++++++++	++++++	++++++	++ ++ ++ ++	++ ++ +++	+ + + +	-++++
REPRODUCTIVE SYSTEM Mammary gland Testis Frostate	 N + +	N + 1				N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +	N + +
NERVOUS SYSTEM Brain		+			. +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS Harderian gland Adenoma, NOS	N	N	N	r N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N X	N X	N
ALL OTHER SYSTEMS Multiple organs, NOS Sarcoma, NOS, metastatic Malignant lymphoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N

ANIMAL NUMBER	0	0	0 0 6	0	0	0	0 1 2	0 1 3	0	0	0	0	0	0 2	02	02	0 2 6	0 2 7	0 2	0	0 3 1	0 3 3	0	0 3	0 3	
	2	4	6	8	9	1	2	3	4	5	7	8	9	1	3	4	6	7	8	Ō	1	3	6	7	8	TOTAL: TISSUES
WEEKS ON STUDY	04	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 Sarcoma, NOS Fibroma Fibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	*	+	+	+ X	*50 5 1 3
RESPIRATORY SYSTEM Lungs and bronchi Hepatocellular carcinoma, metastatic Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma	+	+	+ X	+	+	+	+	+	+	+ x	+ X	+	+	+	+	+	+	+	+ x	+	+	+ X	+	+ x	+	49 1 4 2
Trachea	+	+	-	-		+	+	+	+	+	+	+	+	+	+	+	+	+	+	_	+	+	+	+	+	42
HEMATOPOIETIC SYSTEM Bone marrow Spleen Hemangiosarcoma Lymph nodes Thymus	+++++++	+++++	++++	++++++	+++++	++++++	++++	++++++	++++	+ + +	+++++++++++++++++++++++++++++++++++++++	+ + +	+++++	+ + +	+ + +	+ + X +	+++++	++++-	+++++	+ + +	++++++	++++++	+++++	+ + +	+ + +	49 48 1 44
CIRCULATORY SYSTEM	_	+	+	+	+	+	+	+			+		+	+		+	+	+	+	_	+	+	+		+	26
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma	+ + X	+ + X	+ +	+ +	+ +	++++	+ +	+ +	+ +	++++	++++	+ +	+++	++++	- + x	+ + X	++	+ +	+ +	+ + X	+ +	+ +	+ +	+ +	+ +	49 49 4 4
Hemangiosarcoma Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach	+++++	+ + + + +	+++++	+++++	+++++	++++	+++++	+++++	+ + + + +	++++	+ + + + +	+++++	++++	+++++	+ N + + +	+++++	+++++	++++	+++++	+ + + + +	+++++	+ Z + + +	+++++	X + + + + + + +	+++++	3 49 *50 46 48 46
Squamous ceil papilloma Small intestine Adenocarcinoma, NOS Large intestine	+	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ -	+ +	+ +	x + +	+ +	+ +	$\begin{array}{c}1\\42\\1\\42\end{array}$									
URINARY SYSTEM Kidney Urinary bladder Transitional cell carcinoma	++++	++++	+++	+ +	+++	+ +	+++	+ +	+++	+ +	++	+ +	+ + X	+ +	+ +	++++	++++	+++	+++	+ +	+ +	+ +	+++	++	+ +	50 47 1
ENDOCRINE SYSTEM Pituitary Adrenal Adenoma, NOS	+++	+++	++++	+ +	+++	+++	 +	+++	+ + x	+ +	- +	+++	+ +	++++		++++	++++	++++		++++	+++	++++	+++	+ +	+ +	41 50 1
Thyroid Follicular cell adenoma Parathyroid Pancreatic islets Islet cell adenoma	+ + X	+ + +	+ + +	+ +	+ +	+ + +	+ + +	+ + +	+ + +	+ + +	+ ++	+ + +	+ + +	+ - +	+ + +	+ - +	+ + +	+ - +	+ _ +	+ + +	+ - +	+ + +	+ + +	+ + +	+ - +	48 1 35 46 1
REPRODUCTIVE SYSTEM Mammary gland Testis Prostate	N + +	N + +	N + +	N + +	N + + +	N + +	N + +	N + +	N + +	N + + +	N + +	N + +	N + + +	N + +	N + + +	м + +	*50 50 50									
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
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	N	N	*50 3
ALL OTHER SYSTEMS Multiple organs, NOS Sarcoma, NOS, metastatic Malignant lymphoma, NOS	N	N	N	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	*50 1 1

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

* Animals necropsied

	Vehicle Control	500 mg/kg	1,000 mg/kg
Subcutaneous Tissue: Fibroma	······································	<u></u>	<u> </u>
Overall Rates (a)	3/50 (6%)	5/50 (10%)	1/50 (2%)
Adjusted Rates (b)	10.1%	13.9%	3.1%
Terminal Rates (c)	1/24 (4%)	5/36 (14%)	0/26 (0%)
Week of First Observation	96	104	95
Life Table Tests (d)	P = 0.245N	P = 0.564	P = 0.326N
Incidental Tumor Tests (d)		P = 0.364 P = 0.430	
	P = 0.370N	P = 0.430	P = 0.535N
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.264N	P=0.357	P = 0.309N
ubcutaneous Tissue: Fibrosarcoma			
Overall Rates (a)	1/50 (2%)	2/50 (4%)	3/50 (6%)
Adjusted Rates (b)	3.4%	5.3%	9.7%
Terminal Rates (c)	0/24 (0%)	1/36 (3%)	2/26 (8%)
Week of First Observation	101	101	2/20(0%) 51
Life Table Tests (d)	P = 0.221	P = 0.609	P = 0.319
Incidental Tumor Tests (d)	P = 0.196	P = 0.387	P = 0.324
Cochran-Armitage Trend Test (d)	P = 0.222	D 0 F 0	D
Fisher Exact Test (d)		P = 0.500	P=0.309
ubcutaneous Tissue: Fibroma or Fibrosa			
Overall Rates (a)	4/50 (8%)	7/50 (14%)	4/50 (8%)
Adjusted Rates (b)	13.3%	18.9%	12.5%
Terminal Rates (c)	1/24 (4%)	6/36 (17%)	2/26 (8%)
Week of First Observation	96	101	51
Life Table Tests (d)	P = 0.554N	P = 0.488	P = 0.635
Incidental Tumor Tests (d)	P = 0.446	P = 0.260	P=0.496
Cochran-Armitage Trend Test (d)	P = 0.566		
Fisher Exact Test (d)		P = 0.262	P=0.643
ubcutaneous Tissue: Sarcoma, Fibrosarco	oma, or Neurofibrosarco	ma	
Overall Rates (a)	9/50 (18%)	5/50 (10%)	8/50 (16%)
Adjusted Rates (b)	24.7%	12.8%	23.3%
Terminal Rates (c)	2/24 (8%)	3/36 (8%)	3/26 (12%)
Week of First Observation	54	97	51
Life Table Tests (d)	P = 0.477N	P = 0.098N	P = 0.551N
Incidental Tumor Tests (d)	P = 0.417	P = 0.058N P = 0.360N	P = 0.3311 P = 0.476
Cochran-Armitage Trend Test (d)		1 -0.0001	1-0.4/0
Fisher Exact Test (d)	P = 0.444N	P=0.194N	P = 0.500 N
ubcutaneous Tissue: Fibroma, Sarcoma, J	Fibrosopoors or Nourof	ihrosoroomo	
Overall Rates (a)	12/50 (24%)	10/50 (20%)	8/50 (16%)
Adjusted Rates (b)	32.7%	26.0%	23.3%
Terminal Rates (c)	3/24 (13%)	8/36 (22%)	3/26 (12%)
Week of First Observation	54	97	51
Life Table Tests (d)	P = 0.210N	P = 0.173N	P = 0.289N
Incidental Tumor Tests (d)	P = 0.415N	P = 0.531 N	P = 0.497N
Cochran-Armitage Trend Test (d)	P = 0.191N		
Fisher Exact Test (d)		P = 0.405N	P = 0.227 N
ung: Alveolar/Bronchiolar Adenoma			
Overall Rates (a)	10/50 (20%)	9/50 (18%)	4/49 (8%)
Adjusted Rates (b)	30.6%	23.3%	15.4%
Terminal Rates (c)	4/24 (17%)	7/36 (19%)	4/26 (15%)
Week of First Observation	81	81	104
Life Table Tests (d)	P = 0.055N	P = 0.237N	P = 0.083N
Incidental Tumor Tests (d)	P = 0.139N	P = 0.584N	P = 0.175N
Cochran-Armitage Trend Test (d)	P = 0.068N	1 -0.00411	1 -0.11014
	F - 0.00014	D-0 500N	D-0.000N
Fisher Exact Test (d)		P = 0.500N	P = 0.080 N

TABLE C3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

TABLE C3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle Control	500 mg/kg	1,000 mg/kg
Lung: Alveolar/Bronchiolar Adenoma or Ca	rcinoma	·····	<u></u>
Overall Rates (a)	10/50 (20%)	9/50 (18%)	6/49 (12%)
Adjusted Rates (b)	30.6%	23.3%	23.1%
Terminal Rates (c)	4/24 (17%)	7/36 (19%)	6/26 (23%)
Week of First Observation	81	81	104
Life Table Tests (d)	P = 0.157N	P = 0.237N	P = 0.209N
Incidental Tumor Tests (d)	P = 0.308N	P = 0.237 N P = 0.584 N	P = 0.205 R P = 0.367 N
Cochran-Armitage Trend Test (d)	P = 0.308 N P = 0.185 N	P=0.0041	F 0.307 IN
Fisher Exact Test (d)	F = 0.185N	P = 0.500 N	P = 0.220N
Iematopoietic System: Lymphoma, All Mali	gnant		
Overall Rates (a)	3/50 (6%)	1/50 (2%)	1/50 (2%)
Adjusted Rates (b)	9.8%	2.8%	3.8%
Terminal Rates (c)	1/24 (4%)	1/36 (3%)	1/26 (4%)
Week of First Observation	88	104	104
Life Table Tests (d)	P = 0.186N	P = 0.209N	P=0.306N
Incidental Tumor Tests (d)	P = 0.267N	P = 0.381N	P = 0.402N
Cochran-Armitage Trend Test (d)	P = 0.202 N		L VITUALI
Fisher Exact Test (d)		P = 0.309 N	P = 0.309N
Sirculatory System: Hemangiosarcoma			
Overall Rates (a)	2/50 (4%)	(e) 2/50 (4%)	4/50 (8%)
Adjusted Rates (b)	6.3%	5.6%	13.9%
Terminal Rates (c)	1/24 (4%)	2/36 (6%)	3/26 (12%)
Week of First Observation	60	104	73
Life Table Tests (d)	P = 0.247	P = 0.579N	P=0.339
Incidental Tumor Tests (d)	P = 0.343	P = 0.581N	P = 0.470
Cochran-Armitage Trend Test (d)	P = 0.252	1 = 0.00110	1-0.410
Fisher Exact Test (d)	1 - 0.202	P=0.691	P=0.339
iver: Hepatocellular Adenoma			
Overall Rates (a)	14/50 (28%)	15/49 (31%)	4/49 (8%)
Adjusted Rates (b)	46.4%	38.0%	15.4%
Terminal Rates (c)	9/24 (38%)	12/36 (33%)	4/26 (15%)
Week of First Observation	73	91	104
Life Table Tests (d)	P=0.006N	P = 0.258N	P = 0.008N
Incidental Tumor Tests (d)	P = 0.015N	P = 0.561N	P = 0.012N
Cochran-Armitage Trend Test (d)	P = 0.013N	1 = 0.00114	1 -0.01214
Fisher Exact Test (d)	r - 0.013N	P = 0.474	P = 0.010N
liver: Hepatocellular Carcinoma			
Overall Rates (a)	6/50 (12%)	7/49 (14%)	4/49 (8%)
Adjusted Rates (b)	15.6%	18.6%	11.0%
Terminal Rates (c)	1/24 (4%)	6/36 (17%)	1/26 (4%)
Week of First Observation	80	97	62
Life Table Tests (d)	P=0.343N	P = 0.531N	P = 0.441N
Incidental Tumor Tests (d)	P = 0.344N	P = 0.340	P = 0.373N
Cochran-Armitage Trend Test (d)	P = 0.331N	1 0,010	
Fisher Exact Test (d)	L - 0.00111	P = 0.484	P = 0.384N
iver: Hepatocellular Adenoma or Carcinon	na		
Overall Rates (a)	19/50 (38%)	18/49 (37%)	8/49 (16%)
Adjusted Rates (b)	52.8%	44.6%	25.2%
Terminal Rates (c)	9/24 (38%)	14/36 (39%)	5/26 (19%)
	73	91	62
Week of First Unservation	10	U 1	
Week of First Observation Life Table Tests (d)	P = 0.012N	P = 0.138N	P = 0.022N
Life Table Tests (d)	P = 0.012N P = 0.019N	P = 0.138N P = 0.582N	P = 0.022N P = 0.014N
	P=0.012N P=0.019N P=0.013N	P = 0.138N P = 0.582N	P=0.022N P=0.014N

TABLE C3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle Control	500 mg/kg	1,000 mg/kg
Forestomach: Squamous Cell Papilloma (or Carcinoma		
Overall Rates (a)	3/46 (7%)	0/47 (0%)	1/46 (2%)
Adjusted Rates (b)	11.5%	0.0%	3.8%
Terminal Rates (c)	2/24 (8%)	0/36 (0%)	1/26 (4%)
Week of First Observation	101		104
Life Table Tests (d)	P = 0.152N	P = 0.067 N	P = 0.288N
Incidental Tumor Tests (d)	P = 0.202N	P = 0.110N	P = 0.349N
Cochran-Armitage Trend Test (d)	P = 0.175N		
Fisher Exact Test (d)		P = 0.117 N	P = 0.308N
drenal Gland: Pheochromocytoma			
Overall Rates (a)	4/49 (8%)	0/48 (0%)	0/50 (0%)
Adjusted Rates (b)	14.2%	0.0%	0.0%
Terminal Rates (c)	2/24 (8%)	0/34 (0%)	0/26(0%)
Week of First Observation	99		
Life Table Tests (d)	P = 0.012N	P = 0.035N	P = 0.067 N
Incidental Tumor Tests (d)	P = 0.029 N	P = 0.079 N	P = 0.113N
Cochran-Armitage Trend Test (d)	P = 0.015N		
Fisher Exact Test (d)		P = 0.061 N	P = 0.056N
larderian Gland: Adenoma			
Overall Rates (a)	5/50 (10%)	3/50 (6%)	3/50 (6%)
Adjusted Rates (b)	16.1%	7.7%	9.7%
Terminal Rates (c)	1/24 (4%)	2/36 (6%)	0/26 (0%)
Week of First Observation	96	91	85
Life Table Tests (d)	P = 0.294N	P = 0.220N	P = 0.390N
Incidental Tumor Tests (d)	P = 0.572	P = 0.536N	P = 0.573
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.283N	P = 0.357 N	P = 0.357N
All Sites: Benign Tumors			
Overall Rates (a)	26/50 (52%)	29/50 (58%)	15/50 (30%)
Adjusted Rates (b)	71.1%	72.2%	49.5%
Terminal Rates (c)	14/24 (58%)	25/36 (69%)	11/26 (42%)
Week of First Observation	73	81	85
Life Table Tests (d)	P = 0.013N	P = 0.165N	P = 0.028N
Incidental Tumor Tests (d)	P = 0.061 N	P = 0.512	P = 0.093N
Cochran-Armitage Trend Test (d)	P = 0.018N		.
Fisher Exact Test (d)		P = 0.344	P = 0.021 N
Il Sites: Malignant Tumors	01/50 (10%)	1	00/50 / 10/21
Overall Rates (a) Adjusted Bates (b)	21/50 (42%)	15/50 (30%) 27.0%	20/50 (40%)
Adjusted Rates (b)	52.1% 7/94 (90%)	37.0%	53.5% 10/06 (28%)
Terminal Rates (c) Weak of First Observation	7/24 (29%)	11/36 (31%)	10/26 (38%)
Week of First Observation	54 R = 0.492N	81 B=0.025N	51 R-0.556N
Life Table Tests (d)	P = 0.493N	P = 0.035N P = 0.205N	P = 0.556N P = 0.477
Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d)	P = 0.401	P = 0.295N	P = 0.477
5	P = 0.459N	D-0140M	D-0 FOON
Fisher Exact Test (d)		P = 0.149N	P = 0.500 N
ll Sites: All Tumors Overall Rates (a)	36/50 (72%)	35/50 (70%)	29/50 (58%)
Adjusted Rates (b)	-		29/50 (58%) 75.7%
	81.3% 16/24 (67%)	83.2% 20/26 (81 <i>%</i>)	
Terminal Rates (c) Weak of First Observation	16/24 (67%)	29/36 (81%)	17/26 (65%)
Week of First Observation	54	81 P=0.033N	51 P = 0.202N
I ifa Table Tasta (d)			
Life Table Tests (d) Incidental Tumor Tests (d)	P = 0.126N P = 0.279N		
Life Table Tests (d) Incidental Tumor Tests (d) Cochran-Armitage Trend Test (d)	P = 0.126N P = 0.279N P = 0.084N	P = 0.033 N P = 0.484 N	P = 0.2021 P = 0.311 N

TABLE C3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

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

(c) Observed tumor incidence at terminal kill

(e) Includes one hemangiosarcoma, unclear primary or metastatic

,

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

⁽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).

TABLE C4. HISTORICAL INCIDENCE OF HEPATOCELLULAR TUMORS IN MALE $B6C3F_1$ MICE ADMINISTERED CORN OIL BY GAVAGE (a)

	I	Incidence in Vehicle Controls									
Study	Adenoma	Carcinoma	Adenoma or Carcinoma								
Historical Incidence at Spri	ngborn Institute for Bioresea	rch, Inc.	<u></u>								
Ampicillin trihydrate	3/50 (6%)	6/50 (12%)	9/50 (18%)								
Overall Historical Incidence	,										
TOTAL SD (b)	254/1,736 (14.6%) 6.55%	347/1,736 (20.0%) 7.39%	569/1,736 (32.8%) 8.52%								
Range (c) High	14/50	19/50	25/50								
Low	0/50	3/49	7/50								

(a) Data as of August 7, 1986, for studies of at least 104 weeks
(b) Standard deviation
(c) Range and SD are presented for groups of 35 or more animals.

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

v	ehicle	Control	Low	Dose	High	Dose
ANIMALS INITIALLY IN STUDY	50		50		50	
ANIMALS NECROPSIED	50		50		50	
NIMALS EXAMINED HISTOPATHOLOGICALL	Y 50		50		50	
NTEGUMENTARY SYSTEM		·				
*Skin	(50)		(50)		(50)	
Ulcer, acute	2	(4%)				
Inflammation, acute focal	1	(2%)	2	(4%)		
Inflammation, acute/chronic					1	(2%)
Inflammation, chronic focal		(2%)				
Erosion		(2%)				(2%)
Parasitism	-	(16%)		(12%)	9	(18%)
Alopecia		(10%)		(2%)		(00 ~)
Hyperplasia, epithelial		(4%)	5	(10%)		(22%)
Hyperkeratosis Parakeratosis	5	(10%)				(4%)
*Subcutaneous tissue	(50)		(50)		(50)	(2%)
Inflammation, acute focal	(90)			(2%)	(00)	
Abscess, NOS	1	(2%)		(2%) (2%)		
Inflammation, acute/chronic		(2%)	I	(210)	1	(2%)
Inflammation, chronic focal		(2%)			•	(2 /0)
Fibrosis, focal		(2%)				
Fibrosis, diffuse		(2%)				
RESPIRATORY SYSTEM				···	··	
*Nasal cavity	(50)		(50)		(50)	
Hemorrhage	1	(2%)				
Inflammation, acute focal	13	(26%)	5	(10%)	4	(8%)
Inflammation, acute/chronic	1	(2%)				
Fibrosis, focal		(2%)				
Fibrosis, multifocal		(2%)				
Foreign material, NOS	15	(30%)		(4%)	3	(6%)
Metaplasia, NOS			1	(2%)		
#Trachea	(34)		(35)		(42)	
Hyperplasia, epithelial		(3%)				
#Lung	(50)		(50)		(49)	
Foreign body, NOS		(2%)				
Congestion, acute passive	2	(4%)		(10%)	7	(14%)
Edema, NOS		(0~)		(2%)		
Hemorrhage	1	(2%)		(2%)		(90)
Lymphocytic inflammatory infiltrate	1	(2%)		(8%) (2%)	1	(2%)
Inflammation, interstitial Inflammation, acute focal		(2%)	1	(2%)	1	(2%)
Inflammation, acute/chronic	1	(270)	1	(2%)	1	(270)
Inflammation, chronic focal			1	(210)	1	(2%)
Hyperplasia, alveolar epithelium	9	(4%)			1	
Histiocytosis		(2%)	2	(4%)	1	(2%)
IEMATOPOIETIC SYSTEM					······	
*Multiple organs	(50)		(50)		(50)	
Hyperplasia, lymphoid		(4%)		(2%)		(2%)
#Bone marrow	(50)		(50)		(49)	
Congestion, acute passive		(2%)			• •	
Hyperplasia, hematopoietic		(58%)	30	(60%)	26	(53%)
#Spleen	(48)		(50)		(48)	
Atrophy, diffuse	1	(2%)				
Leukemoid reaction			3	(6%)		(4%)
Hyperplasia, lymphoid Hematopoiesis		(17%) (31%)		(34%) (10%)		(25%) (21%)

	Vehicle	Control	Low	Dose	High	Dose
HEMATOPOIETIC SYSTEM (Continued)	·······					
#Lymph node	(48)		(48)		(44)	
Inflammation, chronic focal	(/		(· · ·	(2%)
Pigmentation, NOS						(2%)
Hemosiderosis	2	(4%)				,
Histiocytosis		(2%)				
Hyperplasia, lymphoid		(6%)	8	(17%)	3	(7%)
#Mandibular lymph node	(48)	(,	(48)		(44)	,
Histiocytosis		(2%)	()			(2%)
Plasmacytosis						(2%)
Hyperplasia, lymphoid	3	(6%)	12	(25%)	4	(9%)
#Pancreatic lymph node	(48)		(48)		(44)	
Hyperplasia, lymphoid			1	(2%)		
#Mesenteric lymph node	(48)		(48)		(44)	
Hemorrhage	2	(4%)	2	(4%)	1	(2%)
Inflammation, chronic focal	1	(2%)				
Histiocytosis	3	(6%)				
Leukemoid reaction			1	(2%)		
Plasmacytosis	1	(2%)				
Hyperplasia, reticulum cell		(2%)				
Hyperplasia, lymphoid		(8%)	15	(31%)	9	(20%)
Hematopoiesis		(2%)		(10%)		(9%)
Erythropoiesis		(2%)	-	(===;;		()
#Thymic lymph node	(48)	(=)	(48)		(44)	
Hemorrhage	(10)			(2%)	(- - /	
Hyperplasia, lymphoid				(2%)		
#Lung	(50)		(50)	(=,	(49)	
Hyperplasia, lymphoid	(00)		,	(2%)		(2%)
#Liver	(50)		(49)	,	(49)	,
Hematopoiesis	1	(2%)	,			(2%)
#Forestomach	(46)	. ,	(47)		(46)	
Mastocytosis	1	(2%)				
#Peyer's patch	(42)		(45)		(42)	
Hyperplasia, lymphoid			4	(9%)		
#Kidney	(50)		(49)		(50)	
Hyperplasia, lymphoid			1	(2%)	1	(2%)
#Thymus	(31)		(31)		(26)	
Inflammation, granulomatous focal					1	(4%)
Hyperplasia, epithelial	2	(6%)				
Hyperplasia, lymphoid	1	(3%)			2	(8%)
CIRCULATORY SYSTEM					<u>_</u> , <u>_</u> ,	
#Heart	(50)		(50)		(50)	
Degeneration, NOS		(2%)	(2.27)		(
#Myocardium	(50)		(50)		(50)	
Inflammation, acute focal		(4%)	(()	
Inflammation, chronic focal	-		2	(4%)		
Degeneration, NOS	1	(2%)		(2%)		
#Tricuspid valve	(50)		(50)		(50)	
Pigmentation, NOS	(00)			(2%)	(00)	
*Superior pancreaticoduodenal artery	(50)		(50)		(50)	
Inflammation, chronic focal		(2%)			(/	
DIGESTIVE SYSTEM	······································					
*Tooth	(50)		(50)		(50)	
	(50)			(90)	(50)	
Deformity, NOS	05	(50%)		(2%)	0.0	(660)
	25	(50%)		(86%)		(66%)
Dysplasia, NOS *Pulp of tooth	((20)			
*Pulp of tooth	(50)	(90	(50)		(50)	
		(2%	(50) (4 9)		(50)	

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

Penicillin VK, NTP TR 336

	Vehicle	Control	Low	Dose	High	Dose
GESTIVE SYSTEM (Continued)						
#Liver	(50)		(49)		(49)	
Inflammation, acute/chronic		(2%)	(40)		(43)	
Inflammation, chronic focal		(2%)				
Necrosis, focal		(2%)			2	(4%)
Necrosis, coagulative	-	(=,	1	(2%)		(2%)
Necrosis, fat	1	(2%)	-		-	(=,
Amyloidosis			1	(2%)		
Focal cellular change				(5	(10%)
Eosinophilic cyto change			1	(2%)		
Cell size alteration	3	(6%)	1	(2%)		
#Liver/hepatocytes	(50)		(49)		(49)	
Cytoplasmic vacuolization	1	(2%)	1	(2%)	1	(2%)
*Gallbladder	(50)		(50)		(50)	
Eosinophilic cyto change	1	(2%)	15	(30%)		(30%)
#Bile duct	(50)		(49)	· •	(49)	
Cyst, NOS		(2%)	• •		(
#Pancreas	(48)		(47)		(46)	
Dilatation/ducts		(2%)	,		(
Inflammation, chronic focal	-		1	(2%)	2	(4%)
#Pancreatic acinus	(48)		(47)	(=)	(46)	/0)
Atrophy, focal		(4%)		(11%)		(2%)
Atrophy, diffuse	4	((2%)	•	~ /0/
Hyperplasia, focal	2	(4%)	-	(2,0)		
#Esophagus	(49)	(•,•,•,	(46)		(48)	
Dilatation, NOS		(2%)	(40)		(40)	
Hyperkeratosis		(2%)				
#Gastric fundal gland	(46)	(=)	(47)		(46)	
Dilatation, NOS	3	(7%)		(6%)		(35%)
Eosinophilic cyto change	2	(4%)		(68%)		(93%)
#Glandular stomach	(46)	(2.07)	(47)	(00,0)	(46)	(00,0)
Cyst, NOS	((17%)		(43%)
Ulcer, NOS				(2%)		(2%)
Inflammation, acute focal				(=,		(2%)
Inflammation, chronic focal	1	(2%)	11	(23%)		(46%)
Fibrosis				(2%)		(28%)
Hyperplasia, NOS						(2%)
Hyperplasia, epithelial	1	(2%)	26	(55%)		(74%)
Squamous metaplasia			1	(2%)	7	(15%)
#Forestomach	(46)		(47)		(46)	
Ulcer, NOS		(7%)	7			
Inflammation, acute focal			2	(4%)		
Inflammation, chronic focal		(13%)		(2%)	1	(2%)
Hyperplasia, epithelial	6	(13%)			2	(4%)
Hyperkeratosis		(2%)				(2%)
#Small intestine/serosa	(42)		(45)		(42)	
Inflammation, chronic focal				(2%)		
#Colon	(44)		(42)		(42)	
Hyperplasia, focal		(2%)				
#Colonic mucosa	(44)		(42)		(42)	
Hyperplasia, diffuse	/			(2%)		
#Colonic submucosa	(44)		(42)		(42)	
Cyst, NOS				(2%)	. ,	
#Colonic muscularis	(44)		(42)		(42)	
Cyst, NOS						(2%)
#Cecum	(44)		(42)		(42)	
Cyst, NOS	·/		()			(2%)
*Rectum	(50)		(50)		(50)	,
Hyperplasia, diffuse	(00)			(2%)	(00)	

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE
TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle	Control	Low	Dose	High	Dose
URINARY SYSTEM	·····					<u></u>
#Kidney	(50)		(49)		(50)	
Cyst, NOS		(2%)	()			(2%)
Congestion, acute passive		x = · · · ·	1	(2%)		,
Hemorrhage			1	(2%)		
Pyelonephritis, NOS	2	(4%)				
Inflammation, acute focal	1	(2%)				
Pyelonephritis, chronic	1	(2%)				
Inflammation, chronic focal	2	(4%)				
Nephropathy	6	(12%)		(2%)	1	(2%)
Infarct, healed			1	(2%)		
Hyperplasia, tubular cell				(4%)		
Metaplasia, osseous			1	(2%)		
#Perirenal tissue	(50)		(49)		(50)	
Inflammation, chronic focal			1	(2%)		
#Kidney/glomerulus	(50)		(49)		(50)	
Amyloidosis				(2%)		
#Kidney/tubule	(50)		(49)		(50)	
Mineralization		(2%)				
Dilatation, NOS		(2%)				
Cytoplasmic vacuolization		(2%)	•			
Atrophy, focal	2	(4%)	1	(2%)		
#Urinary bladder	(46)		(43)		(47)	
Cast, NOS		(2%)	1	(2%)	2	(4%)
Ulcer, acute		(2%)				
Inflammation, acute focal		(2%)				
Hyperplasia, epithelial	1	(2%)				
*Urethra	(50)		(50)		(50)	
Cast, NOS	7	(14%)	4	(8%)	4	(8%)
Hyperplasia, epithelial					2	(4%)
*Prostatic urethra	(50)		(50)		(50)	
Retention of content			1	(2%)		
Cast, NOS	3	(6%)	5	(10%)	3	(6%)
Hemorrhage			1	(2%)		
Hyperplasia, epithelial			1	(2%)		
NDOCRINE SYSTEM	-,		· · · · · · · · · · · · · · · · · · ·		<u></u>	
#Anterior pituitary	(40)		(44)		(41)	
Cyst, NOS	2	(5%)	1	(2%)	1	(2%)
Hyperplasia, focal			2	(5%)		
#Adrenal	(49)		(48)		(50)	
Cyst, NOS			1	(2%)		
#Adrenal/capsule	(49)		(48)		(50)	
Hyperplasia, focal		(6%)		(6%)		(4%)
#Adrenal cortex	(49)		(48)		(50)	
Hemorrhage		(2%)				
Focal cellular change		(2%)				
Cytoplasmic matrix alteration		(2%)				
Hypertrophy, focal		(10%)	2	(4%)	1	(2%)
Hyperplasia, focal		(2%)				
#Adrenal medulla	(49)		(48)		(50)	.
Cyst, NOS						(2%)
Hyperplasia, focal		(6%)		(2%)		(2%)
#Thyroid	(50)		(47)		(48)	
Follicular cyst, NOS		(2%)				
Inflammation, acute focal	1	(2%)				
Hyperplasia, focal				(2%)		
Hyperplasia, follicular cell		(2%)		(4%)		
#Pancreatic islets	(48)	.	(47)		(46)	
Hyperplasia, focal	4	(8%)	4	(9%)	3	(7%)

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

Penicillin VK, NTP TR 336

	Vehicle	Control	Low	Dose	High	Dose
REPRODUCTIVE SYSTEM						
*Epididymal lumen	(50)		(50)		(50)	
Dilatation, NOS	1	(2%)			,	
*Prepuce	(50)		(50)		(50)	
Polyp, NOS	4	(8%)			1	(2%)
*Preputial gland	(50)		(50)		(50)	
Dilatation, NOS			2	(4%)		
Abscess, NOS	2	(4%)				
Inflammation, acute/chronic	5	(10%)	2	(4%)	2	(4%)
Inflammation, chronic	1	(2%)				
Inflammation, chronic focal	6	(12%)	15	(30%)	12	(24%)
Inflammation, chronic diffuse	1	(2%)				
Hyperplasia, NOS		(10%)	12	(24%)	10	(20%)
Hyperkeratosis		(6%)		(2%)		(14%)
#Prostate	(46)		(49)		(50)	
Cast, NOS	1	(2%)			2	(4%)
Lymphocytic inflammatory infiltrate				(2%)		
Inflammation, acute focal	2	(4%)		(2%)		
Inflammation, acute/chronic			1	(2%)		
Inflammation, chronic focal		(4%)				
*Seminal vesicle	(50)		(50)		(50)	
Mineralization		(2%)				
Retention of content	-	(18%)	7	(14%)	6	(12%)
Cast, NOS		(2%)				
Inflammation, chronic focal		(2%)				
#Periprostatic tissue	(46)		(49)		(50)	
Lymphocytic inflammatory infiltrate			1	(2%)		
#Testis	(47)		(50)		(50)	
Inflammation, acute focal			1	(2%)		
Hyperplasia, interstitial cell		(4%)	3	(6%)		
#Testis/tubule	(47)		(50)		(50)	
Atrophy, focal		(2%)				
*Epididymis	(50)		(50)		(50)	
Inflammation, chronic focal			1	(2%)	1	(2%)
Granuloma, spermatic	1	(2%)				
IERVOUS SYSTEM						
#Brain/meninges	(50)		(50)		(50)	
Lymphocytic inflammatory infiltrate			1	(2%)		
Inflammation, chronic focal		(2%)				
#Brain/thalamus	(50)	(102)	(50)	(0.4~)	(50)	
Mineralization	9	(18%)	12	(24%)	7	(14%)
PECIAL SENSE ORGANS						
*Eye	(50)	(09)	(50)		(50)	
Atrophy, diffuse		(6%)	(50)			
*Eye/crystalline lens	(50)		(50)	(90)	(50)	
Cataract	120			(2%)	(F A)	
*Eye/lacrimal gland	(50)		(50)	(00)	(50)	(00)
Inflammation, chronic focal	(FA)			(2%)		(2%)
*Nasolacrimal duct	(50)	(90)	(50)		(50)	
Hemorrhage		(2%)	•	(90)		
Inflammation, acute		(8%)	1	(2%)		
Inflammation, acute/chronic		(2%)				
Inflammation, chronic		(2%)	100		180	
*Harderian gland	(50)		(50)		(50)	(90)
Hyperplasia, NOS Hyperplasia, focal						(2%) (2%)
					1	14701

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THETWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle	Control	Low	Dose	High	Dose
MUSCULOSKELETAL SYSTEM					······································	- ··· · ·
*Knee joint	(50)		(50)		(50)	
Ankylosis	26	(52%)	21	(42%)	20	(40%)
*Tarsal joint	(50)	, ,	(50)		(50)	,,
Ankylosis	11	(22%)	14	(28%)		(18%)
*Metatarsophalangeal	(50)	. ,	(50)		(50)	,
Ankylosis			1	(2%)		
*Skeletal muscle	(50)		(50)		(50)	
Inflammation, chronic focal					1	(2%)
BODY CAVITIES						
*Mediastinum	(50)		(50)		(50)	
Hemorrhage					1	(2%)
*Abdominal cavity	(50)		(50)		(50)	(=,
Hermaphroditism					1	(2%)
Lymphocytic inflammatory infiltrate			1	(2%)	_	(,
Inflammation, acute/chronic			1	(2%)		
Inflammation, chronic focal				()	1	(2%)
*Mesentery	(50)		(50)		(50)	
Inflammation, acute focal			1	(2%)		
Inflammation, chronic focal			1	(2%)		
Necrosis, fat	1	(2%)	4	(8%)	1	(2%)
ALL OTHER SYSTEMS						
*Multiple organs	(50)		(50)		(50)	
Lymphocytic inflammatory infiltrate	(30)		, ,	(2%)	(00)	

TABLE C5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

SPECIAL MORPHOLOGY SUMMARY None

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

APPENDIX D

SUMMARY OF LESIONS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

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TABLE D1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

	Vehicle	Control	Low	Dose	High	Dose
ANIMALS INITIALLY IN STUDY	50		50	,	50	
ANIMALS NECROPSIED	50		50		50	
NIMALS EXAMINED HISTOPATHOLOGICALL	Y 50		50		50	
NTEGUMENTARY SYSTEM						
*Skin	(50)		(50)		(50)	
Papilloma, NOS			1	(2%)		
ESPIRATORY SYSTEM						
#Lung	(50)		(49)		(50)	
Alveolar/bronchiolar adenoma		(6%)	1	(2%)		(6%)
Alveolar/bronchiolar carcinoma	1	(2%)			2	(4%)
IEMATOPOIETIC SYSTEM					<u> </u>	
*Multiple organs	(50)	(20.07)	(50)		(50)	
Malignant lymphoma, NOS		(30%)		(24%)	14	(28%)
Malignant lymphoma, histiocytic type *Subcutaneous tissue	1 (50)	(2%)	(50)	(4%)	(50)	
Malignant lymphoma, NOS	(00)		(00)			(2%)
#Spleen	(50)		(48)		(50)	(2/0)
Malignant lymphoma, NOS					1	(2%)
#Jejunum	(44)		(40)		(41)	
Malignant lymphoma, NOS		(2%)	(10)			
#Ileum	(44)		(40)	(90)	(41)	
Malignant lymphoma, NOS			I	(3%)		
IRCULATORY SYSTEM						
#Liver	(50)	(2.21)	(50)		(50)	
Hemangiosarcoma #Uterus		(2%)	(47)		(50)	
Hemangiosarcoma	(49) 1	(2%)	(47)		(50)	
DIGESTIVE SYSTEM						
#Liver	(50)		(50)		(50)	
Hepatocellular adenoma	,	(4%)		(8%)		(8%)
Hepatocellular carcinoma		(2%)		(2%)		(2%)
Alveolar/bronchiolar carcinoma, metastatic						(2%)
#Glandular stomach	(44)		(45)		(47)	(00)
Adenoma, NOS #Forestomach	(44)		(45)		1 (47)	(2%)
Squamous cell papilloma		(11%)		(2%)	(4)	
#Pylorus	(44)	\/	(45)	(,	(47)	
Adenomatous polyp, NOS			,			(2%)
#Duodenal gland	(44)	(0.2)	(40)		(41)	
Adenoma, NOS	1	(2%)				
RINARY SYSTEM None						
NDOCRINE SYSTEM						
#Anterior pituitary	(45)		(44)		(43)	
Adenoma, NOS		(22%)		(9%)		(14%)
#Adrenal	(49)		(46)	-	(48)	
Cortical adenoma						(2%)
#Adrenal/capsule Adenoma, NOS	(49)		(46)		(48)	(2%)

Penicillin VK, NTP TR 336

	Vehicle Control	Low Dose	High Dose
ENDOCRINE SYSTEM (Continued)	<u></u>	<u></u> . <u></u>	
#Thyroid	(45)	(43)	(43)
Follicular cell adenoma	4 (9%)	2 (5%)	
#Pancreatic islets	(44)	(41)	(43)
Islet cell adenoma	1 (2%)		
REPRODUCTIVE SYSTEM			
*Mammary gland	(50)	(50)	(50)
Squamous cell carcinoma			1 (2%)
#Uterus	(49)	(47)	(50)
Carcinoma, NOS	1 (2%)		
Adenoma, NOS	1 (2%)		
Adenocarcinoma, NOS	1 (2%)		1 (00)
Endometrial stromal polyp			1 (2%)
#Ovary	(47)	(45) (90%)	(48)
Granulosa cell tumor		1 (2%)	1 (2%)
NERVOUS SYSTEM None			
SPECIAL SENSE ORGANS			
*Harderian gland	(50)	(50)	(50)
Adenoma, NOS	2 (4%)	2 (4%)	1 (2%)
AUSCULOSKELETAL SYSTEM None			· · · · · · · · · · · · · · · · ·
None 30DY CAVITIES			
None BODY CAVITIES None ALL OTHER SYSTEMS None			
None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY	50	50	50
None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study	50 9	50 15	50
None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY	50 9 3	50 15 4	50 8 3
None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death	9	15	8
None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death Moribund sacrifice	9 3	15 4	8 3
None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death Moribund sacrifice Terminal sacrifice Dosing accident	9 3 36	15 4	8 3 32
None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death Moribund sacrifice Terminal sacrifice Dosing accident CUMOR SUMMARY	9 3 36 2	15 4 31	8 3 32 7
None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death Moribund sacrifice Terminal sacrifice Dosing accident CUMOR SUMMARY Total animals with primary tumors**	9 3 36 2 	15 4 31 26	8 3 32 7 30
None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death Moribund sacrifice Terminal sacrifice Dosing accident CUMOR SUMMARY Total animals with primary tumors** Total primary tumors	9 3 36 2	15 4 31	8 3 32 7
None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death Moribund sacrifice Terminal sacrifice Dosing accident CUMOR SUMMARY Total animals with primary tumors** Total primary tumors Total animals with benign tumors	9 3 36 2 	15 4 31 26 32	8 32 7 30 40
None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death Moribund sacrifice Terminal sacrifice Dosing accident CUMOR SUMMARY Total animals with primary tumors** Total primary tumors Total animals with benign tumors Total benign tumors Total benign tumors	9 3 36 2 	15 4 31 26 32 12	8 32 7 30 40 15
None 30DY CAVITIES None ALL OTHER SYSTEMS None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death Moribund sacrifice Terminal sacrifice Dosing accident CUMOR SUMMARY Total animals with primary tumors** Total animals with primary tumors Total animals with benign tumors Total animals with malignant tumors Total animals with malignant tumors Total malignant tumors	9 3 36 2 	15 4 31 26 32 12 15	8 3 32 7 30 40 15 19
None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death Moribund sacrifice Terminal sacrifice Dosing accident TUMOR SUMMARY Total animals with primary tumors** Total primary tumors Total animals with benign tumors Total animals with benign tumors Total benign tumors Total animals with malignant tumors	9 3 36 2 38 52 26 29 21	15 4 31 26 32 12 15 16	8 3 32 7 30 40 15 19 18 20 1
None 30DY CAVITIES None ALL OTHER SYSTEMS None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death Moribund sacrifice Terminal sacrifice Dosing accident CUMOR SUMMARY Total animals with primary tumors** Total animals with primary tumors Total animals with benign tumors Total animals with malignant tumors Total animals with malignant tumors Total malignant tumors	9 3 36 2 38 52 26 29 21	15 4 31 26 32 12 15 16	8 3 32 7 30 40 15 19 18 20
None BODY CAVITIES None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death Moribund sacrifice Terminal sacrifice Dosing accident CUMOR SUMMARY Total animals with primary tumors** Total primary tumors Total animals with benign tumors Total animals with benign tumors Total animals with malignant tumors Total animals with secondary tumors## Total secondary tumors Total animals with tumors	9 3 36 2 38 52 26 29 21	15 4 31 26 32 12 15 16 16	8 3 32 7 30 40 15 19 18 20 1 1
None BODY CAVITIES None BODY CAVITIES None ALL OTHER SYSTEMS None ANIMAL DISPOSITION SUMMARY Animals initially in study Natural death Moribund sacrifice Terminal sacrifice Dosing accident FUMOR SUMMARY Total animals with primary tumors** Total primary tumors Total animals with benign tumors Total animals with benign tumors Total animals with malignant tumors Total animals with secondary tumors## Total secondary tumors## Total secondary tumors	9 3 36 2 38 52 26 29 21	15 4 31 26 32 12 15 16	8 3 32 7 30 40 15 19 18 20 1

TABLE D1. SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE IN THE TWO-YEARGAVAGE STUDY OF PENICILLIN VK (Continued)

* Number of animals receiving complete necropsy examination; all gross lesions including masses examined microscopically.

** Primary tumors: all tumors except secondary tumors # Number of animals examined microscopically at this site

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

TABLE D2.	INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR	2
	GAVAGE STUDY OF PENICILLIN VK: VEHICLE CONTROL	

ANIMAL NUMBER	0 4 9	0 4 4	0 3 9	0 3 3	0 0 1	0 4 6	0 2 4	0 4 7	0 1 6	0 3 4	0 0 8	0 4 5	0 1 9	0 1 4	0 0 2	0 0 3	0 0 4	0 0 5	0 0 6	0 0 7	0 0 9	0 1 0	0 1 1	0 1 2	0 1 3
WEEKS ON STUDY	0 1 2	0 1 6	0 4 3	0 7 3	0 7 8	0 8 0	0 8 3	0 9 3	0 9 5	0 9 5	0 9 7	0 9 8	1 0 1	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	1 0 4
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Trachea	+	+	+	+	+	+	+	+	+	* X +	+	* * +	* *	+ X +	+	.+	+	+	+	+	++	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spieen Lymph nodes Thymus	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	++++++	++++++	+ + + +	+ + + + +	+++++	+++-	++++	+ + + -	++++	+++++++++++++++++++++++++++++++++++++++	+++-	+++-	+++++	++++	+++-	++++	++++	+++++	+++++	+++++	++-++-++-+++-+++-+++-++++-++++-++++-++++	+++-	+++++
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma	-+	- +	+++	+++	++++	+++	+ +	+++	++++	+++	+++	++	+++	+ + +	+ +	++++	++	++	+ + X	++++	+++	++	++	+ +	+ +
Hemangiosarcoma Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Squamous cell papilloma Small intestine Adenoma, NOS Malignant lymphoma, NOS Large intestine	+++++++++++++++++++++++++++++++++++++++	++-++++++++++++++++++++++++++++++++++++	+ N + 1	+N +	+ N - + N	+N+++X+ +	+++++ + +	+ X + + + +	+++++ + +	+ X + + - + X +	++ +	+ Z + + Z	+++++ + +	+++++ + +	+++++ + +	+++++ + +	+++++ + + +	+++++ + +	. + + + + + +	+++++ + +	+++++ + +	+++++ + +	+ N +++ + +	+++++ + +	+++++++++++++++++++++++++++++++++++++++
URINARY SYSTEM Kidney Urinary bladder	++++	+++	+++		+++	+	+	++++	+++	+++	++	++	+	++++	++++	+++++	+	+	+	++++	+	+	+	+	+++
ENDOCRINE SYSTEM Pituitary Adrenai Thyroid Follicular cell adenoma Parathyroid Pancreatic islets Islet cell adenoma	+++++++++++++++++++++++++++++++++++++++	+ +	- ++	+ ++ +-	+ + +	- +- +- ++ ++	+ ++ -+	+++-+	- ++ ++	+ + + + +	+ + +	+ + + +	+ + + + +	+ + + + +	+ . + + - +	+ X + + - +	+ ++++++	+ X + + X + +	+ + + + + + + + + + + + + + + + + + + +	+ + + + + +	+++++++++++++++++++++++++++++++++++++++	+ + + + +	+ ++ ++	+ ++ ++	* * * * * * *
REPRODUCTIVE SYSTEM Mammary gland Uterus Carcinoma, NOS Adenocarcinoma, NOS Adenocarcinoma, NOS Hemangiosarcoma	N +	+++	+++	N -	N +	++	N +	+++	++++	++++	+++	N +	+++	++	+++	+++	N +	+++	+++	+++	+++	+ + x	+ + X	N +	N +
Ovary NERVOUS SYSTEM Brain	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+ 	+ 	+	+	+	+	+	+
SPECIAL SENSE ORGANS Harderian giand Adenoma, NOS	N	N	T N	N	N	N	N	N	N	N	N	N	+ N	N	N	+ N	N	N	+ N X	+ N	+ N	+ N	+ N X	+ N	+ N
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, NOS Malignant lymphoma, histiocytic type	N	N	N X	N X	N X	N X	N	N X	N	N	N	N X	N	N	N	N	N	N X	N	N X	N	N	N X	N	N

+: 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

TABLE D2.	INDIVIDUAL	ANIMAL	TUMOR	PATHOLOGY	OF	FEMALE N	MICE:	VEHICLE C	ONTROL
				(Continue	d)				

ANIMAL NUMBER	0 1 5	0 1 7	0 1 8	0 2 0	0 2 1	0 2 2	0 2 3	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 5	0 3 6	0 3 7	0 3 8	0 4 0	0 4 1	0 4 2	0 4 3	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	TISSUES TUMORS
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Trachea	+	+	+	+	+	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	++	+	50 3 1 37
HEMATOPOIETIC SYSTEM Bone marrow Spieen Lymph nodes Thymus	+++-	+++-	+ + + +	+++++	+ + - +	+++++	+++++	+ + + +	+++-	+++++	+++++	++++++	++++	++++++	++++++	+++	- ++ +	+++++	+++-	++++	+++++	++++	++++	++++	+ + + +	49 50 45 37
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salvary gland Lıver Hepatocellular adenoma Hepatocellular carcınoma Hemangrosarcoma Bile duct	+++++++++++++++++++++++++++++++++++++++	++++++	+++++	+++++	- + +	++++++	+++++	+ + +	+ + +	+ + X +	++++++	++++++	+++++	++++++	+++++	+++++++++++++++++++++++++++++++++++++++	+++++	+ + X	+ + X +	++++++	+++++	+++++	+++++	+++++	+ + +	47 50 2 1 1 50
Gallbladder & common bile duct Pancreas Esophagus Stomach Squamous cell papilloma Small intestine Adenoma, NOS	+ + + + +	+++++++++++++++++++++++++++++++++++++++	+ + + +	+++++++	+ + + + +	+ + + + + X +	+ + + + X +	+ + + + + + + + + + + + + + + + + + +	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+ + + + +	+ + + + +	X+++ +	+++++++++++++++++++++++++++++++++++++++	+ + + + + X	++-++	N + + + +	+++++++++++++++++++++++++++++++++++++++	+ + + + +	+ + + + + +	+++++++++++++++++++++++++++++++++++++++	+ + + + +	+++++++++++++++++++++++++++++++++++++++	*50 44 49 44 5 44 1
Malignant lymphoma, NOS Large intestine	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
URINARY SYSTEM Kidney Urinary bladder	++++	+ +	+ +	+ +	+ +	+ +	+ -	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	49 49
ENDOCRINE SYSTEM Pituitary Adenoma, NOS Adrenal Thyroid Folicular cell adenoma Parcreate islets Islet cell adenoma	+ + + + X	+ + + +	+++++++++++++++++++++++++++++++++++++++	+ + + + - +	+ + + +	+ + + +	+++++++++++++++++++++++++++++++++++++++	+ + + X + +	+ + + +	+ ++ -+	+ + + + +		+ ++++++	+ X + +	+ X + + + +	+ X + +	+ + - +	+ ++ ++	 + + + +	+ ++ ++	+ X + + + + + +	+X++ +	+ + + + - +	+ ++X++	+ x + + x - +	45 10 49 45 4 22 44 1
REPRODUCTIVE SYSTEM Mammary gland Uterus Carennoma, NOS Adenocarennoma, NOS Adenocarennoma, NOS Hemanguosarcoma Ovary	+ +	+ +	++	+ +	+ + X	+++	+++	+++	++++	+++	++++	++++	++++	++++	+ + X	++++	++++	+++	+++++	+++	++++	++++	++++	+++	N +	*50 49 1 1 1 1 47
NERVOUS SYSTEM Brain	+	+	 +	, 	+	+	+	, +	, 	, +	+	, 	+		•	+	• +	+	+	+	, +		+	+	+	49
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	N	N	*50 2
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, NOS Malignant lymphoma, histiocytic type	N	N X	N	N	N	N	N	N	N X	N	N X	N X	N	N	N X	N	N	N	N	N	N	N X	N X	N	N	*50 15 1

* Animals necropsied

TABLE D2.	INDIVIDUAL	ANIMAL TUMOR	PATHOLOGY	OF FEMALE	MICE IN	THE TWO-YEAR
		GAVAGE STUD	OY OF PENICI	LLIN VK: LO	W DOSE	

ANIMAL NUMBER	0 0 3	0 4 8	0 2 5	0 4 3	005	0 3 9	0 4 5	0 1 1	0 2 6	0 4 1	0 0 2	0 0 7	0 3 1	0 3 2	0 1 0	0 3 0	0 3 8	0 1 6	0 0 1	0 0 4	0 0 6	0 8	0 0 9	0 1 2	0 1 3
WEEKS ON STUDY	0 5 4	0 5 5	0 7 5	0 7 7	0 8 4	0 8 8	0 9 0	0 9 1	0 9 1	0 9 2	0 9 5	0 9 7	0 9 7	0 9 7	0 9 9	0 9 9	1 0 0	1 0 1	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4	1 0 4
INTEGUMENTARY SYSTEM Skin Papilloma, NOS	- +	+	+	+	+	+	+	N	N	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma Trachea	++++	+ +	+	+	+ +	+ +	-+	++	+++	+++	+	+	+++	++	+	++	+++	+++	+	+++	+	+	+++	+	++
HEMATOPOIETIC SYSTEM Bone marrow Spleen Lymph nodes Thymus	- + + + + +	++++	++++-	- + + -	++	+ + + + +	++++-	++++-	+	+ + + + +	++++++	++++	++++-	+ + + +	- - + -	+++++	+ + + + +	+++++	++++++	+ + + +	+++-++	++++	++++	+++++	++++
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma	+++	+ +	+ +	+ +	+ +	+ +	+++	+++	+ +	++++	+ +	++++	+ +	+ +	 +	+ +	+ +	+++	+++	+++	+ + X	+ + X	+ +	+++	+++
Bile duct Galibiadder & common bile duct Pancreas Esophagus Stomach	+ 2 + + +	+ 2 - + +	+ 1 1 + +	+ N +	+ 2 + + +	+ N - + -	+++++	++-+-	+ z + +	+ 1 2 + 1	+ z + + +	+ Z + + +	+ + + + +	+ N +	+ N	+ + + + +	+++++	+ Z + + +	+ + + + +	+++++	+++++	+++++	++++	++++	+++++
Squamous cell papilloma Small intestine Malignant lymphoma, NOS Large intestine	+	-	- +	+ +	X + +	-	+ +	-	-	-	+ +	~ +	+ +	+ +	-	+	- +	++	++	+ +	+ +	++	+ +	+ +	+ +
URINARY SYSTEM Kidney Urinary bladder	++++	++++	+++	+	+++	+++	++	+	+++	+	+++	++++	+	+++	-	++++	+	+++	++++	+++	++++	++++	+++	+++	+++
ENDOCRINE SYSTEM Pituitary Adrenal Adrenal Thyroid Follicular cell adenoma Parathyroid	- + + + +	++++++	++++-	- + -	+ + + +	+ +++ +	- ++ +	+x++ +	+ + + + +	++	+ + -	+ ++ -	- ++ +	++++	-	+ + + +	+ + + +	++++-	++++	+x + + x -	- ++ -	+ ++ -	+ + * *	+ + + +	++++++
REPRODUCTIVE SYSTEM Mammary gland Uterus Ovary Granulosa cell tumor	- + + + -	+ + +	N + +	N + + +	+ + +	N + +	N + +	+ + +	++++	++	N + -	+++++	+ -+ +	++++	N +	N + +	++++	++++	+++ ++ X	+++++	++++	++++	N + + +	+++	++++
NERVOUS SYSTEM 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
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, NOS Malignant lymphoma, histiocytic type	N X	N	N	N X	N	N X	N X	N	N	N X	N X	N	N	N	N	N	N	N	N	N	N	N	N	N X	N

ANIMAL NUMBER	0 1 4	0 1 5	0 1 7	0 1 8	0 1 9	0 2 0	0 2 1	0 2 2	0 2 3	0 2 4	0 2 7	0 2 8	0 2 9	0 3 3	0 3 4	0 3 5	0 3 6	0 3 7	0 4 0	0 4 2	0 4 4	0 4 6	0 4 7	0 4 9	0 5 0	TOTAL:
WEEKS ON STUDY	104	1 0 4	TISSUES TUMORS																							
INTEGUMENTARY SYSTEM Skin Papilloma, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	*50
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma Trachea	+	+ +	+	+	+	+	+++	+	++	+	++	+ +	+	+	+ +	+ +	+ +	+	+++	<u>*</u>	+	+	+++	+++	++	49 1 30
HEMATOPOIETIC SYSTEM Bone marrow Spieen Lymph nodes Thymus	+++++	++++	++++	+++++	++++	++++	++++	++++	++++	++++	++++	+++++	+++++	++++	+ -+ -+	++++	+++++	++++	+++++	+ + + + +	+++++	+++++	++++	++++	+++++	47 48 47 39
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma	++++	++	++	+++	+ +	+ +	+ + X	++	++++	+ + X X	+ +	+++	+ +	+ +	+++	++++	++++	- +	++	++++	++++	++	++	+ +	++++	48 50 4 1
Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach	+++++	++++	++++	+++++	++++	+ + + + +	+ + + + +	+ N + + +	++++	;++++	++++	++++	++++	+ 1 + Z +	++++	++++	++++	++++	+ + + + +	+++++	+ + + + +	+ + + + +	++++	+++++	+ + + + +	50 *50 41 47 45
Squamous cell papilloma Small intestine Malignant lymphoma, NOS Large intestine	+++	+ +	+ +	+ +	+ +	++	+ +	+ +	+ +	+ +	-	+ +	+ +	+ +	+ +	+ +	, + +	, + +	+ + +	+ +	+ +	+ +	+ X +	+ +	+ +	1 40 1 42
URINARY SYSTEM Kidney Urinary bladder	++++	++++	+++	++++	++	++	+++	+++	+ +	+++	 + +	++++	+++	+ +	++++	++++	++++	+ +	+++	++++	++++	++++	+ +	+++++	++++	49 45
ENDOCRINE SYSTEM Pituitary Adenoma, NOS	+	+		+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	*x	+	+	+	+	+	44
Adrenal Thyroid Follicular cell adenoma Parathyroid	+ -	+ + +	-	++ -	+	++++	++++	+ + +	+ + +	++	- + -	+ + +	+ + +	+ - -	+	+ + _	+ + +	+ + +	+ + +	+ + -	+ + -	+ + +	+ + +	+ + +	+	46 43 2 22
REPRODUCTIVE SYSTEM Mammary gland Uterus Ovary Granulosa cell tumor	+++++	+ + +	+++++	++++	N + -	++++	+++++	+++++	+++++	N + +	N +	++++	+ + +	+++++	++++	+ + +	++ +-	+++++	+ + +	+++++	++++	N + +	+ + +	+++++	++++	*50 47 45 1
NERVOUS SYSTEM Brain	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPECIAL SENSE ORGANS Harderian gland Adenoma, NOS	N	N	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50 2
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, NOS Malignant lymphoma, histiocytic type	N	N	N X	N	N	N	N	N	N	N	N X	N X	N	N X	N	N X	N	N	N X	N	N	N	N	N	N X	*50 12 2

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

• Animals necropsied

TABLE D2.	INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE TWO-YEAR	
	GAVAGE STUDY OF PENICILLIN VK: HIGH DOSE	

ANIMAL NUMBER	0 0 5	0 4 0	0 1 4	0 2 5	0 1 3	0 4 1	0 3 1	0 2 6	0 2 2	0 3 8	0 0 4	0 1 6	0 3 3	0 0 2	0 1 1	0 1 0	0 0 9	0 3 5	0 0 1	0 0 3	0 0 6	0 0 7	0 0 8	0 1 2	0 1 5
WEEKS ON STUDY	0 0 4	0 0 4	0 1 7	0 1 7	0 4 1	0 6 1	0 6 6	0 7 9	0 8 1	0 8 1	0 8 5	0 8 6	0 9 1	0 9 2	0 9 8	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
INTEGUMENTARY SYSTEM Subcutaneous tissue Malignant lymphoma, NOS	-	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Trachea	+	+	+	+	+	+	+	+	+	+ x	+	+	+	+	+	+	+	+	+	+	* x	+	+	+	+
HEMATOPOIETIC SYSTEM Bone marrow Spleen Malignant lymphoma, NOS Lymph nodes Thymus	+ + + +	++ ++ ++	++++-	+ + + +	+++-++	+ + + + +	++++	+ + + +	++ ++ ++	++	++++-	++++-	++++++	+ + + + + +	+ + X + +	++++-	++++	+ + + +	+ + +	++++++	++++-	 + + + +	+ + + +	++++++	+ + + +
CIRCULATORY SYSTEM Heart	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma	+++	+++	+++	,+ +	+ +	++++	+++	+++	+ +	- +	+++	+ +	++++	++++	+ +	++++	+++	+ +	+ + X X	+++	+ + X	+ +	+ +	+++	+ +
Al'eolar/bronchiolar carcinoma, metastatic Bile duct Gallbladder & common bile duct Pancreas Esophagus Stomach Adenoma, NOS Adenomatous polyp, NOS Small intestine	+++++++++++++++++++++++++++++++++++++++	+ N + + -	+ N 	+++++++++++++++++++++++++++++++++++++++	+++++	+++++	+ X + + +	+ N - + +	+ Z + + +	X + N	+ X + + +	+ X + + +	+ Z + +	++-++	+ Z + + + -	+++++++++++++++++++++++++++++++++++++++	+++++++++++++++++++++++++++++++++++++++	+++++	+z+++ -	+++++++++++++++++++++++++++++++++++++++	+ X + + +	+++++	+++++	+++++ -	+ X + + + Z +
Large intestine URINARY SYSTEM Kidney	- +	-	+	+	+	÷ +	+ + +	-+	+	- +	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Urinary bladder ENDOCRINE SYSTEM	- +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Pituitary Adenoma, NOS Adrenal Adenoma, NOS	+++	- +	+ +	+ +	+ +	+ +	+ -	-	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ + X
Cortical adenoma Thyroid Parathyroid	+ -	Ξ	-	+ +	+ +	+ ~	+ +	+ +	+ +	-	+ -	+ +	=	+ +	+ +	_	+ +	+ +	+ +	+ +	+ -	+ +	+ 	+ +	+ +
REPRODUCTIVE SYSTEM Mammary gland Squamous cell carcinoma Uterus	+	N +	N +	+	N +	+	+	N +	+	N +	* *	+	N +	+	+	+	N +	+	+	+	+	+	+	+++	+++
Endometrial stromal polyp Ovary Granulosa cell tumor	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	-	+	+	+	+	+ x
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	N	N
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, NOS	N	N	N	N	N	N X	N	N	N	N X	N	N X	N X	N X	N	N	N	N X	N	N X	N	N X	N	N	N X

ANIMAL NUMBER	0 1 7	0 1 8	0 1 9	0 2 0	0 2 1	0 2 3	0 2 4	0 2 7	0 2 8	0 2 9	0 3 0	0 3 2	0 3 4	0 3 6	0 9 7	0 3 9	0 4 2	0 4 3	0 4 4	0 4 5	0 4 6	0 4 7	0 4 8	0 4 9	0 5 0	
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 Malignant lymphoma, NOS	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*50 1
RESPIRATORY SYSTEM Lungs and bronchi Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Trachea	++++	+	+	+	+	+	++	+	+ X	+	++	+	* *	+	++	+	+	++	+	+	+	+	+	+	* *	50 3 2 34
HEMATOPOIETIC SYSTEM Sone marrow Spieen Malignant lymphoma, NOS Lymph nodes Thymus	+++++	+++++	++ ++ +++	+ + + + +	++++++	 ++ +-	++++	++++++++++++++++++++++++++++++++++	+++++	++ ++	+++++	++++-	+++++++++++++++++++++++++++++++++++++++	++ +1	++++++	++ ++ ++	 ++ ++ ++	++ +1	+ + + + +	+ + + +	++++-	 + + + +	+++++	++ ++ ++	++ ++	50 50 1 48 35
CIRCULATORY SYSTEM Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM Salivary gland Liver Hepatocellular adenoma Hepatocellular carcinoma Alveolar/bonchiolar carcinoma, metasta	+++	+ +	+ +	+ +	+ +	++++	++++	++++	+++	+ +	+ + X	+ +	++++	+ +	++++	+ +	+++	+++	+ +	+ +	+++	+++	++++	+ + X	+++	49 50 4 1
Alveolariorantolar carcinoma, metasta Bile duct Galibladder & common bile duct Pancreas Esophagus Stomach Adenoma, NOS	+++++	+ z + + +	++++	++++	++++	+ Z + +	++++	+++++	++++	++++	++++	++++	+++++	+++++	++++	++++	++++	++++	++++	++++	+ 2 + + +	+++++	++++	+++++	++++	50 *50 43 46 47 1
Adenomatous polyp, NOS Small intestine Large intestine	+	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	X + +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	+ +	1 41 46
URINARY SYSTEM Kidney Urinary bladder	 + +	+++	++++	+++	++++	+++	+++	+++	 + +	 + +	+++++	+++	+++	++++	++++	+++	+++	+++	++++	++++	++++	+++	 + +	 + +	++++	50 50
NDOCRINE SYSTEM Pituitary Adrenai Adrenai Adrenai, NOS Corticel adrenoma hyroid		+ + + +	++++++	+ X + +	++++	 + 	+ + +	+ + +	++	++++++	++++	+ X + +	- + +	++++	+ x + + +	+ + +	+ + +	+ +	+ X + +	+ + X +	+++++	- + +	++++	+ + + +	+++++++++++++++++++++++++++++++++++++++	43 6 48 1 1 43
Parathyroid REPRODUCTIVE SYSTEM	+		+				-			+	+			+	+	_	-	+	+		-					23
Aammary gland Squamous cell carcinoma Terus Endometrial stromal polyp Ovary Granulosa cell tumor	+++++++++++++++++++++++++++++++++++++++	+ + +	+ +	+ +	+ +	+ +	+ +	+	+ + +	+ + +	+ + +	+ + X +	+ + +	+ +	+ + +	+ +	+ +	+ + +	+ +	+ +	++	+ + +	+ + +	+ + +	+ + +	*50 1 50 1 48 1
VERVOUS SYSTEM	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
PECIAL SENSE ORGANS Iarderian gland Adenoma, NOS	N	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	*50
ALL OTHER SYSTEMS Multiple organs, NOS Malignant lymphoma, NOS	N X	N	N	N X	N	N X	N	N	N	N X	N	N	N	N	N	N	N X	N	N	N	N	N	N	N	N	*50 14

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 STUDY OF PENICILLIN VK

	Vehicle Control	500 mg/kg	1,000 mg/kg
ung: Alveolar/Bronchiolar Adenoma			<u></u>
Overall Rates (a)	3/50 (6%)	1/49 (2%)	3/50 (6%)
Adjusted Rates (b)	7.4%	3.1%	9.4%
Terminal Rates (c)	0/36 (0%)	1/32 (3%)	3/32 (9%)
Week of First Observation	95	104	104
Life Table Tests (d)	P = 0.540	P = 0.343N	P = 0.603
Incidental Tumor Tests (d)	P = 0.474	P = 0.273 N	P = 0.501
Cochran-Armitage Trend Test (d) Fisher Exact Test (d)	P = 0.593	D-0.216N	D-0.661
r Isner Exact Test (d)		P = 0.316N	P = 0.661
ung: Alveolar/Bronchiolar Adenoma or C	arcinoma		
Overall Rates (a)	4/50 (8%)	1/49 (2%)	5/50 (10%)
Adjusted Rates (b)	9.9%	3.1%	14.6%
Terminal Rates (c)	0/36 (0%)	1/32 (3%)	4/32(13%)
Week of First Observation	95	104	81
Life Table Tests (d)	P = 0.366	P = 0.219N	P = 0.433
Incidental Tumor Tests (d)	P = 0.340	P = 0.139N	P = 0.386
Cochran-Armitage Trend Test (d)	P = 0.421		
Fisher Exact Test (d)		P = 0.187 N	P = 0.500
ematopoietic System: Lymphoma, All Ma	lignant		
Overall Rates (a)	17/50 (34%)	15/50 (30%)	16/50 (32%)
Adjusted Rates (b)	38.5%	37.3%	40.3%
Terminal Rates (c)	10/36 (28%)	9/32 (28%)	9/32 (28%)
Week of First Observation	43	54	61
Life Table Tests (d)		P = 0.511N	
	P = 0.479		P = 0.516
Incidental Tumor Tests (d)	P = 0.382N	P = 0.290N	P = 0.452N
Cochran-Armitage Trend Test (d)	P = 0.457 N	D-0 415N	D-0 FOON
Fisher Exact Test (d)		P = 0.415N	P = 0.500 N
iver: Hepatocellular Adenoma			
Overall Rates (a)	2/50 (4%)	4/50 (8%)	4/50 (8%)
Adjusted Rates (b)	5.6%	12.5%	12.5%
Terminal Rates (c)	2/36 (6%)	4/32 (13%)	4/32 (13%)
Week of First Observation	104	104	104
Life Table Tests (d)	P = 0.222	P = 0.283	P = 0.283
Incidental Tumor Tests (d)	P = 0.222	P = 0.283	P = 0.283
Cochran-Armitage Trend Test (d)	P = 0.274		
Fisher Exact Test (d)		P=0.339	P=0.339
iver: Hepatocellular Adenoma or Carcino Overall Rates (a)	oma 3/50 (6%)	4/50 (8%)	4/50 (8%)
Adjusted Rates (b)	8.3%	12.5%	12.5%
Terminal Rates (c)	3/36 (8%)	4/32 (13%)	4/32 (13%)
Week of First Observation	104	4/32 (13%)	4/32(13%) 10 4
			P = 0.435
Life Table Tests (d)	P = 0.358	P = 0.435	
Incidental Tumor Tests (d)	P = 0.358	P = 0.435	P = 0.435
Cochran-Armitage Trend Test (d)	P = 0.424	D 0 500	D 0 500
Fisher Exact Test (d)		P = 0.500	P = 0.500
orestomach: Squamous Cell Papilloma			
Overall Rates (a)	5/44(11%)	1/45 (2%)	0/47 (0%)
Adjusted Rates (b)	13.1%	2.2%	0.0%
Terminal Rates (c)	4/36 (11%)	0/32 (0%)	0/32 (0%)
Week of First Observation	80	84	,
Life Table Tests (d)	P = 0.015N	P = 0.122N	P = 0.044N
Incidental Tumor Tests (d)	P = 0.004N	P = 0.084N	P = 0.023N
Cochran-Armitage Trend Test (d)	P = 0.009N		
Fisher Exact Test (d)			

	Vehicle Control	500 mg/kg	1,000 mg/kg
Anterior Pituitary Gland: Adenoma			<u></u>
Overall Rates (a)	10/45 (22%)	4/44 (9%)	6/43 (14%)
Adjusted Rates (b)	29.4%	12.1%	22.2%
Terminal Rates (c)	10/34 (29%)	3/30 (10%)	6/27 (22%)
Week of First Observation	104	91	104
Life Table Tests (d)	P = 0.271 N	P = 0.108N	P = 0.368N
Incidental Tumor Tests (d)	P = 0.224N	P = 0.072N	P = 0.368N
Cochran-Armitage Trend Test (d)	P = 0.171N		
Fisher Exact Test (d)		P = 0.078N	P = 0.234N
hyroid Gland: Follicular Cell Adenoma			
Overall Rates (a)	4/45 (9%)	2/43 (5%)	0/43 (0%)
Adjusted Rates (b)	12.1%	6.9%	0.0%
Terminal Rates (c)	4/33 (12%)	2/29 (7%)	0/30 (0%)
Week of First Observation	104	104	
Life Table Tests (d)	P = 0.047N	P=0.397N	P = 0.075 N
Incidental Tumor Tests (d)	P = 0.047N	P = 0.397N	P = 0.075N
Cochran-Armitage Trend Test (d)	P = 0.041N		
Fisher Exact Test (d)	1 - 0.07111	P = 0.360N	P = 0.064N
terus: Adenoma, Adenocarcinoma, or C	arcinoma		
Overall Rates (a)	3/49 (6%)	0/47 (0%)	0/50 (0%)
Adjusted Rates (b)	8.3%	0.0%	0.0%
Terminal Rates (c)	3/36 (8%)	0/31 (0%)	0/32 (0%)
Week of First Observation	104		
Life Table Tests (d)	P = 0.047N	P = 0.148N	P = 0.142N
Incidental Tumor Tests (d)	P = 0.047N	P = 0.148N	P = 0.142N
Cochran-Armitage Trend Test (d)	P = 0.047N P = 0.037N	1 - 0.14014	1 -0.14211
Fisher Exact Test (d)	r = 0.03/14	P = 0.129N	P = 0.117 N
Il Sites: Benign Tumors		10/20 (017)	1
Overall Rates (a)	26/50 (52%)	12/50 (24%)	15/50 (30%)
Adjusted Rates (b)	64.8%	32.9%	46.9%
Terminal Rates (c)	22/36 (61%)	9/32 (28%)	15/32 (47%)
Week of First Observation	80	84	104
Life Table Tests (d)	P = 0.035N	P = 0.012N	P = 0.049N
Incidental Tumor Tests (d)	P = 0.017 N	P = 0.002N	P = 0.045 N
Cochran-Armitage Trend Test (d)	P = 0.014N		
Fisher Exact Test (d)		P = 0.004 N	P = 0.021 N
Il Sites: Malignant Tumors			
Overall Rates (a)	21/50 (42%)	16/50 (32%)	18/50 (36%)
Adjusted Rates (b)	47.1%	40.1%	44.3%
Terminal Rates (c)	13/36 (36%)	10/32 (31%)	10/32 (31%)
Week of First Observation	43	54	61
Life Table Tests (d)	P = 0.466N	P=0.319N	P = 0.508N
Incidental Tumor Tests (d)	P = 0.237 N	P = 0.129N	P = 0.289N
Cochran-Armitage Trend Test (d)	P = 0.302N		
Fisher Exact Test (d)		P = 0.204N	P = 0.341 N
il Sites: All Tumors			
Overall Rates (a)	38/50 (76%)	26/50 (52%)	30/50 (60%)
Adjusted Rates (b)	84.3%	63.6%	74.7%
Terminal Rates (c)	29/36 (81%)	18/32 (56%)	22/32 (69%)
Week of First Observation	43	54	61
Life Table Tests (d)	P = 0.241N	P = 0.075N	P = 0.281N
Incidental Tumor Tests (d)	P = 0.053N	P = 0.005N	P = 0.096N
monucinal runnor resus (u)		1 -0.00011	1 - 0.00011
Cochran-Armitage Trend Test (d)	P = 0.061 N		

TABLE D3. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

TABLE D3. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

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

⁽b) Kaplan-Meier estimated tumor incidences 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).

TABLE D4. HISTORICAL INCIDENCE OF GLANDULAR STOMACH TUMORS IN FEMALE $B6C3F_1$ MICE ADMINISTERED CORN OIL BY GAVAGE (a)

Incidence of Adenomas in Vehicle Controls							
Historical Incidence at Springborn Institute for Bioresearch, Inc.							
Ampicillin trihydrate	0/47 (0%)						
Overall Historical Incidence							
TOTAL SD (c)	(b) 2/1,709 (0.1%) 0.47%						
Range (d) High Low	1/50 0/50						

(a) Data as of August 7, 1986, for studies of at least 104 weeks

(b) Includes one adenomatous polyp; no malignant tumors have been observed; one adenomatous polyp of the pylorus was also observed.

(c) Standard deviation
(d) Range and SD are presented for groups of 35 or more animals.

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK

v	ehicle	Control	Low	Dose	High	Dose
ANIMALS INITIALLY IN STUDY	50		50	·	50	
ANIMALS NECROPSIED	50		50		50	
ANIMALS EXAMINED HISTOPATHOLOGICALLY			50		50	
INTEGUMENTARY SYSTEM						
*Skin	(50)		(50)		(50)	
Ulcer, acute					2	(4%)
Inflammation, active chronic					1	(2%)
Inflammation, chronic focal					2	(4%)
Inflammation, chronic diffuse	1	(2%)				
Fibrosis, focal				(2%)		
Parasitism			1	(2%)		
Pigmentation, NOS						(2%)
Hyperplasia, epithelial				(2%)	1	(2%)
Hyperkeratosis				(2%)		
*Subcutaneous tissue	(50)		(50)		(50)	(0.6)
Foreign body, NOS		(90)			1	(2%)
Inflammation, acute/chronic	1	(2%)			-	(0 5
Abscess, chronic Necrosis, fat	1	(2%)			1	(2%)
RESPIRATORY SYSTEM	(50)		(50)		(50)	
*Nasal cavity	(50)	(60)	(50)		(50)	(00)
Hemorrhage Inflammation, acute focal		(6%) (36%)	16	(2900)		(2%)
Inflammation, acute/chronic		(16%)		(32%)	9	(18%)
Foreign material, NOS		(46%)		(6%) (24%)	7	(1401)
*Nasal gland	(50)	(4070)		(34%)		(14%)
Dilatation, NOS	(50)		(50)		(50)	(90)
*Nasal turbinate	(50)		(50)			(2%)
Hemorrhage	,	(2%)	(00)		(50)	
Crystals, NOS		(2%)				
#Trachea	(37)	(2 n)	(30)		(34)	
Inflammation, acute focal	(01)		• •	(3%)	(04)	
#Tracheal submucosa	(37)		(30)	(0,0)	(34)	
Lymphocytic inflammatory infiltrate	(01)		(00)		,	(3%)
Inflammation, chronic focal						(3%)
#Lung	(50)		(49)		(50)	(0 /0)
Congestion, acute passive		(4%)		(4%)		(8%)
Edema, NOS	-			(2%)	•	,
Hemorrhage	5	(10%)		(2%)	3	(6%)
Lymphocytic inflammatory infiltrate				(10%)		(4%)
Inflammation, acute focal	1	(2%)		(2%)		
Inflammation, acute/chronic	1	(2%)			1	(2%)
Inflammation, chronic focal			2	(4%)		(4%)
Inflammation, granulomatous focal				(2%)		
Foreign material, NOS	1	(2%)			2	(4%)
Hyperplasia, alveolar epithelium			1	(2%)		
Histiocytosis	1	(2%)				
IEMATOPOIETIC SYSTEM						
*Multiple organs	(50)		(50)		(50)	
Hyperplasia, lymphoid	6	(12%)		(14%)		(2%)
#Bone marrow	(49)		(47)		(50)	
Hyperplasia, focal					1	(2%)
Myelofibrosis Hyperplasia, hematopoietic		(2%) (43%)		(49%)		(26%)

	Vehicle	Control	Low	Dose	High	Dose
IEMATOPOIETIC SYSTEM (Continued)					<u> </u>	
#Spleen	(50)		(48)		(50)	
Hemosiderosis				(2%)		
Atrophy, diffuse				(2%)		
Leukemoid reaction				(13%)	1	(2%)
Hyperplasia, hematopoietic	8	(16%)		(2%)		(8%)
Hyperplasia, lymphoid		(18%)		(15%)		(22%)
#Lymph node	(45)		(47)		(48)	(==,
Hyperplasia, lymphoid	, ,	(2%)	()			(4%)
#Mandibular lymph node	(45)		(47)		(48)	,
Inflammation, acute/chronic		(2%)		(2%)	(
Plasmacytosis		(2%)		(2%)	1	(2%)
Hyperplasia, lymphoid		(2%)		(9%)		(6%)
#Bronchial lymph node	(45)	(= (•)	(47)		(48)	(0.0)
Hyperplasia, lymphoid	((2%)	(,	
#Pancreatic lymph node	(45)		(47)	(- · · ·)	(48)	
Hyperplasia, lymphoid		(2%)	(1)		(40)	
#Mesenteric lymph node	(45)	((47)		(48)	
Hemorrhage		(2%)	(=)		(40)	
Inflammation, acute diffuse	1		1	(2%)		
Abscess. NOS				(2%) (2%)		
Inflammation, acute/chronic	1	(2%)	1	(270)		
Amyloidosis	1	(470)			1	(2%)
Histiocytosis	0	(4%)			i	(270)
Histiocytosis Hyperplasia, lymphoid		(4%) (2%)	9	(4%)		
#Renal lymph node		(470)	(47)	(-1/0)	(48)	
Hyperplasia, lymphoid	(45)		(4/)		• •	(2%)
#Thymic lymph node	(45)		(47)		(48)	(470)
Hemorrhage	(40)			(2%)	(40)	
Inflammation, acute/chronic	4	(90)	2	(4%)		
Histiocytosis	1	(2%)		(90)		(90)
Hyperplasia, lymphoid	/FA			(2%)		(2%)
*Cortex of bone	(50)	(0.4.07.)	(50)	(100)	(50)	(00-
Myelofibrosis		(34%)		(42%)		(30%)
#Lung	(50)	(4~)	(49)		(50)	
Hyperplasia, lymphoid		(4%)				
#Salivary gland	(47)		(48)		(49)	(0.0)
Hyperplasia, lymphoid						(2%)
#Liver	(50)		(50)	<i></i>	(50)	
Leukemoid reaction		(07)	2	(4%)		
Hyperplasia, lymphoid	1					(a
Hematopoiesis	-	(10%)				(6%)
#Ovary/parovarian	(47)	(07)	(45)		(48)	
Hyperplasia, lymphoid		(2%)				
#Adrenal	(49)	(22)	(46)		(48)	
Hematopoiesis		(2%)				
#Thymus	(37)	(0.01)	(39)		(35)	
Inflammation, acute/chronic		(3%)	-		-	(a w
Hyperplasia, lymphoid	4	(11%)	2	(5%)	6	(17%)
CIRCULATORY SYSTEM #Heart	(50)		(50)		(50)	
Lymphocytic inflammatory infiltrate	(00)			(2%)	(00)	
#Myocardíum	(50)		(50)		(50)	
Inflammation, chronic focal	(00)		(00)			(2%)
Degeneration, NOS	9	(4%)	1	(2%)		(2%)
#Cardiac valve	(50)	(=0)	(50)	(2,10)	(50)	(470)
Pigmentation, NOS	(00)			(2%)	(50)	
*Pulmonary artery	(50)		(50)	(270)	(50)	
Inflammation, acute/chronic	(00)			(2%)	(00)	
imammation, acute/coronic			1	(470)		

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE
TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle	Control	Low	Dose	High	Dose
IGESTIVE SYSTEM	. <u></u> .			<u> </u>		
*Tooth	(50)		(50)		(50)	
Dysplasia, NOS		(46%)		(62%)		(54%)
*Pulp of tooth	(50)	(10,0)	(50)	(02 /0)	(50)	(04.0)
Abscess, NOS	(00)			(2%)	(00)	
#Salivary gland	(47)		(48)		(49)	
Cyst, NOS				(2%)		
Lymphocytic inflammatory infiltrate				(2%)	2	(4%)
Inflammation, acute focal			1	(2%)		
Fibrosis, multifocal	1	(2%)				
#Liver	(50)		(50)		(50)	
Inflammation, acute				(2%)		
Inflammation, chronic focal	7	(14%)		(4%)		(18%)
Necrosis, focal				(4%)	3	(6%)
Basophilic cyto change			1	(2%)		
Focal cellular change	•	(00)		(90)		(2%)
Cell size alteration		(6%)		(2%)		(2%)
#Liver/Kupffer cell Hyperplasia, diffuse	(50)		(50)	(90)	(50)	
#Liver/hepatocytes	(50)		(50)	(2%)	(50)	
Cytoplasmic vacuolization		(2%)		(2%)	(50)	
Hyperplasia, focal	I	(2.10)	1	(270)	1	(2%)
*Gallbladder	(50)		(50)		(50)	(270)
Eosinophilic cyto change	(00)		(00)			(4%)
#Pancreas	(44)		(41)		(43)	(=,0)
Ectopia	(44)			(5%)	(40)	
Dilatation/ducts			-	(0,0)	1	(2%)
Cyst, NOS			1	(2%)		(2%)
Lymphocytic inflammatory infiltrate	1	(2%)	•		-	(2,0)
Inflammation, chronic focal		(2%)			1	(2%)
#Pancreatic acinus	(44)		(41)		(43)	(= /0 /
Cytoplasmic vacuolization	((/			(2%)
Focal cellular change	1	(2%)				,
Atrophy, focal	3	(7%)	3	(7%)	1	(2%)
Hyperplasia, focal			1	(2%)		
#Peripancreatic tissue	(44)		(41)		(43)	
Necrosis, fat			1	(2%)		
#Gastric fundal gland	(44)		(45)		(47)	
Dilatation, NOS	1			(11%)		(28%)
Eosinophilic cyto change	-	(7%)		(76%)		(87%)
#Glandular stomach	(44)		(45)	· · · · · ·	(47)	
Cyst, NOS				(11%)		(32%)
Inflammation, acute focal				(4%)		(4%)
Inflammation, chronic focal Fibrosis				(22%) (4%)		(64%)
Hyperplasia, epithelial				(42%)		(23%) (81%)
Squamous metaplasia			-	(2%)		(11%)
#Forestomach	(44)		(45)	(2,0)	(47)	(11 %)
Inflammation, acute focal	((4%)	()	
Inflammation, chronic focal	3	(7%)		(2%)	2	(4%)
Hyperplasia, epithelial		(5%)		(2%)		(4%)
Hyperkeratosis				,		(2%)
#Jejunal submucosa	(44)		(40)		(41)	
Amyloidosis		(7%)				(2%)
#Ileal mucosa	(44)		(40)		(41)	
Amyloidosis	,		/			(5%)
#Ileal submucosa	(44)		(40)		(41)	
Amyloidosis	/				4	(10%)
*Rectum	(50)		(50)		(50)	
Lymphocytic inflammatory infiltrate					1	(2%)

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle	Control	Low	Dose	High	Dose
URINARY SYSTEM	·					
#Kidney	(49)		(49)		(50)	
Lymphocytic inflammatory infiltrate		(6%)	((+-)	(10%)
Pyelonephritis, acute			1	(2%)		
Inflammation, acute/chronic			1	(2%)		
Pyelonephritis, chronic					1	(2%)
Nephropathy	1	(2%)			1	(2%)
Infarct, healed	1	(2%)				
Amyloidosis	1	(2%)				
#Perirenal tissue	(49)		(49)		(50)	
Cyst, NOS			1	(2%)		
Inflammation, acute/chronic			1	(2%)		
#Kidney/tubule	(49)		(49)		(50)	
Atrophy, focal	1	(2%)				
#Urinary bladder	(49)		(45)		(50)	
Lymphocytic inflammatory infiltrate			1	(2%)	1	(2%)
#Urinary bladder/mucosa	(49)		(45)		(50)	
Hyperplasia, diffuse	1	(2%)				
NDOCRINE SYSTEM					<u>-</u>	
	(45)		(44)		(40)	
#Anterior pituitary Hemorrhage	(,	(2%)	(44)		(43)	
	-	(2%)		(1906)	=	(100)
Hyperplasia, focal Angiectasis	-		o	(18%)	Q	(12%)
#Adrenal	-	(7%)	(40)		(40)	
	(49)		(46)	(90)	(48)	
Angiectasis #Adrenal/capsulé	(40)			(2%)	(40)	
	(49)	(2%)	(46)		(48)	(901)
Hyperplasia, NOS	-	(2%)	(40)			(2%)
#Adrenal cortex	(49)	(10)	(46)		(48)	
Focal cellular change		(4%)		(00)		
Hypertrophy, focal	1	(2%)		(9%)		
Hyperplasia, focal	(10)			(2%)	(10)	
#Adrenal medulla	(49)	(0~)	(46)		(48)	
Amyloidosis		(2%)	(10)		(10)	
#Thyroid	(45)		(43)	(7%)	(43)	
Follicular cyst, NOS			ა	(1%)		(00)
Inflammation, multifocal				(99)	1	(2%)
Inflammation, chronic focal	-	(100)	-	(2%)		(90)
Hyperplasia, follicular cell		(16%)		(7%)		(2%)
#Pancreatic islets	(44)	(90)	(41)		(43)	
Ectopia		(2%)				
Hyperplasia, focal	1	(2%)				
EPRODUCTIVE SYSTEM						
*Mammary gland	(50)		(50)		(50)	
Hyperplasia, cystic		(4%)		(8%)		(2%)
*Vagina	(50)		(50)		(50)	
Inflammation, acute focal		(2%)	,			(4%)
Inflammation, chronic diffuse	_					(2%)
Hyperplasia, epithelial	1	(2%)			-	
Dysplasia, NOS		(2%)				
#Uterus	(49)		(47)		(50)	
Abscess, NOS	(19)			(4%)		(2%)
Angiectasis	9	(4%)		(2%)		(2%)
#Cervix uteri	(49)		(47)		(50)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Inflammation, acute/chronic		(2%)	(=1)		(00)	
Inflammation, chronic focal	1	(2,0)			1	(2%)
#Uterus/endometrium	(49)		(47)		(50)	(410)
Inflammation, acute focal		(4%)		(11%)		(6%)
		· · · · · · · ·		· · · · · · ·	J	$\langle \mathbf{u}, \mathbf{v} \rangle$

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THETWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle	Control	Low	Dose	High	Dose
REPRODUCTIVE SYSTEM						
#Uterus/endometrium (Continued)	(49)		(47)		(50)	
Hyperplasia, cystic		(80%)		(72%)	• • • • •	(64%)
Metaplasia, squamous				(4%)	1	(2%)
#Endometrial gland	(49)		(47)	(- · · ·)	(50)	(=,
Cyst, NOS	1	(2%)				
Hemorrhage	1	(2%)				
#Ovary/parovarian	(47)		(45)		(48)	
Lymphocytic inflammatory infiltrate					3	(6%)
Inflammation, acute diffuse					1	(2%)
Inflammation, granulomatous focal				(2%)		
#Ovary	(47)		(45)		(48)	
Cyst, NOS		(9%)		(20%)		(15%)
Parovarian cyst	3	(6%)	2	(4%)		(13%)
Hemorrhagic cyst		(0~)	-	(100)		(4%)
Abscess, NOS	1	(2%)	7	(16%)		(2%)
Inflammation, chronic focal		(00)			1	(2%)
Necrosis, focal		(2%)				
Angiectasis	1	(2%)				
NERVOUS SYSTEM						
#Brain/thalamus	(49)		(50)		(50)	
Mineralization		(29%)		(2%)		(36%)
*Facial nerve	(50)		(50)		(50)	
Inflammation, chronic	1	(2%)				
SPECIAL SENSE ORGANS						····
*Harderian gland	(50)		(50)		(50)	
Inflammation, chronic focal						(2%)
Hyperplasia, focal	2	(4%)	1	(2%)	-	
MUSCULOSKELETAL SYSTEM						
*Knee joint	(50)		(50)		(50)	
Inflammation, chronic focal	(00)			(2%)	(00)	
*Abdominal muscle	(50)		(50)	(270)	(50)	
Inflammation, acute focal	(00)			(2%)	(00)	
					, -, - ¹	
30DY CAVITIES *Mediastinum	(50)		(50)		(50)	
Hemorrhage	(00)		(00)			(2%)
Lymphocytic inflammatory infiltrate			1	(2%)	1	(4 70)
Inflammation, acute focal				(2%) (2 %)		
Inflammation, acute/chronic	1	(2%)	1	(2/0)	9	(4%)
Inflammation, granulomatous focal	1		1	(2%)	2	(- 10)
Foreign material, NOS	1	(2%)	1	(470)		
*Abdominal cavity	(50)		(50)		(50)	
Cyst, NOS		(2%)		(2%)		
Inflammation, acute focal		(2%)		(2%)		
Inflammation, acute/chronic	1			(4 %)		
*Pleura	(50)		(50)	(2/0)	(50)	
Inflammation, acute focal	(00)		(00)			(4%)
Inflammation, acute/chronic	1	(2%)			4	
*Pericardium	(50)	.=/	(50)		(50)	
Inflammation, chronic focal		(2%)	((00)	
*Mesentery	(50)		(50)		(50)	
Inflammation, chronic focal			(2.5)			(2%)
Necrosis, fat	4	(8%)	4	(8%)		(8%)

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

TABLE D5. SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE IN THE TWO-YEAR GAVAGE STUDY OF PENICILLIN VK (Continued)

	Vehicle Control	Low Dose	High Dose
ALL OTHER SYSTEMS			
*Multiple organs	(50)	(50)	(50)
Lymphocytic inflammatory infiltrate	1 (2%)		1 (2%)
Inflammation, acute focal		4 (8%)	1 (2%)
Inflammation, acute/chronic		1 (2%)	1 (2%)
Inflammation, chronic focal			2 (4%)

None

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

Penicillin VK, NTP TR 336

Penicillin VK, NTP TR 336

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APPENDIX E

GENETIC TOXICOLOGY OF

PENICILLIN VK AND PENICILLIN V

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G4	Dese			10			ts/plate (b)			. 00	(
Strain	Dose	Tala	-8		+ S9 (han Trial 1			0	Trial		(rat)	Trial 2	
	(µg/plate)	Tria	11	Trial 2	Iriai	1	Trial 2	4	Iriai	1	1 118	u 2	
	0	197 ±	13.9	135 ± 20.7	255 ±	30.2	130 ±	3.6	27 9 ± 2	1.0	144 ±	3.5	
	100	187 ±	4.6	111 ± 13.1	265 ±	8.7	$144 \pm$	5.5	272 ± 1	9.5	$135 \pm$	3.8	
	333	177 ±	9.9	109 ± 6.9	267 ±	6.7	$135 \pm$	4.9	300 ± 1	5.0	141 ±	8.4	
	1,000	168 ±	10.2	98 ± 9.5	246 ±	14.5	111 ±	6.9	244 ±		116 ±	6.8	
	3,333	164 ±	2.9	98 ± 7.0	$213 \pm$	4.5	119 ±	5.1	$267 \pm$		129 ±	5.2	
1	10,000	166 ±	8.3	93 ± 10.5	190 ±	9.2	$102 \pm$	3.3	267 ± 1	4.0	118 ±	10.5	
Trial Posit	summary ive	Negati	ve	Negative	Negati	ve	Negati	ve	Negativ	'e	Negati	ive	
cont	crol(c)	985 ±	74.1	650 ± 34.8	$2,292 \pm$	47.1	2,474 ± 2	27.6	$1,509 \pm 4$	8.0	808 ±	59.0	
TA1535	0	4 ±	1.2	6 ± 1.0	9 ±	0.9	10 ±	0. 9	8 ±	1.3	10 ±	1.2	
	10			7± 0.7			11 ±	0.7			7 ±	0.7	
	33			6± 1.2				0.3			5 ±	0.0	
	100	3 ±	0.3	3± 0.9	8 ±	0.9		0.7	7 ±	0.6	12 ±	1.7	
	333	4 ±	0.6	3 ± 1.5	3 ±	0.6	2 ±	0.6	2 ±	0.0	6 ±	2.3	
	1,000	To	xic	0 ± 0.0	To:	ĸic	0 ±	0.0	Toxic		2 ±	0.3	
	3,333	0 ±	0.0		0 ±	0.0			0 ±	0.0			
:	10,000	0 ±	0.0		0 ±	0.0			0 ±	0.0			
Trial Posit	summary	Negati	ve	Negative	Negati	ve	Negati	ve	Negativ	e	Negati	ive	
cont	crol (c)	961 ±	154.4	153 ± 18.9	229 ±	7.2	81 ±	4.2	290 ± 2	3.7	36 ±	7.5	
TA1537	0	5 ±	1.5	4 ± 1.2	6 ±	0.3	7 ±	1.8	6 ±	0.7	7 ±	0.7	
	10			6 ± 1.2			9 ±	0.7			11 ±	0.3	
	33			3 ± 0.9				1.0			12 ±	1.5	
	100	3 ±	0.6	2 ± 0.3	3 ±	0.3	6 ±	1.7	5 ±	0.0	11 ±	2.7	
	333	3 ±	0.6	3 ± 0.9	2 ±	0.3	2 ±	0.0	2 ±	0.6	4 ±	1.2	
	1,000	То	xic	Toxic	To:	xic	Tox	ic	Toxic		3 ±	1.5	
	3,333	0 ±	0.0		0 ±	0.0			0 ±	0.0			
	10,000	0 ±	0.0		0 ±	0.0			0 ±	0.0			
Trial Posit	summary	Negati	ve	Negative	Negati	ve	Negati	ve	Negativ	e	Negati	ive	
	crol (c)	176 ±	25.7	43 ± 2.3	131 ±	14.6	87 ±	4.6	148 ± 1	1. 9	40 ±	5.8	
TA98	0	22 ±	1.9	19 ± 1.8	28 ±	5.1	24 ±	2.6		5.8	23 ±	1.8	
	100	24 ±	0.9	15 ± 2.6	27 ±	1.5		1.2		4.8	23 ±	2.7	
	333	25 ±	1.0	15 ± 3.0	35 ±	2.3	24 ±	3.8		1.5	25 ±	4.3	
	1,000	17 ±	2.3	12 ± 1.2	37 ±	3.7	26 ±	4.5		1.8	20 ±	2.2	
	3,333	14 ±	0.7	14 ± 1.2	33 ±	2.8	19 ±	4.4		4.0	22 ±	0.3	
	10,000	16 ±	3.5	10 ± 2.2	35 ±	4.7	11 ±	1.9	30 ±	2.8	20 ±	1.5	
Trial Posit	l summary cive	Negati	ve	Negative	Negati		Negati		Negativ		Negati		
cont	rol (c)	311 ±	13.8	309 ± 16.2	$1,882 \pm$	152.6	$1,729 \pm 0$	65.6	827 ± 3	7.6	466 ±	47.6	

TABLE E1. MUTAGENICITY OF PENICILLIN VK IN SALMONELLA TYPHIMURIUM (a)

(a) Study performed at Case Western Reserve University. The detailed protocol is presented in Haworth et al. (1983). Cells and study compound or solvent (distilled water) were incubated in the absence of exogenous metabolic activation (-S9) or with Aroclor 1254-induced S9 from male Syrian hamster liver or male Sprague Dawley rat liver. High dose was limited by toxicity or solubility but did not exceed 10 mg/plate; 0 µg/plate dose is the solvent control.

(b) Revertants are presented as mean \pm standard error from three plates.

(c) Positive control; 2-aminoanthracene was used on all strains in the presence of S9. In the absence of metabolic activation, 4nitro-o-phenylenediamine was used with TA98, sodium azide was used with TA100 and TA1535, and 9-aminoacridine was used with TA1537.

Compound	Compound Concentration (µg/ml)				ative Growth cent)	Mutant Count	Mutant Fraction (c)		
PENICILLIN VKStudy performed at Litton Bionetics, Inc.									
- 59									
Trial 1									
Distilled water (d)		99.0 ±	5.8	100.0 ±	6.7	66.3 ± 2	.6 22.5 ± 0.6		
Penicillin VK	500 1,000 2,000 3,000 4,000 5,000	87.3 ± 91.3 ± 86.7 ± 83.0 ± 81.0 ± 92.7 ±	7.2 3.8 3.0 6.4 3.5 6.1	$78.7 \pm \\68.0 \pm \\65.3 \pm \\73.3 \pm \\66.0 \pm \\69.0 \pm$	4.4 6.0 9.3 4.4 2.1 3.5	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{cccccccccccccccccccccccccccccccccccc$		
Ethyl methanesulfonate		23.0 ±	3.6	6.0 ±	0.6	655.7 ± 56	.6 (e) 990.3 ± 108.4		
Trial 2									
Distilled water (d)		101.5 ±	6.2	100.0 ±	8.2	116.8 ± 6	$.7 38.5 \pm 1.9$		
Penicillin VK	500 1,000 2,000 3,000 4,000 5,000	$102.7 \pm 88.7 \pm 100.7 \pm 95.3 \pm 101.0 \pm 92.7 \pm $	7.0 1.2 10.8 9.0 6.2 7.5	$76.7 \pm 77.0 \pm 77.7 \pm 84.7 \pm 84.0 \pm 71.3 \pm$	0.7 2.5 3.8 4.1 3.5 5.8		$\begin{array}{ccccc} .6 & 33.0 \pm 2.0 \\ .1 & 43.0 \pm 5.6 \end{array}$		
Ethyl methanesulfonate	500	12.0 ±	0.6	2.0 ±	0.0	554.3 ± 15	.0 (e) 1,521.3 \pm 30.3		
+ S9 (induced) (f)									
Trial 1									
Distilled water (d)		87.5 ±	2.6	100.0 ±	7.1	123.5 ± 10	.0 47.5 ± 4.8		
Penicillin VK	(g) 125 (g) 250 (h) 500 1,000 1,500 2,000 3,000	80.5 ± 76.5 ± 97 75.7 ± 95.3 ± 76.0 ± Letha	0.5 4.5 3.3 7.9 4.7	82.0 ± 84.5 ± 73 67.7 ± 48.7 ± 14.0 ±	0.0 11.5 7.2 6.4 3.6	$120.5 \pm 1 \\ 129.5 \pm 3 \\ 235 \\ 214.7 \pm 20 \\ 259.3 \pm 24 \\ 245.3 \pm 15 \\$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$		
Methylcholanthrene	5	28.3 ±	1.9	2.7 ±	0.3	337.3 ± 14	9 (e) 394.7 ± 9.3		
Trial 2									
Distilled water (d)		102.3 ±	4.2	100.0 ±	5. 9	110.3 ± 16	1 35.5 ± 3.9		
Penicillin VK	250 500 1,000 1,500 (i) 2,000 2,500	84.0 ± 74.0 ± 75.0 ± 76.0 ± 61 Letha	7.0	$65.0 \pm 60.0 \pm 48.0 \pm 25.3 \pm 10$	7.1 6.4 6.8 5.5	$134.0 \pm 15 \\ 123.3 \pm 17 \\ 121.0 \pm 5 \\ 218.3 \pm 23 \\ 157 \\ -$	7 (e) 55.3 ± 6.3 3 (e) 55.3 ± 4.8		
Methylcholanthrene	5	23.0 ±	0.6	3.7 ±	0.3	203.3 ± 14	3 (e) 294.3 ± 29.0		

TABLE E2. MUTAGENICITY OF PENICILLIN VK AND PENICILLIN V IN MOUSE L5178Y LYMPHOMACELLS (a,b)

Compound	Concentration (µg/ml)	Cloning Efficiency (percent)	Relative Total Growth (percent)	Mutant Count	Mutant Fraction (c)	
S9 (noninduced) (j)					<u></u>	
Trial 1						
Distilled water (d)		100.3 ± 0.9	100.0 ± 7.5	178.8 ± 17.8	59.5 ± 6.2	
Penicillin VK	500 1,000 (g) 2,000 3,000 4,000 5,000	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$57.0 \pm 4.2 55.0 \pm 9.1 47.5 \pm 5.5 37.0 \pm 5.0 27.3 \pm 2.3 10.3 \pm 4.1$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrr} 79.3 \pm 11.0 \\ 80.0 \pm 6.4 \\ (e) 165.0 \pm 34.0 \\ (e) 173.7 \pm 11.6 \\ (e) 246.3 \pm 11.8 \\ (e) 237.3 \pm 56.5 \end{array}$	
Methylcholanthrene	7	55.7 ± 8.9	15.3 ± 2.0	371.3 ± 31.6	(e) 228.7 ± 23.1	
Trial 2						
Distilled water (d)		81.8 ± 1.8	100.0 ± 3.3	170.3 ± 12.0	70.0 ± 4.7	
Penicillin VK	500 1,000 2,000 3,000 4,000 5,000	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	
Methylcholanthrene	7	64.3 ± 6.1	33.0 ± 3.6	512.7 ± 3.8	(e) 270.7 ± 26.2	
ENICILLIN VKStudy P	erformed at SR	I International				
S9						
Trial 1						
Distilled water (d)		69.8 ± 1.8	100.0 ± 2.7	142.8 ± 7.2	68.5 ± 2.8	
Penicillin VK (g)	1,640 2,050 2,560 3,200 4,000 5,000	$\begin{array}{rrrr} 74.5 \pm & 16.5 \\ 74.5 \pm & 2.5 \\ 80.5 \pm & 3.5 \\ 70.0 \pm & 4.0 \\ 67.5 \pm & 4.5 \\ 69.5 \pm & 3.5 \end{array}$	$\begin{array}{rrrr} 104.0 \pm 10.0 \\ 100.0 \pm 5.0 \\ 111.0 \pm 3.0 \\ 90.5 \pm 11.5 \\ 82.5 \pm 7.5 \\ 79.5 \pm 4.5 \end{array}$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrr} 92.5 \pm & 0.5 \\ 107.0 \pm & 0.0 \\ 107.5 \pm & 9.5 \\ (e) 123.5 \pm & 7.5 \\ (e) 119.0 \pm & 12.0 \\ 102.5 \pm & 12.5 \end{array}$	
Ethyl methanesulfonat	e 500	42.0 ± 2.6	35.7 ± 2.2	$1,003.0 \pm 26.1$	(e) 797.0 ± 48.0	
Trial 2		<i>,</i>				
Distilled water (d)		69.3 ± 2.4	100.0 ± 8.8	52.3 ± 5.0	25.3 ± 3.2	
Penicillin VK (g)	2,050	73.0 ± 6.0 66.0 ± 11.0	83.5 ± 12.5 103.5 ± 12.5	62.5 ± 0.5 69.0 ± 2.0	$\begin{array}{rrrr} 29.0 \pm & 3.0 \\ 36.0 \pm & 7.0 \end{array}$	
i entrinin vir (g)	2,560 3,200 4,000 5,000	$\begin{array}{r} 68.0 \pm 16.0 \\ 64.0 \pm 1.0 \\ 64.5 \pm 0.5 \end{array}$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	61.5 ± 16.5 50.0 ± 9.0 58.0 ± 11.0	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	

TABLE E2. MUTAGENICITY OF PENICILLIN VK AND PENICILLIN V IN MOUSE L5178Y LYMPHOMACELLS (Continued)

Compound	Concentration (µg/ml)	Cloning Efficiency (percent)	Relative Total Growth (percent)	Mutant Count	Mutant Fraction (c)
S9 (induced) (f)					<u> </u>
Trial 1					
Distilled water (d)		78.5 ± 2.6	100.0 ± 5.5	227.3 ± 8.4	96.8 ± 4.
Penicillin VK	(g) 840 (g) 1,050 (h) 1,310 (g) 1,640 (g) 2,050 3,200	$77.0 \pm 2.0 \\ 53.0 \pm 24.0 \\ 65 \\ 50.0 \pm 22.0 \\ 52.5 \pm 1.5 \\ Lethal$	$\begin{array}{rrrr} 62.0 \pm & 2.0 \\ 38.5 \pm & 17.5 \\ 43 \\ 15.0 \pm & 12.0 \\ 8.0 \pm & 1.0 \\ \end{array}$	$560.5 \pm 24.5635.0 \pm 32.0587694.0 \pm 1.0742.5 \pm 17.5$	(e) 242.5 ± 17 . (e) 494.5 ± 206 . 302 (e) 577.5 ± 257 . (e) 468.5 ± 2 .
Methylcholanthrene	5	31.3 ± 1.3	12.0 ± 1.2	690.0 ± 27.3	(e) 732.7 ± 6 .
Trial 2					
Distilled water (d)		70.8 ± 3.1	99.8 ± 6.1	122.0 ± 10.1	57.3 ± 2.
Penicillin VK	(g) 838 (g) 1,048 (g) 1,310 (g) 1,638 (h) 2,048	$\begin{array}{rrrr} 68.5 \pm & 0.5 \\ 55.0 \pm & 5.0 \\ 55.0 \pm & 5.0 \\ 67.5 \pm & 9.5 \\ 32 \end{array}$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrr} (e) 145.0 \pm & 7.\\ (e) 182.5 \pm & 14.\\ (e) 166.0 \pm & 15.\\ (e) 162.0 \pm & 19.\\ & 298 \end{array}$
Methylcholanthrene	5	57.3 ± 2.6	58.0 ± 2.5	434.7 ± 15.9	(e) $254.3 \pm 16.$
ENICILLIN VStudy pe	rformed at Litto	n Bionetics, I	nc.		
S9					
Trial 1					
Acetone (d)		94.5 ± 2.5	100.0 ± 4.7	86.8 ± 3.4	30.8 ± 1.
Penicillin V	(k) 250 500 750 (l) 1,000 (g) 1,500 (g) 2,000	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$58.7 \pm 10.8 \\72.3 \pm 10.2 \\81.3 \pm 6.7 \\87.7 \pm 13.4 \\71.5 \pm 5.5 \\123.0 \pm 37.0$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$
Methyl methanesulfor	ate 5	74.0 ± 6.4	59.0 ± 1.2	527.0 ± 29.5	$(e) 240.0 \pm 19.$
Trial 2					
Acetone (d)		92.0 ± 9.0	100.0 ± 4.7	74.5 ± 4.9	27.8 ± 3.
Penicillin V	(e) 250 500 750 (l) 1,000 1,500 2,000	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$59.7 \pm 1.2 \\73.3 \pm 4.9 \\67.0 \pm 7.2 \\92.7 \pm 12.0 \\92.0 \pm 7.8 \\96.7 \pm 12.3$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$
Methyl methanesulfor	nate 5	43.0 ± 2.5	27.3 ± 4.8	467.7 ± 40.7	(e) 365.7 ± 43

TABLE E2. MUTAGENICITY OF PENICILLIN VK AND PENICILLIN V IN MOUSE L5178Y LYMPHOMACELLS (Continued)

Compound	Concentration (µg/ml)	Cloning Efficiency (percent)	Relative Total Growth (percent)	Mutant Count	Mutant Fraction (c)	
+ S9 (induced) (f)		······				
Trial 1						
Acetone (d)		98.8 ± 7.6	100.0 ± 15.7	97.0 ± 6.6	33.3 ± 3.5	
Penicillin V	(k) 300 400 500 (g) 600 (l) 800 1,000	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	
Methylcholanthrene	2.5	48.3 ± 3.4	17.3 ± 0.7	741.7 ± 47.1	(e) 521.0 ± 58.1	
Trial 2						
Acetone (d)		95.3 ± 5.8	100.0 ± 2.5	76.0 ± 9.3	26.8 ± 2.5	
Penicillin V	(1) 800	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	$\begin{array}{rrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrrr$	
Methylcholanthrene	2.5	33.3 ± 6.6	7.3 ± 1.8	294.0 ± 10.0	(e) 316.7 ± 54.0	

TABLE E2. MUTAGENICITY OF PENICILLIN VK AND PENICILLIN V IN MOUSE L5178Y LYMPHOMA CELLS (Continued)

(a) The experimental protocol is presented in detail by Myhr et al. (1985) and follows the basic format of Clive et al. (1979). The highest dose of study compound is determined by solubility or toxicity and may not exceed 5 mg/ml. All doses are tested in triplicate; the average for the three tests (unless otherwise indicated) is presented in the table. Cells ($6 \times 10^{5/\text{ml}}$) 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 and soft agar supplemented with trifluorothymidine for selection of cells that were mutant at the thymidine kinase (TK) locus, and 600 cells were plated in nonselective medium and soft agar to determine the cloning efficiency.

(b) Mean \pm standard error of replicate trials for approximately 3×10^6 cells each. All data are evaluated statistically for both trend and peak response (P<0.05 for at least one of the three highest dose sets). Both responses must be significantly (P<0.05) positive for a chemical to be considered mutagenic. If only one of these responses is significant, the call is "questionable"; the absence of both trend and peak response results in a "negative" call.

(c) Mutant fraction (frequency) is a ratio of the mutant count to the cloning efficiency, divided by 3 (to arrive at MF per 1×10^6 cells treated); MF = mutant fraction.

(d) Results presented are the average of four tests.

(e) Significant positive response; occurs when the relative mutant fraction (average MF of treated culture/average MF of solvent control) is greater than or equal to 1.6.

(f) Tests conducted with metabolic activation were performed as described in (a) except that S9, prepared from the liver of Aroclor 1254-induced F344 rats, was added at the same time as the study chemical and/or solvent.

(g) Results presented are the average of two tests.

(h) Only one test was performed.

(i) Data presented are the results of one test; doses in two tests were lethal.

(j) Tests conducted with metabolic activation were performed as described in (a) except that noninduced S9, prepared from the liver of untreated F344 rats, was added at the same time as the study chemical and/or solvent.

(k) Acidic pH shift at this and all higher doses

(1) Precipitation of penicillin V at this and all higher doses

Compound	Dose (µg/ml)	Total Cells	No. of Chromo- somes	No. of SCEs	SCEs/ Chromo- some	SCEs/ Cell	Hours in BrdU	Relative SCEs/Cell (percent) (b)
- S9 (c)			<u></u>					
Trial 1Summary: Positiv	ve							
Medium		50	1,035	526	0.51	10.5	26.0	
Penicillin VK	500 1,667 5,000	50 50 50	1,037 1,037 1,029	538 546 759	$\begin{array}{c} 0.52 \\ 0.53 \\ 0.74 \end{array}$	10.8 10.9 15.2	$26.0 \\ 26.0 \\ 26.0$	$102.9 \\ 103.8 \\ 144.8$
Mitomycin C	0.001 0.010	50 5	1,036 103	828 282	$\begin{array}{c} 0.80\\ 2.74\end{array}$	16.6 56.4	26.0 26.0	$158.1 \\ 537.1$
Trial 2Summary: Positiv	'e							
Medium		50	1,046	468	0.45	9.4	26.5	
Penicillin VK	5,000 6,000 7,000 8,000	50 50 50 0	1,045 1,047 1,044	716 812 831	0.69 0.78 0.80	14.3 16.2 16.6	26.5 (d) 36.5 (d) 36.5	152.1 172.3 176.6
Mitomycin C	0.001 0.010	50 5	1,042 104	$\begin{array}{c} 771\\217\end{array}$	0.7 4 2.09	15.4 43.4	$\begin{array}{c} 26.5\\ 26.5\end{array}$	$\begin{array}{c} 163.8\\ 461.7\end{array}$
- S9 (e)								
Trial 1Summary: Negati	ive							
Medium		50	1,035	544	0.53	10.9	26.0	
Penicillin VK	500 1,667 5,000	50 50 50	1,043 1,038 1,031	610 513 564	0.58 0.49 0.55	$12.2 \\ 10.3 \\ 11.3$	26.0 26.0 26.0	111.9 94.5 103.7
Cyclophosphamide	0.4 2	50 5	1,041 105	791 169	0.76 1.61	15.8 33.8	26.0 26.0	145.0 310.1
Trial 2Summary: Negati	ve							
Medium		50	1,050	52 4	0.50	10.5	26.5	
Penicillin VK	8,000 9,000 10,000	50 50 50	1,046 1,047 1,049	504 513 509	0.48 0.49 0.49	10.1 10.3 10.2	26.5 26.5 26.5	96.2 98.1 97.1
Cyclophosphamide	0.4 2	50 5	1,049 104	753 186	0.72 1.7 9	15.1 37.2	26.5 26.5	143.8 354.3

TABLE E3. INDUCTION OF SISTER CHROMATID EXCHANGES IN CHINESE HAMSTER OVARY CELLS BY PENICILLIN VK (a)

(a) Study performed at Litton Bionetics, Inc. SCE = sister chromatid exchange; BrdU = bromodeoxyuridine. A detailed description of the SCE protocol is presented by Galloway et al. (1985). Briefly, Chinese hamster ovary cells were incubated with study compound or solvent (medium) as described in (c) or (e) below and cultured for sufficient time to reach second metaphase division. Cells were then collected by mitotic shake-off, fixed, air-dried, and stained.

(b) SCEs/cell in treated culture expressed as a percent of the SCEs/cell in the control culture

(c) In the absence of S9, Chinese hamster ovary cells were incubated with study compound or solvent for 2 hours at 37° C. Then BrdU was added, and incubation was continued for 24 hours. Cells were washed, fresh medium containing BrdU and colcemid was added, and incubation was continued for 2-3 hours.

(d) Because some chemicals induce a delay in the cell division cycle, harvest times are occasionally extended to maximize the proportion of second division cells available for analysis.

(e) In the presence of S9, cells were incubated with study compound or solvent for 2 hours at 37° C. Then cells were washed, and medium containing BrdU was added. Cells were incubated for a further 26 hours, with colcemid present for the final 2-3 hours. S9 was from the liver of Aroclor 1254-induced male Sprague Dawley rats.

		Trial 1					Trial 2		
Dose (µg/ml)	Total Cells	No. of Abs	Abs/ Cell	Percent Cells with Abs	Dose (µg/ml)	Total Cells	No. of Abs	Abs/ Cell	Percent Cells with Abs
- S9 (b) Harv	est time 2	2.0 h (c)		<u></u>	- S9 (b) H	arvest tin	ne 21.5 h (c)		
Medium					Medium				
	100 100	2 2	0.02 0.02	$2 \\ 2$		50 50	$\frac{1}{2}$	0.02 0.04	2 4
Penicillir VK					Penicillin V	K			
9,000 9,500 10,000	50 50 50	108 109 95	2.16 2.18 1.90	42 50 50	9,000 9,500 10,000	50 25 25	18 77 28	0.36 3.08 1.12	20 64 40
Sur	nmary: Po	ositive				Summary	r: Positive		
Mitomycin C					Cyclophosp	hamide			
0.025 0.063	100 50	25 41	0.25 0.82	18 52	0.025 0.063	50 25	9 23	0.18 0.92	16 48
+ S9 (d) Harv	est time 1	1.0 h							
Medium									
	100 100	1 1	0.01 0.01	1 1					
Penicillin VK									
9,000 9,500 10,000	100 100 100	3 1 2	0.03 0.01 0.02	2 1 2					
Sur	nmary: N	egative							
Cyclophosphar	nide								
7.5 37.5	100 50	11 34	0.11 0.68	10 38					

TABLE E4. INDUCTION OF CHROMOSOMAL ABERRATIONS IN CHINESE HAMSTER OVARY CELLS BY PENICILLIN VK (a)

(a) Study performed at Litton Bionetics, Inc. Abs = aberrations. A detailed presentation of the technique for detecting chromosomal aberrations is found in Galloway et al. (1985). Briefly, Chinese hamster ovary cells were incubated with study compound or solvent (medium) as indicated in (b) or (d). Cells were arrested in first metaphase by addition of colcemid and harvested by mitotic shake-off, fixed, and stained in 6% Giemsa.

(b) In the absence of S9, Chinese hamster ovary cells were incubated with study compound or solvent (medium) for 8-10 hours at 37° C. Cells were then washed, and fresh medium containing colcemid was added for an additional 2-3 hours followed by harvest.

(c) Because of significant chemically induced cell cycle delay, incubation time before addition of colcemid was lengthened to provide sufficient metaphases at harvest.

(d) In the presence of S9, cells were incubated with study compound or solvent (medium) for 2 hours at 37°C. Cells were then washed, medium was added, and incubation was continued for 8-10 hours. Colcemid was added for the last 2-3 hours of incubation before harvest. S9 was from the liver of Aroclor 1254-induced male Sprague Dawley rats.

APPENDIX F

SENTINEL ANIMAL PROGRAM

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TABLE F1	MURINE VIRUS ANTIBODY DETERMINATIONS FOR RATS AND MICE IN THE TWO-YEAR GAVAGE STUDIES OF PENICILLIN VK	161

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 were selected at the time of randomization and allocation of the animals to the various study groups. Five animals of each designated sentinel group were killed at 6, 12, and 18 months on study. The blood from each animal was collected and clotted, and the serum was separated. The serum was cooled on ice and shipped to Microbiological Associates' Comprehensive Animal Diagnostic Service for determination of the viral antibody titers. The following tests were performed:

	Hemagglutination <u>Inhibition</u>	Complement <u>Fixation</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) Sendai	M. Ad. (mouse adenovirus) LCM (lymphocytic choriomeningitis virus) MHV (mouse hepatitis virus)
Rats	PVM KRV (Kilham rat virus) H-1 (Toolan's H-1 virus) Sendai	RCV (rat coronavirus)
D		

II. Results

Results are presented in Table F1.

	Interval (months)	No. of Animals	Positive Serologic Reaction for
RATS	· · · · · · · · · · · · · · · · · · ·		
	6	10/10 10/10	PVM RCV
	12	10/10 10/10	PVM RCV
MICE			
	6	3/10	PVM
	12	9/9 1/9	PVM MHV
	18	5/5	PVM

TABLE F1. MURINE VIRUS ANTIBODY DETERMINATIONS FOR RATS AND MICE IN THE TWO-YEAR GAVAGE STUDIES OF PENICILLIN VK (a)

(a) Blood samples were taken from sentinel animals at 6, 12, and 18 months after the start of dosing; samples were sent to Microbiological Associates (Bethesda, MD) for determination of antibody titers.

Penicillin VK, NTP TR 336

APPENDIX G

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

Pelleted Diet: September 1980 to October 1982

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

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TABLE G4	CONTAMINANT LEVELS IN NIH 07 RAT AND MOUSE RATION	166

TABLE G1. 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		
Dried brewer's 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
/itamins		
A	5,500,000 IU	Stabilized vitamin A palmitate or acetate
D ₃	4,600,000 IU	D-activated animal sterol
Ka	2.8 g	Menadione
d-a-Tocopheryl acetate	20,000 IŬ	
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	<i>d</i> -Biotin
linerals		
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 G2. VITAMINS AND MINERALS IN NIH 07 RAT AND MOUSE RATION (a)

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

Nutrients	Mean ± Standard Deviation	Range	Number Samples
Crude protein (percent by weight)	23.91 ± 0.79	22.7-25.3	24
Crude fat (percent by weight)	4.99 ± 0.43	4.2-5.7	24
Crude fiber (percent by weight)	3.32 ± 0.23	2.9-3.8	24
Ash (percent by weight)	6.49 ± 0.47	5.7-7.43	24
Amino Acids (percent of total die	t)		
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	$\overline{2}$
Lysine	1.250	1.20-1.30	$\frac{1}{2}$
Methionine	0.310	0.306-0.314	2
Phenylalanine	0.967	0.960-0.974	2
Threonine	0.834	0.827-0.840	2
			2 2
Tryptophan	0.175	0.171-0.178	
Tyrosine	0.587	0.566-0.607	2
Valine	1.085	1.05-1.12	2
Essential Fatty Acids (percent of	total diet)		
Linoleic	2.37		1
Linolenic	0.308		1
Arachidonic	0.008		1
Vitamins			
Vitamin A (IU/kg)	$10,920 \pm 1,824$	8,300-15,000	24
Vitamin D (IU/kg)	6,300		1
a-Tocopherol (ppm)	37.6	31.1-44.0	2
Thiamine (ppm)	17.2 ± 1.8	14.0-21.0	(b) 2 3
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 2
Minerals			
Calcium (percent)	1.28 ± 0.18	1.08-1.69	24
Phosphorus (percent)	0.99 ± 0.06	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
	1.00	1 50 1 00	0
Chromium (ppm)	1.86	1.79-1.93	2 2

TABLE G3. 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 G4. CONTAMINANT LEVELS IN NIH 07 RAT AND MOUSE RATION

Contaminants	Mean ± Standard Deviation	Range	Number of Samples
Arsenic (ppm)	0.44 ± 0.19	< 0.05-1.06	24
Cadmium (ppm) (a)	< 0.10		24
Lead (ppm)	1.00 ± 0.73	0.42-3.37	24
Mercury (ppm) (a)	< 0.05		24
Selenium (ppm)	0.31 ± 0.07	0.14-0.52	24
Aflatoxins (ppb) (a,b)	< 10	< 5.0-< 10.0	24
Nitrate nitrogen (ppm) (c)	8.70 ± 3.67	2.1-17.0	24
Nitrite nitrogen (ppm) (d)	2.20 ± 1.59	0.4-6.9	24
BHA (ppm) (d,e)	6.02 ± 4.57	< 0.5-16.0	24
BHT (ppm) (d)	3.03 ± 1.82	0.8-7.0	24
Aerobic plate count (CFU/g) (f)	35,950 ± 27,857	4,900-88,000	24
Coliform (MPN/g) (g)	27.4 ± 52.6	<3-240	22
Coliform (MPN/g) (h)	90.0 ± 237.9	<3-1,100	24
E. coli (MPN/g) (i)	< 3	.,	24
Total nitrosamines (ppb) (j,k)	6.48 ± 5.82	<0.8-18.5	21
Total nitrosamines (ppb) (j,l)	28.76 ± 64.88	<0.8-273.2	24
N-Nitrosodimethylamine (ppb) (j,k)	5.24 ± 5.66	< 0.8-16.5	21
N-Nitrosodimethylamine (ppb) (j,l)	27.29 ± 64.45	< 0.8-272	24
N-Nitrosopyrrolidine (ppb)	1.23 ± 0.79	<0.3-3.5	24
Pesticides (ppm)			
a-BHC (a,m)	<0.01		24
β -BHC (a)	< 0.02		24
γ-BHC-Lindane (a)	<0.01		24
δ-BHC (a)	< 0.01		24
Heptachlor (a)	<0.01		24
Aldrin (a)	< 0.01		24
Heptachlor epoxide (a)	< 0.01		24
DDE (a)	<0.01		24
DDD(a)	<0.01		24
DDT (a)	< 0.01		24
HCB(a)	< 0.01		24
Mirex (a)	< 0.01		24
Methoxychlor (n)	< 0.05	0.09 (8/26/81)	24
Dieldrin (a)	< 0.01		24
Endrin (a)	< 0.01		24
Telodrin (a)	< 0.01		24
Chlordane (a)	< 0.05		24
Toxaphene (a)	<0.1		24
Estimated PCBs (a)	<0.2		24
Ronnel (a)	< 0.01		24
Ethion (a)	< 0.02		24
Trithion (a)	< 0.05		24
Diazinon (n)	<0.1	0.2 (4/27/81)	24
Methyl parathion (a)	< 0.02		24
Ethyl parathion (a)	<0.02		24
Malathion (o)	0.09 ± 0.06	<0.05-0.27	24
Endosulfan I (a)	< 0.01		24
Endosulfan II (a)	< 0.01		24
Endosulfan sulfate (a)	< 0.03		24

TABLE G4. CONTAMINANT LEVELS IN NIH 07 RAT AND MOUSE RATION (Continued)

(a) All values were less than the detection limit, given in the table as the mean.

(c) Source of contamination: alfalfa, grains, and fish meal

(e) Two batches contained less than 0.5 ppm.

(h) Mean, standard deviation, and range include the high values listed in footnote (g).

(i) All values were less than 3 MPN/g.

(o) Ten batches contained more than 0.05 ppm.

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

⁽d) Source of contamination: soy oil and fish meal

⁽f) CFU = Colony-forming unit

⁽g) Mean, standard deviation, and range exclude one very high value of 1,100 obtained for the batch produced on 12/16/80 and one high value of 460 obtained for the batch produced on 9/23/82 (MPN = most probable number).

⁽j) All values were corrected for percent recovery.

⁽k) Mean, standard deviation, and range exclude three very high values in the range of 115-273.2 ppb obtained for batches produced on 1/26/81, 2/23/81, and 4/27/81.

⁽¹⁾ Mean, standard deviation, and range include the very high values given in footnote (k).

⁽m) BHC = hexachlorocyclohexane or benzene hexachloride

⁽n) There was one observation above the detection limit; the value and the date it was obtained are given under the range.

Penicillin VK, NTP TR 336

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APPENDIX H

AUDIT SUMMARY

The experimental data, documents, and pathology specimens for the 2-year toxicology and carcinogenesis studies of penicillin VK in rats and mice were audited for accuracy, consistency, completeness, and compliance with Good Laboratory Practice (GLP) regulations of the Food and Drug Administration (fully implemented by the NTP on October 1, 1981). The studies were conducted for the NTP by Springborn Institute for Bioresearch, Inc., Spencerville, Ohio, under a subcontract with Tracor Jitco, Inc., until May 2, 1983, and then under contract with the NIEHS. Animal dosing began December 1, 1980, for rats and December 8, 1980, for mice. The retrospective audit was conducted at the NTP Archives, Research Triangle Park, North Carolina, from March 2 to March 27, 1987, by Program Resources, Inc. (W.L. Oller, Ph.D., Principal Investigator). Others involved in the conduct of the audit are listed in the full audit report, which is on file at the NIEHS. The audit included a review of:

- (1) All chemistry records.
- (2) All records concerning animal receipt, quarantine, randomization, and disposition prior to study start.
- (3) Body weight and clinical observation data for 10% of the study animals.
- (4) All inlife records concerning environmental conditions, masses, mortality, and animal identification.
- (5) All postmortem records for individual animals concerning identification, disposition codes, condition codes, and correlation between gross and microscopic diagnoses.
- (6) Residual formalin-fixed tissues from rats and mice to resolve potential noncorrelations between gross observations and microscopic diagnoses, to confirm animal identification, and to detect untrimmed potential lesions.
- (7) Slides and blocks of tissues from all animals to verify proper match and accurate labeling.
- (8) Tabulated pathology diagnoses for study animals to verify computer data entry.
- (9) Correlation between the data, results, and procedures presented in the preliminary Board Draft (July 1987) of NTP Technical Report 336 and the records available at the NTP Archives.

The audit of inlife toxicology documents and data showed that procedures were implemented per the Tracor Jitco Basic Ordering Agreement during the conduct of the studies. Seventeen rats and 30 mice were underdosed by 10%-21% one time during the study. Mean body weights for all study groups were recalculated and corrected as needed.

The audit of the analytical chemistry documents and data showed that microfiche documentation from the Midwest Research Institute for purity, identity, stability, and chemical/vehicle referee analyses was present and complete. Records and raw data from Springborn Institute's analyses of the bulk chemical and dose mixtures were present and complete.

The audit of pathology documents, data, and specimens revealed 22 noncorrelations between gross observations and microscopic diagnoses in nontarget organs in rats and 52 noncorrelations between gross observations and microscopic diagnoses in nontarget organs in mice. These were determined to have no impact on the interpretation of the pathology data. Wet tissues were examined for untrimmed potential lesions. Those untrimmed potential lesions involving target organs were subsequently trimmed, embedded, and examined microscopically, and the diagnoses were incorporated into the final pathology data. A random sample of wet tissues was examined for animal identification, and there was no indication that animals were exchanged among groups. Carcasses and/or residual wet tissues of one rat and two mice were incorrectly identified.

In conclusion, the study records at the NTP Archives support the data and results presented in this Technical Report.

NATIONAL TOXICOLOGY PROGRAM TECHNICAL REPORTS **PUBLISHED AS OF APRIL 1988**

TR No	CHEMICAL
200 201 202	2,6-Toluenediamine Dihydrochloride 2,3,7,8-Tetrachlorodibenzo-p-dioxin (Dermal) 1,2,3,6,7,8-Hexachlorodibenzo-p-dioxin and 1,2,3,7,8,9-Hexachlorodibenzo-p-dioxin (Dermal)
203	Phenol
204	Benzoin
205	4,4'-Oxydianiline
206	Dibromochloropropane
207	Cytembena
208	FD & C Yellow No. 6 2,3,7,8-Tetrachlorodibenzo- <i>p</i> -dioxin (Gavage)
209 210	1,2-Dibromoethane (Inhalation)
210	C.I. Acid Orange 10
212	Di(2-ethylhexyl)adipate
213	Butylbenzyl Phthalate
214	Caprolactam
215	Bisphenol A
216	11-Aminoundecanoic Acid
217	Di(2-ethylhexyl)phthalate
219	2,6-Dichloro- <i>p</i> -phenylenediamine C.I. Acid Red 14
$\frac{220}{221}$	Locust Bean Gum
222	C.I. Disperse Yellow 3
223	Eugenol
224	Tara Gum
225	D & C Red No. 9
226	C.I. Solvent Yellow 14
227	Gum Arabic
028	Vinylidene Chloride
$\frac{229}{230}$	Guar Gum
230	Agar Stannous Chloride
232	Pentachloroethane
233	2-Biphenylamine Hydrochloride
234	Allyl Isothiocyanate
235	Zearalenone
236	D- Mannitol
237	1,1,1,2-Tetrachloroethane
238	Ziram
239	Bis(2-chloro-1-methylethyl)ether
240 242	Propyl Gallate Diallyl Phthalate (Mice)
242	Polybrominated Biphenyl Mixture
244	Melamine
247	L-Ascorbic Acid
248	4,4'-Methylenedianiline Dihydrochloride
249	Amosite Asbestos
250	Benzyl Acetate
251	Toluene Diisocyanate
252	Geranyl Acetate
253	Allyl Isovalerate
$255 \\ 257$	1,2-Dichlorobenzene Diglycidyl Resorcinol Ether
259	Ethyl Acrylate

- thyi Acrylate
- Chlorobenzene 261

- TR No. **CHEMICAL**
- 263 1,2-Dichloropropane
- 267 **Propylene** Oxide
- Telone II® 269
- 271HC Blue No. 1
- 272 Propylene
- 273 Trichloroethylene (Four strains of rats)
- Tris(2-ethylhexyl)phosphate 274
- 2752-Chloroethanol
- 276 8-Hydroxyquinoline
- H.C. Red No. 3 281
- 282 Chlorodibromomethane
- Diallylphthalate (Rats) 284
- 285C.I. Basic Red 9 Monohydrochloride
- Dimethyl Hydrogen Phosphite 287
- 288 1,3-Butadiene
- 289 Benzene
- 291 Isophorone
- HC Blue No. 2 293
- 294 Chlorinated Trisodium Phosphate
- Chrysotile Asbestos (Rats) 295
- Tetrakis(hydroxymethy)phosphonium Sulfate and 296 Tetrakis(hydroxymethy)phosphonium Chloride
- Dimethyl Morpholinophosphoramidate 298
- 299 C.I. Disperse Blue 1
- 3-Chloro-2-methylpropene 300
- 301 o-Phenylphenol
- 303 4-Vinylcyclohexene
- 304 Chlorendic Acid
- 305 Chlorinated Paraffins (C23, 43% chlorine)
- 306 Dichloromethane
- 207 Ephedrine Sulfate
- Chlorinated Paraffins (C_{12} , 60% chlorine) 308
- Decabromodiphenyl Oxide 309
- Marine Diesel Fuel and JP-5 Navy Fuel 310
- Tetrachloroethylene (Inhalation) 311
- n-Butyl Chloride 312
- Methyl Methacrylate 314
- Oxytetracycline Hydrochloride 315
- 316 1-Chloro-2-methylpropene
- Chlorpheniramine Maleate 317
- Ampicillin Trihydrate 318
- 1,4-Dichlorobenzene 319
- 320 Rotenone
- 321 Bromodichloromethane
- Phenylephrine Hydrochloride 322
- Dimethyl Methylphosphonate 323
- 324 **Boric Acid**
- 325 Pentachloronitrobenzene
- Ethylene Oxide 326
- 327 Xylenes (Mixed)
- 328
- Methyl Carbamate
- 1,2-Epoxybutane 329
- N-Phenyl-2-naphthylamine 333
- 334 2-Amino-5-nitrophenol

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