NATIONAL TOXICOLOGY PROGRAM Technical Report Series No. 253



NATIONAL TOXICOLOGY PROGRAM

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

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

CARCINOGENESIS STUDIES OF ALLYL ISOVALERATE (CAS NO. 2835-39-4) IN F344/N RATS AND B6C3F1 MICE (GAVAGE STUDY)



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

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NOTE TO THE READER

This is one in a series of experiments designed to determine whether selected chemicals produce cancer in animals. Chemicals selected for testing in the NTP carcinogenesis bioassay program are chosen primarily on the bases of human exposure, level of production, and chemical structure. Selection per se is not an indicator of a chemical's carcinogenic potential. Negative results, in which the test animals do not have a greater incidence of cancer than control animals, do not necessarily mean that a test chemical is not a carcinogen, inasmuch as the experiments are conducted under a limited set of conditions. Positive results demonstrate that a test chemical is carcinogenic for animals under the conditions of the test and indicate that exposure to the chemical has the potential for hazard to humans. The determination of the risk to humans from chemicals found to be carcinogenic in animals requires a wider analysis which extends beyond the purview of this study.

This study was initiated by the National Cancer Institute's Carcinogenesis Testing Program, now part of the National Institute of Environment Health Sciences, National Toxicology Program.

Comments and questions about the National Toxicology Program Technical Reports on Carcinogenesis Bioassays should be directed to the National Toxicology Program, located at Room 835B, Westwood Towers, 5401 Westbard Ave., Bethesda, MD 20205 (301-496-1152) or at Research Triangle Park, NC 27709 (919-541-3991).

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CARCINOGENESIS STUDIES OF ALLYL ISOVALERATE



ALLYL ISOVALERATE

CAS NO. 2835-39-4 C₈H₁₄O₂ Mol. Wt. 142.22

ABSTRACT

Carcinogenesis studies of allyl isovalerate (96% pure) were conducted by administering the test chemical in corn oil by gavage to groups of 50 male and 50 female F344/N rats and to groups of 50 male and 50 female B6C3F₁ mice at doses of 31 or 62 mg/kg. The doses selected were based on the chemically-induced toxic effects and depressed weight gains obtained from the 13-week studies. Doses were administered five times per week for 103 weeks. Groups of 50 rats and 50 mice of each sex received corn oil by gavage on the same dosing schedule and served as vehicle controls.

Survival and mean body weight gain of rats of each sex and male mice were not adversely affected by the administration of allyl isovalerate. The significantly lower survival (P=0.001) and the lower mean body weight gain of low-dose female mice as compared with controls are likely consequences of the high incidence of a genital tract infection in the low-dose females. This infection was probably responsible for the deaths of 11/19 control, 22/33 low-dose, and 13/25 high-dose female mice that died before the end of the study.

Squamous cell papillomas and epithelial hyperplasia of the nonglandular stomach were observed in dosed male mice in the 2-year studies (squamous cell papillomas: 0/50, 1/50, 2%, 3/48, 6%; epithelial hyperplasia: 1/50, 2%; 1/50, 2%; 7/48, 15%). The papillomas occurred with a significant positive trend (P<0.05). The incidence of high-dose male mice with squamous cell papillomas of the nonglandular stomach was also higher (P<0.01) than the historical rate for vehicle control male B6C3F₁ mice in the Bioassay Program (5/881, 0.6%). Forestomach lesions were also observed in female mice: squamous cell papillomas (1/50, 0/50, 2/50) and epithelial hyperplasia of the nonglandular stomach (0/50, 2/50, 3/50). Pancreatic acinar-cell adenomas occurred at higher incidences in the dosed male rats than in the controls (control, 1/50, 2%; low-dose, 4/50, 8%; high-dose, 2/50, 4%). Pancreatic acinar-cell tumors were not observed in female rats. Preputial gland adenomas were observed in increased incidence in low-dose male rats (0/50, 4/50, 8%; P<0.05, 1/50, 2%). Mononuclear-cell leukemias in rats and lymphomas in mice occurred with increased incidences. This consistent dose-response increase among both rats and mice indicates that allyl isovalerate adversely affects the hematopoietic system.

	Vehicle Control	31 mg/kg	62 mg/kg
Mononuclear-Cell Leukemia			
Male Rats (a)	1/50 (2%)	4/50 (8%)	7/50 (14%) <i>(b)</i>
Female Rats (a)	4/50 (8%)	6/50 (12%)	9/49 (18%) (c)
Lymphoma			
Male Mice	4/50 (8%)	6/50 (12%)	8/50 (16%)
Female Mice (a)	11/50 (22%)	11/50 (22%)	18/50 (36%) <i>(b)</i>

(a) Significant (P < 0.05) dose response trend by life table analysis

(b) Significant (P < 0.05) increase by life table analysis when compared with controls

(c) Includes one leukemia, NOS

Cholangiofibrosis, nodular regeneration, cirrhosis, focal necrosis, fatty metamorphosis, and cytoplasmic vacuolization were observed at increased incidences in the livers of high-dose male and female rats in the 2-year study. No compound-related nonneoplastic lesions were observed in the mice of either sex. Liver neoplasms were not increased in either dosed rats or mice of either sex. Significant (P<0.05) decreases in tumor incidences were observed in male mice for hepatocellular carcinomas (18/50, 6/50, 9/50), for alveolar/bronchiolar adenomas or carcinomas (13/50, 6/50, 5/49), and for follicular-cell adenomas of the thyroid gland (5/47, 0/46, 1/49).

Allyl isovalerate was not mutagenic for *Salmonella typhimurium* (tester strains TA 98, 100, 1535, and 1537) with or without metabolic activation.

Under the conditions of these studies, allyl isovalerate was carcinogenic for F344/N rats and $B6C3F_1$ mice, causing increased incidences of hematopoietic system neoplasms (mononuclear-cell leukemia in male rats and lymphoma in female mice).

CONTRIBUTORS

The carcinogenesis studies of allyl isovalerate were conducted at Southern Research Institute under a subcontract to Tracor Jitco, Inc., the prime contractor for the Carcinogenesis Testing Program. The 2-year studies (rats and mice) were begun in January 1979 and were completed in January 1981.

> Principal Contributors at Southern Research Institute 2000 Ninth Avenue South Birmingham, Alabama 35255 (Conducted studies and evaluated tissues)

Daniel R. Farnell, D.V.M., Ph.D. Pathologist (for rats) Herschell D. Giles, D.V.M., Ph.D. Pathologist (for mice) Ruby H. James, B.S. Chemist J. David Prejean, Ph.D. Principal Investigator

Principal Contributors at Tracor Jitco 1776 East Jefferson Street Rockville Maryland 20852 and Research Triangle Park North Carolina 27709

(Prepared preliminary summary report)

Edward T. Cremmins, M.A. Technical Editor

Carolyn E. Dean, B.S. Production Editor

Thomas P. Griffin, D.V.M. Laboratory Operations Coordinator

Abigail C. Jacobs, Ph.D. Bioscience Writer

John G. Keller, Ph.D. Director, Bioassay Program

Marion S. Levy, M.A. Technical Editor Stephen S. Olin, Ph.D. Program Associate Director Michael A. Stedham, D.V.M. Pathologist

William D. Theriault, Ph.D. Reports Manager

Joseph E. Tomaszewski, Ph.D. Chemist John W. Warner, M.S.

Statistician

Louis Wijnberg, Ph.D. Statistician Principal Contributors at the National Toxicology Program National Institute of Environmental Health Sciences Research Triangle Park Box 12233 North Carolina 27709 and Bethesda, Maryland 20205

(Evaluated experiment, interpreted results, and reported findings)

James Huff, Ph.D. (Chemical Manager) Gary A. Boorman, D.V.M., Ph.D. Rajendra S. Chhabra, Ph.D. Michael P. Dieter, Ph.D. J. Fielding Douglas, Ph.D. Charles K. Grieshaber, Ph.D. Larry G. Hart, Ph.D. Joseph K. Haseman, Ph.D. C. W. Jameson, Ph.D. William M. Kluwe, Ph.D. R. R. Maronpot, D.V.M. E. E. McConnell, D.V.M. John A. Moore, D.V.M. Raymond W. Tennant, Ph.D.

The pathology report and selected slides were evaluated on 3 November 1981 by the NTP Pathology Working Group, which included Drs. G. Boorman (NTP), T. Brown (North Carolina State University), B. Bupta (NIEHS), P. Hildebrandt (Tracor Jitco), and R. Maronpot (NTP).

REVIEWERS

National Toxicology Program Board of Scientific Counselors' Technical Reports Review Subcommittee

Margaret Hitchcock, Ph.D. (Chairperson) Pharmacology/Toxicology John B. Pierce Foundation Laboratory New Haven, Connecticut

Curtis Harper, Ph.D. Associate Professor of Pharmacology University of North Carolina Chapel Hill, North Carolina Alice Whittemore, Ph.D.* Biostatistics Stanford University School of Medicine Palo Alto, California

Ad Hoc Subcommittee Panel of Experts

Norman Breslow, Ph.D.* Biostatistics University of Washington Seattle, Washington

Robert M. Elashoff, Ph.D. Biostatistics University of California at Los Angeles Jonsson Comprehensive Cancer Center Los Angeles, California

Joseph Highland, Ph.D.* Toxicology Environmental Defense Fund Washington, D.C.

J. Michael Holland, Ph.D., D.V.M. Pathology Department of Biology Oak Ridge National Laboratory Oak Ridge, Tennessee

Frank Mirer, Ph.D. Toxicology International Union United Auto Workers Detroit, Michigan

*Unable to attend 22 September 1982 meeting

Robert A. Scala, Ph.D. Toxicology Exxon Corporation East Millstone, New Jersey

Bernard Schwetz, Ph.D., D.V.M. (Principal Reviewer) Toxicology Research Laboratory Dow Chemical U.S.A. Midland, Michigan

James Swenberg, Ph.D., D.V.M. (Principal Reviewer) Chief of Pathology Chemical Industry Institute of Toxicology Research Triangle Park, North Carolina

Stan D. Vesselinovitch, D.V.Sc. Departments of Radiology and Pathology University of Chicago Chicago, Illinois

Mary Vore, Ph.D. (Principal Reviewer) Pharmacology University of Kentucky College of Medicine Lexington, Kentucky

SUMMARY OF PEER REVIEW COMMENTS ON THE CARCINOGENESIS STUDIES OF ALLYL ISOVALERATE

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

Dr. Schwetz, a principal reviewer for the report on the carcinogenesis studies of allyl isovalerate, agreed with the conclusions that allyl isovalerate was carcinogenic for F344/N rats and B6C3F₁ mice, causing increased incidences of hematopoietic system lesions (mononuclear-cell leukemia in male rats and lymphoma in female mice). Allyl isovalerate was not mutagenic for Salmonella typhimurium tester strains TA98, 100, 1535, and 1537 (with or without metabolic activation using preincubation suspension). Dr. Schwetz said the abstract should mention the significant decreases observed in male mice of hepatocellular carcinomas, alveolar/bronchiolar adenomas or carcinomas, and follicular-cell adenomas of the thyroid. Dr. Schwetz observed that the historical control data from the testing laboratory supported the positive findings for lymphomas in female mice and for leukemia in male rats, but indicated an equivocal result for leukemias in male rats when the control range across laboratories was considered. He also stated that the genital tract infection which caused a significant number of deaths in female mice should be better defined and characterized in the results section, and the possible impact on the outcome of the study in females should be discussed.

As a second principal reviewer, Dr. Vore agreed with the conclusion which separated incidences of hematopoietic lesions in rats and mice. She mentioned the number of rats killed accidentally, the number of female mice likely to have died of infections, and the fact that the maximum tolerated dose appears not to have been attained.

As a third principal reviewer, Dr. Swenberg commented that for leukemias in male rats, the incidence in high-dose animals was within the historical control range for all laboratories and therefore probably not of biological significance. With regard to lymphomas in female mice, the findings were at best equivocal. He doubted the biological significance for squamous-cell papillomas of the mouse stomach, preputial gland tumors in rats, and pancreatic adenomas in male rats. In sum, he stated the opinion that there is little evidence of carcinogenicity with allyl isovalerate.

Dr. Huff, NTP, stated that the NTP policy was to compare dosed groups with (in order of preference) i) concurrent controls, ii) laboratory specific historical controls, and iii) historical controls across laboratories. Due to a considerable laboratory-to-laboratory variation, the NTP generally uses across laboratory historic rates only for rare tumors. The interlaboratory composite historic control tumor data were, in Dr. Huff's opinion, inappropriate for routine comparisons with individual carcinogenesis bioassays, and thus inappropriate for making interpretive evaluations. Comparing the incidences of hematopoietic lesions in dosed rats and mice with both the concurrent controls and the laboratory specific historic controls, Dr. Huff emphasized a clear dose response and a high-dose effect in two (male rats and female mice) of the four experiments and some evidence of a similar trend in the other two studies (female rats and male mice).

In further discussion, Dr. Elashoff said comparison of historical control data with concurrent controls was difficult because adjusted incidences i.e., correction for survivorship, were used for concurrent control comparisons but not for the historical controls. Dr. J. Haseman, NTP, said for the data on allyl isovalerate, there was little variability with regard to leukemias in rats in other

control groups from the same testing laboratory. [Statistical analyses utilizing historical control data that adjust for differences in survival were done subsequent to the Peer Review meeting and are shown in Appendix I, Table I3, Page 162.] Dr. Holland said the criteria for diagnosing leukemia may vary tremendously from laboratory to laboratory. Thus, he would ignore the historical control data in arriving at any decision about the merits, or lack thereof, of the findings on hematopoietic lesions. There was discussion by Dr. E. McConnell, NTP, about appropriateness of combining leukemias and lymphomas in rats for statistical purposes.

Dr. Schwetz moved that the report on the carcinogenesis studies of allyl isovalerate be accepted subject to the written and verbal revisions discussed. Dr. Vore seconded the motion. The technical report was approved by nine affirmative votes with one abstention (Dr. Holland).

Allyl Isovalerate

I. INTRODUCTION

$$CH_3 \rightarrow CH - CH_2 - C - O - CH_2 - CH = CH_2$$

ALLYL ISOVALERATE

CAS NO. 2835-39-4 C₈H₁₄O₂ Mol. Wt. 142.22

Allyl isovalerate, a synthetic fragrance and flavoring ingredient in use since the 1950s, may be found in various products at the following concentrations: soap, 30 ppm; detergent, 3 ppm; creams, 15 ppm; perfume, 50 ppm; nonalcoholic beverages, 9 ppm; ice cream, 18 ppm; candy, 22 ppm; baked goods, 15-48 ppm; and gelatins and puddings, 1 ppm (Opdyke, 1977; Fenaroli, 1971). A colorless liquid with an apple-like odor and taste, allyl isovalerate is approved by the U.S. Food and Drug Administration for use in foods (U.S. CFR, 1979). Specific production figures are not available, but U.S. production in 1980 exceeded 1,000 pounds (USITC, 1981).

An acute, oral LD_{50} value of 230 mg/kg has been reported for rats of unspecified sex and strain (Moreno, 1977).

Administered orally to rats for 10 days, allyl isovalerate caused necrosis and fibrosis of the liver at a dose of 60 mg/kg body weight/day and cell enlargement and bile duct proliferation at a dose of 150 mg/kg/day (Drake, 1975). Similar hepatic effects were observed in Osborne-Mendel rats administered the closely related chemicals allyl butyrate or allyl caproate at doses of 90 or 100 mg/kg (Hagan et al., 1967; Taylor et al., 1964).

Metabolism

Allyl isovalerate is hydrolyzed *in vivo* to allyl alcohol and isovaleric acid. Allyl alcohol is then oxidized to acrolein (Drake, 1975); isovaleric acid is converted in mice to isovaleryl-CoA (Holze and Panten, 1979). The proposed metabolic pattern of allyl isovalerate is illustrated in Figure 1. Isovaleryl-CoA is produced during the catabolism of leucine and thus is naturally present in humans, rats, and mice (Cohn et al., 1978; Holze and Panten, 1979; Goodman, 1977).

Allyl alcohol is a liver toxicant in rats (Butterworth et al., 1978). High levels of isovaleric acid in the blood (found in humans with metabolic defects) can produce vomiting and lethargy which progress to coma, pancytopenia, and ketoacidosis (Cohn et al., 1978).

Acrolein reacts with glutathione to produce 2aldehydoethylglutathione, which is reduced to an alcohol and excreted as the N-acetylcysteine conjugate (mercapturic acid). Conjugation of acrolein with glutathione occurs in rat liver *in vivo* (Giles, 1979), but has not been demonstrated in other tissues.

Patel et al. (1980) demonstrated the ability of liver tissue from phenobarbital-pretreated rats to metabolize allyl alcohol to acrolein and allylic acid (2-propenoic acid). The characteristics of the oxidation of allyl alcohol to acrolein were consistent with catalysis by alcohol dehydrogenase, while those of oxidation of acrolein to allylic acid were consistent with catalysis by aldehyde dehydrogenase. Allyl alcohol and acrolein were also shown to undergo hepatic microsomal oxidation to the epoxides glycidol and glycidaldehyde (Patel et al., 1980). These epoxides were subsequently hydrolyzed to diols (glycerol, glyceraldehyde) or conjugated with glutathione. The products of the latter reaction were not isolated or identified.

The conjugation of the reactive aldehyde acrolein with glutathione occurs *in vitro* in the absence of enzyme mediation (Giles, 1979), but may be catalyzed by glutathione transferases *in vivo*. Conjugation of an allyl alcohol metabolite with glutathione would appear to be a detoxication reaction, as Hanson and Anders (1978) have reported that diethyl maleate-induced depletion of glutathione enhanced the lethal potency of allyl alcohol in rats.



Figure 1. Metabolism of Allyl Isovalerate

The major toxic effect of the metabolite allyl alcohol in rats is periportal hepatocellular necrosis, a lesion believed to be caused by acrolein, the product of allyl alcohol oxidation (Rees and Tarlow, 1967; Reid, 1972). The hepatotoxic effects of allyl alcohol regress despite continued administration, suggesting adaptation of the liver to the presence of allyl alcohol or acrolein (Butterworth et al., 1978; Lake et al., 1978). The mechanism of the developed "resistence" to allyl alcohol is not known.

Mutagenicity

Allyl isovalerate did not induce any mutagenic response in Salmonella typhimurium tester strains TA 98, 100, 1535, and 1537 (with or without metabolic activation). Exogenous metabolic activation was provided by 9000 x g liver supernatant (S-9) fractions from Aroclor 1254-induced male Sprague-Dawley rats and male Syrian hamsters (see Appendix J) (NTP, 1982). This chemical is undergoing testing in Drosophila melanogaster to determine sex-linked recessive lethal mutations and reciprocal heritable translocations.

Although the allyl isovalerate metabolite allyl alcohol was mutagenic without activation in Salmonella typhimurium (strain unspecified) (Eder and Neudecker, 1978; Eder et al., 1980; Ortali, 1977), the structurally similar allyl caproate was not mutagenic in S. typhimurium TA 100 and TA 98, with or without microsomal activation (Oda et al., 1978). Allyl alcohol was shown to be weakly mutagenic to S. typhimurium (TA 1535) in the presence of the 9,000 x g supernatant fraction from Aroclor 1254-treated hamster liver, and acrolein was demonstrated to be a directacting mutagen in S. typhimurium TA 98 (Lijinsky and Andrews, 1980). The mutagenicity of acrolein to S. typhimurium has been confirmed by a second laboratory (NTP 1980), but acrolein

failed to induce sex-linked recessive lethal mutations in *Drosophilia melanogaster* (NTP, 1982c). In cultured Chinese hamster ovary cells, acrolein induced both chromosome aberrations and sister chromatid exchanges (NTP unpublished results). The allyl alcohol metabolites glycidol and glycidaldehyde are direct-acting mutagens in *S. typhimurium* (McCann et al., 1979). There is considerable evidence, therefore, of genotoxic effects of purported allyl isovalerate metabolites, but not of the parent ester.

Carcinogenicity

A lifetime carcinogenicity study using male Fischer 344/N rats exposed to acrolein in drinking water is currently in progress (IARC, 1981). Inhalation of the respiratory tract irritant acrolein by hamsters at 4 ppm throughout their lifetimes (5 days per week) failed to cause an increase in tumors of the respiratory tract (Personal communication, Dr. P. Nettesheim, National Institute of Environmental Health Sciences; Feron and Kruysse, 1977). No information is currently available concerning the carcinogenic effects of oral administration. A literature survey on acrolein has been published (EPA, 1980).

Glycidaldehyde was reported to cause both benign and malignant local tumors when applied dermally to female Swiss mice throughout their lifetime (IARC, 1976; Van Duuren et al., 1965, 1966, 1967a, 1967b). There is limited evidence, therefore, for the carcinogenicity of one metabolite of allyl isovalerate (glycidaldehyde); the carcinogenic potential of other metabolites (allyl alcohol and acrolein) is currently under study (IARC, 1981; personal communication, Lijinsky).

Allyl isovalerate was tested by the Bioassay Program because of its use in food and cosmetics and because this chemical had not been previously tested for long-term effects or for potential carcinogenicity.

II. MATERIALS AND METHODS

CHEMICAL ANALYSES

DOSE PREPARATION

SHORT-TERM STUDIES

Single-Dose Studies

Fourteen-Day Studies

Thirteen-Week Studies

TWO-YEAR STUDIES

Study Design

Source and Specifications of Test Animals

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Clinical Examinations and Pathology

Data Recording and Statistical Methods

Allyl Isovalerate

CHEMICAL ANALYSES

Food-grade allyl isovalerate was obtained from Research Organics Chemical Corporation (Belleview, NJ) in three lots. Each lot was initially analyzed for purity and identity at Midwest Research Institute (425 Volker Blvd., Kansas City, MO 64110); reanalysis of the bulk chemical and analysis of chemical/vehicle mixtures were performed at Southern Research Institute.

Lot No. 770217 was used for only the singledose studies, being unsuitable for further testing because it contained 16.2% of the free acid and 79.7% of the ester. Lot No. A-634-F was used for only the 14-day studies; titration analysis indicated 94.7% of the ester and a small amount (2.1%) of the free acid. Vapor-phase chromatography showed the presence of two notable impurities that accounted for 3.9% and 2.3% of the area of the major peak. Use of this lot was discontinued when it was learned that the chemical had become contaminated with water and had apparently partially hydrolyzed. Lot No. R011777, used for both the 13-week and 2-year studies, contained 95.6% of the ester (by titration) (Appendix E) and almost no free acid (0.37%). Vapor-phase chromatography indicated the presence of an impurity profile similar to that of Lot No. A-634-F, but with significantly fewer impurities (1.7% and 1.5% for the two major ones). No attempt was made to further characterize these impurities. Elemental analyses for carbon and hydrogen agreed with theoretical values. The infrared, ultraviolet, and nuclear magnetic resonance spectra were consistent with the structure and indicated that the levels of impurities were much lower than those found in the other two lots.

Each lot was stored at 5° C in the dark and was analyzed periodically at the bioassay laboratory during the course of the gavage experiments. Vapor-phase chromatography and infrared spectroscopy indicated that the purity of Lot No. R011777 did not change during the period of the studies.

DOSE PREPARATION

Allyl isovalerate was mixed with corn oil on a weight to volume basis to produce the desired concentration (Table 1). Rats received 5 ml/kg and mice received 10 ml/kg body weight. In the 13-week and 2-year studies, allyl isovalerate/corn oil mixtures were stored at 5° C at the bioassay laboratory for no longer than 7 days.

Allyl isovalerate in corn oil (2% w/v) was analyzed at Midwest Research Institute and was found to be stable at room temperature for 7 days (Appendix F). One set of samples from the 13-week studies and selected (blind) samples

from the 2-year studies of allyl isovalerate in corn oil were analyzed periodically at Southern Research Institute (Appendix G). Results of these analyses and of referee analyses conducted at MRI and at Raltech indicated that the samples from the 13-week studies and all but three of the mixtures analyzed from the 2-year studies were within $\pm 10\%$ of the target concentration. One sample exceeded the optimum range (0.56-0.68 percent v/v) and two were below the acceptable range; both were from the same mixture, and this preparation was not used (Appendix G, Table G2).

SHORT-TERM STUDIES

Single-Dose Studies

Male and female F344/N rats and $B6C3F_1$ mice (C57BL/6N x C3H/HeN MTV⁻) were obtained from Charles River Breeding Laboratories and held for approximately 2 weeks before the test began. Animals were approximately 6 weeks old when placed on study.

Groups of five rats and five mice of each sex were administered allyl isovalerate in corn oil by gavage at a dose of 31, 62, 125, 250, or 500 mg/kg body weight. No controls were used. All animals were observed twice daily for mortality for 14 days.

Animals were housed five per cage and received water and feed *ad libitum* during the observation period. Details of animal maintenance are presented in Table 1. Necropsies were not performed.

Fourteen-Day Studies

Male and female F344/N rats and $B6C3F_1$ mice were obtained from Charles River Breeding Laboratories and held for approximately 2 weeks before the study began. The animals were approximately 6 weeks old when placed on study.

Groups of five males and five females of each species were administered allyl isovalerate in corn oil by gavage for 14 consecutive days at daily doses of 0, 31, 62, 125, 250, or 500 mg/kg body weight.

Animals were housed five per cage and received water and feed *ad libitum*. Details of animal maintenance are presented in Table 1. The rats and mice were observed twice daily for mortality and were weighed weekly. Necropsies were performed on all animals.

Thirteen-Week Studies

Thirteen-week studies were conducted to evaluate the cumulative toxicity of allyl isovalerate and to determine the doses to be used in the 2-year studies.

Four-week-old male and female F344/N rats and B6C3F₁ mice were obtained from Harlan Industries and observed for 16 days. Each species

and sex was assigned to cages according to a table of random numbers. Cages were then assigned to control and dosed groups according to another table of random numbers.

Rats and mice were housed five per cage in polycarbonate cages (Table 1). Racks and filters were replaced once every 2 weeks. Cages and bedding were replaced twice per week. Water (via an automatic watering system) and feed were available *ad libitum*.

Groups of 10 rats and 10 mice of each sex were administered allyl isovalerate in corn oil by gavage at doses of 0, 15, 31, 62, 125, or 250 mg/kg body weight, five times per week for 13 weeks.

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

At the end of the 91-day study, survivors were killed with carbon dioxide. Necropsies were performed on all animals, unless precluded by autolysis or cannibalization. The following tissues were examined microscopically in control and high-dose animals: grossly visible lesions, tissue masses, abnormal lymph nodes, skin, mandibular lymph nodes, mammary gland, salivary gland, thigh muscle, bone marrow, bone, thymus, trachea, lungs and bronchi, heart, thyroid, parathyroid, esophagus, stomach, duodenum, jejunum, ileum, colon, mesenteric lymph nodes, liver, gallbladder (mice), pancreas, spleen, kidneys, adrenals, urinary bladder, seminal vesicles/prostate/ testes or ovaries/uterus, brain, and pituitary. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin.

In addition, the liver was examined histopathologically in all groups except rats and mice of each sex administered 15 mg/ kg allyl isovalerate and female rats and male and female mice administered 31 mg/ kg; the stomachs from rats and mice administered 125 mg/ kg were also examined histopathologically.

TWO-YEAR STUDIES

Study Design

Groups of 50 rats and 50 mice of each sex were administered allyl isovalerate in corn oil by gavage at doses of 31 or 62 mg/kg body weight, 5 days per week for 103 weeks. Groups of 50 rats and 50 mice of each sex received corn oil only and served as vehicle controls.

Source and Specifications of Test Animals

Four-week-old rats and 5-week-old mice were obtained from the Charles River Breeding Laboratories and observed for 2 weeks. Animals were produced under strict barrier conditions through a contract with the NTP Carcinogenesis Bioassay Program. Breeding starts for the foundation colony at the production facility originated at the National Institutes of Health Repository. Animals shipped for Bioassay testing were progeny of defined microbially associated parents that were transferred from isolators to barrier-maintained rooms. Animals were then assigned by species and sex to cages according to a table of random numbers. The cages were then assigned to dosed and control groups according to another table of random numbers.

A quality control skin grafting program has been in effect since early 1968 to monitor the genetic integrity of the inbred mice used to produce the hybrid B6C3F1 test animal. In mid-1981, data were obtained that showed incompatibility between the NIH C3H reference colony and the C3H colony from Charles River Breeding Laboratories. In August 1981, inbred parental lines of mice were further tested for genetic homogeneity via isozyme and protein electrophoregrams which demonstrate phenotype expressions of known genetic loci. The C57BL/6 mice were homogeneous at all loci tested. Eightyfive percent of 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 random-bred stocks.

Male mice from the C3H colony and female mice from the C57BL/6 colony were used as parents for the hybrid $B6C3F_1$ mice used in this bioassay. The influence of the potential genetic non-uniformity in the hybrid mice on the bioassay results is not known. However, the bioassay is valid, since matched concurrent controls were included in the study.

Animal Maintenance

Rats and mice were housed five per cage in polycarbonate cages (Table 1). Cages and bedding were replaced twice per week. Dosed feed, control diets, and tap water were available *ad libitum*.

The temperature in the animal rooms was 20° -24°C and the humidity was 35%-70%. Fifteen changes of room air per hour were provided. Fluorescent lighting provided illumination 12 hours per day.

Clinical Examinations and Pathology

All animals were observed twice daily for signs of morbidity or mortality. Clinical signs were recorded when animals were weighed. Body weights by cage were recorded every week for the first 12 weeks and monthly thereafter. The mean body weight of each group was calculated by dividing the total weight of all animals in the group by the number of surviving animals in the group. Moribund animals and animals that survived to the end of the bioassay were killed using carbon dioxide and necropsied.

Examinations for grossly visible lesions were performed on major tissues or organs. Tissues were preserved in 10% neutral buffered formalin, embedded in paraffin, sectioned, and stained with hematoxylin and eosin. The following were examined microscopically: tissue masses, abnormal lymph nodes, skin, mandibular lymph nodes, mammary gland, salivary gland, thigh muscle, sciatic nerve, bone marrow, costochondral junction (rib), thymus, larynx, trachea, lungs and bronchi, heart, thyroid, parathyroid, esophagus, stomach, duodenum, jejunum, ileum, colon, mesenteric lymph nodes, liver, gallbladder (mice), pancreas, spleen, kidneys, adrenals, urinary bladder, seminal vesicles/prostate/testes or ovaries/uterus, nasal cavity, brain, pituitary, and spinal cord.

Necropsies were performed on all animals, unless precluded by autolysis or cannibalization. Thus, the number of animals from which particular organs or tissues were examined microscopically varies and is not necessarily equal to the number of animals that were placed on study in each group.

The classification of neoplastic nodules was done according to the recommendations of Squire

and Levitt (1975), and the National Academy of Sciences (1980). When the pathology examination was completed, the slides, individual animal data records, and summary tables were sent to an independent quality assurance laboratory. Individual animal records and tables were compared for accuracy, slides and tissue counts were verified, and histotechniques were evaluated. All tumor diagnoses, all target tissues, and all tissues from a randomly selected 10 percent of the animals were evaluated by an experienced pathologist. Slides of all target tissues and those about which the original and quality assurance pathologists disagreed were submitted to the Chairperson of the Pathology Working Group (PWG) for evaluation. Representative slides selected by the PWG Chairperson were reviewed blindly by the PWG's members, expert in rodent pathology, who reached a consensus and compared their findings with the original diagnoses. When conflicts were found, the PWG sent the appropriate slides and their comments to the original pathologist for review. (This procedure is described, in part, by Maronpot and Boorman, in press.) The final diagnosis represents a consensus of contractor pathologists and the NTP Pathology Working Group.

Data Recording and Statistical Methods

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

Probabilities of survival were estimated by the product-limit procedure of Kaplan and Meier (1958) and are presented in this report in the form of graphs. Animals were statistically censored as of the time that they died of other than natural causes or were found to be missing; animals dying from natural causes were not statistically censored. Statistical analyses for a possible dose-related effect on survival used the method of Cox (1972) for testing two groups for equality and Tarone's (1975) extensions of Cox's methods for testing for a dose-related trend. All reported P values for the survival analyses were two-sided.

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

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

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

The second method of analysis assumed that all tumors of a given type observed in animals dying before the end of the study were "incidental"; i.e., they were merely observed at autopsy in animals dying of an unrelated cause. According to this approach, the proportions of animals found to have tumors in dosed and control groups were compared in each of five time intervals: 0-52 weeks, 53-78 weeks, 79-92 weeks, week 93 to the week before the terminal kill, and the terminal kill period. The denominators of these proportions were the number of animals on which autopsies were performed during the time interval. The individual time interval comparisons were then combined by the previously described methods to obtain a single overall result. (See Peto et al., 1980, for the computational details of both methods.)

In addition to these tests, one other set of statistical analyses was carried out and reported in the tables analyzing primary tumors: the Fisher's exact test for pairwise comparisons and Cochran-Armitage linear trend test for dose-response trends (Armitage, 1971; Gart et al., 1979). These tests were based on the overall proportion of tumorbearing animals. Reported P values for tumor analyses are one-sided. For studies in which there is little effect of compound administration on survival, the results of the three alternative analyses will generally be similar. When differing results are obtained by the three methods, the final interpretation of the data will depend on the extent to which the tumor under consideration is regarded as being the cause of death.

	Single-Dose Studies	Fourteen-Day Studies	Thirteen-Week Studies	Two-Year Studies
Experimental Design		····		······································
Size of Test Groups	5 males and 5 females of each species	5 males and 5 females of each species	10 males and 10 females of each species	50 males and 50 females of each species
Doses	31, 62, 125, 250, or 500 mg/kg body weight in corn oil by gavage	0, 31, 62, 125, 250, or 500 mg/kg body weight in corn oil by gavage	0, 15, 31, 62, 125, or 250 mg/kg body weight in corn oil by gavage	0, 31, or 62 mg/kg body weight in corn oil by gavage
Duration of Dosing	Single dose	14 (consecutive) days	13 weeks (5 days/week)	103 weeks (5 days/week)
Type and Frequency of Observation	Observed twice daily for mortality and signs of morbidity	Same as single-dose study	Observed twice daily for mortality and signs of morbidity; weighed weekly	Observed twice daily for mortality and signs of morbidity; weighed weekly for first 12 weeks and monthly thereafter
Necropsy and Histologic Examination	None	Necropsies performed on all animals	Necrospies performed on all animals; following tissues examined histo- logically in control and high-dose groups: brain, pituitary, salivary glands, esophagus, mandibular lymph nodes, thymus, spleen, heart, thyroid, parathyroid, trachea, lungs, and bronchi, stomach, liver, large and small intes- tines, pancreas, mesen- teric lymph nodes, semi- nal vesicles/ prostate/ testes or ovaries/uterus, mammary gland, skin, bone, bone marrow, thigh muscle, kidney, urinary bladder, adrenal glands, gall- bladder (mice), gross	Necrospies performed on all animals; following tissues examined in all groups: tissue masses, abnormal lymph nodes, skin, mandibular lymph nodes, mammary gland, salivary gland, thigh muscle, sciatic nerve, bone marrow, costochon- drial junction (rib), thymus, larynx, trachea, lungs and bronchi, heart, thyroid, parathyroid, esophagus, stomach, duodenum, jejunum, ileum, colon, mesenteric lymph nodes, liver, gall bladder (mice), pancreas, spleen, kidneys, adrenal glands, urinary bladder, seminal vesicles/prostate/testes

TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS OF SHORT-TERM AND TWO-YEAR STUDIES

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TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS OF SHORT-TERM AND TWO-YEAR STUDIES (Continued)

	Single-Dose Studies	Fourteen-Day Studies	Thirteen-Week Studies	Two-Year Studies
Necropsy and Histologic Examination (continued)			lesions, tissue masses, and abnormal lymph nodes; the liver of female rats and male and female mice administered 62 or 125 mg/kg and of male rats administered 31, 62, or 125 mg/kg was also examined histologi- cally; stomach examined in rats and mice adminis- tered 125 mg/kg	or ovaries/uterus, nasal cavity, brain, pituitary, and spinal cord
Animals and Animal Mai	intenance			
Species	F344/N rats; B6C3F1 mice	F344/N rats; B6C3F1 mice	F344/N rats; B6C3F1 mice	F344/N rats; B6C3F1 mice
Animal Source	Charles River Breeding Laboratories (Portage, MI)	Charles River Breeding Laboratories	Harlan Industries (Indianapolis, IN)	Charles River Breeding Laboratories
Time Held Before Start of Test	2 weeks	2 weeks	16 days	2 weeks
Age When Placed on Study	6 weeks	6 weeks	6 weeks	Rats: 46 days Mice: 50 days
Age When Killed	8 weeks	8 weeks	20 weeks	Rats: 112-114 weeks Mice: 112-114 weeks
Method of Animal Distribution	Animals assigned by species and sex to cages according to a table of random numbers. Cages were then assigned to control and dosed groups according to another table of random numbers	Sames as single-dose study	Same as single-dose study	Same as single-dose study

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	Single-Dose Studies	Fourteen-Day Studies	Thirteen-Week Studies	Two-Year Studies
Feed	Wayne Lab-Blox [®] pel- lets, Allied Mills, Inc. (Chicago, IL)	Same as single-dose study	Same as single-dose study	Same as single-dose study
Bedding Beta-Chips® heat- treated hardwood chips, Northeastern Products Corp. (Warrensburg, NY)		Same as single-dose study or sawdust, PWI, Inc. (Louisville, KY)	Same as single-dose study	Same as single-dose study
Water	Edstrom automatic watering system, (Waterford, WI)	Same as single-dose study	Same as single-dose study	Same as single-dose study
Cages	Polycarbonate, Lab Products (Garfield, NJ)	Polycarbonate	Polycarbonate	Polycarbonate
Cage Filters	Reemay spun-bonded polyester filters, Snow Filtration (Cincinnatti, OH)	Same as single-dose study	Same as single-dose study	Same as single-dose study
Animals per Cage	Five	Five	Five	Five
Animal Room Environment	21°-23°C; 30%-60% relative humidity; room air changed 15 times per hour; 9 hours of fluorescent light per day	Same as single-dose study	Same as single-dose study	20°-24°C; 35%-70% relative humidity; room air changed 15 times per hour; 12 hours of fluores- cent light per day
Other Chemical or Test in Same Room	None	None	None	None
Chemical/Vehicle				
Preparation	Allyl isovalerate was mixed with Mazola [®] corn oil	Same as single-dose study	Same as single-dose study	Same as single-dose study
Maximum Storage Time	_	3 days	1 week	1 week
Storage Conditions	_	21°-23°C	5°C	5°C in amber bottles

TABLE 1. EXPERIMENTAL DESIGN AND MATERIALS AND METHODS OF SHORT-TERM AND TWO-YEAR STUDIES (Continued)

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III. RESULTS

RATS

SHORT-TERM STUDIES

Single-Dose Studies

Fourteen-Day Studies

Thirteen-Week Studies

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Survival

Pathology and Statistical Analyses of Results

MICE

SHORT-TERM STUDIES

Single-Dose Studies Fourteen-Day Studies

Thirteen-Week Studies

TWO-YEAR STUDIES

Body Weights and Clinical Signs

Survival

Pathology and Statistical Analyses of Results

SHORT-TERM STUDIES

Single-Dose Studies

One male and two females receiving 500 mg/kg died. Deaths occurred on day 2 (one male and one female) and day 3 (one female). Decreased activity and ruffled fur were observed in all animals that received 500 mg/kg; these effects were considered to be compound related.

Fourteen-Day Studies

All rats that received 500 mg/kg were dead by the afternoon of day 2 (Table 2). Two males and two females administered 250 mg/kg also died. Mean body weights relative to controls were depressed by 23% in male rats administered 250 mg/kg and by 13% in female rats that received 250 mg/kg. Other groups had comparable final body weights.

Inactivity, labored breathing, diarrhea, and ruffled fur were seen in male and female rats administered 250 or 500 mg/kg; these effects were considered to be compound related. At necropsy, grossly visible dark red areas were observed on the stomach wall of 3/5 males and 3/5 females that received 500 mg/kg.

TABLE 2. SURVIVAL AND MEAN BODY WEIGHTS OF RATS ADMINISTERED ALLYLISOVALERATE BY GAVAGE FOR 14 DAYS

		Mean Body Weight (grams)			Body Weight Relative to
Dose (mg/kg)	Survival (a)	Initial	Final	Change (b)	Controls (c) (percent)
Males					<u></u>
0	5/5	119.2 ± 6.6	170.6 ± 9.3	$+51.4 \pm 3.7$	
31	5/5	113.6 ± 5.1	185.2 ± 11.3	$+71.6 \pm 6.8$	+ 8.6
62	5/5	120.2 ± 7.6	171.0 ± 8.4	$+50.8 \pm 1.4$	- 0.2
125	5/5	114.2 ± 3.5	161.6 ± 5.9	$+47.4 \pm 4.6$	- 5.3
250	3/5	105.0 ± 3.6	131.3 ± 2.7	$+26.3 \pm 6.2$	-23.0
500	0/5	(d)	(d)	(d)	
Females					
0	5/5	96.6 ± 4.1	129.4 ± 4.3	$+ 32.8 \pm 1.1$	
31	5/5	102.2 ± 1.6	133.0 ± 2.5	$+30.8 \pm 1.9$	+ 2.8
62	5/5	93.4 ± 4.0	119.2 ± 5.0	$+25.8 \pm 1.2$	- 7.9
125	5/5	97.4 ± 2.9	125.2 ± 5.1	$+27.8 \pm 2.8$	- 3.2
250	3/5	98.3 ± 1.7	112.0 ± 5.5	$+ 13.7 \pm 6.6$	-13.4
500	0/5	(d)	(d)	(d)	

(a) Number surviving/number initially in the group. All calculations are based on those animals surviving to the end of the study.

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

(c) Weight of the dosed group relative to that of the controls

----- × 100

Weight (Control Group)

(d) No data are presented due to the 100% mortality.

Thirteen-Week Studies

All 10 males and 4/10 females that received 250 mg/kg died (Table 3). Mean body weight

gains relative to controls were depressed 14% in male rats that received 125 mg/kg and 16% in female rats that received 250 mg/kg. Final body weights were comparable between other groups.

TABLE 3. SURVIVAL AND MEAN BODY WEIGHTS OF RATS ADMINISTERED ALLYL ISOVALERATE BY GAVAGE FOR 13 WEEKS

		Mean Body Weight (grams)			Body Weight Relative to
Dose (mg/kg)	Survival (a)	Initial	Final	Change (b)	Controls (c) (percent)
Males			· · · · · · · · · · · · · · · · · · ·		
0	10/10	109.7 ± 3.0	304.1 ± 8.8	$+194.4 \pm 8.1$	
15	10/10	107.8 ± 3.2	300.7 ± 7.3	$+192.9 \pm 6.2$	- 1.1
31	10/10	106.0 ± 3.4	298.7 ± 7.5	$+192.7 \pm 6.5$	- 1.8
62	10/10	106.7 ± 3.0	282.9 ± 3.5	$+176.2 \pm 3.4$	- 7.0
125	10/10	109.3 ± 3.9	261.8 ± 6.9	$+152.5 \pm 5.0$	-13.9
250	0/10 <i>(d)</i>	(e)	(e)	<i>(e)</i>	
Females					
0	10/10	91.4 ± 2.3	174.7 ± 3.9	$+83.3 \pm 3.5$	
15	10/10	91.6 ± 3.1	178.4 ± 5.0	$+86.8 \pm 2.6$	+ 2.1
31	10/10	90.7 ± 2.5	169.8 ± 3.9	$+79.1 \pm 2.6$	- 2.8
62	10/10	93.5 ± 3.0	174.8 ± 3.4	$+81.3 \pm 3.1$	0.0
125	10/10	89.3 ± 3.1	167.8 ± 7.3	$+78.5 \pm 4.4$	- 3.9
250	6/10 <i>(f)</i>	87.8 ± 2.1	146.5 ± 7.5	$+58.7 \pm 6.6$	-16.1

(a) Number surviving/number initially in the group. All calculations are based on those animals surviving to the end of the study.

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

(c) Weight of the dosed group relative to that of the controls \square

Weight (Dosed Group) – Weight (Control Group) Weight (Control Group)

× 100

(d) Deaths occurred during weeks 6-13.

(e) No data are presented due to the 100% mortality.

(f) Deaths occurred during weeks 6, 9, 11, and 12.

Male and female rats administered 250 mg/kg were inactive after dosing and the fur in the pelvic area was yellow. These effects were related to administration of allyl isovalerate. The following dose-related effects were observed in male and female rats at necropsy: thickening of the intestinal wall, redness of the mucosal surfaces of the intestines and urinary bladder, and enlargement of the internal lymph nodes and adrenal glands; however, no lesions were identified histopathologically at these sites. Histopathologic examination revealed the following compound-related liver lesions in rats administered 250 mg/kg: multifocal coagulative necrosis (7/10 males and 5/9 females), cholangiofibrosis (6/10 males and 1/9 females), bile duct hyperplasia (7/10 males and 8/9 females), and nodular hyperplasia (2/10 males and 7/9 females). Liver lesions were observed in other dosed groups (particularly in males and females receiving 125 mg/kg) and are presented in Table 4.

Because of the depression in mean body weight gain and because of the liver lesions observed in the 13-week studies, doses of 31 and 62 mg/kg were set for rats on the 2-year study.

	Dose (mg/kg)									
		Males				Females				
	0	31	62	125	250	0	62	125	250	
Number of animals examined	10	10	10	10	10	10	10	10	9	
Diagnosis										
Coagulative necrosis (multi-focal)	0	0	0	0	7	0	0	0	5	
Cholangiofibrosis	0	0	0	0	6	0	0	0	1	
Bile duct hyperplasia	0	0	0	3	7	0	0	4	8	
Nodular hyperplasia	0	0	0	0	2	0	0	0	7	
Cytoplasmic vacuolation	6	9	7	9	0	0	0	1	1	
Basophilic cytoplasmic change	0	0	1	8	0	0	0	7	0	

TABLE 4. NUMBERS OF F344/N RATS WITH LIVER LESIONS IN THE 13-WEEK STUDY

TWO-YEAR STUDIES

Body Weights and Clinical Signs

There were no remarkable effects of allyl isovalerate on body weights. Throughout the second year of the study, mean body weights of low-dose male rats were higher than those for the controls (Figure 2 and Table 5). Mean body weight gains for high-dose males were lower than those for the controls until week 93. After week 70, mean body weights of low- and high-dose female rats were higher than those of the controls. No other compound-related clinical signs were observed.



Figure 2. Growth Curves for Rats Administered Allyl Isovalerate in Corn Oil by Gavage

Week	Cumulativ	ve Mean Body Weig (grams)	Weight Change Relative to Controls (percent) (a)			
No.	Control	Low Dose	High Dose	Low Dose	High Dose	
Males		•••• <u>•••</u> •••••••••••••••••••••••••••••			<u></u>	
0	154 <i>(b)</i>	151 <i>(b)</i>	153 (b)			
1	37	38	33	+3	-11	
22	221	233	203	+5	- 8	
41	278	291	253	+5	- 9	
59	307	326	286	+6	- 7	
80	321	342	309	+7	- 4	
101	289	313	302	+8	+ 4	
Final Body						
Weights	443	464	455	+5 (c)	+ 3 (c)	
Females						
0	119 <i>(b)</i>	115 (b)	117 <i>(b)</i>			
1	21	23	22	+10	+ 5	
22	87	92	94	+ 6	+ 8	
41	115	124	122	+ 8	+ 6	
59	141	155	155	+10	+10	
80	172	193	196	+12	+14	
101	176	208	212	+18	+20	
Final Body						
Weights	295	323	329	+ 9 (c)	+12 (c)	

TABLE 5. CUMULATIVE MEAN BODY WEIGHT CHANGE (RELATIVE TO CONTROLS) OF RATS ADMINISTERED ALLYL ISOVALERATE BY GAVAGE FOR 2 YEARS

(a) Weight change of the dosed group relative to that of the controls
 Weight Change (Dosed Group) - Weight Change (Control Group)

Weight Change (Control Group)

(b) Initial Weight

(c) Final body weight relative to controls (percent)

Survival

Estimates of the probabilities of survival of male and female rats administered allyl isovalerate by gavage at doses of 0, 31, or 62 mg/kg body weight are shown by the Kaplan and Meier curves in Figure 3. No significant differences in survival were observed between any groups of male rats or of female rats.

In male rats, 34/50 (68%) of the controls, 30/50 (60%) of the low-dose, and 28/50 (56%) of the high-dose group lived to the end of the study at 105-107 weeks. In female rats, 38/50 (76%) of the controls, 36/50 (72%) of the low-dose, and

29/50 (58%) of the high-dose group lived to the end of the study at 105-107 weeks. The survival data include one male and one female control animal that died during the termination period of the study. For the statistical evaluation of tumor incidence, these animals have been pooled with those killed at the end of the study.

× 100

Three control males, four low-dose males, four high-dose males, one low-dose female, and two high-dose females were accidentally killed. These 14 animals were censored from the statistical analysis of survival; they are included in the curve depicting the probability of survival (Figure 3) only until the time of death.


Figure 3. Survival Curves for Rats Administered Allyl Isovalerate in Corn Oil by Gavage

Pathology and Statistical Analyses of Results

Histopathologic findings on neoplasms in rats are summarized in Appendix A, Tables A1 and A2; Appendix Tables A3 and A4 give the survival and tumor status for individual male and female rats. Findings on nonneoplastic lesions are summarized in Appendix C, Tables C1 and C2. Historical incidences of tumors in control animals are listed in Appendix H. Appendix K, Tables K1 and K2, contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups. The statistical analyses used are discussed in Chapter II, (Data Recording and Statistical Methods) and Appendix K (footnotes).

Hematopoietic System: A significant positive trend was observed in the incidence of male rats with mononuclear-cell leukemia (referred to as monocytic leukemia in Appendix A), and the results of the pairwise comparison between the control and high-dose groups were statistically significant. A statistically significant trend was observed in the incidence of female rats with leukemia. Additionally, two other high-dose male rats and one control and one high-dose female rat had lymphomas.

	Vehicle Control	31 mg/kg	62 mg/kg
Males	·····		····
Leukemia			
Overall Incidence	1/50 (2%)	4/50 (8%)	7/50 (14%)
Adjusted Incidence	2.8%	10.9%	22.0%
Terminal Incidence	0/34 (0%)	0/30 (0%)	4/28 (14%)
Life Table Test	P=0.015	P=0.183	P=0.022
Incidental Tumor Test	P=0.023	P=0.482	P=0.044
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.021	P=0.181	P=0.030
Females			
Leukemia			
Overall Incidence	4/50 (8%)	6/50 (12%)	9/49 (18%)
Adjusted Incidence	9.9%	15.1%	22.8%
Terminal Incidence	3/38 (8%)	4/36 (11%)	2/29 (7%)
Life Table Test	P=0.050	P=0.354	P=0.075
Incidental Tumor Test	P=0.173	P=0.474	P=0.265
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.082	P=0.370	P=0.109

TABLE 6. INCIDENCES OF HEMATOPOIETIC TUMORS IN F344/N RATS

Preputial Gland: The incidences of low-dose male rats with adenomas alone or with adenomas or carcinomas combined were significantly higher than those in the controls. However, results of comparisons between the control and the highdose groups were not statistically significant.

	Vehicle	31 mg/kg	62 mg/kg
Adenoma			
Overall Incidence	0/50 (0%)	4/50 (8%)	1/50 (2%)
Adjusted Incidence	0.0%	13.3%	3.6%
Terminal Incidence	0/34 (0%)	4/30 (13%)	1/28 (4%)
Life Table Test	P=0.322	P=0.048	P=0.461
Incidental Tumor Test	P=0.322	P=0.048	P=0.461
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.390	P=0.059	P=0.500
Adenoma or Carcinoma			
Overall Incidence	0/50 (0%)	5/50 (10%)	2/50 (4%)
Adjusted Incidence	0.0%	16.7%	7.1%
Terminal Incidence	0/34 (0%)	5/30 (17%)	2/28 (7%)
Life Table Test	P=0.175	P=0.023	P=0.196
Incidental Tumor Test	P=0.175	P=0.023	P=0.196
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.238	P=0.028	P=0.247

TABLE 7. INCIDENCES OF PREPUTIAL GLAND TUMORS IN MALE F344/N RATS

Pancreas: Acinar-cell adenomas were observed in 1/50(2%) control males, 4/50(8%) low-dose males, and 2/50(4%) high-dose males. These incidences were not statistically significant. Atrophy of the pancreas was increased slightly in the 62 mg/kg male rats (Appendix C, Table C1).

Liver: Several nonneoplastic lesions were observed in dosed male and female rats at incidences higher than those seen in the controls (Table 8). Enlarged hepatocytes around portal triads were observed in the low-dose animals. The cytomegalic changes in the affected hepatocytes included enlarged nuclei, increased cytoplasm, and slightly increased numbers of eosinophils in adjacent tissues. The composition of the lesion varied from only a few cells around portal triads to altered cells that extended midway to the central vein. Mild periportal fibrosis was observed in the livers of low-dose male and female rats. Yellow/green-staining granular pigment accumulated in the fibrous tissue in the periportal areas and was occasionally observed in cells lining the sinusoids. Extensive periportal fibrosis, with fibrous bands connecting portal areas, was observed in livers of some high-dose male and female rats. A few lymphocytes occasionally accumulated in this periportal area. Narrow rims of cytomegalic hepatocytes encircled the fibrous areas.

The occurrences of liver neoplasms were not different between groups.

TABLE 8.	INCIDENCES OF F344/N RATS WITH NEOPLASTIC AND NONNEOP	LASTIC LESIONS IN
	THE LIVER IN THE 2-YEAR STUDY	

		Males		Females		
	Control	Low Dose	High Dose	Control	Low Dose	High Dose
No. of animals examined	50	50	50	50	50	49
Cholangiofibrosis	0	1	5	0	0	4
Cirrhosis	0	2	5	0	0	8
Focal Necrosis	1	2	7	0	2	4
Fatty Metamorphosis	3	2	8	0	3	5
Nodular Regeneration	0	5	8	1	3	8
Cytoplasmic Vacuolization	15	9	22	3	2	18
Pigmentation	0	0	1	0	1	. 2
Neoplastic Nodule	1	1	2	1	1	0
Hepatocellular Carcinoma	0	1	1	0	0	0

Eye: Retinopathy and cataracts were observed in increased incidences in high-dose males and low-dose females.

These findings were not considered to be related to the administration of allyl isovalerate because high incidences of retinopathy and cataracts in male and female rats at this laboratory have been previously correlated with the proximity of the animals to fluorescent light. In this study, the groups with high incidences of retinopathy and cataracts were housed in the uppermost racks—those closest to the fluorescent lights (Chignell et al., 1981; Greenman et al., 1982).

	Males			Females			
	Control	Low Dose	High Dose	Control	Low Dose	High Dose	
Retinopathy Cataracts	1/50 (2%) 1/50 (2%)	0/50 (0%) 0/50 (0%)	21/50 (42%) 21/50 (42%)	4/50 (8%) 1/50 (2%)	21/50 (42%) 19/50 (38%)	2/49 (4%) 2/49 (4%)	

INCIDENCES OF RETINOPATHY AND CATARACTS IN F344/N RATS

Pituitary: The incidences of low-dose male rats with adenomas were significantly lower than the incidence in the controls, and a statistically significant negative trend was observed. The incidences of dosed female rats with this tumor were not statistically significant in comparison with controls (13/44; 17/49; 13/48).

14/49 (29%) 37.5% 11/34 (32%) P=0.231N P=0.041N	5/46 (11%) 15.3% 4/28 (14%) P=0.037N P=0.032N	9/49 (18%) 24.8% 3/27 (11%) P=0.315N P=0.048N
	14/49 (29%) 37.5% 11/34 (32%) P=0.231N P=0.041N P=0.125N	14/49 (29%) 5/46 (11%) 37.5% 15.3% 11/34 (32%) 4/28 (14%) P=0.231N P=0.037N P=0.041N P=0.032N P=0.125N P=0.028N

TABLE 9. INCIDENCES OF PITUITARY ADENOMAS IN MALE F344/N RATS

Thyroid: Low-dose male rats had a significantly (P < 0.05) lower incidence of C-cell carcinomas than did the controls (control, 6/50; low-dose, 0/47; high-dose, 3/47). The results of the trend tests and the comparison of control versus high-dose incidences were not significant. The

combined incidence of low-dose male rats with either C-cell adenomas or carcinomas was not significant (control, 10/50; low-dose, 7/47; highdose, 5/47). These tumors were not seen in female rats in statistically significant proportions (control, 4/48; low-dose, 8/50; high-dose, 5/46).

SHORT-TERM STUDIES

Single-Dose Studies

Two males and one female administered 500 mg/kg died. Deaths occurred on day 2 (one male and one female) and day 3 (one male). Slight inactivity, ruffled fur, and yellowish feces were observed in mice that received 500 mg/kg; these effects were considered to be related to administration of allyl isovalerate.

Fourteen-Day Studies

All male and female mice that received 500 mg/kg were dead by the afternoon of day 2 (Table 10). Inactivity and ruffled fur were seen in mice administered 250 or 500 mg/kg, and these effects were considered to be compound related. Male mice that received 250 mg/kg gained no weight. Body weight differences at the end of the study were comparable among groups.

TABLE 10.	SURVIVAL	AND]	MEAN	BODY	WEIGHTS	OF MICE	ADMINISTERED	ALLYL
	ISOVALER	ATE B	Y GAV	AGE F	OR 14 DAY	S		

		Me	Body Weight Relative to		
Dose (mg/kg)	Survival (a)	Initial	Final	Change (b)	Controls (c) (percent)
Males					
0	5/5	23.4 ± 0.7	25.4 ± 1.0	$+2.0 \pm 0.4$	
31	5/5	25.2 ± 0.6	26.8 ± 0.9	$+1.6 \pm 0.4$	+5.5
62	5/5	25.8 ± 0.7	27.2 ± 0.6	$+1.4 \pm 0.4$	+7.1
125	5/5	23.4 ± 1.3	24.8 ± 1.3	$+1.4 \pm 0.2$	-2.4
250	5/5	25.2 ± 0.5	25.2 ± 0.5	0.0 ± 0.3	-0.8
500	0/5	(d)	(d)	(d)	
Females					
0	5/5	18.4 ± 0.2	20.8 ± 0.6	$+2.4 \pm 0.5$	
31	5/5	18.2 ± 0.2	20.4 ± 0.2	$+2.2 \pm 0.2$	-1.9
62	5/5	19.2 ± 0.2	19.6 ± 0.2	$+0.4 \pm 0.4$	-5.8
125	5/5	19.0 ± 0.3	20.6 ± 0.5	$+1.6 \pm 0.2$	-1.0
250	5/5	18.4 ± 0.4	20.2 ± 0.2	$+1.8 \pm 0.2$	-2.9
500	0/5	(d)	(d)	(d)	

(a) Number surviving/number initially in the group.

(b) Mean weight change of the group \pm standard error of the mean.

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

Weight (Dosed Group) - Weight (Control Group)

Weight (Control Group)

× 100

(d) No data are presented due to the 100% mortality.

Thirteen-Week Studies

Five of 10 males and 6/10 females that received 250 mg/kg died (Table 11). All but one of these deaths (a female) were considered to be compound related. The deaths occurring in other groups were caused by gavage error. Final body weights among control and dosed groups were comparable; for male rats, the 125 and 250 mg/kg groups weighed 10% less than controls.

Male and female mice administered 125 or 250 mg/kg were apparently less active after dosing. The following compound-related effects (Table 12) were observed at necropsy or during histopathologic examination in animals that received 250 mg/kg: "thickening" of the wall of the urinary bladder (2/10 males, 2/10 females), "thickening" of the mucosa of the stomach (6/10 males, 2/10 females), ulcerative inflammation of the

stomach (2/10 males, 3/10 females), coagulative necrosis of the liver (3/10 males, 2/10 females), and cytoplasmic vacuolization of the liver (2/10 males). The following lesions were observed in mice that received 125 mg/kg: "thickening" of the stomach wall (3/10 males, 2/10 females), "thickening" of the urinary bladder wall (3/10 males, 1/10 females), and "thickening" of the wall of the small intestine (3/10 females).

No compound-related histopathologic effects on the liver, stomach, or bladder were seen in mice from other groups.

As a result of the weight gain depression and the gross or histologic toxic effects observed at necropsy in mice administered 125 mg/kg or higher, doses of 31 and 62 mg/kg were selected for mice on the 2-year study.

TABLE 11.	SURVIVAL AND MEAN BODY WEIGHTS OF MICE ADMINISTERED ALLYL	
	ISOVALERATE BY GAVAGE FOR 13 WEEKS	

		Me	Weight Relative to		
Dose (mg/kg)	Survival (a)	Initial	Final	Change (b)	Controls <i>(c)</i> (percent)
Males					
0	10/10	24.9 ± 0.8	37.3 ± 1.2	$+12.4 \pm 0.6$	
15	10/10	24.6 ± 0.4	36.0 ± 1.0	$+11.4 \pm 1.0$	- 3.5
31	10/10	24.3 ± 0.5	35.5 ± 0.7	$+11.2 \pm 0.7$	- 4.8
62	9/10 (d)	24.4 ± 0.8	35.3 ± 1.2	$+10.9 \pm 0.5$	- 5.4
125	10/10	22.7 ± 0.3	33.8 ± 0.8	$+11.1 \pm 0.7$	- 9.4
250	5/10 <i>(e)</i>	24.2 ± 0.7	33.8 ± 1.4	$+ 9.6 \pm 0.9$	- 9.4
Females					
0	10/10	18.1 ± 0.4	26.5 ± 0.6	8.4 ± 0.3	
15	8/10(d)	18.3 ± 0.4	26.5 ± 0.5	8.2 ± 0.6	0.0
31	9/10 (d)	18.2 ± 0.5	26.6 ± 1.0	8.4 ± 0.7	+ 0.4
62	10/10	18.4 ± 0.4	25.0 ± 0.6	6.6 ± 0.3	- 5.7
125	7/10 (d)	18.9 ± 0.8	25.4 ± 0.9	6.5 ± 0.8	- 4.2
250	4/10 <i>(f)</i>	18.0 ± 0.7	27.8 ± 1.0	9.8 ± 0.5	+ 4.9

(a) Number surviving/number initially in the group. All calculations are based on those animals surviving to the end of the study.

× 100

(b) Mean weight change of the survivors of the group \pm standard error of the mean.

(c) Weight of the dosed group relative to that of the controls \square

Weight (Dosed Group) – Weight (Control Group)

Weight (Control Group)

(d) Deaths were the result of gavage error.

(f) Five deaths occurred during week 1; a death during week 13 was the result of gavage error.

⁽e) Two deaths occurred during week I and three deaths occurred during week 11.

	Dose (mg/kg)							
	Males					Females		
Lesion	0	62	125	250	0	62	125	250
Numbers of animals examined	10	10	10	10	10	10	10	10
Diagnosis		····· ··			<u> </u>			
Coagulative necrosis in the liver	0	0	0	3	0	0	0	2
Cytoplasmic vacuolization in the liver	0	0	0	2	0	0	0	0
Thickened urinary bladder wall	0	0	3	2	0	0	1	2
Thickened stomach mucosa	0	0	3	6	0	0	2	2
Ulcerative inflammation of stomach	0	0	0	2	0	0	0	3

TABLE 12. NUMBERS OF MICE WITH LESIONS IN THE 13-WEEK STUDY

TWO-YEAR STUDIES

Body Weights and Clinical Signs

After week 20, mean body weights of dosed male mice were higher than those of the controls (Figure 4 and Table 13). After week 30, mean body weights of low-dose female mice were lower than those of controls; and after week 70, mean body weights of high-dose females were slightly lower than the control values. No other compound-related clinical signs were observed. Except for the low-dose females, with final body weights 16% lower than those of controls, the dosed and control groups had comparable body weights.



Figure 4. Growth Curves for Mice Administered Allyl Isovalerate in Corn Oil by Gavage

Allyl Isovalerate

Week	Cumulati	ve Mean Body Weig (grams)	Weight Change Relative to Controls <i>(b)</i> (Percent)			
No.	Control	Low Dose	High Dose	Low Dose	High Dose	
Males			······································			
0	24 <i>(b)</i>	24(b)	24 (b)			
1	2	2	2	0	0	
22	16	18	18	+13	+13	
41	21	22	23	+ 5	+10	
59	24	26	26	+ 8	+ 8	
80	23	25	26	+ 9	+13	
101	19	19	21	0	+11	
Final Body						
Weights	43	43	45	0 (c)	+ 5 (c)	
Females						
0	19 <i>(b</i>)	18 <i>(b)</i>	18 <i>(b)</i>			
1	2	3	2	+50	0	
22	13	13	13	0	0	
41	18	16	19	-11	+ 6	
59	23	19	24	-17	+ 4	
80	28	22	27	-21	- 4	
101	25	19	23	-24	- 8	
Final Body						
Weights	44	37	41	-16(c)	- 7 (c)	

TABLE 13. CUMULATIVE MEAN BODY WEIGHT CHANGE (RELATIVE TO CONTROLS) OF MICE ADMINISTERED ALLYL ISOVALERATE BY GAVAGE FOR 2 YEARS

 (a) Weight change of the dosed group relative to that of the controls = Weight Change (Dosed Group) – Weight Change (Control Group)

Weight Change (Control Group)

(b) Initial weight

(c) Final body weight relative to controls (percent)

Survival

Estimates of the probabilities of survival of male and female mice administered allyl isovalerate at doses of 0, 31, and 62 mg/kg body weight are shown by the Kaplan and Meier curves in Figure 5. Overall survival of low-dose female mice was significantly lower (P=0.001) than that of the controls; this difference became apparent after about week 90. No other significant differences in survival were observed between any groups of either sex. Two control males, two low-dose males, six high-dose males, one lowdose female, and one high-dose female were accidentally killed. These 12 animals were censored from the statistical analysis of survival; they are included in the curve depicting probability of survival (Figure 5) only until the time of death.

100

In male mice, 29/50 (58%) of the controls, 31/50 (62%) of the low-dose, and 31/50 (62%) of the high-dose group lived to the termination period of the study at 105-107 weeks. In female mice, 32/50 (64%) of the controls, 17/50 (34%) of the low-dose, and 24/50 (48%) of the high-dose group lived to the termination period of the study at 105-107 weeks. The survival data include one control and one low-dose female that died during the termination period of the study. For statistical evaluation of tumor incidences, these animals have been pooled with those killed at the end of the study. The probable cause of death of many female mice was a suppurative lesion of the ovaries/uterus which often spread to other areas in the abdominal cavity.



Figure 5. Survival Curves for Mice Administered Allyl Isovalerate in Corn Oil by Gavage

Allyl Isovalerate

Pathology and Statistical Analyses of Results

Histopathologic findings on neoplasms in mice are summarized in Appendix B, Tables B1 and B2; Appendix Tables B3 and B4 give the survival and tumor status for individual male and female mice. Findings on nonneoplastic lesions are summarized in Appendix D, Tables D1 and D2. Historical incidences of tumors in control animals are listed in Appendix H. Appendix K, Tables K3 and K4, contain the statistical analyses of those primary tumors that occurred with an incidence of at least 5% in one of the three groups. The statistical analyses used are discussed in Chapter II (Data Recording and Statistical Methods) and Appendix K (footnotes).

Hematopoietic System: A statistically significant positive trend was seen in the incidences of female mice with malignant lymphomas (all types), and the incidence in the high-dose group was significantly greater than that in the controls. A significant positive trend was also observed in the incidence of females with malignant histiocytic lymphomas (Table 14). Though not statistically significant, these malignant lymphomas were observed in increasing proportions of male mice (control, 4/50; low-dose, 6/50; high-dose, 8/50).

TABLE 14. INCIDENCES OF HEMATOPOIETIC TUMORS IN B6C3F1 MICE

	Vehicle Control	31 mg/kg	62 mg/kg
Males			
Malignant Lymphoma, Lymphocytic 7	Гуре		
Overall Incidence	1/50 (2%)	2/50 (4%)	1/50 (2%)
Adjusted Incidence	2.7%	5.7%	2.6%
Terminal Incidence	0/29 (0%)	1/31 (3%)	0/31 (0%)
Life Table Test	P=0.617	P=0.499	P=0.751
Incidental Tumor Test	P=0.518	P=0.444	P=0.692
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.622	P=0.500	P=0.753N
Malignant Lymphoma, Histiocytic Ty	pe		
Overall Incidence	0/50 (0%)	2/50 (4%)	1/50 (2%)
Adjusted Incidence	0.0%	6.3%	2.7%
Terminal Incidence	0/29 (0%)	1/31 (3%)	0/31 (0%)
Life Table Test	P=0.373	P=0.251	P=0.500
Incidental Tumor Test	P=0.303	P=0.202	P=0.433
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.361	P=0.247	P=0.500
Malignant Lymphoma, Mixed Type			
Overall Incidence	3/50 (6%)	2/50 (4%)	6/50 (12%)
Adjusted Incidence	10.0%	6.2%	17.2%
Terminal Incidence	2/29 (7%)	1/31 (3%)	4/31 (13%)
Life Table Test	P=0.192	P=0.473N	P=0.272
Incidental Tumor Test	P=0.130	P=0.556N	P=0.193
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.169	P=0.500N	P=0.243
Lymphoma, All Malignant			
Overall Incidence	4/50 (8%)	6/50 (12%)	8/50 (16%)
Adjusted Incidence	12.4%	17.3%	21.5%
Terminal Incidence	2/29 (7%)	3/31 (10%)	4/31 (13%)
Life Table Test	P=0.167	P=0.397	P=0.204
Incidental Tumor Test	P=0.077	P=0.283	P=0.105
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.141	P=0.370	P=0.178

	Vehicle Control	31 mg/kg	62 mg/kg
Females			
Malignant Lymphoma, Lymphocytic Typ	pe		
Overall Incidence	. 5/50 (10%)	5/50 (10%)	4/50 (8%)
Adjusted Incidence	12.3%	21.9%	12.6%
Terminal Incidence	2/32 (6%)	3/17 (18%)	2/24 (8%)
Life Table Test	P=0.515N	P=0.422	P=0.557N
Incidental Tumor Test	P=0.432	P=0.422	P=0.447
Cochran-Armitage Trend.			
Fisher Exact Tests	P=0.432N	P=0.630N	P=0.500N
Malignant Lymphoma, Histiocytic Type			
Overall Incidence	0/50 (0%)	1/50 (2%)	4/50 (8%)
Adjusted Incidence	0.0%	5.9%	12.8%
Terminal Incidence	0/32 (0%)	1/17 (6%)	0/24 (0%)
Life Table Test	P=0.024	P=0.374	P=0.052
Incidental Tumor Test	P=0.058	P=0.374	P=0.336
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.026	P=0.500	P=0.059
Malignant Lymphoma, Mixed Type			
Overall Incidence	6/50 (12%)	5/50 (10%)	10/50 (20%)
Adjusted Incidence	18.8%	23.1%	37.8%
Terminal Incidence	6/32 (19%)	2/17 (12%)	8/24 (33%)
Life Table Test	P=0.064	P=0.368	P=0.073
Incidental Tumor Test	P=0.136	P=0.573N	P=0.133
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.157	P=0.500N	P=0.207
Lymphoma, All Malignant			
Overall Incidence	11/50 (22%)	11/50 (22%)	18/50 (36%)
Adjusted Incidence	29.8%	46.5%	54 .7%
Terminal Incidence	8/32 (25%)	6/17 (35%)	10/24 (42%)
Life Table Test	P=0.026	P=0.172	P=0.034
Incidental Tumor Test	P=0.037	P=0.360	P=0.052
Cochran-Armitage Trend,			
Fisher Exact Tests	P-0.071	P=0 595	P-0.003

TABLE 14. INCIDENCES OF HEMATOPOIETIC TUMORS IN B6C3F1 MICE (Continued)

Stomach: A positive trend (incidental tumor test) was observed in the incidences of male mice with squamous cell papillomas of the (nonglandular) gastric mucosa (Table 15); the incidences for female mice were: control, 1/50; low-dose, 0/50; high-dose, 2/50. Pairwise comparisons between the control and dosed groups were not significant. Grossly, the papillomas

were cauliflower-like masses 2-3 mm in diameter or thin stalks attached to the mucosa of the nonglandular portion of the stomach. Histopathologic examinations of the papillomas showed the lesions as papillary growths composed of thin, fibrous cones covered by hyperplastic squamous epithelium.

TABLE 15.	INCIDENCES OF MALE B6C3F1	MICE WITH SQUAMOUS	CELL PAPILLOMAS OF THE
	GASTRIC MUCOSA		

	Vehicle Control	31 mg/kg	62 mg/kg
Overall Incidence	0/50 (0%)	1/50 (2%)	3/48 (6%)
Adjusted Incidence	0.0%	3.2%	9.4%
Terminal Incidence	0/29 (0%)	1/31 (3%)	2/31 (6%)
Life Table Test	P=0.068	P=0.513	P=0.137
Incidental Tumor Test	P=0.048	P=0.513	P=0.090
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.056	P=0.500	P=0.114

The incidence of high-dose mice with epithelial hyperplasia of the stomach or forestomach was higher than that of the controls (Table 16). These lesions were not visible on gross examination; histopathologically, they were characterized by focal acanthosis and hyperkeratosis of the nonglandular epithelium. These did not appear to be papillary lesions. Adenomatous hyperplasia was found in the gastric mucosa of a single low-dose mouse. Three of the four dosed male mice with squamous cell papillomas also had epithelial hyperplasia; one of the two high-dose females with papillomas also had hyperplasia.

TABLE 16. INCIDENCES OF HYPERPLASTIC AND NEOPLASTIC LESIONS IN THE STOMACH OR GASTRIC MUCOSA OF MICE ADMINISTERED ALLYL ISOVALERATE IN CORN OIL BY GAVAGE

	Males				Females	
	Vehicle Control	31 mg/kg	62 mg/kg	Vehicle Control	31 mg/kg	62 mg/kg
Number of stomachs evaluated	50	50	48	50	50	50
Diagnosis	<u> </u>	<u> </u>				
Epithelial hyperplasia	1	1	7	0	2	3
Squamous cell papilloma	0	1	3	1	0	2
Squamous cell carcinoma	0	0	0	0	0	0

Liver: A negative trend was observed in the incidences of male mice with hepatocellular carcinomas (Table 17). Pairwise comparisions of dosed males with controls indicated significantly decreased incidences in both the low- and highdose groups. The combined incidence of low-dose males with adenomas or carcinomas was decreased when compared with the control value. The incidences of dosed female mice with adenomas or carcinomas (combined) were: control, 3/50; low-dose, 0/50; high-dose, 1/50.

TABLE 17. INCIDENCES OF LIVER TUMORS IN MALE B6C3F1 MICE

	Vehicle Control	31 mg/kg	62 mg/kg
Adenoma			
Overall Incidence	7/50 (14%)	8/50 (16%)	8/50 (16%)
Adjusted Incidence	23.1%	23/2%	24.4%
Terminal Incidence	6/29 (21%)	6/31 (19%)	7/31 (23%)
Life Table Test	P=0.487	P=0.543	P=0.549
Incidental Tumor Test	P=0.406	P=0.523	P=0.489
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.445	P=0.500	P=0.500
Carcinoma			
Overall Incidence	18/50 (36%)	6/50 (12%)	9/50 (18%)
Adjusted Incidence	47.6%	16.7%	25.4%
Terminal Incidence	10/29 (34%)	3/31 (10%)	6/31 (19%)
Life Table Test	P=0.021N	P=0.006N	P=0.038N
Incidental Tumor Test	P=0.044N	P=0.013N	P=0.069N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.020N	P=0.005N	P=0.035N
Adenoma or Carcinoma			
Overall Incidence	23/50 (46%)	14/50 (28%)	15/50 (30%)
Adjusted Incidence	59 .9%	37.6%	43.3%
Terminal Incidence	14/29 (48%)	9/31 (29%)	12/31 (39%)
Life Table Test	P=0.052N	P=0.049N	P=0.066N
Incidental Tumor Test	P=0.108N	P=0.092N	P=0.117N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.058N	P=0.048N	P=0.074N

Lung: A negative trend was seen in the incidences of male mice with alveolar/bronchiolar adenomas, and the incidence in the high-dose group was significantly lower than that in the controls (Table 18).

The combined incidences of male mice with alveolar/bronchiolar adenomas or carcinomas

occurred with a negative trend, and the incidence in the high-dose group was significantly lower than that in the controls. These tumors were not observed in different proportions of female mice (control, 4/50; low-dose, 4/49; high-dose, 3/50).

	Vehicle Control	31 mg/kg	62 mg/kg
Alveolar/Bronchiolar Adenoma			
Overall Incidence	10/50 (20%)	5/50 (10%)	3/49 (6%)
Adjusted Incidence	31.6%	15.1%	9.0%
Terminal Incidence	8/29 (28%)	4/31 (13%)	2/31 (6%)
Life Table Test	P=0.018N	P=0.108N	P=0.031N
Incidental Tumor Test	P=0.030N	P=0.149N	P=0.047N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.025N	P=0.131N	P=0.039N
Alveolar/Bronchiolar Adenoma or Ca	arcinoma		
Overall Incidence	13/50 (26%)	6/50 (12%)	5/49 (10%)
Adjusted Incidence	38.1%	18.3%	14.6%
Terminal Incidence	9/29 (31%)	5/31 (16%)	3/31 (10%)
Life Table Test	P=0.017N	P=0.053N	P=0.031N
Incidental Tumor Test	P=0.034N	P=0.087N	P=0.057N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.022N	P=0.062N	P=0.037N

TABLE 18. INCIDENCES OF LUNG TUMORS IN MALE B6C3F1 MICE

Thyroid: A negative trend was observed in the incidences of male mice with follicular-cell adenomas (Table 19). The incidence for low-dose males was significantly lower than that for the

.

controls. In female mice, this tumor did not occur in significant proportions (control, 3/49; low-dose, 2/48; high-dose, 2/48).

TABLE 19. INCIDENCES	OF FOLLICULAR-CELL	ADENOMAS OF	THE THYROID	GLAND IN
MALE B6C3F	MICE			

	Vehicle Control	31 mg/kg	62 mg/kg
Overall Incidence	5/47 (11%)	0/46 (0%)	1/49 (2%)
Adjusted Incidence	16.5%	0.0%	3.2%
Terminal Incidence	4/29 (14%)	0/30 (0%)	1/31 (3%)
Life Table Test	P=0.032N	P=0.031N	P=0.090N
Incidental Tumor Test	P=0.039N	P=0.038N	P=0.105N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.034N	P=0.030N	P=0.093N

Pituitary: The incidence of low-dose female mice with adenomas was significantly lower than that of the controls; however, this decrease was not statistically different when survival differen-

ces were taken into account (Table 20). Tests for trend and comparisons of high-dose versus control females were not significant. This lesion was not observed in male mice.

TABLE 20. INCIDENCES OF ADENOMAS OF THE PITUITARY GLAND IN FEMALE $B6C3F_1$ MICE

	Vehicle Control	31 mg/kg	62 mg/kg
Overall Incidence	11/43 (26%)	2/43 (5%)	7/44 (16%)
Adjusted Incidence	36.7%	8.5%	30.4%
Terminal Incidence	11/30 (37%)	1/16 (6%)	7/23 (30%)
Life Table Test	P=0.316N	P=0.076N	P=0.428N
Incidental Tumor Test	P=0.362N	P=0.081N	P=0.428N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.139N	P=0.007N	P=0.198N

Ovaries/Uterus: Suppurative inflammation of the ovaries, uterus, or multiple organs was found in 11/19 control, 22/33 low-dose, and 13/25 high-dose females that died before the end of the study (Appendix D, Table D2). At necropsy, an enlarged uterus was observed in 23 vehicle control, 31 low-dose, and 28 high-dose females; ovar-

ian masses with suppurative exudate were seen in 15 control, 18 low-dose, and 17 high-dose females. The etiology is not known. Although microbiologic examinations were not performed on mice in this study, *Klebsiella oxytoca* has been isolated from mice that have had similar lesions in other studies. IV. DISCUSSION AND CONCLUSIONS

The doses of allvl isovalerate administered to rats and mice in the 2-year study were 31 and 62 mg/kg body weight. The survival and mean body weight gains of animals in this study (except for low-dose female mice) were not adversely affected by administration of allyl isovalerate. The lower survival and decrease in mean body weight gain of low-dose female mice as compared with controls were not considered to be compound related. but rather were due to a genital tract infection that may have been responsible for the deaths of 11/19 control, 22/33 low-dose, and 13/25 highdose female mice that died after week 90 but before the end of the study. These survival and weight gain data suggest that higher doses might have been tolerated in the two-year study.

The effects observed in the short-term and the two-year studies indicate that the pancreas in rats and the liver, stomach, and hematopoietic system in rats and mice were the sites primarily affected by administration of allyl isovalerate. The current studies confirm that allyl isovalerate is hepatotoxic in F344/N rats and B6C3F₁ mice, as reported by Drake (1975), who observed necrosis and fibrosis of the liver and bile duct hyperplasia in male rats (strain unspecified) administered allyl isovalerate by gavage at doses of 60 or 150 mg/kg body weight for 10 days. In the current 13-week studies, chemical-related nonneoplastic lesions were observed in livers of rats administered 125 mg/kg and of rats and mice that received 250 mg/kg. Bile duct hyperplasia and basophilic cytoplasmic changes were seen in livers of male and female rats administered 125 mg/kg; rats and mice that received 250 mg/kg doses for 13 weeks had multifocal coagulative necrosis, cholangiofibrosis, bile duct hyperplasia, nodular hyperplasia, and cytoplasmic vacuolization (Tables 4 and 12). The findings from the 13-week exposure study forecast correctly that the liver would be a target organ for allyl isovalerate in the two-year study.

Rats administered 31 or 62 mg/kg doses of allyl isovalerate for two years had cholangiofibrosis, nodular regeneration, cirrhosis, fatty metamorphosis, and cytoplasmic vacuolization (Table 8). No compound-related nonneoplastic effects were seen in mice administered 31 or 62 mg/kg for two years.

In contrast to this high frequency of nonneoplastic hepatic lesions, incidences of dosed rats and mice with neoplastic lesions of the liver in the two-year study were not significantly increased. Hepatocellular carcinomas in male and female mice, hepatocellular adenomas in female mice, and neoplastic nodules in female rats occurred at lower incidences in the high-dose groups than in the respective controls.

Reports of hepatotoxic effects in rats administered allyl alcohol-an hydrolysis product of allyl isovalerate-suggest that a similar mechanism of toxic effects may exist for allyl isovalerate. Lake et al. (1978) observed periportal necrosis and reductions in alcohol dehydrogenase and succinic dehydrogenase activities in the portal areas of the liver lobules of male Wistar rats given a single dose of allyl alcohol (30 mg/kg body weight) in corn oil by gavage. Livers of those rats that had received 10 or 28 daily consecutive doses of 30 mg/kg appeared normal, indicating that the effects on the liver may have been reversible and that the metabolism of allyl alcohol changes with time. Similarly, Carpanini et al. (1978) found no histological evidence of liver damage in male and female Wistar rats given up to 800 ppm allyl alcohol in drinking water for 15 weeks. These authors considered this lack of response "exceptional," particularly since Reid (1972) and others reported extensive periportal necrosis within 24 hours following a single intraperitoneal injection of 50 mg allyl alcohol/kg body weight to male Sprague-Dawley rats. In the present studies, nodular regeneration was not apparent in animals administered allyl isovalerate at doses of 125 or 250 mg/kg for 13 weeks; however, these effects were observed in 5/50 and 8/50 male rats that received 31 or 62 mg/kg for two years.

Cyclophosphamide-a "prodrug" used therapeutically as an antitumor and immunosuppressive agent-apparently undergoes metabolism to acrolein, especially in patients who excrete alkaline urine (Low et al., 1982). Others (Brock et al., 1979; Cox, 1979) have proposed that the clinicallyobserved urotoxic effects of cyclophosphamide are largely due to the acrolein generated in the urine from 4-hydroxycyclophosphamide. Allyl isovalerate is also converted via allyl alcohol to acrolein in rodent liver (Patel et al., 1980; Serafini-Cessi, 1972), the acrolein probably being responsible for the observed hepatotoxicity (Table 8). This mechanism of local toxicity mimics that of the urotoxic responses diagnosed in humans taking cyclophosphamide. Acrolein is highly reactive and unstable, and thus the location of toxicity probably depends on the site of the parent compound's metabolism to acrolein.

Another hydrolysis product of allyl isovalerate—isovaleric acid—produced lethargy, coma, pancytopenia, and ketoacidosis in humans with isovaleric acidemia (Cohn et al., 1978), yet these clinical effects have not been observed in rats and mice.

Neoplastic and nonneoplastic lesions were observed in acinar cells of the pancreas in male rats administered allyl isovalerate for two years (current study) at doses of 31 or 62 mg/kg body weight; similar findings were seen in another study in which male and female CFY rats received a single oral dose (50 mg/kg) of allyl alcohol (Nizze et al., 1979). In the present study, the incidences of dosed male rats with acinar-cell adenomas were higher than those found in the concurrent control group or in any other control group of the same sex and strain (Appendix H, Table H1) in the Bioassay Program (concurrent control, 1/50; laboratory control, 2/248, 0.8%historical control, 6/976, 0.6%; low-dose, 4/50; high-dose, 2/50). In the study reported by Nizze and coworkers (1979), administration of allyl alcohol was associated with acidophila, necrosis, and vacuolization of the pancreatic acinar cells.

The irritant effects of allyl isovalerate on the mucosal surfaces of the stomach or forestomach were observed in both rats and mice. Rats administered 500 mg/kg for 2 days had dark red areas on the "stomach wall" (3/5 males and 3/5 females);males and females administered 250 mg/kg for 13 weeks developed thickening of the intestinal wall and reddening of the mucosal surfaces in the intestines and urinary bladder. Histopathologic examination of tissues taken from these grossly visible lesions in rats that received 250 mg/kg for 13 weeks or 31 or 62 mg/kg for 2 years did not reveal any compound-related microscopic lesions. Similar effects were observed in mice administered 250 mg/kg for 13 weeks: thickening and ulcerative inflammation of the mucosa of the stomach and thickening of the urinary bladder wall, but no lesions were detected histopathologically. In the two-year study, however, a significant (P<0.05) positive trend was observed in the incidences of male mice with squamous cell papillomas of the gastric mucosa (control, 0/50; lowdose, 1/50; high-dose, 3/48); the incidence of high-dose male mice with squamous cell hyperplasia was higher than that in the controls (control, 1/50; low-dose, 1/50; high-dose, 7/48). Since the incidence of high-dose males with squamous cell papillomas is significantly (P<0.01) higher than the historical rate seen in vehicle controls in the Bioassay Program (5/881, 0.57%; Appendix H, Table H7), this lesion may have been related to administration of allyl isovalerate.

Regarding other allyl compounds tested in the Program, allyl isothiocyanate (NTP, 1982a) caused transitional-cell tumors of the urinary bladder in male rats, while allyl chloride (NCI, 1978) produced squamous cell carcinomas and papillomas of the forestomach in male and female mice. Diallyl phthalate caused chronic forestomach inflammation and forestomach hyperplasia, as well as squamous cell papillomas of the forestomach in mice (NTP, 1983). Thus at least two other allyl compounds have been shown to produce proliferative lesions of the forestomach similar to those caused by allyl isovalerate. Each utilizes similar metabolic pathways: allyl alcohol to acrolein (Figure 1).

Mononuclear-cell leukemia in male rats and malignant lymphoma in female mice occurred with statistically significant positive trends, and the incidences in the high-dose groups were significantly higher than those in the controls. Further, although not statistically significant, the increased incidences of hematopoietic lesions in female rats (trend, P=0.050) and in male mice were dose-related (Table 21). Taken together,

				Li	fe Table P Va	lues
	Control	31 mg/kg	62 mg/kg	Trend	Low Dose	High Dose
Rats: Male	1/50	4/50	7/50	0.015	0.183	0.022
Female	4 / 50	6/50	9/49	0.050	0.354	0.075
Mice: Male	4/50	6/50	8/50	0.167	0.397	0.204
Female	11/50	11/50	18/50	0.026	0.172	0.034

TABLE 21. INCIDENCES OF LEUKEMIA IN F344/N RATS AND LYMPHOMA IN B6C3F1 MICE

these toxic effects were considered to have been induced by allyl isovalerate (Historical incidences are shown in Appendix H, Tables H2, H3, H5, and H6). Appendix I (Tables I1-I4) compares concurrent and historical data on hematopoietic tumors from the five gavage studies completed to date at Southern Research Institute. These additional analyses further support the conclusion that allyl isovalerate increased the incidences of hematopoietic system lesions in male rats and female mice.

Preputial gland adenomas were observed in low-dose male rats at increased incidences. This increase was significantly (P < 0.005) greater than the historical vehicle control rate in the Bioassay Program (16/999, 1.6%; see Appendix H, Table H4). However, because there was no observable dose response trend and no high-dose effect, this increase was not regarded as clearly being related to allyl isovalerate administration.

Allyl compounds can be alkylating agents and direct-acting mutagens, depending on the degree of polarity (electron deficiency, electrophilicity) introduced into the molecule by substituents on the saturated (terminal) carbon atom (Eder et al., 1980). Allyl methanesulfonate, for example, is a strong alkylating agent because of the electronegativity of the methane sulfonate group, whereas allyl isothiocyanate is a very weak alkylating agent. By this criterion (electrophilicity), allyl alcohol would be expected to be a very weak direct-acting alkylating agent. The available data suggest that allyl isovalerate, although not mutagenic, may be metabolized to the electrophile acrolein and to the epoxides glycidol and glycidaldehyde.

Studies on the carcinogenic potential of acrolein and allyl alcohol are currently in progress (IARC, 1981), and Van Duuren et al. (1965, 1966, 1967a, 1967b) have reported that glycidaldehyde is carcinogenic in mice by skin application and subcutaneous injection and in rats by subcutaneous injection (IARC, 1976). Experimentation to determine the extent, dosedependency, and species-dependency of the metabolism of allyl isovalerate to allyl alcohol, acrolein, and epoxides may therefore provide additional insight into the carcinogenic potential of this compound. Metabolism studies have been initiated in F344/N rats and in B6C3F1 mice with dially phthalate labelled with carbon-14 in the allyl portion to follow specifically the allyl alcohol pathway (NTP, 1982b). These results should be equally applicable to allyl isovalerate. Emphasis should also be placed on hematologic indices, since pancytopenia has been observed in infant humans with isovaleric acidemia (Cohn et al., 1978) and since chemically-induced hematopoietic lesions were diagnosed in this study. To better characterize the effects of allyl isovalerate (and in situ metabolites) on the hematologic and immunologic systems in F344/N rats and B6C3F1 mice, the NTP has initiated 14-day repeated-dose studies using gavage doses of 0, 31, 62, 125, and 250 mg/kg.

In an NTP-sponsored subchronic inhalation study of acrolein, F344/N rats were exposed to 0, 0.4, 1.4, or 4.0 ppm acrolein for 62 days (Kutzman, 1981). The only effects observed histologically were in the 4.0-ppm dose group: bronchiolar epithelial necrosis and sloughing, bronchiolar edema with macrophages, and focal pulmonary edema. Acrolein had no detectable effects on sister chromatid exchanges and cell proliferation kinetics in bone marrow cells and in peripheral blood lymphocytes. Sperm morphology and reproductive potential were also unaffected.

Conclusions: Under the conditions of these studies, allyl isovalerate was carcinogenic for F344/N rats and $B6C3F_1$ mice, causing increased incidences of hematopoietic system neoplasms (mononuclear-cell leukemia in male rats and lymphoma in female mice).

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APPENDIX A

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN RATS ADMINISTERED ALLYL ISOVALERATE IN CORN OIL BY GAVAGE

TABLE A1.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE RATS ADMINISTERED ALLYL ISOVALERATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN SQUAMOUS CELL PAPILLOMA SQUAMOUS CELL CARCINOMA BASAL-CELL TUMOR SEBACEOUS ADENOMA KERATOACANTHOMA	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%)	(50) 2 (4%) 1 (2%) 1 (2%)
*SUBCUT TISSUE SARCOMA, NOS FIBROMA FIBROADENOMA	(50) 2 (4%) 5 (10%)	(50) 4 (8%)	(50) 1 (2%) 3 (6%) 1 (2%)
RESPIRATORY SYSTEM			
#LUNG ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA ADENOCA/SQUAMOUS METAPLASIA SYNOVIAL SARCOMA, METASTATIC	(50) 2 (4%) 1 (2%)	(50) 2 (4%)	(49) 1 (2%) 1 (2%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS MALIG.LYMPHOMA, HISTIOCYTIC TYPE MONOCYTIC LEUKEMIA	(50) 1 (2%)	(50) 4 (8%)	(50) 2 (4%) 7 (14%)
CIRCULATORY SYSTEM			
#SPLEEN HEMANGIOSARCOMA	(50)	(49)	(50)

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

Allyl Isovalerate

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	VEHICLE Control	LOW DOSE	HIGH DOSE
#HEART MESOTHELIOMA, MALIGNANT	(50) 1 (2%)	(49)	(50)
DIGESTIVE SYSTEM			
*TONGUE Squamous cell papilloma	(50)	(50)	(50) 1 (2%)
#LIVER	(50)	(50)	(50)
NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA PHEOCHROMOCYTOMA, INVASIVE	1 (2%)	1 (2%) 1 (2%)	2 (4%) 1 (2%)
#PANCREAS ACINAR-CELL ADENOMA	(50) 1 (2%)	(50) 4 (8%)	(50) 2 (4%)
#STOMACH LEIOMYOSARCOMA	(50)	(50)	(50) 1 (2%)
URINARY SYSTEM			
NONE			
ENDOCRINE SYSTEM			
#PITUITARY ADENOMA, NOS ACIDOPHIL ADENOMA	(49) 14 (29%)	(46) 4 (9%) 1 (2%)	(49) 9 (18%)
#ADRENAL	(50)	(50)	(50)
PHEOCHROMOCYTOMA Pheochromocytoma, malignant	15 (30%) 1 (2%)	15 (30%)	15 (30%)
#THYROID	(50)	(47)	(47)
FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINOMA	1 (2%) 5 (10%) 6 (12%)	1 (2%) 7 (15%)	1 (2%) 3 (6%) 3 (6%)
<pre>#PANCREATIC ISLETS ISLET-CELL ADENOMA</pre>	(50)	(50)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
ISLET-CELL CARCINOMA	1 (2%)		
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND FIBROADENOMA	(50) 2 (4%)	(50) 1 (2%)	(50) 2 (4%)
*PREPUTIAL GLAND Carcinoma,nos Squamous cell carcinoma Adenoma, nos	(50)	(50) 1 (2%) 4 (8%)	(50) 1 (2%) 1 (2%)
#TESTIS INTERSTITIAL-CELL TUMOR	(50) 40 (80%)	(50) 44 (88%)	(50) 40 (80%)
NERVOUS SYSTEM			
#BRAIN Glioma, nos	(50)	(50)	(50) 1 (2%)
#CEREBRAL HEMISPHERE ASTROCYTOMA	(50)	(50)	(50) 1 (2%)
SPECIAL SENSE ORGANS			
*EXTERNAL EAR NEURILEMOMA	(50)	(50) 1 (2%)	(50)
MUSCULOSKELETAL SYSTEM			
BODY CAVITIES			
*MEDIASTINUM LIPOMA	(50)	(50)	(50) 1 (2%)
*ABDOMINAL WALL Fibrosarcoma	(50)	(50) 1 (2%)	(50)
*MESENTERY FIBROSARCOMA, INVASIVE	(50)	(50)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
LIPOSARCOMA		1 (2%)	
LL OTHER SYSTEMS			
*MULTIPLE ORGANS SARCOMA, NOS LEIOMYOSARCOMA, INVASIVE MESOTHELIOMA, MALIGNANT	(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
HEAD Squamdus cell carcinoma		1	
LEG FIBROSARCOMA Synovial sarcoma		1	1 1
SOLE OF FOOT Squamous cell papilloma			1
NIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE SCHEDULED SACRIFICE TERMINAL SACRIFICE	50 6 3 30	50 10 6 30	50 10 8 28
ACCIDENTALLY KILLED, NOS Animal Missing Animal Missexed Other Cases	3	4	4
INCLUDES AUTOLYZED ANIMALS		· · · · · · · · · · · · · · · · · · ·	

	VEHICLE Control	LOW DOSE	HIGH DOSE
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS*	45	45	47
TOTAL PRIMARY TUMORS	111	102	109
TOTAL ANIMALS WITH BENIGN TUMORS	45	45	47
TOTAL BENIGN TUMORS	92	87	85
TOTAL ANIMALS WITH MALIGNANT TUMORS	17	13	2 1
Total Malignant tumors	18	14	22
TOTAL ANIMALS WITH SECONDARY TUMORS#	1	1	2
Total secondary tumors	1	1	2
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or Malignant Total Uncertain Tumors	1	1 1	2 2
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS			

* PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY TUMORS # SECONDARY TUMORS: METASTATIC TUMORS OR TUMORS INVASIVE INTO AN ADJACENT ORGAN

Allyl Isovalerate

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TABLE A2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE RATS ADMINISTERED ALLYL ISOVALERATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY Animals necropsied Animals examined histopathologically	50 50 50	50 50 50	50 49 49
INTEGUMENTARY SYSTEM			
*SKIN BASAL-CELL TUMOR KERATOACANTHOMA	(50)	(50)	(49) 1 (2%) 1 (2%)
*SUBCUT TISSUE BASAL-CELL TUMOR FIBROMA	(50) 1 (2%)	(50) 3 (6%)	(49)
LIPOMA	1 (2%)	1 (2%)	
RESPIRATORY SYSTEM #LUNG ALVEOLAR/BRONCHIOLAR CARCINOMA CHONDROSARCOMA, METASTATIC	(50)	(50) 1 (2%)	(49)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS LEUKEMIA,NOS MONOCYTIC LEUKEMIA	(50) 4 (8%)	(50) 6 (12%)	(49) 1 (2%) 8 (16%)
#MESENTERIC L. NODE Malig.lymphoma, histiocytic type	(50) 1 (2%)	(50)	(49)
*MESENTERY Malig.lymphoma, histiocytic type	(50)	(50)	(49) 1 (2%)
#THYMUS THYMOMA	(41)	(43)	(39)

CIRCULATORY SYSTEM

NONE

TABLE A2.	FEMALE RATS:	NEOPLASMS	(CONTINUED)
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	VEHICLE Control	LOW DOSE	HIGH DOSE
DIGESTIVE SYSTEM			
*TONGUE SQUAMOUS CELL PAPILLOMA	(50)	(50)	(49) 1 (2%)
#LIVER BILE DUCT ADENOMA NEOPLASTIC NODULE	(50) 1 (2%)	(50) 1 (2%) 1 (2%)	(49)
#STOMACH SQUAMOUS CELL PAPILLOMA	(50) 1 (2%)	(50)	(49)
#FORESTOMACH Squamous cell papilloma	(50)	(50)	(49) 1 (2%)
#JEJUNUM Mucindus Adenocarcinoma	(49)	(50)	(46) 1 (2%)
*RECTUM FIBROSARCOMA	(50)	(50) 1 (2%)	(49)
URINARY SYSTEM			
#URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	(49) 1 (2%)	(50)	(48)
ENDOCRINE SYSTEM			
#PITUITARY ADENOMA, NOS ACIDOPHIL ADENOMA	(48) 13 (27%)	(49) 16 (33%) 1 (2%)	(48) 13 (27%)
#ADRENAL Cortical Adenoma Pheochromocytoma	(50) 1 (2%) 5 (10%)	(50) 1 (2%) 8 (16%)	(49) 6 (12%)
#THYROID FOLLICULAR-CELL ADENOMA C-CELL ADENOMA C-CELL CARCINOMA	(48) 2 (4%) 2 (4%)	(50) 1 (2%) 7 (14%) 1 (2%)	(46) 4 (9%) 1 (2%)
#PARATHYROID	(48)	(44)	(37)

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	VEHICLE Control	LOW DOSE	HIGH DOSE
#PANCREATIC ISLETS ISLET-CELL ADENOMA	(49)	(50) 1 (2%)	(46)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Adenocarcinoma, nos Sarcoma, nos Etbroadenoma	(50) 2 (4%)	(50) 1 (2%) 1 (2%) 23 (64%)	(49)
*PREPUTIAL GLAND CARCINOMA,NOS ADENOMA, NOS ADENOSQUAMOUS CARCINOMA	(50)	(50) 1 (2%) 1 (2%) 1 (2%)	(49) 1 (2%) 1 (2%)
*VAGINA ENDOMETRIAL STROMAL SARCOMA, INV	(50)	(50)	(49) 1 (2%)
#UTERUS LEIOMYOMA LEIOMYOSARCOMA ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA	(50) 1 (2%) 1 (2%) 11 (22%) 2 (4%)	(50) 8 (16%)	(48) 13 (27%) 1 (2%)
NERVOUS SYSTEM			
#BRAIN Astrocytoma	(50)	(50)	(49) 1 (2%)
#CEREBELLUM MEDULLOBLASTOMA	(50)	(50)	(49) 1 (2%)
SPECIAL SENSE ORGANS			
*ZYMBAL'S GLAND Adenosquamous carcinoma	(50)	(50)	(49) 1 (2%)

NONE

	VEHICLE Control	LOW DOSE	HIGH DOSE
BODY CAVITIES			
*PELVIS CHONDROSARCOMA	(50) 1 (2%)	(50)	(49)
*MESENTERY FIBROSARCOMA	(50)	(50)	(49) 1 (2%)
ALL OTHER SYSTEMS			
<pre>*MULTIPLE ORGANS SARCOMA, NOS</pre>	(50)	(50) 1 (2%)	(49)
SARCOMA, NOS, METASTATIC Endometrial stromal sarcoma, met Osteosarcoma		1 (2%) 1 (2%)	1 (2%)
LEG OSTEOSARCOMA			1
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE	50 4 9	50 8 5	50 13 6
SCHEDULED SACRIFICE TERMINAL SACRIFICE	36	36	29
ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED OTHER CASES		1	2
<u>a includes autolyzed animals</u>			

	VEHICLE Control	LOW DOSE	HIGH DOSE
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	38 68	43 89	43 72
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	35 53	4 1 7 3	33 53
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	13 14	14 15	18 19
TOTAL ANIMALS WITH SECONDARY TUMORS# TOTAL SECONDARY TUMORS	1	1	1 2
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or Malignant Total uncertain tumors	1	1 1	
TOTAL ANIMALS WITH TUMORS UNCERTAIN- PRIMARY OR METASTATIC TOTAL UNCERTAIN TUMORS			

* PRIMARY TUMORS: ALL TUMORS EXCEPT SECONDARY TUMORS # SECONDARY TUMORS: METASTATIC TUMORS OR TUMORS INVASIVE INTO AN ADJACENT ORGAN

TABLE A3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF ALLYL ISOVALERATE

VEHICLE CONTROL

ANIMAL		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	0	
WEEKS ON		2	3	4	5	6	7	8	9	0	-1	2	3	4	5	6	7	-8	- 9		-1	2	3	4	-5	
THECHNENTARY EVETEM	0	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	öt	7	5	7	7	
SKIN SQUAMOUS CELL PAPILLOMA SQUAMOUS CELL CARCINOMA BASAL-CELL TUMOR SEBACEOUS ADENOMA KERATOACANTHOMA	+	+	٠	+	+	+	+	+	+	+	ĸ	•	+	* X	+	+	÷	+	+	·	•	+	+	* x	+	
SUBCUTANEOUS TISSUE Sarcoma, nos Fibroma	•	+	+	+	+ ×	+	+	+	+	+	N	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	
RESPIRATORY SYSTEM	+																									
LUNGS AND BRONCHI Alveolar/bronchiolar Adenoma Alveolar/bronchiolar carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	* x	+	
TRACHEA	+	÷	÷	+	+	÷	-	-	÷	+	+	+	+	-	-	+	+	+	+	+	+	-	+	-	-	
HEMATOPOIETIC SYSTEM	+																						_			
BONE MARROW	++	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	
SPLEEN HEMANGIDSARCOMA	+	+	+	+	+	+	*	+	٠	* x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LYMPH NODES	+	+	+	+	+	+	+	÷	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	+	+	
THYMUS	+	+	+	+	+	-	+	÷	÷	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
CIRCULATORY SYSTEM	+	_																								
HEART MESOTHELIOMA, MALIGNANT DIGESTIVE SYSTEM	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* ×	
SALIVARY GLAND	+	+	+	+	÷	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER BILE DUCT ADENOMA NEOPLASTIC NODULE Pheochromocytoma, invasive	+	+	+	+	+	+	+ x	+	+	+	+	+	+	+	+	•	+	+	•	•	•	+	+	+	+	
BILE DUCT	L+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	÷	+	+	+	<u>+</u>	<u>_</u>	<u>.</u>	<u>t</u>	+	
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N.	N	N	N	N	N	N	N	N	N	<u>.</u> N	
PANCREAS	+	+	+	٠	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	٠	+	+	
ESOPHAGUS	+	+	+	+	+	+	+	÷	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
STOMACH	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+.	+	+	+	+	+	+	+	+	+	
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LARGE INTESTINE	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	÷	+	÷	+	+	+	+	
URINARY SYSTEM																										
KIDNEY	+	÷	+	+	+	+	+	+	÷	+	+	+	+	+	÷	+	÷	+	<u>+</u>	+	+	+	+	+	+	
URINARY BLADDER	+	÷	+	+	+	÷	+	+	+	+	+	+	+	÷	+	+	÷	+	+	+	+	٠	+	٠	+	
ENDOCRINE SYSTEM	+								-														******			
PITUITARY Adenoma, NOS	+	* X	+	+	+	+	+	+	+	+	+	+	+	* ×	+	+	+	+	×	+	+	* x	+	*.	+	
ADRENAL CORTICAL ADENOMA Pheochromocytoma Pheochromocytoma, Malignant	+	+ ×	+ ×	+	+	+ x	+	+	* X	+	*	* ×	+ X	+	+ x	+	+	×	* ×	+	+	+	+	* ×	+	
THYRDID Follicular-cell carcinoma C-cell adenoma	+	+	+	+	÷	+	+	+	* ×	+	+ ¥	٠	٠	+	+	+	+	٠	٠	٠	+ ×	+ X	+	+	+	
PARATHYROID	+	+	+	_	+	-	+	+	_	+	+	÷	÷	+	+	+	+	+	+	+	+	+	+	+	+	
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	+	٠	٠	÷	+	+	+	+	+	٠	٠	٠	+	٠	+ ×	٠	* X	+	+	٠	٠	+	+	+	
REPRODUCTIVE SYSTEM	+																								-	
MAMMARY GLAND FIBROADENOMA	+	+	+	+	* ×	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	
TESTIS INTERSTITIAL-CELL TUMOR	+	* ×	* ×	*	*	* ×	÷ ×	* ×	* ×	* x	* X	* ×	* X	* ×	*	_*	* x	* ×	* ×	*	*	* X	+	* x	+ ×	
PROSTATE	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	
NERVOUS SYSTEM																										
BRAIN	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	٠	+	+	٠	+	+	+	+	
ALL OTHER SYSTEMS	+																			_						
MULTIPLE ORGANS NOS Mesothelioma, malignant Monocytic leukemia	N	н	H	н	N	N	N	N	N	N	N	N	N	N	N	N	н	м	м	н	N X	N	N	N	н	
+: TISSUE EXAMINED MICROSCO -: REQUIRED TISSUE NOT EXAM X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, S: ANIMAL MIS-SEXED	PICAL NNED	LY MIC CRO	ROS SCO	COP PIC	ICA EX	LLY AMI	NAT	ION			: A: B:	NO NE AU NO	TI: CRDI TOL IMAI NE	SSU SY SI SI CRO	E I , N 5 ISS PSY	NFO O H ING PE	RMA IST RFO	TIO OLO RME	N S Gy D	UBM DUE	ITT TO	ED PR	ото	COL		
ANIMAL NUMBER	5	2	21	2	3	3	31	3	3	3	3	31	3	3	4	4	0 / 4 2	4	4	4	41	4	4	4	5	
--	-----	---------	--------	--------	----------	--------	----------	----------	----------	----------	----------	----------	----------	----------------	-----------	----------	-----------------	----------	----------	----------	---------	----------	----------	--------	--------	--------------------
WEEKS ON STUDY	0	0	0	0	0	0	1	0	6	0	1	0	1	1	0	0	1	1	101	1	1	1	1	1	1	TISSUES
INTEGUMENTARY SYSTEM	5	_8	ź	6	8	il	ž	2 i	9	21	žĺ	4	ŏį	7	<u>il</u>	3	<u>,</u>	71	žį.	żi	6	71	źĹ	7	į	+
SKIN SQUAMOUS CELL PAPILLOMA SQUAMOUS CELL CARCINOMA BASAL-CELL TUMOK SEBACEOUS ADENOMA KERATOACANTHOMA	+	•	÷	+	٠	* x	٠	٠	+	٠	٠	٠	•	•	•	•	+ ×	+ ×	+	+	•	•	·	+	+	50× 1 1
SUBCUTANEOUS TISSUE Sarcoma, Nos Fibroma	+	÷	+ x x	+ ×	+	+	+	+	* ×	+	÷	+	÷	+	÷	+	+	+ X	+	+	+	* x	÷	+	+	50× 2 5
RESPIRATORY SYSTEM	-												_													
LUNGS AND BRONCHI Alvedlar/Bronchiolar Adenoma Alveglar/Bronchiolar Carcinoma	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	×	+	+	+	50 2 1
TRACHEA	+	+	+	+	٠	+	-	-	٠	-	+	+	+	+	-	+	+	-	-	٠	+	+	~	+	-]	35
HEMATOPOIETIC SYSTEM	-											_	-													
BONE MARROW	++	+	+	+	+	+	.+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPLEEN HEMANGIOSARCOMA	ŀ	+	+	+	+	+	*	+	+	+	+	•	•	+	+	+	•	+	+	+	+	•	+	•	+	50 2
LYMPH NODES	++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-+	50
THYMUS	-	+	+	-	+	٠	+	٠	-	+	+	+	+	+	+	+	+	+	+	-	-	+	+	+	+	44
CIRCULATORY SYSTEM																		_							-	
HEART Mesothelioma, malignant	+	+ 81	+	+	+ 8 (+	+ 7 i	+ 21	+ 9 !	+ 21	+ 7 i	+ 6 !	+ n I	+ 71	+ 7 I	+ 31	+	+ 7 (+ 7 (+ 7 (+ 61	+ 7 {	+	+	+	50
DIGESTIVE SYSTEM			-61	0	-			<u> </u>		<u> </u>	-41		<u> </u>	~	<u> </u>	<u>.</u>	4	<u></u>	<u> </u>				<u> </u>		-4	
SALIVARY GLAND	1 t	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	49
LIVER BILE DUCT ADENOMA NEOPLASTIC NODULE PHEOCHROMOCYTOMA. INVASIVE	+	+	+	+	٠	+	+	+	•	+	+	+	٠	+	+ ·	•	•	•	•	+	* ×	+	+	+	+	50
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+.	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N .	N	N	N	N	N	N	N	N	N	N	50×
PANCREAS ACINAR-CELL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	t	+	+	50
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+_	+	50
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	, †	+	+	+	<u>+</u>	+	+	+	+	+	+	+	50
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	50
URINARY SYSTEM												_													-	
KIDNEY	++-	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	<u>+</u>	+	+	+	+	+	÷	50
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	t	+	+	+	+	+	+	50
ENDOCRINE SYSTEM	+-	-						_							-										-	
PITUITARY Adenoma, nos	Ļ.	+	+	+	-	*	+	* ×	÷	+	+	+	×	* X	+	+ x	+ x	* ×	*	+	* X	+	+	* x	+	49
ADRENAL Cortical Adenoma Pheochromocytoma Pheochromocytoma, malignant	•	+	+	+	+	+	* ×	+	+	+	+	•	+	+	+ × :	+ x	+	* *	+	+	* X	+	+	+	+ X	50 1 15 1
THYROID FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA C-CELL CARCINDMA	+	+	+	+	+	+	٠	+	+	•	+	•	+	+ x	+ ×	+	•	+	+ X	+	+ .x	+	+	+	+ X	50 1 5 6
PARATHYROID	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	-	+	+	+	+	+	+ [45
PANCREATIC ISLETS ISLET-CELL ADENOMA ISLET-CELL CARCINOMA	+	٠	٠	٠	٠	+	٠	٠	+	٠	٠	+	+	+	÷	+ x	+	+	÷	+	+	٠	+	٠	+	50 2
REPRODUCTIVE SYSTEM		-		-																			~		-	
MAMMARY GLAND FIBRDADENOMA	+	+	+	+	+	N	+	+	+	+	+	+	+	+	+	+	•	•	* x	+	+	+	+	+	+	50× 2
TESTIS INTERSTITIAL-CELL TUMOR	+	+	* ×	+	* x	+	* x	+	* x	* x	* ×	+	+	*	* x	•	* ×	+ x	* x	* ×	* x	* X	* X	* x	*	50 40
PROSTATE	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
NERVOUS SYSTEM	-+											_			-								-		-	
BRAIN	+	•	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	50
ALL UINEK STSIENS	1	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	5.0 +
MESOTHELIOMA, MALIGNANT MONOCYTIC LEUKEMIA					11		<u> </u>	"											.,					×		1

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

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* ANIMALS MECROPSIED * ITISSUE EXAMINED MICROSCOPICALLY * REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY * TUMOR INCIDENCE H: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION H: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION H: NECROPSY PERFORMED B: NO KECROPSY PERFORMED

TABLE A3.

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INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF ALLYL ISOVALERATE

LOW DOSE

ADTMA1																									
NUMBER	0	0 2	0	04	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	21	2	2	2	2	2
WEEKS ON Study	1	0	0	0	07	1	1	0	0 5	1	1	1	1	1	0	0	2	1	1	j 0	1	3	1	1	0
INTEGUMENTARY SYSTEM		6	6	6	4	3	61	0	5	6	6	6	6	6	5	2	11	6	لغ	لف	3	6	3	6	و
SKIN Keratoacanthoma	+	+	N	+	+	+	+	+	N	+	+	+	+	÷	+	+	+	+	+	+	+	, t	+	÷	٠
SUBCUTANEGUS TISSUÉ FIBROMA	+	+	N	+	+	+	+	٠	N	+	+	٠	* ×	+	+	+	+	+	+	٠	+	* ×	+	+	+
RESPIRATORY SYSTEM																								_	-
LUNGS AND BRONCHI	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	÷	+	÷	÷	+
TRACHEA	+	+	+	-	-	+	+	-	+	-	-	+	+	-	+	+	-	+	+		-	+	+	+	7
HEMATOPOIETIC SYSTEM																									-+
BONE MARROW	<u> </u> _+	+	ŧ	+	÷	+	. +	+	+	+	+	+	÷	+	÷	•	+	•	+	+	+	÷	÷	+	+
SPLEEN	+	÷	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	+	+	. +	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
THYMUS	-	+	+	-	1	+	+	+	+	+	+	+	+	+	÷	-	+	+	+	+	+	+	+	+	-
CIRCULATORY SYSTEM																				•					+
HEART	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																									+
SALIVARY GLAND	+	+	+	.	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	-+
LIVER NEOPLASTIC NODULE HEPATOCELLULAR CARCINDMA	+	+	×	+	+	+	+ X_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	+		+	+	+	+	+	+	+	. <u>+</u>	+	+	+	+	+	+	+	+	_t_	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	н	Ν	N	N	N	Ν	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	N
PANCREAS	+	+	+	+	÷	+	+	+	+	+	+	÷	+	÷	+	+	÷	÷	+	+	+	+	+	÷	+
ESOPHAGUS	1	 	<u>^</u>	4	_ <u>^</u>															<u> </u>			<u> </u>	<u> </u>	+
STOMACH	1.	 +	+	<u>`</u>	+	+	+	+		 +		•	+	- <u>-</u>	<u>,</u>	-	<u> </u>	- <u>-</u>	-	÷	<u> </u>		-	<u>+</u>	귀
SMALL INTESTINE			i		<u>-</u>			-	<u> </u>			<u>,</u>	-7	<u>,</u>	<u>.</u>	- <u>×</u>		<u>+</u>	<u> </u>	- <u></u>		<u> </u>	- <u>+</u>	<u>T</u>	7
	+		+	+	•	+		+	-	+	+	4		<u>.</u>		<u>.</u>		-	<u> </u>	<u> </u>	- -	<u> </u>	<u> </u>		7
URINARY SYSTEM											·				·							<u> </u>			
KIDNEY	+	+	÷	+	+	+	÷	+	+	+	÷	÷	+	+	÷	+	÷	÷	+	+	+	+	+	÷	+
URINARY BLADDER	+	+	-	+	+	+	÷	+	-	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	-
ENDOCRINE SYSTEM	+																								-+
PITUITARY Adenoma, ngs Acidophil adenoma	+	÷	+	+	+	+	+	+	-	-	* ×	+ x	+	+	÷	+	+	-	+	+	+	٠	+	+	+
ADRENAL Pheochromocytoma	+	+	* X	* x	+	*	+	*	+	+	+	+	+	* x	+	+	+	+	+	* *	* *	* *	+	*	+
THYROID FOLLICULAR-CELL ADENOMA FOLLICULAR-CELL CARCINDMA C-CELL ADENOMA	+	+	* X	٠	+ ¥	+	+	+	+	+	+	+	•	+ v	·	+	÷	+	+	+ •	+	+	+	+	+
PARATHYROID	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	-	+	+	+	+	+	•	+		1
REPRODUCTIVE SYSTEM						·					• • • • • •				··									-	4
MAMMARY GLAND FIBROADENOMA	+	+	+	+	+	+	+	+	N	+	+	+	+	+	÷	+	+	+	* x	+	+	+	+	÷	+
TESTIS INTERSTITIAL-CELL TUMOR	1 t	* x	* x	* ×	* X	*	* x	+ x	+	*	* ×	* x	* x	+ x	÷	+	* x	*	*	* ×	* ×	*	* X	* X	•
PROSTATE	+	+	+_	+	+	+	+	+	÷	+	+	+	+	±		+	+	+	+	+	+	+	+	+	ŧ
PREPUTIAL/CLIIORAL GLAND Carcinoma,nos Adenoma, nos	н	N	N	Η	N	N	N	N	N	N	н	N X	N	N	N	N	N	N	N X	N	N	N	H	××	м
NERVOUS SYSTEM	1																_								+
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+
SPECIAL SENSE ORGANS	-									_															1
EAR NEURILEMOMA	N	N	N	N	N	N	* x	N	N	Ν	N	N	н	+	H	H I	N	N	N	N	N	H	N	N	М
BODY CAVITIES	+																								+
PERITONEUM FIBROSARCOMA	N	н	N	N	м	H	N	N	N	N	N	н	N	H	N	N	н	N	н	N	N	N	н	N	N
MESENTERY FIBROSARCOMA, INVASIVE LIPOSARCOMA	м	N	H	н	N	N	H	N	н	м	H	X X	N	N	N	N	н	N	N	н	N	N	H	N	н
ALL OTHER SYSTEMS	+									_															+
MULTIPLE ORGANS NOS Sarcoma, nos Monocytic leukemia	н	н	н	N	×	H	N	N	N	м	м	N	N	н	N	N	N	N	N	N	N X	N	N	N	H
HEAD NOS Squamous cell carcinoma								<u>x</u>																	_
LEG NOS FIBROSARCOMA																									

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

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NG NISTOLOGY DUE TO PROTOCOL A: Autolysis M: Animal Missing B: No Necropsy Performed

																			~		~ ~ ~ ~					
AN IMAL NUMBER	2	2	2	2	0	0	0 3	0	3	0	0	0	0	0	0	0 4	0	4	0	0	0	0	0	4	0 5	
WEEKS ON		7	8	-1	Ō	-11	2	3	4	5	-	7	8	- 1		╬	2	3	4	5	6	71	8	8	0	TISSUES
STUDY	6	6	61	0 6	6	6	0 6	91 51	4	0 6 (5	8	9	5	6	6	?	6	5	6	6	0	5 5	9 31	6	TUMORS
INTEGUMENTARY SYSTEM																										
SKIN KERATDACANTHOMA	<u> </u>	•	+	-		÷	~~~	-		+	_		_	·		÷		•	÷						4	
SUBCUTANEOUS TISSUE	+	٠	÷	+	+	٠	N	* ×	+	+	+	+	+	٠	+	+	+	+	+	+	+	÷	+	٠	*	50×
RESPIRATORY SYSTEM	+		_				_~			_															-	
LUNGS AND BRONCHI	+	+	÷	÷	+	÷	+	+	÷	+	+	÷	+	÷	+	+	+	÷	+	÷	+	+	+	٠	+	50
ALVEOLAR/BRONCHIDLAR CARCINOMA	+										X					_						_ <u>×</u>			-+	2
TRACHEA	+	+	-	+	-	+	+	-	+	*	-	+	+	+	+	+		+	+	÷	÷	<u>+</u>	<u> </u>			
HEMATOPUIETIC SYSTEM	1.																									50
BONE MARROW	++-	<u> </u>	<u>.</u>		[*]		<u>.</u> .	- <u>+</u>		÷	+	÷	<u> </u>		<u> </u>	- <u>-</u> -		<u>.</u>		- <u></u>	<u> </u>	<u> </u>	<u> </u>	_ <u>_</u>	Ť	
SPLEEN	+÷	<u>.</u>	<u> </u>	<u> </u>	<u>-</u> -				<u>-</u>	- <u>-</u>	<u> </u>	<u> </u>		- <u>-</u>	. <u>.</u>		<u> </u>	- <u>+</u>	-	 +	- <u>*</u>	<u> </u>	<u> </u>	- <u>-</u>	Ť	
LIMFE NUDES	+÷	- <u>+</u> -	<u>-</u>		<u> </u>				<u>-</u> -	<u> </u>	 	<u> </u>		- <u>I</u>	<u> </u>	<u>,</u>	 	-		+	<u> </u>	+	-		+	36
CTRAULATORY SYSTEM				+																						
UEADT		+					÷	+		÷		+	+	+	÷	+	+	+	+	+	÷	+	+	_	+	49
	ļ.																								_	
SALTVARY GLAND	+	÷	+	+	÷	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	_	_	+	48
LIVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
NEOPLASTIC NODULE HEPATOCELLULAR CARCINOMA	1								_															_		1
BILE DUCT	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	H	N	N	N	N	N	N	н	N	N	N	N	н	н	н	N	N	N	N	N	N	N	N	N	н	50×
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
ACINAR-CELL ADENOMA	+						<u> </u>											<u>×</u>								4
ESOPHAGUS	+-+	+	. +_	- +		.+	+	+	_+	+	+		+		*	+	+	+	<u>+</u>		+	<u>_</u>				40
STOMACH	+	+	+		+	+		+	+	+			- <u>+</u>	+	. <u>+</u>	+	<u>+</u>	+	•	<u>+</u>	•		<u>.</u>	<u> </u>	-	50
SMALL INTESTINE	+-	+	+	- <u>+</u>	+ ~	<u>+</u>	<u>+</u>		- <u>+</u>	÷.	. <u>+</u>	<u>+</u>	. <u>+</u>	<u>+</u>	. <u>+</u>	•	+		-				<u>+</u>	<u> </u>		<u></u>
	+	+	<u>.</u>	+	+	+		+	+	<u> </u>	+	<u> </u>		_	•	*	-	<u> </u>		<u> </u>		<u> </u>		<u> </u>	_	
URINART STOLET																		+	+	•	÷		+	÷	+	50
	+		+	- <u>'</u> -		+	÷		+	<u>.</u>	<u>`</u>		+	+	+	+	+	+	+	+	+	+	+	+		47
ENDOCRINE SYSTEM	<u> </u>								<u> </u>				_													
PITUITARY	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	-	+	+	46
ADENOMA, ND5 ACIDOPHIL ADENOMA						×					х			×												4
ADRENAL	+	+	+	+	+	÷	+	+	+	+	+	٠	+	+	+	+	+	÷	+	+	+	+	+	+	+	50
PHEOCHROMOCYTOMA	<u></u> +×−			<u>X</u>	<u> </u>		-													<u>×</u> _	_ <u>×</u>				<u> </u>	15
THYROID FOLLICULAR-CELL ADENOMA	+	+	+	+	+	+	+	-	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	*	47
FOLLICULAR-CELL CARCINOMA C-CELL ADENOMA	1	X					x		·						x						<u> </u>					
PARATHYROID	+	÷	+	+	+	-	+	-	-	-	+	+	+	+	ŧ	+	+	+	-	+	+	+	+	-	+	42
REPRODUCTIVE SYSTEM																			-						-1	
MAMMARY GLAND	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	٠	÷	+	N	+	+	+	N	+	+	50×
TESTIS	+				-		<u> </u>	+			•	- <u>-</u> -	+	+	÷	•	+	+	+	+	+	+	+	+	-	50
INTERSTITIAL-CELL TUMOR	×	<u>x</u>	x_	x	<u>×</u>		<u>x</u>	<u>×</u>	<u> </u>	x.	x	x	×.	x	x	×_	x	x	×	x	x	x		×	_x	44
PROSTATE	(<u>+</u>	+	+	+	+	+	+	_+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	-+	48
PREPUTIAL/CLITORAL GLAND CARCINOMA,NOS	I N	н	N	N	N	Ν	Ν	н	Ν	н	N	N	Ν	N	н	Ν	Η	н	Ν	N	N	N	N	н	N	50×
ADENOMA, NOS					X		_			X																
NERVOUS SYSTEM	T.																									
BRAIN	Ļ.	+	+	*	+	+	+	+	+	_	+	<u> </u>	<u> </u>	+	+							<u> </u>			_	
SPECIAL SENSE URGANS			IJ	ы		ы	ы	ы		ы	v	ы	ы	5	N	ы	N	N	N	N	N	N	N	N	N	50*
NEURILEMOMA	"	n		п	'n		'n		17	'n			и									.,				1
BODY CAVITIES															_										-	
PERITONEUM ETBROSARCOMA	н	N	N	N	Ν	N	Ν	н	Ν	N	Η	N	N	н	н	ĸ	N	N	N	к	N	н	N	N	я	50×
MESENTERY	N	N	N	N	N	N	N	н	N	н	N	к	к	N	N	N	N	N	N	N	N	н	N	N	N	50×
FIBROSARCOMA, INVASIVE	1			.,													x									
ALL OTHER SYSTEMS																										
MULTIPLE ORGANS NOS	N I	м	N	N	N	N	N	N	я	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	50×
SARCOMA, HOS Monocytic Leukemia					_				x				X											x		4
HEAD NOS											-		-													
SQUAMOUS CELL CARCINOMA	+		-																							1
	1																				×				ļ	1 1

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

ANIMALS MECROPSYED
 ·· TISSUE EXAMINED MICROSCOPICALLY
 ·· TISSUE EXAMINED MICROSCOPICALLY
 ·· REQUIRED IISSUE NOT EXAMINED MICROSCOPICALLY
 ·· TUMOR INCIDENCE
 N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 NECROPSY PERFORMED

TABLE A3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE RATS IN THE 2-YEAR STUDY OF ALLYL ISOVALERATE

HIGH DOSE

Image: Control of the state of the	ANIMAL		0	0	0	0	0	2	0	0	0	0	0	0	0	0	9	0	0T	0	9	0	- 10	0		2
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TENAL POLICY IS STEPH TENAL POLICY IS STEPH SPLEEN	TRACHEA	+	-	+	+	+	+	÷	-	+	-	-	+	+	-	+	+	-	-	÷	+	+	t	+	-	+
BDE DARABQU -	HEMATOPOIETIC SYSTEM																									1
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LTMM NUES	SPLEEN	+	+	+	.	+	+	. *	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_+	+
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S. I LARY GLAND I VER NEDPLATE NOULE NEAR OUT N. N. N. N. N. N. N. N. N. N. N. N. N. N	SQUAMOUS CELL PAPILLOMA	–												X												-+
1 1	SALIVARY GLAND	+	*	+	+	+	+	+	•	ĩ	•	+	•	+	*	+	+	+	*	+	*	÷	+	+	+	+
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Dates addex & Comming Bite Ducit N. N. N. N. N. N. N. N. N. N. N. N. N. N	BILE DUCT	+	+	+	<u>+</u>	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ACTINAC-CELL ADENOMA -	GALLBLADDER & COMMON BILE DUCT	1	N	<u>N</u>	<u>_N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>.</u> <u>H</u>	<u>N</u>	<u>N</u>	<u>_N_</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N. 1</u>	N	<u>N</u>	<u>к</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>_8</u>	<u>N</u>	쒸
ESOPHAGUS + + + + + + + + + + + + + + + + + + +	ACINAR-CELL ADENGMA	ļ				-	-	×.	÷	+		+	+	+	+	+	×	+	+	+	+	+	+	+	+	4
STUTACH LEIGHTOSARCOMA • • •	ESOPHAGUS	++	+	+		+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	_+	. +	+	+
SMALL INTESTINE 	STOMACH LEIOMYOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+
LARGE INTESTINE + + + + + + + + + + + + + + + + + + +	SMALL INTESTINE	+	-	+	+	+	+	÷	+	+	+	+	+	+	+	+	•	+	+	+	÷	+	+	+	+	+
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URINARY BLADDER + + + + + + + + + + + + + + + + + + +	KIDNEY	<u>↓</u> •	+	+	+	+	+	+	+	+	+	.+.	+	÷	+	+	+ .	ŧ.	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM PITUITARY ADENDIA, HOS Y ADENDIA, HOS Y ADENDIA, HOS Y Y ADENDIA Y	URINARY BLADDER	+	+	+	+	+	+	+	+	+	٠	+	÷	+	+	+	+ •	÷	+	+	+	+	+	+	+	-
P ITUTARY - * * * * * * * * * * * * * * * * * * *	ENDOCRINE SYSTEM																									1
PREDChromocytoma x	ADENONA, HOS	-	+	+	+	+	+	<u>*</u>	•	+	+	+	<u>*</u>	+	+	*	+ •	+	<u>*</u>	+	+	+	+	+	+	+
THYRDID + + + + + + + + + + + + + + + + + + +	PHEDCHROMOCYTOMA	<u> </u>	•	+		x_		ž	-	-	ž.	*	÷	•	+	<u>*</u>	+ ·		+	ż_	+	•	*	+	*	+
PARATHYRDID PARATHYRDID + + + + + + + + + + + + + + + + + + +	THYROID Follicular-Cell Carcinoma C-Cell Adenoma C-Cell Carcinoma	+	+	+	+	+ x	•	+	•	-	٠	+ x	•	•	+	+	+ •	•	-	÷	+	+	+	* X	+	+
PANCREATIC ISLETS ISLET-CELL ADEMONA REPRODUCTIVE SYSTEM MMMMARY GLAND FIBRAADENGMA TESIIS INTERSITIAL-CELL TUMOR TESISSITTAL-CELL TUMOR X X X X X X X X X X X X X X X X X X X	PARATHYROID	+	+	+	+	+	+	+	+	_	+	+	+	+	+	+ -	+ +	+	-	+	+	+	+	+	+	-
REPRODUCTIVE SYSTEM MAMMARY GLAND FISROBADENMA TESTIS INTERSTITIAL-CELL TUMOR ************************************	PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	٠	+	+	+	+	+	+	+	÷	+	÷	+	+ -	• •	ŀ	÷	+	+	+	+	+	+	+
MAMMARY GLAND + + + + + + + + + + + + + + + + + + +	REPRODUCTIVE SYSTEM						_												-							+
TESTIS INTERSTITIAL-CELL TUMOR PROSTATE PROSTATE PROSTATE PREPUTAL/CLITORAL GLAND SQUAMOUS CELL CARCINOMA ADENOMA. NOS NERVOUS SYSTEM BRAIN GLIDMA. NOS ASTROCYTOMA MEDIASTINUM LIPOTA MEDIASTINUM LIPOTA MEDIASTINUM LIPOTA MEDIASTINUM LIPOTA MEDIASTINUM LIPOTA N N N N N N N N N N N N N N N N N N N	MAMMARY GLAND FIBROADENOMA	+	+	+	+	*	N	+	+	+	+	+	+	+	+	+ ·	+ +	•	+	+	+	+	+	*	+	+
INTERSTITUE Image: Strate St	TESTIS	t	÷	÷	+	t	t	t	t	t	÷	t	÷	+	t	+ :		5	+	÷	÷	t	<u>+</u>	÷	+	+
PREPUTAL/CLITORAL GLAND SQUAMOUS CELL CARCINOMA ADENOMA. NOS NERVOUS SYSTEM PREPUTAL/CLITORAL GLAND SQUAMOUS CELL CARCINOMA ADENOMA. NOS X REAL BARIN GLIDMA, NOS ASTROCYTOMA X BODY CAVITIES MEDIASTINUM LIPOTA LIPOTA MINNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN	PROSTATE	<u></u>	+	- <u>^</u>	+	÷	<u>^</u>	<u>.</u>	<u>.</u>	<u>^</u>	÷	<u>^</u>	<u>^</u>	+	<u>د</u>		<u> </u>	۰	<u>م</u>	<u>^</u>	<u>~</u>	<u>^</u>	<u>م</u>	<u>^</u>		1
NERVOUS SYSTEM BRAIN GLIDMA, NOS GLIDMA, NOS GLIDMA, NOS GLIDMA K H + + + + + + + + + + + + + + + + + +	PREPUTIAL/CLITORAL GLAND SQUAMOUS CELL CARCINOMA ADENOMA, NOS	N	N	N	N	N	N	N	N	N	н	N	N	N	N	N I	ч н х	4	н	N	N	N	N	N	H	N
BRAINA, NOS GLIMA, NOS ASTROCYTOMA + + + + + + + + + + + + + + + + + + +	NERVOUS SYSTEM		-																							-+
BODY CAVITIES MEDIASTINUM ILPONA NNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN	BRAIN GLIDMA, NOS ASTROCYTOMA	+ X	+	+	+	+	+	+	+	•	+	÷	+	+	+	+	• •	•	•	+	÷	+	÷	+	٠	•
MEDIASTINUM LIPONA N N N N N N N N N N N N N N N N N N N	BODY CAVITIES																									-
ALL OTHER SYSTEMS MULTIPLE ORGANS NOS LETOMOSARCOMA, INVASIVE MALIG, LYMPHOMA, HISTIOCYTIC TYPE X X LEGO MOS FIBROSARCOMA SYNOVIAL SARCOMA SOLE OF FOOT SQUANOS CELL PAPILLOMA X	MEDIASTINUM LIPOMA	N	ĸ	N	N X	н	N	N	N	N	N	N	н	N	N	N 1	4 4	(н	N	н	N	N	N	N	N
MULTIPLE DRGANS NDS NN NN NN NN NN NN NN NN NN NN NN NN NN	ALL OTHER SYSTEMS																									1
LEG NOS FIBROSARCOMA SYNOVIAL SARCOMA SOLE OF FOOT SQUANOUS CELL PAPILLOMA X	MULTIPLE ORGANS NOS LEIOMYOSARCOMA, INVASIVE Malig.lymphoma, histiocytic type Monocytic leukemia	N	N X	N	N	N	н х	N	Ν,	н	N	н	N	N	н ×	н і	4 1	1	N	н х	N	N	н	н	N	N
SOLE DE FODT SQUAMOUS CELL PAPILLOMAX	LEG KOS FIBROSARCOMA Synovial sarcoma																									
	SOLE OF FOOT SQUAMOUS CELL PAPILLOMA													_						x						

+ - X N 5

TISSUE EXAMINED MICROSCOPICALLY REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY UTORS NICHOENCE NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION AITMAL MISSING AITMAL MISSING BI NO NECROPSY PERFORMED BI NO NECROPSY PERFORMED

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ANIMAL NUMBER	2	0 2 7	28	2	0 3	3	3	3	03	3	0	3	0 0 3 3	4	4	0 4 2	0 4 3	044	0 4 5	0 4	0 4 7	0 4 8	4	Т
WEEKS ON Study	1	0	1	05	0 8 2	1	0 9 7	0	8	0	0	0	0 1 7 0 7 6	0	8	1	0	1	01	9	9	1	9 1	
INTEGUMENTARY SYSTEM						للكرين						- <u>-</u>	دلت											1
SKIN SQUAMOUS CELL PAPILLOMA BASAL-CELL TUMOR KERATOACANTHOMA	+	+	+	+	N	+	+	+	+	*	×	+	+ •		н	* x	+	+	+	+	+	+	+ •	
SUBCUTANEOUS TISSUE Sarcoma, nos Fibroma Fibroadenoma	+	٠	* × ×	+	N	+	+	+	+	+	+	+	+ +	+	N	+	+ ×	+	+	٠	+	+	+ ;	d
RESPIRATORY SYSTEM		_									-	_					<u>_</u>							+
LUNGS AND BRONCHI Adenoca/Squamous metaplasia Synovial sarcoma, metastatic	+	* ×	+	+	+	+	+	+	+	+	+	+	+ +	+	+ X	+	-	+	+	+	+	+	+ •	·
TRACHEA	+	-	+	+	÷	-	-	-	÷	-	+	+	- +	+	÷	+	+	÷	+	-	-	+	- ,	
HEMATOPOIETIC SYSTEM																								-
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+		+ +	.+	+	+		+	+	+	+	+	+;	
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+ +	+	+	+	+	+	+	+	+	+	+ +	·
LYMPH NODES	+	+	*	+	+	+	+	+	<u>+</u>	+	_+	+	<u>+</u>	+	*	+	+	<u>+</u>	+	. <u>+</u>		+	+ +	
	-	+	+	+	+	+	-		+		+	+	+ +		+	+			+	+	*		+ +	·
HEART			1												+	÷	÷		÷		÷			
DIGESTIVE SYSTEM	<u> </u>		-			<i>.</i>		<i>.</i>		•						-								-
ORAL CAVITY	N	N	N	N	N	N	N	N	N	N	N	к	N N	N	н	N	N	N	н	N	N	к	н н	
SQUAMOUS CELL PAPILLOMA	<u>├</u>																							+
SALIVARY GLAND	+	+	+	+	+	+	+	+	+	+	+	+	+ +	+	+	+	+	-	+	•	+	÷	+ +	·
LIVER NEOPLASTIC NODULE	+	+	+	+	+	+	+	÷	+	* ×	+	+	+ +	+	÷	+	+	+	+	+	+	+	+ +	1
HEPATOCELLULAR CARCINOMA													,											1-
	+	+		+	+	- +	- <u>+</u>	+ H	+		+ N	.+	<u>7 1</u> N 1	+ <u>+</u>	* N	+ N		т	<u>۳</u>	- <u>-</u> -	T N		N 1	
PANCREAS	+	+	<u></u>	 +	+	+	- <u>rt</u> - +	_rt_ +	+	+	+	+	<u> r</u> + •	. +	- <u>a</u> +		+	+	+	+	+	+	ا در + +	-
ACINAR-CELL ADENOMA	<u> </u>									_														-
ESOPHAGUS	+	+	+	-	<u>+</u>	+	<u>+</u> _	+	+	+	+	*		+	+	+	+	+	+	+	+	+	<u>+</u> +	+
STOMACH LEIDMYOSARCOMA	+	+	+	+	+	+	<u>*</u>	+	+	+	+	+	+ +	+	+	*		+	+	+	+	+	+ •	'
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	4
LARGE INTESTINE	+	÷	+	+	÷	+	÷	+	÷	+	+	+	+ 4	• •	+	+	٠	+	+	+	+	٠	÷ •	1
URINARY SYSTEM		_																						
KIDNEY	++	+	+	+	+	+	+	+	+	+	+	+	+_+	+	+	t_	+	+	+	+	. <u>+</u>	+	<u>+</u> -	·
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+ •	+	+	+	+	+	+	+	+	+	+ •	
ENDOCRINE SYSTEM																								
ADENOMA, NOS	+	* x	+	+	_ <u>*</u>	+	×	+	<u>*</u>	+	+	+	+ +	+	+	+	<u>+</u>	+	+	+	+	+	*	·
ADRENAL Pheochromocytoma	+ x	_*	* ×	+	+	+	+	+	+	+	* X	+	+ +	*	+	* x_	*	+	+	+	* x	* x	<u>,</u>	4
THYROID Follicular-cell carcinoma C-cell Adenoma C-cell carcinoma	+ ×	+	+	+	+	+	+	+	+	+ 	+	+ ×	+ •	+	+	+	+	-	+	+	+	+	+ ·	
PARATHYROID	+	-	+	+	+	+	+	+	+	+	+	+	+ +	+	+	+	+			+	+	+		-
PANCREATIC ISLETS	+	÷	+	+	+	+	+	÷	+	* ×	* ×	+	+ +	+	+	+	+	+	+	+	+	+	+ +	·
REPRODUCTIVE SYSTEM	ļ																				-			
MAMMARY GLAND FIBROADENOMA	+	+	+	+	+	+	+	+	+	+	+	+	+ +	+	+	+	+	+	+	+	+	+	+ +	
TESTIS	:	÷	÷	+	+	÷ ×	÷	÷	+	+ Y	* x	*	÷ ;	÷ ×	* *	* ×	+	* ×	* ×	* x	* ×	*	* ;	
PROSTATE	ļ,	+	+	+	+	+	+	+	+	+	+	+	<u></u>	+	+	+	+	+	+	+	+	+	+ +	
PREPUTIAL/CLITORAL GLAND Squamous cell carcinoma Adenoma, Nos	N	N	N	N	N	N	н	н	N	N	N	N	N N	N	N	N	N	N	N	N	N	N	нн	1
NERVOUS SYSTEM																								1
BRAIN Glioma, Nos Astrocytoma	+	+	+	+	+	+	+	٠	٠	٠	٠	+	+ •	+	+	÷	+	+	+	*	+	+	•	
BODY CAVITIES									_															1
MEDIASTINUM LIPOMA	N	н	N	N	N	N	N	N	м	N	N	N	н М	N	N	N	н	н	н	N	N	N	N 1	1
ALL OTHER SYSTEMS	ч	ы. м				ч И	 بز	μ	ы.	ы. М	N	N	N 1	N I	N	N	м	N	N	N	N	н	N P	
LEIOMYOSARCOMA, INVASIVE MALIG.LYMPHOMA, HISTIOCYTIC TYPE MODICYTIC LEUKEMIA	, n	и	И	м	н	ų ų	X	n	r i	н	n	x		, n	п	.,	" X	×	н	.1			x	
LEG NOS									<u></u>								-^-	_^ .			~ ~			1
FIBROSARCOMA SYNOVIAL SARCOMA															<u>x</u>						<u> </u>			-

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

* ANIMALS NECROPSIED
 * IISSUE EXAMINED MICROSCOPICALLY
 -: Reduired Tissue Not Examined Microscopically
 :: Tumor Incidence
 N: Necrofsy, No Autolysis, No Microscopic Examination

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: Autolysis M: Animal Missing B: NO NECROPSY PERFORMED

Allyl Isovalerate

TABLE A4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF ALLYL ISOVALERATE

VEHICLE CONTROL

AN IMAL NUMBER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	01	0	0	0	0 2	0	2
WEEKS ON	$\frac{1}{1}$	-2	- 1	- 1	0	0		- 8	-1	1	-++	-1	-3	4	1	1	-7	-	- 9		0	-2	0	1	
TUTECIMENTADY CVETEM	51	6	6	5	6	<u>1</u>	6	6	61	6	6	6	1	i	6	6	6	. 6	6	7	4	7	3	7	_7
SUBCUTANEOUS TISSUE BASAL-CELL TUMOR FIBROSARCOMA	+	٠	* X	÷	+	+	÷	+	+	N	+	÷	+	+	÷	+	÷	٠	÷	+	÷	N	÷	٠	÷
RESPIRATORY SYSTEM	–																								
LUNGS AND BRONCHI	+	÷	÷	+	÷	+	+	+	÷	+	÷	+	÷	+	÷	+	+	+	+	+	+	÷	+	+	+
CHONDROSARCOMA, METASTATIC TRACHEA	+	+	+	-	-	+	+	+	+	-	-	_	-	-	+	-	+	+	-	+	+	+	<u>×</u>	+	+
HEMATOPOIETIC SYSTEM	┼──									• • • •		-						••							
BONE MARROW	L+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	t_	+	÷
SPLEEN	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	÷	+	+	+	÷
LYMPH NODES Malig.lymphoma, histiocytic type	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+
THYMUS	+	+	÷	-	+	+	-	+	-	+	+	+	+	÷	+	-	+	-	-	÷	÷	+	÷	+	+
CIRCULATORY SYSTEM	+																•								
HEART	+	+	÷	+	+	+	+	+	+	+	٠	+	+	+	÷	+	+	+	+	÷	+	+	÷	+	÷
DIGESTIVE SYSTEM	+																-								
SALIVARY GLAND	++	+	+_	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER NEOPLASTIC NODULE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	<u>↓ +</u>	+	+	+	+	<u></u>	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	. +	+	+	+	+	_+
GALLBLADDER & COMMON BILE DUCT	ĺ₩-	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	<u>N</u>	N	N	N.	N	N	N	N
PANCREAS	+	+	+	+	+	÷	+	+	+	÷	÷	+	+	+	٠	+	÷	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	÷	+	+	+	+
STOMACH Squamous cell papilloma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	}_ +	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+
LARGE INTESTINE	+	+	+	+	+	ŧ	+	+	÷	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY SYSTEM	1																								
KIDNEY	<u> +</u>	<u>+</u>	+	_+_	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	+	+	+	+	+	+	+	+	+	+	+	+.	+	*	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM	<u> </u>					_			_													÷			
PITUITARY Adenoma, Nos	1 ±	* x	+	+	*.	+	*	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+
ADRENAL Cortical Adenoma Pheochromocytoma	+	+ X	+	+	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+
THYROID C-CELL ADENOMA	+	+	+	+	+	+	+	+	÷	+	+	* ×	-	+	+	+	* ×	÷	+	+	+	+	+	+	+
C-CELL CARCINUMA	+																					<u>.</u>			_
REPRODUCTIVE SYSTEM		-				-							-	<u> </u>		-			· · · ·	-	•	•			-
MAMMARY GLAND Adenocarcinoma, NDS	+	÷	+	+	٠	÷	+	÷	*	+	÷	÷	+	+	+	÷	+	+	+	+	+	N	+	+	+
UTERUS	+	+	+	÷	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+
LEIDMYDSARCOMA ENDOMETRIAL STROMAL POLYP ENDOMETRIAL STROMAL SARCOMA							×							X X		x		x		x	x				
OVARY	+	+	+	+	+	+	÷	÷	+	÷	÷	÷	÷	+	+	÷	+	+	+	+	+	+	+	÷	+
NERVOUS SYSTEM			-																						-
BRAIN	+	+	+	+	٠	٠	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BODY CAVITIES																									
PERITONEUM CHONDROSARCOMA	н	N	N	N	к	N	N	N	N	N	N	H	N	N	N	N	N	N	N	N	N	N	N X	N	N
ALL OTHER SYSTEMS																									1
MULTIPLE ORGANS NOS MONOCYTIC LEUKEMIA	н	х	N	N	N	N X	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
+: TISSUE EXAMINED MICROSCOP: -: REQUIRED TISSUE NOT EXAMIN x: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NI S: ANIMAL MIS-SEXED	ICALI NED I D MI	LY MIC CRO	ROS SCO	COP PIC	ICAI EX	LLY AMI	NAT	ICN				NC NEC AUT ANT NO	TIS CROF	SUE SY, SIS MI CROF	NI NI SS	NFD D H ING PE	RMA IST RFO	TIO OLDO RMEI	N 51 37 1 0	UBM DUE	177 TO	ed Pro	010	COL	

ANIMAL NUMBER	2	2	0	2	3	3	032	0 3 3	034	3	036	0 3 7	3	0	4	0 4	4	043	44	0 4 5	4	0 4 7	0 4 8	0 4 9	0 5 0	TOTAL
WEEKS ON STUDY	1	0	1	1	-	1	0	1	0	9	0	0	0	0	0	1	0	0	0	0	1	1	8	5	1	TISSUES
INTEGUMENTARY SYSTEM	+ 71	_71	_7	7.1	71	_71		7	_71_	-01	4	7	71	2	71	71	71	7.1	31	<u>_Z</u>]	71	-11	31	71	-4	
SUBCUTANEDUS TIŠŠUE Basal-Cell tumor Fibrosarcoma	+	+	+	+	+	+	+	+	+	+	+	+ x	+	+	+	+	+	+	+	+	+	+	+	+	+	50× 1 1
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI Chondrosarcoma, metastatic	L+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
TRACHEA	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	-	-	+	+	-	-	-	+	+	34
HEMATOPOIETIC SYSTEM	-	_		_				~					-			_										
BONE MARROW	+	+	+	+	+	<u>+</u> .	+	+	+	+	+	<u>+</u>	+	+	.+	+	+	+	+	<u>.</u>	<u>+</u>	+	+	*	. +	50
SPLEEN	++	<u>+</u>	+	. <u>+</u> _	+	+	+	+	+	+	+	+	. †	+	+	+	+	+	+	+	+	*	+	<u>+</u>	+	50
LYMPH NODES Malig.lymphoma, histiocytic type	<u> +</u>	* x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	50
THYMUS	+	+	+	+	~	+	+	+	+	+	+	+	-	+	-	+	+	+	+	+	+	+	+	*	+	41
CIRCULATORY SYSTEM	1																								_	
HEART	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	٠	+	+	+	+	50
DIGESTIVE SYSTEM	\vdash													_				_							1	
SALIVARY GLAND	++	+	+	÷	+	<u>+</u>	+	+	+	÷	+	+	+	+	_ <u>t</u> _	+	+	<u>+</u>	+	+	.+	+	+	+	+	50
LIVER NEOPLASTIC NODULE	Ļ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	50
BILE DUCT	<u>l+</u>	+_	+	_ <u>t</u>	+	+	+	+	+	+	+	+_	+	+	+	+	+_	+	+	+	+	+	+	÷	+	50
GALLBLADDER & COMMON BILE DUCT	LN.	N	N	N	N	М	N	N	N	N	N	N	N	N	Ν.,	N	Ы.	N	N	N	N	<u>N</u>	Ν.	N		50×
PANCREAS	+	÷	÷	+	+	٠	+	4	+	4	+	+	+	+	+	+	+	+	+	+	٠	+	-	+	+	49
ESOPHAGUS	1+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>t</u>	+	+	<u>+</u>	+	+	50
STDMACH Squamdus cell papilloma	+	+	+	+	+	+	+	+	+	+	+	* x	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SMALL INTESTINE	+	t	+	+	+	+	<u>+</u>	+	+	+	+	÷	+	+	+	+	+	+	+	t	+	+	-	+	+	- 49
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	÷	÷	+	+	+	+	+	+	50
URINARY SYSTEM	+							_																		
KIDNEY	<u>+-</u>	+	+	<u>+</u>	+	_ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷.	50
URINARY BLADDER TRANSITIONAL-CELL PAPILLOMA	+	+	+	+	+	+	+	+	٠	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	49 1
ENDOCRINE SYSTEM	+			~~~			_			~			~													
PITUITARY ADENOMA, NOS	±	+	*		+	_*	, ż	+	+	*	* ×	ż	+	+	* ×	+	+	-	+	+	+	*	+	+	+	48 13
ADRENAL CGRTICAL ADENOMA PHENCHROMOCYTOMA	+	+	+	+	+	+	+ X	+	*	+	+	+	+	+	+	+	+	+ ×_	+	+	+ X	•	+	+	+	50 1 5
THYROID	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	÷	+	+	+	+	+	48
C-CELL ADENDMA C-CELL CARCINOM/						<u>×</u>															<u>x</u>					2
PARATHYROID	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	48
REPRODUCTIVE SYSTEM	+	_																								
MAMMARY GLAND Adenocarcinoma, ND5 Fibroadenoma	+	٠	+ ×	+	+ X	+	+ X_	+ _×	+	* ×	*	+	+	+ X	+ X	+ x	+	+ _X	+	+	+	+ x	+	+	+ X	50× 2 17_
UTERUS Leiomyoma Leiomyosarcoma Endomeirial Stromal Polyp	+	+ X	+	+	+	+ X	+	* × ×	٠	+	+	٠	٠	+	+ x	٠	٠	+ ×	+	+	: x	+ ×	+	+	+	50 1 11
ENDOMETRIAL STROMAL SARCOMA	\vdash																			- <u>-</u>			,			
CVARY	+	+	+	+	+	+	+.	+.	+	+.	+.	+.	+.	+	+	+	*	+	+	*	*		-	-	-	20
NERVUUS STSTEM	1.																									50
DRAIN	+-	<u> </u>	*	+	<u> </u>				*	÷		<u> </u>	*		*	-	•						·			
PERITONEUM	н	N	N	N	N	N	H	N	N	N	N	н	N	N	N	N	н	N	N	N	H	N	H	н	H	50×
ALL DTHER SYSTEMS	\vdash			-														_							-	├ ────┤
MULTIPLE ORGANS NOS MONDEYTIC LEUKEMIA	N	N	NX	N	N	ĸ	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	50×

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

MONOCYTIC LEUKEMIA

* ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY .: TUMOR INDIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: NECKOPSY, NO HISTOLOGY DUE TO PROTOCOL A: Autolysis M: Animal Missing B: No Necrofysy Ferformed

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TABLE A4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR STUDY OF ALLYL ISOVALERATE

LOW DOSE

ANT MAL																									
ANIMAL NUMBER	0						0	0		1	1	1	1	1	1	1	1	1	1	21	2	2	2	2	2
WEEKS ON	-	1			9		1	1	1	0	Ö	1	1	1	1	0	1		-1	1	0	1	-0		1
INTEGUMENTARY SYSTEM	ĕ	L		<u>.</u>	ź	21.6	6	6	6	7	1	6	6	6	6	7	6	6	6	6	3	6	_5	6	6
SUBCUTANEOUS TISSUE FIBROMA LIFOMA	+	,	• •	·	+ •	• •	٠	+	÷	٠	н	+	÷	+	÷	+	٠	+	٠	+	÷	+	N X	N	+
RESPIRATORY SYSTEM	+																								
LUNGS AND BRONCHI Alvedlar/bronchiolar carcinoma	+				+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+
TRACHEA	+	4		ł	+ +	+ +	-	+	+	+	-	+	+	+	+	~	÷	+	+	-	+	+	+	+	
HEMATOPOIETIC SYSTEM	+											• • • • •													
BONE MARROW	+		. •		+ +	++	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+	-	+	+
SPLEEN	+	. 1	• •		<u>+ </u> +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+_	+	+	+
LYMPH HODES	+				+ +	·+	+	+	+	÷	+	. +	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	+	١	• •	•	+ -	• +	÷	+	+	+	-	-	+	+	+	+	+	÷	+	+	+	÷	-	+	+
CIRCULATORY SYSTEM										•														•••••	
HEART	+	4	• •		+ +	• •	+	+	+	÷	+	÷	+	+	+	+	÷	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM					· ·																				
SALIVARY GLAND	+				+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LIVER BILE DUCT ADENOMA NEOPLASTIC NODULE	+	+	· +	 (+ +	• •	+	*	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+
BILE DUCT	+	+			• •	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	н	ħ	L N		N N	L_N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N.	N	N	N
PANCREAS	+	+	•			+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	1 t	+	+		• •	+	. +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH	+	+	+		• •	+	+	+	+	+	<u>+</u> _	+	+	+	+	+.	+	+	+	+	+	+	+	+	
SMALL INTESTINE	+	+	+		+_+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	1+	+	•		+ +	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+.	+
RECTUM FIBROSARCOMA	+	+	•	. 1	4 +	+	٠	+	+	н	N	+	N	+	+	+	+	* x	+	+	N	+	+	+	+
URINARY SYSTEM														•••			_								_
KIDNEY	+	+	+		++	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	. t .	+	+	+
URINARY BLADDER	+	÷	+		• •	÷	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+
ENDOCRINE SYSTEM																							*****		
PITUITARY Adenoma, nds Acidophil adenoma	+	+	+	;	; +	* ×	+	×	+	+	+	+	+	+	* ×	+	* ×	+	+	* ×	+	+	*	* ×	* X
ADRENAL CORTICAL ADENOMA	+	+	+	١	+ +	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+
THYPOTO	+-			_																<u> </u>		<u>×</u> .			_
FOLLICULAR-CELL ADENOMA C~CELL ADENOMA C-CELL CARCINDMA			,	1	x	Ŧ	•	x	Ť	Ŧ	Ť	x	Ť	Ŧ	Ť	Ť	Ŧ	x	Ť	Ť	Ŧ	Ť	Ť	x	Ť
PARATHYROID ADENOMAL NOS	+	+	+	4	• +	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	-	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	,	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+
REPRODUCTIVE SYSTEM																						• • • •			
MAMMARY GLAND Adenocarcingma, Nos Sarcoma, Nos	+	+	+	1	• +	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+
FIBROADÉNOMA		X	x			x	x	x	x					x	X	x		x	x				×		×
PREPUTIAL/CLITORAL GLAND CARCINOMA,NOS ADENOMA, NOS ADENOSQUIAMOUS CARCINOMA	н	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	Ν	N	N	N	N	N	N	н	N
UTERUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	1
ENDOMETRIAL STROMAL POLYP	+									×				<u>×</u>	·						×	-	·	<u>x</u>	-
NERVOUS SYSTEM		+	+		+	+	+	+	+	+	+	+	+	+	+	+	+	•	•	+	<u>+</u>	+	<u>*</u>	+	+
RPATN																									
ALL OTHER SYSTEMS	- <u> </u>		Ŧ	+	+	.		. *			<u> </u>	-		*	*	•	+	<u> </u>	-	•	*	+	<u> </u>	*	1
MULTIPLE DRGANS NDS SARCOMA, NDS SARCOMA, NDS, MFTASTATIC	н	N	N	N	н	N	N	н	N	×	N	н	N	н	н	н	н	N	н	N	N	N	N	N	н
OSTEDSARCOMA MONOCYTIC LEUKEMIA						x					×			x		<u>x</u>		<u>x</u>							
+: TISSUE EXAMINED MICROSCO -: REQUIRED TISSUE NOT EXAM X: TUMOR INCIDENCE	PICAL INED	LY MI(CROS	5C0	PIC	ALLY				Ģ		ND	TIS	SUE	IN NO	FOR HI	MAT Sto	ION	I SU	UBMI DUE	TTE TO	DPRO	тос	- 20L	

X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO MICRDSCOPIC EXAMINATION S: ANIMAL MIS-SEXED

A: AUTOLYSIS M: Animal Missing B: NO Necropsy Performed

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AN IMAL NUMBER	2	2	0	020	3	0	3	3	0	0	3	0	0	3	04	9	04	4	4	4	4	4	4	4	5	
WEEKS DN		-1	1	1	1		-	1	1	1	0	1	1		1	ċ	-	1	1	1	#	Ó			1	TISSUES
TATEGUMENTARY SYSTEM	لف	2	6	6	6	6	ě	6	6	6	í	6	6	6	6	9	3	6	1	6	6	8	6	6	6	
SUBCUTANEOUS TISSUE		÷	+	+	+	+	÷	+	÷	+	+	N	+	+	÷	+	÷	+	+	+	+	+	+	+	·+	50×
FIBROMA LIPOMA									×			×							x							3
RESPIRATORY SYSTEM	1				-						_			_												
LUNGS AND BRONCHI Alveolar/Bronchidlar carcinoma	Ļ	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* *	+	+ +	50
TRACHEA	+	-	-	-	+	+	+	+	+	+	٠	+	+	-	-	+	+	+	-	+	-	-	+	+	+	37
HEMATOPOIETIC SYSTEM	1																									
BONE MARROW	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_ 	+	+	+	+	*	+	<u> </u>	+	<u>t</u>	+	- 49
SPLEEN	+	t.	+	+	+	+	+	+	+	+	+	+	+	+	.	+	<u>+</u>	+	+	+	<u>+</u>	+	<u>+</u>	+	+	50
LYMPH NODES	++	t.	+	+	+	_+	+	+	+	+	+	+	+	+	.+	+	+	+	+	+	+	+	_+	+	+	50
THYMUS	+	+	+	-	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	-	43
CIRCULATORY SYSTEM	1																			-						
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM																										
SALIVARY GLAND	++-	+	+	+	+	+	.*.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	_+	<u></u> t	+	+	50
LIVER BILE DUCT ADENOMA NEOPLASTIC NODULE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	50
BILE DUCT	1+	+	+.	+	+	+	+	+	+	<u>+</u>	+	+	+	. <u>+</u>	+	+	+	+	+	+	+	+	+	+	+	. 50
GALLBLADDER & COMMON BILE DUCT	N	N	N	N	N	<u>N</u> .	N	N	N	N	N	N	Ν_	N	N.	N	N	N	N	<u> </u>	N	м.	N	N.,	М	50×
PANCREAS	+	+	+	÷	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	50
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	50
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	. t_	÷		+	+	+	50
SMALL INTESTINE	+	÷	+	÷	4	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
LARGE INTESTINE	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	+	
RECTUM FIBROSARCOMA	+	M	÷	N	÷	к	÷	+	÷	+	N	+	+	N	٠	N	+	+	+	+	٠	N	٠	N	+	50* 1
URINARY SYSTEM																									- 1	
KIDNEY	+		+	+	+	+	+	+	+	+	+	+	Ŷ	+	+	+	+	+	+	+	<u>+</u> _	+	+	+	+	50
URINARY BLADDER	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	50
ENDOCRINE SYSTEM	-												_												-1	
PITUITARY Adenoma, Nos Acidophil Adenoma	+ ×	×	*	+	+ x	+	+	+	+	+	+	+	*	+	+	* *	*	*	+	+	+	+	+	+	-	49 16
ADRENAL	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	÷	÷	+	+	÷	+	+	+	+	50
CORTICAL ADENOMA Pheochromocytoma	×				X		X											X						~	_	
THYRGID Follicular-cell adenoma	+	+	+	+	+	+	+	+	+	+	+	+.	+	+	+	+	+	+	+	+	+	+	+	+	+	50
C-CELL ADENOMA C-CELL CARCINOMA			X		x																			x		<u> </u>
PARATHYROID Adenoma, nos	+	-	-	+	+	+	+	+	+	•	-	+	+	+	+	+	+	+	+	+	+	+	•	+	+	44
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	+	+	+	+	+	٠	+	÷	+	+	+	+	+	+	+	* X	+	+	+	+	+	+	+	50 1
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND Adenocarcinoma, nos Sarcoma, nos	* ×	+	+	+	٠	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	٠	+ X	٠	+	+	50× 1 1
FIBROADENOMA					×				×			x	x		x				x	x		X		x	×	23
PREPUTIAL/CLITORAL GLAND CARCINDMA,NOS ADENOMA, NOS ADENOSQUAMOUS CARCINOMA	N	н	N	N	N	N	N	N	N	N	N	X	N	N	N	ĸ	N	Я	ĸ	м	X	N	N	н	ň	50* 1 1
UTERUS ENDOMETRIAL STROMAL POLYP	+	+	* x	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	* x	+	, x	+	+	+	50 8
OVARY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+	+	+	+	+	+	50
NERVOUS SYSTEM	+																									
BRAIN	+	+	÷	÷	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+	50
ALL OTHER SYSTEMS	+																					_			-	
MULTIPLE ORGANS NOS SARCOMA, NOS SARCOMA, NOS, METASTATIC OSTEOSARCOMA MONOCYTIC LEUKEMIA	N	N	N	N	N	N	N	н	N	N	H	N	н	N X	к	н	N	N	N	ĸ	N	N X	м	N	н Х	50× 1 1

TABLE A4. FEMALE RATS: TU	NOR PATHOLOGY (CONTI	NUED)	LOW DOSE
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MUNUTILE LEVENIA * ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY -: TUMOR INCIDENCE H: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

: NO TISSUE INFORMATION SUBMITTED C: NECROPSY, NO MISTOLOGY DUE TO PROTOCOL A: Autolysis M: Animal Missino B: No Necropsy Performed

TABLE A4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE RATS IN THE 2-YEAR **STUDY OF ALLYL ISOVALERATE**

HIGH DOSE

ANIMAL	1 0	10			01	01	01	01	01	61	0			01	61	01				61				01	
NUMBER	0	2	03	0	0	0 6	07	ů 8	0 9	1	1	1	1	1	1	1	1	11	1	2	2	22	2	2	25
WEEKS ON Study		0	1	0	0	0	0	0	9	1	8	0 7	0	1	0	1	1	0	0	0	1	0 8	0 8	1	0
INTEGUMENTARY SYSTEM		1.5	5	6	_6	21	11	6	4	6	91	4	6	6	6	61	61	_1]	6	6	6	8	4	6	_2
SKIN BASAL-CELL TUMOR KERATOACANTHOMA	+	+	+	+	+	+	÷	+	N	+	٠	+	*	+	+	+	+	+	+	+	÷	٠	+	+	+
RESPIRATORY SYSTEM	+			_																					_
LUNGS AND BRONCHI	+	+	+	÷	+	÷	+	+	÷	+	÷	+	+	+	+	+	+	+	÷	+	+	+	+	+	+ 1
TRACHEA	+	+	+	+	-	+	+	-	+	+	-	-	-	+	+	+	-	-	-	+	+		÷	+	
HEMATOPOIETIC SYSTEM	+		_																<i>,</i> ,						
BONE MARROW	+	+	+	+	+	÷	+	÷	+	+	+	÷	+	÷	+	÷	+	+	+	+	+	-	+	÷	+
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
THYMUS	+	+	+	+	+	-	+	+	+	+	-	-	+	+	+	+	+	+	_	+	+	+	+	+	+
THYMOMA		×																							
CIRCULATORY SYSTEM																									
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																									
DRAL CAVITY Squamous cell papilloma	N	N	N	N	N	N	N	N	N	N X	N	N	н	N	N	N	N	N	N	N	N	н	N	N	N
SALIVARY GLAND	+	+	+	+.	+	+	+	+	-	+	+	+	+	+	+	+	+	+	÷	+	+	+	-	+	+
LIVER	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	I N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N	N	N
PANCREAS	++	+	+	+	+	+	+	+	+	.+		+	÷	+	+	+	-	+	÷	+	+	+	+	÷	+
ESOPHAGUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	-
STOMACH Squamous cell papilloma	+	+	+	+	* ×	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	÷	+	÷	+	÷	+	-	+	+	+	+	+	÷	+	+	+	+	+	+	+	+
LARGE INTESTINE	†	+	+	+	+	+	+	+	_	+	_	÷	+	•	+	•	+	+	+	+	+	+	•	•	-
IRINARY SYSTEM	+									· ·		· · · ·			<u></u>		'	<u> </u>				·	· · · · ·	-	4
KIDNEY	1.	+	+	+	+	+	÷	+	+	+	+	+	+		+	÷	÷	÷	+	÷	÷		÷	÷	
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	Ť
ENDJCRINE SYSTEM	+																		_		-				-+
PITUITARY Adenoma, NOS	+	* ×	+	+	+	* x	+	+	+	+	+	+	+ X	-	+ X	+	+	*	+	+	+	* ×	+	* X	+
ADRENAL Pheochromocytoma	+	+	* ×	+	+	+	+	+	+	* X	+	+	+	+	+	+	+	+	+	+	+	•	+	* ×	+
THYROID C-Cell Adenoma C-Cell Carcinoma	+	÷	+	÷	+	٠	+	* X	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+
PARATHYROID	+	+	+	-	+	+	+	+	+	+	-	+	-	-	+	+	+	-	+	+	+	+	+	+	7
REPRODUCTIVE SYSTEM	+																								-+
MAMMARY GLAND FTBRDADENDMA	+	+	+	+	+	+ x	+ ×	+	÷	* ×	÷	÷	÷	÷	+ ×	÷	÷	÷	÷	+	+	+	+	+ ×	+
PREPUTIAL/CLITORAL GLAND CARCINOMA,NOS ADENICMA, NOS	N	н	H	х	N	N	N	N	N	N	N	N	H	N	ĸ	N	N	N	N	н	N	N	н	N	H
VAGINA ENDOMETRIAL STROMAL SARCOMA, INVA	н	м	N	N	н	N	N	N	N X	N	N	N	N	N	N	N	N	N	H	N	н	N	N	N	N
UTERUS ENDOMETRIAL STROMAL POLYP	+	* x	+	* ×	+	+	+	* ×	+	+	-	÷	+	+	+	* x	÷	+	* ×	+	* ×	+	÷	+	J
ERDENETRIAL STRUMAL SARCOMA									<u>^</u>		-														\pm
NERVILIS SYSTEM	Ļ	т	·	+	*	*		•		*	-	·	·	e		<u> </u>	·	<u></u>	·	•		<u> </u>	·		4
BRATN		+	÷	+	+	+	÷	÷	•	÷	+	+	•	•		•	•	+	+	÷	+	+	÷	÷	+
ASTROCYTOMA MEDULIOBLASTOMA		,			x	,	,		,	,		•				,				Ť					
SPECIAL SENSE ORGANS	-														_		_								+
ZYMBAL'S GLAND Adenosquamdus carcinoma	н	N	N	N	N	N	N	N	H	N	N	N	N	ч I	N	N	N	N	N	N	N	* ×	N	N	н
BODY CAVITIES	-																								+
MÉSENTERY FIBROSARCOMA MALIG LYMPHOMA, HISTIOCYTIC TYPE	N	N	н	N	Ħ	N	N	H	N	N	N	N	н	ч I	4	N	N	N	N	H	N	N	N	N	н
ALL OTHER SYSTEMS																									\downarrow
MULTIPLE ORGANS NOS ENDOMETRIAL SIROMAL SARCOMA, META LEUKEMIA, NOS MONOCYTIC JEUKEMIA	N	N	N	н	N	N	N	н	××	N	N I	ĸ	N	ч I •	4	н	N	N	н	N	N	N	N Y	N	ĸ
NUNDUTITE LEUNEMIA						λ					A	^		<u>.</u>									۸	•	+
DSTEDSARCOMA																_									

+ - X N S

 TISSUE EXAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBMITTED

 REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 : NCECROPSY, NO HISTOLOGY DUE TO PROTOCOL

 YUMOR INCODENCE
 AUTOLYSIS

 NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 M: ANIMAL MISSING

 ANIMAL MISSESED
 B: NO NECROPSY PERFORMED

AN IMAL NUMBER	2	0	0	0	0 3	0	3	0	3	0	0	31	03	03	0	0 4	0	0	0	0	4	9	0	0	5	
WEEKS ON		7	- 8 - 1 0	9 1 0	0	-1	-2 1 0	3	4 0 9	0	-6 1 0	0	8 0 9	9 0 8	0	1	2	3 0 9	1	-1	0 9	7	0	9 1 0	0 9	TOTAL TISSUES TUMORSI
INTEGUMENTARY SYSTEM	5	6	6	6	5	61	61	6	6	ōi	61	7	3)	8)	2	6	61	3	6	61	1	é	81	6	3	
SKIN BASAL-CELL TUMOR KERATOACANTHOMA	+	+	+	+	+	N	+	+	٠	+	+	+	+	+	A	٠	+	+	+	+	+	+	+	+ X	+	49× 1 1
RESPIRATORY SYSTEM	-																				_					
LUNGS AND BRONCHI	+	t	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	_ 49
TRACHEA	+	+	+	+	-	+	+	+	+	-	-	+	+	-	A	+	-	+	+	+	-	-	+	-	+	32
HEMATOPOIETIC SYSTEM	<u> </u>							-																		
BONE MARROW	<u>+-</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	Α	+	+	+	+	+	+	+	+	+	+	47
SPLEEN	<u> +</u>	+	<u>+</u>	+	+	+	+	+	+	+	+	t	+	+	<u>A</u>	+	+	+	+	+	+	+	+	+	+	49
LYMPH NODES	+-	+		. <u>+</u> _	+	+	+	<u>+</u>	+	+	+	<u>+</u>	+	<u>+</u>	. <u>A</u>	+	+	<u>+</u>	+	+	÷	<u>+</u>	<u>+</u>	+		- 49
THYMONA	Ľ	·	· ·	Ť						•						, 	•	_		_				•		
CIRCULATORY SYSTEM										÷			1				1									69
HEARI	Ļ			_					· ·			-			<u> </u>	·			-	· ·					Ĺ	
		ы	ы	ы	ы	N	N	ы	N	N	N	N	ม	N	٨	N	N	N	N	N	N	N	N	N	N	69*
SQUAMOUS CELL PAPILLOMA	<u> </u>														.											
SALIVARY GLAND	+-+	+	+	+	+	.	+	+	+	+	+		+	+	<u>A</u>	. <u>+</u> _	+	+	+	+	+	+	+	+	+	- 46
LIVER	≁	+	+	+	<u>, +</u> .	.+	<u>+</u>	+	+	+	+	+	+	+	A	+	+	+	+	+.	<u>+</u>	+	+	+	+	49
BILE DUCT	++-	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	<u>+</u>	+	+	+	-+	49
GALLBLADDER & COMMON BILE DUCT	H	N	N	Ν.	<u>N.</u>	N	N	<u>N</u> _	<u>N</u>	<u>N</u>	<u>N</u> _	N	N	<u>N</u>	<u>A</u>	<u>N</u>	<u>N.</u>	<u>N</u>	<u>N.</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>N</u>	<u>. N</u>	N	49*
PANCREAS .	+-+	+		+	· + ·	+		+-	+	+	+.		+	+	<u>A</u>	+	+	+	+	<u>+</u>	+	+	+	+	+	- 46
ESDPHAGUS	+	+.	+	+	+	<u>+</u>	*	+	+	+	+		+	+	<u>A</u>	<u>+</u>	+	+	<u>+</u> -	•	+	- <u>+</u>	+	. <u>+</u>	+	47
STUMACH Squamous cell papilloma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	÷	÷	+	+	_	49
SMALL INTESTINE Mucinous Adenocarcinoma	+	+	*	+	+	+	+	+	+	+	+	_	+	+	A	+	+	-	+	+	±.	+	+	+	+	46
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	-	+	+	A	+	+	-	+	+	+	+	+	+	+	45
URINARY SYSTEM	<u>† </u>													•••											-	
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	<u>+</u>	+	+	+	+	+	+	4	+	+	49
URINARY BLADDER	+	+	+	+	+	+	+	÷	+	+	+	٠	+	+	A	+	+	+	+	+	٠	+	+	+	+	48
ENDOCRINE SYSTEM	1																									
PITUITARY Adenoma, nos	+	+	+	+	* X_	* *	+	+	+	+	+	+	* x	+	A	+	+	+	+	+	+	* x	* ×	* ×	+	48
ADRENAL Pheochromocytoma	+	* x	+	+	+	+	<u>*</u>	+	+	+	+	+	+	+	A	+	+	+	+	+	+	<u>*</u>	+	+	+	
THYROID C-Cell Adendma C-Cell Carcinoma	+	+	+	×	+	+	×	•	+	+	-	`	+	-	A	+	×	+	+	+ x	+	+	+	+	+	46 4 1
PARATHYROID	+	+	+	+	+	+	+	+	+	-	-	-	-	-	A	+	+	-	-	+	+	+	+	+	+	37
REPRODUCTIVE SYSTEM	-											_														
MAMMARY GLAND FIBRGADENOMA	* *	+	*	+	+	+	+	+	+	+	+	+	+	+	A	*	*	+	+	+	+	+	*	+	+	49× 11
PREPUTIAL/CLITORAL GLAND Carcinoma,nos Adenoma, nos	N	N	N	N	N	N X	N	N	N	N	N	м	N	N	A	N	N	N	N	H	ĸ	N	N	N	м	49× 1
VAGINA Endometrial Stromal Sarcoma, inva	N	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	м	N	N	N	49× 1
UTERUS Endometrial Stromal Polyp Endometrial Stromal Sarcoma	+	+	+	×	+	+	•	×	*	÷	*	+	+	+	A	*	*	+	+	×	+	+	+	+	+	48 13 1
OVARY	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	A	+	÷	-	+	+	+	+	+	٠	+	47
NERVOUS SYSTEM												_						<u> </u>								
BRAIN Astrocytoma Medulloblastoma	+	+	+	÷	•	+	+	+	+	* X	+	+	+	+	A	+	+	+	+	+	•	+	+	+	+	49 1 1
SPECIAL SENSE ORGANS	-																									
ZYMBAL'S GLAND Adenosquamous carcindma	н	N	N	N	N	N	N	N	N	N	N	N	N	N	A	N	N	N	N	N	N	N	N	Ν	N	49* 1
BODY CAVITIES	 																				_				-	
MESENTERY Fibrosarcoma malig.lymphoma, histiocytic type	N	N	N	н	N	N	N	н	N	H	N	N	N	N X	A	N	N	Ν	N	N	H	N	N	H	н Х	49* 1 1
ALL OTHER SYSTEMS	1																									
MULTIPLE ORGANS NOS ENDOMETRIAL STROMAL SARCOMA, META LEUKEMIA,NOS Monocytic Leukemia	N X	N	N	N	N	N X_	м	N	N X	н	м	н	н	N	A	H	N	N X	N	н	N	м 	N	N	N	49× 1 1 (8
LEG NOS	I.														A											1

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

 051EUSAKLUMA
 : NO TISSUE INFORMATION SUBNITED

 * ANIMALS TISSUE EXAMINED MICROSCOPICALLY
 : NO TISSUE INFORMATION SUBNITED

 * REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY
 C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL

 *: TUMOR INCIDENCE
 AUTOLYSIS

 H: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 M: ANIMAL MISSING

 B: NO NECROPSY PERFORMED
 B: NO NECROPSY PERFORMED

Allyl Isovalerate

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APPENDIX B

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MICE ADMINISTERED ALLYL ISOVALERATE IN CORN OIL BY GAVAGE

TABLE B1.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN MALE MICE ADMINISTERED ALLYL ISOVALERATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN BASAL-CELL TUMOR FIBROMA	(50) 2 (4%) 3 (6%)	(50) 1 (2%) 1 (2%)	(50)
*SUBCUT TISSUE SARCOMA, NOS FIBROSARCOMA	(50) 1 (2%) 2 (4%)	(50) 2 (4%)	(50) 1 (2%) 1 (2%)
RESPIRATORY SYSTEM			
#LUNG HEPATOCELLULAR CARCINOMA, METAST ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA MESOTHELIOMA, METASTATIC	(50) 3 (6%) 10 (20%) 3 (6%)	(50) 2 (4%) 5 (10%) 1 (2%) 1 (2%)	(49) 3 (6%) 3 (6%) 2 (4%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE	(50) 1 (2%) 3 (6%)	(50) 2 (4%) 2 (4%) 2 (4%) 2 (4%)	(50) 1 (2%) 6 (12%)
#MESENTERIC L. NODE Malig.lymphoma, histiocytic type	(50)	(50)	(49) 1 (2%)
CIRCULATORY SYSTEM			
*MULTIPLE ORGANS HEMANGIOSARCOMA	(50)	(50)	(50)

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

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

(50) 1 (2%) (50) 7 (14%)	(50)	(50) 1 (2%)
(50) 7 (14%)	(50)	
(50) 7 (14%)	(50)	
(50) 7 (14%)	(50)	
18 (35%)	8 (16%) 6 (12%)	(50) 8 (16%) 9 (18%)
(50)	(50) 1 (2%)	(48) 3 (6%)
(50)	(49) 1 (2%)	(48) 2 (4%)
(50)	(50) 1 (2%)	(49)
(49) 1 (2%) 4 (8%) 1 (2%)	(46) 2 (4%) 1 (2%)	(48) 1 (2%) 2 (4%)
(47) 5 (11%)	(46)	(49) 1 (2%)
(49)	(50) 1 (2%)	(50)
	(50) (50) (50) (49) (47) (47) (47) (47) (49)	(49) (46) (46) (46) (47) (46) (46) (47) (46) (46) (46) (47) (46) (46) (46) (47) (46) (50) (47) (46) (50) (49) (50) (100) (100) (

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

.

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE Control	LOW DOSE	HIGH DOSE
SPECIAL SENSE ORGANS			
*HARDERIAN GLAND Adenoma, nos	(50) 4 (8%)	(50) 4 (8%)	(50) 2 (4%)
*EAR SARCOMA, NOS	(50)	(50)	(50) 1 (2%)
MUSCULOSKELETAL SYSTEM			
NONE			
BODY CAVITIES			
*MEDIASTINUM Alveolar/bronchiolar ca, invasiv	(50) 1 (2%)	(50)	(50)
*MESENTERY MESOTHELIOMA, MALIGNANT	(50)	(50) 1 (2%)	(50)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS PHEOCHROMOCYTOMA, METASTATIC SARCOMA, NOS NEURILEMOMA	(50) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHƏ MORIBUND SACRIFICE SCHEDULED SACRIFICE TERMINAL SACRIFICE	50 11 8 3 26	50 10 7 31	50 11 2 31
ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED OTHER CASES	2	2	6
a includes autolyzed animals			

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

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	VEHICLE Control	LOW DOSE	HIGH DOSE
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS*	36	33	34
Total primary tumors	68	44	46
TOTAL ANIMALS WITH BENIGN TUMORS	25	17	19
Total benign tumors	37	24	21
TOTAL ANIMALS WITH MALIGNANT TUMORS	24	20	23
Total malignant tumors	31	20	25
TOTAL ANIMALS WITH SECONDARY TUMORS#	4	3	3
TOTAL SECONDARY TUMORS	5	3	3
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Benign or malignant Total Uncertain Tumors			
TOTAL ANIMALS WITH TUMORS UNCERTAIN- Primary or metastatic Total uncertain tumors			
* PRIMARY TUMORS: ALL TUMORS EXCEPT SE	CONDARY TUMO	RS	DJACENT ORGAN
# SECONDARY TUMORS: METASTATIC TUMORS	OR TUMORS IN	VASIVE I nto an A	

TABLE B1. MALE MICE: NEOPLASMS (CONTINUED)

TABLE B2.

SUMMARY OF THE INCIDENCE OF NEOPLASMS IN FEMALE MICE ADMINISTERED ALLYL ISOVALERATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SUBCUT TISSUE SARCOMA, NOS FIBROSARCOMA	(50) 1 (2%) 1 (2%)	(50)	(50) 1 (2%)
RESPIRATORY SYSTEM			
#LUNG ALVEOLAR/BRONCHIOLAR ADENOMA ALVEOLAR/BRONCHIOLAR CARCINOMA OSTEOSARCOMA, METASTATIC	(50) 2 (4%) 2 (4%) 1 (2%)	(49) 4 (8%)	(50) 2 (4%) 1 (2%)
HEMATOPOIETIC SYSTEM			
<pre>*MULTIPLE ORGANS MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE</pre>	(50) 4 (8%) 6 (12%)	(50) 5 (10%) 1 (2%) 5 (10%)	(50) 4 (8%) 4 (8%) 8 (16%)
#SPLEEN Malignant Lymphoma, Mixed type	(50)	(50)	(50) 2 (4%)
#LUNG MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	(50) 1 (2%)	(49)	(50)
CIRCULATORY SYSTEM			
*MULTIPLE ORGANS Hemangiosarcoma	(50)	(50)	(50) 1 (2%)
#SPLEEN Hemangiosarcoma	(50)	(50)	(50) 1 (2%)

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

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

VEHICLE Control	LOW DOSE	HIGH DOSE
(50) 2 (4%) 1 (2%)	(50)	(50) 1 (2%)
(50) 1 (2%) 1 (2%)	(50)	(50) 2 (4%)
(43) 11 (26%)	(43) 2 (5%)	(44) 7 (16%)
(50) 1 (2%)	(46	(47) 2 (4%) 1 (2%)
(49) 3 (6%) 1 (2%)	(48 2 (4%)	(48) 2 (4%)
(47)	(47) 1 (2%)	(48)
(50)	(50)	(50)
2 (4%)	3 (6%)	2 (4%)
(50) 1 (2%)	(50) 1 (2%)	(50) 1 (2%)
-	VEHICLE CONTROL (50) 2 (4%) 1 (2%) (50) 1 (2%) (43) (1 (2%) (50) 1 (2%) (49) 3 (6%) 1 (2%) (47) (50) 1 (2%) (4%) (50) 2 (4%) (50) 1 (2%) (50) 1 (2%) (47)	VEHICLE CONTROL LOW DOSE (50) 2 (4%) 1 (2%) (50) (50) 1 (2%) (50) 1 (2%) (50) (50) 1 (2%) (43) 11 (26%) (43) 2 (5%) (50) 1 (2%) (46) (49) 3 (6%) (48) 2 (4%) (47) (47) 1 (2%) (50) 1 (2%) (50) 2 (4%) (50) (50) (50) (50)

NONE

NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY WNIMREP OF ANIMALS NECEOPSIED

	VEHICLE		
	CONTROL		
SPECIAL SENSE ORGANS			
*HARDERIAN GLAND Adenoma, Nos	(50) 1 (2%)	(50) 1 (2%)	(50)
MUSCULOSKELETAL SYSTEM			
*BONE OSTEOSARCOMA	(50) 1 (2%)	(50)	(50)
*FEMUR OSTEOSARCOMA	(50)	(50) 1 (2%)	(50)
BODY CAVITIES			
*MESENTERY NEURILEMOMA	(50) 1 (2%)	(50)	(50)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS Sarcoma, Nos Endometrial stromal sa rcoma, me t	(50) 1 (2%)	(50) 1 (2%)	(50)
ANIMAL DISPOSITION SUMMARY			
ANIMALS INITIALLY IN STUDY NATURAL DEATHA MORIBUND SACRIFICE	50 15 4	50 27 6	50 20 5
SCHEDULED SACRIFICE TERMINAL SACRIFICE	31	16	24
ACCIDENTALLY KILLED, NOS ANIMAL MISSING ANIMAL MISSEXED OTHER CASES		1	1
a includes autolyzed animals			

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

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

TABLE B2. FEMALE MICE: NEOPLASMS (CONTINUED)

	VEHICLE		
	CUNIRUL		
TUMOR SUMMARY			
TOTAL ANIMALS WITH PRIMARY TUMORS* TOTAL PRIMARY TUMORS	31 46	20 28	30 42
TOTAL ANIMALS WITH BENIGN TUMORS TOTAL BENIGN TUMORS	18 25	9 11	15 18
TOTAL ANIMALS WITH MALIGNANT TUMORS TOTAL MALIGNANT TUMORS	20 21	16 17	24 24
TOTAL ANIMALS WITH SECONDARY TUMORS Total secondary tumors	# 2 2		
TOTAL ANIMALS WITH TUMORS UNCERTAIN Benign or Malignant Total Uncertain Tumors	-		
TOTAL ANIMALS WITH TUMORS UNCERTAIN Primary or metastatic Total uncertain tumors			

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

TABLE B3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR STUDY OF ALLYL ISOVALERATE

VEHICLE CONTROL

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	2	2	024	2
WEEKS ON STUDY	1	1	1	07	1	0	0	1	8	Ť	3	0	- H	0	1	ö	1	8	-11	ő	ġ	9	1		3
INTEGUMENTARY SYSTEM	5	5	_5	<u>.</u> 11	6	3	31	6	Žİ	6	ا ف	4	6	3	6	6	6	1	6	6	9	Śİ	6	6	6
SKIN BASAL-CELL TUMOR FIBROMA	+	+	٠	+	+ X	+	+	+	+	+	÷	+	*	+	+	٠	+	+	÷	+	+	÷	+	+ x	+
SUBCUTANEOUS TISSUE SARCOMA, NOS FIBROSARCOMA	+	+	+	+	+	+	+	*	+	+	+	+ ×	+	+	+	+	÷	+	+	+	+	+	+	+	+
RESPIRATORY SYSTEM	<u> </u>				<u> </u>			~																	+
LUNGS AND BRONCHI HEPATDCELLULAR CARCINOMA, METASTA Alveolar/BRONCHIOLAR ADENOMA Alveolar/BRONCHIOLAR CARCINOMA	+	+ X	+	+	+	+	+	+	+	+ x	* ×	+	+	+	+ ×	+	+ ×	* × ×	+	+	+ x	*	+	+ X	+ X
TRACHEA	+	+	+	+	+	÷	+	÷	+	+	+	+	÷	+	÷	+	+	+	+	÷	+	+	+	÷	+
HEMATOPOIETIC SYSTEM			~																						+
BONE MARROW	+	+	+	+	+	-	+	+	+	+	+	+	+	+	.+	+	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGTOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+_	+	+	÷	-
THYMUS	+	+		+	+	+	+	+	+	-	÷	-	+	+	_	+	+	+	+	÷	+	+	÷	-	+
CIRCULATORY SYSTEM																									-+
HEART	+	+	+	÷	÷	+	+	+	÷	÷	+	÷	+	÷	+	+	+	+	+	+	÷	+	+	+	+
DIGESTIVE SYSTEM														-				·							+
SALIVARY GLAND	÷	+	+	+	+	t	+_	+	+	+	<u>+</u>	+	+	+	+	+	ŧ	+	+	+	+	+	+	+_	+
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	+ × ×	+	+	+	+	+	+	* X	+	, + X	+ X	+	+ x	+	•	+	+	+ X	+	+	+ X	+ X	+××	* ×	* x
BILE DUCT	+	+	+	+	+	+	+	+	+ .	+	+	+	+	+	+	+	+	+	+	+	+.	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	+	+	N	+	N	+	N	+	+	N	<u>+</u>	÷	<u>+</u>	+	+	+	N	N	+	+
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	t.	÷	t_	+	+
ESOPHAGUS	+	+	+	+	+_	+	+	+	t	+	+	+	+	+	+	+	+	+	+	+	+	+.	+	+	+
STOMACH	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	. <u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+
URINARY SYSTEM			_									-													Τ
KIDNEY	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	╡
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+
ENDOCRINE SYSTEM	1																								.
PITUITARY	+	+	+	+	<u>+</u>	+	+	+	+	+	+		-	+	+	<u>+</u>	-	<u>+</u>	+	+	+	<u>+</u>		<u>+</u>	+
ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA PHEOCHROMOCYTOMA, MALIGNANT	+ ×	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	•	÷ 	×	Ť
THYROID Follicular-cell Adenoma	* x	+	* x	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
PARATHYROID	+	+	+	+	+	+	-	+	-	-	+	+	+	-	+	-	+	+	+	+	+	-	+	+	+
REPRODUCTIVE SYSTEM																									
MAMMARY GLAND	N	<u>N</u> _	N	<u>N</u>	H	N	<u>N</u> _	N	N	N	<u>.</u> N	N	N	N	<u>N</u>	<u>N</u>	N	+	N	<u>N</u>	N	N	<u>. N</u>	N	M
TESTIS	<u>⊢</u> *	+	+	+	+	*	+	*	+	+	*	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	+	<u>+</u>	+	. <u>+</u>	+	<u>+</u>	<u>+</u>	<u>+</u>	+
	<u>, +</u>	<u> </u>	*	*		+			+	-	•	<u> </u>	+				Ť		_	_		-	<u> </u>	-	4
BRAIN	+	÷	+	÷	+	+	+	÷	+	+	÷	+	+	+	+	÷	+	+	+	+	+	+	+	+	÷
SPECIAL SENSE DRGANS																		-							-
HARDERIAN GLAND ADENOMA, NOS	N	N X	N	N	N	N	N	ĸ	N	ĸ	N	N	N	N	N	N	N	N	H	N	N	N	H	N	X
BODY CAVITIES																					-				1
MEDIASTINUM Alveolar/bronchiolar ca, invasive	N	N	N	N	N	N	N	N	N	N	н×	N	N	N	N	N	N	N	м	N	H	N	H	N	N
ALL OTHER SYSTEMS																									
MULTIPLE ORGANS NOS PHEOCHROMOCYTOMA, METASTATIC SARCOMA, NOS NEURILEMOMA MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE	N	N	N	N	N	N	N	N	к Х	N	н	N	N	N	N	H	н	N	N	N	N	N	N	N	N
+: TISSUE EXAMINED MICROSCOP: -: REQUIRED TISSUE NOT EXAMIN X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, HO S: ANIMAL MIS-SEXED	CAL HED I D MI	LY MIC CRO	ROS SCO	COP PIC	ICA EX	LLY	NAT	тон		i	: A: M: B:	ND NEC AUT ANT ND	TIS	5U 5Y 5I R0	E IN NO	HFOR HI	ST	RME	N SI GY D	JBM	117	ED PR	010	COL	_

ANIMAL	101	0	0	01	0	01	01	01	01	01	01	0	0	0	0	0 [01	01	0	0 [01	0	0	0	01	
NUMBER	2	2	2	21	3 0	3	32	3	3	3	3	3	3	3	4	4	4	4	4	4	4 6	4	4	4	5	TOTAL
WEEKS ON Study	8	0	6	9	0	6	0	9	-11	1	0	1	0	9	8	0	0	1	7	9	1	0	9	1	1	TISSUES
INTEGUMENTARY SYSTEM	-81	<u> </u>	6]	21	6	71	.71	71	71	7	-71	71	7	4	4	4	71	71	2	2	6	71	6	71	- 7	
SKIN BASAL-CELL TUMOR FIBROMA	+	+	÷	+	÷	+	* ×	+	+ x	+	+	+	+	+	+	+	+	+	+	÷	+	٠	+	* ×	+	50× 2 3
SUBCUTANEOUS TISSUE Sarcoma, nos Fibrosarcoma	+ X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50× 1 2
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA Alveolar/Bronchiolar Adennoma Alveolar/Bronchiolar Carcinoma	+ x	+	+	+	+	+	+ x	+	+	+	+	+	+	+	+	+	+ ×	+	+	+	+	+	+	+	+ x	50 3 10 3
TRACHEA	+	÷	+	+	÷	+	+	÷	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	50
HEMATOPOIETIC SYSTEM	-												• •				•								-	
BONE MARROW	++	+	+	+	+	+	+	+	+	+	+	+	+,	+	+	+	+	-	+	+	٠	+	+	+	+	48
SPLEEN	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	50
LYMPH NODES	1.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
THYMUS	+	*	+	-	-	+	+	-	+	+	+	+	+	+	-	+	+	÷	+	+	-	+	+	+	-	39
CIRCULATORY SYSTEM	+											· · · ·														
HEART	+	÷	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	50
DIGESTIVE SYSTEM	-																	•							_	
SALIVARY GLAND	+	÷	+	+	÷	+	÷	÷	+	+	÷	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	50
LIVER	+		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	x					x	x	x	x				×	x	x		x				x		x		x	7
BILE DUCT	1 +	÷	÷	+	÷	+	+	+	÷	+	+		4	1	1							1	1			
GALLBLADDER & COMMON BILE DUCT	N	*	+	+	N	+	N	+	N	+	+	•	+	+	+	N		<u> </u>	÷	<u>.</u>	- <u></u>	' N		<u>.</u>		
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+		<u>_n_</u>		<u> </u>		
ESOPHAGUS	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	<u>-</u>	÷.	50
STOMACH	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	÷	+	+	+	+	+	+	+	+	50
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	50
URINARY SYSTEM	-			· · · ·																						
KIDNEY	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	÷	+	+	+	+	+	+	+	50
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+	+	+	+	+	+	50
ENDOCRINE SYSTEM																										
PITUITARY	+	+	+	+		+	+	+	+	+	÷	+	+	+	+	-	+	+	-	-	÷	-	+	+	+	41
ADRENAL Cortical Adendma Pheochromocytoma Pheochromocytoma, maitgnant	+	+	+	+	٠	+	+	+	+ ~	٠	٠	+	+	+	+	÷	+	+	+	+	+ x	* x	+	+	+ ×	49 1 4
THYROID	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+		+	÷	-	•	•	+	+		1	47
FOLLICULAR-CELL ADENOMA						Χ		X				-										-			×	5
PARATHYROID	+	+	+	+	-	+	+	-	-	+	-	+	+	+	-	-	+	+	-	+	+	+	+	+	+	37
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND	N	<u>N</u>	<u>N</u>	N	N	<u>N_</u>	N	N	<u>N</u>	N	+	<u>N</u>	<u>N</u>	N	N	N	N	N	N	N	N	N	N	<u>N</u>	N	50×
	+	<u>+</u>		+	+	+	+	. <u>+</u> .	+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	-+	49
PRUSTALE	+	*.	*	+	+	+	+	+	+	+	+	+	+	+	+	+ .	+.	+	+.	+	-	+.	+	+	+	49
RPATN			_																							
SPECTAL SENSE OPGANS	<u> </u>	÷	· · · · ·		-	<u> </u>	<u> </u>	<u> </u>	-	•	<u> </u>	<u> </u>	-		*	*	*	*	*	-	<u> </u>	÷	+	*	+	50
HARDERIAN GLAND Adenoma, Nos	N	N	N X	N	N	N	H	H	N	N	ĸ	N	N	N	N	H	н	N	N	н	N	N	N	N	N	50× 4
BODY CAVITIES													·												+	+
MEDIASTINUM Alveolar/bronchiolar ca, invasive	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N	N	м	50×
ALL OTHER SYSTEMS								•• •••																	+	
MULTIPLE ORGANS NOS Pheochromocytoma, metastatic Sarcoma, nos Neurilemoma Malig, lymphoma, lymphocytic type	N	N	N	N	N	N	н	N	××	N	N	N	H	N	N	N	N	H	N	N X	N	N	H	N	н	50× 1 1
MALIGNANT LYMPHOMA, MIXED TYPE	L	x		^			<u>x</u>																		x	3

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

MALIGNANT LYMPHOMA, MIXED LIFE L . * ANIMALS NECROPSIED : NO TISSUE INFORMATION SUBMITTED +: TISSUE EXAMINED MICROSCOPICALLY C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL -: REQUIRED TISSUE ENT EXAMINED MICROSCOPICALLY C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL -: TUMOR INCIDENCE A: AUTOLYSIS N: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION H: ANIMAL MISSING B: NO NECROPSY PERFORMED

TABLE B3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR STUDY OF ALLYL ISOVALERATE

LOW DOSE

														01											
NUMBER		2	0	0	01	0	2	0	01	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2
WEEKS ON STUDY		0	0	0	0	2	1	0	0	1	0	0	91	9	0		0	01	0	6 1	0 3	1	10	0	91
INTEGUMENTARY SYSTEM	6	6	2	6	6	1	6	6	6	6	6	.6.[21	0	2	6	6	6	7.	3	4	6	61	6	8
SKIN BASAL-CELL TUMOR FIBROMA	+	+	+	+	* x	+	+	+	٠	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SUBCUTANEOUS TISSUE SARCOMA, NOS	+	* ×	+	+	÷	+	÷	÷	+	+	÷	+	+	+	÷	+	+	+	÷	+	+	+	+	+	+
RESPIRATORY SYSTEM													•												+
LUNGS AND DRONCHI HEPATOCELLULAR CARCINOMA, METASTA ALVEDLAR/BRONCHIDLAR ADENOMA ALVEDLAR/BRONCHIDLAR CARCINOMA MESOTHELIOMA, METASTATIC	+	+	+	+ ×	+	+	+	+	* ×	+	+	+	+	+ ×	+	+	+	+	+	+	+	+	+ ×	+	+
TRACHEA	+	+	÷	+	+	+	÷	+	+	÷	+	+	+	+	+	+	÷	+	+	+	+	÷	÷	+	+
HEMATOPOIETIC SYSTEM																									+
BONE MARROW	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ .	+	+	+	+
SPLEEN	+	+	+	+	+	+		+	+	+	+	+	+	+	+	t	+	+	+	+	+	+	+	+	+
LYMPH NODES	+	+	+	+	+.	+	+	+	+	+	+	+	+	+	+_	+	+	+	+	+	+	+	+	+	+
THYMUS	+	+	+	+	+	+	+	+	+	+	+	+	-	-	+	+	+	+	+	÷	+	-	+	+	+
CIRCULATORY SYSTEM								-																	1
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DIGESTIVE SYSTEM														_					_						T
SALIVARY GLAND	+	+	+	+	+	.+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	. <u>+</u>	+	+
LIVER Hepatocellular adenoma Hepatocellular carcinoma	×	+	+	+	+	+	+	+ ¥	* ×	+	+	+ ×	+	٠	+	* ×	+	* ×	+	* ×	•	+	+	* X	+
BILE DUCT	L+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	. <u>+</u>	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	N	+	+	+	+	N	+	+	+	+
PANCREAS	+	-	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS .	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	.+
STOMACH	+	+	÷	+	+	+	+	٠	+	+	+	+	+	+	÷	+	÷	+	+	+	+	÷	ŧ	+	+
SQUAMOUS CELL PAPILLUMA	•	+	+	+	+	+	+	+	+	+	÷	+	+	-	+	÷	+	+	+	÷	+	+	+	+	+
LARGE INTESTINE ADENOCARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	*	+	÷	+	÷	+	+	+	+	+	÷	+	+
URINARY SYSTEM	┝																								+
KIDNEY	+	+	+.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	4	+
URINARY BLADDER	+	+	+	+	+	+	+	÷	+	+	+	÷	+	+	+	+	÷	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM	–																								-†
PITUITARY	+	+.	+	+	t_	÷	+	÷	+	+	+	+	-	+	+	+	+	+	+	-	+	+	+	+	+
ADRENAL PHEOCHROMOCYTOMA	* ×	÷	+	+	* x	+	+ *	+	+	+	+	-	+	+	+	-	+	+	+	+	÷	+	٠	+	+
THYRGID	+	+	+	+	+	+	+	4	+	+	+	+	+	+	-	+	+	+	+	÷	÷	+	+	+	+
PARATHYROTO	+	+	+	+	+	+	-	-	-	-	+	-	-	-	-	-	-	-	-	+	+	÷	-	-	-
PEPPENDUCTIVE SYSTEM	+				_																				+
MAMMARY GLAND	N	N	N	Ν.	N	N	N	N	N	N	N	N	н	м	N.	N	Ν.	N	N	N	N	N_	N	N	N
TESTIS	+	+	+	÷	+	+	÷	+	+	÷	+	+	÷	+	+	+	+	÷	÷	+	+	+	÷	+	+
INTERSTITIAL-CELL TUMOR	+-			<u> </u>																					1
PROSTATE	+	+	+	+	+	+	-		-	<u> </u>		-	-		-	·			<u> </u>		*		-		_
NERVOUS STSTEM			1	-								+	+	÷	+	+	+	+	+	+	+	÷	+	+	+
BRAIN	<u> </u>					*.						·													+
HARDERIAN GLAND	N	N	н	N	N	N	N	N	N	N	N	N	H	Ň	N	N	N	N	N	N	N	N	N	N	н
BODY CAUTTIES																									
MESENTERY MESOTHELIOMA, MALIGNANT	H N	N	н	N	н	N	N	N	N	N	N	н	N	N	N	N	N	N	н	N	N	H	N	N	н
ALL OTHER SYSTEMS	+																				-				+
MULTIPLE ORGANS NOS HEMANGIDSARCOMA HEURILEMOMA MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOMA. MIXED TYPE	N	N	N	N	N	н	н	H	N	и Х	н	н	N	N	ĸ	N	н	N	N	N	N	N	N	н	H X
+: TISSUE EXAMINED MICROSCOP -: REQUIRED TISSUE NOT EXAMI x: Turior Incidence N: Necropsy, No Autolysis, N s: Akimal Mis-Seked	ICAL NED D MI	LY MIC	R05	COP PIC	ICA Ex	LLY AMI	NAT	ION	ł		с: А: В:		TI CRO TOL IMA NE	SSU PSY YSI L M CRO	E I S ISS PSY	NFO O H ING PE	RMA IST RFO	TIO OLO RME	N S GY	UBM DUE	177 TO	ED PR	ото	COL	

ANIMAL NIMBER	3	0	0	2	0	3	3	9	0	0	0	0	0	0	0 4	0	04	0	0	0	0	0	6	0	0	
WEEKS ON	6	7	8	9	0	1	2	3	4	5	6	7	8	9	-0	0	2	3	4	5	6		8	9	0	TOTAL TISSUES
STUDY	6	6	5	2	9	0 5	6	7	2	9	0 6	0 6	0 6	6	6	1	6	6	4	6	0 6	6	6 3	0 6	5	TUMORS
INTEGUMENTARY SYSTEM					,					1			*			£										50%
BASAL-CELL TUMOR FIBROMA	Ľ	·	·	и							·							·			_			×		
SUBCUTANEOUS TISSUE SARCOMA, NOS	+	+	+	N	+	+	+	+	N	+	* X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50× 2
RESPIRATORY SYSTEM	-																									
LUNGS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma Mesotheliona, Metastatic	+	•	•	*	*	* x	+	+	+	•	+	+	+	+	+	+	+	+	×	+	* ×	+'	+ _x_	+	+	50 2 5 1 1
TRACHEA	+	+	+	+	÷	+	+	+	+	+	+	٠	+	+	+	٠	+	+	+	+	+	+	-	+	-	48
REMATOPOIETIC SYSTEM																										
BONE MARROW	+	*	.+	.+.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	-	49
SPLEEN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
LYMPH NODES	+	÷	+	+	+	+	+	t.	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	50
THYMUS	+	+	-	+	-	+	+	-	+	+	+	+	-	+	+	+	+	+	+	_	÷	+	+	+	-	41
CIRCULATORY SYSTEM	.																					,				50
HEART	+	*	+	•	+	÷	÷	+	÷	*	+	*	*	•			•	-	*	-	<u> </u>	<u> </u>			-	
			÷		÷	÷	+	÷	÷	÷	÷	÷	÷	÷	+	÷	+	÷	÷	+	÷	÷	÷	÷	+	50
ITVER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA					x			x									x		x	x					×	8
BILE DUCT	+	+	+	+	÷	+	+	+	+	+	+	÷	+	+	+	+.	ŧ.,	+	+	+	+	+	+	÷	+	50
GALLBLADDER & COMMON BILE DUCT	L+	+	+	+	+	+	+	. +.	+	+	+	÷	+	÷	+	N	+	+	+	+	+	+	+	+	+	5.0×
PANCREAS	+	+	+	+	+	+	+	+	+	ŧ	+	+	÷	+	+	÷	+	+	-	+.	+	.+	+	+	+	- 48
ESOPHAGUS		+	+	+	.	+		. <u>+</u>	+	+	+	+	+	+	+	+	+	+	÷	+	<u>+</u>	+		÷	-	
STOMACH Squamdus cell papilloma	+	* ×	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	50
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	49
ADENDCARCINOMA, NOS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* +	+	+	+	+	+	50
ADENOCARCINOMA, NOS												-														1
URINARY SYSTEM																										
KIDNEY	+	+	+	+	+	+	+	+	+	+			+	+	+	+	+	+	+	+	<u>+</u>	<u>+</u>	<u>+</u>	<u>+</u>	+	50
URINARY BLADDER	+	+	+	+	+	+	*	+	+	+		+	+	+	-	+	+	+	+	*	<u> </u>			-	-	50
						÷	<u>ـ</u>	-				2				-	•	÷	-			-	÷	+		60
ADRENAL PHEOCHROMOCYTOMA	+	+	+	+	+	+	+	+	+	+	-	+	+	+	÷	+	+	+	÷	-	+	+	+	+	+	46 2
THYBRID	1															1								+	_	46
PARATHYRDID	<u> </u>			+	+	+	+	+	+	-	+	+	-	+	-		+	+	-	_	-	-	-	-	-	20
REPRODUCTIVE SYSTEM	_																								_	
MAMMARY GLAND	N_N_	н	N	N	N	N	N	н	+	Ν.	.N_	N	N	<u>N</u>	N	N	N	N	N	N	N	N.	N.	N	+	50×
TESTIS INTERSTITIAL-CELL TUMOR	+	+	+	+	+	* ×	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	50 1
PROSTATE	+	+	+	+	+	+	+	+	+	÷	÷	+	+	÷	4	+	+	+	+	+	+	+	÷	+	+	50
NERVOUS SYSTEM	<u> </u>																								-	
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPECIAL SENSE ORGANS																							ы			
HARDERIAN GLAND ADENOMA, NOS	N	N	ĸ	N	N	N	N	N	N	N	м	X	N	M	ĸ	N	N	ĸ	м	x	R		N		n	3U * 4
BODY CAVITIES		ы	ы	IJ	N	N	5	ы	ы	ы	N	L.	ы	N	N		N	N	N	N	ы	ы	ы	N	ы	50¥
MESOTHELIOMA, MALIGNANT	ⁿ	'n	л	R	п	n	a	'n	'n		n	'n											x			Î
ALL OTHER SYSTEMS	—																									
MULTIPLE ORGANS HOS HEMANGIOSARCOMA	N	X	N	N	N	N	N	N	N	N	N	H	N	N	N	ĸ	N	N	N	N	N	N	N	N	Ν	50×
NEURILEMOMA MALIG.LYMPHOMA, LYMPHOCYTIC TYPE MALIG.LYMPHOMA, HISTIOCYTIC TYPE MALIGNANT LYMPHOMA, MIXED TYPE			x			×				×								×							×	222
* ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOPI -: REQUIRED TISSUE NOT EXAMIN ': TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO	CALL ED M MIC	Y IICR Ros	OSC	0P1 1¢	CAL EXA	LY MIN	ATI	ON		C A M B	::;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	NO NECI AUTO AUTO ANIN ANIN	TISS ROPS DLYS MAL NECR	SUE SY, SIS MIS ROPS	INF ND SSIN	ORM HIS G ERF	ATI TOL ORM	ON Ogy Ed	SUB Dป	MIT E T	TED 0 Pi	ROTI	000	L		

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

TABLE B3.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF MALE MICE IN THE 2-YEAR STUDY OF ALLYL ISOVALERATE

ANIMAL	1 01	0	0	0	01		0		Ø	0	0	0	0		0	01	0		0	0	0	0	0	0	01
MEEKS ON	1	- Ž	3	4	-5	6	-7	. 8	- 9	ģ	4	-21	3	4	- Ś	6	긲	8	9	ő	-1	ź	3	4	5
STUDY	0	ģ	1	<u>p</u>	ò	0	0	7	ġ	9	ģ	ġ	1	2	9	0	Į.	0	ģ	9	ò	ò	ò	ç	ó
INTEGUMENTARY SYSTEM	1 31	21	•	_2,1	- 2,1	-21	<u></u>	21	21	.,	21	2	6	41		21	-21	-21	- 81	-0	.0.1		01	0	≞
SUBCUTANEOUS TISSUE Sarcoma, nos Fibrosarcoma	+	٠	+	+	+	+	+	٠	+	+	٠	٠	+	+	+	+	+	+	+	٠	+	+	+	+	+
RESPIRATORY SYSTEM	1																								1
LUNGS AND BRONCHI HEPATOCELLULAR CARCINOMA, METASTA Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar carcinoma	+	+	+	+	* *	+	+	+	+	* ×	+	+	+	+	* ×	•	+	+	+	* ×	* ×	+	*	*	+
TRACHEA	+	+	÷	+	+	+	÷	+	+	+	+	+	+	+	÷	+	+	+	+	÷	÷	+	+	+	+
HEMATOPDIETIC SYSTEM	+										*****														+
BONE MARROW	L+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	-	+	+	+	+	+	+	+	+	+	+
SPLEEN HEMANGIOMA	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	+
LYMPH NODES Malig.lymphoma, histiocytic type _	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	* ×	+	+	+	+	+
THYMUS	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	-	-	-	+	-	÷	+	+	-	+	-
CIRCULATORY SYSTEM	<u> </u>													•••••			-	*							+
HEART	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	÷	+	÷	ŧ	+	+	+	÷	+	+
DIGESTIVE SYSTEM	<u> </u>																								+
SALIVARY GLAND	+	+	+	+	+	+	+	+	.+	+	+	+	+	+	÷	+	-	÷	÷ ·	÷	+	+	÷	÷	+
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	+	٠	+	÷	* ×	+	+	+ × ×	+ ×	+ ¥	* X	+ ¥	+	+	+ ¥	+	+	+	+	+	+	+	+	+	*
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	7
GALLBLADDER & COMMON BILE DUCT	+	+	N	÷	+	N	+	÷	÷	н	÷	+	+	N	+	+	N	н	+	+	÷	+	+	+	+
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	+	+	+	÷'	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
STOMACH Squamous cell papilloma	+	+	+	÷	÷	+	+	÷	÷	+	+	+	+	+	+	÷	* ×	+	+	+	* ×	* ×	+	+	+
SMALL INTESTINE ADENOCARCINOMA, NOS	+	+	+	÷	÷	+	+	+	÷	÷	+ x	+	+	+	+	+	÷	+	+	+	+	+	+	+	* x
LARGE INTESTINE	+	+	+	+	÷	+	+	+	+	+	+	÷	+	÷	+	+	÷	+	÷	+	÷	+	+	+	+
URINARY SYSTEM																									+
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+
URINARY BLADDER	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																				_					+
PITUITARY	+	+	+	+	+	+	-	-	+	-	+	+	+	+	-	+	+	+	+	-	+	+	+	ŧ	-
ADRENAL Cortical Adenoma Pheochromocytoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+
THYROID Follicular-cell Adenoma	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+
PARATHYRDID	-	-	-	-	+	+	÷	÷	+	+	-	÷	-	÷	+	-	-	+	+	+	+	-	+	+	-
REPRODUCTIVE SYSTEM	+																								+
MAMMARY GLAND	N	N	N	N	N	N	N	N	N	N	N	N	+	N	N	N	N	N	N	N	N	N	N.	Ν.	N
TESTIS	L+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	ŧ	+	+	+	+
PROSTATE	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+
NERVOUS SYSTEM																									+
BRAIN	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS												• ••													+
HARDERIAN GLAND Adenoma, nos	н	N	N	N	N	N	N	N	N	H	N	N	N	N	N	N	N	N	N X	N	N	N	N	N	н
EAR Sarcoma, Nos	н	н	N	N	N	N	N	N	N	N	н	N	н	H	N	н	N	N	H	N	N	N	H	N	м
ALL OTHER SYSTEMS																									+
MULTIPLE ORGANS NOS Sarcoma, Nos Malig.Lymphoma, Lymphocytic type Malignant Lymphoma, Mixed type	н	N	н	N	N	Ħ	N	н	N	H	H	N	N	N	N	H	H X	N	н	н	н.	ж	N	N	N

HIGH DOSE

+ : : : : : X N S :

TISSUE EXAMINED MICROSCOPICALLY : NO TISSUE INFORMATION SUBMITTED REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY C: NECROPSY, NO HISTOLOGY DUE TO PROTOCOL A: AUTOLYSIS NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION M: ANIMAL MISSING ANIMAL MIS-SEXED B: NO NECROPSY PERFORMED

														~ - •												
ANIMAL NUMBER	0	2	2	2	3	3	3	0	3	3	0	3	03	0	4	4	4	4	4	9	4	4	04	9	5	
WEEKS ON	1	1	1	0	0	-	-1	- 21	1	0	-	1	1	1	1	0	1	1	0	퀴	1	1		ő	<u>ě</u>	TISSUES
TUTESTIMENTABY EVETEM	6	ĕ	6	3	3	6	5	4	, č i	.6	اه	ő	لف	ě.	ő	8	6	6	6	6	6	6	ŏ	ś	ś	
SUBCUTANEOUS TISSUE SARCOMA, NOS FIBROSARCOMA	+	+	+	+	+	٠	٠	+	٠	٠	+	+	٠	٠	* ×	٠	+	+	+	٠	•	+	÷	+ x	•	50× 1 1
RESPIRATORY SYSTEM	-																				· · ·				-	
LUNGS AND BRONCHI Hepatocelular Carcinoma, metasta Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma	+	+	+	+	+	+	+	+	+	+	+	+	* X	+	+	+	+	+	-	+ <u>x</u>	+	+	+	+ x	+	49 3 2
TRACHEA	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	-	+	÷	+	+	+	+	49
HEMATOPOIETIC SYSTEM	 																								-	
BONE MARROW	+	+	+	÷	÷	+	+	+	.+	+	+	+	+	÷	+	÷	+	+	+	+	<u>+</u>	+	+	+	÷	49
SPLEEN Hemangioma	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	50 1
LYMPH NODES Malig.lymphoma, histiocytic type .	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•	•	+	+	+	+	*	+	+	+	49 1
THYMUS	+	-	+	+	+	+	+	-	+	+	+	-	+	+	+	-	+	+	-	+	+	+	-	-	+	37
CIRCULATORY SYSTEM																										
HEART	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	49
DIGESTIVE SYSTEM																										
SALIVARY GLAND	<u>├</u> -t-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	+	×	+	+	•	×	+	+	+	+	* x	+ ×	+	+ 	+	+	+	+ x	+	*	•	×	•	+	+	50 8 9
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+ -	+	+	50
GALLBLADDER & COMMON BILE DUCT	+	<u>+</u>	+	N	+	+	+	+	м	N	+	N	+	+	+	+	Ν.,	N	+	N	+	+	+	+		50×
PANCREAS	+	+	+	+	+	+	+	+	-	+	+	÷	÷	+	+	+	<u>+</u>	<u>+</u>	+	+	+	+	-	+	+	48
ESOPHAGUS	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	+	-	+	.+	+.	.+	<u>+</u>	+	49
STOMACH Squamdus cell papilloma	+	+	+	+	+	+	+	+	+	+	+	•	•	+	+	+	+	+	+	+	+	+	-	+	-	48 3
SMALL INTESTINE Adenocarcinoma, NOS	+	+	+	+	+	•	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	-	48 2
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	٠	+	+	-	٠	+	49
URINARY SYSTEM																										
KIDNEY .	+	+	+	+	+.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	•	. <u>+</u>	- <u>+</u>	<u>+</u>	+	50
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
ENDOCRINE SYSTEM																										
PITUITARY .	+	-	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	. *		_ <u>+</u>	<u> </u>	-	<u>+</u>	+	
ADRENAL CORTICAL ADENOMA PHEOCHROMOCYTOMA		+	+	*	+	+	×	*	* .X	+	+	*	+	-	*	•	<u> </u>	* x	<u> </u>	•	•	<u> </u>	-	*	-	48 1 2
THYROID Follicular-cell Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	•	+	•	+	+	+	49
PARATHYRDID	+	-	-	-	+	-	+	+	+	+	+	+	+	+	+	+	+	-	-	+	+	+	+	+	+	34
REPRODUCTIVE SYSTEM																				-						
MAMMARY GLAND	<u>N</u>	N.	N	N	N.	<u>N</u>	N	N	N	N	N	Ν.	N	<u>N.</u>	N	N	N	N	N	N	N	N	N	N	N	50×
TESTIS .	+	+	+	+	+	+	+	<u>+</u>	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	<u> </u>
PROSTATE	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
NERVOUS SYSTEM																										
BRAIN	+	+	+	+	+.	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPECIAL SENSE ORGANS																										
HARDERIAN GLAND Adenoma, 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	50*
SARCOMA, NOS	ľ "	н	ч	n	rt.	п	n	n	п	r¥	n	и	п	x						.,				.,	"	- ° î
ALL OTHER SYSTEMS	—						-														<u> </u>			-		
MULTIPLE ORGANS NOS Sarcoma, nos Malig.lymphoma, lymphocytic type Maitg.lymphoma, lymphocytic type	N	н	N	N	N	N	N	N	N	N	N	н	H	N	H	N Y	N	N	N X	N	н х	N	N X	н	н	50× 1 1

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

* ANIMALS NECROPSIED +: TISSUE EXAMINED MICROSCOPICALLY -: REQUIRED TISSUE NOT EXAMINED MICROSCOPICALLY ': Tumor Incidence N: Necropsy, No Autolysis, ND Microscopic Examination

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

TABLE B4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF ALLYL ISOVALERATE

VEHICLE CONTROL

ANIMAL NUMBER	0	0	0	Ö	ő	0	0	0	0	1	1	1	1	1	1	1	1	1	1	2	2	5	2	2	2
WEEKS ON	0	2	0	-1	1	0	0	1	-1		-#	- 2	1	1	1	1	1	-1	-1	1		0	-1	0	
STUDY	6	6	7	6	6	2	5	6	6	6	6	8	6	7	7	7	7	7	7	7	3	;	7	1	4
INTEGUMENTARY SYSTEM																									
SARCOMA, NOS FIBROSARCOMA	ľ	+	+	+	+	+	+	+	•	•	+	•	•	•	+	+	•	+	+	•	•	•	•	×	•
RESPIRATORY SYSTEM																				-					-
LUNGS AND BRONCHI ALVEOLAR/BRONCHIOLAR ADENOMA	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	٠	+	+	+	+	+	+	+	+	+
ALVEOLAR/BRONCHIGLAR CARCINDMA OSTEGSARCOMA, METASTATIC MALIG.LYMPHOMA, LYMPHOCYTIC TYPE			x									x													
TRACHEA	+	+	+	+	÷	+	+	+	+	+	+	+	+	-	+	+	÷	+	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM	+																								
BONE MARROW	+	÷	+	+	+	÷	+	÷	÷	+	+	+	+	+	+	+	<u>+</u>	+	t	+	+	+	+	+	+
SPLEEN	+	+	+	+	+	+	+	+	+	+	+.	+	+	+	+	+	+	+		+	+	+	+	+	_+
LYMPH NODES	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	+
THYMUS	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	÷	+	÷	-	+	÷	+	+	-
CIRCULATORY SYSTEM	+																						<u> </u>		
HEART	+	+	+	+	÷	+	÷	+	+	+	÷	+	+	÷	÷	+	÷	+	+	+	+	+	÷	+	+
DIGESTIVE SYSTEM	+																								
SALIVARY GLAND	+	+	+	+	+	-	-	÷	+	÷	+	÷	÷	÷	÷	+	+	+	+	_ <u>t</u> _	+	+	+	<u>+</u>	
LIVER	+	+	+	+	+	+	+	+	÷	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+
HEPATOCELLULAR ADENOMA Hepatocellular carcinoma	<u> </u>												×										_		
BILE DUCT	+	+	٠	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	ŧ
GALLBLADDER & COMMON BILE DUCT	<u>↓+</u>	+	+	+	+	N	N	÷	+	N	+	.+	. <u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+
PANCREAS	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	÷	ŧ	+	+	t		. .	_ <u>+</u>	t	
ESOPHAGUS	L+	+	+	+	+	-	+	+	+	+	+	+	÷	•	÷	+	÷	+	+	+	+	+	+	+	4
STOMACH Squamous cell papilloma Adenoma, NOS	+	٠	+	+	+	٠	+	+	+	+	+	+	+	+	÷	+	÷	+	+	٠	٠	+	+	٠	1
CMALL INTESTINE	1.	+	+		4			+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+
	1			 2	<u>`</u>			<u>.</u>				_	*			<u>.</u>			<u> </u>		<u> </u>		*		-
	ļ							·									<u> </u>						<u> </u>		_
VIDNEY		+		+						+		÷	÷	÷	÷	+	+	÷	÷	÷	+	+	÷	+	
HETNARY BLADDER	1.	+	+	+	+	+	+	+	+	+	+	+	+	 +	 +	+	+	+	+	+	+	+	+	+	-
ENDOCRINE SYSTEM	+																	-							
PITHITARY	-	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	+	÷	+	+	+	
ADENOMA, NOS	┢╾╼	X			<u>X</u>						x				<u>×</u>		×	<u>_X</u>		X					_
ADRENAL CORTICAL ADENOMA	<u> +</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-
THYRDID Follicular-cell adenoma Follicular-cell carcinoma	+	+	+	*	+	+	+	+	+	+	*	+	+	-	+	+	+	+	+	*	+	+	+	+	1
PARATHYROID	-	+	+	+	+	+	+	+	+	+	-	+	÷	-	+	+	+	+	+	-	-	+	+	-	4
REPRODUCTIVE SYSTEM	┿──																								-
MAMMARY GLAND	+	+	+	N	+	N	N	+	N	+	+	+	+	+	÷	+	÷	+	+	÷	÷	+	+	+	4
ADENOMA, NOS ADENDCARCINOMA, NOS																									<u> </u>
UTERUS ENDOMETRIAL STROMAL POLYP	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	•
ENDUMETRIAL STRUMAL SARCUMA	1					+				_			4						<u></u>				-	-	7
NEDVART	Ļ.	· ·	*	-	· ·		· ·	<u> </u>	· · · ·			· ·	•	•	*		-		-						
BDATN			+		+	÷	+	÷	÷	+	÷	÷	÷	+	•	+	+	÷	÷	+	+	+	÷	+	
SPECTAL SENSE DRGANS	Ļ.	•	,	'			•	•					•		·						<i>.</i>	·			_
HARDERIAN GLAND	н	N	N	H	N	N	н	N	ĸ	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	ı
MUSCULOSKELETAL SYSTEM	÷			-																					_
BONE	N	N	N	N	N	ы	N	N	N	N	N	N	N	H	N	N	N	N	N	N	N	N	N	N	,
ÖSTEOSARCOMA				.,			,.					×	~												
BODY CAVITIES	1																								-
MESENTERY	N	N	N	N	N	N	N	Ņ	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	I
NEGNICENDER	_														_										
ALL UTHER STOLEND		N			м		21	м	L.			ы	v	ы	ы	м	ы	ы	N	ы	ы	ы	N	ы	
MULTIPLE ORGANS NOS ENDOMETRIAL STROMAL SARCOMA, META Malig.lymphoma, lymphocytic type Malignant lymphoma, mixed type	X	N	N	м	N X	N X	н	N X	N	N X	N	N	N	N	N	N	N X	м	X	N	м	и	м	М	1
A TICKIE EVANINED MICHORAD	10.01	17						^			;	NO	T T 9	SUE		FOR	2 M A	 † I O	N 9	URM	177	ED			-
 FILSUE EXAMINED MILKUSCOP REQUIRED TISSUE NOT EXAMI X: TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, N S: ANIMAL MIS-SEXED 	NED O MI	MIC CRC	RDS	COP PIC	ICA EX	LLY AMI	NAT	ION			C: A: M: B:	AU	ROF TOLY IMAL NEC	SY, SIS MI	NC SSI	ING PEF	ist RFD	ĠĹŎ RME	GY D	DUE	ŤÓ	ŤΡ́R	ото	COL	

ANIMAL	TOT	01	01		01	01	01	01	01	0	0	0	01	01	01	1	01	01	01	0	0	0	0T	0	0	<u></u>
NUMBER	2	2	2	2(3	31	3	3	3	3	3	3	3	3	41	1	2	43	4	4	6	4	8	4 9	5	TOTAL
WEEKS ON STUDY	1	1	1	1	8	0	7	0	8	1	6	1	1	6	7	0	9	10	0	0	0	9	0	0	1	TUMORS
TNTEQUMENTARY SYSTEM	ži	ž	<u>, i</u>	_ī.	9	ž	9	71	ōj	Ż	7	źl	7.1	7	11	7	8	71	7	21	61	4	5	7	-7	
SUBCUTANEGUS TISSUE SARCOMA, NOS FIBROSARCOMA	+	٠	٠	٠	٠	٠	+	+	٠	٠	٠	+	+	+	N	+	÷	* X	+	+	+	+	÷	+	+	50× 1 1
RESPIRATORY SYSTEM																										
LUNGS AND BRONCHI Alveolar/Bronchiolar Adenoma Alveolar/Bronchiolar Carcinoma Osteosarcoma, Metastatic Malig.lymphoma, Lymphocytic type	×	+	•	+	* ×	+	+	* ×	•	+	+	+	+	+	+	* ×	+	+	+	+	+	+	+	•	+	50 2 1 1
TRACHEA	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	÷	÷	+	÷	+	+	+	+	49
HEMATOPOIETIC SYSTEM	-																_								-	
BONE MARROW	+		+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	÷	+	+	+	+	50
SPLEEN	+	+		+	+	÷	+	+	+	+	+	+	+	_ t _	+	÷	÷	+	+	ŧ.	÷	÷	+	+	+	50
LYMPH NODES	+	÷	+	+	<u>+</u>	+	+	+	+	t	+	+	+	+	+		÷	+	+	+	+	+	+	+	+	49
THYMUS	+	÷	+	-	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46
CIRCULATORY SYSTEM																									_	
HEART	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	50
DIGESTIVE SYSTEM																										
SALIVARY GLAND	L+	+	+	÷	+	+	÷	+	+	÷	+	t	+	+	+	+	+	+	+	+	+	+	+	+	+	48
LIVER HEPATOCELLULAR ADENOMA HEPATOCELLULAR CARCINOMA	+	+	+	+	+	+ X	+	* ×	+	+	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	50 2 1
BILE DUCT	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	+	+	÷	ŧ.	<u>+</u>	+	+	+	N	+	+	+	+	N	N	÷	+	+	+	÷	+	+	+	+	+	50×
PANCREAS	+	+	+	+	_	+	+	+	÷	+	-	+	+	+	+	+	+		+	+	+	+	+	+	+	47
ESOPHAGUS	+	+	.+	. + .	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+.	+	÷	48
STOMACH Squamous cell papilloma Adenoma, Nos	+ X	+	+	* x	+	÷	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SMALL INTESTINE	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	49
ARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	-	+	+	+	-	+	+	+	+	+	+	÷	+	+	+	47
URINARY SYSTEM	—																								_	
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+.	+	+	+	÷	+	+_	+	+	÷	+	+	+	50
HETNARY BLADDER	1	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
ENDOCRINE SYSTEM	┾																								-	
PITUITARY ADENOMA, NOS		-	÷	* ×	+	٠	+	* x	+	-	+	+	* ×	-	+	+	-	+	÷	+	-	+	÷	+	÷	43 11
ADRENAL CORTICAL ADENOMA	+	+	+	+	+	+	+	+	+	+	+	* x	+	÷	+	+	+	+	÷	+	+	+	+	÷	+	50 1
THYROID FOLLICULAR-CELL ADENOMA	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	÷	+	+	+	+	+	+	49 3
POLICOLAR-CELL CARCINUMA	<u> </u>							_ <u>_</u>	 -	-					_	+	+	+			+	+	+	+	+	41
FERRITING CARTEM	Ļ		· · · ·			-	,									· · · · ·										
MAMMARY GLAND ADENDMA, NOS ADENDCARCINOMA, NOS	+	+	+	+	+	+	+	+ x	+	+	٠	+	÷	+	н	+	+	÷	٠	+	+	+	+	* x	+	50× 1 2
UTERUS Endometrial stromal polyp Endometrial stromal sarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	* x	+	٠	+	+	+	+	+	+	+	50
OVARY	+	+	+	+	+	•	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
NERVOUS SYSTEM	+																									
BRAIN	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	+	50
SPECIAL SENSE ORGANS	┢																		_							
HARDERIAN GLAND Adenoma, Nos	м	H	N	N	N	N	N	N	H	N	N	N	N	N	H	N	N	N	N	N	N	N	N	N	N	50× 1
MUSCULOSKELETAL SYSTEM	 																									
BONE Osteosarcoma	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	н	N	N	N	N	н	N	N	N	N	50* 1
BODY CAVITIES																										
MESENTERY NEURILEMOMA	H	N	н	N	н	N	N	N	н	N	N	н	N	н	н	N	N	N	N	н	N	н	N	н	N	50× 1
ALL OTHER SYSTEMS MULTIPLE ORGANS NOS ENDOMETRIAL STROMAL SARCOMA, META MALIG.LYMPHOMA, LYMPHOCYTIC TYPE	H	H	N	н	н	И	м	И	N	N	N	N	N	н	N	к	N	N	н	N	N	н	N	N	H	50× 1 4
MALIGNANT LYMPHOMA, MIXED TYPE * ANIMALS NECROPSIED -: TISSUE EXAMINED MICROSCOPI -: REQUIRED TISSUE NOT EXAMIN -: TUMOR NECIOENCE N: MECROPSY, NO AUTOLYSIS, NO	CALL ED M	ROS	2050 500 F	00PI 91C	CAL	LY	ATI	ON		C A M B	:	ND NECI AUTI ANII NO	TIS ROP OLY MAL NEC	5UE 57, 515 MIS ROPS	INF NO SSIN	ORM HIS IG ERF	ATI TOL ORM	ON OGY IED	SUB DU	MIT IE T	TED 0 P	RÖT	<u>x</u> 0C0	L	<u>_x</u>	LB

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

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TABLE B4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF ALLYL ISOVALERATE

LOW DOSE

4.67.6.31																	01								
NUMBER	0	2	0	0 4	5	0	0	0	0	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2
WEEKS ON STUDY	0	0 8	1	0	1	0 8	0	0	1	0 7	2	0	0	0	0	1	3 7	0	0	0	0	9	1	0	0
RESPIRATORY SYSTEM	91	0	6	6	1	41	6	3	6	6	21	. 11	6	51	01	6	51	0	6	6	-6	_/1	61	0	2
LUNGS AND BRONCHI Alveolar/bronchiolar adenoma	+	+	* ×	+	+	+	+	+	+	+	+	+	+	+	+	* x	+	-	+	+	+	+	+	+	.×
TRACHEA	+	÷	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	-	+	+	+	+	+	+	+
HEMATOPOIETIC SYSTEM	1																								-
BONE MARROW	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+.	+	. +	+	+	+.	+	+
SPLEEN HEMANGIOSARCOMA	+	+	+	+	+	+	+	+	+	+	+	+	* x	+	+	+	+	+	+	+	+	+	+	+	+
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+.	+	+	+	+	+	<u>+</u>	+	+	+	+
THYMUS	+	-	٠	÷	+	-	+	-	+	+	÷	+	-	-	-	+	+	+	+	+	+	+	+	+	+
CIRCULATORY SYSTEM	1																		-						
HEART	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+
DIGESTIVE SYSTEM																									
SALIVARY GLAND	++-	-	+	+	+	. †	+	+	+	÷	+	+	+	+	+	+	-	+	+	+	+	+	+	+	+
LIVER	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
BILE DUCT	++	+	+	+	+	_+	+	+	+	+	+	+	t	+	+	+	+	+	+	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	ļ	+	+	. +	+	+	N	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	+	+
PANCREAS	+	+	+	+	+	+	+	-+	+		+	•	+	+	+	+	+	+	+	+	+	+	+	+	+
ESOPHAGUS	<u> </u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	. +	+	÷	+	+	-+
STOMACH	++	+	+	÷	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+
LARGE INTESTINE	+	+	+	. +	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	÷	+	+	+	+
URINARY SYSTEM	1			-																					
KIDNEY	+	+	4	+	÷	+	+	<u>.</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ENDOCRINE SYSTEM																									
PITUITARY Adenoma, nos	 *	+	+	+	+	-	+	+	+	+	+	+	+	+	-	+	-	+	+	+	+	+	+	+	+
ADRENAL	+-+-	+	+	, †	+	+	+	+	+	-	+	+	+	+_	+	+	+	+	÷	+	+	+	-	+	+
THYROID Follicular-cell Adenoma	+	+	+	+	+	+	+	+	+	+	٠	+	+	+	+	*	+	-	+	+	+	+	+	+	+
PARATHYROID	++	+	+	+	-	+	-		+	+	+	~	+	-	. .		+	-	+	-	-	+	+	+	+
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	+	÷	÷	+	+	+	+	+	-	+	+	÷	+	+	+	+	+	+	+	٠	+	+	+	+
REPRODUCTIVE SYSTEM	+																								1
MAMMARY GLAND Adenocarcinoma, nos	+	N	+	+	+	+	+	+	+	+	+	N	* 	+	+	N	+	+	+	+	+	+	*	N	+
UTERUS Endometrial stromal polyp	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	+	+
OVARY	+	+	+	÷	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM																									
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+
SPECIAL SENSE ORGANS	1																	-							
HARDERIAN GLAND Adenoma, Nos	N	N	H	H	N	N	N	H	N	H	N	к Х	н	N	N	N	N	N	н	н	H	N	н	N	н
MUSCULOSKELETAL SYSTEM	T					÷																			
BONE OSTEDSARCOMA	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	H	N	N	N	N	X
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	н
SARCOMĂ, NOS Malig.lymphoma, lymphocytic type Malig.lymphoma, histiocytic type	×		x				x		x			v		x			x							v	
TALIGNANI LYTERHOMA, MIXED TYPE +: TISSUE EXAMINED MICROSCOP -: REQUIRED TISSUE NOT EXAMI X: TUMOR INCIDENCE N: HECROPSY, NO AUTOLYSIS, N S: ANIMAL MIS-SEXED	ICAL NED O MI	LY MIC CRO	ROS	COP	ICA	ALLY AMI	NAT	101			с: А: В:	NO NE AU ND	TI CRO TOL IMA NE	SSU PSY YSI L M CRO	E I S ISS PSY	NFO O H ING PE	RMA IST RFD	TIO OLO RME	GY GY D	UBM DUE	IIT	ED PR	0 T O	COL	

ADTM41	1 11															-		· 7								
NUMBER	2	2	2	2	3	3	3	3	3	3	3	37	3	3	4	4	4	4	4	4	4	4	4	4	5	TOTAL
WEEKS ON STUDY	9	9	1	0 2	1	9	1	1	1	0	9	9	0	0	1	9	0	1	1	1	9	7	9	1	07	TISSUES
RESPIRATORY SYSTEM	7	_6	6	<u></u>	_11	9	6	61	6	8	<u>ó</u> ĺ	<u>o</u> l	3	4	6	4	1	31	<u>01</u>	6	<u>الا</u>	8	11	0	4	
LUNGS AND BRONCHI	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	÷	+	+	+	+	+	+	+	49
ALVEOLAR/BRONCHIOLAR ADENOMA	+											X									<u> </u>	<u> </u>	-			
IRACHEA	+	+	+	+		+	+	+	+	+	*	+	+	+	+	+	*	+	<u>+</u>		+	*	+	+	+	48
HEMATOPOIETIC SYSTEM	Ι.																									
SDIE MARKOW	+	<u> </u>		-	- <u>*</u> -	- <u>T</u> -		- <u>-</u>	<u>,</u>	<u> </u>		Ì		•	<u> </u>	<u> </u>	<u>-</u>		<u>,</u>	- <u>-</u>	- <u>-</u>	<u>+</u>		<u> </u>	-	
HEMANGIOSARCOMA	Ļ			·		*		<u> </u>	•		<u> </u>	·	· ·	-		<u> </u>	<u> </u>	*	· .			<u> </u>	<u> </u>		-	1
LYMPH NODES	+	+	+	+	+	+	+	+	+	+	+_	+	+	+	+	+	+	+	<u>+</u>	+	+	<u>+</u>	+	+	+	50
THYMUS	+	+	+	+	+	-	+	-	-	+	+	+	+	+	+	-	+	-	+	+	+	+	+	+	+	39
CIRCULATORY SYSTEM																										
HEART	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	49
DIGESTIVE SYSTEM																										
SALIVARY GLAND	+-+	+	+	+	+	+	+.	+	+	+	+	+	<u>+</u>	+	+		+	+	+	+	<u> </u>	<u> </u>	+	+	+	46
LIVER	++	+	+	+	+	+	+	- <u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-+	50
BILE DUCT	++	+		+	- <u>+</u>	+	+	+	+	+	.+	+	<u>+</u>	+	+	t	+	+	+	+	<u> </u>	<u>+</u>	+	+	+	
GALIBLADDER & COMMON BILE DUCT	+	<u>N</u> .	+	N	+	+	+	.+	+	<u>N</u> .	+	<u>N</u>	+	+	+	N	+	+	+	+	+	+	<u>N</u>	+	+	50×
PANCREAS	+		.	+	<u>+</u>	<u>+</u>	+	. <u>+</u>	+	+	+	-	<u>+</u>	+	+	<u>+</u>	<u>+</u>	<u>+</u>	+	+	<u>*</u>	<u>+</u>	+	<u>+</u> .	+	47
ESOPHAGUS	+	- <u>+</u>	+	<u> </u>	- <u>+</u>	<u>+</u>	. <u>+</u>	+	+	*	+	. <u>+</u>	+	<u>+</u>	<u>+</u>	*	<u>*</u>	•	<u>+</u>	. <u>+</u>	*	<u>*</u>	<u>+</u>	<u>+</u>	+	- 49
STUMACH	+-	. *	÷	*	- <u>+</u>	_ <u>+</u>	<u>*</u>	÷.	- * -	<u>+</u>	_ <u>t</u>	+	<u>*</u>	÷	+		<u>*</u>	•		+	+	<u> </u>	+	<u>+</u>	+	
STALL INTESTINE	E	Ī	Ţ	Ţ	Ī	Ī	1	Ī	Ī	Ī	Ī	_	÷	Ī	Ţ	-	Ī			Ī	÷		-	Ţ	1	40
INTESTINE	Ļ							-	•		•		· ·	•			•		<u> </u>			<u> </u>	•	<u> </u>	-	
KINNEY		4	1					1	1	•		÷	÷		÷			÷	÷		÷	÷	•		+	50
IPTNAPY BLADDER	1		+	+	- <u>`-</u>	+	+	. <u>.</u>	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	•	+	50
FNDOCETNE SYSTEM	ļ		· ·		<u> </u>																			<u> </u>		
PITUITARY ADENOMA, NOS	+	+	-	+	-	+	+	+	* x	+	+	+	+	-	+	+	-	+	+	+	+	÷.	+`	+	+	43 ₂
ADRENAL	+	+	+	+	+	+	+	+	+	+	+	+	+	-	-	+	+	+	+	+	+ .	<u>+</u>	+	+	÷	46
THYROID Follicular-cell Adénoma	ŀ	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	*	+	482
PARATHYROID	++-	+	+	+	+	+.	-	-		+	+	+	-	+	+	-	+	-	+	+	-	+	-	-		31
PANCREATIC ISLETS ISLET-CELL ADENOMA	+	-	+	+	+	+	+	÷	* ×	+	+	-	+	+	٠	+	+	+	+	+	•	+	•	+	+	47 1
REPRODUCTIVE SYSTEM																										
MAMMARY GLAND Adenocarcinoma, nos	+	+	+	•	+	+	+	+	+	+	+	+	+	+	+	+	+	N	+	+	+	+	+	<u>*</u>	+	50× 3
UTERUS Endometrial stromal polyp	1±	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+	50
OVARY	+	+	+	٠	+	+	+	+	٠	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	50
NERVOUS SYSTEM	+																									
BRAIN	+	÷	+	÷	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
SPECIAL SENSE ORGANS	<u> </u>													_					_							
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× 1
MUSCULDSKELETAL 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	н	50* 1
ALL OTHER SYSTEMS																										
MULTIPLE DRGANS NOS Sarcoma, nos Malig.lymphoma, lymphocytic type Malig.lymphoma, histiocytic type Malighant lymphoma, mixed type	N	N	N X	N	N	N	N _X_	N	N	н	N	N	N	N	N	н 	N	N X	N	N	N	X	N	N	N	50× 1 5 1
* ANIMALS HECROPSIED +: TISSUE EXAMINED MICROSCOPI -: REQUIRED TISSUE NOT EXAMIN ': TUMOR INCIDENCE N: NECROPSY, NO AUTOLYSIS, NO	CALL IED M I MIC	Y IICF ROS	105C 6C0P	OPI IC	CAL	LY MIN	ATI	ы		C A M		IC T IECR UTC NIM	ISS OPS ILYS IAL IECR	UE Y, IS MIS OPS	INF NO SIN Y P	DRM/ HIST G ERF(ATII TOLO	DN S DGY ED	UB! DUI	11 T 1 E T C	(ED) Pi	1010	ocoi			-

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

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TABLE B4.

INDIVIDUAL ANIMAL TUMOR PATHOLOGY OF FEMALE MICE IN THE 2-YEAR STUDY OF ALLYL ISOVALERATE

HIGH DOSE

ANIMAL NUMBER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	2	2	0
WEEKS ON Study	, i	1	0 2	0	9	1		0	0	0	9	0	9	9	1	8	0	1	0 9	0	8	0 8	1	0	9
INTEGUMENTARY SYSTEM	+*1	-21	<u> </u>		- 41	21	51	<u>_</u>	B I.	61	81	<u>-61</u>	<u></u>		- 6 1	6		.41	-91		- 41	. 91		91	-
SUBCUTANEOUS TISSUE Sarcoma, nos	+	÷	N	+	٠	+	+	٠	+	+	٠	+	* x	+	٠	٠	+	+	+	+	+	+	٠	÷	+
RESPIRATORY SYSTEM																		~~~~							
LUNGS AND BRONCHI Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma	+	+	+	+ ×	+	+	+	+	+	+	+	+	+	+	+	*	+	×	+	+	+	+	+	+	+
TRACHEA	-	+	+	+	+	+	÷	+	+	+	+	+	÷	÷	÷	÷	+	+	+	÷	+	+	+	+	+
HEMATOPOIETIC SYSTEM																									-
BONE MARROW	+	+	+	+	÷	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	÷	+	+
SPLEEN Hemangiosarcoma Malignant lymphoma, mixed type	+	+	+	+	•	٠	+	+	+	+	* ×	+	+	+	+	+	+	+	+	+	+	+	+	+	÷
LYMPH NODES	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	÷	÷	+	+_	+
THYMUS	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	+
CIRCULATORY SYSTEM		_												-							~				
HEART	+	÷	÷	+	+	+	+	+	+	+	+	÷	+	÷	+	÷	+	+	+	+	+	+	+	÷	+
DIGESTIVE SYSTEM																							<u></u>		-
SALIVARY GLAND	+	+	÷	+	÷	÷	+	+	÷	+	-	+	-	÷	÷	÷	+	+	+	+	. +	+	÷	+	+
LIVER Hepatocellular adenoma	+	+	+	+	+	+	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	+
BILE DUCT	+	.t.	+	+	÷	+	.	+	÷	+	+	+	+	+	+	. <u>+</u>	÷	÷	÷	+	+	+	+	+	+
GALLBLADDER & COMMON BILE DUCT	+	÷	+	+	+	+	+	+	+	+	+	÷	+	N	+	÷	+	N	+	N	N	N	+	+	+
PANCREAS	+	_+	+	+	+	+	+	+	+	+	+	+		<u>+</u>	+	+	+	+	÷	+	.	+	+	+	+
ESOPHAGUS	<u> </u>	+	+	÷	÷	+	+	+	+	t	+	+	+	+	+	÷	+	+	+	÷	<u>+</u>	÷	+	+	+
STOMACH Squamous cell papilloma	+	+	+	+	+	•	* ×	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
SMALL INTESTINE	+.	+	÷	+	+	+	<u>+</u>	+	+	+	+	÷	+		+	+	. <u>.</u>	+	+	+		-	+	÷	-
LARGE INTESTINE	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+	+	+	+	-	+	+	٠	+
URINARY SYSTEM														_											
KIDNEY	+	+	+	+	+	+	+	+	+	+	+	+	+	. <u>+</u>	+	+	t	+	+	+	+	+	+	+	+
URINARY BLADDER	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	+	+
ENDOCRINE SYSTEM																•									
PITUITARY Adenoma, nos	+	* X	+	*	+	+	*	+	+	+	+	+	+	+	-	+	+	+	+	+	-	-	*	-	-
ADRENAL Cortical Adendma Pheochromocytoma	+	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	-	+	-	+	+	+	+
THYROID Follicular-Cell Adenoma	-	+	+	+	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+
PARATHYROID	-	+	+	+	-	+	+	+	÷	+	+	+	-	-	+	٠	-	-	+	+	+	+	+	÷	-
REPRODUCTIVE SYSTEM				-															-						1
MAMMARY GLAND Adenocarcinoma, nos	+	+	N	N	+	+	+	+	* x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
UTERUS ENDOMETRIAL STROMAL POLYP	+	+	+	+	+	+	+	+	* ×	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
DVARY	+	+	+	+	+	+	-	+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+
NERVOUS SYSTEM																									
BRAIN	+ +	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
ALL OTHER SYSTEMS																									
MULTIPLE ORGANS NOS HEMANGIOSARCOMA Malig.lymphoma, lymphocytic type Malig.lymphoma, histiocytic type Malig.lymphoma, mixed type	N	N X	N	N	н	N	H	,N	H	N X	N	××	N	N	N	N X	N	H X	к х	N X	N	N	N X	N	N

NE TUMOR INCIDENCE NE NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION

A: AUTOLYSIS M: ANIMAL MISSING B: NO NECROPSY PERFORMED

AHIMAL NUMBER	2	2	0	2	0	0	3	3	3	3	2	0	3	9	2	0	0	2	2	2	2	2	0	0	0	1
WEEKS ON	6	7	-	9	-Å	1	Ž	1	-	-1	-	ž	š	8	į.	+	ż	-	4	-	4	7	÷	8	-9	TOTAL
STUDY	67	2	6	9 8	6	2	6	6	3	0	0	8	8	8	0	6	1	0	0	8	0 5	اه.	6	2	6	TUMORS
INTEGUMENTARY SYSTEM				-																						
SUBCUTANEOUS TISSUE Sarcoma, nos	+	+	+.	+	+	+	+	+	+	+	+	+	*	+	+	+	+	+	+	•	•	<u>.</u>	•	+	•	50× 1
RESPIRATORY SYSTEM					_																					
LUNGS AND BRONCHI Alveolar/bronchiolar adenoma Alveolar/bronchiolar carcinoma	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	+	+	+	+	•	•	+	•	•	+	50 2 1
TRACHEA	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	٠	+	+	٠	+	+	+	+	+	+	49
REMATOPOIETIC SYSTEM												-												_		
BONE MARROW	+	+	+	+	+	+	+	.+	+	+	<u>+</u>	+	.+	+	+	+	+	+	+	+	+ .	+	+	+	+	<u> </u>
SPLEEN Hemangiosarcoma Malignant Lymphoma, mixed type	+	+	+	+	+ X	+	+	+	+	+	+	+	+	+	+	+	+	•	+	+ x	+	+	+	+	+	50 1 2
LYMPH HODES	+	+	+	+	+	+	÷	+	÷	+	÷	+	•	+	+	+	+	+	+	+	t_	+	+	•	+	. 50
THYMUS	+	+	+	+	+	+	+	+	+	÷	+	+	+	+	÷	+	+	+	-	+	+	+	+	+	+	47
CIRCULATORY SYSTEM																_									-	
HEART	+	+	+	÷	+	÷	÷	+	+	÷	+	+	+	+	+	+	+	+	+	+	+	÷	+	+	+	50
DIGESTIVE SYSTEM																										
SALIVARY GLAND	<u>+</u>	٠	+	+	+	+	<u>.</u> t_	+	+	+	+	-	+	+	+	+	+	+	+	+	.+	+	+	+	+	<u>47</u>
LIVER HEPATOCELLULAR ADENOMA	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
BILE DUCT	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
GALLBLADDER & COMMON BILE DUCT	+	+	+	+	+	N	+	+	+	٠	+	N	N	+	+	+	+	+	+	+	+	+	+	+	+	50×
PANCREAS		+	+	+	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	÷	+	48
ESOPHAGUS .	+	+	.+	+	+	+	+	+	<u>.</u>	+	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	- 49
STOMACH Squamdus cell papilloma	+	+	ž	+	+	+	+	*	+	+	+	+	+	+	+	+	+	+	+	+	+	<u>+</u>	+	+	+	50
SMALL INTESTINE	<u>+</u>	+	+	•	+	+	+	+	+	+	<u>+</u>	+	+	•	+	+	+	+	+	+	.+ .	<u>+</u>	+	-	-+	- 45
LARGE INTESTINE	+	+	٠	+	÷	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	-	+	47
URINARY SYSTEM											_															
KIDNEY .	+	+	+	+	+	+	÷	+	+	+	+.	+	+	+	+	+	+	<u>+</u>	+	<u>+</u>	+	+	+	<u>+</u>	+	50
URINARY BLADDER	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	.+	+	+	+	+	+	48
ENDOCRINE SYSTEM																										
PITUITARY Adenoma, nos	+	+	*	+	<u>*</u>	-	+	+	<u>.</u>	•	+	+	+	+	•	+	+	*	+	+	+	<u>*</u>	+	+	+	⁴⁴ 7
ADRENAL Cortical Adenoma Pheochromocytoma	+	+	+	+	+	+	+	*	•	+	+	-	+	+	+	+	+	+	*	+	+	+	+	+	*	47 2 1
THYROID Follicular-cell Adenoma	+	-	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	*	48 2
PARATHYROID	+	-	+	-	+	+	+	+	-	-	٠	÷	+	+	+	+	÷	+	+	+	+	٠	÷	-	+	38
REPRODUCTIVE SYSTEM																									-	
MAMMARY GLAND Adenocarcinoma, nos	+	+	<u>*</u>	+	+	N	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50× 2
UTERUS Endometrial stromal polyp	+	+	+	+	+	+	<u>+</u>	+	+	+	+	+	+	+	+	+	+	+	•	+	+	+	+	+	+	50
OVARY	+	+	+	+	+	+	÷	+	+	+	+	+	÷	÷	+	+	+	+	+	٠	+	+	+	+	+	48
NERVOUS SYSTEM																										
BRAIN	+	+	+	+	+	+	+	+	+	+	+	+	+	÷	+	4	+	+	+	+	+	+	+	+	+	50
ALL OTHER SYSTEMS	†																				_			_	_	
MULTIPLE ORGANS NOS Hemangiosarcoma Malig.lymphoma, lymphocytic type Malig.lymphoma, histiocytic type	H	N	N	н	N	N	N	N	N	N	N Y	N X	N	н	N X	ĸ	ĸ	N X	N	N	N	N X	N X	H X	×	50× 1 4 4

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

ANIMALS NECROPSIED
 ANIMALS NECROPSIED
 ANIMALS NECROPSIED
 ANIMALS NECROPSIED
 ANIMALS NECROPSY, NO HIGROSCOPICALLY
 ANIMAL SISSUE ANTICON SUBMITTED
 ANIMAL SISSUE ANTICONSCOPICALLY
 ANIMAL MISSING
 H: NECROPSY, NO AUTOLYSIS, NO MICROSCOPIC EXAMINATION
 ANIMA MISSING
 B: NO NECROPSY PERFORMED

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APPENDIX C

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN RATS ADMINISTERED ALLYL ISOVALERATE IN CORN OIL BY GAVAGE

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TABLE C1.

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50 50	50 50 50 50	50 50 50 50
INTEGUMENTARY SYSTEM	, 		
*SKIN EPIDERMAL INCLUSION CYST ULCER, NOS INFLAMMATION, CHRONIC FOCAL	(50)	(50) 1 (2%)	(50) 1 (2%) 1 (2%)
*SUBCUT TISSUE CYST, NOS EDEMA, NOS ULCER, NOS INFLAMMATION, FOCAL	(50) 1 (2%)	(50) 1 (2%) 1 (2%)	(50)
RESPIRATORY SYSTEM			
*NOSE INFLAMMATION, SUPPURATIVE Hyperkeratosis Acanthosis	(50) 1 (2%)	(50) 1 (2%) 1 (2%)	(50)
#LUNG ASPIRATION, FOREIGN BODY Congestion, Nos Edema, Nos Edema, Interstitial	(50) 3 (6%) 2 (4%)	(50) 6 (12%) 5 (10%) 1 (2%)	(49) 3 (6%) 3 (6%) 2 (4%)
HEMUKRHAGE PNEUMONIA, ASPIRATION INFLAMMATION, SUPPURATIVE PNEUMONIA, CHRONIC MURINE INFLAMMATION, CHRONIC SUPPURATIV ABSCESS, CHRONIC	1 (2%) 1 (2%)	1 (2%)	1 (2%) 1 (2%) 1 (2%)
INFLAMMATION, FOCAL GRANULOMATOU Hyperplasia, alveolar <u>epithelium</u>	2 (4%)	2 (4%)	1 (2%) 1 (2%)

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE RATS ADMINISTERED ALLYL ISOVALERATE IN CORN OIL BY GAVAGE

NUMBER OF ANIMALS WITH TISSUE EXAMINED MICROSCOPICALLY * NUMBER OF ANIMALS NECROPSIED
	VEHICLE Control	LOW DOSE	HIGH DOSE	
HISTIOCYTOSIS			2 (4%)	
#LUNG/ALVEOLI Hyperplasia, Adenomatous	(50) 1 (2%)	(50) 1 (2%) 5 (10%)	(49)	
HISTICCTUSIS	5 (6%)	5 (10%)	3 (64)	
HEMATOPOIETIC SYSTEM				
#BONE MARROW ATROPHY, EXHAUSTION	(50)	(50) 1 (2%)	(50)	
HYPERPLASIA, HEMATOPOIETIC Hypoplasia, hematopoietic		1 (24)	1 (2%) 1 (2%)	
#SPLEEN	(50)	(49)	(50)	
FIBROSIS FIBROSIS, FOCAL	4 (0)		1 (2%) 1 (2%)	
DEGENERATION, CTUTC INFARCT, NOS METAMORPHOSIS FATTY	1 (2%)	1 (2%)	1 (2%) 1 (2%)	
HEMATOPOIESIS	3 (6%)	1 (2%)	3 (6%)	
#MANDIBULAR L. NODE Hyperplasia, nos	(50) 1 (2%)	(50)	(50)	
#MESENTERIC L. NODE Hyperplasia, nos Angiectasis	(50)	(50)	(50) 1 (2%) 1 (2%)	
#LUNG Leukocytosis, nos	(50) 1 (2%)	(50)	(49) 4 (8%)	
#LIVER LEUKOCYTOSIS, NOS	(50)	(50)	(50) 5 (10%)	
*MESENTERY MASTOCYTOSIS	(50) 1 (2%)	(50)	(50)	
#THYMUS Hyperplasia, lymphoid	(44)	(36) 1 (3%)	(39)	
CIRCULATORY SYSTEM				
*MULTIPLE ORGANS	(50)	(50)	(50) 1 (2%)	

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

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	VEHICLE Control	LOW DOSE	HIGH DOSE
PERIARTERITIS			1 (2%)
#LUNG Thrombosis, nos	(50)	(50) 1 (2%)	(49)
#MYOCARDIUM Inflammation, focal	(50) 1 (2%)	(49)	(50)
FIBROSIS, FOCAL	6 (12%)	1 (2%) 8 (16%)	1 (2%) 2 (4%)
*CORONARY ARTERY PERIARTERITIS	(50) 1 (2%)	(50)	(50)
*MESENTERIC ARTERY Hypertrophy, Nos	(50)	(50) 1 (2%)	(50)
#LIVER EMBOLUS, FOREIGN BODY	(50) 1 (2%)	(50) 2 (4%)	(50)
#ADRENAL THROMBOSIS, NOS	(50) 1 (2%)	(50)	(50) 1 (2%)
DIGESTIVE SYSTEM			
#PAROTID GLAND Inflammation, nos	(49)	(48)	(48) 1 (2%)
#LIVER	(50)	(50)	(50)
CONGESTION, NOS Petechia	2 (4%) 1 (2%)	2 (4%)	2 (4%) 2 (4%) 1 (2%)
INFLAMMATION, NECROTIZING	1 (2%)		
INFLAMMATION, FOCAL GRANULOMATOU		1 (2%)	E (10%)
CIRRHOSIS, NOS		2 (4%)	5 (10%)
DEGENERATION, CYSTIC		2 (4%)	5 (1047)
NECROSIS, FOCAL		2 (4%)	7 (14%)
METAMORPHOSIS FATTY	1 (2%)	2 (4%)	8 (16%)
PIGMENIALIUN, NUS	15 (30%)	0 (10%)	1(2%)
BASOPHTLIC CYTO CHANGE	13 (304)	7 (104)	66 (44%) 9 (18%)
FOCAL CELLULAR CHANGE	17 (3747	1 (2/4)	2 (4%)
REGENERATION, NOS		1 (2%)	2 (4%)
NODULAR REGENERATION		5 (10%)	8 (16%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#PORTAL TRACT FIBROSIS	(50)	(50) 1 (2%)	(50)
#LIVER/CENTRILOBULAR CONGESTION, NOS NECROSIS, NOS NECROSIS, FOCAL METAMORPHOSIS FATTY ATROPHY, NOS	(50) 1 (2%) 1 (2%) 1 (2%) 2 (4%) 1 (2%)	(50) 1 (2%) 4 (8%) 1 (2%)	(50) 2 (4%) 1 (2%)
#BILE DUCT Hyperplasia, NOS Hyperplasia, Focal	(50) 46 (92%)	(50) 32 (64%) 1 (2%)	(50) 45 (90%)
#PANCREAS CYSTIC DUCTS FIBROSIS, FOCAL DEGENERATION, CYSTIC ATROPHY, NOS ATROPHY, FOCAL	(50) 1 (2%) 6 (12%)	(50) ·1 (2%) 5 (10%)	(50) 2 (4%) 2 (4%) 9 (18%)
#PANCREATIC ACINUS Atrophy, focal Hyperplasia, focal	(50) 1 (2%)	(50) 2 (4%)	(50) 2 (4%) 1 (2%)
#ESOPHAGUS Inflammation, Chronic	(50) 1 (2%)	(46)	(46)
#STOMACH Hyperplasia, epithelial	(50)	(50) 2 (4%)	(50) 2 (4%)
#GASTRIC MUCOSA INFLAMMATION, NOS ULCER, NOS ULCER, PERFORATED	(50) 1 (2%)	(50) 1 (2%)	(50) 2 (4%) 4 (8%)
#GASTRIC SUBMUCOSA EDEMA, NOS	(50)	(50)	(50) 1 (2%)
#SMALL INTESTINE DIVERTICULUM	(50)	(50)	(49) 1 (2%)
#COLON	(50)	(50)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
INFLAMMATION, HEMORRHAGIC PARASITISM		1 (2%)	1 (2%)
URINARY SYSTEM			
<pre>#KIDNEY HYDRONEPHROSIS CYST, NOS INFLAMMATION, SUPPURATIVE NEPHROPATHY NEPHROSIS, NOS METAMORPHOSIS FATTY #KIDNEY/PELVIS #KIDNEY/PELVIS</pre>	(50) 35 (70%) (50)	(50) 1 (2%) 2 (4%) 42 (84%) (50)	(50) 1 (2%) 1 (2%) 1 (2%) 40 (80%) 1 (2%) (50)
#URINARY BLADDER HEMORRHAGE INFLAMMATION, HEMORRHAGIC HYPERPLASIA, EPITHELIAL	(50)	(47) 1 (2%)	(49) 1 (2%) 1 (2%)
ENDOCRINE SYSTEM			
<pre>#PITUITARY EMBRYONAL DUCT CYST MULTILOCULAR CYST DEGENERATION, CYSTIC CYTOPLASMIC VACUOLIZATION HYPERPLASIA, NOS HYPERPLASIA, FOCAL ANGIECTASIS</pre>	(49) 1 (2%) 2 (4%) 4 (8%) 1 (2%)	(46) 1 (2%) 1 (2%) 1 (2%) 3 (7%) 1 (2%)	(49) 1 (2%) 8 (16%) 2 (4%)
#ADRENAL METAMORPHOSIS FATTY ANGIECTASIS	(50)	(50) 1 (2%)	(50) 1 (2%)
#ADRENAL CORTEX Congestion, NOS Cytoplasmic vacuolization Focal cellular change	(50)	(50) 4 (8%)	(50) 1 (2%) 5 (10%) 1 (2%)
#ADRENAL MEDULLA FIBROSIS, FOCAL	(50) 1 (2%)	(50)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
FOCAL CELLULAR CHANGE HYPERPLASIA, NOS		1 (2%)	1 (2%) 1 (2%)
HYPERPLASIA, FUCAL #THYROID CYSTIC FOLLICLES DEGENERATION, CYSTIC HYPERPLASIA, CYSTIC HYPERPLASIA, C-CELL	2 (4%) (50) 2 (4%) 1 (2%) 6 (12%)	(47) 2 (4%) 1 (2%)	(47) 1 (2%) 1 (2%) 1 (2%) 2 (4%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Cystic Ducts Cystic Disease	(50) 36 (72%)	(50) 1 (2%) 25 (50%)	(50) 30 (60%)
*PREPUTIAL GLAND CYSTIC DUCTS INFLAMMATION, SUPPURATIVE INFLAMMATION, CHRONIC HYPERPLASIA, EPITHELIAL	(50) 1 (2%)	(50) 2 (4%) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%)
#PROSTATE INFLAMMATION, FOCAL INFLAMMATION, SUPPURATIVE FIBROSIS, FOCAL HYPERPLASIA, EPITHELIAL	(50) 25 (50%) 1 (2%)	(48) 12 (25%)	(50) 1 (2%) 18 (36%) 1 (2%)
*SEMINAL VESICLE INFLAMMATION, SUPPURATIVE HYPERPLASIA, EPITHELIAL	(50)	(50) 2 (4%) 1 (2%)	(50)
#TESTIS Atrophy, nos Hyperplasia, interstitial Cell	(50) 1 (2%) 2 (4%)	(50) 3 (6%) 1 (2%)	(50) 7 (14%) 3 (6%)
*EPIDIDYMIS INFLAMMATION, CHRONIC SUPPURATIV	(50)	(50)	(50) 1 (2%)
NERVOUS SYSTEM			
#BRAIN HEMORRHAGE	(50)	(50)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
GLIOSIS			1 (2%)
<pre>#PONS NECROSIS, NOS ATROPHY, PRESSURE</pre>	(50) 1 (2%) 1 (2%)	(50)	(50)
SPECIAL SENSE ORGANS			
*EYE RETINOPATHY CATARACT	(50) 1 (2%) 1 (2%)	(50)	(50) 21 (42%) 21 (42%)
*EXTERNAL EAR ULCER, PERFORATED	(50)	(50) 1 (2%)	(50)
MUSCULOSKELETAL SYSTEM			
*MUSCLE OF LEG HEMORRHAGE	(50)	(50)	(50) 1 (2%)
BODY CAVITIES			
*THORACIC CAVITY Foreign Body, Nos	(50)	(50)	(50) 1 (2%)
*MEDIASTINUM INFLAMMATION, SUPPURATIVE	(50) 1 (2%)	(50)	(50)
*PERITONEUM Inflammation, Focal	(50) 1 (2%)	(50)	(50)
*PLEURA LIPOGRANULOMA	(50) 1 (2%)	(50)	(50)
*EPICARDIUM EDEMA, NOS	(50) 1 (2%)	(50)	(50)
*MESENTERY FOREIGN BODY, NOS HEMORRHAGE STEATITIS GRANULATION, TISSUE	(50)	(50)	(50) 1 (2%) 1 (2%) 1 (2%) 2 (4%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
NECROSIS, FAT HYPERPLASIA, MESOTHELIAL	5 (10%)	12 (24%)	4 (8% 1 (2%
LL OTHER SYSTEMS			
*MULTIPLE ORGANS Hemorrhage	(50) 1 (2%)	(50)	(50)
LEG HEMORRHAGE Inflammation, suppurative			1 1
SOLE OF FOOT ULCER, CHRONIC CALLUS			1 3
OMENTUM NECROSIS, FAT	2		

TABLE C2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE RATS ADMINISTERED
ALLYL ISOVALERATE IN CORN OIL BY GAVAGE

	VEHICLE		
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 49 49
INTEGUMENTARY SYSTEM			
*SKIN ULCER, CHRONIC POLYPOID HYPERPLASIA	(50)	(50) 1 (2%)	(49) 1 (2%)
*SUBCUT TISSUE Abscess, Nos	(50)	(50) 1 (2%)	(49)
RESPIRATORY SYSTEM			
#LUNG CONGESTION, NOS EDEMA, NOS PNEUMONIA, ASPIRATION HYPERPLASIA, ALVEOLAR EPITHELIUM	(50) 2 (4%) 1 (2%)	(50) 1 (2%) 2 (4%) 1 (2%)	(49) 7 (14%) 4 (8%) 1 (2%) 2 (4%)
#LUNG/ALVEOLI Hyperplasia, Adenomatous Histiocytosis	(50) 1 (2%) 2 (4%)	(50)	(49) 3 (6%)
#ALVEOLAR EPITHELIUM HYPERPLASIA, ADENOMATOUS	(50)	(50) 1 (2%)	(49)
HEMATOPOIETIC SYSTEM			
#BONE MARROW Myelofibrosis	(50)	(49)	(47) 2 (4%)
#SPLEEN	(50)	(50)	(49)
HEMATOPOIESIS	2 (4%)	5 (10%)	5 (10%)
<pre>#MANDIBULAR L. NODE INFLAMMATION, NOS</pre>	(50)	(50)	(49)

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

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	VEHICLE Control	LOW DOSE	HIGH DOSE
HYPERPLASIA, NOS	2 (4%)		****************
#MEDIASTINAL L.NODE HEMOSIDEROSIS ANGIECTASIS	(50)	(50) 1 (2%) 1 (2%)	(49)
#MESENTERIC L. NODE Hyperplasia, Nos	(50)	(50)	(49) 1 (2%)
#LUNG LEUKOCYTOSIS, NOS HYPERPLASIA, LYMPHOID	(50) 2 (4%)	(50) 1 (2%)	(49) 1 (2%) 1 (2%)
#LIVER LEUKOCYTOSIS, NOS HEMATOPOIESIS	(50) 1 (2%) 1 (2%)	(50) 3 (6%)	(49) 1 (2%)
#ADRENAL HEMATOPOIESIS	(50)	(50) 1 (2%)	(49)
CIRCULATORY SYSTEM			
#MYOCARDIUM INFLAMMATION, FOCAL INFLAMMATION, CHRONIC FOCAL FIBROSIS, FOCAL	(50) 2 (4%) 1 (2%)	(50) 1 (2%) 4 (8%)	(49) 2 (4%)
DIGESTIVE SYSTEM		* * * * * * * * * * * * * * * * * * * *	
#SALIVARY GLAND FIBROSIS	(50)	(50) 1 (2%)	(46)
#LIVER DEFORMITY, NOS CONGESTION, NOS CHOLANGIOFIBROSIS CIRRHOSIS, NOS NECROSIS, FOCAL METAMORPHOSIS FATTY PIGMENTATION, NOS CYTOPLASMIC VACUALIZATION	(50) 7 (14%) 1 (2%) 3 (6%)	(50) 1 (2%) 2 (4%) 2 (4%) 1 (2%) 2 (4%)	(49) 1 (2%) 1 (2%) 4 (8%) 8 (16%) 4 (8%) 3 (6%) 2 (4%) 18 (37%)
BASOPHILIC CYTO CHANGE FOCAL CELLULAR CHANGE	32 (64%)	24 (48%)	18 (37%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
NODULAR REGENERATION	1 (2%)	3 (6%)	8 (16%)
#LIVER/CENTRILOBULAR CONGESTION, NOS NECROSIS, NOS METAMORPHOSIS FATTY ATROPHY, NOS	(50)	(50) 1 (2%)	(49) 2 (4%) 1 (2%) 2 (4%) 3 (6%)
#BILE DUCT	(50)	(50)	(49)
HYPERPLASIA, NOS Hyperplasia, nos Hyperplasia, focal	39 (78%) 3 (6%)	36 (72%)	44 (90%)
#PANCREAS	(49)	(50)	(46)
ATROPHY, NOS ATROPHY, FOCAL	8 (16%)	1 (2%) 11 (22%)	3 (7%)
<pre>#PANCREATIC ACINUS ATROPHY, FOCAL</pre>	(49)	(50)	(46) 1 (2%)
#STOMACH HYPERPLASIA, EPITHELIAL	(50) 1 (2%)	(50) 1 (2%)	(49)
#GASTRIC FUNDAL GLAND DILATATION, NOS	(50)	(50) 1 (2%)	(49)
#FORESTOMACH INFLAMMATION, CHRONIC FOCAL HYPERPLASIA, EPITHELIAL	(50) 1 (2%) 1 (2%)	(50)	(49)
#SMALL INTESTINE Inflammation, nos	(49)	(50)	(46) 1 (2%)
#COLONIC SUBMUCOSA INFLAMMATION, NOS	(50) 1 (2%)	(49)	(45)
RINARY SYSTEM			
#KIDHEY Nephrosis, nos	(50) 6 (12%)	(50) 13 (26%)	(49) 7 (14%)
#KIDHEY/TUBULE PIGMENTATION, NOS	(50)	(50)	(49)

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

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	VEHICLE Control	LOW DOSE	HIGH DOSE
CYTOPLASMIC VACUOLIZATION	1 (2%)		
ENDOCRINE SYSTEM			
#PITUITARY FOCAL CELLULAR CHANGE	(48)	(49)	(48) 1 (2%)
HYPERPLASIA, FOCAL ANGIECTASIS	8 (17%) 4 (8%)	5 (10%) 5 (10%)	2 (4%) 6 (13%)
#ADRENAL CYTOPLASMIC VACUOLIZATION	(50)	(50)	(49) 1 (2%)
#ADRENAL CORTEX ACCESSORY STRUCTURE	(50) 1 (2%)	(50) 1 (2%)	(49)
DEGENERATION, CYSTIC Cytoplasmic vacuolization Angiectasis	1 (2%) 3 (6%)	5 (10%)	8 (16%) 1 (2%)
#ADRENAL MEDULLA Cytologic Alteration, Nos	(50)	(50) 1 (2%)	(49)
HYPERPLASIA, FOCAL	3 (6%)		2 (4%)
#THYROID ULTIMOBRANCHIAL CYST CYSTIC FOLLICLES	(48) 1 (2%) 1 (2%)	(50) 1 (2%)	(46)
DEGENERATION, CYSTIC Hyperplasia, C-Cell	5 (10%)	5 (10%)	1 (2%) 4 (9%)
#PARATHYROID Hyperplasia, focal	(48)	(44)	(37) 1 (3%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND GALACTOCELE	(50)	(50)	(49)
HYPERPLASIA, CYSTIC Cystic disease	1 (2%) 41 (82%)	1 (2%) 44 (88%)	1 (2%) 35 (71%)
*PREPUTIAL GLAND Inflammation, suppurative Hyperplasia, cystic	(50) 1 (2%)	(50) 2 (4%) 2 (4%)	(49) 2 (4%)
*CLITORAL GLAND Cystic ducts	(50) 1 (2%)	(50)	(49)

	VEHICLE Control	LOW DOSE	HIGH DOSE
*VAGINA Inflammation, suppurative	(50)	(50) 2 (4%)	(49)
#UTERUS	(50)	(50)	(48)
HEMATUMETRA INFLAMMATION, SUPPURATIVE ADENOMYOSIS	3 (6%)	3 (6%) 1 (2%)	1 (2%)
#UTERUS/ENDOMETRIUM CYST, NOS HYPERPLASIA, CYSTIC	(50) 2 (4%) 2 (4%)	(50) 5 (10%)	(48) 4 (8%)
#ENDOMETRIAL GLAND Cyst, Nos	(50)	(50) 1 (2%)	(48)
#FALLOPIAN TUBE DILATATION, NOS HYPERPLASIA, EPITHELIAL	(50)	(50) 1 (2%) 1 (2%)	(48)
#OVARY CYST, NOS Follicular Cyst, Nos Metamorphosis Fatty	(50) 3 (6%) 6 (12%)	(50) 4 (8%) 1 (2%)	(47) 1 (2%) 7 (15%) 1 (2%)
NERVOUS SYSTEM			
#BRAIN Hydrocephalus, Nos Hemorrhage	(50)	(50)	(49) 1 (2%) 1 (2%)
<pre>#BRAIN/THALAMUS ATROPHY, PRESSURE</pre>	(50)	(50) 3 (6%)	(49)
#HYPOTHALAMUS ATROPHY, PRESSURE	(50) 1 (2%)	(50) 1 (2%)	(49) 1 (2%)
#MIDBRAIN ATROPHY, PRESSURE	(50) 2 (4%)	(50)	(49)
SPECIAL SENSE ORGANS			
*EYE HEMORRHAGE	(50) 1 (2%)	(50)	(49)

	VEHICLE Control	LOW DOSE	HIGH DOSE
RETINOPATHY CATARACT	4 (8%) 1 (2%)	21 (42%) 19 (38%)	2 (4%) 2 (4%)
*HARDERIAN GLAND Ectopia	(50)	(50)	(49) 2 (4%)
*EAR Inflammation, acute	(50)	(50) 1 (2%)	(49)
*ZYMBAL'S GLAND INFLAMMATION, SUPPURATIVE HYPERPLASIA, NOS	(50)	(50) 1 (2%) 1 (2%)	(49)
MUSCULOSKELETAL SYSTEM			
*FEMUR ENOSTOSIS	(50) 1 (2%)	(50)	(49)
BODY CAVITIES			
*MEDIASTINUM LIPOGRANULOMA	(50) 1 (2%)	(50)	(49)
*PERITONEUM INFLAMMATION, SUPPURATIVE	(50)	(50)	(49) 1 (2%)
*PLEURA Abscess, Nos Lipogranuloma	(50) 1 (2%) 1 (2%)	(50)	(49)
*MESENTERY STEATITIS	(50)	(50)	(49) 1 (2%)
INFLAMMATION, CHRONIC GRANULATION, TISSUE NECROSIS, FAT	1 (2%) 5 (10%)	4 (8%)	1 (2%) 3 (6%)
ALL OTHER SYSTEMS			
SOLE OF FOOT Ulcer, Chronic Erosion Callus	6	1 1 4	٦

	VEHICLE Control	LOW DOSE	HIGH DOSE
OMENTUM Necrosis, fat	2	2	2
PECIAL MORPHOLOGY SUMMARY			
AUTOLYSIS/NO NECROPSY			1
NUMBER OF ANIMALS WITH TISSUE	EXAMINED MICROSCOPI	CALLY	

APPENDIX D

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MICE ADMINISTERED ALLYL ISOVALERATE IN CORN OIL BY GAVAGE

TABLE D1.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN MALE MICE ADMINISTERED ALLYL ISOVALERATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN ULCER, NOS INFLAMMATION, ACUTE FOCAL INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC INFLAMMATION, CHRONIC FOCAL FIBROSIS FIBROSIS, FOCAL HYPERPLASIA, NOS METAPLASIA, OSSEOUS	(50) 1 (2%) 1 (2%) 2 (4%) 5 (10%) 1 (2%) 1 (2%)	(50) 1 (2%) 3 (6%) 3 (6%) 2 (4%)	(50) 1 (2%) 1 (2%) 1 (2%) 1 (2%)
*SUBCUT TISSUE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC	(50) 1 (2%)	(50)	(50) 1 (2%)
RESPIRATORY SYSTEM			
#LUNG FOREIGN BODY, NOS CONGESTION, NOS BRONCHOPNEUMONIA, FOCAL PNEUMONIA, LIPID PNEUMONIA, ASPIRATION INFLAMMATION, SUPPURATIVE BRONCHOPNEUMONIA, ACUTE	(50) 2 (4%) 1 (2%) 4 (8%) 3 (6%) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%) 1 (2%) 1 (2%) 2 (4%) 8 (16%)	(49) 2 (4%) 1 (2%) 7 (14%)
INFLAMMATION, CHRONIC FOCAL GRANULOMA, FOREIGN BODY CHOLESTEROL DEPOSIT Hyperplasia, adenomatous Hyperplasia, alveolar epithelium Histiocytosis	1 (2%) 1 (2%)	1 (2%) 1 (2%) 1 (2%)	1 (2%) 3 (6%)

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

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	VEHICLE Control	LOW DOSE	HIGH DOSE
HEMATOPOIETIC SYSTEM			
#SPLEEN NECROSIS, NOS HEMATOPOIESIS	(50) 3 (6%)	(50) 1 (2%) 2 (4%)	(50) 1 (2%) 2 (4%)
#MESENTERIC L. NODE NECROSIS, NOS ANGIECTASIS HYPERPLASIA, LYMPHOID	(50) 1 (2%) 1 (2%)	(50) 1 (2%)	(49) 2 (4%)
#RENAL LYMPH NODE Hyperplasia, lymphoid	(50)	(50) 1 (2%)	(49)
#LIVER LEUKOCYTOSIS, NOS	(50) 1 (2%)	(50)	(50)
#THYMUS CYST, NOS INFLAMMATION, ACUTE SUPPURATIVE	(39) 1 (3%)	(41) 3 (7%)	(37)
CIRCULATORY SYSTEM			
*MULTIPLE ORGANS PERIVASCULITIS	(50) 1 (2%)	(50)	(50)
#HEART LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, CHRONIC FOCAL DEGENERATION, NOS	(50) 1 (2%) 1 (2%)	(50)	(49) 1 (2%)
DIGESTIVE SYSTEM			
#SALIVARY GLAND Lymphocytic inflammatory infiltr fibrosis	(50) 1 (2%) 1 (2%)	(50)	(49)
#LIVER CYST, NOS FIBROSIS, FOCAL NECROSIS, NOS NECROSIS, FOCAL	(50) 1 (2%) 4 (8%)	(50)	(50) 1 (2%) 3 (6%) 1 (2%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
NECROSIS, ZONAL Focal cellular change cytologic alteration, nos angiectasis	1 (2%) 1 (2%)	2 (4%)	1 (2%) 1 (2%) 2 (4%)
#PANCREAS NECROSIS, FOCAL Atrophy, NOS	(49) 1 (2%)	(48)	(48) 1 (2%)
#ESOPHAGUS Foreign body, nos granuloma, foreign body	(50)	(48)	(49) 1 (2%) 1 (2%)
#ESOPHAGEAL MUSCULARI INFLAMMATION, SUPPURATIVE	(50)	(48) 1 (2%)	(49)
#STOMACH CYST, NOS INFLAMMATION, ACUTE SUPPURATIVE HYPERPLASIA, EPITHELIAL	(50) 2 (4%) 1 (2%)	(50) 2 (4%) 1 (2%)	(48) 1 (2%) 1 (2%) 7 (15%)
#GASTRIC MUCOSA INFLAMMATION, ACUTE SUPPURATIVE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC FOCAL HYPERPLASIA, ADENOMATOUS	(50) 1 (2%)	(50) 1 (2%)	(48) 2 (4%) 2 (4%)
#JEJUNUM ULCER, NOS INFLAMMATION, ACUTE SUPPURATIVE	(50)	(49) 1 (2%)	(48)
JRINARY SYSTEM			
#KIDNEY LYMPHOCYTIC INFLAMMATORY INFILTR SCAR NEPHROPATHY	(50) 7 (14%) 1 (2%) 1 (2%)	(50) 2 (4%) 3 (6%)	(50) 5 (10%)
INFARCT, NOS #KIDNEY/PELVIS LYMPHOCYTIC INFLAMMATORY INFILTR	(50) 2 (4%)	(50)	1 (2%) (50)
ENDOCRINE SYSTEM			
#ADRENAL CORTEX CYST, NOS	(49) <u>1 (2%)</u>	(46)	(48)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#ADRENAL MEDULLA Hyperplasia, focal	(49) 1 (2%)	(46)	(48) 1 (2%)
<pre>#THYROID CYSTIC FOLLICLES DEGENERATION, CYSTIC HYPERPLASIA, FOLLICULAR-CELL</pre>	(47) 5 (11%) 3 (6%) 5 (11%)	(46) 1 (2%) 7 (15%)	(49) 3 (6%) 2 (4%) 3 (6%)
#PANCREATIC ISLETS HYPERPLASIA, NOS	(49)	(48)	(48) 2 (4%)
REPRODUCTIVE SYSTEM			
*PREPUTIAL GLAND CYST, NOS CYSTIC DUCTS INFLAMMATION, ACUTE SUPPURATIVE INFLAMMATION, ACUTE/CHRONIC INFLAMMATION, CHRONIC HYPERPLASIA, NOS	(50) 4 (8%) 1 (2%) 1 (2%)	(50) 1 (2%) 5 (10%) 2 (4%) 2 (4%)	(50) 5 (10%) 1 (2%) 1 (2%)
#TESTIS Necrosis, Nos	(49)	(50)	(50) 1 (2%)
*EPIDIDYMIS CYST, NOS	(50)	(50) 1 (2%)	(50)
NERVOUS SYSTEM None			
SPECIAL SENSE ORGANS			
*EYE CATARACT PHTHISIS BULBI	(50)	(50) 1 (2%) 1 (2%)	(50)
MUSCULOSKELETAL SYSTEM			

NONE

) (4%) (2%))	(50) 3 (6%) 3 (6%) 1 (2%) (50)	(50) 2 (4%) 2 (4%) 1 (2%) (50) 1 (2%)
) (4%) (2%))	(50) 3 (6%) 3 (6%) 1 (2%) (50)	(50) 2 (4%) 2 (4%) 1 (2%) (50) 1 (2%)
(4%) (2%))	3 (6%) 1 (2%) (50)	1 (2%) (50) 1 (2%)
)	(50)	(50) 1 (2%)
) (2%)	(50)	(50)
) (2%) (2%) (2%)	(50) 4 (8%)	(50) 4 (8%) 1 (2%)
)	(50) 1 (2%)	(50)
	7	6
		7 JICROSCOPICALLY

TABLE D2.

SUMMARY OF THE INCIDENCE OF NONNEOPLASTIC LESIONS IN FEMALE MICE ADMINISTERED ALLYL ISOVALERATE IN CORN OIL BY GAVAGE

	VEHICLE Control	LOW DOSE	HIGH DOSE
ANIMALS INITIALLY IN STUDY ANIMALS NECROPSIED ANIMALS EXAMINED HISTOPATHOLOGICALLY	50 50 50 50	50 50 50	50 50 50
INTEGUMENTARY SYSTEM			
*SKIN Inflammation, Suppurative	(50)	(50) 1 (2%)	(50)
*SUBCUT TISSUE Abscess, Nos Inflammation, Chronic Focal	(50)	(50)	(50) 1 (2%) 1 (2%)
RESPIRATORY SYSTEM			
#TRACHEA Inflammation, acute suppurative	(49) 1 (2%)	(48)	(49)
#LUNG BRONCHOPNEUMONIA, FOCAL LYMPHOCYTIC INFLAMMATORY INFILTR PNEUMONIA, LIPID BRONCHOPNEUMONIA, ACUTE INFLAMMATION, ACUTE SUPPURATIVE BRONCHOPNEUMONIA, CHRONIC CHOLESTEROL DEPOSIT HYPERPLASIA, ADENOMATOUS	(50) 1 (2%) 3 (6%) 1 (2%)	(49) 2 (4%) 1 (2%) 1 (2%) 1 (2%) 1 (2%)	(50) 1 (2%) 3 (6%) 1 (2%) 1 (2%) 2 (4%)
HEMATOPOIETIC SYSTEM			
*MULTIPLE ORGANS HEMATOPOIESIS	(50)	(50)	(50) 1 (2%)
#SPLEEN NECROSIS, NOS HEMATOPOIESIS	(50) 1 (2%) 12 (24%)	(50) 19 (38%)	(50) 12 (24%)
#MEDIASTINAL L.NODE	(49)	(50)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
HYPERPLASIA, NOS			1 (2%)
#LUMBAR LYMPH NODE Hyperplasia, nos	(49)	(50) 1 (2%)	(50) 1 (2%)
#MESENTERIC L. NODE Hyperplasia, nos Angiectasis Hyperplasia, lymphoid	(49) 2 (4%) 1 (2%)	(50) 1 (2%)	(50) 2 (4%)
#RENAL LYMPH NODE Hyperplasia, nos	(49) 1 (2%)	(50) 1 (2%)	(50) 2 (4%)
#ILIAC LYMPH NODE Hyperplasia, nos	(49) 1 (2%)	(50)	(50) 1 (2%)
#LUNG HYPERPLASIA, LYMPHOID	(50) 1 (2%)	(49)	(50)
#LIVER LEUKOCYTOSIS, NOS HEMATOPOIESIS	(50) 8 (16%)	(50) 17 (34%) 1 (2%)	(50) 10 (20%)
#THYMUS INFLAMMATION, SUPPURATIVE NECROSIS, NOS	(46)	(39) 1 (3%) 1 (3%)	(47)
CIRCULATORY SYSTEM			
#MESENTERIC L. NODE PERIVASCULITIS	(49)	(50) 1 (2%)	(50)
#HEART LYMPHOCYTIC INFLAMMATORY INFILTR	(50)	(49) 1 (2%)	(50)
#SALIVARY GLAND PERIARTERITIS	(48)	(46)	(47) 1 (2%)
#LIVE R Thrombosis, nos	(50)	(50)	(50) 1 (2%)
#PITUITARY Thrombosis, Nos	(43)	(43)	(44) 1 (2%)
#THYROID	(49)	(48)	(48)

	VEHICLE		
DIGESTIVE SYSTEM			
#LIVER DEGENERATION, NOS NECROSIS, NOS NECROSIS, FOCAL FOCAL CELLULAR CHANGE CYTOLOGIC ALTERATION, NOS ANGIECTASIS	(50) 1 (2%) 2 (4%) 1 (2%)	(50) 2 (4%) 1 (2%) 1 (2%) 1 (2%)	(50) 4 (8%) 1 (2%) 2 (4%) 2 (4%)
#PANCREAS CYSTIC DUCTS ATROPHY, NOS ATROPHY, FOCAL	(47) 1 (2%) 1 (2%) 1 (2%)	(47)	(48) 1 (2%)
#ESOPHAGUS Inflammation, focal	(48)	(49) 1 (2%)	(49)
#STOMACH CYST, NOS INFLAMMATION, ACUTE SUPPURATIVE INFLAMMATION, CHRONIC FOCAL HYPERPLASIA, EPITHELIAL	(50) 1 (2%) 1 (2%)	(50) 2 (4%)	(50) 1 (2%) 1 (2%) 3 (6%)
#GASTRIC MUCOSA Inflammation, acute focal Inflammation, acute suppurative	(50) 1 (2%) 1 (2%)	(50) 2 (4%)	(50) .
#GASTRIC FUNDAL GLAND DILATATION, NOS	(50)	(50)	(50) 1 (2%)
#FORESTOMACH HYPERPLASIA, EPITHELIAL	(50) 1 (2%)	(50) 1 (2%)	(50)
URINARY SYSTEM			
#KIDNEY LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE SUPPURATIVE INFLAMMATION, CHRONIC FOCAL NEPHROPATHY CLOMERUL DECLEROSIS NOS	(50) 11 (22%) 1 (2%) 1 (2%) 2 (4%) 1 (2%)	(50) 1 (2%)	(50)
NECROSIS, MEDULLARY	1 (2%)	1 (2%)	

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

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	VEHICLE Control	LOW DOSE	HIGH DOSE
#KIDNEY/GLOMERULUS AMYLOIDOSIS	(50) 1 (2%)	(50)	(50)
#KIDNEY/PELVIS LYMPHOCYTIC INFLAMMATORY INFILTR	(50)	(50) 3 (6%)	(50) 1 (2%)
#URINARY BLADDER LYMPHOCYTIC INFLAMMATORY INFILTR	(49) 1 (2%)	(50) 1 (2%)	(48)
ENDOCRINE SYSTEM			
#PITUITARY Cyst, Nos Hyperplasia, Nos	(43) 2 (5%)	(43)	(44) 1 (2%) 2 (5%)
HYPERPLASIA, FOCAL Angiectasis	2 (5%) 8 (19%)	1 (2%) 1 (2%)	6 (14%)
#ADRENAL CORTEX CYST, NOS	(50) 2 (4%)	(46)	(47)
#ADRENAL MEDULLA Cyst, Nos Hyperplasia, Nos Hyperplasia, Focal	(50) 1 (2%) 1 (2%) 2 (4%)	(46)	(47)
#THYROID CYSTIC FOLLICLES DEGENERATION, CYSTIC HYPERPLASIA, FOLLICULAR-CELL	(49) 3 (6%) 6 (12%) 5 (10%)	(48) 1 (2%) 1 (2%) 1 (2%)	(48) 3 (6%) 6 (13%)
REPRODUCTIVE SYSTEM			
*MAMMARY GLAND Cystic ducts	(50) 13 (26%)	(50) 2 (4%)	(50) 9 (18%)
*PREPUTIAL GLAND CYSTIC DUCTS	(50)	(50)	(50) 1 (2%)
*CLITORAL GLAND Cystic ducts	(50)	(50) 1 (2%)	(50)
*VAGINA POLYPOID HYPERPLASIA	(50)	(50)	(50)

	VEHICLE Control	LOW DOSE	HIGH DOSE
#UTERUS HEMORRHAGE HEMATOMA, NOS INFLAMMATION, ACUTE SUPPURATIVE	(50)	(50) 1 (2%) 7 (14%)	(50) 1 (2%) 9 (18%)
AMYLOIDOSIS #UTERUS/ENDOMETRIUM HYDROMETRA UVPERBLASIA	1 (2%) (50) 42 (86%)	(50)	(50) 1 (2%) 38 (76%)
#UTERUS/MYOMETRIUM FIBROSIS	(50) 1 (2%)	(50)	(50)
#OVARY CYST, NOS HEMATOMA, NOS INFLAMMATION, ACUTE SUPPURATIVE	(49) 5 (10%) 5 (10%)	(50) 6 (12%) 1 (2%) 5 (10%)	(48) 4 (8%) 5 (10%)
NERVOUS SYSTEM			
#BRAIN/MENINGES INFLAMMATION, CHRONIC	(50) 1 (2%)	(50)	(50)
#BRAIN HEMORRHAGE	(50)	(50)	(50)
SPECIAL SENSE ORGANS NONE			
MUSCULOSKELETAL SYSTEM			
*SKELETAL MUSCLE INFLAMMATION, ACUTE SUPPURATIVE INFLAMMATION, CHRONIC SUPPURATIV	(50)	(50)	(50) 1 (2%) 1 (2%)
*MUSCLE HIP/THIGH INFLAMMATION, ACUTE SUPPURATIVE	(50)	(50)	(50) 1 (2%)
BODY CAVITIES			
*MEDIASTINUM INFLAMMATION, ACUTE	(50)	(50)	(50) 1 (2%)

	VEHICLE Control	LOW DOSE	HIGH DOSE
INFLAMMATION, ACUTE SUPPURATIVE	1 (2%)	1 (2%)	1 (2%)
*PERITONEUM Inflammation, acute suppurative Inflammation, chronic	(50) 1 (2%)	(50) 2 (4%) 1 (2%)	(50) 1 (2%)
*PLEURA INFLAMMATION, ACUTE SUPPURATIVE	(50)	(50)	(50) 1 (2%)
*EPICARDIUM INFLAMMATION, ACUTE SUPPURATIVE INFLAMMATION, PYOGRANULOMATOUS	(50) 1 (2%) 1 (2%)	(50)	(50)
*MESENTERY NECROSIS, FAT	(50) 3 (6%)	(50) 1 (2%)	(50) 2 (4%)
ALL OTHER SYSTEMS			
*MULTIPLE ORGANS LYMPHOCYTIC INFLAMMATORY INFILTR INFLAMMATION, ACUTE INFLAMMATION, ACUTE SUPPURATIVE NECROSIS, FAT	(50) 1 (2%) 7 (14%) 1 (2%)	(50) 1 (2%) 14 (28%)	(50) 10 (20%)
TAIL INFLAMMATION, ACUTE SUPPURATIVE			1
SPECIAL MORPHOLOGY SUMMARY			
NO LESION REPORTED	1	2	2
<pre># NUMBER OF ANIMALS WITH TISSUE EXAMI * NUMBER OF ANIMALS NECROPSIED</pre>	INED MICROSCOPI	CALLY	

APPENDIX E

ANALYSIS OF ALLYL ISOVALERATE MIDWEST RESEARCH INSTITUTE

Allyl Isovalerate

APPENDIX E

A. ELEMENTAL ANALYSIS

Element	С	Н
Theory	67.57	9.92
l. Lot 770217: Determined	65.78 65.92	9.89 10.00
2. Lot A-634-F: Determined	67.52 67.75	9.86 9.80
3. Lot RO11777: Determined	67.61 67.74	9.94 9.87

B. WATER ANALYSIS

(Karl Fisher)

l. Lot 770217: $0.10 \pm 0.03 \ (\delta)\%$

2. Lot A-634-F: $0.118 \pm 0.003 (\delta)\%$

3. Lot RO11777: $0.044 \pm 0.001 (\delta)\%$

C. ESTER VALUE (ASTM, 1974)

Potassium hydroxide hydrolysis and sulfuric acid back-titration

I. Lot 770217: 79.7 \pm 0.2 (δ)%

2. Lot A-634-F: 94.7 \pm 0.7 (δ)%

3. Lot RO11777: 95.6 \pm 0.3 (δ)%

D. TITRATION FOR FREE ACIDITY

(with 0.1 N sodium hydroxide)

1. Lot 770217: 16.2 \pm 0.1 (δ)% acidity (assumed to be *iso*-valeric acid)

2. Lot A-634-F: 2.14 \pm 0.1 (δ)%

3. Lot RO11777: $0.37 \pm 0.01 (\delta)\%$

E. BOILING POINT (Lot A-634-F)

Determined

9 162.5°C (Harris, 1965) ling 155°C (Hodgeman et al., 1963)

b.p.: 152.3 ± 1.1 (δ)°C at 729 torr (visual, micro boiling point). 153.6° to 157.2°C (DuPont 900 DTA)

F. INDEX OF REFRACTION (Lot A-634-F)

Determined n_D^{20} : 1.4134 ± 0.0001 (δ)

Literature Values n_D^{21} : 1.4162 (Fenaroli, 1971)

Literature Values

This literature value is suspect because the boiling point reported in the same reference is 89° to 90°C, which is greatly different from other literature or measured values.

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G. DENSITY (Lot A-634-F)

Determined d_{22}^{24} : 0.8820 ± 0.0003 (δ) g/ml

Literature Value No literature value found

H. VAPOR-PHASE CHROMATOGRAPHY

l. Lot 770217

Instrument: Tracor MT-220 Detector: Flame ionization Inlet temperature: 150°C Detector temperature: 200°C Carrier gas: Nitrogen Carrier flow rate: 70 cc/min

a. System 1

Column: GP20% SP2100/0.1% Carbowax 1500 on 100/120 Supelcoport, 1.7 M x 4 mm I.D., glass

Oven temperature program: 50°C, 5 min; 50° to 170°C at 10°/min.

Sample Injected: 6.5 μ l 50% in diethyl ether, and 1% and 0.5% in diethyl ether to check for over-loading and quantitate major peak.

Results: major peak and 21 impurities. Five impurities had peaks which were 0.68%, 1.2%, 0.37%, 0.73%, and 0.58% of the area of the major peak. The area of the remaining 16 impurities totals < 1.0% of the major peak.

	Retention	Relative to	Area (Percent
Peak	Time (min)	Allyl Isovalerate	of Allyl Isovalerate)
1	0.2	0.02	0.001
2	0.3	0.03	0.0002
3	0.4	0.04	0.0002
4	2.5	0.24	0.68
5	3.0	0.30	1.2
6	3.5	0.34	0.37
7	4.3	0.42	0.003
8	5.3	0.51	0.03
9	6.3	0.61	0.01
10	8.4	0.82	0.08
11	9.0	0.87	0.73
12	10.3	1.00	100
13	10.9	1.06	0.58
14	11.3	1.10	0.03
15	11.5	1.12	0.04
16	11.9	1.16	0.09
17	12.4	1.20	0.01
18	12.6	1.22	0.22
19	13.5	1.31	0.0001
20	13.8	1.34	0.001
21	14.4	1.40	0.009
22	14.9	1.45	0.004

b. System 2

Column: 3% SP2250 on 80/100 Supelcoport, 1.8 m x 4 mm I.D. glass Oven Temperature Program: 50°C, 5 min; 50° to 250°C at 10°/min.

Sample injected: 7.9 μ l of 1.0% allyl isovalerate in diethyl ether, 0.5% in diethyl ether to check for overloading.

Results: Major peak and 4 impurities. The impurities had areas of 0.70%, 0.12%, 0.30%, and 0.17% of the major peak.

Peak	Retention Time (min)	Relative to Allyl Isovalerate	Area (Percent of Allyl Isovalerate)
1	9.0	0.89	0.70
2	9.6	0.95	0.12
3	10.1	1.00	100
4	11.3	1.12	0.30
5	12.5	1.24	0.17

2. Lot A-634-F

Instrument: Varian 2400

Detector: Flame ionization

Inlet temperature: 150°C

Detector temperature: 200°C

Carrier gas: Nitrogen

Carrier flow rate: 40 cc/min

a. System 1

Column: GP 20% SP2100/0.1% Carbowax 1500 on 100/120 Supelcoport, 1.7 m x 4 mm I.D., glass

- Oven temperature program: 50°C, 5 min; 50° to 170°C at 10°/min.
- Sample Injected: 4.0 μ l in diethyl ether 50% (v/v), and 1% and 0.5% in diethyl ether to check for over-loading and quantitate major peak.
- Results: Major peak and nine impurities. Three impurities had areas which were 0.9%, 3.9%, and 2.3% of the major peak. The remaining six impurities totaled less than 0.8% of the major peak area. Peak No. 1 (see listings below) was enhanced by addition of allyl alcohol and determined to be present at a level of $0.6 \pm 0.1\%$ v/v by standard addition.

Peak	Retention Time (min)	Relative to Allyl Isovalerate	Area (Percent of Allyl Isovalerate)
1	3.2	0.21	0.9
2	8.0	0.54	3.9
3	11.6	0.77	0.03
4	12.8	0.86	0.1
5	13.4	0.89	0.3
6	13.6	0.91	2.3
7	15.0	1.00	100.0
8	16.2	1.08	0.1
9	17.6	1.17	0.002
10	18.8	1.25	0.009

b. System 2

Column: 3% SP2250 on 80/100 Supelcoport, 1.8 m x 4 mm I.D., glass

Oven Temperature Program: 50°C, 5 min; 50° to 170°C at 10°/min.

Sample Injected: 4.0 μ 1 in diethyl ether 50% (v/v), and 1% and 0.5% in diethyl ether to check for over-loading and quantitate major peak.

Results: Major peak and eight impurities. Three impurities had peak areas which were 0.9%, 3.0%, and 1.1% of the area of the major peak. The remaining five impurities totaled less than 0.5% of the major peak area.

Peak	Retention Time (min)	Relative to Allyl Isovalerate	Area (Percent of Allyl Isovalerate)
1	1.4	0.16	0.9
2	2.1	0.24	0.02
3	2.5	0.28	3.0
4	6.4	0.72	0.09
5	6.6	0.74	1.1
6	8.1	0.91	0.1
7	8.3	0.93	0.07
8	8.9	1.00	100.0
9	10.6	1.19	0.2

3. Lot RO11777

Instrument: Varian 3700

Detector: Flame ionization

Carrier gas: Nitrogen

Carrier flow rate: 70 ml/min

a. System 1

Column: 20% SP 2100/0.1% Carbowax 1500 on 100/120 Supelcoport, 1.8 m x 4 mm I.D., glass

Oven Temperature Program: 50° to 170°C at 10°/min; 5 min initial hold

Inlet Temperature: 200°C

Detector Temperature: 250°C

- Sample Injected: 3.5 μ 1 neat liquid to detect impurities, and a 1% and 0.5% solution in diethyl ether to quantitate major peak and to check for overloading.
- Results: Major peak preceded by eight impurity peaks and followed by three impurity peaks. Four overlapping peaks of 1.5% and one peak of 1.7% of the major peak area. The other six impurities had areas totaling 0.32% of the major peak area.

Peak	Retention Time (min)	Relative to Allyl Isovalerate	Area (Percent of Allyl Isovalerate)
1	5.8	0.47	1.7
2	8.4	0.68	0.03
3	10.3	0.84	0.10
4	10.6	0.86	0.01
5	11.1	0.90	
6 (shoulder)	11.3	0.92)	1 /
7 (shoulder)	11.5	0.94 }	1.5
8 (shoulder)	11.8	0.96)	
9	12.3	1.00	100.00
10	13.3	1.08	0.16
11	13.8	1.12	0.01
12	16.2	1.32	0.01

b. System 2

Column: 3% OV-17 on 80/100 Supelcoport, 1.8 m x 4 mm I.D., glass* Oven Temperature Program: 50° to 250°C

at 10°/min; 5 min initial hold Inlet Temperature: 200°C

Detector Temperature: 250°C

Sample Injected: Neat liquid $(3.5 \ \mu 1)$ to detect impurities, diluted to 1% and 0.5% in diethyl ether to check for overloading and to quantitate the major peak.

^{*}Comparable to SP 2250 column used in System 2 for the other two lots.

Peak	Retention Time (min)	Relative to Allyl Isovalerate	Area (Percent of Allyl Isovalerate)
1	1.5	0.22	1.5
2	2.0	0.30	0.01
3	4.2	0.63	0.83
4	6.0	0.90	0.05
5	6.7	1.00	100.00
6	8.6	1.28	0.12
7	9.8	1.46	0.01
8	11.2	1.67	0.02
9	16.3	2.43	0.01

Results: Major peak preceded by four impurity peaks and followed by four impurity peaks. Two impurities had areas of 1.5% and 0.83% of the major peak area. The other six impurities totaled 0.22% of the major peak.

J. SPECTRAL DATA

- 1. Infrared
 - a. Lot 770217

Instrument: Perkin-Elmer Model 137 Infracord Cell: Liquid between silver chloride plates Results: See Figure 6.

 b. Lots A-634-F and RO11777
 Instrument: Beckman IR 12
 Cell: Thin film between silver chloride plates
 Results: See Figures 7 and 8.

2. Ultraviolet/Visible

a. Lot 770217

Instrument: Cary 118

$\lambda \max(nm)$	ε	
273	$7.23 \pm 0.02 \ (\delta)$	
269	$7.09 \pm 0.03 (\delta)$	
261	$6.92 \pm 0.03 \ (\delta)$	
255	$6.91 \pm 0.04 \ (\delta)$	
248.5	$7.24 \pm 0.04 \ (\delta)$	
No absorbance between 350 and 800 nm (visible range) at a concentration of $1\% v/v$.		
Solvent: Methano	bl	

- Peaks at 2370, 1620, 1590, 1540, and 1520 cm⁻¹ in sample spectrum and not in literature spectrum (Sadtler Standard Spectra). In other respects the sample spectrum is consistent with the literature spectrum.
- The sample spectra are consistent with the literature spectrum (Sadtler Standard Spectra).

No literature values found



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Figure 7. Infrared Absorption Spectrum of Allyl Isovalerate (Lot No. A-634-F)





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b. Lot A-634-F Instrument: Cary 118 λ max (nm) ε 280 $1.90 \pm 0.02 (\delta)$ No absorbance between 350 and 800 nm (visible range) at a concentration of 1% v/v. Solvent: Methanol c. Lot RO11777 Instrument: Cary 118 Solvent: 95% ethanol A 1% (vol/vol) solution exhibited a steady increase in absorbance from 249 nm to 215 nm with no λ max. A 1% (vol/vol) solution had no absorbance between 350 and 800 nm (visible region). 3. Nuclear Magnetic Resonance a. Lot 770217 Instrument: Varian HA-100 Solvent: Neat, tetramethylsilane added

Assignments: (see Figure 9).

No literature spectrum found. Spectrum consistent with structure but indicates two impurity peaks.

Chemical Shift (δ)		Coupling Constant	Integration Ratio
(a) m,	0.93 ppm	$J_{ab} = 6.75 \text{ Hz}$	5.99
(b) m,	2.10 ppm		3.40
(c) dt,	4.45 ppm	$J_{cd} = 1.5 Hz$	1.66
	$J_{cf} = 5.5 Hz$		
(d) m,	5.05 ppm	$J_{de} = 1.5 \text{ Hz}$	
	$J_{df} = 9.0 \text{ Hz}$	1.80	1.80
(e) m,	5.18 ppm	J _{ef} □ 16.5 Hz	
(f) m,	5.60 -		
	6.05 ppm		1.08
(g) m,	7.20 ppm*		0.07
(h) m,	10.97 ppm*		0.22

*Peaks g and h are impurities





Figure 9. Nuclear Magnetic Resonance Spectrum of Allyl Isovalerate (Lot No. 770217)

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b. Lot A-634-F

Instrument: Varian HA-100 Solvent: Neat with internal tetramethylsilane added Assignments: (see Figure 10). Spectrum consistent with structure, with some impurity peaks present

Chemical Shift (δ)		Coupling Constant	Integration Ratio
(a) d,	0.92 ppm	$J_{ab} = 6 \text{ Hz}$	5.85 (a+g)
(b) m,	2.10 ppm		3.02 (b+h)
(c) d,	4.46 ppm	$J_{cf} = 3 Hz$	2.10
(d) d,	5.06 ppm	$J_{df} = 10 Hz$	2 10
(e) d,	5.18 ppm	J _{ef} = 16 Hz J	2.10
(f) m,	5.82 ppm		0.92
(g) m,	1.15 -		
	1.29 ppm*		
(h) m,	1.88 -		
	2.06 ppm*		

*Peaks g and h are impurities

c. Lot RO11777

Instrument: Varian EM-360A Solvent: CDC1₃ with internal tetramethylsilane Assignments: (see Figure 11).

Chemical Shift (δ)		Coupling Constant	Integration Ratio
(a) d,	0.95 ppm	$J_{ab} = 6 \text{ Hz}$	5.90
(b) m, (c) d.	1.95-2.35 ppm 2.20 ppm	$J_{bc} = 2 Hz$	2.98
(d) m,	4.54 ppm	$J_{dg} = 5 Hz$	2.07
(e) d, (f) m,	5.17 ppm 5.22 ppm	$J_{eg} = 10 Hz$ $J_{fg} = 18 Hz$	2.01
(g) m, (h) m,	5.60-6.28 ppm 1.18*		1.04 0.19

*Peak h is an impurity. The proton designations for Lot R011777 are not the same as those for the other two lots.





Figure 10. Nuclear Magnetic Resonance Spectrum of Allyl Isovalerate (Lot No. A-634-F)

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Figure 11. Nuclear Magnetic Resonance Spectrum of Allyl Isovalerate (Lot No. RO 11777)

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APPENDIX F

ANALYSIS OF ALLYL ISOVALERATE/CORN OIL MIXTURES FOR STABILITY OF ALLYL ISOVALERATE

A. SAMPLE PREPARATION AND STORAGE

Solutions of allyl isovalerate in corn oil (2% weight/volume) were prepared in duplicate and stored for 0, 2, 3, and 7 days, respectively. A typical sample was prepared as follows: 2 ml of corn oil was transferred into an 8.5-ml septum vial and the vial was sealed (Microsep F-138 gas chromatography septa with Teflon® film facing, from Canton Bio-Medical Products, Inc.; aluminum crimp seals from Wheaton Scientific Company, Inc.) and weighed. Approximately 40 mg of allyl isovalerate was then injected, and the vial was reweighed to determine the exact amount of allyl isovalerate added. The sample was agitated on a vortex mixer for 30 seconds and then stored at room temperature (25° C) for the appropriate time period. No attempt was made to protect these samples from light.

B. EXTRACTION AND ANALYSIS

At the end of each storage time segment, the appropriate samples were extracted with 2 ml of methanol, which was injected into the vials with a 2-ml syringe. The two-phase mixtures were agitated on the vortex mixer (1 minute) and placed in an ultrasonic vibratory bath for 2 minutes. Aliquots for analysis were removed directly from the top (methanol) layer of each sample by microliter syringe and analyzed by the vapor-phase chromatographic system described below.

Instrument: Bendix 2500 with a Hewlett-Packard model 3380A automatic integrator Column: 3% OV-17 on 80/100 Supelcoport, 1.8 m x 4 mm ID, glass

Detection: Flame ionization

Temperatures: Inlet, 195°C Oven, 75°C, isothermal

Detector, 285°C

Carrier gas: Nitrogen, flow rate, 30 cc/min

Retention time of nominal component: 2.3 min

C. RESULTS

Storage Time (Days)	Average Percent Chemical Found in Chemical/Vehicle Mixtures (a, b)
0	2.00 ± 0.03 (c)
2	1.96 ± 0.03
3	1.97 ± 0.03
7	1.93 ± 0.03

(a) Corrected for a spike recovery of $65.5 \pm 0.6\%$.

(b) Original concentration of allyl isovalerate in corn oil at time of sample preparation, 2.00%, with a variation among samples of 0.03%.

(c) The error figures in the table were calculated from individual experimental error values by standard error propagation methods.

APPENDIX G

ANALYSIS OF ALLYL ISOVALERATE/CORN OIL MIXTURES FOR CONCENTRATIONS OF ALLYL ISOVALERATE

A. METHOD USED DURING THE 13-WEEK STUDY AND DURING THE FIRST MONTH OF THE 2-YEAR STUDY

Samples were received as corn oil gavages mixtures. Aliquots of these mixtures (0.5ml) were dissolved in 10.0 ml of chloroform and analyzed directly vapor-phase chromatography. GC conditions were as follows:

Column: 3% OV-1 on 80/100 Supelcoport, 1.8 m x 4 mm, glass

Detection: Flame ionization

Temperatures: Inlet, 130°C

Oven, 50°C

Detector, 220°C

Retention Time: 4.2 min

Injection Size: $2 \mu l$

There was no correction for work-up loss, since samples were injected with no extraction or work-up procedure. The gavage samples were compared with reference standards of allyl isovalerate prepared volume/volume in corn oil, dissolved in chloroform in the same manner as the gavage samples, and analyzed under the same conditions.

B. METHOD USED DURING MOST OF THE 2-YEAR STUDY

Samples were received as corn oil gavage mixtures. The samples were extracted 1:1 with methanol (5 ml of methanol with 5 ml of sample made up in corn oil). Analysis of the extracts was by vapor-phase chromatography under the following conditions:

Column: 3% OV-1 on 80/100 Supelcoport, 1.8 m x 4 mm, glass

Detection: Flame ionization

Temperatures: Inlet, 130°C

Oven, 50°C

Detector, 220°C

Retention Time: 4.08 min

Injection Size: $2 \mu l$

The gavage samples were compared with reference standards of allyl isovalerate prepared volume/volume in corn oil, then extracted with methanol in the same manner as sample. There was no correction applied to the samples, since samples and reference standards were treated in the same manner.

To improve the extraction efficiency, the extraction procedure was changed on April 16, 1979 such that 2.0 ml of the mix was extracted with 8.0 ml of methanol.

C. RESULTS

See Tables G1 and G2.

Date Mixed	Target Concentration (Percent, v/v)	Measured Concentration (Percent, v/v)		
4/21/78	5.00	5.23		
	2.50	2.58		
	1.24	1.25		
	0.62	0.63		
	0.30	0.30		
	2.50	2.57		
	1.25	1.32		
	0.62	0.64		
	0.31	0.32		
	0.15	0.16		

TABLE G1. ANALYSIS OF ALLYL ISOVALERATE/CORN OIL MIXTURES IN THE 13-WEEK STUDY

TABLE G2. ANALYSIS OF ALLYL ISOVALERATE/CORN OIL MIXTURES IN THE 2-YEAR STUDY

	Lised	Concentration (a) of Allyl Isovalerate or Target Concentration of (Percent v/v)				
Date Mixed	During Week of:	0.3 (0.27-0.33)	0.62 (0.56-0.68)	1.24 (1.11-1.47)		
1/10/79	1/10/79			1.27		
1/23/79	1/28/79		0.75			
2/19/79	2/20/79			1.20		
				1.35 <i>(b)</i>		
3/20/79	3/20/79		0.58			
4/16/79	4/16/79			1.34		
5/14/79	5/14/79		0.59			
6/11/79	6/11/79			1.31		
7/9/79	7/10/79		0.68			
8/06/79	8/06/79			1.28		
				1.38 (c)		
9/03/79	9/03/79		0.68			
10/02/79	10/03/79			1.24		
10/29/79	10/29/79		0.68			
11/26/79	11/26/79			1.30		
12/17/79	12/18/79		0.64			
1/21/80	1/22/80		0.46(d)	1.26		
			0.49(b)			
1/22/80	1/23/80		0.66			
2/18/80	2/18/80	0.30	0.66			
3/10/80	3/10/80		0.68	1.35		
4/14/80	4/14/80	0.33	0.63			
5/12/80	5/13/80		0.67	1.32		
6/09/80	6/09/80	0.34	0.65			
7/07/80	7/07/80		0.68	1.36		
			0.63(b)			
8/04/80	8/04/80	0.31	0.61			
9/01/80	9/01/80		0.65	1.30		
9/29/80	9/30/80	0.32	0.66			
10/27/80	10/28/80		0.65	1.30		
11/24/80	11/24/80	0.31	0.68			
12/08/80	12/08/80		0.67	1.29		
1ean (%.v/v) (e)		0.32	0.66	1.29		
tandard deviation		0.015	0.037	0.043		
oefficient of						
ariation (%)		4.6	5.6	3.3		
Range (%, v/v)		0.30-0.34	0.58-0.75	1.20-1.36		
Number of samples		6	20	. 14		

(a) The data presented are the average of the results of duplicate analyses.

(b) Referee analysis by Midwest Research Institute

(c) Referee analysis by Raltech

(d) Mixture was not used.

(e) The results designated (b), (c), and (d) are not included in the calculations.

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APPENDIX H

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

		_
Laboratory	Incidence (Percent)	
Battelle	0/100 (0.0%)	
Gulf South	2/286 (0.7%)	
Hazleton	0/49 (0.0%)	
Litton	1/125 (0.8%)	
Mason	1/121 (0.8%)	
Papanicolaou	0/47 (0.0%)	
Southern	2/248 (0.8%)	
Total	6/976 (0.6%)	
Overall Historical Range		
High Low	1/47 (2.1%) 0/50 (0.0%)	

TABLE H1. HISTORICAL INCIDENCE OF PANCREATIC ACINAR-CELL ADENOMAS IN MALEF344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

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

Laboratory	Leuk	emia	Lymp	homa	Lymphoma or Leukemia	
Battelle	14/100	(14.0%)	4/100	(4.0%)	18/100	(18.0%)
Gulf South	29/294	(9.9%)	4/294	(1.4%)	31/294	(10.5%)
Hazleton	$12/50^{7}$	(24.0%)	2/50	(4.0%)	14/50	(28.0%)
Litton	13/130	(10.0%)	0/130	(0.0%)	13/130	(10.0%)
Mason	13/125	(10.4%)	2/125	(1.6%)	15/125	(12.0%)
Papanicolaou	5/50	(10.0%)	1/50	(2.0%)	6/50	(12.0%)
Southern	10/250	(4.0%)	1/250	(0.4%)	11/250	(4.4%)
Total	96/999	(9.6%)	14/999	(1.4%)	108/999	(10.8%)
Overall Historical Range						
High	12/50	(24.0%)	4/50	(8.0%)	14/50	(28.0%)
Low	1/50	(2.0%)	0/50	(0.0%)	1/50	(2.0%)

TABLE H2. HISTORICAL INCIDENCE OF HEMATOPOIETIC TUMORS IN MALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

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

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

TABLE H3. HISTORICAL INCIDENCE OF HEMATOPOIETIC TUMORS IN FEMALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a)

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

Laboratory	Adenoma		Carcinoma		Adenocarcinoma	
Battelle	0/100	(0.0%)	0/100	(0.0%)	0/100	(0.0%)
Gulf South	0/294	(0.0%)	6/294	(2.0%)	0/294	(0.0%)
Hazleton	0/50	(0.0%)	7/50	(14.0%)	0/50	(0.0%)
Litton	8/130	(6.2%)	0/130	(0.0%)	0/130	(0.0%)
Mason	0/125	(0.0%)	3/125	(2.4%)	0/125	(0.0%)
Papanicolaou	4/50	(8.0%)	0/50	(0.0%)	1/50	(2.0%)
Southern	4/250	(1.6%)	1/250	(0.4%)	4/250	(1.6%)
Total	16/999	(1.6%)	17/999	(1.7%)	5/999	(0.5%)
Overall Historical Range						
High	7/50	(14.0%)	7/50	(14.0%)	4/50	(8.0%)
Low	0/50	(0.0%)	0/50	(0.0%)	0/50	(0.0%)

TABLE H4. HISTORICAL INCIDENCE OF PREPUTIAL GLAND TUMORS IN MALE F344/N RATS RECEIVING CORN OIL BY GAVAGE (a, b)

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

(b) The only tissues observed microscopically were those in which a tumor was observed grossly.

Laboratory	Leukemia		Lymphoma		Lymphoma or Leukemia	
Battelle	3/99	(3.0%)	20/99	(20.2%)	23/99	(23.2%)
Gulf South	19/341	(5.6%)	61/341	(17. 9 %)	80/341	(23.5%)
Litton	5/119	(4.2%)	30/119	(25.2%)	34/119	(28.6%)
Mason	0/150	(0.0%)	46/150	(30.7%)	46/150	(30.7%)
Papanicolaou	0/48	(0.0%)	7/48	(14.6%)	7/48	(14.6%)
Southern	1/250	(0.4%)	38/250	(15.2%)	39/250	(15.6%)
Total	28/1007	(2.8%)	202/1007	(20.1%)	229/1007	(22.7%)
Overall Historical Range						
High	9/49	(18.2%)	17/49	(34.7%)	20/49	(40.8%)
Low	0/ 50	(0.0%)	2/48	(4.2%)	5/50	(10.0%)

TABLE H5. HISTORICAL INCIDENCE OF HEMATOPOIETIC TUMORS IN FEMALE $B6C3F_1$ MICE RECEIVING CORN OIL BY GAVAGE (a)

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

TABLE H6.	. HISTORICAL INCIDENCE OF HEMATOPOIETIC TUMORS IN MALE B6C3F1 MICI	E
	RECEIVING CORN OIL BY GAVAGE (a)	

Laboratory	Lymp	boma	Lymph Leuk	ioma or kemia	
Battelle	13/100	(13.0%)	13/100	(13.0%)	
Gulf South	20/241	(8.3%)	28/241	(11.6%)	
Litton	18/120	(15.0%)	19/120	(15.8%)	
Mason	21/150	(14.0%)	21/150	(14.0%)	
Papanicolaou	11/50	(22.0%)	11/50	(22.0%)	
Southern	28/249	(11.2%)	28/249	(11.2%)	
Total	111/910	(12.2%)	120/910	(13.2%)	
Overall Historical Range					
High	9/49	(18.2%)	15/48	(31.3%)	
Low	0/50	(0.0%)	2/48	(4.2%)	

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

Laboratory	Incidence (Percent)	Lesion
Battelle	0/100 (0.0%)	
Gulf South	1/224 (0.5%)	Stomach, NOS; Papilloma, NOS
Litton	1/117 (0.9%)	Forestomach Papilloma, NOS
Mason	0/146 (0.0%)	
Papanicolaou	1/48 (2.0%)	Stomach, NOS; Squamous cell Carcinoma
Southern	1/246 (0.4%)	Stomach, NOS; Squamous cell Papilloma
Total	5/881 (0.6%)	

TABLE H7. HISTORICAL INCIDENCE OF STOMACH TUMORS IN MALE B6C3F1 MICE RECEIVING CORN OIL BY GAVAGE (a)

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

APPENDIX I

HISTORICAL CONTROL DATA ON HEMATOPOIETIC TUMORS FROM SOUTHERN RESEARCH INSTITUTE (SoRI)

TABLE 11. INCIDENCES OF HEMATOPOIETIC TUMORS IN CORN OIL VEHICLE CONTROL RATS AND MICE IN TWO-YEAR GAVAGE STUDIES AT SOUTHERN RESEARCH INSTITUTE (SoRI)

	All Le	eukemia	All Lymphoma			
Chemical	Male Rats	Female Rats	Male Mice	Female Mice		
Allyl Isovalerate	1/50 (2%)	4/50 (8%)	4/50 (8%)	11/50 (22%)		
Allyl Isothiocyanate	2/50 (4%)	7/50 (14%)	3/50 (6%)	5/50 (10%)		
Benzyl Acetate	5/50 (10%)	2/50 (4%)	5/50 (10%)	5/50 (10%)		
Geranyl Acetate	1/50 (2%)	8/50 (16%)	7/50 (14%)	6/50 (12%)		
Ethyl Acrylate	1/50~(2%)	5/50 (10%)	9/49 (18%)	11/50 (22%)		
Total	10/250 (4%)	26/250 (10%)	28/249 (11%)	38/250 (15%)		
SD	3.5%	4.8%	5.0%	6.3%		

TABLE 12. COMPARISON OF THE HIGH-DOSE INCIDENCE RATE OF HEMATOPOIETIC TUMORS IN THE ALLYL ISOVALERATE STUDY WITH THE SORI HISTORICAL CONTROL RANGE

Lesion/ Species	SoRI Historical Control Range	Allyl Isovalerate High-Dose Rate	Comment
All Leukemia		y	
Male Rats	2%-10%	14%	Outside Range
Female Rats	4%-16%	18%	Outside Range
All Lymphoma			
Male Mice	6%-18%	16%	Within Range
Female Mice	10%-22%	36%	Outside Range

TABLE 13. STATISTICAL COMPARISON OF HEMATOPOIETIC TUMORS IN THE ALLYL ISOVALERATE STUDY WITH CONCURRENT AND HISTORICAL CONTROLS AT SoRI

						Li	ife Tab	e P Values			
	Cont	Allyl Isovalerate		vs Historical Controls			vs Concurrent Controls				
Lesion/Species	Historical (a)	Concurrent	Low- Dose	High- Dose	Trend	Low- Dose	High- Dose	Trend	Low- Dose	High- Dose	
All Leukemia											
Male Rats	9/200	1/50	4/50	7/50	.002	.188	.004	.015	.183	.022	
Female Rats	22/200	4/50	6/50	9/49	.067	.517	.067	.050	.354	.075	
All Lymphoma											
Male Mice	24/199	4/50	6/50	8/50	.295	.590N	.310	.167	.397	.204	
Female Mice	27/210	11/50	11/50	18/50	.002	.060	.004	.026	.172	.034	

(a) Excluding allyl isovalerate

			Male			Female	
Lesion/ Species	Chemical	Vehicle Control	Low- Dose	High- Dose	Vehicle Control	Low- Dose	High- Dose
All Leukemia/Rat							
	Allyl Isovalerate	1/50	4/50	7/50	4/50	6/50	9/49
	Allyl Isothiocyanate	2/50	6/50	8/50	7/50	9/50	12/50
	Benzyl Acetate	5/50	5/50	6/50	2/50	3/50	1/50
	Geranyl Acetate	1/50	1/50	2/50	8/50	7/50	7/50
	Ethyl Acrylate	1/50	6/50	1/50	5/50	8/50	7/50
All Lymphoma/Mice							
	Allyl Isovalerate	4/50	6/50	8/50	11/50	11/50	18/50
	Allyl Isothiocyanate	3/50	2/50	0/50	5/50	4/50	4/49
	Benzyl Acetate	5/50	7/49	3/50	5/50	6/50	7/50
	Geranyl Acetate	7/50	2/50	1/50	6/50	6/50	3/50
	Ethyl Acrylate	9/49	4/49	5/50	11/50	13/50	13/50

TABLE 14. INCIDENCES OF HEMATOPOIETIC TUMORS FOR VEHICLE CONTROL AND DOSED GROUPS IN FIVE GAVAGE STUDIES AT SoRI

Allyl Isovalerate

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APPENDIX J

MUTAGENESIS RESULTS FOR ALLYL ISOVALERATE IN SALMONELLA TYPHIMURIUM

A. METHODS FOR SALMONELLA/MICROSOME MUTAGENICITY TEST SYSTEM

Allyl isovalerate was tested and evaluated blindly in each of 4 tester strains of Salmonella typhimurium, using a preincubation modification (Yahagi et al., 1975) of the Salmonella assay (Ames et al., 1975). Strains of TA 98 and TA 1537 are more sensitive to chemicals that express frameshift mutagenic activity; strains TA 100 and TA 1535 are more sensitive to chemicals that cause base-pair substitutions. Allyl isovalerate was dissolved in dimethyl sulfoxide and then added to the suspension culture. The mixture was then incubated with the tester strains in suspension culture (20 min. at 37° C) prior to the addition of soft agar and plating for detection of induced mutants. Exogenous metabolic activation was provided by liver S-9 preparations from Arochlor-1254 induced rats and hamsters. Coded chemicals were tested at 5 doses (μ g/ plate), in triplicate (A,B, and C), in each strain and were retested at least two weeks later.

B. RESULTS

See Tables J1-J4.

TABLE J1. RESULTS OF MUTAGENICITY TESTS OF ALLYL ISOVALETATE IN SALMONELLATYPHIMURIUM TA 98

			Nur	nber of Reverta	nts per Plate (a)				
Dose		Ir	itial Tes	t	Dose	Retest (b)			
(µg/plate)	А	В	С	Mean ± SE	(µg/plate)	Α	В	С	Mean ± SF
0.0 (c)	13	18	10	14 ± 2.3	0.0	11	10	9	10 ± 0.6
100.0	16	11	12	13 ± 1.5	10.0	17	16	17	17 ± 0.3
333.0	5	2	1	3 ± 1.2	33.0	14	12	17	14 ± 1.5
1,000.0	2	1	0(d)	1 ± 0.5	100.0	19	12	17	16 ± 2.1
3,333.0	0	0	0	0 ± 0.0	333.0	9	15	19	14 ± 2.9
10,000.0	0	0	0	0 ± 0.0	1,000.0	11	10	10	10 ± 0.3
B. Preincubation	with A	rochlor-1	254 Indi	iced Sprague-Da	awley Rat Liver	S-9 Pr	eparatio	n	
0.0 <i>(c)</i>	20	20	16	19 ± 0.9	0.0 (c)	19	12	19	17 ± 2.3
100.0	10	14	12	12 ± 2.1	3.3	15	21	28	21 ± 3.8
333.0	7	10	8	8 ± 0.9	10.0	23	18	12	18 ± 3.2
1,000.0	0	0	0	0 ± 0.0	33.0	13	12	14	13 ± 0.6
3,333.0	0	0	0	0 ± 0.0	100.0	16	18	17	17 ± 0.6
10,000.0	0	1	0	0 ± 0.0	333.0	10	14	12	12 ± 1.2
C. Preincubation	with A	rochlor-1	1254 Indu	uced Syrian Har	nster Liver S-9 1	Prepara	ition		
0.0(c)	9	21	20	17 ± 3.8	0.0(c)	21	26	12	20 ± 4.1
100.0	9	7	5	7 ± 1.2	3.3	16	12	11	13 ± 1.5
333.0	7	5	11	8 ± 1.8	10.0	16	8	12	12 ± 2.3
1,000.0	0	0	0	0 ± 0.0	33.0	9	12	10	10 ± 0.9
3,333.0	1	0	0	0 ± 0.3	100.0	3	8	0	4 ± 2.3
10 000 0	0	0	0	0 + 0.0	333.0	5	8	4	6 ± 1.2

(a) Measured in triplicate

(b) Retest was 2 weeks after initial test

(c) DMSO solvent control

			Nun	nber of Revertar	nts per Plate (a)				
Dose		I	nitial Test	t	Dose		F	Retest (1	<i>b)</i>
(µg/plate)	A	B	С	Mean ± SE	(µg/plate)	A	В	С	Mean ± SE
A. No Activation									
0.0(c)	42	92	9 0	75 ± 16.3	0.0 (c)	59	67	83	70 ± 7.1
100.0	68	80	46	65 ± 10.0	10.0	68	73	79	73 ± 3.2
333.0	0 (d)	10	0 (d)	10	33.0	65	91	65	74 ± 8.7
1,000.0	8	1	3	6 ± 2.5	100.0	79	65	70	71 ± 4.1
3,333.0	7 (d)	10	3 (d)		333.0	80	89	77	82 ± 3.6
10,000.0	0	0	0	0 ± 0.0	1,000.0	70	87	60	72 ± 7.9
B. Preincubation	with Aro	chlor-	1254 Indu	aced Sprague-Da	awley Rat Liver	S-9 Pr	eparatio	n	
0.0 (c)	121	72	97	97 ± 14.1	0.0	61	82	88	77 ± 8.2
100.0	44	58	45	49 ± 4.5	3.3	87	61	78	75 ± 7.6
333.0	27	22	27	25 ± 1.7	10.0	64	64	62	63 ± 0.7
1,000.0	5	3	0	3 ± 1.5	33.0	64	70	77	70 ± 3.8
3,333.0	0	0	0	0 ± 0.0	100.0	47	47	39	44 ± 2.7
10,000.0	0	0	0	0 ± 0.0	333.0	17	34	36	29 ± 6.0
C. Preincubation	with Arc	chlor-	1254 Ind	uced Syrian Har	nster Liver S-9 1	Prepara	ation		
0.0(c)	87	79	86	84 ± 2.4	0.0 <i>(c)</i>	69	78	72	73 ± 2.6
100.0	73	49	58	60 ± 7.0	3.3	56	61	77	65 ± 6.3
333.0	49	25	27	34 ± 7.7	10.0	50	56	42	49 ± 4.1
1.000.0	2	0	3	2 ± 0.9	33.0	39	41	62	47 ± 7.4
3.333.0	0	0	0	0 ± 0.0	100.0	26	42	40	36 ± 5.0
10,000.0	0	0	0	0 ± 0.0	333.0	17	29	19	22 ± 3.7

TABLE J2. RESULTS OF MUTAGENICITY TESTS OF ALLYL ISOVALERATE IN SALMONELLA TYPHIMURIUM TA 100

(a) Measured in triplicate(b) Retest was 2 weeks after initial test

(c) DMSO solvent control

(d) Chemical was toxic

		_	Nu	umber of Reverta	nts per Plate (a)		_		
Dose		In	itial Te	st	Dose	Retest (b)			
(µg/plate)	Α	В	С	Mean ± SE	(µg/plate)	Α	В	C	Mean ± SE
A. No Activation		<u> </u>		an an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an A					
0.0	3	2	4	3 ± 0.6	0.0	5	4	2	4 ± 0.9
100.0	5	2	3	3 ± 0.9	3.3	1	2	2	2 ± 0.3
333.0	1	2	1	1 ± 0.3	10.0	1	1	3	2 ± 0.7
1,000.0	0	0	0	0 ± 0.0	33.0	0	3	3	2 ± 1.0
3,333.0	0	0	0	0 ± 0.0	100.0	5	4	6	5 ± 0.6
10,000.0	0	0	0	0 ± 0.0	333.0	1	3	1	2 ± 0.7
B. Preincubation	with Ar	ochlor-1	254 Inc	duced Sprague-Da	awley Rat Liver	S-9 Pro	eparatio	n	
0.0(c)	5	6	6	5 ± 0.3	0.0(c)	4	8	3	5 ± 1.5
100.0	2	1	2	2 ± 0.6	3.3	3	6	3	4 ± 1.0
333.0	0	1	2	1 ± 0.6	10.0	3	4	7	5 ± 1.2
1,000.0	0	0	0	0 ± 0.0	33.0	7	6	3	5 ± 1.2
3,333.0	0	0	0	0 ± 0.0	100.0	6	2	4	4 ± 1.2
10,000.0	0	0	0	0 ± 0.0	333.0	2	8	5	5 ± 1.7
C. Preincubation	with Ar	ochlor-1	254 Inc	duced Syrian Har	nster Liver S-9 P	repara	tion		
0.0(c)	3	3	10	5 ± 2.3	0.0 <i>(c)</i>	3	3	2	3 ± 0.3
100.0	2	4	2	3 ± 0.7	10.0	4	5	5	5 ± 0.3
333.0	2	2	1	2 ± 0.3	33.0	7	4	6	6 ± 0.9
1,000.0	3	0	0	1 ± 1.0	100.0	1	3	4	3 ± 0.9
3,333.0	1	0	0	0 ± 0.0	333.0	2	3	3	3 ± 0.3
10,000.0	0	0	0	0 ± 0.0	0.000,1	1	0	1	1 ± 0.3

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TABLE J3. RESULTS OF MUTAGENICITY TESTS OF ALLYL ISOVALERATE IN SALMONELLATYPHIMURIUM TA 1535

(a) Measured in triplicate

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(b) Retest was 2 weeks after initial test

(c) DMSO solvent control

Dose		Init	Nun ial Test	nber of Reverta t	nts per Plate (a) Dose	Retest (b)			
(µg/plate)	A	B	С	Mean ± SE	(µg/plate)	A	В	С	Mean ± SE
A. No Activation									
0.0(c)	1	0	2	1 ± 0.6	0.0 (c)	2	5	3	3 ± 0.9
100.0	2	2	4	3 ± 0.7	10.0	1	2	4	2 ± 0.9
333.0	1	(d)	1	1 ± 0.0	33.0	5	7	2	5 ± 1.5
1,000.0	5	0 (e)	1	3 ± 0.0	100.0	9	7	2	6 ± 2.1
3,333.0	1	0	5	2 ± 1.5	333.0	8	9	5	7 ± 1.2
10,000.0	0 (e)	0 <i>(e)</i>	0 (e)	0 ± 0.0	1,000.0	7	5	8	7 ± 0.9
B. Preincubation w	ith Aro	chlor-12	54 Indu	uced Sprague-D	awley Rat Liver S	S-9 Pro	eparatio	n	
0.0 (c)	4	1	3	3 ± 0.9	0.0 (c)	5	4	3	4 ± 0.6
100.0	5	10	3	6 ± 2.1	10.0	4	3	5	4 ± 0.6
333.0	0	2	3	2 ± 0.9	33.0	4	4	3	4 ± 0.3
1,000.0	1	0	0	0 ± 0.3	100.0	4	4	5	4 ± 0.3
3,333.0	0	0	0	0 ± 0.0	333.0	6	2	4	4 ± 1.2
0.000.0	0	1	0	0 ± 0.3	1,000.0	1	2	3	2 ± 0.6
C. Preincubation v	vith Aro	chlor-12	54 Ind	uced Syrian Ha	mster Liver S-9 P	repara	tion		
0.0(c)	4	3	2	3 ± 0.6	0.0(c)	5	7	5	6 ± 0.7
100.0	1	1	2	1 ± 0.3	10.0	3	6	4	4 ± 0.9
333.0	0	3	1	1 ± 0.9	33.0	4	0	2	2 ± 1.2
1,000.0	1	1	0	1 ± 0.3	100.0	1	3	2	2 ± 0.6
3,333.0	1	2	1	1 ± 0.3	333.0	8	4	4	5 ± 1.3
10,000.0	0	0	0	0 ± 0.0	1,000.0	I	1	1	1 ± 0.0

TABLE J4. RESULTS OF MUTAGENICITY TESTS OF ALLYL ISOVALERATE IN-SALMONELLATYPHIMURIUM TA 1537

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(a) Measured in triplicate

(b) Retest was 2 weeks after initial test

(c) DMSO solvent control

(d) Plate was contaminated

(e) Chemical was toxic

APPENDIX K

ANALYSES OF PRIMARY TUMORS IN RATS AND MICE.

	Vehicle Control	31 mg/kg	62 mg/kg
Subcutaneous Tissue: Fibroma			
Tumor Rates	5 (50 (1007)	4 (50 (00))	2:50 ((0))
$\begin{array}{c} \text{Overall} (a) \\ \text{Additional} (a) \end{array}$	5/50 (10%)	4/50 (8%)	3/50 (6%)
Adjusted (b)	13.2%	12.4%	10.7%
$\begin{array}{c} \text{Ierminal} (c) \\ Section A Transformation of the sector of the$	3/34 (9%)	3/30 (10%)	3/28 (11%)
Statistical Tests (d)		D. 0. 66131	D 4 400
Life lable	P=0.376N	P=0.551N	P=0.445N
Incidental Tumor Test	P=0.280N	P=0.529N	P=0.349N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.290N	P=0.500N	P=0.357N
Lung: Alveolar/Bronchiolar Adenoma	a or Carcinoma		
Tumor Rates			
Overall (a)	3/50 (6%)	2/50 (4%)	0/49 (0%)
Adjusted (b)	8.8%	6.0%	0.0%
Terminal (c)	3/34 (9%)	1/30 (3%)	0/27 (0%)
Statistical Tests (d)		, , , , , , , , , , , , , , , , , , , ,	
Life Table	P=0.115N	P=0.540N	P=0.164N
Incidental Tumor Test	P=0.092N	P=0.475N	P=0.164N
Cochran-Armitage Trend.			
Fisher Exact Tests	P=0.084N	P=0.500N	P=0.125N
	~		
Hematopoietic System: Mononuclear	Cell Leukemia		
l'umor Rates			
Overall (a)	1/50 (2%)	4/50 (8%)	7/50 (14%)
Adjusted (b)	2.8%	10.9%	22.0%
Terminal (c)	0/34 (0%)	0/30 (0%)	4/28 (14%)
Statistical Tests (d)		D 0 100	D 0 000
Life lable	P=0.015	P=0.183	P=0.022
Incidental Tumor Test	P=0.023	P=0.482	P=0.044
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.021	P=0.181	P=0.030
Hematopoietic System: Lymphoma or	r Leukemia <i>(e)</i>		
Tumor Rates			
Overall (a)	1/50 (2%)	4/50 (8%)	9/50 (18%)
Adjusted (b)	2.8%	10.9%	26.6%
Terminal (c)	0/34 (0%)	0/30 (0%)	4/28 (14%)
Statistical Tests (d)			
Life Table	P=0.004	P=0.183	P=0.007
Incidental Tumor Test	P=0.008	P=0.482	P=0.020
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.005	P=0.181	P=0.008
Liver Neoplestie Nedule or Uspeter	Ilular Caroinama		
Liver: Neoplastic Noutle of Hepatoce	anuar Carcinoma		
Overall (a)	1/50 (207)	2/50 (107)	2/50 (607)
$\frac{dustad}{b}$	1/30 (2%)	2/30 (4%) 6 707	5/50 (0%) 10 707
Aujusted (D)	2.7% 1 (24 (207)	0.1%	10.7%
Statistical Tests (3)	1/34 (3%)	2/30 (7%)	5/28 (11%)
Statistical Lesis (a)	D-0 144	D-0 454	D-0 327
Life Table Incidental Tumor Test	P-0.100	F-U.430 D-0 454	r-0.23/
Cookeen Armiteee Treed	r-V.100	r-0.430	F-0.237
Countan-Armitage Trend,	D =0 222	D-0.600	D _0 100
Fisher Exact Tests	P=0.222	P=0.500	P=0.309

TABLE K1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS

	Vehicle Control	31 mg/kg	62 mg/kg
Pancreas: Acinar-Cell Adenoma		·····	
Tumor Rates			
Overall (a)	1/50 (2%)	4/50 (8%)	2/50 (4%)
Adjusted (b)	2.9%	12.2%	7.1%
Terminal (c)	1/34 (3%)	3/30 (10%)	2/28 (7%)
Statistical Tests (d)			
Life Table	P=0.342	P=0.152	P=0.432
Incidental Tumor Test	P=0.352	P=0.183	P=0.432
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.406	P=0.181	P=0.500
Pituitary: All Adenomas			
lumor Rates	14 (10 (0007)	C . 47 (1101)	
Overall(a)	14/49 (29%)	5/46 (11%)	9/49 (18%)
Adjusted (b)	37.5%	15.3%	24.8%
Statistical Testa (d)	11/34 (32%)	4/28 (14%)	3/2/(11%)
J if a Table	D-0.221N	D-0.027N	D-0.215N
Incidental Tumor Test	P=0.251N	P=0.037N	P-0.019N
Cochran-Armitage Trend	1-0.04114	1-0.032N	F-0.0401
Fisher Exact Tests	P=0.125N	P=0.028N	P=0 170N
			1 011/010
Adrenal: Pheochromocytoma			
Overall (a)	15/50 (2007)	15/50 (2007)	15/50 (2007)
$\Delta divised (h)$	13/30 (30%) A1 50%	13/30 (30%)	13/30 (30%)
Terminal (c)	13/34 (38%)	12/30 (400%)	12/28 (130%)
Statistical Tests (d)	15/54 (5070)	12/30 (40/0)	12/20 (45/0)
Life Table	P=0.317	P=0 451	P=0 357
Incidental Tumor Test	P=0.454	P=0.567N	P=0.512
Cochran-Armitage Trend.			
Fisher Exact Tests	P=0.543	P=0.586N	P=0.586N
Tumor Rates			
Overall (a)	5/50 (10%)	7/47 (15%)	3/47 (6%)
Adjusted (b)	13.8%	22.0%	10.7%
Terminal (c)	3/34 (9%)	6/30 (20%)	3/27 (11%)
Statistical Tests (d)			
Life Table	P=0.429N	P=0.316	P=0.472N
Incidental Tumor Test	P=0.383N	P=0.393	P=0.395N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.346N	P=0.336	P=0.393N
Thyroid: C-Cell Carcinoma			
Tumor Rates			
Overall (a)	6/50 (12%)	0/47 (0%)	3/47 (6%)
Adjusted (b)	17.1%	0.0%	10.7%
Terminal (c)	5/34 (15%)	0/30 (0%)	3/27 (11%)
Statistical Tests (d)	_		i -
Life Table	P=0.207N	P=0.024N	P=0.342N
Incidental Tumor Test	P=0.218N	P=0.020N	P=0.316N
Cochran-Armitage Trend,	D A KAY	D A ALAI	D. A CONT
Fisher Exact Tests	P=0.166N	P=0.016N	P=0.275N

TABLE K1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (Continued)

	Vehicle Control	31 mg/kg	62 mg/kg
Thyroid: C-Cell Adenoma or Carcin	oma	<u></u>	
Tumor Rates			
Overall (a)	10/50 (20%)	7/47 (15%)	5/47 (11%)
Adjusted (b)	27.7%	22.0%	17.9%
Terminal (c)	8/34 (24%)	6/30 (20%)	5/27 (19%)
Statistical Tests (d)			
Life Table	P=0.195N	P=0.384N	P=0.247N
Incidental Tumor Test	P=0.165N	P=0.312N	P=0.200N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.127N	P=0.348N	P=0.160N
Pancreatic Islets: Islet-Cell Adenoma	or Carcinoma		
Fumor Rates			
Overall (a)	3/50 (6%)	0/50 (0%)	2/50 (4%)
Adjusted (b)	8.4%	0.0%	7.1%
Terminal (c)	2/34 (6%)	0/30 (0%)	2/28 (7%)
Statistical Tests (d)	, , , , , , ,	, (,,,,,	
Life Table	P=0.453N	P=0.136N	P=0.578N
Incidental Tumor Test	P=0.413N	P=0.089N	P=0.521N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.390N	P=0.121N	P=0.500N
Preputial Gland: Adenoma			
Tumor Rates			
Overall (a)	0/50 (0%)	4/50 (8%)	1/50 (2%)
Adjusted (b)	0.0%	13.3%	3.6%
Terminal (c)	0/34 (0%)	4/30 (13%)	1/28 (4%)
Statistical Tests (d)			, (, , , ,
Life Table	P=0.322	P=0.048	P=0.461
Incidental Tumor Test	P=0.322	P=0.048	P=0.461
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.390	P=0.059	P=0.500
Preputial Gland: Adenoma or Carcin	ioma		
Tumor Rates			
Overall (a)	0/50 (0%)	5/50 (10%)	2/50 (4%)
Adjusted (b)	0.0%	16.7%	7.1%
Terminal (c)	0/34 (0%)	5/30 (17%)	2/28 (7%)
Statistical Tests (d)		, , , , , , , , , , , , , , , , , , , ,	. , (, , , , , , , , , , , , , , , , ,
Life Table	P=0.175	P=0.023	P=0.196
Incidental Tumor Test	P=0.175	P=0.023	P=0.196
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.238	P=0.028	P=0.247
Sectis: Interstitial-Cell Tumor			
Tumor Rates			
Overall (a)	40/50 (80%)	44/50 (88%)	40/50 (80%)
Adjusted (b)	100.0%	100.0%	92.9%
Terminal (c)	34/34 (100%)	30/30 (100%)	25/28 (89%)
Statistical Tests (d)			
Life Table	P=0.121	P=0.060	P=0.146
Incidental Tumor Test	P=0.419N	P=0.142	P=0.530N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.553	P=0.207	P=0.598

TABLE K1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (Continued)

TABLE K1. ANALYSIS OF PRIMARY TUMORS IN MALE RATS (Continued)

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

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- (b) Kaplan-Meier estimated lifetime tumor incidence after adjusting for intercurrent mortality.
- (c) Observed tumor incidence at terminal kill.
- (d) Beneath the control incidence are the P-values associated with the trend test. Beneath the dosed group incidence are the P-values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as non-fatal. The Cochran-Armitage and Fisher's exact tests compare directly the overall incidence rates. A negative trend or significantly lower incidence is indicated by (N).
- (e) Two additional male rats had lymphomas.

	Vehicle Control	31 mg/kg	62 mg/kg
Subcutaneous Tissue: Fibroma			
Tumor Rates			
Overall (a)	0/50 (0%)	3/50 (6%)	0/49 (0%)
Adjusted (b)	0.0%	7.9%	0.0%
Terminal (c)	0/38 (0%)	2/36 (6%)	0/29 (0%)
Statistical Tests (d)			
Life Table	P=0.568	P=0.114	(e)
Incidental Tumor Test	P=0.637N	P=0.117	(e)
Cochran-Armitage Trend,	D 0 (0)	D (11)	
Fisher Exact Tests	P=0.634	P=0.121	(e)
Hematopoietic System: Mononuclear Tumor Rates	Cell Leukemia		
Overall (a)	4/50 (8%)	6/50 (12%)	8/49 (16%)
Adjusted (b)	9.9%	15.1%	20.8%
Terminal (c)	3/38 (8%)	4/36 (11%)	2/29 (7%)
Statistical Tests (d)		, , , , , , , , , , , , , , , , , , , ,	, . ,
Life Table	P=0.081	P=0.354	P=0.118
Incidental Tumor Test	P=0.241	P=0.474	P=0.343
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.132	P=0.370	P=0.168
Hematopoietic System: Leukemia			
Our Rates	A 150 (907)	6 (50 (1207)	0/40 (1907)
$\Delta divised (b)$	4/30 (8%)	0/30(12%)	9/49 (18%)
Terminal (4)	9.9% 2/39 (90%)	13.1%	22.0%
Statistical Tests (d)	3/38 (8%)	4/30(11%)	2/29 (1%)
I if f Table	P-0.050	D-0 254	D-0.075
Incidental Tumor Test	P=0.173	P=0.334 P=0.474	P=0.265
Cochran-Armitage Trend	1-0.175	1-0.4/4	1-0.205
Fisher Exact Tests	P=0.082	P=0.370	P=0.109
Hemotopolotic Systems Lamphome or	T oukomio	1 0.070	1 0.107
Tumor Rates	Leukenna		
Overall (a)	5/50 (10%)	6/50 (12%)	10/49 (20%
Adjusted (b)	12.5%	15.1%	24.8%
Terminal (c)	4/38 (11%)	4/36 (11%)	2/29 (7%)
Statistical Tests (d)			
Life Table	P=0.055	P=0.478	P=0.081
Incidental Tumor Test	P=0.190	P=0.600	P=0.288
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.090	P=0.500	P=0.122
Pituitary: All Adenomas			
Tumor Rates			
Overall (a)	13/48 (27%)	17/49 (35%)	13/48 (27%)
Adjusted (b)	32.7%	41.8%	35.5%
Terminal (c)	10/36 (28%)	12/35 (34%)	6/28 (21%)
Statistical Tests (d)	D 0 C C	D. 6. 6. 1	D • • • •
Lite lable	P=0.297	P=0.244	P=0.350
Incidental Lumor Lest	P=0.495N	P=0.241	P=0.513N
Cochran-Armitage Trend,	D-0.544	D-0 222	D-0 601
Fisher Exact Tests	P=0.544	P=0.277	P=0.591

TABLE K2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS

	Vehicle Control	31 mg/kg	62 mg/kg
Adrenal: Pheochromocytoma			<u> </u>
Tumor Rates			
Overall (a)	5/50 (10%)	8/50 (16%)	6/49 (12%)
Adjusted (b)	13.2%	22.2%	20.7%
Terminal (c)	5/38 (13%)	8/36 (22%)	6/29 (21%)
Statistical Tests (d)			
Life Table	P=0.248	P=0.238	P=0.313
Incidental Tumor Test	P=0.248	P=0.238	P=0.313
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.425	P=0.277	P=0.486
Thyroid: C-Cell Adenoma			
Tumor Rates			
Overall (a)	2/48 (4%)	7/50 (14%)	4/46 (9%)
Adjusted (b)	5.4%	18.8%	14.3%
Terminal (c)	2/37 (5%)	6/36 (17%)	4/28 (14%)
Statistical Tests (d)			
Life Table	P=0.165	P=0.076	P=0.216
Incidental Tumor Test	P=0.196	P=0.080	P=0.216
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.273	P=0.090	P=0.318
Thyroid: C-Cell Adenoma or Carcinoma	1		
Tumor Rates			
Overall (a)	4/48 (8%)	8/50 (16%)	5/46 (11%)
Adjusted (b)	10.8%	21.5%	17.9%
Terminal (c)	4/37 (11%)	7/36 (19%)	5/28 (18%)
Statistical Tests (d)			
Life Table	P=0.255	P=0.165	P=0.327
Incidental Tumor Test	P=0.290	P=0.172	P=0.327
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.407	P=0.199	P=0.473
Mammary Gland: Fibroadenoma			
Tumor Rates			
Overall (b)	17/50 (34%)	23/50 (46%)	11/49 (22%)
Adjusted (b)	40.1%	57.1%	33.3%
Terminal (d)	13/38 (34%)	19/36 (53%)	7/29 (24%)
Statistical Tests (e)	D (404)	T 0 4 0	
Lite Table	P=0.393N	P=0.123	P=0.376N
Incidental Tumor Test	P=0.177N	P=0.125	P=0.175N
Cochran-Armitage I rend,	D 0 1001	D 0 154	
Fisher Exact Tests	P=0.13/N	P=0.154	P=0.146N
Preputial Gland: Adenoma, Adenosquar	nous Carcinoma, or Carcin	noma	
Tumor Rates			
Overali (a)	0/50 (0%)	3/50 (6%)	2/49 (4%)
Adjusted (b)	0.0%	8.3%	6.2%
1 erminal (c)	0/38 (0%)	3/36 (8%)	1/29 (3%)
Statistical lests (d)	D -0.140	P _0 / 11	D -0.100
Life Table	P=0.140	P=0.111	P=0.189
Coobron Amito or Trond	P=0.1/5	P=0.111	P=0.262
Coenfan-Armitage Trend,	D -0.107	D-0 101	D-0.040
Fisher Exact Tests	P=0.196	P=0.121	P=0.242

TABLE K2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS (Continued)

	Vehicle Control	31 mg/kg	62 mg/kg
Uterus: Endometrial Stromal Polyp			
Tumor Rates			
Overall (a)	11/50 (22%)	8/50 (16%)	13/48 (27%)
Adjusted (b)	27.3%	18.5%	43.1%
Terminal (c)	9/38 (24%)	4/36 (11%)	12/29 (41%)
Statistical Tests (d)			
Life Table	P=0.168	P=0.339N	P=0.157
Incidental Tumor Test	P=0.307	P=0.168N	P=0.227
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.318	P=0.306N	P=0.363
Uterus: Endometrial Stromal Polyp of	r Sarcoma		
Tumor Rates			
Overall (a)	12/50 (24%)	8/50 (16%)	14/48 (29%)
Adjusted (b)	28.8%	18.5%	44.6%
Terminal (c)	9/38 (24%)	4/36 (11%)	12/29 (41%)
Statistical Tests (d)			
Life Table	P=0.173	P=0.261N	P=0.165
Incidental Tumor Test	P=0.330	P=0.128N	P=0.255
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.319	P=0.227N	P=0.363

TABLE K2. ANALYSIS OF PRIMARY TUMORS IN FEMALE RATS (Continued)

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

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

(c) Observed tumor incidence at terminal kill.

(e) The configuration of tumor incidence precludes use of this statistic.

⁽d) Beneath the control incidence are the P-values associated with the trend test. Beneath the dosed group incidence are the P-values corresponding to pairwise comparisons between that dosed group and the controls. The life table analysis regards tumors in animals dying prior to terminal kill as being (directly or indirectly) the cause of death. The incidental tumor test regards these lesions as non-fatal. The Cochran-Armitage and Fisher's exact tests compare directly the overall incidence rates. A negative trend or significantly lower incidence is indicated by (N).
TABLE K3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE

	Vehicle Control	31 mg/kg	62 mg/kg
Skin: Fibroma	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	·····	
Tumor Rates			
Overall (a)	3/50 (6%)	1/50 (2%)	0/50 (0%)
Adjusted (b)	10.3%	3.2%	0.0%
Terminal (c)	3/29 (10%)	1/31 (3%)	0/31 (0%)
Statistical Tests (d)			
Life Table	P=0.052N	P=0.280N	P=0.109N
Incidental Tumor Test	P=0.052N	P=0.280N	P=0.109N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.060N	P=0.309N	P=0.121N
Subcutaneous Tissue: All Sarcomas			
Tumor Rates			
Overall (a)	3/50 (6%)	2/50 (4%)	2/50 (4%)
Adjusted (b)	8.1%	6.0%	6.0%
Terminal (c)	1/29 (3%)	1/31 (3%)	1/31 (3%)
Statistical Tests (d)	(1) (1) (1)		
Life Table	P=0.400N	P=0.489N	P=0.494N
Incidental Tumor Test	P=0 508N	P=0 573N	P=0.614N
Cochran-Armitage Trend			1 0.01
Fisher Exact Tests	P=0.406N	P=0 500N	P=0 500N
			1 0.0001
Lung: Alveolar/Bronchiolar Adenoma			
Overall (a)	10/50 (2007)	5/50 (1007)	2 (40 (607)
$\Delta divised (h)$	10/30 (20%)	5/50 (10%)	3/49 (0%)
Adjusted (b)	31.0% 8 (20 (28m)	13.1%	9.0%
Statistical Tests (1)	8/29 (28%)	4/31 (13%)	2/31 (0%)
Statistical Tests (a)	D -0.010M	D -0.100N	D-0.021N
	P=0.018N	P=0.108N	P=0.031N
Incidental lumor lest	P=0.030N	P=0.149N	P=0.04/N
Cochran-Armitage Trend,	D-0.025 1	D-0 131N	D 0 030N
Fisher Exact Tests	P=0.025N	P=0.131N	P=0.039N
Lung: Alveolar/Bronchiolar Carcinom	a		
Tumor Rates			
Overall (a)	3/50 (6%)	1/50 (2%)	2/49 (4%)
Adjusted (b)	8.2%	3.2%	6.0%
Terminal (c)	1/29 (3%)	1/31 (3%)	1/31 (3%)
Statistical Tests (d)			
Life Table	P=0.391N	P=0.300N	P=0.492N
Incidental Tumor Test	P=0.495N	P=0.392N	P=0.624N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.407N	P=0.309N	P=0.510N
Lung: Alveolar/Bronchiolar Adenoma	or Carcinoma		
Fumor Rates			
Overall (a)	13/50 (26%)	6/50 (12%)	5/49 (10%)
Adjusted (b)	38.1%	18.3%	14.6%
Terminal (c)	9/29 (31%)	5/31 (16%)	3/31 (10%)
Statistical Tests (d)			
Life Table	P=0.017N	P=0.053N	P=0.031N
Incidental Tumor Test	P=0.034N	P=0.087N	P=0.057N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.022N	P=0.062N	P=0.037N

	V ehicle Control	31 mg/kg	62 mg/kg
Hematopoietic System: Malignant Ly	mphoma, Lymphocytic Type	9	
Tumor Rates		0.000	1 (50 (00))
Overall (a)	1/50 (4%)	2/50 (4%)	1/50 (2%)
Adjusted (b)	2.7%	5.7%	2.6%
Terminal (c)	0/29 (0%)	1/31 (3%)	0/31 (0%)
Statistical Tests (d)			
Life Table	P=0.617	P=0.499	P=0.751
Incidental Tumor Test	P=0.518	P=0.444	P=0.692
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.622	P=0.500	P=0.753N
Hematopoietic System: Malignant Ly	mphoma, Histiocytic Type		
Tumor Rates			
Overall (a)	0/50 (0%)	2/50 (4%)	1/50 (2%)
Adjusted (b)	0.0%	6.3%	2.7%
Terminal (c)	0/29 (0%)	1/31 (3%)	0/31 (0%)
Statistical Tests (d)			
Life Table	P=0.373	P=0.251	P=0.500
Incidental Tumor Test	P=0.303	P=0.202	P=0.433
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.361	P=0.247	P=0.500
Hematopoietic System: Malignant Ly	mphoma, Mixed Type		
Tumor Rates			
Overall (a)	3/50 (6%)	2/50 (4%)	6/50 (12%)
Adjusted (b)	10.0%	6.2%	17.2%
Terminal (c)	2/29 (7%)	1/31 (3%)	4/31 (13%)
Statistical Tests (d)			
Life Table	P=0.192	P=0.473N	P=0.272
Incidental Tumor Test	P=0.130	P=0.556N	P=0.193
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.169	P=0.500N	P=0.243
Hematopoietic System: Lymphoma, A	All Malignant		
Tumor Rates	B		
Overall (a)	4/50 (8%)	6/50 (12%)	8/50 (16%)
Adjusted (b)	12.4%	17.3%	21.5%
Terminal (c)	2/29 (7%)	3/31 (10%)	4/31 (13%)
Statistical Tests (d)	-, (. , 0)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Life Table	P=0.167	P=0.397	P=0.204
Incidental Tumor Test	P=0.077	P=0.283	P=0.105
Cochran-Armitage Trend		1 01200	1 0.100
Fisher Exact Tests	P=0.141	P=0.370	P=0.178
Liver: Henstocellular Adenoma			
Tumor Rates			
Overall (a)	7/50 (14%)	8/50 (16%)	8/50 (16%)
Adjusted (b)	23.1%	23.2%	24.4%
Terminal (c)	6/29 (21%)	6/31 (19%)	7/31 (23%)
Statistical Tests (d)		$S_1 S_1 (1770)$, 5. (25/0)
L ife Table	P=0 487	P=0 543	P=0 540
Incidental Tumor Test	P=0.406	P=0.573	P=0.349
Cochran-Armitage Trend		1-0.525	1 -0.707
Fisher Exact Tests	P=0 445	P=0 500	P=0 500
I ISHCI LACI I USIS	1 -0.4440	1 -0.500	1-0.500

TABLE K3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE (Continued)

Allyl Isovalerate

Vehicle 31 62 Control mg/kg mg/kg Liver: Hepatocellular Carcinoma Tumor Rates Overall (a) 18/50 (36%) 6/50 (12%) 9/50 (18%) Adjusted (b) 47.6% 16.7% 25.4% Terminal (c) 10/29 (34%) 3/31 (10%) 6/31 (19%) Statistical Tests (d) Life Table P=0.021N P=0.006N P=0.038N Incidental Tumor Test P=0.044N P=0.013N P=0.069N Cochran-Armitage Trend, Fisher Exact Tests P=0.020N P=0.005N P=0.035N Liver: Hepatocellular Adenoma or Carcinoma Tumor Rates Overall (a) 23/50 (46%) 14/50 (28%) 15/50 (30%) Adjusted (b) 59.9% 37.6% 43.3% Terminal (c) 14/29 (48%) 9/31 (29%) 12/31 (39%) Statistical Tests (d) Life Table P=0.052N P=0.049N P=0.066N Incidental Tumor Test P=0.108N P=0.092N P=0.117N Cochran-Armitage Trend, Fisher Exact Tests P=0.058N P=0.048N P=0.074N Gastric Mucosa: Squamous Cell Papilloma Tumor Rates Overall (a) 0/50 (0%) 3/48 (6%) 1/50 (2%) Adjusted (b) 0.0% 3.2% 9.4% Terminal (c) 0/29 (0%) 2/31 (6%) 1/31 (3%) Statistical Tests (d) Life Table P=0.068 P=0.513 P=0.137 Incidental Tumor Test P=0.048 P=0.513 P=0.090 Cochran-Armitage Trend, Fisher Exact Tests P=0.056 P=0.500 P=0.114 Adrenal: Pheochromocytoma **Tumor** Rates Overall (a) 4/49 (8%) 2/46 (4%) 2/48 (4%) Adjusted (b) 13.8% 7.4% 6.3% Terminal (c) 4/29 (14%) 2/27 (7%) 1/30 (3%) Statistical Tests (d) P=0.238N P=0.368N Life Table P=0.317N Incidental Tumor Test P=0.263N P=0.368N P=0.354N Cochran-Armitage Trend, P=0.262N **Fisher Exact Tests** P=0.369N P=0.349N Adrenal: Pheochromocytoma or Pheochromocytoma, Malignant **Tumor Rates** 2/48 (4%) Overall (a) 5/49 (10%) 3/46 (7%) Adjusted (b) 11.1% 17.2% 6.3% Terminal (c) 5/29 (17%) 3/27 (11%) 1/30 (3%) Statistical Tests (d) Life Table P=0.146N P=0.393N P=0.199N Incidental Tumor Test P=0.163N P=0.393N P=0.227N Cochran-Armitage Trend, Fisher Exact Tests P=0.167N P=0.393N P=0.226N

TABLE K3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE (Continued)

	Vehicle Control	31 mg/kg	62 mg/kg
Thuroid: Follicular-Cell Adenome			
Tumor Rates			
Overall (a)	5/47 (11%)	0/46(0%)	1/49 (2%)
$\Delta divised (h)$	16.5%	0.0%	3 2%
Terminal (c)	4/29 (14%)	0/30 (0%)	1/31 (3%)
Statistical Tests (d)	4/22 (14/0)	0750 (070)	(751 (570)
Life Table	P=0.032N	P=0.031N	P=0.090N
Incidental Tumor Test	P=0.032N	P=0.038N	P=0.105N
Cochran-Armitage Trend	1-0.05714	1-0.05014	1 0.105.1
Fisher Exact Tests	P=0.034N	P=0.030N	P=0.093N
Tisher Exact Tests	1-0.05411	1-0.05014	1 0.09510
Harderian Gland: Adenoma			
Tumor Rates			
Overall (a)	4/50 (8%)	4/50 (8%)	2/50 (4%)
Adjusted (b)	13.8%	11.4%	6.5%
Terminal (c)	4/29 (14%)	2/31 (6%)	2/31 (6%)
Statistical Tests (d)			
Life Table	P=0.251N	P=0.613N	P=0.304N
Incidental Tumor Test	P=0.284N	P=0.597	P=0.304N
Cochran-Armitage Trend.			
Fisher Exact Tests	P=0.274N	P=0.643	P=0.339N

TABLE K3. ANALYSIS OF PRIMARY TUMORS IN MALE MICE (Continued)

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

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

(c) Observed tumor incidence at terminal kill.

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

TABLE K4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE

2/50 (4%) 6.1% 0/24 (0%) P=0.664 P=0.494N P=0.691 3/50 (6%) 10.0% 1/24 (4%) P=0.590N P=0.404N
2/50 (4%) 6.1% 0/24 (0%) P=0.664 P=0.494N P=0.691 3/50 (6%) 10.0% 1/24 (4%) P=0.590N P=0.404N
2/50 (4%) 6.1% 0/24 (0%) P=0.664 P=0.494N P=0.691 3/50 (6%) 10.0% 1/24 (4%) P=0.590N P=0.404N
6.1% 0/24 (0%) P=0.664 P=0.494N P=0.691 3/50 (6%) 10.0% 1/24 (4%) P=0.590N P=0.404N
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4/50 (8%)
12.0%
2/24 (6%)
D-0 557N
P=0.337N
P-0.44/
D-0 500N
P=0.500IN
4/50 (8%)
12.8%
0/24 (0%)
, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
P=0.052
P=0.336
P=0.059
10/50 (20%)
37.8%
8/24 (33%)
P=0.073
P=0.133
P=0.207

Allyl Isovalerate

	Vehicle Control	31 mg/kg	62 mg/kg
Hematopoietic System: Lymphoma, A	ll Malignant		
Tumor Rates			
Overall (a)	11/50 (22%)	11/50 (22%)	18/50 (36%)
Adjusted (b)	29.8%	46.5%	54.7%
Terminal (c)	8/32 (25%)	6/17 (35%)	10/24 (42%)
Statistical Tests (d)			
Life Table	P=0.026	P=0.172	P=0.034
Incidental Tumor Test	P=0.037	P=0.360	P=0.052
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.071	P=0.595	P=0.093
Liver: Hepatocellular Adenoma or Ca	rcinoma		
Tumor Rates			
Overall (a)	3/50 (6%)	0/50 (0%)	1/50 (2%)
Adjusted (b)	9.4%	0.0%	2.2%
Terminal (c)	3/32 (9%)	0/17 (0%)	0/24 (0%)
Statistical Tests (d)	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,
Life Table	P=0.238N	P=0.251N	P=0.374N
Incidental Tumor Test	P=0.210N	P=0.251N	P=0.329N
Cochran-Armitage Trend			
Fisher Exact Tests	P=0.176N	P=0.121N	P=0.309N
Tiblioi Exact Tosts		1 0.12110	1 0.50714
Pituitary: Adenoma			
Tumor Rates		0.10.(50)	7/44/1/00
Overall (a)	11/43 (26%)	2/43 (5%)	//44 (16%)
Adjusted (b)	36.7%	8.5%	30.4%
Terminal (c)	11/30 (37%)	1/16 (6%)	7/23 (30%)
Statistical Tests (d)			D 4 40034
Lite l'able	P=0.316N	P=0.076N	P≈0.428N
Incidental Tumor Test	P=0.362N	P=0.081N	P=0.428N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.139N	P=0.007N	P=0.198N
Thyroid: Follicular-Cell Adenoma			
Tumor Rates			
Overall (a)	3/49 (6%)	2/48 (4%)	2/48 (4%)
Adjusted (b)	9.7%	9.5%	8.3%
Terminal (c)	3/31 (10%)	1/17 (6%)	2/24 (8%)
Statistical Tests (d)			
Lite Table	P=0.523N	P=0.633	P=0.617N
Incidental Tumor Test	P=0.461N	P=0.606N	P=0.617N
Cochran-Armitage Trend,			D 6 51033
Fisher Exact Tests	P=0.415N	P=0.510N	P=0.510N
Thyroid: Follicular-Cell Adenoma or	Carcinoma		
Tumor Rates			
Overall (a)	4/49 (8%)	2/48 (4%)	2/48 (4%)
Adjusted (b)	12.9%	9.5%	8.3%
Terminal (c)	4/31 (13%)	1/17 (6%)	2/24 (8%)
Statistical Tests (d)			
Life Table	P=0.371N	P=0.600N	P=0.459N
Incidental Tumor Test	P=0.313N	P=0.470N	P=0.459N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.260N	P=0.349N	P=0.349N

TABLE K4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE (Continued)

	Vehicle Control	31 mg/kg	62 mg/kg
Mammary Gland: Adenocarcinoma			<u> </u>
Tumor Rates			
Overall (a)	2/50 (4%)	3/50 (6%)	2/50 (4%)
Adjusted (b)	6.1%	15.2%	8.3%
Terminal (c)	1/32 (3%)	2/17 (12%)	2/24 (8%)
Statistical Tests (d)	,		
Life Table	P=0.467	P=0.261	P=0.592
Incidental Tumor Test	P=0.581N	P=0.577	P=0.672N
Cochran-Armitage Trend,			
Fisher Exact Tests	P=0.594	P=0.500	P=0.691

TABLE K4. ANALYSIS OF PRIMARY TUMORS IN FEMALE MICE (Continued)

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

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

(c) Observed tumor incidence at terminal kill.

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