

**Experiment Number:** 20314 - 04  
**Test Type:** CHRONIC  
**Route:** DOSED WATER  
**Species/Strain:** MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
**CAS Number:** 5694-00-8

**Date Report Requested:** 12/17/2014  
**Time Report Requested:** 07:40:57  
**First Dose M/F:** 06/02/05 / 06/02/05  
**Lab:** NCTR

**NTP Study Number:** C20314  
**Lock Date:** 10/03/2011  
**Cage Range:** ALL  
**Date Range:** ALL  
**Reasons For Removal:** ALL  
**Removal Date Range:** ALL  
**Treatment Groups:** Include ALL  
**Study Gender:** Both  
**TDMSE Version:** 3.0.2.2\_002  
**PWG Approval Date:** NONE

Note: Animals arranged according to days on test.

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C57BL/6N XC3H/HEN MTV-NCTR MICE MALE 0.70 GLYCID	DAY ON TEST																				ANIMAL ID	males (cont...)				
	0 9 9	0 3 8 8	0 4 7 2	0 5 3 0	0 5 5 8	0 5 6 9	0 5 7 4	0 5 7 4	0 5 7 9	0 5 8 3	0 5 8 6	0 5 9 0	0 6 0 4	0 6 2 3	0 6 2 6	0 6 5 3	0 6 5 9	0 6 6 9	0 6 9 4	0 7 0 5			0 7 0 8	0 7 0 8	0 7 2 1	0 7 2 6
	0 0 3 6 4	0 0 3 7 3	0 1 1 8 4	0 0 5 7 3	0 0 3 6 1	0 0 5 6 4	0 0 3 6 3	0 0 5 8 2	0 0 1 8 7	0 1 1 7 4	0 1 1 7 1	0 0 3 8 4	0 1 5 6 1	0 0 5 7 4	0 0 5 8 1	0 0 5 9 1	0 0 1 5 4	0 0 5 7 1	0 0 5 9 2	0 0 5 6 3	0 0 5 7 2	0 0 5 6 4	0 0 3 7 4	0 1 1 7 2	0 1 1 7 3	

ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+
Gallbladder	A	A	A	A	+	+	M	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Intestine Large, Cecum	A	A	A	A	+	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Intestine Large, Colon	A	A	A	A	+	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Intestine Large, Rectum	A	A	A	A	+	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Intestine Small, Duodenum	A	A	A	A	+	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Intestine Small, Ileum	A	A	A	A	+	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Intestine Small, Jejunum	A	A	A	A	+	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hepatocellular Adenoma																									
Hepatocellular Adenoma, Multiple																									
Hepatocellular Carcinoma																									
Hepatocellular Carcinoma, Multiple																									
Hepatocholangiocarcinoma																									
Mesentery																									
Hepatocholangiocarcinoma, Metastatic, Liver																									
Oral Mucosa																									
Squamous Cell Carcinoma																									
Squamous Cell Papilloma																									

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Pancreas	+	+	+	+	+	+	A	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	0 0 3 6 4	males (cont...)	
Salivary Glands	+	+	+	A	+	+	A	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	3 7 4		
Stomach, Forestomach	A	A	+	+	+	+	A	+	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+	6 7 4		
Squamous Cell Carcinoma																										X			
Squamous Cell Papilloma				X								X						X		X			X						
Squamous Cell Papilloma, Multiple																													
Stomach, Glandular	A	A	A	A	+	+	A	+	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+			
<b>CARDIOVASCULAR SYSTEM</b>																													
Blood Vessel	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Hepatocolangiocarcinoma, Metastatic, Liver																											X		
Heart	+	+	+	A	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+		
Hepatocolangiocarcinoma, Metastatic, Liver																											X		
<b>ENDOCRINE SYSTEM</b>																													
Adrenal Cortex	A	+	+	A	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+	+		
Hepatocolangiocarcinoma, Metastatic, Liver																											X		
Adrenal Medulla	A	+	+	A	+	+	A	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+		
Pheochromocytoma Benign																													
Islets, Pancreatic	+	+	+	A	+	+	A	+	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+	+		
Adenoma																													
Parathyroid Gland	+	M	+	+	M	+	A	M	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+		

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	0099	0388	0472	0530	0558	0559	0554	0554	0559	0553	0556	0550	0664	0663	0666	0663	0669	0669	0774	0778			0771	0772	0776
	0036	0031	0005	0003	0000	0000	0000	0000	0001	0001	0000	0001	0000	0000	0000	0001	0000	0001	0000	0000	0000	0000	0001	0001	

Pituitary Gland	A	+	+	A	+	+	A	+	+	+	+	+	+	A	+	+	+	+	A	+	M	+	+	+	+
Thyroid Gland	+	+	+	A	M	+	A	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+

**GENERAL BODY SYSTEM**

Tissue NOS Thoracic, Hepatocholangiocarcinoma, Metastatic, Liver																+	X								
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	---	---	--	--	--	--	--	--	--	--

**GENITAL SYSTEM**

Epididymis	A	A	+	+	+	+	A	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+
Preputial Gland	A	+	+	A	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	+
Prostate	A	+	+	A	+	+	A	M	+	+	+	+	+	A	+	+	+	A	A	+	+	+	+	+	+
Seminal Vesicle	A	A	+	A	+	+	A	+	+	+	+	+	+	A	+	+	+	A	A	+	+	+	+	+	+
Testes	A	+	+	A	+	+	A	+	+	+	+	+	+	A	+	+	+	A	A	+	+	+	+	+	+

**HEMATOPOIETIC SYSTEM**

Bone Marrow	+	+	+	A	+	+	A	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+
Lymph Node								+	+	+													+		
Lymph Node, Mandibular	A	+	+	A	+	+	+	+	+	+	+	+	+	A	A	+	+	+	A	+	+	+	+	+	+
Lymph Node, Mesenteric	A	+	+	A	+	+	+	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Spleen	A	+	+	+	+	+	+	+	+	+	+	+	+	A	A	+	+	+	A	+	+	+	+	+	+

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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0	
	0	3	4	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	7	7	7	7	7	7	0			
	9	8	7	3	5	6	7	7	7	8	8	9	0	2	2	5	5	6	9	0	0	0	2	2	2	9		
	9	8	8	2	0	8	9	4	4	9	3	6	0	4	3	6	3	9	9	4	5	8	8	1	6	6		
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
	0	0	1	0	0	0	0	0	0	1	1	0	1	0	0	0	0	1	0	0	0	0	0	1	1	0		
	3	3	1	5	3	5	3	3	5	1	1	3	1	5	5	5	5	1	5	5	5	5	3	1	1	3		
	6	7	8	7	7	6	6	9	8	7	7	8	6	8	6	7	9	5	7	9	6	7	7	7	7	4		
	4	3	4	3	1	4	3	4	3	4	2	4	1	4	3	4	1	4	1	2	3	4	2	3	3			

Basosquamous Tumor Malignant, Metastatic, Skin  
 Hemangiosarcoma

X

X

Thymus

A + M M + M + + + + M + + M A + M A A + + + M + M

INTEGUMENTARY SYSTEM

Mammary Gland

M M

Skin

+ + + A + + A +

Basosquamous Tumor Malignant

X

Keratoacanthoma

X

Squamous Cell Carcinoma

Squamous Cell Papilloma

X X

X

X

X

Subcutaneous Tissue, Fibrosarcoma

X

X

Subcutaneous Tissue, Fibrous Histiocytoma

X

Subcutaneous Tissue, Hemangiosarcoma

X

MUSCULOSKELETAL SYSTEM

Bone, Femur

+ + + + + A +

Skeletal Muscle

+ + + + + A +

Hepatocarcinoma, Metastatic, Liver

X

NERVOUS SYSTEM

Brain, Brain Stem

A A + A + + A + + + + + + A + + + + A + + + + + + + + +

Brain, Cerebellum

A A + A + + A + + + + + + A + + + + A + + + + + + + + +

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	0 0 3 6 4	0 0 3 7 3	0 1 1 8 4	0 0 5 7 3	0 0 3 6 1	0 0 5 6 4	0 0 3 6 3	0 0 3 9 4	0 0 5 8 2	0 1 1 7 1	0 1 1 7 4	0 0 3 6 3	0 0 5 5 4	0 0 5 5 1	0 0 5 6 4	0 0 5 7 1	0 0 5 7 4	0 0 5 7 1	0 0 5 7 2	0 0 5 7 3	0 0 5 6 2	0 0 5 7 4	0 0 5 7 2	0 0 5 7 4	0 0 5 7 3	

Brain, Cerebrum	A	A	+	A	+	+	A	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+	+
Peripheral Nerve, Sciatic	A	+	+	A	+	+	A	+	+	+	+	+	+	A	+	+	+	A	A	+	+	+	+	+	+
Spinal Cord, Cervical	A	A	+	A	A	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Spinal Cord, Lumbar	A	A	+	A	A	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+
Spinal Cord, Thoracic	A	A	+	A	A	+	A	+	+	+	+	+	+	A	A	+	+	A	A	+	+	+	+	+	+

**RESPIRATORY SYSTEM**

Lung	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma, Metastatic, Harderian Gland																								
Alveolar/Bronchiolar Adenoma				X	X				X					X				X						
Alveolar/Bronchiolar Adenoma, Multiple																		X				X		
Alveolar/Bronchiolar Carcinoma																		X						
Basosquamous Tumor Malignant, Metastatic, Skin																				X				
Hepatocarcinoma, Metastatic, Liver														X										
Nose	A	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+
Hepatocarcinoma, Metastatic, Liver														X										
Trachea	+	+	+	+	+	+	A	+	+	+	+	+	+	A	+	+	+	+	A	+	+	+	+	+

**SPECIAL SENSES SYSTEM**

Eye	A	A	A	+	+	+	A	+	+	+	+	+	+	A	+	+	+	A	+	+	+	+	+	+
Harderian Gland	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenocarcinoma																								

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	0 0 3 6 4	0 0 3 7 3	0 1 1 8 4	0 0 5 7 3	0 0 3 6 1	0 0 5 6 4	0 0 3 6 3	0 0 3 9 4	0 0 5 8 2	0 1 1 8 7	0 1 1 7 1	0 0 3 6 4	0 1 1 8 3	0 0 5 6 1	0 0 5 7 4	0 0 5 9 1	0 0 1 5 4	0 0 1 9 1	0 0 5 7 2	0 0 5 9 3	0 0 5 7 2	0 0 3 7 4	0 1 1 7 2	0 1 1 7 3

Adenoma  
 Bilateral, Adenoma

X X

Zymbal's Gland

+

URINARY SYSTEM

Kidney  
 Hepatocholangiocarcinoma, Metastatic, Liver  
 Renal Tubule, Adenoma  
 Renal Tubule, Carcinoma

A + + + + + + + + + + + + + + + A + + + + + + +

X

X

Urinary Bladder  
 Hemangioma  
 Transitional Epithelium, Papilloma

A A + A + + A + + + + + + + A + + + A A + + + + + + +

X

X

SYSTEMIC LESIONS

Multiple Organ  
 Histiocytic Sarcoma  
 Leukemia  
 Lymphoma Malignant

+ +

X

X X

X X

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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |
| ANIMAL ID  | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>3<br>6<br>2 | 0<br>0<br>3<br>7<br>2 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>9<br>1 | 0<br>0<br>3<br>9<br>2 | 0<br>0<br>3<br>9<br>3 | 0<br>0<br>5<br>6<br>2 | 0<br>0<br>5<br>8<br>1 | 0<br>0<br>5<br>8<br>3 | 0<br>0<br>5<br>9<br>4 | 0<br>1<br>1<br>5<br>1 | 0<br>1<br>1<br>5<br>2 | 0<br>1<br>1<br>5<br>3 | 0<br>1<br>1<br>6<br>1 | 0<br>1<br>1<br>6<br>2 | 0<br>1<br>1<br>6<br>4 | 0<br>1<br>1<br>8<br>1 | 0<br>1<br>1<br>8<br>2 | 0<br>1<br>1<br>8<br>3 |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Gallbladder                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 39 |
| Intestine Large, Cecum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 39 |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 39 |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 39 |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 39 |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 39 |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 39 |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hepatocellular Adenoma                      |   |   |   |   | X |   |   |   |   |   |   |   |   | X | X |   | X | X |   |   | X |   | 10 |
| Hepatocellular Adenoma, Multiple            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | 1  |
| Hepatocellular Carcinoma                    |   |   |   | X | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 9  |
| Hepatocellular Carcinoma, Multiple          |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatocholangiocarcinoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Mesentery                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Oral Mucosa                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | 2  |
| Squamous Cell Carcinoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Squamous Cell Papilloma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |
| ANIMAL ID  | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>3<br>6<br>2 | 0<br>0<br>3<br>7<br>2 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>9<br>1 | 0<br>0<br>3<br>9<br>2 | 0<br>0<br>3<br>9<br>3 | 0<br>0<br>5<br>6<br>2 | 0<br>0<br>5<br>8<br>1 | 0<br>0<br>5<br>8<br>3 | 0<br>0<br>5<br>9<br>4 | 0<br>1<br>1<br>5<br>1 | 0<br>1<br>1<br>5<br>2 | 0<br>1<br>1<br>5<br>3 | 0<br>1<br>1<br>6<br>1 | 0<br>1<br>1<br>6<br>2 | 0<br>1<br>1<br>6<br>4 | 0<br>1<br>1<br>8<br>1 | 0<br>1<br>1<br>8<br>2 | 0<br>1<br>1<br>8<br>3 |
| Pancreas   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |
| Salivary Glands  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44                    |
| Stomach, Forestomach                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 41                    |
| Squamous Cell Carcinoma                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | 2                     |
| Squamous Cell Papilloma                                |                       |                       | X                     |                       | X                     |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | 9                     |
| Squamous Cell Papilloma, Multiple                      |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Stomach, Glandular                                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 38                    |
| <b>CARDIOVASCULAR SYSTEM</b>                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Blood Vessel   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Hepatocolangiocarcinoma, Metastatic, Liver             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Heart  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |
| Hepatocolangiocarcinoma, Metastatic, Liver             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| <b>ENDOCRINE SYSTEM</b>                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Adrenal Cortex   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44                    |
| Hepatocolangiocarcinoma, Metastatic, Liver             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Adrenal Medulla  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43                    |
| Pheochromocytoma Benign                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Islets, Pancreatic                                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44                    |
| Adenoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Parathyroid Gland                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 42                    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.70 GLYCID   | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |    |
| ANIMAL ID  | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>3<br>7<br>2 | 0<br>0<br>3<br>7<br>2 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>9<br>1 | 0<br>0<br>3<br>9<br>2 | 0<br>0<br>3<br>9<br>3 | 0<br>0<br>5<br>9<br>2 | 0<br>0<br>5<br>8<br>1 | 0<br>0<br>5<br>8<br>3 | 0<br>0<br>5<br>9<br>4 | 0<br>1<br>1<br>5<br>1 | 0<br>1<br>1<br>5<br>2 | 0<br>1<br>1<br>5<br>3 | 0<br>1<br>1<br>6<br>1 | 0<br>1<br>1<br>6<br>2 | 0<br>1<br>1<br>6<br>4 | 0<br>1<br>1<br>8<br>1 | 0<br>1<br>1<br>8<br>2 |    |
| Pituitary Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 42 |
| Thyroid Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43 |
| <b>GENERAL BODY SYSTEM</b>                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Tissue NOS   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Thoracic, Hepatocholangiocarcinoma,<br>Metastatic, Liver |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| <b>GENITAL SYSTEM</b>                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Epididymis   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43 |
| Preputial Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44 |
| Prostate   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 41 |
| Seminal Vesicle  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 41 |
| Testes   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 42 |
| <b>HEMATOPOIETIC SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Bone Marrow  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44 |
| Lymph Node   |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       | 6  |
| Lymph Node, Mandibular                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43 |
| Lymph Node, Mesenteric                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 42 |
| Spleen   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |
| ANIMAL ID  | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>3<br>6<br>2 | 0<br>0<br>3<br>7<br>2 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>9<br>1 | 0<br>0<br>3<br>9<br>2 | 0<br>0<br>3<br>9<br>3 | 0<br>0<br>5<br>6<br>2 | 0<br>0<br>5<br>8<br>1 | 0<br>0<br>5<br>8<br>3 | 0<br>0<br>5<br>9<br>3 | 0<br>0<br>5<br>9<br>4 | 0<br>1<br>1<br>5<br>1 | 0<br>1<br>1<br>5<br>2 | 0<br>1<br>1<br>6<br>3 | 0<br>1<br>1<br>6<br>1 | 0<br>1<br>1<br>6<br>4 | 0<br>1<br>1<br>8<br>1 | 0<br>1<br>1<br>8<br>2 | 0<br>1<br>1<br>8<br>3 |

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Basosquamous Tumor Malignant, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hemangiosarcoma                                |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Thymus   | + | M | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | 34 |

**INTEGUMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                             | M | M | M | M | M | M | M | M | + | M | M | M | M | M | M | M | M | M | M | M | M | M | 1  |
| Skin                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Basosquamous Tumor Malignant              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Keratoacanthoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Squamous Cell Carcinoma                   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Squamous Cell Papilloma                   |   |   |   |   | X |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   | 8  |
| Subcutaneous Tissue, Fibrosarcoma         |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Subcutaneous Tissue, Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Hemangiosarcoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**MUSCULOSKELETAL SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Femur                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Skeletal Muscle                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Hepatocolangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 42 |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 42 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |
| ANIMAL ID  | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>3<br>6<br>2 | 0<br>0<br>3<br>7<br>2 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>9<br>1 | 0<br>0<br>3<br>9<br>2 | 0<br>0<br>3<br>9<br>3 | 0<br>0<br>5<br>6<br>2 | 0<br>0<br>5<br>8<br>1 | 0<br>0<br>5<br>8<br>3 | 0<br>0<br>5<br>9<br>4 | 0<br>1<br>1<br>5<br>1 | 0<br>1<br>1<br>5<br>2 | 0<br>1<br>1<br>5<br>3 | 0<br>1<br>1<br>6<br>1 | 0<br>1<br>1<br>6<br>2 | 0<br>1<br>1<br>6<br>4 | 0<br>1<br>1<br>8<br>1 | 0<br>1<br>1<br>8<br>2 |
| Brain, Cerebrum  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 42                    |
| Peripheral Nerve, Sciatic                              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 42                    |
| Spinal Cord, Cervical                                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 39                    |
| Spinal Cord, Lumbar                                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 39                    |
| Spinal Cord, Thoracic                                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 39                    |
| <b>RESPIRATORY SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lung   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Adenocarcinoma, Metastatic, Harderian Gland            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Alveolar/Bronchiolar Adenoma                           |                       | X                     | X                     | X                     | X                     |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       | X                     |                       |                       |                       | 13                    |
| Alveolar/Bronchiolar Adenoma, Multiple                 |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |
| Alveolar/Bronchiolar Carcinoma                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       | 2                     |
| Basosquamous Tumor Malignant, Metastatic, Skin         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Hepatocarcinoma, Metastatic, Liver                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Nose   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |
| Hepatocarcinoma, Metastatic, Liver                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Trachea  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |
| <b>SPECIAL SENSES SYSTEM</b>                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Eye  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 42                    |
| Harderian Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Adenocarcinoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 1                     |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |
| ANIMAL ID  | 0<br>0<br>3<br>6<br>1 | 0<br>0<br>3<br>6<br>2 | 0<br>0<br>3<br>7<br>2 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>9<br>1 | 0<br>0<br>3<br>9<br>2 | 0<br>0<br>3<br>9<br>3 | 0<br>0<br>5<br>6<br>2 | 0<br>0<br>5<br>8<br>1 | 0<br>0<br>5<br>8<br>3 | 0<br>0<br>5<br>9<br>4 | 0<br>1<br>1<br>5<br>1 | 0<br>1<br>1<br>5<br>2 | 0<br>1<br>1<br>5<br>3 | 0<br>1<br>1<br>6<br>1 | 0<br>1<br>1<br>6<br>2 | 0<br>1<br>1<br>6<br>4 | 0<br>1<br>1<br>8<br>1 | 0<br>1<br>1<br>8<br>2 | 0<br>1<br>1<br>8<br>3 |
| Adenoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | X                     | X                     |                       | X                     |                       |                       |                       |                       | X                     | 11                    |
| Bilateral, Adenoma                                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     |                       | X                     | X                     | X                     |                       |                       | X                     | X                     | X                     | X                     | X                     |                       | 31                    |
| Zymbal's Gland   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| <b>URINARY SYSTEM</b>                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Kidney   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |
| Hepatocholangiocarcinoma, Metastatic, Liver            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Renal Tubule, Adenoma                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Renal Tubule, Carcinoma                                |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Urinary Bladder  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 41                    |
| Hemangioma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Transitional Epithelium, Papilloma                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| <b>SYSTEMIC LESIONS</b>                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Multiple Organ   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Histiocytic Sarcoma                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 3                     |
| Leukemia   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lymphoma Malignant                                     |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       | 7                     |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
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Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
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 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | males<br>(cont...) |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|--------------------|
|  | 0171        | 0352 | 0413 | 0497 | 0537 | 0558 | 0559 | 0559 | 0559 | 0559 | 0568 | 0637 | 0669 | 0669 | 0669 | 0669 | 0669 | 0669 | 0771 | 0772 | 0772 | 0772 | 0773 | 0773 |           |                    |
|  | 0011        | 0010 | 0011 | 0011 | 0010 | 0011 | 0011 | 0016 | 0017 | 0022 | 0016 | 0022 | 0011 | 0011 | 0016 | 0019 | 0017 | 0011 | 0011 | 0011 | 0011 | 0011 | 0011 | 0011 | 0011      |                    |
|  | 8082        | 0041 | 8081 | 7081 | 0013 | 8093 | 9093 | 0044 | 9041 | 0013 | 7043 | 7043 | 1011 | 1014 | 6011 | 7011 | 7011 | 9011 | 9011 | 8044 | 7021 | 7021 | 9021 | 9022 | 0024      |                    |

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + |
| Intestine Large, Colon             | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum Adenoma  | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + |
| Intestine Small, Ileum             | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + |
| Intestine Small, Jejunum           | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + |
| Liver                              | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma             |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Hepatocellular Carcinoma           |   |   | X |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                           | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                    | A | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
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Experiment Number: 20314 - 04  
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Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | males<br>(cont...)    |                       |                       |                       |                       |
|-------------|--|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|             | 0<br>1<br>7<br>1                                       | 0<br>3<br>5<br>2 | 0<br>4<br>1<br>3      | 0<br>4<br>9<br>7      | 0<br>5<br>3<br>7      | 0<br>5<br>4<br>8      | 0<br>5<br>5<br>2      | 0<br>5<br>5<br>9      | 0<br>5<br>6<br>3      | 0<br>5<br>8<br>1      | 0<br>6<br>0<br>0      | 0<br>6<br>3<br>7      | 0<br>6<br>3<br>9      | 0<br>6<br>4<br>5      | 0<br>6<br>4<br>6      | 0<br>6<br>6<br>0      | 0<br>6<br>6<br>0      | 0<br>6<br>8<br>7      | 0<br>7<br>2<br>1      | 0<br>7<br>2<br>8      |                       |                       | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |
| ANIMAL ID   | 0<br>0<br>1<br>8<br>2                                  | 0<br>1<br>0<br>4 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>7<br>1 | 0<br>1<br>0<br>0<br>1 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>0<br>9<br>3 | 0<br>0<br>0<br>9<br>3 | 0<br>0<br>6<br>0<br>3 | 0<br>0<br>7<br>0<br>4 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>2<br>0<br>3 | 0<br>0<br>1<br>7<br>4 | 0<br>0<br>2<br>9<br>3 | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>9<br>9<br>1 | 0<br>0<br>0<br>2<br>4 | 0<br>1<br>1<br>8<br>1 | 0<br>0<br>1<br>7<br>2 | 0<br>0<br>1<br>1<br>1 | 0<br>1<br>0<br>9<br>2 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>2<br>0<br>4 |

Stomach, Forestomach  
 Squamous Cell Papilloma  
 Squamous Cell Papilloma, Multiple

Stomach, Glandular

Tongue  
 Squamous Cell Carcinoma

CARDIOVASCULAR SYSTEM

Blood Vessel

Heart

ENDOCRINE SYSTEM

Adrenal Cortex

Adrenal Medulla

Islets, Pancreatic

Parathyroid Gland

Pituitary Gland  
 Pars Distalis, Carcinoma

Thyroid Gland

GENERAL BODY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

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Glycidamide  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | males<br>(cont...)    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>1<br>7<br>1      | 0<br>3<br>5<br>2      | 0<br>4<br>1<br>3      | 0<br>4<br>9<br>7      | 0<br>5<br>3<br>7      | 0<br>5<br>4<br>8      | 0<br>5<br>5<br>2      | 0<br>5<br>5<br>9      | 0<br>5<br>6<br>3      | 0<br>5<br>8<br>1      | 0<br>6<br>0<br>0      | 0<br>6<br>3<br>7      | 0<br>6<br>3<br>9      | 0<br>6<br>4<br>5      | 0<br>6<br>4<br>6      | 0<br>6<br>6<br>0      | 0<br>6<br>6<br>0      | 0<br>6<br>8<br>7      | 0<br>7<br>1<br>9      | 0<br>7<br>2<br>1      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |
|  | 0<br>0<br>1<br>8<br>2 | 0<br>1<br>0<br>0<br>4 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>7<br>1 | 0<br>1<br>0<br>8<br>3 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>0<br>9<br>3 | 0<br>0<br>0<br>9<br>3 | 0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>0<br>3 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>2 | 0<br>0<br>0<br>0<br>4 |

Tissue NOS

**GENITAL SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis                                 | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Preputial Gland<br>Squamous Cell Carcinoma | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Prostate                                   | A | + | + | + | M | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Seminal Vesicle                            | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes                                     | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**HEMATOPOIETIC SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow               | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node                |   | + | + |   | + |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular    | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric    | A | + | + | M | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen<br>Hemangiosarcoma | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymus                    | A | + | M | A | M | M | + | + | A | + | + | M | + | + | + | + | + | + | M | + | + | M | + | + | + | + |   |

**INTEGUMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | males<br>(cont...)    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>1<br>7<br>1      | 0<br>3<br>5<br>2      | 0<br>4<br>1<br>3      | 0<br>4<br>9<br>7      | 0<br>5<br>3<br>7      | 0<br>5<br>4<br>8      | 0<br>5<br>5<br>2      | 0<br>5<br>5<br>9      | 0<br>5<br>6<br>3      | 0<br>5<br>8<br>1      | 0<br>6<br>0<br>0      | 0<br>6<br>3<br>7      | 0<br>6<br>3<br>9      | 0<br>6<br>4<br>5      | 0<br>6<br>4<br>6      | 0<br>6<br>6<br>0      | 0<br>6<br>6<br>0      | 0<br>6<br>8<br>7      | 0<br>7<br>1<br>9      | 0<br>7<br>2<br>1      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |
|  | 0<br>0<br>1<br>8<br>2 | 0<br>1<br>0<br>0<br>4 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>7<br>1 | 0<br>1<br>0<br>0<br>1 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>0<br>9<br>3 | 0<br>0<br>0<br>9<br>3 | 0<br>0<br>0<br>0<br>4 | 0<br>0<br>0<br>9<br>4 | 0<br>0<br>1<br>0<br>1 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>1<br>7<br>4 | 0<br>0<br>2<br>0<br>3 | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>7<br>4 | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>2<br>0<br>2 | 0<br>0<br>2<br>0<br>4 |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                             | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| Skin                                      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Squamous Cell Papilloma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrosarcoma         |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Sarcoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   |
| Subcutaneous Tissue, Schwannoma Malignant |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Sarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem         | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum         | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum           | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Peripheral Nerve, Sciatic | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Cervical     | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + |
| Spinal Cord, Lumbar       | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Thoracic     | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**RESPIRATORY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID | DAY ON TEST      |                  | ANIMAL ID        |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | males<br>(cont...) |                  |                  |                  |  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------|------------------|------------------|------------------|--|
|  | 0<br>1<br>7<br>1 | 0<br>3<br>5<br>2 | 0<br>4<br>1<br>3 | 0<br>4<br>9<br>7 | 0<br>5<br>3<br>7 | 0<br>5<br>4<br>8 | 0<br>5<br>5<br>2 | 0<br>5<br>5<br>9 | 0<br>5<br>6<br>3 | 0<br>5<br>8<br>1 | 0<br>6<br>0<br>0 | 0<br>6<br>3<br>7 | 0<br>6<br>3<br>9 | 0<br>6<br>4<br>5 | 0<br>6<br>4<br>6 | 0<br>6<br>6<br>0 | 0<br>6<br>6<br>0 | 0<br>6<br>8<br>7 | 0<br>7<br>1<br>9 | 0<br>7<br>2<br>1 | 0<br>7<br>2<br>8 | 0<br>7<br>2<br>9 |                    | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |  |
| Lung   | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                  | +                | +                | +                |  |
| Alveolar/Bronchiolar Adenoma                           |                  |                  |                  |                  |                  |                  | X                | X                |                  |                  |                  |                  |                  |                  | X                |                  |                  | X                |                  |                  |                  |                  |                    |                  |                  |                  |  |
| Alveolar/Bronchiolar Adenoma, Multiple                 |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                  |                  |                  |                  |  |
| Hepatocellular Carcinoma, Metastatic, Liver            |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                  |                  |                  |  |
| Hepatocholangiocarcinoma, Metastatic, Liver            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    | X                |                  |                  |  |
| Sarcoma, Metastatic, Skeletal Muscle                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                    |                  |                  |                  |  |
| Nose   | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                  | +                | +                | +                |  |
| Trachea  | A                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                  | +                | +                | +                |  |
| <b>SPECIAL SENSES SYSTEM</b>                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                  |                  |                  |  |
| Eye  | A                | +                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                  | +                | +                | +                |  |
| Harderian Gland  | A                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                  | +                | +                | +                |  |
| Adenoma  |                  |                  |                  |                  |                  |                  | X                | X                |                  |                  | X                | X                | X                |                  |                  |                  |                  |                  | X                |                  |                  |                  |                    |                  |                  |                  |  |
| Bilateral, Adenoma                                     |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                | X                | X                |                  |                  |                  | X                | X                | X                | X                  | X                |                  |                  |  |
| <b>URINARY SYSTEM</b>                                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                  |                  |                  |  |
| Kidney   | A                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                  | +                | +                | +                |  |
| Urinary Bladder  | A                | +                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                  | +                | +                | +                |  |
| <b>SYSTEMIC LESIONS</b>                                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                  |                  |                  |  |
| Multiple Organ   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                  | +                | +                | +                |  |
| Histiocytic Sarcoma                                    |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                    |                  |                  |                  |  |
| Lymphoma Malignant                                     |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  | X                |                  |                  |                  |                    |                  |                  | X                |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|  | 0733        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          |
| ANIMAL ID  | 00672       | 00663 | 00661 | 00666 | 00666 | 00666 | 00666 | 00666 | 00666 | 00667 | 00667 | 00667 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669    |
|  | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        |
|  | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        |
|  | 6           | 6     | 6     | 6     | 6     | 6     | 6     | 6     | 6     | 7     | 7     | 7     | 9     | 9     | 9     | 9     | 9     | 9     | 9     | 9     | 9        |
|  | 7           | 7     | 8     | 8     | 8     | 8     | 8     | 9     | 9     | 9     | 0     | 0     | 0     | 0     | 1     | 1     | 1     | 1     | 1     | 1     | 1        |
|  | 2           | 3     | 1     | 2     | 3     | 4     | 1     | 2     | 4     | 1     | 2     | 3     | 2     | 3     | 4     | 2     | 3     | 2     | 3     | 4     | 2        |

ALIMENTARY SYSTEM

|                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Esophagus                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47      |
| Gallbladder                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |
| Intestine Large, Cecum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44      |
| Intestine Large, Colon               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |
| Intestine Large, Rectum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |
| Intestine Small, Duodenum<br>Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | 44<br>1 |
| Intestine Small, Ileum               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44      |
| Intestine Small, Jejunum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44      |
| Liver                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47      |
| Hepatocellular Adenoma               |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   | X | X | X | 8       |
| Hepatocellular Adenoma, Multiple     |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 4       |
| Hepatocellular Carcinoma             | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 7       |
| Hepatocellular Carcinoma, Multiple   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 2       |
| Hepatocholangiocarcinoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Mesentery                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   | 1       |
| Pancreas                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47      |
| Salivary Glands                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|  | 0733        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          |
| ANIMAL ID  | 00672       | 00667 | 00668 | 00688 | 00683 | 00684 | 00699 | 00699 | 00694 | 00677 | 00677 | 00677 | 00699 | 00699 | 00699 | 00699 | 00699 | 00699 | 00699 | 00699 |          |
| Stomach, Forestomach                                   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |          |
| Squamous Cell Papilloma                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |          |
| Squamous Cell Papilloma, Multiple                      |             |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |          |
| Stomach, Glandular                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |          |
| Tongue   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Squamous Cell Carcinoma                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1     |          |
| <b>CARDIOVASCULAR SYSTEM</b>                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Blood Vessel   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |          |
| Heart  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |          |
| <b>ENDOCRINE SYSTEM</b>                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Adrenal Cortex   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |          |
| Adrenal Medulla  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |          |
| Islets, Pancreatic                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |          |
| Parathyroid Gland                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |          |
| Pituitary Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |          |
| Pars Distalis, Carcinoma                               |             | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | M     |          |
| Thyroid Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     |          |
| <b>GENERAL BODY SYSTEM</b>                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID | DAY ON TEST | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | ANIMAL ID   | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|  |             | 3               | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |
|  |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |             | 6               | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |             | 2               | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 3 | 2 | 3 | 4 | 2 | 3 | 2 | 3 | 4 | 2 | 3 | 4 |   |
|  |             | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Tissue NOS + 1

**GENITAL SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Epididymis              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Preputial Gland         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Squamous Cell Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | <b>1</b>  |
| Prostate                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Seminal Vesicle         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Testes                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Lymph Node             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>6</b>  |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Thymus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>39</b> |

**INTEGUMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|  | 0733        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          | 0733 |
| ANIMAL ID  | 00672       | 00663 | 00668 | 00661 | 00668 | 00668 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669 | 00669    |      |
| Mammary Gland  | M           | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M     | M        | 2    |
| Skin   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| Squamous Cell Papilloma                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X        | 1    |
| Subcutaneous Tissue, Fibrosarcoma                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2    |
| Subcutaneous Tissue, Sarcoma                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2    |
| Subcutaneous Tissue, Schwannoma Malignant              |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          | 3    |
| <b>MUSCULOSKELETAL SYSTEM</b>                          |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Bone, Femur  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48   |
| Skeletal Muscle  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| Sarcoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |
| <b>NERVOUS SYSTEM</b>                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Brain, Brain Stem                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46   |
| Brain, Cerebellum                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46   |
| Brain, Cerebrum  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46   |
| Peripheral Nerve, Sciatic                              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46   |
| Spinal Cord, Cervical                                  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 44   |
| Spinal Cord, Lumbar                                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 45   |
| Spinal Cord, Thoracic                                  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 45   |
| <b>RESPIRATORY SYSTEM</b>                              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.35 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|  | 0733        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          |
| ANIMAL ID  | 00672       | 00673 | 00678 | 00681 | 00682 | 00683 | 00684 | 00689 | 00692 | 00694 | 00697 | 00698 | 00699 | 00700 | 00701 | 00702 | 00703 | 00704 | 00705 | 00706 |          |
| Lung   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Alveolar/Bronchiolar Adenoma                           |             |       |       | X     |       |       |       |       |       |       |       |       | X     |       |       |       | X     |       | X     |       | 8        |
| Alveolar/Bronchiolar Adenoma, Multiple                 |             |       |       |       |       |       | X     | X     | X     |       |       |       |       |       |       |       | X     |       |       |       | 5        |
| Hepatocellular Carcinoma, Metastatic, Liver            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Hepatocholangiocarcinoma, Metastatic, Liver            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Sarcoma, Metastatic, Skeletal Muscle                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Nose   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Trachea  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 46       |
| <b>SPECIAL SENSES SYSTEM</b>                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Eye  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 44       |
| Harderian Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 46       |
| Adenoma  | X           |       | X     | X     | X     | X     |       | X     |       | X     | X     |       |       |       |       |       | X     | X     | X     |       | 17       |
| Bilateral, Adenoma                                     |             |       |       |       |       |       |       | X     |       |       |       |       | X     | X     |       | X     |       |       | X     | X     | 15       |
| <b>URINARY SYSTEM</b>                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Kidney   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 46       |
| Urinary Bladder  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 45       |
| <b>SYSTEMIC LESIONS</b>                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Multiple Organ   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |
| Histiocytic Sarcoma                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       | 3        |
| Lymphoma Malignant                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 4        |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
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Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
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P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | males<br>(cont...) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|   | 0<br>2<br>3<br>1      | 0<br>3<br>8<br>7      | 0<br>5<br>1<br>9      | 0<br>5<br>5<br>8      | 0<br>5<br>6<br>5      | 0<br>6<br>0<br>3      | 0<br>6<br>0<br>4      | 0<br>6<br>0<br>9      | 0<br>6<br>1<br>8      | 0<br>6<br>3<br>7      | 0<br>6<br>8<br>5      | 0<br>6<br>0<br>7      | 0<br>7<br>1<br>1      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |                    |
|   | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>7<br>5<br>4 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>2<br>2 | 0<br>0<br>7<br>6<br>3 | 0<br>0<br>0<br>4<br>2 | 0<br>1<br>0<br>8<br>4 | 0<br>0<br>0<br>1<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>7<br>4<br>3 | 0<br>0<br>7<br>4<br>4 | 0<br>0<br>0<br>7<br>4 | 0<br>1<br>0<br>9<br>1 | 0<br>1<br>0<br>9<br>2 | 0<br>1<br>0<br>9<br>3 | 0<br>1<br>0<br>9<br>4 | 0<br>1<br>0<br>9<br>4 | 0<br>0<br>0<br>1<br>2 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>2 | 0<br>0<br>0<br>3<br>3 |                    |

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum             | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum           | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                              | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Pancreas                           | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                    | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Squamous Cell Papilloma            |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |
| Stomach, Glandular                 | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR MICE MALE |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID                | males (cont...) |
|-------------|--------------------------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|--------------------------|-----------------|
|             | 0231                                 | 0387 | 0051 | 0055 | 0056 | 0066 | 0066 | 0066 | 0066 | 0066 | 0066 | 0067 | 0067 | 0067 | 0067 | 0067 | 0067 | 0067 | 0067 | 0067 | 0067 | 0067 | 0067 | 0067 |                          |                 |
| 01          | 0                                    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 000000000000000000000000 | males (cont...) |
| 02          | 0                                    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 000000000000000000000000 |                 |
| 03          | 0                                    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 000000000000000000000000 |                 |
| 04          | 0                                    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 000000000000000000000000 |                 |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**ENDOCRINE SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                              | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla                             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic                          | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland                           | M | + | M | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | M | + | + |
| Pituitary Gland                             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland<br>Follicular Cell, Carcinoma | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Penis           |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Preputial Gland | A | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID | males<br>(cont...) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|--------------------|
|   | 0<br>2<br>3<br>1      | 0<br>3<br>8<br>7      | 0<br>5<br>1<br>9      | 0<br>5<br>5<br>8      | 0<br>5<br>6<br>5      | 0<br>6<br>0<br>3      | 0<br>6<br>0<br>4      | 0<br>6<br>0<br>9      | 0<br>6<br>1<br>8      | 0<br>6<br>3<br>7      | 0<br>6<br>6<br>5      | 0<br>6<br>8<br>7      | 0<br>7<br>0<br>1      | 0<br>7<br>1<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |           |                    |
|   | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>7<br>5<br>4 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>6<br>3 | 0<br>0<br>0<br>4<br>2 | 0<br>1<br>0<br>8<br>4 | 0<br>0<br>0<br>1<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>7<br>4<br>3 | 0<br>0<br>7<br>4<br>4 | 0<br>0<br>0<br>7<br>4 | 0<br>1<br>0<br>9<br>1 | 0<br>1<br>0<br>9<br>2 | 0<br>1<br>0<br>9<br>3 | 0<br>1<br>0<br>9<br>4 | 0<br>0<br>0<br>1<br>2 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>2 | 0<br>0<br>0<br>3<br>3 |           |                    |

Hemangioma

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Prostate        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Seminal Vesicle | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes          | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow            | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node             | A | + |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen                 | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus                 | A | + | + | + | + | + | + | + | M | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + |

**INTEGUMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                             | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| Skin                                      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibroma, Multiple                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Squamous Cell Papilloma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrosarcoma         |   | X |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Schwannoma Malignant |   |   |   |   |   |   |   |   | X | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
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 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | males<br>(cont...)    |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>2<br>3<br>1      | 0<br>3<br>8<br>7      | 0<br>5<br>1<br>9      | 0<br>5<br>5<br>8      | 0<br>5<br>6<br>5      | 0<br>6<br>0<br>3      | 0<br>6<br>0<br>4      | 0<br>6<br>0<br>9      | 0<br>6<br>1<br>8      | 0<br>6<br>3<br>7      | 0<br>6<br>6<br>5      | 0<br>6<br>8<br>7      | 0<br>7<br>0<br>1      | 0<br>7<br>1<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       | 0<br>7<br>3<br>3      |
|   | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>7<br>5<br>4 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>6<br>3 | 0<br>0<br>0<br>4<br>2 | 0<br>1<br>0<br>8<br>4 | 0<br>0<br>0<br>1<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>7<br>7<br>4 | 0<br>0<br>7<br>7<br>4 | 0<br>0<br>0<br>7<br>4 | 0<br>1<br>0<br>9<br>1 | 0<br>1<br>0<br>9<br>2 | 0<br>0<br>0<br>9<br>3 | 0<br>0<br>0<br>9<br>4 | 0<br>0<br>0<br>1<br>2 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>2 | 0<br>0<br>0<br>3<br>3 |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**NERVOUS SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem   | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum   | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum   | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Peripheral Nerve, Sciatic<br>Schwannoma Malignant, Metastatic, Skin | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Cervical   | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Lumbar   | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Thoracic   | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Alveolar/Bronchiolar Adenoma, Multiple      |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID     | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID | males<br>(cont...) |  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|--------------------|--|
|   | 0<br>2<br>3<br>1      | 0<br>3<br>8<br>7      | 0<br>5<br>1<br>9      | 0<br>5<br>5<br>8      | 0<br>5<br>6<br>5      | 0<br>6<br>0<br>3      | 0<br>6<br>0<br>4      | 0<br>6<br>0<br>9      | 0<br>6<br>1<br>8      | 0<br>6<br>3<br>7      | 0<br>6<br>6<br>5      | 0<br>6<br>8<br>7      | 0<br>7<br>0<br>1      | 0<br>7<br>1<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |           |                    |  |
|   | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>7<br>5<br>4 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>6<br>2 | 0<br>0<br>7<br>4<br>3 | 0<br>0<br>0<br>8<br>4 | 0<br>1<br>0<br>1<br>1 | 0<br>0<br>0<br>7<br>2 | 0<br>0<br>7<br>1<br>2 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>7<br>4<br>3 | 0<br>0<br>7<br>4<br>4 | 0<br>0<br>0<br>7<br>3 | 0<br>1<br>0<br>9<br>1 | 0<br>1<br>0<br>9<br>2 | 0<br>1<br>0<br>9<br>3 | 0<br>1<br>0<br>9<br>4 | 0<br>0<br>0<br>1<br>2 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>2<br>4 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>1 | 0<br>0<br>0<br>3<br>2 | 0<br>0<br>0<br>3<br>3 |           |                    |  |
| Nose  | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |           |                    |  |
| Trachea   | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |           |                    |  |
| <b>SPECIAL SENSES SYSTEM</b>                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |           |                    |  |
| Eye   | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |           |                    |  |
| Harderian Gland<br>Adenoma<br>Bilateral, Adenoma            | A                     | +                     | +                     | X                     | X                     | +                     | +                     | X                     | +                     | +                     | X                     | X                     | +                     | +                     | X                     | X                     | X                     | X                     | +                     | +                     | X                     | +                     | +                     | +                     |           |                    |  |
| <b>URINARY SYSTEM</b>                                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |           |                    |  |
| Kidney  | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |           |                    |  |
| Urinary Bladder   | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |           |                    |  |
| <b>SYSTEMIC LESIONS</b>                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |           |                    |  |
| Multiple Organ<br>Histiocytic Sarcoma<br>Lymphoma Malignant | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |           |                    |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |
| ANIMAL ID   | 0<br>0<br>0<br>4<br>1 | 0<br>0<br>0<br>4<br>3 | 0<br>0<br>7<br>5<br>1 | 0<br>0<br>7<br>5<br>2 | 0<br>0<br>7<br>5<br>3 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>6<br>4 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>7<br>8 | 0<br>0<br>7<br>7<br>8 | 0<br>0<br>7<br>7<br>8 | 0<br>0<br>7<br>7<br>8 | 0<br>1<br>0<br>7<br>4 | 0<br>1<br>0<br>7<br>1 | 0<br>1<br>0<br>7<br>2 | 0<br>1<br>0<br>7<br>3 | 0<br>1<br>0<br>7<br>4 | 0<br>1<br>0<br>8<br>1 | 0<br>1<br>0<br>8<br>2 | 0<br>1<br>0<br>0<br>3 | 0<br>1<br>0<br>0<br>1 | 0<br>1<br>0<br>0<br>2 |

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma             |   |   |   |   |   |   | X | X |   |   | X |   |   |   |   |   |   |   | X | X |   |   |   | 8  |
| Hepatocellular Carcinoma           | X |   | X |   |   |   |   |   |   |   | X | X |   |   |   |   | X |   |   |   |   |   |   | 6  |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Stomach, Forestomach               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Squamous Cell Papilloma            |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Stomach, Glandular                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID       |  |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|--|
|   | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                 |  |
|   | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                 |  |
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |  |
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                 |  |
|   | 0           | 0 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 |   |                 |  |
|   | 4           | 4 | 5 | 5 | 5 | 6 | 6 | 7 | 8 | 8 | 8 | 8 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 0 | 0 | 0 | 0 |   |                 |  |
|   | 1           | 3 | 1 | 2 | 3 | 1 | 4 | 1 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 1 | 2 | 3 | 4 |   | <b>* TOTALS</b> |  |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |

**ENDOCRINE SYSTEM**

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Adrenal Cortex             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Adrenal Medulla            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Islets, Pancreatic         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Parathyroid Gland          | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>43</b> |
| Pituitary Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Thyroid Gland              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Follicular Cell, Carcinoma |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Epididymis      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Penis           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |
| ANIMAL ID   | 0<br>0<br>0<br>4<br>1 | 0<br>0<br>0<br>4<br>3 | 0<br>0<br>7<br>5<br>1 | 0<br>0<br>7<br>5<br>2 | 0<br>0<br>7<br>5<br>3 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>6<br>4 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>7<br>7<br>3 | 0<br>0<br>7<br>7<br>4 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>7<br>7<br>3 | 0<br>0<br>7<br>7<br>4 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>7<br>7<br>3 | 0<br>0<br>7<br>7<br>4 | 0<br>0<br>7<br>7<br>1 |
| Hemangioma  | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Prostate  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Seminal Vesicle   | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Testes  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 46                    |
| <b>HEMATOPOIETIC SYSTEM</b>                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Bone Marrow   | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Lymph Node  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Lymph Node, Mandibular                                  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Lymph Node, Mesenteric                                  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Spleen  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Hemangiosarcoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Thymus  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 43                    |
| <b>INTEGUMENTARY SYSTEM</b>                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Mammary Gland   | M                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 0                     |
| Skin  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |
| Fibroma, Multiple                                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Squamous Cell Papilloma                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Subcutaneous Tissue, Fibrosarcoma                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |
| Subcutaneous Tissue, Schwannoma Malignant               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             |                 |  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|--|
|   | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                 |  |
|   | 0<br>0<br>0<br>4<br>1 | 0<br>0<br>0<br>4<br>3 | 0<br>0<br>7<br>5<br>1 | 0<br>0<br>7<br>5<br>2 | 0<br>0<br>7<br>5<br>3 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>6<br>4 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>8<br>2 | 0<br>0<br>7<br>8<br>3 | 0<br>0<br>7<br>8<br>4 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>2 | 0<br>0<br>7<br>7<br>3 | 0<br>0<br>7<br>7<br>4 | 0<br>0<br>7<br>8<br>1 | 0<br>0<br>7<br>8<br>2 | 0<br>0<br>7<br>8<br>3 | 0<br>0<br>7<br>8<br>4 | 0<br>0<br>7<br>8<br>1 |                 |  |
|   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | <b>* TOTALS</b> |  |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |

**NERVOUS SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                       |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|
| Brain, Brain Stem   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b>             |
| Brain, Cerebellum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b>             |
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b>             |
| Peripheral Nerve, Sciatic<br>Schwannoma Malignant, Metastatic, Skin | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b><br><b>1</b> |
| Spinal Cord, Cervical   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b>             |
| Spinal Cord, Lumbar   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b>             |
| Spinal Cord, Thoracic   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b>             |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   |   | <b>5</b>  |
| Alveolar/Bronchiolar Adenoma, Multiple      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | <b>2</b>  |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | <b>1</b>  |
| Fibrosarcoma, Metastatic, Skin              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | <b>1</b>  |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |                       |
| ANIMAL ID   | 0<br>0<br>0<br>4<br>1 | 0<br>0<br>0<br>4<br>3 | 0<br>0<br>7<br>5<br>1 | 0<br>0<br>7<br>5<br>2 | 0<br>0<br>7<br>5<br>3 | 0<br>0<br>7<br>6<br>1 | 0<br>0<br>7<br>6<br>4 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>7<br>1 | 0<br>0<br>7<br>8<br>1 | 0<br>0<br>7<br>8<br>2 | 0<br>0<br>7<br>8<br>3 | 0<br>0<br>7<br>7<br>4 | 0<br>1<br>0<br>7<br>1 | 0<br>1<br>0<br>7<br>2 | 0<br>1<br>0<br>7<br>3 | 0<br>1<br>0<br>7<br>4 | 0<br>1<br>0<br>8<br>1 | 0<br>1<br>0<br>8<br>2 | 0<br>1<br>0<br>0<br>3 | 0<br>1<br>0<br>0<br>1 | 0<br>1<br>0<br>0<br>2 | 0<br>1<br>0<br>0<br>3 |
| Nose  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Trachea   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |
| <b>SPECIAL SENSES SYSTEM</b>                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Eye   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |
| Harderian Gland   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Adenoma   | X                     |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | X                     | X                     | X                     |                       | X                     | X                     |                       | X                     | X                     |                       |                       | 19                    |
| Bilateral, Adenoma                                      |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 4                     |
| <b>URINARY SYSTEM</b>                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Kidney  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Urinary Bladder   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| <b>SYSTEMIC LESIONS</b>                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Multiple Organ  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Histiocytic Sarcoma                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lymphoma Malignant                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | ANIMAL ID | males<br>(cont...) |  |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--------------------|--|
|  | 0<br>4      | 0<br>5 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 |           |                    |  |
|  | 0           | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         |                    |  |
|  | 4           | 5      | 6      | 6      | 6      | 6      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7         |                    |  |
|  | 0           | 2      | 1      | 3      | 5      | 7      | 0      | 2      | 2      | 2      | 2      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3         |                    |  |
|  | 0           | 6      | 7      | 9      | 2      | 3      | 1      | 6      | 6      | 6      | 6      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3         |                    |  |
|  | 0           | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         |                    |  |
|  | 1           | 0      | 0      | 0      | 1      | 0      | 0      | 1      | 1      | 1      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         |                    |  |
|  | 2           | 5      | 2      | 3      | 2      | 4      | 4      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 3      | 3      | 3      | 3      | 3      | 3         |                    |  |
|  | 6           | 0      | 8      | 1      | 3      | 9      | 8      | 5      | 5      | 5      | 5      | 8      | 8      | 8      | 9      | 9      | 9      | 9      | 0      | 0      | 0      | 0      | 1      | 1      | 1         |                    |  |
|  | 4           | 4      | 4      | 4      | 4      | 4      | 3      | 1      | 2      | 3      | 4      | 1      | 2      | 3      | 1      | 2      | 3      | 4      | 1      | 2      | 3      | 4      | 1      | 2      | 3         |                    |  |

ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon             | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum             | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum           | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                              | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma           |   | X | X |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   | X |   |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Oral Mucosa                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |
| Pancreas                           | + | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                    | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach               | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
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Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | ANIMAL ID | males<br>(cont...) |        |        |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--------------------|--------|--------|
|  | 0<br>4      | 0<br>5 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 |           |                    | 0<br>7 | 0<br>7 |
|  | 0           | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         | 0                  | 0<br>1 |        |
|  | 0           | 2      | 1      | 3      | 5      | 7      | 0      | 2      | 2      | 2      | 2      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3         | 3                  | 0<br>0 |        |
|  | 0           | 6      | 7      | 9      | 2      | 3      | 1      | 6      | 6      | 6      | 6      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3         | 3                  | 0<br>2 |        |
|  | 0           | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         | 0                  | 0<br>4 |        |
|  | 1           | 0      | 0      | 0      | 1      | 0      | 0      | 1      | 1      | 1      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         | 0                  | 0<br>1 |        |
|  | 2           | 5      | 2      | 3      | 2      | 4      | 4      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 3      | 3      | 3         | 3                  | 0<br>3 |        |
|  | 6           | 0      | 8      | 1      | 3      | 9      | 8      | 5      | 5      | 5      | 5      | 8      | 8      | 8      | 9      | 9      | 9      | 9      | 0      | 0      | 1         | 1                  | 0<br>1 |        |
|  | 4           | 4      | 4      | 4      | 4      | 4      | 3      | 1      | 2      | 3      | 4      | 1      | 2      | 3      | 1      | 2      | 3      | 4      | 1      | 2      | 3         | 3                  | 0<br>2 |        |

Squamous Cell Papilloma

X X

Stomach, Glandular

+ + A + + A A + + + + + + + + + + + + + + + + + + +

CARDIOVASCULAR SYSTEM

Blood Vessel

+ +

Heart

+ +

ENDOCRINE SYSTEM

Adrenal Cortex

+ + + + + A + + + + + + + + + + + + + + + + + + +

Adrenal Medulla  
Pheochromocytoma Benign

+ + + + + A + + + + + + + + + + + + + + + + + + +

Islets, Pancreatic

+ + + + + A + + + + + + + + + + + + + + + + + + +

Parathyroid Gland

+ +

Pituitary Gland

M + + + + + A + + + + + + + + + + + + + + + + + + +

Thyroid Gland

+ +

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

Epididymis

+ + + + + A + + + + + + + + + + + + + + + + + + +

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | ANIMAL ID | males<br>(cont...) |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--------------------|
|  | 0<br>4      | 0<br>5 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 |           |                    |
|  | 0<br>0      | 0<br>2 | 0<br>1 | 0<br>3 | 0<br>5 | 0<br>7 | 0<br>0 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 | 0<br>3 |           |                    |
|  | 0<br>1      | 0<br>0 | 0<br>0 | 0<br>1 | 0<br>0 | 0<br>0 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>1 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 | 0<br>0 |           |                    |
|  | 2<br>6      | 5<br>0 | 2<br>8 | 3<br>1 | 2<br>3 | 4<br>9 | 4<br>8 | 2<br>5 | 2<br>5 | 2<br>5 | 2<br>5 | 2<br>8 | 2<br>8 | 2<br>8 | 2<br>9 | 2<br>9 | 2<br>9 | 2<br>9 | 3<br>0 | 3<br>0 | 3<br>0 | 3<br>0 | 3<br>1 | 3<br>1 |           |                    |
|  | 4           | 4      | 4      | 4      | 4      | 4      | 3      | 1      | 2      | 3      | 4      | 1      | 2      | 3      | 4      | 1      | 2      | 3      | 4      | 1      | 2      | 3      | 4      | 3      |           |                    |
| Preputial Gland  | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | M      | +      | +      | +      | +      | +      |           |                    |
| Prostate   | +           | +      | +      | +      | +      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Seminal Vesicle  | +           | +      | +      | +      | +      | A      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Testes   | +           | +      | +      | +      | +      | A      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| <b>HEMATOPOIETIC SYSTEM</b>                              |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |           |                    |
| Bone Marrow  | +           | +      | +      | +      | +      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Lymph Node   | +           |        |        | +      |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | +      |        |        | +      | +      |           |                    |
| Lymph Node, Mandibular                                   | +           | +      | +      | +      | +      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Lymph Node, Mesenteric                                   | +           | +      | +      | +      | +      | A      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Spleen   | +           | +      | +      | +      | +      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Thymus   | +           | +      | +      | +      | +      | A      | +      | +      | +      | +      | +      | +      | +      | +      | +      | M      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| <b>INTEGUMENTARY SYSTEM</b>                              |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |           |                    |
| Mammary Gland  | M           | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      | M      |           |                    |
| Skin   | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      |           |                    |
| Fibroma  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |           |                    |
| Squamous Cell Papilloma                                  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |           |                    |
| Subcutaneous Tissue, Fibrous Histiocytoma                |             |        |        |        |        |        |        | X      |        |        |        |        | X      |        |        |        |        |        |        |        |        |        |        |        |           |                    |
| Subcutaneous Tissue, Hemangiosarcoma                     |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |           |                    |
| Subcutaneous Tissue, Sarcoma                             |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |           |                    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | ANIMAL ID | males<br>(cont...) |   |  |
|--|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|--------------------|---|--|
|  | 0<br>4      | 0<br>5 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>6 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 | 0<br>7 |           |                    |   |  |
|  | 0           | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         | 0                  |   |  |
|  | 4           | 5      | 6      | 6      | 6      | 6      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7      | 7         | 7                  | 0 |  |
|  | 0           | 2      | 1      | 3      | 5      | 7      | 0      | 2      | 2      | 2      | 2      | 2      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3         | 3                  | 0 |  |
|  | 0           | 6      | 7      | 9      | 2      | 3      | 1      | 6      | 6      | 6      | 6      | 6      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3      | 3         | 3                  | 0 |  |
|  | 0           | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         | 0                  | 0 |  |
|  | 1           | 0      | 0      | 0      | 1      | 0      | 0      | 1      | 1      | 1      | 1      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0      | 0         | 0                  | 1 |  |
|  | 2           | 5      | 2      | 3      | 2      | 4      | 4      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 3      | 3      | 3      | 3      | 3      | 3         | 3                  | 2 |  |
|  | 6           | 0      | 8      | 1      | 3      | 9      | 8      | 5      | 5      | 5      | 5      | 8      | 8      | 8      | 9      | 9      | 9      | 9      | 0      | 0      | 0      | 0      | 0      | 0      | 0         | 0                  | 3 |  |
|  | 4           | 4      | 4      | 4      | 4      | 4      | 3      | 1      | 2      | 3      | 4      | 1      | 2      | 3      | 1      | 2      | 3      | 4      | 1      | 2      | 3      | 4      | 1      | 2      | 3         | 3                  | 4 |  |

Subcutaneous Tissue, Schwannoma Malignant

X

MUSCULOSKELETAL SYSTEM

Bone, Femur

+ +

Skeletal Muscle

+ + + + + A + + + + + + + + + + + + + + + + + +

NERVOUS SYSTEM

Brain, Brain Stem

+ + + + + A + + + + + + + + + + + + + + + + + +

Brain, Cerebellum

+ + + + + A + + + + + + + + + + + + + + + + + +

Brain, Cerebrum

+ + + + + A + + + + + + + + + + + + + + + + + +

Peripheral Nerve, Sciatic

+ + + + + A + + + + + + + + + + + + + + + + + +

Spinal Cord, Cervical

+ + + + + A A + + + + + + + + + + + + + + + + +

Spinal Cord, Lumbar

+ + + + + A A + + + + + + + + + + + + + + + + +

Spinal Cord, Thoracic

+ + + + + A A + + + + + + + + + + + + + + + + +

RESPIRATORY SYSTEM

Lung

+ + A + + A + + + + + + + + + + + + + + + + + +

Alveolar/Bronchiolar Adenoma

X

X X

Alveolar/Bronchiolar Adenoma, Multiple

Nose

+ + + + + A A + + + + + + + + + + + + + + + + +

Trachea

+ +

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

|  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |             | 4 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|  |             | 0 | 2 | 1 | 3 | 5 | 7 | 0 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|  | 0           | 6 | 7 | 9 | 2 | 3 | 1 | 6 | 6 | 6 | 6 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |
|  | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |             | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |             | 2 | 5 | 2 | 3 | 2 | 4 | 4 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |
|  |             | 6 | 0 | 8 | 1 | 3 | 9 | 8 | 5 | 5 | 5 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |             | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 |   |
|  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

males  
(cont...)

**SPECIAL SENSES SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                | + | + | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Harderian Gland    | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Adenoma            |   |   |   |   |   |   |   | X | X | X |   | X |   | X |   | X | X |   |   |   |   | X | X |   |   |   |   |   |   |   |
| Bilateral, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

**URINARY SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney          | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Urinary Bladder | + | + | + | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SYSTEMIC LESIONS**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |
| ANIMAL ID  | 0<br>0<br>4<br>8<br>1 | 0<br>0<br>4<br>8<br>2 | 0<br>0<br>4<br>8<br>4 | 0<br>0<br>4<br>9<br>1 | 0<br>0<br>4<br>9<br>2 | 0<br>0<br>4<br>9<br>3 | 0<br>0<br>5<br>0<br>1 | 0<br>0<br>5<br>0<br>2 | 0<br>0<br>5<br>0<br>3 | 0<br>0<br>5<br>1<br>1 | 0<br>0<br>5<br>1<br>2 | 0<br>0<br>5<br>1<br>3 | 0<br>0<br>5<br>1<br>4 | 0<br>0<br>2<br>3<br>1 | 0<br>0<br>2<br>3<br>2 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>4<br>1 | 0<br>0<br>2<br>4<br>2 | 0<br>0<br>2<br>4<br>3 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>2 |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Carcinoma           |   | X |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   |   | X |   |   |   | 9  |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   | 1  |
| Oral Mucosa                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Stomach, Forestomach               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |
| ANIMAL ID  | 0<br>0<br>4<br>8<br>1 | 0<br>0<br>4<br>8<br>2 | 0<br>0<br>4<br>8<br>4 | 0<br>0<br>4<br>9<br>1 | 0<br>0<br>4<br>9<br>2 | 0<br>0<br>4<br>9<br>3 | 0<br>0<br>5<br>0<br>1 | 0<br>0<br>5<br>0<br>2 | 0<br>0<br>5<br>0<br>3 | 0<br>0<br>5<br>1<br>1 | 0<br>0<br>5<br>1<br>2 | 0<br>0<br>5<br>1<br>3 | 0<br>0<br>5<br>1<br>4 | 0<br>0<br>2<br>3<br>1 | 0<br>0<br>2<br>3<br>2 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>4<br>1 | 0<br>0<br>2<br>4<br>2 | 0<br>0<br>2<br>4<br>3 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>2 |
| Squamous Cell Papilloma                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Stomach, Glandular                                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |
| <b>CARDIOVASCULAR SYSTEM</b>                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Blood Vessel   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Heart  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| <b>ENDOCRINE SYSTEM</b>                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Adrenal Cortex   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Adrenal Medulla<br>Pheochromocytoma Benign               | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46<br>1               |
| Islets, Pancreatic                                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Parathyroid Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Pituitary Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44                    |
| Thyroid Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| <b>GENERAL BODY SYSTEM</b>                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| NONE   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>GENITAL SYSTEM</b>                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Epididymis   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>0.0875 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |    |
| ANIMAL ID  | 0<br>0<br>4<br>8<br>1 | 0<br>0<br>4<br>8<br>2 | 0<br>0<br>4<br>8<br>4 | 0<br>0<br>4<br>9<br>1 | 0<br>0<br>4<br>9<br>2 | 0<br>0<br>4<br>9<br>3 | 0<br>0<br>5<br>0<br>1 | 0<br>0<br>5<br>0<br>2 | 0<br>0<br>5<br>0<br>3 | 0<br>0<br>5<br>1<br>1 | 0<br>0<br>5<br>1<br>2 | 0<br>0<br>5<br>1<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>5<br>2<br>3 |    |
| Preputial Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Prostate   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Seminal Vesicle  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| Testes   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| <b>HEMATOPOIETIC SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Bone Marrow  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Lymph Node   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 5  |
| Lymph Node, Mandibular                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Lymph Node, Mesenteric                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| Spleen   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47 |
| Thymus   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | 45 |
| <b>INTEGUMENTARY SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Mammary Gland  | M                     | M                     | +                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 1  |
| Skin   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48 |
| Fibroma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 1  |
| Squamous Cell Papilloma                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Subcutaneous Tissue, Fibrous Histiocytoma                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2  |
| Subcutaneous Tissue, Hemangiosarcoma                     | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Subcutaneous Tissue, Sarcoma                             |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR MICE MALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID |                 |   |
|-------------|--------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----------------|---|
|             | 0                                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                 | 0 |
| 7           | 7                                    | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7         | 0               |   |
| 3           | 3                                    | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 0               |   |
| 3           | 3                                    | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 0               |   |
| 0           | 0                                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0               |   |
| 0           | 0                                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0               |   |
| 4           | 4                                    | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2         | 1               |   |
| 8           | 8                                    | 8 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 6         | 1               |   |
| 1           | 2                                    | 4 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 3 | 1 | 2 | 3 | 4 | 2         | 1               |   |
|             |                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | <b>* TOTALS</b> |   |

Subcutaneous Tissue, Schwannoma Malignant

1

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Brain, Cerebellum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Brain, Cerebrum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Peripheral Nerve, Sciatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Spinal Cord, Cervical     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Spinal Cord, Lumbar       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Spinal Cord, Thoracic     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |

**RESPIRATORY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Alveolar/Bronchiolar Adenoma           |   |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   | X |   |   |   |   | 6  |
| Alveolar/Bronchiolar Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | 1  |
| Nose                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Trachea                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide

CAS Number: 5694-00-8

Date Report Requested: 12/17/2014

Time Report Requested: 07:40:57

First Dose M/F: 06/02/05 / 06/02/05

Lab: NCTR

|                                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |
|-----------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|
|                                   | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                                   |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                 |
| <b>C57BL/6N XC3H/HEN MTV-NCTR</b> |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                 |
| <b>MICE MALE</b>                  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                 |
| <b>0.0875 GLYCID</b>              |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                                   | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                                   |             | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                 |
|                                   |             | 8 | 8 | 8 | 9 | 9 | 9 | 0 | 0 | 1 | 1 | 1 | 1 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 6 | 6 |                 |
|                                   |             | 1 | 2 | 4 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | <b>* TOTALS</b> |

**SPECIAL SENSES SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Eye                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Harderian Gland Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Bilateral, Adenoma      |   |   | X | X |   |   |   |   | X |   |   | X |   | X | X |   |   |   |   |   |   | <b>15</b> |
|                         |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |

**URINARY SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |

**SYSTEMIC LESIONS**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Multiple Organ Lymphoma Malignant | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
|                                   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>4</b>  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID | males<br>(cont...) |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|
|  | 2           | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                    |
|  | 2           | 9 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 0         |                    |
|  | 3           | 4 | 5 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 0         |                    |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                    |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                    |
|  | 0           | 8 | 8 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 0         |                    |
|  | 9           | 5 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 0         |                    |
|  | 4           | 2 | 2 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 0         |                    |

**ALIMENTARY SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                      | A | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum           | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon           | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum          | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum           | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum         | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                            | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma           |   |   |   |   | X |   |   | X |   |   |   |   |   | X | X |   |   |   |   |   |   | X |   |   |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma         |   | X |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Mesentery                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrous Histiocytoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |
| Pancreas                         | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Salivary Glands                  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID | males<br>(cont...) |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|
|  | 2           | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                    |
|  | 2           | 9 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                    |
|  | 3           | 4 | 5 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                    |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    |
|  | 0           | 8 | 8 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |           |                    |
|  | 9           | 5 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 |           |                    |
|  | 4           | 2 | 2 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |           |                    |
| Stomach, Glandular                                       | A           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                    |
| <b>CARDIOVASCULAR SYSTEM</b>                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                    |
| Blood Vessel   | A           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                    |
| Heart  | A           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                    |
| <b>ENDOCRINE SYSTEM</b>                                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                    |
| Adrenal Cortex   | A           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                    |
| Adrenal Medulla<br>Pheochromocytoma Benign               | A           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           | X                  |
| Islets, Pancreatic                                       | A           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                    |
| Parathyroid Gland  | A           | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + |           |                    |
| Pituitary Gland  | A           | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + |           |                    |
| Thyroid Gland  | A           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                    |
| <b>GENERAL BODY SYSTEM</b>                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                    |
| NONE   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                    |
| <b>GENITAL SYSTEM</b>                                    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                    |
| Epididymis   | A           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                    |
| Preputial Gland  | A           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |                    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID | males<br>(cont...) |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|
|  | 2           | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                    |
|  | 2           | 9 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                    |
|  | 3           | 4 | 5 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                    |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                    |
|  | 0           | 8 | 8 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |           |                    |
|  | 9           | 5 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 |           |                    |
|  | 4           | 2 | 2 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 |           |                    |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Prostate             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Seminal Vesicle      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes               | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**HEMATOPOIETIC SYSTEM**

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                       | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node                        | A |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Axillary, Fibrous Histiocytoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Inguinal, Fibrous Histiocytoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lumbar, Fibrous Histiocytoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mediastinal, Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular            | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mesenteric            | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                            | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus                            | A | + | + | + | + | + | + | + | + | + | M | + | + | + | + | M | + | + | + | + | + | + | + | M |   |

**INTEGUMENTARY SYSTEM**

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland | M | M | + | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | + | M | M | M | M |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
Time Report Requested: 07:40:57  
First Dose M/F: 06/02/05 / 06/02/05  
Lab: NCTR

| DAY ON TEST                                     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------------------|
| <b>C57BL/6N XC3H/HEN MTV-NCTR<br/>MICE MALE</b> | 2 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                  |
|   | 2 | 9 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                  |
|   | 3 | 4 | 5 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                  |
| <b>CONTROL WATER</b>                            | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  |
|   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                  |
|   | 0 | 8 | 8 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6                  |
|   | 9 | 5 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 6 | 6                  |
|   | 4 | 2 | 2 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 4 | 1 | 2 | 3 | 4 | 3                  |
| ANIMAL ID                                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | males<br>(cont...) |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Skin                                      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcutaneous Tissue, Fibrosarcoma         |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrous Histiocytoma |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem         | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum         | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum           | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Peripheral Nerve, Sciatic | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Cervical     | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Lumbar       | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Thoracic     | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Carcinoma, Metastatic, Liver |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
Time Report Requested: 07:40:57  
First Dose M/F: 06/02/05 / 06/02/05  
Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | ANIMAL ID   | 2 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|  |             | 2 | 9 | 1 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |
|  |             | 3 | 4 | 5 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |             | 0 | 8 | 8 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |   |
|  |             | 9 | 5 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 6 | 6 | 6 | 6 |   |
|  |             | 4 | 2 | 2 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 4 | 1 | 2 | 3 | 4 | 3 |   |
|  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

males  
(cont...)

Nose  
Fibrous Histiocytoma

A +

Trachea

A +

SPECIAL SENSES SYSTEM

Eye

A +

Harderian Gland  
Adenoma

A + + + + + + + + + + + + + + + + + X X + + + + +

URINARY SYSTEM

Kidney

A +

Urinary Bladder

A +

SYSTEMIC LESIONS

Multiple Organ  
Histiocytic Sarcoma  
Lymphoma Malignant

+ + + + + + + + + + + + + + + + X + + + + + + +  
X

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ANIMAL ID |                 |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----------------|
|  |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                 |
|  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                 |
|  |             | 6 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |           |                 |
|  |             | 4 | 1 | 3 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 |           |                 |
|  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | <b>* TOTALS</b> |

**ALIMENTARY SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |           |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|-----------|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>47</b> |
| Gallbladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>46</b> |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>47</b> |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>47</b> |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>47</b> |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>47</b> |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>47</b> |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>47</b> |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>47</b> |
| Hepatocellular Adenoma           |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |  | <b>9</b>  |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>1</b>  |
| Hepatocellular Carcinoma         |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   | X |   |   |   |  | <b>5</b>  |
| Mesentery                        |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>2</b>  |
| Fibrous Histiocytoma             |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>1</b>  |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>47</b> |
| Fibrous Histiocytoma             |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | <b>1</b>  |
| Salivary Glands                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>47</b> |
| Stomach, Forestomach             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | <b>47</b> |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  | 0  | * TOTALS |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|----------|
|  | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7  | 7  |          |
|  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3  |    |          |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  |    |          |
|  |             | 6 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9  |    |          |
|  |             | 6 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 5 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 |    |    |          |
|  |             | 4 | 1 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4  |    |          |
| Stomach, Glandular                                       |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 47 |          |
| <b>CARDIOVASCULAR SYSTEM</b>                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |          |
| Blood Vessel   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 47 |          |
| Heart  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 47 |          |
| <b>ENDOCRINE SYSTEM</b>                                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |          |
| Adrenal Cortex   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 47 |          |
| Adrenal Medulla  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 47 |          |
| Pheochromocytoma Benign                                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |          |
| Islets, Pancreatic                                       |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 47 |          |
| Parathyroid Gland  |             | M | + | + | + | + | + | M | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | 43 |    |          |
| Pituitary Gland  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 45 |          |
| Thyroid Gland  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 47 |          |
| <b>GENERAL BODY SYSTEM</b>                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |          |
| NONE   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |          |
| <b>GENITAL SYSTEM</b>                                    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |          |
| Epididymis   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 47 |          |
| Preputial Gland  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 47 |          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
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 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |
| ANIMAL ID  | 0<br>0<br>6<br>6<br>4 | 0<br>0<br>8<br>3<br>1 | 0<br>0<br>8<br>3<br>3 | 0<br>0<br>8<br>3<br>4 | 0<br>0<br>8<br>4<br>1 | 0<br>0<br>8<br>4<br>2 | 0<br>0<br>8<br>4<br>3 | 0<br>0<br>8<br>4<br>4 | 0<br>0<br>8<br>5<br>1 | 0<br>0<br>8<br>5<br>3 | 0<br>0<br>9<br>5<br>4 | 0<br>0<br>9<br>1<br>1 | 0<br>0<br>9<br>1<br>2 | 0<br>0<br>9<br>1<br>3 | 0<br>0<br>9<br>2<br>4 | 0<br>0<br>9<br>2<br>1 | 0<br>0<br>9<br>2<br>2 | 0<br>0<br>9<br>3<br>4 | 0<br>0<br>9<br>3<br>1 | 0<br>0<br>9<br>3<br>2 | 0<br>0<br>9<br>3<br>3 | 0<br>0<br>9<br>3<br>4 |
| Prostate   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Fibrous Histiocytoma                                     |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Seminal Vesicle  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Testes   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| <b>HEMATOPOIETIC SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Bone Marrow  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Lymph Node   |                       |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | +                     |                       |                       | 4                     |
| Axillary, Fibrous Histiocytoma                           |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Inguinal, Fibrous Histiocytoma                           |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lumbar, Fibrous Histiocytoma                             |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Mediastinal, Fibrous Histiocytoma                        |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lymph Node, Mandibular                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Fibrous Histiocytoma                                     |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lymph Node, Mesenteric                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Fibrous Histiocytoma                                     |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Spleen   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |
| Hemangiosarcoma  |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Thymus   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | 43                    |
| <b>INTEGUMENTARY SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Mammary Gland  | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 3                     |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |   |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|---|
|  | 0733        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          | 0733 |   |
| ANIMAL ID  | 00664       | 00883 | 00883 | 00884 | 00881 | 00882 | 00884 | 00885 | 00881 | 00883 | 00884 | 00889 | 00889 | 00889 | 00889 | 00889 | 00889 | 00889 | 00889 | 00889 | 00889    |      |   |
| Skin   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |   |
| Subcutaneous Tissue, Fibrosarcoma                        |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | X    | 2 |
| Subcutaneous Tissue, Fibrous Histiocytoma                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      | 1 |
| <b>MUSCULOSKELETAL SYSTEM</b>                            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |   |
| Bone, Femur  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48   |   |
| Skeletal Muscle  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48   |   |
| Hemangiosarcoma  |             |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |          | 1    |   |
| <b>NERVOUS SYSTEM</b>                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |   |
| Brain, Brain Stem  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |   |
| Brain, Cerebellum  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |   |
| Brain, Cerebrum  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |   |
| Peripheral Nerve, Sciatic                                | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |   |
| Spinal Cord, Cervical                                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |   |
| Spinal Cord, Lumbar                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |   |
| Spinal Cord, Thoracic                                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |   |
| <b>RESPIRATORY SYSTEM</b>                                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |   |
| Lung   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |   |
| Hepatocellular Carcinoma, Metastatic, Liver              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1    |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE MALE<br>CONTROL WATER | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|  | 0733        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          |
| ANIMAL ID  | 00664       | 00683 | 00683 | 00688 | 00688 | 00688 | 00688 | 00688 | 00688 | 00688 | 00688 | 00688 | 00688 | 00688 | 00688 | 00688 | 00688 | 00688 | 00688 | 00688 |          |
|  | Nose        | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        |
| Fibrous Histiocytoma                                     |             |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Trachea  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| <b>SPECIAL SENSES SYSTEM</b>                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Eye  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Harderian Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Adenoma  |             |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       | 3        |
| <b>URINARY SYSTEM</b>                                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Kidney   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| Urinary Bladder  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 47       |
| <b>SYSTEMIC LESIONS</b>                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
| Multiple Organ   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48       |
| Histiocytic Sarcoma                                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1        |
| Lymphoma Malignant                                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       | 2        |

\*\*\* END OF MALE DATA \*\*\*

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...)  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>2<br>7<br>6      | 0<br>2<br>8<br>2      | 0<br>3<br>3<br>1      | 0<br>3<br>8<br>4      | 0<br>3<br>9<br>4      | 0<br>4<br>2<br>1      | 0<br>4<br>2<br>8      | 0<br>4<br>7<br>7      | 0<br>4<br>9<br>8      | 0<br>4<br>9<br>8      | 0<br>5<br>2<br>0      | 0<br>5<br>2<br>7      | 0<br>5<br>3<br>3      | 0<br>5<br>3<br>4      | 0<br>5<br>4<br>1      | 0<br>5<br>4<br>4      | 0<br>5<br>4<br>7      | 0<br>5<br>4<br>8      | 0<br>5<br>4<br>8      | 0<br>5<br>5<br>5      | 0<br>5<br>5<br>8      | 0<br>5<br>6<br>2      | 0<br>5<br>6<br>2      | 0<br>5<br>7<br>6      |                       |                       |
|  | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>0<br>6<br>4 | 0<br>0<br>8<br>8<br>4 | 0<br>0<br>8<br>9<br>2 | 0<br>0<br>8<br>9<br>4 | 0<br>0<br>8<br>9<br>3 | 0<br>0<br>8<br>7<br>2 | 0<br>0<br>8<br>7<br>3 | 0<br>0<br>8<br>7<br>2 | 0<br>0<br>5<br>8<br>4 | 0<br>0<br>0<br>8<br>2 | 0<br>0<br>5<br>2<br>3 | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>0<br>7<br>2 | 0<br>0<br>5<br>8<br>1 | 0<br>0<br>5<br>2<br>2 | 0<br>0<br>6<br>5<br>1 | 0<br>0<br>5<br>5<br>3 | 0<br>0<br>5<br>5<br>3 | 0<br>0<br>5<br>5<br>2 | 0<br>0<br>5<br>8<br>4 | 0<br>0<br>5<br>3<br>4 | 0<br>0<br>8<br>3<br>1 | 0<br>0<br>8<br>4<br>4 | 0<br>0<br>5<br>8<br>4 |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus   | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Gallbladder   | A | + | A | + | + | + | M | A | + | + | + | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + |
| Intestine Large, Cecum  | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon  | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum<br>Polyp Adenomatous<br>Sarcoma Stromal, Metastatic, Uterus | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum<br>Adenoma  | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum  | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum  | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Liver<br>Hepatocellular Carcinoma   | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Pancreas  | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Salivary Glands   | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach<br>Squamous Cell Papilloma                                     | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular  | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
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 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>2<br>7<br>6      | 0<br>2<br>8<br>2      | 0<br>3<br>3<br>1      | 0<br>3<br>8<br>4      | 0<br>3<br>9<br>4      | 0<br>4<br>2<br>1      | 0<br>4<br>2<br>8      | 0<br>4<br>7<br>7      | 0<br>4<br>9<br>8      | 0<br>4<br>9<br>8      | 0<br>5<br>2<br>0      | 0<br>5<br>2<br>7      | 0<br>5<br>3<br>3      | 0<br>5<br>3<br>4      | 0<br>5<br>4<br>1      | 0<br>5<br>4<br>4      | 0<br>5<br>4<br>7      | 0<br>5<br>4<br>8      | 0<br>5<br>5<br>8      | 0<br>5<br>5<br>5      | 0<br>5<br>6<br>2      | 0<br>5<br>6<br>2      | 0<br>5<br>7<br>6      | 0<br>5<br>9<br>7      |                       |
| ANIMAL ID  | 0<br>0<br>0<br>5<br>1 | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>0<br>6<br>4 | 0<br>0<br>8<br>8<br>4 | 0<br>0<br>8<br>9<br>2 | 0<br>0<br>8<br>9<br>4 | 0<br>0<br>8<br>9<br>3 | 0<br>0<br>8<br>7<br>2 | 0<br>0<br>8<br>7<br>3 | 0<br>0<br>8<br>8<br>2 | 0<br>0<br>8<br>7<br>2 | 0<br>0<br>5<br>8<br>4 | 0<br>0<br>0<br>8<br>3 | 0<br>0<br>5<br>7<br>1 | 0<br>0<br>0<br>8<br>2 | 0<br>0<br>5<br>2<br>2 | 0<br>0<br>5<br>6<br>1 | 0<br>0<br>5<br>5<br>3 | 0<br>0<br>5<br>5<br>3 | 0<br>0<br>5<br>5<br>3 | 0<br>0<br>5<br>8<br>3 | 0<br>0<br>5<br>3<br>4 | 0<br>0<br>5<br>8<br>1 | 0<br>0<br>8<br>3<br>4 | 0<br>0<br>8<br>4<br>4 |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Heart        | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |

**ENDOCRINE SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex<br>Subcapsular, Adenoma      | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Adrenal Medulla<br>Pheochromocytoma Complex | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Islets, Pancreatic                          | A | + | A | + | + | + | + | A | M | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Parathyroid Gland                           | A | + | A | M | + | + | + | + | + | M | + | + | + | M | + | A | M | + | M | + | + | M | + | + |   |
| Pituitary Gland<br>Pars Distalis, Adenoma   | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
| Thyroid Gland                               | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |

**GENERAL BODY SYSTEM**

|            |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Tissue NOS | + |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**GENITAL SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland<br>Schwannoma Malignant, Metastatic, Skin<br>Squamous Cell Carcinoma, Metastatic, Vagina | A | + | A | M | + | + | + | M | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + |
|   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
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P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                            | ANIMAL ID | females<br>(cont...) |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------------|-----------|----------------------|
|  | 0<br>2<br>7<br>6 | 0<br>2<br>8<br>2 | 0<br>3<br>3<br>1 | 0<br>3<br>8<br>4 | 0<br>3<br>9<br>4 | 0<br>4<br>2<br>1 | 0<br>4<br>2<br>8 | 0<br>4<br>7<br>7 | 0<br>4<br>9<br>8 | 0<br>4<br>9<br>8 | 0<br>5<br>2<br>0 | 0<br>5<br>2<br>7 | 0<br>5<br>3<br>3 | 0<br>5<br>4<br>4 | 0<br>5<br>4<br>7 | 0<br>5<br>4<br>8 | 0<br>5<br>4<br>8 | 0<br>5<br>5<br>5 | 0<br>5<br>5<br>8 | 0<br>5<br>6<br>2 | 0<br>5<br>6<br>2 | 0<br>5<br>7<br>6 | 0<br>5<br>9<br>7 |                            |           |                      |
|  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 00005051                   |           |                      |
|  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 00005051                   |           |                      |
|  | 0                | 5                | 0                | 8                | 8                | 9                | 8                | 8                | 8                | 8                | 5                | 0                | 5                | 0                | 0                | 5                | 0                | 5                | 0                | 5                | 0                | 5                | 8                | 050889888505058388         |           |                      |
|  | 5                | 3                | 6                | 8                | 9                | 0                | 9                | 9                | 7                | 7                | 8                | 2                | 8                | 5                | 7                | 8                | 2                | 1                | 2                | 1                | 3                | 3                | 4                | 53689099778285782121334414 |           |                      |
|  | 1                | 1                | 4                | 4                | 2                | 4                | 3                | 4                | 2                | 3                | 2                | 4                | 3                | 1                | 2                | 1                | 2                | 1                | 3                | 3                | 3                | 4                | 4                | 11442434231213334414       |           |                      |

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ovary                          | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Granulosa Cell Tumor Benign    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Granulosa Cell Tumor Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Tubulostromal Adenoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus                         | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hemangiosarcoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma Stromal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Endometrium, Adenoma           |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Vagina                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |
| Squamous Cell Carcinoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

HEMATOPOIETIC SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow   | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Lymph Node  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lumbar, Squamous Cell Carcinoma, Metastatic, Vagina |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |
| Lymph Node, Mandibular                              | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric                              | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Spleen  | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Thymus  | A | + | A | + | + | + | M | A | + | + | + | + | + | + | + | M | + | + | M | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |                       |                  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|-----------------------|------------------|
|  | 0<br>2<br>7<br>6 | 0<br>2<br>8<br>2 | 0<br>3<br>3<br>1 | 0<br>3<br>8<br>4 | 0<br>3<br>9<br>4 | 0<br>4<br>2<br>1 | 0<br>4<br>2<br>8 | 0<br>4<br>7<br>7 | 0<br>4<br>9<br>8 | 0<br>4<br>9<br>8 | 0<br>5<br>2<br>0 | 0<br>5<br>2<br>7 | 0<br>5<br>3<br>3 | 0<br>5<br>3<br>4 | 0<br>5<br>4<br>1 | 0<br>5<br>4<br>4 | 0<br>5<br>4<br>7 | 0<br>5<br>4<br>8 | 0<br>5<br>5<br>8 | 0<br>5<br>5<br>5 |           |                      | 0<br>5<br>6<br>2 | 0<br>5<br>6<br>2      | 0<br>5<br>7<br>6 |
|  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0         | 0                    | 0                | 0<br>0<br>0<br>5<br>1 |                  |

INTEGUMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                               | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Adenoacanthoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenocarcinoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skin  | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Ear, Basosquamous Tumor Malignant           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrosarcoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrosarcoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Sarcoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Schwannoma Malignant   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

MUSCULOSKELETAL SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Vertebra, Osteosarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bone, Femur                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle                | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Fibrosarcoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Metastatic, Skin      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

NERVOUS SYSTEM

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Brain, Cerebellum | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Brain, Cerebrum   | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |                  |  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|------------------|--|
|  | 0<br>2<br>7<br>6 | 0<br>2<br>8<br>2 | 0<br>3<br>3<br>1 | 0<br>3<br>8<br>4 | 0<br>3<br>9<br>4 | 0<br>4<br>2<br>1 | 0<br>4<br>2<br>8 | 0<br>4<br>7<br>7 | 0<br>4<br>9<br>8 | 0<br>4<br>9<br>8 | 0<br>5<br>2<br>0 | 0<br>5<br>2<br>7 | 0<br>5<br>3<br>3 | 0<br>5<br>3<br>4 | 0<br>5<br>4<br>1 | 0<br>5<br>4<br>7 | 0<br>5<br>4<br>8 | 0<br>5<br>4<br>8 | 0<br>5<br>5<br>5 | 0<br>5<br>5<br>8 | 0<br>5<br>6<br>2 | 0<br>5<br>6<br>2 | 0<br>5<br>7<br>6 |           |                      | 0<br>5<br>9<br>7 |  |
| Peripheral Nerve, Sciatic                                | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +         | +                    |                  |  |
| Spinal Cord, Cervical                                    | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +         | +                    |                  |  |
| Spinal Cord, Lumbar                                      | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +         | +                    |                  |  |
| Spinal Cord, Thoracic                                    | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +         | +                    |                  |  |
| <b>RESPIRATORY SYSTEM</b>                                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Lung   | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +         | +                    | +                |  |
| Alveolar/Bronchiolar Adenoma                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  | X         | X                    |                  |  |
| Alveolar/Bronchiolar Adenoma, Multiple                   |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Alveolar/Bronchiolar Carcinoma                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Fibrosarcoma, Metastatic, Skin                           |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Granular Cell Tumor Malignant, Metastatic, Ovary         |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Osteosarcoma, Metastatic, Bone                           |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Nose   | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    |                  |  |
| Trachea  | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | A                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +         | +                    |                  |  |
| <b>SPECIAL SENSES SYSTEM</b>                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |
| Eye  | A                | +                | A                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +         | +                    |                  |  |
| Harderian Gland  | A                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +         | +                    |                  |  |
| Adenoma  |                  |                  |                  |                  | X                | X                | X                | X                |                  | X                | X                | X                |                  |                  |                  |                  | X                |                  |                  | X                |                  | X                | X                | X         | X                    |                  |  |
| Bilateral, Adenoma                                       |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  | X                | X                | X                | X                |                  | X                | X                |                  |                  |                  |                  |                  |           |                      |                  |  |
| <b>URINARY SYSTEM</b>                                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |                  |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
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|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------------|-----------|----------------------|
|  | 0<br>2<br>7<br>6 | 0<br>2<br>8<br>2 | 0<br>3<br>3<br>1 | 0<br>3<br>8<br>4 | 0<br>3<br>9<br>4 | 0<br>4<br>2<br>1 | 0<br>4<br>2<br>8 | 0<br>4<br>7<br>7 | 0<br>4<br>9<br>8 | 0<br>4<br>9<br>8 | 0<br>5<br>2<br>0 | 0<br>5<br>2<br>7 | 0<br>5<br>3<br>3 | 0<br>5<br>3<br>4 | 0<br>5<br>4<br>1 | 0<br>5<br>4<br>7 | 0<br>5<br>4<br>8 | 0<br>5<br>5<br>8 | 0<br>5<br>5<br>5 | 0<br>5<br>6<br>2 | 0<br>5<br>6<br>2 | 0<br>5<br>7<br>6 | 0<br>5<br>9<br>7 |                       |           |                      |
|  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0<br>0<br>0<br>5<br>1 |           |                      |

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney                              | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Urinary Bladder                     | A | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Sarcoma Stromal, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |

SYSTEMIC LESIONS

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant  |   | X |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|  | 0614        | 0614  | 0618  | 0613  | 0613  | 0614  | 0614  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  | 0615  |          | 0615 |
| ANIMAL ID  | 00062       | 00063 | 00064 | 00065 | 00066 | 00067 | 00068 | 00069 | 00070 | 00071 | 00072 | 00073 | 00074 | 00075 | 00076 | 00077 | 00078 | 00079 | 00080 | 00081 | 00082    |      |
|  | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        |      |

**ALIMENTARY SYSTEM**

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Gallbladder                         | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 41 |
| Intestine Large, Cecum              | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 42 |
| Intestine Large, Colon              | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 43 |
| Intestine Large, Rectum             | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 43 |
| Polyp Adenomatous                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | 1  |
| Sarcoma Stromal, Metastatic, Uterus |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Duodenum           | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 42 |
| Adenoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | 1  |
| Intestine Small, Ileum              | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 42 |
| Intestine Small, Jejunum            | + | + | + | + | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 42 |
| Liver                               | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 43 |
| Hepatocellular Carcinoma            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |
| Pancreas                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Salivary Glands                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Stomach, Forestomach                | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Squamous Cell Papilloma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 9  |
| Stomach, Glandular                  | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 43 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>6<br>1<br>4      | 0<br>6<br>1<br>4      | 0<br>6<br>1<br>8      | 0<br>6<br>3<br>0      | 0<br>6<br>3<br>9      | 0<br>6<br>4<br>5      | 0<br>6<br>4<br>7      | 0<br>6<br>5<br>2      | 0<br>6<br>5<br>3      | 0<br>6<br>5<br>9      | 0<br>6<br>6<br>5      | 0<br>6<br>8<br>7      | 0<br>6<br>9<br>1      | 0<br>6<br>9<br>1      | 0<br>6<br>9<br>7      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |
| ANIMAL ID  | 0<br>0<br>0<br>6<br>2 | 0<br>0<br>0<br>6<br>3 | 0<br>0<br>5<br>4<br>3 | 0<br>0<br>0<br>7<br>1 | 0<br>0<br>9<br>0<br>1 | 0<br>0<br>8<br>7<br>1 | 0<br>0<br>8<br>9<br>1 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>5<br>3<br>3 | 0<br>0<br>5<br>7<br>2 | 0<br>0<br>8<br>4<br>3 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>9<br>5<br>4 | 0<br>0<br>0<br>8<br>2 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>5<br>3<br>2 | 0<br>0<br>5<br>4<br>1 | 0<br>0<br>5<br>5<br>2 | 0<br>0<br>5<br>4<br>4 | 0<br>0<br>8<br>8<br>3 | 0<br>0<br>9<br>5<br>3 |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |

**ENDOCRINE SYSTEM**

|                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Adrenal Cortex           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>44</b> |
| Subcapsular, Adenoma     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Adrenal Medulla          | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>43</b> |
| Pheochromocytoma Complex |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Islets, Pancreatic       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>43</b> |
| Parathyroid Gland        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>39</b> |
| Pituitary Gland          | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>43</b> |
| Pars Distalis, Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Thyroid Gland            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>44</b> |

**GENERAL BODY SYSTEM**

|            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| Tissue NOS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>1</b> |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|

**GENITAL SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Clitoral Gland                              | + | + | + | + | + | + | + | + | + | + | + | M | + | M | + | + | + | + | + | + | + | + | <b>41</b> |
| Schwannoma Malignant, Metastatic, Skin      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Squamous Cell Carcinoma, Metastatic, Vagina |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|  | 0<br>6<br>1<br>4      | 0<br>6<br>1<br>4      | 0<br>6<br>1<br>8      | 0<br>6<br>3<br>0      | 0<br>6<br>3<br>9      | 0<br>6<br>4<br>5      | 0<br>6<br>4<br>7      | 0<br>6<br>5<br>2      | 0<br>6<br>5<br>3      | 0<br>6<br>5<br>9      | 0<br>6<br>6<br>5      | 0<br>6<br>8<br>7      | 0<br>6<br>9<br>1      | 0<br>6<br>9<br>1      | 0<br>6<br>9<br>7      | 0<br>6<br>3<br>3      | 0<br>6<br>3<br>3      | 0<br>6<br>3<br>3      | 0<br>6<br>3<br>3      | 0<br>6<br>3<br>3      |                       | 0<br>6<br>3<br>3      |    |
| ANIMAL ID  | 0<br>0<br>0<br>6<br>2 | 0<br>0<br>0<br>6<br>3 | 0<br>0<br>5<br>4<br>3 | 0<br>0<br>0<br>7<br>1 | 0<br>0<br>9<br>0<br>1 | 0<br>0<br>8<br>7<br>1 | 0<br>0<br>8<br>9<br>1 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>5<br>3<br>3 | 0<br>0<br>5<br>4<br>2 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>8<br>7<br>4 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>9<br>0<br>2 | 0<br>0<br>0<br>8<br>2 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>5<br>3<br>1 | 0<br>0<br>5<br>4<br>2 | 0<br>0<br>5<br>5<br>4 | 0<br>0<br>5<br>5<br>2 | 0<br>0<br>8<br>4<br>3 | 0<br>0<br>8<br>8<br>3 |    |
| Ovary  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44                    |    |
| Granulosa Cell Tumor Benign                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 2                     |    |
| Granulosa Cell Tumor Malignant                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| Tubulostromal Adenoma                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 2                     |    |
| Uterus   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |    |
| Adenocarcinoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |    |
| Hemangiosarcoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       | 1                     |    |
| Polyp Stromal  |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | X                     | X                     |                       |                       |                       | 4                     |    |
| Sarcoma Stromal  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |    |
| Endometrium, Adenoma                                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       | 1                     |    |
| Vagina   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| Squamous Cell Carcinoma                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| <b>HEMATOPOIETIC SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Bone Marrow  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43                    |    |
| Lymph Node   |                       |                       | +                     |                       |                       |                       |                       | +                     |                       |                       |                       |                       |                       | +                     |                       |                       | +                     |                       |                       |                       |                       | 12                    |    |
| Lumbar, Squamous Cell Carcinoma, Metastatic, Vagina      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| Lymph Node, Mandibular                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43                    |    |
| Lymph Node, Mesenteric                                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43                    |    |
| Spleen   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |    |
| Hemangiosarcoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |    |
| Thymus   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | M                     | +                     | M                     | M                     | +                     | +                     | +                     | +                     | M                     | +                     | 37 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
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Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|  | 0614        | 0614  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  | 0618  |          | 0618 |
| ANIMAL ID  | 00062       | 00063 | 00064 | 00065 | 00066 | 00067 | 00068 | 00069 | 00070 | 00071 | 00072 | 00073 | 00074 | 00075 | 00076 | 00077 | 00078 | 00079 | 00080 | 00081 | 00082    |      |

**INTEGUMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Adenoacanthoma                              |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |   | X |   |   | 8  |
| Adenocarcinoma                              |   | X | X | X |   |   |   |   | X |   | X | X |   |   |   | X |   |   | X |   |   | 11 |
| Skin  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Ear, Basosquamous Tumor Malignant           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Fibrosarcoma           |   | X | X |   |   | X | X |   |   |   |   | X |   |   |   |   |   |   | X |   |   | 8  |
| Subcutaneous Tissue, Fibrosarcoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Sarcoma                |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Subcutaneous Tissue, Schwannoma Malignant   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**MUSCULOSKELETAL SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Vertebra, Osteosarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Bone, Femur                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Skeletal Muscle                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Fibrosarcoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 1  |
| Sarcoma, Metastatic, Skin      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | 44 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>6<br>1<br>4      | 0<br>6<br>1<br>4      | 0<br>6<br>1<br>8      | 0<br>6<br>3<br>0      | 0<br>6<br>3<br>9      | 0<br>6<br>4<br>5      | 0<br>6<br>4<br>7      | 0<br>6<br>5<br>2      | 0<br>6<br>5<br>3      | 0<br>6<br>5<br>9      | 0<br>6<br>6<br>5      | 0<br>6<br>8<br>7      | 0<br>6<br>9<br>1      | 0<br>6<br>9<br>1      | 0<br>6<br>9<br>7      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       | 0<br>7<br>3<br>3      |
| ANIMAL ID  | 0<br>0<br>0<br>6<br>2 | 0<br>0<br>0<br>6<br>3 | 0<br>0<br>5<br>4<br>3 | 0<br>0<br>7<br>0<br>1 | 0<br>0<br>9<br>0<br>1 | 0<br>0<br>8<br>7<br>1 | 0<br>0<br>8<br>9<br>1 | 0<br>0<br>0<br>7<br>4 | 0<br>0<br>5<br>3<br>3 | 0<br>0<br>5<br>4<br>2 | 0<br>0<br>0<br>7<br>3 | 0<br>0<br>8<br>7<br>4 | 0<br>0<br>0<br>5<br>4 | 0<br>0<br>9<br>8<br>2 | 0<br>0<br>0<br>5<br>2 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>5<br>3<br>4 | 0<br>0<br>5<br>4<br>2 | 0<br>0<br>5<br>5<br>4 | 0<br>0<br>5<br>5<br>5 | 0<br>0<br>8<br>8<br>3 | 0<br>0<br>9<br>8<br>3 |
| Peripheral Nerve, Sciatic                                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44                    |
| Spinal Cord, Cervical                                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43                    |
| Spinal Cord, Lumbar                                      | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43                    |
| Spinal Cord, Thoracic                                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43                    |
| <b>RESPIRATORY SYSTEM</b>                                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lung   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44                    |
| Alveolar/Bronchiolar Adenoma                             |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       | X                     |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 7                     |
| Alveolar/Bronchiolar Adenoma, Multiple                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | X                     |                       |                       |                       |                       |                       | 2                     |
| Alveolar/Bronchiolar Carcinoma                           |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | 2                     |
| Fibrosarcoma, Metastatic, Skin                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Granular Cell Tumor Malignant, Metastatic, Ovary         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Osteosarcoma, Metastatic, Bone                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Nose   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45                    |
| Trachea  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43                    |
| <b>SPECIAL SENSES SYSTEM</b>                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Eye  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 43                    |
| Harderian Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46                    |
| Adenoma  |                       |                       | X                     | X                     | X                     |                       |                       | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | X                     | 27                    |
| Bilateral, Adenoma                                       |                       |                       |                       | X                     |                       | X                     | X                     |                       | X                     |                       |                       |                       |                       |                       | X                     |                       |                       |                       | X                     |                       |                       | 13                    |
| <b>URINARY SYSTEM</b>                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.70 GLYCID | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |         |
|--|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|---------|
|  | 0614        | 0614 | 0618 | 0618 | 0619 | 0620 | 0620 | 0622 | 0623 | 0623 | 0625 | 0625 | 0627 | 0627 | 0627 | 0627 | 0627 | 0627 | 0627 | 0627 |          |         |
| ANIMAL ID  | 0006        | 0006 | 0005 | 0007 | 0008 | 0008 | 0007 | 0009 | 0003 | 0004 | 0007 | 0005 | 0004 | 0002 | 0002 | 0005 | 0003 | 0004 | 0005 | 0004 |          |         |
| Kidney   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 43       |         |
| Urinary Bladder<br>Sarcoma Stromal, Metastatic, Uterus   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | A    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +        | 42<br>1 |
| <b>SYSTEMIC LESIONS</b>                                  |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |         |
| Multiple Organ   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | 48       |         |
| Histiocytic Sarcoma                                      |             |      |      | X    | X    |      | X    |      |      |      |      |      |      |      |      |      |      | X    |      |      | 4        |         |
| Lymphoma Malignant                                       |             |      |      |      |      |      |      |      | X    |      |      |      |      |      |      | X    |      | X    |      |      | 6        |         |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
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Experiment Number: 20314 - 04  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...)  |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>2<br>4<br>3      | 0<br>3<br>7<br>9      | 0<br>5<br>1<br>2      | 0<br>5<br>2<br>0      | 0<br>5<br>3<br>4      | 0<br>5<br>4<br>1      | 0<br>6<br>2<br>2      | 0<br>6<br>4<br>4      | 0<br>6<br>6<br>7      | 0<br>6<br>7<br>3      | 0<br>6<br>7<br>4      | 0<br>7<br>0<br>1      | 0<br>7<br>0<br>1      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |
|  | 0<br>1<br>0<br>6<br>3 | 0<br>0<br>6<br>2<br>1 | 0<br>1<br>0<br>3<br>3 | 0<br>1<br>0<br>6<br>1 | 0<br>0<br>6<br>1<br>3 | 0<br>0<br>2<br>7<br>3 | 0<br>1<br>0<br>5<br>3 | 0<br>1<br>2<br>6<br>2 | 0<br>0<br>2<br>7<br>1 | 0<br>1<br>0<br>5<br>4 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>6<br>2<br>2 | 0<br>0<br>6<br>2<br>4 | 0<br>1<br>0<br>5<br>1 | 0<br>1<br>0<br>5<br>2 | 0<br>0<br>2<br>4<br>1 | 0<br>0<br>2<br>4<br>2 | 0<br>0<br>2<br>4<br>3 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>4 |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus<br>Squamous Cell Carcinoma                        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Gallbladder   | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Cecum                                      | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                                      | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                                     | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                                   | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                                      | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                                    | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver<br>Hepatocellular Adenoma<br>Hepatocellular Carcinoma | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |
| Pancreas  | A | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands   | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach<br>Squamous Cell Papilloma             | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular  | A | + | + | + | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...)  |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>2<br>4<br>3      | 0<br>3<br>7<br>9      | 0<br>5<br>1<br>2      | 0<br>5<br>2<br>0      | 0<br>5<br>3<br>4      | 0<br>5<br>4<br>1      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>4      | 0<br>6<br>4<br>7      | 0<br>6<br>6<br>3      | 0<br>6<br>7<br>4      | 0<br>7<br>0<br>1      | 0<br>7<br>0<br>1      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |
|  | 0<br>1<br>0<br>6<br>3 | 0<br>0<br>6<br>2<br>1 | 0<br>1<br>0<br>3<br>3 | 0<br>1<br>0<br>6<br>1 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>2<br>5<br>3 | 0<br>1<br>0<br>2<br>3 | 0<br>1<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>7 | 0<br>1<br>0<br>6<br>5 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>6<br>2<br>2 | 0<br>1<br>6<br>5<br>1 | 0<br>1<br>6<br>5<br>2 | 0<br>0<br>0<br>4<br>1 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>3 |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Heart        | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**ENDOCRINE SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Adrenal Medulla<br>Pheochromocytoma Benign | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic                         | A | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland                          | M | M | + | + | M | M | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + |
| Pituitary Gland<br>Pars Distalis, Adenoma  | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland                              | A | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland   | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary<br>Granulosa Cell Tumor Benign<br>Granulosa Cell Tumor Malignant | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID | females<br>(cont...) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|----------------------|
|  | 0<br>2<br>4<br>3      | 0<br>3<br>7<br>9      | 0<br>5<br>1<br>2      | 0<br>5<br>2<br>0      | 0<br>5<br>3<br>4      | 0<br>5<br>4<br>1      | 0<br>6<br>2<br>2      | 0<br>6<br>2<br>4      | 0<br>6<br>4<br>7      | 0<br>6<br>6<br>3      | 0<br>6<br>7<br>4      | 0<br>7<br>0<br>1      | 0<br>7<br>0<br>1      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |           |                      |
|  | 0<br>1<br>0<br>6<br>3 | 0<br>0<br>6<br>2<br>1 | 0<br>1<br>0<br>3<br>3 | 0<br>1<br>0<br>6<br>1 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>2<br>5<br>3 | 0<br>1<br>0<br>7<br>3 | 0<br>1<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>7 | 0<br>1<br>2<br>6<br>4 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>6<br>2<br>2 | 0<br>1<br>6<br>5<br>1 | 0<br>1<br>6<br>5<br>4 | 0<br>1<br>0<br>4<br>1 | 0<br>0<br>2<br>4<br>2 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>4<br>4 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>4 |           |                      |

Tubulostromal Adenoma

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Uterus          | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangioma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hemangiosarcoma |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow            | A | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + |
| Lymph Node             |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   |   |   |   | + | + |
| Lymph Node, Mandibular | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spleen                 | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Thymus                 | A | + | + | + | M | + | + | + | + | + | M | + | + | + | + | + | A | + | + | + | + | + | + | + |

INTEGUMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                             | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoacanthoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenocarcinoma                            |   |   |   |   |   |   |   | X |   |   |   |   | X | X | X |   |   |   |   |   | X |   |   |   |
| Skin                                      | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Squamous Cell Carcinoma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Squamous Cell Papilloma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrosarcoma         |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| DAY ON TEST   | ANIMAL ID |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|---|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|   | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
| <b>C57BL/6N XC3H/HEN MTV-NCTR<br/>MICE FEMALE<br/>0.35 GLYCID</b> | 2         | 3 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                      |
|   | 4         | 7 | 1 | 2 | 3 | 4 | 2 | 2 | 4 | 6 | 7 | 7 | 0 | 0 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                      |
|   | 3         | 9 | 2 | 0 | 3 | 4 | 1 | 2 | 4 | 7 | 3 | 4 | 1 | 1 | 6 | 6 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |                      |
|   | 0         | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|   | 1         | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
|   | 0         | 6 | 0 | 0 | 6 | 2 | 0 | 0 | 2 | 2 | 0 | 2 | 6 | 6 | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                      |
|   | 6         | 2 | 3 | 6 | 1 | 7 | 5 | 3 | 6 | 7 | 5 | 6 | 2 | 2 | 5 | 5 | 4 | 4 | 4 | 4 | 4 | 5 | 5 | 5 |                      |
|   | 3         | 1 | 3 | 1 | 3 | 3 | 3 | 2 | 2 | 1 | 4 | 3 | 2 | 4 | 1 | 2 | 1 | 1 | 2 | 3 | 4 | 1 | 2 | 4 |                      |

Subcutaneous Tissue, Sarcoma  
 Subcutaneous Tissue, Schwannoma Malignant

X X

**MUSCULOSKELETAL SYSTEM**

Bone  
 Cranium, Rhabdomyosarcoma, Metastatic,  
 Skeletal Muscle

+

Bone, Femur

+ +

Skeletal Muscle  
 Rhabdomyosarcoma

A +

**NERVOUS SYSTEM**

Brain, Brain Stem

A + + + + + A + A + + + + + + + + + + + + + + + +

Brain, Cerebellum

A + + + + + A + A + + + + + + + + + + + + + + + +

Brain, Cerebrum

A + + + + + A + A + + + + + + + + + + + + + + + +

Peripheral Nerve, Sciatic

A + + + + + A + A + + + + + + + + + + + + + + + +

Spinal Cord, Cervical

A + + + + + A + A + + + + + + + + + + + + + + + +

Spinal Cord, Lumbar

A + + + + + A + A + + + + + + + + + + + + + + + +

Spinal Cord, Thoracic

A + + + + + A + A + + + + + + + + + + + + + + + +

**RESPIRATORY SYSTEM**

Lung

A +

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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID | females<br>(cont...) |  |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------|----------------------|--|
|  | 0<br>2<br>4<br>3 | 0<br>3<br>7<br>9 | 0<br>5<br>1<br>2 | 0<br>5<br>2<br>0 | 0<br>5<br>3<br>4 | 0<br>5<br>4<br>1 | 0<br>6<br>2<br>2 | 0<br>6<br>2<br>2 | 0<br>6<br>4<br>7 | 0<br>6<br>6<br>7 | 0<br>6<br>7<br>0 | 0<br>6<br>7<br>0 | 0<br>7<br>7<br>1 | 0<br>7<br>7<br>1 | 0<br>2<br>2<br>6 | 0<br>2<br>2<br>6 | 0<br>3<br>3<br>2 | 0<br>3<br>3<br>3 | 0<br>3<br>3<br>3 | 0<br>3<br>3<br>3 | 0<br>3<br>3<br>3 | 0<br>3<br>3<br>3 | 0<br>3<br>3<br>3 | 0<br>3<br>3<br>3 |           |                      |  |
| Alveolar/Bronchiolar Adenoma                             |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  | X                | X                |                  | X                |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |
| Alveolar/Bronchiolar Carcinoma                           |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |
| Nose   | A                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |           |                      |  |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |
| Trachea  | A                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |           |                      |  |
| <b>SPECIAL SENSES SYSTEM</b>                             |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |
| Eye  | A                | +                | +                | +                | +                | +                | A                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                |           |                      |  |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle            |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |
| Harderian Gland  | A                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |           |                      |  |
| Adenoma  |                  |                  | X                |                  | X                | X                |                  |                  | X                |                  |                  |                  | X                |                  |                  | X                | X                | X                |                  | X                |                  |                  | X                |                  |           |                      |  |
| Bilateral, Adenoma                                       |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |
| <b>URINARY SYSTEM</b>                                    |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |
| Kidney   | A                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |           |                      |  |
| Urinary Bladder  | A                | +                | +                | +                | +                | +                | A                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |           |                      |  |
| <b>SYSTEMIC LESIONS</b>                                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |
| Multiple Organ   | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                | +                |                  |           |                      |  |
| Histiocytic Sarcoma                                      |                  |                  |                  |                  |                  |                  |                  |                  | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |           |                      |  |
| Lymphoma Malignant                                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | X                | X                |                  |           |                      |  |

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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID |   |          |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|---|----------|
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |   | 0        |
|  | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7         | 0 |          |
|  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 0 |          |
|  | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 0 |          |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0 |          |
|  | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0 |          |
|  | 2           | 2 | 2 | 2 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 0 | 0 | 0 | 0         | 1 |          |
|  | 6           | 6 | 7 | 7 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4         | 0 |          |
|  | 1           | 4 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 1 | 4 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 4 | 2 | 4         | 0 |          |
|  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |   | * TOTALS |

ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Squamous Cell Carcinoma   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Gallbladder               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Hepatocellular Adenoma    |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 2  |
| Hepatocellular Carcinoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Squamous Cell Papilloma   |   |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 5  |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

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 + .. Tissue examined microscopically  
 X .. Lesion present  
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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * TOTALS |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|  | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|  |             | 2 | 2 | 2 | 2 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |          |
|  |             | 6 | 7 | 7 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 6 | 6 |          |
|  |             | 1 | 4 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 4 | 3 | 1 | 2 | 3 | 4 | 1 | 4 | 2 | 3 | 4 | 2 | 4 |          |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |

**ENDOCRINE SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Adrenal Medulla         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Pheochromocytoma Benign |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Islets, Pancreatic      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Parathyroid Gland       | M | + | M | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 40 |
| Pituitary Gland         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Pars Distalis, Adenoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Thyroid Gland           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Ovary                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Granulosa Cell Tumor Benign    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Granulosa Cell Tumor Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |                       |  |
| ANIMAL ID  | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>4 | 0<br>1<br>0<br>3<br>1 | 0<br>1<br>0<br>4<br>2 | 0<br>1<br>0<br>4<br>3 | 0<br>1<br>0<br>4<br>4 | 0<br>1<br>0<br>4<br>4 | 0<br>1<br>0<br>6<br>2 | 0<br>1<br>0<br>6<br>4 |  |
| Tubulostromal Adenoma                                    | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |  |
| Uterus   | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |                       |                       |  |
| Hemangioma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |  |
| Hemangiosarcoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |  |
| Polyp Stromal  | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |                       |                       |  |
| <b>HEMATOPOIETIC SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Bone Marrow  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 45                    |                       |                       |  |
| Lymph Node   | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 8                     |                       |                       |  |
| Lymph Node, Mandibular                                   | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |                       |                       |  |
| Lymph Node, Mesenteric                                   | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |                       |                       |  |
| Spleen   | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |                       |                       |  |
| Hemangiosarcoma  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |  |
| Thymus   | M                     | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 43                    |                       |                       |  |
| <b>INTEGUMENTARY SYSTEM</b>                              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Mammary Gland  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |                       |                       |  |
| Adenoacanthoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |  |
| Adenocarcinoma   | X X                   |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 9                     |                       |                       |  |
| Skin   | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 47                    |                       |                       |  |
| Squamous Cell Carcinoma                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |  |
| Squamous Cell Papilloma                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |  |
| Subcutaneous Tissue, Fibrosarcoma                        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |                       |                       |  |
| Subcutaneous Tissue, Fibrous Histiocytoma                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |                       |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |                       |
| ANIMAL ID  | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>6<br>0<br>1 | 0<br>0<br>6<br>0<br>2 | 0<br>0<br>6<br>0<br>3 | 0<br>0<br>6<br>0<br>4 | 0<br>0<br>6<br>1<br>1 | 0<br>0<br>6<br>1<br>2 | 0<br>0<br>6<br>1<br>4 | 0<br>0<br>6<br>1<br>3 | 0<br>0<br>6<br>3<br>1 | 0<br>0<br>6<br>3<br>2 | 0<br>0<br>6<br>3<br>3 | 0<br>0<br>6<br>3<br>4 | 0<br>1<br>0<br>3<br>1 | 0<br>1<br>0<br>4<br>2 | 0<br>1<br>0<br>4<br>4 | 0<br>1<br>0<br>4<br>3 | 0<br>1<br>0<br>4<br>4 | 0<br>1<br>0<br>6<br>2 | 0<br>1<br>0<br>6<br>4 |

|   |   |   |
|---|---|---|
| Subcutaneous Tissue, Sarcoma              | X | 3 |
| Subcutaneous Tissue, Schwannoma Malignant | X | 1 |

**MUSCULOSKELETAL SYSTEM**

|   |   |    |
|---|---|----|
| Bone  | +   | 2  |
| Cranium, Rhabdomyosarcoma, Metastatic,<br>Skeletal Muscle | X   | 1  |
| Bone, Femur   | + | 48 |
| Skeletal Muscle   | + | 47 |
| Rhabdomyosarcoma  | X   | 1  |

**NERVOUS SYSTEM**

|                           |   |    |
|---------------------------|---|----|
| Brain, Brain Stem         | + | 45 |
| Brain, Cerebellum         | + | 45 |
| Brain, Cerebrum           | + | 45 |
| Peripheral Nerve, Sciatic | + | 45 |
| Spinal Cord, Cervical     | + | 45 |
| Spinal Cord, Lumbar       | + | 45 |
| Spinal Cord, Thoracic     | + | 45 |

**RESPIRATORY SYSTEM**

|      |   |    |
|------|---|----|
| Lung | + | 47 |
|------|---|----|

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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M .. Missing tissue  
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Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.35 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |    |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |    |
| ANIMAL ID  | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>4 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>4 |    |
| Alveolar/Bronchiolar Adenoma                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7  |
| Alveolar/Bronchiolar Carcinoma                           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Nose   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle            | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Trachea  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| <b>SPECIAL SENSES SYSTEM</b>                             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Eye  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 44 |
| Rhabdomyosarcoma, Metastatic, Skeletal Muscle            | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Harderian Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| Adenoma  |                       |                       |                       | X                     |                       |                       | X                     |                       |                       | X                     |                       |                       |                       |                       | X                     | X                     |                       | X                     | X                     |                       |                       | 17 |
| Bilateral, Adenoma                                       |                       |                       |                       | X                     |                       |                       | X                     |                       |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |                       |                       | X                     |                       | 7  |
| <b>URINARY SYSTEM</b>                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Kidney   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| Urinary Bladder  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46 |
| <b>SYSTEMIC LESIONS</b>                                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |    |
| Multiple Organ   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48 |
| Histiocytic Sarcoma                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1  |
| Lymphoma Malignant                                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | X                     |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       | 5  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
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M .. Missing tissue  
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Experiment Number: 20314 - 04  
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Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | ANIMAL ID | females<br>(cont...) |  |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-----------|----------------------|--|
|   | 0519        | 0514 | 0516 | 0505 | 0508 | 0508 | 0602 | 0701 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 | 0707 |           |                      |  |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         | 00984                |  |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         | 00943                |  |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         | 00434                |  |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         | 00864                |  |
|   | 0           | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0         | 00414                |  |

ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                 | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder               | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum    | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon    | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum   | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum    | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum  | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                     | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hepatocellular Adenoma    |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hepatocellular Carcinoma  |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Pancreas                  | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands           | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach      | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Squamous Cell Papilloma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Stomach, Glandular        | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |   |   |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|---|
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      | 0 | 0 | 0 |
| 5           | 5 | 5 | 5 | 5 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    | 7 | 7 | 0 |
| 1           | 4 | 4 | 6 | 8 | 8 | 2 | 0 | 0 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3 | 3 |   |
| 9           | 1 | 6 | 5 | 2 | 6 | 5 | 1 | 7 | 6 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3 | 3 |   |
| ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |   |   |   |
|             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | 0 |   |
| 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | 0 |   |
| 9           | 4 | 3 | 4 | 9 | 4 | 3 | 4 | 3 | 9 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3 |   |   |
| 8           | 6 | 4 | 5 | 8 | 6 | 4 | 5 | 2 | 7 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 5 | 5 | 5 | 4 | 4 | 4 | 4                    | 4 |   |   |
| 4           | 1 | 4 | 1 | 3 | 2 | 2 | 2 | 4 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 3 | 1 | 2 | 3 | 3 | 4 | 1 | 2 | 4                    | 2 |   |   |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart        | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**ENDOCRINE SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex     | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla    | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland  | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland    | + | + | M | + | M | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | M | M | + | + | + | + | + |
| Thyroid Gland      | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland       | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Uterus               | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Endometrium, Adenoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                                       |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------------------------------------|
| <b>C57BL/6N XC3H/HEN MTV-NCTR<br/>         MICE FEMALE<br/>         0.175 GLYCID</b> | DAY ON TEST | 0519  | 0541  | 0556  | 0558  | 0558  | 0625  | 0701  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | 0707  | <b>females<br/>         (cont...)</b> |
|  | ANIMAL ID   | 00984 | 00434 | 00045 | 00086 | 00044 | 00052 | 00004 | 00034 | 00093 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 | 00033 |                                       |
|  |             | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 | 00000 |                                       |

**HEMATOPOIETIC SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                        | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma, Metastatic, Liver |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node                         |   |   | A |   | + |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   | + |
| Lymph Node, Mandibular             | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric             | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + |
| Spleen                             | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thymus                             | + | + | A | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + |

**INTEGUMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                             | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skin                                      | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Squamous Cell Papilloma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Fibrosarcoma         |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Sarcoma              |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Schwannoma Malignant |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**MUSCULOSKELETAL SYSTEM**

|             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |
| Bone, Femur | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
Time Report Requested: 07:40:57  
First Dose M/F: 06/02/05 / 06/02/05  
Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID | females<br>(cont...) |   |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------------|---|
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                      | 0 |
|   | 5           | 5 | 5 | 5 | 5 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                      | 7 |
|   | 1           | 4 | 4 | 6 | 8 | 8 | 2 | 0 | 0 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                      |   |
|   | 9           | 1 | 6 | 5 | 2 | 6 | 5 | 1 | 7 | 6 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                      |   |
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                      |   |
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         |                      |   |
|   | 9           | 4 | 3 | 4 | 9 | 4 | 3 | 4 | 3 | 9 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4         |                      |   |
|   | 8           | 6 | 4 | 5 | 8 | 6 | 4 | 5 | 2 | 7 | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 5 | 5 | 5 | 4         |                      |   |
|   | 4           | 1 | 4 | 1 | 3 | 2 | 2 | 2 | 4 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 3 | 1 | 2 | 4         |                      |   |

Skeletal Muscle

+ + A +

NERVOUS SYSTEM

Brain, Brain Stem

+ + A +

Brain, Cerebellum

+ + A +

Brain, Cerebrum

+ + A +

Peripheral Nerve, Sciatic

+ + A +

Spinal Cord, Cervical

+ + A +

Spinal Cord, Lumbar

+ + A +

Spinal Cord, Thoracic

+ + A +

RESPIRATORY SYSTEM

Lung

+ + A +

Alveolar/Bronchiolar Adenoma

Nose

+ + A +

Trachea

+ + A +

SPECIAL SENSES SYSTEM

Eye

+ + A +

Harderian Gland

+ + A +

Adenocarcinoma

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
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P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
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 Lab: NCTR

|  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                      |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|
| <b>C57BL/6N XC3H/HEN MTV-NCTR</b><br><b>MICE FEMALE</b><br><b>0.175 GLYCID</b> | DAY ON TEST | 0519  | 0541  | 0544  | 0546  | 0552  | 0556  | 0558  | 0561  | 0567  | 0571  | 0573  | 0575  | 0577  | 0579  | 0581  | 0583  | 0585  | 0587  | 0589  | 0591  | 0593  | 0595  | 0597  | 0599  | females<br>(cont...) |
|  | ANIMAL ID   | 00984 | 00434 | 00034 | 00011 | 00053 | 00062 | 00022 | 00052 | 00044 | 00033 | 00012 | 00033 | 00023 | 00033 | 00043 | 00014 | 00035 | 00022 | 00033 | 00054 | 00035 | 00044 | 00011 | 00032 |                      |

|                    |   |   |  |   |  |  |  |  |   |   |  |  |  |  |  |   |  |   |  |  |  |  |  |  |   |
|--------------------|---|---|--|---|--|--|--|--|---|---|--|--|--|--|--|---|--|---|--|--|--|--|--|--|---|
| Adenoma            | X | X |  | X |  |  |  |  | X | X |  |  |  |  |  | X |  | X |  |  |  |  |  |  | X |
| Bilateral, Adenoma |   |   |  |   |  |  |  |  |   |   |  |  |  |  |  |   |  | X |  |  |  |  |  |  |   |

**URINARY SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney          | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Urinary Bladder | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SYSTEMIC LESIONS**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant  |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | DAY ON TEST | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|   | ANIMAL ID   | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|   |             | 3               | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|   |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|   |             | 4               | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|   |             | 4               | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 8 | 8 | 8 | 8 |
|   |             | 3               | 4 | 3 | 4 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 4 | 1 | 2 |
|   |             | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Gallbladder               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Hemangiosarcoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma    |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Hepatocellular Carcinoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Squamous Cell Papilloma   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * TOTALS |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|   | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|   |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|   |             | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |          |
|   |             | 3 | 4 | 5 | 3 | 4 | 6 | 3 | 4 | 7 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 4 |          |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |

**ENDOCRINE SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Adrenal Cortex     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Adrenal Medulla    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Parathyroid Gland  | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Pituitary Gland    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 43 |
| Thyroid Gland      | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Ovary                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Uterus               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Endometrium, Adenoma |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

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Glycidamide  
 CAS Number: 5694-00-8

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 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |                       |
| ANIMAL ID   | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>4<br>3 | 0<br>0<br>4<br>5<br>3 | 0<br>0<br>4<br>5<br>4 | 0<br>0<br>4<br>6<br>3 | 0<br>0<br>4<br>6<br>4 | 0<br>0<br>4<br>7<br>1 | 0<br>0<br>4<br>7<br>2 | 0<br>0<br>4<br>7<br>3 | 0<br>0<br>4<br>7<br>4 | 0<br>0<br>9<br>7<br>1 | 0<br>0<br>9<br>7<br>5 | 0<br>0<br>9<br>7<br>5 | 0<br>0<br>9<br>7<br>5 | 0<br>0<br>9<br>6<br>1 | 0<br>0<br>9<br>6<br>2 | 0<br>0<br>9<br>6<br>3 | 0<br>0<br>9<br>7<br>4 | 0<br>0<br>9<br>7<br>1 | 0<br>0<br>9<br>7<br>2 | 0<br>0<br>9<br>8<br>4 | 0<br>0<br>9<br>8<br>1 | 0<br>0<br>9<br>8<br>2 |

**HEMATOPOIETIC SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Hemangiosarcoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | 5  |
| Lymph Node, Mandibular             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Lymph Node, Mesenteric             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Spleen                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Thymus                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

**INTEGUMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Adenocarcinoma                            |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | 2  |
| Skin                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Squamous Cell Papilloma                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Fibrosarcoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Subcutaneous Tissue, Sarcoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Subcutaneous Tissue, Schwannoma Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**MUSCULOSKELETAL SYSTEM**

|             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Bone, Femur | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
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Glycidamide  
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 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |      |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|------|
|   | 0733        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          | 0733 |
| ANIMAL ID   | 00443       | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443 | 00443    |      |
| Skeletal Muscle   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| <b>NERVOUS SYSTEM</b>                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Brain, Brain Stem   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| Brain, Cerebellum   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| Brain, Cerebrum   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| Peripheral Nerve, Sciatic                                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| Spinal Cord, Cervical                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| Spinal Cord, Lumbar                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| Spinal Cord, Thoracic                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| <b>RESPIRATORY SYSTEM</b>                                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Lung  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| Alveolar/Bronchiolar Adenoma                              |             |       |       | X     |       |       |       | X     |       |       |       |       |       |       |       |       | X     |       |       |       |          | 3    |
| Nose  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| Trachea   | +           | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46   |
| <b>SPECIAL SENSES SYSTEM</b>                              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |      |
| Eye   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| Harderian Gland   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47   |
| Adenocarcinoma  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X        | 1    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

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| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.175 GLYCID | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|   | 0733        | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 | 0733 |          |
| ANIMAL ID   | 0043        | 0044 | 0045 | 0046 | 0047 | 0048 | 0049 | 0050 | 0051 | 0052 | 0053 | 0054 | 0055 | 0056 | 0057 | 0058 | 0059 | 0060 | 0061 | 0062 |          |
|   | Adenoma     |      |      | X    | X    |      |      | X    |      |      |      | X    | X    | X    | X    |      | X    |      |      | X    |          |
| Bilateral, Adenoma  |             | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | X    |          |
| <b>URINARY SYSTEM</b>                                     |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Kidney  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Urinary Bladder   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| <b>SYSTEMIC LESIONS</b>                                   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
| Multiple Organ  | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |          |
| Histiocytic Sarcoma                                       |             |      |      |      |      |      | X    |      |      |      |      |      |      |      | X    |      |      |      |      |      |          |
| Lymphoma Malignant  |             |      |      |      |      |      |      |      |      | X    | X    |      |      |      |      | X    | X    |      |      |      |          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|  | 0<br>5<br>0<br>1      | 0<br>5<br>3<br>7      | 0<br>5<br>3<br>7      | 0<br>5<br>4<br>0      | 0<br>6<br>9<br>8      | 0<br>7<br>0<br>4      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                      |
|  | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>8<br>2<br>3 | 0<br>0<br>8<br>2<br>4 | 0<br>1<br>1<br>0<br>3 | 0<br>0<br>8<br>1<br>1 | 0<br>0<br>8<br>1<br>1 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>3 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>7<br>2 | 0<br>0<br>1<br>7<br>3 | 0<br>0<br>1<br>7<br>4 | 0<br>0<br>1<br>7<br>9 | 0<br>0<br>1<br>7<br>9 |                      |

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**ENDOCRINE SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla<br>Pheochromocytoma Malignant | A | + | + | A | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland                             | A | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland<br>Pars Distalis, Adenoma     | + | + | M | + | + | + | + | M | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland                                 | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + |
| Uterus<br>Polyp Stromal | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically





Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

|                                |   | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |                       |
|--------------------------------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                |   | 0<br>5<br>0<br>1      | 0<br>5<br>3<br>7      | 0<br>5<br>3<br>7      | 0<br>5<br>4<br>0      | 0<br>6<br>9<br>8      | 0<br>7<br>0<br>4      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       | 0<br>7<br>3<br>3      |
|                                |   | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                                |   | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>8<br>2<br>3 | 0<br>0<br>8<br>2<br>4 | 0<br>1<br>1<br>0<br>3 | 0<br>0<br>8<br>1<br>1 | 0<br>0<br>8<br>1<br>1 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>3 |
| Brain, Cerebellum              | A | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Brain, Cerebrum                | A | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Peripheral Nerve, Sciatic      | A | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Spinal Cord, Cervical          | A | +                     | +                     | A                     | A                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Spinal Cord, Lumbar            | A | +                     | +                     | A                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Spinal Cord, Thoracic          | A | +                     | +                     | A                     | A                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| <b>RESPIRATORY SYSTEM</b>      |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lung                           |   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Alveolar/Bronchiolar Adenoma   |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |
| Alveolar/Bronchiolar Carcinoma |   |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Nose                           | A | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Trachea                        | A | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| <b>SPECIAL SENSES SYSTEM</b>   |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Eye                            | A | +                     | +                     | A                     | A                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Harderian Gland                |   | +                     | +                     | +                     | A                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |
| Adenoma                        |   |                       | X                     | X                     |                       |                       |                       |                       |                       | X                     | X                     |                       |                       | X                     |                       | X                     | X                     | X                     |                       | X                     |                       |                       | X                     |
| Bilateral, Adenoma             |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>URINARY SYSTEM</b>          |   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| DAY ON TEST  | 0                        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | 5                        | 5 | 5 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| ANIMAL ID  | 0                        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 1                        | 3 | 3 | 4 | 9 | 0 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|  | 7                        | 7 | 7 | 0 | 8 | 4 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|  | 0                        | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  | 1                        | 8 | 8 | 1 | 8 | 8 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 7 | 7 | 7 | 7 | 7 | 7 |
|  | 4                        | 2 | 2 | 1 | 0 | 1 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|  | 4                        | 3 | 4 | 3 | 1 | 1 | 1 | 2 | 3 | 3 | 4 | 1 | 2 | 3 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
|  | <b>females (cont...)</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney          | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Urinary Bladder | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SYSTEMIC LESIONS**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma |   |   |   |   | X |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant  |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | * TOTALS |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|  | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |          |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          |
|  |             | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |          |
|  |             | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 |          |
|  |             | 2 | 3 | 4 | 2 | 3 | 4 | 1 | 2 | 1 | 2 | 4 | 2 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 4 | 4 |          |

ALIMENTARY SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Gallbladder               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hepatocellular Adenoma    |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 2  |
| Hepatocellular Carcinoma  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Squamous Cell Papilloma   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

CARDIOVASCULAR SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |         |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |         |
| ANIMAL ID  | 0<br>0<br>8<br>0<br>2 | 0<br>0<br>8<br>0<br>3 | 0<br>0<br>8<br>0<br>4 | 0<br>0<br>8<br>1<br>2 | 0<br>0<br>8<br>1<br>3 | 0<br>0<br>8<br>1<br>4 | 0<br>0<br>8<br>2<br>1 | 0<br>0<br>8<br>1<br>2 | 0<br>1<br>8<br>1<br>1 | 0<br>1<br>8<br>1<br>2 | 0<br>1<br>8<br>1<br>4 | 0<br>1<br>8<br>1<br>2 | 0<br>1<br>8<br>2<br>2 | 0<br>1<br>8<br>2<br>3 | 0<br>1<br>8<br>3<br>4 | 0<br>1<br>8<br>3<br>1 | 0<br>1<br>8<br>3<br>2 | 0<br>1<br>8<br>4<br>3 | 0<br>1<br>8<br>4<br>4 | 0<br>1<br>8<br>4<br>1 | 0<br>1<br>8<br>4<br>2 |         |
| Blood Vessel   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48      |
| Heart  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48      |
| <b>ENDOCRINE SYSTEM</b>                                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |         |
| Adrenal Cortex   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48      |
| Adrenal Medulla<br>Pheochromocytoma Malignant              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45<br>1 |
| Islets, Pancreatic   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48      |
| Parathyroid Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | 45      |
| Pituitary Gland<br>Pars Distalis, Adenoma                  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 45<br>2 |
| Thyroid Gland  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47      |
| <b>GENERAL BODY SYSTEM</b>                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |         |
| NONE   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |         |
| <b>GENITAL SYSTEM</b>                                      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |         |
| Clitoral Gland   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48      |
| Ovary  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47      |
| Uterus<br>Polyp Stromal                                    | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48<br>1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |
| ANIMAL ID  | 0<br>0<br>8<br>0<br>2 | 0<br>0<br>8<br>0<br>3 | 0<br>0<br>8<br>0<br>4 | 0<br>0<br>8<br>1<br>2 | 0<br>0<br>8<br>1<br>3 | 0<br>0<br>8<br>1<br>4 | 0<br>0<br>8<br>2<br>1 | 0<br>0<br>8<br>2<br>2 | 0<br>1<br>8<br>1<br>1 | 0<br>1<br>8<br>1<br>2 | 0<br>1<br>8<br>1<br>4 | 0<br>1<br>8<br>1<br>1 | 0<br>1<br>8<br>2<br>2 | 0<br>1<br>8<br>2<br>2 | 0<br>1<br>8<br>3<br>3 | 0<br>1<br>8<br>3<br>3 | 0<br>1<br>8<br>4<br>4 | 0<br>1<br>8<br>4<br>1 | 0<br>1<br>8<br>4<br>2 | 0<br>1<br>8<br>4<br>3 | 0<br>1<br>8<br>4<br>4 |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Lymph Node             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Thymus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |

**INTEGUMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Mammary Gland<br>Adenocarcinoma                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | 48<br>1 |
| Skin<br>Subcutaneous Tissue, Fibrosarcoma, Multiple | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48<br>1 |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |    |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|----|
|  | 0733        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          |    |
| ANIMAL ID  | 00802       | 00803 | 00804 | 00802 | 00803 | 00804 | 00802 | 00803 | 00804 | 00802 | 00803 | 00804 | 00802 | 00803 | 00804 | 00802 | 00803 | 00804 | 00802 | 00803 | 00804    |    |
| Brain, Cerebellum  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47 |
| Brain, Cerebrum  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47 |
| Peripheral Nerve, Sciatic                                  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47 |
| Spinal Cord, Cervical                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 44 |
| Spinal Cord, Lumbar  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 45 |
| Spinal Cord, Thoracic                                      | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 44 |
| <b>RESPIRATORY SYSTEM</b>                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |    |
| Lung   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48 |
| Alveolar/Bronchiolar Adenoma                               |             | X     | X     |       | X     |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |          | 5  |
| Alveolar/Bronchiolar Carcinoma                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1  |
| Nose   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46 |
| Trachea  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47 |
| <b>SPECIAL SENSES SYSTEM</b>                               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |    |
| Eye  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 44 |
| Harderian Gland  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47 |
| Adenoma  |             |       |       |       |       |       | X     | X     | X     | X     |       | X     |       |       |       | X     |       | X     |       | X     |          | 18 |
| Bilateral, Adenoma   |             | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1  |
| <b>URINARY SYSTEM</b>                                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>0.0875 GLYCID | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0  | * TOTALS |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----------|
|  | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7  |          |
|  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3  |          |
|  |             | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1  |          |
|  |             | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4  |          |
|  |             | 2 | 3 | 4 | 2 | 3 | 4 | 1 | 2 | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4  |          |
| Kidney   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |          |
| Urinary Bladder  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |          |
| <b>SYSTEMIC LESIONS</b>                                    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |
| Multiple Organ   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |          |
| Histiocytic Sarcoma  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |          |
| Lymphoma Malignant   |             | X |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 5  |          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID | females<br>(cont...) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------|----------------------|
|  | 0<br>3<br>9<br>9      | 0<br>5<br>5<br>9      | 0<br>6<br>3<br>6      | 0<br>6<br>8<br>3      | 0<br>6<br>8<br>8      | 0<br>7<br>0<br>8      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |           |                      |
|  | 0<br>0<br>4<br>2<br>2 | 0<br>0<br>4<br>1<br>1 | 0<br>0<br>7<br>3<br>4 | 0<br>1<br>2<br>1<br>3 | 0<br>1<br>7<br>9<br>3 | 0<br>0<br>7<br>1<br>3 | 0<br>0<br>2<br>1<br>4 | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>3<br>2 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>4<br>0<br>1 | 0<br>0<br>4<br>0<br>2 | 0<br>0<br>4<br>0<br>3 | 0<br>0<br>4<br>0<br>4 | 0<br>0<br>4<br>0<br>1 | 0<br>0<br>4<br>1<br>3 | 0<br>0<br>4<br>1<br>4 |           |                      |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus   | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder   | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                                  | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                                  | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                                 | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                               | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum<br>Fibrous Histiocytoma          | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                                | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver<br>Fibrous Histiocytoma<br>Hepatocellular Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Pancreas<br>Fibrous Histiocytoma                        | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands   | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach<br>Squamous Cell Papilloma         | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular                                      | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically



Experiment Number: 20314 - 04  
Test Type: CHRONIC  
Route: DOSED WATER  
Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
Time Report Requested: 07:40:57  
First Dose M/F: 06/02/05 / 06/02/05  
Lab: NCTR

| DAY ON TEST   | C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | ANIMAL ID             | females<br>(cont...)  |
|---------------|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|               | 0<br>3<br>9<br>9                          | 0<br>5<br>5<br>9      | 0<br>6<br>3<br>6      | 0<br>6<br>8<br>3      | 0<br>6<br>8<br>8      | 0<br>7<br>0<br>8      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                       |
| CONTROL WATER | 0<br>0<br>4<br>2<br>2                     | 0<br>0<br>4<br>1<br>1 | 0<br>0<br>7<br>3<br>4 | 0<br>1<br>2<br>1<br>3 | 0<br>1<br>7<br>9<br>3 | 0<br>0<br>7<br>1<br>3 | 0<br>0<br>2<br>1<br>4 | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>3<br>4 | 0<br>0<br>2<br>3<br>1 | 0<br>0<br>2<br>3<br>2 | 0<br>0<br>4<br>0<br>1 | 0<br>0<br>4<br>0<br>2 | 0<br>0<br>4<br>0<br>3 | 0<br>0<br>4<br>0<br>4 | 0<br>0<br>4<br>0<br>2 | 0<br>0<br>4<br>1<br>3 | 0<br>0<br>4<br>1<br>4 |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart        | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**ENDOCRINE SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex     | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla    | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland  | + | + | M | + | A | + | + | + | M | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + |
| Pituitary Gland    | + | + | A | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland      | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**GENERAL BODY SYSTEM**

|      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NONE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**GENITAL SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland          | + | M | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                   | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Uterus<br>Polyp Stromal | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST           |                       | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...) |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|  | 0<br>3<br>9<br>9      | 0<br>5<br>5<br>9      | 0<br>6<br>3<br>6      | 0<br>6<br>8<br>3      | 0<br>6<br>8<br>8      | 0<br>7<br>0<br>8      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      | 0<br>7<br>3<br>3      |                       |                      |
|  | 0<br>0<br>4<br>2<br>2 | 0<br>0<br>4<br>1<br>1 | 0<br>0<br>7<br>3<br>4 | 0<br>1<br>2<br>1<br>3 | 0<br>1<br>7<br>9<br>3 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>1<br>4 | 0<br>0<br>2<br>1<br>1 | 0<br>0<br>2<br>1<br>2 | 0<br>0<br>2<br>1<br>3 | 0<br>0<br>2<br>2<br>1 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>2 | 0<br>0<br>2<br>2<br>3 | 0<br>0<br>2<br>3<br>4 | 0<br>0<br>2<br>3<br>1 | 0<br>0<br>2<br>3<br>2 | 0<br>0<br>2<br>3<br>3 | 0<br>0<br>4<br>0<br>1 | 0<br>0<br>4<br>0<br>2 | 0<br>0<br>4<br>0<br>3 | 0<br>0<br>4<br>0<br>4 | 0<br>0<br>4<br>0<br>4 | 0<br>0<br>4<br>0<br>4 | 0<br>0<br>4<br>1<br>2 | 0<br>0<br>4<br>1<br>3 | 0<br>0<br>4<br>1<br>4 |                      |

**HEMATOPOIETIC SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow                      | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Lymph Node                       | + |   |   | + |   |   | + |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreatic, Fibrous Histiocytoma | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Renal, Fibrous Histiocytoma      | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular           | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node, Mesenteric           | + | M | A | + | A | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma             | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen                           | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma             | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Thymus                           | + | + | + | + | A | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | M | + | M | + | + | + | + |

**INTEGUMENTARY SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland  | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skin           | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone, Femur     | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**  
 Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| DAY ON TEST                                       |                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | females<br>(cont...) |
|---|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
| <b>C57BL/6N XC3H/HEN MTV-NCTR<br/>MICE FEMALE</b> |                      | 3 | 5 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |                      |
|   | <b>CONTROL WATER</b> | 9 | 5 | 3 | 8 | 8 | 0 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |                      |
|   | ANIMAL ID            | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |                      |
|   |                      | 4 | 4 | 7 | 2 | 1 | 7 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |   |                      |
|   |                      | 2 | 1 | 3 | 1 | 9 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |   |                      |
|   |                      | 2 | 1 | 4 | 3 | 3 | 3 | 4 | 1 | 2 | 3 | 1 | 2 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |   |                      |

### NERVOUS SYSTEM

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem         | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum         | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebrum           | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Peripheral Nerve, Sciatic | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Cervical     | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Lumbar       | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Spinal Cord, Thoracic     | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

### RESPIRATORY SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung                           | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose                           | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                        | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

### SPECIAL SENSES SYSTEM

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                     | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland Adenoma | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|                         |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | ANIMAL ID             | females<br>(cont...) |
|--|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|-----------------------|----------------------|
|  | 0<br>3<br>9<br>9 | 0<br>5<br>5<br>9 | 0<br>6<br>3<br>6 | 0<br>6<br>8<br>3 | 0<br>6<br>8<br>8 | 0<br>7<br>0<br>8 | 0<br>7<br>2<br>2 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 | 0<br>7<br>3<br>3 |   |                       |                      |
|  | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0                | 0 | 0<br>0<br>4<br>2<br>2 |                      |

**URINARY SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney          | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Urinary Bladder | + | + | A | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SYSTEMIC LESIONS**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia            |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| DAY ON TEST | C57BL/6N XC3H/HEN MTV-NCTR MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | ANIMAL ID |                 |   |
|-------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----------------|---|
|             | 0                                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |           |                 | 0 |
|             | 7                                      | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7         | 0               |   |
|             | 3                                      | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 0               |   |
|             | 3                                      | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3         | 0               |   |
|             | 0                                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0               |   |
|             | 0                                      | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0         | 0               |   |
|             | 4                                      | 4 | 4 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1         | 0               |   |
|             | 2                                      | 2 | 2 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 0         | 0               |   |
|             | 1                                      | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 2 | 3 | 4 | 1 | 2 | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 1         | 0               |   |
|             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | <b>* TOTALS</b> |   |

**ALIMENTARY SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Gallbladder               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Cecum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Colon    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Rectum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Duodenum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Small, Ileum    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Fibrous Histiocytoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Jejunum  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Liver                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Fibrous Histiocytoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma    |   |   |   | X |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   | 4  |
| Pancreas                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Fibrous Histiocytoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Salivary Glands           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Stomach, Forestomach      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Squamous Cell Papilloma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Stomach, Glandular        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|-------------|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | ANIMAL ID   | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|  |             | 3               | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |   |
|  |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |             | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|  |             | 4               | 4 | 4 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
|  |             | 2               | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |   |
|  |             | 1               | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 4 |   |
|  |             | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Heart        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |

**ENDOCRINE SYSTEM**

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |           |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----------|
| Adrenal Cortex     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>45</b> |
| Adrenal Medulla    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>45</b> |
| Islets, Pancreatic | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>45</b> |
| Parathyroid Gland  | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | <b>41</b> |           |
| Pituitary Gland    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>45</b> |
| Thyroid Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>45</b> |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |           |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----------|
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | <b>44</b> |           |
| Ovary          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>45</b> |
| Uterus         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>45</b> |
| Polyp Stromal  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | <b>1</b>  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)  
 Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|--|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|  | 0733        | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  | 0733  |          |
| ANIMAL ID  | 00421       | 00423 | 00424 | 00421 | 00427 | 00427 | 00427 | 00427 | 00427 | 00427 | 00427 | 00427 | 00427 | 00427 | 00427 | 00427 | 00427 | 00427 | 00427 | 00427 | 00427    |
|  | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        |
|  | 0           | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0     | 0        |
|  | 4           | 4     | 4     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 7     | 1     | 1     | 1     | 1     | 1     | 1        |
|  | 2           | 2     | 2     | 1     | 1     | 1     | 1     | 2     | 2     | 2     | 2     | 3     | 3     | 3     | 9     | 9     | 9     | 0     | 0     | 0     | 1        |
|  | 1           | 3     | 4     | 1     | 2     | 4     | 1     | 2     | 2     | 3     | 4     | 1     | 2     | 3     | 1     | 2     | 4     | 1     | 2     | 3     | 4        |

**HEMATOPOIETIC SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone Marrow                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Lymph Node                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>8</b>  |
| Pancreatic, Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Renal, Fibrous Histiocytoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Lymph Node, Mandibular           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Lymph Node, Mesenteric           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>43</b> |
| Fibrous Histiocytoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Spleen                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Fibrous Histiocytoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Hemangiosarcoma                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Thymus                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>43</b> |

**INTEGUMENTARY SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Mammary Gland  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |
| Adenocarcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Skin           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</b> |

**MUSCULOSKELETAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone, Femur     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Skeletal Muscle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically





Experiment Number: 20314 - 04  
 Test Type: CHRONIC  
 Route: DOSED WATER  
 Species/Strain: MICE/B6C3F1/NCTR

**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Glycidamide  
 CAS Number: 5694-00-8

Date Report Requested: 12/17/2014  
 Time Report Requested: 07:40:57  
 First Dose M/F: 06/02/05 / 06/02/05  
 Lab: NCTR

| C57BL/6N XC3H/HEN MTV-NCTR<br>MICE FEMALE<br>CONTROL WATER | DAY ON TEST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|--|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| ANIMAL ID  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|  |             | 4 | 4 | 4 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|  |             | 2 | 2 | 2 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 9 | 9 | 9 | 0 | 0 | 0 | 0 | 1 | 1 | 1 |
|  |             | 1 | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 2 | 3 | 4 | 1 | 2 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 4 | 4 |
| <b>* TOTALS</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**URINARY SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |

**SYSTEMIC LESIONS**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Histiocytic Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Leukemia            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymphoma Malignant  |   |   |   |   |   |   |   |   | X | X |   |   |   | X | X | X |   |   | X |   |   |   | 8  |

\*\*\* END OF REPORT \*\*\*

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
 I .. Insufficient tissue

M .. Missing tissue  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically