

**Experiment Number:** 03039 - 02  
**Test Type:** CHRONIC  
**Route:** Dermal  
**Species/Strain:** MICE/B6C3F1

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

Triclosan  
**CAS Number:** 3380-34-5

**Date Report Requested:** 12/04/2020  
**Time Report Requested:** 13:42:33  
**First Dose M/F:** 09/11/13 / 09/11/13  
**Lab:** NCTR

**NTP Study Number:** C03039B  
**Lock Date:** 12/18/2017  
**Cage Range:** ALL  
**Date Range:** ALL  
**Reasons For Removal:** ALL  
**Removal Date Range:** ALL  
**Treatment Groups:** Include ALL  
**Study Gender:** Both  
**TDMSE Version:** 3.0.2.3\_002  
**PWG Approval Date:** 10/13/2017

Note: Animals arranged according to days on test.

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B6C3F1 MICE MALE	DAY ON TEST	ANIMAL ID																				males (cont...)	
		0041	0047	0048	0054	0055	0056	0066	0066	0066	0066	0077	0077	0077	0077	0077	0077	0077	0077	0077	0077		
Veh ctrlMale		00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00		
		98	08	09	05	08	06	08	06	08	08	07	08	06	06	06	07	08	09	04	05	05	
		09	09	05	05	01	05	03	02	04	02	00	01	03	08	03	05	01	09	03	08	04	
		11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	

ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Gallbladder	+	+	+	+	+	+	A	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Cecum	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Rectum	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Duodenum Adenocarcinoma	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Ileum	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Jejunum	+	+	+	+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hemangiosarcoma						X																	
Hepatoblastoma										X		X											
Hepatocellular Adenoma		X										X			X			X	X				
Hepatocellular Adenoma, Multiple			X								X	X		X					X			X	
Hepatocellular Carcinoma		X	X	X	X		X	X			X			X	X								
Hepatocellular Carcinoma, Multiple									X														
Mesentery											+	+											
Sarcoma											X	X											
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

\* .. 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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B6C3F1 MICE MALE	DAY ON TEST																								males (cont...)
	0 0 4 1	0 4 7 8	0 4 8 2	0 5 4 0	0 5 6 0	0 5 6 7	0 6 0 4	0 6 2 7	0 6 5 4	0 6 7 1	0 6 0 2	0 7 1 6	0 7 1 7	0 7 2 6	0 7 2 6	0 7 2 6	0 7 2 6	0 7 2 6	0 7 2 6	0 7 2 6	0 7 2 6	0 7 2 6	0 7 2 6	0 7 2 6	
Veh ctrlMale	ANIMAL ID																								
	0 0 9 0 1	0 0 8 9 1	0 0 9 5 1	0 0 5 5 1	0 0 8 1 1	0 0 6 3 1	0 0 8 2 1	0 0 6 4 1	0 0 8 2 1	0 0 8 4 1	0 0 7 2 1	0 0 8 2 1	0 0 6 1 1	0 0 6 3 1	0 0 6 8 1	0 0 7 3 1	0 0 8 5 1	0 0 9 1 1	0 0 4 3 1	0 0 5 5 1	0 0 6 6 1	0 0 6 4 1	0 0 6 9 1	0 0 7 4 1	0 0 7 1 1

Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Stomach, Glandular Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

CARDIOVASCULAR SYSTEM

Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

ENDOCRINE SYSTEM

Adrenal Cortex Subcapsular, Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Islets, Pancreatic Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Parathyroid Gland	+	+	M	+	+	M	+	M	+	+	+	+	+	M	M	+	+	+	+	+	+	+	+	+	+
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

GENERAL BODY SYSTEM

NONE

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Lab: NCTR

<b>B6C3F1 MICE MALE</b>	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	4	4	5	5	5	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7	7	7	
<b>Veh ctrlMale</b>	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	<b>males (cont...)</b>
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

**GENITAL SYSTEM**

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

**HEMATOPOIETIC SYSTEM**

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

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<b>B6C3F1 MICE MALE</b>	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	4	4	5	5	5	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7	7	7	7
<b>Veh ctrlMale</b>	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
		9	8	9	5	8	6	8	6	8	8	7	8	6	6	7	8	9	4	5	5	6	6	7	7
		0	9	5	5	1	5	3	2	4	2	2	0	1	3	8	3	5	1	9	3	8	4	9	4
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

males (cont...)

Subcutaneous Tissue, Fibrous Histiocytoma

Skin, Control +

Skin, Site Of Application +

MUSCULOSKELETAL SYSTEM

Bone, Femur +

NERVOUS SYSTEM

Brain, Brain Stem +

Brain, Cerebellum +

Brain, Cerebrum +

RESPIRATORY SYSTEM

Lung +

Alveolar/Bronchiolar Adenoma X X X X X

Alveolar/Bronchiolar Adenoma, Multiple X

Alveolar/Bronchiolar Carcinoma X X

Hepatocellular Carcinoma, Metastatic, Liver X X

Nose +

Trachea +

SPECIAL SENSES SYSTEM

Eye + + + + + + + A + + + + + + + + + + + + + + + +

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B6C3F1 MICE MALE	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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Veh ctrlMale	ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		9	8	9	5	8	6	8	6	8	8	7	8	6	6	7	8	9	4	5	5	6	6
		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	1	1	1	1	1	1	1	1	1	1
																						males (cont...)	

Harderian Gland Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
																						X

**URINARY SYSTEM**

Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
--------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
-----------------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**SYSTEMIC LESIONS**

Multiple Organ Lymphoma Malignant	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
--------------------------------------	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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<b>B6C3F1 MICE MALE</b>	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
		7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
<b>Veh ctrl Male</b>	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
		8	9	9	5	5	5	6	7	7	7	8	9	5	5	6	7	7	8	9	5	5	6	7	7
		6	2	6	0	4	9	6	0	5	8	7	3	1	6	7	1	6	7	8	4	2	7	0	0
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<b>* TOTALS</b>																									

ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Gallbladder	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	45
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Adenocarcinoma										X															1
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Hemangiosarcoma												X							X						4
Hepatoblastoma																							X		2
Hepatocellular Adenoma			X	X		X		X										X							9
Hepatocellular Adenoma, Multiple								X	X	X	X	X	X				X	X	X	X					16
Hepatocellular Carcinoma									X		X	X					X						X		14
Hepatocellular Carcinoma, Multiple																									1
Mesentery																									2
Sarcoma																									2
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48

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B6C3F1 MICE MALE	DAY ON TEST																				* TOTALS		
	0727	0727	0727	0728	0728	0728	0728	0728	0728	0728	0728	0728	0728	0728	0728	0728	0728	0728	0728	0728		0728	
Veh ctrlMale	ANIMAL ID																				* TOTALS		
	00861	00892	00906	00905	00905	00906	00906	00907	00907	00908	00908	00909	00909	00909	00909	00909	00909	00909	00909	00909		00909	00909
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
Stomach, Forestomach	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
Stomach, Glandular Adenoma	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48 1	
<b>CARDIOVASCULAR SYSTEM</b>																							
Blood Vessel	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
Heart	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48	
<b>ENDOCRINE SYSTEM</b>																							
Adrenal Cortex Subcapsular, Adenoma	+	+	+	+	+	X	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	47 2
Adrenal Medulla	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	M	+	47
Islets, Pancreatic Adenoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48 1
Parathyroid Gland	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	41
Pituitary Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Thyroid Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
<b>GENERAL BODY SYSTEM</b>																							
NONE																							

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B6C3F1 MICE MALE	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	7
		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3
		7	7	7	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	0	0
Veh ctrlMale	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
		8	9	9	5	5	5	6	7	7	8	9	5	5	6	7	7	8	9	5	5	6	6	
		6	2	6	0	4	9	6	0	5	8	7	3	1	6	7	1	6	7	8	4	2	7	
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
																						<b>* TOTALS</b>		

**GENITAL SYSTEM**

Epididymis	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Preputial Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Prostate	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Seminal Vesicle	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Testes	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48

**HEMATOPOIETIC SYSTEM**

Bone Marrow	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Lymph Node								+																2
Lymph Node, Mandibular	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
Lymph Node, Mesenteric Hemangiosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
																								1
Spleen Hemangiosarcoma	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	47
																								1
Thymus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	46

**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	1
Skin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	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

B6C3F1 MICE MALE	DAY ON TEST																				* TOTALS	
	077	077	077	078	078	078	078	078	078	078	078	078	078	078	078	078	078	078	078	078		078
Veh ctrlMale	ANIMAL ID																				* TOTALS	
	00861	00861	00861	00861	00861	00861	00861	00861	00861	00861	00861	00861	00861	00861	00861	00861	00861	00861	00861	00861		00861
Subcutaneous Tissue, Fibrous Histiocytoma		X																				1
Skin, Control	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Skin, Site Of Application	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
<b>MUSCULOSKELETAL SYSTEM</b>																						
Bone, Femur	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
<b>NERVOUS SYSTEM</b>																						
Brain, Brain Stem	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Brain, Cerebellum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Brain, Cerebrum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
<b>RESPIRATORY SYSTEM</b>																						
Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Alveolar/Bronchiolar Adenoma			X																			5
Alveolar/Bronchiolar Adenoma, Multiple							X															1
Alveolar/Bronchiolar Carcinoma													X									2
Hepatocellular Carcinoma, Metastatic, Liver									X	X												6
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
<b>SPECIAL SENSES SYSTEM</b>																						
Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	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

B6C3F1 MICE MALE	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
		7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
Veh ctrlMale	ANIMAL ID	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
		7	7	7	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	9	9
		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	9	9	5	5	5	6	7	7	7	8	9	5	5	6	7	7	8	9	5	5	6	7	7
		6	2	6	0	4	9	6	0	5	8	7	3	1	6	7	1	6	7	8	4	2	7	0	0
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
<b>* TOTALS</b>																									
Harderian Gland Adenoma		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
																									<b>48</b>
																									<b>1</b>
<b>URINARY SYSTEM</b>																									
Kidney		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
																									<b>48</b>
Urinary Bladder		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
																									<b>48</b>
<b>SYSTEMIC LESIONS</b>																									
Multiple Organ Lymphoma Malignant		+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
																									<b>48</b>
																									<b>3</b>
								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

B6C3F1 MICE MALE	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
		3	3	4	4	4	5	5	5	6	6	6	6	6	6	6	6	6	6	6	7	7	7
Tri 1.25Male	ANIMAL ID	5	9	5	5	6	1	9	9	1	2	2	6	6	7	8	8	8	8	0	2	2	2
		0	3	1	1	8	3	7	7	8	2	5	7	8	8	9	9	9	9	2	6	6	6
		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	1	1	1	1	1	1	1	1	1	1
		7	5	4	5	9	5	8	9	6	8	8	8	4	7	8	5	6	6	6	7	7	8
		0	1	9	3	2	7	1	0	2	0	7	2	7	5	3	8	7	1	6	9	4	9
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
																							males (cont...)

ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Gallbladder	+	+	+	+	+	+		M	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hemangiosarcoma											X												
Hepatoblastoma															X								
Hepatocellular Adenoma									X		X								X				X
Hepatocellular Adenoma, Multiple										X		X				X	X		X			X	X
Hepatocellular Carcinoma					X	X	X						X	X		X							X
Hepatocellular Carcinoma, Multiple									X	X	X												
Mesentery																							
Pancreas	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Salivary Glands	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Schwannoma Malignant		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

B6C3F1 MICE MALE	DAY ON TEST																								males (cont...)
	0350	0333	0441	0441	0444	0551	0555	0557	0661	0666	0666	0666	0666	0666	0666	0666	0666	0666	0666	0666	0666	0666	0666	0666	
Tri 1.25Male	010	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011	011
	750	541	453	592	932	571	810	962	680	872	887	887	887	887	887	887	887	887	887	887	887	887	887	887	887

Stomach, Forestomach  
Squamous Cell Carcinoma

Stomach, Glandular

**CARDIOVASCULAR SYSTEM**

Blood Vessel

Heart

**ENDOCRINE SYSTEM**

Adrenal Cortex  
Subcapsular, Adenoma

Adrenal Medulla

Islets, Pancreatic  
Adenoma

Parathyroid Gland

Pituitary Gland

Thyroid Gland

**GENERAL BODY SYSTEM**

NONE

**GENITAL 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

B6C3F1 MICE MALE	DAY ON TEST																								males (cont...)
	0350	0393	0441	0441	0448	0513	0557	0557	0557	0618	0618	0618	0618	0618	0618	0618	0618	0618	0618	0618	0618	0618	0618	0618	
Tri 1.25Male	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011	0011
	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701	1701

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

**HEMATOPOIETIC SYSTEM**

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

**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	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Fibrous Histiocytoma																									
Subcutaneous Tissue, Fibrosarcoma																									

\* .. 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

B6C3F1 MICE MALE	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	ANIMAL ID	males (cont...)	
		3	3	4	4	4	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6			6
		5	9	5	5	6	1	9	9	1	2	2	6	6	7	8	8	8	8	8	0	2	6	6	6	6	6	6		
		0	3	1	1	8	3	7	7	8	2	5	7	8	8	9	9	9	9	9	2	6	6	6	6	6	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		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
		7	5	4	5	9	5	8	9	6	8	8	8	4	7	8	5	6	6	6	6	6	6	6	6	6	6	6		
		0	1	9	3	2	7	1	0	2	0	7	2	7	5	3	8	7	1	6	9	4	9	4	9	4	5	2		
		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		

Skin, Control	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Skin, Site Of Application	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

**MUSCULOSKELETAL SYSTEM**

Bone																														
Cranium, Sarcoma, Deep Invasion										+	X																			
Bone, Femur	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Osteosarcoma				X																										
Skeletal Muscle																														
Fibrosarcoma, Deep Invasion				+																										

**NERVOUS SYSTEM**

Brain, Brain Stem	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Brain, Cerebellum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Brain, Cerebrum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Meninges, Sarcoma																													
Nerve Trigeminal																													
Peripheral Nerve, Sciatic																													
Spinal Cord, Cervical																													
Spinal Cord, Lumbar																													

\* .. 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

B6C3F1 MICE MALE	DAY ON TEST																						males (cont...)	
	0350	0353	0441	0445	0448	0551	0553	0555	0661	0662	0665	0666	0667	0668	0668	0669	0772	0772	0772	0772	0777	0777		0777
Tri 1.25Male	ANIMAL ID																							
	01701	01111	00111	00111	00111	00111	00111	00111	00111	00111	00111	00111	00111	00111	00111	00111	00111	00111	00111	00111	00111	00111	00111	00111

Spinal Cord, Thoracic

+

**RESPIRATORY SYSTEM**

Lung	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Alveolar/Bronchiolar Adenoma												X	X											X	
Alveolar/Bronchiolar Carcinoma															X	X							X		
Hepatoblastoma, Metastatic, Liver														X											
Hepatocellular Carcinoma, Metastatic, Liver					X			X	X			X													
Osteosarcoma, Metastatic, Bone, Femur				X																					
Schwannoma Malignant, Metastatic, Salivary Glands	X																								
Nose	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Trachea	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

**SPECIAL SENSES SYSTEM**

Eye	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lids, Adenoma																X									
Harderian Gland	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Adenoma			X							X				X											

**URINARY SYSTEM**

Kidney	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Urinary Bladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

**SYSTEMIC LESIONS**

\* .. 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

<b>B6C3F1 MICE MALE</b>	DAY ON TEST	03050	03353	04458	04458	05513	05577	05577	06618	06622	06625	06667	06668	06668	06669	07702	07726	07726	07726	07726	07726	07727	07727	<b>males (cont...)</b>
	ANIMAL ID	01701	01151	01141	01151	01191	01185	01190	01126	01180	01172	01177	01184	01175	01183	01167	01166	01166	01177	01177	01188	01184	01152	

Multiple Organ  
 Lymphoma Malignant  
 Mast Cell Tumor Malignant

+  
 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: 03039 - 02  
 Test Type: CHRONIC  
 Route: Dermal  
 Species/Strain: MICE/B6C3F1

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

Triclosan  
 CAS Number: 3380-34-5

Date Report Requested: 12/04/2020  
 Time Report Requested: 13:42:33  
 First Dose M/F: 09/11/13 / 09/11/13  
 Lab: NCTR

| B6C3F1 MICE MALE | 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 |
|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                  | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                  |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 3 | 3 |
| Tri 1.25Male     |             | 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 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                  |             | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 4 | 5 | 5 | 6 | 7 | 8 | 9 | 4 | 5 | 6 | 7 | 8 | 5 | 5 | 5 |
|                  |             | 0 | 5 | 8 | 1 | 6 | 5 | 9 | 6 | 4 | 9 | 4 | 2 | 7 | 6 | 1 | 8 | 5 | 3 | 3 | 8 | 8 | 0 |
|                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <b>* TOTALS</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Gallbladder                        | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | 44 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatoblastoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma             | X |   | X |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | X | 9  |
| Hepatocellular Adenoma, Multiple   |   | X |   |   | X |   | X | X |   |   | X | X | X | X | X | X |   | X |   |   |   | X | 21 |
| Hepatocellular Carcinoma           | X |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 11 |
| Hepatocellular Carcinoma, Multiple |   | X |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | 6  |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | 1  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Salivary Glands                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Schwannoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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

|                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|
| <b>B6C3F1 MICE MALE</b> | 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 |                 |
| <b>Tri 1.25Male</b>     | DAY ON TEST | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                 |
|                         | 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 |                 |
|                         |             | 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 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                 |
|                         |             | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 4 | 5 | 5 | 6 | 7 | 7 | 8 | 9 | 4 | 5 | 6 | 7 | 7 | 8 | 5 | 5 | 5 |                 |
|                         |             | 0 | 5 | 8 | 1 | 6 | 5 | 9 | 6 | 4 | 9 | 4 | 2 | 7 | 6 | 1 | 8 | 5 | 3 | 3 | 8 | 8 | 0 | 6 | 6 |                 |
|                         |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | <b>* TOTALS</b> |

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                       |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|
| Stomach, Forestomach Squamous Cell Carcinoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b><br><b>1</b> |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Stomach, Glandular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

**CARDIOVASCULAR SYSTEM**

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Blood Vessel | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

|       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Heart | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
|-------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

**ENDOCRINE SYSTEM**

|                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                       |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|
| Adrenal Cortex Subcapsular, Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b><br><b>4</b> |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Adrenal Medulla | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

|                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                       |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|
| Islets, Pancreatic Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b><br><b>1</b> |
|----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------------|

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Parathyroid Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | <b>46</b> |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Pituitary Gland | + | + | + | + | + | + | + | + | + | + | M | + | + | M | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

**GENERAL BODY SYSTEM**

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

**GENITAL 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE<br>Tri 1.25Male  | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |     |
|-----------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-----|
|                                   | 077         | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   |          | 077 |
| ANIMAL ID                         | 01601       | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601 | 01601    |     |
| Epididymis                        | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| Preputial Gland                   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| Prostate                          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| Seminal Vesicle                   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| Testes                            | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| <b>HEMATOPOIETIC SYSTEM</b>       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |     |
| Bone Marrow                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| Lymph Node                        |             | +     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | +     |          | 3   |
| Lymph Node, Mandibular            | +           | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46  |
| Lymph Node, Mesenteric            | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| Spleen                            | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| Hemangiosarcoma                   | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 4   |
| Thymus                            | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +        | 44  |
| <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        | 2   |
| Skin                              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| Fibrous Histiocytoma              |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          | 1   |
| Subcutaneous Tissue, Fibrosarcoma |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE | 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 |
| Tri 1.25Male     | ANIMAL ID   | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3               | 3 |
|                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 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 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1 |
|                  |             | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 4 | 5 | 5 | 6 | 7 | 7 | 8 | 9 | 4 | 5 | 6 | 7 | 7 | 8               | 5 |
|                  |             | 0 | 5 | 8 | 1 | 6 | 5 | 9 | 6 | 4 | 9 | 4 | 2 | 7 | 6 | 1 | 8 | 5 | 3 | 3 | 8 | 8               | 0 |
|                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1 |
|                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Skin, Control | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Skin, Site Of Application | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

**MUSCULOSKELETAL SYSTEM**

|                                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |
|---------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| Bone                            |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>1</b> |
| Cranium, Sarcoma, Deep Invasion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>1</b> |

|              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone, Femur  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Osteosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

|                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| Skeletal Muscle             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>2</b> |
| Fibrosarcoma, Deep Invasion |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>1</b> |

**NERVOUS SYSTEM**

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Meninges, Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

|                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| Nerve Trigeminal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>1</b> |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|

|                           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| Peripheral Nerve, Sciatic |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>1</b> |
|---------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|

|                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| Spinal Cord, Cervical |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>1</b> |
|-----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|

|                     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| Spinal Cord, Lumbar |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <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

| B6C3F1 MICE MALE | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | * TOTALS |
|------------------|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|
|                  | 077         | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 |          |
| Tri 1.25Male     | ANIMAL ID   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | * TOTALS |
| 111              | 111         | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 111 | 1        |

Spinal Cord, Thoracic

1

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|--|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |  |
| Alveolar/Bronchiolar Adenoma                      |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   | 5  |  |
| Alveolar/Bronchiolar Carcinoma                    |   |   |   |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 5  |  |
| Alveolar/Bronchiolar Carcinoma, Multiple          |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 1  |  |
| Hepatoblastoma, Metastatic, Liver                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |  |
| Hepatocellular Carcinoma, Metastatic, Liver       |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |   | 6  |  |
| Osteosarcoma, Metastatic, Bone, Femur             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |  |
| Schwannoma Malignant, Metastatic, Salivary Glands |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |  |
| Trachea   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |  |

**SPECIAL SENSES SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Eye             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lids, Adenoma   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Adenoma         |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 4  |

**URINARY SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

**SYSTEMIC LESIONS**

\* .. 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0         |  |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|-----------|--|
| <b>B6C3F1 MICE MALE</b>   | DAY ON TEST | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               | 7         |  |
|                           |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3               | 3         |  |
|                           |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0               | 0         |  |
| <b>Tri 1.25Male</b>       | 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         |  |
|                           |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1         |  |
|                           |             | 6 | 6 | 6 | 7 | 7 | 8 | 8 | 4 | 5 | 5 | 6 | 7 | 7 | 8 | 9 | 4 | 5 | 6 | 7 | 7 | 8 | 5               | 5         |  |
|                           |             | 0 | 5 | 8 | 1 | 6 | 5 | 9 | 6 | 4 | 9 | 4 | 2 | 7 | 6 | 1 | 8 | 5 | 3 | 3 | 8 | 8 | 0               | 6         |  |
|                           | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               |           |  |
|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |           |  |
| Multiple Organ            |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +               | <b>48</b> |  |
| Lymphoma Malignant        |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 | <b>1</b>  |  |
| Mast Cell Tumor Malignant |             |   |   |   |   |   |   |   |   | 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

|                         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                            |
|-------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------------|
| <b>B6C3F1 MICE MALE</b> | DAY ON TEST | 0<br>4 | 0<br>5 | 0<br>5 | 0<br>5 | 0<br>5 | 0<br>6 | 0<br>6 | 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 | <b>males<br/>(cont...)</b> |
|                         | ANIMAL ID   | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 | 0<br>2 |                            |
| <b>Tri 2.7 Male</b>     |             | 5<br>1 | 4<br>4 | 6<br>0 | 4<br>7 | 7<br>3 | 4<br>6 | 7<br>7 | 4<br>7 | 5<br>0 | 8<br>0 | 7<br>5 | 5<br>0 | 8<br>8 | 2<br>6 | 8<br>6 | 3<br>9 | 5<br>5 | 6<br>6 | 6<br>9 | 4<br>4 | 7<br>7 | 2<br>2 | 1<br>1 | 4<br>1 |                            |

**ALIMENTARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                                | + | + | + | A | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M |
| Intestine Large, Cecum<br>Adenocarcinoma   | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon<br>Adenocarcinoma   | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                    | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                  | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                     | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum<br>Adenocarcinoma | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma                     | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   | X | X |   |
| Hepatocellular Adenoma, Multiple           |   |   |   | X |   |   | X |   |   | X | X |   | X | X |   |   |   | X | X |   | X | X |   | X |
| Hepatocellular Carcinoma                   | X |   | X |   |   |   | X | X | X | X | X | X |   |   |   |   |   | X | X |   | X |   |   |   |
| Hepatocellular Carcinoma, Multiple         |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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



| B6C3F1 MICE MALE                                | DAY ON TEST           |                       |                       |                            |                            |                            |                            |                            |                                 |                            |                                 |                                      |                                      |                                      |                                      |                                      |   |   |   |   |   |   |   |   | males<br>(cont...) |
|---|-----------------------|-----------------------|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------|----------------------------|---------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|---|---|---|---|---|---|---|---|--------------------|
|   | 0<br>4<br>0<br>7      | 0<br>5<br>0<br>3      | 0<br>5<br>4<br>0      | 0<br>5<br>7<br>1           | 0<br>5<br>8<br>3           | 0<br>6<br>1<br>7           | 0<br>6<br>5<br>0           | 0<br>6<br>5<br>7           | 0<br>6<br>7<br>2                | 0<br>6<br>7<br>6           | 0<br>6<br>8<br>5                | 0<br>6<br>9<br>3                     | 0<br>6<br>1<br>6                     | 0<br>7<br>1<br>6                     | 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>2<br>6                          | 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>2<br>6                          | 0<br>7<br>2<br>6                          |   |                    |
| Tri 2.7 Male                                    | ANIMAL ID             |                       |                       |                            |                            |                            |                            |                            |                                 |                            |                                 |                                      |                                      |                                      |                                      |                                      |   |   |   |   |   |   |   |   | males<br>(cont...) |
|   | 0<br>2<br>5<br>1<br>1 | 0<br>2<br>4<br>4<br>1 | 0<br>2<br>6<br>0<br>1 | 0<br>2<br>4<br>7<br>3<br>1 | 0<br>2<br>2<br>4<br>6<br>1 | 0<br>2<br>2<br>4<br>7<br>1 | 0<br>2<br>2<br>5<br>7<br>1 | 0<br>2<br>2<br>8<br>0<br>1 | 0<br>2<br>2<br>7<br>5<br>0<br>1 | 0<br>2<br>2<br>5<br>0<br>1 | 0<br>2<br>2<br>5<br>8<br>0<br>1 | 0<br>2<br>2<br>6<br>2<br>8<br>2<br>1 | 0<br>2<br>2<br>6<br>4<br>8<br>6<br>1 | 0<br>2<br>2<br>8<br>5<br>3<br>9<br>1 | 0<br>2<br>2<br>5<br>5<br>9<br>5<br>1 | 0<br>2<br>2<br>6<br>6<br>6<br>9<br>1 | 0<br>2<br>2<br>6<br>6<br>7<br>4<br>7<br>1 | 0<br>2<br>2<br>6<br>6<br>7<br>7<br>2<br>1 | 0<br>2<br>2<br>6<br>6<br>8<br>4<br>2<br>1 | 0<br>2<br>2<br>6<br>6<br>8<br>4<br>1<br>1 | 0<br>2<br>2<br>6<br>6<br>8<br>4<br>1<br>1 | 0<br>2<br>2<br>6<br>6<br>8<br>4<br>1<br>1 | 0<br>2<br>2<br>6<br>6<br>8<br>4<br>1<br>1 | 0<br>2<br>2<br>6<br>6<br>8<br>4<br>1<br>1 |                    |
| Salivary Glands                                 | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                               | +                          | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +   | +   | +   | +   | +   | +   | +   | +   |                    |
| Stomach, Forestomach<br>Squamous Cell Papilloma | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                               | +                          | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +   | +   | +   | +   | +   | +   | +   | +   |                    |
| Stomach, Glandular                              | +                     | +                     | +                     | A                          | +                          | +                          | +                          | A                          | +                               | +                          | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +   | +   | +   | +   | +   | +   | +   | +   |                    |
| <b>CARDIOVASCULAR SYSTEM</b>                    |                       |                       |                       |                            |                            |                            |                            |                            |                                 |                            |                                 |                                      |                                      |                                      |                                      |                                      |   |   |   |   |   |   |   |   |                    |
| Blood Vessel                                    | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                               | +                          | +                               | +                                    | +                                    | +                                    | +                                    | M                                    | +   | +   | +   | +   | +   | +   | +   | +   |                    |
| Heart   | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                               | +                          | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +   | +   | +   | +   | +   | +   | +   | +   |                    |
| <b>ENDOCRINE SYSTEM</b>                         |                       |                       |                       |                            |                            |                            |                            |                            |                                 |                            |                                 |                                      |                                      |                                      |                                      |                                      |   |   |   |   |   |   |   |   |                    |
| Adrenal Cortex<br>Subcapsular, Adenoma          | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                               | +                          | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +   | +   | +   | +   | X   | +   | +   | +   |                    |
| Adrenal Medulla                                 | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                               | +                          | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +   | +   | +   | +   | +   | +   | +   | +   |                    |
| Islets, Pancreatic                              | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                               | +                          | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +   | +   | +   | +   | +   | +   | +   | +   |                    |
| Parathyroid Gland                               | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                               | +                          | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +   | +   | +   | +   | M   | +   | +   | +   |                    |
| Pituitary Gland                                 | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                               | +                          | +                               | +                                    | +                                    | +                                    | +                                    | M                                    | +   | +   | +   | M   | +   | +   | +   | +   |                    |
| Thyroid Gland<br>Follicular Cell, Carcinoma     | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                               | +                          | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +   | +   | +   | +   | +   | +   | +   | +   |                    |
| <b>GENERAL BODY SYSTEM</b>                      |                       |                       |                       |                            |                            |                            |                            |                            |                                 |                            |                                 |                                      |                                      |                                      |                                      |                                      |   |   |   |   |   |   |   |   |                    |
| NONE  |                       |                       |                       |                            |                            |                            |                            |                            |                                 |                            |                                 |                                      |                                      |                                      |                                      |                                      |   |   |   |   |   |   |   |   |                    |

\* .. 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

| B6C3F1 MICE MALE | DAY ON TEST           |                       |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                                 |                            |                            |                            |                       | males<br>(cont...) |
|------------------|-----------------------|-----------------------|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---------------------------------|----------------------------|----------------------------|----------------------------|-----------------------|--------------------|
|                  | 0<br>4<br>0<br>7      | 0<br>5<br>0<br>3      | 0<br>5<br>4<br>0      | 0<br>5<br>7<br>1           | 0<br>5<br>8<br>3           | 0<br>6<br>1<br>7           | 0<br>6<br>5<br>0           | 0<br>6<br>5<br>7           | 0<br>6<br>7<br>2           | 0<br>6<br>7<br>6           | 0<br>6<br>8<br>5           | 0<br>6<br>9<br>3           | 0<br>7<br>1<br>6           | 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>2<br>6           | 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>2<br>6           | 0<br>7<br>2<br>6           | 0<br>7<br>2<br>6           |                       |                    |
| Tri 2.7 Male     | ANIMAL ID             |                       |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                                 |                            |                            |                            |                       |                    |
|                  | 0<br>2<br>5<br>1<br>1 | 0<br>2<br>4<br>4<br>1 | 0<br>2<br>6<br>0<br>1 | 0<br>2<br>4<br>7<br>3<br>1 | 0<br>2<br>4<br>7<br>3<br>1 | 0<br>2<br>4<br>7<br>6<br>1 | 0<br>2<br>5<br>7<br>0<br>1 | 0<br>2<br>8<br>5<br>0<br>1 | 0<br>2<br>7<br>5<br>0<br>1 | 0<br>2<br>2<br>5<br>0<br>1 | 0<br>2<br>2<br>5<br>8<br>1 | 0<br>2<br>2<br>6<br>2<br>1 | 0<br>2<br>2<br>4<br>8<br>1 | 0<br>2<br>2<br>5<br>5<br>1 | 0<br>2<br>2<br>6<br>5<br>1 | 0<br>2<br>2<br>6<br>6<br>1 | 0<br>2<br>2<br>6<br>6<br>1 | 0<br>2<br>2<br>7<br>7<br>1 | 0<br>2<br>2<br>7<br>7<br>1 | 0<br>2<br>2<br>8<br>4<br>2<br>1 | 0<br>2<br>2<br>4<br>5<br>1 | 0<br>2<br>2<br>1<br>4<br>1 | 0<br>2<br>2<br>5<br>4<br>1 | 0<br>2<br>2<br>1<br>1 |                    |

**GENITAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Prostate        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Seminal Vesicle | + | + | + | A | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**HEMATOPOIETIC SYSTEM**

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

\* .. 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE                     | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...)    |
|--------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                      | 0<br>4<br>0<br>7      | 0<br>5<br>0<br>3      | 0<br>5<br>4<br>0      | 0<br>5<br>7<br>1      | 0<br>5<br>8<br>3      | 0<br>6<br>1<br>7      | 0<br>6<br>5<br>0      | 0<br>6<br>5<br>7      | 0<br>6<br>7<br>2      | 0<br>6<br>8<br>6      | 0<br>6<br>9<br>5      | 0<br>6<br>1<br>3      | 0<br>6<br>1<br>6      | 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>2<br>6      | 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>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      |                       |
| Tri 2.7 Male                         | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                                      | 0<br>2<br>5<br>1<br>1 | 0<br>2<br>4<br>4<br>1 | 0<br>2<br>6<br>0<br>1 | 0<br>2<br>4<br>7<br>1 | 0<br>2<br>7<br>3<br>1 | 0<br>2<br>4<br>6<br>1 | 0<br>2<br>5<br>7<br>1 | 0<br>2<br>8<br>0<br>1 | 0<br>2<br>7<br>5<br>1 | 0<br>2<br>8<br>0<br>1 | 0<br>2<br>5<br>8<br>1 | 0<br>2<br>5<br>0<br>1 | 0<br>2<br>6<br>8<br>1 | 0<br>2<br>2<br>8<br>1 | 0<br>2<br>2<br>6<br>1 | 0<br>2<br>2<br>8<br>1 | 0<br>2<br>2<br>5<br>1 | 0<br>2<br>2<br>5<br>1 | 0<br>2<br>6<br>6<br>1 | 0<br>2<br>6<br>6<br>1 | 0<br>2<br>7<br>7<br>1 | 0<br>2<br>7<br>8<br>1 | 0<br>2<br>4<br>4<br>1 | 0<br>2<br>5<br>5<br>1 | 0<br>2<br>6<br>4<br>1 |
| Skin                                 | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Subcutaneous Tissue, Hemangiosarcoma |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Skin, Control                        | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Skin, Site Of Application            | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>MUSCULOSKELETAL SYSTEM</b>        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Bone                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Bone, Femur                          | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Skeletal Muscle                      | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>NERVOUS SYSTEM</b>                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Brain, Brain Stem                    | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Brain, Cerebellum                    | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Brain, Cerebrum                      | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Nerve Trigeminal                     | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Peripheral Nerve, Sciatic            | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Spinal Cord, Cervical                | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Spinal Cord, Lumbar                  | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Spinal Cord, Thoracic                | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

\* .. 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

|                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                            |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------------|
| <b>B6C3F1 MICE MALE</b> | 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 |                            |
|                         |             | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                            |
| <b>Tri 2.7 Male</b>     | 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 | <b>males<br/>(cont...)</b> |
|                         |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                            |
|                         |             | 5 | 4 | 6 | 4 | 7 | 4 | 5 | 8 | 7 | 5 | 5 | 6 | 4 | 8 | 5 | 5 | 6 | 6 | 6 | 7 | 7 | 8 | 4 |                            |
|                         |             | 1 | 4 | 0 | 7 | 3 | 6 | 7 | 0 | 5 | 0 | 8 | 2 | 8 | 6 | 3 | 9 | 5 | 6 | 9 | 4 | 7 | 2 | 1 |                            |
|                         |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                            |

RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X | X |   |   |   |   | X |   |   |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bronchiole, Adenoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SPECIAL SENSES SYSTEM

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

URINARY SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SYSTEMIC LESIONS

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant        |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |
| Mast Cell Tumor Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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

| B6C3F1 MICE MALE | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|                  | 07          | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    |          |
| Tri 2.7 Male     | ANIMAL ID   | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 02701 | 48       |

ALIMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Esophagus                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |
| Gallbladder                                | + | + | M | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | 43      |
| Intestine Large, Cecum<br>Adenocarcinoma   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | 46<br>1 |
| Intestine Large, Colon<br>Adenocarcinoma   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | 46<br>1 |
| Intestine Large, Rectum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46      |
| Intestine Small, Duodenum                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46      |
| Intestine Small, Ileum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46      |
| Intestine Small, Jejunum<br>Adenocarcinoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | 46<br>1 |
| Liver                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |
| Hemangiosarcoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 2       |
| Hepatocellular Adenoma                     |   |   | X |   |   | X |   |   |   | X | X |   |   |   | X |   |   | X |   |   |   | 11      |
| Hepatocellular Adenoma, Multiple           |   |   |   |   | X | X | X | X |   |   | X | X | X | X | X |   |   |   | X | X | X | 23      |
| Hepatocellular Carcinoma                   |   |   |   |   | X | X |   | X | X |   |   | X |   |   | X |   |   |   |   |   |   | 16      |
| Hepatocellular Carcinoma, Multiple         |   |   | X | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4       |
| Mesentery                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | 3       |
| Pancreas                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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

| B6C3F1 MICE MALE             | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |
|------------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|------|------|
|                              | 0727        | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 |          | 0727 |      |
| Tri 2.7 Male                 | ANIMAL ID   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |      |      |
| 0727                         | 0727        | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 |          | 0727 | 0727 |
| Salivary Glands              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48   |
| Stomach, Forestomach         | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48   |
| Squamous Cell Papilloma      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1    |
| Stomach, Glandular           | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 46   |
| <b>CARDIOVASCULAR SYSTEM</b> |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| Blood Vessel                 | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 47   |
| Heart                        | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48   |
| <b>ENDOCRINE SYSTEM</b>      |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| Adrenal Cortex               | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48   |
| Subcapsular, Adenoma         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      | 1    |
| Adrenal Medulla              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48   |
| Islets, Pancreatic           | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48   |
| Parathyroid Gland            | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 46   |
| Pituitary Gland              | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 46   |
| Thyroid Gland                | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +        | +    | 48   |
| Follicular Cell, Carcinoma   |             |      |      |      |      |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |          |      | 1    |
| <b>GENERAL BODY SYSTEM</b>   |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |
| NONE                         |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |      |      |

\* .. 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

| B6C3F1 MICE MALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                  | 0727        | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 |          |
| Tri 2.7 Male     | ANIMAL ID   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |
|                  | 0071        | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071 | 0071     |
|                  | 270         | 270  | 270  | 270  | 270  | 270  | 270  | 270  | 270  | 270  | 270  | 270  | 270  | 270  | 270  | 270  | 270  | 270  | 270  | 270  | 270      |
|                  | 11          | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11       |

**GENITAL SYSTEM**

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Preputial Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Prostate        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Seminal Vesicle | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Testes          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | 47 |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | 1  |
| Lymph Node             | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | 1  |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hemangiosarcoma        |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X | 3  |
| Thymus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | 46 |

**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 | 0 |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

\* .. 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

| B6C3F1 MICE MALE                     | DAY ON TEST          |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | * TOTALS |       |
|--------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------|-------|
|                                      | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 | 07777777777777777777 |          |       |
| Tri 2.7 Male                         | ANIMAL ID            |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | * TOTALS |       |
| 02701                                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                | 02701                |          | 02701 |
| Skin                                 | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +        | 48    |
| Subcutaneous Tissue, Hemangiosarcoma |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | X                    |                      |                      |                      |                      |                      |                      |          | 1     |
| Skin, Control                        | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +        | 48    |
| Skin, Site Of Application            | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +        | 48    |
| <b>MUSCULOSKELETAL SYSTEM</b>        |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |          |       |
| Bone                                 |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |          | 1     |
| Bone, Femur                          | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +        | 48    |
| Skeletal Muscle                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |          | 1     |
| <b>NERVOUS SYSTEM</b>                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |          |       |
| Brain, Brain Stem                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +        | 48    |
| Brain, Cerebellum                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +        | 48    |
| Brain, Cerebrum                      | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +                    | +        | 48    |
| Nerve Trigeminal                     |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |          | 1     |
| Peripheral Nerve, Sciatic            |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |          | 1     |
| Spinal Cord, Cervical                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |          | 1     |
| Spinal Cord, Lumbar                  |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |          | 1     |
| Spinal Cord, Thoracic                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |          | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE | 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 |
|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|---|
|                  | 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 | 7 |
|                  | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2               | 2 | 2 | 2 |
|                  | 7           | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9               | 9 | 9 | 9 |
| Tri 2.7 Male     | 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 |
|                  | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2               | 2 | 2 | 2 |
|                  | 7           | 7 | 7 | 8 | 4 | 4 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 4 | 5 | 5 | 6 | 6 | 7 | 8 | 8 | 8 | 8               | 8 | 4 |   |
|                  | 0           | 6 | 8 | 3 | 2 | 9 | 5 | 3 | 7 | 1 | 9 | 4 | 7 | 3 | 2 | 6 | 4 | 8 | 2 | 1 | 5 | 8 | 8               | 5 | 1 |   |
|                  | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1 | 1 |   |
|                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |   |   |

RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 5  |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Bronchiole, Adenoma                         |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

SPECIAL SENSES SYSTEM

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |    |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|----|
| Eye                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | M |  | 44 |
| Harderian Gland Adenoma | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  | 48 |
|                         |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  | 4  |

URINARY SYSTEM

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Kidney          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Adenoma         |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Urinary Bladder | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

SYSTEMIC LESIONS

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Multiple Organ            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymphoma Malignant        | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Mast Cell Tumor Malignant |   |   |   |   |   |   |   | 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

|                         |              |                  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
|-------------------------|--------------|------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>B6C3F1 MICE MALE</b> | DAY ON TEST  | 0<br>4<br>1<br>7 | 0<br>5<br>0<br>6           | 0<br>5<br>1<br>3           | 0<br>5<br>3<br>2           | 0<br>5<br>3<br>5           | 0<br>5<br>4<br>2           | 0<br>5<br>5<br>7           | 0<br>5<br>7<br>6           | 0<br>6<br>1<br>0           | 0<br>6<br>1<br>1           | 0<br>6<br>2<br>4           | 0<br>6<br>2<br>5           | 0<br>6<br>6<br>4           | 0<br>6<br>6<br>4           | 0<br>7<br>1<br>0           | 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>2<br>6           | 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>2<br>6           | <b>males<br/>(cont...)</b> |
|                         | Untreat Male | ANIMAL ID        | 0<br>3<br>4<br>3<br>1<br>1 | 0<br>3<br>7<br>1<br>5<br>1 | 0<br>3<br>4<br>1<br>5<br>1 | 0<br>3<br>5<br>6<br>3<br>1 | 0<br>3<br>7<br>9<br>4<br>1 | 0<br>3<br>6<br>4<br>6<br>1 | 0<br>3<br>6<br>6<br>4<br>1 | 0<br>3<br>7<br>6<br>4<br>1 | 0<br>3<br>5<br>8<br>3<br>1 | 0<br>3<br>5<br>5<br>8<br>1 | 0<br>3<br>3<br>3<br>8<br>1 | 0<br>3<br>3<br>8<br>1<br>1 | 0<br>3<br>8<br>5<br>4<br>1 | 0<br>3<br>5<br>7<br>1<br>1 | 0<br>3<br>6<br>4<br>9<br>1 | 0<br>3<br>5<br>6<br>5<br>1 | 0<br>3<br>7<br>6<br>2<br>1 | 0<br>3<br>7<br>7<br>9<br>1 | 0<br>3<br>3<br>7<br>5<br>1 | 0<br>3<br>4<br>7<br>9<br>1 | 0<br>3<br>4<br>4<br>7<br>1 | 0<br>3<br>5<br>4<br>7<br>1 |                            |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                                 | A | M | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + |
| Intestine Large, Cecum<br>Adenoma           | A | + | + | A | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Colon                      | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Rectum                     | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Duodenum<br>Adenocarcinoma | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Ileum                      | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Small, Jejunum<br>Adenocarcinoma  | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hemangiosarcoma                             |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma                      |   |   |   | X |   |   |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |
| Hepatocellular Adenoma, Multiple            |   |   |   |   |   |   | X |   |   |   |   |   | X |   | X |   |   | X |   |   |   | X |   |   |
| Hepatocellular Carcinoma                    | X | X | X | X | X | X |   | X | X |   | X | X |   | X |   | X |   | X |   |   |   |   | X |   |
| Hepatocellular Carcinoma, Multiple          |   |   |   |   |   |   |   |   | X |   |   |   | X | X |   |   |   |   |   |   |   |   |   |   |
| Mesentery                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                                    | + | + | + | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE<br>Untreat Male | 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...) |
|----------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|
|                                  | 4           | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                    |
|                                  | 1           | 0 | 1 | 3 | 3 | 4 | 5 | 7 | 7 | 1 | 1 | 2 | 2 | 6 | 8 | 9 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 0         |                    |
|                                  | 7           | 6 | 3 | 2 | 3 | 5 | 2 | 6 | 6 | 0 | 1 | 4 | 5 | 4 | 6 | 4 | 0 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 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 | 0         |                    |
|                                  | 4           | 7 | 4 | 4 | 5 | 7 | 6 | 6 | 6 | 7 | 5 | 5 | 3 | 8 | 5 | 5 | 6 | 4 | 5 | 6 | 7 | 7 | 3 | 4 | 0         |                    |
|                                  | 3           | 1 | 5 | 1 | 6 | 3 | 9 | 4 | 6 | 4 | 8 | 3 | 8 | 1 | 4 | 7 | 1 | 9 | 5 | 2 | 5 | 9 | 7 | 4 | 0         |                    |
|                                  | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0         |                    |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Salivary Glands      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular   | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Tongue               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

CARDIOVASCULAR SYSTEM

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

ENDOCRINE SYSTEM

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

GENERAL BODY SYSTEM

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

\* .. 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: 03039 - 02

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/04/2020

Test Type: CHRONIC

Triclosan

Time Report Requested: 13:42:33

Route: Dermal

CAS Number: 3380-34-5

First Dose M/F: 09/11/13 / 09/11/13

Species/Strain: MICE/B6C3F1

Lab: NCTR

|                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE MALE</b> | 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 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                         | ANIMAL ID   | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| <b>Untreat Male</b>     |             | 1 | 0 | 1 | 3 | 3 | 4 | 5 | 7 | 7 | 1 | 1 | 2 | 2 | 6 | 8 | 9 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   |
|                         |             | 7 | 6 | 3 | 2 | 3 | 5 | 2 | 6 | 6 | 0 | 1 | 4 | 5 | 4 | 6 | 4 | 0 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 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 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                         |             | 4 | 7 | 4 | 4 | 5 | 7 | 6 | 6 | 7 | 5 | 5 | 3 | 8 | 5 | 5 | 6 | 4 | 5 | 6 | 7 | 7 | 3 | 7 | 3 | 7 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 |
|                         |             | 3 | 1 | 5 | 1 | 6 | 3 | 9 | 4 | 6 | 4 | 8 | 3 | 8 | 1 | 4 | 7 | 1 | 9 | 5 | 2 | 5 | 9 | 7 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 0 |   |
|                         |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

males (cont...)

GENITAL SYSTEM

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Epididymis          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Fat Pad, Epididymal |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Preputial Gland     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Prostate            | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Seminal Vesicle     | A | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |
| Testes              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |  |

HEMATOPOIETIC SYSTEM

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

\* .. 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

| B6C3F1 MICE MALE | DAY ON TEST                |                            |                            |                                 |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | males<br>(cont...)         |
|------------------|----------------------------|----------------------------|----------------------------|---------------------------------|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|                  | 0<br>4<br>1<br>7           | 0<br>5<br>0<br>6           | 0<br>5<br>1<br>3           | 0<br>5<br>3<br>2                | 0<br>5<br>3<br>3                | 0<br>5<br>4<br>5           | 0<br>5<br>5<br>2           | 0<br>5<br>7<br>6           | 0<br>5<br>7<br>6           | 0<br>5<br>7<br>0           | 0<br>5<br>6<br>1           | 0<br>6<br>1<br>1           | 0<br>6<br>2<br>4           | 0<br>6<br>2<br>5           | 0<br>6<br>6<br>4           | 0<br>6<br>6<br>4           | 0<br>7<br>1<br>0           | 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>2<br>6           | 0<br>7<br>2<br>6           | 0<br>7<br>2<br>6           | 0<br>7<br>2<br>6           |                            |
| Untreat Male     | ANIMAL ID                  |                            |                            |                                 |                                 |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |
|                  | 0<br>3<br>4<br>3<br>1<br>1 | 0<br>3<br>7<br>1<br>5<br>1 | 0<br>3<br>4<br>5<br>1<br>1 | 0<br>3<br>4<br>5<br>6<br>3<br>1 | 0<br>3<br>7<br>6<br>9<br>4<br>1 | 0<br>3<br>6<br>3<br>4<br>1 | 0<br>3<br>6<br>6<br>4<br>1 | 0<br>3<br>7<br>6<br>4<br>1 | 0<br>3<br>5<br>6<br>8<br>1 | 0<br>3<br>7<br>5<br>4<br>1 | 0<br>3<br>3<br>8<br>3<br>1 | 0<br>3<br>5<br>3<br>8<br>1 | 0<br>3<br>3<br>5<br>3<br>1 | 0<br>3<br>8<br>3<br>1<br>1 | 0<br>3<br>5<br>5<br>4<br>1 | 0<br>3<br>6<br>7<br>1<br>1 | 0<br>3<br>4<br>5<br>9<br>1 | 0<br>3<br>5<br>6<br>2<br>1 | 0<br>3<br>3<br>4<br>5<br>1 | 0<br>3<br>7<br>7<br>9<br>1 | 0<br>3<br>3<br>3<br>7<br>1 | 0<br>3<br>7<br>3<br>9<br>1 | 0<br>3<br>4<br>7<br>7<br>1 | 0<br>3<br>3<br>4<br>5<br>1 | 0<br>3<br>4<br>4<br>0<br>1 |

Subcutaneous Tissue, Alveolar/Bronchiolar  
Carcinoma, Metastatic, Lung

X

Skin, Control

+ +

Skin, Site Of Application

+ +

### MUSCULOSKELETAL SYSTEM

Bone, Femur

+ +

### NERVOUS SYSTEM

Brain, Brain Stem

+ +

Brain, Cerebellum

+ +

Brain, Cerebrum

+ +

### RESPIRATORY SYSTEM

Lung

+ +

Alveolar/Bronchiolar Adenoma

X

X

Alveolar/Bronchiolar Carcinoma

X

X

Hepatocellular Carcinoma, Metastatic, Liver

X

X X

X X

X

Sarcoma

X

Nose

+ +

Trachea

+ + + A +

### SPECIAL SENSES 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: 03039 - 02

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/04/2020

Test Type: CHRONIC

Triclosan

Time Report Requested: 13:42:33

Route: Dermal

CAS Number: 3380-34-5

First Dose M/F: 09/11/13 / 09/11/13

Species/Strain: MICE/B6C3F1

Lab: NCTR

| <b>B6C3F1 MICE MALE</b> | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | <b>males<br/>(cont...)</b> |
|-------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------------|
|                         | 0<br>4<br>1<br>7 | 0<br>5<br>0<br>6 | 0<br>5<br>1<br>3 | 0<br>5<br>3<br>2 | 0<br>5<br>3<br>5 | 0<br>5<br>4<br>2 | 0<br>5<br>5<br>6 | 0<br>5<br>7<br>6 | 0<br>5<br>7<br>6 | 0<br>6<br>1<br>0 | 0<br>6<br>1<br>1 | 0<br>6<br>2<br>4 | 0<br>6<br>2<br>5 | 0<br>6<br>6<br>4 | 0<br>6<br>8<br>6 | 0<br>6<br>9<br>4 | 0<br>7<br>1<br>0 | 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>2<br>6 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 |                            |
| <b>Untreat Male</b>     | 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                |                            |
|                         | 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                | 7                | 4                | 4                | 5                | 7                | 6                | 6                | 7                | 5                | 5                | 3                | 8                | 5                | 5                | 6                | 4                | 5                | 6                | 6                | 7                | 3                | 7                | 3                |                            |
|                         | 3                | 1                | 5                | 1                | 6                | 3                | 9                | 4                | 6                | 4                | 8                | 3                | 8                | 1                | 4                | 7                | 1                | 9                | 5                | 2                | 5                | 9                | 7                |                  |                            |
|                         | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                |                  |                            |

Eye + + + A +

Harderian Gland Adenoma + + + A + + + + + + + + + + + + + + + + + X + + + + + +

**URINARY SYSTEM**

Kidney + + + A + + + + + + + + + + + X + + + + + + + + + +

Alveolar/Bronchiolar Carcinoma, Metastatic, Lung

Urinary Bladder + + + A +

**SYSTEMIC LESIONS**

Multiple Organ Lymphoma Malignant + + + + + + + + + + + + + + + + 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

| B6C3F1 MICE MALE | 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 |
| Untreat Male     | ANIMAL ID   | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                  |             | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
|                  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                  |             | 5 | 6 | 7 | 7 | 8 | 3 | 4 | 5 | 6 | 6 | 7 | 7 | 8 | 4 | 4 | 5 | 6 | 6 | 7 | 8 | 8 |
|                  |             | 9 | 3 | 0 | 6 | 0 | 9 | 6 | 1 | 0 | 5 | 2 | 7 | 2 | 0 | 7 | 2 | 7 | 8 | 8 | 3 | 4 |
|                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <b>* TOTALS</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                       |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----------------------|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |                       |
| Gallbladder                                 | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | M         | <b>41</b>             |
| Intestine Large, Cecum<br>Adenoma           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>46</b><br><b>1</b> |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>46</b>             |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>46</b>             |
| Intestine Small, Duodenum<br>Adenocarcinoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>46</b><br><b>1</b> |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>46</b>             |
| Intestine Small, Jejunum<br>Adenocarcinoma  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>46</b><br><b>2</b> |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <b>48</b>             |
| Hemangiosarcoma                             |   | X |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   | X |   |   |   |           | <b>5</b>              |
| Hepatocellular Adenoma                      | X | X |   |   |   | X |   |   | X |   |   |   |   |   |   | X | X |   |   |   |   |           | <b>10</b>             |
| Hepatocellular Adenoma, Multiple            |   |   | X |   | X |   |   |   |   |   | X | X | X | X | X |   |   | X | X | X |   | X         | <b>16</b>             |
| Hepatocellular Carcinoma                    |   | X |   | X |   | X |   | X |   |   | X | X | X |   |   | X | X |   | X |   | X |           | <b>24</b>             |
| Hepatocellular Carcinoma, Multiple          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | <b>3</b>              |
| Mesentery                                   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | <b>1</b>              |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +         | <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

| B6C3F1 MICE MALE<br>Untreat Male | 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  |          |
| Salivary Glands                  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |          |
| Stomach, Forestomach             |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |          |
| Stomach, Glandular               |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |          |
| Tongue                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |          |
| <b>CARDIOVASCULAR SYSTEM</b>     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |
| Blood Vessel                     |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |          |
| Heart                            |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |          |
| <b>ENDOCRINE SYSTEM</b>          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |
| Adrenal Cortex                   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |          |
| Subcapsular, Adenoma             |             |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |          |
| Adrenal Medulla                  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |          |
| Islets, Pancreatic               |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |          |
| Parathyroid Gland                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | 44 |          |
| Pituitary Gland                  |             | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |          |
| Thyroid Gland                    |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |          |
| <b>GENERAL BODY SYSTEM</b>       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |
| NONE                             |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |          |

\* .. 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE | 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 |
| Untreat Male     | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|                  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
|                  |             | 5 | 6 | 7 | 7 | 8 | 3 | 4 | 5 | 6 | 6 | 7 | 8 | 4 | 4 | 5 | 6 | 6 | 7 | 8 | 8 | 4 | 4 |
|                  |             | 9 | 3 | 0 | 6 | 0 | 9 | 6 | 1 | 0 | 5 | 2 | 7 | 2 | 0 | 7 | 2 | 7 | 8 | 8 | 3 | 4 | 2 |
|                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <b>* TOTALS</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**GENITAL SYSTEM**

|                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Epididymis          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Fat Pad, Epididymal |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Preputial Gland     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Prostate            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Seminal Vesicle     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>46</b> |
| Testes              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Lymph Node             |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>3</b>  |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Thymus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>43</b> |

**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 | <b>2</b>  |
| Skin          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |

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

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

| B6C3F1 MICE MALE<br>Untreat Male   | DAY ON TEST | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      |                       |                       |
|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  | ANIMAL ID   | 0<br>3<br>5<br>9<br>1 | 0<br>3<br>6<br>3<br>1 | 0<br>3<br>7<br>0<br>1 | 0<br>3<br>7<br>6<br>1 | 0<br>3<br>8<br>0<br>1 | 0<br>3<br>3<br>9<br>1 | 0<br>3<br>4<br>6<br>1 | 0<br>3<br>5<br>1<br>1 | 0<br>3<br>6<br>0<br>1 | 0<br>3<br>6<br>5<br>1 | 0<br>3<br>7<br>2<br>1 | 0<br>3<br>7<br>7<br>1 | 0<br>3<br>8<br>2<br>1 | 0<br>3<br>8<br>7<br>1 | 0<br>3<br>4<br>4<br>1 | 0<br>3<br>5<br>7<br>1 | 0<br>3<br>6<br>2<br>1 | 0<br>3<br>6<br>8<br>1 | 0<br>3<br>7<br>8<br>1 | 0<br>3<br>8<br>8<br>1 | 0<br>3<br>8<br>3<br>1 | 0<br>3<br>4<br>4<br>1 | 0<br>3<br>2<br>2<br>1 |
| Subcutaneous Tissue, Alveolar/Bronchiolar<br>Carcinoma, Metastatic, Lung |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Skin, Control  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| Skin, Site Of Application  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |
| <b>MUSCULOSKELETAL SYSTEM</b>  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Bone, Femur  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |                       |
| <b>NERVOUS SYSTEM</b>  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Brain, Brain Stem  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |                       |
| Brain, Cerebellum  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |                       |
| Brain, Cerebrum  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |                       |
| <b>RESPIRATORY SYSTEM</b>  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lung   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |                       |
| Alveolar/Bronchiolar Adenoma   |             | X                     |                       |                       |                       |                       |                       | X                     |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | 6                     |                       |
| Alveolar/Bronchiolar Carcinoma   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | 3                     |                       |
| Hepatocellular Carcinoma, Metastatic, Liver                              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 6                     |                       |
| Sarcoma  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |
| Nose   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |                       |
| Trachea  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 47                    |                       |
| <b>SPECIAL SENSES 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: 03039 - 02

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/04/2020

Test Type: CHRONIC

Triclosan

Time Report Requested: 13:42:33

Route: Dermal

CAS Number: 3380-34-5

First Dose M/F: 09/11/13 / 09/11/13

Species/Strain: MICE/B6C3F1

Lab: NCTR

| B6C3F1 MICE MALE<br>Untreat Male                 | 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       | * 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       |          |
|  |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3       |          |
|  |             | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0       |          |
|  |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0       |          |
|  |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3       |          |
|  |             | 5 | 6 | 7 | 7 | 8 | 3 | 4 | 5 | 6 | 6 | 7 | 7 | 8 | 4 | 4 | 5 | 6 | 6 | 7 | 8 | 8 | 4       |          |
|  |             | 9 | 3 | 0 | 6 | 0 | 9 | 6 | 1 | 0 | 5 | 2 | 7 | 2 | 0 | 7 | 2 | 7 | 8 | 8 | 3 | 4 | 2       |          |
|  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1       |          |
| Eye  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47      |          |
| Harderian Gland Adenoma                          |             | + | + | + | + | X | + | + | + | X | + | + | X | + | + | + | + | + | + | + | + | + | 47<br>4 |          |
| <b>URINARY SYSTEM</b>                            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |          |
| Kidney   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47      |          |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |          |
| Urinary Bladder                                  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47      |          |
| <b>SYSTEMIC LESIONS</b>                          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |          |
| Multiple Organ Lymphoma Malignant                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48<br>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

| B6C3F1 MICE MALE | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | males<br>(cont...) |
|------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------------------|
|                  | 0336        | 0421  | 0429  | 0433  | 0502  | 0503  | 0505  | 0506  | 0507  | 0508  | 0509  | 0510  | 0511  | 0512  | 0513  | 0514  | 0515  | 0516  | 0517  | 0518  | 0519  | 0520  |                    |
| Tri 5.8 Male     | ANIMAL ID   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |                    |
|                  | 04681       | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 | 04441 |                    |

**ALIMENTARY SYSTEM**

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

\* .. 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE | DAY ON TEST           |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | males<br>(cont...) |
|------------------|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------|
|                  | 0<br>3<br>3<br>6      | 0<br>4<br>2<br>1           | 0<br>4<br>9<br>2           | 0<br>4<br>9<br>3           | 0<br>5<br>2<br>6           | 0<br>5<br>3<br>3           | 0<br>5<br>4<br>7           | 0<br>5<br>6<br>6           | 0<br>5<br>9<br>4           | 0<br>6<br>1<br>7           | 0<br>6<br>3<br>9           | 0<br>6<br>5<br>0           | 0<br>6<br>6<br>1           | 0<br>6<br>6<br>8           | 0<br>6<br>6<br>8           | 0<br>6<br>8<br>5           | 0<br>6<br>8<br>5           | 0<br>7<br>2<br>0           | 0<br>7<br>2<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>2<br>6           |                            |                    |
| Tri 5.8 Male     | ANIMAL ID             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                    |
|                  | 0<br>4<br>6<br>8<br>1 | 0<br>4<br>4<br>7<br>6<br>1 | 0<br>4<br>4<br>7<br>6<br>1 | 0<br>4<br>4<br>6<br>7<br>1 | 0<br>4<br>4<br>6<br>7<br>1 | 0<br>4<br>4<br>3<br>4<br>1 | 0<br>4<br>4<br>4<br>2<br>1 | 0<br>4<br>4<br>4<br>3<br>1 | 0<br>4<br>4<br>4<br>6<br>1 | 0<br>4<br>4<br>4<br>6<br>1 | 0<br>4<br>4<br>4<br>6<br>1 | 0<br>4<br>4<br>5<br>2<br>1 | 0<br>4<br>4<br>4<br>7<br>1 | 0<br>4<br>4<br>4<br>7<br>1 | 0<br>4<br>4<br>3<br>4<br>1 | 0<br>4<br>4<br>6<br>5<br>1 | 0<br>4<br>4<br>4<br>0<br>1 | 0<br>4<br>4<br>4<br>8<br>1 | 0<br>4<br>4<br>3<br>6<br>1 | 0<br>4<br>4<br>7<br>4<br>1 | 0<br>4<br>4<br>4<br>5<br>1 | 0<br>4<br>4<br>4<br>9<br>1 | 0<br>4<br>4<br>5<br>4<br>1 | 0<br>4<br>4<br>9<br>9<br>1 |                    |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

CARDIOVASCULAR SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel<br>Hepatocholangiocarcinoma, Metastatic, Liver | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart<br>Hepatocholangiocarcinoma, Metastatic, Liver        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

ENDOCRINE SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adrenal Cortex<br>Hepatocholangiocarcinoma, Metastatic, Liver<br>Subcapsular, Adenoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adrenal Medulla<br>Pheochromocytoma Malignant   | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + |
| Islets, Pancreatic  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Parathyroid Gland   | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | M | + | + | + | + | + | + |
| Pituitary Gland   | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Thyroid Gland   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

GENERAL BODY SYSTEM

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

\* .. 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE<br>Tri 5.8 Male | 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...) |
|----------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|
|                                  |             | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 |           |                    |
|                                  |             | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 0         |                    |
|                                  |             | 3 | 2 | 9 | 9 | 2 | 3 | 4 | 6 | 9 | 1 | 3 | 5 | 6 | 6 | 6 | 8 | 8 | 8 | 2 | 2 | 2 | 2 | 2 | 4         |                    |
|                                  |             | 6 | 1 | 2 | 3 | 6 | 3 | 7 | 6 | 4 | 7 | 9 | 0 | 1 | 8 | 8 | 8 | 5 | 5 | 0 | 1 | 6 | 6 | 6 | 8         |                    |
|                                  |             | 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 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4         |                    |
|                                  |             | 6 | 4 | 7 | 6 | 7 | 6 | 3 | 4 | 4 | 4 | 6 | 5 | 4 | 3 | 6 | 6 | 4 | 4 | 3 | 7 | 4 | 4 | 5 | 4         |                    |
|                                  |             | 8 | 1 | 6 | 7 | 9 | 3 | 4 | 2 | 3 | 6 | 6 | 2 | 7 | 7 | 4 | 5 | 0 | 8 | 6 | 4 | 5 | 9 | 4 | 9         |                    |
|                                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1         |                    |

Hepatocholangiocarcinoma, Metastatic, Liver

X

GENITAL SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fat Pad, Epididymal                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Preputial Gland                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Prostate                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Seminal Vesicle                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Testes                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

HEMATOPOIETIC SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Neuroblastoma Malignant, Metastatic, Brain, Cerebrum |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mesenteric                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocholangiocarcinoma, Metastatic, Liver          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Spleen   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE<br>Tri 5.8 Male | 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...) |   |
|----------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--------------------|---|
|                                  |             | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 |           |                    | 7 |
|                                  |             | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7         | 0                  |   |
|                                  |             | 3 | 2 | 9 | 9 | 2 | 3 | 4 | 6 | 9 | 1 | 3 | 5 | 6 | 6 | 6 | 8 | 8 | 8 | 8 | 2 | 2 | 2 | 2 | 4         |                    |   |
|                                  |             | 6 | 1 | 2 | 3 | 6 | 3 | 7 | 6 | 4 | 7 | 9 | 0 | 1 | 8 | 8 | 8 | 5 | 5 | 0 | 1 | 6 | 6 | 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         |                    |   |
|                                  |             | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4         |                    |   |
|                                  |             | 6 | 4 | 7 | 6 | 7 | 6 | 3 | 4 | 4 | 4 | 6 | 5 | 4 | 3 | 6 | 6 | 4 | 4 | 3 | 7 | 4 | 4 | 5 | 4         |                    |   |
|                                  |             | 8 | 1 | 6 | 7 | 9 | 3 | 4 | 2 | 3 | 6 | 6 | 2 | 7 | 7 | 4 | 5 | 0 | 8 | 6 | 4 | 5 | 9 | 4 | 9         |                    |   |
|                                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1         |                    |   |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hemangiosarcoma                             |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Thymus                                      | + | + | + | + | + | + | M | + | + | + | M | + | + | + | + | M | + | + | M | + | + | + | + | + |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**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                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcutaneous Tissue, Lipoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Skin, Control               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin, Site Of Application   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**MUSCULOSKELETAL SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone  |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Vertebra, Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bone, Femur   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                                       |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skeletal Muscle                                       |   |   |   |   |   |   |   |   |   | + | + |   |   |   |   |   |   |   |   |   |   |   |   | + |
| Hemangiosarcoma                                       |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma, Metastatic, Liver           |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

**NERVOUS SYSTEM**

|                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Neuroblastoma Malignant |   | 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

| B6C3F1 MICE MALE  | DAY ON TEST           |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                      |                                      |                                 |                                 |                                 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | males<br>(cont...) |   |  |
|---|-----------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------------|--------------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------|---|--|
|   | 0<br>3<br>3<br>6      | 0<br>4<br>2<br>1                | 0<br>4<br>9<br>1                | 0<br>4<br>9<br>2                | 0<br>5<br>2<br>3                | 0<br>5<br>3<br>6                | 0<br>5<br>4<br>7                | 0<br>5<br>6<br>6                | 0<br>5<br>9<br>6                | 0<br>6<br>1<br>4                | 0<br>6<br>3<br>7                | 0<br>6<br>5<br>9                     | 0<br>6<br>6<br>0                     | 0<br>6<br>6<br>1                | 0<br>6<br>6<br>8                | 0<br>6<br>6<br>8                | 0<br>6<br>8<br>5                     | 0<br>6<br>8<br>5                     | 0<br>7<br>2<br>0                     | 0<br>7<br>2<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>2<br>6                     |                    |   |  |
| Tri 5.8 Male  | ANIMAL ID             |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                      |                                      |                                 |                                 |                                 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | males<br>(cont...) |   |  |
|   | 0<br>4<br>6<br>8<br>1 | 0<br>4<br>4<br>7<br>6<br>1<br>1 | 0<br>4<br>4<br>7<br>6<br>7<br>1 | 0<br>4<br>4<br>6<br>7<br>9<br>1 | 0<br>4<br>4<br>3<br>6<br>3<br>1 | 0<br>4<br>4<br>4<br>2<br>4<br>1 | 0<br>4<br>4<br>4<br>3<br>4<br>1 | 0<br>4<br>4<br>4<br>2<br>3<br>1 | 0<br>4<br>4<br>4<br>3<br>6<br>1 | 0<br>4<br>4<br>4<br>6<br>6<br>1 | 0<br>4<br>4<br>4<br>6<br>6<br>1 | 0<br>4<br>4<br>4<br>5<br>2<br>7<br>1 | 0<br>4<br>4<br>4<br>4<br>6<br>7<br>1 | 0<br>4<br>4<br>3<br>6<br>4<br>1 | 0<br>4<br>4<br>6<br>6<br>4<br>1 | 0<br>4<br>4<br>6<br>6<br>5<br>1 | 0<br>4<br>4<br>4<br>4<br>0<br>8<br>1 | 0<br>4<br>4<br>4<br>3<br>7<br>4<br>1 | 0<br>4<br>4<br>4<br>7<br>4<br>5<br>1 | 0<br>4<br>4<br>4<br>4<br>9<br>9<br>1 | 0<br>4<br>4<br>4<br>5<br>4<br>9<br>1 | 0<br>4<br>4<br>5<br>9<br>4<br>9<br>1 | 0<br>4<br>4<br>5<br>9<br>4<br>9<br>1 | 0<br>4<br>4<br>5<br>9<br>4<br>9<br>1 |                    |   |  |
| Brain, Cerebellum                                       | +                     | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                                    | +                                    | +                               | +                               | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                  | + |  |
| Brain, Cerebrum   | +                     | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                                    | +                                    | +                               | +                               | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                  | + |  |
| Olfactory Lobe, Neuroblastoma Malignant                 |                       | X                               |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                      |                                      |                                 |                                 |                                 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                    |   |  |
| <b>RESPIRATORY SYSTEM</b>                               |                       |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                      |                                      |                                 |                                 |                                 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                    |   |  |
| Lung  | +                     | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                                    | +                                    | +                               | +                               | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                  | + |  |
| Alveolar/Bronchiolar Adenoma                            |                       |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                      |                                      |                                 |                                 |                                 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                    |   |  |
| Alveolar/Bronchiolar Carcinoma                          |                       |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                      |                                      | X                               |                                 |                                 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                    |   |  |
| Hemangiosarcoma   |                       |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                      |                                      |                                 |                                 |                                 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                    |   |  |
| Hepatocellular Carcinoma, Metastatic, Liver             |                       |                                 | X                               | X                               |                                 | X                               |                                 |                                 |                                 |                                 |                                 |                                      |                                      |                                 |                                 |                                 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                    |   |  |
| Hepatocholangiocarcinoma, Metastatic, Liver             |                       |                                 |                                 |                                 |                                 |                                 | X                               |                                 |                                 |                                 |                                 |                                      |                                      |                                 |                                 |                                 |                                      |                                      | X                                    |                                      |                                      |                                      |                                      |                                      |                    |   |  |
| Nose  | +                     | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                                    | +                                    | +                               | +                               | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                  | + |  |
| Neuroblastoma Malignant                                 |                       | X                               |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                      |                                      |                                 |                                 |                                 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                    |   |  |
| Adventitia, Hepatocholangiocarcinoma, Metastatic, Liver |                       |                                 |                                 |                                 |                                 |                                 | X                               |                                 |                                 |                                 |                                 |                                      |                                      |                                 |                                 |                                 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                    |   |  |
| Trachea   | +                     | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                                    | +                                    | +                               | +                               | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                  | + |  |
| <b>SPECIAL SENSES SYSTEM</b>                            |                       |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                      |                                      |                                 |                                 |                                 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                    |   |  |
| Eye   | +                     | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                                    | +                                    | +                               | +                               | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                  | + |  |
| Hepatocholangiocarcinoma, Metastatic, Liver             |                       |                                 |                                 |                                 |                                 |                                 | X                               |                                 |                                 |                                 |                                 |                                      |                                      |                                 |                                 |                                 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                    |   |  |
| Harderian Gland   | +                     | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                                    | +                                    | +                               | +                               | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                  | + |  |
| Adenoma   | X                     |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                      |                                      | X                               | X                               |                                 | X                                    |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                    |   |  |
| <b>URINARY SYSTEM</b>                                   |                       |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                 |                                      |                                      |                                 |                                 |                                 |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                    |   |  |
| Kidney  | +                     | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                               | +                                    | +                                    | +                               | +                               | +                               | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                  | + |  |

\* .. 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: 03039 - 02

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/04/2020

Test Type: CHRONIC

Triclosan

Time Report Requested: 13:42:33

Route: Dermal

CAS Number: 3380-34-5

First Dose M/F: 09/11/13 / 09/11/13

Species/Strain: MICE/B6C3F1

Lab: NCTR

|                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE MALE</b> | 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 |   |
|                         |             | 3 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                         |             | 3 | 2 | 9 | 9 | 2 | 3 | 4 | 6 | 9 | 1 | 3 | 5 | 6 | 6 | 6 | 8 | 8 | 8 | 8 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| <b>Tri 5.8 Male</b>     | ANIMAL ID   | 6 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
|                         |             | 6 | 4 | 7 | 6 | 7 | 6 | 3 | 4 | 4 | 4 | 6 | 5 | 4 | 3 | 6 | 6 | 6 | 4 | 4 | 3 | 7 | 4 | 4 | 4 | 5 | 5 | 6 |
|                         |             | 8 | 1 | 6 | 7 | 9 | 3 | 4 | 2 | 3 | 6 | 6 | 2 | 7 | 7 | 4 | 5 | 0 | 8 | 6 | 4 | 5 | 9 | 4 | 9 | 9 | 9 | 9 |
|                         | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

males (cont...)

Hepatocholangiocarcinoma, Metastatic, Liver

X

X

Urinary Bladder

+ +

SYSTEMIC LESIONS

Multiple Organ

+ +

Histiocytic Sarcoma

X

Lymphoma Malignant

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: 03039 - 02  
 Test Type: CHRONIC  
 Route: Dermal  
 Species/Strain: MICE/B6C3F1

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

Triclosan  
 CAS Number: 3380-34-5

Date Report Requested: 12/04/2020  
 Time Report Requested: 13:42:33  
 First Dose M/F: 09/11/13 / 09/11/13  
 Lab: NCTR

| B6C3F1 MICE MALE | 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 |
| Tri 5.8 Male     | ANIMAL ID   | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
|                  |             | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 9 |
|                  |             | 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 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
|                  |             | 7 | 7 | 3 | 5 | 5 | 5 | 6 | 7 | 3 | 5 | 5 | 6 | 7 | 7 | 8 | 3 | 5 | 5 | 6 | 7 | 7 |
|                  |             | 3 | 8 | 3 | 0 | 5 | 8 | 2 | 0 | 5 | 1 | 7 | 1 | 1 | 5 | 0 | 9 | 3 | 6 | 0 | 2 | 7 |
|                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <b>* TOTALS</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |
| Gallbladder                                 | M | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | M | M  | 40 |
| Intestine Large, Cecum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |    |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |    |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |    |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |    |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |
| Hemangiosarcoma                             |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | 4  |    |
| Hepatocellular Adenoma                      | X | X |   |   | X |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   | 14 |    |
| Hepatocellular Adenoma, Multiple            |   |   |   | X |   | X | X | X | X |   |   |   |   |   | X |   | X | X |   |   | X | 17 |    |
| Hepatocellular Carcinoma                    | X |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   |   | X | X |   |   | 19 |    |
| Hepatocellular Carcinoma, Multiple          |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X | 6  |    |
| Hepatocholangiocarcinoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | 2  |    |
| Mesentery                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   | 5  |    |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |    |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |    |
| Salivary Glands                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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: 03039 - 02

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE                            | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |    |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|----|
|   | 0726        | 0726  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  |          | 0727  |    |
| Tri 5.8 Male                                | ANIMAL ID   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |    |
|   | 04731       | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 | 04731 |          | 04731 |    |
| Stomach, Forestomach                        | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |    |
| Stomach, Glandular                          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |    |
| <b>CARDIOVASCULAR SYSTEM</b>                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    |
| Blood Vessel                                | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |    |
| Hepatocholangiocarcinoma, Metastatic, Liver |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |    |
| Heart                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |    |
| Hepatocholangiocarcinoma, Metastatic, Liver |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2     |    |
| <b>ENDOCRINE SYSTEM</b>                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    |
| Adrenal Cortex                              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M        | +     | 47 |
| Hepatocholangiocarcinoma, Metastatic, Liver |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1  |
| Subcapsular, Adenoma                        |             |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       | X        |       | 3  |
| Adrenal Medulla                             | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M        | +     | 46 |
| Pheochromocytoma Malignant                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       | 1  |
| Islets, Pancreatic                          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 48 |
| Parathyroid Gland                           | +           | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +        | +     | 44 |
| Pituitary Gland                             | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 46 |
| Thyroid Gland                               | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | +     | 48 |
| <b>GENERAL BODY SYSTEM</b>                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |    |
| Tissue NOS                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | +     | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE | 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 |
|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|---|
|                  |             | 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 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2               | 2 | 2 |
|                  |             | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9               | 9 | 9 |
| Tri 5.8 Male     | 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 |
|                  |             | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4               | 4 | 4 |
|                  |             | 7 | 7 | 3 | 5 | 5 | 5 | 6 | 7 | 3 | 5 | 5 | 6 | 7 | 7 | 8 | 3 | 5 | 5 | 6 | 7 | 7 | 3               | 4 | 4 |
|                  |             | 3 | 8 | 3 | 0 | 5 | 8 | 2 | 0 | 5 | 1 | 7 | 1 | 1 | 5 | 0 | 9 | 3 | 6 | 0 | 2 | 7 | 8               | 4 | 4 |
|                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1 | 1 |
|                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |   |

Hepatocarcinoma, Metastatic, Liver

1

GENITAL SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Fat Pad, Epididymal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Preputial Gland                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Prostate                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hepatocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Seminal Vesicle                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Testes                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

HEMATOPOIETIC SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hemangiosarcoma                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymph Node   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymph Node, Mandibular                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Neuroblastoma Malignant, Metastatic, Brain, Cerebrum |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mesenteric                               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hepatocarcinoma, Metastatic, Liver                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spleen   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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: 03039 - 02

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Date Report Requested: 12/04/2020

Test Type: CHRONIC

Triclosan

Time Report Requested: 13:42:33

Route: Dermal

CAS Number: 3380-34-5

First Dose M/F: 09/11/13 / 09/11/13

Species/Strain: MICE/B6C3F1

Lab: NCTR

|   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |    |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|----|
| <b>B6C3F1 MICE MALE</b>                               | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               |    |
| <b>Tri 5.8 Male</b>                                   | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               |    |
|   | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3               | 3  |
|   | 6           | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9               | 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 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4               | 4  |
|   | 7           | 7 | 3 | 5 | 5 | 5 | 6 | 7 | 3 | 5 | 5 | 6 | 7 | 7 | 8 | 3 | 5 | 5 | 6 | 7 | 7               | 3  |
|   | 3           | 8 | 3 | 0 | 5 | 8 | 2 | 0 | 5 | 1 | 7 | 1 | 1 | 5 | 0 | 9 | 3 | 6 | 0 | 2 | 7               | 8  |
|   | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1  |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |    |
| Hemangiosarcoma                                       | X           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4               |    |
| Thymus  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +               | +  |
| Hepatocholangiocarcinoma, Metastatic, Liver           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 | 1  |
| <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               | 2  |
| Skin  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +               | 48 |
| Subcutaneous Tissue, Lipoma                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 | 1  |
| Skin, Control   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +               | 48 |
| Skin, Site Of Application                             | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +               | 48 |
| <b>MUSCULOSKELETAL SYSTEM</b>                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |    |
| Bone  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 | 3  |
| Vertebra, Hepatocholangiocarcinoma, Metastatic, Liver |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 | 1  |
| Bone, Femur   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +               | 48 |
| Hemangiosarcoma                                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 | 1  |
| Skeletal Muscle                                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 | 4  |
| Hemangiosarcoma                                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X               | 2  |
| Hepatocholangiocarcinoma, Metastatic, Liver           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 | 2  |
| <b>NERVOUS SYSTEM</b>                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |    |
| Brain, Brain Stem                                     | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +               | 48 |
| Neuroblastoma Malignant                               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 | 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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Test Type: CHRONIC

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE  | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|   | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>7      |          |
| Tri 5.8 Male  | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
| 0<br>4<br>7<br>3<br>1                                   | 0<br>4<br>7<br>8<br>1 | 0<br>4<br>3<br>3<br>1 | 0<br>4<br>5<br>0<br>1 | 0<br>4<br>5<br>5<br>1 | 0<br>4<br>5<br>8<br>1 | 0<br>4<br>6<br>2<br>1 | 0<br>4<br>7<br>0<br>1 | 0<br>4<br>3<br>5<br>1 | 0<br>4<br>3<br>1<br>1 | 0<br>4<br>5<br>7<br>1 | 0<br>4<br>3<br>1<br>1 | 0<br>4<br>5<br>7<br>1 | 0<br>4<br>6<br>1<br>1 | 0<br>4<br>7<br>1<br>1 | 0<br>4<br>8<br>0<br>1 | 0<br>4<br>3<br>9<br>1 | 0<br>4<br>5<br>6<br>1 | 0<br>4<br>7<br>0<br>1 | 0<br>4<br>7<br>2<br>1 | 0<br>4<br>7<br>7<br>1 |          |
| Brain, Cerebellum                                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48       |
| Brain, Cerebrum   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48       |
| Olfactory Lobe, Neuroblastoma Malignant                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| <b>RESPIRATORY SYSTEM</b>                               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Lung  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48       |
| Alveolar/Bronchiolar Adenoma                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       | X                     | 2        |
| Alveolar/Bronchiolar Carcinoma                          |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Hemangiosarcoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Hepatocellular Carcinoma, Metastatic, Liver             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4        |
| Hepatocholangiocarcinoma, Metastatic, Liver             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Nose  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48       |
| Neuroblastoma Malignant                                 |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Adventitia, Hepatocholangiocarcinoma, Metastatic, Liver |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Trachea   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48       |
| <b>SPECIAL SENSES SYSTEM</b>                            |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Eye   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48       |
| Hepatocholangiocarcinoma, Metastatic, Liver             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Harderian Gland   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48       |
| Adenoma   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | X                     | 6        |
| <b>URINARY SYSTEM</b>                                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Kidney  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 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  
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Experiment Number: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                 |   |  |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|-----------------|---|--|
| <b>B6C3F1 MICE MALE</b>                     | 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               | 7 |  |
|   |             | 2   | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2         | 2               | 2 |  |
| <b>Tri 5.8 Male</b>                         | ANIMAL ID   | 6   | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9         | 9               |   |  |
|   |             | 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 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4         | 4               |   |  |
|   |             | 7   | 7 | 3 | 5 | 5 | 5 | 6 | 7 | 3 | 5 | 5 | 6 | 7 | 8 | 3 | 5 | 5 | 6 | 7 | 7 | 7         | 3               |   |  |
|   |             | 3   | 8 | 3 | 0 | 5 | 8 | 2 | 0 | 5 | 1 | 7 | 1 | 1 | 5 | 0 | 9 | 3 | 6 | 0 | 2 | 7         | 8               | 4 |  |
|   |             | 1   | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1         | 1               | 1 |  |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | <b>* TOTALS</b> |   |  |
| Hepatocholangiocarcinoma, Metastatic, Liver |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |                 |   |  |
| Urinary Bladder                             |             | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>48</b> |                 |   |  |
| <b>SYSTEMIC LESIONS</b>                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |                 |   |  |
| Multiple Organ                              |             | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>48</b> |                 |   |  |
| Histiocytic Sarcoma                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |                 |   |  |
| Lymphoma Malignant                          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <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

|                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                            |
|-------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------|
| <b>B6C3F1 MICE MALE</b> | DAY ON TEST | 0<br>2<br>8<br>2      | 0<br>4<br>3<br>0      | 0<br>4<br>6<br>2      | 0<br>4<br>6<br>9      | 0<br>4<br>8<br>4      | 0<br>5<br>0<br>3      | 0<br>5<br>1<br>1      | 0<br>5<br>3<br>3      | 0<br>6<br>1<br>7      | 0<br>6<br>2<br>5      | 0<br>6<br>6<br>1      | 0<br>6<br>6<br>8      | 0<br>6<br>7<br>2      | 0<br>6<br>9<br>2      | 0<br>6<br>9<br>2      | 0<br>6<br>9<br>2      | 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>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      | <b>males<br/>(cont...)</b> |
|                         | ANIMAL ID   | 0<br>5<br>7<br>3<br>1 | 0<br>5<br>7<br>0<br>1 | 0<br>5<br>6<br>1<br>1 | 0<br>5<br>5<br>0<br>1 | 0<br>5<br>4<br>7<br>1 | 0<br>5<br>4<br>0<br>1 | 0<br>5<br>4<br>9<br>1 | 0<br>5<br>4<br>8<br>1 | 0<br>5<br>5<br>8<br>1 | 0<br>5<br>2<br>8<br>1 | 0<br>5<br>6<br>2<br>1 | 0<br>5<br>3<br>3<br>1 | 0<br>5<br>5<br>3<br>1 | 0<br>5<br>4<br>3<br>1 | 0<br>5<br>4<br>6<br>1 | 0<br>5<br>3<br>7<br>1 | 0<br>5<br>4<br>4<br>1 | 0<br>5<br>5<br>2<br>1 | 0<br>5<br>5<br>4<br>1 | 0<br>5<br>6<br>0<br>1 | 0<br>5<br>6<br>5<br>1 | 0<br>5<br>6<br>9<br>1 | 0<br>5<br>7<br>6<br>1 |                            |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                        | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenocarcinoma                     |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Adenoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| Hepatoblastoma                     |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma             | X |   |   |   |   |   |   |   | X |   |   |   |   | X |   | X |   |   |   |   | X |   |   |   |
| Hepatocellular Adenoma, Multiple   |   |   |   |   | X |   |   | X | X | X | X |   |   |   |   |   | X |   | X |   |   | X | X |   |
| Hepatocellular Carcinoma           |   |   | X | X | X | X | X |   | X |   | X | X | X | X |   | X |   | X | X |   |   | X |   |   |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. 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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Species/Strain: MICE/B6C3F1

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Triclosan

CAS Number: 3380-34-5

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First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE             | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...) |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|                              | 0<br>2<br>8<br>2      | 0<br>4<br>3<br>0      | 0<br>4<br>6<br>2      | 0<br>4<br>6<br>9      | 0<br>4<br>8<br>4      | 0<br>5<br>0<br>3      | 0<br>5<br>1<br>1      | 0<br>5<br>3<br>3      | 0<br>6<br>1<br>7      | 0<br>6<br>2<br>5      | 0<br>6<br>6<br>1      | 0<br>6<br>6<br>8      | 0<br>6<br>7<br>2      | 0<br>6<br>9<br>2      | 0<br>6<br>9<br>4      | 0<br>6<br>9<br>9      | 0<br>7<br>2<br>2      | 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>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      |                       |                    |
| Tri 12.5Male                 | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...) |
| 0<br>5<br>7<br>3<br>1        | 0<br>5<br>7<br>0<br>1 | 0<br>5<br>6<br>1<br>1 | 0<br>5<br>5<br>0<br>7 | 0<br>5<br>5<br>4<br>0 | 0<br>5<br>4<br>4<br>9 | 0<br>5<br>4<br>4<br>8 | 0<br>5<br>4<br>4<br>8 | 0<br>5<br>5<br>5<br>8 | 0<br>5<br>2<br>6<br>9 | 0<br>5<br>6<br>3<br>2 | 0<br>5<br>3<br>5<br>1 | 0<br>5<br>5<br>5<br>3 | 0<br>5<br>4<br>4<br>3 | 0<br>5<br>4<br>3<br>6 | 0<br>5<br>3<br>7<br>7 | 0<br>5<br>5<br>4<br>1 | 0<br>5<br>5<br>5<br>4 | 0<br>5<br>6<br>6<br>0 | 0<br>5<br>6<br>6<br>5 | 0<br>5<br>6<br>6<br>9 | 0<br>5<br>6<br>6<br>9 | 0<br>5<br>7<br>6<br>6 | 0<br>5<br>7<br>6<br>0 | 0<br>5<br>7<br>6<br>1 |                    |
| Salivary Glands              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Stomach, Forestomach         | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Stomach, Glandular           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| <b>CARDIOVASCULAR SYSTEM</b> |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Blood Vessel                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Heart                        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| <b>ENDOCRINE SYSTEM</b>      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Adrenal Cortex               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Adrenal Medulla              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Pheochromocytoma Benign      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Pheochromocytoma Malignant   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Islets, Pancreatic           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Carcinoma                    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                    |
| Parathyroid Gland            | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     |                    |
| Pituitary Gland              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     |                    |
| Thyroid Gland                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     |                    |
| <b>GENERAL BODY SYSTEM</b>   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| NONE                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |

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|-------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE MALE</b> | 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 |
|                         |             | 2 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 |
| <b>Tri 12.5Male</b>     |             | 8 | 3 | 6 | 6 | 8 | 0 | 1 | 3 | 1 | 2 | 6 | 7 | 9 | 9 | 9 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                         |             | 2 | 0 | 2 | 9 | 4 | 3 | 1 | 3 | 7 | 5 | 1 | 8 | 2 | 4 | 9 | 2 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
|                         | 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 |
|                         |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
|                         |             | 7 | 7 | 6 | 5 | 5 | 4 | 4 | 4 | 5 | 2 | 6 | 3 | 5 | 4 | 4 | 3 | 7 | 4 | 5 | 5 | 6 | 6 | 7 |
|                         |             | 3 | 0 | 1 | 0 | 7 | 0 | 9 | 8 | 8 | 9 | 2 | 1 | 3 | 3 | 6 | 7 | 1 | 4 | 2 | 4 | 0 | 5 | 9 |
|                         |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

males (cont...)

GENITAL SYSTEM

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Epididymis           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Preputial Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Prostate             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Seminal Vesicle      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Testes               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

HEMATOPOIETIC SYSTEM

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
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A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

| B6C3F1 MICE MALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...) |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|                  | 0<br>2<br>8<br>2      | 0<br>4<br>3<br>0      | 0<br>4<br>6<br>2      | 0<br>4<br>6<br>9      | 0<br>4<br>8<br>4      | 0<br>5<br>0<br>3      | 0<br>5<br>1<br>1      | 0<br>5<br>3<br>3      | 0<br>6<br>1<br>7      | 0<br>6<br>2<br>5      | 0<br>6<br>6<br>1      | 0<br>6<br>6<br>8      | 0<br>6<br>7<br>2      | 0<br>6<br>9<br>2      | 0<br>6<br>9<br>4      | 0<br>6<br>9<br>9      | 0<br>7<br>2<br>2      | 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>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      |                       |                    |
| Tri 12.5Male     | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
|                  | 0<br>5<br>7<br>3<br>1 | 0<br>5<br>7<br>0<br>1 | 0<br>5<br>6<br>1<br>1 | 0<br>5<br>5<br>0<br>7 | 0<br>5<br>5<br>7<br>1 | 0<br>5<br>4<br>0<br>1 | 0<br>5<br>4<br>9<br>1 | 0<br>5<br>4<br>8<br>1 | 0<br>5<br>5<br>8<br>1 | 0<br>5<br>2<br>9<br>1 | 0<br>5<br>6<br>2<br>1 | 0<br>5<br>3<br>1<br>1 | 0<br>5<br>5<br>3<br>1 | 0<br>5<br>4<br>3<br>1 | 0<br>5<br>4<br>6<br>1 | 0<br>5<br>3<br>7<br>1 | 0<br>5<br>4<br>4<br>1 | 0<br>5<br>5<br>5<br>1 | 0<br>5<br>6<br>4<br>1 | 0<br>5<br>6<br>0<br>1 | 0<br>5<br>6<br>5<br>1 | 0<br>5<br>6<br>9<br>1 | 0<br>5<br>7<br>6<br>1 | 0<br>5<br>7<br>6<br>1 |                    |

Thymus +

**INTEGUMENTARY SYSTEM**

Mammary Gland M

Skin +

Subcutaneous Tissue, Fibrosarcoma X

Subcutaneous Tissue, Hemangiosarcoma X

Skin, Control +

Skin, Site Of Application +

**MUSCULOSKELETAL SYSTEM**

Bone, Femur +

**NERVOUS SYSTEM**

Brain, Brain Stem +

Brain, Cerebellum +

Brain, Cerebrum +

**RESPIRATORY SYSTEM**

Lung +

Alveolar/Bronchiolar Adenoma X

Alveolar/Bronchiolar Carcinoma X

Alveolar/Bronchiolar Carcinoma, Multiple X

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

| B6C3F1 MICE MALE                                      | DAY ON TEST           |                       |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | males<br>(cont...) |
|---|-----------------------|-----------------------|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------|
|   | 0<br>2<br>8<br>2      | 0<br>4<br>3<br>0      | 0<br>4<br>6<br>2      | 0<br>4<br>6<br>9           | 0<br>4<br>8<br>4           | 0<br>5<br>0<br>3           | 0<br>5<br>1<br>1           | 0<br>5<br>3<br>3           | 0<br>6<br>1<br>7           | 0<br>6<br>6<br>5           | 0<br>6<br>6<br>1           | 0<br>6<br>6<br>8           | 0<br>6<br>7<br>2           | 0<br>6<br>9<br>2           | 0<br>6<br>9<br>4           | 0<br>6<br>9<br>9           | 0<br>7<br>2<br>2           | 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>2<br>6           | 0<br>7<br>2<br>6           |                            |                    |
| Tri 12.5Male  | ANIMAL ID             |                       |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                    |
|   | 0<br>5<br>7<br>3<br>1 | 0<br>5<br>7<br>0<br>1 | 0<br>5<br>6<br>1<br>1 | 0<br>5<br>5<br>0<br>7<br>1 | 0<br>5<br>5<br>4<br>0<br>1 | 0<br>5<br>5<br>4<br>9<br>1 | 0<br>5<br>4<br>4<br>8<br>1 | 0<br>5<br>5<br>4<br>8<br>1 | 0<br>5<br>5<br>5<br>8<br>1 | 0<br>5<br>2<br>8<br>9<br>1 | 0<br>5<br>6<br>3<br>2<br>1 | 0<br>5<br>5<br>3<br>1<br>1 | 0<br>5<br>5<br>5<br>3<br>1 | 0<br>5<br>4<br>4<br>3<br>1 | 0<br>5<br>3<br>7<br>6<br>1 | 0<br>5<br>5<br>1<br>7<br>1 | 0<br>5<br>5<br>4<br>2<br>1 | 0<br>5<br>5<br>5<br>4<br>1 | 0<br>5<br>6<br>6<br>0<br>1 | 0<br>5<br>6<br>6<br>5<br>1 | 0<br>5<br>6<br>6<br>9<br>1 | 0<br>5<br>7<br>6<br>9<br>1 | 0<br>5<br>7<br>6<br>6<br>1 |                    |
| Nose  | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                    |
| Trachea   | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                    |
| <b>SPECIAL SENSES SYSTEM</b>                          |                       |                       |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                    |
| Eye   | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                    |
| Harderian Gland Adenoma                               | +                     | +                     | +                     | +                          | X                          | +                          | +                          | +                          | X                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                    |
| <b>URINARY SYSTEM</b>                                 |                       |                       |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                    |
| Kidney Adenoma Fibrous Histiocytoma                   | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                    |
| Urinary Bladder                                       | +                     | +                     | +                     | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          |                    |
| <b>SYSTEMIC LESIONS</b>                               |                       |                       |                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                    |
| 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

| B6C3F1 MICE MALE | 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 |
|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
|                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
| Tri 12.5Male     | ANIMAL ID   | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3        |
|                  |             | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |          |
|                  |             | 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 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |          |
|                  |             | 3 | 4 | 5 | 6 | 6 | 3 | 3 | 4 | 4 | 5 | 6 | 6 | 7 | 3 | 3 | 4 | 5 | 5 | 6 | 7 | 7 | 3 | 3 |          |
|                  |             | 5 | 5 | 5 | 3 | 6 | 2 | 6 | 1 | 7 | 6 | 4 | 7 | 2 | 3 | 8 | 2 | 1 | 9 | 8 | 4 | 5 | 4 | 9 |          |
|                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |          |

**ALIMENTARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Adenocarcinoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Adenoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Hepatoblastoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X | X | X |   |   | 9  |
| Hepatocellular Adenoma, Multiple   |   |   |   | X | X | X | X |   | X | X |   | X |   |   |   |   |   |   |   |   |   |   | X | 17 |
| Hepatocellular Carcinoma           | X |   | X |   | X | X | X |   |   |   | X |   |   |   |   |   |   |   | X |   |   |   |   | 21 |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   | X |   | X | X |   | X |   |   |   |   |   |   |   |   | 6  |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Pancreas                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Fibrous Histiocytoma               |   |   |   |   |   |   |   |   |   | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE             | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|                              | 077         | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   |          | 077   |
| Tri 12.5Male                 | ANIMAL ID   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|                              | 05351       | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 | 05351 |          | 05351 |
| Salivary Glands              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Stomach, Forestomach         | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Stomach, Glandular           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>CARDIOVASCULAR SYSTEM</b> |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Blood Vessel                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Heart                        | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>ENDOCRINE SYSTEM</b>      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Adrenal Cortex               | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Adrenal Medulla              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Pheochromocytoma Benign      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |          | 1     |
| Pheochromocytoma Malignant   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Islets, Pancreatic           | +           | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47    |
| Carcinoma                    |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Parathyroid Gland            | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +        | 45    |
| Pituitary Gland              | +           | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +        | 45    |
| Thyroid Gland                | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47    |
| <b>GENERAL BODY SYSTEM</b>   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| NONE                         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |

\* .. 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: 03039 - 02  
 Test Type: CHRONIC  
 Route: Dermal  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan  
 CAS Number: 3380-34-5

Date Report Requested: 12/04/2020  
 Time Report Requested: 13:42:33  
 First Dose M/F: 09/11/13 / 09/11/13  
 Lab: NCTR

| B6C3F1 MICE MALE | 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 |
|------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                  | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| Tri 12.5Male     |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |
|                  |             | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 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 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
|                  |             | 3 | 4 | 5 | 6 | 6 | 3 | 3 | 4 | 4 | 5 | 6 | 6 | 7 | 3 | 3 | 4 | 5 | 5 | 6 | 7 | 7 | 3 |
|                  |             | 5 | 5 | 5 | 3 | 6 | 2 | 6 | 1 | 7 | 6 | 4 | 7 | 2 | 3 | 8 | 2 | 1 | 9 | 8 | 4 | 5 | 4 |
|                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <b>* TOTALS</b>  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**GENITAL SYSTEM**

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Fibrous Histiocytoma |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Preputial Gland      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Prostate             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Fibrous Histiocytoma |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Seminal Vesicle      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Fibrous Histiocytoma |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Testes               | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

**HEMATOPOIETIC SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node                       |   |   |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Pancreatic, Fibrous Histiocytoma |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Renal, Fibrous Histiocytoma      |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mandibular           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Lymph Node, Mesenteric           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Fibrous Histiocytoma             |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spleen                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Fibrous Histiocytoma             |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hemangiosarcoma                  |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | 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: 03039 - 02

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/04/2020

Test Type: CHRONIC

Triclosan

Time Report Requested: 13:42:33

Route: Dermal

CAS Number: 3380-34-5

First Dose M/F: 09/11/13 / 09/11/13

Species/Strain: MICE/B6C3F1

Lab: NCTR

| B6C3F1 MICE MALE | 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        |
| Tri 12.5Male     | ANIMAL ID   | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2        |
|                  |             | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9        |
|                  |             | 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 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5        |
|                  |             | 3 | 4 | 5 | 6 | 6 | 3 | 3 | 4 | 4 | 5 | 6 | 6 | 7 | 3 | 3 | 4 | 5 | 5 | 6 | 7 | 7        |
|                  |             | 5 | 5 | 5 | 3 | 6 | 2 | 6 | 1 | 7 | 6 | 4 | 7 | 2 | 3 | 8 | 2 | 1 | 9 | 8 | 4 | 5        |
|                  |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1        |
|                  |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |

Thymus + 48

**INTEGUMENTARY SYSTEM**

Mammary Gland M 0

Skin + 48

    Subcutaneous Tissue, Fibrosarcoma 1

    Subcutaneous Tissue, Hemangiosarcoma 1

Skin, Control + 48

Skin, Site Of Application + 48

**MUSCULOSKELETAL SYSTEM**

Bone, Femur + 48

**NERVOUS SYSTEM**

Brain, Brain Stem + 48

Brain, Cerebellum + 48

Brain, Cerebrum + 48

**RESPIRATORY SYSTEM**

Lung + 48

    Alveolar/Bronchiolar Adenoma X X X 5

    Alveolar/Bronchiolar Carcinoma X X 3

    Alveolar/Bronchiolar Carcinoma, Multiple X 1

    Hepatocellular Carcinoma, Metastatic, Liver X 6

\* .. 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE MALE<br>Tri 12.5Male   | DAY ON TEST | ANIMAL ID |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | * TOTALS |   |    |
|------------------------------------|-------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|---|----|
|                                    |             | 077       | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 |          |   |    |
| Nose                               |             | +         | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | + | 48 |
| Trachea                            |             | +         | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | + | 48 |
| <b>SPECIAL SENSES SYSTEM</b>       |             |           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |   |    |
| Eye                                |             | +         | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | M   | +   | +   | +        | + | 47 |
| Harderian Gland Adenoma            |             | +         | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | + | 48 |
|                                    |             |           | X   |     |     |     |     |     | X   |     |     |     |     | X   |     |     |     |     |     |     |     |          |   | 5  |
| <b>URINARY SYSTEM</b>              |             |           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |   |    |
| Kidney Adenoma                     |             | +         | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | + | 48 |
| Fibrous Histiocytoma               |             |           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |   | 1  |
|                                    |             |           |     |     |     |     |     |     | X   |     |     |     |     |     |     |     |     |     |     |     |     |          |   | 1  |
| Urinary Bladder                    |             | +         | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | + | 48 |
| <b>SYSTEMIC LESIONS</b>            |             |           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |   |    |
| Multiple Organ Histiocytic Sarcoma |             | +         | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +        | + | 48 |
| Lymphoma Malignant                 |             |           |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |   | 1  |

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

\* .. 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

| B6C3F1 MICE FEMALE | 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 |
|--------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                    |             | 3 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                    |             | 4 | 3 | 9 | 9 | 0 | 0 | 0 | 2 | 4 | 6 | 9 | 9 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   |
|                    |             | 3 | 8 | 0 | 6 | 4 | 4 | 4 | 9 | 3 | 8 | 5 | 5 | 4 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |
| Veh ctrlFemale     | 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 | 1 | 2 | 4 | 4 | 4 | 1 | 2 | 1 | 4 | 4 | 1 | 1 | 2 | 3 | 3 | 0 | 0 | 1 | 2 | 2 | 3 | 3 | 3 |   |
|                    |             | 2 | 4 | 2 | 2 | 1 | 4 | 7 | 5 | 5 | 3 | 0 | 5 | 6 | 4 | 9 | 6 | 0 | 7 | 1 | 7 | 6 | 0 | 7 | 1 | 5 |   |
|                    |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |

females  
(cont...)

ALIMENTARY SYSTEM

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

\* .. 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: 03039 - 02

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

Date Report Requested: 12/04/2020

Test Type: CHRONIC

Triclosan

Time Report Requested: 13:42:33

Route: Dermal

CAS Number: 3380-34-5

First Dose M/F: 09/11/13 / 09/11/13

Species/Strain: MICE/B6C3F1

Lab: NCTR

| B6C3F1 MICE FEMALE | 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 |  |                      |
| Veh ctrlFemale     | 3           | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |  |                      |
|                    | 4           | 3 | 9 | 9 | 0 | 0 | 0 | 2 | 4 | 6 | 9 | 9 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |  |                      |
|                    | 3           | 8 | 0 | 6 | 4 | 4 | 4 | 9 | 3 | 8 | 5 | 5 | 4 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |  |                      |
|                    | 0           | 0 | 1 | 2 | 4 | 4 | 4 | 1 | 2 | 1 | 4 | 4 | 1 | 1 | 2 | 3 | 3 | 0 | 0 | 1 | 2 | 2 | 3 |   |  |                      |
|                    | 2           | 4 | 2 | 2 | 1 | 4 | 7 | 5 | 5 | 3 | 0 | 5 | 6 | 4 | 9 | 6 | 0 | 7 | 1 | 7 | 6 | 0 | 7 |   |  |                      |
|                    | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |  |                      |

Stomach, Glandular

+ + + A +

**CARDIOVASCULAR SYSTEM**

Blood Vessel

+ +

Heart

+ +

**ENDOCRINE SYSTEM**

Adrenal Cortex  
Subcapsular, Adenoma

+ X

Adrenal Medulla

+ +

Islets, Pancreatic  
Adenoma  
Carcinoma

+ X

Parathyroid Gland

+ + + + + + M + + + + + + + + + + + + + + + +

Pituitary Gland

M +

Thyroid Gland

+ +

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

Clitoral Gland

+ + 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

| B6C3F1 MICE FEMALE | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |   | females<br>(cont...) |
|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---|----------------------|
|                    | 0<br>3<br>4<br>3 | 0<br>5<br>3<br>8 | 0<br>5<br>9<br>0 | 0<br>5<br>9<br>6 | 0<br>6<br>0<br>4 | 0<br>6<br>0<br>4 | 0<br>6<br>0<br>4 | 0<br>6<br>0<br>9 | 0<br>6<br>2<br>3 | 0<br>6<br>4<br>8 | 0<br>6<br>9<br>5 | 0<br>6<br>9<br>5 | 0<br>7<br>1<br>4 | 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>2<br>6 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 |   |                      |
| Veh ctrlFemale     | 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                | 1                | 2                | 4                | 4                | 4                | 1                | 2                | 1                | 4                | 4                | 1                | 1                | 2                | 3                | 3                | 0                | 0                | 1                | 2                | 2                | 3                |   |                      |
| 2                  | 4                | 2                | 2                | 1                | 4                | 7                | 5                | 5                | 3                | 0                | 5                | 6                | 4                | 9                | 6                | 0                | 7                | 1                | 7                | 6                | 0                | 7                | 1                |   |                      |
| 1                  | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                |   |                      |

Ovary  
Cystadenoma  
Granulosa Cell Tumor Malignant

Uterus  
Polyp Stromal  
Sarcoma Stromal  
Endometrium, Adenocarcinoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |
| + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | X |   |

### HEMATOPOIETIC SYSTEM

Bone Marrow

Lymph Node

Lymph Node, Mandibular

Lymph Node, Mesenteric  
Fibrous Histiocytoma

Spleen  
Hemangiosarcoma

Thymus

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   | + |   |   |   |   |   |   |   | + |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

### INTEGUMENTARY SYSTEM

Mammary Gland

Skin  
Fibrous Histiocytoma  
Subcutaneous Tissue, Fibrosarcoma

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
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 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

| B6C3F1 MICE FEMALE                          | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...) |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|   | 0<br>3<br>4<br>3      | 0<br>5<br>3<br>8      | 0<br>5<br>9<br>0      | 0<br>5<br>9<br>6      | 0<br>6<br>0<br>4      | 0<br>6<br>0<br>4      | 0<br>6<br>0<br>4      | 0<br>6<br>0<br>9      | 0<br>6<br>2<br>3      | 0<br>6<br>4<br>8      | 0<br>6<br>9<br>5      | 0<br>6<br>9<br>5      | 0<br>7<br>1<br>4      | 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>2<br>6      | 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>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      |                       |                      |
| Veh ctrlFemale                              | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...) |
| 0<br>0<br>0<br>2<br>1                       | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>1<br>2 | 0<br>0<br>0<br>2<br>1 | 0<br>0<br>0<br>4<br>4 | 0<br>0<br>0<br>4<br>7 | 0<br>0<br>0<br>4<br>5 | 0<br>0<br>0<br>1<br>5 | 0<br>0<br>0<br>2<br>5 | 0<br>0<br>0<br>1<br>3 | 0<br>0<br>0<br>4<br>0 | 0<br>0<br>0<br>4<br>5 | 0<br>0<br>0<br>4<br>6 | 0<br>0<br>0<br>1<br>4 | 0<br>0<br>0<br>1<br>9 | 0<br>0<br>0<br>2<br>6 | 0<br>0<br>0<br>3<br>0 | 0<br>0<br>0<br>3<br>7 | 0<br>0<br>0<br>0<br>1 | 0<br>0<br>0<br>1<br>2 | 0<br>0<br>0<br>2<br>0 | 0<br>0<br>0<br>2<br>7 | 0<br>0<br>0<br>3<br>6 | 0<br>0<br>0<br>7<br>1 | 0<br>0<br>0<br>1<br>1 |                      |
| Skin, Control                               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
| Skin, Site Of Application                   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
| <b>MUSCULOSKELETAL SYSTEM</b>               |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Bone, Femur                                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
| Skeletal Muscle<br>Myxosarcoma              |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| <b>NERVOUS SYSTEM</b>                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Brain, Brain Stem                           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
| Brain, Cerebellum                           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
| Brain, Cerebrum                             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
| <b>RESPIRATORY SYSTEM</b>                   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Lung  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
| Alveolar/Bronchiolar Adenoma                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Hepatocellular Carcinoma, Metastatic, Liver |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Nose  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
| Trachea                                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                      |
| <b>SPECIAL SENSES SYSTEM</b>                |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
| Eye   | +                     | +                     | +                     | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------------|
| <b>B6C3F1 MICE FEMALE</b> | 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>females<br/>(cont...)</b> |
|                           |             | 3 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                              |
|                           |             | 4 | 3 | 9 | 9 | 0 | 0 | 0 | 2 | 4 | 6 | 9 | 9 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                              |
| <b>Veh ctrlFemale</b>     | 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 | <b>females<br/>(cont...)</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 | 1 | 2 | 4 | 4 | 4 | 1 | 2 | 1 | 4 | 4 | 1 | 1 | 2 | 3 | 3 | 0 | 0 | 1 | 2 | 2 | 3 | 3 |                              |
|                           | 2           | 4 | 2 | 2 | 1 | 4 | 7 | 5 | 5 | 3 | 0 | 5 | 6 | 4 | 9 | 6 | 0 | 7 | 1 | 7 | 6 | 0 | 7 | 1 | 5 |                              |
|                           | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                              |

Harderian Gland  
Adenoma

+  
X X

**URINARY SYSTEM**

Kidney  
Adenoma

+ +

Urinary Bladder

+ +

**SYSTEMIC LESIONS**

Multiple Organ  
Histiocytic Sarcoma  
Leukemia Granulocytic  
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: 03039 - 02  
 Test Type: CHRONIC  
 Route: Dermal  
 Species/Strain: MICE/B6C3F1

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

Triclosan  
 CAS Number: 3380-34-5

Date Report Requested: 12/04/2020  
 Time Report Requested: 13:42:33  
 First Dose M/F: 09/11/13 / 09/11/13  
 Lab: NCTR

| B6C3F1 MICE FEMALE | 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 |
|--------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                    |             | 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 |
|                    |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |   |
|                    |             | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 | 0 |   |
| Veh ctrlFemale     | 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 | 1 | 2 | 2 | 3 | 3 | 4 | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 0 | 0 | 1 | 1 | 1 | 1 |
|                    |             | 3 | 0 | 0 | 1 | 2 | 2 | 3 | 3 | 4 | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 0 | 0 | 1 | 1 | 1 |   |
|                    |             | 8 | 3 | 8 | 7 | 1 | 8 | 2 | 6 | 9 | 8 | 5 | 9 | 1 | 8 | 3 | 4 | 9 | 3 | 4 | 2 | 3 | 6 | 0 | 1 |   |
|                    |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
| <b>* TOTALS</b>    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Gallbladder                      | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45 |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Adenoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hepatocellular Adenoma           | X |   |   |   |   |   |   |   | X | X |   |   |   |   |   |   | X | X |   |   |   |   |   |   | 12 |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 5  |
| Hepatocellular Carcinoma         |   |   |   |   |   |   |   | X |   |   |   | X | X |   |   |   |   |   |   | X |   |   |   |   | 10 |
| Mesentery                        | + |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   | + |   |   | + |   |   |   |   | 7  |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Salivary Glands                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Stomach, Forestomach             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Squamous Cell Carcinoma          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE           | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |        |
|------------------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|
|                              | 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>7 | 0<br>7 |          | 0<br>7 |
| <b>Veh ctrlFemale</b>        | 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        |        |
|                              | 3           | 0      | 0      | 1      | 2      | 2      | 3      | 3      | 3      | 4      | 0      | 0      | 1      | 1      | 2      | 2      | 3      | 3      | 4      | 4      | 0        |        |
|                              | 8           | 3      | 8      | 7      | 1      | 8      | 2      | 6      | 9      | 8      | 5      | 9      | 1      | 8      | 3      | 4      | 9      | 3      | 4      | 2      | 3        |        |
|                              | 1           | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1        |        |
| Stomach, Glandular           | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 47     |
| <b>CARDIOVASCULAR SYSTEM</b> |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |
| Blood Vessel                 | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 48     |
| Heart                        | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 48     |
| <b>ENDOCRINE SYSTEM</b>      |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |
| Adrenal Cortex               | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 48     |
| Subcapsular, Adenoma         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1      |
| Adrenal Medulla              | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 48     |
| Islets, Pancreatic           | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 48     |
| Adenoma                      |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1      |
| Carcinoma                    |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          | 1      |
| Parathyroid Gland            | +           | +      | +      | M      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | M      | M        | 44     |
| Pituitary Gland              | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 47     |
| Thyroid Gland                | +           | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 48     |
| <b>GENERAL BODY SYSTEM</b>   |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |
| NONE                         |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |
| <b>GENITAL SYSTEM</b>        |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |          |        |
| Clitoral Gland               | +           | +      | +      | M      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +      | +        | 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



| B6C3F1 MICE FEMALE<br>Veh ctrlFemale | DAY ON TEST     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|--------------------------------------|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|                                      | 077             | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   |       |
| ANIMAL ID                            | 00381           | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 |
|                                      | 07              | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    |
|                                      | 27              | 27    | 27    | 27    | 27    | 27    | 27    | 27    | 27    | 27    | 27    | 27    | 27    | 27    | 27    | 27    | 27    | 27    | 27    | 27    | 27    |
|                                      | 87              | 87    | 87    | 87    | 87    | 87    | 87    | 87    | 87    | 87    | 87    | 87    | 87    | 87    | 87    | 87    | 87    | 87    | 87    | 87    | 87    |
|                                      | 00              | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    |
|                                      | 00              | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    | 00    |
|                                      | 30              | 30    | 30    | 30    | 30    | 30    | 30    | 30    | 30    | 30    | 30    | 30    | 30    | 30    | 30    | 30    | 30    | 30    | 30    | 30    | 30    |
|                                      | 83              | 83    | 83    | 83    | 83    | 83    | 83    | 83    | 83    | 83    | 83    | 83    | 83    | 83    | 83    | 83    | 83    | 83    | 83    | 83    | 83    |
|                                      | 11              | 11    | 11    | 11    | 11    | 11    | 11    | 11    | 11    | 11    | 11    | 11    | 11    | 11    | 11    | 11    | 11    | 11    | 11    | 11    | 11    |
|                                      | <b>* TOTALS</b> |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Ovary                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Cystadenoma                    |   |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   |   |   |   |   | X | <b>4</b>  |
| Granulosa Cell Tumor Malignant |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | <b>1</b>  |
| Uterus                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Polyp Stromal                  |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X | <b>4</b>  |
| Sarcoma Stromal                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Endometrium, Adenocarcinoma    |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

| <b>HEMATOPOIETIC SYSTEM</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone Marrow                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | <b>47</b> |
| Lymph Node                  | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   | + | <b>7</b>  |
| Lymph Node, Mandibular      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | <b>47</b> |
| Lymph Node, Mesenteric      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Fibrous Histiocytoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   | <b>1</b>  |
| Spleen                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Hemangiosarcoma             |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Thymus                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |

| <b>INTEGUMENTARY SYSTEM</b>       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Mammary Gland                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>47</b> |
| Skin                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Fibrous Histiocytoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | <b>1</b>  |
| Subcutaneous Tissue, Fibrosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE                          | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|   | 077         | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   | 078   |          | 078   |
| Veh ctrlFemale                              | ANIMAL ID   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|   | 00381       | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 | 00381 |          | 00381 |
| Skin, Control                               | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Skin, Site Of Application                   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>MUSCULOSKELETAL SYSTEM</b>               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Bone, Femur                                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Skeletal Muscle                             |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Myxosarcoma                                 |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| <b>NERVOUS SYSTEM</b>                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Brain, Brain Stem                           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Brain, Cerebellum                           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Brain, Cerebrum                             | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>RESPIRATORY SYSTEM</b>                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Lung  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Alveolar/Bronchiolar Adenoma                |             |       |       | X     |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |          | 3     |
| Hepatocellular Carcinoma, Metastatic, Liver |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Nose  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Trachea                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>SPECIAL SENSES SYSTEM</b>                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Eye   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE      | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | * TOTALS |    |    |  |
|-------------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|----|----|--|
|                         | 07          | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |          | 07 |    |  |
| Veh ctrlFemale          | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00       |    |    |  |
|                         | 03          | 00 | 00 | 01 | 02 | 02 | 03 | 03 | 03 | 04 | 00 | 00 | 01 | 01 | 02 | 02 | 03 | 03 | 04 | 04 | 00       | 01 |    |  |
|                         | 08          | 03 | 08 | 07 | 01 | 08 | 02 | 06 | 09 | 08 | 05 | 09 | 01 | 08 | 03 | 04 | 09 | 03 | 04 | 02 | 03       | 06 | 00 |  |
|                         | 01          | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01       | 01 | 01 |  |
| Harderian Gland         | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +        | +  | 48 |  |
| Adenoma                 | X           |    |    | X  | X  |    |    | X  | X  |    |    |    |    | X  |    |    |    |    |    |    |          |    | 12 |  |
| <b>URINARY SYSTEM</b>   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |  |
| Kidney                  | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +        | +  | 48 |  |
| Adenoma                 |             |    |    |    |    |    |    |    |    |    |    |    |    | X  |    |    |    |    |    |    |          |    | 1  |  |
| Urinary Bladder         | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +        | +  | 48 |  |
| <b>SYSTEMIC LESIONS</b> |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    |    |  |
| Multiple Organ          | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +        | +  | 48 |  |
| Histiocytic Sarcoma     |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    | 1  |  |
| Leukemia Granulocytic   |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |    | 1  |  |
| Lymphoma Malignant      | X           |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 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

| B6C3F1 MICE FEMALE | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | females<br>(cont...) |    |
|--------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------------|----|
|                    | 02          | 04 | 05 | 05 | 05 | 05 | 05 | 05 | 05 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 07 | 07 | 07 | 07 | 07 |                      | 07 |
| Tri 1.25Female     | 05          | 09 | 01 | 02 | 03 | 03 | 08 | 08 | 01 | 02 | 03 | 05 | 05 | 06 | 07 | 07 | 08 | 00 | 02 | 02 | 06 | 06 | 06 | 06 | 07                   | 07 |
|                    | 04          | 03 | 00 | 05 | 03 | 05 | 00 | 03 | 08 | 09 | 02 | 07 | 09 | 08 | 01 | 09 | 02 | 02 | 01 | 06 | 06 | 06 | 06 | 07 | 07                   | 07 |
|                    | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00                   | 00 |
|                    | 01          | 01 | 01 | 01 | 01 | 00 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 00 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01                   | 01 |
|                    | 00          | 02 | 01 | 03 | 03 | 09 | 01 | 01 | 00 | 01 | 01 | 01 | 00 | 09 | 02 | 04 | 03 | 02 | 02 | 01 | 02 | 03 | 03 | 09 | 00                   |    |
|                    | 09          | 06 | 02 | 00 | 01 | 08 | 09 | 05 | 08 | 06 | 03 | 00 | 00 | 07 | 05 | 01 | 07 | 08 | 01 | 01 | 07 | 03 | 08 | 09 | 04                   |    |
|                    | 01          | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01                   |    |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder   | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum<br>Leiomyoma                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                              | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum<br>Anus, Sarcoma            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                           | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma, Multiple                    |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma                            |   |   |   |   | X |   |   |   | X |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |
| Mesentery   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma, Metastatic,<br>Lung |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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

|                           |                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|-----------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE FEMALE</b> | <b>Tri 1.25Female</b> | 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 |   |
|                           |                       |             | 2 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                           |                       |             | 5 | 9 | 1 | 2 | 3 | 3 | 8 | 8 | 1 | 2 | 3 | 5 | 5 | 6 | 7 | 7 | 8 | 0 | 2 | 2 | 2 | 2 | 2 | 2 |
|                           |                       |             | 4 | 3 | 0 | 5 | 3 | 5 | 0 | 3 | 8 | 9 | 2 | 7 | 9 | 8 | 2 | 2 | 1 | 6 | 6 | 6 | 6 | 6 | 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 |   |
|                           |                       | 1           | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |
|                           |                       | 0           | 2 | 1 | 3 | 3 | 9 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 9 | 2 | 4 | 3 | 2 | 2 | 1 | 2 | 3 | 3 | 9 |   |
|                           |                       | 9           | 6 | 2 | 0 | 1 | 8 | 9 | 5 | 8 | 6 | 3 | 0 | 0 | 7 | 5 | 1 | 7 | 8 | 1 | 1 | 7 | 3 | 8 | 9 |   |
|                           |                       | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |

females (cont...)

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Salivary Glands                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach<br>Squamous Cell Papilloma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular<br>Polyp Adenomatous         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + |

CARDIOVASCULAR SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Blood Vessel  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Heart<br>Alveolar/Bronchiolar Carcinoma, Metastatic, Lung | + | + | + | + | + | + | + | + | + | + | + | + | + | X | + | + | + | + | + | + | + | + | + | + |

ENDOCRINE SYSTEM

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

| B6C3F1 MICE FEMALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                    | 0<br>2<br>5<br>4      | 0<br>4<br>9<br>3      | 0<br>5<br>1<br>0      | 0<br>5<br>2<br>5      | 0<br>5<br>3<br>3      | 0<br>5<br>3<br>5      | 0<br>5<br>8<br>0      | 0<br>5<br>3<br>3      | 0<br>6<br>1<br>8      | 0<br>6<br>2<br>9      | 0<br>6<br>3<br>2      | 0<br>6<br>5<br>7      | 0<br>6<br>5<br>9      | 0<br>6<br>6<br>8      | 0<br>6<br>7<br>1      | 0<br>6<br>7<br>9      | 0<br>6<br>8<br>2      | 0<br>7<br>0<br>2      | 0<br>7<br>2<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>2<br>6      | 0<br>7<br>2<br>6      |                       |
| Tri 1.25Female     | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                    | 0<br>1<br>0<br>9<br>1 | 0<br>1<br>2<br>6<br>1 | 0<br>1<br>1<br>2<br>1 | 0<br>1<br>1<br>0<br>1 | 0<br>1<br>3<br>1<br>1 | 0<br>1<br>9<br>8<br>1 | 0<br>1<br>1<br>9<br>1 | 0<br>1<br>1<br>5<br>1 | 0<br>1<br>1<br>8<br>1 | 0<br>1<br>1<br>6<br>1 | 0<br>1<br>0<br>3<br>1 | 0<br>1<br>1<br>0<br>1 | 0<br>1<br>1<br>0<br>1 | 0<br>1<br>1<br>7<br>1 | 0<br>1<br>9<br>5<br>1 | 0<br>1<br>4<br>1<br>1 | 0<br>1<br>3<br>1<br>1 | 0<br>1<br>2<br>8<br>1 | 0<br>1<br>1<br>1<br>1 | 0<br>1<br>2<br>7<br>1 | 0<br>1<br>3<br>3<br>1 | 0<br>1<br>3<br>8<br>1 | 0<br>1<br>9<br>9<br>1 | 0<br>1<br>0<br>4<br>1 | 0<br>1<br>0<br>9<br>1 |

Thyroid Gland +

**GENERAL BODY SYSTEM**

Tissue NOS + + +  
 Alveolar/Bronchiolar Carcinoma, Metastatic, Lung X

**GENITAL SYSTEM**

Clitoral Gland + + + + + + + + + + M + + + + M + M + + + + M  
 Ovary +  
 Cystadenoma X X X  
 Luteoma X  
 Uterus +  
 Leiomyosarcoma  
 Polyp Stromal

**HEMATOPOIETIC SYSTEM**

Bone Marrow +  
 Lymph Node + + +  
 Lymph Node, Mandibular +  
 Lymph Node, Mesenteric M +  
 Spleen +  
 Thymus 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | females<br>(cont...) |  |
|--------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|----------------------|--|
|                    | 0<br>2<br>5<br>4 | 0<br>4<br>9<br>3 | 0<br>5<br>1<br>0 | 0<br>5<br>2<br>5 | 0<br>5<br>3<br>3 | 0<br>5<br>3<br>5 | 0<br>5<br>8<br>0 | 0<br>5<br>3<br>3 | 0<br>6<br>8<br>8 | 0<br>6<br>1<br>2 | 0<br>6<br>6<br>9 | 0<br>6<br>3<br>7 | 0<br>6<br>5<br>5 | 0<br>6<br>6<br>9 | 0<br>6<br>7<br>8 | 0<br>6<br>7<br>2 | 0<br>6<br>7<br>2 | 0<br>6<br>7<br>2 | 0<br>6<br>7<br>2 | 0<br>6<br>7<br>2 | 0<br>6<br>7<br>2 | 0<br>6<br>7<br>2 | 0<br>6<br>7<br>2 |  |                      |  |
| Tri 1.25Female     | 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                |  |                      |  |
| 1                  | 1                | 1                | 1                | 1                | 0                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                |  |                      |  |
| 0                  | 2                | 1                | 3                | 3                | 9                | 1                | 1                | 0                | 1                | 1                | 1                | 0                | 9                | 2                | 4                | 3                | 2                | 2                | 1                | 2                | 3                | 3                | 9                |  |                      |  |
| 9                  | 6                | 2                | 0                | 1                | 8                | 9                | 5                | 8                | 6                | 3                | 0                | 0                | 7                | 5                | 1                | 7                | 8                | 1                | 1                | 7                | 3                | 8                | 9                |  |                      |  |
| 1                  | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                | 1                |  |                      |  |

INTEGUMENTARY SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcutaneous Tissue, Sarcoma |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Skin, Control                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin, Site Of Application    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

MUSCULOSKELETAL SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pelvis, Osteosarcoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bone, Femur                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skeletal Muscle                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma, Deep Invasion                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

NERVOUS SYSTEM

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

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

| B6C3F1 MICE FEMALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |                       |                       |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                    | 0<br>2<br>5<br>4      | 0<br>4<br>9<br>3      | 0<br>5<br>1<br>0      | 0<br>5<br>2<br>3      | 0<br>5<br>3<br>5      | 0<br>5<br>3<br>8      | 0<br>5<br>8<br>0      | 0<br>5<br>3<br>3      | 0<br>6<br>8<br>8      | 0<br>6<br>1<br>2      | 0<br>6<br>3<br>5      | 0<br>6<br>5<br>5      | 0<br>6<br>6<br>6      | 0<br>6<br>7<br>8      | 0<br>6<br>7<br>7      | 0<br>6<br>8<br>0      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>2      |                       | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>2      |
| Tri 1.25Female     | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|                    | 0<br>1<br>0<br>9<br>1 | 0<br>1<br>2<br>6<br>1 | 0<br>1<br>1<br>2<br>1 | 0<br>1<br>3<br>0<br>1 | 0<br>1<br>3<br>1<br>1 | 0<br>0<br>9<br>8<br>1 | 0<br>1<br>1<br>9<br>1 | 0<br>1<br>1<br>5<br>1 | 0<br>1<br>1<br>8<br>1 | 0<br>1<br>0<br>6<br>1 | 0<br>1<br>1<br>3<br>1 | 0<br>1<br>1<br>0<br>1 | 0<br>1<br>1<br>7<br>1 | 0<br>0<br>9<br>5<br>1 | 0<br>1<br>1<br>1<br>1 | 0<br>1<br>4<br>1<br>7 | 0<br>2<br>3<br>2<br>1 | 0<br>1<br>2<br>1<br>1 | 0<br>1<br>1<br>7<br>1 | 0<br>1<br>3<br>3<br>1 | 0<br>1<br>3<br>8<br>1 | 0<br>0<br>9<br>9<br>1 | 0<br>1<br>0<br>4<br>1 |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Osteosarcoma, Metastatic, Bone              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |

|         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nose    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SPECIAL SENSES SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye                                    | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Harderian Gland Adenoma                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|  |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Zymbal's Gland Squamous Cell Carcinoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | X |

**URINARY SYSTEM**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |
| Urinary Bladder                                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SYSTEMIC LESIONS**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ Histiocytic Sarcoma | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|                                    |   |   | 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: 03039 - 02

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/04/2020

Test Type: CHRONIC

Triclosan

Time Report Requested: 13:42:33

Route: Dermal

CAS Number: 3380-34-5

First Dose M/F: 09/11/13 / 09/11/13

Species/Strain: MICE/B6C3F1

Lab: NCTR

|                           |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                              |
|---------------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------------------------------|
| <b>B6C3F1 MICE FEMALE</b> | DAY ON TEST | 0254 | 0433 | 0510 | 0525 | 0530 | 0535 | 0540 | 0545 | 0600 | 0605 | 0610 | 0615 | 0620 | 0625 | 0630 | 0635 | 0640 | 0645 | 0650 | 0655 | 0700 | 0705 | 0710 | 0715 | 0720 | 0725 | 0730 | 0735 | 0740 | 0745 | 0750 | <b>females<br/>(cont...)</b> |
|                           | ANIMAL ID   | 0191 | 0126 | 0111 | 0103 | 0113 | 0108 | 0115 | 0118 | 0122 | 0110 | 0111 | 0112 | 0113 | 0114 | 0115 | 0116 | 0117 | 0118 | 0119 | 0120 | 0121 | 0122 | 0123 | 0124 | 0125 | 0126 | 0127 | 0128 | 0129 | 0130 | 0131 |                              |
| 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

| B6C3F1 MICE FEMALE | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | * TOTALS |    |
|--------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|----|
|                    | 07          | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |          | 07 |
| Tri 1.25Female     | 0           | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0        | 48 |
|                    | 1           | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1        | 48 |
|                    | 1           | 2  | 3  | 3  | 4  | 0  | 0  | 1  | 2  | 2  | 3  | 4  | 0  | 0  | 1  | 2  | 3  | 3  | 4  | 4  | 0        | 48 |
|                    | 4           | 2  | 4  | 9  | 4  | 1  | 5  | 6  | 3  | 9  | 5  | 0  | 2  | 7  | 7  | 0  | 4  | 2  | 6  | 2  | 3        | 48 |
|                    | 1           | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1        | 48 |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Esophagus   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |
| Gallbladder   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | 46      |
| Intestine Large, Cecum<br>Leiomyoma                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48<br>1 |
| Intestine Large, Colon                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47      |
| Intestine Large, Rectum<br>Anus, Sarcoma            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48<br>1 |
| Intestine Small, Duodenum                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47      |
| Intestine Small, Ileum                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |
| Intestine Small, Jejunum                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |
| Liver   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |
| Hemangiosarcoma                                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Hepatocellular Adenoma                              |   |   |   |   | X | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   | 8       |
| Hepatocellular Adenoma, Multiple                    |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   | X |   |   | 5       |
| Hepatocellular Carcinoma                            |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6       |
| Mesentery   |   |   |   |   | + |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   | 4       |
| Alveolar/Bronchiolar Carcinoma, Metastatic,<br>Lung |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Pancreas  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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

| B6C3F1 MICE FEMALE                               | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | * TOTALS |
|--|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|
|  | 07          | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |          |
| Tri 1.25Female                                   | ANIMAL ID   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | * TOTALS |
|  | 01          | 01 | 03 | 03 | 04 | 00 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 |          |
| Salivary Glands                                  | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 48       |
| Stomach, Forestomach                             | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 48       |
| Squamous Cell Papilloma                          |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | X  |    |    | 2        |
| Stomach, Glandular                               | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 48       |
| Polyp Adenomatous                                |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 1        |
| <b>CARDIOVASCULAR SYSTEM</b>                     |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |
| Blood Vessel                                     | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 48       |
| Heart  | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 48       |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 1        |
| <b>ENDOCRINE SYSTEM</b>                          |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |          |
| Adrenal Cortex                                   | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 48       |
| Adenoma  |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 1        |
| Adrenal Medulla                                  | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 48       |
| Pheochromocytoma Benign                          |             |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 1        |
| Pheochromocytoma Malignant                       |             |    |    |    |    |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 1        |
| Islets, Pancreatic                               | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 48       |
| Parathyroid Gland                                | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | M  | +  | 45       |
| Pituitary Gland                                  | +           | M  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | 47       |
| Pars Distalis, Adenoma                           |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |        |   |
|--------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|---|
|                    | 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>7 | 0<br>7 |          | 0<br>7 |   |
| Tri 1.25Female     | 2           | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2        | 3      | 3 |
|                    | 7           | 7      | 7      | 7      | 7      | 8      | 8      | 8      | 8      | 8      | 8      | 8      | 8      | 9      | 9      | 9      | 9      | 9      | 9      | 9      | 9        | 0      | 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      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1        | 1      | 1 |
|                    | 1           | 2      | 3      | 3      | 4      | 0      | 0      | 1      | 2      | 2      | 3      | 4      | 0      | 0      | 1      | 2      | 3      | 3      | 4      | 4      | 0        | 0      | 0 |
|                    | 4           | 2      | 4      | 9      | 4      | 1      | 5      | 6      | 3      | 9      | 5      | 0      | 2      | 7      | 7      | 0      | 4      | 2      | 6      | 2      | 3        | 3      | 8 |
|                    | 1           | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1        | 1      | 1 |

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Thyroid Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|

**GENERAL BODY SYSTEM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| Tissue NOS                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 3 |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 1 |

**GENITAL SYSTEM**

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Ovary          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Cystadenoma    |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   | 5  |
| Luteoma        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Uterus         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Leiomyosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | 1  |
| Polyp Stromal  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | 1  |

**HEMATOPOIETIC SYSTEM**

|                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Lymph Node, Mandibular | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node, Mesenteric | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Spleen                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Thymus                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | * TOTALS |        |   |
|--------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|---|
|                    | 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>7 | 0<br>7 |          | 0<br>7 |   |
| Tri 1.25Female     | 2           | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2      | 2        | 3      | 3 |
|                    | 7           | 7      | 7      | 7      | 7      | 8      | 8      | 8      | 8      | 8      | 8      | 8      | 9      | 9      | 9      | 9      | 9      | 9      | 9      | 9      | 9        | 0      | 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      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1        | 1      | 1 |
|                    | 1           | 2      | 3      | 3      | 4      | 0      | 0      | 1      | 2      | 2      | 3      | 4      | 0      | 0      | 1      | 2      | 3      | 3      | 4      | 4      | 0        | 0      | 0 |
|                    | 4           | 2      | 4      | 9      | 4      | 1      | 5      | 6      | 3      | 9      | 5      | 0      | 2      | 7      | 7      | 0      | 4      | 2      | 6      | 2      | 3        | 3      | 8 |
|                    | 1           | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1      | 1        | 1      | 1 |

INTEGUMENTARY SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Mammary Gland                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Skin                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Subcutaneous Tissue, Sarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Skin, Control                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Skin, Site Of Application    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

MUSCULOSKELETAL SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pelvis, Osteosarcoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Bone, Femur                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Skeletal Muscle                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Sarcoma, Deep Invasion                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

NERVOUS SYSTEM

|                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|-------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Brain, Cerebellum | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Brain, Cerebrum   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

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

| B6C3F1 MICE FEMALE                               | DAY ON TEST |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | * TOTALS |
|--|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|
|  | 077         | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 | 077 |          |
| Tri 1.25Female                                   | ANIMAL ID   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | * TOTALS |
|  | 011         | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 | 011 |          |
| Lung   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 48       |
| Alveolar/Bronchiolar Adenoma                     |             |     |     |     |     |     |     |     |     |     |     |     |     | X   |     |     |     |     |     |     | 4        |
| Alveolar/Bronchiolar Carcinoma                   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 2        |
| Hepatocellular Carcinoma, Metastatic, Liver      |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1        |
| Osteosarcoma, Metastatic, Bone                   |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1        |
| Nose   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 48       |
| Trachea  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 48       |
| <b>SPECIAL SENSES SYSTEM</b>                     |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Eye  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | M   | +   | +   | +   | +   | +   | 46       |
| Harderian Gland Adenoma                          | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 48       |
| Zymbal's Gland Squamous Cell Carcinoma           |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1        |
| <b>URINARY SYSTEM</b>                            |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Kidney   | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 48       |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 1        |
| Urinary Bladder                                  | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | 48       |
| <b>SYSTEMIC LESIONS</b>                          |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |          |
| Multiple Organ Histiocytic Sarcoma               | +           | +   | +   | +   | +   | +   | +   | +   | +   | +   | +   | X   | +   | +   | +   | +   | +   | +   | X   | +   | 48       |
|  |             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | 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

|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|---|
| <b>B6C3F1 MICE FEMALE</b> | DAY ON TEST | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               | 7 |
|                           |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3               | 3 |
|                           |             | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9               | 0 |
|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0 |
| <b>Tri 1.25Female</b>     | ANIMAL ID   | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1 |
|                           |             | 1 | 2 | 3 | 3 | 4 | 0 | 0 | 1 | 2 | 2 | 3 | 4 | 0 | 0 | 1 | 2 | 2 | 3 | 3 | 4 | 4               | 0 |
|                           |             | 4 | 2 | 4 | 9 | 4 | 1 | 5 | 6 | 3 | 9 | 5 | 0 | 2 | 7 | 7 | 0 | 4 | 2 | 6 | 2 | 3               | 3 |
|                           |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1 |
|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |   |

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  
 A .. Autolysis precludes evaluation  
 BLANK .. Not examined microscopically

Experiment Number: 03039 - 02  
 Test Type: CHRONIC  
 Route: Dermal  
 Species/Strain: MICE/B6C3F1

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

Triclosan  
 CAS Number: 3380-34-5

Date Report Requested: 12/04/2020  
 Time Report Requested: 13:42:33  
 First Dose M/F: 09/11/13 / 09/11/13  
 Lab: NCTR

|                           |             |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|-------------|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE FEMALE</b> | 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 |   |
|                           | ANIMAL ID   | 4                        | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| <b>Tri 2.7 Female</b>     | DAY ON TEST | 4                        | 0 | 3 | 3 | 2 | 3 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 9 | 9 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                           | ANIMAL ID   | 8                        | 3 | 5 | 5 | 1 | 9 | 0 | 7 | 0 | 4 | 8 | 1 | 2 | 2 | 5 | 6 | 9 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 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 |
|                           |             | 2                        | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                           |             | 2                        | 2 | 0 | 2 | 9 | 1 | 3 | 0 | 0 | 3 | 9 | 0 | 0 | 1 | 1 | 9 | 1 | 0 | 1 | 1 | 2 | 2 | 2 | 3 | 3 | 9 | 9 |
|                           |             | 0                        | 5 | 1 | 8 | 7 | 6 | 9 | 8 | 5 | 2 | 5 | 3 | 2 | 9 | 5 | 9 | 2 | 6 | 1 | 7 | 3 | 9 | 1 | 4 | 3 | 3 |   |
|                           |             | 1                        | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                           |             | <b>females (cont...)</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**ALIMENTARY SYSTEM**

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



| B6C3F1 MICE FEMALE | DAY ON TEST |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        | females<br>(cont...) |
|--------------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------------------|
|                    | 0448        | 0503   | 0535   | 0563   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   | 0666   |                      |
| Tri 2.7 Female     | ANIMAL ID   |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |                      |
|                    | 022001      | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 | 022001 |                      |

Sarcoma Stromal, Metastatic, Uterus

X

Salivary Glands

+ +

Stomach, Forestomach

+ +

Stomach, Glandular

+ +

**CARDIOVASCULAR SYSTEM**

Blood Vessel

+ +

Heart

+ +

**ENDOCRINE SYSTEM**

Adrenal Cortex

+ +

Hepatocarcinoma, Metastatic, Liver

X

Osteosarcoma, Metastatic, Bone, Femur

X

Sarcoma Stromal, Metastatic, Uterus

X

Adrenal Medulla

+ +

Islets, Pancreatic

+ +

Parathyroid Gland

+ M + + + + + + + + + + M + + M + + + + + + + + + +

Pituitary Gland

+ M + +

Pars Distalis, Adenoma

X

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

Experiment Number: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                              |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------------------------|
| <b>B6C3F1 MICE FEMALE</b> | 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 |   |                              |
|                           | ANIMAL ID   | 4 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 |   | 7                            |
| <b>Tri 2.7 Female</b>     |             | 4 | 0 | 3 | 3 | 2 | 3 | 5 | 5 | 6 | 6 | 7 | 7 | 7 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | <b>females<br/>(cont...)</b> |
|                           |             | 8 | 3 | 5 | 5 | 1 | 9 | 0 | 7 | 0 | 4 | 8 | 1 | 2 | 2 | 5 | 6 | 9 | 6 | 6 | 6 | 6 | 6 | 6 |                              |

Tissue NOS  
Hepatocholangiocarcinoma, Metastatic, Liver      +      +  
X

**GENITAL SYSTEM**

Clitoral Gland      +   +   +   +   +   +   M   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +   +

Fat Pad, Ovarian/parametrial  
Hepatocholangiocarcinoma, Metastatic, Liver      +  
X

Ovary  
Cystadenoma      +  
Granulosa Cell Tumor Benign      X  
Luteoma  
Sarcoma Stromal, Metastatic, Uterus      X

Uterus  
Hemangiosarcoma      +  
Hepatocholangiocarcinoma, Metastatic, Liver      X  
Leiomyoma  
Polyp Stromal      X  
Sarcoma Stromal      X  
Endometrium, Adenocarcinoma

**HEMATOPOIETIC SYSTEM**

Bone Marrow  
Hemangiosarcoma      +  
Osteosarcoma      X

Lymph Node      +      +      +      +      +      +      +      +

\* .. 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

| B6C3F1 MICE FEMALE<br>Tri 2.7 Female | DAY ON TEST                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |  | females<br>(cont...) |
|--------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--|----------------------|
|                                      | 0<br>4<br>4<br>8           | 0<br>5<br>0<br>3           | 0<br>5<br>3<br>5           | 0<br>5<br>3<br>5           | 0<br>6<br>2<br>1           | 0<br>6<br>3<br>9           | 0<br>6<br>5<br>0           | 0<br>6<br>5<br>7           | 0<br>6<br>6<br>0           | 0<br>6<br>6<br>4           | 0<br>6<br>6<br>8           | 0<br>6<br>7<br>1           | 0<br>6<br>7<br>2           | 0<br>6<br>7<br>2           | 0<br>6<br>9<br>5           | 0<br>6<br>9<br>6           | 0<br>7<br>0<br>9           | 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>2<br>6           | 0<br>7<br>2<br>6           | 0<br>7<br>2<br>6           |  |                      |
| ANIMAL ID                            | 0<br>2<br>2<br>0<br>0<br>1 | 0<br>2<br>2<br>5<br>1<br>1 | 0<br>2<br>0<br>1<br>8<br>1 | 0<br>2<br>2<br>0<br>7<br>1 | 0<br>1<br>9<br>6<br>7<br>1 | 0<br>2<br>2<br>1<br>9<br>1 | 0<br>2<br>2<br>3<br>9<br>8 | 0<br>2<br>0<br>5<br>2<br>1 | 0<br>2<br>0<br>5<br>2<br>1 | 0<br>2<br>3<br>2<br>5<br>1 | 0<br>2<br>3<br>5<br>2<br>1 | 0<br>2<br>9<br>0<br>3<br>1 | 0<br>2<br>0<br>2<br>5<br>1 | 0<br>2<br>1<br>0<br>9<br>1 | 0<br>2<br>1<br>1<br>9<br>1 | 0<br>2<br>2<br>1<br>9<br>1 | 0<br>2<br>2<br>0<br>6<br>1 | 0<br>2<br>2<br>1<br>7<br>1 | 0<br>2<br>2<br>2<br>3<br>1 | 0<br>2<br>2<br>2<br>9<br>1 | 0<br>2<br>3<br>1<br>1<br>1 | 0<br>2<br>3<br>4<br>1<br>1 | 0<br>2<br>3<br>4<br>3<br>1 |  |                      |

Mediastinal, Hepatocholangiocarcinoma, Metastatic, Liver

X

Lymph Node, Mandibular

+ +

Lymph Node, Mesenteric

M + + + M + + + + + + + + + + + + + + + + + +

Spleen  
Hemangiosarcoma  
Hepatocholangiocarcinoma, Metastatic, Liver  
Sarcoma Stromal, Metastatic, Uterus

+  
X  
X

Thymus

+ +

**INTEGUMENTARY SYSTEM**

Mammary Gland

M + M +

Skin  
Fibrous Histiocytoma  
Subcutaneous Tissue, Fibrosarcoma  
Subcutaneous Tissue, Hemangioma  
Subcutaneous Tissue, Liposarcoma  
Subcutaneous Tissue, Sarcoma

+  
X  
X

Skin, Control

+ +

Skin, Site Of Application

+ +

**MUSCULOSKELETAL SYSTEM**

Bone, Femur  
Osteosarcoma

+  
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



| B6C3F1 MICE FEMALE                                    | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | females<br>(cont...) |
|---|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------------------|
|   | 0448        | 0503 | 0533 | 0553 | 0622 | 0633 | 0655 | 0666 | 0666 | 0666 | 0666 | 0666 | 0666 | 0666 | 0666 | 0666 | 0666 | 0666 | 0666 | 0666 | 0666 | 0666 | 0666 | 0666 |                      |
| Tri 2.7 Female  | ANIMAL ID   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
|   | 0220        | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220 | 0220                 |
| Trachea   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| <b>SPECIAL SENSES SYSTEM</b>                          |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Eye   | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Harderian Gland Adenoma                               | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | M    | +    | +    | +    | +    | +    | +    | X    | +    | +    | +    | +    | +    | +    |                      |
| Zymbal's Gland Squamous Cell Papilloma                |             |      |      |      |      |      |      |      |      |      | +    | X    |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| <b>URINARY SYSTEM</b>                                 |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Kidney Hepatocholangiocarcinoma, Metastatic, Liver    | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| Urinary Bladder                                       | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
| <b>SYSTEMIC LESIONS</b>                               |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
| Multiple Organ Histiocytic Sarcoma Lymphoma Malignant | +           | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    | +    |                      |
|   |             | X    |      |      |      |      | X    |      |      |      | X    |      |      |      |      |      |      |      |      |      |      |      |      |      |                      |
|   |             |      | X    |      |      |      | 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

| B6C3F1 MICE FEMALE | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | * TOTALS |    |
|--------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|----|
|                    | 07          | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |          | 07 |
| Tri 2.7 Female     | 02          | 02 | 02 | 02 | 02 | 02 | 02 | 01 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00       | 48 |
|                    | 00          | 00 | 01 | 02 | 03 | 03 | 09 | 00 | 01 | 02 | 02 | 03 | 04 | 09 | 01 | 02 | 02 | 03 | 03 | 09 | 02       | 48 |
|                    | 04          | 07 | 08 | 04 | 00 | 05 | 08 | 04 | 09 | 03 | 01 | 06 | 06 | 00 | 06 | 00 | 04 | 02 | 07 | 03 | 07       | 48 |
|                    | 01          | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01       | 48 |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Gallbladder                                 | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Large, Cecum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Adenocarcinoma                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Liver                                       | + | + | + | + |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hepatocellular Adenoma                      |   |   |   |   |   | X |   |   |   |   |   |   |   | X | X | X |   |   |   |   |   |   | 9  |
| Hepatocellular Adenoma, Multiple            | X |   |   | X |   |   |   |   |   | X |   |   |   |   |   |   | X |   |   | X |   |   | 8  |
| Hepatocellular Carcinoma                    |   |   |   |   |   |   | X |   |   | X |   | X |   |   |   |   |   |   |   | X |   |   | 8  |
| Hepatocellular Carcinoma, Multiple          |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocholangiocarcinoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                                   |   |   |   | + | + |   |   |   |   |   |   |   |   |   |   | + |   |   |   |   | + |   | 11 |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hepatocholangiocarcinoma, 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE                    | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |    |
|---------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|----|
|                                       | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          | 0  |
| Tri 2.7 Female                        | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | 1  |
|                                       | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2        | 48 |
|                                       | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9        | 48 |
|                                       | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 48 |
|                                       | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 3 | 3        | 48 |
|                                       | 0           | 0 | 1 | 2 | 3 | 3 | 3 | 9 | 0 | 1 | 2 | 2 | 3 | 4 | 9 | 1 | 1 | 2 | 2 | 3 | 3        | 48 |
|                                       | 4           | 7 | 8 | 4 | 0 | 5 | 8 | 4 | 9 | 3 | 1 | 6 | 6 | 0 | 6 | 0 | 4 | 2 | 7 | 3 | 7        | 48 |
|                                       | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1        | 48 |
| Sarcoma Stromal, Metastatic, Uterus   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| Salivary Glands                       | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 48 |
| Stomach, Forestomach                  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 48 |
| Stomach, Glandular                    | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 48 |
| <b>CARDIOVASCULAR SYSTEM</b>          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
| Blood Vessel                          | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 48 |
| Heart                                 | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 48 |
| <b>ENDOCRINE SYSTEM</b>               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
| Adrenal Cortex                        | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 48 |
| Hepatocarcinoma, Metastatic, Liver    |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| Osteosarcoma, Metastatic, Bone, Femur |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| Sarcoma Stromal, Metastatic, Uterus   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| Adrenal Medulla                       | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 48 |
| Islets, Pancreatic                    | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 48 |
| Parathyroid Gland                     | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 45 |
| Pituitary Gland                       | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 47 |
| Pars Distalis, Adenoma                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| Thyroid Gland                         | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 48 |
| <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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |
|--------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
|                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          | 0 |
| Tri 2.7 Female     | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | 2 |
|                    | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2        | 7 |
|                    | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | 7 |
|                    | 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 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2        | 0 |
|                    | 0           | 0 | 1 | 2 | 3 | 3 | 3 | 9 | 0 | 1 | 2 | 2 | 3 | 4 | 9 | 1 | 1 | 2 | 2 | 3 | 3        | 0 |
|                    | 4           | 7 | 8 | 4 | 0 | 5 | 8 | 4 | 9 | 3 | 1 | 6 | 6 | 0 | 6 | 0 | 4 | 2 | 7 | 3 | 7        | 0 |
|                    | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1        | 1 |

Tissue NOS 2  
 Hepatocholangiocarcinoma, Metastatic, Liver 1

**GENITAL SYSTEM**

Clitoral Gland 45

Fat Pad, Ovarian/parametrial 1  
 Hepatocholangiocarcinoma, Metastatic, Liver 1

Ovary 48  
 Cystadenoma 2  
 Granulosa Cell Tumor Benign 1  
 Luteoma 1  
 Sarcoma Stromal, Metastatic, Uterus 1

Uterus 48  
 Hemangiosarcoma 1  
 Hepatocholangiocarcinoma, Metastatic, Liver 1  
 Leiomyoma 1  
 Polyp Stromal 3  
 Sarcoma Stromal 1  
 Endometrium, Adenocarcinoma 1

**HEMATOPOIETIC SYSTEM**

Bone Marrow 48  
 Hemangiosarcoma 1  
 Osteosarcoma 1

Lymph Node 8

\* .. 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



| B6C3F1 MICE FEMALE | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | * TOTALS |    |
|--------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|----|
|                    | 07          | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |          | 07 |
| Tri 2.7 Female     | 02          | 02 | 02 | 02 | 02 | 02 | 02 | 01 | 02 | 02 | 02 | 02 | 02 | 02 | 01 | 02 | 02 | 02 | 02 | 02 | 02       | 48 |
|                    | 00          | 00 | 01 | 02 | 03 | 03 | 03 | 09 | 00 | 01 | 02 | 02 | 03 | 04 | 09 | 01 | 01 | 02 | 02 | 03 | 03       | 46 |
|                    | 04          | 07 | 08 | 04 | 00 | 05 | 08 | 04 | 09 | 03 | 01 | 06 | 06 | 00 | 06 | 00 | 04 | 02 | 07 | 03 | 07       | 48 |
|                    | 01          | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01       | 48 |

Mediastinal, Hepatocholangiocarcinoma, Metastatic, Liver

1

Lymph Node, Mandibular

+ +

48

Lymph Node, Mesenteric

+ +

46

Spleen

+ +

48

Hemangiosarcoma

1

Hepatocholangiocarcinoma, Metastatic, Liver

1

Sarcoma Stromal, Metastatic, Uterus

1

Thymus

+ +

48

**INTEGUMENTARY SYSTEM**

Mammary Gland

+ +

46

Skin

+ +

48

Fibrous Histiocytoma

X

1

Subcutaneous Tissue, Fibrosarcoma

X

1

Subcutaneous Tissue, Hemangioma

X

1

Subcutaneous Tissue, Liposarcoma

1

Subcutaneous Tissue, Sarcoma

1

Skin, Control

+ +

48

Skin, Site Of Application

+ +

48

**MUSCULOSKELETAL SYSTEM**

Bone, Femur

+ +

48

Osteosarcoma

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

| B6C3F1 MICE FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |
|--------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
|                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          | 0 |
| Tri 2.7 Female     | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | 2 |
|                    | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2        | 3 |
|                    | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9        | 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 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 3 | 3        | 1 |
|                    | 0           | 0 | 1 | 2 | 3 | 3 | 3 | 9 | 0 | 1 | 2 | 2 | 3 | 4 | 9 | 1 | 1 | 2 | 2 | 3 | 3        | 9 |
|                    | 4           | 7 | 8 | 4 | 0 | 5 | 8 | 4 | 9 | 3 | 1 | 6 | 6 | 0 | 6 | 0 | 4 | 2 | 7 | 3 | 7        | 8 |
|                    | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1        | 1 |

Skeletal Muscle 2  
 Hepatocholangiocarcinoma, Metastatic, Liver 1

**NERVOUS SYSTEM**

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Brain, Brain Stem         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Brain, Cerebellum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Brain, Cerebrum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Nerve Trigeminal          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Peripheral Nerve, Sciatic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spinal Cord, Cervical     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spinal Cord, Lumbar       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Spinal Cord, Thoracic     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X |   |   | 4  |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Osteosarcoma, Metastatic, Bone, Femur       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Osteosarcoma, Metastatic, Bone, Femur       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

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First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE                          | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |    |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|----|
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          | 0  |
| Tri 2.7 Female                              | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |    |
|   | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |          | 0  |
| Trachea                                     | 7           | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | 48 |
| <b>SPECIAL SENSES SYSTEM</b>                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
| Eye   | 2           | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2        | 48 |
| Harderian Gland                             | 0           | 0 | 1 | 2 | 3 | 3 | 3 | 9 | 0 | 1 | 2 | 2 | 3 | 4 | 9 | 1 | 1 | 2 | 2 | 3 | 3 | 9        | 47 |
| Adenoma                                     | 4           | 7 | 8 | 4 | 0 | 5 | 8 | 4 | 9 | 3 | 1 | 6 | 6 | 0 | 6 | 0 | 4 | 2 | 7 | 3 | 7 | 8        | 2  |
| Zymbal's Gland                              | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1        | 1  |
| Squamous Cell Papilloma                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| <b>URINARY SYSTEM</b>                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
| Kidney                                      | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 48 |
| Hepatocholangiocarcinoma, Metastatic, Liver |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 1  |
| Urinary Bladder                             | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 48 |
| <b>SYSTEMIC LESIONS</b>                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |    |
| Multiple Organ                              | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +        | 48 |
| Histiocytic Sarcoma                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          | 3  |
| Lymphoma Malignant                          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X        | 6  |

\* .. 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

| B6C3F1 MICE FEMALE<br>Untreat Female | 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 | females<br>(cont...) |
|--------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------------|
|                                      |             | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                      |
|                                      |             | 7 | 8 | 0 | 3 | 6 | 8 | 0 | 5 | 7 | 7 | 8 | 9 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 0         |                      |
|                                      |             | 7 | 3 | 4 | 3 | 9 | 1 | 9 | 0 | 1 | 2 | 9 | 8 | 9 | 0 | 3 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 0         |                      |
|                                      |             | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 0         |                      |
|                                      |             | 2 | 0 | 3 | 1 | 3 | 9 | 0 | 0 | 2 | 0 | 1 | 2 | 0 | 9 | 3 | 0 | 0 | 1 | 1 | 2 | 3 | 8 | 9 | 0         |                      |
|                                      |             | 7 | 8 | 6 | 8 | 2 | 3 | 4 | 2 | 0 | 7 | 9 | 6 | 5 | 4 | 0 | 1 | 9 | 3 | 7 | 5 | 1 | 9 | 5 | 0         |                      |
|                                      |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0         |                      |
|                                      |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3 |           |                      |

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangiosarcoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Hepatocellular Adenoma                      |   |   | X | X |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   | X |
| Hepatocellular Adenoma, Multiple            |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   | X |   | X | X | X |   |   |   |   |
| Hepatocellular Carcinoma                    | X |   | X |   | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   | X |   |   |   |   |
| Hepatocellular Carcinoma, Multiple          |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   | X |   |
| Sarcoma, Metastatic, Uncertain Primary Site |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                                   |   |   |   | + |   |   |   |   | + |   | + | + |   |   |   |   |   | + |   | + |   |   |   | + |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Salivary Glands                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Forestomach                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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: 03039 - 02  
 Test Type: CHRONIC  
 Route: Dermal  
 Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020  
 Time Report Requested: 13:42:33  
 First Dose M/F: 09/11/13 / 09/11/13  
 Lab: NCTR

| B6C3F1 MICE FEMALE<br>Untreat Female | DAY ON TEST      |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  | ANIMAL ID        | females<br>(cont...) |
|--------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------------|
|                                      | 0<br>4<br>7<br>7 | 0<br>4<br>8<br>3 | 0<br>5<br>0<br>4 | 0<br>5<br>3<br>3 | 0<br>5<br>6<br>9 | 0<br>5<br>8<br>1 | 0<br>6<br>0<br>9 | 0<br>6<br>5<br>0 | 0<br>6<br>7<br>1 | 0<br>6<br>7<br>2 | 0<br>6<br>7<br>9 | 0<br>6<br>8<br>8 | 0<br>6<br>9<br>9 | 0<br>7<br>0<br>0 | 0<br>7<br>2<br>3 | 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>2<br>6 | 0<br>7<br>2<br>6 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<br>7 | 0<br>7<br>2<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                | 3<br>2<br>7<br>1 |                      |

Squamous Cell Papilloma

Stomach, Glandular

+ +

**CARDIOVASCULAR SYSTEM**

Blood Vessel

+ +

Heart

+ +

Sarcoma, Metastatic, Uncertain Primary Site

X

**ENDOCRINE SYSTEM**

Adrenal Cortex

+ +

Subcapsular, Adenoma

X

X

Adrenal Medulla

+ +

Pheochromocytoma Benign

Pheochromocytoma Malignant

X

Islets, Pancreatic

+ +

Carcinoma

Parathyroid Gland

M + M +

Pituitary Gland

+ + M +

Pars Distalis, Adenoma

Thyroid Gland

+ +

Follicular Cell, Adenoma

X

**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

Experiment Number: 03039 - 02  
 Test Type: CHRONIC  
 Route: Dermal  
 Species/Strain: MICE/B6C3F1

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

Triclosan  
 CAS Number: 3380-34-5

Date Report Requested: 12/04/2020  
 Time Report Requested: 13:42:33  
 First Dose M/F: 09/11/13 / 09/11/13  
 Lab: NCTR

| B6C3F1 MICE FEMALE<br>Untreat Female | 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 | females<br>(cont...) |
|--------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------------------|
|                                      |             | 4 | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |                      |
|                                      |             | 7 | 8 | 0 | 3 | 6 | 8 | 0 | 5 | 7 | 7 | 8 | 9 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |           |                      |
|                                      |             | 7 | 3 | 4 | 3 | 9 | 1 | 9 | 0 | 1 | 2 | 9 | 8 | 9 | 0 | 3 | 6 | 6 | 6 | 6 | 6 | 6 | 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 |           |                      |
|                                      |             | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |           |                      |
|                                      |             | 2 | 0 | 3 | 1 | 3 | 9 | 0 | 0 | 2 | 0 | 1 | 2 | 0 | 9 | 3 | 0 | 0 | 1 | 1 | 2 | 3 | 8 | 9 |           |                      |
|                                      |             | 7 | 8 | 6 | 8 | 2 | 3 | 4 | 2 | 0 | 7 | 9 | 6 | 5 | 4 | 0 | 1 | 9 | 3 | 7 | 5 | 1 | 9 | 5 |           |                      |
|                                      |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |           |                      |

Tissue NOS +

**GENITAL SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland                              | + | + | + | + | + | M | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |
| Ovary                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cystadenoma                                 |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Luteoma                                     |   |   |   |   |   | X |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Uterus                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Carcinoma                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal                               |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   | X |   |   | X | X |   |   |   |   |
| Sarcoma, Metastatic, Uncertain Primary Site |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma Stromal                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Schwannoma Malignant                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Endometrium, Adenocarcinoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   |   |   |   |
| Endometrium, Adenoma                        |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |

**HEMATOPOIETIC SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone Marrow   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymph Node  |   |   |   | + | + |   | + |   |   |   | + | + |   |   |   |   |   |   |   |   | + |   |   |   |
| Axillary, Sarcoma, Metastatic, Uncertain Primary Site |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lumbar, Sarcoma, Metastatic, Uncertain Primary Site   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Renal, Sarcoma, Metastatic, Uncertain Primary Site    |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymph Node, Mandibular                                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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

| B6C3F1 MICE FEMALE<br>Untreat Female  | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...)  |  |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|   | 0<br>4<br>7<br>7      | 0<br>4<br>8<br>3      | 0<br>5<br>0<br>4      | 0<br>5<br>3<br>3      | 0<br>5<br>6<br>9      | 0<br>5<br>8<br>1      | 0<br>6<br>0<br>9      | 0<br>6<br>5<br>0      | 0<br>6<br>7<br>1      | 0<br>6<br>7<br>2      | 0<br>6<br>7<br>9      | 0<br>6<br>8<br>8      | 0<br>6<br>9<br>9      | 0<br>7<br>0<br>0      | 0<br>7<br>2<br>3      | 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>2<br>6      | 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>2<br>6      |                       |                       |  |
| ANIMAL ID   | 0<br>3<br>2<br>7<br>1 | 0<br>3<br>0<br>8<br>1 | 0<br>3<br>3<br>6<br>1 | 0<br>3<br>1<br>8<br>1 | 0<br>3<br>3<br>2<br>1 | 0<br>2<br>9<br>3<br>1 | 0<br>3<br>0<br>4<br>1 | 0<br>3<br>3<br>2<br>1 | 0<br>3<br>0<br>0<br>1 | 0<br>3<br>2<br>7<br>1 | 0<br>3<br>3<br>9<br>1 | 0<br>3<br>1<br>6<br>1 | 0<br>3<br>3<br>5<br>1 | 0<br>2<br>9<br>4<br>1 | 0<br>3<br>0<br>0<br>1 | 0<br>3<br>3<br>1<br>1 | 0<br>3<br>0<br>9<br>1 | 0<br>3<br>3<br>0<br>1 | 0<br>3<br>3<br>1<br>1 | 0<br>3<br>2<br>2<br>1 | 0<br>3<br>3<br>3<br>1 | 0<br>2<br>8<br>9<br>1 | 0<br>2<br>9<br>5<br>1 | 0<br>2<br>9<br>9<br>1 | 0<br>3<br>0<br>3<br>1 |  |
| Lymph Node, Mesenteric<br>Sarcoma, Metastatic, Uncertain Primary Site                                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Spleen<br>Hemangiosarcoma   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Thymus  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| <b>INTEGUMENTARY SYSTEM</b>   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Mammary Gland   | +                     | M                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Skin<br>Fibrous Histiocytoma<br>Subcutaneous Tissue, Fibrosarcoma<br>Subcutaneous Tissue, Hemangiosarcoma | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Skin, Control<br>Subcutaneous Tissue, Fibrosarcoma  | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Skin, Site Of Application   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| <b>MUSCULOSKELETAL SYSTEM</b>   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Bone, Femur   | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |  |
| Skeletal Muscle<br>Rhabdomyosarcoma<br>Sarcoma, Metastatic, Uncertain Primary Site                        |                       |                       | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| <b>NERVOUS 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE<br>Untreat Female        | 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 |  | females<br>(cont...) |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|--|----------------------|
|   | 4           | 4 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |           |  |                      |
|   | 7           | 8 | 0 | 3 | 6 | 8 | 0 | 5 | 7 | 7 | 8 | 9 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 0         |  |                      |
|   | 7           | 3 | 4 | 3 | 9 | 1 | 9 | 0 | 1 | 2 | 9 | 8 | 9 | 0 | 3 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 0         |  |                      |
|   | 3           | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 3 | 0         |  |                      |
|   | 2           | 0 | 3 | 1 | 3 | 9 | 0 | 0 | 2 | 0 | 1 | 2 | 0 | 9 | 3 | 0 | 0 | 1 | 1 | 2 | 3 | 8 | 9 | 9 | 0 | 0         |  |                      |
|   | 7           | 8 | 6 | 8 | 2 | 3 | 4 | 2 | 0 | 7 | 9 | 6 | 5 | 4 | 0 | 1 | 9 | 3 | 7 | 5 | 1 | 9 | 5 | 9 | 3 | 0         |  |                      |
|   | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0         |  |                      |
| Brain, Brain Stem                           |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |  |                      |
| Brain, Cerebellum                           |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |  |                      |
| Brain, Cerebrum                             |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |  |                      |
| Nerve Trigeminal                            |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  |                      |
| Peripheral Nerve, Sciatic                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  |                      |
| Spinal Cord                                 |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  |                      |
| Sarcoma, Metastatic, Uncertain Primary Site |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  |                      |
| Spinal Cord, Cervical                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  |                      |
| Spinal Cord, Lumbar                         |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  |                      |
| Spinal Cord, Thoracic                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  |                      |
| <b>RESPIRATORY SYSTEM</b>                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  |                      |
| Lung  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |  |                      |
| Alveolar/Bronchiolar Adenoma                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  |                      |
| Hepatocellular Carcinoma, Metastatic, Liver |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  |                      |
| Sarcoma, Metastatic, Uncertain Primary Site |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  |                      |
| Nose  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |  |                      |
| Trachea                                     |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |  |                      |
| <b>SPECIAL SENSES SYSTEM</b>                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |  |                      |
| Eye   |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |           |  |                      |

\* .. 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





| B6C3F1 MICE FEMALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|--------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                    | 0727        | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 | 0727 |          |
| Untreat Female     | 0310        | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 0311 | 48       |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Gallbladder                                 | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Large, Cecum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hemangiosarcoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma                      |   |   |   | X |   |   |   |   |   | X |   |   |   |   | X | X |   |   | X |   | X | 11 |
| Hepatocellular Adenoma, Multiple            | X |   | X |   |   |   |   | X |   | X |   |   |   |   | X | X |   |   |   | X |   | 11 |
| Hepatocellular Carcinoma                    |   |   | X |   |   |   |   |   |   | X |   |   |   |   | X | X |   |   |   | X |   | 10 |
| Hepatocellular Carcinoma, Multiple          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Sarcoma, Metastatic, Uncertain Primary Site |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                                   |   | + | + |   | + |   |   | + |   |   |   |   | + |   |   |   |   |   | + |   | + | 14 |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Salivary Glands                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Stomach, Forestomach                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE<br>Untreat Female        | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |     |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-----|
|   | 077         | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   |          | 077 |
| ANIMAL ID                                   | 03101       | 03111 | 03121 | 03131 | 03141 | 03151 | 03161 | 03171 | 03181 | 03191 | 03201 | 03211 | 03221 | 03231 | 03241 | 03251 | 03261 | 03271 | 03281 | 03291 | 03301    |     |
| Squamous Cell Papilloma                     | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1   |
| Stomach, Glandular                          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| <b>CARDIOVASCULAR SYSTEM</b>                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |     |
| Blood Vessel                                | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| Heart                                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| Sarcoma, Metastatic, Uncertain Primary Site |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1   |
| <b>ENDOCRINE SYSTEM</b>                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |     |
| Adrenal Cortex                              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| Subcapsular, Adenoma                        |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2   |
| Adrenal Medulla                             | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +        | 47  |
| Pheochromocytoma Benign                     |             |       |       |       | X     |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          | 2   |
| Pheochromocytoma Malignant                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1   |
| Islets, Pancreatic                          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| Carcinoma                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1   |
| Parathyroid Gland                           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | M     | +     | M     | +     | +     | +     | +     | M     | +        | 43  |
| Pituitary Gland                             | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47  |
| Pars Distalis, Adenoma                      | X           |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |          | 2   |
| Thyroid Gland                               | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48  |
| Follicular Cell, Adenoma                    |             |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |          | 2   |

**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

Experiment Number: 03039 - 02

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/04/2020

Test Type: CHRONIC

Triclosan

Time Report Requested: 13:42:33

Route: Dermal

CAS Number: 3380-34-5

First Dose M/F: 09/11/13 / 09/11/13

Species/Strain: MICE/B6C3F1

Lab: NCTR

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|
| <b>B6C3F1 MICE FEMALE</b> | 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 | 7               |
| <b>Untreat Female</b>     | ANIMAL ID   | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                 |
|                           |             | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9               |
|                           |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                 |
|                           |             | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 |                 |
|                           |             | 1 | 1 | 2 | 2 | 3 | 9 | 9 | 1 | 2 | 2 | 2 | 3 | 9 | 9 | 0 | 0 | 1 | 1 | 1 | 2 | 3 |                 |
|                           |             | 0 | 4 | 1 | 8 | 3 | 0 | 6 | 1 | 2 | 4 | 9 | 4 | 1 | 7 | 0 | 6 | 2 | 5 | 6 | 3 | 5 |                 |
|                           |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                 |
|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |

Tissue NOS 1

**GENITAL SYSTEM**

Clitoral Gland 45

Ovary 48  
Cystadenoma 1  
Luteoma 2

Uterus 48  
Carcinoma 1  
Polyp Stromal 4  
Sarcoma, Metastatic, Uncertain Primary Site 1  
Sarcoma Stromal 1  
Schwannoma Malignant 1  
Endometrium, Adenocarcinoma 2  
Endometrium, Adenoma 1

**HEMATOPOIETIC SYSTEM**

Bone Marrow 48

Lymph Node 6  
Axillary, Sarcoma, Metastatic, Uncertain Primary Site 1  
Lumbar, Sarcoma, Metastatic, Uncertain Primary Site 1  
Renal, Sarcoma, Metastatic, Uncertain Primary Site 1

Lymph Node, Mandibular 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE  | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|   | 07          | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    | 07    |          | 07    |
| Untreat Female  | ANIMAL ID   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|   | 03101       | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 | 03101 |          | 03101 |
| Lymph Node, Mesenteric<br>Sarcoma, Metastatic, Uncertain Primary Site | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Spleen<br>Hemangiosarcoma   | +           | +     |       | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Thymus  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>INTEGUMENTARY SYSTEM</b>   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Mammary Gland   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46    |
| Skin<br>Fibrous Histiocytoma  | +           | +     | +     | +     | +     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 48    |
| Subcutaneous Tissue, Fibrosarcoma                                     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Subcutaneous Tissue, Hemangiosarcoma                                  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Skin, Control<br>Subcutaneous Tissue, Fibrosarcoma                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Skin, Site Of Application   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>MUSCULOSKELETAL SYSTEM</b>   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Bone, Femur   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Skeletal Muscle<br>Rhabdomyosarcoma                                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 3     |
| Sarcoma, Metastatic, Uncertain Primary Site                           |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| <b>NERVOUS 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: 03039 - 02  
 Test Type: CHRONIC  
 Route: Dermal  
 Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020  
 Time Report Requested: 13:42:33  
 First Dose M/F: 09/11/13 / 09/11/13  
 Lab: NCTR

| <b>B6C3F1 MICE FEMALE</b> | <b>Untreat Female</b> | 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 |
|---------------------------|-----------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                           |                       | 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 | 7 | 7 |
|                           |                       |             | 7 | 2 | 7 | 2 | 7 | 2 | 7 | 2 | 7 | 2 | 7 | 2 | 7 | 2 | 7 | 2 | 7 | 2 | 7 | 2 | 7 | 2 | 7 | 2 | 7 | 2 |
|                           |                       |             | 1 | 3 | 1 | 3 | 1 | 3 | 1 | 3 | 1 | 3 | 1 | 3 | 1 | 3 | 1 | 3 | 1 | 3 | 1 | 3 | 1 | 3 | 1 | 3 | 1 | 3 |
|                           |                       |             | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 1 |
|                           |                       |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| <b>* TOTALS</b>           |                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Brain, Brain Stem                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Brain, Cerebellum                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Brain, Cerebrum                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Nerve Trigeminal                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Peripheral Nerve, Sciatic                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Spinal Cord                                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Sarcoma, Metastatic, Uncertain Primary Site |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Spinal Cord, Cervical                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Spinal Cord, Lumbar                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Spinal Cord, Thoracic                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |          |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|----------|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |          |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | <b>3</b> |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | <b>1</b> |
| Sarcoma, Metastatic, Uncertain Primary Site |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           | <b>1</b> |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |          |
| Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |          |

**SPECIAL SENSES SYSTEM**

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Eye | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</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

| B6C3F1 MICE FEMALE<br><br>Untreat Female    | 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  |  |
|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------------|----|--|
|   | ANIMAL ID   | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7               | 7  |  |
|   |             | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2               | 3  |  |
|   |             | 7 | 7 | 7 | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9               | 0  |  |
|   |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0               | 0  |  |
|   |             | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 3 | 3 | 3 | 3 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3               | 2  |  |
|   |             | 1 | 1 | 2 | 2 | 3 | 9 | 9 | 1 | 2 | 2 | 2 | 3 | 9 | 9 | 0 | 0 | 1 | 1 | 1 | 2 | 3               | 9  |  |
|   |             | 0 | 4 | 1 | 8 | 3 | 0 | 6 | 1 | 2 | 4 | 9 | 4 | 1 | 7 | 0 | 6 | 2 | 5 | 6 | 3 | 5               | 2  |  |
|   |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1               | 1  |  |
|   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>* TOTALS</b> |    |  |
| Melanoma Malignant                          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1               |    |  |
| Harderian Gland                             | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +               | 48 |  |
| Adenocarcinoma                              |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2               |    |  |
| Adenoma                                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2               |    |  |
| <b>URINARY SYSTEM</b>                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |    |  |
| Kidney                                      | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +               | 48 |  |
| Sarcoma, Metastatic, Uncertain Primary Site |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1               |    |  |
| Urinary Bladder                             | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +               | 48 |  |
| <b>SYSTEMIC LESIONS</b>                     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                 |    |  |
| Multiple Organ                              | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +               | 48 |  |
| Lymphoma Malignant                          |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6               |    |  |

\* .. 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

|                           |                       |           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|-----------------------|-----------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE FEMALE</b> | 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         | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                           |                       | 0         | 2 | 8 | 8 | 9 | 4 | 8 | 8 | 7 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                           |                       | 5         | 6 | 2 | 4 | 9 | 5 | 0 | 1 | 8 | 2 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
|                           | <b>Tri 5.8 Female</b> | ANIMAL ID | 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 | 3 | 4 | 3 | 3 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 |   |
|                           |                       | 2         | 1 | 3 | 1 | 1 | 2 | 0 | 9 | 2 | 9 | 9 | 0 | 0 | 0 | 1 | 2 | 2 | 8 | 8 | 9 | 0 | 1 |   |
|                           |                       | 7         | 4 | 2 | 3 | 8 | 9 | 8 | 6 | 8 | 8 | 2 | 0 | 4 | 9 | 5 | 1 | 5 | 5 | 9 | 9 | 3 | 7 |   |
|                           |                       | 1         | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |

females (cont...)

ALIMENTARY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Gallbladder                                 | A | + | + | M | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Intestine Large, Cecum<br>Leiomyosarcoma    | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | X |   |
| 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                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Hepatocellular Adenoma                      |   |   |   |   |   |   | X | X |   |   |   | X |   |   | X |   |   |   |   |   |   |   |   |   |
| Hepatocellular Adenoma, Multiple            |   |   |   |   |   |   |   |   | X | X | X |   |   |   |   |   |   |   | X |   |   | X |   |   |
| Hepatocellular Carcinoma                    |   |   |   | X | X |   |   |   | X | X |   |   |   |   | X |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Multiple          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |
| Hepatocholangiocarcinoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + | + | + | + |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |
| Salivary Glands                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
+ .. Tissue examined microscopically  
X .. Lesion present  
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Experiment Number: 03039 - 02

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Route: Dermal

Species/Strain: MICE/B6C3F1

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Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...) |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|                    | 0<br>0<br>0<br>5      | 0<br>4<br>2<br>6      | 0<br>4<br>8<br>2      | 0<br>4<br>8<br>4      | 0<br>4<br>9<br>5      | 0<br>5<br>4<br>0      | 0<br>5<br>8<br>1      | 0<br>5<br>8<br>8      | 0<br>6<br>7<br>2      | 0<br>7<br>0<br>5      | 0<br>7<br>0<br>6      | 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>2<br>6      | 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>2<br>6      | 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>2<br>6      |                       |                      |
| Tri 5.8 Female     | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                    | 0<br>4<br>2<br>7<br>1 | 0<br>4<br>1<br>4<br>1 | 0<br>4<br>3<br>2<br>1 | 0<br>4<br>1<br>3<br>8 | 0<br>4<br>1<br>1<br>8 | 0<br>4<br>2<br>9<br>8 | 0<br>4<br>0<br>8<br>1 | 0<br>3<br>9<br>6<br>1 | 0<br>4<br>2<br>8<br>1 | 0<br>3<br>9<br>8<br>1 | 0<br>3<br>9<br>8<br>1 | 0<br>3<br>9<br>2<br>1 | 0<br>3<br>9<br>0<br>1 | 0<br>4<br>0<br>4<br>1 | 0<br>4<br>0<br>9<br>1 | 0<br>4<br>1<br>5<br>1 | 0<br>4<br>2<br>5<br>1 | 0<br>3<br>8<br>9<br>1 | 0<br>3<br>9<br>9<br>1 | 0<br>4<br>0<br>3<br>1 | 0<br>4<br>0<br>7<br>1 | 0<br>4<br>1<br>9<br>1 | 0<br>4<br>1<br>6<br>1 | 0<br>4<br>1<br>2<br>1 |                      |

|                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Stomach, Forestomach | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Stomach, Glandular   | A | + | + | A | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

CARDIOVASCULAR SYSTEM

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

ENDOCRINE SYSTEM

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

GENERAL BODY SYSTEM

NONE

GENITAL SYSTEM

|                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | M | + |
|----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

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

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Experiment Number: 03039 - 02

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P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE | 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           | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |  |                      |
|                    | 0           | 2 | 8 | 8 | 9 | 4 | 8 | 8 | 7 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |  |                      |
|                    | 5           | 6 | 2 | 4 | 9 | 5 | 0 | 1 | 8 | 2 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |  |                      |
| Tri 5.8 Female     | 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 |  |                      |
|                    | 4           | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 4 | 4 | 4 |  |                      |
|                    | 2           | 1 | 3 | 1 | 1 | 2 | 0 | 9 | 2 | 9 | 9 | 0 | 0 | 0 | 1 | 2 | 2 | 8 | 8 | 9 | 0 | 0 | 1 |  |                      |
|                    | 7           | 4 | 2 | 3 | 8 | 9 | 8 | 6 | 8 | 8 | 2 | 0 | 4 | 9 | 5 | 1 | 5 | 5 | 9 | 9 | 3 | 7 | 0 |  |                      |
|                    | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |  |                      |

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Ovary           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cystadenoma     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Polyp Stromal   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Sarcoma Stromal |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |

HEMATOPOIETIC SYSTEM

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

INTEGUMENTARY SYSTEM

|                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Basosquamous Tumor Malignant |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Fibrous Histiocytoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |
| Skin, Control                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

|                           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>B6C3F1 MICE FEMALE</b> | 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 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
|                           |             | 0 | 2 | 8 | 8 | 9 | 4 | 8 | 8 | 7 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
|                           |             | 5 | 6 | 2 | 4 | 9 | 5 | 0 | 1 | 8 | 2 | 5 | 6 | 6 | 6 | 6 | 6 | 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 |
|                           | 4           | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 | 4 | 4 | 4 | 4 |   |
|                           | 2           | 1 | 3 | 1 | 1 | 2 | 0 | 9 | 2 | 9 | 9 | 0 | 0 | 0 | 1 | 2 | 8 | 8 | 9 | 0 | 0 | 1 | 1 |   |
|                           | 7           | 4 | 2 | 3 | 8 | 9 | 8 | 6 | 8 | 8 | 2 | 0 | 4 | 9 | 5 | 1 | 5 | 5 | 9 | 9 | 3 | 7 | 0 |   |
|                           | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |

females (cont...)

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Skin, Site Of Application | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

MUSCULOSKELETAL SYSTEM

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Cranium, Osteosarcoma |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Bone, Femur           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

NERVOUS SYSTEM

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Brain, Brain Stem              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Brain, Cerebellum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Osteosarcoma, Metastatic, Bone |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Brain, Cerebrum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

RESPIRATORY SYSTEM

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   | X |   |   |   |   | X | X |   | X |   |   |   |   |   |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

SPECIAL SENSES SYSTEM

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eye | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan  
CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE | DAY ON TEST | ANIMAL ID |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | females<br>(cont...) |     |
|--------------------|-------------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------------------|-----|
|                    |             | 005       | 006 | 008 | 009 | 005 | 008 | 001 | 008 | 002 | 005 | 006 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 | 007 |                      | 007 |
| Tri 5.8 Female     | 005         | 0         | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0                    |     |
|                    | 006         | 4         | 4   | 4   | 4   | 4   | 4   | 3   | 4   | 3   | 3   | 4   | 4   | 4   | 4   | 3   | 3   | 4   | 3   | 3   | 4   | 4                    |     |
|                    | 008         | 2         | 1   | 3   | 1   | 1   | 2   | 0   | 9   | 2   | 9   | 9   | 0   | 0   | 0   | 1   | 2   | 2   | 8   | 8   | 9   | 0                    |     |
|                    | 009         | 5         | 6   | 2   | 4   | 9   | 5   | 0   | 1   | 8   | 2   | 5   | 6   | 6   | 6   | 6   | 6   | 6   | 7   | 7   | 7   | 7                    |     |
|                    | 007         | 4         | 4   | 2   | 3   | 8   | 9   | 8   | 6   | 8   | 8   | 2   | 0   | 4   | 9   | 5   | 1   | 5   | 5   | 9   | 9   | 3                    |     |

|                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Harderian Gland | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Adenoma         |   |   |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |

**URINARY SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kidney                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Urinary Bladder                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

**SYSTEMIC LESIONS**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Multiple Organ        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Histiocytic Sarcoma   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Leukemia Granulocytic |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Lymphoma Malignant    |   |   |   |   |   |   |   |   |   |   |   |   | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

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First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE | DAY ON TEST |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      | * TOTALS |
|--------------------|-------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|
|                    | 0727        | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 | 0728 |          |
| Tri 5.8 Female     | 0461        | 0386 | 0390 | 0335 | 0342 | 0344 | 0344 | 0301 | 0311 | 0317 | 0307 | 0307 | 0307 | 0307 | 0307 | 0307 | 0307 | 0307 | 0307 | 0307 | 0307 | 0307     |
|                    | 11          | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11   | 11       |
|                    |             |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |          |

**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |
| Gallbladder                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |
| Intestine Large, Cecum<br>Leiomyosarcoma    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45<br>1 |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 45      |
| Liver                                       | + | + |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |
| Hepatocellular Adenoma                      |   |   |   | X | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   | X | X |   | 9       |
| Hepatocellular Adenoma, Multiple            | X |   |   |   |   |   |   |   |   |   | X | X |   |   | X |   |   |   |   |   |   |   | 9       |
| Hepatocellular Carcinoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   | 6       |
| Hepatocellular Carcinoma, Multiple          |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2       |
| Hepatocholangiocarcinoma                    | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Mesentery                                   | + |   | + |   |   | + |   |   |   |   |   |   |   | + |   |   |   |   |   |   |   |   | 8       |
| Hepatocholangiocarcinoma, Metastatic, Liver | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1       |
| Pancreas                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |
| Salivary Glands                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48      |

\* .. 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: 03039 - 02

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

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Lab: NCTR

| B6C3F1 MICE FEMALE           | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |                       |                       |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|-----------------------|-----------------------|
|                              | 0<br>7<br>2<br>7      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      | 0<br>7<br>2<br>8      |          | 0<br>7<br>2<br>8      |                       |
| Tri 5.8 Female               | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |                       |                       |
| 0<br>4<br>2<br>6<br>1        | 0<br>3<br>8<br>6<br>1 | 0<br>3<br>9<br>0<br>3 | 0<br>3<br>9<br>3<br>5 | 0<br>3<br>9<br>2<br>1 | 0<br>4<br>0<br>6<br>1 | 0<br>4<br>0<br>1<br>7 | 0<br>4<br>1<br>6<br>1 | 0<br>4<br>1<br>7<br>1 | 0<br>4<br>1<br>7<br>1 | 0<br>4<br>2<br>0<br>1 | 0<br>4<br>2<br>3<br>0 | 0<br>4<br>3<br>0<br>7 | 0<br>4<br>3<br>7<br>1 | 0<br>3<br>8<br>1<br>7 | 0<br>3<br>9<br>1<br>7 | 0<br>4<br>0<br>5<br>1 | 0<br>4<br>1<br>2<br>2 | 0<br>4<br>1<br>9<br>4 | 0<br>4<br>2<br>4<br>1 | 0<br>3<br>3<br>1<br>1 |          | 0<br>3<br>8<br>8<br>1 | 0<br>3<br>9<br>4<br>1 |
| Stomach, Forestomach         | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 48                    |                       |
| Stomach, Glandular           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 45                    |                       |
| <b>CARDIOVASCULAR SYSTEM</b> |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |                       |                       |
| Blood Vessel                 | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 48                    |                       |
| Heart                        | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 48                    |                       |
| <b>ENDOCRINE SYSTEM</b>      |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |                       |                       |
| Adrenal Cortex               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 48                    |                       |
| Adrenal Medulla              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 48                    |                       |
| Islets, Pancreatic           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 48                    |                       |
| Parathyroid Gland            | +                     | +                     | M                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 45                    |                       |
| Pituitary Gland              | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 46                    |                       |
| Pars Distalis, Adenoma       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 2                     |                       |
| Thyroid Gland                | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | 48                    |                       |
| <b>GENERAL BODY SYSTEM</b>   |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |                       |                       |
| NONE                         |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |                       |                       |
| <b>GENITAL SYSTEM</b>        |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |                       |                       |
| Clitoral Gland               | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +        | M                     | 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

| B6C3F1 MICE FEMALE           | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|                              | 0727        | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  | 0728  |          | 0728  |
| Tri 5.8 Female               | ANIMAL ID   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
| 04261                        | 04386       | 04390 | 04393 | 04395 | 04400 | 04404 | 04404 | 04411 | 04411 | 04412 | 04413 | 04413 | 04413 | 04413 | 04413 | 04413 | 04413 | 04413 | 04413 | 04413 |          | 04413 |
| Ovary                        | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Cystadenoma                  |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Uterus                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Polyp Stromal                |             |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Sarcoma Stromal              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| <b>HEMATOPOIETIC SYSTEM</b>  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Bone Marrow                  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Lymph Node                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2     |
| Lymph Node, Mandibular       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Lymph Node, Mesenteric       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46    |
| Spleen                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Hemangiosarcoma              |             |       |       | X     |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Thymus                       | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>INTEGUMENTARY SYSTEM</b>  |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Mammary Gland                | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47    |
| Skin                         | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Basosquamous Tumor Malignant |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Fibrous Histiocytoma         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Skin, Control                | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

|                    |  | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|--------------------|--|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DAY ON TEST        |  | 7               | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |
|                    |  | 2               | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 3 |   |
|                    |  | 7               | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 | 0 |   |
| B6C3F1 MICE FEMALE |  |                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Tri 5.8 Female     |  | 0               | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
| ANIMAL ID          |  | 4               | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 3 | 3 |   |
|                    |  | 2               | 8 | 9 | 9 | 9 | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 8 | 9 | 9 | 0 | 0 | 1 | 1 | 2 | 3 | 8 | 9 |
|                    |  | 6               | 6 | 0 | 3 | 5 | 2 | 6 | 1 | 7 | 0 | 3 | 0 | 7 | 1 | 7 | 1 | 5 | 2 | 9 | 4 | 1 | 8 | 4 |
|                    |  | 1               | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|                    |  | <b>* TOTALS</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Skin, Site Of Application | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
|---------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|

**MUSCULOSKELETAL SYSTEM**

|                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Bone                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Cranium, Osteosarcoma |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Bone, Femur           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |

**NERVOUS SYSTEM**

|                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Brain, Brain Stem              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Brain, Cerebellum              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Osteosarcoma, Metastatic, Bone |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Brain, Cerebrum                | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |

**RESPIRATORY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Lung  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Alveolar/Bronchiolar Adenoma                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>4</b>  |
| Alveolar/Bronchiolar Carcinoma              |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>2</b>  |
| Hepatocholangiocarcinoma, Metastatic, Liver | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | <b>1</b>  |
| Nose  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |
| Trachea                                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>48</b> |

**SPECIAL SENSES SYSTEM**

|     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |           |
|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-----------|
| Eye | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | <b>45</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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE                 | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         | * TOTALS |
|------------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|----------|
|                                    | 077         | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   |         |          |
| Tri 5.8 Female                     | ANIMAL ID   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |          |
|                                    | 04261       | 04386 | 04390 | 04393 | 04399 | 04400 | 04441 | 04444 | 04444 | 04444 | 04444 | 04444 | 04444 | 04444 | 04444 | 04444 | 04444 | 04444 | 04444 | 04444 | 04444 | 04444 | 04444 |         |          |
| Harderian Gland Adenoma            | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48<br>4 |          |
| <b>URINARY SYSTEM</b>              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |          |
| Kidney                             | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48      |          |
| Hepatocarcinoma, Metastatic, Liver | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1       |          |
| Urinary Bladder                    | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48      |          |
| <b>SYSTEMIC LESIONS</b>            |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |         |          |
| Multiple Organ                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | 48      |          |
| Histiocytic Sarcoma                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 1       |          |
| Leukemia Granulocytic              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | 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

| B6C3F1 MICE FEMALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...) |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|                    | 0<br>4<br>7<br>5      | 0<br>4<br>9<br>8      | 0<br>5<br>1<br>3      | 0<br>5<br>5<br>6      | 0<br>6<br>0<br>4      | 0<br>6<br>2<br>6      | 0<br>6<br>2<br>9      | 0<br>6<br>4<br>3      | 0<br>6<br>6<br>3      | 0<br>6<br>8<br>5      | 0<br>6<br>9<br>6      | 0<br>7<br>1<br>4      | 0<br>7<br>1<br>5      | 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>2<br>6      | 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>2<br>6      | 0<br>7<br>2<br>6      |                       |                      |
| Tri 12.5Female     | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                    | 0<br>5<br>1<br>4<br>1 | 0<br>4<br>9<br>4<br>1 | 0<br>4<br>9<br>6<br>1 | 0<br>5<br>2<br>6<br>1 | 0<br>5<br>1<br>3<br>1 | 0<br>5<br>0<br>9<br>1 | 0<br>5<br>1<br>6<br>1 | 0<br>5<br>0<br>8<br>1 | 0<br>4<br>8<br>5<br>1 | 0<br>4<br>8<br>9<br>1 | 0<br>5<br>1<br>5<br>1 | 0<br>4<br>9<br>2<br>1 | 0<br>4<br>9<br>3<br>1 | 0<br>4<br>9<br>0<br>1 | 0<br>5<br>1<br>9<br>1 | 0<br>4<br>9<br>3<br>1 | 0<br>5<br>0<br>0<br>1 | 0<br>5<br>1<br>2<br>1 | 0<br>5<br>5<br>2<br>1 | 0<br>4<br>2<br>8<br>1 | 0<br>4<br>9<br>5<br>1 | 0<br>5<br>0<br>6<br>1 | 0<br>5<br>0<br>5<br>1 |                      |

ALIMENTARY SYSTEM

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

\* .. Total animals with tissue examined microscopically; Total animals with tumor  
 + .. Tissue examined microscopically  
 X .. Lesion present  
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CAS Number: 3380-34-5

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First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE | DAY ON TEST           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | females<br>(cont...) |
|--------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|                    | 0<br>4<br>7<br>5      | 0<br>4<br>9<br>8      | 0<br>5<br>1<br>3      | 0<br>5<br>5<br>6      | 0<br>6<br>0<br>4      | 0<br>6<br>2<br>6      | 0<br>6<br>2<br>9      | 0<br>6<br>4<br>3      | 0<br>6<br>6<br>5      | 0<br>6<br>8<br>3      | 0<br>6<br>9<br>6      | 0<br>7<br>1<br>4      | 0<br>7<br>1<br>5      | 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>2<br>6      | 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>2<br>6      | 0<br>7<br>2<br>6      | 0<br>7<br>2<br>6      |                       |                      |
| Tri 12.5Female     | ANIMAL ID             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                      |
|                    | 0<br>5<br>1<br>4<br>1 | 0<br>4<br>9<br>4<br>1 | 0<br>4<br>9<br>6<br>1 | 0<br>5<br>2<br>6<br>1 | 0<br>5<br>1<br>3<br>1 | 0<br>5<br>0<br>9<br>1 | 0<br>5<br>1<br>6<br>1 | 0<br>5<br>0<br>8<br>1 | 0<br>4<br>8<br>5<br>1 | 0<br>4<br>8<br>9<br>1 | 0<br>5<br>1<br>5<br>1 | 0<br>4<br>1<br>2<br>1 | 0<br>4<br>9<br>9<br>1 | 0<br>4<br>9<br>0<br>1 | 0<br>5<br>0<br>5<br>1 | 0<br>5<br>1<br>7<br>1 | 0<br>5<br>5<br>1<br>1 | 0<br>4<br>2<br>8<br>1 | 0<br>4<br>8<br>6<br>1 | 0<br>4<br>9<br>5<br>1 | 0<br>5<br>0<br>0<br>1 | 0<br>5<br>5<br>1<br>1 | 0<br>4<br>8<br>6<br>1 | 0<br>4<br>9<br>5<br>1 |                      |

Stomach, Glandular

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

Tongue

CARDIOVASCULAR SYSTEM

Blood Vessel

+ +

Heart

+ +

ENDOCRINE SYSTEM

Adrenal Cortex

+ +

Adrenal Medulla  
Pheochromocytoma Malignant

+ +

Islets, Pancreatic  
Adenoma

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

Parathyroid Gland

+ + M + + + + + + + + + + + + + + M M + + + + +

Pituitary Gland  
Pars Distalis, Adenoma  
Pars Intermedia, Adenoma

+ + + + + + + + + + + + + + M + + + + + + + M

Thyroid Gland

+ +

GENERAL BODY SYSTEM

Tissue NOS

GENITAL 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE<br>Tri 12.5Female | 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 | females<br>(cont...) |
|--------------------------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|                                      | ANIMAL ID   | 4 | 4 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |                      |
|                                      |             | 7 | 9 | 1 | 5 | 0 | 2 | 2 | 4 | 6 | 8 | 9 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |                      |
|                                      |             | 5 | 8 | 3 | 6 | 4 | 6 | 9 | 3 | 3 | 5 | 6 | 4 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 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 |                      |
|                                      |             | 5 | 4 | 4 | 5 | 5 | 5 | 5 | 4 | 4 | 5 | 5 | 4 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 4 | 4 | 4 | 5 | 5 |                      |
|                                      |             | 1 | 9 | 9 | 2 | 1 | 0 | 1 | 0 | 8 | 8 | 1 | 1 | 9 | 9 | 0 | 0 | 1 | 2 | 8 | 8 | 9 | 0 | 0 | 0 |                      |
|                                      |             | 4 | 4 | 6 | 6 | 3 | 9 | 6 | 8 | 5 | 9 | 5 | 2 | 8 | 3 | 9 | 3 | 5 | 7 | 1 | 6 | 5 | 0 | 0 | 4 |                      |
|                                      |             | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |                      |

|                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clitoral Gland     | + | M | M | + | + | + | + | + | + | M | + | + | + | + | + | M | + | + | + | + | + | + | + | + |
| Ovary              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Cystadenocarcinoma |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Uterus             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangioma         |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Polyp Stromal      |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

HEMATOPOIETIC SYSTEM

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

INTEGUMENTARY SYSTEM

|                                   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland                     | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Skin                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Subcutaneous Tissue, Fibrosarcoma |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |
| Subcutaneous Tissue, Osteoma      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Skin, Control                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. 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: 03039 - 02

Test Type: CHRONIC

Route: Dermal

Species/Strain: MICE/B6C3F1

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE                          | 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 |   |                      |
| Tri 12.5Female                              | 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 |                      |
| 4   | 4           | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |                      |
| 7   | 9           | 1 | 5 | 0 | 2 | 2 | 4 | 6 | 8 | 9 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |   |                      |
| 5   | 8           | 3 | 6 | 4 | 6 | 9 | 3 | 3 | 5 | 6 | 4 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 |   |                      |
| 5   | 4           | 4 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 5 | 5 | 4 | 4 | 4 | 5 | 5 | 5 | 5 | 4 | 4 | 4 | 5 | 5 |   |                      |
| 1   | 9           | 9 | 2 | 1 | 0 | 1 | 0 | 8 | 8 | 1 | 1 | 9 | 9 | 9 | 0 | 0 | 1 | 2 | 2 | 8 | 8 | 9 | 0 |   |                      |
| 4   | 4           | 6 | 6 | 3 | 9 | 6 | 8 | 5 | 9 | 5 | 2 | 8 | 3 | 9 | 3 | 5 | 7 | 1 | 5 | 1 | 6 | 5 | 0 |   |                      |
| 1   | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |   |                      |
| Skin, Site Of Application                   | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| <b>MUSCULOSKELETAL SYSTEM</b>               |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Bone, Femur                                 | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| <b>NERVOUS SYSTEM</b>                       |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Brain, Brain Stem                           | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| Brain, Cerebellum                           | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| Brain, Cerebrum                             | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| <b>RESPIRATORY SYSTEM</b>                   |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Lung  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| Alveolar/Bronchiolar Adenoma                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Alveolar/Bronchiolar Carcinoma              |             |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Hepatocellular Carcinoma, Metastatic, Liver | X           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Nose  | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| Trachea                                     | +           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| <b>SPECIAL SENSES SYSTEM</b>                |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                      |
| Eye   | +           | A | + | + | + | + | + | + | + | + | + | A | + | + | + | + | + | + | + | + | + | + | + |   |                      |
| Harderian Gland Adenoma                     | M           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 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  
A .. Autolysis precludes evaluation  
BLANK .. Not examined microscopically

Experiment Number: 03039 - 02

P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)

Date Report Requested: 12/04/2020

Test Type: CHRONIC

Triclosan

Time Report Requested: 13:42:33

Route: Dermal

CAS Number: 3380-34-5

First Dose M/F: 09/11/13 / 09/11/13

Species/Strain: MICE/B6C3F1

Lab: NCTR

| B6C3F1 MICE FEMALE      | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  | females<br>(cont...) |
|-------------------------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|----------------------|
|                         | 04          | 04 | 05 | 05 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 06 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |  |                      |
| Tri 12.5Female          | 05          | 04 | 04 | 05 | 05 | 05 | 05 | 05 | 04 | 04 | 05 | 05 | 04 | 04 | 04 | 05 | 05 | 05 | 05 | 04 | 04 | 04 | 05 | 05 |  |                      |
|                         | 19          | 9  | 9  | 2  | 1  | 0  | 1  | 0  | 8  | 8  | 1  | 1  | 9  | 9  | 9  | 0  | 0  | 1  | 2  | 2  | 8  | 8  | 9  | 0  |  |                      |
|                         | 44          | 4  | 6  | 6  | 3  | 9  | 6  | 8  | 5  | 9  | 5  | 2  | 8  | 3  | 9  | 3  | 5  | 7  | 1  | 5  | 1  | 6  | 5  | 0  |  |                      |
|                         | 11          | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  |  |                      |
| Kidney                  | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |                      |
| Adenoma                 |             |    |    |    |    |    |    |    |    |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |  |                      |
| Urinary Bladder         | +           | A  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |                      |
| <b>SYSTEMIC LESIONS</b> |             |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |                      |
| Multiple Organ          | +           | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  | +  |  |                      |
| Histiocytic Sarcoma     |             |    |    |    |    |    |    |    |    |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |  |                      |
| Leukemia Erythrocytic   |             |    |    |    |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |                      |
| Lymphoma Malignant      |             |    |    | X  |    | X  |    |    |    |    |    |    | X  | X  |    |    |    | X  |    |    | X  |    |    |    |  |                      |

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+ .. Tissue examined microscopically  
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**P17: NEOPLASMS BY INDIVIDUAL ANIMAL (SYSTEMIC LESIONS ABRIDGED)**

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|--------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|                    | 0727        | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  |          |
| Tri 12.5Female     | ANIMAL ID   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |
|                    | 05061       | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061    |
|                    | 01          | 01    | 01    | 01    | 01    | 01    | 01    | 01    | 01    | 01    | 01    | 01    | 01    | 01    | 01    | 01    | 01    | 01    | 01    | 01    | 01       |

**ALIMENTARY SYSTEM**

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Gallbladder                      | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 44 |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Duodenum        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 46 |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Hepatocellular Adenoma           |   |   | X | X |   | X | X |   |   |   |   |   | X |   |   | X | X |   |   |   |   | 12 |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   | X |   |   |   | X |   | X |   |   |   |   |   | 5  |
| Hepatocellular Carcinoma         |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   | X |   | 7  |
| Mesentery                        |   | + |   |   | + |   |   |   | + |   |   |   |   |   |   |   |   | + |   |   |   | 6  |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Salivary Glands                  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Stomach, Forestomach             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Squamous Cell Papilloma          |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |

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Route: Dermal

Species/Strain: MICE/B6C3F1

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

Triclosan

CAS Number: 3380-34-5

Date Report Requested: 12/04/2020

Time Report Requested: 13:42:33

First Dose M/F: 09/11/13 / 09/11/13

Lab: NCTR

| B6C3F1 MICE FEMALE           | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|------------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|                              | 077         | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   |          | 077   |
| Tri 12.5Female               | ANIMAL ID   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
| 05061                        | 05061       | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 |          | 05061 |
| Stomach, Glandular           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46    |
| Tongue                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | +        | 1     |
| <b>CARDIOVASCULAR SYSTEM</b> |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Blood Vessel                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Heart                        | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>ENDOCRINE SYSTEM</b>      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Adrenal Cortex               | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Adrenal Medulla              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Pheochromocytoma Malignant   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X        | 1     |
| Islets, Pancreatic           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Adenoma                      |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X        | 3     |
| Parathyroid Gland            | +           | M     | +     | +     | +     | +     | M     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 43    |
| Pituitary Gland              | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46    |
| Pars Distalis, Adenoma       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X        | 1     |
| Pars Intermedia, Adenoma     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X        | 1     |
| Thyroid Gland                | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>GENERAL BODY SYSTEM</b>   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Tissue NOS                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | +        | 1     |
| <b>GENITAL 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



| B6C3F1 MICE FEMALE<br>Tri 12.5Female  | 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            | * 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 | 7            |          |
| Clitoral Gland                        |             | + | + | + | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | 43           |          |
| Ovary<br>Cystadenocarcinoma           |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48<br>1      |          |
| Uterus<br>Hemangioma<br>Polyp Stromal |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48<br>1<br>1 |          |
| <b>HEMATOPOIETIC SYSTEM</b>           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |              |          |
| Bone Marrow                           |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48           |          |
| Lymph Node                            |             |   | + |   |   |   |   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6            |          |
| Lymph Node, Mandibular                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47           |          |
| Lymph Node, Mesenteric                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48           |          |
| Spleen                                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48           |          |
| Thymus                                |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48           |          |
| <b>INTEGUMENTARY SYSTEM</b>           |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |              |          |
| Mammary Gland                         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47           |          |
| Skin                                  |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48           |          |
| Subcutaneous Tissue, Fibrosarcoma     |             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1            |          |
| Subcutaneous Tissue, Osteoma          |             |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   | 1            |          |
| Skin, Control                         |             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48           |          |

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Experiment Number: 03039 - 02

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Triclosan

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| B6C3F1 MICE FEMALE                          | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|---|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|   | 0727        | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  | 0727  |          | 0727  |
| Tri 12.5Female                              | ANIMAL ID   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
| 05061                                       | 05061       | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 |          | 05061 |
| Skin, Site Of Application                   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>MUSCULOSKELETAL SYSTEM</b>               |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Bone, Femur                                 | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>NERVOUS SYSTEM</b>                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Brain, Brain Stem                           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Brain, Cerebellum                           | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Brain, Cerebrum                             | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>RESPIRATORY SYSTEM</b>                   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Lung  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Alveolar/Bronchiolar Adenoma                |             |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       |       |       |       |       |          | 1     |
| Alveolar/Bronchiolar Carcinoma              |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Hepatocellular Carcinoma, Metastatic, Liver |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |          | 2     |
| Nose  | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Trachea                                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| <b>SPECIAL SENSES SYSTEM</b>                |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Eye   | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 46    |
| Harderian Gland Adenoma                     | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | X        | 47    |
|   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 2     |
| <b>URINARY SYSTEM</b>                       |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |

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| B6C3F1 MICE FEMALE      | DAY ON TEST |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
|-------------------------|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|-------|
|                         | 077         | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   | 077   |          | 077   |
| Tri 12.5Female          | ANIMAL ID   |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |       |
| 05061                   | 05061       | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 | 05061 |          | 05061 |
| Kidney Adenoma          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
|                         |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Urinary Bladder         | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 47    |
| <b>SYSTEMIC LESIONS</b> |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          |       |
| Multiple Organ          | +           | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +     | +        | 48    |
| Histiocytic Sarcoma     |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Leukemia Erythrocytic   |             |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |          | 1     |
| Lymphoma Malignant      | X           |       |       |       |       |       |       |       |       |       |       |       |       |       |       | X     |       |       | X     |       |          | 9     |

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

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