

Chemically Induced Preneoplastic Lesions in Rodents as Indicators of Carcinogenic Activity

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Introduction

One of the earliest reports of chemically induced neoplasia — liver cancer induced in rats by *ortho*-aminoazotoluene by Sasaki and Yoshida (1935) — described foci of abnormal hepatocytes which preceded the occurrence of liver tumours. Subsequently, similar observations of preneoplastic lesions were made in other tissues, notably skin and mammary gland. In 1969, Foulds, in a classic treatise, compiled extensive evidence that the evolution of cancer is a multistep process involving antecedent preneoplastic lesions. Later reviews extended information on the pathogenesis of chemically induced cancer in experimental animals (Berenblum, 1974; Farber & Cameron, 1980).

On the basis of the concept that preneoplastic lesions are predictive of later cancer development, investigators have used preneoplastic or early neoplastic lesions in various tissues as end-points in studying the carcinogenic activity of chemicals (Weisburger & Williams, 1984; Bannasch, 1986a,b; Montesano *et al.*, 1986). In order that a lesion be a valid indicator of carcinogenic activity, it must be shown to be composed of an abnormal population of cells that are precursors of neoplasms. This review summarizes the evidence for the reliability of induction of preneoplastic lesions in various organs in rodents as indicators of carcinogenic activity. The order in which the organs are presented roughly follows the extent of evidence for (i) the availability and reliability of preneoplastic lesions as surrogates for tumours and (ii) the application of those surrogates.

A number of biochemical and biological properties can be considered to provide evidence for the preneoplastic nature of lesions. The availability of

data on such lesions for each organ is summarized in Table 1.

Preneoplastic lesions in the liver

Study of experimental liver carcinogenesis began with the report by Sasaki and Yoshida (1935) of the induction of hepatocellular cancer in rats by *ortho*-aminoazotoluene. Subsequent research extended their observation that the evolution of chemically induced hepatocellular cancer in rodents is a multistep process which proceeds through distinctive stages (Firminger, 1955; Daoust & Molnar, 1964; Reuber, 1965; Bannasch, 1968; Kitagawa, 1971; Farber, 1973; Williams, 1976; Pitot *et al.*, 1978). Other liver neoplasms, such as cholangiocarcinomas and hepatoblastomas, are produced by chemicals, but their pathogenesis have not been as thoroughly studied.

Hepatocellular altered foci (HAF), or hyperplastic foci, are lesions that occur early in hepatocarcinogenesis (Firminger, 1955; Reuber, 1965; Bannasch, 1968; Daoust & Calamai, 1971; Kitigawa, 1971) and are generally accepted to be a progenitor of subsequent lesions (Bannasch, 1986a; Williams, 1989; Pitot, 1990), including the more advanced hyperplastic nodule (Kitigawa, 1971; Farber, 1973; Becker, 1976). HAF are composed of hepatocyte-like cells of inconstant size, morphology and cytoplasmic, nuclear and nucleolar staining reactions; nucleoli are often prominent. The composition of the cells in each focus is fairly uniform, and they have clear, eosinophilic or basophilic (tigroid) cytoplasm (Stewart *et al.*, 1980; Bannasch & Zerbán, 1990). The cells of HAF are arranged in plates that are little altered from normal and merge with those of the surrounding parenchyma without compression. An indication of their abnormal

Table 1. Evidence for the preneoplastic nature of chemically induced lesions

Evidence	Liver (HAF)	Skin (EH/EP)	Lung (AD)	Mammary gland (HAN)	Colon (ACF)	Kidney (ATH)	Pancreas (AACF)
Similarity of morphological and biochemical changes to those in tumours	+	+	+	+	+	+	+
Genetic alterations	+	NR	+	NR	+	NR	+
Appearance before experimentally induced tumours	+	+	+	+	+	+	+
Persistence after cessation of exposure to carcinogen	+/- ^a	+/- ^a	+	+	+	+	+
Transition into neoplasms	+	+	+	+	NR	+	+
Transplantability	-	+	+	+	NR	NR	NR
Correlation with tumours	+	+	+	+	+/-	+	+
Response to promoters	+	+	+	+	+	NR	NR

HAF, hepatocellular altered focus; EH, epidermal hyperplasia; EP, epithelial papilloma; AD, adenoma; HAN, hyperplastic alveolar nodule; ACF, aberrant crypt focus; ATH, atypical tubule hyperplasia; AACF, atypical acinar-cell focus; NR, not reported

^a Some undergo regression.

cellular function is a deficit of fibronectin (Maruyama *et al.*, 1988). Hyperplastic nodules or adenomas are larger lesions composed of similar cells. In contrast to HAF, they compress the surrounding parenchyma (Stewart *et al.*, 1980; Bannasch & Zerban, 1990).

1. The cellular origin of HAF may differ with specific inducing agents, but there is persuasive evidence that the precursor cell of well-studied DNA-reactive hepatocarcinogens is the hepatocyte (Karasaki, 1969; Timme, 1978; Hirota & Williams, 1982; Gebhardt *et al.*, 1989), although under some circumstances, such as highly toxic levels of exposure, HAF may originate from stem cells (Sell & Leffert, 1982; Fausto *et al.*, 1992; Thorgeirsson & Evarts, 1992; Marceau *et al.*, 1992). Two agents, 2-acetylaminofluorene and *N*-nitrosodiethylamine, mainly affect a subpopulation of hepatocytes in rats in the centrilobular region that expresses glutamine synthetase, and consequently induce HAF with this phenotype (Gebhardt & Williams, 1995).

HAF cells express a number of phenotypic abnormalities that indicate that they are preneoplastic. These include decreased glucose 6-phosphatase activity (Gössner & Friedrich-Freska, 1964), excess glycogen storage (Bannasch, 1968), decreased ATPase activity (Schauer & Kunze, 1968), reduced β -glucuronidase activity (Kitigawa, 1971), re-expression of γ -glutamyltransferase activity (Kalenigai *et al.*, 1975), reduced iron storage (Williams & Yamamoto, 1972), increased glucose 6-phosphate dehydrogenase activity (Hacker *et al.*, 1982) and re-expression of placental-type glutathione *S*-transferase (Sato *et al.*, 1984). These phenotypic abnormalities are prominent in lesions in rat liver but less so in the livers of other species, although deficiency in iron storage characterizes HAF in all species investigated, including humans (Mori *et al.*, 1989). Individual HAF can express one or more phenotypic abnormalities (Pitot *et al.*, 1978; Hirota & Williams, 1979; Yamaguchi *et al.*, 1993).

2. The variety of phenotypic abnormalities in HAF probably reflects different alterations in the expression of various genes, which could be due to genetic abnormalities. HAF in rats have been reported to show alterations in nuclear DNA (Mori *et al.*, 1982; Sudilovsky & Hei, 1991), although 75–80% of γ -glutamyltransferase-posi-

tive cells isolated from rat livers with HAF were found to be diploid (Sargent *et al.*, 1989).

HAF are proliferative lesions (Karasaki, 1969; Newberne, 1976; Scherer & Emmelot, 1976; Rabes, 1989) in which the degree of cell replication is a function of the phenotype of the constituent cells (Stenbäck *et al.*, 1994; Zerban *et al.*, 1994). The basis for the proliferation and clonal expansion of HAF may vary but obviously reflects a greater rate of cell replication than of cell loss or apoptosis, which counterbalances proliferation (Schulte-Hermann *et al.*, 1995). HAF display reduced gap-junctional intercellular communication (Krutovskikh *et al.*, 1991), which could result in diminished cell growth control. Some HAF also express alterations in the expression of growth control genes (Galand *et al.*, 1988; Kaufman *et al.*, 1992; Bauer-Hofmann *et al.*, 1992; Steinmetz & Klaunig, 1996), and they may be resistant to factors that lead to programmed cell death, thereby increasing their growth rate. A locus for hepatocarcinogen sensitivity, which operates in the promotion stage of tumour induction to increase the growth of preneoplastic lesions, has been identified in mice (Drinkwater *et al.*, 1990). A growth stimulatory effect of androgens is exerted on preneoplastic and neoplastic liver lesions (Rice, 1973; Matsuura *et al.*, 1994). HAF are resistant to the intense toxicity of administered carcinogens (Farber *et al.*, 1976; Williams *et al.*, 1976) because of down-regulation of xenobiotic activation enzyme systems (Cameron *et al.*, 1976; Okita *et al.*, 1976) and because of this can selectively proliferate in an environment that is toxic to normal hepatocytes.

In the absence of exposure to carcinogens or other stimulation, most HAF do not progress or, on the contrary, even undergo regression or phenotypic reversion (Bannasch, 1968; Williams & Watanabe, 1978). In view of their limited growth potential, HAF do not grow progressively after transplantation (Mori *et al.*, 1983a).

A small fraction of HAF progress to form hyperplastic nodules or neoplasms over time or with continued exposure to carcinogens (Reuber, 1975; Williams, 1980; Pitot, 1990); these neoplastic lesions have many of the same phenotypic abnormalities as HAF (Williams, 1980; Mori

et al., 1989). Carcinomas can arise within hyperplastic nodules or benign adenomas, but they can also evolve directly from HAF. In fact, some HAF, particularly in the mouse, have been considered to be microneoplasms (Goldfarb & Pugh, 1992). The role of HAF as precursors of neoplasms was firmly established with the discovery that they respond to promoters of liver neoplasia (Kitigawa & Sugano, 1978; Pitot *et al.*, 1978; Watanabe & Williams, 1978).

In rodents exposed to carcinogens, HAF may precede liver tumours by months or years and outnumber the tumours by 100- or 1000-fold (Watanabe & Williams, 1978; Pitot *et al.*, 1985).

HAF occur spontaneously, especially in species with high background levels of cryptogenic liver tumours. They have been induced in the livers of rats (Stewart *et al.*, 1980; Williams, 1980), mice (Vesselinovitch *et al.*, 1985; Pitot, 1990), hamsters (Stenbäck *et al.*, 1986), fish (Hinton *et al.*, 1988) and monkeys (Ruebner *et al.*, 1976) and in turkey ova (Enzmann *et al.*, 1992).

HAF can be identified grossly but are usually diagnosed microscopically, either in conventional haematoxylin- and eosin-stained sections (Stewart *et al.*, 1980), or by histochemical techniques for visualization of the abnormalities described above. The development of HAF in rats can be monitored by measuring the activity of γ -glutamyltransferase in blood (Remandet *et al.*, 1984). HAF are generally quantified as number per square centimetre of the section area studied or as number per volume of liver.

Of the agents that have carcinogenic activity in liver, DNA-reactive carcinogens generally rapidly induce HAF, even within two to three weeks under some conditions (Williams, 1980, 1982; Dragan & Pitot, 1992). Epigenetic agents enhance the development of pre-existing spontaneous or chemically-induced HAF, but longer exposure is generally required to produce an increase (Kitigawa & Sugano, 1978; Pitot *et al.*, 1978; Watanabe & Williams, 1978; Williams, 1982; Dragan & Pitot, 1992). Thus, induction of HAF can be used to detect DNA-reactive hepatocarcinogens, while enhancement of HAF can be used to detect epigenetic agents with liver tumour-promoting activity (Williams, 1982; Tsuda *et al.*, 1984a; Bannasch, 1986a; Williams, 1989;

Dragan *et al.*, 1991; Hirota & Williams, 1991). Inhibition of the induction of HAF by carcinogens is used to study anticancer agents (Maeura *et al.*, 1984; Tsuda *et al.*, 1984b; Mori *et al.*, 1986).

Preneoplastic lesions in the skin

Skin was the tissue used in the first experimental induction of cancer by a chemical, reported in 1915 by Yamagiwa and Ichikawa. The pioneering studies on skin carcinogenesis of Friedewald and Rous (1944) and Berenblum and Shubik (1947) introduced the concept of two stages of carcinogenesis — initiation and promotion — which has been the dominant paradigm since then (Boutwell, 1974; Slaga *et al.*, 1981), although some have questioned its validity in explaining the carcinogenic process (Iversen, 1995). Nevertheless, the pathogenesis of skin cancer involves multiple stages, including epidermal hyperplasia, epidermal dysplasia and benign papillomas, leading to malignant squamous-cell carcinomas (Berenblum, 1974; Stenbäck, 1978a; Kligman & Kligman, 1981; DiGiovanni, 1992; Yuspa, 1994).

The preneoplastic lesions are epidermal hyperplasia (Stenbäck, 1978a; Kligman & Kligman, 1981) and epidermal dysplasia (Stenbäck, 1978a). Epithelial papillomas, also called papillary hyperplasia or early papilloma, equally may be considered to be preneoplastic. Epidermal hyperplasia consists of increased layers of squamous epithelial cells with a normal appearance (Bogovski, 1979). Outgrowths may form above the surface. Epidermal hyperplasia can progress to epithelial papillomas, but it is induced by agents that are not carcinogenic and do not induce neoplasia; its preneoplastic nature may thus be questioned. Epidermal dysplasia is characterized by cellular atypia and a variable degree of hyperplasia. It is induced almost exclusively by carcinogenic agents, including solar radiation, but may regress upon cessation of exposure. Epithelial papillomas are grossly visible, protruding lesions composed predominantly of squamous epithelial cells. They may show atypia and dyskeratosis. They are characterized by a high rate of proliferation (Glick *et al.*, 1993) but can regress upon cessation of exposure (Shubik, 1950; Stenbäck, 1978b; Iversen, 1982), indicating that these morphologi-

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cally tumour-like lesions are not fully neoplastic. Epithelial papillomas are diploid when they first emerge (Aldaz *et al.*, 1988), but they have mutations in the Ha c-ras gene (Balmain *et al.*, 1984). Nevertheless, they are precursors of squamous-cell carcinomas, which also may develop *ab initio* (Hennings *et al.*, 1983). The site of origin of epidermal hyperplasia and dysplasia and epithelial papillomas is the epidermis of the skin, specifically the squamous epithelium (Yuspa, 1994).

The superficial location of the skin allows visual detection of early lesions. Epidermal hyperplasia and dysplasia are identified microscopically and epithelial papillomas, grossly or microscopically. The latter are quantified by their incidence or sometimes number per animal.

In general, mice are more sensitive than rats or hamsters to skin carcinogenesis, and the induction of skin tumours in mice has been used as a bioassay for carcinogens (Weisburger & Williams, 1984); the SENCAR stock of mice is used predominantly, as it was bred for sensitivity to skin tumour induction (Slaga & Nesnow, 1985).

Preneoplastic lesions in the lung

Nodular lesions, commonly referred to as adenomas, were first induced in mouse lung by painting tar onto the skin (Murphy & Sturm, 1925). These lesions are considered to be bronchoalveolar neoplasms (Schüller, 1989). Tumours of the bronchial tree were produced by intratracheal instillation of polycyclic aromatic hydrocarbons into hamsters (Della Porta *et al.*, 1958), rats (Pylev, 1961; Shabad, 1962) and mice (Nettesheim & Hammons, 1971). This approach was refined by Saffiotti *et al.* (1968), who introduced the carcinogen attached to haematite. Bronchoalveolar adenomas were produced in hamsters by *N*-nitrosodiethylamine (Reznik-Schüller, 1976). Subsequent research with these models showed that the development of lung neoplasms proceeds through a phase of hyperplasia (Nettesheim, 1972; Shimkin & Stoner, 1975; Schüller, 1989).

In the mouse, general hyperplasia of alveolar cells precedes the development of focal hyperplasia and nodular lesions (Kimura, 1971; Kauffman, 1974). Some investigators have considered all such proliferative lesions to be neoplastic (Rehm &

Ward, 1989; Foley *et al.*, 1991; Belinsky *et al.*, 1992). The alveolar hyperplasia progresses to benign-looking adenoma and thence to carcinoma (Kimura, 1971; Shimkin & Stoner, 1975). In the hamster, squamous metaplasia (Schreiber *et al.*, 1975; Stenbäck, 1977) and hyperplastic areas in the basal regions of the bronchial epithelium (Stenbäck, 1977; Schüller, 1989) precede the development of neoplasms.

The hyperplasia in mice consists of proliferation of type II epithelial cells along intact alveolar septae (Foley *et al.*, 1991). The adenomas are comprised of closely packed columns of cuboidal and columnar cells separated by a sparse stroma (Stewart *et al.*, 1979). The cells are arranged in acini, often with papillary formations. Hamster bronchial hyperplasia consists of increased numbers of basal cells, forming a multilayered epithelium (Mohr, 1982).

Adenomas, and presumably antecedent lesions, arise in mice either from type II cells of the alveolar epithelium (also referred to as granular pneumocytes: Grady & Stewart, 1940; Stewart *et al.*, 1979; Witschi & Haschek, 1983) or bronchiolar Clara cells (Kauffman, 1981). In the hamster, hyperplasia of the bronchial epithelium arises from basal cells (Mohr, 1982; Schüller, 1989). Adenomas occur spontaneously, especially in some strains of mice. They have been induced in both mice (Shimkin & Stoner, 1975) and rats (Schüller, 1987), and hyperplasia of the bronchial epithelium has been induced in hamsters (Mohr, 1982; Schüller, 1989). The induction of pulmonary adenomas in strain A mice has been used as a bioassay for carcinogens (Weisburger & Williams, 1984; Stoner & Shimkin, 1985).

In mice, 85% of hyperplastic lesions induced by a nitrosamine had *K-ras* mutations (Belinsky *et al.*, 1992). Small adenomas (1–2 mm) in strain A mice, 1–2 mm, were found to have a normal number of chromosomes, whereas larger lesions had abnormal numbers (Di Paolo, 1965).

Only 49% of mouse adenomas less than 1 mm in diameter were transplantable, whereas 100% of those greater than 3 mm could be transplanted (Klein, 1957). In another study, only 11% of adenomas were transplantable (DiPaolo, 1965).

Mouse lung nodules (presumably adenomas) can be quantified by gross examination or under a dissecting microscope, which permits identifica-

tion of lesions of about 1 mm in diameter. Otherwise, conventional microscopy is used to quantify adenomas. Nodules are usually quantified as number per animal.

Preneoplastic lesions in the mammary gland

Mammary tumours were reported in mice after application of 3-methylcholanthrene in 1936 by Maisin and Coolen and in 1941 by Engelbreth-Holm. The induction of mammary adenocarcinomas in female rats by administration of aromatic amines was reported in 1944 by Bielschowsky, and Shay and coworkers in 1949 induced these lesions with a polycyclic aromatic hydrocarbon. Study of the pathogenesis of experimental mammary gland cancer was greatly facilitated by the discovery of Huggins and coworkers (1959, 1961) of the rapid induction of mammary carcinoma in female Sprague-Dawley rats by 7,12-dimethylbenz[a]anthracene administered at 50 days of age. Other useful rat models were introduced subsequently (Gullino *et al.*, 1975). Considerable research has since documented that chemically induced mammary tumours develop in mice and rats by a multi-step process involving previous hyperplasia (Russo & Russo, 1987, 1996). The process is exquisitely dependent upon host factors (Welsch, 1985).

Preneoplastic lesions in mice include hyperplastic alveolar nodules (DeOme *et al.*, 1959; Faulkin, 1966) or alveolar bud hyperplasia (Russo & Russo, 1996), and intraductal proliferations (Russo & Russo, 1996); rats develop hyperplastic nodules (Beuving *et al.*, 1968) and ductal hyperplasia (Fisher *et al.*, 1975; Sinha & Dao, 1975) or intraductal proliferation (Russo & Russo, 1987).

Hyperplastic alveolar nodules are composed of up to hundreds of grouped, small, round alveoli, each surrounded by connective tissue and lined by small, dark cuboidal epithelium (Squartini, 1979). The sequence appears to be hyperplastic lesions, adenomas and adenocarcinomas. In ductal hyperplasia or intraductal proliferation in rats, ductal cells are enlarged, irregular in shape and increased in number, budding into the ductal lumen (Russo & Russo, 1987) or end buds (Haslam & Bern, 1977; Russo & Russo, 1996). The sequence appears to be ductal hyperplasia, carcinoma *in situ* and carcino-

ma. The lesions develop in mice in the terminal mammary ductules and in young rats in the terminal end buds (Beuving *et al.*, 1967; Russo & Russo, 1987) or the mammary ducts (Fisher *et al.*, 1975; Sinha & Dao, 1975), which are the main target in older animals (Russo & Russo, 1987).

The preneoplastic lesions in mouse mammary glands are mostly diploid but occasionally aneuploid (Banerjee & DeOme, 1963). Advanced hyperplasia induced in rats by 3-methylcholanthrene shows cytogenetic alterations. Ductal hyperplasia in rats is clearly a proliferative lesion, as mitoses are seen (Fisher *et al.*, 1975). In rats, ductal hyperplasia progresses to adenocarcinoma (Fisher *et al.*, 1975; Sinha & Dao, 1975).

Hyperplastic alveolar nodules frequently give rise to neoplasms after transplantation (DeOme *et al.*, 1959; Medina, 1976). Rat hyperplastic nodules and advanced hyperplasias are also transplantable (Beuving, 1968; Fisher *et al.*, 1975).

Hyperplastic alveolar nodules occur spontaneously in mice with a high background of mammary tumours, and this lesion, or alveolar bud hyperplasia, and intraductal proliferation have been induced in mice (DeOme *et al.*, 1959; Medina, 1976) and rats (Beuving, 1968).

Hyperplastic alveolar nodules are identified in whole-mount preparations stained with haematoxylin and examined under a dissecting microscope (Beuving *et al.*, 1967) or in conventional microscopic preparations. The superficial location of the mammary glands allows detection of large lesions by palpation. The production of hyperplastic alveolar lesions in mice was proposed by Faulkin (1966) as a measure of the effectiveness of a chemical as a carcinogenic agent. The rapid induction of mammary tumours in susceptible rat strains has been used as a bioassay for carcinogens (Weisburger & Williams, 1984; McCormick & Moon, 1985).

Preneoplastic lesions in the colon

Study of the pathogenesis of colon cancer became possible after the report in 1952 by Walpole and coworkers that 4-aminobiphenyl, and especially the 2',3-dimethyl derivative, efficiently induces colon cancer in rats. Subsequently, other model carcinogens were identified (Pozharisski *et al.*, 1979; Weisburger & Fiala, 1983), notably 1,2-di-

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methylhydrazine (Druckrey *et al.*, 1967), which induces colon cancer in rats, mice and hamsters. Work with such models indicated that experimental intestinal carcinoma develops *ab initio* and does not involve precursor adenomas (Pozharisski *et al.*, 1979). Later, foci of mucosal dysplasia (Kimura *et al.*, 1984) and aberrant crypt foci (ACF; Bird, 1987; McLellan & Bird, 1988) were identified as putative precursors of colon cancer which are specifically induced by colon carcinogens (McLellan *et al.*, 1991a,b).

ACF are focal lesions composed of one to several enlarged crypts lined with thicker, more intensely staining epithelial cells (McLellan & Bird, 1988). They can be visualized macroscopically but do not distort the architecture of the mucosa. The site of origin of ACF is the colonic mucosa, specifically mucosal epithelial cells.

Phenotypic alterations in ACF include enzymatic changes such as decreased hexosamidase activity (Pretlow *et al.*, 1990). ACF also have alterations in nuclear DNA content (Kimura *et al.*, 1984) and mutations in the K-ras oncogene (Stopera *et al.*, 1992; Vivona *et al.*, 1993).

The growth of ACF is reported to correlate with the yield of adenocarcinomas (Pretlow *et al.*, 1992; Zhang *et al.*, 1992; Magnuson *et al.*, 1993), although no correlation between the number of ACF per rat and the incidence of adenocarcinomas was found in some studies (Hardman *et al.*, 1991). ACF have been induced in mice (McLellan & Bird, 1988) and rats (Barrow *et al.*, 1990).

ACF are identified in methylene blue-stained whole-mount preparations under a dissecting microscope. They are usually quantified as number per animal or per colon. The number of ACF per animal is used as an assay for initiators of colon cancer (Bird *et al.*, 1989) and the number of crypts per focus (multiplicity) as a measure of promotion (Corpet *et al.*, 1990; Zhang *et al.*, 1992; Magnuson *et al.*, 1993). Inhibition of the development of ACF can be used to assess anticancer activity (McLellan & Bird, 1991; Weisburger *et al.*, 1994; Wargovich *et al.*, 1996).

Preneoplastic lesions in the kidney

The study of experimental renal carcinogenesis started with the work of Magee and Barnes (1962).

Most of the studies were conducted in rats given nitrosamines (Hard, 1990), although other models have been developed (Dees *et al.*, 1976). The pathogenesis of rat cortical epithelial tumours involves a proliferative sequence (Hard & Butler, 1989; Nogueira *et al.*, 1993). Proliferative tubules lined with an irregular epithelium (Magee & Barnes, 1962), foci of atypical tubular hyperplasia (Reuber, 1974) and phenotypically altered tubules (Hard *et al.*, 1995) have been described as preneoplastic lesions in rats (Lipsky & Trump, 1988) and mice (Lombard *et al.*, 1974). In hamsters, areas of dysplasia have been described (Hornig & Whittick, 1954).

Atypical tubular hyperplasia is characterized by cells with cytoplasm that stains as clear, basophilic, acidophilic, oncolytic or chromophobic (Reuber, 1974; Bannasch *et al.*, 1986; Dietrich & Swenberg, 1991). It consists of one or several single or multilayered tubules of altered cells. The lesion does not exceed 10 times the size of surrounding normal tubules and does not compress the surrounding parenchyma.

The origin of atypical tubular hyperplasia in rats has been identified as the distal (Reuber, 1974) or proximal convoluted tubules (Ohmori *et al.*, 1982). In hamsters, areas of dysplasia were observed in proximal tubule segments (Hornig & Whittick, 1954).

Clear-cell lesions store glycogen (Dietrich & Swenberg, 1991) and show various histochemically detectable alterations in carbohydrate metabolism (Bannasch *et al.*, 1986). They also have reduced γ -glutamyltransferase activity (Ohmori *et al.*, 1982). In hamsters, the lesion is proliferative (Goldfarb & Pugh, 1990).

Atypical tubular hyperplasia in rats, consisting of basophilic-cell tubules, is regarded as a precursor of renal-cell carcinoma developing from the epithelia of the proximal tubules, whereas clear-cell tubules have been considered to be precursors of renal-cell carcinoma developing from the epithelium of the collecting duct (Bannasch *et al.*, 1986). In the hamster, the lesion progresses to adenocarcinomas (Hornig & Whittick, 1954; Goldfarb & Pugh, 1990).

Atypical tubular hyperplasia occurs spontaneously in rats but has also been induced in rats (Hard *et al.*, 1995) and mice (Lombard *et al.*,

1974). The lesion is detected microscopically and is usually quantified as incidence.

Preneoplastic lesions in the pancreas

Neoplasms were induced experimentally in the pancreas of rats with 4-hydroxyaminoquinoline 1-oxide by Hayashi and Hasegawa in 1971. Pour *et al.* (1974) induced pancreatic cancer in hamsters with 2,2'-dihydroxy-di-*n*-propylnitrosamine, Reddy *et al.* (1974) in guinea-pigs with *N*-methyl-*N*-nitrosourea, Dissin *et al.* (1975) in rats with implantation of 7,12 dimethylbenz[*a*]anthracene and Longnecker and Curphey (1975) in rats with azaserine. Studies with these models established that carcinogenesis in the pancreas is a multistep process (Longnecker *et al.*, 1984).

In the rat model, atypical acinar-cell foci or atypical acinar-cell nodules have been described as preneoplastic lesions (Hayashi *et al.*, 1972; Shinozuka *et al.*, 1976; Rao *et al.*, 1982; Mori *et al.*, 1983b; Roebuck *et al.*, 1984). In the hamster model, pseudoductular or tubular structures (Pour & Hauser, 1989) and epithelial atypia (Moore *et al.*, 1983) are considered to be preneoplastic.

Atypical acinar-cell foci in rats are microscopic lesions composed of cells that stain acidophilically or basophilically. The basophilic foci are composed of cells with a basophilic cytoplasm and large, irregular nuclei located parabasally. The cells are arranged in acini of normal size. The acidophilic foci are composed of cells with an acidophilic cytoplasm and round or oval nuclei with prominent nucleoli. The cells are arranged in acini which are larger than normal. Acinar-cell nodules are larger lesions, and lesions greater than 3 mm in diameter are diagnosed as adenomas (Longnecker & Millar, 1990). Microscopically, they are composed of cells similar to those in atypical acinar-cell foci and compress the adjacent parenchyma.

The foci in rats are derived from acinar cells, whereas the lesions in hamsters have been identified as originating from ducts (Takahashi *et al.*, 1980) or centroacinar cells (Flaks, 1984). The cells of basophilic atypical acinar-cell foci in rats have few zymogen granules, whereas the cytoplasm of acidophilic cells is filled with zymogen granules (Rao *et al.*, 1982). Acinar-cell foci and nodules in rats also have histochemical abnor-

malities, such as reduced iron storage (Mori *et al.*, 1983b) and reduced γ -glutamyltransferase activity (Mori *et al.*, 1983b; Faribault *et al.*, 1987). Rat acinar-cell lesions also have an abnormal DNA content (Tanaka *et al.*, 1984). Acidophilic foci in rats have a high rate of cell proliferation (Rao *et al.*, 1982), as do the pseudoductular structures in hamsters (Moore *et al.*, 1983).

Acidophilic foci in rats are considered to progress to acinar-cell tumours (Rao *et al.*, 1982; Boorman & Eustis, 1984). The pseudoductular proliferations in hamsters have been suggested to progress to regions of epithelial atypia (dysplastic lesions) and to carcinomas (Moore *et al.*, 1983). The hamster acinar-cell lesions progressively lose differentiation and, with proliferation, evolve into neoplasms (Flaks, 1984; Pour & Hauser, 1989).

Atypical acinar-cell foci both occur spontaneously in rats and have been induced (Longnecker *et al.*, 1984). Pseudoductular structures have been induced in hamsters (Pour & Hauser, 1989).

Pancreatic lesions are identified microscopically. They can be quantified as number per square centimetre.

Preneoplastic lesions in other organs

Putative preneoplastic lesions have been described in other tissues, including the urinary bladder (Cohen *et al.*, 1976; Hicks & St John Wakefield, 1976; Ito, 1976) and stomach, but either studies have not been reported in the detail available for the tissues reviewed above, or the models have not been extensively applied to assessment of the carcinogenic activity of chemicals. In a number of other tissues, however, no putative preneoplastic lesions have been identified.

Conclusion

In all well-studied experimental models of chemical carcinogenesis, focal proliferative lesions composed of abnormal cells appear before the occurrence of neoplasms, although precursors have not been documented for some tumour types. The recognized precursor lesions occur spontaneously in older animals and in response to carcinogens in younger animals, usually before the development of significant numbers of spontaneous lesions. The preneoplastic nature of these lesions is reflected by

phenotypic abnormalities similar to those in neoplasms, genotypic abnormalities and the capacity of some to give rise to neoplasms after transplantation (Table 1). The latter phenomenon may indicate, however, that some of these lesions harbour neoplastic cells.

The number of preneoplastic lesions generally exceeds that of neoplasms, indicating that not all of the lesions are committed to progression. In several tissues, such as liver and colon, preneoplastic lesions can be identified easily by special staining techniques, and they have been used extensively as surrogates for neoplasms to assess the carcinogenic activity of chemicals. In other tissues, such as mouse skin, mouse lung and rat mammary gland, the progression of precursor lesions to tumour formation is so rapid that tumours are used as the end-point, although their neoplastic nature is not always unequivocal and some of the lesions may in fact be preneoplastic. Nevertheless, the detection of preneoplastic or incipient neoplastic lesions of the type discussed above serves as a facile indicator of the carcinogenic activity of the agent that induced them.

The advantages of monitoring preneoplastic lesions as an index of carcinogenic activity are the short time required, the sensitivity, due the multiplicity of such lesions, and the absence of age-related pathological lesions. The disadvantages are that recognized preneoplastic lesions have not been established for every target organ of the carcinogenicity of chemicals, and some models have not been studied extensively.

So far, preneoplastic lesions have been studied only in conventional strains of rodents. In principle, they also can be identified in transgenic animals, thereby accelerating even further the detection of carcinogenic effects.

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Short-Carcin Initiati

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Introduction

The realization of the major contribution of environmental efforts to the inhibition of particular type of cancer has recently been a major inhibitory effect for use in prevention. It is essential knowledge of the pathogenesis of cancer to be available for the identification of endogenous and environmental factors in the environment, such as air and tobacco, and the importance of the identification of neoplasia. The traditional long-term studies have given high cost and have the twin disadvantages of being expensive and ineffective for the identification of further modifying potential. The identification of the form, the mechanism, the human situation, the sites must be identified, and the identification of this environmental system, the identification of the hazard of the chemical, the identification of the model (S) and the identification of the