

Figure 1. Drawing of a definitive primitive streak chick embryoblast [12].



**Figure 2.** Schematic drawing of: (a) Primitive streak stage chick embryoblast with implants Gr1, Gr2 at area pellucida. Arrows depict morphogenetic current of cellular movement. (b) 14 somite stage embryoblast: implant Gr1 remains at implant site, Gr2 has moved (arrows) to the heart area [1].

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Figure 3. Fourteen somite stage (Hamburger & Hamilton stage II) chick embryo with folded beating heart.

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Figure 4. Benign fibrocystic breast implants A, B surrounded by mesoderm (MES) with no ECT PR, END PR

Neural tube (NT) X 100.

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**Figure 5.** Benign fibrocystic breast implant (arrow), surrounded by mesoderm (MES) with no ECT PR or END PR Neural tube (NT) X 100.



Figure 6. Benign breast implant (arrow) with no ECT PR or END PR Neural tube(NT).



Figure 7. Benign breast implant (arrow). No ECT PR or End PR.

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**Figure 8.** Benign breast implants A & B migrated into developing heart are surrounded by mesoderm (MES) with no ECT PR or END PR. Neural tube (NT).



Figure 9. Benign breast fibroadenosis implant (arrow) with only mesodermal response.

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Figure 10. Benign fibroadenoma of breast IMP (arrow) with no ECT PR or END PR.

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**Figure 11.** x 3 Magnification(Mag.) showing epithelial nodules of fibroadenoma implant with no ECT PR or END PR.



Figure 12. Malignant breast implant with ECT PR.

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**Figure 13.** uccessive caudal cut to figure 13 with breast implant more obvious and ECT PR (arrow) Neural Tube (NT).

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**Figure 14.** Further caudal cut of breast carcinoma Implant (IMP) seen in Figures 12,13 with marked ECT PR. Neural tube (NT).



Figure 15. Malignant breast implant (IMP) with ECT PR Neural tube (NT).



Figure 16. Figure 15 X 4 Mag. showing ECT PR with pallisading of cells.



Figure 17. Breast carcinoma implants A & B with ECT PR and END PR.



Figure 18. Figure 18 X 2.5 Mag. Implant B with ECT and END PR.



Figure 19. Breast carcinoma implant (IMP) with marked ECT PR. X 100.



Figure 20. Breast carcinoma Implant (arrow) with ECT PR Neural tube (NT) X 40.



Figure 21. Figure 20 X 4 Mag.Breast carcinoma implant with ECT PR.



Figure 22. Malignant breast implant with ECT and END PR X 200.



Figure 23. Nodule of breast carcinoma with ECT PR X 200.

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Figure 24. Breast carcinoma implant with EMA brownstaining NT Neural tube.

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Figure 25. Figure 40 X 4 Mag. EMA brown staining of breast carcinoma implant (IMP) with marked ECT PR.



Figure 26. Colonic polyp from polyposis coli implant (A) with ECT PR X 200.



Figure 27. Rectal carcinoma implant with marked ECT PR and END PR X 40.



Figure 28. Figure 27 X 5 Mag. with implant (IMP) and marked ECT PR X 200



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**Figure 29.** Figure Same embryoblast as in Figure 28 with rectal carcinoma implant on opposite side with ECT PR (arrow) Neural tube (NT) X 100.



Figure 30. Colonic carcinoma implant (IMP) with ECT PR Neural tube (NT).



Figure 31. ECT PR with colonic carcinoma implant (A) X 200.



Figure 32. ECT PR with colonic carcinoma implant B X 100



Figure 33. Colonic carcinoma implant (IMP) with ECT PR X 100.



Figure 34. Colonic carcinoma implant with ECT PR.



Figure 35. Colonic carcinoma implant with ECT PR and END PR.



Figure 36. Colonic carcinoma implant (IMP) with ECT, END PR.



Figure 37. HT-29 colonic cell line implant with ECT PR (arrow) and END PR X 200



Figure 38. Nasal cell carcinoma RPMI-2650 implants A, B with ECT PR.



Figure 39. Figure 38 X 2.5 Mag. Implant A with ECT PR.



**Figure 40.** The distribution of some ectodermal and mesodermal forming potencies and prospective areas in the chick blastoderm at the definitive primitive streak stage [14].