Pacific Tide

An informational monthly newsletter

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Dr. Lisa Metelman is a board certified surgeon with a special interest in oncologic surgery. She had the opportunity and pleasure to study under Dr. Stephen Withrow at Colorado State University's Animal Cancer Center during her residency. She has been a practicing surgeon for over fifteen years and a surgeon at Pacific Veterinary Specialists and Emergency Service for thirteen years. Dr. Metelman works closely with Dr. Theresa Arteaga (medical oncology) to provide you and your patients with excellent cancer care. Please don't hesitate to call with questions or to schedule a consultation.

Discussing Cancer with Your Clients: The Surgeon's Perspective

You have just done your physical exam and found an abdominal mass or maybe a firm SQ mass on the distal limb; a bleeding skin mass on the thorax or nasal discharge that is associated with a nasal mass. Anytime neoplasia is on the list of differential diagnoses it is important to tell the client, from the beginning, that cancer is a possibility. Also, remember if you use the word "tumor" make sure the client understands that you are talking about cancer. The longer an owner has time to process the possibility that their beloved pet has cancer, the clearer the communication will be as we proceed with the case.

It is hard to tell a client such potential bad news, and none of us enjoys this role we are responsible for, but I believe it is very important to be clear and very thorough when communicating the necessary information concerning cancer. I have found that if an owner is very well informed about their pet's cancer and the options available, then individual expectations can be met and client satisfaction can be high even in the face of a possibly poor prognosis. Here are a few points to consider, as we go through an example case, when diagnosing a patient's cancer.

1. **Complete and thorough physical exam**. This goes without saying, but is still the hallmark of our ability to provide the best patient care possible.

Case Example: 8 yr old S/F Australian Shep presents for chronic, mild, intermittent cough; otherwise feels good. Thoracic auscultation is normal. The rest of the PE is normal except the rectal exam reveals a right anal sac mass. The anal sac mass is approximately 2 cm in diameter. DDx for anal sac mass: Infection, inflammation, neoplasia, other. Anal sac adenocarcinoma is the most common type of anal sac cancer.

2. **Do you know the recommended diagnostic tests?**
--Fine needle aspirate of the mass (slide cytology in house to look for

obvious purulent material/bacteria to R/O abscess), submitted for descriptive pathology review.
--Blood panel (check for hypercalcemia, increased BUN, Creatinine—paraneoplastic syndrome causing secondary renal disease).
--Urinalysis.
--Three view thoracic radiograph metastatic evaluation (Remember the cough? Could mean metastatic lesions or a separate primary pulmonary problem).
--Abdominal radiographs and/or ultrasound (check for sublumbar lymphadenopathy, evidence of metastasis to other organs).

There is some current controversy in the oncology college as to whether checking for the presence of sublumbar lymphadenopathy is imperative or not. Many oncologists feel most anal sac adenocarcinoma patients have microscopic, metastic disease to the lymph nodes at the time of diagnosis even if radiographs and/or U/S show no lymph node enlargement. Currently, the oncologists feel there are two subtypes of anal sac adenocarcinoma: (1) those that metastasize to sublumbar lymph nodes, but progress very slowly (e.g. months to multiple years) and (2) those that metastasize to sublumbar lymph nodes in a very rapid period of time (e.g. only months to survive).

Therefore, being able to tell the owner whether there is sublumbar lymphadenopathy will give them additional information as to over all survival (i.e. longer survival if no sublumbar lymphadenopathy seen at the time of diagnosis). However, all patients with this disease will metastasize to sublumbar lymph nodes. Unfortunately, currently there is no ability to differentiate which patients will progress quickly and which will take years to progress even with positive node at the time of diagnosis.

3. Do you know the recommended treatment options?
The recommended treatment option is surgical removal and follow up chemotherapy. If there is sublumbar lymphadenopathy, depending on their size and location (i.e. small vs. large and/or surrounding major vessels) we may consider removing the lymph nodes as well. The other treatment options are: surgery alone, surgery and radiation, chemotherapy alone and radiation alone. Finally, no further treatment and/or euthanasia are also options.

4. Do you know the possible complications to each treatment option?
Surgical removal of the anal sac and mass can have the complication of decreased anal tone and/or fecal incontinence. This is very uncommon depending on the size of the mass. If the mass is large and grows cranially involving both the anal sphincter and rectum this complication may be increased. Occasionally, very large masses also grow craniolateral and could involve the sciatic nerve. Infection is also a possible complication, but because the area is highly vascular it tends to heal well without infection. In general masses that are 4-5 cm in diameter or less usually have minimal complications. Radiation can cause late treatment skin irritation and sloughing. The anal sphincter can be involved with later scarring and stricture. There are a variety of chemotherapies used as adjunctive and/or as primary treatment (e.g. adriamycin, mitozantrone, palladia). The side effects may be dilated cardiomyopathy (e.g. adria), nausea, vomiting, anemia and/or leukopenia.

5. Do you know the average survival time with each treatment option?
Over all the prognosis is guarded. That is to say that no matter what treatment option is chosen this disease is not curable. However, as stated before, this disease is often very slowly progressing. With surgery alone average survival can be › 2yrs if there is no lymphadenopathy and no hypercalcemia at the time of diagnosis. If there is some lymphadenopathy and/or hypercalcemia at the time of diagnosis,

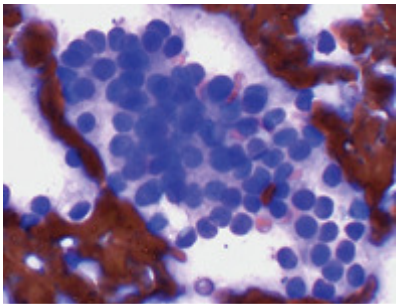
surgery with follow up chemotherapy still can have an average survival of ›2yrs (assuming the hypercalcemia is reversible). Average survival with surgery and follow up radiation is about 18 months. Chemotherapy alone and radiation alone are ‹ 1 yr. Average survival with no further treatment usually is about 6 months realizing that this depends on how clinically affected the patient is (e.g. mass causing difficulty defecating, pain associated with mass etc). In this case the dog was presented for cough, so presumably the patient isn't having any problems defecating or isn't painful. This patient may live longer then six months before becoming clinical from the anal sac mass.

It is important to tell your clients average survival times are just that; averages based on a bell shaped curve. Some patients may progress and/or die sooner and others may survive longer then the average.

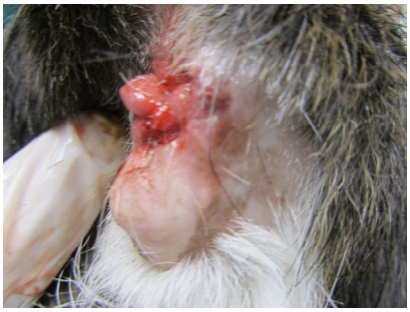
6. Helping a client navigate making a decision to treat and with what treatment option.
Some cases are more clear cut to an owner whether to go ahead with treatment or not. Most owners base their decision on the relative additional time for their pet to enjoy a good quality of life. However, that "relative additional time" can really vary owner to owner. Some owners may feel an additional three months of quality life is worth treatment. Other owners may feel that their pet needs four to five years before recurrence of disease. Some may feel they need a cure before they would pursue treatment.

In summary, be knowledgeable of the most current information pertaining to the specific cancer your patient has been diagnosed with. Cancer medicine has become quite sophisticated with rapidly expanding new information. Therefore, current recommendations are changing all of the time. If you aren't sure of this information please contact a boarded oncologist and/or boarded surgeon. Drs. Theresa Arteaga, Lisa Metelman, Tom LaHue and the staff at Pacific Veterinary Specialists are all happy to help.

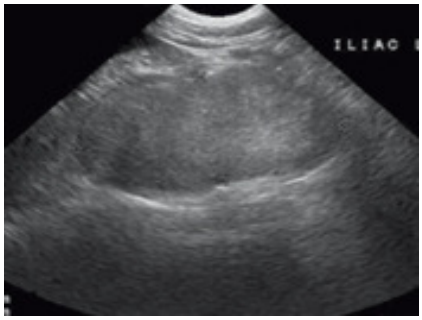
If an owner fully understands what type of cancer their pet has, what options are available and what the pros and cons of each option are, most will feel they have made a well informed decision and be prepared for the probable course their pet's therapy will take over time. This type of informative communication takes time, but this time is well spent.



Cytology of FNA of anal sac adenocarcinoma



Anal sac mass with anal sphincter polyps



Ultrasonographic appearance of sublumbar lymphadenopathy

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About Our Organization

PVSES was founded to provide high quality, specialized medical care to companion animal patients. Our practice is dedicated to serving the veterinary community as a partner in total patient care. We offer comprehensive specialized services including endoscopy, Doppler ultrasound, surgery, 24-hour ICU care, and emergency and critical care. Our staff is committed to providing compassionate and thorough medical care that meets the needs of the patient, client, and referring veterinarian.

We're on the Web!
See us at:
www.pvses.com

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