ONCOLOGY: DEMYSTIFIED

Cancer diagnosis, referral, and management for the primary care clinician

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AGENDA

- Introductions
- Diagnosis what to do before referral
- Referral what happens after that?
- Management
 - Treatment-related side effects
 - Palliative care for cancer patients



INTRODUCTIONS





COLLEGE OF VETERINARY MEDICINE







• What is your primary practice type?

How many patients have you diagnosed with cancer in the last week?

How comfortable do you feel discussing a cancer diagnosis?

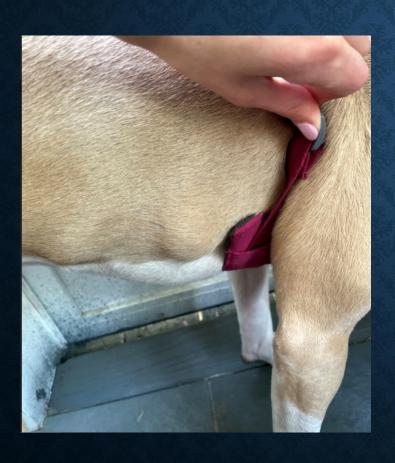
What do you want to know about cancer diagnosis, management, treatment, etc?

WHY DOES THIS MATTER?



- Onco demand >>> supply
 - Long referral wait times
 - Diagnosis requirement
- Lost revenue
- Client expectations
 - Cost
 - Number of treatments
 - Logistics

CANCER DIAGNOSIS



• What to do next?

"Always poke that tiny cancer"



(...and maybe give it some Benadryl first)

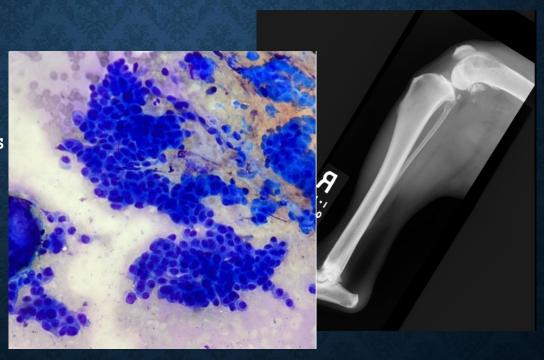
EXCEPTIONS TO THE "JUST POKE IT" RULE

- Bladder tumors**
- Prostate tumors**
- Highly vascular/cavitated lesions should be approached with caution



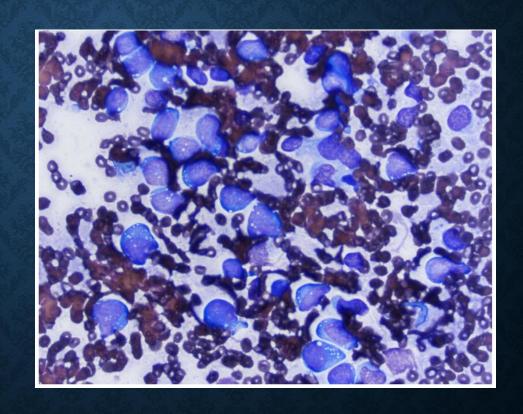
THINGS YOU CAN POKE!

- Oral tumors
 - ..or biopsy
 - Take pictures!
- Anal sac/perianal tumors
- Mammary masses
- Thyroid tumors
- Lytic bone lesions



CYTOLOGY = INCONCLUSIVE

- Why?
 - Poorly exfoliating
 - Ruptured cells
 - Unclear morphology
 - Inflammation
 - Blood contamination



NOW WHAT?

- Poorly exfoliating
 - Repeat FNA consider suction
 - Wedge biopsy
- Ruptured cells
 - Repeat FNA, use gentle technique, avoid suction
 - Wedge biopsy
- Uncertain morphology
 - ICC
 - Wedge biopsy

- Inflammation
 - Meds and time
 - Wedge biopsy
- Blood contamination
 - Repeat FNA, use gentle technique, consider smaller needle
 - Wedge biopsy

NOW WHAT?

- Wedge biopsy: why not just cut it out?
 - Margins
 - Nonsurgical disease
 - Inflammatory
 - Histiocytoma

- When to consider referral for surgery:
 - No option for complete margins
 - Distal limb
 - Oral tumors
 - Feline ISS
 - Regrowth following first surgery

BIOPSY SAY Ses to the

NCLUSIVE

ssible causes
Uncertain morphology
Missed the lesion

- Deep
- Thick surrounding stroma/inflammation

nsider second opinion

ll your friendly neighborhood cologist

WHILE YOU WAIT FOR REFERRAL

- Additional diagnostics
 - Chest x-rays
 - FNA draining lymph nodes
 - Bloodwork
 - +/- Ultrasound
 - Flow cytometry**

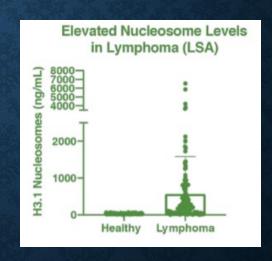
- NSAIDs
 - Especially for carcinomas
- Pain management
 - Gabapentin
 - Amantadine
- Antibiotics
 - Oral/nasal tumors
 - Ulcerated tumors
 - Bladder tumors **culture first
 - **can also consider prazosin

A WORD ON CANCER SCREENING TESTS

How does the nu · Q Cancer Screening Wellness Test Work?

DNA is compacted within a cell's nucleus in the form of nucleosomes which are bead like structures comprised of DNA coiling around a histone protein core.

When a patient (human or canine) has cancer, nucleosomes from those cancer cells are released into the blood and can be measured using antibodies that are specific to nucleosomes.



©Volition Veterinary

A WORD ON CANCER SCREENING TESTS

Laboratory Diagnostics / Molecular Diagnostics / CADET® BRAF/PLUS

CADET® BRAF and CADET® BRAF-PLUS

Accurate canine bladder and prostate cancer test

© Antech Diagnostics

How many patients have you referred for oncology care in the past month?

 How comfortable do you feel with the referral process and keeping track of your patients' care plan following referral?

REFERRAL



What happens to my patient/client next?

INITIAL CONSULT

- Review diagnosis & prognosis
- Recommend additional diagnostics
 - Review treatment options
 - Levels of care

Do you administer chemotherapy in your practice?

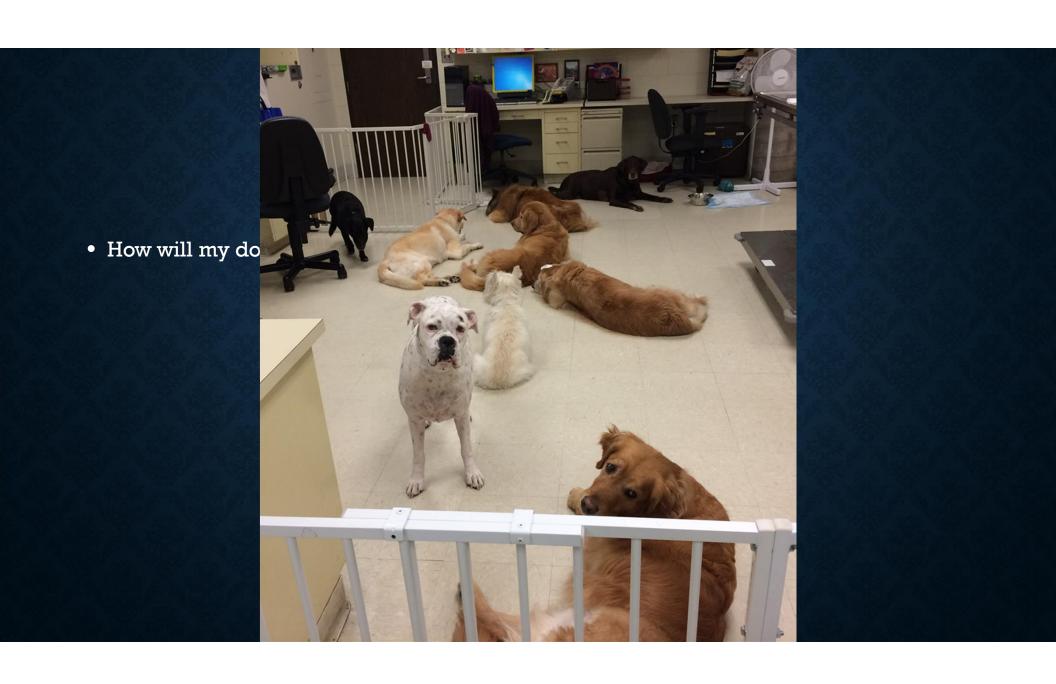
CHEMOTHERAPY

- Goal = systemic treatment
- Can often start on same day
- Usually given every 1-3 weeks
- USP<800> regulations



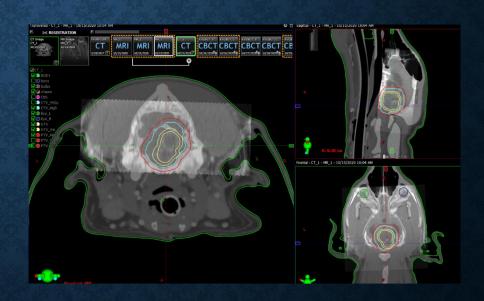




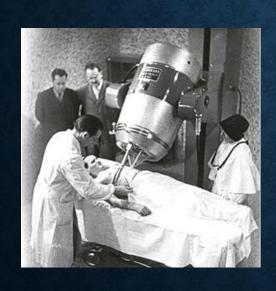


RADIATION THERAPY

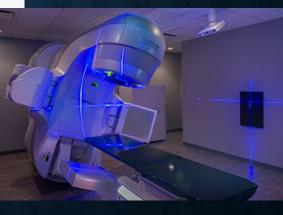
- Goal = local treatment
- Almost never same day treatment
- Often requires CT scan for radiation therapy planning
- Requires general anesthesia
- A day in the life



RT HAS CHANGED!







DEFINITIONS

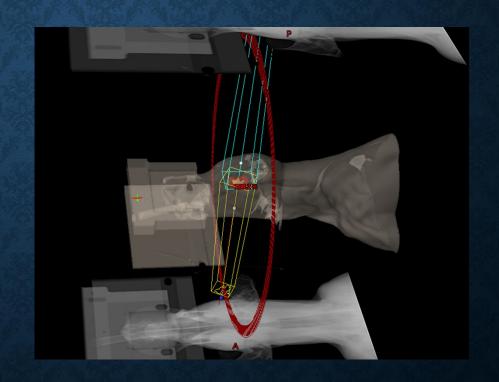
- Modes of radiation planning/delivery**
 - 3DCRT forward planning
 - IMRT inverse planning
 - VMAT arc therapy

**external beam RT

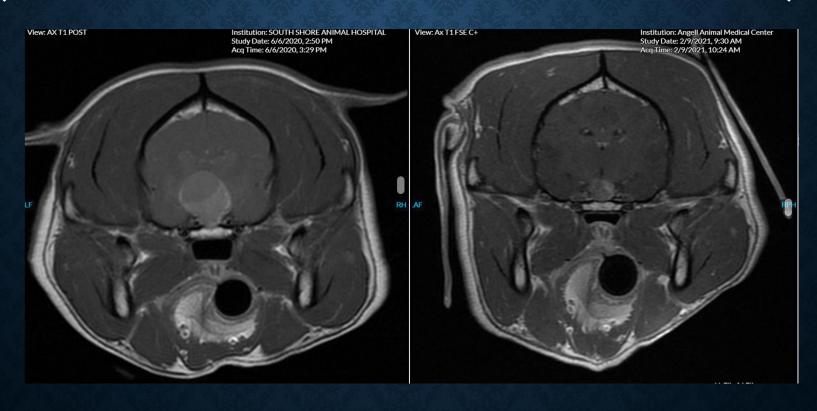
- Radiation fractionation/intent
 - Full course/definitive 20 daily fractions
 - I.e. 2.5 Gy per fraction = 50Gy
 - Stereotactic 3-5 daily fractions
 - I.e. 8 Gy per fraction = 24 Gy
 - Palliative 4-5 daily or weekly
 - I.e. 5 Gy per fraction = 25 Gy
 - "moderately hypofractionated" 10 daily fractions
 - I.e. 4 Gy per fraction = 40 Gy

RADIATION THERAPY

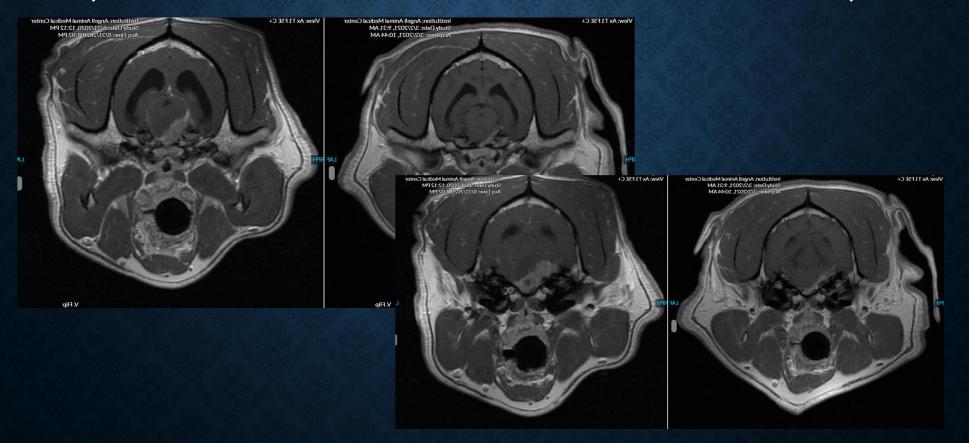
- Advanced techniques
 - IMRT
 - SRT
 - VMAT



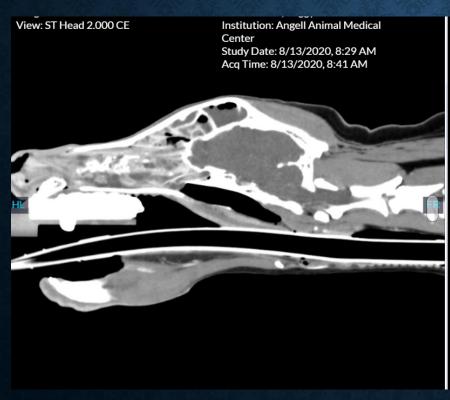
CASE EXAMPLES: PITUITARY (SHEBA – DEFINITIVE/20 TREATMENTS)

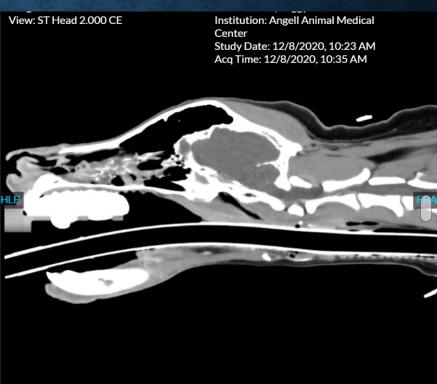


CASE EXAMPLES: MENINGIOMA (RUBY – DEFINITIVE/20 TREATMENTS)

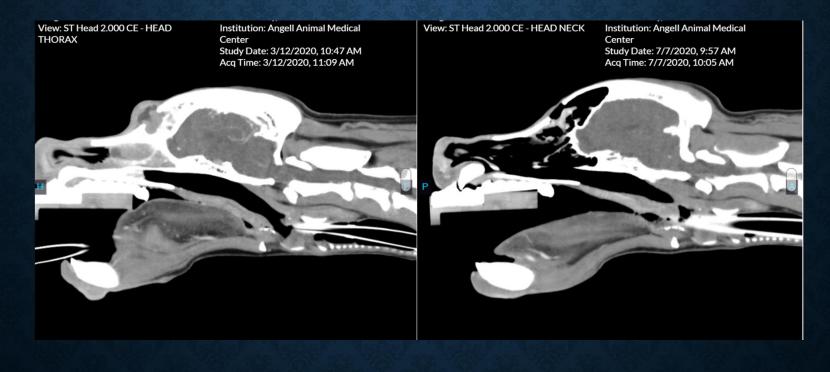


CASE EXAMPLES: NASAL CARCINOMA (MYSTIC – SRT/3 TREATMENTS)

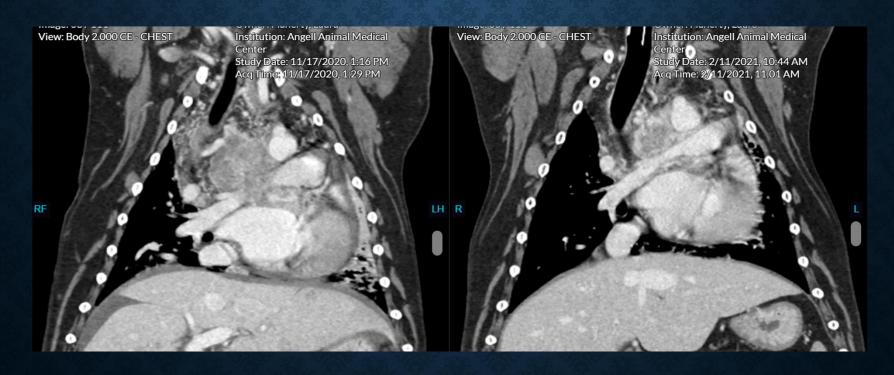




CASE EXAMPLES: NASAL CARCINOMA (STELLA – DEFINITIVE/18 TREATMENTS)



CASE EXAMPLES: HEART BASE TUMOR (OTIS- SRT/3 TREATMENTS)



CASE EXAMPLES: HEPATOCELLULAR CARCINOMA (KUMA- SRT/3 TREATMENTS)

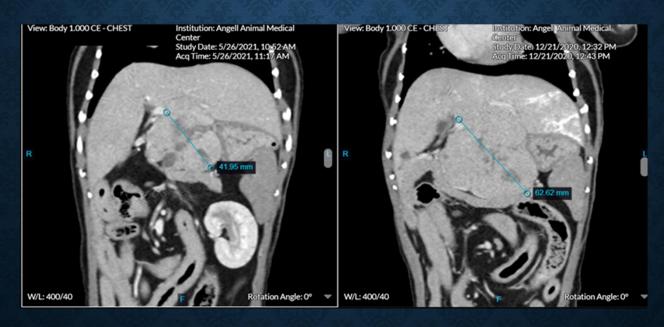


Photo credit: Dr. Lyndsay Kubicek

CASE EXAMPLES: ANAL SAC ADENOCARCINOMA (JACK- PRT/4 TREATMENTS)

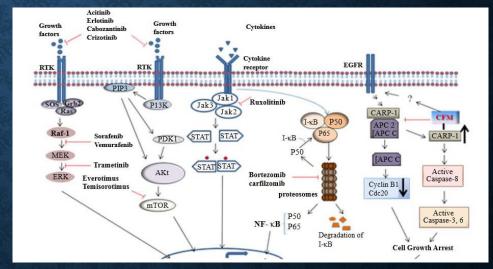


Photo credit: Dr. Kristine Burgess



OTHER MODALITIES

- Targeted therapy
 - Palladia™
 - Mast cell tumor
 - Neuroendocrine, carcinomas, etc.
 - Combination therapy
 - Kinavet (masitinib)
 - No longer on the market
 - FidoCure®



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CASE EXAMPLES: HIGH GRADE SARCOMA (YOGI - PALLADIA + VINORELBINE)



OTHER MODALITIES

• Electrochemotherapy



OTHER MODALITIES

- Immunotherapy
 - Oncept™ melanoma vaccine
 - Tumor lysate vaccines
 - Immunocidin
 - Stelfonta

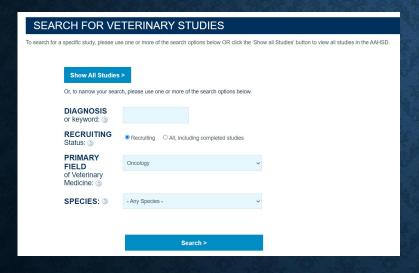


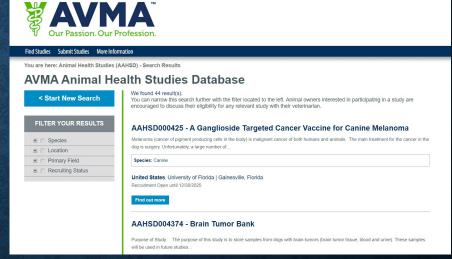




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CLINICAL TRIALS





https://ebusiness.avma.org/aahsd/study_search.aspx

MANAGEMENT OF TREATMENT-RELATED SIDE EFFECTS

CHEMOTHERAPY SIDE EFFECTS

- Nausea, diarrhea
 - Cerenia
 - Metronidazole
- Cytopenias (neutropenia, thrombocytopenia)
 - Check a CBC!
 - If appropriate, broad spectrum antibiosis**
- Dermatologic (ie Tanovea)
 - Prednisone



RADIATION THERAPY SIDE EFFECTS

- Acute side effects
 - Mucositis
 - Dermatitis
 - Keratitis
 - Colitis
 - Urethritis
 - Transient demyelination

- Anti-inflammatories
 - NSAIDs
 - Steroids
- Antibiotics
- Antispasmotics
 - Prazosin
- Pain management

RADIATION THERAPY SIDE EFFECTS

- Late effects
 - Fibrosis
 - Strictures
 - Poor wound healing
 - Wounds/skin necrosis
 - Chronic -itis

- Treament
 - Pentoxifylline
 - Steroids

PALLIATIVE CARE FOR CANCER PATIENTS

POLL #7

What is your go-to palliative care measure for cancer patients?

PALLIATIVE CARE FOR CANCER PATIENTS

- Pain control
 - In many cases, NSAIDs >>> steroids
 - Exceptions:
 - Lymphoma/mast cell tumors
 - CNS
 - Pulmonary disease
- Management of secondary effects
 - Secondary infection
 - Wound healing

- Additional pain management tools
 - Gabapentin
 - Amantadine
 - Buprenorphine
 - Tylenol #4
 - Tramadol
 - Fentanyl patch

SAFE USE OF NSAIDS IN CATS

Retrospective case—control study of the effects of long-term dosing with meloxicam on renal function in aged cats with degenerative joint disease

Richard A Gowan BVSc, MACVSc (Feline Medicine)^{1*}, Amy E Lingard BVSc, FACVSc (Feline Medicine)¹, Laura Johnston BVMS², Wibke Stansen BSc, PhD², Scott A Brown VMD, PhD, Dip ACVIM³, Richard Malik DVSc, DipVetAn, MVetClinStud PhD, FACVSc (Feline Medicine), FASM⁴

Check for updates



Kate KuKanich¹, Christopher George^{1,3}, James K Roush¹, Sherry Sharp¹, Giosi Farace², Murthy Yerramilli²,

Sarah Peterson² and Gregory F Grauer¹

Journal of Feline Medicine and Surgery 2021, Vol. 23(3) 138–148

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A retrospective analysis of the effects of meloxicam on the longevity of aged cats with and without overt chronic kidney disease

Journal of Feline Medicine and Surgery 14(12) 876-881
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Richard A Gowan¹, Randolph M Baral², Amy E Lingard¹, Melissa J Catt², Wibke Stansen³, Laura Johnston⁴ and Richard Malik⁵

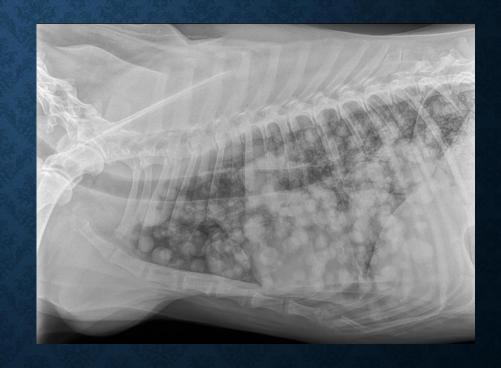
NASAL/ORAL TUMORS

- NSAIDs, pain control
- Clindamycin or other antibiotics
- Soft food
- "Home nebulization"
- Nasal flush
- Nasal phenylephrine drops



LUNG TUMORS & PULMONARY METASTASIS

- NSAIDs vs steroids
- Cough suppressants
 - Hycodan
 - Dextromethorphan
 - Oral butorphanol
- Terbutaline or theophylline
- Diuretic



ABDOMINAL TUMORS

- NSAIDs/steroids
- Gabapentin
- Cerenia
- Spironolactone?



BLADDER, URETHRAL, AND PROSTATE TUMORS

- NSAIDs
- Prazosin
- Antibiotics PRN
- Stool softeners



QUESTIONS?

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