

The Hope Line

FALL 2016

Dear Colleague,

I am pleased to present to you the inaugural edition of The Hope Line. Our goal with this newsletter is to stay connected to you! Good referral relationships can only be built upon a solid foundation of communication. We hope this format of information will be a short, sweet, and to the point source of the latest technology, success stories, and medical breakthroughs occurring right in your neck of the woods- at SEVO-Med! As always, we have a million ways for you to reach us... whatever communication style suits your needs! Try emailing us directly at drladue@sevomed.com, drlocke@sevomed.com, drbertalan@sevomed.com, or drneumann@sevomed.com.

Cheers! Look forward to chatting with you soon,

Dr. Tracy LaDue

Does a Marginally Excised Mast Cell Tumor = Marginal Care?



With our first ever edition of the The Hope Line, I am going to jump right into a pot of boiling water and talk about a topic that isn't so cut and dried. But who wants to read about something that isn't controversial? What do we do about the narrowly or incompletely excised grade 1 or 2 mast cell tumors in our canine patients?

As a radiation oncologist, I must swallow my pride and sadly say (because I love to radiate things!) that the literature out there provides a plethora of data supporting no follow up therapy is needed for these patients.^{1,2,3} So why do we keep seeing recurrent mast cell tumor patients in our office with seemingly low grade 1 or 2 mast cell tumors from surgeries of days gone by?

Meet Brutus. Brutus is a wonderful 6 year old Great Pyrenees. His mom is a local veterinarian, Dr. Raulerson. Mom removed his tumor in August last year. No vascular invasion, only 3 MF/10hpf, grade 2 and low grade on the 2 tier system. Many folks might have said let's wait and see. Dr. Raulerson elected this plan. The pathologist commented that his median survival time should be 70 months.

But... Brutus' tumor was growing back a short four months later. Now the pathologist called it a high grade 2 with a mitotic index of 15 (previously 3). Sure, you might tell me that Brutus is the exception. I wish I could tell you that, but he is not. The literature suggests Brutus is one in four dogs who will have local recurrence following narrow or incomplete excision.⁴ As a cancer survivor myself, a 25% chance of local recurrence doesn't sound so great.

A group of veterinary surgeons evaluated dogs with narrow or incompletely excised MCT treated with a second surgery, radiation therapy, or NOT treated. They found there IS significant improvement in survival and local control when additional local therapy is performed. They concluded that second surgical resections or radiotherapy should be recommended to owners when mast cell tumors are incompletely or narrowly resected.⁵

My pot of boiling water doesn't feel so hot now!

By Tracy LaDue, DVM

References

¹ Schultheiss et al, JAVMA 2011; 238:1464-1469.

² Sequin et al, JAVMA 2001; 218:1120-1123.

³ Michels et al, JAAHA 2002; 38:458-466.

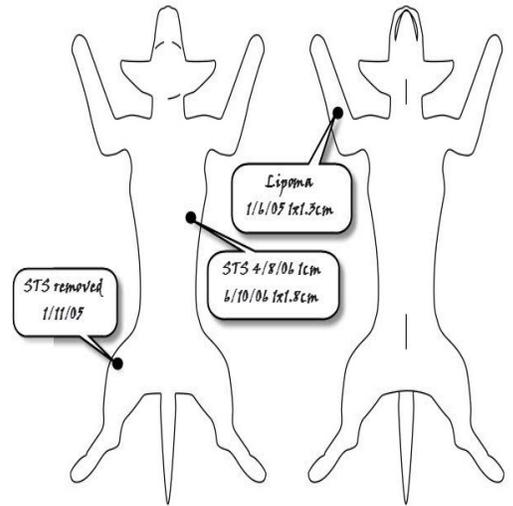
⁴ Sequin et al, JVIM 2006; 20:933-940.

⁵ Kry et al, Vet Surg; 2014;43:182-189.

Check this out! AAHA Oncology Guidelines were published just this year: JAAHA 2016; 52:181-204. Don't get JAAHA? Call us and we will email or fax you a copy of this handy little reference. Better yet, email or call one of our oncologists to help you out personally. We don't mind a bit!

The Hope Line Idea Exchange: Cover your bases when the patient is covered in masses!

We recommend you use a mass topography form to help keep track of all those lumps and bumps you have aspirated on your patients over the years. Call us and we will send you copies of the ones we use here at SEVO-Med! Got computerized medical records? So do we! We keep a large ring binder with our tumor maps in alphabetical order. When a patient comes in with a new mass, these maps are easy to pull and add to. The file can be purged of the patients who are no longer with you on a yearly basis by your staff.



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Department Highlight: Radiation Therapy

IT TAKES A VILLAGE!

Can you imagine getting through your patient receiving day without the help of your trusted nurses and front office receptionists? What would we do without them! SEVO-Med's radiation team operates much the same way! It takes a well-crafted employee team to treat your patients that need radiation safely, timely, and effectively. The SEVO-Med radiation team consists of a radiation oncologist to prescribe the radiation and perform the physics necessary to treat appropriately, a radiation therapist to accurately and dependably deliver the radiation daily, a nurse anesthetist to keep your patients completely still for the quick procedure and safe(!), and the front desk team to help schedule the treatments for timely in and out of the office visits. We would love for you to come check us out! We can show you how the whole operation works!