

The Hope Line

Spring 2019

Narrow's Not Enough!

“Appears completely excised” OR “Tumor is completely excised with narrow margins”. Sound familiar? At initial glance, this seems like good news for your patients with cancer, right? It is striking to me the number of patients we see in our oncology practice with recurrent cancer, whose histopathology report clearly states from the pathologist that the tumor was completely excised. In the past few months I have met Rosie the Pitbull whose mast cell tumor resection says “the neoplasm is completely excised with 2.5mm lateral and 3.0 mm deep margins”. Her tumor recurred 13 months later. Sweetpea the Labrador retriever with “excision appears complete with 1.8 mm lateral and 0.2 mm deep margins” had melanoma recurrence a short two months later. A cat named Max with “borders free of tumor cells” had regrowth of his adenocarcinoma one month later! This cat's margins were 0.5-2.6mm.

So what constitutes “clean margins”? How clean is clean? One of my pathologist mentors taught me that margin evaluations are representative of the extent of resection, not definitive.¹ Margin evaluation protocols can vary widely, and certainly the definition of a ‘clean’ margin has not been standardized. In 2011, consensus guidelines for margin evaluation and reporting were published in the Veterinary Pathology journal.² This paper states that “surgical margins may be the most important parameter for the clinician.” It recommended that the pathologist avoid vague and ambiguous terms such as “clean, dirty, narrow, and close” as they are subjective and introduce interpathologist variability. Unfortunately, this consensus paper still leaves us guessing as to how narrow is TOO narrow. There is no standardization among veterinary oncologists, but your oncologists at SEVO-Med agree that we like to see FIVE millimeters of normal tissue from the cut edge of your surgical specimen. 0 to less than 5 mm is a narrow excision and pet parents should be warned that cancer cells are likely still present in their pet. I will routinely discuss second surgical resections when margins are 0-5 mm.

Where second surgeries are not an option, radiation is a great choice to sterilize remaining cancer cells in many patients.

So narrow's not enough my friends! As always, we are happy to review your pathology reports on your cancer patients and make recommendations as needed.

Here's to a beautiful Spring!

Dr. Tracy LaDue
Diplomate, ACVIM oncology
Diplomate, ACVR radiation oncology

References:

- ¹ The incredible Sharon Dial, DACVP
- ² Vet Pathology 48(1), 19-31; 2011.



Patient Highlight: Brandy

Brandy is a 10-year-old female spayed Old English Bulldog who was rescued in 2008 from an abandoned house that was in foreclosure. At only 3 months old, she immediately stole the hearts of her parents, Pamela and Darryl.

In September of 2017 a mass was discovered on her leg. It was advised the mass should be removed immediately and surgery was performed that same day. The pathology report came back as a grade II soft tissue sarcoma, with 1.5mm lateral and deep margins, described as clean by the pathologist. No radiation or follow-up treatment was recommended at that time.



Nearly one year later to the day the mass reappeared. This time she was referred to a specialist who has experience with tumor removal. Due to its location, the surgeon was only able to obtain margins of less than 1mm, resulting in a high chance for recurrence. The specialist informed them that she would need to follow up with radiation to kill the remaining cancer cells, but when Brandy's mom began researching traditional radiation it seemed very scary to them. After further research, she learned of the STS trial through PetCure Oncology. She proved to be a great candidate for the trial!

Upon healing from tumor surgery, she came to SEVO-Med where she had a consult with Dr. Tracy LaDue and simulation planning CT the same day. **PetXMark** liquid fiducial marker was injected along her scar line during the CT scan. The following week she returned for her single fraction of stereotactic radiation treatment. Now 6 months out from her treatment, she is doing great and has had very minimal side effects that were easily managed. Brandy is a hero to all of us here at SEVO-Med PetCure Oncology and to all the futures pets being treated for cancer!

PetXMark is a liquid fiducial marker that can be injected along a surgical incision or painted into a resection cavity for later imaging. It is a stable and non-toxic compound that does not migrate after injection, and is intended to provide stable, reproducible tissue marking that is visible on CT scan.

PetCure Oncology recently completed a clinical trial evaluating the effectiveness of stereotactic radiation (SRS/SRT) combined with **PetXMark** liquid fiducial marker for the treatment of incompletely resected, grade 2 soft tissue sarcoma in dogs. The trial closed to new participants the beginning of April 2019 and the data is currently being evaluated. Prior to the launch of this trial,



PetCure Oncology conducted a pilot study of 20 dogs whose treatment plans were created using the **PetXMark** liquid fiducial marker. No acute toxicities, local failures, or geographic misses were observed.

If you have a patient with soft tissue sarcoma and have questions about the **PetXMark**, please feel free to reach out to our PetCure Oncology Client Care Coordinator, Nicole Randall at 904.278.3870.

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