Survey of UK-based veterinary oncologists and clinical pathologists' approach towards diagnostic methods used to diagnose and classify lymphoma

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OBJECTIVES

Recent studies have shown the World Health Organization (WHO) classification scheme for human lymphoma can be applied to dogs. We surveyed UK veterinary oncologists and clinical pathologists to investigate the methods used to diagnose and classify lymphoma.

METHODS

Questionnaires were devised to identify what samples were taken for diagnosis and immunophenotyping and subsequently how the neoplasm is classified. Questionnaires were sent to 49 diplomats working in an oncology service and to 50 clinical pathology diplomats throughout the UK.

RESULTS

The response rate was 57% for oncologists and 62% for clinical pathologists. All of the oncologist respondents always perform cytology and consider it essential. 59% perform immunophenotyping routinely, whilst 37% consider it not essential and 4% perform it rarely or never. 79% sometimes perform histopathology but not as an essential test. The majority of oncologists (65.5%) would like clinical pathologists to classify lymphoma according to WHO classification scheme yet only 14% of oncologists reported the scheme being used. Without knowledge of immunophenotype, 64% of clinical pathologists give a diagnosis of lymphoma without further classification. When immunophenotype is known, 65% report lymphoma as high grade or low grade B or T. Only 17% use the WHO classification.

STATEMENT

The majority of veterinary oncologists questioned in this survey would like to classify lymphoma according to WHO scheme, but do not always supply the necessary samples. Most clinical pathologists do not currently use this WHO classification scheme. Training and education will be required to appreciate the importance of lymphoma classification and how it is performed.

Impact of radiation therapy on bone marrow toxicity in patients treated with concurrent radiation therapy (RT) and vinblastine chemotherapy for mast cell tumours

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OBJECTIVES

It is recognised that concurrent chemotherapy and radiotherapy (RT) can improve outcome but also increase toxicity in several human cancers. We aimed to assess whether vinblastine (VBL) myelosuppression was enhanced in mast cell tumour patients receiving concurrent RT, as multimodality therapy is increasingly used in the treatment of high grade mast cell tumours.

METHODS

In this retrospective study, records of 86 dogs receiving vinblastine for treatment of mast cell tumours were reviewed. Group 1 consisted of 43 patients treated with RT (either 12x4Gy on Mon-Wed-Fri or 4x8Gy once weekly) and chemotherapy concurrently. Group 2 received chemotherapy without radiotherapy. Patients in this group were matched in terms of similar age, size, gender and tumour stage to Group 1.

All patients were treated with a standard VBL-P (prednisolone) protocol. Haematology was assessed prior to every chemotherapy treatment, so at weekly intervals. For statistical analysis the baseline haematology (week 1) and haematology the three following weeks (weeks 2–4)

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