Oral presentations

gowns and gloves and eye protection, respectively. Only 22% of participants were preparing cytotoxic drugs in a designated room while 68% used a dedicated room for administration to the patient. A cytotoxic spill kit was available in nearly half of the practices where the respondents worked. There was no association found between age, gender, time since graduation, university of graduation and type of practice and the use of recommended equipment for preparation of cytotoxic agents.

Although 80% of participants reported seeking training and advice from various sources, less than half

of them reported appropriate training in the safe handling of hazardous substances of other members of staff indirectly involved.

CONCLUSION

The study suggests that, despite training and concerns with health and safety issues associated with manipulation of hazardous drugs, compliance with recommended protocols was generally poor amongst veterinary healthcare workers in first opinion UK practices.

Prognostic significance of immunophenotype in canine acute myeloid leukaemia

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Acute myeloid leukaemia (AML) is known to carry a poor prognosis in dogs, but little is known of any prognostic factors related to this disease. Immunophenotype is of prognostic value in chronic lymphocytic leukaemia, and anaemia is associated with a poorer prognosis in acute leukaemias. This study investigated the use of immunophenotype, classified using flow cytometry, and other clinical parameters as prognostic indicators in canine AML.

Dogs diagnosed with AML on flow cytometry at one institution between 1st January 2005 and 1st January 2013 were reviewed and a follow up history was obtained. Dogs were excluded if the diagnosis was uncertain; there was no follow up history; were CD34 negative (indicating chronic leukaemia), or were negative for all three myeloid markers (CD14, myeloperoxidase [MPO] or neutrophil specific antibody [anti-neut]). The relationship between survival time and the following variables were analysed using log rank analysis: breed, immunophenotype (divided into the following groups: [CD14+, MPO+, anti-neut+], [CD14+, MPO+],

[CD14+], [MPO+ and/or anti-neut+]), treatment type (palliative only, prednisolone or various chemotherapy protocols), haematological parameters at diagnosis and clinical signs. Survival time was calculated from the date of flow cytometric diagnosis to the date of natural death or euthanasia. Data are presented as median [range] and statistical significance was defined as $P < 0.05$.

Twenty four dogs met the inclusion criteria with an age of 7 [1-14] years; Labrador Retrievers, Golden Retrievers and German Shepherds were the most commonly represented breeds. Survival time was 3 [0-29] days. No association was identified between the immunophenotype of the disease and the survival time. However dogs with anaemia ($HCT < 36\%$) at the time of diagnosis had significantly shorter survival times compared with dogs with a $HCT \geq 36\%$ (3[0-28] days, $n=21$ vs. 21[6-29] days, $n=3$, $P=0.025$). Dogs presenting with gastrointestinal signs had significantly shorter survival times than those with no signs (3[0-6] days, $n=10$ vs. 4[1-29] days, $n=11$; $P=0.03$). Four cases presented with shifting lameness. Dogs surviving ≥ 3 days were compared by treatment type; those treated with prednisolone had longer survival times compared to those treated with various chemotherapy protocols (21[3-28] days, $n=3$ vs. 7[3-29] days, $n=6$; $P=0.041$).

Immunophenotype does not appear to be associated with prognosis in canine AML. However anaemia at the time of diagnosis and gastrointestinal signs are associated with a poorer prognosis in dogs with AML, although prognosis is invariably poor.

Evaluation of a lomustine based chemotherapy protocol (LOP) to treat canine T-cell lymphoma in 7 dogs

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High grade T-cell lymphoma in dogs is associated with a poorer prognosis compared to the B-cell phenotype when treated with COP and CHOP based protocols. One study previously reported that lomustine based protocols were more

effective at treating multicentric and mediastinal canine T-cell lymphoma with a similar response rate and a longer progression free interval when compared with a CHOP protocol.

This retrospective study evaluated cases diagnosed with T-cell lymphoma at a single referral institution and that were subsequently treated with a LOP (lomustine, vincristine and prednisolone) protocol. Mean lomustine dose was 57 mg/m² (range 40–65 mg/m²) every 4 weeks, and mean vincristine dose was 0.66 mg/m² (range 0.5–0.7 mg/m²) weekly for 4 weeks then every 2 weeks. Response rate was recorded and progression free interval (PFI) was calculated from the date of first chemotherapy administration until recurrence of disease. Time taken before change in protocol due to adverse effects was calculated where appropriate and treatment delays and hospitalisation events due to adverse effects were recorded. Seven cases of high grade T-cell lymphoma were included (3 multicentric, 2 mediastinal,