Multimodality treatment of canine tonsillar squamous cell carcinomas: 12 cases

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OBJECTIVES

Tonsillar squamous cell carcinomas (TSCC) are infiltrative, highly metastatic tumours associated with short survival, despite recommendations for multimodal treatment. Here we evaluate the outcome of multimodality treatment including radiotherapy in a cohort of dogs.

METHODS

Medical records of dogs with cytologically or histologically confirmed TSCC treated with radiotherapy plus

surgery/medical therapy between 2009–2016 were reviewed, and survival data calculated.

RESULTS

Twelve patients were enrolled. The most common presenting signs included cough, ptialism, dysphonia, halitosis, dysphagia, and lethargy. Eight dogs (66%) had documented metastatic disease to loco-regional lymph nodes at diagnosis (affected lymph node/s were included in the radiation field). Nine dogs were treated with a hypofractionated protocol (32–36Gy in 4 fractions) and three with definitive radiotherapy (48Gy in 12 fractions). Side effects after radiotherapy were mild and self-limiting and included alopecia, mucositis, erythema and desquamation in the majority of cases. Six patients had surgery before radiotherapy (either complete tonsillectomy or debulking surgery) and nine received adjunctive chemotherapy (single agent carboplatin or combined with mitoxantrone). One dog received toceranib. The median survival time was 80 days (range 29–1032 days), with 41% of the dogs alive after 6 months, and 2 dogs alive after a year (one alive at 696d, one died after 1032d). Dogs that underwent surgery lived longer than those who didn't (194.5d vs 91d).

STATEMENT (CONCLUSIONS)

This shows no improvement on historical controls. Radiotherapy should therefore be considered as first line treatment for dogs with TSCC in combination with surgery and chemotherapy.

Early administration of doxorubicin in a 19 week CHOP protocol for canine B cell lymphoma

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OBJECTIVES

The primary aim was to compare outcomes for dogs with B-cell lymphoma treated with a 19 week CHOP protocol in which doxorubicin is administered in week 2 (CHOP-DC) with dogs treated with a traditional CHOP protocol in which doxorubicin is administered in week 4 (CHOP-CD). The null hypothesis was that time to progression (TTP) and survival time would be similar between protocols.

METHODS

A retrospective analysis was undertaken of the clinical records of 14 dogs with B cell lymphoma treated with a 19 week CHOP-DC protocol and 11 dogs treated with a 19 week CHOP-CD protocol.

RESULTS

11/14 (78%) of dogs treated with CHOP-DC and 10/11 dogs (90%) treated with CHOP-CD achieved complete remission with median time to progression (TTP) of 195 days (range 39–572) and 197 days (range 15–433) respectively. Two of fourteen CHOP-DC dogs and 4/11 CHOP-CD dogs were still alive at the time of writing and were censored from the survival analysis. Median survival time (MST) for the CHOP-DC group was 314 days (range 72–695) and 252 days (range 76–825) for the CHOP-CD group. There was no significant difference between groups for either TTP ($p=0.906$) or MST ($p=0.639$).

STATEMENT (CONCLUSIONS)

Doxorubicin administered earlier in the CHOP protocol did not result in longer TTP or MST than administration later in the induction phase in this study. TTP and MST were comparable to those of dogs treated with commonly used CHOP based protocols.