all tau forms was reduced in the tumour group relative to normal controls ($p < 0.001$).

STATEMENT (CONCLUSIONS)

These results suggest that brain tau status changes in the context of tumour growth. If confirmed in a larger sample,

this would support development of minimally-invasive tau profiling techniques to accelerate ante-mortem diagnosis and better stratify patients to appropriate treatment protocols.

Investigating the roles and attitudes of first opinion veterinarians during oncology referral

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OBJECTIVES

In human medicine, considerable research about the roles of general practitioners during oncology referral has identified areas for changes, which have potentially benefited both patients and healthcare professionals. Such information, however, does not exist in veterinary medicine. This study's aim is to investigate the roles and attitudes of First Opinion Veterinarians (FOVs) during oncology referral, in order to determine the roles currently played by FOVs and elucidate any concerns

FOVs have regarding oncology and the referral process. The findings will then be compared with similar studies undertaken in human medicine.

METHODS

'RCVS Approved Training Practices' were randomly selected and emailed an online screening questionnaire. Once an FOV had completed the questionnaire, a phone interview was conducted consisting of eleven open ended questions about the clinicians experiences and attitudes. Thematic analysis was applied to transcriptions of the interviews to identify key themes.

RESULTS

Eleven FOVs completed the screening questionnaire nine of whom were interviewed. We found that that FOVs believe that they play a key role in managing patients, and assisting clients to navigate the complex and stressful discipline of oncology. In addition they work to ensure that patient welfare is always the primary concern throughout treatment, as they believe themselves to be guardians of patient welfare.

STATEMENT (CONCLUSIONS)

This preliminary study was the first on this topic in veterinary oncology, providing an insight into the FOV viewpoint and a starting point for future research on the topic.

Biologically aggressive mast cell tumour in puppies with good outcomes: 3 cases

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OBJECTIVES

Canine mast cell tumors (MCT) usually affect older patients; however, occasional reports in younger dogs are reported in the literature. The aim of this study is to describe the clinical presentation, histological characteristics,

prognostic factors (including KIT mutation), and follow up in three puppies which developed biologically aggressive cutaneous MCTs at the age of <6 months and which all had favourable outcomes (even in the absence of aggressive treatments).

METHODS

Retrospective case series including 3 puppies diagnosed with biologically aggressive MCT developed <6 months of age. For each patient clinical presentation, histopathology (+/-immunohistochemistry), c-kit mutations and long term follow up were available.

RESULTS

The three patients developed a MCT between 2 and 6 months of age. Locations were pinna (case 1), bridge of the nose/nasal planum (case 2), and right antebrachium (case 3). Based on histopathology characteristics (+/-immunohistochemistry) and clinical behaviour all

Oral presentations

tumours were considered biologically aggressive. C-kit mutations were identified in each patient. Two patients received surgery as main treatment (cases 1 and 3). Case 1 had additional adjuvant prednisolone at the time of tumour recurrence. Case 2 received systemic chemotherapy and brachytherapy, due to tumour location. All patients were alive at the end of the study with a median follow up time of 28 months.

STATEMENT (CONCLUSIONS)

MCT is rarely seen in puppies but needs to be included in the list of differentials. Although an aggressive behaviour may be suspected based on tumour characteristics, a more favourable outcome may be seen in these dogs.

Use of neoadjuvant chemotherapy and radiation therapy for the management of two cases of canine extramedullary oral plasmacytomas

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OBJECTIVES

Canine extramedullary oral plasmacytomas are locally aggressive but rarely metastasise. When feasible, wide surgical excision is the treatment of choice and can provide a definitive cure. Radiation therapy has been reported for non-surgical cases, while the use of chemotherapy has been poorly described. This abstract describes a new therapeutic approach for unresectable plasmacytomas combining neoadjuvant chemotherapy and radiotherapy.

METHODS

Retrospective case series including 2 dogs with unresectable oral plasmacytoma affecting the caudal maxilla. Treatment response was assessed according to RECIST criteria.

RESULTS

Case 1 presented with stage II oral multicentric plasmacytomas (T2N0M0). Partial response (70% shrinkage) was achieved with melphalan/prednisolone. Follow-up CT showed complete resolution of the soft tissue component, but residual osteolysis at the level of the larger mass. Because of the multicentric nature of the disease, palliative radiotherapy (36Gy in 6 weekly fractions) was used to control the larger lesion, while melphalan/prednisolone was continued for the other smaller lesions. There was no evidence of tumour progression after 23 months.

Case 2 presented with stage III oral plasmacytoma (T3N0M0). Partial response (67% shrinkage) was achieved with melphalan/prednisolone. As before, follow-up CT showed complete resolution of the soft tissue component, but the osteolysis persisted. The dog underwent a definitive course of radiotherapy (48Gy in 16 daily fractions) and chemotherapy was discontinued. There was no evidence of tumour progression after 12 months.

STATEMENT (CONCLUSIONS)

Neoadjuvant chemotherapy should be considered before irradiating oral plasmacytomas because it could reduce radiation toxicity by allowing smaller targets and sparing sensitive structures such as the eyes.