category. Excessive repetition of behaviour may stem from various emotional roots and frequently has a learnt component.

Identifying when 'normal habits' become a problem may depend on the caretaker's observational abilities and interpretation. This will be influenced by their attitudes and understanding of what is 'normal' or even 'funny'. This may delay when owners consider seeking help.

This talk will introduce repetitive behaviours and the range of possible causes and underlying emotions. Using illustrative case histories, the discussion will focus on history taking, preventative and resolution strategies, and consideration of when referral may be needed. Understanding these issues will help professionals provide prophylactic advice to owners on preventative strategies and raise awareness of the need to seek help early should problems start to occur.

KEY LEARNING OBJECTIVES

- Understand the range of causes of problematic repetitive behaviour
- Understand the importance of observation and history taking to come to a correct diagnosis in these cases
- Be able to advise owners of simple steps to avoid these problems in dogs, and also other species

MULTIPLE CHOICE QUESTIONS

1. Which of the following is correct about when repetitive behaviour is stereotypic?
 - (A) Sometimes
 - (B) Always
 - (C) Never
 - (D) Stereotypic behaviour is a different syndrome
2. What is problematic repetitive behaviour due to?
 - (A) Only aversive (negative) emotions such as anxiety and boredom
 - (B) Appetitive emotions due to it being positively reinforced by owners
 - (C) Aversive and appetitive emotions
 - (D) It is unconscious behaviour
3. Which of the following is correct about repetitive behaviour that results in distress and interference with normal activities?
 - (A) Is purely a behavioural issue
 - (B) Is purely a medical issue
 - (C) Is purely a genetically determined condition
 - (D) None of the above

Oncology: the past, the present, the future

Suzanne Murphy

The effective and appropriate treatment of cancer requires an early, prompt and accurate diagnosis, the identification of the tumour type and its grade, and the identification of the tumour stage. Then a plan of treatment can be formulated. The ability to identify tumour type accurately has improved over the last 30 years, and staging has been influenced by the more widespread use of advanced imaging. The mainstays of cancer treatment over the last 30 years have been the three modalities of surgery, radiotherapy and chemotherapy, and still are, although novel therapies are coming on line.

SURGERY

Surgery cures more tumours than any other modality of treatment. As sole therapy it is appropriate for cancers where metastatic risk is low and it is possible to remove the entire tumour with adequate margins. If a solid tumour has a high metastatic risk then adjuvant chemotherapy can be used after surgery has removed the primary. A simple debulking surgery followed by radiotherapy to

mop up microscopic disease is best for some tumours where it would be difficult or debilitating to remove the mass completely. Surgery can also be used palliatively.

EXTERNAL BEAM RADIOTHERAPY

External beam radiotherapy treats local disease so is often used for tumours that are unlikely to metastasize. It is commonly used in situations of microscopic disease, where a 'debulking surgery' removed the gross disease. It is used for measurable disease in the case of some thyroid tumours, oral melanoma and brain tumours or as pain relief for bone lesions.

It has become more readily available in the UK since the first linear accelerator was installed at the University of Cambridge in 1991. The geographic distribution now means that lot of the population is close to a centre offering radiotherapy. Thus there is a need for referring veterinary surgeons to know about radiotherapy. Machine development and computer planning from computed tomography (CT) make targeting lesions whilst minimizing bystander effects more achievable, especially for non-superficial masses, and will do increasingly in the future.

CYTOTOXIC DRUGS

Cytotoxic drugs are used for 'liquid tumours' or for palliation for unresectable primary tumours. They are also

30 years in Birmingham

used for neoadjuvant therapy (downsizing surgically untreatable tumours into treatable ones) or for adjuvant therapy (after surgical excision of the primary where there is a high risk of metastatic disease). Since 1991, new protocols and new drugs have been developed, and are still being developed.

OTHER THERAPIES

Cancer is a disease of the genome. We are starting to understand the molecular basis of cancer, revolutionized in the last 20 years by technology that has allowed us to elucidate the genome in health and disease. By understanding what has gone wrong we can design novel therapies to target the disease, whilst sparing normal cells. This includes drugs such as receptor tyrosine kinase inhibitors and immunotherapies.

KEY LEARNING OBJECTIVES

- Learn how the three main modalities for treating cancer are used appropriately
- Understand how to use the newer treatment options — immunotherapy, receptor tyrosine kinase inhibitors
- Discover what is likely to improve in cancer treatment in the future

MULTIPLE CHOICE QUESTIONS

1. What are tyrosine kinase inhibitors licensed for use in Europe for?
 - (A) Canine mast cell tumours
 - (B) Feline mast cell tumours
 - (C) An anti-angiogenic therapy for thyroid carcinoma in the dog
 - (D) All of the above
2. Where is surgery used as a modality potentially to cure tumours?
 - (A) Tumours with a low risk of spread
 - (B) Where adequate margins can be achieved
 - (C) Where staging has been undertaken and showed no sign of metastatic disease
 - (D) All of the above together
3. Why is CT particularly important for staging feline injection site sarcomas (FISS)?
 - (A) The size of tumours determined by CT can be up to twice the size estimated at physical examination
 - (B) CT can differentiate between an inflammatory reaction and FISS
 - (C) CT radiation will help sterilize the tumour bed
 - (D) All of the above

Analgesia: what has changed in the last 30 years?

Jo Murrell

A survey was carried out in the UK in 1996 into the attitudes of British veterinary surgeons towards perioperative analgesia in dogs, cats and small mammals. Dogs were administered analgesics for ovariohysterectomy 53% of the time and cats only 26% of the time, illustrating the low use of analgesics for routine surgery 23 years ago. This would have led to untreated pain in a huge number of animals in veterinary practice and it is likely that the situation was even worse 30 years ago. Fortunately more recent surveys have shown a massive increase in the use of analgesics for routine surgery by UK veterinary surgeons. In 2013, analgesia provision for routine surgery (neutering and lump removals) was almost ubiquitous in both cats and dogs. This probably reflects increased knowledge about the effects of pain in animals, changes in veterinary education and increased availability of analgesic drugs.

Central sensitization was first noted in an experimental rat model by Clifford Woolf in 1983 and this led to the

principles of pre-emptive analgesia and multimodal analgesia in pain treatment. The veterinary profession was not far behind in detecting central sensitization associated with acute and chronic pain in animals following landmark studies led by Waterman-Pearson and colleagues. This has led to the widespread adoption of pre-emptive analgesia and multimodal analgesia in veterinary patients, improving our ability to provide robust analgesia for pain.

It is easy to forget that 30 years ago we were reliant on unidimensional methods to score pain in animals such as the simple descriptor scale, numeric (pain intensity) rating scale or visual analogue scale. These were unvalidated and insensitive to pain. Recently the team at Glasgow University have developed and validated composite pain scales to quantify acute pain in cats and dogs. Being able to measure acute pain is a huge leap forward in our ability to treat acute pain effectively. Using pain scoring tools also heightens awareness of pain within the veterinary team. Furthermore there are now clinical metrology instruments validated for the quantification of pain associated with osteoarthritis in dogs and cats, and tools are being developed and validated to measure quality of life in these species.

Last, but not least, we now have many more licensed analgesic drugs available to treat pain in cats and dogs and, with licensing, come data about optimal dosing and efficacy to support optimal use in practice.

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