Poster presentations

Radiation therapy for non-resectable neuroendocrine tumour in two dogs

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OBJECTIVES

The aim of this study was to describe clinical presentation, computed tomography (CT) features, cytological and histopathology findings and treatment outcome of dogs with carotid body neuroendocrine neoplasia treated with radiotherapy.

METHODS

Case records of dogs diagnosed with carotid body tumour treated with radiation therapy were reviewed. Inclusion criteria were the presence of tumour non-amenable for surgical resection with a cytological or histopathological diagnosis in conjunction with CT

findings of a soft tissue contrast-enhancing mass at the bifurcation of the common carotid artery. Information regarding survival times, side effects and response to treatment were reviewed.

RESULTS

Two dogs met the inclusion criteria. Clinical signs of unilateral space-occupying lesion were identified. Cytology or histopathology and CT imaging confirmed carotid body tumour. Metastatic lymphadenopathy was identified in one dog. The tumour was surgically unresectable in one dog. Radiation therapy was administered with 38Gy in 10 and 48Gy in 12 fractions, respectively. Toceranib phosphate was also administered in one dog as adjunctive therapy. Acute VRTOG grade I cutaneous radiotoxicity was identified upon completing the treatment protocol and VRTOG grade I late cutaneous radiotoxicity was recognised in both dogs. One dog was diagnosed with primary hypothyroidism 16 months later. One dog has ongoing partial response at 6 months post-radiotherapy, the other dog had complete response with no recurrence at 33 months post-radiotherapy.

STATEMENT (CONCLUSIONS)

The results of this study suggest that for non-resectable carotid body paraganglioma moderate dose radiotherapy provided excellent disease control with mild permanent side effects not affecting the dog's quality of life.

Effect of pre-medication drugs on cardiovascular parameters during anaesthesia and on speed of recovery of patients undergoing daily general anaesthesia for radiotherapy

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OBJECTIVES

To develop a protocol for safe pre-medication of patients undergoing anaesthesia for radiotherapy.

METHODS

A nurse-led observational study using client-owned dogs prescribed radiotherapy for treatment of anal sac adenocarcinoma. Pre-medications were randomly assigned; either 0.02mg/kg buprenorphine, 0.2mg/kg methadone or 0.2mg/kg butorphanol. Cardiovascular parameters, mean isoflurane usage, extubation time and total recovery time were recorded.

A repeated measures MANOVA was used to determine differences between cardiovascular parameters data between groups, and repeated measures ANOVA tests for mean isoflurane usage, extubation time and full recovery time. $P < 0.05$ was significant. Post-hoc paired t-tests with Bonferroni correction were performed where appropriate.

RESULTS

Twenty-four dogs were included, with eight dogs per drug group. There was no difference of cardiovascular parameters between groups ($F = 2.045$, $p = 0.140$). There was a difference of lowest mean isoflurane usage between groups (Wilks Lambda 0.236 $F(7,15)$ 6.85, $p = 0.001$), with butorphanol resulting in highest usage (butorphanol vs buprenorphine mean difference (M.D.) 0.9%, $p < 0.001$, butorphanol vs methadone M.D. 0.6%, $p < 0.001$). For extubation time, there was a significant

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