

**Behavior**

Leslie Larson Cooper, DVM, DACVB

**Cardiology**

Kristine Chan, DVM, DACVIM (Cardiology)

Justin Williams, DVM, DACVIM (Cardiology)

**Critical Care**

Melissa Bucknoff, DVM

**Dentistry**

Amalia Zacher, DVM

**Dermatology**

Laura Wilson, DVM, DACVIM

**Emergency & Urgent Care**

Erin Burdette, DVM

Elyse Hammer, DVM

Thomas McEntegart, DVM

Allegra Roth, DVM

Emily Wong, DVM



VCA San Francisco Veterinary Specialists

**Internal Medicine**

Craig Maretzki, VMD, MS, DACVIM

Laura West, DVM, DACVIM

Winnie Low Ybarra, DVM, DACVIM

**Integrative & Complementary Medicine**

David B.Y. Fong, DVM, L.A.c., Dipl. OM

**Neurology**

Lisa Klopp, DVM, MS, DACVIM (Neurology)

**Oncology**

Jason Kidd, DVM, DACVIM (Oncology)

Stephen Atwater, DVM, MS, DACVIM (Oncology)

**Surgery**

Margo Mehl, DVM, DACVS

Phil Watt, DVSc, MACVSc, FACVS

**Discharge Instructions for Patches Hawley****Attending Clinician: Jason Kidd, DVM, DACVIM**

June 10, 2015

Patches has been diagnosed with a bladder mass that is very suspicious for a cancer called transitional cell carcinoma. As we discussed based on the ultrasound it is very likely that the mass in the bladder represents cancer but we can consider additional tests such as a catheterization procedure or a scoping procedure to help confirm the diagnosis. A definitive confirmation is not absolutely necessary to move forward with chemotherapy in these cases however.

Transitional cell carcinoma is locally invasive (meaning it readily invades adjacent normal tissues), and it also has the potential to spread other places in the body (called metastasis). We recommend staging tests including abdominal ultrasound and chest x-rays to evaluate for metastasis or spread of the cancer. These tests have been performed and no evidence of cancer spread has been noted.

Treatment for this type of cancer is ideally aimed both at controlling the tumor in the site where it originates and delaying the onset of metastasis. There is some chance that the mass could be surgically removed. We would need to repeat the ultrasound with a surgeon present to determine this. If surgery is not an option or if you elect not to pursue surgery, treatment is then focused on the use of chemotherapy. The drug that has most commonly been used is mitoxantrone with response rates of approximately 30% reported. Piroxicam, an oral anti-inflammatory drug has also been used with response rates of 15-30%. The combination of mitoxantrone and piroxicam is most often used in our hospital. We can also consider continuing the Rimadyl as she has tolerated that medication and it is very similar to piroxicam. The combination of mitoxantrone and piroxicam has a response rate of 35% but with subjective improvement of clinical signs noted in 75% of dogs. Mitoxantrone is generally well-tolerated, although it has the potential to cause GI upset in 2-4 days and to lower the white blood cell count in 7-10 days. We often send home anti-nausea and anti-diarrhea medications and a white blood cell count would be checked weekly. If the tumor does not respond to this drug, we could consider alternate chemotherapy drugs (carboplatin).

New evidence has shown that a low dose, oral chemotherapy regimen can also be effective in treating this disease. We combine piroxicam (or other non-steroidal medication) with an oral chemotherapy agent called chlorambucil. This drug is given at home and is generally tolerated very well. This therapy option is less aggressive in that it involves less visits to the hospital and is less expensive. What little evidence exists shows that many dogs will have stable disease or modest shrinkage of their tumor with this protocol for some period of time. The most conservative option for therapy would be Piroxicam alone. *drug ~\$100/month visits ~\$150-200/month*

Prognosis for this tumor type is guarded and can be as poor as 4-6 months however, if metastasis is not noted and a good response is gained we can expect longer times in the 6-10 month range and potentially longer in some cases.

We are so sorry that Patches has been diagnosed with this cancer. We will do our best to keep her feeling well for as long as possible. If you have any questions about the above information or any concerns please do not hesitate to call.

**Current Medications:**

Please continue the Rimadyl and Gabapentin as previously directed.

If you have any questions or concerns, please contact the staff or Patches's attending clinician at VCA San Francisco Veterinary Specialists.