

## WHAT TO EXPECT WHEN YOU VISIT A VETERINARY ONCOLOGIST

Dr. Rachel Reiman is a veterinary oncologist at Lake Shore Veterinary Specialists. She did her DVM at Kansas State University and oncology residence at Louisiana State University. Dr. Reiman is a Diplomate of the American College of Veterinary Internal Medicine with a specialty in oncology.

AKC Canine Health Foundation (CHF): What does it take to become a board certified veterinary oncologist?

Dr. Rachel Reiman (Reiman): In addition to our four years of undergraduate study and then four years of veterinary school, most oncologists then complete a rotating internship in which we rotate through all the specialties to get a good base and background. Following that year we generally do a three year oncology residency where we are just doing oncology and it's very specific. After our residency is complete, we then take a test in order to become board certified.

CHF: Are there any common symptoms in cancer in dogs?

Reiman: The most obvious is any new lump or bump. Whenever we have an owner that suspects that there is a new lump or bump on their pet's body we recommend getting them in to have it checked out. Another symptom that can give us a clue that there may be an underlying cancerous process is unexplained weight loss. Some owners find sores that potentially won't heal. Also, in routine screening blood work we can sometimes see things such as elevations in calcium or liver enzymes that may signal an underlying cancerous process.

CHF: If someone suspects their dog may have cancer, should the first step be to take their dog to see their regular veterinarian or should dog owners go directly to see an oncologist?

Reiman: That's a really good question. We really rely on our regular veterinarians or family veterinarians to be our first line of defense because they are seeing those patients on a yearly or semi-yearly basis. We want them to be the first to look at new lumps and bumps as they're noticed since they are also keeping track of weight, body condition, and all of those things. What we see as veterinary oncologists is a snapshot in time; this pet as it is right now versus what your family veterinarian sees year after year or semi-yearly. They're going to be able to detect weight loss and also keep track of new lumps or bumps that weren't on their previous visit records. It's important to set up a relationship with that veterinarian because they know your pet the best.

CHF: Once a dog is referred to an oncologist and an appointment is scheduled is there anything that an owner should bring with them to that first visit?

Reiman: Absolutely. What we would love to have is a list of the pet's medications including the supplements that a pet is taking, such as a glucose and chondroitin. In addition to the list, we'd like to see the dosage and frequency of giving. Pet owners should also provide

some type of recent (within the last year or two) medical record which can either be provided by your family veterinarian via fax or email to us or brought with them. We'd also like to see any type of X-rays, CT, MRI, or ultrasounds that have been done. Additionally I really enjoy and find it helpful if owners also bring the list of questions and concerns they may have about treatment, quality of life, side effects, etc. All of those types of questions are what we need to address at that first consultation.

CHF: Do most oncologists work alone in an oncology specific practice?

Reiman: No. The vast majority of oncologists work in a multi-disciplinary specialty hospitals, meaning that there are usually multiple specialists of all different varieties within that practice. For example, the practice that I'm at right now has not only oncologists, but also surgeons, internal medicine, dermatologists, neurologists, etc. The benefit of having that many specialties in the same practice is that most of the time, most pets don't have just one thing wrong. We as oncologists treat cancer but we also treat the entire pet and it's not uncommon for some of our patients to have multiple issues. For example, we may have a dog that comes in with a low thyroid level and is on medication for that, but also has concurrent cancer. We can't ignore the low thyroid level just to treat the dog's cancer because if we can treat all of those conditions we're going to get a better quality of life. So it's very good to have other specialists close by so we can just trot down the hall and say "Hey, I have this patient that has a thyroid condition in addition to lymphoma. Let's talk about the best management of these two conditions and how we're going to provide the best quality of care for that dog."

CHF: When a dog and their owner walk into a specialty clinic, what are their first steps? Do they see a doctor immediately?

Reiman: When a patient walks in to our hospital, they get registered at the front desk. That includes supplying information about their dog's age, breed, sex, pertinent medical history, etc. After getting registered the first person that the pet owner is going to see is the veterinary technician. Veterinary technicians are people that have advanced training in animal handling and also in the pathophysiology of diseases in pets. They usually begin by taking a very brief history. They want to know how long you've had your dog, how old your dog is, any concurrent health issues, etc. They'll also take a list of the medications your dog is taking. They gather that information and then present it to the veterinarian so the veterinarian and speak to the owner about any specifics as they relate to that pet's type of cancer. The veterinarian will also discuss any additional diagnostics that need to be performed.

CHF: Are there special tests that are routinely used by oncologists to fully diagnose the nature of a dog's problem?

Reiman: That's a good question. A lot of the tests that we do are very specific depending on the type of cancer we are dealing with, but there are some basics tests that we use very routinely. Pre-screening blood work is important because we are not only looking for evidence of cancer within the blood work itself, but we're also looking for concurrent

disease. Again because most of our pets are older, it's not uncommon for them to have other problems that we need to be aware of. After that, we usually look at some type of an X-ray, whether that be of the chest or the abdomen, depending on what we're seeing on the blood work, physical exam, etc. If we have a tumor that is really very small inside or is in a location where we're concerned about blood supply, we may also recommend a CT scan or an MRI.

CHF: Can you tell us a little bit about how some of these tests work?

Reiman: Well, one of the, the most common tests we do, are x-rays basically which are very similar to the type of X-rays that you or I would get. It is a screening test that allows us to look at the inside of a pet in a non-invasive manner. The X-ray technology that we have is incredibly similar if not the same as those that you or I get, so it's very low doses of radiation and very safe for the pet. It's also a very non-invasive way to look inside of a pet and so they usually don't need a lot of anesthesia. Most of them don't even need sedation for their X-rays although occasionally we have a few pets that do. The other test that we like to run commonly is an ultrasound of the abdomen. Ultrasound again, it is the exact same technology that they would use if you or I needed an ultrasound. It is the same test that they do on pregnant women to look at the baby. In our case, we're not looking for babies, we're looking at organs. We're going to look at the liver and spleen and kidneys and all of those things. The ultrasound is a very safe test, where sound waves are transmitted in to the animal and then bounce back. It is very non-invasive and there is no exposure to radiation. We get a lot of really good information about what's going on inside the animal with, without having to go in and look.

CHF: Approximately how long does it take for a dog to complete a visit to the oncologist?

Reiman: Generally our first consultation takes about an hour to an hour and a half. During that time we're going to talk about the type of cancer that the dog has, treatment options, and what further diagnostics we need to take. Then we can set up a type of treatment plan or a plan to move forward with additional testing. Some of those tests can be done the same day; others have to be scheduled at a later date depending not only the schedule of the owner and veterinarian, etc.

CHF: Once a diagnosis of cancer has been made what are the next steps typically?

Reiman: Once that diagnosis has been reached, we talk to the owners about options. Most oncologists are very big into options; we want to lay out at least two to three different options or approaches to the treatment of that type of cancer knowing that there's very likely no one right answer for every single pet and every single owner. We want to outline our options and then have a discussion of risk to benefit ratios of each of those options. Some treatment options may be low risk but may have shorter remission times. Others may be slightly higher risk in terms of side effects or complications but may extend life. Which option we choose or is chosen by the owner depends on what risk they are willing to accept in terms of what benefit we may get. A lot of the discussion is about what the owner can do

for their pet which can be as simple as oral medications at home to help with any discomfort, nausea, etc.

CHF: How often should an owner expect to bring their dog in for oncology re-checks?

Reiman: This depends on the type of cancer that we're treating and also on the type of treatment chosen. For some types of cancers, owners actually bring their pets in weekly for therapy. For others we only see the pet monthly for re-checks. How frequent those re-checks that we perform are depends on the status of the animal. Those animals that are very critically ill with their cancer at the time that we make that diagnosis often need to come in much more often, at least initially. Hopefully, as we get that pet on the path to recovery they see us less and less. Although we miss them, we like to see them less. If the pet is fairly healthy and feeling good at the time of the diagnosis, we may not need to see them as often, depending on what treatment is chosen.

CHF: In your opinion what are our greatest gaps in knowledge in canine oncology and what sort of research should CHF be recruiting in the future?

Reiman: I think the biggest gap is defining the underlying cause of cancer and trying to develop methods and strategies for early detection of cancer. The old adage an ounce of prevention is worth a pound of cure is never more apparent than when we're talking about cancer. If we can do more to prevent our pets from developing cancer we're going to be far more successful than actually treating that cancer.