

ONCOLOGY:

Radiation Oncology Presentation Notes

“Giving Clients Hope: When Radiation Therapy Can Make a Difference”

Goals	Before beginning any form of treatment, a serious conversation with owners regarding their <u>goals for treatment</u> is essential. Although cure of some disease processes such as residual disease from an incompletely excised mast cell tumor or soft tissue sarcoma is possible, full course radiation therapy is associated with acute and late side effects. Full course therapy is useful for nasal tumors, brain tumors and apocrine gland anal sac adenocarcinoma. Of importance to owners is that side effects are expected, and the acute effects which are most common are expected to resolve.
Acute side effects	Early side effects are caused by damage to rapidly dividing tissues within the treated field such as the skin, mucosa, and tear glands. As they develop during the last weeks of treatment, these side effects can cause tenderness and irritation for the patient. If left undisturbed, they should heal within weeks of finishing therapy. It is of crucial importance that these acute effects do not limit the treatment. Alteration of the radiation treatments, especially at the end of the protocol, can spare tumorous as well as normal tissue. Supportive care including pain medications (NSAIDs or narcotics), nutritional management, and eye medications should be instituted as needed.
Late side effects	Late side effects occur months to years after completing radiation therapy in slowly dividing tissues within the treatment field (bone, connective tissue, blood vessels and nerves). These side effects are a function of the dose given per treatment of radiation. By administering full course radiation therapy over 3-4 weeks with small daily treatments, late side effects are minimized to <5-10% of patients. If they do occur, they are not reversible but can be managed on an individual basis.
Palliative therapy	Although often overlooked, palliative radiation therapy may be an effective and more affordable option than full course treatment, depending on an owner's goals. Palliative therapy is administered as a few larger doses of radiation given daily over just one week (or given once a week for a few weeks). Larger doses per treatment can increase the chance for late side effects; however, the entire goal is to improve the patient's status on a short-term basis. As such, acute side effects are mild if present at all and patients ought to experience an improved quality of life. In some of the most frustrating disease processes palliative radiation therapy can do the following temporarily: decrease the pain associated with osteosarcoma; alleviate obstruction caused by bulky apocrine gland anal sac adenocarcinoma; and decrease the extent of oral squamous cell carcinoma.
Planning	Planning ahead is of vital importance for veterinarians, and taking pictures is one key method. Pictures should be taken before surgery (to confer the extent of the original tumor to the oncologist), after surgery (especially if any drains are placed as the exit sites will need to be included in the treated field), and if there are any significant sequelae to surgery (such as degranulation of a mast cell tumor).
Oncologists: Eric Bulakowski, BS, DVM, DACVIM Christine Swanson, BS, DVM	MVS offers full-time oncology service at BOTH HOSPITALS and our oncologists serve as an extension of your practice. Our clinicians have years of specialized training and experience and are available for questions and consultation.

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