



NEWS FROM THE WORLD OF ONCOLOGY

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Clinically Approaching Cutaneous or Subcutaneous Masses

A common question we often are presented with from our clients is, "Should I worry about this mass?" In almost every case the answer to that question should be, "Let's investigate and find out."

Ultimately the one thing that should never happen is to ignore a cutaneous or subcutaneous mass. A wide body of literature that has repeatedly demonstrated that palpation is the least specific and sensitive method by which to determine the etiology of a mass. Essentially our fingers are not microscopes and nothing can replace the accuracy of microscopic evaluation (cytological or histological). How a mass feels does not correlate with mass behaviour. Approximately 40% of all cutaneous masses in dogs are malignant and approximately 50% of all cutaneous masses cats are malignant. It also important to remember that many malignant tumours, mast cell tumours in particular, may feel like a lipoma.



When a mass is discovered a Five Step Approach is recommended:

1. Note the location of the mass on a body mass map
2. Measure the mass with callipers and note the size and date on the mass map
3. Aspirate the mass
4. If a mass is fat (i.e. a lipoma) note the diagnosis
5. The mass should be reaspirated on a yearly basis or if the character or size of the mass changes

The recommendation to reaspirate the mass is based on the well-documented phenomenon of *malignant transformation*. Malignant transformation is process by which a previously benign tumour acquires cancerous properties and transforms into a malignant tumour. Any chronic inflammatory process, as can be seen in the periphery of a lipoma, can be a malignant trigger. Any malignant trigger can initiate the transformative process. Mast cell tumours are well known for demonstrating transformative behaviour.

If a mass is not noted to be a lipoma the next diagnostic step depends on the cytology report. If there is a suggestion or suspicion of neoplasia, then a biopsy would be recommended. When a biopsy is planned it must be taken with an idea of how the mass will later be definitively removed, if necessary. The reason is that the entire incisional biopsy track must be completely removed in excisional surgery. There is always a risk that neoplastic cells can be "dragged" through normal tissues and care must be taken to ensure all possible affected tissue is removed.

Biopsy prior to mass will removal will allow for appropriate margins to be obtained. Not all tumours require the same surgical margins to be taken. For example feline sarcomas need 5cm margins, mast cell tumours 3cm margins while a lipoma needs a close margin. Once the diagnosis is known the appropriate surgery can be planned.

This diagnostic approach will ensure that a careful watch is kept on all cutaneous and subcutaneous mass and appropriate action is taken as soon as possible. The sooner and more completely we act, the more likely we are to have a successful long-term outcome.

DR. KEVIN FINORA IS A BOARD CERTIFIED ONCOLOGIST AND SMALL ANIMAL INTERNIST. HE SEES PATIENTS WEDNESDAY (INCLUDING EVENINGS) TO SATURDAY AT VEC/RC SOUTH. PLEASE DO NOT HESITATE TO CONTACT DR. FINORA IF YOU HAVE ANY CANCER RELATED QUESTIONS.

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