

NEWS FROM THE WORLD OF ONCOLOGY

KEVIN FINORA DVM, DIPLOMATE ACVIM (ONCOLOGY AND SMALL ANIMAL INTERNAL MEDICINE)

Clinical Staging

Clinical staging of a patient involves a series of tests that are completed to gauge the extent of involvement of the cancer in the patient and to help give an indication of prognosis. The results of staging tests help to direct future therapeutic and treatment options for the patient with cancer. There are a number of tests that make up staging. Staging can vary from cancer to cancer. However, in general several tests are always included in staging. A minimum database to include a CBC, serum biochemistry and urine analysis is essential. These tests gauge the metabolic health of the animal. Metabolic health is necessary to know prior to consideration of advanced treatment for cancer including surgery, chemotherapy or radiation therapy.



Imaging plays a major role in staging. The most common staging tests are three radiographic views of the chest (left lateral, right lateral and VD). Three views are essential to help create a 3 dimensional view of the chest using 2 dimensional images. By convention a lesion must be apparent on at least 2 views to be considered a lesion of concern. When it is unclear if a lesion is truly present referral of the radiographs to a radiologist is in order. Further advanced imaging to include CT scan or MRI may be recommended if the findings on the radiographs are suspicious but not definitively diagnostic of metastatic disease.

Abdominal ultrasound is also an important component of staging. This test allows for evaluation of all structures of the abdomen for the presence of neoplasia. The structures most commonly involved with metastatic disease include the liver, spleen and mesenteric lymph nodes. However, any structure within the abdomen can be a site for metastatic involvement of disease. Ultrasound is superior to radiographs for staging of the abdomen because this technology allows us to look within the organs. Any abnormalities noted on ultrasound should be more closely investigated. In most cases this involves sampling of the abnormal organs. Usually biopsy (surgical or laparoscopic) would be considered the gold standard. There are a small number of instances in which FNA of the abnormalities can be considered. The use of FNA for staging abdominal organs should be restricted to round cell tumours only and would not involve the assessment of enlarged abdominal lymph nodes in cats.

Other staging tests may be recommended depending on the neoplasia that has been diagnosed or is suspected. Other testing may include FNA of peripheral lymph nodes, bone marrow aspiration or biopsy, additional blood tests (protein electrophoresis, thyroid assessment), or nuclear imaging. These staging tests are applied on an individual case-by-case basis.

In most cases when metastatic disease is present, the recommendations that I make to clients will drastically change. In situations where there is wide spread evidence of cancer, local control with surgery or radiation makes little sense as only a small portion of the disease will be addressed, leaving the rest of cancer behind to progress and further spread. With almost all cases involving the presence of metastatic disease, palliative care is usually recommended. The scope of palliative care can be broad and will depend on the specific neoplasia, the extent of disease, the clinical manifestation of the cancer and the clinical condition of the patient. There is no standard recommendation for palliation that can be broadly applied to all cases at all times. However, the overriding principle of palliation is to provide the patient with a good quality of life with no pain or suffering for as long as possible.

By completely staging a patient prior to moving forward with more invasive or serious therapies such as surgery, chemotherapy or radiation therapy, we are able ensure that we are making the best cancer management decisions for our patients. There are rare cases, such as with lymphoma, where staging may make little difference to the recommended treatment plan. In these cases staging will be prognostic and while I still will recommend staging, if the tests will make no clinical difference, then I may consider not completing the tests, as long as client is aware of any associated risks. Staging is like an insurance policy, making sure that what we plan to do in the future is justified. Staging is essential and without staging it is difficult to recommend further treatment.

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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