

NEWS FROM THE WORLD OF ONCOLOGY

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ANAL SAC APOCRINE GLAND ADENOCARCINOMA



Apocrine gland adenocarcinoma of the anal sac is a tumour that accounts for about 17% of perianal tumours in dogs. There is no sex predilection. It is a malignancy of older dogs with the average age of onset reported to be between 10 and 11 years. These tumours can occur in younger animals and anal sac palpation should be part of each annual physical examination. Benign tumours of the anal sac are very rare.

These tumours have a high metastatic rate. The literature reports a large range of metastasis from 46-96% at the time of diagnosis. The most common site for metastasis is the sublumbar lymph nodes. Metastatic disease has also been reported in the lungs, liver and spleen. This cancer is associated with paraneoplastic hypercalcemia in 27% of cases. The tumour produces PTH related peptide, which causes hypercalcemia. Anal sac adenocarcinoma must be considered a differential for any dog with elevated serum calcium. Any mass of the anal sac must be investigated. Cytology is a good first step for the investigation of this tumour. This test has an excellent positive predicative value but a negative test must be followed with a biopsy. Staging is very important for this disease and includes three view chest radiographs and an abdominal ultrasound.

From a prognostic standpoint several factors are important with this cancer. Tumours that are smaller than 5cm, well differentiated, have not involved the sublumbar lymph nodes and are not associated with hypercalcemia have the best prognosis. Tumours less than 5cm have a 60% 2 year survival rate. Tumours that have spread to involve the regional lymph nodes have a 7 month survival time regardless of therapy chosen.

This tumour has been commonly perceived to have a poor prognosis but that is very far from the truth. Anal sac adenocarcinoma is now considered by most oncologists to be a chronic disease that is managed with local and systemic control. There are many approaches to this tumour. Local control is absolutely necessary. Complete excision by surgery is the preferred method of control. There are many reports of adding radiation therapy to follow surgery for an extended survival time. Chemotherapy is always recommended following local control.

There is no *statistical* difference between protocols that include radiation therapy and those that do not. Radiation is often not included due to limited access or concerns over morbidity. However, it does appear that the very best opportunity for long-term control will include the use of surgery, radiation and chemotherapy.

	1 Year Survival	2 Year Survival	Median Survival Time
Chemotherapy Alone	-	-	212 days (0.60 yrs)
Surgery Alone	65%	29%	500 days (1.4 yrs)
Radiation Alone	79%	38%	657 days (1.8 yrs)
Combination Therapy	80%	56%	742-956 days (2.0-2.6 yrs)

This disease will often reoccur. Reoccurrences are dealt with with local control again and another round chemotherapy. It is not unusual for an animal to go through two or three cycles of control. Survival times can approach 3 years suggesting this is a tumour well suited to long-term survival and control. This tumour can express the Cox-2 receptor and inhibition with a Cox-2 inhibitor may provide a survival benefit. In animals that are hypercalcemic, additional therapy such as calcitonin or bisphosphonates may be added in the initial treatment period to help control the serum calcium levels.

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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