DoveLewis Third Thursday Rounds

May 19, 2022

When the Bad Gets Worse: Oncological Emergencies

Presented by

Sarah Harris, CVT, VTS (ECC)

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Virtual Third Thursday: Attendee FAQ's

Do I need to create my own Zoom account to attend?

No. You can access the webinar through the link in your confirmation email. Click the link that says, "Click Here to Join" at the time of the lecture.

Is there someone to help if I have trouble accessing the lecture?

Yes. Please reach us at contact@dovelewis.org if you're experiencing difficulties joining the meeting. During the lecture, you can use the "Raise Hand" function and someone will be able to help you.

Is attendance tracked?

Yes. As you register for the Zoom meeting, you will be asked to enter your information. Attendance is tracked for RACE records.

Is this lecture RACE approved?

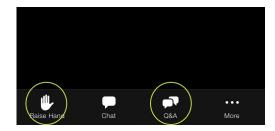
Yes. This lecture is RACE-Approved for one Interactive-Distance CE credit. You will receive an emailed certificate of attendance within one business day after the event.

Will I be able to ask questions?

Yes. If you have questions during the lecture, please use the Q&A function to submit your question. We will save questions for the end of the lecture.

Will I be able to talk?

No. All attendees will be in listen-only mode. If you have a question or need help, the Q&A or Raise Hand function.



Will the presenter or other attendees be able to see me?

No. All attendees will only have the capability to listen to the presenter.

How will I get my certificate?

You must register by using the Zoom link to prove attendance. You will receive an emailed certificate of attendance within one business day after the event.

Do I have to answer the poll questions?

No. The poll questions are optional, but we encourage you to try!

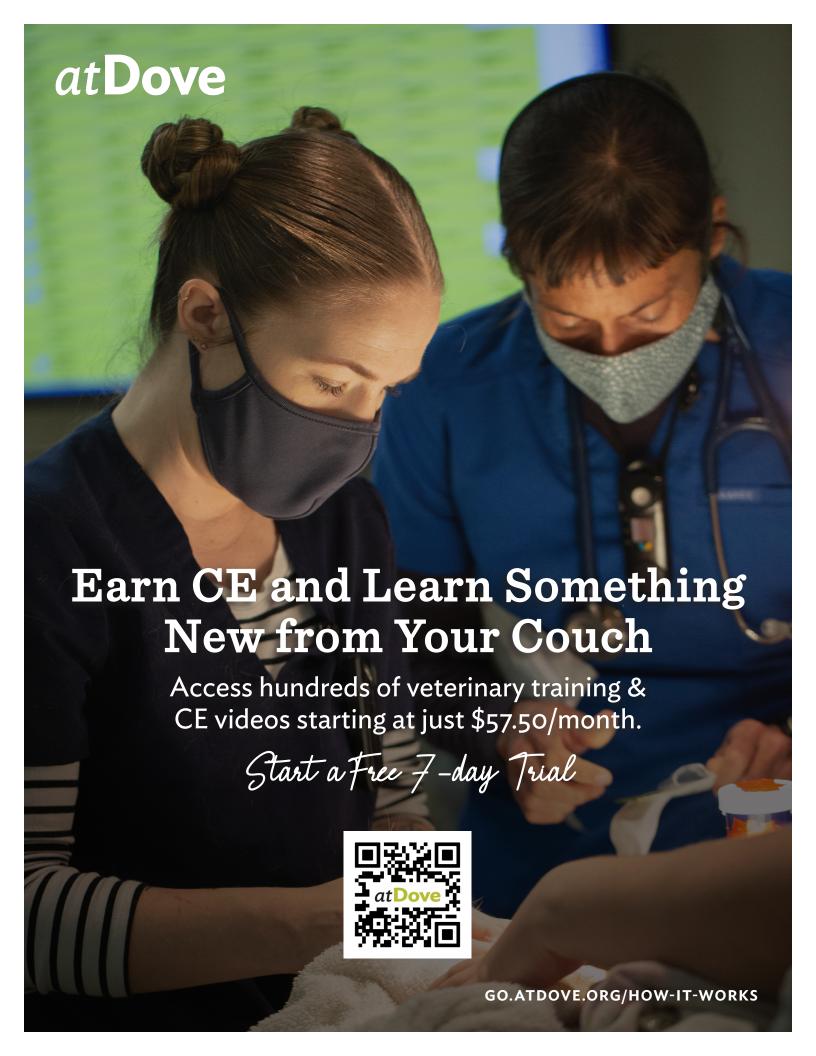
Can I record the lecture?

No. The lecture will only be recorded by DoveLewis, and will likely be available on atdove.org at a later date.

A)

For more support, please email contact@dovelewis.org







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Cancer is a common and often fatal diagnosis in veterinary medicine. However, cancer isn't the death sentence it once was. More and more owners are seeking treatment for their pets because they not only tolerate cancer treatments, but they often are able to maintain a good quality of life. This means we are likely to see and treat animals when they experience the sequela of emergencies that can occur secondary to cancer. In this lecture, a variety of oncologic emergencies will be discussed including hematologic, cardiopulmonary and extravasation emergencies, tumor lysis syndrome, and more.

Terminology:

Apoptosis: the death of cells which occurs as a normal and controlled part of an organism's growth or development.

Extravasation: inadvertent leakage of injectable medication into tissue surrounding the vessel

Myelosuppression: a decrease in the production or number of blood cells

Paraneoplastic Syndrome: triggered by an immune response to a cancerous tumor. Antibodies or WBCs attack and destroy normal cells

Remission:

Complete: all detectible cancer has disappeared Partial: reduction in detectible cancer by >50%

Stable disease: reduction of growth in cancer that is <50% or increase of <25%

Sepsis: overwhelming systemic infection, potentially fatal

SIRS: a condition in which there is inflammation throughout the whole body

Vesicant: an intravenous medication that, if leaked into tissues, could cause pain, swelling and/or tissue damage





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Management of Febrile Neutropenia

Assess febrile patients for:

- CBC to confirm neutropenia
- History of receiving chemotherapy within previous 10 days
- Signs of SIRS (Rectal temp >39.4 or <37.8, heart rate >140 BPM, respiratory rate >20 BPM, neutrophilia [>16 ×10³ cells/μL] or neutropenia [<6×10³ cells/μL])
- · Obtain diagnostic samples to search for source of sepsis

Patient meets SIRS criteria

Recommend admission to the hospital:

- Attempt to identify source of infection with diagnostics (full blood work, imaging of abdomen/thorax, urine cultures)
- Start empirical intravenous antibiotics
- Measurement of blood pressure, administer fluid bolus if systolic BP < 80 mmHg
- Start vasopressors if blood pressure is refractory to fluid boluses

Patient does not meet SIRS criteria

Consider outpatient therapy:

- Empirical oral antibiotics
- Subcutaneous fluids
- Recommend owners monitor rectal temperature at home
- Return for evaluation if fever worsens/doesn't resolve within 24–48 h

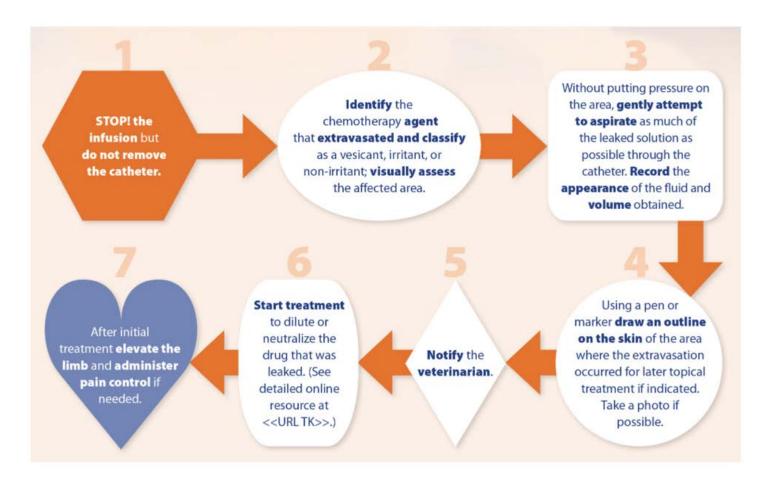
Tumielewicz, K.L., Hudak, D., Kim, J., Hunley, D.W. and Murphy, L.A. (2019), Review of oncological emergencies in small animal patients. Vet Med Sci, 5: 271-296. https://doi.org/10.1002/vms3.164





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Responding to Extravasation



Chemotherapy Extravasation Management. American Animal Hospital Association. https://www.aaha.org/aaha-guidelines/oncology-configuration/implementation-toolkit/chemotherapy-extravasation-management/





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Management of Extravasation

TABLE 1. MANAGEMENT OF EXTRAVASATION

Treatment Goal: Localize and Neutralize		Treatment Goal: Disperse and Dilute	Treatment Goal: Monitor for Mild Inflammation
Vesicants	Irritants	Vesicants	Non-Irritants
Dactinomycin*	Carboplatin*	Vinblastine ⁸	L-Asparaginase
Docetaxel*	Cisplatin*	Vincristine ⁶	Bleomycin
Doxorubicin*	Dacarbazine*	Vinorelbine ⁶	Cyclophosphamide
Mitomycin ^a	Fluorouracil*		Cytarabine
Mitoxantrone*	lfosfamide*		Gemcitabine
Paclitaxel*	Melphalan*		Methotrexate
Localize pply dry cold compresses for 20–30 nin at a time, 4 times a day for the first 4–48 hr following extravasation.		Disperse Apply dry warm compresses for 20–30 min at a time, 4 times a day for the first 24–48 hr following extravasation.	Apply dry cold compresses for about 20–30 mln, then as needed.
. Neutralize Ise the antidote specific to the agent.		Dilute Use the antidote specific to the agent.	

^{*}No recommended antidote. †Recommended antidote: dexrazoxane or dimethyl sulfoxide (DMSO). ‡Recommended antidote: DMSO. §Recommended antidote: hyaluronidase. Adapted from [1].

Chemotherapy Extravasation Management. American Animal Hospital Association. https://www.aaha.org/aaha-guidelines/oncology-configuration/implementation-toolkit/chemotherapy-extravasation-management/





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SUMMARY OF CHEMOTHERAPEUTIC ANTIDOTES

Chemotherapy	Classification of Chemotherapy	Antidotes	
Doxorubicin	Vesicant	Dexrazoxane—start ASAP, little benefit after 48 hr, or topical 90% DMSO	
Vincristine	Vesicant	150 U/ml solution of hyaluronidase injected via the existing catheter	
Vinblastine	Vesicant		
Carboplatin	Irritant	Topical 90% DMSO may help, and local dry cold compresses	
L-asparaginase	Non-Irritant	None	

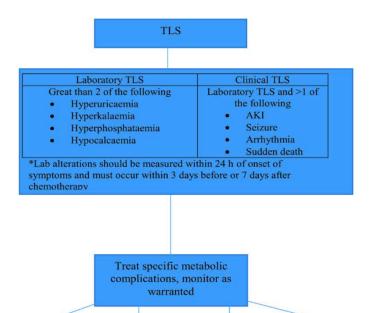
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Tumor Lysis Syndrome



Hyperkalaemia

- Intervention required with K⁺> 8.5 mEq/L or where an ECG shows bradyarrhythmia
- 10% Calcium gluconate 0.5–
 1.5 ml/kg IV over 5–10 min with ECG monitoring
- 25% Dextrose 0.7–1 gr/kg over 3– 5 min
- Regular insulin 0.1–0.5 u/kg IV with 25% Dextrose 2 gr/u of insulin administered followed by 2–4 h blood glucose monitoring

Hyperphosphataemia

- Intravenous fluid diuresis of 100– 120 mL/kg/d
- Oral phosphate binders once patient is eating

Hypocalcaemia

- Intervention required if patient experiencing tetany/seizures
- 10% Calcium gluconate 0.5–
 1.5 mL/kg IV over 5–10min with ECG monitoring
- Elemental calcium CRI of 1— 3 mg/kg/hr can be considered
- Oral calcium supplementation 25–50 mg/kg/d

Azotaemia

- Intravenous fluid diuresis of 100–120 mL/kg/d
- Monitor for fluid overload (weight gain, tachypnoea)
- Placement of indwelling urinary catheter if concerns for oliguria/anuria
- Fluid bolus if UOP < 2 mL/kg/h while receiving IV fluids
- If oliguria/anuria confirmed consider referral to specialist centre for dialysis
- If owner declines referral consider the following:
 - Mannitol 0.25-5 g/kg, repeat once if no improvement in UOP OR
 - Furosemide 1-2 mg/kg IV bolus followed by CRI of 1 mg/kg/h

Tumielewicz, K.L., Hudak, D., Kim, J., Hunley, D.W. and Murphy, L.A. (2019), Review of oncological emergencies in small animal patients. Vet Med Sci, 5: 271-296. https://doi.org/10.1002/vms3.164





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References:

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WHAT WE BRING

HUMAN STORIES IN VETMED

ATDOVE.ORG'S NEW PODCAST HIGHLIGHTS THE HUMANS BEHIND THE ANIMALS WE CARE FOR

This past year has had a unique impact on the veterinary industry as we all have had to adjust to new protocols, increased patient counts, and more.

Our new podcast, What We Bring, offers an inside look at the stories and experiences of people who care for our pets. We hope you'll join us!

ABOUT THE SHOW

When we walk onto the floor for our shift, we all bring with us our own unique stories. What We Bring examines the human experiences of those working in veterinary medicine, from the front desk to the O.R. Join DoveLewis Veterinary Well-Being Director Debrah Lee, LCSW, as she explores the real human stories behind the animals we care for.

We hope this podcast will shine a light on the experiences (good and bad) we bring with us to the clinic, and help move us towards greater openness and understanding as an industry. We know that not every lesson can be found in textbooks and training plans, so we're turning to each other to connect, listen, learn, and grow.



WHERE TO FIND US

Click <u>here</u> to listen to the first episode where we explore imposter syndrome, client compassion, and more with emergency CVT Kara.



MEET HOST DEBRAH LEE, LCSW

Debrah Lee, LCSW, joined the DoveLewis team in 2020 as the Veterinary Well-Being Program Director. Coming from a background in human healthcare, Debrah has long had an interest in how emotionally-demanding medical settings affect both patients and providers. Debrah brings a compassionate presence and deep appreciation for the human experiences that connect us, and she is eager to learn more from veterinary professionals about their experiences within the world of veterinary medicine.

