ANIMAL CANCER CARE CLINIC
the leading answer to pet cancer

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KIBBLES & BITS QUARTERLY
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A MESSAGE FROM DR. CORREA

With the completion of ACCC's Webinar series that allowed us to connect with veterinarians across the State of Florida, I continue to be appreciative of our close community of veterinary professionals. I also find myself smiling at our shared frustrations. The phones do not stop ringing, a down dog with four limb edema is scheduled in a twenty minute recheck slot and the printer will not work!

Even with the frustrations that come with our day-to-day work life, there is a kindness and professionalism that I experience daily as I interact with my colleagues. One of the best examples was a recent experience with my own cat, Maple. Her canine tooth seamlessly fell out of her mouth! (I know you are all thinking about how I neglected her routine dental care). Since my father, who always cared for all of my animals, is no longer practicing after forty-five years as a general practitioner in Broward county, I called my new primary care veterinarian the next morning. It was not his surgery day, he was double booked, he was supposed to leave early, and he still took care of Maple. That is what we do in this profession. We CARE for our Clients, Animal Patients, Employees and each other each day, even when it is not easy!

I hope your frustrations are few this week and you continue to find joy in practicing our craft.

With warm regards,

Stephanie A. Correa

Dr. Stephanie Correa DVM, Diplomate ACVIM (Oncology), Founder and President, Animal Cancer Care Clinic

ACCC WELCOMES DR. CAMPS

MARIA CAMPS, DVM, DIPLOMATE ACVIM (ONCOLOGY AND INTERNAL MEDICINE)

Dr. Maria Camps graduated from the University Autonomous of Barcelona and after obtaining her DVM accreditation degree at the University of Tennessee, Dr. Camps completed a one-year internship in small animal medicine and surgery at Oradell Animal Hospital. She practiced in rural Tennessee and northern California before finishing a two-year residency in small animal internal medicine at Louisiana State University. Dr. Camps practiced as a Board Certified Internist at The Animal Medical Center in New York City and during her time there, she also completed her second residency in the specialty of Medical Oncology. With double board certification, Dr. Camps was part of the internal medicine and medical oncology departments of The AMC until 2021. Dr. Camps has also served as an associate professor at the University Autonomous of Barcelona, and is involved in many national and international continuing education projects and lectures for veterinarians and vet students.

Dr. Camps has been a part of the Animal Cancer Care Clinic team since 2009 and she is excited to share her time caring for patients in our Ft. Lauderdale and Wellington clinics, when she is not lecturing and teaching internationally.

STELFONTA® UPDATE: DON'T YOU WANNA FONTA?

Stelfonta® (tigilanol tiglate injection) is a new FDA approved drug to treat dogs with non-metastatic, skin-based (cutaneous) mast cell tumors (MCTs) and non-metastatic MCTs located under the dog's skin (subcutaneous), below the elbow and hock up to a maximum tumor volume of 10 cm3. Stelfonta® is injected directly into the MCT (intratumoral injection). Stelfonta works by activating a protein that spreads throughout the treated tumor, which disintegrates tumor cells.This is the first approval for an intratumoral injection to treat non-metastatic mast cell tumors in dogs.

Continued reverse side

STELFONTA® IS ADMINISTERED AS AN INJECTION DIRECTLY INTO THE TUMOR AND CAUSES THREE EFFECTS.

1. Oncolysis of tumor cells that come into direct contact with Stelfonta®

2. An acute inflammatory response that restricts the tumor's blood and oxygen supply; and recruits and activates innate immune cell activity against the tumor

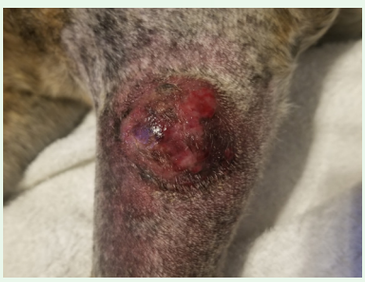
3. Increased permeability of the tumor vasculature via activation of specific isoforms of protein kinase C (PKC)

Initially, within minutes to hours, there is an immediate swelling of the tumor and surrounding tissue. By day 2 to 4, tumor necrosis ensues often leaving a black eschar at the site. The necrotic tumor falls off leaving a wound with healthy granulation tissue in the deficit. The maximum wound size is often noted around day 7 with initiation of healing after that time.

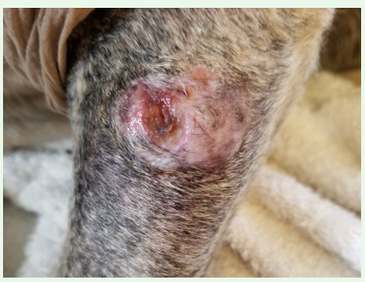
Stelfonta® has unique antimicrobial properties causing a bacterial biofilm disruption, stimulates leukocyte production of reactive oxygen species (ROS) as well as Netosis. Netosis is a regulated form of neutrophil cell death that causes neutrophils to release extracellular traps (NETs) that can capture and kill bacteria and other pathogens to prevent them from spreading. Patients were allowed to lick at the tumor site for the duration of treatment due to these unique effects. Systemic antibiotics were utilized in 12% of cases in the initial studies for wound management. Bandaging was used in one case and saline flushing use in one other case.

Seventy five percent of mast cell tumors were destroyed after one treatment at day 28. More than 50% of cases had wound healing by day 28 with 96% by day 84. Importantly, 89% of treated tumor sites remained disease free at 12 months post treatment.

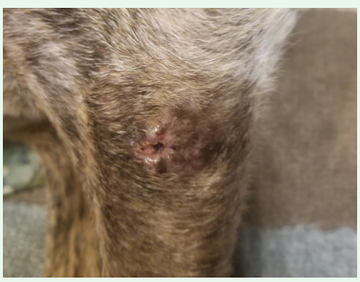
When treating a Stelfonta case, concomitant medications are IMPERATIVE to minimize signs related to mast cell degranulation. Prednisone at 0.5 m/kg PO q 12 hrs should be started 2 days prior to injection. Injection day is often referred to as Day 0 so prednisone is initiated at day - 2. Diphenhydramine is initiated at 2 mg/kg PO q 12 hrs on day - 2 or day 0 and continued for at least 7 days. Famotidine at 0.5 mg/kg PO q 12 hrs is also initiated at day -2 or day 0 and continued for at least 7 days.



DAY 0



DAY 7 POST INJECTION



DAY 28 POST INJECTION

Stelfonta® dose is determined based on tumor volume and the weight of the patient. Measurement in centimeters using calipers in the LENGTH (cranial- caudal), WIDTH (mediallateral) and HEIGHT (dorsal- ventral) dimensions are obtained just prior to administration (after prednisone on board). Tumor volume (cm3) = 0.5 x (length x width x height (cm)). The Stelfonta® dose is 0.5 ml x the tumor volume (cm3) with a maximum dose of 0.25 mL/kg body weight given in a 5 mL dose and a minimum of. 0.1 mL regardless of tumor volume or body weight. Tumor volumes that exceed 10cm³ maximum are considered off- label. It is highly recommended to use the DOSE CALCULATOR on the Stelfonta.com website for accurate dosing. Stelfonta® has a concentration of 1 mg/ml and comes in a 2 ml light sensitive refrigerated bottle.

Once dose calculations are completed, draw the required volume into a sterile, Luer-lock syringe with a 25, 22 or 23 gauge needle. Inject Stelfonta® by inserting the needle into the tumor mass through a single injection site, to minimize leakage, moving the needle in and out in a fanning manner to help ensure the treatment reaches all aspects of the tumor.

The most common adverse reactions from Stelftona® treatment include wound formation injection site pain, lameness in the treated limb, vomiting, diarrhea, and hypoalbuminemia. Treatment with Stelfonta has been associated with cellulitis and severe tissue sloughing extending away from the treated site resulting in extensive wounds that require additional treatment and prolonged recovery times. Pain management is often required in the first fewweeks following injection. Commonly used agents include gabapentin, tramadol and amantadine. As the swelling subsides, most owners report minimal need for pain management.

Assessment of the tumor site is recommended at days 7, 28 and 56. If there is suspected tumor tissue remaining at 28 days post treatment, a fine needle aspirate should be performed to confirm as MCT. A second treatment can be administered at that time. In clinical trials, 87% of mast cell tumors were destroyed after one or two treatments.

KEY POINTS

- Indicated for all non- metastatic cutaneous MCTs less than 10 cm3
- Indicated for subcutaneous MCTs below the elbow or hock that are less than 10cm3
- Concomitant Medications Imperative- okay to continue past the day 7 mark
- Measure and remeasure on injection day (Day 0) USE THE DOSE CALCULATOR ON THE WEBSITE.

Treat the patient, not the wound. **The wound will heal, just give it time.** Most patients are running around and eating well even though there is a wound. Okay to retreat if you have residual disease on day 28 or 56.

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