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Better Together

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ONCOLOGY SPECIAL

AUTUMN 2018

IN THE SPOTLIGHT
FELINE LYMPHOMA

IN CONVERSATION WITH
HUMAN SURGEON
DR ALEX HORTON

A FOCUS ON
PROSTATE CANCER

REGULAR FEATURES
CLIENT COLUMN &
FITZ & PIECES

A welcome note from Dr Gerard McLauchlan

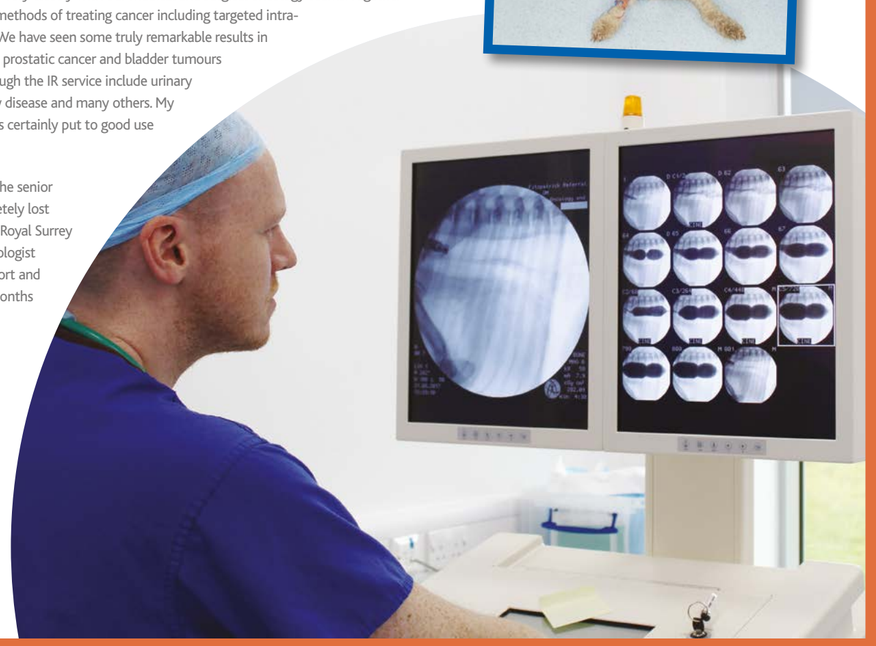
Launching a new service in a hospital is always going to be tough. Launching a new service most vets have perhaps not heard of can be even tougher! Almost 18 months have passed since I joined Fitzpatrick Referrals Oncology & Soft Tissue and what a journey it has been.

While the number of specialists continues to grow - the most recent appointments being Michael Macfarlane (European Specialist in Oncology), Audrey Belmudes (European Specialist in Diagnostic Imaging) and Audrey Petite (European Specialist in Diagnostic Imaging) - the ethos of the hospital remains unchanged – to provide the best possible care for our patients and their families and to drive forward the field of veterinary oncology through research, education and clinical work.

The Interventional Radiology (IR) service works very closely with our medical and surgical oncology teams. Together we have been developing new and innovative methods of treating cancer including targeted intra-arterial chemotherapy and ablation therapies. We have seen some truly remarkable results in the treatment of non-resectable liver tumours, prostatic cancer and bladder tumours amongst others. Other conditions treated through the IR service include urinary tract disease, portosystemic shunts, respiratory disease and many others. My background as an internal medicine specialist is certainly put to good use on a daily basis!

A special thank you has to go to Jen O'Keeffe the senior IR nurse (The "IR Mum" who I would be completely lost without!) and also to Dr Alex Horton from the Royal Surrey Hospital – Alex is a human Interventional Radiologist and his brother, a veterinary surgeon. The support and expertise Alex has provided over the past 18 months has been truly remarkable.

Thank you to all the vets who have supported the service and trusted us with your patients. To the patients and their families who have been part of this exciting journey over the past 18 months - it has been a pleasure to get to know all of you. I look forward to seeing what the next year brings.



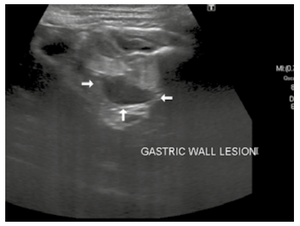
In the spotlight

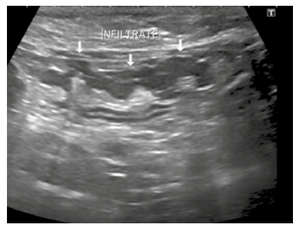
Lymphoma relates to a spectrum of diseases including low grade, high grade and large granular lymphocyte lymphoma (LGL). This disease can therefore vary from something which cats can live with for some time without illness to a rapidly progressive and fatal condition.

What are the presenting signs?

Although this may seem obvious, there is a surprising spectrum of severity signs shown by cats with this condition. An increase in vomiting and diarrhoea are the ones that we think of. The nature and frequency of this is variable. Constipation is also a sign we see reasonably often. Some cats will be collapsed, but the majority of cats we see are as bright as ever when diagnosed. The duration of signs varies - some will have no signs at all, some cats only have a couple of episodes of vomiting and otherwise be well, yet can have quite advanced disease and others can be severely affected. I have seen this disease in cats under a year to 18 years old! The message here is to have this condition on your radar, especially in any cats with otherwise unexplained weight loss, even with no GI signs. Early diagnosis can be very useful.

Michael with Belle - a patient being treated for lymphoma





How is Lymphoma diagnosed?

Generally there is either a mass or thickening palpated in the abdomen - the next step is to get some cells into the lab for a pathologist to examine. The best way of achieving this is dependent on the location and presentation of the disease.

Generally the least invasive method is by ultrasound guided FNA. Our preference is generally to sample enlarged lymph nodes, which is less risky than sampling the intestinal wall. The intestinal wall can be sampled if thick enough and accessible. The yield of any ultrasound guided FNA is dependent on the operator's experience.

Often, this cytology result will be enough. We do not generally type feline GI lymphoma as it is unlikely to change our approach. If the cytology is equivocal, then a PARR test can often be done to greater enhance the suspicion either way.

Endoscopy can also be used for cats with gastric, duodenal or colonic lesions. It is important to determine if the thickening of the digestive tract is affecting the inner intestinal layers, as if the thickening is only of the muscularis, an endoscopic biopsy may not be useful.

We will generally not diagnose this condition with a surgical biopsy, unless we feel that the surgery itself is likely to help the cat clinically or we have exhausted the other options. Cases in which this may be an appropriate diagnostic tool and treatment would be for solitary masses and for cats with obstructive disease.

What is the prognosis?

The prognosis is extremely variable for this spectrum of disease. It is very dependent on the type of lymphoma - so ensure that if your lab reports a result of lymphoma that the report includes if it is high grade, low grade or LGL.

The prognosis for cats with LGL lymphoma is unfortunately very poor. The treatment recommended is based on the clinical condition of the cat. If they are well enough, a COP or CHOP protocol is the treatment of choice.

What treatments are available?

The treatment for low grade lymphoma is chlorambucil and prednisolone with a favourable prognosis. There is some chance of progression and we have seen cases of low grade transforming to high grade lymphoma. The median survival for cases of low grade gastrointestinal lymphoma is around three years.

For high grade lymphoma, surgery is appropriate if the criteria above are met and this improves prognosis for cats with solitary tumours. Generally the disease is diffuse however and we recommend chemotherapy. This generally takes the form of either a COP or CHOP based protocol. The median survival here is around six months, but importantly there is considerable variability between cases and there is a reasonable chance of long-term disease control.

Which cases should be referred?

With the spectrum of disease that we see, there are nuances to each case. Our specialist imagers are very adept at sampling even subtle lesions to achieve a diagnosis. For those with a diagnosis and for families who would like all options and to take time to discuss the treatment at the outset, we are very happy to take this time. We are then able to share the care with your practice if there is ongoing chemotherapy and it is something you are comfortable doing in partnership with us. Often, we may see the case back after a few weeks to check the abdomen and remission status. We can also provide advice and care (remotely or at the hospital) if things do not follow the expected plan. Having this available will give reassurance to many families (and vets!). We are also able to see cats which have been treated in practice and relapsed or failed to respond. There are a number of alternate treatments and protocols, which if given to the right cat can extend a good quality of life for some time.

WELCOME Michael Macfarlane

Michael qualified from the University of Glasgow in 2009 and then worked in first opinion practice in Buckinghamshire and Northern Ireland. He then returned to the University of Glasgow in 2012 to further his training and experience in oncology by completing four years of additional training. He completed an ECVIM residency in oncology in 2016 and became a Diplomate of the European College of Veterinary Internal Medicine and a European Specialist in Oncology in 2017. Earlier this year, Michael was awarded a Masters degree in Veterinary Medicine.

"I am absolutely delighted to have joined Fitzpatrick Referrals Oncology and Soft Tissue hospital. I have had a long-standing ambition to work as part of the fantastic team here since visiting the hospital during my specialist training in 2015. At this visit, I immediately felt at home in a group of people driven to deliver the very best compassionate care for dogs and cats.

My ambition is to develop the very best ways to minimise the impact that cancer has on animals. I know that Fitzpatrick Referrals is the best environment for me to be able to achieve this. Throughout the hospital, there is an amazing positive attitude and a collective drive to improve the overall care we can give to pets with cancer. I am also excited by the opportunity to be able to help others to achieve their goals in improving cancer care for pets."

Dr Michael Macfarlane - Senior Clinician in Medical Oncology

CHARLIE COCKER

Charlie Cocker is a 10-year-old Jack Russell Terrier who was referred to our Interventional Radiology service with a prostatic tumour. Charlie was referred from another specialist centre, as the family were keen to pursue further options alongside traditional intravenous chemotherapy. At Fitzpatrick Referrals, patients with prostatic cancer have multiple options available that allow them to live a prolonged and happy life with cancer.

A consultation with Senior Clinician in Interventional Radiology, Gerard McLauchlan and Senior Surgeon Nick Bacon was arranged to discuss every option possible. These included the possibility of surgical removal of his prostate, intravenous chemotherapy (IV) and targeted intra-arterial (IA) chemotherapy. After a CT scan of his abdomen and thorax to stage his neoplasia, they identified growth of the tumour along the urethra to the level of the bladder neck, as well as metastatic spread to a regional lymph node.

Charlie's family opted for him to undergo IA chemotherapy. Charlie received IA vinblastine and recovered well from the procedure – with the family reporting an almost immediate improvement in his defaecation. A follow-up standard protocol of IV Vinblastine and an ultrasound scan were performed two months after the IA treatment – showing a reduction in the size of his prostate from 2cm x 2.8cm to 1.6cm to 1.8cm with no bladder neck involvement.

Charlie continued to receive his IV Vinblastine with no adverse effects however on ultrasound four months later, his prostate had increased to 2.7 x 3.7cm. Charlie's tumour was therefore no longer in remission and we recommended a change in chemotherapy protocol. Given the excellent success noted from IA treatment previously, his family elected to have IA Carboplatin administered and this was performed without complications. Following this, another follow up IV treatment was administered every three weeks with his primary care vet. Charlie had a repeat ultrasound performed three months later that showed his prostate had again decreased significantly in size (1.5cm x 2cm) and he remained free of clinical signs.

Keen to discuss the newly available option of prostatic embolisation, his family returned to Fitzpatrick Referrals to discuss this procedure. Prostatic embolisation has shown incredible results in a recent trial performed in UC Davis, California. Ultrasound imaging however showed progression of his prostatic tumour from his previous scan (2.5cm x 2cm) and that the tumour had unfortunately progressed to obstruct his left ureter with resulting hydronephrosis. Following discussion with his family and the clinicians at UC Davis, we decided that embolisation was not the right treatment for Charlie at this time and he received IA Mitoxantrone. He remains clinically very well at home with minimal clinical signs and his renal values are within reference range. A repeat ultrasound at three weeks shows the IA Mitoxantrone has resulted in an improvement in his obstructed left ureter which is excellent news.

The response seen to the IA treatment has been remarkable and we hope Charlie continues to respond well to the current treatment.

Charlie Cocker before surgery

CASE STUDY

A FOCUS ON Prostate Cancer

Prostatic cancer can affect both humans and animals. In dogs, it tends to present as a particularly aggressive form of the disease with a high metastatic potential. Prostatic neoplasia can be either a prostatic urothelial cell carcinoma or a prostatic adenocarcinoma. Traditionally dogs with prostatic cancer have been treated with intravenous chemotherapy but the response to this unfortunately can be limited.

At Fitzpatrick Referrals we firmly believe in searching for better ways to treat cancer. One area we are particularly keen to develop treatment of is lower urinary tract tumours - including bladder and prostate cancer. Through pioneering new treatments, we hope to be able to offer improved quality of life and improved survival times for patients.

What are the signs and symptoms of canine prostate cancer?

- Difficulty and frequent attempts at urinating
- Straining to pass faeces / ribbon like faeces
- Haematuria
- Hind leg lameness / gait abnormalities
- Fatigue
- Weight loss
- Fever

What treatments are available?

Traditionally prostatic cancer is treated with a combination of intravenous chemotherapy and non-steroidal anti-inflammatory drugs (NSAIDs). A recent study showed the benefit of intravenous chemotherapy and NSAID treatment in these patients with an increase in mean survival time of dogs who received this compared to those who did not (106 days vs 51 days).

Our Interventional Radiology (IR) Senior Clinician Gerard McLauchlan (European and RCVS Specialist in Small Animal Internal Medicine) has been working with colleagues at the Royal Surrey hospital, UC Davis veterinary school in California and our own medical and surgical oncology teams to deliver new techniques in the treatment of prostatic neoplasia and other cancers.

Prior to treatment, we normally recommend patients undergo staging with a CT scan in order to assess the extent of disease present and determine what treatment options are most suitable for the individual patient and their family.

Prostatectomy Surgical treatment is unfortunately often not possible due to spread of the cancer at time of diagnosis and the complications that can occur following removal of the prostate.

Intra-arterial (IA) chemotherapy: this involves delivering chemotherapy directly to the arterial supply of the tumour under fluoroscopic guidance. No increase in side effects is seen compared to IV administration (some studies suggest the side effects may actually be less following IA administration). Research studies have shown this can increase the concentration of chemotherapy delivered to the bladder, prostate and local lymph nodes by over eight times. A clinical publication documented dogs were more likely to have their tumour enter remission following IA chemotherapy than after standard IV chemotherapy. Over the past 18 months, the IR service has treated 10 cases of prostatic cancer with IA chemotherapy. Results have been very promising with several clinically well over 12 months post diagnosis. The results of this treatment were presented by Gerard at an international veterinary conference in 2018 and are expected to be published soon.

Prostatic embolisation: this involves administering an embolic agent (microsphere beads) to the prostatic artery under fluoroscopic guidance. The aim of the procedure is therefore to remove the blood supply to the tumour resulting in cell death. Recent pilot work at UC Davis has shown very promising results with prostatic tumours shrinking by a mean of 40% following treatment. The technique is very similar to the approach for intra-arterial chemotherapy and is available at Fitzpatrick Referrals Oncology & Soft Tissue where we are the first centre in Europe offering this new treatment for prostatic cancer.

For further information, please visit our website: fitzpatrickreferrals.co.uk/services/interventional-radiology-service/

To make a referral, please contact the oncology and soft tissue hospital in Guildford on:
E guildford@fitzpatrickreferrals.co.uk
T 01483 668100, F 01483 454724

We know that on occasion, speaking to one of our specialists is valuable and enables you to deliver the best options to your client. We are available every day to provide advice to vets. Our goal is to speak to you when you call, but if this is not possible, one of our clinicians will call you back within a few hours of making a clinical enquiry.* Please call the Fitzpatrick Referrals Oncology & Soft Tissue hospital on 01483 688100.

*Advice within a few hours applies to normal working hours (8am – 8pm) Monday to Friday – out-of-hours we can give advice for emergency cases.

IN CONVERSATION WITH

Alex Horton & Gerard McLauchlan

Dr Gerard McLauchlan is joined in conversation with Dr Alex Horton – a Consultant Interventional Radiologist (Royal Surrey County Hospital, BMI Mount Alvernia Hospital and Nuffield Health Guildford Hospital). Alex trained in cross sectional and interventional radiology. He has particular interests in uroradiology and interventional radiology (including all image guided procedures, and venous access) and more recently, the concept of One Health. He is also the regional lead radiologist for malignant melanoma.

Q. Alex, what are the most common illnesses/ conditions you treats in humans?

I'm an Interventional Radiologist and a Diagnostic Radiologist, but from the inverventional radiology (IR) side I do two things really – emergency work, which will be stopping bleeding with angiograms; relieving collections full of pus and then de-obstructing organs such as kidneys and livers. Secondarily there is the elective side, which tends to be focused on cancer treatment – things like chemo embolisation of liver tumours, radio embolisation of liver tumours and ablation of liver tumours.

Q. How did the opportunity to work with Fitzpatrick Referrals come about?

Alex: I was aware that Fitzpatrick Referrals were putting something here - having spoken to my brother (Dr Dan Horton, Senior lecturer at Surrey University and Veterinary Virologist). With the One Health concept and the development of the Vet school at Surrey I thought it would be a good opportunity to see if we could collaborate... I always thought there were things in interventional radiology that I could potentially offer as far as techniques that might not already be being explored. I had a colleague when I was a trainee, who used to go on his half day to London Zoo and report all the x-rays on the Gorillas, so it always struck me as being something a little bit different that I fancied.

Gerard: When I completed my IR Fellowship training at the Animal Medical Centre in New York I worked closely with medics and so I know about the benefit of collaborating with colleagues in human medicine. Alex's brother being a veterinary surgeon was a brilliant coincidence and opened the door for initial conversations about us working together. He has been an amazing support and mentor for me over the past 18 months. He probably won't admit it but I think he also loves coming over to cuddle all the patients and talk about his own little puppy called Biggi!

Q. What are the benefits of working together, from both a human medicine and veterinary medicine perspective?

Alex: I think there's a lot of stuff that we can pool together. It's very interesting on the academic side just talking about differences in the way we interpret blood results and basic tests, and the way we treat things differently. We have a lot of 'would you do this or would you do that?' Obviously the anatomy is significantly different but actually there are also a lot of similarities, so I suppose in that respect we are both learning.

Gerard: Alex has a huge amount of experience that he is able to bring to the table. The veterinary IR field is in its complete infancy compared to the human specialty. With IR I always say it's about thinking outside the box and not accepting that techniques and outcomes cannot be improved, I really feel that working together can help us both develop in this respect.

Q. Alex, do you see any similarities in the cases you see with humans, with animal patients here at Fitzpatrick Referrals?

Yes, because a lot of the cases I'm asked to be involved in tend to be cancer-related so there tend to be similarities with the tumour treatment particularly with chemo-embolisation. Other procedures such as unblocking kidneys with Nephrostomy tubes are common to all mammals so there are also similarities there. Additionally there are some cases more peculiar to animals, such as large shunts within the liver, and treating these has been informative for both of us.

Q. What types of conditions and procedures have you worked on together?

Alex: The relationship started over a stent in the penis of a Rottweiler! The poor dog had a stricture (narrowing) in his penile urethra meaning he had been unable to pass urine for months. This was benign but significantly affected his quality of life. Gerard asked me if I had any suggestions or techniques that we could translate across and with a little thinking outside the box we achieved an excellent result.

We've done some unblocking of kidneys/bladders that were obstructed by cancer or stones, we commonly treat congenital liver abnormalities (portosystemic shunts and arteriovenous malformations) and have delivered intra-arterial chemotherapy to multiple cancers that are not amenable to surgery including those affecting the lung, prostate, bladder and liver. In interventional radiology you often are left to try things that are more innovative. We've done that in several patients and seen some excellent results.

Gerard: Alex and I primarily work on cancer patients and are hoping to develop further the treatment of prostatic cancer in particular. We also commonly see a very large urinary case-load (as he says our relationship was forged over a Rottweiler's penis!) as well as complicated vascular cases such as congenital liver shunts in young dogs – traditional surgery for these cases is associated with up to 30% mortality rates so an IR approach is really now regarded as the gold standard treatment.

Gerard & Alex pre-surgery

Laurent Findji, Gerard & Alex in surgery

> *"The veterinary IR field is in its complete infancy compared to the human specialty. With IR I always say it's about thinking outside the box and not accepting that techniques and outcomes cannot be improved, I really feel that working together can help us both develop in this respect."*

Gerard McLauchlan & Alex Horton

Q. Can you tell us about a case you recently performed surgery on together?

Gerard: Teddy Rumney is a two year Jack Russell Terrier who we recently treated for his congenital double intrahepatic shunt. He had already been examined at another referral centre where he was told correction of his double intrahepatic shunt was not possible and so referral to the Interventional Radiology service at Fitzpatrick Referrals was recommended.

Teddy was anaesthetised and had a contrast CT scan of his liver performed to highlight the abnormal blood vessels. After this Alex and I placed a stent in his caudal vena cava using fluoroscopic guidance – the stent spanned the opening of both of the shunts. After this multiple platinum coils were deployed into both shunts in order to occlude the vascular flow through the abnormal vessels into the cava. The entire procedure took under two hours and was performed via a small 2cm incision in his neck so no exercise restrictions or wound monitoring was required post operatively. Teddy recovered really well (he was up, bouncing around and eating within a few hours!). He has made an excellent recovery at home and his clinical signs have completely resolved so it's been an amazing outcome for him and his family.

Q. Alex, what do you enjoy about assisting in veterinary interventional radiology procedures?

It's just a bit different. My brother's a vet and he works at the university now. He introduced me to Nick [Bacon] a long time ago before this place [Fitzpatrick Referrals Oncology & Soft Tissue] got off the ground and we discussed then some collaborative things from a research point of view and I suppose it lead me to think that there are some things we can do together. There are obviously some conditions in animals that are specific to breeds so it's quite easy to get a large concentration of a certain disease population for the purposes of research and getting data, so that's quite appealing. Also, it ties into the whole 'One Health' model about the common stuff that we have together. I like doing different things and I like challenges, so if somebody says to me 'can you help?' I can't resist trying if it's in my skillset. The first time I came here, soon after Gerard had started and he reached out because he needed help to do something which was a bit off book and I said 'well I'm not sure, I've never done that but I'll see what I can find, got some equipment, came over and we got something together – so that sort of "MacGyver" side of things is quite nice particularly when it affords patients a solution that would otherwise not be possible. It's a great place to work as well - everyone's very friendly, nice and welcoming.

Q. Gerard, it's been over 18 months now since Fitzpatrick Referrals Interventional Radiology service launched. Can you tell us about some cases which have been a particular highlight?

One of the first cases I consulted on was a dog called Rags. He had a stricture of his urethra meaning he had not been able to urinate normally in almost six years. His mum was draining his urine via a catheter that was in his bladder every eight hours and hadn't been able to leave him to even go on holiday for years. We were able to place a stent in his urethra and he was discharged them same day urinating normally. It was amazing to be able to make such a life changing difference to Rags and his mum Judy.

Another patient was Charlie Cocker who came to us suffering from an aggressive prostate cancer. We treated his tumour with targeted intra-arterial chemotherapy and 18 months later Charlie is still enjoying an excellent quality of life which is an amazing outcome for this kind of tumour.

Q. Gerard, which common conditions seen in primary care would benefit from Interventional Radiology?

The Interventional Radiology service sees patients with a range of conditions including respiratory disease (tracheal collapse, coughing, effusions, nasal disease), urinary tract disorders (haematuria, dysuria, stones, incontinence, neoplasia), gastrointestinal disorders (oesophageal strictures, regurgitation, vomiting, diarrhoea) and hepatic disease (minimally invasive correction of portosystemic shunts). I work extensively with our oncology service and have been developing the use of selective intra-arterial chemotherapy and embolisation techniques for various tumours that is incredibly exciting. We have seen some amazing results in various cancers including prostatic carcinoma, urinary tract transitional cell carcinoma and non-resectable liver and lung cancer.

Q. Gerard, how does your other specialty of internal medicine assist with interventional radiology cases?

My background in medicine is incredibly important. As the only medicine specialist at Fitzpatrick Referrals, I feel I am able to offer a massive support to my colleagues in other disciplines. Many of our patients have concurrent problems such as anaemia, pneumonia, vomiting etc. that all require medical input so I am certainly kept busy every day but I wouldn't have it any other way!

Fitz & Pieces

By Claire Carter

Client Column | Our Morpheus

Morpheus is our much loved nine-year-old black and white moggy who has been part of our family since he was seven weeks old. We first noticed something was wrong with Morph when he refused to eat his breakfast one morning.

I checked his mouth and assumed it was a bad tooth, so we took him to our local vets the next morning by which time he was feeling very sorry for himself. Upon examination, our vet quickly discovered that his kidneys were greatly enlarged and admitted him for further investigation. We had lost another cat the previous year with similar symptoms, so we realised just how serious this was. As always, our vet was amazing at keeping us updated on the situation and by lunch time, it looked as though the prognosis was either cancer or severe kidney failure, and the only option seemed like we would have to have him put to sleep.

After further scans that afternoon, Morph was diagnosed with huge kidney stones that had completely blocked one of his tubes, and partially blocked the other tube that allows the urine to flow into his bladder. Although we were initially relieved to hear it was not cancer, our vet soon explained that his situation was still very serious and if he did not receive emergency surgery to clear the blocked tubes that day, we would lose him. Our vet worked tirelessly to stabilise him, as his heart rate had dropped dangerously low and he could not be transported safely for the surgery without the risk of losing him. By mid-afternoon our vet called to say that they had arranged to have him seen by Fitzpatrick Referrals Oncology & Soft Tissue in Guildford, and that he was now stable enough for us to take him there.

Upon arriving at Fitzpatrick Referrals, Gerard and his team were prepped and waiting for us, and we were immediately taken into a consultation room where Morph was whisked off for further scans. Gerard then explained in detail, the surgical procedure of inserting bypass tubes that would do the job of the blocked ones and Morph was taken directly into surgery. It was such a worrying time but Gerard called us as soon as the surgery was done with an update and the good news was that everything had gone well. Morph spent a few days being looked after by the team, as he had also been fitted with a feeding tube into his throat. It is common for animals to not eat following this type of surgery for up to six weeks.

We were so relieved to get our boy back home and have him on the road to recovery. After three weeks he was finally eating normally and could have his feeding tube removed. Gerard also flushed his new tubes and carried out scans to ensure they were working correctly. We are now a few months down the line and Morph is back to living his life fully, which in his case means getting up to trouble! We cannot thank everyone at Fitzpatrick Referrals enough for all they did and continue to do. We are so grateful to everyone who was involved in Morph's care. What an amazing team of people who truly do perform miracles.

Rumba Foundation donations

The Rumba Foundation has kindly donated five lead gowns to the University of Surrey's Veterinary Cancer Research Programme, which is run from Fitzpatrick Referrals Oncology & Soft Tissue.

This donation supports Professor Nick Bacon's work through the Veterinary Cancer Research Programme at the University of Surrey School of Veterinary Medicine where Nick holds a joint position as Professor of Surgical Oncology. The veterinary school does not have its own animal hospital, and so the patients at our oncology hospital are able to benefit from the innovative research and treatment development that is at the core of the veterinary school's One Health mission, Nick's research and the Fitzpatrick ethos.

BECOME A SHARED CARE PRACTICE

With patients coming from far and wide, we understand the demands on families travelling regularly to visit our facilities. Our patients at our oncology & soft tissue hospital can make frequent visits as many receive chemotherapy on a regular schedule. Cancer treatment has changed dramatically in the last 10 years and patients can live happy normal lives while receiving chemotherapy. We recognise that It is often much more convenient to travel to a local practice rather than repeatedly to the referral hospital.

We have listened to the feedback from the local vets and patient families and the concept of 'Shared Care' was born.

'Shared Care' will further strengthen the relationship between a specialist and a local vet, by combining forces to treat the patient on a regular basis. Once referred one of our Oncologists will do the diagnostics needed to create the most suitable treatment for the patient, and chemotherapy can begin at the hospital. After it has been agreed that the patient is tolerating the treatment well, they can continue their treatment at their local vet practice, only making further visits to us for restaging and or if there are concerns with the patient's progress. We understand that not all local vet practices will be set up or use to administering chemotherapy, however we are on hand for this.

We believe in shared cancer care and have begun the initiative to offer practices training on chemotherapy safety and administration. Whether you're a vet, a nurse or an auxiliary, we will invite you to come and spend the day with the chemotherapy team, and are currently working on CPD lectures in the near future. Once trained, we will always be on the other end of the phone for further advice and guidance, with a vet available 24 hours a day.

What are the benefits of shared cancer care?

- *Patients and their families have the convenience of accessing chemotherapy treatment from their local vet practice, reducing travel and costs.*
- *Local vets create even stronger relationships with their clients and Fitzpatrick Referrals specialists.*
- *Local vets, nurses and auxiliaries benefit from support and chemotherapy training with world class specialist vets, specialist nurses &auxiliaries.*

For further information about our shared cancer care procedure, please contact the oncology and soft tissue hospital in Guildford on:
E | guildford@fitzpatrickreferrals.co.uk T | 01483 668100 F | 01483 454724

Oncology & Soft Tissue CPD dates for your diary

6th December: Gerard Mclauchlan
Coughing, choking, wheezing and sneezing. Respiratory case studies

10th January: Laurent Findji - Perianal surgery - it's a bummer

7th February: Iain Grant - Chemotherapy- what is the evidence

7th March: Audrey Belmudes - 50 shades of grey - emergency imaging

To book visit: fitzpatrickreferrals.co.uk/CPD

IN AN EMERGENCY

To discuss a case or for any urgent or emergency referrals, please call us

For orthopaedic and neurological emergencies
01483 423761

For oncological and soft tissue emergencies
01483 668100

For more information visit fitzpatrickreferrals.co.uk

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