

Preparing your client for referral

Making an appointment

A general rule is that the quicker treatment starts, the better the outcome. That's why we encourage consults to take place as soon as a cancer diagnosis is suspected. The initial consultation lasts approximately 1-2 hours, and most diagnostics and treatments can be performed the same day.

Please call us for appointment availability: (412) 373-4200

What records should be sent before the consult?

When sending records to us, the most important features are:

- Body maps and mass measurements
- Recent bloodwork
- Diagnostic imaging results (and the images)
- Cytology/histopathology reports

The only time we will repeat diagnostics is if:

- ① pre-treatment bloodwork is over 48 hours old
- ② additional information is needed

We will never repeat diagnostics without reason.

Should I start any medications?

When starting your patient on medications prior to referral, please keep in mind that some medications (particularly steroids) can interfere with future diagnostic results and even induce resistance in some cancers.

We would never want critical medications to be withheld from patients; just make sure that all the relevant samples have been collected, and that the client is fully aware of the implications. If you are ever in doubt about whether or not to start a medication, please give us a call.

What are the next steps?

Should I refer my client?

Referral is appropriate for any pet that has been diagnosed with, or is suspected of having, cancer. Even if your client is reluctant to pursue treatment, consultation with a medical oncologist allows pet owners to explore all the available options (including new therapies), as well as talk about quality of life and specific prognoses.

If you are ever unsure about whether or not to refer a case, please feel comfortable calling our hospital to consult with us.

When are cancer patients an emergency?

- All cases of lymphoma or leukemia
- Malignant pleural effusions
- Tumors obstructing the urinary, gastrointestinal, respiratory, or hepatobiliary systems
- Tumors with active hemorrhage
- Any patient who is systemically ill
- Any patient who is clinically unstable



Open 24/7/365*

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**Veterinarian on premises seeing dogs and cats.*

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Oncology Referral Information for Veterinarians



PROVIDING COMPREHENSIVE,
COMPASSIONATE CANCER CARE FOR PETS

Types of Cancer	Description	Treatment Options	Prognosis
Lymphoma	Commonly presents with swollen lymph nodes and nonspecific malaise.	Chemotherapy options are many, and the novel drug Tanovea has potential.	Remission occurs in 85-95%, and survival averages 12-14 months.
Mast Cell Tumor	Often found in the skin, may wax and wane, and can be red or ulcerated.	All treatment modalities can be effectively used to treat mast cell tumors.	Behavior depends on grade, but even high grade tumors may respond well.
Soft Tissue Sarcoma	Tumors of connective tissue most often found in the skin on the legs.	Complete surgical resection, with adjuvant radiation or chemotherapy.	Behavior depends on grade and completeness of local therapy.
Transitional Cell Carcinoma	Most often have a history of chronic UTIs and lower urinary signs.	Radiation and chemotherapy are most effective at alleviating clinical signs.	Multimodality therapy may result in improved survival and excellent quality of life.
Apocrine Gland Adenocarcinoma	Signs may be referable to obstruction, or may be an incidental finding on exam.	Surgery and radiation, with adjuvant chemotherapy or targeted therapy.	With appropriate therapy, survival times may be prolonged several years.
Osteosarcoma	Generally has a history of recurrent lameness with or without previous trauma.	Amputation followed by chemotherapy remains the gold standard therapy.	Survival averages 1 year, with a good percentage living 2 years or more.
Oral Melanoma	Typically appears as a friable, bleeding, malodorous, black or pink mass in the mouth.	Surgery and radiation, followed by immunotherapy and rarely chemotherapy.	Outcomes may be good to excellent with low grade tumors or aggressive therapy.



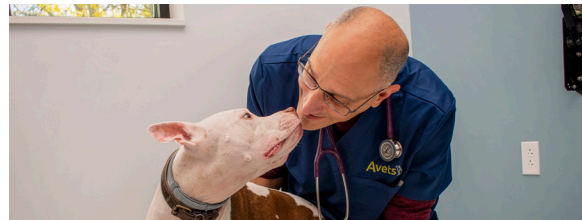
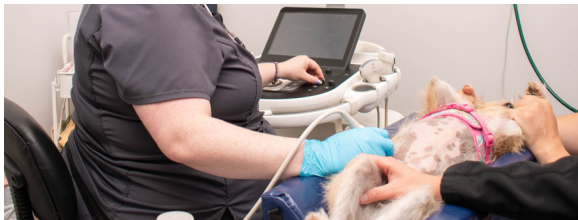
Anthony Calo, DVM

Practice Limited to
Oncology

Dr. Anthony Calo is originally from New Jersey, and obtained his Bachelor of Science in Animal Science from Rutgers University in 1993. He graduated from the Ross School of Veterinary Medicine in 1999 and then completed his clinical training and an internship in small animal medicine at The University of Minnesota College of Veterinary Medicine from 1999-2000.

Following his internship, Dr. Calo continued on to Tufts University School of Veterinary Medicine to complete extensive training in feline mammary gland carcinoma, lymphoproliferative disorders, neuroendocrine tumors, and medical oncology. His oncology residency was completed from 2002-2004.

Dr. Calo has a special interest in the human-animal bond. His approach to veterinary oncology focuses on the medical aspects of chemotherapy, immunotherapy, and radiation therapy.



Treatment Options

Surgery

Surgery is the best way to attempt a 'cure' but the procedure must be carefully planned. In some cases, surgery will be combined with other adjuvant therapies to improve outcomes.

Radiation therapy

This local therapy involves beams of energy targeted directly at the tumor. Radiation can be used to kill cancer cells directly, or to alleviate pain and improve quality of life.

Chemotherapy

Unlike in humans, chemotherapy in pets is generally very well tolerated with few side effects, if any. Chemotherapy works by damaging DNA and killing cancer cells. A wide variety of protocols are available.

Targeted therapy

Rapid advances in cancer therapy allow us to attack specific parts of the cancer cell 'machinery'. This maximizes the efficacy of treatment and minimizes side effects.

Immunotherapy

In certain cases, we can use vaccines, certain chemotherapy drugs, and even herbal supplements to mobilize a pet's immune system to fight the cancer from the inside.

Palliative therapy

Alleviating symptoms to improve quality of life is a vital part of comprehensive cancer therapy. Strategies may include physical rehabilitation, acupuncture, pain management, and other non-traditional therapies.