VETERINARY SPECIALIST ADVICE

Date: 16/6/25 **Referring veterinarian:Andrea Holmes**

Referring Practice:CityU

Carer's name:	SHUK MAN SUSANN CHAN	**Pet's name: Horlick**	
Species: Feline			
Breed:	**Exotic shorthair**	**Age:**	**12 years**	**Sex: MN**

Type of consultation: Oncology

Dear colleague

Hi Andrea, please where possible can you include a haematology and biochemistry profile with your cases? Thanks for sending the histo over separately.

Horlick presented with a week of lethargy, hyporexia and weight loss. He has B cell intestinal lymphoma with mets to the spleen. I will be seeing him for his post opt check this week. Can I start chemo 2 weeks post enterectomy and anastomosis if he is doing well or do I need to wait longer?

Two weeks is normally fine post enterectomy to start chemo unless there are concerns re things like a grumbling peritonitis, which wouldn't be expected at this time point.

Would you suggest a CHOP protocol for best survival times? I have attached the one I have saved from my RVC rotation. Do you agree with it? If the owner wants a less intense protocol is COP the next best? I have attached this protocol too. Is lomustine 50mg/m2 q 21d the oral option for cats? Do you give prednisolone alongside this too?

This is a complicated question to answer with lots of factors at play. The CHOP is a more powerful protocol, so theoretically will be better at managing the lymphoma, but you will also see more problems with hyporexia/anorexia than with a COP (especially once you are on the maintenance phase of COP), which may make the diabetes more problematic to manage. Doxorubicin and epirubicin can cause renal toxicity in cats, so I would be cautious in this cat as there seem to be some renal changes on US. I would definitely want an up to date creatinine, SDMA, and USG before deciding whether to go ahead with dox or epi. I would also use factors like how switched in the owners are with respect to managing

hyporexia and anorexia, whether they can administer maropitant and mirtazapine at home to help with this, etc, as the CHOP tends to be associated with more toxicity than the COP.

The CHOP is OK, but don't worry about using the l-asparaginase (most people don't use this on induction any more), and don't substitute the cyclophosphamide for chlorambucil, just use chlorambucil unless you run into issues with neutropaenia on the cyclo and can't adjust the dose. The dose range for cyclophosphamide is 150-300mg/m2 when you look across different protocols, so most cats do fit for a single 50mg cyclophosphamide tablet.

The COP protocol should have an initial induction phase:

week1- vincristine and cyclophosphamide

week2- vincristine

week 3- vincristine

week 4- vincristine and cyclophosphamide

Then this goes to vincristine and cyclophosphamide every 3 weeks.

You can give the vinc and cyclophosphamide on the same day, you don't need to give it a different day.

I would prefer a COP or CHOP for B-cell lymphoma, but you can use lomustine as rescue, or if venous access is too difficult. Yes, 50mg/m2 every 3 weeks, plus steroids, if appropriate (see below), which normally works out as 10mg capsule per cat. I see from Joseph's emai that you have reformulated doses of this, so that's great. Lomustine also tends to cause less hyporexia and anorexia than a COP or CHOP in most cats.

He's a long term diabetic but I have switched him to a basal insulin (Toujeo) so it's easier to manage him with concurrent prednisolone. Do you think the pred should continue long term? I remember you mentioning with the high grade intestinal lymphoma case in Buddy (the dog) that it might be the only drug that really works (Buddy is still going strong by the way!)

Good news re Buddy! Feline intestinal lymphoma generally is more responsive to medical management than canine intestinal lymphoma (although not always, sadly), so it is worth treating in my opinion. The comment re prednisolone in canine lymphoma was more a reflection of how poorly it responds to chemo than how well it responds to prednisolone, but it's all good if he is doing well so far.

For the prednisolone, I personally would be cautious about using this in a diabetic cat, but if you think you're happy to manage the diabetes alongside steroids then go ahead. They also would help to prevent hypoglycaemia secondary to hyporexia/anorexia while on insulin. It's hard to keep things constant for diabetic chemo cats, because a lot of cats will be hyporexic or anorexic in the 2-3 days following chemo, but the degree and duration of side effects does vary from cat to cat. Has the cat had an echo? I see there is a heart murmur.

This would also make me a bit cautious about steroid therapy. It's the kind of case where we have to feel our way, and having a really attentive owner would be a massive bonus.

Personally, all things considered, I would be tempted to do a high dose COP, because once you are on the maintenance phase of vinc and cyclophosphamide every 3 weeks, you, the cat and the owners will find it easier to get into a rhythm with managing the cat's side effects and the diabetes, and a lot of cats on COP do cope well in terms of tolerability once we are out of the induction phase. Some prednisolone during the first 4 weeks or so might help to smooth the bumps in terms of risk of hypoglycaemia secondary to hyporexia, but maybe be cautious depending on any cardio assessment results, so more like 0.5-1.0mg/kg/day, rather than higher than this, and then maybe taper down to every other day dosing or stopping, with the option of a bit of pred after each dose of chemo on the maintenance phase if you think you will need it when you get to that point.

His albumin dropped to 19 post op so I plan to recheck that when I see him for the first chemo.

Sounds good.

I can't seem to be able to upload the histo with IHC - not sure if the file is too big? I will email it to you and Magda now

I got it, thank you.

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Disclaimer:

This report relies exclusively on the information provided by the referring practice. If any details have been omitted or are inaccurate, the conclusions and recommendations in this report may be affected.