Treating Canine Lymphoma

Standard Operating Procedure

Developed by
—
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1. Comprehensive medical history and examination reveal a suspicion of Lymphoma.

2. **Diagnosis**

   - Document location and size of enlarged lymph nodes
   - Fine Needle Aspirate/Cytology read first in house, confirmed to the reference laboratory via currier (3-7 days turn around) or digitally (within hours)
     - Collect 6-8 samples to bank for immunocytochemistry once diagnosis is confirmed
   - CBC/CHEM/UA
   - 3 view Thoracic Radiographs, if not cost prohibitive
     - Consider Abdominal Ultrasound - If Patient Ill on presentation, hypercalcemia is noted and/or suspect organ disease, if not cost prohibitive
     - Consider Bone Marrow Aspirates - If Cytopenia's, Blast Cells or vague lymph node size is noted, if not cost prohibitive

3. **Phenotyping** allows oncologist to initiate ***phenotype specific treatment*** more quickly and allows an educational conversation regarding prognostic indicators and treatment options to family at time of initial conversation.

   - Immunohistochemistry, Biopsy/tissue sample - gold standard, often not realistic
   - PARR (almost all cytology's offer to add this on) This Confirms Cancer/given a clonal population. This test is ~80%accurate
   - Immunocytochemistry - Reveals B vs T cell, can be added on at most refence labs; hold unstained slides
   - Flow Cytometry - Reveal B vs T cell phenotype; requires a 2nd visit following diagnosis, requires Live Cells for submission lymph node aspirate in serum and saline

4. **Initiate communication with Local Oncology Service** with the above information by Phone/ Email/Text.

5. Determine if Patient is **Ill or Stable** at time of diagnosis

6. Is the family interested in pursuing Oncology consultation in person or a phone consult?

   - How long is the wait time to get in for oncology consultation (in person or phone consult)?
   - Full multi-adjuvanted CHOP chemotherapy
   - Consult + **ELSPAR** while deciding to pursue CHOP
     - Improved patient comfort and QOL, rapid lymph node shrinkage and will not interfere with CHOP
     - Do not start prednisolone therapy if considering CHOP, decrease response to Vincristine and Doxorubricin

7. If not interested in pursuing oncology consult:

   - Prednisone alone, 1-2 mg/kg - AVG ***survival*** 50 days
   - **Low dose prednisone** 0.5mg/kg SID and **LAVERDIA-CA1** 1.25mg/kg twice weekly - Median duration of benefit of 71 days, some 9 months

8. Has the patient completed CHOP therapy, was in remission, and has now relapsed? Did they not tolerate CHOP and have stopped oncology services?

   Has oncology recommended ***Tanovea*** therapy?

   If not a candidate for ***Tanovea*** or not interested in pursuing continued oncology services:

   Low dose prednisone 0.5mg/kg SID and **LAVERDIA-CA1** 1.25mg/kg twice weekly

   Even though Lymph Node size may now be larger than before or fluctuating, monitor patient QOL as per family reports. If clinically well - it is advised to continue care in the face of increased lymph node size.

LAVERDIA-CA1 (verdinexor)
Facts

Conditionally Approved for LSA in Dogs

- First Oral treatment conditionally approved by FDA
- Dose used in dogs - minimal exposure in bodily fluid and stool
- Do not need a hood to administer or dispense
- Non-cytotoxic
- Wear gloves when packaging
- Package into routine use Dram Bottle
- Clients to wear gloves when administering oral meds and cleaning up stool/bodily fluids
  - Studies pending for exposure in saliva for EU approval, no limitation in people on meds for exposure to family members
- Client safety handouts provided
- Fecal disposal bags provided to family
- Monitor for most common side effects: anorexia, weight loss, vomiting, lethargy, diarrhea
- Centrally mediated nausea - offset with Maropitant / Ondansetron
  - Consider giving the night before treatment if needed
- Give medication with food
- Dosage: Starting dose is 1.25mg/kg twice weekly with at least 72 hours between dosing. 2 weeks later, if no measurable reduction in lymph nodes and patient tolerating and patient tolerating medication well, increase to 1.5 mg/kg twice weekly with at least 72 hours between doses. Consider adding Prednisone 0.5 mg/kg daily. If adverse events, can do a dose reduction of LAVERDIA-CA1 to 1mg/kg twice weekly with at least 72 hours between dosing, then increase once adverse event resolves.
- Medical Progress examination Q 2 weeks/how they are doing clinically, compare lymph node measurements, if prior laboratory changes, consider re-evaluating, then maybe Q30 days pending clinical response.
  - If no significant objective response seen in the lymph nodes and LAVERDIA-CA1 is being tolerated at 1.25 mg/kg, consider increasing dose to 1.5 mg/kg
  - If nodes double or more, stop LAVERDIA-CA1
  - If new clinical signs are noted, consider lab work and compare to baseline labs at time if ddx
  - If stable disease - continue as previously planned
- As treatment continues, you may notice lymph nodes enlarging. Don’t give up on treatment if the patient is doing well. Treat the patient not size of lymph nodes.

Please see package insert or visit **anivive.com** for full prescribing and safety information.

Contact an Anivive veterinarian if you have questions about implementing LAVERDIA-CA1 at your practice.

1-833-ANIVIVE **contact@anivive.com**