

VCOG study to evaluate the benefit of adjuvant carboplatin for the treatment of oral melanoma

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Current treatment options for canine patients with early-stage oral melanoma include surgery, radiation therapy, and intralesional chemotherapy. Although local treatment improves survival, approximately 70% still die of recurrent or metastatic melanoma. Melanoma has historically been perceived as a chemoresistant tumor in both animals and humans. However, a recent study in JVIM, (Rassnick *et al*, 2001) showed a 28% response rate of gross tumor to systemic carboplatin when given at 300-350 mg/square meter. A study presented at VCS 2001 reported a significant difference between the survival times of patients treated with surgery plus carboplatin and those of patients treated with surgery alone. In the VCS study, patients with early-stage disease treated with surgery plus adjuvant carboplatin achieved improved survival times as well (median 1525 days versus 318 days). However, the number of patients treated with adjuvant carboplatin in this study was small, so the positive result may reflect a type-2 error.

To test this, we are conducting a larger retrospective study to determine if there is a benefit to using adjuvant carboplatin in the management of early-stage oral melanoma. We want to compare the outcomes (disease free interval and survival time) of dogs diagnosed with W.H.O. stage I, II, or III malignant oral melanoma treated with

Surgery +/- radiation therapy without adjuvant chemotherapy
Surgery +/- radiation therapy with adjuvant carboplatin at a starting dose of 300 mg/square meter or higher

Criteria

Inclusion

Dogs treated with surgery to remove all gross tumor (including metastatic lymph nodes) +/- radiation therapy to treat residual microscopic disease
Minimal staging: biopsy, LN palpation, LN aspirate if large/irregular, chest radiographs, and routine blood work +/- urinalysis
For those treated with carboplatin, the minimum starting dose should be 300mg/square meter, and the patient should have received at least two cycles of treatment
Adequate follow-up information
Aspirates/biopsy samples should be available for review
Acceptable: treatment with Piroxicam or Rimadyl

Exclusion

Distant metastatic disease at diagnosis
Severe concurrent disease with < 3-month life expectancy
Treatment with other chemotherapeutics at time of definitive surgery

General Information

Contact name & institution _____

Phone # & e-mail address: _____

Patient ID: _____ Age: _____ Breed: _____

Sex: MI MC FI FS unknown

History

Duration of signs before presentation: _____

Previous treatment(s) prior to referral:

Surgery: yes no date: _____

incisional marginal excision wide radical

Surgical margins: clean dirty unknown

Response/remission duration: _____

Chemotherapy: yes no date: _____

Drug/ protocol/ # cycles completed _____

Response/remission duration: _____

Radiation: yes no date: _____

Type/fractions/dose _____

Response/remission duration: _____

Concurrent disease: _____

mild moderate severe

Medications (including Rimadyl, Piroxicam):

type/dose: _____

Physical Examination at Referral Institution

Body weight (kg): _____ Body condition score: ____/____

Medical problems/abnormal findings apart from the tumor _____

LN palpation - list specific lymph node(s): _____

Start date: _____

Dose carboplatin mg/m²: _____

cycles completed: _____

Complications: _____

Dose reductions: _____

Treatment interval: every 3 weeks every 4 weeks other (list)

Radiation therapy yes no

Date XRT started: _____

Type (orthovoltage, etc.): _____ Fractions/total dose _____

Complications: _____

Rimadyl/piroxicam yes no

Start date: _____ drug and dose: _____

Recurrence Data

Has the tumor recurred? yes no unknown

Date of recurrence: _____

Location site and recurrence date:

• Lymph node yes no _____

• Lung yes no _____

• Oral cavity at same site yes no _____

• Oral cavity- other site (specify on chart) yes no _____

• Other location - specify yes no _____

Current Status

Status: alive dead unknown

Last contact date: _____

If dead,

Date of death: _____

Cause of death melanoma-related other unknown

Necropsy yes no

Please provide a copy of necropsy report or describe abnormal results:

The End!

Thank you for your time and effort. Please send results/information **AND** histopathology/cytology samples to Beth Overley, V.M.D., VHUP, 3850 Delancey Street, Philadelphia, PA 19104

If you have questions, please e-mail at Overley@vet.upenn.edu or call at (215) 573-7778.