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ANAL AND PERIANAL TUMORS

Anal Sac Apocrine Gland Adenocarcinoma

Anal sac apocrine gland adenocarcinomas are derived from the glands that empty into the anal sacs that are located on either side of the anus. These tumors can vary from very small masses that can be found only after careful rectal examination to large masses that protrude from the rectum. They may cause ulceration of the overlying skin or difficulty defecating. These tumors are seen in any breed and in both males and females. Hypercalcemia (elevated levels of calcium in the blood) can occur in 25% of patients. This can cause increased thirst, decreased appetite, vomiting, kidney changes and weakness. These tumors are locally invasive and will metastasize (spread to other areas of the body) in 50-90% of patients. The lymph nodes located between the spine and colon (sublumbar lymph nodes) are the most common site of metastasis. The lungs and liver are other potential sites of metastasis.

Staging

To evaluate patients with anal sac carcinomas, the patient should be fully staged. This allows us to determine how advanced the disease is. Chest radiographs are done to check the lungs; ultrasound is done to check the lymph nodes and liver; and blood and urine tests are done to check for increased calcium levels and kidney function. The prognosis for patients with high calcium and/or metastasis is worse than for patients without these complications.

Treatment

Treatment for anal sac carcinomas targets both local and systemic disease. Surgery is recommended to remove the local tumor. In some patients the sublumbar lymph nodes may also be removed. Surgery is aggressive to try to remove the tumor with wide margins. If the tumor cannot be entirely removed, radiation therapy can also be effective for obtaining local tumor control. The sublumbar lymph nodes can also be irradiated if enlarged. Radiation is given for generally 3½ - 4 weeks in a row. Patients may have temporary side effects, but recover in 2-3 weeks. With either surgery alone or surgery plus radiation, most dogs develop from metastasis or local recurrence within 12-18 months.

Chemotherapy is recommended to help control local and metastatic disease. Several drugs have been shown to have benefit. With chemotherapy alone, the average survival is 7 months. When used in conjunction with surgery and/or radiation therapy, the survival time improves to 18-24 months. These medications typically do NOT cause significant side effects. You may be familiar with the side effects of chemotherapy in people. Fortunately, animals tend to experience few if any of the severe side effects seen in people. However, side effects may

occur and symptoms range from a mild, temporary decrease in appetite to anorexia, loose stools, vomiting and fever. Most dogs do not lose hair from chemotherapy, unless they are terriers or poodles. Again, most pets have no symptoms. *Our philosophy is that cancer patients should feel better, not worse, from their therapy!*

PERIANAL GLAND TUMORS

Perianal gland adenomas and adenocarcinomas arise from modified sebaceous glands found around the anus and tail. Perianal *adenomas* are normally induced by testosterone and are seen in intact male dogs. Treatment of these benign tumors consists of castration and removal of the mass. Their prognosis is good.

Perianal gland *adenocarcinomas* are rare and seen in both males and females. They are not thought to be hormonally induced. They are locally aggressive and at least 30-50% will metastasize. Metastasis occurs to the sublumbar lymph nodes and lungs. Patients are staged and treated the same as patients with anal sac adenocarcinomas (see previous section). Depending on the size of the mass, detection of metastasis and successfulness of surgery, the prognosis is variable.