

Case Log Instructions for the CSAVP and CASVM Oncology



Case log explanations and instructions:

The case log for the **ESAVS Certificate / Oncology** shall contain at least 100 cases mostly compiled in the second half of the program.

Among the 100 cases, all shall be oncology patients (including endocrine oncology). There shall be a minimum of 25% cats or 25% dogs, the re- minder must be dogs or cats. There must be a reasonable spread of case load in respect to medical and surgical oncology (at least 25% of each). Cases limited to physical examination and consultation only (with minimal further diagnostics and treatment) should not account for more than 10% of cases. At least 25% of the cases should be treated with cytotoxic chemotherapy (other than corticosteroids).

Each of the following categories shall have at least the following number of cases:

Tumours of the skin and subcutaneous tissues:	15
Tumours of the gastrointestinal tract (incl. pancreas or liver):	10
Tumours of the genitourinary tract (incl. mammary):	10
Tumours of the cardiorespiratory tract:	10
Tumours of the bones and joints :	10
Haematopoietic (non-cutaneous) neoplasia:	20
Endocrine neoplasia:	10
Other :	0-15

For each case, the following information is mandatory:

1. **Date:** give date of first presentation for current complaint
2. **Case identifier:** number in computer system or name of dog and owner
3. **Species:** dog or cat (use drop-down list)
4. **Breed:** (if mixed-breed specify approximate weight (also acceptable: toy, small, medium, large, giant, etc))
5. **Age and sex:** in years or months if < 1 year
6. **Primary care / referral:** referral or primary care (use drop-down list)
7. **Major complaint / problems:** give all pertinent abnormal findings from history and physical examination
8. **Examinations:** list all tests performed and major, pertinent abnormal findings
9. **Final diagnosis:** give all diagnoses reached
10. **Stage:** localised (solitary vs multiple, macroscopic vs microscopic) vs regional metastasis vs distant metastasis vs multicentric?
11. **Treatment / management:** list drugs (including doses **only if** deviating significantly from standard doses): e.g. for chemotherapy please specify if anything but maximally tolerated (“MTD”) published doses: e.g. “metronomic dosing”. Specify interval or duration of the protocol and/or num- ber of cycles: e.g. CHOP (25 week), CCNU&Pred (q3weeks, 6 cycles), Vinblastine&CCNU (alternating q2weeks, 4 cycles), Chlorambucil (1x)... Indicate surgical dose if cancer treatment if surgical (e.g. marginal, radical, wide...): Specify radiation protocol: e.g. radiation therapy (4x8Gy or “palliative”) or palliative care (meloxicam, prednisolone, etc). In case of multi-modality treatment, please indicate the sequence: e.g. cyto reduc- tive surgery, adjuvant radiation (4x8Gy) and adjuvant CCNU&Pred (5 cycles).

12. **Outcome:** Indicate response to treatment (e.g. CR, PR, SD, PD) if applicable. Give follow-up results including time when performed. Depending on problem/diagnosis, reasonable follow-up is required.
13. **Organ system:** specify the organ system (tumour category) it most fits into (see above)

The case log needs to be compiled as an excel file using the template in the appendix

Abbreviations may be used but must be explained at the beginning of the case log table. List the cases in chronological order.

A case log may not be acceptable and may be rejected in its entirety if critical concerns regarding one or more categories result in a fail, regardless of whether all other required criteria are adequately met.

Example of Excel case log:

Date	Identifier	Species	Breed	Age/sex	Primary (P) / referral (R)	Major complaint / problems	Examinations (laboratory results, diagnostic imaging, etc.)	Diagnosis	Stage	Management	Outcome	Organ system
18.05.2016	335467	Dog	Rottweiler	3y, fs	R	Non-weight bearing lameness on the left front leg for 3 weeks	CBC, Chemistry: mild ALP elevation; Xrays chest: no mets; Bone biopsy: osteosarcoma	Osteosarcoma proximal left humerus	Localised (macroscopic)	Amputation followed by carboplatin 270mg/m ² IV (6x q3 weeks).	Radiographic metastasis after 7 months, euthanasia 13 months after initial presentation due to metastases	Bones/joints
19.5.2016	335478	Dog	Mixed breed (15kg)	8y, mc	P	Lethargy, peripheral lymphadenopathy, PU/PD for 2 weeks	CBC – mild anaemia; Chemistry – hypercalcaemia; X-ray thorax – mediastinal mass; FNA LNN	High-grade multicentric lymphoma, probably T-cell	Multicentric	CHOP (25 weeks), after relapse: CCNU & Asparaginase rescue (3 cycles, q3 weeks), finally: various chemo drugs and corticosteroids	Achieved CR on CHOP, Relapsed after 6 months. PR on rescue. Euthanasia 3 months after relapse due to PD	Haematopoietic