The WSAVA Oncology Working Group (WOW Group) is one of the WSAVA’s newest committees and is working hard to create resources to raise awareness of the latest research and standard of care in cancer therapy and promote best practice globally. The WSAVA represents more than 200,000 veterinarians worldwide through its 115 member associations and works to enhance standards of clinical care for companion animals. Its core activities include the development of WSAVA Global Guidelines in key areas of veterinary practice, including pain management, nutrition, oncology and vaccination, together with lobbying on important issues affecting companion animal care worldwide.

**Veterinary Healthcare Team Fact Sheet: Transmissible Venereal Tumor**

**BACKGROUND**
- Sexually transmitted tumor with cells being transplanted through direct contact with an affected dog
- Most dogs are intact stray or free-roaming dogs

**CLINICAL SIGNS**
- Cauliflower-like, pedunculated, nodular, papillary, or multilobulated in appearance; with intermittent bleeding from prepuce/vulva area
- Size range from a small nodule (5 mm) to a large mass (> 10 cm) that is firm, often ulcerated and friable
- Location: most commonly genital, facial
- Paraneoplastic syndromes: erythrocytosis

**THERAPY**
- Vincristine is treatment of choice - 0.5-0.7 mg/m² weekly for 3-8 weeks or 2 weeks after the complete resolution of the visible tumor
- Radiation therapy or other cytostatic agents such as doxorubicin, cyclophosphamide, methotrexate, vinblastine can be used in non-responsive cases
- Surgery less effective with recurrence rate above 60%

**DIAGNOSIS**
- By cytology of fine needle aspiration, impression smear is less often diagnostic. Flushing in nasal TVT
- Histology is indicated if cytology is not diagnostic or the presentation is atypical

**PROGNOSIS**
Excellente. Dogs can be cured with chemotherapy. More careful prognosis in immunocompromised dogs

Excellent. Dogs can be cured with chemotherapy.