

BACKGROUND

- ▶ In the female cat, almost 90% of mammary tumors are malignant
- ▶ Early neutering (< 1 year old) reduces the risk later in life
- ▶ Contraceptives increase risk of both benign and malignant tumors
- ▶ Rare in males but they can develop malignant tumors after medroxyprogesterone treatments

CLINICAL SIGNS

- ▶ Mass in or near a mammary gland
- ▶ Typically, subcutaneous and painless; sometimes ulcerated and painful

Any mass located in the mammary glands, regardless its size, should be examined.

DIAGNOSIS

- ▶ Cytology of mass to rule out other tumors or non-neoplastic lesions
- ▶ Histology required for definitive diagnosis

STAGING

- ▶ 3-view thoracic radiographs
- ▶ Fine needle aspirate of enlarged lymph nodes
- ▶ Abdominal ultrasound or a total body CT scan (for staging/planning)

TREATMENT

- ▶ Bilateral or 2 x unilateral staged mastectomy (4-6 weeks apart)
- ▶ Potentially use adjuvant chemotherapy (carboplatin- or doxorubicin-based protocols) if high grade, if lymph node metastasis, or with histologic invasion
- ▶ Potentially, metronomic chemotherapeutic protocols (Cyclophosphamide plus Cox-2 inhibitors)



NEGATIVE PROGNOSTIC FACTORS

Tumor (> 3cm), distant or lymph node metastases, lymphatic and vascular invasion

PROGNOSIS

Variable. With smaller masses, rapid surgical removal of the mass may lead to cure.

