

Veterinary Healthcare Team Fact Sheet: Canine Mast Cell Tumors

BACKGROUND

- ▶ The most common malignant skin cancer in dogs.

CLINICAL SIGNS

- ▶ Mast cell tumors (MCTs) have a wide range of appearances, from raised/superficial to very deep/fixed. They may feel soft/fluctuant or firm and can be ulcerated or bruised.

DIAGNOSIS

- ▶ Most MCTs are easily diagnosed with fine needle aspiration (FNA). Determination of histological grade is key to determining outcome. Cytology may indicate grade in some cases but histopathology is required for confirmation.

PROGNOSTIC FACTORS

- a. Location and size.
- b. Histologic grade/mitotic count.
- c. Clinical stage (lymph nodes, spleen/liver may need a biopsy or FNA).
- d. Clinical course (gastrointestinal signs, edema, rapid tumor growth, bleeding).

THERAPY

- ▶ **Surgery**
The majority of lower grade MCTs will be cured with surgical excision. Grading requires histology.
- ▶ **Systemic Therapy**
Vinblastine/prednisone, lomustine and toceranib or masitinib are commonly used anticancer drugs for MCTs. H1 and H2 blockers are often used to control clinical signs associated with MCTs.
- ▶ **Adjuvant Therapy**
Radiation therapy is used to control MCTs that are not completely excised.

