

Anal Sac Adenocarcinoma

(Cancer Involving the Anal Sac)

Basics

OVERVIEW

- Uncommon cancerous tumor (malignant neoplasm) that developed from glands of the anal sac
- Locally spreading (invasive) cancer
- High rate of spread to other areas of the body (known as “metastasis”), often to the lymph nodes under the lumbar spine (sublumbar lymph nodes)
- Frequently associated with high blood calcium levels (known as “hypercalcemia”)

SIGNALMENT/DESCRIPTION OF PET

Species

- Older dogs
- Extremely rare in cats

Breed Predispositions

- English cocker spaniels, Springer spaniels and Cavalier King Charles spaniels have an increased likelihood of having anal sac adenocarcinoma as compared to other dog breeds

Mean Age and Range

- Older dogs

Predominant Sex

- Females have had higher rates of anal sac adenocarcinoma in some studies
- May have increased risk with neutering (particularly males)

SIGNS/OBSERVED CHANGES IN THE PET

- Signs may be due to the tumor (mass at the anus or rectum, straining to defecate or have a bowel movement [known as “tenesmus”]), spread of the cancer into local lymph nodes (metastasis; signs include straining to defecate [tenesmus], constipation, and straining to urinate [known as “stranguria”]), or increased levels of calcium in the blood (hypercalcemia; signs include lack of appetite [known as “anorexia”], increased urination [known as “polyuria”], and increased thirst [known as “polydipsia”], and sluggishness [lethargy])
- Mass associated with anal sac may be quite small despite massive metastatic disease

CAUSES

- None definitely identified



Treatment

HEALTH CARE

- Surgery is the treatment of choice for the primary tumor
- If caught early, cure can be possible
- Surgical removal of the primary tumor and enlarged lymph nodes may prolong survival
- If the mass is large and invading surrounding tissue at diagnosis, surgery is often palliative (that is, intended to control signs and improve the pet's condition, but not to cure)
- Radiation may be helpful to delay recurrence, and control growth of sublumbar lymph nodes
- Consult a veterinary oncologist for current recommendations
- Monitor blood calcium levels and manage high levels (hypercalcemia), if present

DIET

- Normal diet or as recommended by your pet's veterinarian

SURGERY

- Surgical removal (resection) of the tumor
- Partial surgical removal to decrease the size (debulking) of the tumor in cases where the tumor cannot be totally removed
- Surgical removal or debulking of those lymph nodes with evidence of spread of the cancer (metastasis)

Medications

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive

- Limited reports of partial responses to platinum-containing chemotherapeutic compounds in dogs—cisplatin, carboplatin
- Mitoxantrone (a chemotherapy drug) in combination with radiation therapy was used in one small study
- Possible role for melphalan (a chemotherapy drug) after debulking surgery
- Toceranib phosphate may provide some benefit for partial response cases or for stable disease

Follow-Up Care

PATIENT MONITORING

- Complete surgical tumor removal—physical examination, chest x-rays (radiographs), abdominal ultrasonography, and bloodwork (serum biochemistry tests) as scheduled by your pet's veterinarian
- After partial surgical tumor removal (debulking)—monitor tumor size and blood calcium levels and kidney tests (bloodwork, urinalysis)

EXPECTED COURSE AND PROGNOSIS

- Prognosis guarded
- Cures may occur if tumor is found early and treated aggressively
- Surgery often reduces the severity of signs (known as “palliative” treatment) but is not curative
- May see both local progression of the tumor and metastasis occurring
- Growth of the tumor may be slow and debulking lymph-nodes with metastatic disease may significantly prolong survival
- Presence of high blood calcium levels (hypercalcemia) has been associated with a poor prognosis in some studies
- Median survival time (the time between diagnosis and death) ranges from about 6 to 20 months, depending on individual clinical status
- Ultimately, dogs that cannot have their tumors completely removed surgically succumb to complications related to high blood calcium levels (hypercalcemia) or from direct effects of the primary tumor or metastases

Key Points

- Uncommon cancerous tumor (malignant neoplasm) that developed from glands of the anal sac

- Cures may occur if tumor is found early and treated aggressively
- High rate of spread to other areas of the body (metastasis)
- Frequently associated with high blood calcium levels (hypercalcemia)
- Surgical removal of the primary tumor and enlarged lymph nodes may prolong survival
- Prognosis guarded

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