

Midwest Wolfhound

A quarterly newsletter for and about Irish wolfhounds and their people.

Volume XXXXX Issue Spring 2018



GLIWA OFFICERS 2018

PRESIDENT

Michael Cherry

VICE-PRESIDENT

Maria Lubera

TREASURER

Joe Mahoney

SECRETARY

Scott Mortenson

BOARD OF DIRECTORS

Risha Cupit -Berzins

Debbie Greene

Michael Kelly

Claire Morrison

Pat Powers

GLIWA INFORMATION

For address or email changes, please

Contact Scott Mortenson

gliwa@lycos.com

MidWest Wolfhound™

Pat Powers, Editor

256 Kinkaid Ct

Des Plaines, IL 60016

treataiw@yahoo.com

President's report

Please take time to savor the Rescue Report this issue. Our life with our hounds is filled with peaks and valleys but no one wants to fall in a hole so deep that rescue is required. When it happens, it is so fortunate for human and hound alike that we have people like Robert and Debbie Greene who are quick to step in and make lives better for all.

Debbie and Robert Greene, the GLIWA Rescue Coordinators meet this mission with one objective: To ensure the welfare of the hound. They make no judgement about the situation or the past; they just take care of business by getting the hound to a better place.

This trust in our rescue work is earned with each occurrence, which thankfully, isn't too often, and the care and effort that is put in, as shown through the stories included in this issue, are the best illustrations.

Normally it is bad practice to read the ending first in any story, but Debbie and Robert start with the intent to have each story end best for the hound.

Thank you, Debbie and Robert Greene, and everyone else hug your hound and appreciate your good fortune.

Mike Cherry

MIDWEST WOLFHOUND™

Copy right © 2018 Great Lakes Irish Wolfhound Association

All rights reserved. Individual articles may be reprinted if credited: "Reprinted from *Midwest Wolfhound*"; provided that any article(s) listed as copyrighted by the author may not be reprinted without the express permission of the author. Reproduction of any entire issue of **Midwest Wolfhound** in print or electronically, is expressly prohibited.

GLIWA Calendar 2018

Come join us and enjoy the day with your wolfhounds!



Saturday May 26

Missouri River Irish Fest in St. Charles, Mo

Courtney Smith is extending invitations to join her. She will be there around 10. You can come anytime you want and stay as long as you want. Just please let me know ahead of time so I can plan accordingly. I will also need vaccine records for any dog participating. Rabies is a must. I will need these records before April so we can present them to the council. They are very strict.

We set up by the stage under trees along the river. Weather usually cooperated and determines how long we stay. Unfortunately we are not allowed to take our dogs into the festival ourselves. We all take turns watching each other's dogs so we can shop and eat. Please bring a chair or blanket, bowls, water jug (there is a spigot on the grounds we can use) and anything else to help make you and your dogs comfortable. We do get very large crowds sometimes 20-30 people at once. People look for us. So please make sure your dog is comfortable with crowds and kids loving on them. No flexi leads allowed! Even with the restrictions we have a great day sitting along the river relaxing and talking dogs! Please contact Courtney at; avaloniaiw@att.net.



Monday, May 28

Come and join the adults and children (and pets) of the Chicago Scots (Illinois Saint Andrew Society) and the Thistle & Heather Highland Dancers as we march in the Itasca Annual Memorial Day Parade.

Have some fun and help promote the Illinois St. Andrew Society and the upcoming Highland Games in Itasca. Meet at Usher Park at the end of the parade for the Memorial Service. Refreshments will be on sale in the park.

When: Parade starts at 9:30 am. We need to get there earlier before the streets are closed and parking is gone. Line up is between 8:00 and 9:00am.

Where: The parade starts at St Matthew's Church (West Bryn Mawr Ave. & Catalpa Ave) and proceeds east on Bryn Mawr and south on Walnut to Usher Park (see map). Our line-up position will be posted later we will be behind the Tunes of Glory Bagpipe. Call me, Bill G. MacLeod at (708) 387- 2510 if you need help or have questions.

Parking: Parking is limited at the starting point to street parking, so please carpool or have someone drop you off. Parking at the end of the parade at Usher Park is limited to street parking.

Information: For more information on the parade see Itasca Park district web site www.itascaparkdistrict.com and go to special events. For information on being a part of our group contact Bill G. MacLeod at wmac1076@aol.com or (708) 387- 2510.

Parade I end at 12:30 pm. The parade is approximately one mile



Saturday, June 16

Scottish Festival and Highland Games

Hamilton Lakes, Itasca. Times are anytime between 8-4pm.

The Midwest's premier showcase for Scottish arts and Culture. Come out and spend the day with your wolfhound. The Irish wolfhound fans will be asking you every question there is to know about our wonderful breed.

If possible please bring some kind of shade for your dog(s). One free entry with each dog.

Contact Lori Shatava lori@trdlnk.com as soon as possible for your free entry pass tickets and parking pass. Or contact Claire Morrison dcmorrison11@comcast.net



June 23

Northstar Irish Wolfhound Club Specialty

Isanti MN <http://www.northstariw.com/>.

Conformation Judge Steve Le Van

Sweeps Judge Christiana Hartenstein



(NEW)

Wednesday, July 4th

Fourth of July Parade

Oak Lawn, IL.

Step off time is 10 AM

The parade route will start at 95th St and 51st. Ave. and will proceed west to 55th Ave. As usual our line up number will not be available until closer to the date. Check our web site for updates.

We realize that the weather in July can be very hot!! If that's the case, the parade committee is aware that the wolfhounds would have to cancel.



July 7

Irish American Heritage Festival

Hours 1:30-6pm

This Irish Fest showcases the finest in local and international Irish and American music, dance and family activities. The festival is held on the grounds of the Irish American Heritage Center, a non-profit organization dedicated to preserving and strengthening Irish culture in Chicago. The center is near Wilson Avenue exit and the Edens Expressway, at 4626 North Knox, Chicago, IL.

<https://irish-american.org/event/irish-american-heritage-festival/>

At around 2, we will bring our dogs to the staging area where we will give the audience a short biography on the Irish Wolfhound with Q & A afterwards.

Water will also be available, all you need to bring is a chair for yourself.



October 6, 2018

Hoffman Estate Celtic Fest

11 a.m. to 4 p.m. Free entry

Entertainment, food, vendors, activities and much more!!!

Our role at these festivals is to introduce your wolfhounds to the public and answer the many questions everyone likes to ask about our wonderful breed.

It is held at the Sears Centre Arena, located at the Poplar Creek at 59/90 Entertainment District near the intersection of Route 59 and Interstate 90.

This is an indoor event and only gliwa members can bring their wolfhounds. Any questions about the event, contact

Mike Cherry@ michaelcherry1704@comcast.net or

Claire Morrison@ dcmorrison11@comcast.net



Saturday, October 20, 2018

GLIWA Fun Match

Judge: Mariellen Dentino

Location: Cudahy Kennel Club

3820 S Pennsylvania Ave, St Francis, WI 53235

Sunday, October 21

Education and Health Testing

More details will follow on both days.

Rescue Report

Debbie Greene

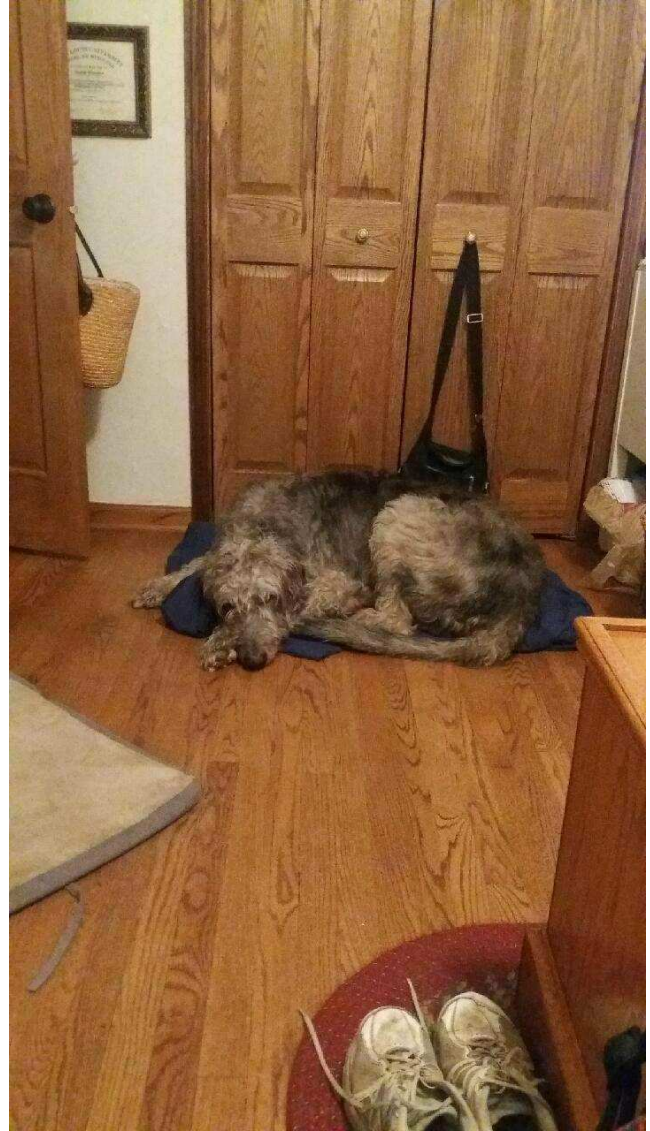
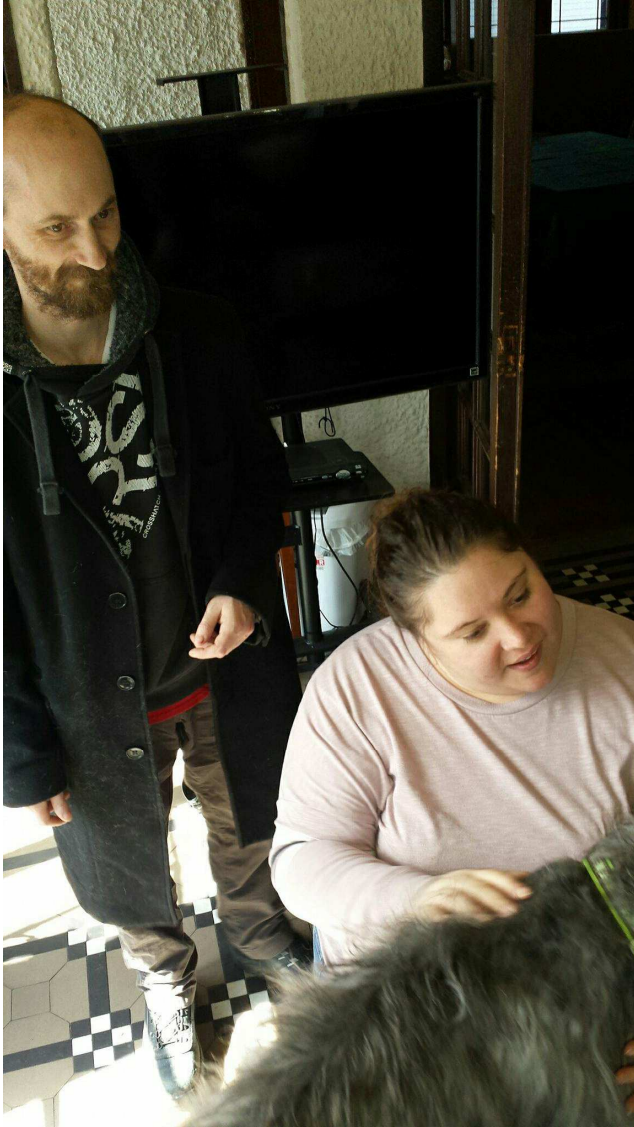
We completed two rescues this month/quarter. We received a call about a blind wolfhound named Owen. He is young and a bit unruly! Intrigued, Robert and I went to meet him in his home. He was so friendly! He was a sweet lap-sitting giant. There was a lot of discussion about IF we could find a new home for him. So Robert sent out an email to our list of folks wanting to adopt a wolfhound and to our surprise FOUR people responded and three of them had meet and greets with him in his home. Two ultimately wanted him so Robert made the hard decision as to where he thought this dog would be the best fit.



Owen

This is some of what we have heard regarding the adoption from his new owner:

He is doing wonderfully. He is doing well with car rides (he hadn't had many at his original home) We are exposing him to as many things as possible to get him socialized. He now has a special awareness vest. He is learning sit. He is coming to his name and can give you his paw. They are working with a trainer. He is getting along with other dogs but hasn't learned how to play yet. He LOVES the dog park and has been playing in the big boy section. He got his first bath and trip on Easter. He will be getting neutered soon. He is now current on all of his shots. He has Lyme Disease and is starting antibiotics. It appears he has some vision as he reacts to light. He has cherry eye and that will be treated/removed when they neuter him.



Kyle

The second rescue was Kyle. We were contacted by a member of GLIWA who is a wolfhound owner and also a Catholic Priest – Father Anthony. One of his parishioners contacted him about the possibility of him taking in a 7 year old wolfhound because of a divorce situation that did not allow either of the owners to keep him.

We picked him up and brought him to Wolfhound Manor ----- aka the Greene's house. He is an older dog with a bounce in his step. He kept up with Bodhi, Finn and Star here. He had never had a treat and didn't like them at first. Immediately spit out his first hot dog! But he soon learned from our dogs what owner manipulation was! He learned to go out only to come back in and get a treat. Kyle is the sweetest boy! If we did not already have two wolfhounds and our son's aged pit mix we would have kept him! He had the exact same mannerisms that our dog Finn has. He puts his head in your lap and just snuggles with you!



Kyle and Bodhi and Finn

We had him neutered and had some mouth issues treated.
Kyle's new owner is one of the 4 owners who wanted Owen. He is doing well in his new home with his new siblings. A lab mix and a cat. They are all bonding wonderfully.



Kyle Update





It's puppy season!

Did you know we have a breeder referral section on our GLIWA.org website? You'll find it a good place to start finding a breeder that can help you find the right puppy.

And please read the puppy information on the IWCLUBOFAMERICA.org page on how to select a breeder. Things to consider are that reputable breeders don't sell their puppies until at least 10-12 weeks. One of the reasons for that is that all wolfhound puppies should be tested for liver shunt disease before they go to their new homes. The last thing you want is a puppy with a serious disease.

Irish wolfhound puppies grow very fast so also make sure the parents were health tested before breeding.

A broken heart: Risk of heart disease in boutique or grain-free diets and exotic ingredients



by Lisa M. Freeman, DVM, PhD, DACVN

JUNE 04, 2018

IN FINDING THE BEST FOOD FOR YOUR PET, PETFOODOLOGY BLOG



Earlier this year, Peanut, a 4-year-old male Beagle/Lab mix was diagnosed with a life-threatening heart disease at our hospital. Peanut had been lethargic, not eating well, and occasionally coughing. The veterinary cardiologist seeing him asked what he was eating and found that his owner, in a desire to do the best thing for Peanut, was feeding a boutique, grain-free diet containing kangaroo and chickpeas. Peanut required several medications to treat his heart failure but the owner also changed his diet. And today, now 5 months later, Peanut's heart is nearly normal!

Heart disease is common in our companion animals, affecting *10-15% of all dogs and cats*, with even higher rates in Cavalier King Charles Spaniels, Doberman Pinschers, and Boxer dogs. Most nutritional recommendations [focus on treating dogs and cats with heart disease](#) and there is much less information on the role of diet in causing heart disease. However, a recent increase in heart disease in dogs eating certain types of diets may shed light on the role of diet in causing heart disease. It appears that diet may be increasing dogs' risk for heart disease because owners have fallen victim to the many myths and misperceptions about pet food. If diet proves to be the cause, this truly is heart-breaking to me. In my 20 years as a veterinary nutritionist, I've seen vast improvements in our knowledge about pet nutrition, in the quality of commercial pet foods, and in our pets' nutritional health (other than the unfortunate rise in obesity). However, in the last few years I've seen more cases of nutritional deficiencies due to people feeding unconventional diets, such as unbalanced [home-prepared diets](#), [raw diets](#), [vegetarian diets](#), and boutique commercial pet foods. The pet food industry is a competitive one, with more and more companies joining the market every year. Marketing is a powerful tool for selling pet foods and has initiated and expanded fads, that are unsupported by nutritional science, including grain-free and exotic ingredient diets. All this makes it difficult for pet owners to know what is truly the best food for their pet (as opposed to the one with the loudest or most attractive marketing). Because of the thousands of diet choices, the creative and persuasive advertising, and the vocal opinions on the internet, pet owners aren't able to know if the diets they're feeding have nutritional deficiencies or toxicities – or could potentially even cause heart disease.

Dilated cardiomyopathy

Dilated cardiomyopathy or DCM occurs in cats where it is associated with a nutritional deficiency (see below). DCM is a serious disease of the heart muscle which causes the heart to beat more weakly and to enlarge. DCM can result in abnormal heart rhythms, congestive heart failure (a build-up of fluid in the lungs or abdomen), or sudden death. In dogs, it typically occurs in large- and giant-breeds, such as Doberman pinschers, Boxers, Irish Wolfhounds, and Great Danes, where it is thought to have a genetic component. Recently, some veterinary cardiologists have been reporting increased rates of DCM in dogs – in both the typical breeds and in breeds not usually associated with DCM, such as Miniature Schnauzers or French Bulldogs. There is suspicion that the disease is associated with eating boutique or grain-free diets, with some of the dogs improving when their diets are changed. The US Food and Drug Administration (FDA) Center for Veterinary Medicine and veterinary cardiologists are currently investigating this issue.

Is diet the cause?

It's not yet clear if diet is causing this issue. The first thought was a deficiency of an amino acid called taurine. DCM used to be one of the most common heart diseases in cats but in 1987, it was discovered that feline DCM was caused by insufficient taurine in the diet. It was shown that DCM in cats could be reversed with taurine supplementation, and now all reputable commercial cat foods contain enough taurine to prevent the development of this lethal disease. We still occasionally see taurine deficiency-induced DCM in cats but it is usually when owners are feeding a vegetarian or home-prepared diet, [supplemental diets](#), or a diet made by a manufacturer with inadequate nutritional expertise or quality control.

In dogs, Golden Retrievers and Cocker Spaniels were found to be at risk for DCM caused by taurine deficiency, and one study showed that Cocker Spaniels with DCM improved when given taurine supplementation. Since then, additional studies have shown associations between dietary factors and taurine deficiency in dogs, such as lamb, rice bran, high fiber diets, and very low protein diets. And certain other breeds were found to be at increased risk for taurine deficiency and DCM, including Newfoundlands, St. Bernards, English Setters, Irish Wolfhounds, and Portuguese Water Dogs. The reasons for taurine deficiency in dogs are not completely understood but could be reduced production of taurine due to dietary deficiency or reduced bioavailability of taurine or its building blocks, increased losses of taurine in the feces, or altered metabolism of taurine in the body.

No matter what the reason, the number of dogs with taurine deficiency and DCM subjectively appeared to decrease since the early 2000's. However, recently, some astute cardiologists noticed higher rates of DCM including Golden retrievers and in some atypical dog breeds. They also noticed that both the typical and atypical breeds were more likely to be eating boutique or grain-free diets, and diets with [exotic ingredients](#) – kangaroo, lentils, duck, pea, fava bean, buffalo, tapioca, salmon, lamb, barley, bison, venison, and chickpeas. Even some vegan diets have been associated. It has even been seen in dogs eating raw or home-prepared diets.

So, is this latest rash of DCM caused by taurine deficiency? Most of these affected dogs were eating boutique, [grain-free](#), or exotic ingredient diets. Some of the dogs had low taurine levels and improved with taurine supplementation. But even some of those dogs that were not taurine deficient improved with taurine supplementation and diet change. Fortunately, cardiologists reported the issue to the FDA which is currently investigating this issue. [Note: Dr. Joshua Stern from the University of California Davis is conducting [research on taurine deficiency and DCM in Golden Retrievers](#).

It's not so simple

Currently, it seems that there may be two separate problems occurring – one related to taurine deficiency and a separate and yet unknown problem (with a third group of dogs likely having DCM completely unrelated to diet). Identifying the potential dietary factors contributing to DCM in the non-aurine deficient dogs is more difficult, but the FDA and cardiologists are hard at work trying to solve it. What seems to be consistent is that it does appear to be more likely to occur in dogs eating boutique, grain-free, or exotic ingredient diets.

Exotic ingredients are on the rise

Why are pet owners feeding these exotic ingredients? I think it is primarily because pet owners are falling victim to marketing which portrays exotic ingredients as more natural or healthier than typical ingredients. There is no truth to this marketing – and there is no evidence that these ingredients are any more natural or healthier than more typical ingredients. This is just good marketing that preys on our desire to do the best for our pets.

There is no proof that grain-free is better!

Many pet owners have, unfortunately, also bought into the grain-free myth. The fact is that [food allergies](#) are very uncommon, so there's no benefit of feeding pet foods containing exotic ingredients. And while grains have been accused on the internet of causing nearly every disease known to dogs, grains do not contribute to any health problems and are used in pet food as a nutritious source of protein, vitamins, and minerals.

Exotic ingredients are more difficult to use

Not only are the more exotic ingredients unnecessary, they also require the manufacturer to have much more nutritional expertise to be nutritious and healthy. Exotic ingredients have different nutritional profiles and different digestibility than typical ingredients, and also have the potential to affect the metabolism of other nutrients. For example, the bioavailability and metabolism of taurine is different in a lamb-based diet compared to a chicken-based diet or can be affected by the amount and types of fiber in the diet.

Small pet food manufacturers might be better at marketing than at nutrition and quality control

Making high quality, nutritious pet food is not easy! It's more than using a bunch of tasty-sounding ingredients. The right nutrients in the right proportions have to be in the diet, the effects of processing (or not processing) the food need to be considered, and the effects of all the other ingredients in the food need to be addressed, in addition to ensuring rigorous [quality control and extensive testing](#). Not every manufacturer can do this.

How could diet be increasing the risk for DCM?

What is the consistent factor between the diets being implicated in diet-related DCM? It may be related to companies' inadequate nutritional expertise or rigorous quality control. We published a study several years ago in which we measured a single nutrient in 90 canned cat foods that all claimed to be nutritionally complete and balanced. We found that 15% of the diets were deficient in that nutrient (all of those diets were made by small companies). If companies don't have the quality control to ensure all nutrients are at the minimum levels, deficiencies could occur and could contribute to DCM. However, these problems could also be related to problems with bioavailability or interaction with other ingredients in the diet (especially the more exotic ingredients, which are not as well studied or understood). And DCM could even be the result of an ingredient in the diet that is toxic to the heart. The FDA is investigating this potential association between diet and DCM but, in the meantime, there are some things you can do.

What should you do?

- Reconsider your dog's diet. If you're feeding a boutique, grain-free, or exotic ingredient diets, I would reassess whether you could change to a diet with more typical ingredients made by a company with a long track record of producing good quality diets. And do yourself a favor – stop reading the ingredient list! Although this is the most common way owners select their pets' food, it is the least reliable way to do so. And be careful about currently available pet food rating websites that rank pet foods either on opinion or on based on myths and subjective information. It's important to use more objective criteria (e.g., research, nutritional expertise, quality control in judging a pet food). The best way to select what is really the best food for your pet is to ensure the manufacturer has excellent

nutritional expertise and rigorous quality control standards (see our [“Questions you should be asking about your pet’s food”](#) post).

- If you’re feeding your dog a boutique, grain-free, or exotic ingredient diet, watch for early signs of heart disease – weakness, slowing down, less able to exercise, short of breath, coughing, or fainting. Your veterinarian will listen for a heart murmur or abnormal heart rhythm and may do additional tests (or send you to see a veterinary cardiologist), such as x-rays, blood tests, electrocardiogram, or ultrasound of the heart (echocardiogram).
- If your dog is diagnosed with DCM and eating one of these diets, I’d recommend the following steps:
 - Ask your veterinarian to test whole blood and plasma taurine levels (I recommend the University of California Davis [Amino Acid Laboratory](#))
 - [Report it to the FDA](#). This can be done either online or by telephone. The FDA may be able to help with testing costs for your dog. Reporting it will also help us to identify and solve this current problem.
 - Change your dog’s diet to one made by a well-known reputable company and containing standard ingredients (e.g., chicken, beef, rice, corn, wheat). Changing to a raw or homecooked diet will not protect your dog from this issue (and may increase the risk for other nutritional deficiencies). If your dog requires a homecooked diet or has other medical conditions that require special considerations, be sure to talk to a veterinarian or a veterinary nutritionist ([acvn.org](#)) before making a dietary change. You can contact the Cummings Nutrition Service to schedule an appointment (vetnutrition@tufts.edu)
 - Start taurine supplementation. Your veterinarian or veterinary cardiologist can recommend an appropriate dose for your dog. Be sure to use a brand of taurine with [good quality control](#).
 - Any improvements in your dog’s DCM can take 3-6 months. Your dog will need regular monitoring and may require heart medications during this time. There’s no guarantee she’ll improve but is certainly worth a try.
 - Make sure your dog is getting the best combination of medications to treat his heart disease, as this can make a difference in his outcome. You can find a board-certified veterinary cardiologist near you on this website: <http://find.vetspecialists.com/>

Sometimes, the changes we make in pet nutrition advance our knowledge and the health of our pets. In other cases, we can take a step in the wrong direction when the marketing outpaces the science. Hopefully, identifying this current issue will allow us to set a new, more science-based approach to the optimal nutrition of our pets.

For more information about heart disease in dogs, please see our [HeartSmart](#) website



v

Help Wanted!

Great Lakes Irish Wolfhound Association needs a new editor.

Have you wanted to do a newsletter? Then let us know please.

Experience needed - good computer and grammar skills.

Ability to source material to fill the newsletter every 3 months.

**Some visual design experience is helpful and it's very important to
have the ability to improvise.**

Contact Pat Powers at treanaiw@yahoo.

UW VETERINARY CARE

UNIVERSITY OF WISCONSIN - MADISON

UW VETERINARY CARE
UNIVERSITY OF WISCONSIN - MADISON
608-263-7600 Get Directions
24/7 EMERGENCY
SMALL ANIMAL CLINIC
LARGE ANIMAL
360 SUPPORT
CLINICAL STUDIES
FOR VETERINARIANS

1) STUDIES FOR SPECIFIC CANCER TYPES

Dogs with Lung Masses

Dogs with a lung mass from cancer or fungal infection may qualify for this study. The study. Breathing creates distortion in a traditional CT scan thus making it more difficult to identify lung tumors. This study compares a traditional diagnostic CT scan to slow CT scan and fluoroscopy to determine the best planning method for radiation therapy. Owners of dogs entered into this study will receive a \$150 credit to cover additional anesthesia costs. Please contact the UW Veterinary Care Radiation Oncology Service for more information: radonc@vetmed.wisc.edu or 608-263-7600.

Multicentric Lymphoma in Dogs: Half-Body Radiotherapy In Combination With Chemotherapy For Canine Multicentric Lymphoma: A Recruitment Feasibility Study

Chemotherapy is the treatment of choice for multicentric lymphoma in dogs. Despite high remission rates, relapse is common and cures are rare. Since radiation is a highly effective treatment for some forms of lymphoma in people, we are interested to investigate the potential of radiation used in combination with chemotherapy to extend the remissions of dogs with lymphoma.

Half body radiation (HBRT) has been used for many years to treat the entire canine body (in two halves) with radiation. In order to answer the long-standing question about the benefit of radiotherapy in combination with chemotherapy, a clinical trial is needed. To evaluate the feasibility of performing a larger clinical trial at UW Veterinary Care, this is a recruitment and feasibility study.

Ten dogs with multicentric lymphoma will be recruited to receive HBRT in conjunction with standard chemotherapy. Dogs with previously untreated, stage III to V, non-small cell lymphoma receiving the standard (16-treatment) UW-Madison CHOP chemotherapy protocol will qualify for treatment with radiation. Radiation will be delivered at UW Veterinary Care using the in-house tomotherapy unit mid-way through the chemotherapy protocol. Patients will receive radiation to the front half of the body once a day for two days (4 Gy per day for a total of 8 Gy) after chemotherapy treatment no. 8. The back half of the body will be irradiated in the same manner 4 weeks later. Dogs will be under anesthesia for each radiation treatment. Chemotherapy must be initiated at UW Veterinary Care or at a cooperating oncology specialty practice. Subsequent chemotherapy treatments and follow up visits can be performed at any veterinary facility. Pet-owners will receive special financial considerations to cover the cost of HBRT and essential blood work on the day of radiation treatments. Complete remission is not required, but dogs with progressive disease before irradiation will not qualify.

B-Cell Lymphoma in Dogs: Evaluating the effect of regulatory T cell and killer T cell numbers in blood and tumor tissues of dogs with B cell lymphoma on progression-free survival

Lymphoma accounts for nearly 25% of all canine neoplasms, and 60-80% of these are of B-cell origin. With standard chemotherapy, median survival times for canine B-cell lymphoma (BCL) range from 12 to 18 months. However, critical decisions about patient care currently rely on prognostic indicators that are often unreliable or poorly predict the biological behavior of BCL. Significant improvements in patient care will require identification of new biomarkers that are predictive of clinical behavior. Recent studies in dogs and humans demonstrate a link between anti-tumor immune responses and the biological behavior of tumor.

Regulatory T lymphocytes (Tregs) are immune cells normally tasked with preventing harmful autoimmune responses. However, in some tumors increased frequency of Tregs can impair protective anti-tumor immune responses. The relationship between Treg infiltration and progression-free survival is not clearly defined in dogs with BCL. We hypothesize that Treg frequency and ratio to CD8+ T cells in BCL will be correlated with clinical behavior. We also postulate that Treg frequency and Treg:CD8+ ratios will act as prognostic indicators of survival and may help identify novel targets for anti-cancer therapy.

Eligibility: Criteria for inclusion in this study include newly diagnosed multicentric BCL (World Health Organization [WHO] stage I-IV) and willingness to start standard-of-care CHOP chemotherapy. Owners must be willing to return to UW Veterinary Care one week after initiation of chemotherapy, as well as at the time of relapse. Patients with WHO stage V BCL (leukemic patients), or evidence of concurrent disease other than BCL or who have undergone previous chemotherapy or steroid treatment will not be eligible. Dogs enrolled in the study will undergo a blood draw and lymph node aspiration at enrollment, following 1 week of chemotherapy, and at the time of clinical relapse. Once a dog is accepted as eligible, the study will pay for immunocytochemical analysis of lymph node aspirates to confirm the tumor's immunophenotype.

T-Cell Lymphoma in Dogs

Scroll down to Dogs with Any Cancer: Defining Anticancer Activity of Systemic Oncolytic Virus (VSV). This study is looking to enroll primarily dogs with T-cell lymphoma.

Nasal Tumors (Sarcoma or Carcinoma): Stereotactic Radiation Therapy for Dogs with Nasal Tumors
Flyer

Nasal tumors are locally aggressive tumors of the nasal passages. Radiation therapy is the treatment of choice for dogs affected by this cancer. At UW Veterinary Care, we have a TomoTherapy radiation delivery system which targets radiation to the tumor while sparing the surrounding normal tissues from side effects. Stereotactic radiotherapy (SRT) is the use of this very precise technology to deliver high doses of radiation in fewer treatments compared to conventional protocols. A conventional radiation protocol for nasal tumors involves 10 radiation treatments, given as one treatment per day for 10 days. To take advantage of the extreme accuracy of stereotactic radiation therapy, we are investigating the efficacy of a shorter protocol in which only 3 treatments are delivered over one week (on Monday, Wednesday and Friday). Compared to the conventional protocol, a higher dose of radiation is used for each treatment to achieve a similarly effective total dose. Potential benefits of stereotactic radiation therapy include fewer visits to the hospital for radiation treatments, fewer anesthetic events, and a lower risk of short-term side effects. We will assess the safety of this new approach by monitoring for any radiation-induced changes in the eye. Our hypothesis is that by delivering stereotactic radiation therapy, we will safely decrease the number of treatments needed to effectively treat nasal tumors in dogs. Dogs with a biopsy-confirmed diagnosis of cancer affecting the nasal cavity (carcinoma or sarcoma), stages I-III may be eligible to participate in this study. Dogs with cribriform plate involvement and/or metastasis, or previous treatment for this cancer are not eligible. Dogs will be evaluated at 2 & 4 weeks and 3 & 6 months post-radiotherapy to assess tumor response and side effects, including ocular changes. Clients will receive financial compensation to cover the cost of their dog's follow-up evaluations, including scheduled hospital visits for a full examination including eye exams and a post-treatment CT scan.

Osteosarcoma: Evaluation of a Recombinant, Attenuated Listeria Monocytogenes Expressing a Chimeric Human Her2/neu Protein (ADX531-164c) in Dogs With Osteosarcoma in the Adjuvant Setting

Bone cancer or osteosarcoma (OSA) is a common, highly aggressive cancer that frequently affects the long bones of large breed dogs. Current therapy consists of limb amputation plus chemotherapy. However, despite therapy, most patients die as a result of the cancer spreading to other parts of their body. The immune system plays an important role in identifying and targeting cancer cells in the body. In this study, we aim to use a new approach to stimulate the body's own immune system to attack remaining tumor cells in dogs that have undergone limb amputation and chemotherapy for the treatment of OSA. We will use a vaccine made from the bacteria *Listeria monocytogenes*, which has been genetically modified to express a tumor protein (HER-2/neu) that is found in many cancer cells, including canine bone cancer cells and cancer stem cells. When injected into the bloodstream, the modified *Listeria* stimulates the immune system to attack cells expressing the HER-2/neu tumor protein. This approach aims to delay and/or prevent the spread of cancer (metastases) following removal of the primary bone cancer tumor (limb amputation) and chemotherapy.

To qualify for this study, we ask that you permit surgical amputation of your dog's affected limb. Your dog will return to UW Veterinary Care every 3 weeks for 15 weeks for evaluation. On weeks 3, 6, 9 and 12 your dog will receive a dose of carboplatin (standard of care for OSA). Blood work will be done on your dog prior to carboplatin administration. After 15 weeks, your dog will be administered 3 doses of ADXS31-164c. Doses will be administered every 3 weeks for a total of 3 treatments.

Clients of dogs entered into this study will receive financial compensation, which will cover the cost of the initial physical examination and ultrasound, all physical examinations and radiographs, and the costs associated with ADXS31-164c treatment and follow-up evaluations. Clients are responsible for the cost of diagnosis, amputation, and for the carboplatin chemotherapy.

Lymphoma in Boxer Dogs

Flyer

We are interested in whether certain gene defects, in addition to exposure to certain environmental chemicals, contribute to the risk of lymphoma in boxer dogs.

We are looking to obtain cheek swab samples from boxers diagnosed with lymphoma. In addition, we have an environmental exposure questionnaire for the owners to complete. We are also recruiting healthy boxers of any age and any dog over 10 years of age for a control dog comparison.

Eligibility: Any boxer diagnosed with lymphoma qualifies for the study. Dogs can be enrolled at any time after diagnosis and may be on any treatment protocol. The inside of the patient's cheek will be swabbed with a special brush for DNA collection (kit with brushes, instructions, owner questionnaire and free mailing provided). The swabs and environmental questionnaire will be processed by Dr. Lauren Trepanier's laboratory. For more information or for a DNA sampling kit, please contact Joanne Ekena

2) STUDIES FOR ANY CANCER TYPE

Cats with Any Cancer: Safety Evaluation of Palladia (Toceranib Phosphate) in Combination with Doxorubicin
Previous studies have shown that the drug Palladia (toceranib) can reverse resistance to doxorubicin (a commonly used anticancer drug). We have recently completed a study evaluating toceranib in combination with doxorubicin as treatment for cancer in dogs. The combination was well tolerated and the maximum tolerated dose of doxorubicin when combined with Palladia was determined. The goal of this study is to evaluate the safety and maximum tolerated dose of combination toceranib and doxorubicin in cats with naturally occurring cancer.

Cats that have a confirmed diagnosis of new or recurrent cancer may be eligible for this study. Cats will receive Palladia every other day (given orally by the owner). Doxorubicin will be administered intravenously every 3 weeks for a total of 4 treatments. Cats will be evaluated prior to each doxorubicin treatment and one week after each treatment for assessment of side effects and efficacy of this combined treatment.

The owner is responsible for the cost of initial staging (including pretreatment labwork and pretreatment blood pressure measurement) and recheck examination fees throughout the study period. The study will cover all other study-related costs.

Dogs with Any Cancer (except hemangiosarcoma and mast cell tumor): Defining Anticancer Activity of Systemic Oncolytic Virus (VSV)

Dogs with any cancer (except hemangiosarcoma and mast cell tumor) might be eligible for a clinical trial to define the optimal dose and schedule for an oncolytic virus treatment (VSV-IFN β -NIS).

This clinical trial led by the National Cancer Institute and Omnis, Inc. assesses the safety and effectiveness of a cancer-killing virus (VSV-IFN β -NIS) when given to dogs with cancer. This virus is currently being evaluated in human patients with liver cancer in an FDA-approved trial. However, additional information in other types of cancer is needed to support new clinical trials.

This clinical trial involves administration of a fixed dose of VSV-IFN β -NIS in dogs with cancer. Studies in mice, normal dogs, and in a small study of pet dogs with cancer have shown the virus to be safe at certain doses (including the dose to be used in this study). Side effects have been observed in normal dogs include fever, vomiting and poor appetite, which resolve within 24-48 hours. Less commonly, mouth blisters and bacterial urinary tract infections have been observed; both of which resolved with time and specific antibiotic treatment, respectively.

VSV-IFN β -NIS is a live virus and in order to prevent spread to other animals via fleas, ticks or biting flies, dogs in this study must be treated with external and internal parasite control medications, and be up-to-date on standard vaccinations.

Within this study, dogs will receive one or two doses of VSV-IFN β -NIS depending on which arm of the study the dog is placed. Close observation and confinement during the period of viremia (active virus in the bloodstream) will require overnight boarding at UW Veterinary Care for 4 days. Collection of blood, urine, feces, and tumor biopsies will be required prior to and after treatment.

After discharge from the hospital, the patient is required to return to UW Veterinary Care for follow-up visits weekly (Day 8, 15, 22 and 29) and on Day 56.

Once a dog is enrolled, the study will cover all costs associated with study-related treatment and follow-up. In addition, there is a \$1,000 credit at UW Veterinary Care as an incentive for participating. In the event any complications arise during the study period, their management will be covered by the study funds up to \$2,000/per dog/per event. This would include any unanticipated hospitalizations after the first 4 days of in-patient treatment.

3) STUDIES EVALUATING CHEMOTHERAPY SIDE EFFECTS

None at this time.

4) BIOPSY STUDIES

Dogs with Mast Cell Tumors

The General Surgery Service is looking for dogs with mast cell tumors. The goal of this study is to compare the histopathological grade of samples obtained from a punch biopsy to samples obtained from a whole tumor specimen. The surgeons surgically remove the tumor in a routine manner according to the normal standard of care. Punch biopsies are taken of the removed tumor. Three pathologists examine the punch biopsies, along with the complete tumor samples, to determine the grade of mast cell tumor. The results are then compared. The goal is to determine if mast cell tumors can be accurately graded from a smaller, less invasive, sample size. For more information, contact Dr Robb Hardie at robert.hardie@wisc.edu.

5) STUDIES FOR AGE RELATED DEBILITATION

Dogs with Age-Related Debilitation
Age Related Debilitation Study Flyer

The Primary Care Service, in cooperation with the Oncology Service, is recruiting dogs for an age-related debilitation study.

Most dogs, regardless of breed, experience some form of age-related debilitation as they get older. Symptoms of age-related debilitation include confusion, anxiety or restlessness, decreased desire to play, and changes in sleep cycle. We are investigating a novel drug (RPh201) that has been found in preliminary studies to restore some of the cognitive and biological effects of aging. RPh201 is a botanical extract isolated from the mastic tree, which grows primarily in dry and rocky areas in Mediterranean Europe.

The objective of this study is to evaluate the safety and preliminary efficacy of RPh201 for Injection in dogs with age-related debilitation when administered once weekly for 16 weeks. This is a placebo-controlled study in which dogs are randomized to receive either RPh201 or placebo. Given the design of the study, a dog is twice more likely to receive RPh201 than to be given a placebo. At the study end visit (week 17), the treatment code will be broken and if a dog has been receiving placebo, the dog will be eligible to receive 16 weeks of treatment with RPh201 at no cost.

Dogs at least eight years old and deemed cognitively or otherwise age-debilitated may be eligible for this study. Upon completion of the study, clients receive a UW Veterinary Care credit. For more information, please contact the UW Veterinary Care Oncology Service at 608-263-7600 or Ilene Kurzman at ilene.kurzman@wisc.edu.

FOR ADDITIONAL INFORMATION REGARDING ANY OF THESE ONCOLOGY STUDIES, PLEASE CONTACT MEMBERS OF THE ONCOLOGY SERVICE AT (608) 263-7600.

© 2018 BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM