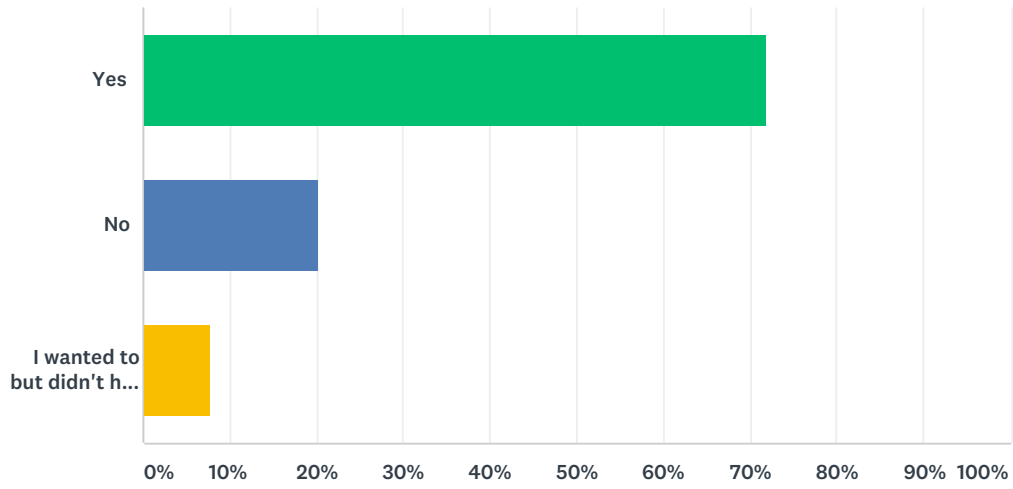


Q1 Did you participate in the last survey (OSA staging)?

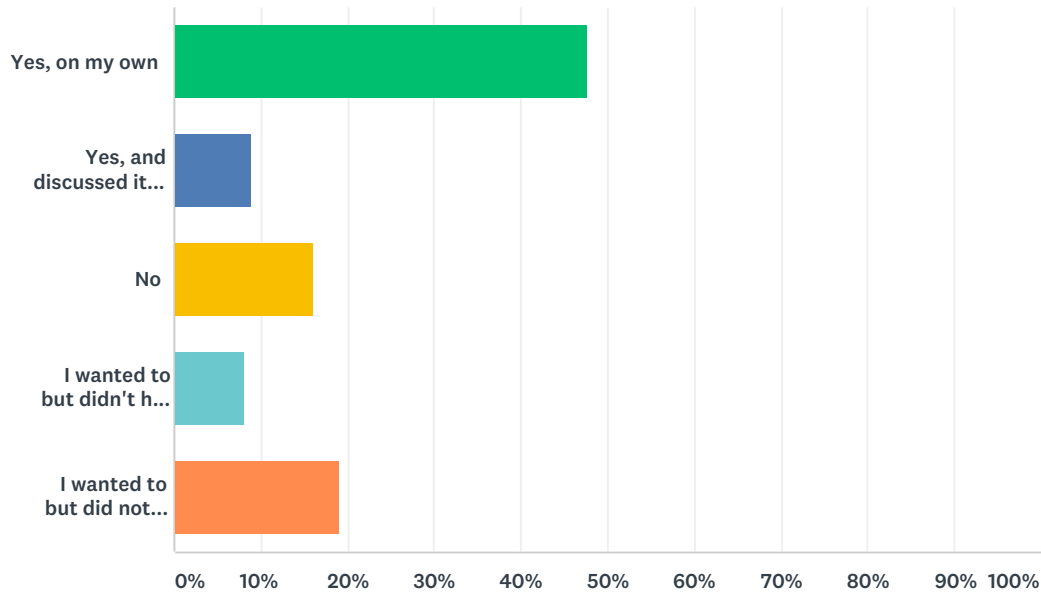
Answered: 246 Skipped: 5



ANSWER CHOICES	RESPONSES	
Yes	71.95%	177
No	20.33%	50
I wanted to but didn't have time.	7.72%	19
TOTAL		246

Q2 Did you review the results of the last survey?

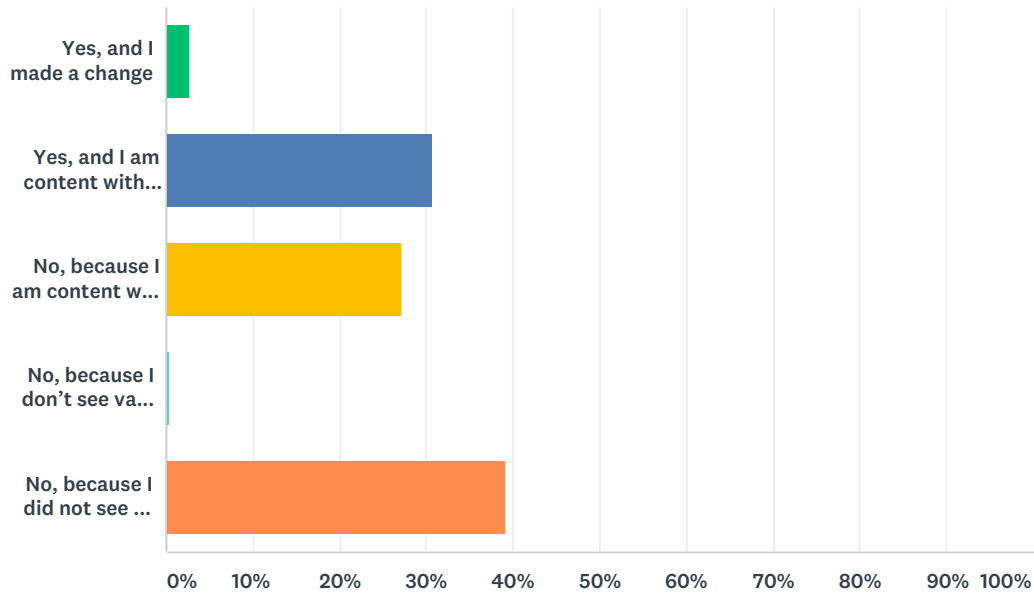
Answered: 231 Skipped: 20



ANSWER CHOICES	RESPONSES	
Yes, on my own	47.62%	110
Yes, and discussed it with colleagues	9.09%	21
No	16.02%	37
I wanted to but didn't have time	8.23%	19
I wanted to but did not know where to find them	19.05%	44
TOTAL		231

Q3 Did the last survey lead you to re-evaluate your own practices?

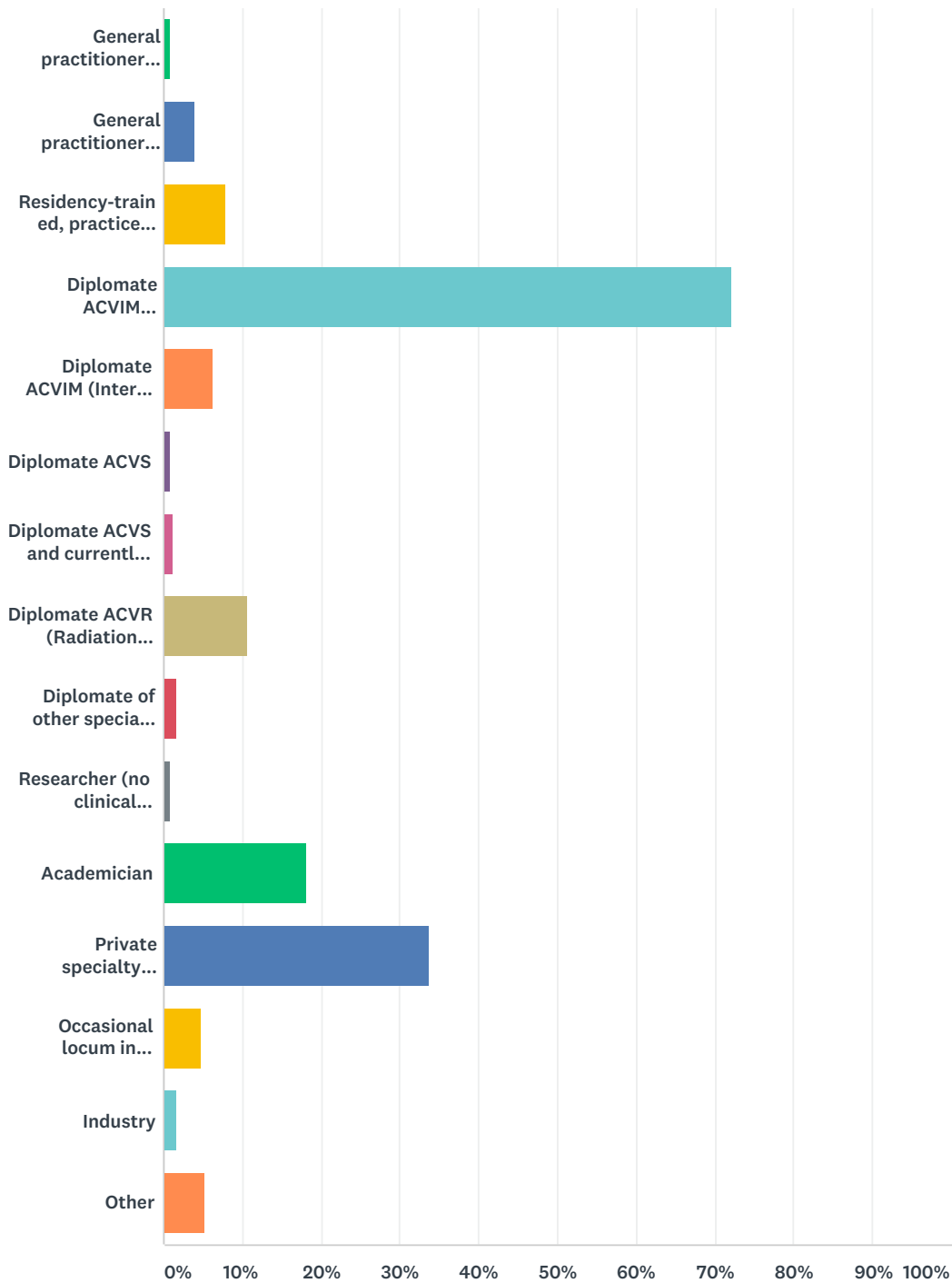
Answered: 228 Skipped: 23



ANSWER CHOICES	RESPONSES	
Yes, and I made a change	2.63%	6
Yes, and I am content with my current approach	30.70%	70
No, because I am content with my current approach	27.19%	62
No, because I don't see value in or don't believe the survey results	0.44%	1
No, because I did not see the last survey results	39.04%	89
TOTAL		228

Q4 What is your role in veterinary oncology (choose all that apply to define nature of practice and any second board certifications)?

Answered: 226 Skipped: 25



ANSWER CHOICES	RESPONSES
General practitioner with some interest in oncology	0.88% 2
General practitioner with strong focus on oncology	3.98% 9

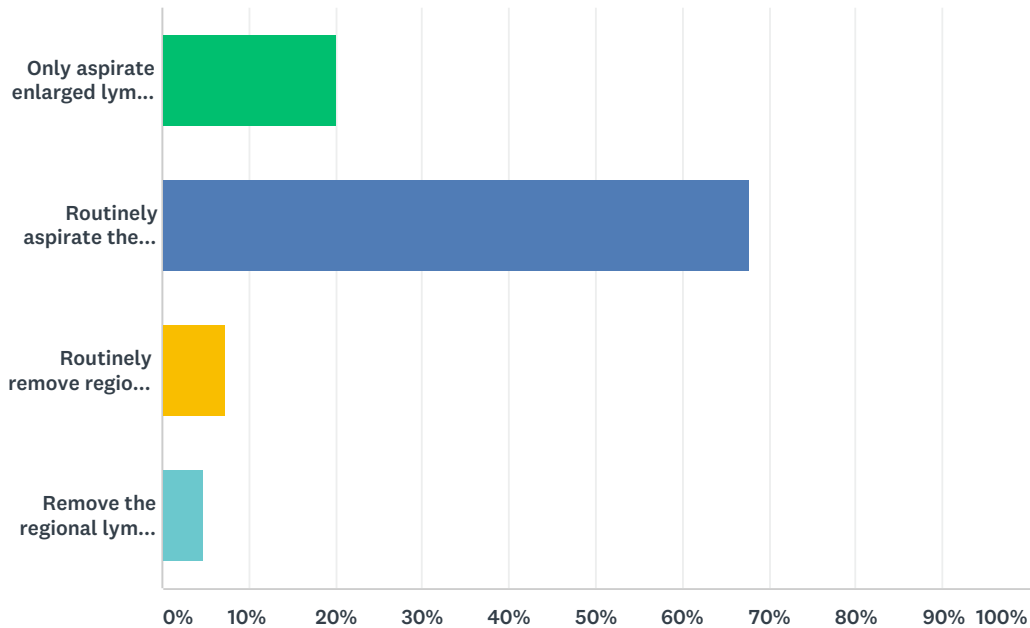
Mast Cell Tumor Staging

SurveyMonkey

Residency-trained, practice limited to oncology	7.96%	18
Diplomate ACVIM (Oncology)	72.12%	163
Diplomate ACVIM (Internal medicine)	6.19%	14
Diplomate ACVS	0.88%	2
Diplomate ACVS and currently in or completed surgical oncology fellowship	1.33%	3
Diplomate ACVR (Radiation oncology)	10.62%	24
Diplomate of other specialty (such as pathology)	1.77%	4
Researcher (no clinical practice)	0.88%	2
Academician	18.14%	41
Private specialty practice	33.63%	76
Occasional locum in specialty private practice	4.87%	11
Industry	1.77%	4
Other	5.31%	12
Total Respondents: 226		

Q5 For evaluation of external lymph nodes (palpable on physical examination), which of the following best describes your approach during mast cell tumor staging?

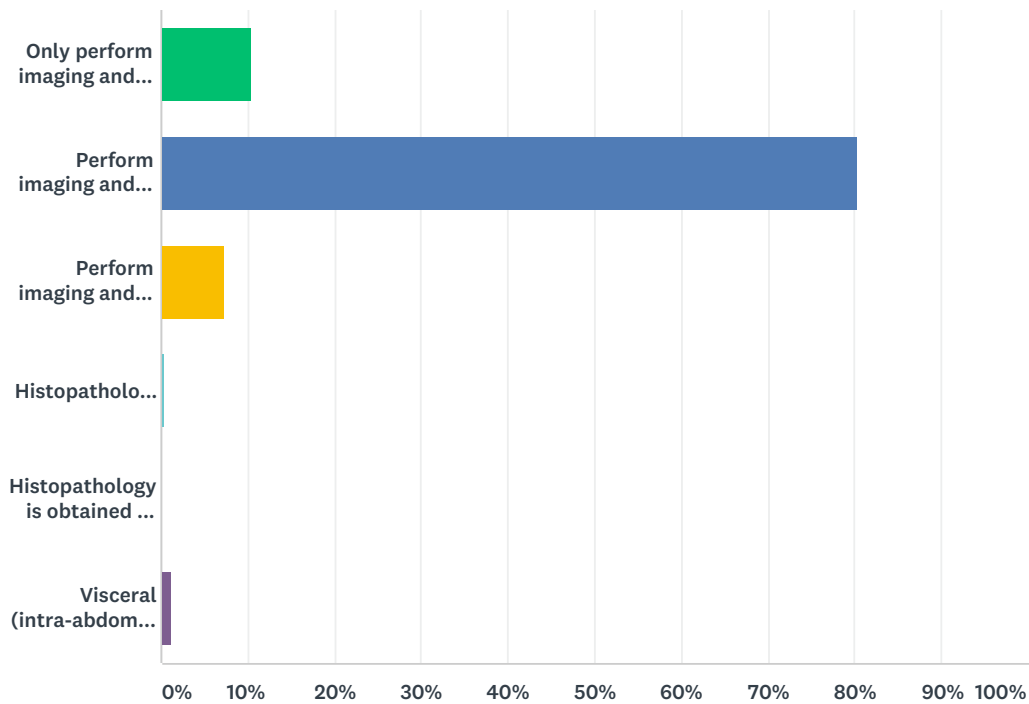
Answered: 229 Skipped: 22



ANSWER CHOICES	RESPONSES
Only aspirate enlarged lymph nodes	20.09% 46
Routinely aspirate the major regional lymph node regardless of size and texture (ie. even if normal).	67.69% 155
Routinely remove regional lymph node for histologic evaluation. (it is understood that a node might be excised if convenient or appropriate for a given case but please answer if surgical excision would be performed regardless of plan for the primary tumor)	7.42% 17
Remove the regional lymph node for histologic evaluation only for high grade or aggressive tumors. (see comment for choice 'd')	4.80% 11
TOTAL	229

Q6 For evaluation of internal lymph nodes (e.g. sternal, sublumbar, etc.), which of the following best describes your usual approach during mast cell tumor staging; what is the minimum criteria you would use to consider a node to be positive for metastasis? (note that later questions deal separately with abdominal ultrasound and thoracic imaging)

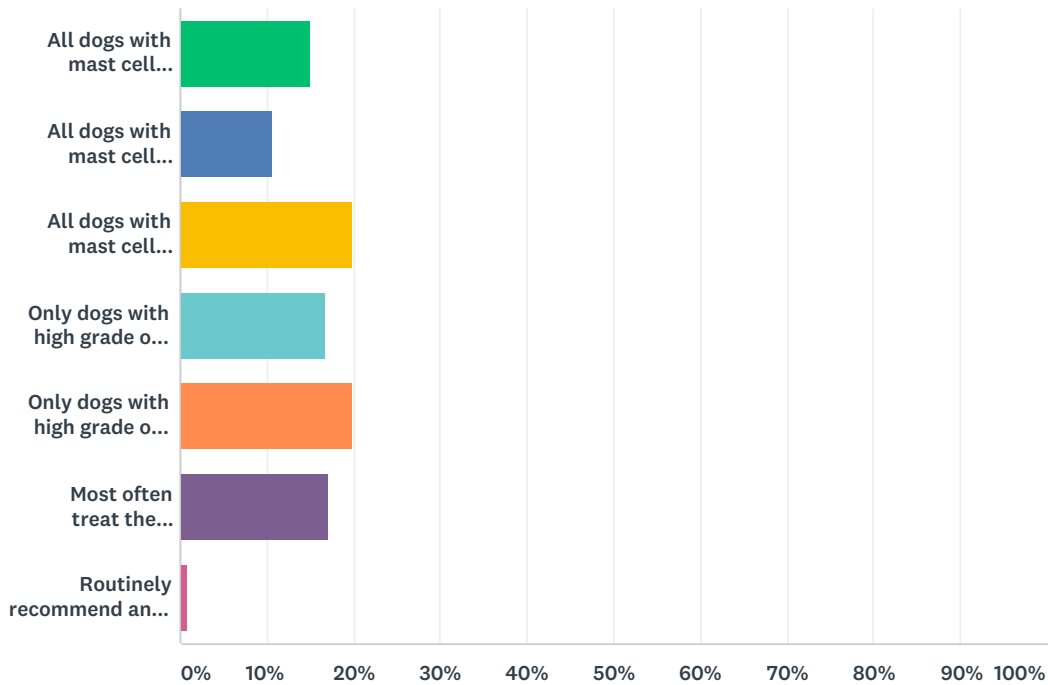
Answered: 229 Skipped: 22



ANSWER CHOICES	RESPONSES	
Only perform imaging and consider nodes to be involved if enlarged (and negative if normal)	10.48%	24
Perform imaging and then cytology of nodes if enlarged	80.35%	184
Perform imaging and cytology even if normal in appearance	7.42%	17
Histopathology is obtained of enlarged nodes	0.44%	1
Histopathology is obtained of normal nodes	0.00%	0
Visceral (intra-abdominal and intra-thoracic) nodes are not routinely evaluated	1.31%	3
TOTAL		229

Q7 For dogs presenting to you with resectable macroscopic/measurable mast cell tumors, which of the following best describes the patients for whom you routinely recommend abdominal ultrasound for staging the liver and spleen?

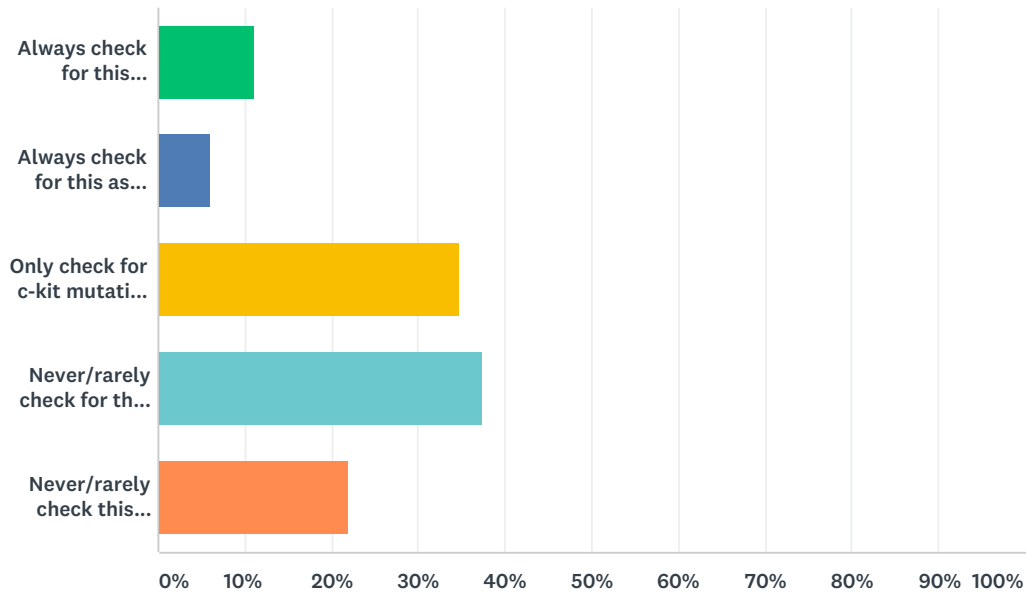
Answered: 227 Skipped: 24



ANSWER CHOICES	RESPONSES
All dogs with mast cell tumors (all grades) and aspirate the liver and spleen if they appear abnormal (any grade) or if the tumor is high grade or aggressive (regardless of appearance).	14.98% 34
All dogs with mast cell tumors (all grades) and aspirate the liver and spleen regardless of appearance.	10.57% 24
All dogs with mast cell tumors (all grades) and aspirate the liver and spleen only if abnormal in appearance.	19.82% 45
Only dogs with high grade or aggressive mast cell tumors, and aspirate the liver and spleen if they appear abnormal.	16.74% 38
Only dogs with high grade or aggressive mast cell tumors, and aspirate the liver and spleen regardless of appearance.	19.82% 45
Most often treat the primary tumor with definitive surgical excision first then make decisions on additional staging based on grade and margins, which could include any of the above (ie. Do you stage first or excise the primary then stage?).	17.18% 39
Routinely recommend an incisional/punch biopsy if the diagnosis is based on cytology specifically for the purpose of determining a grade to dictate staging and prognosis before definitive treatment.	0.88% 2
TOTAL	227

Q8 Which of the following best describes your usual approach to checking c-kit mutation status in mast cell tumors in dogs? (may choose 1 or 2 answers)

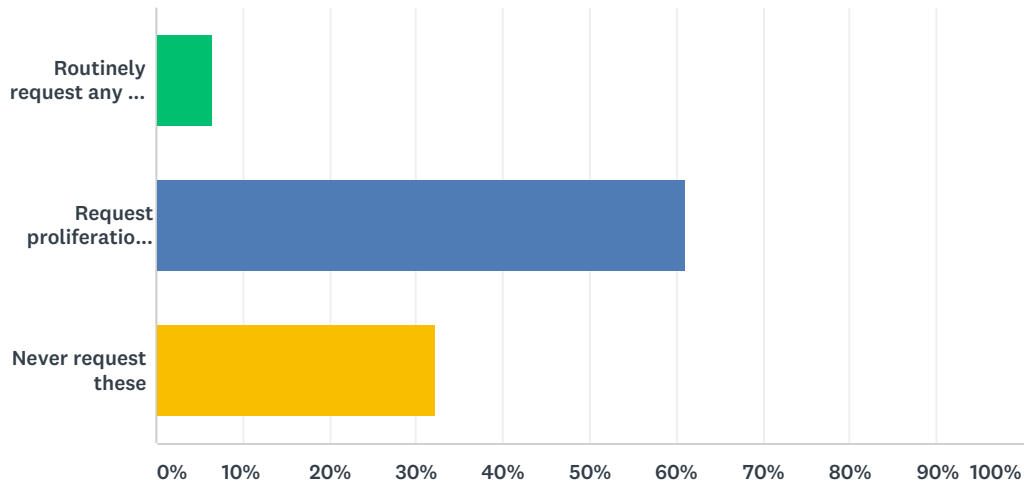
Answered: 227 Skipped: 24



ANSWER CHOICES	RESPONSES
Always check for this because it changes how the dog is treated (such as the decision to use RTKIs first line).	11.01% 25
Always check for this as part of a routine work up because it may change decisions for second or third line therapy, but not for first line.	6.17% 14
Only check for c-kit mutations on high grade or aggressive tumors	34.80% 79
Never/rarely check for this because published literature suggests a lack of benefit to knowing this with regards to decision making for treatment.	37.44% 85
Never/rarely check this because personal experience suggests a lack of benefit to knowing this with regards to decision making for treatment.	22.03% 50
Total Respondents: 227	

Q9 Which of the following best describes your use of proliferation markers (Ki67, PCNA, AgNORs) when assessing canine mast cell tumors?

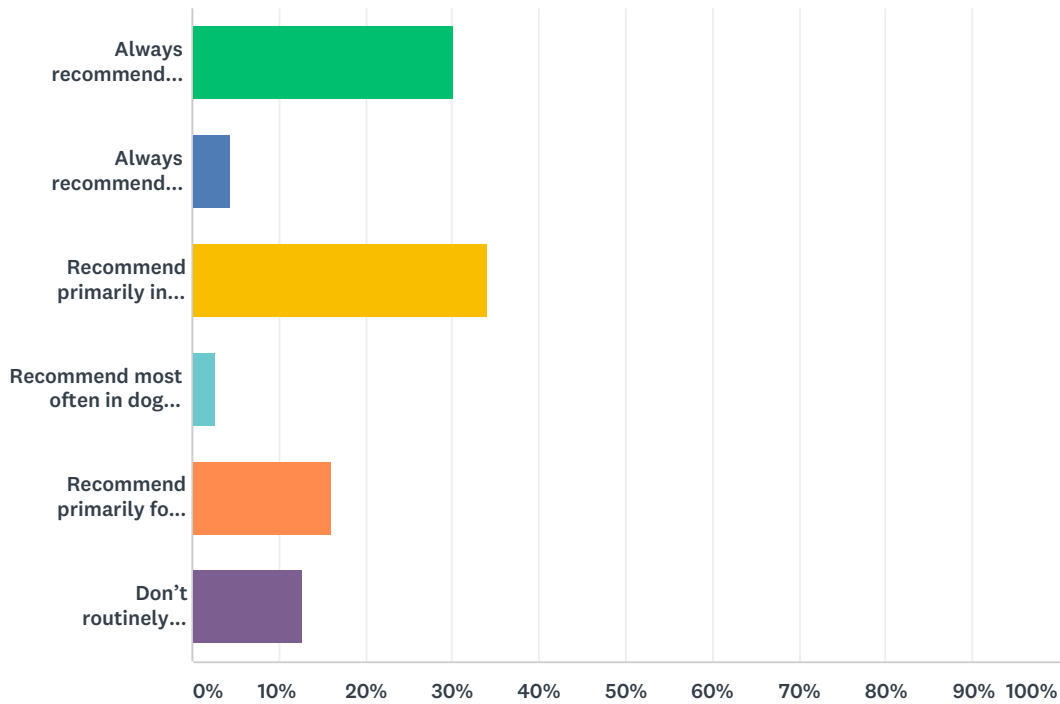
Answered: 229 Skipped: 22



ANSWER CHOICES	RESPONSES	
Routinely request any or all when possible.	6.55%	15
Request proliferation markers only on select cases (such as borderline mitotic index)	61.14%	140
Never request these	32.31%	74
TOTAL		229

Q10 Which of the following best describes your use of thoracic radiography when staging dogs with mast cell tumor? Please answer based on your primary rationale, understanding that other choices may be ancillary reasons to recommend these.

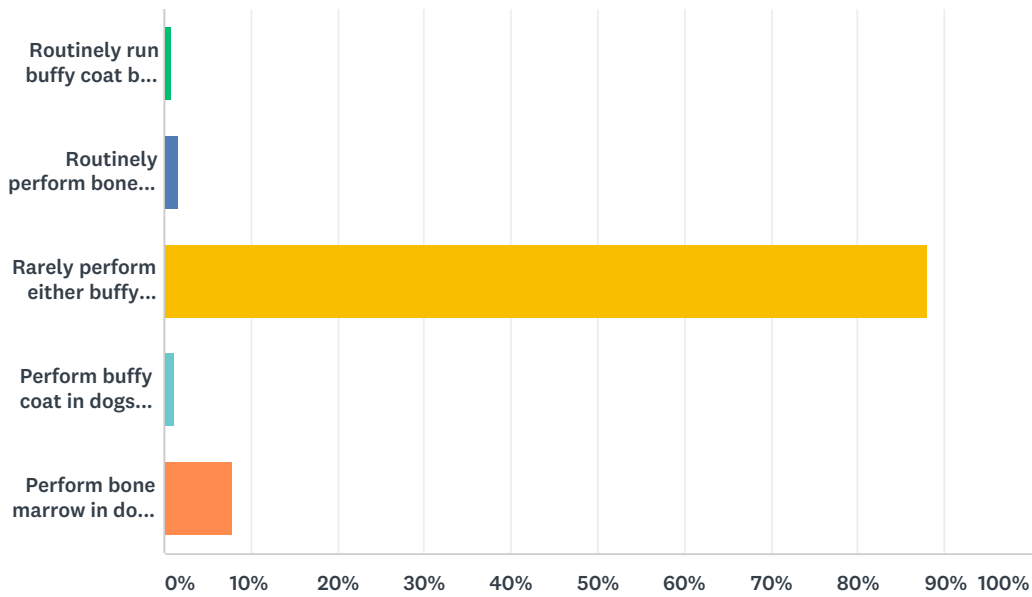
Answered: 229 Skipped: 22



ANSWER CHOICES	RESPONSES	
Always recommend because of concern for finding an unrelated problem	30.13%	69
Always recommend because of concern for finding metastatic MCT	4.37%	10
Recommend primarily in older dogs (over 5 years of age) for reasons unrelated to MCT	34.06%	78
Recommend most often in dogs with high grade or aggressive MCT because of concern for finding metastatic MCT	2.62%	6
Recommend primarily for dogs with tumors on ventral abdominal wall/in abdomen to assess sternal LN	16.16%	37
Don't routinely recommend	12.66%	29
TOTAL		229

Q11 Which of the following best describes your typical approach to buffy coat and bone marrow aspiration for mast cell infiltration?

Answered: 228 Skipped: 23



ANSWER CHOICES	RESPONSES	
Routinely run buffy coat but not bone marrow	0.88%	2
Routinely perform bone marrow but not buffy coat	1.75%	4
Rarely perform either buffy coat or bone marrow	88.16%	201
Perform buffy coat in dogs with high grade or aggressive MCT	1.32%	3
Perform bone marrow in dogs with high grade or aggressive MCT	7.89%	18
TOTAL		228

Q12 Please comment if you wish: (free text limited to 100 words)

Answered: 45 Skipped: 206