Canine mammary tumors are the most frequently diagnosed neoplasm in intact female dogs and over 50% of the tumors are malignant. Several risk factors have been identified, such as older age (9-12 years), reproductive status (spayed vs intact), hormonal influence (reduced risk with early ovariohysterectomy, best protection before first estrus),  history of pseudopregnancy, parity and body condition score. Furthermore, there has been found increased risk for certain breeds, such as Poodles, English- and Cocker Spaniels.

The mainstay treatment of canine mammary tumors and final diagnosis is surgical excision of the entire tumor, followed by histopathological analysis. Evt. skriv hvad formål med op er her og hvad der er succeskriterier

The field of veterinary oncology is a growing field and there is a need to develop studies that correlate histological features with clinical outcome and to establish

the most significant risk factors associated with tumor development and clinical behavior of canine mammary tumors.

Such studies can provide information of diagnostic and prognostic value to treating patients with canine mammary tumors.

This study aims to investigate whether epidemiological characteristics, clinical presentation and paraclinical tests can be of prognostic value and help guide the choice of surgical dose.

The study is a retrospective study based on canine mammary tumors diagnosed at the The University Hospital for Companion Animals, Department of Veterinary Clinical and Animal Sciences, University of Copenhagen, during the period of 2014-2020.

Datasheet tanker:

Race (blandings, stor, lille) – notér race og vægt når i indsamler

Alder – notér datoer

Neutraliserings status – og tidspunkt om muligt

Løbetid

BDS

Tumor størrelse  
Tumor antal og   
lokalisation

Tidsperiode fra tumorfund til præsentation i klinikken – stor fejlmargen, håndtering?

Pseudodrægtighed – dichotomous?

Tidligere medicinering og sygdom – hvordan vil i håndtere det som variabel?

Nuværende medicinering og sygdom – -||-

Cytologisvar – -||-

Røntgensvar - -||-

Blodprøvesvar – hvad tænker i her? Vil i nedskrive alle resultater, kun afvigende, hvilke vil i bruge?

histopatologi – grading – håndtering af svar med multiple diagnoser?

Margener – tænk over hvordan

Staging – rtg, hæm+bio+cyt under her? Eller som separat variabel “Stage”?

Operationstype? – surgical dose

PostOP komplikationer (ved første control) – serom, infektion etc.

recurrens?

overlevelse?

Andet: Alle ting som involverer perioder (alder, neutalder etc.) bør noteres som datoer i tekstformat, pas på med at Excel kan lave sjove ting med det.   
  
**Kommentarer:**

Hvis jeg skulle vælge ville de mest interesante ting være:

Overenstemmelse mellem cytologi og histo

Komplikationsrate (gerne opdelt i kategorier eller grader)

Komplikationer og diverse variable (surgical dose, alder, lokalisering, løbetid, grad, diagnose, optid, comorbiditeter, neut status f.eks)

Stage/grade og recurrence

Margener og recurrence

N stage og recurrence (metastaser)