New Approach to Lymphangiosarcoma?

Lymphangiosarcoma is a rare neoplasm that originates from lymphatic endothelial cells. In humans, chronic lymphedema after surgery and radiotherapy for breast cancer may undergo malignant transformation to lymphangiosarcoma. A spayed boxer (5 years of age) presented with swelling in the caudal mammary gland area. Ovariomyectomy had been completed 1 month earlier, when the referring veterinarian noted increased dermal bleeding and mild swelling of the caudal mammary gland. Swelling increased and a nodular, edematous, and hemorrhagic mass was noted 1 week after surgery. Histopathology revealed lymphangiosarcoma with lymph node invasion. Initial treatment was 30 mg/m² doxorubicin (Palladia, mypalladia.com) at 3.25 mg/kg q48h was initiated; chlorambucil and meloxicam were continued at the same doses. The tumor decreased to only a skin plaque after 2 weeks. The plaque remained for another 3 months, with no progression noted 14 months after initial diagnosis.

Commentary
Lymphangiosarcoma is a rarely reported tumor of young dogs and cats; little is known about behavior and optimal management of this tumor. Treatment with combination tocoteranib phosphate and metronomic chlorambucil was well tolerated, and a partial response was noted. It is, however, reasonable to wonder whether single-agent tocoteranib phosphate would have provided a similar response, possibly through its antiangiogenic properties. The chlorambucil dose was half of that published in previous studies,¹² raising the question of true lack of response to metronomic chemotherapy versus insufficient dosing. Further studies are needed, and we should always be wary of studies with an n of 1.—Cecilia Robat, DVM, DACVIM (Oncology)

Source
