

SURVEY OF BELGIAN TERVUREN WITH GASTIC CARCINOMA (STOMACH CANCER)

Please complete the following questionnaire for **any Belgian Tervuren that you have owned that currently has or had stomach cancer**. This dog(s) must have lived with you in the years between and including 1990 and present. If you need additional space to record information, please include an additional page. ****Please complete a separate survey instrument for each affected dog.** This study has been approved by the American Belgian Tervuren Club (ABTC) board and the ABTC Health Education Committee, and is being sponsored by the ABTC.

Completing the remainder of the survey should only take 5-10 minutes. If you don't remember all the details, please complete what you can. We will contact you or your veterinarian later, if we need to.

1. Please provide us with some basic information about your dog with stomach cancer. Neuter status refers to the sex of the dog (female=F, female spayed=FS, male=M, male castrated=MC).

Age at death: Year of birth: Neuter status: F FS M MC

2. What is/was the AKC registered name of your dog which has/had stomach cancer? If your dog is/was not AKC registered but is/was registered with a different registry, please list his/her registered name and the registry/country in which the dog was registered. If your dog was not registered, but you know his/her parentage, please list the name of his/her sire and dam.

3. Please provide your dog's call name. If this is not the same name that the veterinarian that treated your dog for stomach cancer would have in the medical record, please tell us the name the veterinarian would have known for your dog.

4. When you think back on your dog's course of disease, what was/were the earliest clinical signs that you noticed with your dog? (Please check all that apply.)

Not eating/picky eating
Vomiting
Abdominal pain
Depression/decreased activity
Other-please explain

5. As time went on, what clinical signs did your dog exhibit? (Please check all that apply.)

Not eating/picky eating
Completely stopped eating
Vomiting
Abdominal pain
Depression/decreased activity
Other-please explain

6. Which of the following diagnostic tests were performed ultimately leading to the diagnosis of stomach cancer in your dog? (Please check all that apply.)

- Abdominal xrays
- Abdominal ultrasound examination
- CT (cat) scan of the abdomen to evaluate the stomach
- Aspirates of the mass with evaluation of the sample
- Endoscopy (gastroscopy) to visualize the mass
- Biopsies of the mass taken during endoscopy (gastroscopy)
- Surgery to evaluate the stomach or to remove the mass
- Biopsies of the mass taken during a surgery
- Autopsy/necropsy after my dog was euthanized

7. Was a definitive diagnosis of stomach cancer obtained by biopsy or by examination of samples aspirated from a stomach mass (tumor)? Please check all answers that apply to your dog.

- Yes, a definitive diagnosis of stomach cancer was obtained by biopsy or examination of aspirates of the mass (tumor) while the dog was alive.
- Yes, a definitive diagnosis of stomach cancer was obtained/confirmed after euthanasia and an autopsy/necropsy with analysis of tissue taken from the stomach mass (tumor).
- No, a diagnosis of stomach cancer was not confirmed but was suspected based on the presence of a mass (tumor) in the stomach. Biopsy samples or aspirates taken during endoscopy did not yield a definitive diagnosis of stomach cancer.
- No, a diagnosis of stomach cancer was not confirmed but was suspected based on the presence of a mass (tumor) in the stomach. Biopsy samples taken during surgery did not yield a definitive diagnosis of stomach cancer.
- No, a diagnosis of stomach cancer was not confirmed but was suspected based on the presence of a mass (tumor) in the stomach. No aspirates or biopsies were taken.

8. If your pet had surgery or autopsy/necropsy, please recall if there were any metastases (spread of cancer to other organs). If yes, what organs were involved?

9. Did you treat your dog that had stomach cancer? Yes No

10. If you did treat your dog, which of the following treatments were provided? (Check all that apply and circle the medication that was given, if it is listed.)

- Antibiotics
- Steroids (Prednisone, Prednisilone, Triamcinalone, other)
- Antiemetics (Reglan=metaclopramide, Tegretrol=thorazine, Cerenia, ,Zofran, other)
- Gastric protectants (sucralfate=Carafate, Pepto-bismol, other)
- Treatment for heartburn/antacids (Tagamet, Pepsid, Zantac, Tums, other)
- Pain medications (Tramadol, Rimadyl, Deramaxx, Prevacox, fentanyl patch, other)
- Surgical exploration with removal of the mass
- Chemotherapy following surgical removal of the mass
- Chemotherapy without surgical removal of the mass
- Other-please list medications not listed above

11. Did the treatment that you tried improve the quality of your dog's life? Yes No

12. If your dog's quality of life improved after treatment was initiated, how would you rate your dog's quality of life during the time that you saw improvement?

Excellent Good Fair Poor

13. Please estimate the length of time for which this improvement in quality of life was sustained. Indicate if this number represents days, weeks, or months by circling one of these options.

14. Please estimate the length of time from first clinical signs/symptoms to the time that he/she was euthanized. Indicate if this number represents days, weeks, or months by circling one of these options.

15. Please estimate the length of time from diagnosis (endoscopy, biopsy, surgery, or necropsy) to the time that he/she was euthanized. Indicate if this number represents days, weeks, or months by circling one of these options.

16. Please provide your name and contact information for us to contact you in the future, if we have additional questions pertaining to this study. Contact information is confidential and will only be used to obtain additional information for this study. Individual information will not be disclosed, and all information will be presented in a grouped format.

Your name:

Phone number(s):

Email address:

Snail mail address:

17. We would like to contact the veterinarian who diagnosed and/or treated your dog with stomach cancer. If you don't mind that your veterinarian be contacted about your dog with stomach cancer, please provide contact information. If you don't have all of the veterinarian's contact information readily available, please complete what you can. The veterinarian can be located by several methods using available databases.

Veterinarian's name (first and last, if possible):

Name of Hospital or Clinic where your dog was treated:

City in which the animal hospital is located:

Veterinarian's phone number:

Please initial below to indicate your permission for us to review your pet's medical records pertaining to the stomach cancer, including endoscopy reports, surgery reports, histopathology reports, and/or autopsy/necropsy reports. ***Please include copies of any of the above reports that you have in your possession when you return this survey.*** _____

You may return your survey by US mail to the following address:

Dr. Cathy Greenfield or Dr. Marina Manashirova

University of Illinois

College of Veterinary Medicine

1008 West Hazelwood Drive

Urbana, IL 61802

You may also return your completed survey as an email attachment sent to:

Dr. Greenfield

cgreenfi@illinois.edu

Dr. Manashirova

manashim@illinois.edu