



Case Report Instructions EMSAVM Oncology

General instructions

- Case reports, written in prose, must be in a problem-oriented approach and include a complete presentation of the case, illustrations where available and a short discussion of the case with the current literature with references. Candidates must demonstrate a comprehensive understanding of the topic with assessing all obtained diagnostic test results.
- A case report should contain 2000 words +/- 10%, excluding tables, references and appendix. Case reports > 2400 words will automatically be denied (0 points) or sent back for rewriting.
- Cases should demonstrate the width of experience of the Master student.
 - The cases must be exclusively from canine or feline patients and there must be at least 3 cases from each species and 10 cases in total.
 - The 10 cases must be a mixture of various neoplastic diseases (i.e. there should not be multiple cases of e.g. anal sac carcinoma). If the presentation and/or treatment are significantly different, two cases of the same neoplastic disease in different species are acceptable (e.g. one case of cutaneous lymphoma in dogs and one case of small cell hepatic lymphoma in cats).
 - Cases must be from different organ systems. If the presentation and/or treatment are significantly different, two cases from the same organ system in different species are acceptable (e.g. one case of splenic haemangiosarcoma dogs and one case of splenic mast cell tumour in cats; or e.g. one case of canine insulinoma and one case of feline thyroid carcinoma). As a guideline, the origin of the primary tumour determines the organ system. However, please pay attention that the main presenting complaints and/or paraneoplastic syndromes have enough variety (it is understood that non-specific clinical signs (e.g. lethargy, inappetence) are common in many cancer patients and this is of course acceptable).
 - At least four (4) cases should be treated with cytotoxic chemotherapy (other than corticosteroids).
 - Cases must be challenging enough to demonstrate the student's ability to work up and/or manage oncological cases of intermediate complexity. However, cases do not have to be unusual and/or "once in a life time" cases. Please bear in mind that cases that are too complex may not be reported adequately within the permitted word count (2000 words +/- 10%).
- Candidates are required to keep a table of the already submitted cases which shall be send with each new case report submission. The ESAVS Office will provide an Excel template for the table below:

| Case Nr. | Species | Problem/s | Diagnosis |
|----------|---------|-----------|-----------|
|----------|---------|-----------|-----------|

- Candidates are advised to submit cases shortly after beginning and throughout the program and not all cases at the end of the program.
- ESAVS cannot guarantee the evaluation of more than 3 case reports per semester. To ensure an evaluation in a specific semester, reports should be submitted no later than 8 weeks prior to semester end (please see [important dates](#) on the ESAVS website).



Cases should be set out under the following headings:

- Title
- Signalement
- Case History and Physical Examination
- Case assessment including complete problem list, differential diagnosis with likelihood of what is possible for the case, tests performed and interpretation of these in relation to the case – do not use bullet points but write in prose
- Diagnosis
- Treatment (drugs need exact dosages) and adequate follow up
- Discussion of case in relation to current literature (please do not write a summary of the literature but discuss how the case fits or does not fit what is known about this neoplastic condition)
- References
- Appendix with laboratory results, cytologic images including report (if applicable) and diagnostic imaging pictures including interpretation (the examination board member reserves the right to see the original results (laboratory, diagnostic imaging) of selected cases).

Each case report is viewed by one member of the Examination Board and graded on a 0-20 scale (<10= fail, 10-11,9 = sufficient, 12-13,9 = fair, 14-15,9 = good, 16-17,9 = very good, 18-20 = excellent).

The grades of the individual case reports are averaged to obtain one single grade. When this average grade is below 10, candidates are requested to resubmit revised versions of the failed case reports or new cases.

Evaluation of a case report

Step 1: Is the case report acceptable?

Is the case described in the report suitable at all?

Reasons to reject a case are:

- Please reread the general instructions for cases (see above)!
- A case is too simple (e.g. an obvious (skin) lesion followed by cytology & curative surgical resection)
- Lack of adequate state of the art clinical tests to arrive at a diagnosis (or at least a presumptive diagnosis). The case could be resubmitted when the lacking information can be retrieved.
- The animal's life was endangered by excessive/unnecessary diagnostic tests or treatments (including surgery). Such a case cannot be resubmitted.
- If the major treatments provided are not supported by evidence
- If the treatments were not state-of-the-art (e.g. radiotherapy of a nasal tumour without prior CT or MRI)
- If important diagnostic steps were not done because the clients did not want to do them or because of financial concerns.
- Diagnostic test reports not provided in English (e.g. pathology reports may have to be translated by the student to English)



- A case whose major problem does not fit within the specified master program. A cancer case, however, may have concurrent new or preexisting medical / cardiological / orthopaedic conditions, but if they are pertinent to the well-being of the dog, they should not be ignored. Yet, diagnosis and/or management of concurrent conditions that are non-related to the neoplastic disease should not constitute the majority of the case report.
- Most diagnostic tests and interpretation are done by someone else (e.g. referring veterinarian)
- Inadequate follow-up of case (e.g. diagnosis reached after euthanasia with no follow-up available)
- Multiple cases all with same problems or diagnosis (Please reread the general instructions for cases (see above))!
- Cases not seen during the enrollment in the program of the master student or where the master student is not the primary responsible clinician.
- More than 2400 words.

If a case is rejected the case report is assigned 0 points. The reason will be stated in the evaluation.

Step 2: Grading of the accepted case report

The case report will be evaluated based on a check sheet

The case report is evaluated based on a check sheet. An accepted case starts with the maximum of 20 points. 10 points are minimally required as a passing grade.

The check sheet (see below) contains a list of 12 potential inadequacies. For each one the examiner can deduct a number of points. At the end a total number of points are given.

Recommendations for the candidate to avoid deduction of points:

- Make sure the history is sufficient (in an animal with PUPD, be sure to ask about amount of water that has been drunk; in an animal with vomiting or diarrhea, give information about details of these signs as well as the diet, etc. E.g. in an animal with a cutaneous mass report on the duration and growth rate according to the owners) If the animal has been pretreated by the referring vet, please comment on drug, dose duration and effect if possible.
- Give all details of the physical exam (report that rectal exam was done and normal in an animal with hypercalcaemia, etc. Comment on the severity of clinical signs (e.g. degree of lameness) if applicable)
- Reported tests need to be relevant for the animal and interpretation needs to be concise and also relevant.
- Do not just give a list of all potential differentials, but explain why a differential might be more or less likely (i.e. prioritize your differential list). Explain why you rule-out some differentials. Please provide specific differentials for specific signs (E.g. for a mass in the anal sac, please do not simply mention “cancer” as a differential diagnosis....) If you consider a clinical sign as non-specific (e.g. lethargy), please say so. For such signs a differential list may not be necessary or just a broad group of differentials could be provided (e.g. cardiac disease, cancer....).

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- Assess your differentials and comment if they are likely related or unrelated (e.g. a dog with a mass in the anal sac and hypercalcaemia)
- Discuss your case – do not just repeat text book knowledge. If something has not been done or is abnormal and does not fit, try to explain this with pertinent literature.
- Show all results – missing graphics generally lead to points deducted.
- Treatment must be supported by evidence and state-of-the-art. This does not mean that the most effective treatment has to be provided in all cases (e.g. if you do not have radiotherapy in your country, you may justify giving a less established treatment alternative. However, you should mention, which treatments were recommended and what prognosis you have communicated to the client. Prognostic information should be specific in cases where specific information is available (e.g. 6 months' median survival time for splenic haemangiosarcoma treated adjuvantly with doxorubicin). If no specific information is available in the literature, please mention what estimate you have given the clients (e.g. up to 6 months or less than 4 weeks)
- Give information about therapy (including drug, dose (mg/kg or mg/m²), schedule, adverse effects) and outcome. Simple chemotherapy protocols can be summarized in the text especially if there are no significant adverse effects. More complex chemotherapy protocols and follow-up blood tests should be provided in the appendix in a table. Do not simply say "CHOP-protocol", but detail it in a table (including (if applicable) potential dose alterations (including the reasons), treatment delays, management of adverse effects).
- References must be peer-reviewed and in English. For general information about a neoplastic condition standard textbooks including the chapter and pages numbers may be sufficient. For specific data (e.g. prognosis for accelerated radiation therapy in feline squamous cell carcinoma of the nasal planum) the appropriate journal articles should be referenced. References should have a consistent format (e.g. Vancouver style).



Evaluation Check Sheet of a Case Report / Oncology

| Inadequacies | Points deducted |
|--|------------------------|
| <i>Incomplete signalment, history and physical examination</i> | |
| <i>Incomplete problem list</i> | |
| <i>Inadequate differentials/assessment for the problem list – e.g. if a 12 years old dog has lethargy, anorexia, PU/PD and a mass in the anal sac as problems, the candidate should tailor the differentials to this dog and not list every possible differential for each problem</i> | |
| <i>Inadequate and/ or inappropriate tests (too few or too many)</i> | |
| <i>Inadequate assessment of test results (available results must be assessed for the submitted case)</i> | |
| <i>Diagnostic tests not adequately graphically presented (radiographs, cytology, relevant CT images (not the whole series!), etc. must be shown in adequate quality and size)</i> | |
| <i>Incorrect or unjustified diagnosis</i> | |
| <i>Inadequate or inappropriate therapeutic management including generic drug names and dosages</i> | |
| <i>Inadequate follow-up for the case report to be meaningful</i> | |
| <i>Discussion not pertaining to submitted case, not adequately referenced</i> | |
| <i>Language and word count inadequate</i> | |
| <i>Other problems not covered above</i> | |
| TOTAL | |
| GRADE (= 20 – total deducted points) | |

There is no “perfect” case and thus the subsequent example of a case should be viewed more as how to present your case. If you have questions, please ask them during one of the courses early on – the course masters are ready and willing to help.