



December 2020

intercom

a publication of the San Diego County Veterinary Medical Association



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You can renew your 2021 membership at this time!

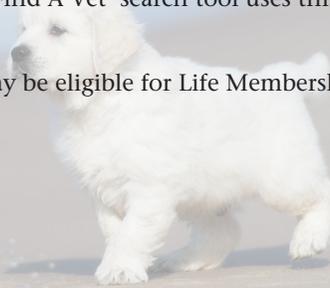
Your SDCVMA membership for the 2021 year is now ready for renewal online. You can renew by logging into your account at www.sdcvma.org. If you have lost or forgotten your password, there is a retrieval link located below the Username and Password block. As always, if you need any assistance, please do not hesitate to call the SDCVMA office.

Please renew by January 31st to avoid a late fee.

Don't forget! Take a few minutes to go through your member profile information and update all your current contact information, as well as your practice information. Our 'Find A Vet' search tool uses this information to help potential clients find you, so keep it current!

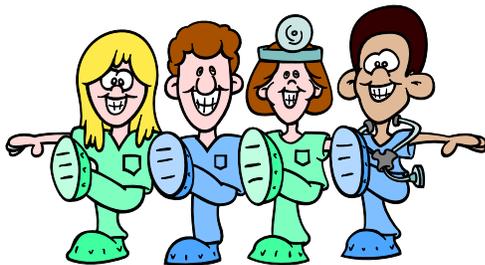
If you have any questions, need help, or think you may be eligible for Life Membership status, please contact the SDCVMA office for assistance.

Thank you again,
On behalf of the
SDCVMA Board of Directors



**Board Certified Members: An active membership is required to remain on the Member AVMA Specialty Diplomats recommendation list.

Did you know that annual Membership Dues for veterinary support staff is only \$35.00? And they can attend the Technician Seminar each Spring & Fall at a reduced rate!



The 2021 Membership Dues cycle begins mid November. Please consider sponsoring your staff!

SDCVMA Mission Statement

The objective of the SDCVMA is to promote the science and art of veterinary medicine, including its relationship to public health and animal welfare; to nurture a collegial spirit among its members; to advocate for the rights and privileges of veterinarians, particularly those of San Diego and Imperial Counties; and to elevate the standards of the profession.

SDCVMA Vision Statement

- *The SDCVMA advocates a standard of excellence for veterinary medicine and public health.*
- *The SDCVMA will champion innovative and sustainable solutions for the veterinary profession and animal welfare.*
- *The SDCVMA will provide services of significant value, advanced education, and mentorship.*
- *The SDCVMA will foster a community spirit amongst its members.*
- *The SDCVMA will provide progressive leadership, with ethical and fiscal responsibility through best management practices.*



VINNews: California Veterinarians Lose Liability Insurance Option

Broker offers insurance bundle but not standalone coverage

Jennifer Fiala

11.10.20: Several hundred veterinarians in California are losing professional liability insurance purchased through the California Veterinary Medical Association's brokerage firm and will need to find coverage elsewhere.

Veterinary Insurance Services Company, a subsidiary of the CVMA, will not renew coverage for individuals when their plans expire Dec. 31, according to an announcement by VISC Executive Vice President Mark Maeyama. "Effective January 1, 2021, you will need to obtain alternative veterinary professional liability insurance coverage," he wrote in a [recent letter to policyholders](#).

The change is a result of VISC transitioning to a new underwriter. VISC ended its relationship earlier this year with Allianz Global & Corporate Specialty because "it was clear that Allianz was trending in a different direction, one that may not serve the best interest of the veterinary profession," Maeyama said by email. He did not elaborate.

The new underwriter is CNA Financial Corp., which provides commercial property and casualty insurance. The company is not interested in providing professional liability coverage to individual veterinarians on a "standalone" basis, the letter stated.

In a telephone interview, Maeyama said VISC searched broadly for a vendor of freestanding professional liability insurance but came away empty-handed. "When we went to the marketplace, every carrier we talked to, we were unable to get any of them interested in this segment. ... " he said.

VISC was established by the CVMA in 2008 as the nation's first member-owned insurance brokerage firm. The program sells a number of products, including worker's compensation insurance, personal insurance lines, life insurance, and employment practices liability insurance. Its professional liability coverage was available as part of a business package policy or on a standalone basis for practitioners who are not practice owners. Many who bought the coverage are relief practitioners, consultants and independent contractors.

"This program offers protection and defense for allegations of professional wrongdoing and negligence," the [VISC website explains](#). "Veterinary Medical Board

(VMB) defense coverage is automatically included with a limit of \$100,000 per doctor per year."

Maeyama estimated that the coverage for small animal practitioners cost around \$225 a year — a relatively low rate that made it a popular option for many California veterinarians.

He and officials at the CVMA declined to disclose precise numbers of policyholders affected by the change.

Dr. Thomas Hansen, a practitioner in Mountain View, California, is among those impacted. "This is, of course, a major disappointment and yet one more thing to deal with now during a difficult year," he wrote on a [message board](#) of the Veterinary Information Network, an online community for the profession and parent of the VIN News Service. "I've maintained coverage through VISC for many years and while I've fortunately never needed them (yet), I was happy with the convenience, cost, and peace of mind."

VISC has not stopped looking for a company willing to underwrite standalone liability insurance policies, Maeyama said. "We want to provide coverage for all policyholders; we're more invested in this process than ever. Our mission is to provide a comprehensive, competitive insurance program for California veterinarians."

In the meantime, VISC has put together a new business owners policy that bundles professional liability with veterinary license defense and business and property equipment coverage.

Maeyama said the bundle, while more expensive, could be useful for some veterinarians who previously had the standalone liability coverage, depending on their situation.

He offered this fictional scenario as an example: A veterinarian who makes house calls and makes a medical mistake is covered by professional liability insurance. But if the patient jumps, causing the veterinarian to break a \$5,000 lamp in the home, the veterinarian could be liable as a business person. Similarly, Maeyama said, a practitioner could be held responsible if they lose control of a dog and it bites someone in the home. "Business liability offers coverage to the insured veterinarian for bodily injury and/or property damage to a third party arising from the business operation; it is not the same as professional liability," Maeyama explained.

The more extensive coverage provided by the bundle is in the neighborhood of \$800 a year, Maeyama estimates. "It's the same policy as a practice owner's, only scaled down to fit the needs of the independent contractor veterinarian," he said.





MY PASSION IS SURGERY



BRITTANI JONES, DVM, DACVS-SA

Dr. Jones graduated from The Ohio State University, School of Veterinary Medicine in May 2015. She then completed a general medicine and surgery rotating internship at the Animal Medical Center in New York in July 2016. Dr. Jones went on to complete a small animal surgery residency in July 2019 at Michigan State University in Lansing, Michigan. She joined VCA Animal Specialty group in September 2019. Dr. Jones became a diplomate of the American College of Veterinary Surgeons in February 2020.

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FDA Approves Elura (Capromorelin Oral Solution) for Managing Weight Loss in Cats with Chronic Kidney Disease



10.19.2020: The U.S. Food and Drug Administration has approved Elura (capromorelin oral solution), the second drug approved for management of weight loss in cats and the first drug approved specifically for the management of weight loss in cats with chronic kidney disease.

Cats with chronic kidney disease (CKD) may begin to lose weight prior to diagnosis and typically continue to lose weight as the disease progresses. This weight loss can worsen cats' prognosis and shorten their lifespan.

Capromorelin is a ghrelin receptor agonist known to increase appetite and weight gain and is approved as ENTYCE for appetite stimulation in dogs. Elura is the second product that the FDA has approved for the management of unintended weight loss in cats.

The sponsor of Elura conducted a 56-day field effectiveness study comparing Elura oral solution to a control group in client-owned cats, which received the oral solution without the drug. All cats had documented, unintended weight loss and a history of CKD. Although enrolled cats were in stable clinical condition, most had a variety of other conditions in addition to CKD, including hyperthyroidism and hypertension, which were managed with medications. At the end of the study, cats that had been given Elura had gained weight, while cats in the control group had lost weight.

The sponsor conducted a 6-month safety study in healthy domestic shorthair cats. The cats were dosed with water or Elura at 1, 3, or 5 times the labeled dose of 2 mg/kg once daily for six months. Elura caused weight gain in all treatment groups compared to the cats receiving water, and the groups that were given 3 and 5 times the labeled dose of Elura consumed more of the food offered to them than cats in the other groups.

The most common adverse reactions observed in both studies were vomiting and hypersalivation, which were both seen more frequently in male cats.

The sponsor also conducted a 32-day laboratory study in eight healthy juvenile male neutered cats to provide information on the drug's effects on the cardiovascular system and blood glucose levels. Elura administration resulted in transient decreases in both heart rate and direct blood pressure, and transient increases in blood glucose level.

Elura is supplied in 15 mL bottles with an oral dosing syringe. Elura is available by prescription only because professional expertise is required to diagnose and manage CKD in cats and monitor for any adverse reactions.

Elura is sponsored by Elanco US, Inc., based in Greenfield, Indiana.



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Member Spotlight
Zarah Hedge, DVM, MPH, DACVPM, DABVP
Vice President & Chief Medical Officer,
San Diego Humane Society

Interview Conducted By:
Miguel Constantino, DVM,
SDCVMA CVMA Delegate



Q: What was your first job?

A: My first job was working at Sears (it was a summer job), where I did lots of random jobs from painting the walls to putting up displays to re-organizing parts of the store. Not super exciting, but it turned out to be fun, from what I can remember.

Q: How did you first get into the Veterinary field?

A: I was lucky in that I knew from a very young age, I wanted to be a veterinarian (that or an astronaut!). I went to college with that goal in mind and never looked back. My first job actually working in the veterinary field, however, wasn't until college, when I was living in South Dakota. I worked at a local veterinary clinic as a veterinary assistant for two amazing and compassionate veterinarians. One in particular, Dr. Rose, was one of the kindest souls I've known. Outside of her clinic she owned, she also set up a non-profit organization to provide spay and neuter services and found homes for animals that needed it in the community (which was very small and did not have an animal shelter). She also did a lot of work with Native American reservations in South Dakota – in fact, her photo hangs in the first animal shelter on a Native American reservation in the US (in Cheyenne River, SD). I now go there to provide vet care nearly every year through the RAVS organization, and love seeing her photo there and remembering how she gave me my first start in the vet field.

Q: Where did you go to Veterinary school?

A: I made the decision to move across the country to attend Western University of Health Sciences in Pomona, CA. I was in the third class of the Veterinary College. Their problem-based teaching model and reverence for life philosophy were what drew me to the school and I loved it.

Q: Are you originally from San Diego? If not, what brought you to San Diego?

A: I'm originally from all over the Midwest – Wisconsin for the most part. I moved out to the west coast for veterinary school back in 2005 and have been here ever since. After finishing my internship and residency training in shelter medicine in Portland, Oregon (at Oregon Humane Society and OSU), I ended up moving to San Diego. A friend and vet school classmate worked at San Diego Humane Society at the time and told me about a job opening. I needed some sunshine in my life, so I moved down and worked at SDHS for two years as a staff veterinarian.

I moved to Los Angeles after that, for four years, to work for my alma mater as an Assistant Professor of shelter medicine, but moved back a little over a year ago when an amazing opportunity came up to join SDHS again. I love it here!

Q: What's your favorite place in San Diego?

A: I'll admit, there is a lot of San Diego I've yet to explore. And that's probably because I live in my favorite part of San Diego, which is Ocean Beach, where I spend most of my time. I love the laid-back vibe and fun breweries. Plus, you can't beat being by the ocean.

Q: What is your favorite part of being a Veterinarian?

A: I love being able to help those who can't speak for themselves. And I love helping people keep their animal family members with them, which is why I have such a big interest in access to veterinary care. As a child I was always feeding and caring for cats and kittens living in my neighborhood; finding them homes and trying to convince my parents to spay and neuter them (which they never did, but to their defense, there were no affordable spay / neuter options back then, and these were all what we now call community cats). At the time I didn't know what an animal shelter was or that shelter medicine would ever be a career path, but it seems like I was headed in that direction from a young age.

Q: How do you make your workplace fun?

A: I love having fun while working. And I think it's so important to create a positive and fun work environment. It helps keep everyone uplifted and motivated. I don't know if there is one specific thing that I do, but I think taking time to celebrate positive cases and events and holidays is a good start. We always dress up for Halloween, for example, and the medical team really gets into it. In my previous job as Hospital Director for the WesternU Spay / Neuter Center, we would have "fun socks Friday" where

everyone would wear their most fun and craziest socks. And we would vote on a winner - sometimes they even got Starbucks gift cards. It was just something fun to break up the day and make everyone laugh.

Q: Any unusual hobby or interest?

A: I'm not sure if it's unusual, but when I lived in Los Angeles I got really into ballroom dancing. So much so that I took a 16-month ballroom dance teacher training course, where I learned lead and follow parts of 16 different dances. It was such an amazing learning experience and I never thought I'd learn to dance one dance, let alone 16! I also love cycling and once rode my bike from Seattle to Portland over 2 days (with thousands of other people as crazy as me). And right before the pandemic, I finished a 200-hour yoga teacher training. So, I guess my biggest hobby is learning and doing new things and challenging myself.

Q: What is something about you that others might find unexpected?

A: Hmm, I'm not sure if this is unexpected, but I speak Spanish (not fluent, but I minored in Spanish in college). I also love spicy food, the spicier the better!

Q: What is the most fun thing you've done while social distancing?

A: Like many people, I created a garden in my front yard and grew lots of herbs, veggies and other things. It's actually been really fun and quite relaxing. I also realized that I rather enjoy spending time at home, and it's actually been nice being forced to slow down.

Q: What is the first thing you'll do once we're back to normal?

A: I would love to take a real vacation out of the country. I was actually thinking of finally visiting India and Nepal this fall, but quickly abandoned those plans when the pandemic started. But I'd love to be able to travel again.

Q: What is the most beautiful/interesting place you've ever visited?

A: This is a tough one, as there are so many beautiful places. I loved the time I spent in Costa Rica; it is definitely a beautiful place to see.

Q: What five adjectives best describe you?

A: Positive, Motivated, Compassionate, Fun and Friendly

Q: Pet or pets? (names and describe them please)

A: I have a 15 ½ year old Golden named Pez and five cats (yes, I am a bit of a cat lady). Their names are Nica, Nora, Lilian, Mr. Cuddles and Sunny. Two of them are tripods and one is a hospice cat I recently adopted from work – I've always loved the senior animals; they have a special place in my heart.

Q: If you were an animal, what would you be?

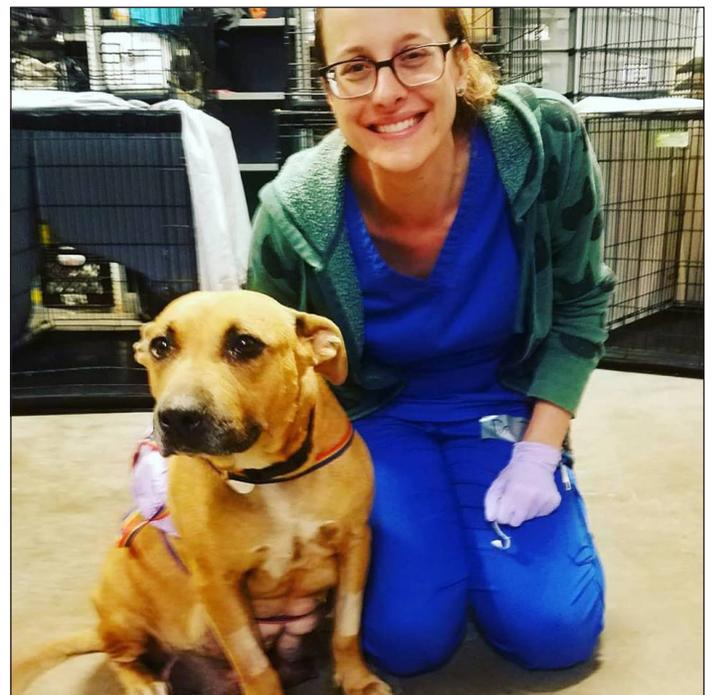
A: I'd definitely be a cat

Q: What would you be if you weren't in the Veterinary profession?

A: I guess I'd have to utilize some of the other skills I've learned over the years, so I suppose a ballroom dance/ yoga teacher.

Q: What is your pet peeve?

A: I would have to say when people are talking during a movie or presentation. I know I shouldn't let it bother me, but it does. And for some reason that's the thing that distracts me, even though not really much else does. 🐾



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OWNER REQUIREMENTS:

- Must bring enrolled cat to all appointments
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- Must complete a food diary

OWNER BENEFITS:

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VINNews: Accidental Hormone Exposure In Pets An Ongoing Problem

*Solution requires recognition by physicians, veterinarians,
and pet owners*

By Anna Lewis

11.09.2020: The middle-aged cat yowled at all hours of the night, marked her territory by urinating around the house and terrorized other cats. She was showing classic signs of being in heat, but that was odd because she was spayed.

This behavior went on for months. The cat's veterinarian, Dr. Carrie Donahue, just wanted to help the cat's owner get some sleep, but she was stumped. Blood tests showed the cat's hormone levels were normal.

Then, in October 2019, three months after the cat's owner first brought her in with this complaint, the cat developed a mammary mass. Donahue began to suspect the cat might have been accidentally exposed to human hormone treatments, a scenario she'd heard of but not seen before.

Donahue gingerly broached the subject with her client. The owner was transitioning from male to female and indeed using a hormone cream. But she assured Donahue that she was very careful to avoid touching her cat when she applied the product.

The mammary mass was removed and Donahue referred the cat to a reproductive medicine specialist. The specialist performed exploratory surgery, searching for ovarian remnants that could be producing hormones in the spayed feline, but the surgery turned up nothing.

Problems with the cat continued for several months. Then, the owner switched to taking hormones orally. With that, the cat's signs of estrus began to wane. Today, a year later, she is back to normal.

While this was Donahue's first experience with such a case, accidental exposure of pets to topical hormones is nothing new. The VIN News Service [first reported on the issue](#) in June 2010. Accidental exposures in pets and sometimes [in children](#) persist because of the broad use of hormone products — whether to counter symptoms of menopause, as treatments in gender reassignments, or for other purposes — coupled with spotty education on the risk of unintended exposures and how to prevent them.

Transdermal hormone treatments come in the form of gels, creams or sprays that typically are applied to the arms. Users who then snuggle or otherwise touch their pets can transfer the product to the animal, which may absorb it through its skin or ingest it by licking. The products are sold as commercially manufactured drugs and as concoctions prepared by compounding pharmacies.

Awareness Is Up, But Not Enough

Dr. Joni Freshman, a veterinary internist with expertise in reproductive medicine, has seen cases of pets unwittingly exposed

to their owners' hormone treatments dating to the 1990s. While veterinarians have become more aware of the problem in the past 10 years, Freshman said that in her experience, the caseloads haven't changed much.

Freshman works as a consultant for the laboratory business Antech Diagnostics and for the Veterinary Information Network, an online community for the profession and parent of the VIN News Service. She estimates that she consults on an average of three hormone exposure cases per week for Antech, and occasionally on VIN.

VIN News [reported in June 2011](#) that it had tallied more than 100 instances dating to 2003 of inadvertent topical hormone exposures in dogs and cats reported anecdotally by veterinarians on VIN message boards. Clinical signs in exposed pets include hair loss, skin discoloration, enlarged or unusually small genitalia, enlarged nipples and vulvar discharge. In some instances, pets were exposed to topical testosterone used by men in their households.

For this update, VIN News searched VIN message boards from mid-2011 through July 2020 for references to hormone exposures. The search turned up 53 mentions in cats and dogs. Most cases were in the U.S., some in Canada and one in Malaysia.

Once diagnosed, the problem can be addressed by meticulously avoiding continued exposure. However, because hormones are stored in fat and slowly released into the blood before being excreted, it can take months for their effects to dissipate, depending on the degree and duration of the exposure.

Personal Discomfort A Barrier To Diagnosis

One difficulty of treating or preventing accidental exposure is that hormone therapy use tends to be a deeply personal matter.

Donahue was uncomfortable questioning her client about it. "I just feel like it's a sensitive subject," she said. "And it's not something that a veterinarian who's caring for an animal is just going to bring up."

Freshman recommends asking about topical hormone treatments more than once and in multiple ways to ensure the client understands the question, and answers candidly.

"What I'm really careful to tell people is that I don't care who, I don't care what, and I don't care why. I just want to know if there's a possibility of exposure to topical hormone preparation on anyone's skin," she said.

She suggests veterinarians ask not only about people living in the house but also frequent visitors who come in contact with the pet.

"What I recommend is saying, 'You know, I'm concerned that these clinical signs could possibly be related to topical hormone exposure. Is there anyone that this pet has contact with that might be utilizing hormone-containing products on skin?' ... Usually they'll go, 'I don't think so.' And I'll say, 'Well, could you please check? Because I don't want your pet to undergo unnecessary testing or surgery.' "

Freshman recalled that in the very first case she saw of accidental hormone exposure, around 1991, involving a neutered male dog who was losing his fur, she asked at the outset whether the dog had been exposed to hormones. The owner said no. Months later, the client mentioned that the dog had been licking estrogen cream off her belly.

Freshman also recounted a case on which she consulted around 2010, involving two spayed female dogs with swollen vulvas and vulvar discharge. The owner was using a spray-on commercial product called Evamist, and had been assured by physicians and pharmacists that it posed no risk to others after it was dry. Later, the woman's 5- and 7-year-old daughters began menstruating, which, Freshman said, finally caused the woman's physician to take notice.

[That same year](#), the U.S. Food and Drug Administration issued a safety alert and started an investigation into Evamist after receiving reports of eight children and two dogs that had been accidentally exposed. The main symptom in children — boys and girls alike — was breast development.

After the Evamist advisory, the FDA saw an uptick in the number of adverse event reports in pets, according to agency spokesperson Anne Norris, but “that number did not remain elevated in subsequent years, and FDA has since received one to two reports a year, on average,” she said by email.

Responding to questions from VIN News, she elaborated: “In addition, there have been far more reports about dogs than cats. Lastly, reported secondary pet exposures to estradiol [the most active and prevalent form of estrogen] were higher than secondary pet exposures to human drugs containing [the male sex hormone] testosterone.”

Reports received by the FDA almost certainly do not reflect all cases. Norris noted that reporting pet exposures to human drugs is voluntary, and that owners and veterinarians might not submit reports for a variety of reasons, including not realizing that exposure has taken place, not knowing how to where to [make a report](#), or owners not taking an exposed pet to the veterinarian.

A Pet Owner Plays Detective

Sometimes, pet owners recognize the problem before health professionals. That was Polly McDonald's experience. In 2012, while using a compounded topical hormone treatment containing estradiol, she noticed her chocolate miniature poodle, Bailey, began to lose fur.

Bailey liked to rest his head in the crook of McDonald's arm, where she applied the cream. She checked the product label. It had a warning about keeping the product away from pets.

McDonald took Bailey to a veterinarian. Tests showed that Bailey had abnormally high estrogen levels. The veterinarian noted McDonald's hormone use, but suspected Bailey's fur loss might be explained by Cushing's disease, a different type of hormone disorder. Various treatments were tried for six months, without resolution.

McDonald called The Hall Center in Santa Monica, California, where she had obtained the compounded hormone treatment, to ask about the likelihood that her dog's fur loss was caused

by her product. A center representative replied that staff were aware of similar problems in pets belonging to other clients, and recommended keeping the product away from dogs and small children.

Contacted by VIN News, Beryl Britton, a naturopath at The Hall Center, said the center has been aware of the issue of accidental exposure in pets for at least 10 years. Britton said new patients are warned that the medication can transfer to others through contact with treated skin, and are asked whether they have pets at home. If yes, they are counseled to not apply the product to their arms — which otherwise are an optimal location because the skin is thinner and the product therefore more easily absorbed — but to apply it instead to the abdomen, buttocks or inner thighs, and to wash their hands afterward. Wearing long-sleeved garments can help avoid transferring product applied to the arms, she added.

McDonald began using extra care when applying the cream, washing her hands and using gloves. However, Bailey's fur loss persisted until he was euthanized in 2019 at age 16 for unrelated health problems.

“He was at the point that even after I started being careful, it seemed like it was too late,” she said. “He had beautiful, thick hair, and by the time he died, he had just a little bit on his legs. His whole torso was hairless.”

Today, McDonald has two new poodles. To avoid exposing them, she wears gloves and applies her cream to her hips and inner thighs. She said the product she uses now contains a label warning that users should not apply it to their arms.

Why More Pet Owners Aren't Aware Of Risks

While some FDA-regulated hormone treatments include warnings about accidental exposure to children and pets, compounded hormone preparations may not.

Compounded products, which are made by pharmacies, are distinct from commercially manufactured drugs, which are subject to approval by the FDA. Compounded medications have enjoyed increased popularity in the face of mistrust of traditional treatments. [A study](#) by the National Center for Biotechnology Information published in 2017 found that women were motivated to pursue compounded hormone treatments over typical hormone treatments for reasons including fear about the safety of conventional hormone treatments, distrust of the conventional medical system, perceptions of safety and effectiveness in compounded treatments, and perception of compounded hormones as personalized treatments.

Whereas commercial drugs are subject to regulation by the FDA, oversight of compounded medicines largely is handled by states, where rules vary.

Dr. Cynthia Stuenkel, a founding member and past president of the North American Menopause Society (NAMS), has been spreading the word about accidental estrogen and testosterone hormone exposure in pets since she learned about the issue in 2010 after being contacted by VIN News.

— continued on page 18

An endocrinologist and clinical professor of medicine at the University of California, San Diego, Stuenkel calls hormone transference an area of “intersection” between the disciplines of veterinary and human medicine.

Trying to raise awareness, Stuenkel talks and writes about the risk of exposure at every opportunity. For example, in a presentation in May 2019 to a committee of the National Academies of Science, Engineering and Medicine about compounded hormones, she included information about risks of inadvertent exposures in pets and small children. The mention of pets, though, did not make it into the committee’s final report on the subject.

The National Academies report, [Clinical Utility of Treating Patients with Compounded “Bioidentical Hormone Replacement Therapy”](#) calls for much more limited use of such products. It recommends, among other things, restricting prescriptions of compounded hormones to patients who have a documented allergy to, or need a different dosage form than is available from, existing FDA-approved drugs.

Prescriptions for compounded hormone therapy should not be motivated by “patient preference alone,” the report authors advise. They also recommend increased oversight of the compounding industry.

Finding Solutions

Stuenkel believes that heeding the report recommendations could help solve the problem of pet exposures. “The National Academies has come out with strong recommendations, really good ideas, things that I think a conscientious practitioner can do right now,” she said.

Her advice to medical colleagues is: “Tell your patients that compounded hormone therapies are not FDA-approved. Give them a copy of the boxed warning of an FDA-approved preparation that is required to list risks and benefits. Don’t use the compounded preparations unless there is a documented need.”

What about accidental exposures to FDA-approved products? “I think if [patients are] cautioned when it’s prescribed and if their labeling includes cautions, that’s ideal,” Stuenkel said.

And for veterinarians, she advised, “I think it’s reasonable to just ask [owners] if it is possible that the pet could have been exposed to topical hormone therapy. Nobody wants to hurt their beloved pet!” Freshman, for her part, believes better labeling would go a long way.

“What I would like is for all products containing estrogen that are dispensed from a pharmacy to a person to have a warning with them about topical exposure to pets,” she said. “I think that’s the best way to deal with it, because that’s going to come right with the product.”

Treatment And Prevention

Dr. Carrie Donahue’s case of the spayed cat with a false estrus demonstrates that even pets belonging to aware and careful owners may be accidentally exposed to topical hormones.

“You have to be more than just careful,” Donahue said. “You have to absolutely think about every single aspect of how this cat could be exposed ... and any exposure, from what I understand, can cause these symptoms.”

Once exposure is confirmed, veterinary internal medicine specialist Dr. Joni Freshman recommends these steps to the pet owner:

- Apply product in a closed room, away from pet.
- Use gloves to apply product.
- Apply product to skin the pet will never be exposed to.
- Carefully remove gloves to minimize exposure to hands.
- Discard gloves in closed trash container pet cannot access.
- Store product in location inaccessible to pet.
- Clean any handles touched by hands.
- Wash hands thoroughly.
- After removing clothes worn over treated skin, place clothing immediately into a closed hamper or washing machine to which the pet has no access.
- If bed linens touch skin that has been treated, pet must be barred from the bedroom.

Whether exposure may have long-term effects is unknown, Freshman said. She recommends that veterinarians monitor patients for potential consequences such as mammary tumors.



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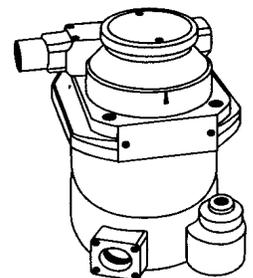


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AVMA@Work Blog: Antimicrobial Resistance: Slowing And Limiting Its Emergence And Spread

By Dr. Doug Kratt

11.18.2020: We're all aware of the health risks antimicrobial resistance poses for animals and people. As a practice owner, I have been struck by the number of antimicrobial-resistant bacterial infections my team and I have seen in our patients. Seeing the problem firsthand caused me to devote this column to it, in the hope that we all become more thoughtful about which antimicrobials we prescribe and when we prescribe them.

When I prescribe antimicrobials, I make sure to fully educate my clients on the importance of sticking to the recommended regimen to help ensure those drugs are used in a judicious manner.

AVMA's Commitment: Practical Resources To Support You

The AVMA is committed to providing members with the information and resources we all need to make the best decisions about antimicrobial use as we care for patients and simultaneously protect public health.

In August, we published the first report describing the current status of antimicrobial-resistant bacteria affecting various animal species in the United States.

Over the past several months, the AVMA, advised by our [Committee on Antimicrobials](#), has been working intensively to address the critical issue of antimicrobial use and resistance.

In August, we published the first report describing the current status of antimicrobial-resistant bacteria affecting various animal species in the United States. The report, "[Antimicrobial Resistant Pathogens Affecting Animal Health in the United States](#)," is the newest addition to the AVMA's collection of interdisciplinary resources for combating antimicrobial resistance.

The report was developed in collaboration with many of our allied veterinary associations, with contributions from nearly 50 microbiologists, epidemiologists, and species experts. It examines bacteria of concern and describes actions that veterinary teams, producers, breeders, and animal owners can take to slow and limit the emergence and spread of antimicrobial resistance.

Along with the full report, AVMA members can download a variety of sharable materials extracted from the larger document that will help support your stewardship efforts. They include an antimicrobial stewardship poster, a table of antimicrobial-resistant pathogens, and species-specific "report cards" with information about antimicrobial-resistant bacteria affecting different kinds of animals.

This report is a snapshot of the current landscape, and the AVMA will continue to monitor trends in antimicrobial resistance to ensure that AVMA members have the tools needed to make the best stewardship decisions for patients.

Representing Veterinary Medicine In Federal Policy Planning

AVMA is also working with partners in the federal government to support stewardship. In October, we attended the U.S. Food and Drug Administration's five-year strategic plan [public meeting](#) related to the National Antimicrobial Resistance

Monitoring System (NARMS). NARMS is a collaboration among state and local public health departments, the U.S. Centers for Disease Control and Prevention (CDC), the FDA, and the U.S. Department of Agriculture to track changes in the antimicrobial susceptibility of certain intestinal bacteria found in people, retail meats, and food animals.

We're also pleased that Dr. Joni Scheftel, chair of the AVMA Committee on Antimicrobials, has been chosen to serve on the [Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria](#) as a nonvoting liaison member. She will serve a two-year term on the council, which provides advice, information, and recommendations on programs and policies related to antibiotic resistance.

International Partnerships Further Support Stewardship

As veterinarians, we are at the forefront of fighting antimicrobial resistance in animals, and we play a critical role in the overall health of animals, humans, and the environment.

AVMA's ongoing antimicrobial work also includes international collaboration. The AVMA recently submitted comments on draft guidelines developed by the [Ad hoc Codex Alimentarius Intergovernmental Task Force on Antimicrobial Resistance](#). The AVMA is a stakeholder to the U.S. delegation of the task force, which has been working to revise the Code of Practice to Minimize and Contain Antimicrobial Resistance and draft guidance for integrated monitoring and surveillance of foodborne antimicrobial-resistant bacteria.

Codex Alimentarius standards relating to food production and food safety influence federal regulations and policy in the United States and other nations. With AVMA members serving in all facets of veterinary medicine, it's both important and necessary for the Association to be engaged and contribute veterinary perspective.

Tools And Resources To Support You

I encourage you to visit avma.org/Antimicrobials to find information about veterinarians' role in ensuring continued antimicrobial effectiveness; definitions of antimicrobial stewardship for veterinarians; material on what constitutes therapeutic use of antimicrobials (treatment, control, and prevention); practical resources to use in your daily practice; and AVMA policies related to antimicrobial use and resistance.

Slowing and limiting the emergence and spread of antimicrobial resistance to maintain the effectiveness of these valuable drugs requires widespread engagement from across the One Health spectrum, especially among animal owners and leaders in veterinary medicine and public health.

As veterinarians, we are at the forefront of fighting antimicrobial resistance in animals, and we play a critical role in the overall health of animals, humans, and the environment. Let's continue to be good stewards and do our part to ensure judicious use, effectiveness, and availability of these critically important drugs. 🐾



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FDA Approves First Intratumoral Injection to Treat Non-Metastatic Mast Cell Tumors in Dogs

11.16.2020: Today, the U.S. Food and Drug Administration approved Stelfonta (tigilanol tiglate injection) to treat dogs with non-metastatic, skin-based (cutaneous) mast cell tumors (MCTs). The FDA is also approving Stelfonta to treat non-metastatic MCTs located under the dog's skin (subcutaneous), in particular areas of a dog's leg. Stelfonta is injected directly into the MCT (intratumoral injection). Stelfonta works by activating a protein that spreads throughout the treated tumor, which disintegrates tumor cells.

"This is the first approval for an intratumoral injection to treat non-metastatic mast cell tumors in dogs," said Steven M. Solomon, D.V.M., M.P.H., director of the FDA's Center for Veterinary Medicine. **"This approval provides an additional treatment option to help treat local mast cell tumors on or under the skin in dogs."**

MCTs are the most common malignant skin tumor in dogs, and usually present as a lump on or under the skin. Full surgical removal of MCTs can be difficult when tumors are located in certain areas, such as the leg. When MCTs are not fully removed, the remaining malignant cells can start to grow and spread rapidly. Stelfonta offers a novel way to treat non-metastatic MCTs as the only approved intratumoral injection.

Stelfonta is available only by prescription due to the professional expertise required to diagnose MCTs, properly administer the injection, provide adequate instructions for post treatment care, and monitor the safe use of the product, including

treatment of any adverse reactions. The label for Stelfonta carries a boxed warning for human safety because of the risk of severe wound formation from accidental self-injection or needle stick injuries. The boxed warning also includes several statements regarding the safe use of Stelfonta in dogs, including: Stelfonta should always be given with a corticosteroid, an H1 receptor blocking agent and an H2 receptor blocking agent, to decrease the risk of severe systemic adverse reactions, including death, from mast cell degranulation. Veterinarians should provide the client information sheet to pet owners for important information about Stelfonta and how to care for their pets after they have been given the drug.

The safety and effectiveness of Stelfonta was established in a study of 118 dogs with a measurable cutaneous or a subcutaneous MCT on the lower leg. Eighty of those dogs were treated with Stelfonta and 38 were in an untreated control group. The dogs were followed and tumor response was assessed almost a month after their first injection. The complete remission rate after treatment with Stelfonta was 75%. Eighteen dogs in the group treated with Stelfonta that didn't have their treated tumor completely disappear were retreated with Stelfonta a second time about a month after the first treatment, and approximately a month after receiving their second treatment, 44% of these dogs had their tumor disappear completely. Dogs in the untreated control group were treated with Stelfonta for the first time a month after the study began, and 62% of those dogs had their tumor disappear.

Stelfonta should not be used to treat subcutaneous MCTs located above the elbow or hock. Stelfonta may cause extensive wound formation at the tumor site, including cellulitis and severe tissue sloughing. The most common adverse reactions associated with Stelfonta were wound formation at the tumor site and injection site reactions, such as pain, swelling, reddening of the skin, bruising, thickening, scarring, and death of some cells in the tissues. Lameness in the treated leg, vomiting, diarrhea, hypoproteinemia, and hypoalbuminemia also occurred. These were likely due to the wound healing process and the drug's effect on the tumor. Most wounds gradually reduced in size or completely resolved. A small number of dogs developed extensive wounds with cellulitis, bacterial skin infections, or severe tissue sloughing that extended away from the treated tumor which led to a prolonged recovery time and additional wound care.

The FDA granted approval of Stelfonta to QBiotics Group Ltd. **For more information:** [Freedom of Information Summary](#)



FDA Opens Fall 2020 Grant Funding Application Period for Animal Drugs for Minor Uses and Minor Species

11.13.2020: The U.S. Food and Drug Administration today announced the Fall 2020 open period for applications for grants to support the development and approval or conditional approval of new animal drugs intended to treat uncommon diseases (minor uses) in major species (horses, dogs, cats, cattle, pigs, turkeys and chickens) or to treat minor species (MUMS).

— continued on page 24

The individual award amount has been increased to a single funding level up to \$250,000.

Only animal drug sponsors with Designated MUMS animal drugs or their research partners are eligible to apply. Applicants must also meet other [eligibility requirements](#).



FDA Issues Revised Draft Guidance to Assist Sponsors of Animal Drugs for Minor Uses and Minor Species

Updated 11.9.2020: The FDA is extending the comment period for draft Guidance for Industry #61, entitled "[Special Considerations, Incentives, and Programs to Support the Approval of New Animal Drugs for Minor Uses and for Minor Species](#)," by 60 days. The comment period will now close January 11, 2021.



Interdisciplinary Scientific Cooperation Will Lead the Way to Understanding of Non-Hereditary DCM

11.3.2020: On September 29, 2020, scientific experts from academia, industry, and veterinary medicine came together to participate virtually in a scientific forum hosted by [Kansas State University](#) (KSU) examining potential causes of non-hereditary canine dilated cardiomyopathy (DCM) in dogs. The event was a forum where scientists with research into DCM could share information, collaborate, and discuss many different – and even conflicting – theories on the condition. It is so encouraging to see the shared commitment to understanding non-hereditary DCM in dogs using multidisciplinary scientific approaches. FDA; the veterinary community, especially veterinary nutritionists and veterinary cardiologists and other specialists; industry and academia continue to examine this issue to help determine what factors may be contributing to the heart conditions observed and reported to FDA.

KSU has [posted materials](#) from various presenters at the scientific forum to make them available to the public. This includes my [opening remarks](#) and a [presentation](#) by a team of FDA scientists about a subset of DCM cases that made full or partial recoveries.

I am pleased that KSU and many of the presenters agreed to share their scientific work with all stakeholders as a matter of transparency. I want to emphasize that this is not an investigative update; it's an inflection point that provides FDA with an opportunity to clarify and emphasize the following points:

- Historically, DCM has been primarily linked to genetic predisposition in certain breeds, but in the context of these atypical cases, emerging science appears to indicate that non-hereditary DCM is a complex medical condition that may be affected by the interplay of multiple factors such as genetics, underlying medical conditions, and diet.

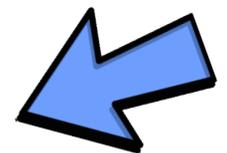
- FDA has not taken regulatory action against or declared any specific pet food products unsafe or definitively linked to DCM. As the scientific community looks further into the role that diet may play in these cases, we hope to explore additional avenues about ingredient levels, nutrient bioavailability, ingredient sourcing, and diet processing to determine if there are any common factors. We have asked pet food manufacturers to share diet formulation information, which could substantially benefit our understanding of the role of diet.
- If there is one point I want to drive home, it's that the best thing you as a pet owner can do is to talk to your veterinarian about your dog's dietary needs based on their health and medical history.

FDA sees this as an ongoing, collaborative, multidisciplinary scientific venture, of which we have just one piece as the regulator of animal food and reviewer of adverse event reports received as part of the pet food early warning and surveillance system. The scientific community engaged on DCM continues to assess the available information and fill data gaps to determine what factors may contribute to the development of non-hereditary DCM. We look forward to continued engagement with scientists as opportunities arise. FDA will provide additional updates if or when substantive scientific information comes to light.

I am encouraged and optimistic that multidisciplinary collaborators will continue to exchange information and engage each other to put forth their best research and thinking, so that we all can gain a fuller understanding of non-hereditary DCM.

Additional Information

- [KSU Scientific Forum Exploring Causes of Dilated Cardiomyopathy in Dogs](#)
- [KSU Scientific Forum: Opening Remarks by CVM Director Dr. Steven Solomon](#)
- [KSU Scientific Forum: FDA Presentation about Fully and Partially Recovered Cases of Dilated Cardiomyopathy](#)
- [Questions & Answers: FDA's Work on Potential Causes of Non-Hereditary DCM in Dogs](#)



Keeping Our Community Connected

Don't forget to **email or call** the SDCVMA office if you come across **any cases of Lepto, Distemper, Parvo or any other contagious diseases**. This way we can alert you all accordingly with significant outbreak increases within our community. Please be prepared to let us know your hospital/clinic location, the travel history of the patient, the living situation (out/in the city proper) and how the disease was confirmed.

Meetings • Seminars • Events • Webinars

- December 4 & 16 VCA EAH & Referral Center Radiology Seminar, Dr. Craychee, MS, DACVR, 1-2pm
11-14 Fetch DVM 360° Virtual, www.FetchDVM360.com
- February **2021** 18-20 VHMA Management Exchange, San Antonio, TX, www.vhma.org
21 SDCVMA Specialists' Update Virtual Sunday, 5 CEUs
28 SDCVMA Practice Managers' Virtual Meeting, 4 CEUs
- April **24 & 25 SDCVMA Spring Veterinary Conference, Endocrinology for the GP**,
12 CEUs, Handlery Hotel San Diego
25 SDCVMA Spring Technician Seminar, Endocrinology for the RVT,
6 CEUs, Handlery Hotel San Diego
- June 18-21 CVMA Pacific Veterinary Conference, Long Beach, www.cvma.net



🐾 LatinAmerica VMA: Meets last Saturday of each month. For any questions, please contact Dr. Al Guajardo 619-582-2560 or Dr. Miguel Constantino 619-278-0000.

*We wish you and your families,
both work and home, a safe and
HEALTHY holiday season.*



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Ellie Wattles, DVM, President, Broker
Beka Herrera, Vice President, Broker
Connie Burke, CPA, CVA, CM&AA

VENTURA COUNTY: The town itself is about 20 miles from Ventura or Santa Clarita & just 1-hour drive to LA or Santa Barbara. This unique, authentic, and friendly town is experiencing significant housing development growth, with affordable housing. Small town community with demand for veterinary service. Free-standing facility consists of 1,461 sq. ft with 2 exam rooms. Equipment includes new leased digital X-Ray and IDEXX lab. 2019 Gross ~\$723,000 produced with relief DVMs only, limited services and no weekend hours. Multiple opportunities for growth with owner operator. Motivated Seller. **PRACTICE PRICE: \$365,000. REAL ESTATE PRICE ONLY: \$399,000.**

INLAND EMPIRE- Rare Opportunity: Located in the heart of southwest Riverside County and ~1.5 hours from L.A. & San Diego. This upscale community offers a rural feel w/ incredible amenities available. Amazing location to reside and work. PX is located in a popular shopping center w/ ample parking. ~2,800 sq. ft. hospital includes 3 exam rooms, & multiple runs/runs. Well-equipped PX w/ digital X-Ray & IDEXX lab. Under-utilized PX w/ limited DVM hours & services. Room for expansion & growth. 2019 Gross ~\$1.3 Million. **PX PRICE: \$1.1 Million. RE PRICE ONLY: \$400,000.**

MENDOCINO COUNTY: Just 2 hours north of the San Francisco Bay Area & west of Sacramento. This area boasts spectacular scenery & distinctive wineries. Hundreds of miles of hiking trails, verdant hills & secluded lakes residents can easily find solitude & beauty. 1 part-time DVM PX. ~1,500 sq ft leasehold facility located in a small strip-center. 2019 Gross ~\$396,000 produced with very limited hours. **PX PRICE ONLY: \$120,000.**

ORANGE COUNTY, COASTAL- Priced to sell quickly: This charming community offers ideal weather, a diversified economy & excellent educational system. The city is located near three airports: (SNA), (LGB), & (LAX). PX is located in a newly renovated urban shopping center. Efficient leased facility ~ 1,200 sq. ft. w/ 2 exam rooms, 3 runs & several cages. 2019 Gross ~\$554K produced w/**extremely limited**, part time DVM hours. Significant growth potential with new energetic owner-operator. Currently, the PX values at greater than 1 year's gross. **PX PRICE ONLY: \$470,900.**

CONTRA COSTA COUNTY: Easy access to San Francisco and Sacramento, this convenient, central location, along with a temperate climate. Leased facility, ~2,000 sq. ft located in a shopping center with ample parking. Facility offers 2 exam rooms and 20 cages. Computerized practice includes DR X-RAY, Abaxis lab equipment. Many opportunities for growth with new energetic owner. **PRACTICE PRICE ONLY: \$399,000.**

SANTA CRUZ COUNTY, Scotts Valley: Located about 6 miles north of the City of Santa Cruz & 26 miles southwest of San Jose. Well established PX situated within a strip center. Leasehold facility is ~1,800 sq. ft w/ 2 exam rooms & 15+ cages. Full service, computerized 1- DVM px. Equipment includes CR X-Ray & IDEXX lab. 2019 Gross ~\$783,000. Very motivated seller due to health issues. **PRACTICE PRICE ONLY: \$390,000**

GREATER SACRAMENTO- Motivated Seller: This historic town is located just 30 minutes north of Sacramento within Placer County, paradise for outdoor enthusiasts. Efficient ~1,900 sq. ft. free-standing facility. Computerized practice includes digital X-Ray and IDEXX lab 2019 Gross ~\$798,000. Currently operated as a 1 DVM practice with great staff. Major practice price reduction. **NEW PX PRICE: \$400,000. REAL ESTATE PRICE: \$420,000.**

SAN DIEGO COUNTY, NORTH: Near perfect climate. Leisurely drive to beach cities and downtown San Diego. Endless outdoor activities, easy access to retail & commercial areas. ~1,895 sq. ft. leased facility. Full-service hospital w/ experienced staff. 2019 Gross ~\$740,000 produced with limited DVM hours & services. Excellent opportunity for first time buyer or satellite practice. **PRICED FOR A QUICK SALE. PRACTICE PRICE ONLY: \$365,000.**

Interest rates have dropped to historic levels.
Contact us to learn how we can help achieve your goals of selling or buying!

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***Dr. Sharon Huston** is a board certified cardiologist and founder of the San Diego Veterinary Cardiology practice at VCA Emergency Animal Hospital & Referral Center. Dr. Huston received her DVM degree from Michigan State University in 1998. She completed a one-year internship in small animal medicine and surgery, followed by a three-year residency in veterinary cardiology. Dr. Huston achieved board certification in cardiology in 2002. Dr. Huston returned to California in 2006 and celebrates over 10 years as a cardiologist in the San Diego community. In addition to her work with companion animals, Dr. Huston continues to serve as the lead cardiologist for the National Marine Mammal Foundation and the ASPCA.*



***Dr. Adonia Hsu** is a board certified cardiologist now celebrating her 5th year with San Diego Veterinary Cardiology this summer! She received her VMD in 2003 from the University Of Pennsylvania School Of Veterinary Medicine. She practiced general veterinary medicine for several years in Brooklyn, NY, before pursuing the specialty of cardiology. Dr. Hsu completed a one year small animal internship at Advanced Veterinary Care Center in Lawndale, California, followed by a residency in cardiology at the University of California, Davis. Dr. Hsu has a special interest in interventional cardiology.*



***Dr. Elizabeth Cole** is an experienced board certified cardiologist who joins us from back East where she has practiced for the past decade at a multi-specialty/emergency hospital. Dr. Cole received her DVM from the University of Illinois College of Veterinary Medicine in 2004. She completed a one-year rotating small animal internship in 2005 at the University of Missouri College of Veterinary Medicine. She became board-certified following her residency in cardiology at the Animal Medical Center in NYC in 2008. Dr. Cole has a special interest in congestive heart failure and feline cardiomyopathies.*

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