
# IWHG Newsletter

## Autumn 2019

## Patron: Trudie Sumner

Find us on

## Welcome

A very warm welcome to the Autumn Newsletter, as always packed full of information, perfect for dipping into on these longer autumn evenings.

Soft tissue cancers are prevalent in all breeds and one of the most common causes of death in dogs, pedigree or otherwise. This edition we're taking a look at Lymphoma, a condition that often crops up on social media, whatever the breed. Jean Timmins has shared her experience of the disease in one of her own hounds and the treatment protocol she followed - Here

Following on from last month's focus on Megaesophagus there's an update on how the latest treatment is working for Julie Hughes, who is living with an ME hound. Here

This month is jam packed with plenty of opportunities for everyone to share in raising funds for all the Irish Wolfhound breed support Groups. There are some fabulous prizes on offer – you can find the details here, so don't miss out on the chance to win some unique gifts! Of course none of this would be possible without the very generous prize donations we've received and the hard work from all those involved – a HUGE thank you to them all!

We're all getting very excited about our breed health seminar on Sat 9th and we're looking forward to seeing everyone there. Since the last newsletter, we've added yet another speaker, Dr Steve Dunham Asst. Prof of Veterinary Virology at Nottingham – he's going to discuss the very controversial topic of Vaccinations and we're sure this will generate some lively debate!

At the same time, we are now able to announce Nottingham Veterinary's School's new breed survey on attitudes towards vaccinations.

This has a limited period for response as this is the first stage of what we hope will lead to some interesting work on vaccinations in the breed. So please complete the survey

Don't forget, we're here for you, so do let us know if you have a particular topic you want to raise.

Happy Reading!

IWHG

## In This Issue



# What is Lymphosarcoma?



## Lymphoma – What is it

Lymphosarcoma (lymphoma) is the third most common cancer diagnosed in dogs. It is a cancer of lymphocytes (a type of blood cell) and lymphoid tissues.

Lymphocytes are the major cells found in lymph nodes. The lymph system is found in blood and tissues throughout the body; it is a network of vessels and nodes through which foreign proteins and disease organisms are circulated.

Lymphocytes have a number of roles in the immune system, including the production of antibodies and other substances that fight infection and disease.

With lymphoma the cancer cells invade and destroy normal tissues. The most common site for lymphoma is the lymph nodes, but lymphoma cells, like lymphocytes, can grow anywhere in the body. When lymphocytes become cancerous within a lymph node, the node swells and hardens. Malignant lymphocytes travel through the lymph vessels to nearby lymph nodes. Soon all the nodes are enlarged. As the disease progresses, internal organs such as the liver, spleen, and bone marrow become affected [(2)]

There are four different types of lymphoma:

Multicentric (systemic) lymphoma. This is, by far, the most common type of canine lymphoma. ...
Alimentary lymphoma. ...
Mediastinal lymphoma. ...
Extranodal lymphoma.

Approximately 80 to 85 percent of lymphomas in dogs is multicentric. Lymphoma is generally seen in middle aged or older dogs (median age 6 – 9 years). Neutered females tend to have a better prognosis [(1).]

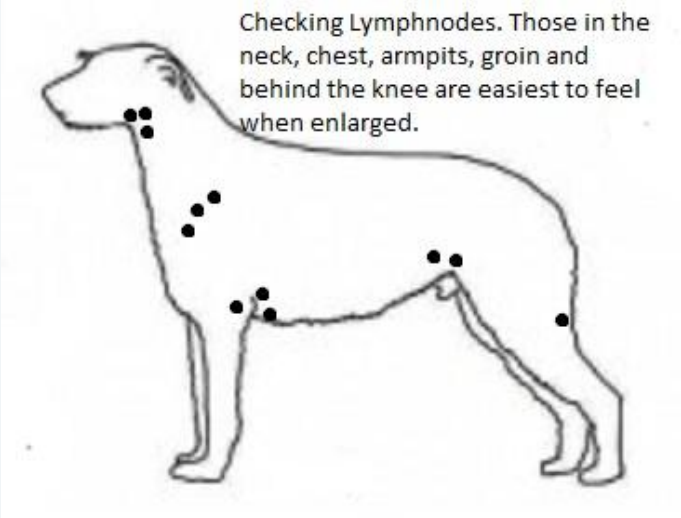
## Generic causes-

The cause is largely unknown and likely multi factorial.

According to The National Canine Cancer Foundation [(1)] Current investigations are going on to ascertain some definitive causes. Change in the normal structure of chromosomes have been reported in canine lymphoma. Though the involvement of a retrovirus (any of a group of viruses, many of which cause tumour) in the development of a diseased or morbid condition of canine lymphoma has not been confirmed, certain viral particles with properties similar to retroviruses have been detected in the short-term cultures of canine lymphoma tissue.

Certain environmental factors are also believed to trigger the disease. A hospital-based case control study of dogs indicated that owners in households that developed malignancy sprayed 24-D herbicides in their lawns. Dogs living in industrial areas are believed to be at an increased risk of lymphoma. Moreover, households where owners use more chemicals like paints and solvents, dogs have been found to be slightly predisposed. Weak immune system has also been identified in dogs with lymphoma.

Symptoms- Multicentric lymphoma is characterized by painless swelling of the lymph nodes. Enlargement of spleen and liver and bone marrow involvement are common. Most of the dogs do not show any distinctive signs of illness. But symptoms like anorexia, weight loss, abnormal accumulation of fluid in the abdomen, difficulty in breathing, abnormal thirst, excessive passage of urine, fever, anaemia, haemorrhage, sepsis (inflammation of the whole body) might be evident.




## Diagnostics and Clinical Staging –

A diagnosis is often confirmed by aspirating a lymph node. This is done by placing a small needle into an affected lymph node and removing cells for microscopic evaluation. This is a relatively quick, painless, inexpensive procedure. In 10% of cases, however, surgical removal (biopsy) of a lymph node is required for a diagnosis. If lymphoma is suspected in areas other than the lymph node (e. g. chest, intestines, or bone marrow), x-rays and/or ultrasound and aspiration of the suspected organ may be required to complete the diagnosis (2)

Treatment- The treatment approach is determined by the stage of the disease. In the absence of treatment, most of the dogs with lymphoma succumb to the disease in 4-6 weeks.

Approximately 50% of dogs with lymphoma will respond to prednisone (a steroid), but the remission times are only 2 to 4 months with prednisone alone.

Chemotherapy is the treatment of choice for almost every dog with lymphoma. Treating the dog's entire body with chemotherapy is important for lymphoma because the cancer cells are in many places in the body at once. Surgery and

radiation are occasionally options if a single, local tumour exists but usually are combined with chemotherapy. Most patients (especially dogs) are not feeling particularly sick at the time of diagnosis. It may be tempting to put off treatment until the pet seems more ill. However, waiting can drastically reduce the chance for long term survival; remission is more frequently achieved, and lasts longer, if the patient is treated while he/she still feels healthy.

The goal of chemotherapy for animals with lymphoma is to induce a complete remission, by killing most of the cancer cells. The term "remission" means that all symptoms of the cancer have temporarily disappeared.

Test results for animals with lymphoma who are in complete remission look like those of normal/healthy animals. They do not have any signs of cancer, and all masses or lumps will have disappeared. They eat, drink, and run just as they did before they developed cancer. Remission is achieved in 80-90% of dogs …..The length of remission depends upon many factors including the primary site of the cancer, how sick an animal is at the start of treatment and the extent of disease.

Some of the cancer cells do survive in an animal in complete remission, but the numbers of these cells are too small to detect. Eventually, these few cells will grow, and the cancer will become evident again. When this happens, the animal is said to be "out of remission". When lymphoma returns, remission may be re-established in most dogs by restarting the original chemotherapy protocol, or by changing to a new set of chemotherapy drugs. Eventually, the cancer cells will become resistant or insensitive to all drugs and the cancer will no longer respond to therapy.

Although chemotherapy does not cure dogs with lymphoma, in most cases it does extend the length and quality of life.[(2)]

The standard chemotherapy protocol combines cyclophosphamide, doxorubicin, vincristine and prednisone.

The specific drugs and schedule will be tailored to your dog's particular condition. It will depend upon how the cancer is behaving, how sick an animal is at the start of treatment, and any abnormalities in organ function (especially important are changes in liver and kidney function).

The most effective chemotherapy protocol is a multi-agent chemotherapy; several different drugs (vincristine, Cytoxan and Adriamycin) are alternated in order to reduce the chance that the tumor cells will become resistant and to reduce the risk of side effects. This protocol involves 16 weekly chemotherapy treatments; there is a week off after every 4th treatment so treatments are administered over a total of 19 weeks. Other protocols include chemotherapy given once every 2 or 3 weeks (either oral or IV), although remission rates and average survival times may be decreased.

Toxicities can occur (20-30% risk) with chemotherapy but are generally mild. Most dogs will tolerate chemotherapy well and have minimal side effects. Veterinary chemotherapy is designed to extend a pet's life as long as possible while maintaining a good quality of life. As a result, the undesirable side-effects normally associated with human chemotherapy are both less common and less severe in animals undergoing chemotherapy. (2)

Prognosis– Conventional chemotherapy results in total remission in approximately 60-90% of cases with a median survival time of 6-12 months. In approximately 20-25% cases, dogs live 2 years or longer after initiation of this treatment. In cases, where the disease recurs and a second round of chemo has to be initiated, the median survival rate is approximately 336 days. Dogs treated with rescue protocols have a survival rate of 1.5-2.5 months. Studies indicated that dogs which underwent splenectomy showed a median survival rate of 14 months[(1)]

The most common side-effect is bone marrow suppression, but nausea and anorexia are also occasionally noted. In less than 5% of patients, this can lead to life-threatening infections which require hospitalization. While whiskers are commonly lost, substantial hair loss is not experienced by animals undergoing chemotherapy for cancer.

Serious side effects are only seen in about 5% of the patients treated. These can include nausea, vomiting, loss of appetite, diarrhoea, extreme tiredness or infection. Adriamycin can cause damage to the heart muscle if given multiple times, though most dogs do not receive enough of this drug to be a concern. Cytoxan can cause irritation to the bladder wall in a small percentage of dogs. If this occurs, you will see changes in urination (blood in the urine, straining to urinate, and frequent urination).

Unfortunately, the only way to know whether an animal is going to have a drug reaction is to administer the drug. Some animals never get sick during chemotherapy, others can be very sensitive to the drugs. If your dog has a serious reaction, the drugs or doses your pet receives will be adjusted with the goal of maintaining a good quality of life.(2)

For Further Information on Canine Lymphoma please visit the following links.

References:

(1) Extracts from – https://wearethecure.org/learn-more-about-canine-cancer/canine-cancer-library/lymphoma/

(2) http://www.ivghospitals.com/service/oncology/canine-lymphoma/

# Living with Lymphosarcoma

## - Jean Timmins

Early Summer 2017, we were in possession of our lovely girl, just 5 years old, robust and healthy, never at the vets - doing well at the shows and we were planning our next generation litter from her, had the dog decided upon and all was optimism and excitement.

In July, suddenly Maddie went off her food a bit, and we don't have fussy eaters so it was clear she wasn't well, but we thought perhaps infection, went to the vets and got Metacam and antibiotics for five days but two days later she was not eating at all, and seemed to have no energy, so back to the vets where we noticed that now her lymph glands were all up – could still be infection right?

It was getting desperate at how ill she seemed in so short a time, and the next day after taking bloods my vet called and said, "I don't like the look of this" – and asked us in for more bloods and a lymph biopsy, which we did the next day. Within 48 hours we were called in for the results and it was Lymphosarcoma and the earth seemed to drop from beneath our feet, we were devastated. By this time, we had a seriously ill girl, who was not wanting to move, not eating, drinking and losing weight before our eyes. Along with the blood results her kidneys were showing creatinine levels at over 400 – so kidney damage was there as well.

Initially, our options were to put her down there and then, or go for steroid treatment which might give us another 2 to 4 weeks with her. We sat in the car and tried to think. I had always said I would not do chemo with a dog, based on the osteosarcoma diagnosis, and initially was thinking the same way with this condition. I phoned a friend to tell her what happened, and she told me about her boy who had Lymphosarcoma aged 8 and was treated for it during the last 12 months of his life, this I hadn't realised – then one of the vets asked us to go in the next day and talk through some of the chemo options before we made a decision. Overnight I researched on line and saw that Lymphosarcoma is probably the cancer that responds best to chemo – with results ranging from months in remission, to about 10 / 15% cured (permanent remission). Maddie had insurance, so we could look at this option.

I was very suspect about chemo, and the criteria we set ourselves was that if we did it, it should not make her ill and it should have a realistic outcome. They do not give dogs the dosage they give to people, so the side effects are said to be lessened.

There are different cycles of treatment for this condition; one is the COP Protocol which uses three drugs Cyclophosphamide (tablet), Vincristine (Oncovin) (I.V injection) and Prednisolone. Another is the CHOP Protocol, this incorporates these same drugs but adds in doxorubicin (Hydroxydaunorubicin) (administered by I.V).

The CHOP Protocol, if Maddie could tolerate it with little or no side effects – promised the longer remission time so greater life expectancy and this is what we opted for. But while we were thinking this through we had to do something, so we opted straight away to have a Vincristine treatment at our own vets and not give the Steroids. Had we given Steroids we could not have gone down the CHOP protocol route as it's contraindicated, so we needed breathing space. Meanwhile we could investigate where chemo could be carried out as our vets were not set up for the CHOP protocol which includes more toxic drugs.

This was an eye opener, it is worth shopping around, we had quotes from referral centres which were double what we eventually paid, for the same treatment.

We chose Vale Referrals in Gloucestershire, who were marvellous. Vets Stephano and Myra were both involved but we hit a problem straight away because Maddie was so ill so quickly and her kidney function was not improving, before we could do anything she had to have 48 hours hospitalised on fluids, her kidneys scanned and confirmed no tumours present. The intense fluid treatment worked and her kidney levels dropped from over 400 to over 200, she began eating a little and was brighter.

The CHOP Protocol is one that demands dedication. It runs as a cycle of four treatments –

Vincristine -
Cyclophosphamide (tablet)
Vincristine
Doxorubicin

Then one week break, before beginning the cycle again. We did a total of five cycles so between 5 and 6 months' time scale.

The process would be for nineteen treatments in all. It all must be administered by the referral vet, and before treatment bloods are taken and a urine sample to check levels are good enough to do the treatment. To say it was all a daunting prospect is putting it mildly, but once we were through one cycle, we were in a routine, and the vets themselves could shorten the time each treatment took. We were at the vets for around one and a half hours.

It took the first cycle to get Maddie stable, but her kidney levels gradually over time came back to just over normal levels. She began eating, and her energy came back. She had dropped in just a couple of weeks at the beginning from 65 down to 57 kilos, but mid-way through the treatment she had put all the weight back on again and by three quarters of the

way through treatment she was exercising normally with her typical energy levels.

In terms of side effects. Because in the beginning her kidneys were so badly affected, she must have been feeling nauseous so they did give her anti sickness tablets. These were expensive and I researched and found that Sturgeon travel sickness pills could be used in dogs so we switched to that, but beyond the first cycle we didn't need those any more.

As we progressed through the second cycle we noticed that her skin was fragile in places i.e. elbow, hocks – where she lay down, if she scuffed and broke the skin, it took time to heal, and on one occasion a hock lesion became infected so she had a course of antibiotics – but this phase passed quickly and stopped happening.

We noticed that her top coat was thinning, and she lost all the long facial furnishings and the long hair on her tail, but her undercoat stayed put, so we just groomed all the dead coat out over the course of time and as we approached the end of the fifth cycle, new top coat was growing in.

So, the side effects were minimal and didn't seem to affect Maddie's quality of life. I am not sure if this would be the case for all dogs.

Maddie went into remission after the very first Vincristine treatment in that all her lymph nodes returned to normal size. The problem we had was getting her kidney function under control, which took a little longer. All through her treatment she has been in 'remission' with lymph nodes normal.

It became clear that she was losing protein in her urine, so she was put on to Fortekor to manage kidney pressure, and is now on 20mg twice daily for this, which seems to be managing the situation and her kidney function is good. This is likely to carry on for the foreseeable future as kidney damage doesn't tend to repair.

I don't have any regrets at doing this treatment, I would say I could not have done it without insurance cover – and whether I would do it again, this will depend on where we go with Maddie, but also how old a dog was when affected, because Maddie was only 5 years old, we opted to try. What the future holds, at the moment we do not know. What I do know is that all this summer I have had my normal happy girl back even though she has been in treatment, it hasn't bothered her. What might come next could go in different ways, once treatment stops – the Lymphoma could come back quickly and overwhelm her or, she could remain in remission for 6 months – 1 year, or she could be in that small percentage that just stays in remission – we won't know until we get there.

POSTSCRIPT: It is now 2019 and we we lost Maddie July 2018 almost one year to the day she was diagnosed. The tragedy of it was that tests showed she was clear of Lymphosarcoma, but her kidneys were so badly damaged they failed her and we had to let her go. I have reflected since then on our choices to go with the treatment, and whether I still feel the same.

Lymphosarcoma is one of the cancers that does actually go into remission, so in a young hound, who isn't fazed by the treatment, it remains an option to treat it – but, my reservation now if faced with the same situation is if it was renal lymphoma, and I am not so sure looking back that I would make the same choices again as the kidney damage is done so early on and cannot be fixed and for Maddie it was the one thing we battled to control. I don't regret a day that we had her beyond her diagnoses but would I do it again with that diagnosis – I am honestly not sure.

It remains and always will remain, a deeply personal decision of an owner how far to go in trying to keep our hounds with us - and always quality of life for them must come above our own emotions.

# The Research

The Animal Health Trust is currently engaged in two research studies on lymphoma. In the first study we are attempting to develop a test that will predict if the most common type of canine lymphoma diagnosed (multi-centric B-cell lymphoma) will respond to the most commonly used chemotherapy protocol ('CHOP'). Access to such a test would help to ensure that only dogs whose lymphomas would be extremely sensitive to the chemotherapy would receive the treatment. (Unfortunately, progress in this project is being made difficult by the fact that the only lymphoma biopsies collected from dogs in the UK now are fine needle aspirates, and these are usually entirely used for cytology and flow cytometry immunophenotyping, meaning that there is no tumour sample remaining for research) The second project that we are involved with is seeking to identify inherited genetic risk factors that cause some dog breeds to have an increased risk of developing lymphoma. Lymphoma is one of the most common cancers in dogs and affects dogs of most breeds, although a small number of breeds (particularly Boxers and Bullmastiffs in the UK) have been shown to have a higher risk of developing lymphoma than most other breeds.

# Megaesophagus A little update! Julie Hughes

There are many and various places, groups and discussions on the internet devoted to the condition of Megaesophagus and I have looked at many of them in hopes of finding some new idea or tip in the management and welfare of my wolfhound Ellie who has congenital Megaesophagus.

It seemed though, that I was doing all the "normal" correct things; feed wet, feed high four times a day. Ellie was doing well in herself, putting on a little weight, becoming a little taller and a happy joyful bitch at 2 ½ years old.

Hopes though of her esophagus getting stronger as she matured were not materialising! Ellie still had days of regurgitation, although she also had good days when she did not. Apparently, many dogs with Megaesophagus have a problem with drinking water too quickly or too much then it is regurgitated almost instantly.

Fortunately Ellie does not seem to have any trouble with water at all. It was in June of this year, before I wrote my little article about Ellie and the excellent explanation of Megaesophagus in the Summer edition of the IWHG Newsletter by Wendy Brooks (the explanation for me was very helpful, as I am not at all medically minded) came out, that I found a mention of Sildenafil – aka Viagra !

I emailed the author, but received no reply so I continued searching and discovered somewhere else that it had been used for Megaesophagus in Spain apparently? With discussions with my Vet Alison (I have been with the same practise for 17 years) and her discussions with a colleague at Glasgow Veterinary University, we decided to try Sildenafil with Ellie for two weeks. Two little blue pills with food, one in the morning and one in the evening! Within three days Ellie stopped regurgitating.

It was truly remarkable! After ten days Alison and I decided we would continue for a further 4 weeks, this is now the 6th week (September) and I have a further month's supply! The effect on Ellie has also been transforming! She has discovered that food is enjoyable and has become very food minded indeed ha ha! Always a joyful hound she now has this extra "joie de vivre" about her! She has put on more weight, although still a little too thin, a deerhound friend even remarked on how much better her coat felt!

I was warned, however, that Sildenafil does not work on all dogs with congenital ME, that it does not work at all, on late on set adult ME apparently (I don't know if that is true or not). It works for Ellie at the moment and we are naturally thrilled! For how this medicine works read please again Wendy Brooks article in the Summer News Letter.

I must mention that nothing else has changed in Ellie regime. I don't think Sildenafil is a miracle drug, although at the moment it feels like it for me and Ellie, she is still fed four times a day, high and wet, soaked kibble does not work, canned food in gelatine or gravy does. No typical dog treats sadly!

On a practical level Sildenafil or Viagra, is relatively cheap through my vet, at £28.00 for 60 pills, it was more expensive on the internet. Like all wolfhounds Ellie is a wonderful wolfhound and so deserves the best quality of life I can find for her. Anyone with questions please, feel free to email me at stobachoin@btinternet..com

# How Can You Contribute to Health Research in Irish Wolfhounds?

Dr Maura Lyons, PhD, IWHG Research Co-ordinator

The IWHG are involved with or coordinating various different research projects in Irish Wolfhounds, many are still ongoing and need your help. Take a read through the following list and see if you and your hound can help contribute to research helping to maintain and improve the health status of the breed.

### Nottingham University Osteosarcoma longitudinal project

– Dr Mark Dunning.

We have around 900 wolfhounds recruited for this study and currently NVS have said they don't need any further swabs. For those dogs already swabbed for this project please remember to complete the health update surveys annually.

http://www.iwhealthgroup.co.uk/nottingham-university.html

For anyone who has experienced bone cancer in their dogs in the past, whether the dog was swabbed or not, there is a Treatment Survey to determine which treatments are offered by primary care vets and which are most successful. There are also two further surveys, one for wolfhound owners who have decided to amputate for reasons other than osteosarcoma and also owners who have never experienced either amputation or osteosarcoma.

Survey 1 – please complete this survey if you have experience of amputation in your wolfhound but it was for a reason other than bone cancer: http://www.surveymonkey.co.uk/r/IW-amputation
Survey 2 – Please complete this survey if you have never experienced either bone cancer/osteosarcoma or amputation in your wolfhound: http://www.surveymonkey.co.uk/r/canine_amputation1

**If your swabbed wolfhound gets a confirmed diagnosis of bone cancer –**

Whilst it is hoped that no wolfhound ever suffers from bone cancer again, if your dog is swabbed and gets a confirmed diagnosis of bone cancer, please get in touch with Mark to see how you can help. This is a large project with many angles and full details can be found on the webpage link above.

### Nottingham University Heart disease research

– Prof Malcolm Cobb and Dr Serena Brownlie-Sykes.

By taking part in the IWHG Regional Heart Testing scheme you are contributing to this ongoing project, possibly the longest running veterinary research project ever! The results of your wolfhound's heart test are recorded in the database and used by the team at Nottingham University to unravel the specifics of wolfhound heart disease. To book a slot and contribute to this valuable research whilst also looking after your own dogs heart please find a session closest to you and get in touch with Anne Vaudin.
http://www.iwhealthgroup.co.uk/dates-and-locations-.html

## Nottingham University Pneumonia research

– Dr Angela Bodey and Dr Mark Dunning.

If your wolfhound has ever experienced pneumonia or any other type of respiratory disease or any type of nasal disease (snotty nose) we are collecting case studies so that our researchers may evaluate the most effective treatments and devise a recommended treatment protocol. We are very aware that wolfhounds are still dying of pneumonia, so please do all you can to help out, if you experience pneumonia with your wolfhound fill out the survey and let Angela know what treatment your dog received and what the outcome was. Please see all details and fill out the survey on the webpage here; http://www.iwhealthgroup.co.uk/pneumonia.html

## Animal Health Trust (AHT) – Give a Dog a Genome/Osteosarcoma research

– Dr Mike Starkey.

Thanks to your support and donations, the IWHG have been able to fund participation in the ambitious Give a Dog a Genome project, as well as funding the whole genome sequencing of 5 wolfhounds. This has allowed Mike and his team at AHT to study in depth the differences between affected and unaffected dogs genomes; this has led to identifying several areas of the genome which may play a part in influencing the development of bone cancer in wolfhounds. An in depth report was published in the last newsletter and more details can be found here http://www.iwhealthgroup.co.uk/animal-health-trust.html and here http://www.iwhealthgroup.co.uk/give-a-dog-a-genome.html

## FCE research

– Mrs Caroline Sheppard.

Irish Wolfhounds appear to suffer from a unique form of FCE, one which affects them in puppyhood, which is why this condition is also known as puppy paralysis. It is hoped that by studying the experience of wolfhounds affected by FCE, this research could determine what causes it and the most appropriate treatment for a favourable outcome. Ellen Kroll has written a comprehensive article about FCE which is available on our webpage. If your wolfhound has experienced any form of puppy paralysis or FCE please fill out the survey and return it to mailto:fce@iwhealthgroup.co.uk. http://www.iwhealthgroup.co.uk/puppy-paralysis.html

## University of Utrecht Liver Shunt project

– Dr Frank van Steenbeek.

Dr Steenbeek started his research project into liver shunt in Irish Wolfhounds as a PhD student studying for his doctorate. Since gaining his doctorate he is continuing to investigate the causes of liver shunt in wolfhounds. He is still collecting DNA samples from affected dogs and their parents – if you can help his research by providing a sample then please do so. Details of how to help are here; http://www.iwhealthgroup.co.uk/liver-shunt-1.html

## AHT DNA Repository Scheme

– Emma Hales.

The DNA blood storage program is still available at the AHT. The easiest way to provide samples for this is for a breeder to collect an extra 1ml of blood from each puppy at liver shunt testing time. Thereafter each new owner should be informed to update the AHT with any health issues the puppy may encounter throughout its life. Full details, sample submission forms and health status updates forms can be found at the webpage; http://www.iwhealthgroup.co.uk/dna-storage-programme.html

## Nottingham University Atrial Fibrillation and blood clots in giant breed dogs

-Lowri Heseltine.

**Now closed,** results were communicated at NVS Breed Seminar day in February 2019. This research is looking at the effects and outcomes of atrial fibrillation in giant breed dogs, and in particular whether there is an increased likelihood of suffering a blood clot event associated with a diagnosis of AF. Results will be reported as the IWHG receive them from the NVS.

## IWHG Liver shunt/ Epilepsy and PRA reporting survey

– Dr Maura Lyons.

This is a simple form to record incidences of Liver shunt, Epilepsy and PRA. This enables the IWHG to monitor the prevalence of these diseases within the IW population. If you have experienced these conditions in your wolfhound, please fill out the survey with your experiences. http://www.iwhealthgroup.co.uk/health-survey.html

## IWHG Dentition survey

– Mrs Caroline Sheppard.

Caroline has been collecting examples of jaw growth in wolfhound puppies in order to provide evidence concerning the eventual alignment of teeth in the adult wolfhound. The IW is on the KC Breed Watch list for instances of misaligned canines, the IWHG feel that if this is seen in a growing puppy there is every chance the condition could correct itself – either if left or with some targeted therapy. If you have experienced puppies with teeth issues, please contact Caroline to share your experiences.
http://www.iwhealthgroup.co.uk/about-the-study.html

## IWHG Veteran survey

– Mrs Caroline Sheppard.

The IWHG would like to hear about your veteran wolfhounds. If you have a wolfhound that has lived to over 7 years then please fill out the questionnaire. It includes details about lifestyle and environment in order to see if there is a correlation between any of these factors and longevity in wolfhounds. You can find the details and a link to the survey on the webpage: http://www.iwhealthgroup.co.uk/veteran-study.html

## NVS Bloat Incidence Survey

– Matthew Keane.

Study investigating the factors influencing bloating and the development and outcome of GDV in Irish Wolfhounds in the UK. This project is based on owner reported incidences of bloat and GDV in their wolfhounds and comparison to dogs unaffected by bloating. Please complete the survey here…
https://www.surveymonkey.co.uk/r/IWH_GDV_Survey?fbclid=IwAR1o8XkAENiM0iwojG52EAnF41StixCY7CSS20P5kv0TKhyDbx4SHXPRneM

## Megaesophagus (ME) In Puppies –

Although it is not believed that this condition is particularly common in the breed in comparison to other issues which affect our puppies i.e. Livershunt and FCE, there is sufficient interest to have generated

an opportunity for research with Professor Jared Jaffey at Midwestern University College of Veterinary Medicine. It would be appreciated if anyone who has experienced ME in a puppy could contact Prof. Jaffey and provide details in order that an indication of frequency might be obtained. If anyone has an affected puppy being managed by diet, and would be prepared to submit a blood sample for the ongoing genetic research, again please contact Prof Jaffey and he will send instructions to your vet regarding preparation of the sample.

Contact details are Jared Jaffey DVM, MS, DACVIM (SAIM), Assistant Professor, Midwestern University College of Veterinary Medicine.
Email : jjaffe@midwestern.edu

Watch this space for details of a vaccination study involving Rottweilers, Deerhounds and Irish Wolfhounds. This was discussed at the Nottingham University Breeder Seminar Day in February 2019.

THANK YOU!

To stay in touch with everything health-wise:
Please sign up for notifications of announcements on our website here, http://www.iwhealthgroup.co.uk/home.html

# Heart Testing Dates..

| | | | |
|---|---|---|---|
| Sunday, 6 October | South West | Holsworthy, Devon 1 SPACE LEFT! | SB |
| Sunday, 13 October | South East | Milford, Surrey FULLY BOOKED | SM |
| Sunday, 13 October | North East | Thirsk, N Yorkshire FULLY BOOKED | AB |
| Saturday, 26 October | South East | Fawkham FULLY BOOKED | AB |
| Monday, 28 October | South | Salisbury | AB |
| Tuesday, 29 October | South | Salisbury | AB |
| Saturday, 23 November | Midlands | Nottingham University | AB |
| Saturday, 23 November | Northern Ireland | Lisburn | SB |
| Sunday, 24 November | East Anglia | Spalding, Lincs | AB |
| Sunday, 24 November | Ireland | Dublin | |

There are no more sessions to come this year.

Testing will recommence in March 2020.

BOOKING FORM HERE


**ORDER YOUR 2020 CALENDAR AND YOUR CHRISTMAS CARDS**

Contact Mandy Addington

# NVS Vaccination Study

IWHG
www.iwhealthgroup.co.uk

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA
School of Veterinary Medicine and Science

Dear Irish Wolfhound owners and breeders,

The subject of vaccination and re-vaccination is an area of much discussion and consternation with many owners choosing to use different strategies for various reasons. We have previously conducted a large study looking at the strategies around vaccination with one pedigree dog group. This provided some very interesting results.

After discussions with several other pedigree dog groups about vaccinations and the risks of contracting vaccinal diseases, we have decided to expand this research and conduct a similar survey looking into what owners of other breeds are choosing to do. Our aim is to expand our database of information by surveying owners from a number of different pedigree and non-pedigree dog breeds to understand what strategies they are using. In addition to this, and perhaps as important, is for us to understand what the influences and motivations are behind these strategies.

We hope that by collecting this information we will be able to understand more about the motivations behind the vaccine strategies used. We will also be able to determine whether there are particular trends for vaccinations amongst the owners of different pedigree and non-pedigree dogs. This will help us understand more about the possible risks of contracting vaccinal diseases. It is hoped that the discoveries from this project will enable us to use the information to help with the long-term health of the breeds involved. We will be forwarding the link to the survey as soon as this is active and the project will initially run for 7 weeks from the beginning of October.

This project has undergone ethical review by the School of Veterinary Medicine and Science. If you have any questions then please contact sv-dogs@nottingham.ac.uk or Megan the project student working on this on: svymjr@nottingham.ac.uk

We look forward to working with you as always to help improve the long-term health of all of the dogs involved.

With best wishes

Link to Survey

Megan Robson and Mark Dunning

mailto:svymir@nottingham.ac.uk

mailto:Sv-dogs@nottingham.ac.uk

# An Introduction to the Project…..

**What is BetterBred..**

BetterBred LLC was created in response to the glaring need for multiple measurements to help identify, maintain and redistribute genetic diversity in several breeds. It was formed as an outgrowth of a project that helped develop the Canine Genetic Diversity Test created by world renowned Dr. Niels C. Pedersen, DVM PhD at UC Davis for Standard Poodles. After the release of the Standard poodle results, breeder and founder Natalie Green Tessier realized that inbreeding was not the only aspect of diversity to consider.

Biodiversity and allelic richness are also major concerns to dog breeds and other species, many of which are under human management. Breeders hold the responsibility to conserve their breeds for future generations by maintaining and addressing loss of diversity due to genetic drift and bottlenecks. BetterBred's mission is to support all breeders so they can conserve the genetic diversity in their breeds.

BetterBred are now working on a genetic diversity test for several breeds, the Irish Wolfhound amongst them.

**The BetterBred Program explained…**

Inbreeding, bottlenecks, popular sires, and selective breeding in the past are a few factors that can restrict a breed's gene pool and may eventually lead to increased inherited diseases, weaker immune systems, cancers, reproductive problems, and smaller litter sizes. As gene pools lose genetic diversity, breed specific diseases tend to increase.

This genetic diversity research will provide information on the diversity status of the breed as a whole and provide recommendations how the breed might maintain diversity it has maintained. It will tell us how closely related our dogs actually are, regardless of pedigree, and will show the overall level of diversity present within the breed.

Individual dogs will receive data demonstrating their diversity compared with the rest of the breed's population as well as an inbreeding assessment.

The information differs greatly to the Coefficient of Inbreeding (COI), which is a statistical probability of the risk of inheriting the same alleles from a duplicated ancestor on either side of the pedigree. The COI for a litter will be the same for each puppy, whereas the genetic information provided by an individual's DNA may tell a different story.

This testing will help to identify dogs with less typical genetics that can be used to improve the gene pool.

To complete phase I, University of California, Davis, will need 100 diverse samples in order to map the breed.

The goal is to select dogs from as many different lineages as possible to get an accurate snapshot of the depth and breadth of diversity within the breed. Breeders may take this opportunity to contribute to the breed's future."

At the moment they have released the first draft for the breed's diversity panel. This is based on an initial sample of 30 dogs, so the numbers included are bound to change as more are added. Read this document HERE.

Following the release of this, a further 20+ kits were ordered bringing the number to just over half the required number.

It is important to acquire samples from dogs as unrelated to each other as possible and reach out to as many countries as possible.

If you would like to add your dog to the programme, the price of a test is currently held at $50 and can be obtained HERE.

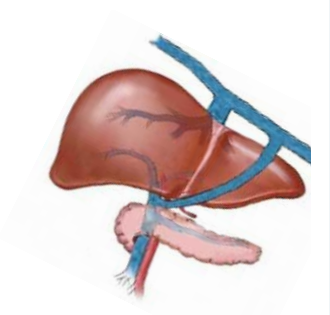
Join the Facebook discussion

# Livershunt Update

No further updates on research. However the testing scheme with the new lab Cytopath has been going very smoothly.

If you have a litter of puppies to test please download the testing forms from

Livershunt Testing Forms



# Treasurer's Report and Fundraising Update

We're sure you all know this already, but we continue to be amazed and very grateful for the high level of ongoing support that we get from our very dedicated fundraisers and those that support them.

This autumn there is a wealth of activities that are all geared to raising funds for all our breed support groups, IWHG, IW Rescue Trust and PAWS. We're all voluntary, non-profit groups of volunteers working tirelessly to provide the help the breed needs, when it needs it.

To do this we rely totally on donations made directly to each of these bodies and that comes from all of you supporting the fundraisers and making personal donations – we know we ask a lot, but you never fail to deliver! Our breed is very lucky to have such a loving and caring community.

So what's new?

Well, the IWHG is running its own Raffle at the Breed Health Seminar on Sat 9th November. We have some amazing prizes on offer and although this is an 'In Room' Raffle, if you can't attend in person, you can always ask someone who is attending to buy the tickets for you – contact our secretary who can organise this for you. This means that everyone can take part even if you're overseas, (postage would need to be covered by the winner). All proceeds go directly to the IWHG

Running now and available online, the Wolfhound of the Year (WOTY) event is also running a Raffle

And who can resist the wonderful Christmas Cards and Calendars now available to order from Mandy Addington's Irish Wolfhound Community?! Every year these get better and better, with fantastic pictures being donated by the online members and put together by Mandy, Sue Bevis and Anne-Birgitte Larson. Great teamwork!

We continue to have very dedicated ongoing support from EasyFundraising and Loose Change Tins and there will be an update on all these fundraising efforts in the Winter Newsletter. A big 'THANK YOU!' to everyone!

Steven Ritchie

Treasurer

**JUST ONE OF THE AMAZING RAFFLE PRIZES WE HAVE HAD DONATED. THIS IS AN 'ON THE DAY' RAFFLE AT THE SEMINAR SO IF YOU CAN'T BE THERE, GET SOMEONE TO BUY TICKETS FOR YOU**

# Irish Wolfhound Health Group

## Raffle

A £300 photo shoot of your dogs at home including a 20" by 30" canvas.

Donated by Simon Bridges

An exquisite case of red and white wine from the vinyards of Ill Palagio.

Donated by IWHG Patron Trudie Sumner

A beautiful, magical, night light handcrafted from wood.

Donated by Fran Briscoe of Talann Creations

A luxurious, artisan Christmas Cake made specially for you.

Donated by Julie and Chris Amoo

Three very beautiful bronze brooches depicting a Celtic Hound.

Donated by Tim, Marion + Ian Finney

12 bars of handmade, Anglo Nubian Goat 100% natural milk soap.

Donated by Emma Bennett

A voucher for £50 off a portrait commission by well-known canine artist.

Donated by Anne Combe

Book, Breeding is a Bitch. A must read for anyone planing a litter. By Dr Kurt Kramer

Tickets will be on sale on 9th November at the IWHG Seminar.
Tickets are £2 each, or 6 tickets for £10.

STOP PRESS!

ADDITIONAL SPEAKER ON

VACCINATIONS

Dr Steve Dunham

Associate Professor of Veterinary Virology at NVS

# BREED HEALTH SEMINAR 2019!

# SAT 9TH NOVEMBER

## Getting Under Your Skin

This year we're tackling a tickly subject – skin disorders and allergies. Our Breed Health Survey told us that, as with all breeds, the most common complaints we see the vets for are skin and ear irritations. So is it genetic, hormonal, environmental, or food related?

To find out, join us as we go skin deep and beyond with Rosario Cerundolo, European & RCVS Specialist in Veterinary Dermatology, who will be trying to answer some of these questions with us.

Don't miss it – we're itching to see you!

**Key Speaker!**
**Dr Rosario Cerundolo**
**DVM, Cert VD, Dipl ECVD, MRCVS, Hon Ass Prof Vet Dermatology Uni of Notts**

**Plus Updates On:**
**Pneumonia**
**Bone Cancer**
**Breed Health Survey**
**Breed Health & Conservation Plan**
**Dentition Study**

**St Peter's Church Hall, Holly Lane, Balsall Common, CV7 7EA**
**Start: 09.30**
**Finish: 4.00**

**Tickets £22.00**
**MUST BE BOOKED IN ADVANCE AND INCLUDES LUNCH AND REFRESHMENTS**

**TO BOOK:**
secretary@iwhealthgroup.co.uk
www.iwhealthgroup.co.uk

# Publications - All Free to Download

Heart Testing Sessions Current Dates and Locations Available here

Heart Test Booking Form to book a session – click here

Guide to Buying an Irish Wolfhound Puppy

Down load the FREE Breed Guide

Livershunt Testing Forms

Guide to Neutering Your Hound

Find All Our Other Breed Health Guidelines Here

# Ongoing Surveys

PNEUMONIA

PUPPY PARALYSIS - Fibrocartilaginous embolism (FCE)

BONE CANCER TREATMENT – (Osteosarcoma)

BLOAT - Gastric Dilatation/Volvulus (GDV)

ALL SURVEYS CAN BE DONE ONLINE AND CAN BE FOUND HERE

# Contact Us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Health Group Website


https://www.facebook.com/groups/IWhealthgroup/