similar to that reported for other high-grade malignancies, primarily mammary carcinomas.[12,15] Others have speculated that repeated therapeutic intervention alters the biological behavior of these tumors, rendering recurrent tumors more aggressive than the original primary tumor.[7] Although the number of cases in this study is small, all but one of the tumors among the cats that responded to chemotherapy were recurrent tumors. If this question is to be answered, further investigation may require stratification of cats according to recurrence status of their tumors.

Conclusion

Further study is needed regarding the role of doxorubicin and cyclophosphamide chemotherapy in the treatment of cats with sarcomas arising in sites associated with vaccination. Certainly, this therapy may be offered for cats with nonresectable disease, although the benefit of subsequent surgery, if possible, remains unclear. Similarly, questions arise as to whether routine preoperative chemotherapy can achieve sufficient cytoreduction to permit less aggressive surgery and enhance long-term control, and whether response to preoperative chemotherapy offers prognostic significance that can guide postoperative treatment. Finally, the role of chemotherapy after surgery, alone or in combination with radiation therapy, needs to be elucidated. The findings of this case series may serve as a rationale for pursing a randomized, controlled study for the use of adjuvant doxorubicin and cyclophosphamide chemotherapy in feline fibrosarcoma.

[a] The VHUP records also documented one cat with a histopathologically confirmed fibrosarcoma that received only one cycle of chemotherapy. This cat's tumor was located on the caudal thigh. Although judged to be resectable with hemipelvectomy at initial presentation, neoadjuvant chemotherapy was offered in an attempt to make a less radical surgery possible. No objective change in tumor size was noted after treatment.

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