

## Here's what to do when your pet has cancer, but you can't see an oncologist for weeks.

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Hey, I'm Dr. Ruth Roberts, America's most loved pet health coach. And what I'm going to talk with you about today is what to do when your pet has cancer. You're trying to get some answers, but you can't get in to see an oncologist for weeks.

So the thing is that If you've had a pet that's, developed cancer, and you're trying to get some answers, whether to find out do you even wanna pursue conventional options for therapy.

Or do I wanna just try and take things natural route?

It can take weeks, like six weeks to sometimes two months to get an appointment with an oncologist. And part of the issue is that there are 450 boarded veterinary oncologists with over 6 million dogs diagnosed with cancer each year.

What Dr. Venable did was develop this service to help support pet parents and work with local veterinarians so that dogs can get care for their cancer in a much more rapid way.

The idea is that you may live in many know, miles away from a veterinary oncologist. With no access to care, and so you can schedule a consultation with your veterinarian and with Dr. Venable.

To get some sort of answers, get a handle on what is gonna happen, the prognosis is, and the things. It's designed to help us help our pets in a more quick manner.

so the whole deal is how can we actually help these guys?

So how can we actually help our pets get through this cancer diagnosis?

I'm going to give you a couple of my best tips, one of which is to.

Take a deep breath and try not to be totally freaked out. Because I think our pets feed off of what our emotions are and look like Dr. Venables is able to get in here with us, which is awesome. Wonderful.

**Dr. Rachel Venable:** Hi. Sorry about that. My computer problems.

**Dr. Ruth Roberts:** It is. Technology, brightness in the behind again.

So everybody welcomed Dr. Rachel Venable. I was trying to stumble my way through . Through explaining what you do.

Dr. Venable is a boarded veterinary oncologist, and what that means is that she has done the regular four years of veterinary school, plus an internship, plus three additional years of residency training, and on.

So her knowledge is Just phenomenal. The other thing is that she was Cum laude in her veterinary school class. She had her internship at the University of Georgia and then did her residency at Colorado State. University's Flint Animal Cancer Center, which is probably the premier veterinary cancer center in [00:03:00] the country.

And loved Dr. Ogilvy. He was one of the first to pioneer the idea that perhaps nutrition and supplements have a place in oncology.

Welcome, glad you could get on. Sorry for all the technology shenanigans but here we are. What I was doing is showing folks your site and this was born out of the frustration that so many pets and dogs especially develop cancer, but there are so few veterinary oncologists and really not much in the way of access for many people, especially if they live in rural areas. Get care for their pets.

And so the goal is, for you to work with both the pet parent and the local veterinarian so that the pet parent can get the information they need to make decisions about care for their pet, understand what the prognosis is, and also what a treatment plan may look like in the conventional sense.

Am I summing that up Pretty fairly?

**Dr. Rachel Venable:** Yes. Yeah, [00:04:00] exactly. It's trying to help. There's that real gap in care for a lot of people where, either it's geography, there's just nobody, the whole state of Nebraska doesn't have an oncologist. Arkansas, there's actually North and South Dakota, like there's a lot of places where there isn't an oncologist, and sometimes even in the large cities, there's just not enough oncologists.

So that can be, the issue as.

**Dr. Ruth Roberts:** Right on. And when I finished veterinary school in 1990, it was still the Wild West and in fact, I don't think, I think oncology was just coming to the forefront and it really, I think it had just received a separate designation under the American College of Veterinary Internal Medicine, but it was still relatively new.

I was out there trying to solve cancer cases and doing, I'd call up the folks at NC State and say, Hey, what do I do about this? And they'd be like, Okay, we'll do this and this and those drugs are not non-toxic for sure. And so I'm sure that I expose myself to stuff, And this is part of the issue [00:05:00] is that.

If you decide to go the route for intravenous therapy for your pet, it's, you really need to be working with somebody that's in an environment where they can keep not only the pet safe, but themselves and their staff as well. So that's the other part But you're able to come up with a myriad of plans.

So working with local vets. Talk about that a little bit.

**Dr. Rachel Venable:** Yeah, so as you mentioned, IV chemo especially, you have to be careful with handling. We don't really know, but there's a lot of concern about risk as far as if you're handling it on a regular basis, could that increase your risk of cancer?

There's a lot of fertility that has been proven that there are fertility issues so yes, there are now more guidelines and actually more than guidelines. There are rules now. And so not as many vet clinics are handling IV chemotherapy compared to years ago, before that. But there are different plans.

IV isn't the only thing you know there, there are a lot of different oral. And with the oral, you don't have to have special [00:06:00] handling, not to be extreme that you do with the IVs. You still have to be careful with it. Wear gloves, be careful, it's like. Where you don't wanna touch it and then touch your face, right?

Like you have to think about those sorts of things and storage. But yeah there's IV chemo, there are more targeted therapies that's something that's coming out more in people and trickling down into our dogs. So that's where we're trying to get more of those individualized treatment plans.

And so those are more options now. And sometimes it's a combination of things too, the IV and the pills as well. But yeah, there are different options and then there's always hospice, that, that's certainly something with cancer, it, there's a lot of situations where we're not looking at cures, so how can we just keep 'em comfortable, and a lot of times that can involve different pill medication, and.

**Dr. Ruth Roberts:** That makes sense. And then one of the things that I used to do when I was still in practice was metronomic chemotherapy. And that was astonishing for many of my patients. And so the concept there is to use small doses of [00:07:00] chemotherapeutic, usually oral medications, and the goal, again, not to cure, but to just palliate or calm the tumor down so it's not growing so quickly. And that's another possible care plan you might come up with, depending on if that's appropriate for that patient or not. So that is super awesome. So that is fantastic. And I know that you've been working with folks in rural areas and working with their vets. And then another problem you're facing is trying to get other oncologists to work with your clients for the IV portion. Can you speak to that a little bit?

**Dr. Rachel Venable:** Yeah. So you know there are some cancers where IVs really the best treatment. And so it's something where I talk with pet owners, We go over all the options, but the ones that wanna pursue iv,

as I mentioned, a lot of family vets aren't really doing that anymore because of the OSHA regulations, and so then it's trying to streamline them into an oncology [00:08:00] clinic where they can get it.

I'm based in Arizona, so I've got an oncologist here that I work with really closely, and that's something that's worked out quite well for all of us. As far as, it's something where I can do the consult and then she'll get them in sooner for treatment. She doesn't really have those.

Openings, her consults. Unfortunately, she's booked out a couple of months. Honestly, it's quite far. But this is a way that she's comfortable getting them in sooner, as long as they've talked with me and we've gone over everything. So that's something, it's almost like she has another oncologist on staff, but not the same for me, it's like I almost like I have another one on staff, so it's just this nice partnership so we can help get people.

**Dr. Ruth Roberts:** Right on. So for those of you that have worked with veterinary oncologists in the past and you know that they are just absolutely overwhelmed, I've dropped Dr. Venables's site here in the comments and, ask 'em to reach out to her because this is a way for Other people's pets to be seen and to have the options presented to them and then [00:09:00] streamlined into a treatment area.

Much like really, this is what happens on the human side. You go to the oncologist and then you go to the treatment center. And unfortunately, that's not really happened on the veterinary side. We want, we all wanna do everything ourselves. Yeah. Right on. And then, as you said, sometimes we're in a hospice or a palliative care situation and that's where what part of what I do can be very helpful.

We can help improve the pet's quality of life. You can work with your local vet veterinarian to get medications that are gonna improve comfort. And really, that's the whole thing. It's not at this point, not the quantity of life, but the quality of life. So those are all great options.

There are several questions that folks have asked me to ask you, so I'm gonna fire away at you a little bit I've got some of my own theories on this, but why do you think there is so much cancer we're seeing right now?

It's ridiculous. So we're seeing what almost 50% of dogs, by the [00:10:00] time they hit 10, will develop.

**Dr. Rachel Venable:** Yeah, it's something like that. It's crazy numbers. Dogs actually have a higher incidence of cancer than people is what it's looking at looking like. There are a lot of different theories.

I think some of it, we're taking a lot better care of our pets than we used to. They used to be backyard dogs and they would pass away from, a lot of times infection or that kind of trauma, whatever. The same with people. If you think, couple hundred years ago, cancer wasn't the leading cause of death, right?

And even now, I believe heart disease is still, at least in the states, I believe it's still heart disease. But cancer's right up there. And so I think some of it's we're living longer, we're able to help treat infectious diseases and different things like that. But there are, there's always that question of exposure, right?

What are we exposed to? And I think our pets are a great sentinel if you will. Like a great, cuz you know, they live right with us. They share all the same, a lot of the same things, right? A lot of the same foods and what we're exposed to in our house. And so there's actually a study going on right now, it's called the Golden Retriever Lifetime study.

[00:11:00] It's been going on actually for several years, but their whole goal with that study is they're following dogs throughout their life. The golden retrievers. So they get enrolled when they're quite young, I wanna say a year or less than a year. And they have to, there are some pretty strict check marks that they have to follow so that essentially we can get all this data to see, can we find any commonality here?

Why are we seeing more of this? So they've started producing actually a little bit. They published something recently where actually they found a lot of golden retrievers were dying of Hemangiosarcoma, which is a tumor of blood vessels. We see it a lot in the spleen or the heart, but I was surprised by that.

They're not the breed that I typically think of for that. We do know they have a higher rate of cancer, so it is interesting. And think we're finding with the goal how much of a genetic component it is. And so I wonder too, in people. You know how much more, cuz we know cancer actually starts in the genes.

It starts with your DNA. So is some of that just what we're born with or is it cuz it gets mutated and exposed [00:12:00] over time? So yeah, there's it's kinda one of those, it's really interesting, very fascinating, but we don't have a lot of evidence at this point.

**Dr. Ruth Roberts:** And that's true. And really UC Davis is the group that started looking at, that they looked at golden retrievers and their medical records and that first study in 13 and they made an association between spaying and neutering and the higher incidence of cancer.

But and that, that's interesting. Golden retriever study is reporting Heman sarcoma as one of the primary cancers that's killing goldies. And I'm a little surprised by that too. That's cuz God knows they have enough other problems, but that's horrible cancer. So Yeah, if you could answer that question fully, you would have won a Nobel Prize because that's the holy grail that's really causing all of this.

And indeed it seems to be multifactorial one of the other things that people are asking is, can you prevent cancer? And I think part of the answer is in what you just said, it's [00:13:00] multifactorial. So it's genes, it's the environment. So have you got any tips that you think really do work

**Dr. Rachel Venable:** well? A lot of it I think sadly is out of our control.

Even in people I've known and had a lot of young people in my life that have gotten cancer. So I think some of it is just good healthcare, right? So if you take your pet in regularly for rechecks, you're gonna hopefully catch something sooner than later, right? Versus if you never do.

And then, I do think, eating healthy, right? If you eat a lot of processed foods, not to say that necessarily causes cancer, but we know it causes a lot of health issues in people we know. When there's a lot of inflammation in the body, a lot of over, obesity, and things that do seem to be related to cancer and I can't imagine why that would be different in our dogs, and our cats, so I think just trying to take the best care of yourself that you can. Unfortunately, it's not a guarantee, I do think there's a genetic part that sometimes is out of our control, but I think that's really the best you can do. And what I've seen, I also think when you're talking about dog breed, You do have to be [00:14:00] prepared.

If you get a boxer, if you get a golden retriever, there are chances of cancer are a lot higher. It's not a given. But if you get, a mixed Hines 57, from a genetic standpoint, maybe you'd be a little bit better. But again, I think it's, there's still, unfortunately, so much out of our control.

I feel like cancer is that great equalizer, right? It doesn't matter. Who you are, how you live, rich, poor, whatever it can happen to you.

**Dr. Ruth Roberts:** Exactly, and I think you're right. On the human side, it's crystal clear that there are a lot of things that we used to consider as genetic cancer, like breast cancer, for instance.

And now on the human side, it's clear that actually, 90% of breast cancer cases are due to lifestyle choices. And so there is a lot we can do as far as making sure pets are exercising, making sure that they're eating high-quality pet food. I know this flies in the face of conventional veterinary medicine, but I'd suggest adding a lot of veggies.

And personally, I think [00:15:00] home cooking is the one of the best ways to go. I think there's a little bit we can do to support it, but as Jacqueline and Na famously said when she was diagnosed with cancer, if I have known that, I wouldn't have eaten all those vegetables. So some of it is just, it just is. So yeah.

Thanks. I, And again, if you knew the answers to that one you would also have another novel prize on your list. And one of the other things I'm getting questions about is, The cancer tests like Pet Dx, I think they're marketing to pet parents, and go talk to your vet about this. So some of these tests in the past have really not been very helpful.

But it sounds like maybe we're getting some improvements.

**Dr. Rachel Venable:** Yeah. And I would agree with what you said, it's like with anything new you always need to do a little bit of your research, right?

I do think sometimes things come into the pet market cuz it's a little bit easier than the human market for sure.

And so you wanna make sure that this is all is it really worth it? And I do think if, Pet Dx, like you mentioned they've definitely done a lot of research. I've actually worked with that group, learn more [00:16:00] about their product and things and. . I think that's a good test to me.

So when you have an older dog, so what they're recommending is over the age of seven because some studies have found basically from eight and older, the risk of getting cancer is much higher. So if we're trying to catch it sooner, that's why they mention seven and then certain breeds, if you have a boxer, they certainly recommend checking them younger.

But I think too, what with doing this. Then, What you're trying to figure out is, does my pet have cancer somewhere that I can't obviously detect? So the whole goal and they're actually looking at this in people, different companies, but trying to see, can we find cancer at a really small level before it starts to really affect the body?

Cuz the thought is, if we can catch it really small, then hopefully we have a better chance of treating and so a longer, better outcome. And so I think when you do these cancer screenings, you have to be prepared

one, do you wanna know? Because there are some people that don't wanna know because right now we're in the early frontier. So if you find out your pet has cancer, then you're gonna wanna do testing [00:17:00] and treatment. But will they necessarily live longer? That's the hope and the goal. We're still learning on all this and, I've definitely run into people who just don't wanna know. .

But the other thing is if the test comes back positive you do need to do some more testing, right?

So in, usually, that's imaging. So like X-ray or ultrasound, or ct, if you have access to that. There are some that come back so you can get a false positive. It's pretty low with PET dx. That false positive is in that 1% range. And then, When you look at statistics, more of what is true, what's something called the positive predictive value?

It depends on the population you're looking at. So if you have an older dog, then, that false positive or that range, it's still fairly low if you get a positive, if your dog's already sick. So sometimes they offer if you can't really find the cause of cancer, but you think it's there, you could run, it's a blood test.

So it's pretty non-invasive. Then the odds of that, truly that positive, truly [00:18:00] being positive are pretty high. So it's, I think it's just being prepared, right? It's, they're, not inexpensive test. So I think for a parent who, really wants to do everything they can, wants to be more proactive on things, money's not really an issue.

I, I think it makes sense to run these tests, but I think if you are hesitant about what you would do, if it was positive or if you wanna know, or if finances are tight, then I think I would wait a little bit, we're still learning on these tests, so I would probably hold. I hope that makes sense.

**Dr. Ruth Roberts:** It does. Absolutely. And I think that's, I think when I was in practice, and with my consulting clients, the first question I ask is when they've gotten a diagnosis, Oh, I, my dog has some angiosarcoma, mass cell tumor. The first question I will ask them is, What do you wanna do?

Are you going to pursue conventional chemotherapy? Do you want to get options? And, we're [00:19:00] financially because none of the treatments are inexpensive. The testing is not inexpensive, so I think that it's critical to be clear about what it is. You're willing to do what you think your pet can handle before you pursue any of this stuff. Cause then, you've got this positive test dangling over your mind and filling you with worry, and that's not helpful either. So that's an excellent point.

One of, one of the other things, so it, we're, we live in a country of hyperbole. So one of the other things that pet parents will ask me is I don't want to put my pet through that.

And we've all seen that person that goes through chemotherapy, and they get sick, and they stay sick, and then the disease ends up taking them away. So what's, you're in the, you've been in this business for many years. What was your experience with the quality of life that pets would maintain during treatment?

**Dr. Rachel Venable:** [00:20:00] Yes. As you said, chemo and people, It's terrible, right? Like I, I've, like I said, I've known people, healthy young people, and sometimes you do wonder how much did the disease take 'em versus the chemo and things.

It's very rough. But in our pets, Yeah, my experience has been very different.

The majority of our pats do well. About 80, 85% don't have any side effects, so they're very mild, and that's what I see too. That's what's been published, and a lot of oncologists quote, but that's also what I would see, in veterinary oncology, quality of life is number one.

And a lot of that is because they're lifespans not as long. So even if we are looking at it, a year for a dog is equivalent to that five-year survival in a person. They talk about five and 10-year survival rates in people with cancer. Versus our animals, you usually talk about a lot, about one year, or three years.

And that's just their lifespan. So there's that factor. The other factor is they can't speak for themselves, right? So I think everybody, the pet owner, the parent included a little [00:21:00] hesitant sometimes because they. Say what they want. And so, really, that quality of life is the top piece for us.

So I think a lot of oncologists, we try to balance that, Okay, how can we treat their disease but not make them sick? Cuz the last thing we wanna do is make it where they're not doing what



they enjoy in and out of the vet clinic or the hospital. That's not a quality life. We don't push them as hard as they do in people to achieve that.

But yeah, and it's something that I always find people are blown away by that, cuz your perception is always, my pet's gonna be sick. Even though I tell people they're not, it's hard not to imagine. And typically, what I see is they could have a couple of days where their appetite and their energy are a bit down, but a lot of these dogs feel better on chemo, which is always mind-blowing for people.

But it's because we're treating the disease, so they actually feel more like running around or playing, and so I think that's always a real shocker for people cause they don't imagine it's possible.

**Dr. Ruth Roberts:** It's right on, especially lymphoma. That's a disease. If one of my pets had [00:22:00] lymphoma, I would treat it with conventional means, and with the means, I would use hands down because the chance of remission, the chance of high quality of life is excellent.

Cool. And here's a, here's one. So we've got some folks, somebody Watching from Canada, and here's the difficulty is that each country and each state tends to get touchy about going over state lines and certainly country borders. So are you aware of anybody doing anything like this in Canada, or have you had experience working with veterinarians in Canada?

**Dr. Rachel Venable:** So I've talked with people in Canada, you guys don't have very many oncologists, and when you think about their size, it's separated. So I haven't looked at all the logistics yet, but from what I've seen so far, especially Ontario, they are fairly open to telemedicine.

It's something that they've really [00:23:00] embraced, and it seems like it's going well. They've been the poster child everyone's Following to see how all this works. So Ontario, I think we should probably be fine. And then other areas, I'm looking at it, but Canada, it looks like most of those areas we should be okay.

But like you said, I have to check state to state. Because it is different. Like California, I can't, but in most of the other states, I can Illinois, I can't. So it's interesting where this is an option and where it's not. But I believe most of Canada, from what I've looked at like I said, I haven't done a deep dive, but from what I've looked at of talking with people, I think this should be possible.

Cuz what I do is I partner with the family vet, so they're the ones that have that real relationship and have done the exam. And then I'm just able to help from talking with your vet and reading through all the records, help give more of that information and help guide with the vet. So your vet is still definitely an integral piece to all this.

**Dr. Ruth Roberts:** Right on. So we've got, again, we've got this link to Dr. Venables's website [00:24:00] here. If you've got a pet you're trying to get some answers on for your options, encourage your veterinarian to head over to the site. There is a section for veterinarians so they

can understand what the process is. Then they can actually contact Dr. Venable and see if, logistically and legally, and all that other stupid stuff. This would be a possibility, and it stinks, but this is the truth is that, unfortunately, various government bodies regulate what we can and can't do across state borders and, unfortunately, country borders as well.

But yeah, get your local vet to reach out and see what can be worked out. And thanks for that because it is hard and it's frustrating, and you and I had a conversation about telemedicine. It's frustrating because it is a service that could improve the quality of care for so many pet parents, especially in rural areas.

But unfortunately, the state boards and the American Veterinary Medical Association are. [00:25:00] Trying to put the kibosh on it for whatever reason. So that's a bit frustrating too. And there's. Anyway, it's a lot, it's a lot of stupidity. , whole another topic there. Whole another bag of wax.

Yeah. And it's just, it gets so frustrating sometimes. And thanks for that explanation, because I think, on the human side, it's like the oncologists push it and push it.

Until often beyond what they should perhaps, and so the person suffers. But the dosage of the chemotherapeutics and how we approach it in veterinary medicine is, Quite a bit more gentle, and there are always pets that will have side effects and difficulty. But I think the vast majority of pets will do very well with the guidance, especially when combining that with other modalities.

As far as. Improving food, nutrition supplements, and then we must be careful about using certain supplements with chemotherapeutic agents, so we don't block [00:26:00] their efficacy. But I think we can help improve recovery from the chemotherapy and the disease by using myriad options.

I think that is all the questions we've got right now. Anything I have not asked you that you think folks ought to know?

**Dr. Rachel Venable:** I think, whenever your pet's diagnosed with cancer, it's, it's a lot, and I think a lot of people, you freeze up, and you're not, you don't know what to do.

And I think something like this, like talking with an on. It can really help because you often think you may know what you want to do or don't. There are many options out there, and your family vet can usually help guide you, but at the same time, it's impossible to know everything about everything. So I think if you're trying to figure out, okay, I wanna know my options, by talking with an oncologist, you're not committing to chemotherapy or aggressive therapy. We talk a lot about, here's this option, here's option B, here's option C.

And all of them are different levels regarding how aggressive or palliative, more [00:27:00] hospice type care too. So I think that's something to keep in mind knowledge important. The more I find a lot of clients calm down because they feel so out of control when they get this diagnosis.

And then once you have more good, reliable information, you can feel calmer as far as, okay, this is what I'm gonna choose for my family, or this, or I'm going to choose this or that. And I think many people feel more at peace once they have that information and can make more educated decisions.

**Dr. Ruth Roberts:** And that makes perfect sense because it's an overwhelming time. It just flat is cool. So what's your favorite story about one of your pets? This is a weird one, but a weird question, but

**Dr. Rachel Venable:** a favorite story about one of my pets. I guess it's funny, but when I was in high school, I volunteered at the humane Society or the pound, walking all the dogs, and of course, I got attached. This little coonhound blue tick coonhound puppy was there all summer and didn't get adopted. [00:28:00] So I knew things weren't gonna go well. If he couldn't get adopted as a puppy, the whole no-kill shelter didn't exist back then.

And so I convinced my parents my dad convinced my dad to take this puppy home. My mother was not thrilled cuz we already had a handful of dogs. But I had this puppy, and he was crazy. He was a coonhound, and he ended up breaking his leg. He was chasing a car and didn't win.

And luckily just hurt his leg. But in my senior pictures, I wanted him to be in my pictures still. So I have this coonhound with this giant cast on his back leg. And all my senior pictures from high school. So that is my,

**Dr. Ruth Roberts:** That's sweet. . Cool. That's lovely. Yeah. Cool. Let's see, And then somebody is asking, and these are a couple of off, there's so much out there like fin Benzo I have used, and it does assist Allo Force.

I don't know, Easy acts. Never found to be particularly effective. And Are you familiar with either one of [00:29:00] these?

**Dr. Rachel Venable:** No, I don't think so. Uhuh?

**Dr. Ruth Roberts:** Yeah. So you and Rachel, this is a great question cuz there's so much stuff out there. And this person is Rachel too. So there's so much stuff out there, and it's hard to know what is good and what is not. And so this is where it's essential to work. Somebody that you trust as a source of knowledge because Easy actt, I think, has been around since the forties or fifties. Unfortunately, it just doesn't work that well. But there are several things you can do to support your pet with cancer.

And again, I think the most important is exercise. Getting on a good healthy diet that's low in processed carbohydrates, and then battling inflammation, getting the pets obese, getting them towards an average weight, and then working with your local vet working with an oncologist if that's appropriate.

And getting the best treatment plan pulled together thanks; we're glad to provide the info for you. [00:30:00]

Cool.

I think that's all the questions we've got. Dr. Venable, thank you so much for spending time with us. I think the more myths we can clear up, the better. And if nothing else, this would be an outstanding way for you to quickly find out what the options are for your pet so that you're not, you've got all the bases covered.

So thank you all so much. Thank you so much for spending time with us, and you all take care.

**Dr. Rachel Venable:** Thank you so much. It's been my pleasure.