

1. How is this different than 'people' radiation therapists' jobs
 - Registered RTTs
 - Looking for options for personal pets
 - Do a lot that is like human medicine
 - Same machines, same immobilization
 - Work alone, no 2nd therapist, no rad onc or physicist
 - Meet with doc remotely to speak with rad onc
2. Is any additional training or education required?
 - Radiation therapist learn pets on the job—hands on
 - Patient will be under anesthesia
 - Pts cannot lie still like humans can
 - Anesthesia
 - What to look for/how they are setting them up
 - This is where the tumor is/this is how to treat
 - Patients are set up sternal [prone]
3. Who are your typical patients? What about exotic animals?
 - Mostly dogs, some cats
 - Maybe a goat and zoo animals
 - Exotic animals are treated in real time
 - Not enough time for extended treatment planning
 - Dogs [golden retriever, boxers]
 - Sarcomas, nasal tumors, brain tumors
 - Cats—leukemia
4. What does diagnosis and consultation look like for owners and for pets? What does a vet radiation therapist do?
 - MRI first, especially for brain
 - For diagnosis and treatment planning
 - Consult via Zoom conferencing
 - Meet with vet and staff and then consult via Zoom
 - Rad onc consult first [prognosis], vet consult [anesthesia], RTT [immobilization, process, machine etc]
 - Patient is examined by vet
 - Then anesthesia to get ready for simulation/immobilization
 - Use thermoplastic and other positioning devices
 - 2 CTs—with and without
 - Patient goes home with owner and the treatment plan is done
 - About 5 days
 - Radiological report
 - Who did plan?
 - Details of plan
 - Side effects/tissue tolerance
 - Back for treatment appointment
 - Usually about an hour
 - Treatment takes about 15 minutes total

5. How did you choose immobilization devices?
 - Vac lock for all head and neck or brain
 - Bite block or dental mould
 - Easier for anesthesia tubes
 - Anything below neck or C1-C2
 - Use alpha cradle
 - Secondary permanent immobilization device
 - If vac lock deflates, no tattoos on patient
 - Alpha cradle better for anything below neck
6. Typical doses and what are side effects?
 - SRS treatments [1-3 txs]
 - 27-33 Gy [9-11 per day]
 - IMRT = 3-5 days per week @ 3 Gy per day
 - Palliative = 8 Gy per tx over 4 weeks, once per week
 - Hair loss, dry desquamation, breakdown of oral mucosa
 - Brain tumors—inflammation, seizure [steroids]
 - MAST tumors—skin reactions
7. Typical dose ~ 30 Gy?
 - 30-36 Gy
 - 36 Gy for aggressive tumor
 - 9-12 Gy per fraction for typical dose
8. What has been your most technically difficult case?
 - 3 sites of lymphoma, large masses
 - Set up difficult because of high dose and wanted to ensure reproducibility
9. What has been your most memorable case?
 - Akita dog, ventral mass on her neck, had seen many other doctors without much hope
 - Dog survived and living 18 mos out from tx
 - Husky—nasal tumor, from out of state
10. How do 'pet parents' react to you and the treatment?
 - Grateful, emotional, anxious
 - Give parents hope and you are doing everything that you can
 - Owners go above and beyond
 - ER sometimes cold; vet RTT love the pets like their own
11. <https://petcureoncology.com/>