

## FDA Conditionally Approves First Drug for Acute Onset of Pancreatitis in Dogs

BY: SAMANTHA BARTLETT, DVM

In November of 2022, the FDA granted conditional approval for the use of Panoquell-CA1 to manage sings associated with acute onset pancreatitis in dogs. Panoquell-CA1 (fuzapladib sodium) is an injection for use in hospitalized dogs to treat pancreatitis. Traditional treatment for dogs with pancreatitis includes hospitalization and supportive care including fluid therapy, antiemetics, management of pain and dietary restrictions. Conditional approval means that the sponsor must show progress toward or proof of effectiveness within the allotted time period for full approval. Fuzapladib sodium is approved in Japan for use in dogs with acute pancreatitis since 2018.

The pilot field study involved 36 client-owned dogs diagnosed with acute onset pancreatitis with at least two clinical signs and a high canine pancreas-specific lipase value. All dogs in the study received fluids, nutritional support, pain medications, and anti-emetics. The dogs in the treatment group received fuzapladib sodium once daily by intravenous injection for three days. Dogs in the control group received injections of lyophilized excipients in sterile water. The difference in group mean modified canine activity index (MCAI) scores, an evaluation of seven clinically relevant signs in dogs with pancreatitis, between days 0 and 3 was studied. The MCAI evaluated activity, appetite, vomiting, cranial abdominal pain, dehydration, stool consistency and blood in stool. The treatment group had a more improved mean MCAI score than the control group.

Adverse reactions included anorexia, digestive tract disorders, respiratory tract disorders, hepatopathy and jaundice. A laboratory safety study was also conducted in young healthy beagles in which Panoquel-CA1 was administered at 0X, 1X, 3X and 5X the labeled dose once daily for 9 consecutive days. No systemic toxicity was produced and an

acceptable margin of safety was determined.



# As Veterinary Medicine Approaches Human Medical Level, Pet Owners Wonder Jow Much Is Too much?

BY: SAMANTHA BARTLETT. DVM

Veterinary medicine is continuing to advance and new, state-of-the-art treatment options are becoming more available to veterinary clients through specialty hospitals and general practitioners. New advances lead to new and specialized equipment and medications, increasing the overall cost of veterinary care. In 2016, the Access to Veterinary Care Coalition (AVCC) was formed and conducted a study with the help of The University of Tennessee's Colleges of Social Work and College of Veterinary Medicine along with funding by Maddie's Fund, to identify barriers to veterinary care among American households and strategies used by veterinary care providers to overcome those barriers.

While over 80% of pet owners consider their pets to be part of the family, 98% of veterinarians surveyed reported they had at least one



case in the past year where finances were a barrier to receiving care. Currently veterinary medicine operates under a premise of standard of care, which is the minimum level of care to be provided. Best practice is referred to as gold standard of care. If only the most advanced treatment options for a pet's condition are offered, many pets will suffer with no treatment at all due to financial constraints, leaving owners feeling guilty because they could not provide care for their pet and resentment toward the veterinarian whom they may feel is "only in it for the money."

Recent discussions have involved a spectrum of care instead of a minimum standard of care. This allows to veterinarians to have discussions with clients and tailor care for the patient based on what is best for each individual client's situation. The key to spectrum of care approach is to have thorough discussions about what each decision means and maintaining communication throughout treatment and follow-up. Veterinary responsibilities include discussing advantages, disadvantages and likely outcomes for each treatment option as well as associated costs and follow-up therapies and testing.

Barriers to following a spectrum of care approach by veterinarians include fear of litigation, poor perception of medical skills by their peers and damage to their reputation among clients and peers.

Spectrum of care does not simply mean offering a lower level of care. Many areas of research are showing that alternative treatment strategies can be just as successful as the current standard of care. An example of a successful alternative treatment strategy that offers a lower cost as well is the Colorado canine parvovirus protocol. Other strategies include discussing costs and risks of performing surgery at a general practitioner clinic versus a specialty clinic and providing the owners with the information they need to make the best decision for them. Good communication between veterinarian and pet owner can reduce the risks of board complaints when a lower standard of care option is pursued. Careful documentation of communication within the medical record also provide defense in the event a board complaint or litigation arises.

More information about barriers to veterinary care can be found on the access to veterinary care coalition website: pphe.utk.edu/access-to-veterinary-care-coalition-avcc/.

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## FDA Approves Oral Treatment for Cats with Diabetes

BY: SAMANTHA BARTLETT, DVM

In December, the FDA announce approval for an oral treatment for use in cats with diabetes mellitus. Bexacat (bexagliflozin) is a sodium-glucose cotransporter 2 (SGLT2) inhibitor and is the first of its kind for any animal species. The drug works by preventing the kidneys from reabsorbing glucose into the blood and instead passing it out in the urine, which lowers blood glucose. The medication is for cats that weight at least 6.6 pounds and is administered once daily with or without food. Initial studies have shown that Bexacat was 83% effective in improving control of blood glucose in diabetic cats. The active ingredient is also being studied for type 2 diabetes in humans.

Bexacat, marketed by Elanco, is not for use in just any diabetic cat and comes with a host of specifications for patient selection and monitoring. Before treating with Bexacat, patients should be screened for kidney, liver, and pancreatic disease as well as ketoacidosis. It is not recommended to use Bexacat in patients that have been previously treated or are currently being treated with insulin or cats with insulin-dependent diabetes mellitus. Cats who are dehydrated, lethargic or not eating should not be treated with the drug. Geriatric cats that are newly diagnosed, especially if not overweight prior to diagnosis, are most likely insulin-dependent and often suffer other health conditions, therefore should

not be treated with Bexacat.

Monitoring during treatment includes screening for ketoacidosis, diabetic or euglycemic. Cats should be routinely monitored for urinary tract infections while being treated with Bexacat. Other recommended monitoring includes blood glucose, fructosamine, serum B-hydroxybutyrate, serum feline pancreas-specific lipase, liver enzymes, and serum . and triglycerides.

The package insert gives detailed actions for abnormal parameters during treatment, especially during the first 8 weeks. Cats that do not achieve glycemic control as determined by weight loss, average blood glucose greater than 250mg/dL or increased fructosamine after 8 weeks of treatment should be taken off Bexacat and started on insulin.

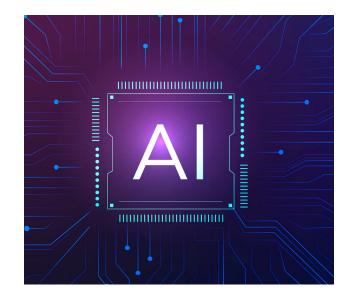
Long-term use may increase the risk of urothelial carcinoma. Bexacat has been shown to increase the risk of diabetic ketoacidosis or euglycemic diabetic ketoacidosis The label recommends discontinuing treatment if a patient becomes ketoacidotic, suffers weight loss, lack of appetite, lethargy or dehydration. A client information sheet is available and should be provided to every pet owner with a cat that is started on Bexacat. The information sheet describes signs and symptoms to watch for and indicates steps to take if any occur.

## Artificial Intelligence in Veterinary Medicine Raises Ethical Challenges

BY: SAMANTHA BARTLETT, DVM

Artificial intelligence (AI) is being increasingly used as a diagnostic tool in human medicine and is spilling over into veterinary medicine. Most commonly, AI is being used in diagnostic radiology and radiation oncology. However, AI is not limited to these fields in medicine and it can be assumed that more AI-powered algorithms will be implemented in routine clinic-level diagnostics in the future. AI is expected to be more of a tool and time-saver than a true diagnostic. Trained veterinarians and technicians are still required to interpret the results in light of the patient.

The paper published December 2022 in Veterinary Radiology & Ultrasound entitled, "First, do no harm. Ethical and legal issues of artificial intelligence and machine learning in veterinary radiology and radiation oncology" explores



the barriers and challenges facing the use of AI in veterinary medicine. With the growth of AI in medicine comes legal and ethical considerations. Veterinary medicine presents different challenges for AI than human medicine. Most significantly is that there is no regulatory process for bringing AI into the veterinary market and the option of veterinarians to perform euthanasia.

With no regulatory standard for the development and implementation of AI in veterinary medicine, practitioners are reliant on the ethics and understanding of developers and companies releasing the technology on the market. As such, AI still requires a human in the loop to determine accuracy of results in line with the clinical picture of the patient. Another concern from a liability standpoint is who is considered liable in negative outcome cases. The veterinarian holding the VCPR (veterinary-client-patient relationship) would most likely be the individual holding liability. Is AI considered a consultation or another diagnostic tool? If considered a consultation, the veterinarian should gain consent from the client before implementing AI. IF so, would the VCPR then shift to the AI?

Harm from the use of AI can cover several aspects of patient care. If the AI is not contributing to patient diagnosis or care, can add to the cost to the client. False positive diagnoses can instigate follow-up testing or procedures including euthanasia. False negative diagnoses can delay needed care.

Currently FDA guidelines for human medical AI products classify them as software acting as a medical device (SaMD) and subject the products to testing, oversight and regulation as such. No such regulations exist for AI in veterinary medicine even though the use of AI in radiology is rarely considered low risk situations in terms of medical condition and many are considered high risk with interpretation of some medical conditions such as pulmonary metastases, etc. leading to euthanasia.

Before the veterinary profession embraces AI products, a regulatory and testing system should be developed. Definitions regarding VCPR and liability should be established. Importantly, veterinarians need to be trained on the use and limitations of AI so that they can confidently make decisions based on the results of AI evaluations.

## FDA to Resume Enforcement of All Federal VCPR Requirements for **Veterinary Telemedicine**

BY: SAMANTHA BARTLETT, DVM

In late December 2022, the Food and Drug Administration announced it would withdraw the guidance document (GFI #269) entitled, "Enforcement Policy Regarding Federal VCPR Requirements to Facilitate Veterinary Telemedicine during the COVID-19 Outbreak." The withdrawal would take effect February 21, 2023.

GFI #269 was created during the early stages of the COVID-19 pandemic in recognition of the important role that veterinarians play in public health. The pandemic created challenges to the veterinarian's ability to make on-site examinations of patients. To facilitate the veterinarian's ability to provide patient care during the pandemic, the FDA created GFI #269, temporarily suspending enforcement of the on-site portion of the federal VCPR requirements allowing the use of telemedicine to establish VCPR for the purposes of providing patient care. Although the FDA acknowledges the public health emergency for the COVID-19 pandemic still exists, the conditions for which GFI #269 was needed have evolved past the need for the guidance resulting in the withdrawal notice.

Withdrawal of the guidance means that the FDA will again enforce and uphold federal requirements for the veterinarian-client patient relationship (VCPR). The federal VCPR requirements state that animal examinations cannot be met solely through telemedicine. This also includes initial establishment of a VCPR through in-person examination or site visit. Once the initial VCPR is established in person however, it may be maintained through telemedicine as medically appropriate.

Send your classified ads to: Wanda Geis, PO Box 12468, Shawnee Mission, KS 66282-2468, or email them to classifieds@kcvma.com.

### **January 10, 2023**

Vintage Veterinary Hospital in Excelsior Springs, MO is looking for a full time associate who is interested in purchasing the practice. We are a small animal clinic in the small town of Excelsior Springs. Located about 30 minutes north of Kansas City Excelsior Springs offers a small town feel with a lower cost of living while still being close enough to the amenities of Kansas City. Free Standing Brick Building with large parking lot. Building has solar panels that help offset utility expenses. Practice is established with nearly 20 years serving the community. Strong loyal clientele. Strong growth opportunities for a motivated buyer. We are currently a one doctor practice but could easily support a second doctor. We have digital radiography, Ultra Sound, cryo probe, Idexx in house blood equipment, and advanced surgical equipment. Feel free to contact Dr Watkins at drwatkins@vinatgevet.com or text at 816-289-2678.

#### **February 3, 2023**

Associate Veterinarian-Mill Creek Animal Hospital, Shawnee, KansasMill Creek Animal Hospital in Shawnee, Kansas is a 4 doctor practice looking to add a full-time companion animal associate veterinarian to our team. We are a progressive, AAHA accredited practice that has been serving our community for 35 years. Providing excellent care to our patients, relationship building, a fun working environment, and good work-life balance are our priorities. We routinely schedule 30 minute appointments and have a 2:1 ratio to support the doctor through the day. Our support staff includes three RVTs which allows for one technician and one vet assistant to assist with each visit. Our newly completed facility has 12 exam rooms, dedicated surgical and dental suites and an expanded treatment area.

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We offer digital radiography, digital dental radiography, ultrasound, and cold laser therapy. In the coming year we will be adding a central anesthesia/oxygen system.

A new grad or an experienced vet would be a good fit for our team. Our full-time veterinarian schedule is 4 weekdays with rotating Saturdays and no after hours or on call shifts.

Benefits include: competitive salary, medical coverage (including health, dental, and vision), 401(k) with employer match, employee assistance program (EAP), CE allowance, vacation, dues, liability coverage, uniform budget, and discounted pet care.

Shawnee is located in Johnson County, an area noted for its great quality of life, award winning schools, and proximity to all the big city amenities that the Kansas City metro offers while still providing a small town feel.

We would love to tell you more about our practice. Get the conversation started by contacting us today:

Wendy Kovac (office manager)

wkovac@vetcor.com

913-268-0900

#### **February 13, 2023**

Animal Medical Center in Kansas City – we are a 2 doctor practice looking to add a third doctor to our fun team. Animal medical center has been serving the Waldo area for over 30 years. We practice diagnostic medicine with an emphasis on preventive care for our feline and canine patients. We are a well established clinic that focuses on providing quality care to both patients and owners, a fun work environment and a family like atmosphere.

We have all of the newest technology, with ultrasound, digital radiographs, digital dental radiology and cold laser.

We offer competitive pay, benefits package with 401k and CE allowance, paid time off and no On call or after hours shifts.

Rotating short saturdays (9am-2pm) and a 4 day work week.

Mentorship welcomed and provided for new graduates in dental, surgical and medical areas

Please send resume or just reach out to

Meg Kaemmer, DVM

913-488-4124

Animalmedicalcenterkc@gmail.com

#### February 25, 2023

Crossroads Animal Hospital is a small, privately owned companion animal veterinary clinic in the Kansas City suburb of Liberty, MO. We currently have two full time doctors. We are seeking an associate to fill the option of a 2-to-4-day work week.

Our hospital mission is to provide high quality, compassionate care that advocates for our patients while providing our clients with superior customer service. Because of our dedicated doctors and a tenured staff, we have a loyal and growing client base.

Along with valuing the importance of high-quality veterinary medicine, we also value the work life balance. We have recently changed our schedule to 5-day work week with no weekends or emergency calls. Doctors can work a 2 to 4-day week, aided by an experienced staff of two RVT's and three veterinary assistants. We recently added an Oncura ultrasound machine and a Companion therapy laser unit.

Crossroads Animal Hospital is seeking a doctor with excellent communication skills, a good basic knowledge base,

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an interest in surgery and a kind soul. We feel everything else can be taught by our supportive staff. Our culture is laid back and there is always laughter heard through our clinic daily. We would be an excellent place for an experienced doctor to recapture the joy of practice or for a new graduate to start their veterinary career.

If you are interested, please send your resume to crossroadsanimal@yahoo.com or contact Dr. Wilkerson at 816-781-1510.