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**A retrospective study and survival analysis on bitches with mammary tumours spayed at the same time of mastectomy**

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1 A retrospective study and survival analysis on bitches with mammary tumors  
2 spayed at the same time of mastectomy

3

4 Spaying bitches with mammary tumors

5

6 ABSTRACT

7 The aim of the present study was to retrospectively assess whether spaying at the same time of  
8 mastectomy increased disease-free survival (DFS) in bitches with mammary tumors and to  
9 investigate the utility of clinical data when designing a surgical plan that includes gonadectomy.

10 Data from 225 bitches were retrieved. Only 116 were surgically treated. Among these, 52 bitches  
11 underwent mastectomy and ovariectomy and 46 bitches underwent mastectomy alone. Survival  
12 analysis by Kaplan-Meier and in-between groups comparisons using Student's T, Chi-square, and  
13 one-way ANOVA tests were performed. Eighteen bitches were already spayed. DFS was longer for  
14 bitches that underwent ovariectomy and mastectomy compared to those that were left intact  
15 ( $P=0.00064$ ) or were already spayed ( $P=0.0098$ ). Spaying status affected the tumor size (spayed:  
16  $2.75 \text{ cm} \pm 2.72$ ; intact:  $1.76 \text{ cm} \pm 2.04$ ;  $P=0.039$ ), but not malignancy ( $P>0.05$ ). Differences in age  
17 were detected between animals with benign and malignant tumors ( $9.1 \pm 2.8$  and  $10 \pm 2.3$ ;  $P=0.004$ ),  
18 with multiple and single tumors ( $10.18 \pm 2.6$  and  $9.3 \pm 2.8$ ;  $P=0.007$ ), and between purebred and  
19 mixed breed bitches ( $10.46 \text{ years} \pm 1.78$  and  $9.27 \text{ years} \pm 2.68$ ;  $P = 0.005$ ). Malignant tumors were  
20 larger than benign ones ( $2.17 \text{ years} \pm 2.31$  and  $1.34 \text{ years} \pm 1.82$ ;  $P = 0.005$ ) and size increased  
21 according to the degree of malignancy. DFS was shorter for animals presenting tumors  $>2 \text{ cm}$  in  
22 size ( $P<0.006$ ) and with tumors in the first pair of thoracic mammary glands ( $P=0.00009$ ).

23 Gonadectomy should be suggested to owners of intact bitches carrying mammary tumors and age,  
24 size of the tumor, and location should be carefully considered when performing surgery.

25

26 Key words: Dog | mammary tumor | mastectomy | ovariectomy | [gonadectomy](#)

27

28 1. INTRODUCTION

29 Canine mammary tumors (CMTs) are the most common reproductive neoplastic disease in dogs  
30 and, generally, the most reported tumor in intact bitches<sup>1</sup>. Surgery is the standard treatment, with  
31 good prognosis in animals with benign-to-low grade non metastatic tumors.

32 The role of ovarian steroids on carcinogenesis of the mammary gland has been the object of several  
33 studies in bitches. Sexual steroids act both under physiological and pathological conditions due to  
34 the presence of hormone receptors in mammary tissue<sup>2-4</sup>, and they may have an autocrine/paracrine

35 role in the growth of mammary tumors and in the maintenance of the disease<sup>5</sup>. Ductal growth is  
36 promoted by estrogens, whereas progesterone causes development and hyperplasia of lobulo-  
37 alveolar tissue<sup>6</sup>. Progesterone might be involved in the upregulation of growth hormone (GH)  
38 production within the mammary tissue, leading to proliferation of mammary stem cells that could  
39 have a primary role in carcinogenesis<sup>1,7</sup>. Hormonal stimulation of mammary tissue occurs at every  
40 estrous cycle, so that the reduction of risk of mammary cancer development has been calculated in  
41 relation to age (i.e., number of estrous cycles) at gonadal removal<sup>8-10</sup>. A systematic review of the  
42 literature on the effect of spaying on the risk of benign and malignant mammary tumors in the  
43 canine species, concluded that scientific evidence is too weak to serve as a basis for firm  
44 recommendation of spaying as a preventive measure<sup>11</sup>. Nevertheless, epidemiological studies  
45 suggest that in countries where dogs are routinely spayed at an early age, the incidence of mammary  
46 neoplasms is lower (e.g., United States) when compared to countries where spaying is not routinely  
47 performed (e.g., Norway)<sup>12,13</sup>. On the other hand, associations between gonadectomy and other  
48 pathological conditions, such as urinary incontinence, cranial cruciate ligament rupture, hip  
49 dysplasia, osteosarcoma, and hemangiosarcoma have been recognized<sup>14</sup>. Hormonal deprivation  
50 following gonadal removal has also an impact on future health and longevity<sup>15</sup>. Therefore, surgical  
51 spaying of young healthy bitches should be performed based on a patient-specific approach,  
52 considering breed, age, surgical risk, and behavioral characteristics of the animal<sup>16</sup>.

53 Gonadectomy has also been suggested as an adjuvant treatment to mastectomy: bitches with benign  
54 mammary tumors and hyperplastic lesions that underwent both mastectomy and gonadal removal at  
55 the same time, were seen to have a 50% decrease in recurrence of disease<sup>17</sup>, whereas bitches with  
56 mammary carcinomas variably responded to neutering at the time of mastectomy<sup>6</sup>.

57 As literature data are not univocal and seem to suggest that gonadal removal in association with  
58 mastectomy can be beneficial mainly when hormone receptors are expressed by tumors, it would be  
59 very useful to re-evaluate this observation that is crucial for a clinician when suggesting the best  
60 treatment option for a patient.

61 Some history data, such as the reproductive condition, and some clinically assessable factors, such  
62 as age, tumor size and tumor number, have been described for risk of CMTs development and for  
63 their value in predicting malignancy. CMTs are typically diagnosed in older animals and the median  
64 age of occurrence ranges from 8 to 10 years<sup>18-20</sup>. A correlation exists between tumor size and  
65 malignancy, with larger masses having higher risk of malignancy<sup>18,21</sup>. On the contrary, the presence  
66 of multiple tumors does not necessarily indicate a high degree of malignancy or a bad prognosis,  
67 because each neoplasm can belong to a different subtype<sup>21,22</sup>.

68 This study is a retrospective investigation aiming to assess whether spaying at the time of  
69 mastectomy should be suggested to owners based on parameters collected in the context of the  
70 clinical examination and on the analysis of disease-free survival.

## 71 2. MATERIALS AND METHODS

### 72 2.1 Data collection

73 The database of the \*\*\* was searched for records of bitches that had been presented because of  
74 CMTs and that underwent mastectomy between January 2011 and January 2020. Each dog was  
75 counted only once, irrespective of the number of visits, and records were evaluated retrospectively.  
76 Only bitches with no previous history of mammary tumor were included. Data from animals that  
77 did not undergo surgery were included only in the descriptive analysis. Proper informed consent  
78 had been signed by the owners prior to surgery, allowing for surgical treatment and data collection  
79 for research purposes.

80 Age, breed and spaying status of the patients, previous hormonal treatments, [previous pregnancies](#),  
81 [pseudo-pregnancies](#), [previous reproductive conditions](#), clinical tumor features (number, location,  
82 and size), and evaluation of regional lymph nodes were retrieved from the records.

83 The database contained also the standard pre-surgical diagnostics, such as blood exams, thoracic  
84 radiographies, cardiological assessment and, in some cases, abdominal ultrasounds and cytologic  
85 exams. All these preliminary exams had led to the decision of performing surgery.

86 Surgery type, either mastectomy alone or mastectomy and gonadectomy (ovariectomy or  
87 ovariectomy) had been recorded, together with the surgical approach for mastectomy and the  
88 histological diagnosis. Histological classification and grading were based on criteria defined by  
89 Zappulli (2019) and Peña (2019).

90 Follow-up data were obtained by the clinical records or by contacting the owners for a check-up  
91 clinical examination at >365 days from surgery.

### 92 2.2 Analysis of data

93 Descriptive statistics was carried out considering data extracted from all retrieved clinical records  
94 and data are presented as mean and standard deviation (SD) for continuous parameters or as  
95 frequency for categories. Normality for continuous parameters was assessed by Shapiro-Wilk test.

96 Survival analysis was carried out using Kaplan-Meier method with log-rank tests and Bonferroni's  
97 post hoc test to estimate differences in disease-free survival (DFS) among spayed bitches, intact

98 bitches that were subjected to mastectomy alone, and bitches that underwent mastectomy and  
99 gonadectomy at the same time. Only bitches that underwent surgery and had the surgically excised  
100 mammary tumor histologically evaluated were included. The same analysis was carried out to  
101 estimate differences in disease-free survival (DFS) according to tumor size, malignancy, and tumor  
102 location. Tumor size was considered as continuous; however, data were grouped in five categories  
103 for the survival analysis (A < 1 cm, B = 1 to <2 cm, C = 2 to <3 cm, D = 3 to <5 cm, E > 5 cm)<sup>10, 21</sup>.

104 Disease-free survival (DFS) was calculated from the time of surgery to the time of diagnosis of a  
105 new mammary tumor. Bitches lost to follow-up and animals that died or that were euthanized for  
106 causes unrelated to mammary tumors were censored at the time of death. Animals lost to follow-up  
107 were censored at the time of their last contact with the clinician.

108 Student's T test for continuous normally distributed variables, Chi-square test, and one-way  
109 ANOVA followed by Bonferroni's post hoc test for categories, were used to point out differences  
110 based on age, breed, spaying status, tumor size, and malignancy of tumors in bitches that underwent  
111 surgery.

112 Significance was considered for  $P < 0.05$ . Statistical analyses were performed with the software *R*  
113 *version 3.2.2*.

### 114 3. RESULTS

115 Two-hundred and twenty-five bitches with a total number of 489 tumors were retrieved from the  
116 database. Characteristics of the animals (age, purebred or mixed breed, and spaying status) and  
117 characteristics of the tumors (size, number, location) are reported in *Table 1* and in *Table 2*. The  
118 frequency of the different breeds is reported in Supplementary material (S1).

119 None of the included bitches had ever received any hormonal treatment during its lifetime or had  
120 ever presented with any reproductive disease, according to information reported by owners.  
121 Nevertheless, eight bitches had previous pregnancies (0.03%, five bitches had one previous  
122 pregnancy, whereas three bitches had two previous pregnancies) and three bitches had previous  
123 pseudo-pregnancies (0.01%). At clinical examination, 13 bitches (5.8%) presented altered regional  
124 lymph nodes. Cytology was performed and they were included in the study only when the node was  
125 not metastatic. Nine of these patients were deemed as node-positive after histology (69.2%),  
126 whereas two of them presented just lymphadenitis (30.8%). The number of bitches that underwent  
127 mastectomy and that were diagnosed with CMTs based on the histological examination was 116,  
128 carrying a total number of 298 tumors. Frequencies of benign and malignant tumors are reported in

129 *Table 3.* Surgical margins were clear in all the bitches according to histological examination.

130 Histological types are reported in *Table 4.*

131 Tumor removal was carried out with different approaches, more frequently with a regional  
132 mastectomy or with a combination of different techniques (i.e., regional mastectomy and simple  
133 mastectomy), when tumors were present on both sides (*Table 5*).

134 Only 15.6% of the bitches that underwent surgery (n = 18) was already spayed and the  
135 gonadectomy happened at least two years before mammary tumors occurrence. Fifty-two out of 98  
136 intact bitches were spayed at the same time of mastectomy. Survival analysis showed a statistically  
137 significant difference in DFS depending on spaying status (P = 0.0007). Specifically, bitches that  
138 were subjected to spaying at the time of mastectomy showed longer DFS when compared with both  
139 bitches that were already spayed (P = 0.0098) and bitches that remained intact (P = 0.00064).  
140 However, median DFS for bitches that were subjected to spaying at the time of mastectomy was not  
141 available because recurrence was < 50% in both intact bitches and bitches that were spayed at the  
142 time of mastectomy (n = 9/64, 14% and n = 2/52, 3%, respectively). Recurrence in bitches that were  
143 already spayed was 27.8% (n = 5/18) and their median DFS was 757 days (95% CI, 369-1026).

144 Statistically significant differences in mean age were detected between animals with benign and  
145 malignant tumors, as shown in *Table 6*. Animals with multiple neoplasms were older than the ones  
146 with single tumors ( $10.18 \pm \text{SD } 2.6$  and  $9.3 \pm \text{SD } 2.8$ , respectively), with statistically significant  
147 results (P = 0.004).

148  
149 No differences between the incidence of benign and malignant tumors between purebred and mixed  
150 breed animals were detected (P > 0.05), although purebred bitches had the tendency to develop  
151 mammary tumors at a younger age (mean  $10.46 \text{ years} \pm \text{SD } 1.78$ ) if compared to mixed breed ones  
152 (mean  $9.27 \text{ years} \pm \text{SD } 2.68$ ; P = 0.005).

153 Being already spayed did not affect the frequency of benign and malignant tumors (P > 0.05), nor  
154 the degree of malignancy, I, II, or III (P > 0.05). However, intact bitches had smaller tumors when  
155 compared to spayed ones (mean  $1.76 \text{ cm}, \pm \text{SD } 2.04$  and  $2.75 \text{ cm} \pm \text{SD } 2.72$ , respectively;  
156 P=0.003), although they showed a higher tendency to multiple tumors (P = 0.039).

157 Tumor size was statistically different between benign and malignant neoplasms (*Table 5*) and  
158 differences in size were also detected based on the tumor grade, with grade III tumors being larger  
159 than grades I and II (P = 0.05 and P = 0.003, respectively). Grade I malignant tumors had a mean

160 size of 2.1 cm ( $\pm$  SD 2.3), grade II malignant tumors had a mean size of 1.64 cm ( $\pm$  SD 1.1), and  
161 grade III malignant tumors had a mean size of 3.6 cm ( $\pm$  SD 2.2).

162 Survival analysis showed a statistically significant difference in DFS depending on the size of  
163 mammary tumors ( $P = 0.003$ ), considering the five classes mentioned in subsection 2.2.  
164 Specifically, smaller tumors belonging to classes A and B had a longer DFS when compared to  
165 larger tumors belonging to class E ( $P = 0.002$  and  $P = 0.006$ , respectively; A: median DFS 2102  
166 days, 95% CI 1143-2385; B: median DFS 1148 days, 95% CI 1076-2267; D: median DFS 669 days,  
167 95% CI 434-669; E: median DFS 359, 95% CI 72-811). Class C included a low number of data, that  
168 were insufficient to the purpose of Kaplan-Meier analysis.

169 Survival analysis showed also a statistically significant difference in DFS depending on location of  
170 mammary tumors ( $P = 0.00009$ ). Animals presenting with neoplasms located in the cranial thoracic  
171 mammary glands (I pair), had a worse prognosis for mammary tumors recurrence (I: median DFS  
172 434 days, 95% CI 188-434; II: median DFS 1143 days, 95% CI 659-1143; III: median DFS 1502 CI  
173 811-2385; IV: median DFS 1259 days, 95% CI 1096-2385; V: median DFS 1148, 95% CI 759-  
174 2385). No differences in DFS were detected between bitches presenting with single and multiple  
175 tumors ( $P > 0.05$ ).

#### 176 4. DISCUSSION

177 The effect on time free of disease of OHE at the same time of mastectomy was evaluated in a mixed  
178 population of bitches affected by mammary tumors at different stages. The population included in  
179 the present study shared some common characteristics to those included in previous studies in terms  
180 of age, breed, spaying status, and mean size of benign and malignant tumors<sup>18-21, 25</sup> and additional  
181 factors such as location and number of tumors were assessed. The typical presentation for the  
182 diagnosis of canine mammary tumor is middle-aged non-spayed purebred bitches, however younger  
183 and mixed breed animals can be affected.

184 Spaying status effect on canine mammary tumors has been widely investigated, with contradictory  
185 results<sup>11</sup>. It is commonly known that spaying before the first estrus comes with a lower risk of  
186 mammary tumors development<sup>8</sup>, and this confirms the involvement of ovarian steroids in mammary  
187 tissue carcinogenesis. Accordingly, our data showed that the number of spayed bitches presenting  
188 with CMTs was consistently lower than the number of intact ones. However, this might be also the  
189 consequence of a smaller general population of spayed animals in Italy, compared to the one of  
190 intact bitches. There is no data in the literature about the population of ovariectomized bitches,  
191 although spaying is a rather diffuse practice in Italy. Nevertheless, early spaying is becoming less

192 popular when balancing benefits and possible adverse effects.

193 Some owners decided upon mastectomy alone, notwithstanding the fact that gonadectomy was  
194 always recommended to owners of intact bitches presenting with CMTs, when overall clinical  
195 conditions made it advisable. The recommendation was based on the higher risk of uterine and  
196 ovarian disease in middle-aged and old bitches<sup>26</sup> and on the higher risk of new malignant CMTs in  
197 bitches with a previous history of malignant CMT<sup>27</sup>. The reasons underneath this increased risk of  
198 CMTs might be well explained by the hormonal effect to which the whole mammary tissue is  
199 exposed to<sup>1</sup>. Furthermore, the positive effect of gonadectomy at the time of mastectomy as an  
200 adjuvant therapy has been investigated, with encouraging results especially on  
201 hyperplastic/dysplastic and benign mammary diseases<sup>17</sup> and bitches with grade II carcinomas  
202 presenting estrogen receptors or with increased peri-surgical serum concentrations of 17 $\beta$ -estradiol<sup>6</sup>.  
203 However, to classify a tumor as hormonally dependent, receptors for sexual steroids need to be  
204 detected on neoplastic tissue. Some authors relate a decrease in receptors for ovarian steroids with a  
205 worse prognosis<sup>28, 29</sup>. Therefore, including the search of receptors for both estrogens and  
206 progesterone in post-surgical investigations in intact bitches, could represent a very useful tool to  
207 improve prognostic precision and treatment protocols<sup>1</sup>.

208 The observation on hormone receptors in the removed tumors could not be included because it was  
209 not available in the database, and this represents an important limitation. However, when the  
210 clinician suggests a treatment option, he cannot rely on this information and focuses on general  
211 findings only. Results on DFS and rate of recurrence of CMTs in bitches that were spayed at the  
212 time of mastectomy were encouraging. Patients that remained intact had higher recurrence of  
213 CMTs. The fact that recurrence was even higher in already spayed bitches should be furtherly  
214 investigated in order to point out factors influencing mammary tissue carcinogenesis in the absence  
215 of hormonal stimulation. In addition, our results agree with those of Burrai *et al.* (2020), showing  
216 that spaying status had no significant influence on whether tumors were benign or malignant. The  
217 limited number of spayed bitches included does not allow us to consider malignancy responsible for  
218 higher recurrence rates in spayed bitches.

219 The decisional process of the clinician should start with a complete evaluation of the patient, in  
220 order to assess its suitability for mastectomy and to decide the appropriate surgical technique and  
221 whether to include gonadectomy in its surgical plan. Patients presenting with mammary tumors  
222 should be carefully checked for evidence of metastatic disease<sup>30</sup>, starting with the evaluation of  
223 regional lymph nodes. These organs are difficult to assess when normal, and the easily palpable  
224 ones should be checked, possibly indicating regional metastasis<sup>1, 31</sup>, to be confirmed through  
225 cytological examination. There is evidence that disease-free survival is shorter and survival rate is



226 lower in node positive patients<sup>32</sup>. Other clinical parameters are related to malignancy and prognosis.  
227 Age is a risk factor for neoplastic disease in general<sup>33</sup>, and the median age of occurrence of CMTs  
228 ranges from 8 to 10 years<sup>18-20</sup>, in accordance with our results, that also agree on the fact that median  
229 age of bitches with benign tumors is lower than age of animals with malignant ones<sup>21</sup>.

230 Incidence of CMTs in purebred animals was higher than in mixed breed bitches and frequencies are  
231 coherent with information reported in studies that indicate a higher risk of CMTs in breeds such as  
232 Poodles, English Springer Spaniels, Brittany Spaniels, German Shepherds, Maltese terriers,  
233 Yorkshire Terriers, Dachshunds, Doberman Pinschers, Leonbergers, and Boxers<sup>1, 34-35</sup>. However,  
234 few studies investigate the genetic predisposition of specific breeds towards mammary subtypes<sup>36, 37</sup>  
235 and further studies should be conducted.

236 Majority of patients carried multiple nodules and had malignant neoplasms, although a lower degree  
237 of malignancy was more common than higher ones. In general, older animals have the tendency to  
238 carry multiple nodules and are expected to be diagnosed with malignant neoplasms. The presence of  
239 multiple nodules does not necessarily indicate a high degree of malignancy or a bad prognosis,  
240 because each neoplasm can belong to a different subtype<sup>21, 22</sup>.

241 Some studies indicate that tumor location is not associated with tumor type<sup>38</sup> nor with survival  
242 time<sup>38</sup>, whereas a more recent paper<sup>39</sup> indicates tumor location as predictive of malignancy, with a  
243 significantly higher proportion of malignant tumors developing in the inguinal mammary glands.  
244 We found that incidence of nodules progressively increased from cranial to caudal mammary  
245 glands, probably because caudal abdominal and inguinal mammary glands physiologically have  
246 more abundant parenchyma<sup>40</sup>. In contrast with Ariyaratna *et al.* (2018), no difference in  
247 malignancy occurred according to tumor location, although a lower DFS was pointed out for bitches  
248 presented with nodules located in the first thoracic pair of mammary glands. This should be kept in  
249 mind by the surgeon, because more invasive surgery could be considered in these cases, although  
250 prospective studies correlating surgical techniques with tumor location represent an area for further  
251 research.

252 In accordance with other studies<sup>18-19, 21</sup>, size of the tumor is another important clinical parameter  
253 with prognostic value, with malignant tumors being generally larger than benign ones. Our results  
254 show that among malignant tumors, larger size corresponds to higher malignancy grade and lower  
255 DFS.

256 We conclude that spaying at the time of mastectomy should always be considered in intact bitches  
257 with mammary tumors, possibly followed by the additional assessment of hormone receptors  
258 presence on the removed tumors. Intact bitches around 9 years old, have higher probability to

259 develop mammary tumors and older age of bitches and tumors size larger than 2 cm are more  
260 commonly related to malignant neoplasms. Location should be carefully considered when designing  
261 the surgical plan, because bitches with nodules located in the cranial thoracic mammary glands have  
262 a shorter time free of mammary tumors. This will help the clinician to make a more precise  
263 prognosis to the patient.

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Table 1. Frequencies of some parameters of bitches with CMTs (n = 225) and tumors (n = 489).

	Spaying status			Breed		Number of tumors†		Location of tumors				
	Intact	Spayed	N/A	Purebred	Mixed breed	Single tumor	Multiple tumors	I	II	III	IV	V
<i>n</i>	141	31	53	145	80	78	147	22	56	104	143	164
<i>Percentage (%)</i>	62.7	13.8	23.5	64.4	35.5	34.7	65.3	4.4	11.5	21.3	29.2	33.6

†Bitches with single or multiple neoplasms.

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Table 2. Mean and standard deviation (SD) of age of the bitches included in the study (n = 225) and size of the tumors.

	Mean	±SD
<u>Age (years)</u>	<u>9.8</u>	<u>2.8</u>
<u>Size of tumors (cm)</u>	<u>2.1</u>	<u>4.8</u>

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Table 3. Frequency of benign and malignant tumors with degree of malignancy

	Benign tumors	Malignant tumors		
		I degree	II degree	III degree
<i>n</i>	88	134	43	20.4
<i>Percentage (%)</i>	29.5	63.9	20.4	15.7

Table 4. Histological diagnosis (number: n and percentage: %)

	<i>n</i>	<i>Percentage (%)</i>
Simple benign tumors		
Adenoma, simple	32	10.7
Ductal-associated benign tumors		
Intraductal papillary adenoma	26	8.9
Nonsimple benign tumors		
Complex adenoma	10	3.4

Benign mixed tumor	12	4
Fibroadenoma	8	2.7
Simple carcinoma		
Carcinoma, simple	27	9.1
Tubopapillary carcinoma	51	17.1
Solid carcinoma	2	0.6
Nonsimple carcinoma		
Carcinoma in a benign mixed tumor	21	7
Complex carcinoma	99	33.2
Others		
Adenosquamous carcinoma	4	1.3
Carcinosarcoma	3	1
Myoepithelioma	2	0.6
Osteosarcoma	1	0.4

*Table 5. Frequencies of surgical techniques for mastectomy in 116 bitches.*

	<i>n</i>	<i>Percentage (%)</i>
Lumpectomy	14	12
Simple mastectomy	15	13
Regional mastectomy	39	33.5
Unilateral mastectomy	18	15.5
Combination of techniques	30	26%

*Table 6. Differences (mean and standard deviation: SD) in age and tumor size in bitches with benign or malignant tumors.*

	Age (years)			Size (cm)		
	Mean	SD	P-value	Mean	SD	P-value
Benign tumors	9.1	2.8	0.007*	1.34	1.82	0.004*
Malignant tumors	10	2.3		2.17	2.31	

\*Significance for  $P < 0.05$