

Performance of IDEXX Cancer Dx testing for detection of lymphoma and corresponding phenotype in dogs

Dana Connell, Corie Drake, Helen Michael, Amanda Nascimento, Sarai Stuart, and Helen Lyons

Introduction

Lymphoma is one of the most common cancers in dogs, accounting for up to 24% of all diagnosed canine cancers and 83% of canine hematopoietic tumors.¹ The estimated annual incidence is approximately 160 per 100,000 dogs of all ages.¹ Lymphoma is more common in middle-aged to older dogs, with a median age of 8.8 years at first diagnosis.² Breed predisposition to higher risk and younger age of onset have been reported for bullmastiffs, boxers, Bernese mountain dogs, and others.² Most cases of canine lymphoma are terminal, with less than 5% of dogs experiencing a cure.^{1,3} Chemotherapy is the mainstay of treatment, and a range of protocols, including multi-agent and single-agent protocols, can be used to induce remission in 80%–90% of dogs.^{4,5} If untreated, the median survival time in dogs is 4–8 weeks; chemotherapy can extend survival times to 6–12 months, with 20% of dogs living 2 years after diagnosis. Phenotype is the most important prognostic indicator influencing survival times in dogs; the median survival time of aggressive B-cell lymphoma is about twice that compared to aggressive T-cell lymphoma.⁶

Multicentric lymphoma is the most common presentation (83%), and cutaneous (12%) or other extranodal sites (5%) are less common.⁷ Cytology is a common diagnostic technique with high sensitivity (92.6%) and specificity (89.4%). To guide prognosis and treatment, confirmation of an inconclusive cytology result with histology or PCR for Antigen Receptor Rearrangement (PARR), identification of subtype with histology and immunohistochemistry, or phenotyping with PARR or flow cytometry may be pursued.^{1,8–11} In two studies, approximately 25% of lymph node aspirates submitted to a laboratory were nondiagnostic, delaying diagnosis and treatment.^{12,13} A combination of these techniques is sometimes necessary due to the potential for equivocal results.

IDEXX Cancer Dx* testing utilizes multimodal diagnostic technologies to accurately detect circulating biomarkers for canine lymphoma. IDEXX Cancer Dx testing overcomes many of the current diagnostic challenges by detecting lymphoma on a blood specimen and providing phenotype information to guide clinical decision-making and client conversations around prognosis and treatment. This test is appropriate for use in dogs suspected of having lymphoma and in apparently healthy animals at increased risk for cancer (senior dogs aged 7 and above as well as dogs categorized as an at-risk breed aged 4 and above) as part of a preventive care visit.

Breeds at increased risk for lymphoma

Increased risk of cancer (overall), including lymphoma

- + Golden retriever¹⁴
- + French bulldog²
- + Beagle¹⁵
- + Boxer¹⁵
- + Miniature schnauzer¹⁵
- + Bernese mountain dog¹⁶
- + Flat-coated retriever¹⁶
- + Scottish terrier¹⁶
- + Bullmastiff¹⁶

Increased risk of lymphoma

- + Labrador retriever¹⁷
- + Rottweiler¹⁸
- + Doberman pinscher¹⁹
- + English bulldog¹

Methods and patient population

Specimens were collected from two private specialty groups and one university to evaluate dogs with confirmed lymphoma, dogs with non-lymphoma diseases, and healthy dogs using IDEXX Cancer Dx testing. Confirmed lymphoma was defined as either histology with immunohistochemistry or as cytology with immunocytochemistry, PARR, or flow cytometry. Dogs were excluded from the sensitivity and specificity analysis if they had received chemotherapy, steroids, or immunosuppressive therapy within one month of specimen collection. For sensitivity and specificity analysis, 105 treatment-naïve dogs with confirmed lymphoma, 73 dogs with other active disease processes, and 156 apparently healthy dogs were included. The other active disease category included 61 dogs diagnosed with various non-lymphoma tumors and 12 dogs with various inflammatory diseases. Apparently healthy dogs had a normal physical examination and no significant findings on a CBC and comprehensive biochemistry. The B-cell vs. T-cell differentiation included 85 dogs from the sensitivity and specificity analysis with an

IDEXX Cancer Dx* phenotyping result and an additional 20 dogs with IDEXX Cancer Dx results and undergoing treatment for lymphoma or with an unknown treatment history for a total of 105 dogs.

Collected specimens were run in singlicate across multiple reagent lots for each assay modality. Results were analyzed for each reagent lot combination, which provided 4 potential results per patient. Assay sensitivity, specificity, and predictive values for detecting lymphoma were estimated by logistic regression.²⁰ Relevant model coefficient standard errors were used to construct 95% confidence intervals for each statistic. Assay sensitivity and specificity to labeling phenotype were also estimated by logistic regression using separate models for B-cell and T-cell since they are not mutually exclusive. The 95% confidence interval for this statistic was estimated by bootstrap resampling of the data with $n = 1,000$.

The effects of interfering substances on assay performance were evaluated by comparing the distributions of assay concentrations between groups of specimens with various levels of interferent. Field specimens for 10,514 canine patients with paired IDEXX Cancer Dx and interfering substance results were used for this analysis. Comparison groups were defined as N, 1+, 2+, 3–4+ for hemolysis; N, 1+, 2–4+ for lipemia and bilirubin; and < 0.1, 0.1, 0.2, > 0.2 for total bilirubin. For each interferent, each group was compared to the lowest group (N or < 0.1) by comparing the proportions of IDEXX Cancer Dx concentrations exceeding critical assay thresholds. 95% confidence intervals of this statistic were again estimated by bootstrap resampling, $n = 1,000$.

Sensitivity and specificity for detecting lymphoma

Distribution	Multicentric	98 (93.3%) (94 aggressive, 4 indolent)
	Cutaneous/mucocutaneous	3 (2.9%)
	Mediastinal	3 (2.9%)
	Other extranodal	1 (0.9%)
Phenotype	B	77 (73.3%)
	T	28 (26.7%)
Stage	I	2 (3.6%)
	II	1 (1.8%)
	III	40 (71.4%)
	IV	9 (16.1%)
	V	4 (7.1%)
Method of phenotyping	PARR	25
	Flow cytometry	45
	Unknown flow cytometry or PARR	28
	Immunocytochemistry	5
	Immunohistochemistry	2

Table 1. Characterization of 105 lymphoma dogs included in the sensitivity and specificity analysis.

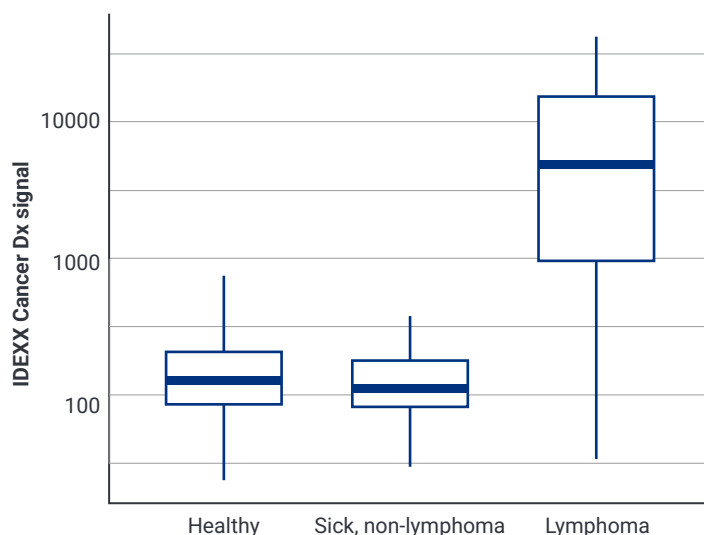


Figure 1. IDEXX Cancer Dx testing detected 79.3% (95% CI: 70.5%, 86.0%) lymphoma cases with a specificity of 98.9% (95% CI: 96.2%, 99.7%).

Differentiating B-cell from T-cell lymphoma

IDEXX Cancer Dx testing returned a phenotyping result in 56% of cases with a result indicating lymphoma. IDEXX Cancer Dx testing returned a phenotype in 65.5% (95% CI: 54.7%, 74.8%) of known B-cell lymphomas with a specificity of 91.3% (95% CI: 71.1%, 97.8%) and in 8.7% (95% CI: 2.2%, 28.9%) of known T-cell lymphomas with a specificity of 98.8% (95% CI: 92.0%, 99.8%).

Phenotype by flow, ICC, PARR, IHC	IDEXX Cancer Dx B-cell	IDEXX Cancer Dx T-cell	IDEXX Cancer Dx indeterminate
B-cell	55	1	28
T-cell	2	2	17

Table 2. Phenotype results determined by IDEXX Cancer Dx testing and reported phenotypes from traditional methods.

Intrinsic specimen interference

Mild/moderate lipemia, icterus, or hemolysis had no significant effect on lymphoma detection. Observed changes in biomarker distributions that were associated with interferents were well below critical decision thresholds.

Discussion

IDEXX Cancer Dx testing is a highly sensitive and specific diagnostic for lymphoma that overcomes current challenges in diagnosing lymphoma. A positive result on this diagnostic provides the necessary confidence to initiate treatment in patients with clinical suspicion of lymphoma. Preliminary data suggests that other lymphoproliferative neoplasia, including acute and chronic leukemias and myeloma-related disorders,

may have positive IDEXX Cancer Dx* lymphoma results due to shared lymphoid cell origin. If the clinical presentation is not consistent with lymphoma and suggestive of another lymphoproliferative neoplasia, clinical information and potentially further diagnostics should be used to inform the final diagnosis. Two patients with other cancers had positive IDEXX Cancer Dx results. The first was diagnosed with metastatic mast cell disease based on the histology of a primary lesion and cytology of a lymph node approximately one year later. Additional investigation into the case is ongoing, including PARR performed on a blood specimen from the patient, which revealed a clonal B-cell population. The second case was diagnosed with a suspected splenic sarcoma based on histology. Additional investigation into this case is also ongoing, including a review of histology, which is concerning for an extramedullary plasma cell tumor.

In healthy dogs, an IDEXX Cancer Dx diagnosis of lymphoma is rare, with < 1 in 1,000 healthy dogs expected to receive a lymphoma diagnosis in a year. For patients with an increased risk of cancer, positive results may suggest early detection of cancer. Due to the very low prevalence in healthy dogs, false-positive results can also occur in healthy patients screened for lymphoma despite the very high specificity. Careful physical examination and a monitoring plan is recommended to diagnose lymphoma early in healthy patients.

IDEXX Cancer Dx testing is the first inexpensive blood test to provide lymphoma phenotyping. Phenotyping is available in 56% of positive IDEXX Cancer Dx results at no additional cost. Phenotyping results were available in 66% of dogs with B-cell lymphoma. Biological differences between lymphomas, anatomic location, and tumor subtype may impact the frequency of both lymphoma and phenotyping results. As with other lymphoma diagnostics today, if a strong suspicion of lymphoma remains in the face of a negative IDEXX Cancer Dx result, additional workup with diagnostics such as cytology or histology is recommended to obtain a definitive diagnosis.

Conclusion

IDEXX Cancer Dx testing offers a rapid and highly accurate diagnostic to detect lymphoma earlier in patients with suspected lymphoma or for those dogs at increased risk of cancer due to age or breed using commonly obtained specimens. IDEXX Cancer Dx testing also offers an opportunity to obtain a phenotype on the same specimen with high accuracy at no additional cost to provide treatment and prognostic information.

References

1. Vail DM, Pinkerton M, Young KM. Hematopoietic tumors. In: Vail DM, Thamm DH, Liptak JM. *Withrow & MacEwen's Small Animal Clinical Oncology*. 6th ed. Saunders; 2020:688–772. Accessed March 20, 2025. www.sciencedirect.com/science/article/pii/B9780323594967000335/pdf?
2. Rafalko JM, Kruglyak KM, McCleary-Wheeler AL, et al. Age at cancer diagnosis by breed, weight, sex, and cancer type in a cohort of more than 3,000 dogs: Determining the optimal age to initiate cancer screening in canine patients. *PLoS One*. 2023;18(2):e0280795. doi:10.1371/journal.pone.0280795
3. Wolf-Ringwall A, Lopez L, Elmslie R, et al. Prospective evaluation of flow cytometric characteristics, histopathologic diagnosis and clinical outcome in dogs with naïve B-cell lymphoma treated with a 19-week CHOP protocol. *Vet Comp Oncol*. 2020;18(3):342–352. doi:10.1111/vco.12553
4. Hosoya K, Kisseberth WC, Lord LK, et al. Comparison of COAP and UW-19 protocols for dogs with multicentric lymphoma. *J Vet Intern Med*. 2007;21(6):1355–1363. doi:10.1111/j.1939-1676.2007.tb01959.x
5. MacDonald VS, Thamm DH, Kurzman ID, Turek MM, Vail DM. Does L-asparaginase influence efficacy or toxicity when added to a standard CHOP protocol for dogs with lymphoma? *J Vet Intern Med*. 2005;19(5):732–736. doi:10.1111/j.1939-1676.2005.tb02753.x
6. Bailey DB. Hematopoietic tumors. In: Ettinger SJ, Feldman EC, Cote E, eds. *Ettinger's Textbook of Veterinary Internal Medicine*. 9th ed. Elsevier; 2024:2240–2254.
7. Ponce F, Marchal T, Magnol JP, et al. A morphological study of 608 cases of canine malignant lymphoma in France with a focus on comparative similarities between canine and human lymphoma morphology. *Vet Pathol*. 2010;47(3):414–433. doi:10.1177/0300985810363902
8. Thalheim L, Williams LE, Borst LB, Fogle JE, Suter SE. Lymphoma immunophenotype of dogs determined by immunohistochemistry, flow cytometry, and polymerase chain reaction for antigen receptor rearrangements. *J Vet Intern Med*. 2013;27(6):1509–1516. doi:10.1111/jvim.12185
9. Riondato F, Comazzi S. Flow cytometry in the diagnosis of canine B-cell lymphoma. *Front Vet Sci*. 2021;8:600986. doi:10.3389/fvets.2021.600986
10. Martini V, Marano G, Aresu L, et al. Performance of lymph node cytopathology in diagnosis and characterization of lymphoma in dogs. *J Vet Intern Med*. 2022;36(1):204–214. doi:10.1111/jvim.16326
11. Avery A. Molecular diagnostics of hematologic malignancies. *Top Companion Anim Med*. 2009;24(3):144–150. doi:10.1053/j.tcam.2009.03.005
12. Amores-Fuster I, Cripps P, Graham P, Marrington AM, Blackwood L. The diagnostic utility of lymph node cytology samples in dogs and cats. *J Small Anim Pract*. 2015;56(2):125–129. doi:10.1111/jsap.12303
13. Fournier Q, Cazzini P, Bavcar S, Pecceu E, Ballber C, Elders R. Investigation of the utility of lymph node fine-needle aspiration cytology for the staging of malignant solid tumors in dogs. *Vet Clin Pathol*. 2018;47(3):489–500. doi:10.1111/vcp.12636
14. Nelson B, Faquin G. Retrieving new clues about a dog breed's "insane" cancer risk. *Cancer Cytopathol*. 2024;132(9):541–542. doi:10.1002/cncy.22899
15. Aupperle-Lellbach H, Grassinger JM, Floren A, et al. Tumour incidence in dogs in Germany: a retrospective analysis of 109,616 histopathological diagnoses (2014–2019). *J Comp Pathol*. 2022;198:33–55. doi:10.1016/j.jcpa.2022.07.009
16. Nunney L. The effect of body size and inbreeding on cancer mortality in breeds of the domestic dog: a test of the multi-stage model of carcinogenesis. *R Soc Open Sci*. 2024;11(1):231356. doi:10.1098/rsos.231356
17. Bennett PF, Taylor R, Williamson P. Demographic risk factors for lymphoma in Australian dogs: 6201 cases. *J Vet Intern Med*. 2018;32(6):2054–2060. doi:10.1111/jvim.15306
18. Dobson JM. Breed-predispositions to cancer in pedigree dogs. *ISRN Vet Sci*. 2013;2013:941275. doi:10.1155/2013/941275
19. Comazzi S, Marelli S, Cozzi M, et al. Breed-associated risks for developing canine lymphoma differ among countries: an European canine lymphoma network study. *BMC Vet Res*. 2018;14(1):232. doi:10.1186/s12917-018-1557-2
20. Coughlin SS, Trock B, Criqui MH, Pickle LW, Browner D, Tefft MC. The logistic modeling of sensitivity, specificity, and predictive value of a diagnostic test. *J Clin Epidemiol*. 1992;45(1):1–7. doi:10.1016/0895-4356(92)90180-u

Acknowledgement

We would like to thank Ethos Veterinary Health, MedVet, and University of Guelph—Ontario Veterinary College for their invaluable contribution to the sample sets used in this study. Their support and collaboration were essential to the successful completion of this research.

© 2025 IDEXX Laboratories, Inc. All rights reserved. • 09-2691887-00 • The IDEXX Privacy Policy is available at idexx.com.

*IDEXX Cancer Dx is a trademark or registered trademark of IDEXX Laboratories, Inc. or its affiliates in the United States and/or other countries.