



UNIVERSITÀ
DI PADOVA

UNISVET

SECOND LEVEL UNIVERSITY MASTER

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Veterinary Oncology

Programme structure

The Master is structured as a progressive clinical pathway, moving from foundational oncology principles and diagnostic reasoning to treatment planning, tumour-specific management, practical procedures and final integrated decision-making. Teaching combines live lectures, practical workshops, interactive case discussions and small-group clinical case sessions. The revised structure includes seven teaching weeks.

Programme at a glance

Week	Dates	Mode / venue	Weekly title
Week 1	23-26 November 2026	Online Virtual classroom	Foundations of Clinical Oncology: From Cancer Biology to First Clinical Decisions
Week 2	25-29 January 2027	In person Padua	Diagnostic Oncology in Practice: Examination, Sampling, Cytology, Histology and Staging
Week 3	12-15 April 2027	Online Virtual classroom	Medical Oncology and Decision-Making: From Treatment Options to Safe Protocol Planning
Week 4	28 June-2 July 2027	Online Virtual classroom	Haematologic, Round Cell and Thoracic Oncology
Week 5	22-25 November 2027 TBC	In person Milan	Surgical Oncology, Chemotherapy Practice and Local Treatment Techniques
Week 6	3-6 April 2028 TBC	Online Virtual classroom	Integrated Organ-System and Complex Tumour Oncology
Week 7	12-15 June 2028 TBC	In person Padua	Endocrine Oncology, Final Consolidation and Final Test

Week 1

Foundations of Clinical Oncology: From Cancer Biology to First Clinical Decisions

Dates	23-26 November 2026
Delivery format and location	Online - Virtual classroom
Teaching modalities	Live online lectures, interactive polls, diagnostic decision exercises and guided case discussions.

Learning objectives:

Build a common clinical language for the whole Master. Participants will consolidate the biological principles of cancer, tumour behaviour, prognosis and staging, and will practise a structured approach to the oncology consultation: recognising a possible cancer patient, choosing appropriate first-line diagnostics, planning sampling, and communicating the initial clinical pathway clearly to owners.

Indicative content:

- Cancer biology and tumour behaviour
- Clinical approach to the oncology patient
- Initial diagnostics, sampling logic and staging principles
- Owner communication and decision-making foundations

Week 2

Diagnostic Oncology in Practice: Examination, Sampling, Cytology, Histology and Staging

Dates	25-29 January 2027
Delivery format and location	In person - Padua
Teaching modalities	Face-to-face lectures, practical sampling sessions, image-based exercises, small-group work and clinical case discussions.

Learning objectives:

Translate the first clinical suspicion of cancer into a rational diagnostic plan. Participants will refine their approach to mass evaluation, cytology, biopsy planning, sample handling, staging choices and diagnostic prioritisation, with emphasis on what can be done safely and effectively in first-opinion and referral settings.

Indicative content:

- Mass evaluation and diagnostic planning
- Cytology, biopsy and sample handling
- Staging workflows and diagnostic prioritisation
- Practical sampling and image-based case work

Week 3

Medical Oncology and Decision-Making: From Treatment Options to Safe Protocol Planning

Dates	12-15 April 2027
Delivery format and location	Online - Virtual classroom
Teaching modalities	Live online lectures, protocol-based exercises, toxicity/CBC interpretation workshops and structured case discussions.

Learning objectives:

Develop a practical framework for therapeutic decision-making in medical oncology. Participants will learn how to select and sequence chemotherapy, targeted therapy, supportive care and palliative strategies; interpret treatment response and toxicity; adjust protocols safely; and communicate realistic goals of care to owners.

Indicative content:

- Principles of chemotherapy and targeted therapy
- Protocol planning and dose modification
- CBC/toxicity interpretation and supportive care
- Clinical decision-making and communication of goals of care

Week 4

Haematologic, Round Cell and Thoracic Oncology

Dates	28 June-2 July 2027
Delivery format and location	Online - Virtual classroom
Teaching modalities	Live online lectures, tumour-specific case discussions and daily clinical case breakout rooms.

Learning objectives:

Consolidate the diagnosis and management of lymphoma, leukaemia, mast cell tumours and other round cell tumours, while integrating oncologic emergencies and selected thoracic presentations such as mediastinal masses, pulmonary tumours, intranasal tumours and haemangiosarcoma. The week links diagnostic classification, staging controversies, prognostic factors, systemic therapy and radiation therapy principles.

Indicative content:

- Lymphoma and leukaemia classification, staging and treatment
- Mast cell tumours and round cell tumours
- Radiation therapy principles and protocol selection
- Oncologic emergencies and thoracic/respiratory presentations

Week 5

Surgical Oncology, Chemotherapy Practice and Local Treatment Techniques

Dates	22-25 November 2027 TBC
Delivery format and location	In person - Milan
Teaching modalities	Face-to-face lectures, wet-lab/practical stations, safety demonstrations, protocol exercises and daily clinical case group sessions.

Learning objectives:

Strengthen the practical bridge between medical and surgical oncology. Participants will focus on surgical planning, biopsy strategy, margin concepts, specimen handling, lymph node surgery and sentinel lymph node mapping, while also practising chemotherapy workflow, closed-system safety, venous access, extravasation prevention and electrochemotherapy planning.

Indicative content:

- Surgical oncology principles and biopsy strategy
- Lymph node surgery and sentinel lymph node mapping
- Chemotherapy treatment-day workflow and closed-system safety
- Electrochemotherapy case selection and practical planning

Week 6

Integrated Organ-System and Complex Tumour Oncology

Dates	3-6 April 2028 TBC
Delivery format and location	Online - Virtual classroom
Teaching modalities	Live online lectures, organ-system algorithms, multidisciplinary case discussions, image-based interpretation and daily 1.5-hour clinical case group sessions.

Learning objectives:

Integrate the content previously distributed across Weeks 6 and 7 into one consolidated online block. Participants will review common and complex tumour types through an organ-system and multidisciplinary lens, including abdominal, reproductive, urogenital, gastrointestinal, ocular, bone, histiocytic, neuro-oncology and cardio-thoracic disease. The emphasis is on prioritising diagnostics, staging, local control, systemic options, referral decisions and realistic owner communication within a compressed but clinically coherent structure.

Indicative content:

- Mammary, reproductive, urinary, prostate, gastrointestinal, hepatic, perianal and anal sac tumours
- Nutrition, microbiota, basic ophthalmic examination and ocular tumours
- Bone tumours, canine and feline histiocytic diseases, neuro-oncology, cardio-oncology and thoracic integration

Week 7

Endocrine Oncology, Final Consolidation and Final Test

Dates	12-15 June 2028 TBC
Delivery format and location	In person - Padua
Teaching modalities	Face-to-face lectures, test-interpretation workshops, integrated endocrine case discussions, tumour board-style exercises and final assessment.

Learning objectives:

Focus on oral tumours, sarcomas, endocrine tumours and the diagnostic complexity that surrounds them. Participants will integrate adrenal, thyroid, parathyroid, pancreatic endocrine and functional endocrine tumours with endocrine testing, including Cushing diagnostic pathways, feline thyroid assessment, calcium/PTH interpretation and hypoglycaemia/insulin testing. The week ends with integrated case-based consolidation and the final test.

Indicative content:

- Adrenal tumours and Cushing diagnostic pathways
- Thyroid and parathyroid tumours, including feline thyroid testing
- Pancreatic endocrine tumours and functional endocrine syndromes
- Integrated endocrine case assessment and final consolidation
- Oral melanoma, oral squamous cell carcinoma and soft tissue sarcomas

Assessment, Admission Test and Final Dissertation

Admission assessment before enrolment

Admission to the Master will include an initial entry assessment to confirm that applicants have the minimum baseline oncology knowledge, clinical reasoning ability and English comprehension required to follow the lectures, participate in clinical case discussions and benefit from the programme.

The entry assessment may include multiple-choice questions, short clinical reasoning questions and basic English comprehension applied to veterinary oncology scenarios. Its purpose is to identify applicants who are ready to enter the programme, and to recommend further preparation when needed.

Weekly/module assessment

At the end of each teaching week, participants will complete a structured assessment. This will apply to both online and in-person weeks and will confirm that students have understood the core concepts of the week and can apply them to practical oncology scenarios.

Each weekly assessment will include multiple-choice questions (MCQs) and may also include short case-based questions. MCQs will generally include four possible answers, with one correct answer. A minimum pass threshold of 60% is proposed, in line with the previous Master assessment structure.

Assessments will cover theoretical knowledge, tumour biology, diagnosis, staging and treatment principles, interpretation of diagnostic findings, treatment selection, recognition of complications and referral points, and communication or ethical aspects where relevant.

Case-based learning and group assessment

Clinical case discussion is a central component of the programme. Each teaching week includes structured clinical case activities, and tumour-specific weeks include daily Clinical Cases Group Sessions whenever possible.

During these sessions, students will identify key clinical problems, propose diagnostic and staging steps, interpret results, define treatment intent, justify treatment choices, recognise when referral or palliative care is appropriate, and communicate their reasoning clearly. The emphasis is on clinical reasoning rather than on finding a single perfect answer.

Final dissertation / thesis

At the end of the Master, each participant will prepare a final dissertation based on an oncology case encountered during their clinical activity. The aim is not to prove the efficacy of a specific therapy, but to demonstrate that the participant has acquired a structured decision-making process when approaching an oncological patient.

The dissertation may be submitted as a written manuscript of maximum 2000 words or as a PowerPoint presentation of maximum 25 slides. English is the preferred language, although submission in the participant's own language may be considered if translation support is required.

The dissertation should include case presentation and relevant history, diagnostic investigations and staging, final diagnosis, treatment options considered, rationale for the chosen treatment plan, outcome and follow-up, a short discussion of relevant literature, 3-5 learning points or take-home messages, and relevant references.

Final evaluation

The final evaluation will be based on completion and performance in weekly/module assessments, active participation in clinical case discussions, satisfactory completion of the oncology case log if required, final dissertation quality, and the ability to demonstrate structured clinical reasoning in oncology.

The overall assessment strategy is designed to ensure that participants complete the Master with the ability to recognise common oncological presentations, select appropriate diagnostic and staging tests, make rational treatment decisions, understand when referral is needed, and communicate effectively with owners throughout the cancer journey.

Proposed speakers

N. Bacon	M. Longo
T. Banzato	E. Markkanen
J. Benoit	L. Mari
F. Bonsenbiente	G. Mc Lauchlan
J. Borrego	V. Piola
C. Brachelente	F. Porporato
J. Buchholz	S. Rabba
F. Cian	N. Read
F. Cinti	B. Ruggerone
P. Clemente	L. Schiavo
S. Cortellini	J. Stern
L. Ferro	P. Valenti
M.E. Gelain	S. Vincenti
C. Leo	V. Zappulli