

Vulvar Cancer in the Elderly: Responding to an Unmet Need

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No Disclosures

Objectives

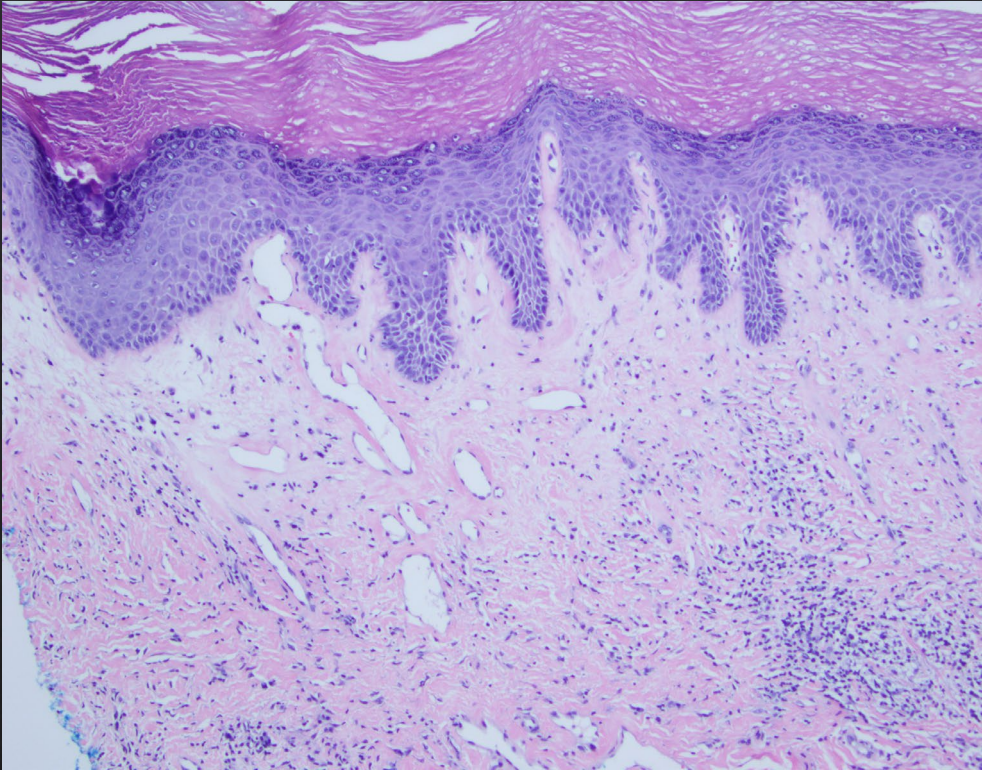
- ◇ Vulvar cancer in our elderly women
 - ◇ Defining the problem of squamous cell carcinoma in lichen sclerosus
 - ◇ Defining the problem of melanoma
- ◇ Where can dermatologists intervene

Case 1

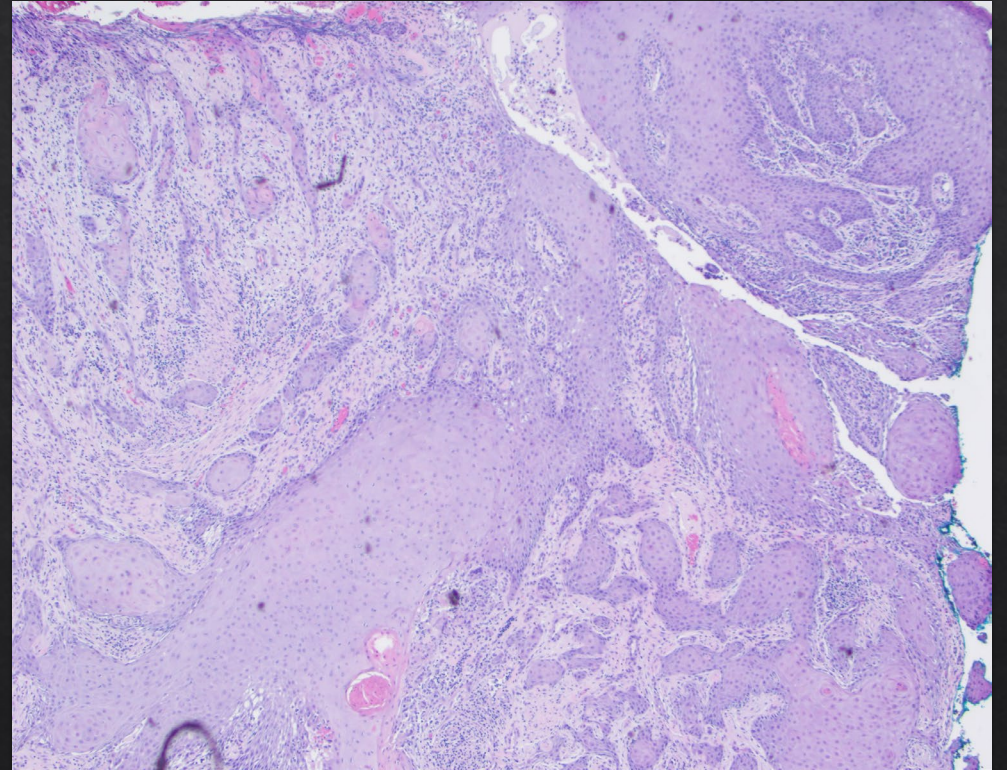
- ◇ 75yo Caucasian woman present for a painful rash
- ◇ Referred by her Urologist for the rash
 - ◇ shave biopsy had been inconclusive
- ◇ Has not seen a gynecologist in “many years”



Pathology: LS and SCC



Lichen Sclerosus



Squamous Cell Carcinoma

The Problem of Lichen Sclerosus

- ◇ Lichen sclerosus is a disease of elderly women
 - ◇ Age
 - ◇ Presentation
- ◇ Morbidity
 - ◇ Pruritus
 - ◇ Sexual Dysfunction
 - ◇ Depression/QOL



Lichen Sclerosus

- ◇ Treatment
 - ◇ Steroid
 - ◇ Super-potent, until texture resolves
 - ◇ Maintenance
 - ◇ Steroid phobia
 - ◇ Emerging
 - ◇ Laser, PDT, JAK inhibitors
- ◇ Surveillance
 - ◇ Images

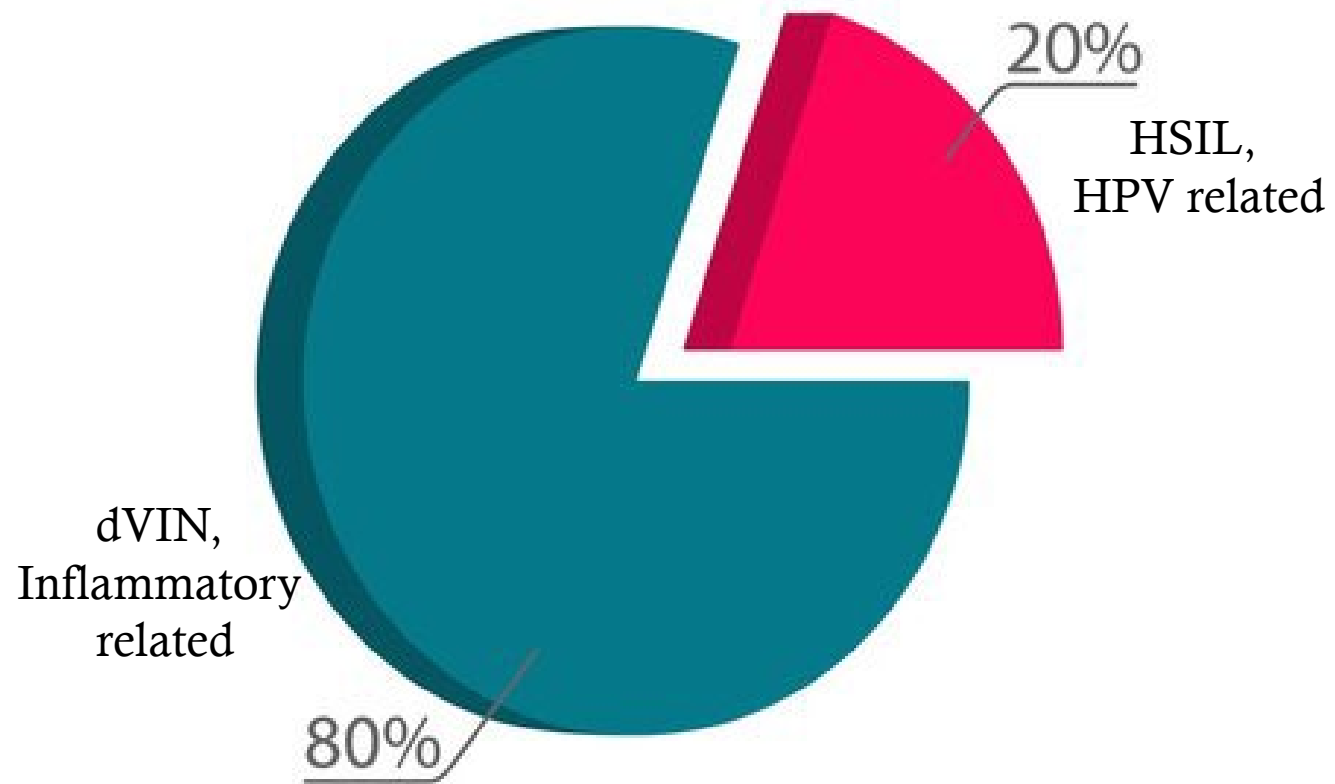


Courtesy of Dr. Libby Edwards

Lichen Sclerosus

- ◇ Mortality
 - ◇ 5% of women with untreated LS will develop a squamous cell carcinoma (SCC)
 - ◇ High rate of:
 - ◇ Recurrence
 - ◇ Morbidity
 - ◇ Mortality
 - ◇ Treatment reduces that number almost to ZERO
 - ◇ Pivotal study

Vulvar SCC



Vulvar SCC Treatment

- ◇ Surgery
 - ◇ Wide Local Excision: low risk tumors (T1a)
 - ◇ <2cm diameter, <1mm histological invasion
 - ◇ 1-2cm margin
 - ◇ Radical Vulvectomy: high risk tumors (T1b or greater)
 - ◇ >2cm diameter, midline, >1mm invasion
- ◇ Sentinel node?
- ◇ Adjuvant radiation and/or chemotherapy



Post-vulvectomy



Post-vulvectomy and radiation

Vulvar SCC Treatment

Field Cancerization?

- ◇ Life-long topical steroid
- ◇ Intermittent field therapy
 - ◇ PDT
 - ◇ 5FU, imiquimod



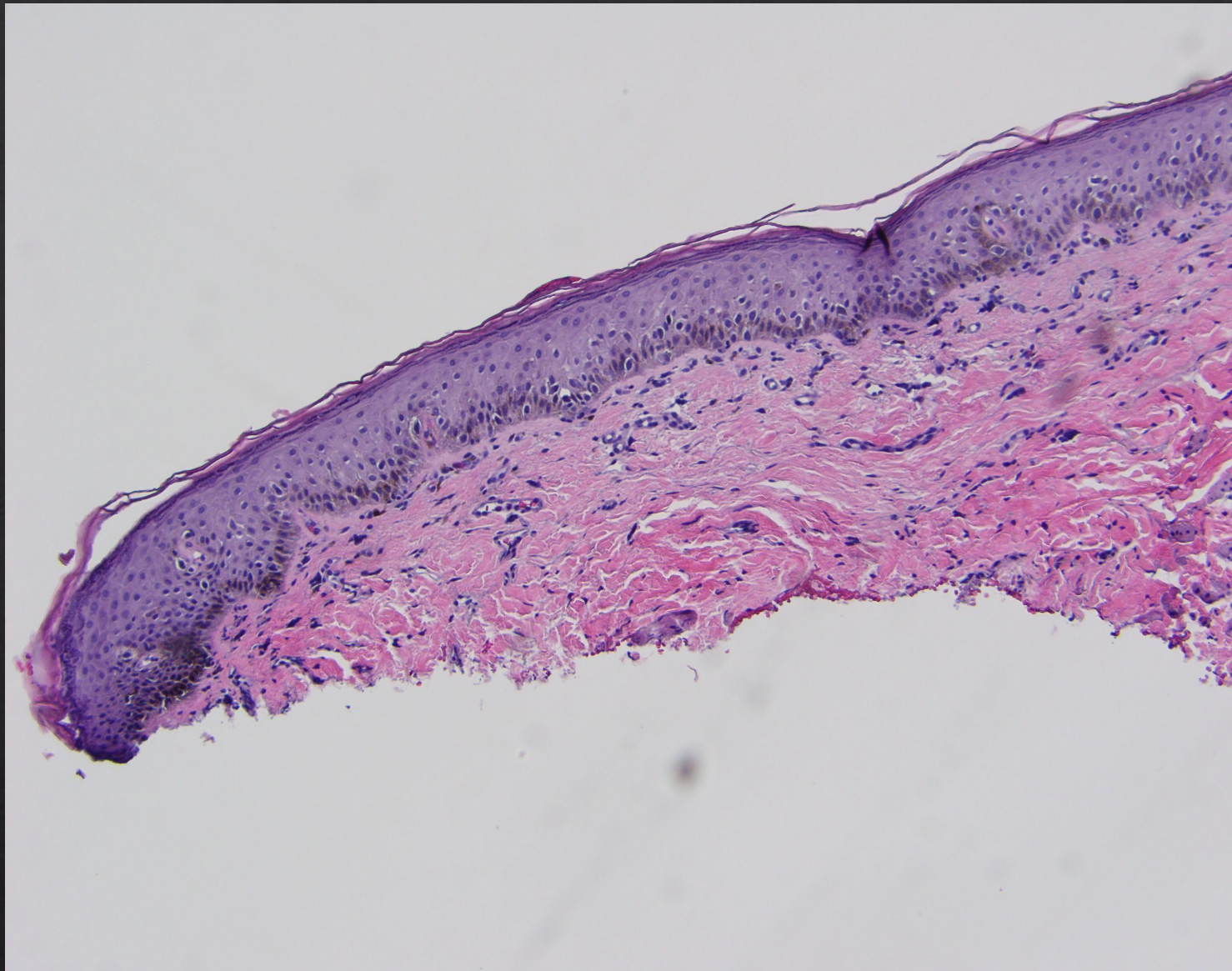
Vulvar SCC and Mohs Surgery

- ◇ Indications for Mohs surgery
- ◇ Contiguous tumor
- ◇ Case reports and University of Penn study

Case 2

- ◇ 60 yo Caucasian female referred for itching of the vulva
- ◇ Biopsy performed by GYN was “normal,” but dermatologist is concerned for lichen sclerosis

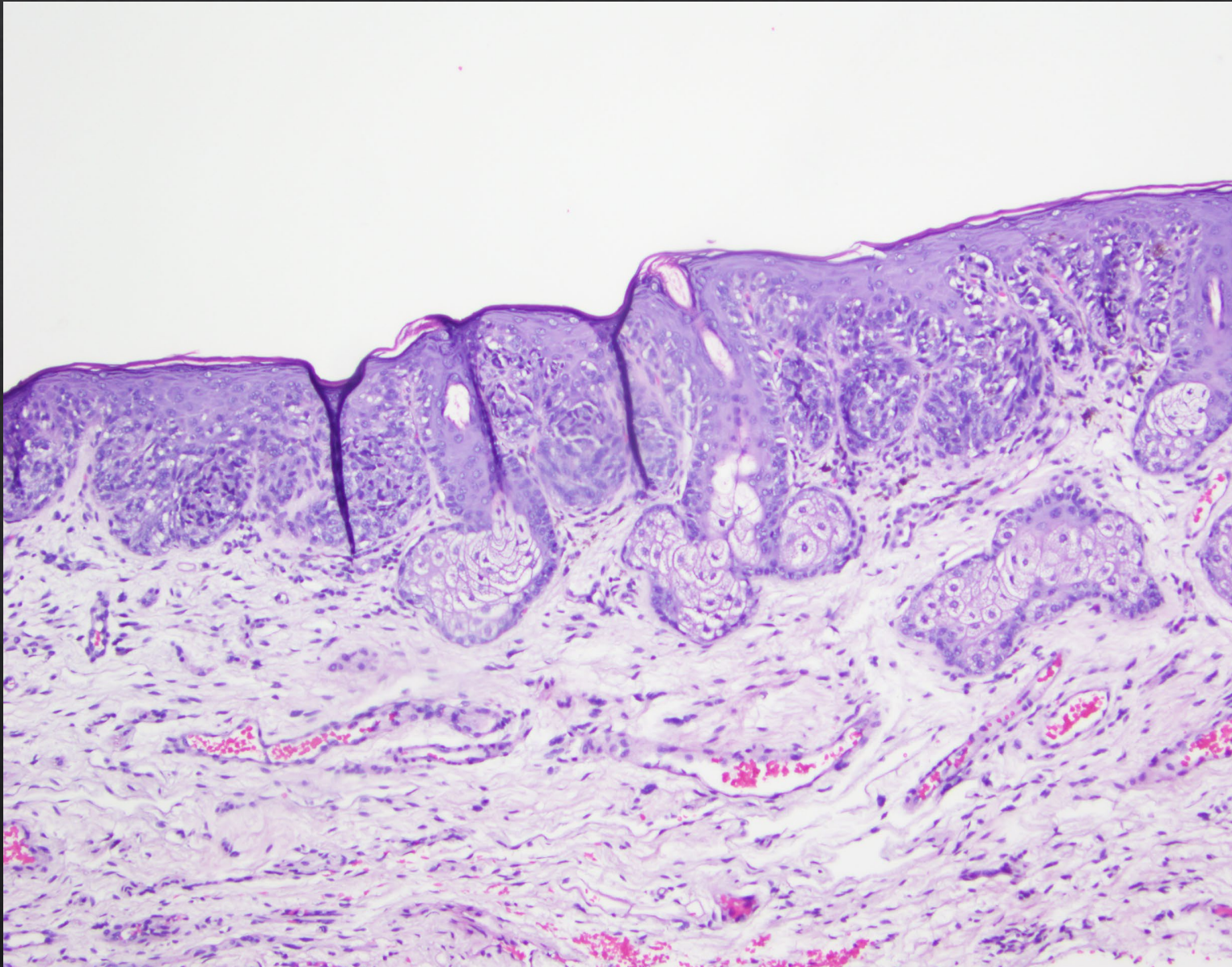




Lentigo



6 months later



Melanoma in situ

The Problem of Melanoma

- ◇ Vulvar Melanoma is rare disease
 - ◇ Age
 - ◇ Presentation
- ◇ Morbidity
- ◇ Mortality

Melanoma Treatment

- ◇ Known to be more aggressive tumors
- ◇ Same melanoma guidelines, based on depth of invasion
 - ◇ Radical vulvectomy does NOT offer survival advantage over wide local excision
- ◇ No GEP data



Staged excision



Simple repair and secondary intention



6 months later

The Problem of Gynecology

- ◇ Training
 - ◇ About 5 hours in the curriculum
- ◇ Assumptions
- ◇ ACOG recommendations
 - ◇ No pap-smears after 65yo
- ◇ Insurance coverage on Medicare
 - ◇ Supply study
 - ◇ Regional phone study

The Problem of Dermatology

- ◇ Training
 - ◇ About 3 hours of curriculum
 - ◇ Only about 50% thought relevant to future work!
- ◇ Assumptions
- ◇ What constitutes a Total Body Skin Examination ?
 - ◇ Survey of practicing physicians showed only 28% examined female genitalia
 - ◇ Patient discomfort
 - ◇ Survey of patients, 84% expected an examination

The CHALLENGE for Dermatology

- ◇ Lack of Data
 - ◇ Mohs for SCC
 - ◇ Staged excision for MM
 - ◇ Treating the field

What can we do?

- ◆ Educate
- ◆ Ask and Look!
- ◆ Biopsy
- ◆ Continued surveillance



“The only thing worse than being blind is having SIGHT but no VISION.”

Helen Keller

“Look tight!”

Kenny Greer

Conclusion

- ◇ Unmet Need
- ◇ Dermatologists are prepared to meet this need with care and confidence

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Thank You

- ◇ Dr. Barbara Wilson
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