

Current Status of Treatment for Vulvar Cancer

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Key Aspects of Vulvar Cancer Treatment:

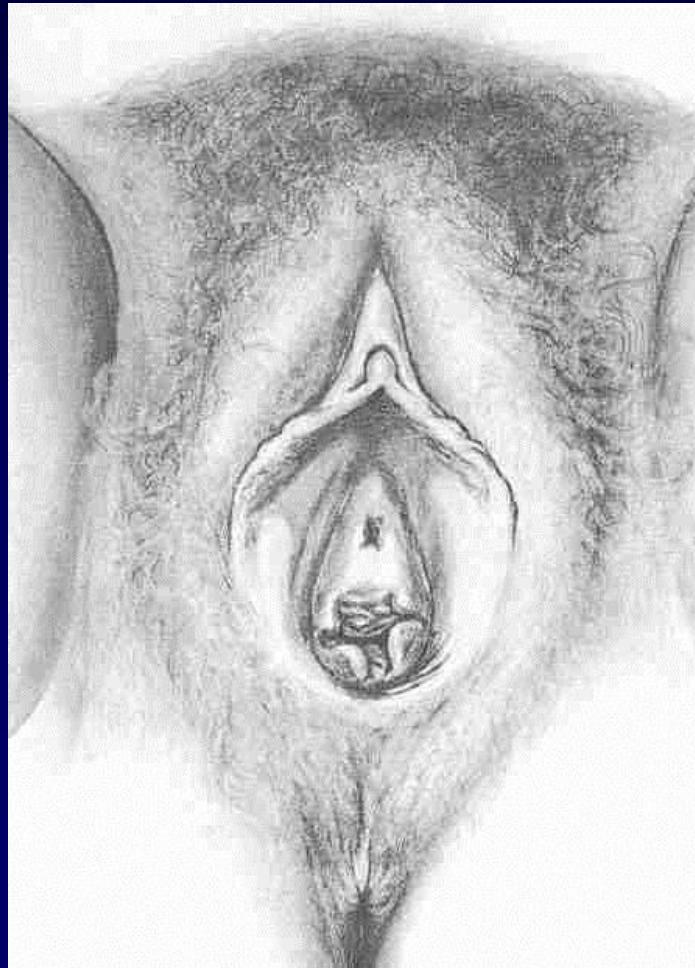
- **Surgery of the vulva**
- **Surgery of the groin**
- **Adjuvant treatment**

Key Aspects of Vulvar Cancer Treatment:

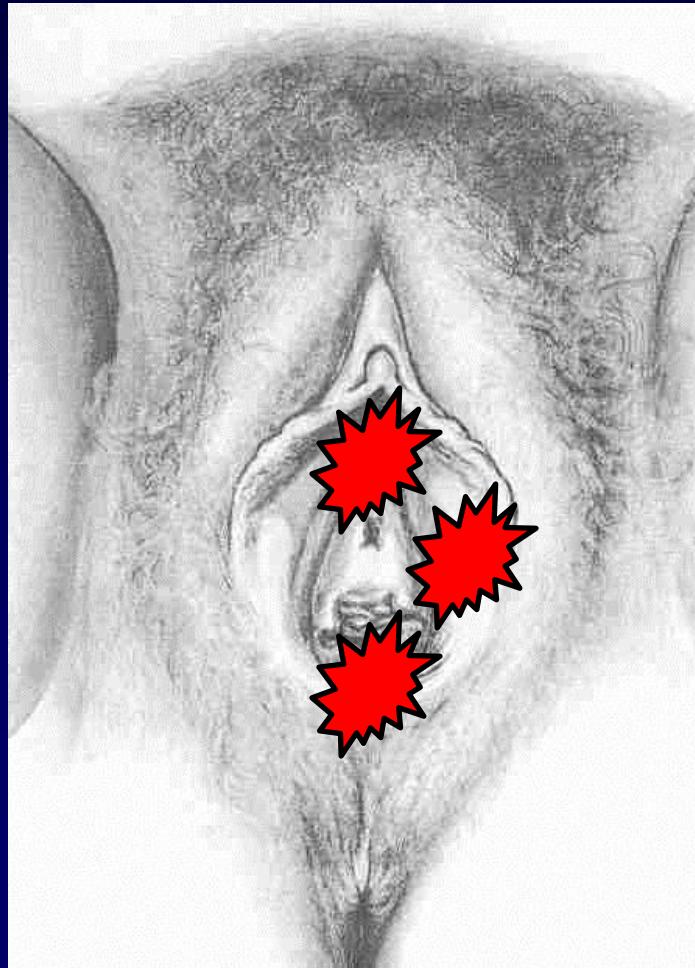
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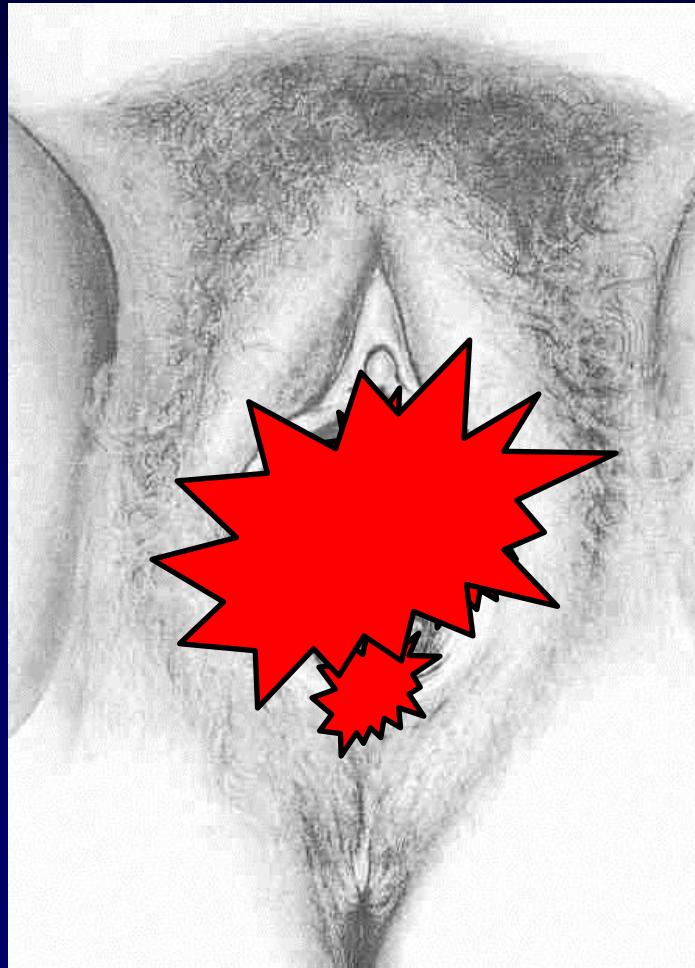
Typical Localization of Vulvar Cancer



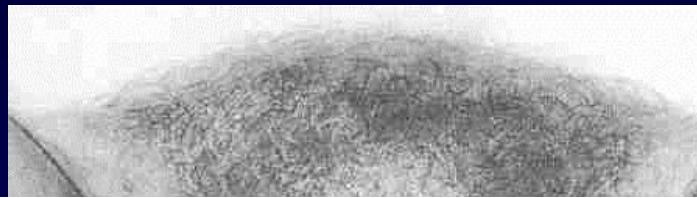
Typical Localization of Vulvar Cancer



Typical Localization of Vulvar Cancer



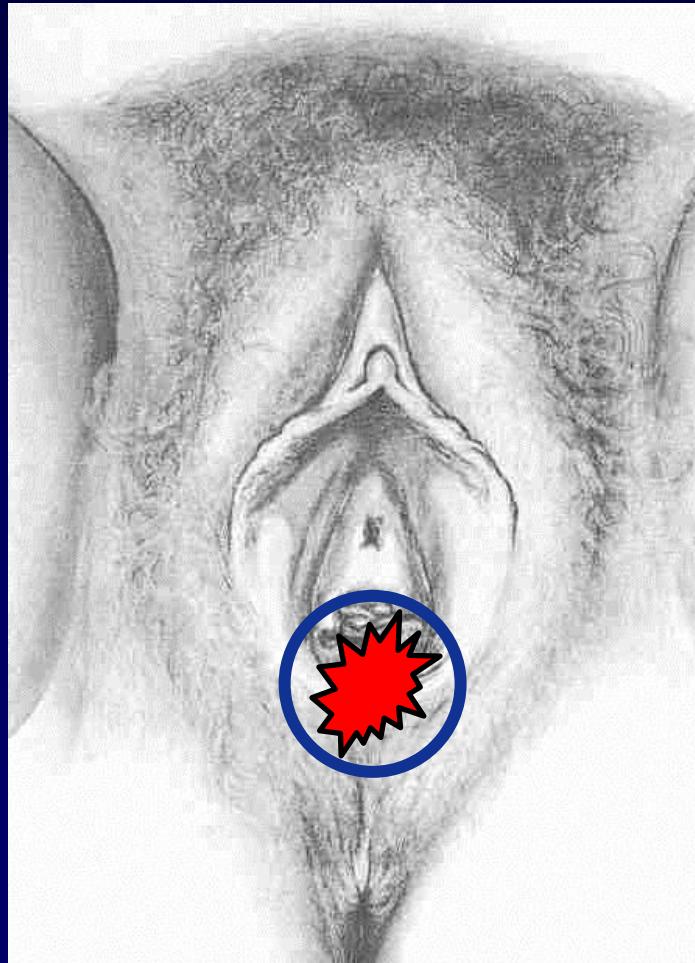
Surgical Resection of Vulvar Cancer



Depending on the tumor localization,
different resection and reconstruction
strategies are necessary



Resection And Reconstruction at the Posterior Vulva – Limberg Flaps



Resection And Reconstruction at the Posterior Vulva – Limberg Flaps

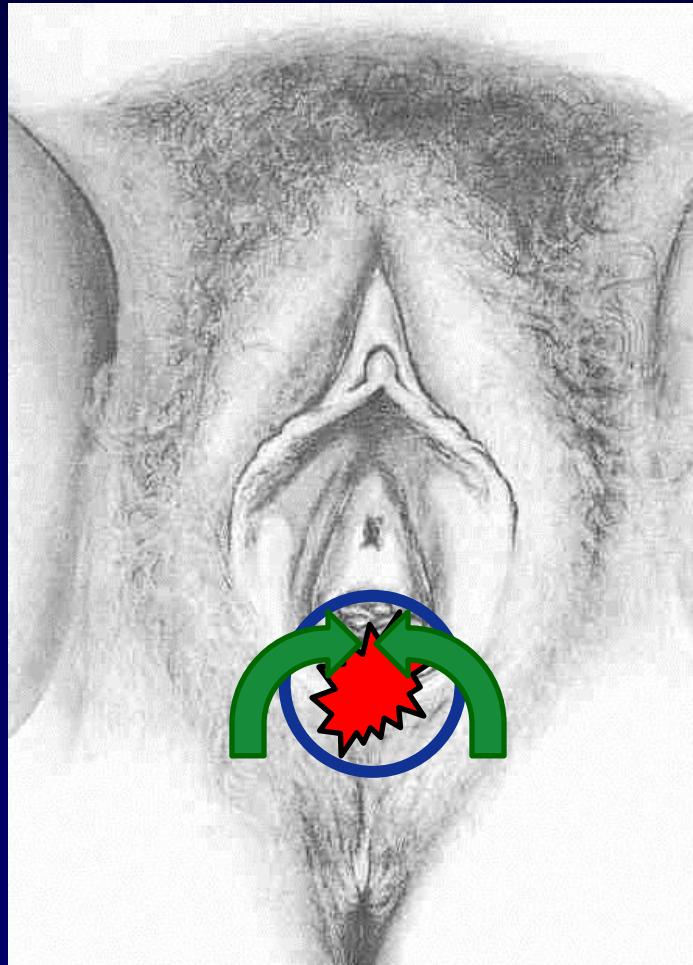


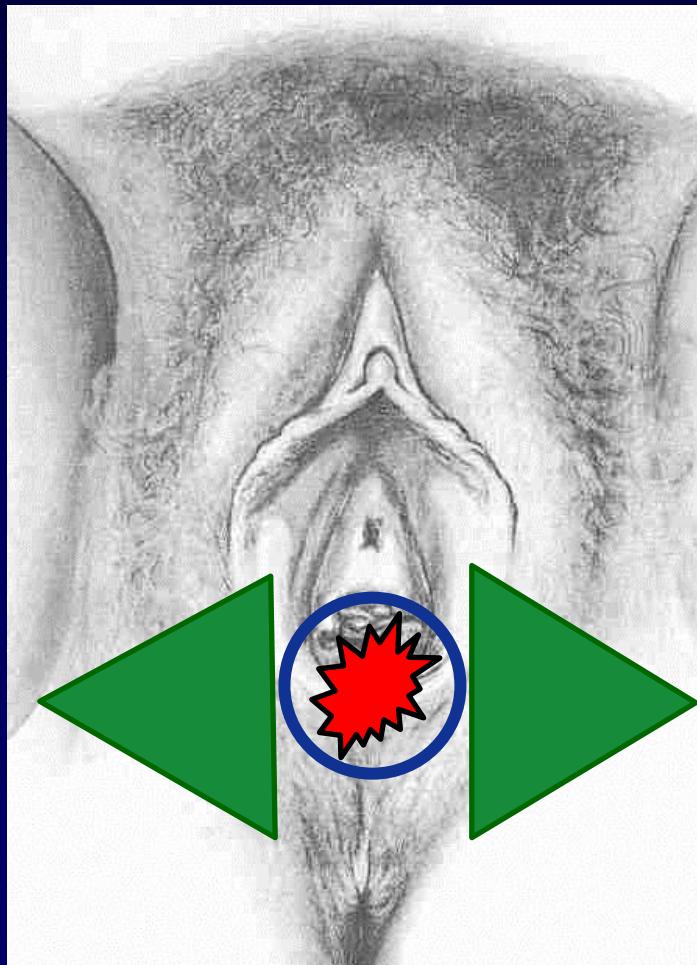




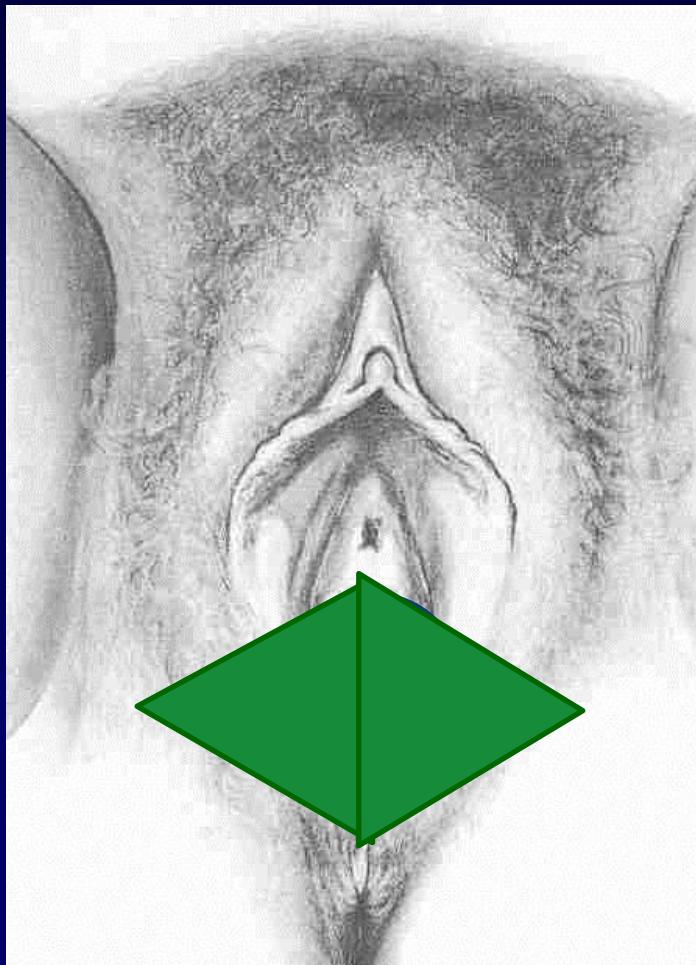


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Resection And Reconstruction at the Posterior Vulva – Gluteal Fold V-Y Advancement Flaps

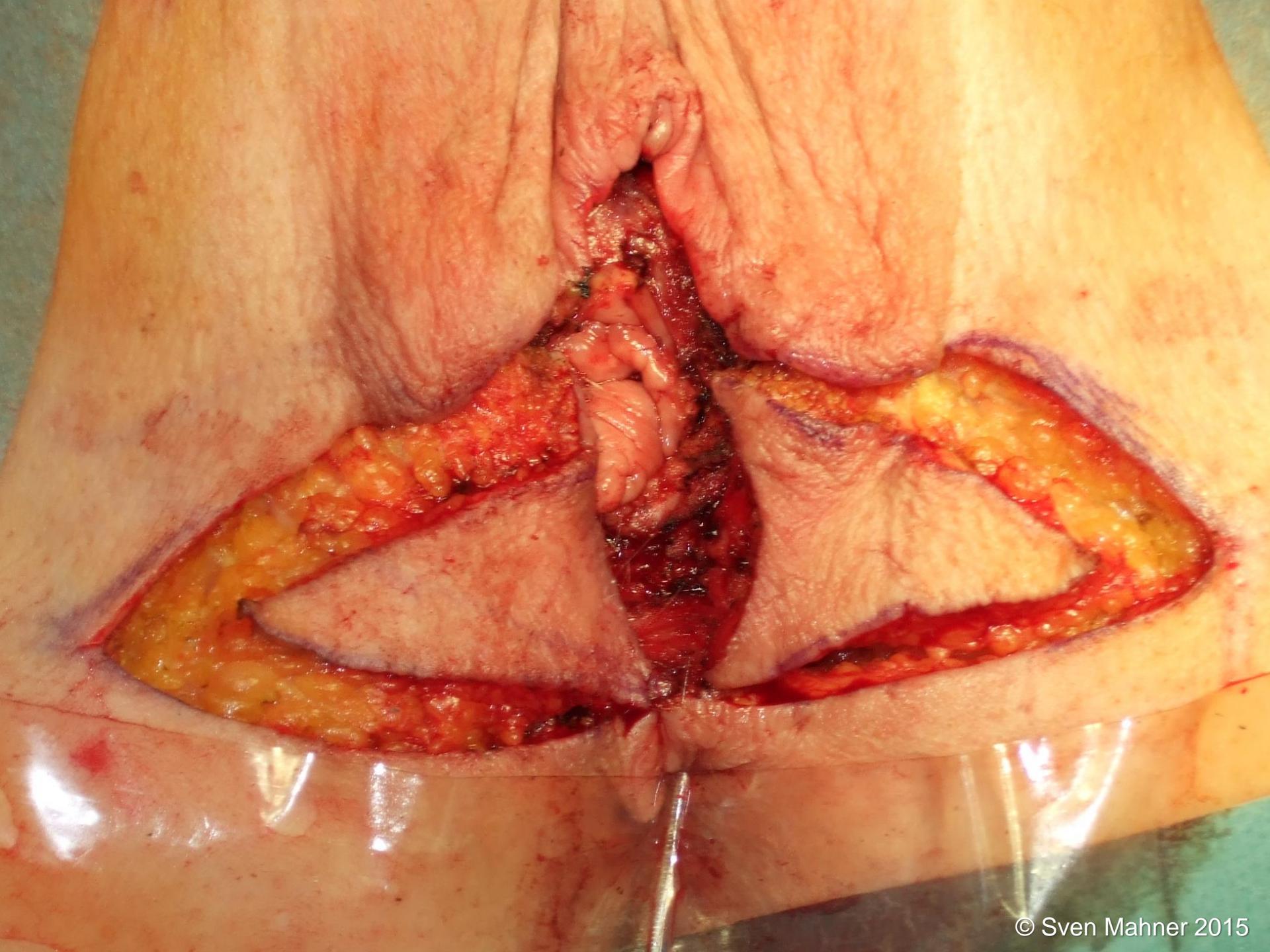


Resection And Reconstruction at the Posterior Vulva – Gluteal Fold V-Y Advancement Flaps





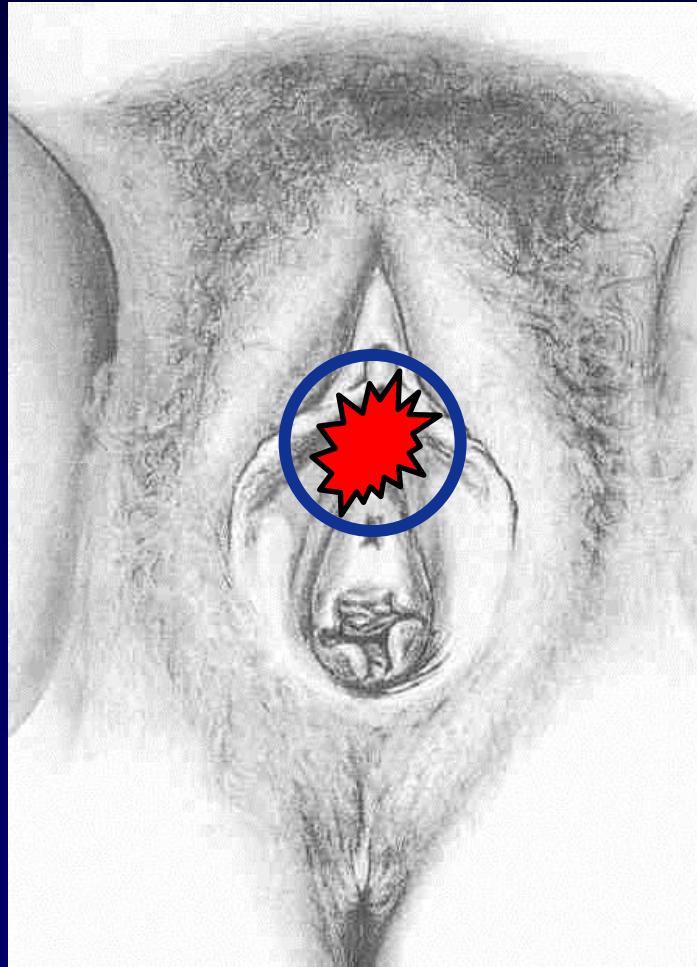
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Resection and Reconstruction at the Anterior Vulva – Limberg Flaps

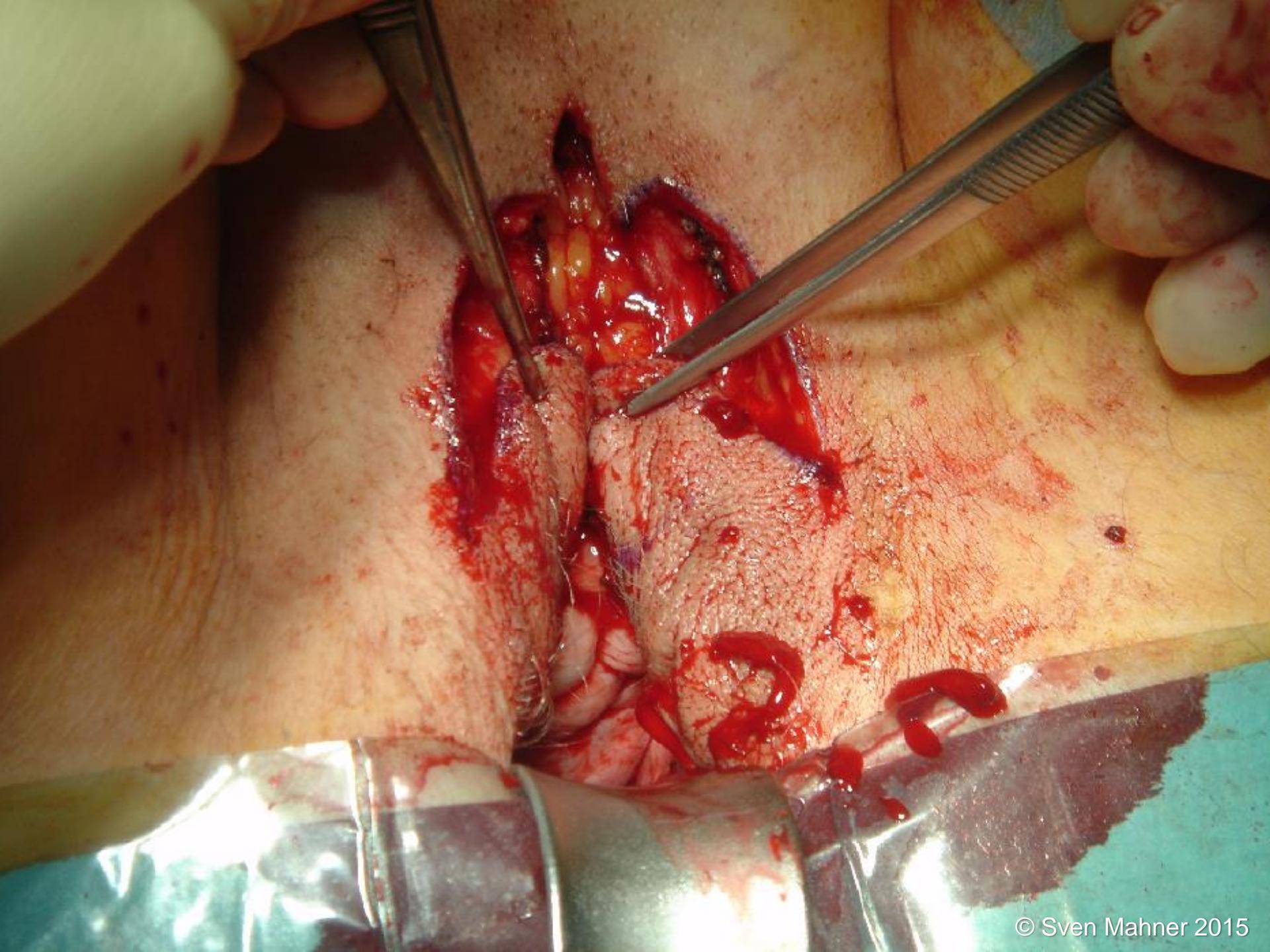


Resection and Reconstruction at the Anterior Vulva – Limberg Flaps









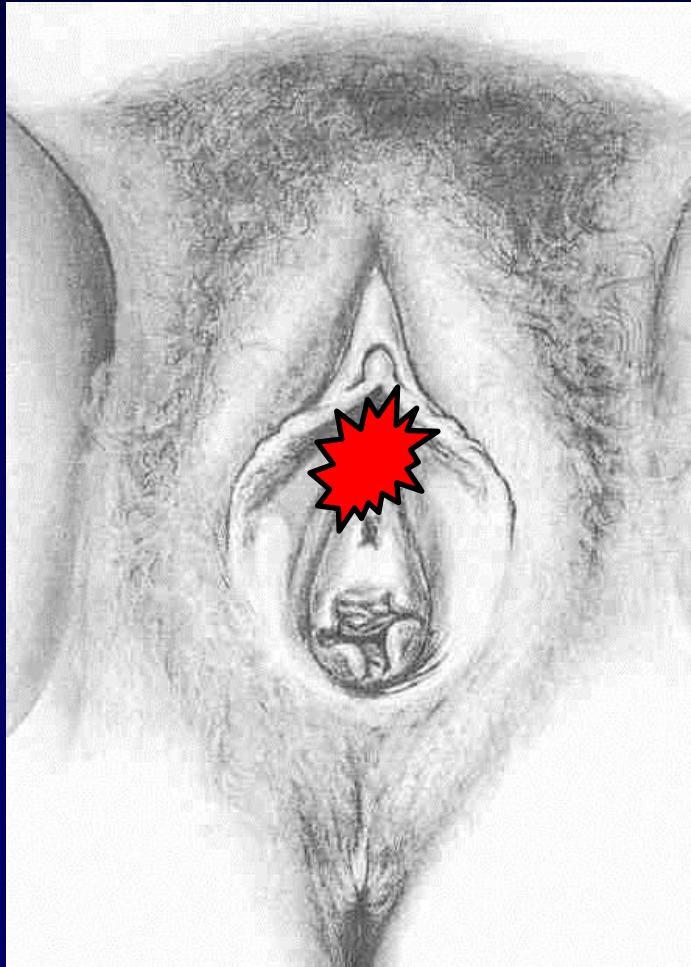


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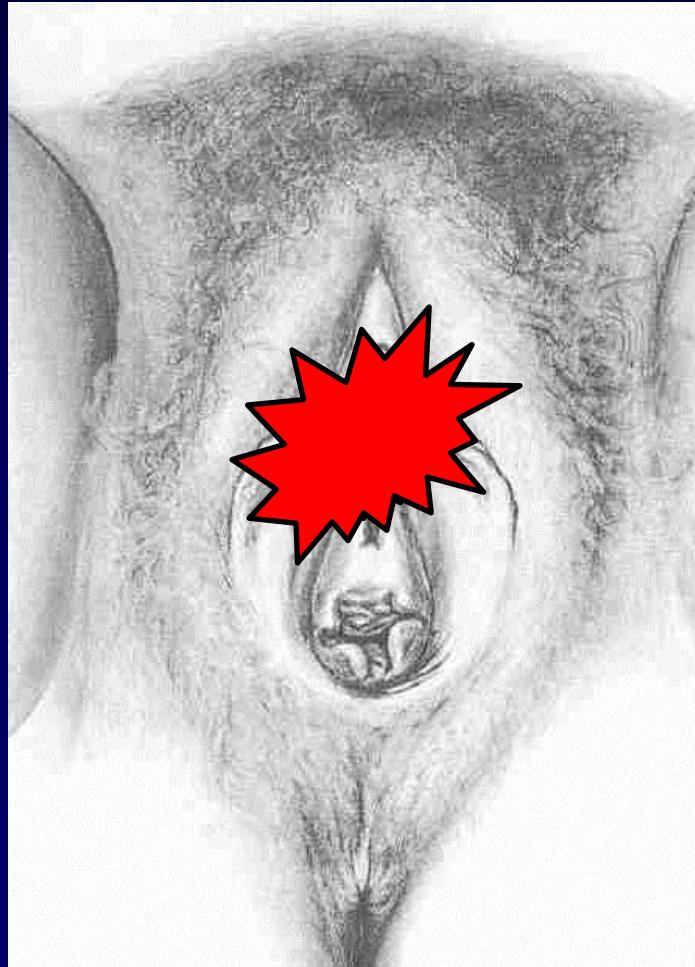


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Resection and Reconstruction of Large and Multifocal Vulvar Cancer – Pubo-Labial V-Y Advancement Flap



Resection and Reconstruction of Large and Multifocal Vulvar Cancer – Pubo-Labial V-Y Advancement Flap



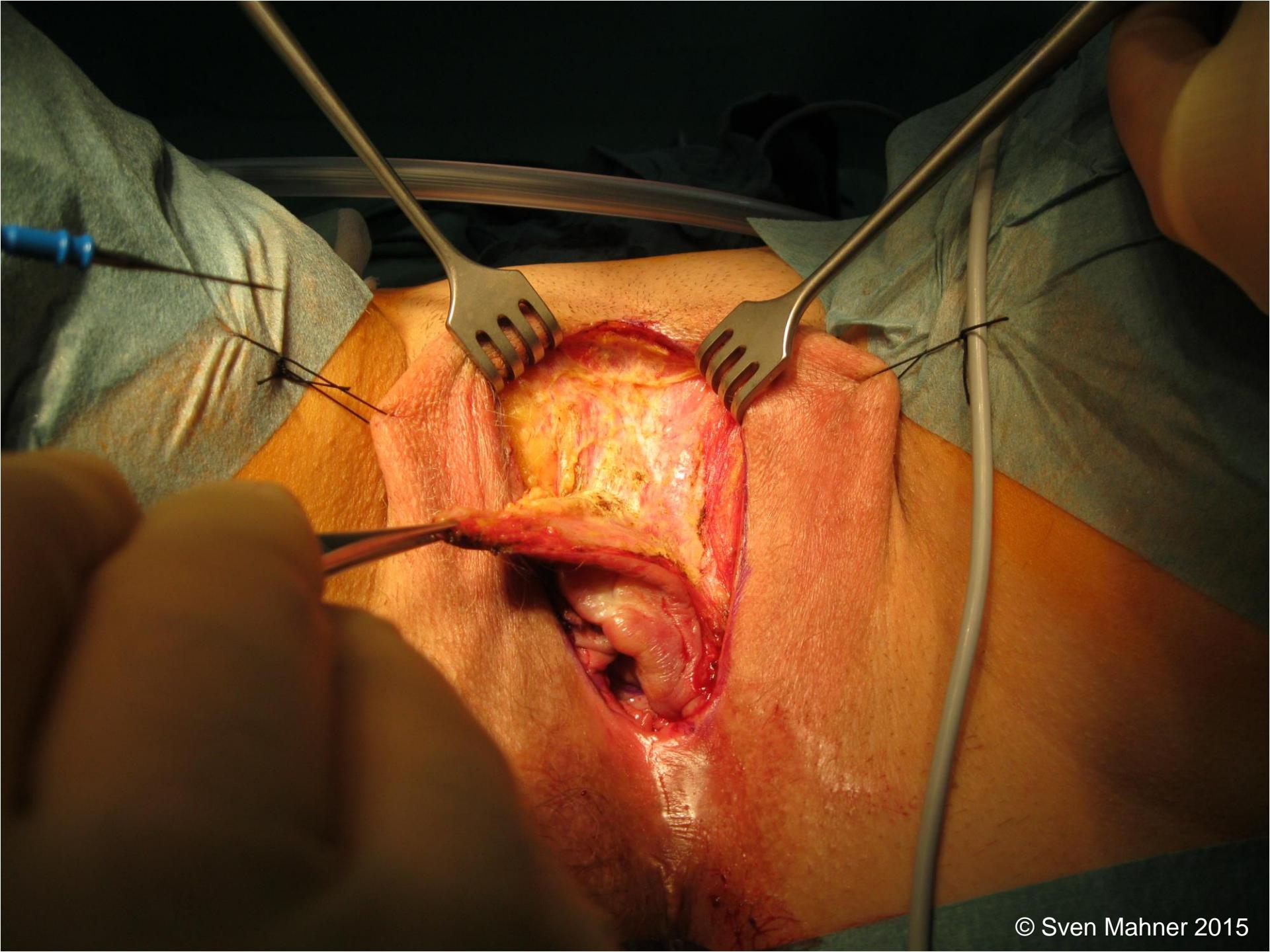




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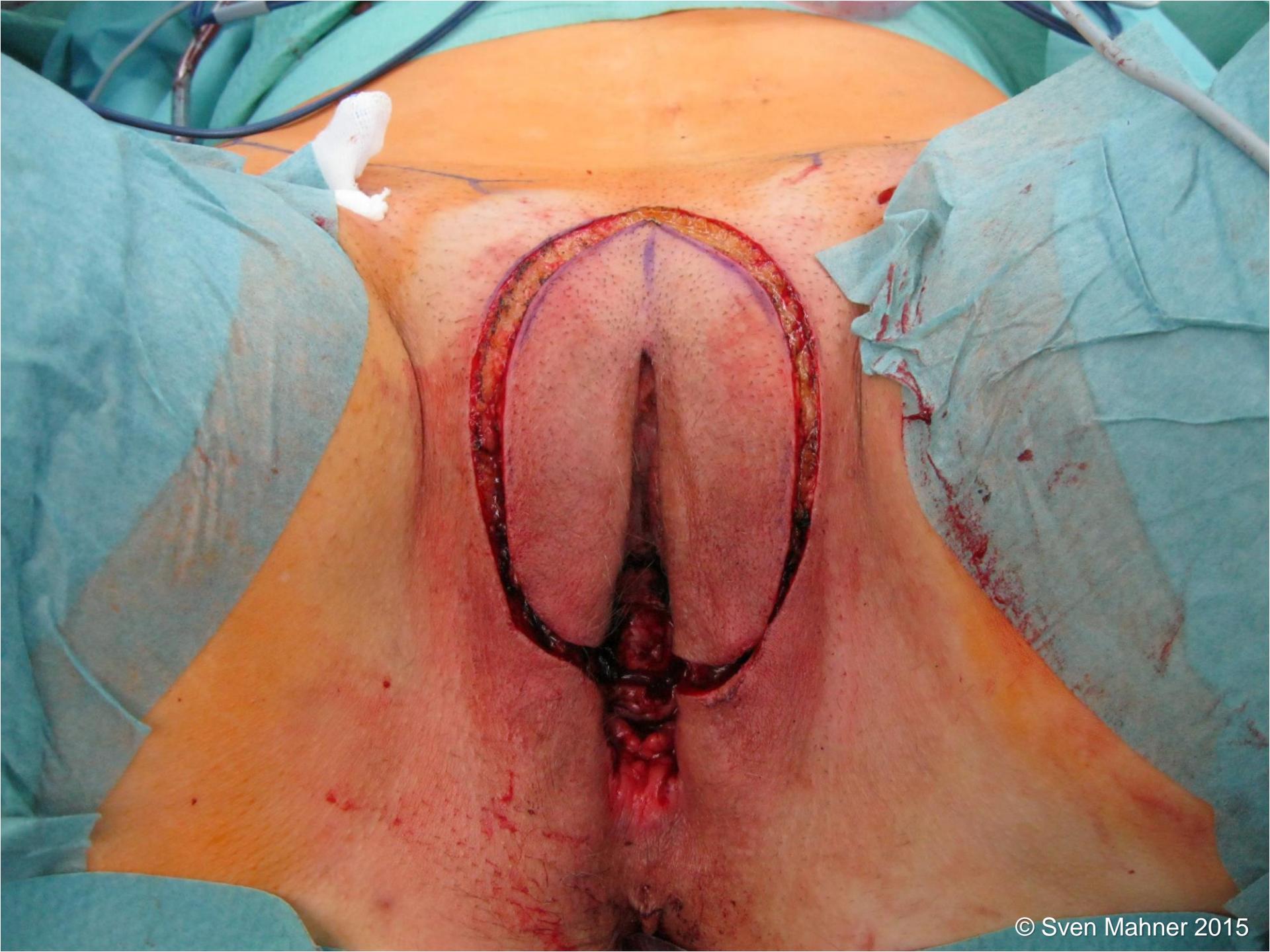




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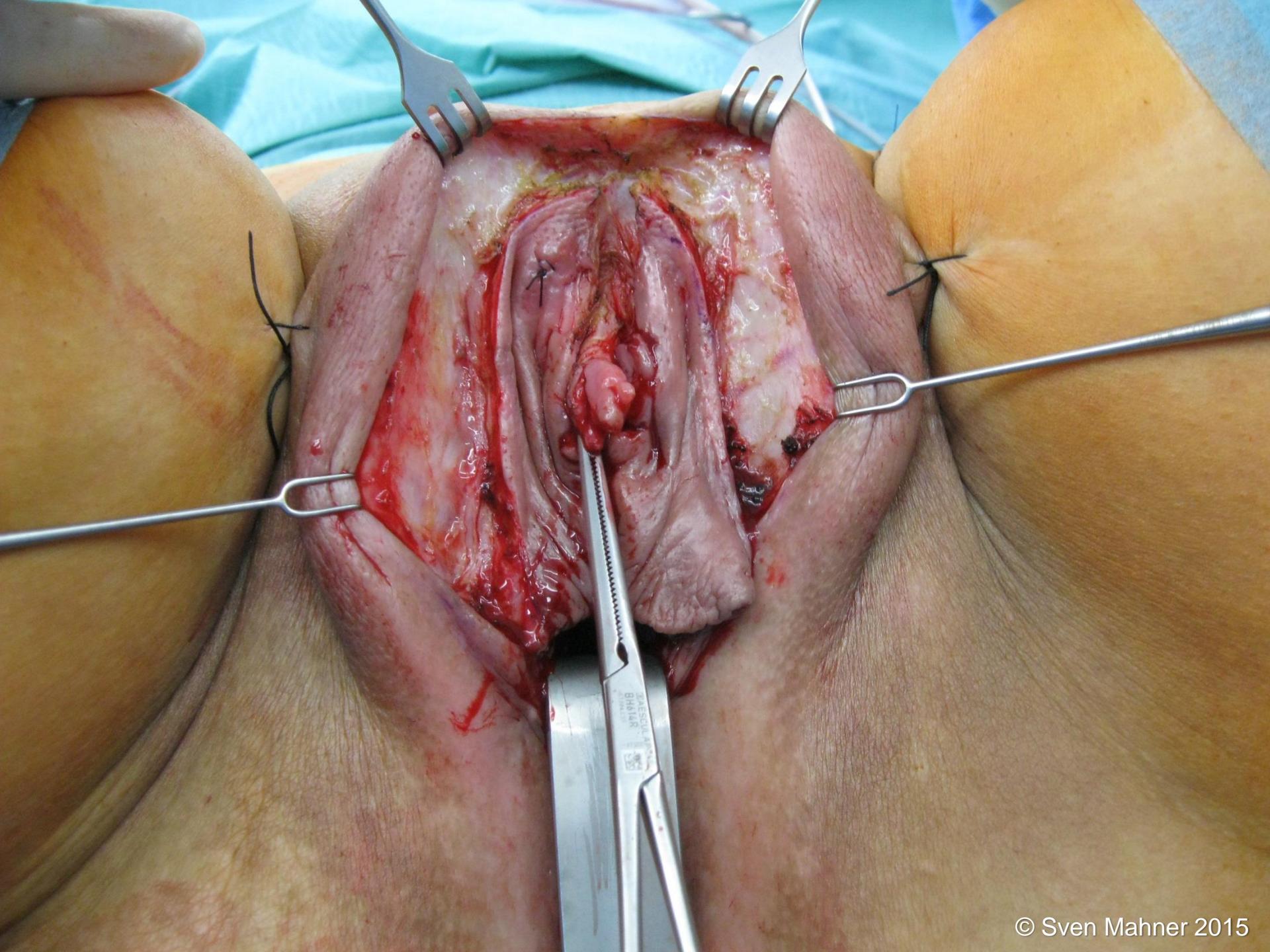


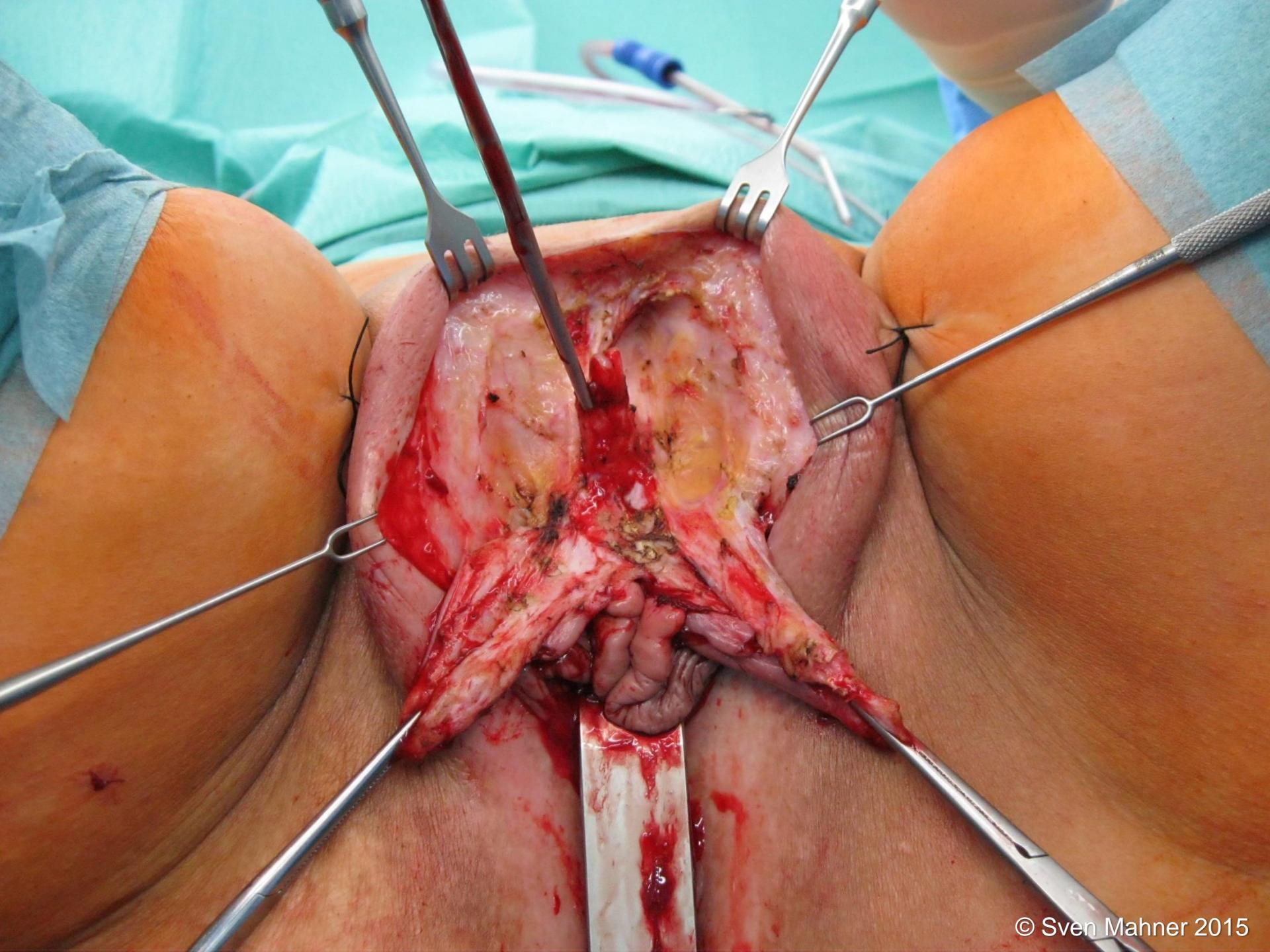
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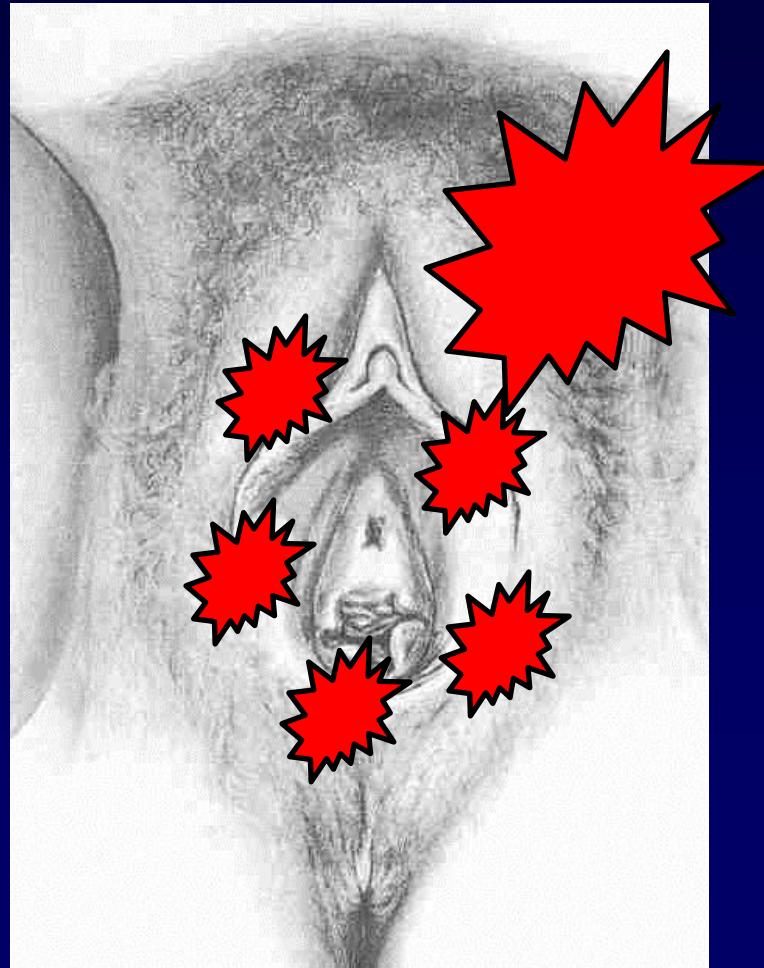


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Extreme Cases / Recurrences





Flaps With Dedicated Blood Supply

➤ Axial/fasciocutaneos flaps

- ventral/dorsal bulbocavernous-flap
- Glutaeal flap

➤ Myocutaneal flaps

- Gracilis flap
- Tensor fasciae latae flap
- VRAM

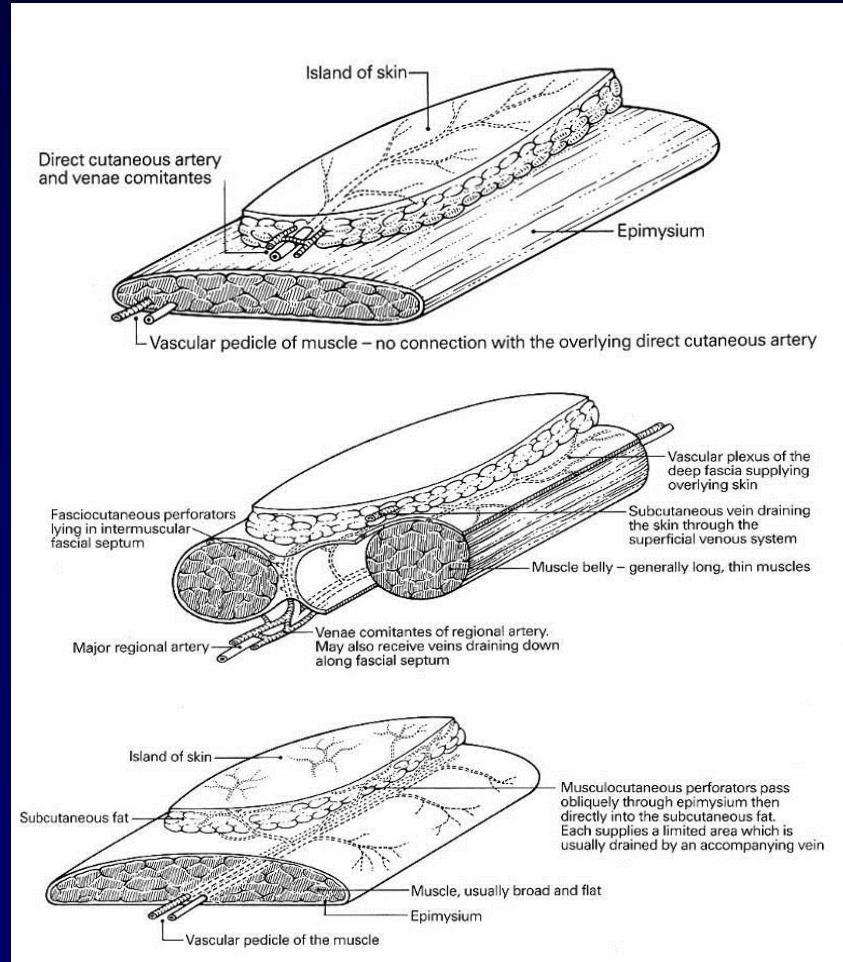
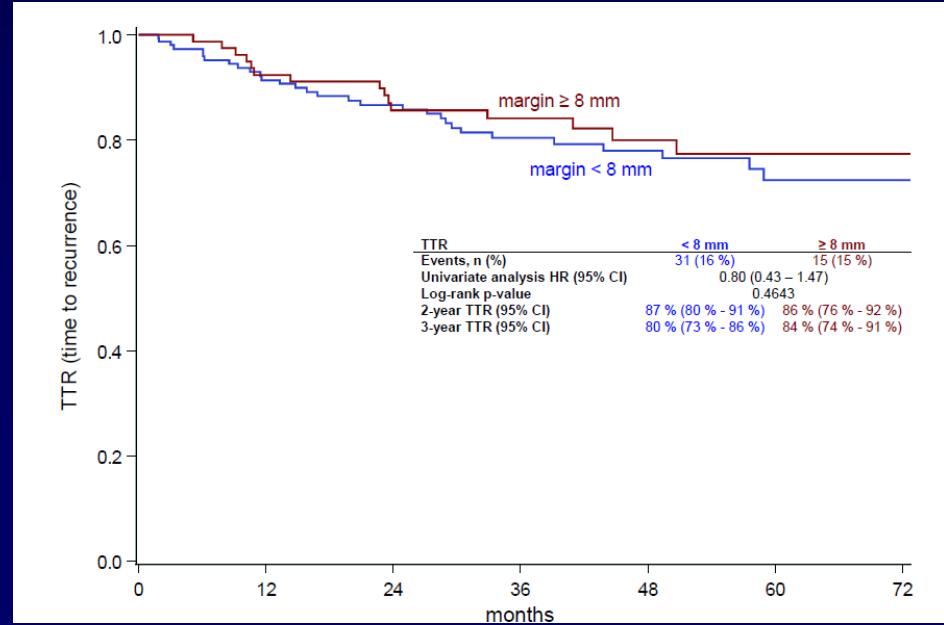
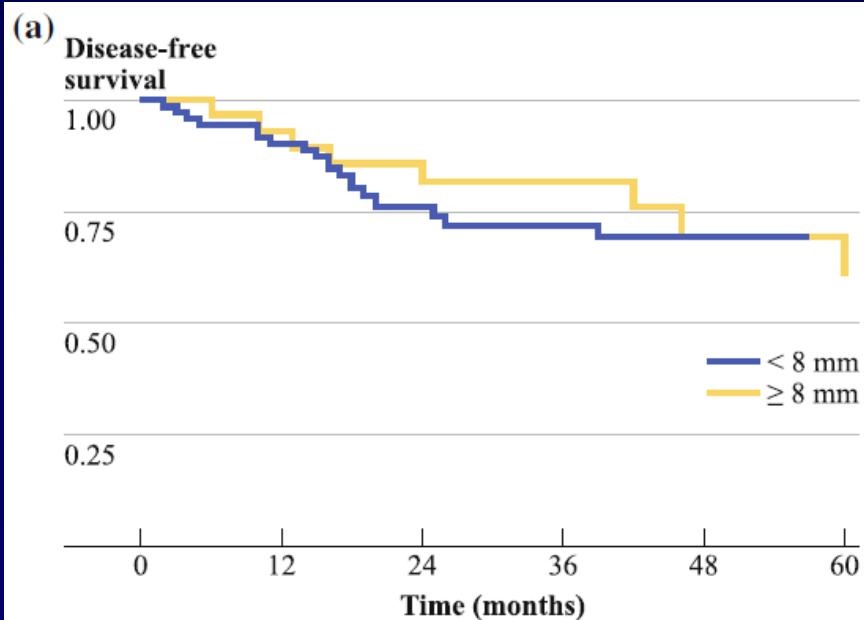
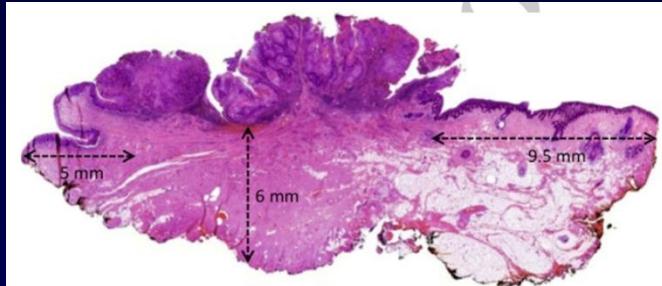


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Surgery of the Vulva Tumor-Free Resection Margin



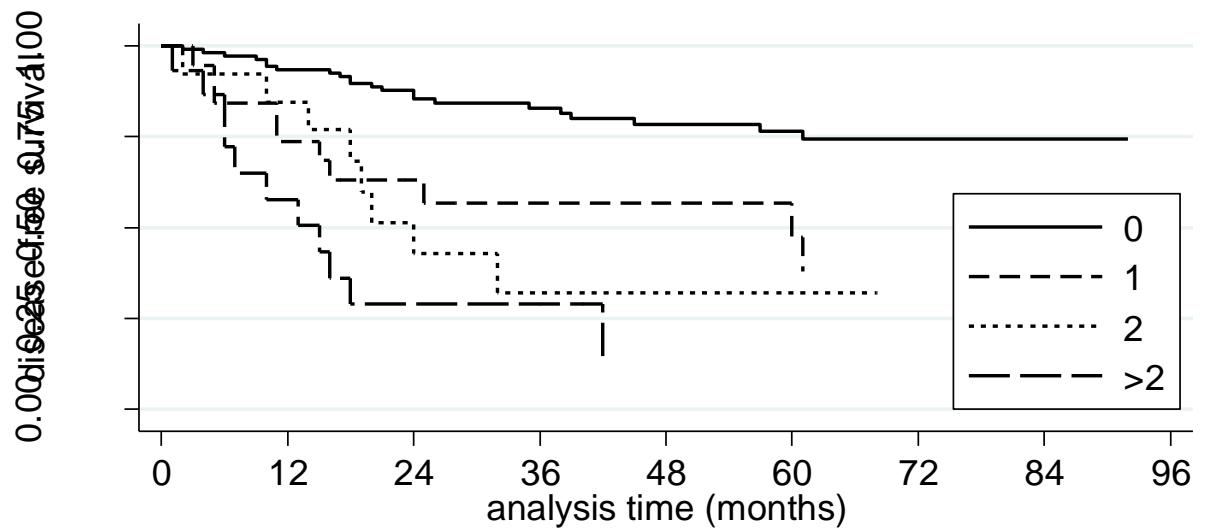
Wölber L, et al. *Ann Surg Oncol*. 2011;18(13):3811-3818.

Mahner S, et al. *Int J Gynecol Cancer*. 2014;24(Suppl 4 9): Abstract 0827.

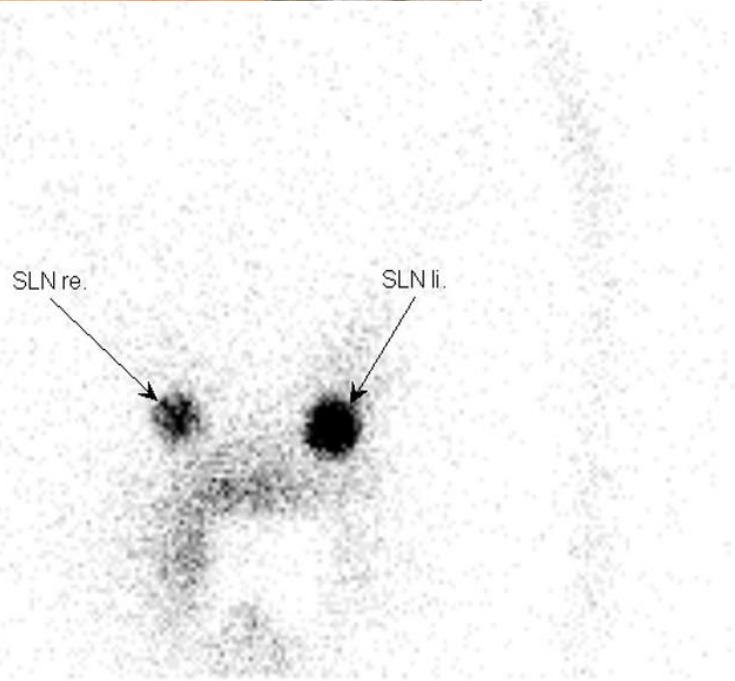
Key Aspects of Vulvar Cancer Treatment:

- **Surgery of the vulva**
- **Surgery of the groin**
- **Adjuvant treatment**

Surgery of the Groin



Surgery of the Groin



Sentinel lymph node dissection

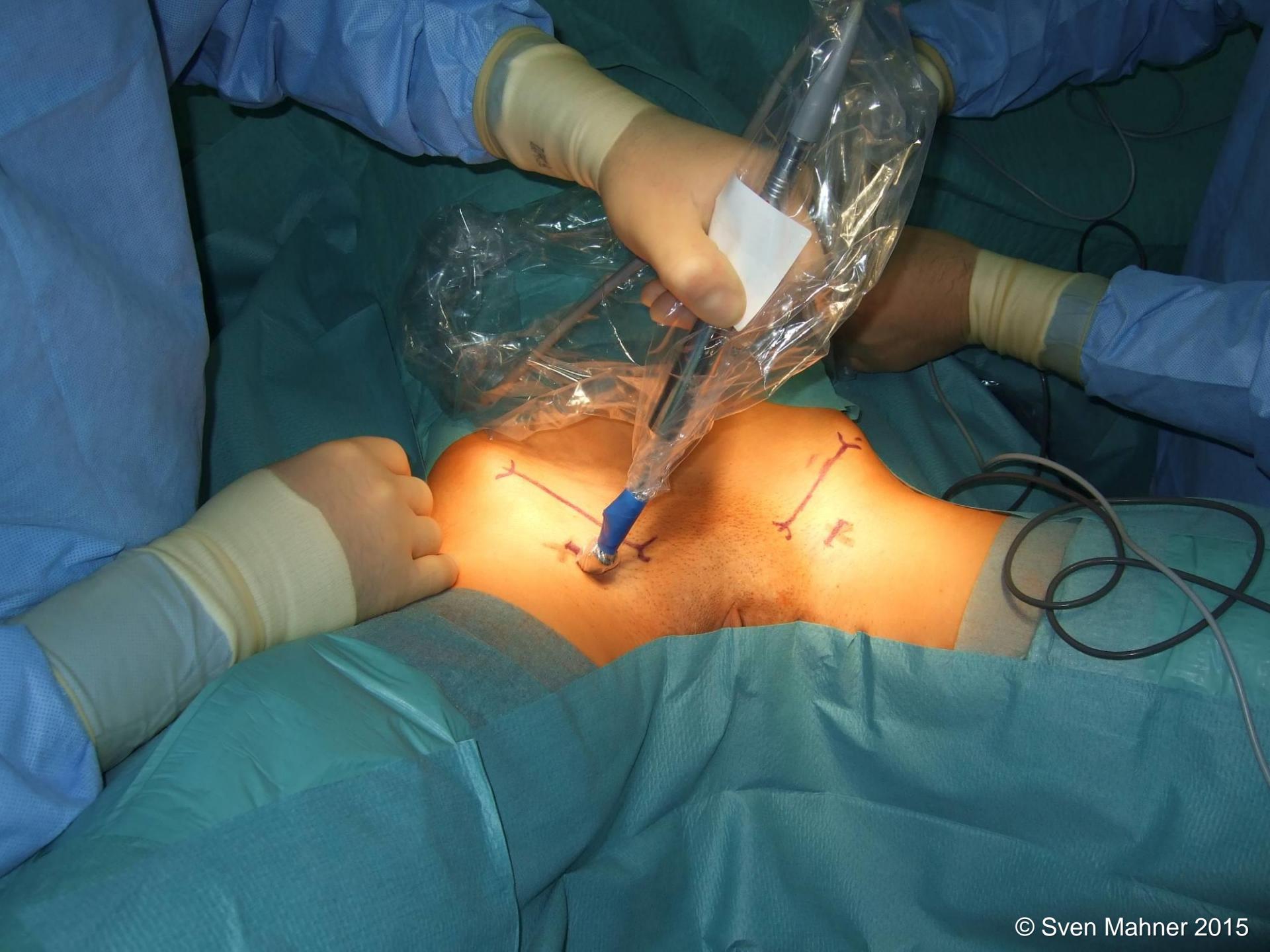
Wölber L, et al. *Int J Gynecol Cancer*. 2012;22(3):503-508.
Van der Zee AG, et al. *J Clin Oncol*. 2008;26(6):884-889.

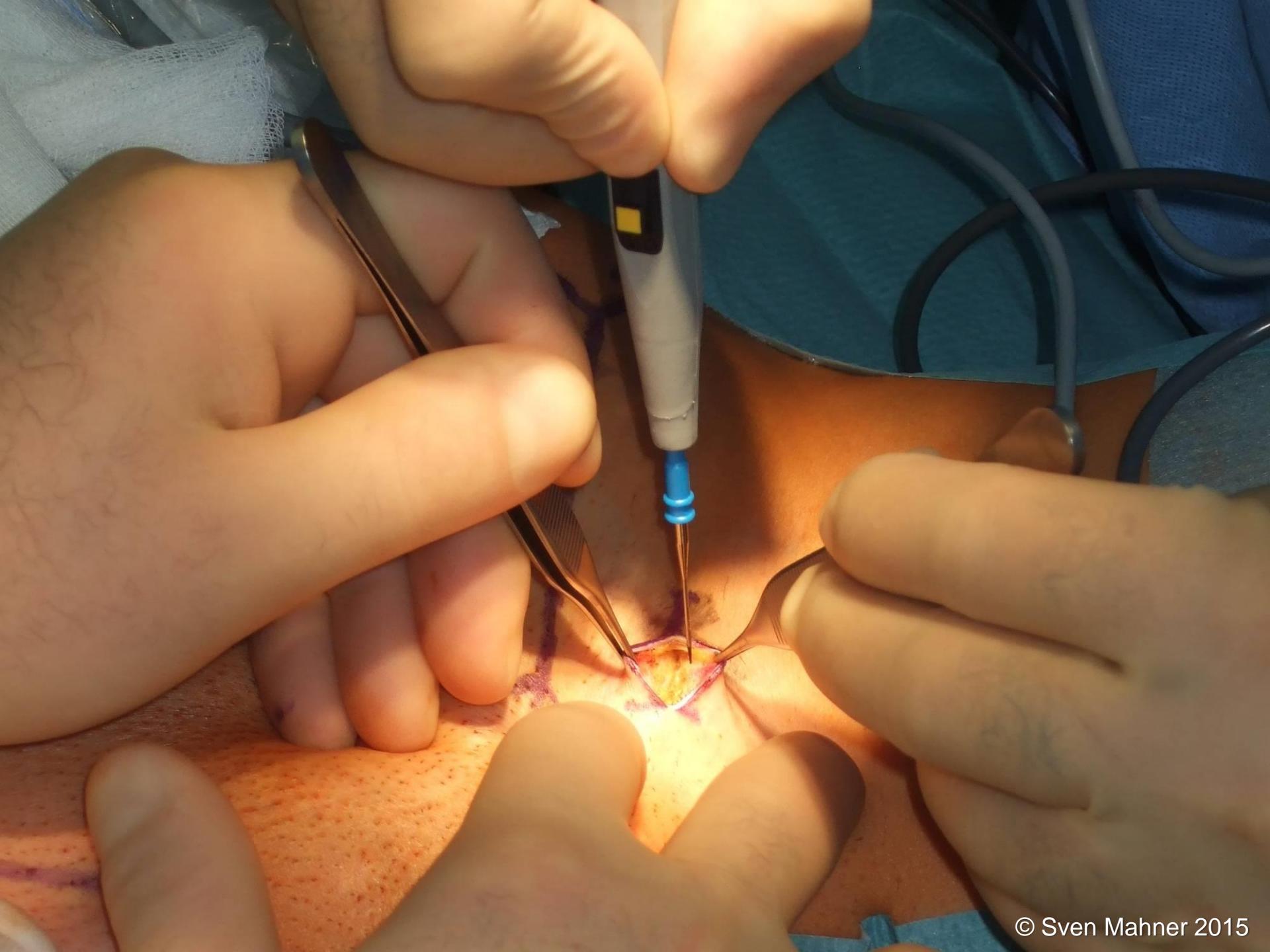
Lymphocysts



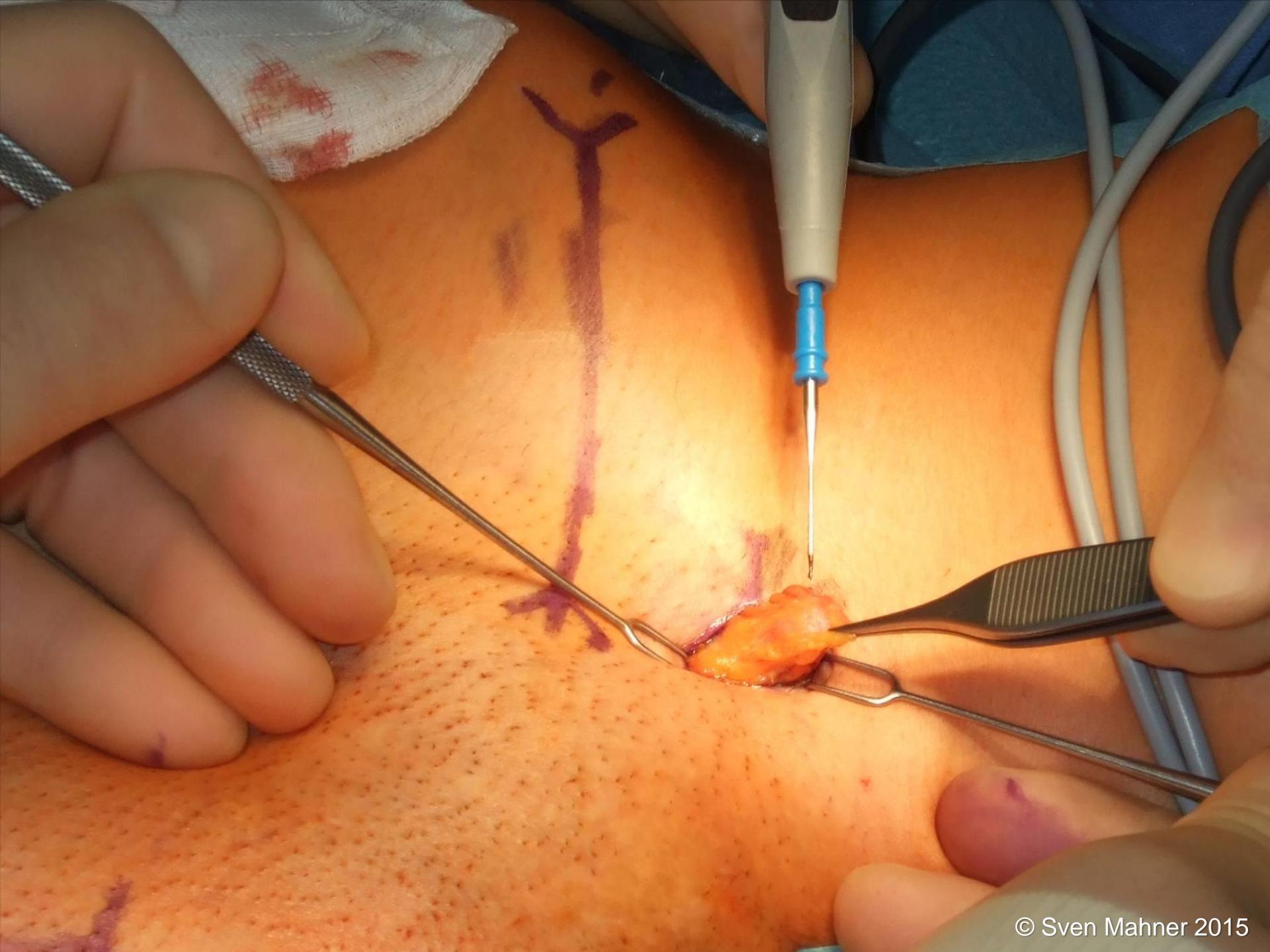
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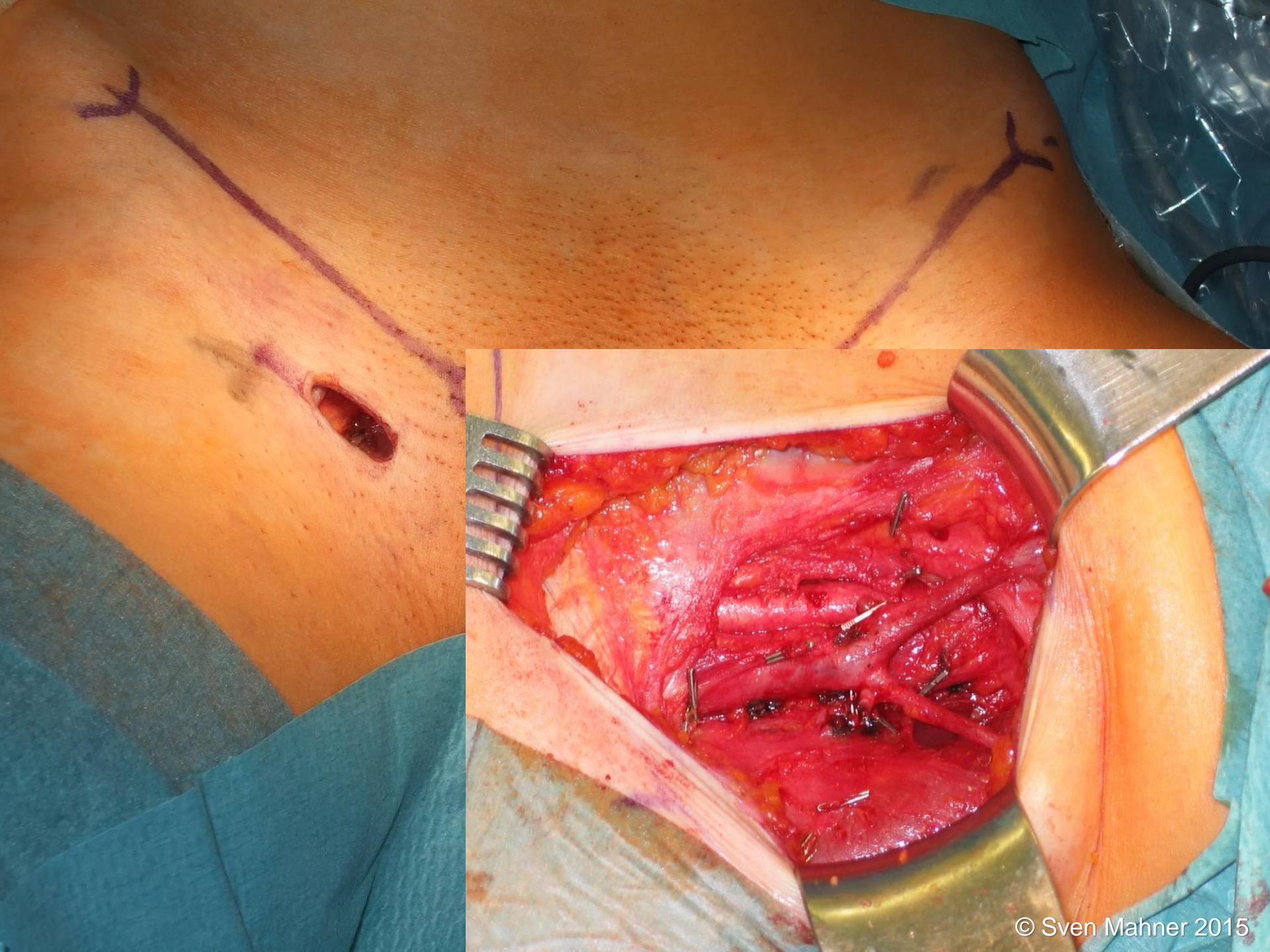




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Sentinel Node Dissection Is Safe in the Treatment of Early-Stage Vulvar Cancer

Ate G.J. Van der Zee, Maaike H. Oonk, Joanne A. De Hullu, Anca C. Ansink, Ignace Vergote, René H. Verheijen, Angelo Maggioni, Katja N. Gaarenstroom, Peter J. Baldwin, Eleonore B. Van Dorst, Jacobus Van der Velden, Ralph H. Hermans, Hans van der Putten, Pierre Drouin, Achim Schneider, and Wim J. Sluiter

- 403 pts T1/2 <4 cm, 259 pts pN0(sn)
- Ultrastaging of SNL (42% of positive nodes were detected this way)
- 6 groin recurrences (2.3%)
- Significantly less morbidity
 - wound breakdown 11.7% vs 34%
 - infection 4.5% vs 31%
 - median hospital stay 8 d vs 14 d
 - lymphedema 1.9% vs 25%

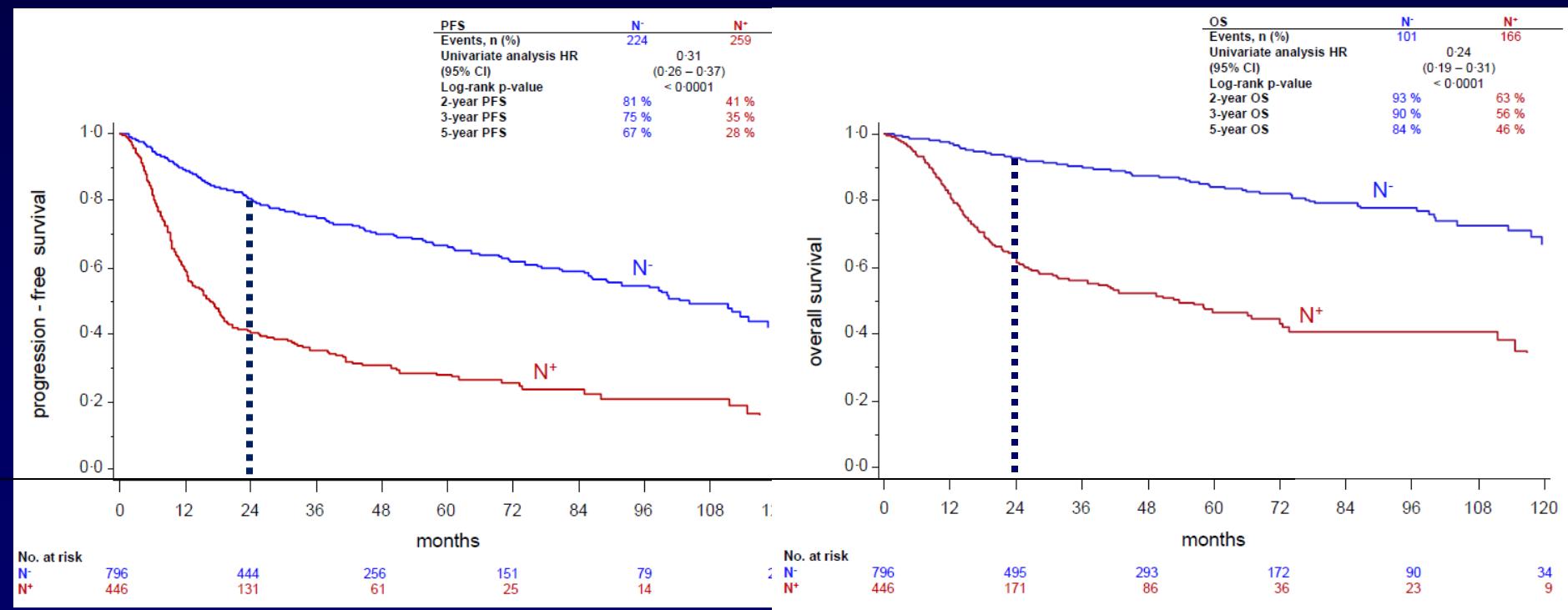
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Prognostic Role of Lymph Node Metastases in Vulvar Cancer

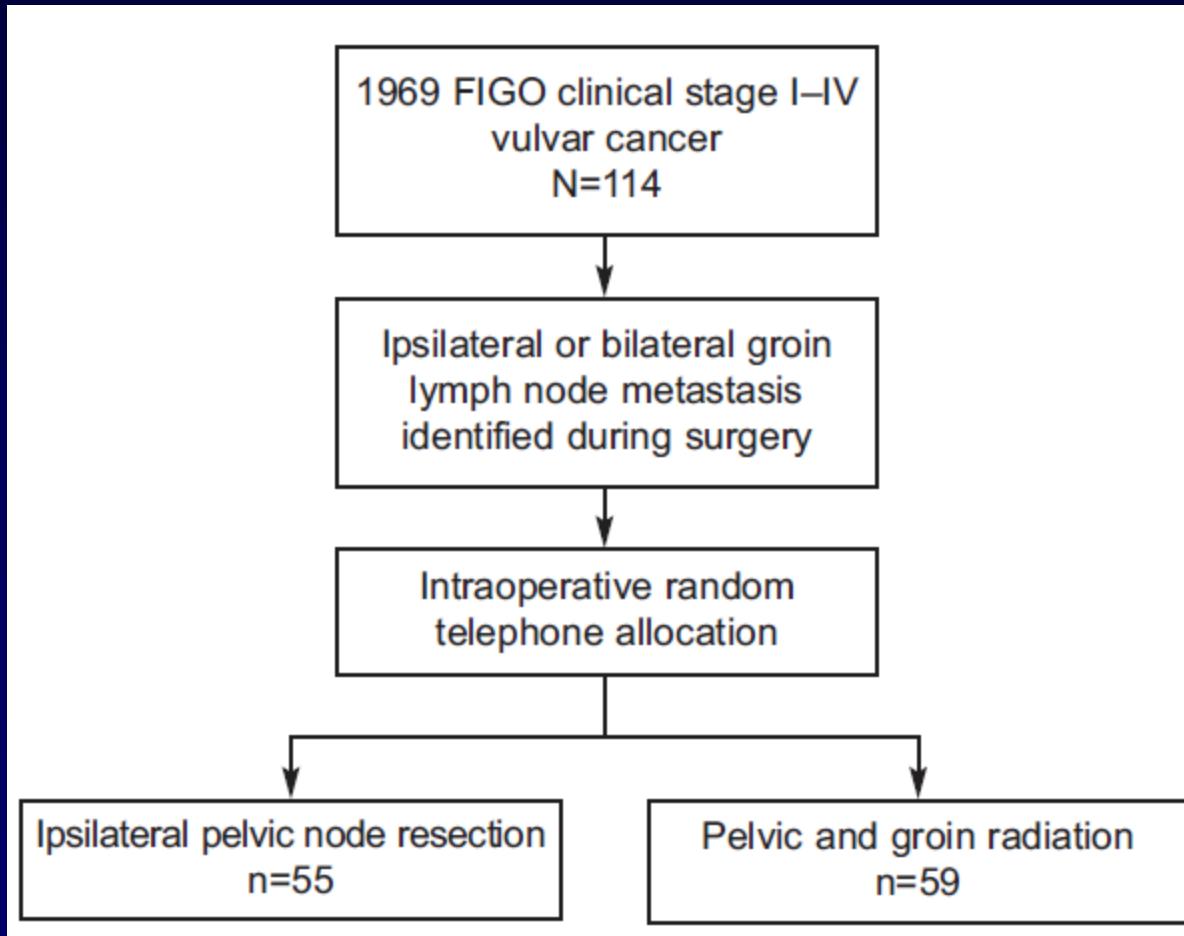
2-year PFS rate 80% N- vs 40% N+

2-year OS rate 93% N- vs 63% N+



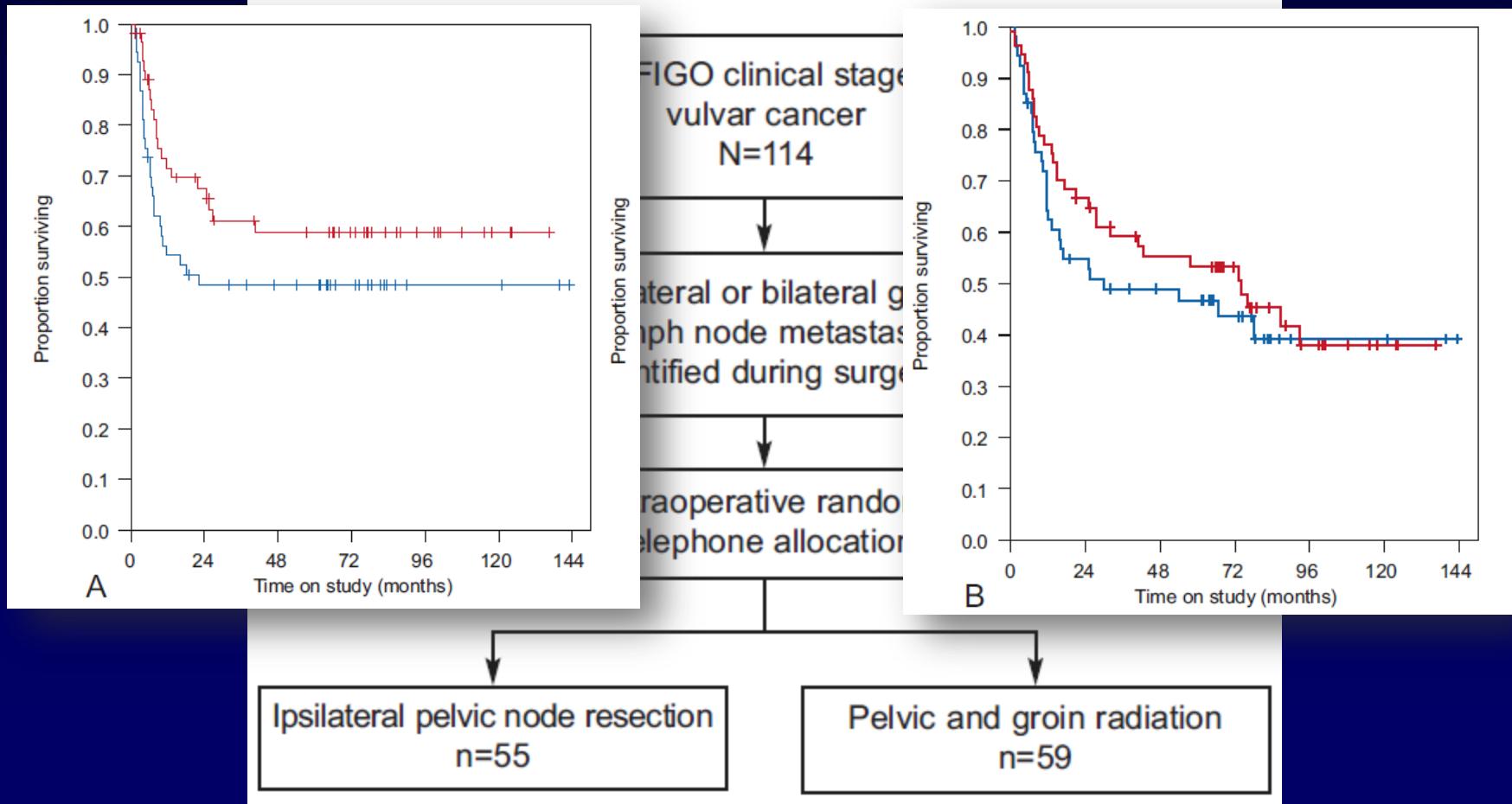
GOG 37

Surgery vs Radiotherapy



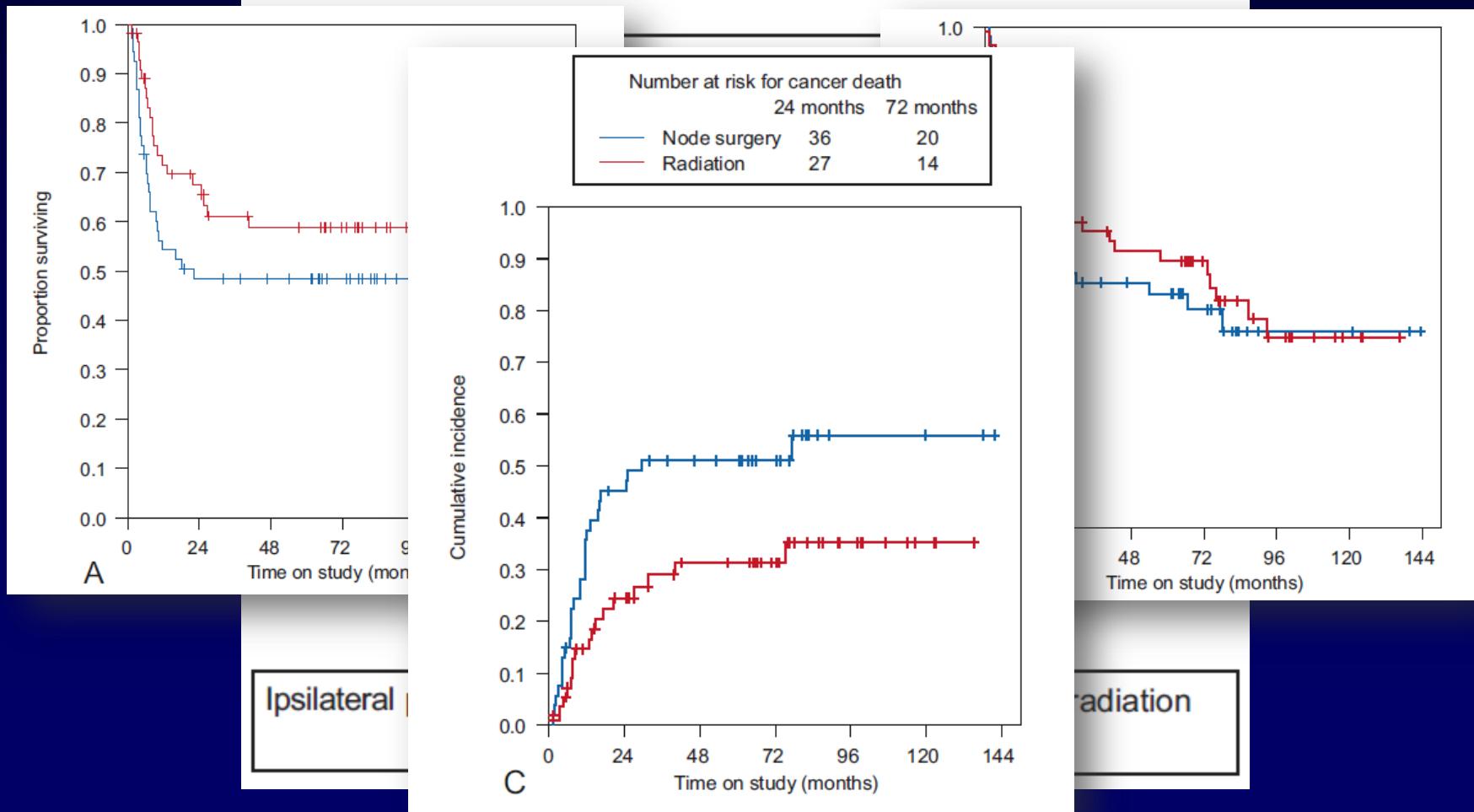
GOG 37

Surgery vs Radiotherapy



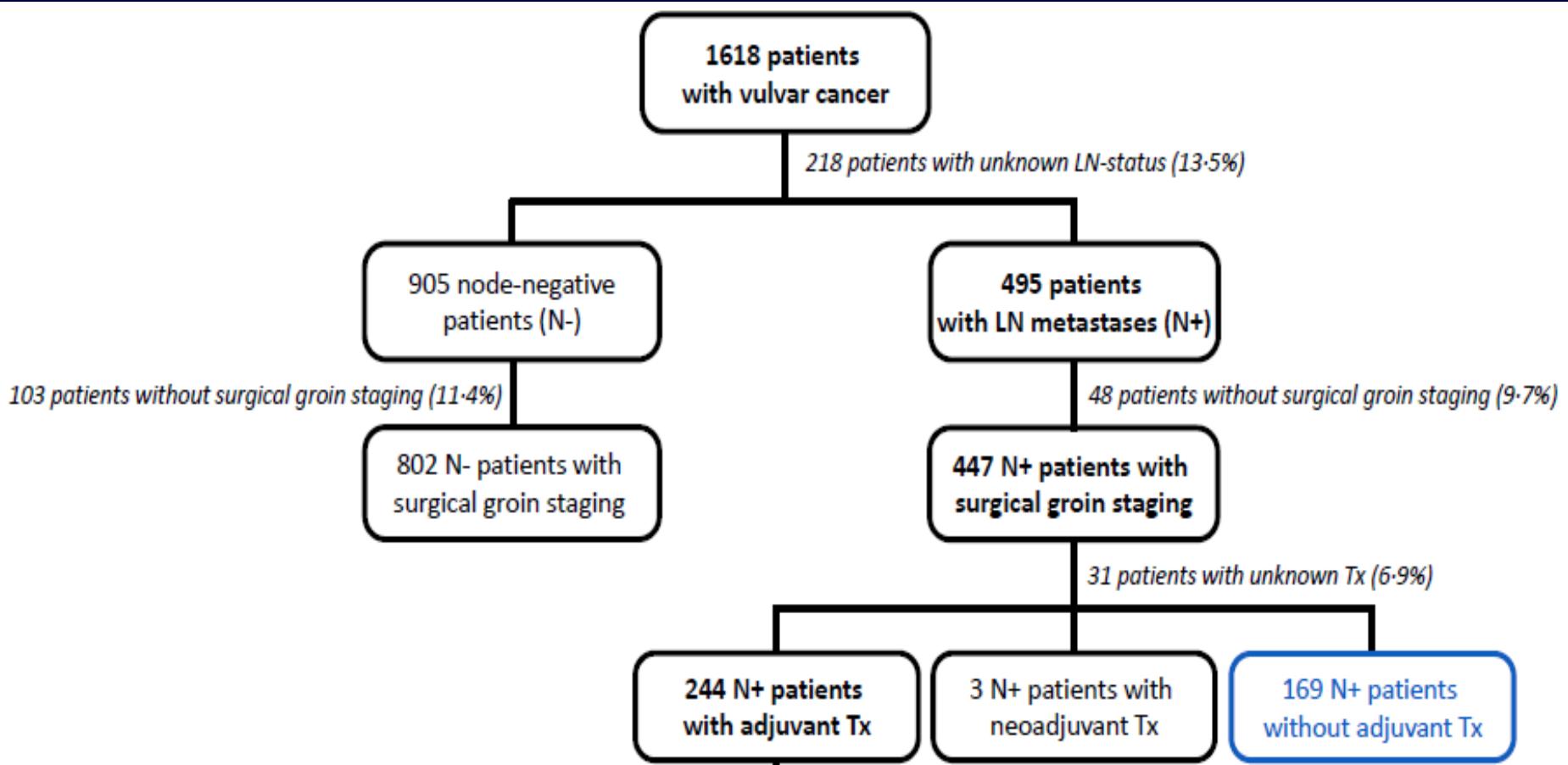
GOG 37

Surgery vs Radiotherapy



Homesley HD, et al. *Obstet Gynecol.* 1986;68(6):733-740; Kunos C, et al. *Obstet Gynecol.* 2009;114(3):537-546.

AGO CaRE-1: Adjuvant Radiotherapy in Node-Positive Patients



AGO CaRE-1: Adjuvant Radiotherapy in Node-Positive Patients

1618 patients
with vulvar cancer

Figure 3a

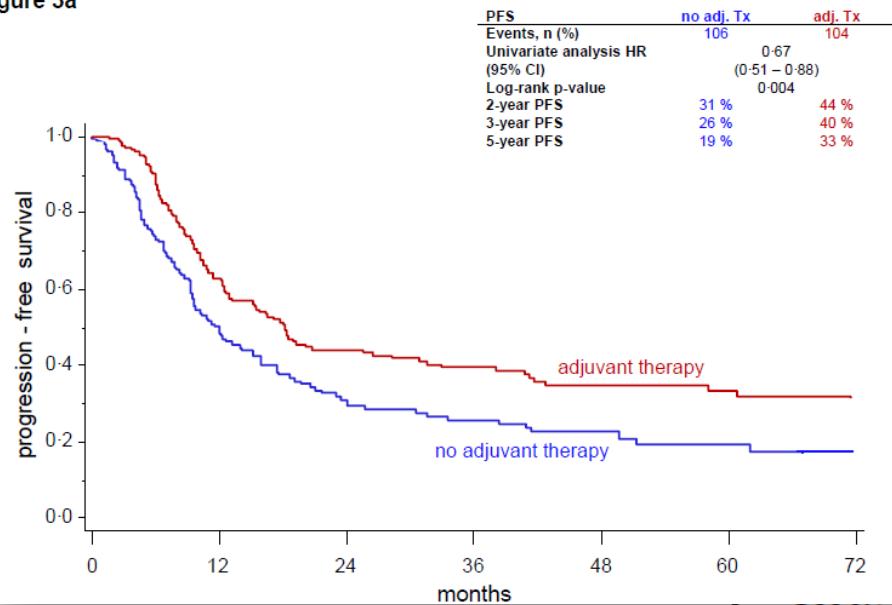
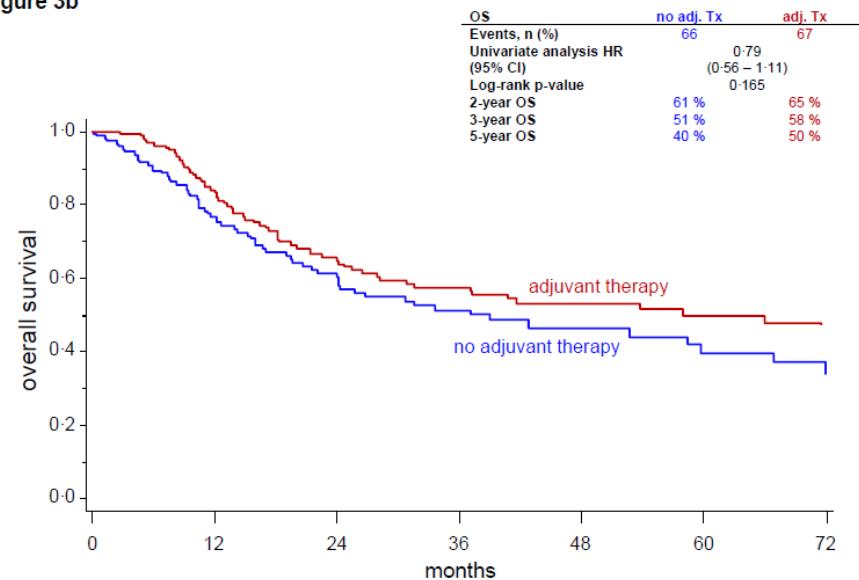


Figure 3b



244 N+ patients
with adjuvant Tx

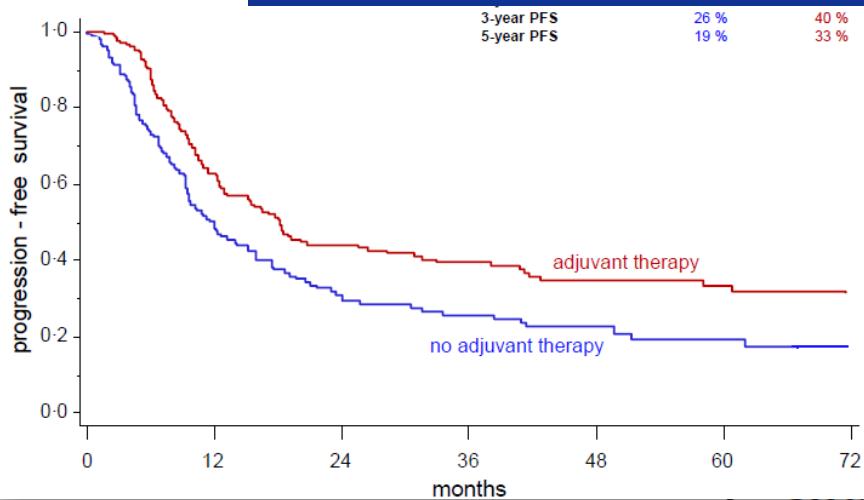
3 N+ patients with
neoadjuvant Tx

169 N+ patients
without adjuvant Tx

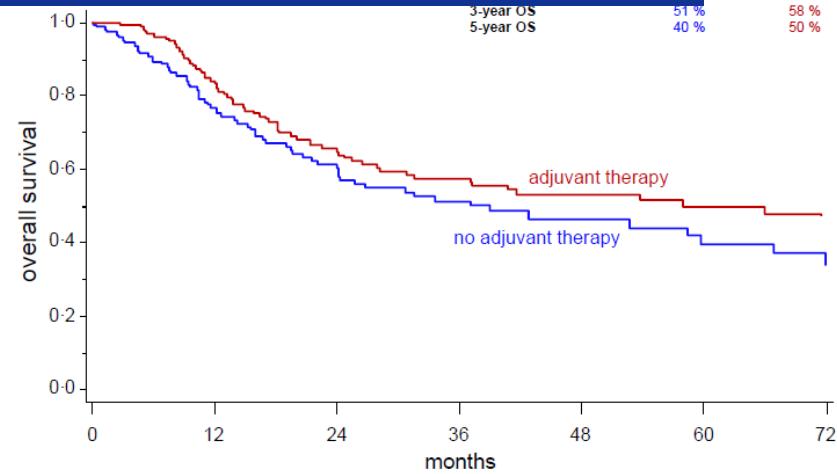
AGO CaRE-1: Adjuvant Radiotherapy in Node-Positive Patients

Adjuvant radiotherapy is standard of care for node-positive vulvar cancer

Figure 3a



244 N+ patients with adjuvant Tx



3 N+ patients with neoadjuvant Tx

169 N+ patients without adjuvant Tx

AGO CaRE-2 Study

Patients with node-positive primary vulvar cancer



Adjuvant radiotherapy* plus simultaneous chemotherapy with 6 cycles cisplatinum 40 mg/m²

Adjuvant radiotherapy*

* Radiotherapy fields per institutional standards

Conclusion: Current Status of Treatment for Vulvar Cancer

- **Surgical resection with clear margins**
- **Indication for plastic reconstruction**
- **Sentinel node dissection whenever indicated**
- **Adjuvant radiotherapy in patients with positive lymph nodes**
- **Trial on adjuvant chemoradiation next step to improve outcome of node-positive patients**

2015

Progress and Controversies in Gynecologic Oncology Conference

