The Shrewsbury and Telford Hospital NHS Trust

Management of Pre-cancerous Vulval Lesions

Version 3

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Care Group	:	Women and Children's
First implemented	:	12th December 2018
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Planned Full Review	:	March 2027
Keywords	:	*Vulval lesions; chronic; VIN; paget's disease of the vulva*
Written by	:	Dr Edwina Goh, Dr Banchhita Sahu
Consultation	:	Gynae and Fertility Clinical Governance
Comments	:	References to SaTH Guidelines in the text pertain to the latest version of the Guideline on the intranet. Printed copies may not be the most up to date version.

Version	Implementation Date	History	Ratified By	Review Date
1	12.12.18	New Guidance	Gynae Governance on 06.11.18	31.12.21
1.1	11.01.19	Reloaded to intranet with pro-forma	11.01.19	
2	20.03.19	Revised pro forma uploaded 20.3.19	Gynae Clinical Governance 18.3.19	20.03.22
2.1	2/9/2021	Reviewed no changes		2/9/2024
3	25th March 2024	Full review	Gynae and Fertility Governance	March 2027

1.0 Introduction

Pre-cancerous vulval lesions as the term suggests have the potential to become malignant. British Gynaceological Cancer Society (BGCS) recommends these patients be followed up in a specialist multidisciplinary vulval clinic or by gynaecological oncologists. SATH has no dedicated vulval clinic for management of these patients and it may not be appropriate to refer these patients for long term follow-up in the gynaeoncology clinic. These patients are currently seen in various gynaecology clinics, including colposcopy clinics.

2 prospective study done in this trust has shown that patients with vulval intraepithelial neoplasia (VIN) were being follow-up either in a general gynaecology outpatient clinic or colposcopy clinic. There appears to be no dedicated clinic where this patients could be seen hence the specialist vulval clinic has been set up to provide higher quality care.

2.0 Aim(s)

2.1. To provide guidance for inclusion criteria for referral to vulval clinic
2.2. To provide guidance regarding the management of these vulval conditions

3.0 Objectives

3.1. To provide optimum care for women with pre-cancerous vulval conditions
3.2. To ensure women are seen in the appropriate specialist clinic with the right facilities of vulvoscopy, colposcopy, vulval biopsy by a trained clinician and staff

4.0 Definitions and/or objectives

Define any frequently used abbreviations or terms needing explanation

VIN	vulval intraepithelial neoplasia
VPD	vulval paget's disease
MDT	multidisciplinary meeting
BGCS	British Gynaecology Cancer Society
RCOG	Royal College of Obstetricians and Gynacecologists

5.0 Process

5.1 Inclusion criteria for referral to vulval clinic

- VIN proven on biopsy
- Paget's disease proven on biopsy

5.1.1 VIN proven on biopsy

Low-grade change is usually associated with human papillomavirus (HPV) and may resolve. A second type, generally not HPV related, occurs in conjunction with lichen sclerosus or lichen planus (known as differentiated type). The risk of progression to SCC is much greater with the differentiated type. VIN is commoner in immunocompromised women. Smoking is also a risk factor.

Development of squamous cell carcinoma is between 9-18.5%.

Recurrence is common and progression to cancer can occur following previous treatment.

VIN III particularly has a significant rate of progression 6.5%. Close follow up is necessary until 5 years after resolution.

5.1.2 Vulval paget's disease proven on biopsy

Invasive vulval paget's disease (VPD) represents 1-2% of vulval carcinomas.

VPD is reported to be associated with other malignancies including malignancies of the breast, vagina, cervix, uterus, ovary, gallbladder and liver.
The RCOG states that "the gastrointestinal tract and the breasts should be checked" and recommends that women with VPD should have prolonged follow-up in a multidisciplinary vulval clinic or by a gynaecological oncologist. Women with known VPD should have been discussed in MDT and have a management plan formed.

5.2 Management in clinic

At every follow-up appointment, women should be reviewed by a trained personnel and includes:

- a local examination
- vulvoscopy

Other investigations that should be considered include:

- biopsy under local anaesthesia for suspicious lesions

5.3 Complex lichen sclerosus

Patients with lichen sclerosus proven on biopsy responding to medical management are to be discharged back to GP with a yearly review with primary care and to refer back should there be any concerns as per British Association of Dermatolgist (BAD) guidelines for management of lichen sclerosus.

Two studies done in this trust have shown that we are unnecessarily following up women with known lichen sclerosus. Approximately half of the patients with vulval conditions seen in clinic are mainly follow-up for lichen sclerosus.

Biopsy proven VIN on a background of lichen scelrosus should be referred to the specialist vulval clinic.

6.0 Training

All staff receive regular updates regarding new guidelines.

7.0 Monitoring/auditable standards

As per BGCS and BASHH guidelines
Appropriate follow-up in a vulval clinic
Local examination performed at each appointment
Biopsy if required

8.0 References

1. British Gynaecological Cancer Society Guidelines for the Diagnosis and Management of Vulval Carcinoma
2. Van der Linden et al. Paget's disease of the vulva. Critical Reviews in Oncology/ Haematology 101 (2016) 60-74
3. British Association for Sexual Health and HIV 2014 UK national guideline on the management of vulval conditions

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Proforma for Vulval Lesions

Patient: D.O.B.: Hospital No.: NHS No.: Address:	Clinic Date: Date of referral: 62 day Target Date: Target Date for first treatment: Consultant: Seen by:

New Referral: **Follow up:** **Treatment:**

Age:

Parity:

LMP:

Contraception: **Smear History:**

Past Medical History: **Medication:**

Allergy:

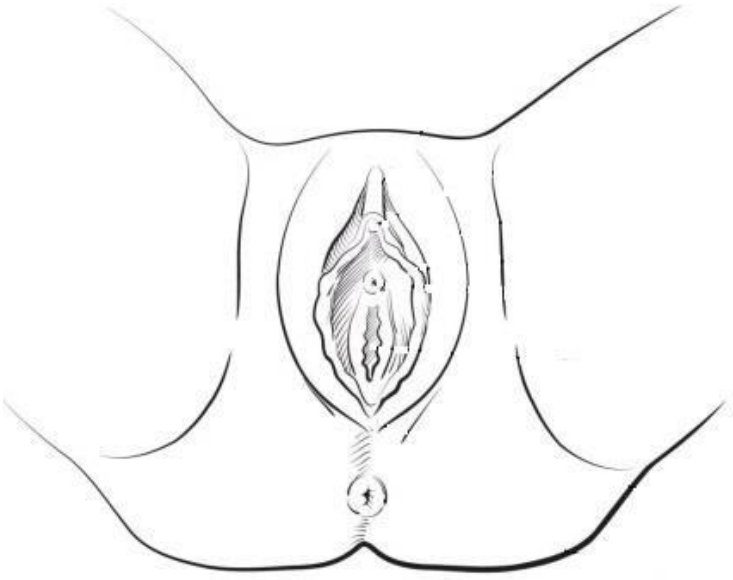
Self-examines (Y/N):

Symptoms:

Associated risk factors

- ☐ Lichen sclerosus
- ☐ Smoker
- ☐ HPV
- ☐ Other relevant risk factors:

Notes:



Investigations

Biopsy performed	Yes / No
If **yes**, local anaesthesia	Yes / No
If **no**, referred	GATU / DSU
Reason:	

Plan:

Book for Day case

Book for clinical follow up

Await investigations

Discharge

Refer MDT

Results:

Excisional	**Diagnostic**
VIN 1	Lichen Sclerosus
VIN 2	Vulval Cancer
VIN 3	Normal/Other

Other:

Vaginal Biopsy

Smear Result

Cervical Biopsy

Swabs

Scan

Consultant Name: _____

GMC Number: _____