

Individualised treatment for vulvar cancer

VULVAR CANCER IS RARE IN NEW ZEALAND.

According to the cancer registry there were only 37 cases in 2005. Vulvar cancer makes up 4 per cent of all cancers of the female genital tract.

So what are the risk factors and what are the options for patients with this cancer? The doctors at the Women's Cancer Centre in Auckland explain.

Risk factors for vulvar cancer include:

- preinvasive lesions of vulva
- smoking
- chronic vulvar inflammatory disorders
- other genital cancers
- certain skin disorders, such as lichen sclerosis

What are the clinical features of vulvar cancer?

"94 per cent of women we see present in pruritus [itching], 87 per cent had symptoms for more than six months and 30 per cent of women had three or more consultations", says Dr Ai Ling Tan. "Some women can also present with a lesion or a lump on the vulva." Vulvar cancer is diagnosed by examining the vulva and biopsies of any abnormal looking area. "Ideally it should include the surrounding skin as well," explains Dr Tan.

Which age groups are most affected?

There are two separate groups, one is younger (35-65 years of age) and associated with vulvar intraepithelial

neoplasia, smoking and human papilloma virus. The other group is older (55-85 years of age) and is usually associated with a pre-existing skin conditions like lichen sclerosis.

What is the recommendation for patients newly diagnosed?

The patient needs to be referred to a gynaecological oncologist so that he or she can work out a management plan. As the cancer is rare, it is important that it is treated by doctors with enough expertise.

What is the best course of treatment?

Treatment should be individualised and more conservative in early disease, especially in younger

women. It usually involves surgical management of the primary lesion and groin lymph nodes. If possible, radical local excision of the lesion is done rather than a radical vulvectomy. This is sometimes done with removal of groin nodes on one side or both depending on the size and site of the tumour. Surgery may then need to be followed with radiotherapy. In advanced disease, radiotherapy with or without the use of chemotherapy is the management of choice.

How can this affect a woman's sexuality?

Treatment can result in body image issues, decrease in sexual arousal and painful intercourse. These issues are usually best managed preoperatively with support from a clinical psychologist. [www](#)

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The right doctor can make the difference

If your family doctor has diagnosed or even suspects that you could have a gynaecological cancer – it is important to ensure that you have the right doctor to take care of you from the start of your treatment.

Oncology is a branch of medicine concerned with the study and treatment of cancer. Gynaecological oncology is a sub-specialty of gynaecology dealing with cancers involving the female reproductive system. After completion of general obstetrics and gynaecology specialist training, the doctor then completes an additional three years of further formal training. The doctor is then required to sit and pass an examination to obtain a Certificate in Gynaecological Oncology (CGO).

Recertification every three years is compulsory in order to practice.

This means that a gynaecological oncologist is a very skilled surgeon capable of performing complex, intricate and wide ranging surgery. They also understand the impact of cancer and treatment it has on all aspects of a woman's life, including future child bearing, sexuality, physical and emotional well-being as well as the impact it can have on a woman's family. Overseas studies have shown that receiving your initial surgery from a gynaecological oncologist for any of the gynaecological cancers can significantly improve long term outcomes for women.

Finding the right doctor to treat and take care of you can make all the difference!

Ascot Central Women's Clinic

For all pre malignant and malignant gynaecological cancers

Working together to provide a comprehensive range of diagnosis, treatment, follow up care and ongoing management for women of all ages who are suspected of having pre malignant or malignant gynaecological cancers.

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- Surgical Treatment & Staging of Cancers.
- Integrated Care with Radiation Oncologists & Medical Oncologists.
- Follow Up Care & Ongoing Management of Malignant Cancers.
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