

Vulvar cancer care provision and surgical service delivery during the COVID-19 pandemic

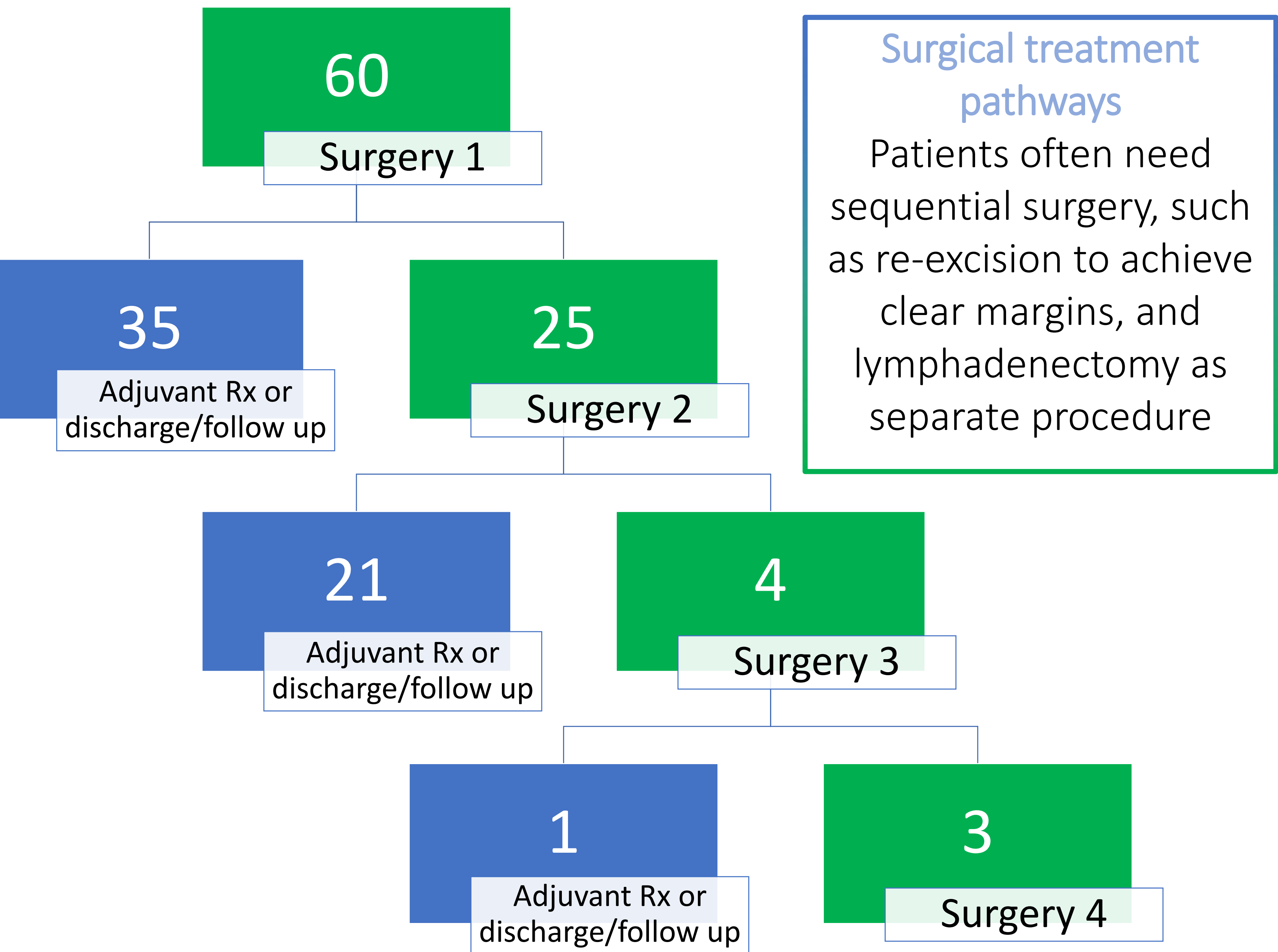
J Lowe-Zinola, M Demertzi, A Malik, R Gujar, M Beard, J Yap
Pan-Birmingham Gynaecological Cancer Centre

Background

The COVIDSurg Collaborative demonstrated significant delays in planned cancer surgery.¹ They demonstrated a 30 day mortality of 23.8% and a 51.2% rate of pulmonary complications amongst patients undergoing surgery who acquired COVID-19 infection in the perioperative period, with the risk highest in those aged >70 years, with malignant disease, and with other medical comorbidities.²

Methods

We evaluated the management of all patients with malignant or premalignant disease of the vulva discussed at centre MDT discussions between 6th March 2020 and 26th March 2021.



Demography

- Total of 85 patients with malignant or premalignant disease of the vulva identified
- 48% of patients were >70 years of age, 83.5% were overweight or obese
- 52% cardiovascular and 13% respiratory comorbidity, 12% had diabetes
- Vulval squamous cell carcinoma most common, affecting 78.8% of patients
 - 33% final FIGO stage 1, 18.8% final FIGO stage 3, 22% had recurrent disease

Management

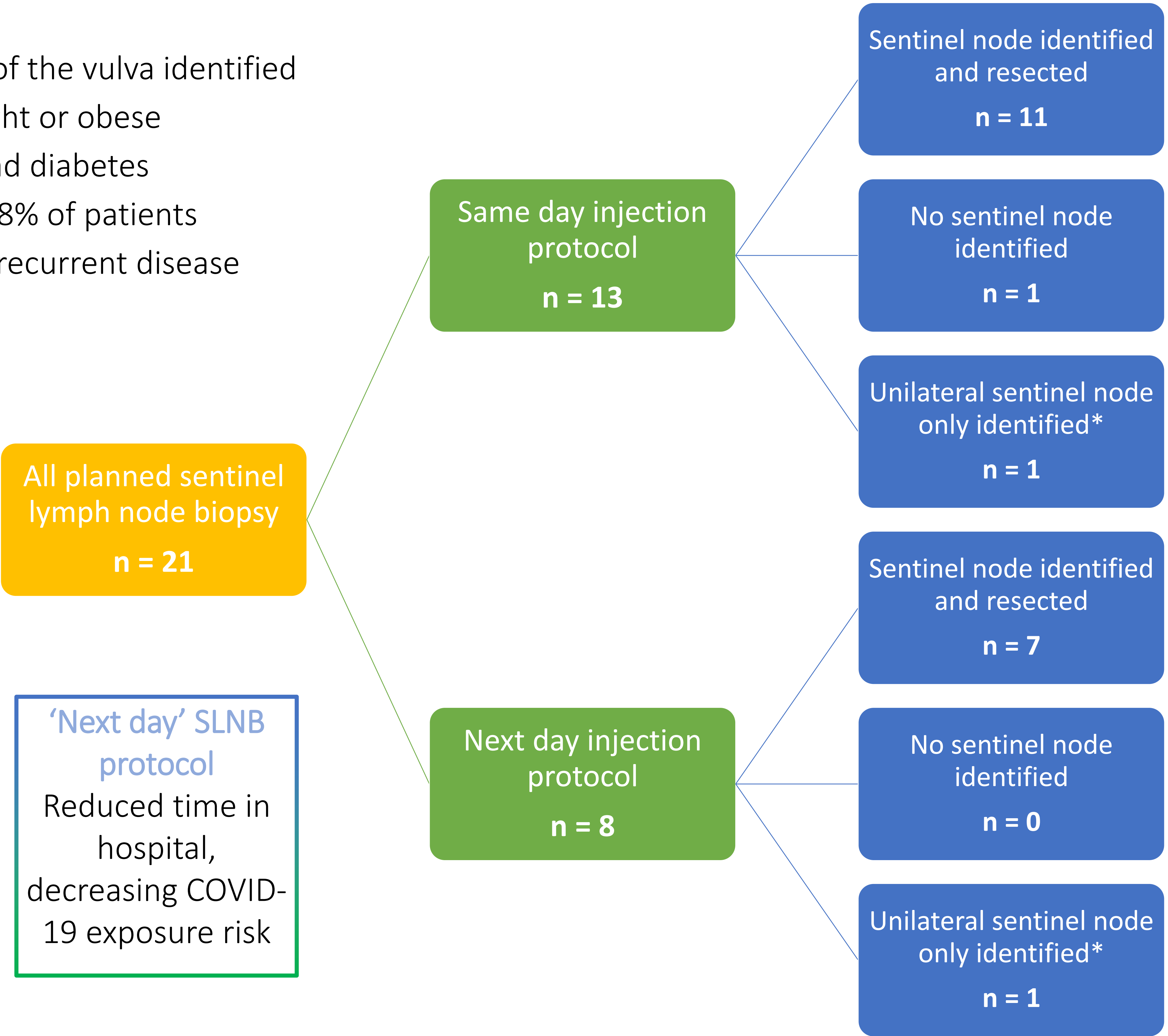
- 92 operations performed amongst 60 patients
- 71 involved wide local excision or vulvectomy
- 41 involved inguinofemoral lymphadenectomy or sentinel lymph node biopsy
- 12 involved plastic reconstruction
- 20% of operations performed under spinal anaesthesia

Implementations to mitigate the impact of COVID-19

- Prioritisation of vulvar cancer surgery
- COVID-19 secure patient pathways including pre-op patient testing and isolation, ‘clean’ surgical wards, and ‘clean’ hospital site theatre lists
- Use of regional spinal anaesthesia
- ‘Next day’ sentinel lymph node biopsy protocol for some patients

Complications

- Clavien Dindo Grade I-II = 34.8%
- Clavien Dindo Grade III-IV = 7.6%
- Cavien Dindo Grade V = 0%
- **No patients diagnosed with COVID-19 during study period**



*applicable only where bilateral SLNB required

Conclusions

- We demonstrate maintenance of tertiary vulvar cancer services, including complex surgical procedures, in this medically vulnerable group.
- Mitigating measures, prioritisation of vulvar cancer patients, and disease-specific adaptations to perioperative protocols minimised the risk to patients