

Pathways to Prompt Care: Reviewing Gynaecological Cancer Referrals for Vulval Abnormalities

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Introduction

Vulval abnormalities describes any variation from the normal appearance, structure or function of the vulva. Conditions affecting the vulva include lichen sclerosis, lichen planus, vulval atrophy¹, vulval intraepithelial neoplasms and vulval cancer². The United Kingdom (UK) has 1400 new cases of vulva cancer each year³. The incidence of vulva cancer is set to rise by 5% from 2023 to 2040³. In the UK, women with an unexplained vulval lump, ulceration or bleeding are referred to the 2 week-wait urgent suspected cancer pathway⁴. This pathway consists of a full history, examination and biopsy⁴.

Aim

The aim of the study was to assess the outcomes of those referred to the suspected cancer pathway with a vulval abnormality concerning for cancer.

Methodology

- A retrospective analysis was completed on 310 consecutive patients who were referred to the 2 week-wait urgent suspected gynaecological cancer pathway over a 12-month period, from January 2023 to December 2023, due to a vulval abnormality in 2 busy London NHS hospitals.
- Patient data was extracted from Cerner, the electronic patient record system used by NHS Hospitals. The data obtained consisted of any vulval abnormalities detected in the community, whether an examination took place, what the examination findings were, if a biopsy was required, if the biopsy took place in clinic or under general anaesthesia and the overall outcome of the 2 week-wait cancer pathway.
- Prevalence of vulval pathology was calculated.

Results

310 patients were referred with a vulval abnormality, with 2.3% ultimately diagnosed with vulval cancer. Patients were aged 20-93 years old, with a median age of 59. 34% of patients underwent a vulval biopsy; of which 27% were completed in clinic, 4% under general anaesthesia (GA) and 3% remained unspecified whether in clinic or under GA (Figure 1).

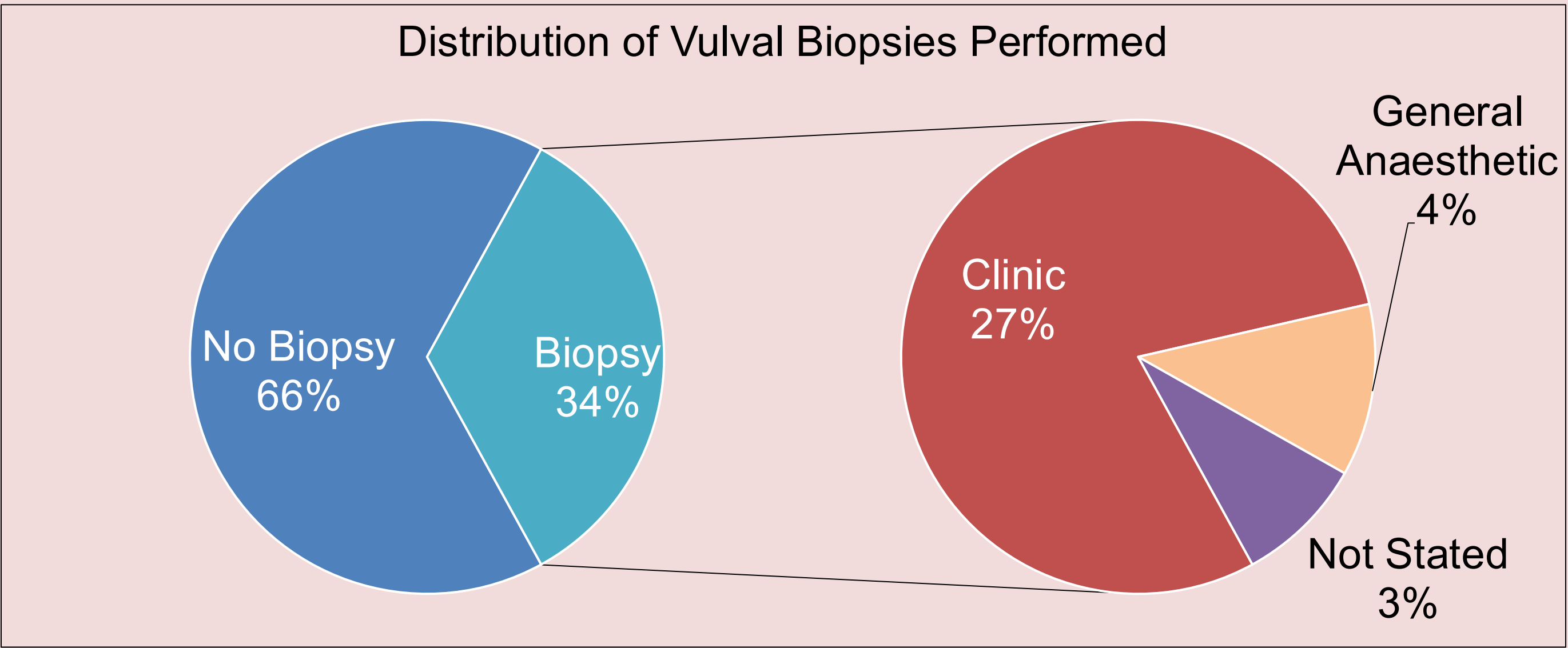


Figure 1: Distribution of vulval biopsies and how the biopsies were undertaken.

7% were ultimately diagnosed with vulval cancer after biopsy. In addition to cancer diagnosis, following biopsy, the majority of patients were diagnosed with benign or pre-cancerous conditions associated with the vulva (n = 105): 6% had vulval intraepithelial neoplasia (VIN), 40% benign lichen sclerosis, 43% other benign conditions including atrophy, lichen simplex chronicus and inflammation. Furthermore, 1% of women had Bartholin's cyst, 1% naevus, 1% epidermal cyst and 1% benign haemangioma (Table 1).

Table 1: Diagnosis results from 2 week-wait suspected cancer pathway post-biopsy.

Vulval Abnormality Type	Prevalence (%)
Vulval Intraepithelial Neoplasia (VIN)	6%
Benign Lichen Sclerosis	40%
Other Benign Conditions including atrophy, lichen simplex chronicus and inflammation	43%
Bartholin's cyst	1%
Naevus	1%
Epidermal Cyst	1%
Benign Haemangioma	1%
Vulval Cancer	7%

Conclusion

The two week-wait urgent suspected cancer pathway for gynaecological cancers in the UK assesses women who present with vulval abnormalities. Most women attending clinic can be reassured that they do not have any vulval malignancy.

However, for future works, more refined guidelines can reduce the number of unnecessary diagnostic tests and target patients at high risk of vulval cancer efficiently.

References

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