

10 year clinical review of vulval cancer outcomes

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INTRODUCTION

- Vulval cancer (VC) is a **rare** yet aggressive malignancy
- Incidence is **expected to rise** due to an ageing population
- Despite this, there appears to be **limited progress** in advancing treatment options.

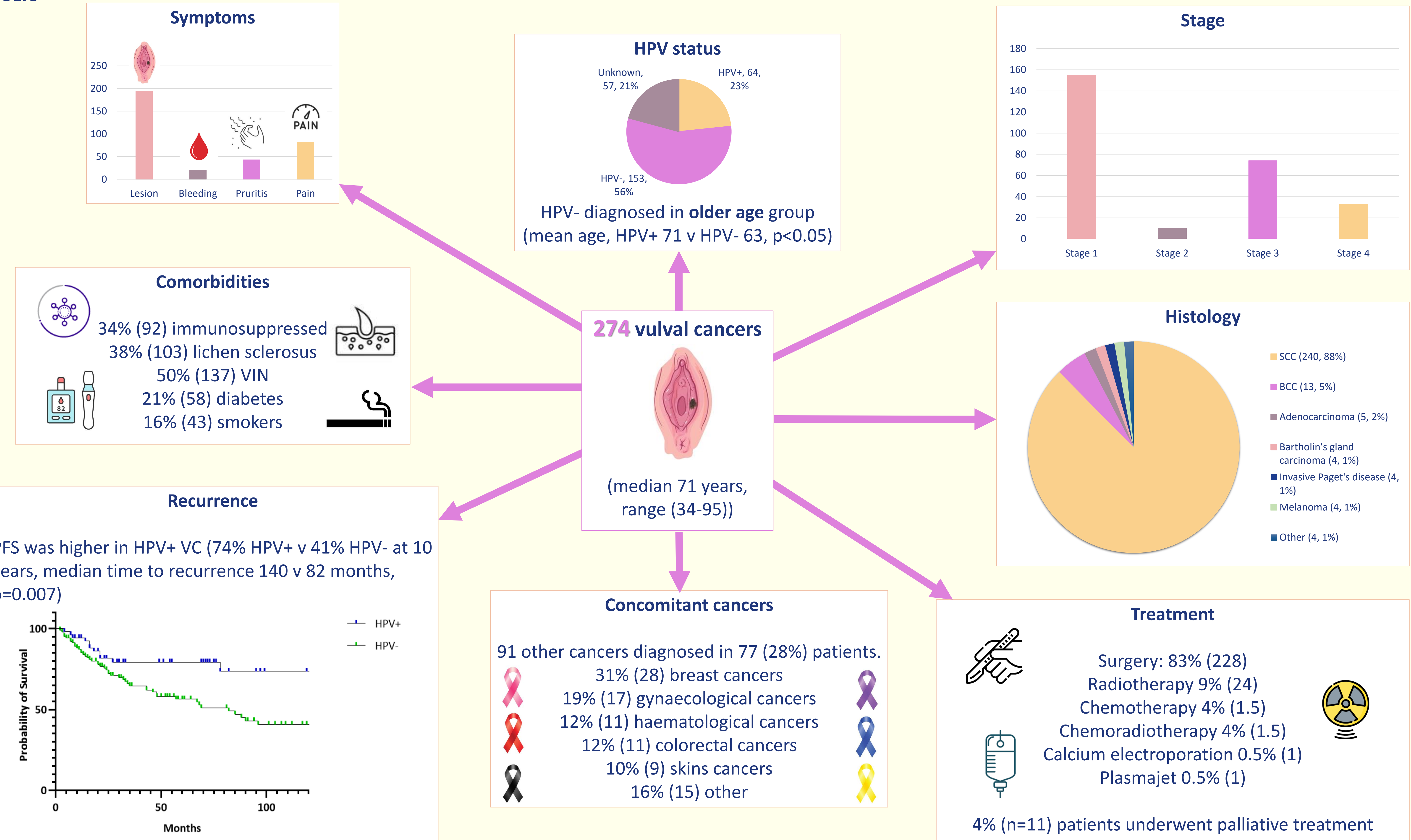
AIM

- Evaluate the **clinical outcomes** of VC, focusing on **age, diagnostic patterns, treatment strategies**, and patient prognosis over a 10-year period.

METHODS

- Retrospective observational cohort** study of VC
- All patients with VC discussed at a tertiary gynaecological oncology centre MDT between **January 2014 and April 2024** were included, regardless of location and date of diagnosis.

RESULTS



DISCUSSION

- This is one of the **largest observational studies** on VC from a single institution.
- It highlights the challenges of managing a heterogenous patient population with varied diagnostic, treatment and prognostic factors.
- VC presents with symptoms that may be **misattributed to benign conditions** or neglected due to cultural and social taboos. This, combined with a **lack of awareness**, contributes to delayed diagnoses, leading to poorer prognosis.
- Similar to other studies, most cases were **SCC** and treated primarily with **surgery**.
- Progression free survival (PFS) was significantly better in HPV+ VC**, though recurrence was significant regardless of histological sub-type highlighting the need for continued vigilance and long-term follow up.
- Despite this known observation, VC has received relatively **little research attention** when compared to other gynaecological cancers.
- A high incidence of **other cancers** is seen in VC patients, though the association remains unclear. Further research is needed to understand this coexistence. Clinicians should maintain a **high index of suspicion** and monitor for signs to aid earlier diagnosis.
- We suggest that **dedicated MDT vulval clinics** could provide specialised, continuous care for patients with VC, VIN, high-risk HPV+ disease, and other risk factors such as lichen sclerosus. Access to **MDT members**, including psychologists, could provide vital support to manage both the **physical** and **emotional** aspects of the disease. This **holistic approach**, combining clinical expertise with psychological support, would not only improve patient **quality of life** but also contribute to better clinical outcomes.

CONCLUSION

- VC incidence is likely to rise.
- There should be an effort to raise awareness of VC amongst both healthcare professionals and patients.
- VC has significant morbidity and future research should be multifactorial and include addressing both emotional and physical effects of the disease.**

REFERENCES

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