Algorithm for the Diagnosis & Referral of Squamous Cell Carcinoma of the Vulva (GYNE-006)

Patient presents with lesion or incidental finding (to general practitioner or gynecologist)

Physical exam & biopsy

Abnormal histology indicating vulvar cancer

Referral to Gynecologic Oncologist

Pre-operative investigations should include:
History & clinical exam, chest x-ray, CT of chest/abdomen/pelvis, blood work (CBC, LFT, renal function studies)

As clinically indicated:
CT chest/abdomen/pelvis, PET-CT, exam under anesthesia (cytscopy +/- sigmoidoscopy/proctoscopy)

Diagnosis of cancer of the vulva

Clinical Stage I & II

Algorithm for the Management of Early Stage Squamous Cell Carcinoma of the Vulva (GYNE-006)

Clinical Stage III & IV

Algorithm for the Management of Advanced Stage Squamous Cell Carcinoma of the Vulva (GYNE-006)
Algorithm for the Management of Early Stage Squamous Cell Carcinoma of the Vulva (GYNE-006)

Follow-up and Surveillance
Patients treated with chemoradiotherapy as primary definitive treatment:
Clinical exam at 4-6 weeks
Other tests as clinically indicated: imaging with CT or PET-CT, examination under anesthesia with biopsy if outpatient exam not possible.
If imaging or biopsy positive, consider salvage surgery
Long-term follow-up of all patients:
First year: follow-up visits every 3 months or as clinically indicated
Year two: follow-up visits every 4 months or as clinically indicated
Years three-five: follow-up visits every 6 months or as clinically indicated

Chemotherapy (CT) & Radiotherapy (RT) Regimens
Chemotherapy: Fluorouracil (5-FU) alone, 5-FU with cisplatin, 5-FU with mitomycin-C or cisplatin alone.
Radiation therapy: Volume and dose individualized by radiation oncologist

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