Follow-Up Guidelines
Vulvar Cancer
April 2021

These guidelines are intended to assist in follow-up care and are not to replace individual physician's judgment with respect to particular patients or special clinical situations. Guidelines should be carried out with assistance of family physician and other healthcare professionals as required. Important goals of follow-up include:

- To ensure that complications post surgery or other therapy are identified and managed.
- To possibly identify, at a curable stage, recurrent disease which may be amenable to salvage therapy.

Our recommendations are consistent with patient's natural history of risk for potentially curable recurrent disease. Specifically:

- Patients with negative lymph nodes and early stage disease (Stage I and II) have a 5-year survival rate of >80%. Local recurrence rates for patients with negative lymph nodes are about 5% after 2 years but increase to >25% and nearly 40% at 5 and 10 years respectively.
- Local recurrence is diagnosed by careful examination of the vulva and groin. Because of the high correlation with human papilloma virus, surveillance examinations should also include careful inspection of the vagina, cervix and perianal regions.
- Median time to local (vulvar) recurrence is 33 months compared to 10.5 months for groin recurrence and 8 months for distant recurrence.
- Patients presenting with more advanced disease will be followed at the cancer center and not discharged before 5 years of relapse free follow-up. Specific follow-up/palliative care recommendations for this group will be individualized and documented clearly.

Follow-Up for All Stage I and Stage II Patients

- Patients should be followed by with an interval history and physical exam every 3 to 6 months for 2 years, then every 6 to 12 months for 3 to 5 years, then annually.
- History and physical are the only consistent methods that have been reported for detection of recurrence.
- Special attention should be paid to pruritis and visible lesions, however women may also present with pain, bleeding, ulceration or an inguinal mass.
- Physical exam consists of general exam, speculum and pelvic exam including rectovaginal assessment. The presence of any visible lesions of the cervix, vagina or rectum should prompt biopsy and referral as appropriate if cancer is found.
- Laboratory assessment (CBC, BUN, creatinine) and imaging should be performed only as indicated based on symptoms or physical/examination findings suspicious for recurrence.
- Follow-up should also include patient education regarding symptoms of potential recurrence and vulvar periodic self-examination, lifestyle modification (weight loss, smoking cessation, nutrition counselling, exercise), and sexual health (including vaginal dilator use and lubricants/moisturizers).

References

BC Cancer Agency
http://www.bccancer.bc.ca/health-professionals/clinical-resources/cancer-management-guidelines/gynecology/vulva

NCCN Guideline
https://www.nccn.org/professionals/physician_gls/default.aspx#site
Last Update: Oct 19, 2020 – Available free log-in but you must create an account

Society of Gynecologic Oncologists:
Salani, R., Khanna, N., Frimer, M., Bristow, R., Chen, L. An update on post-treatment surveillance and diagnosis of relapse in women with gynecologic malignancies: Society of Gynecologic Oncology (SGO) recommendations. Gyn Onc 146 (2017): 3-10.

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