



What you need to know about precancerous vulvar lesions

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DISCLOSURES

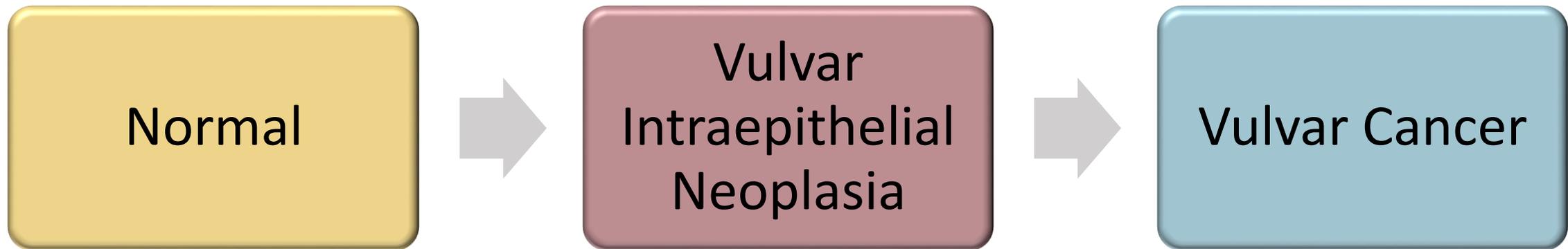
No financial disclosures or conflicts of interest

Objectives



At the end of this presentation you should be able to:

- Identify lesions of the vulva that have a risk of malignant transformation.
- Answer common patient questions:
 - Is this cancer?
 - Will it become cancer?
 - Is there anything I can do to prevent cancer?
 - Do I need regular check ups?



2015 ISSVD Classification

VIN 1

Low grade squamous intraepithelial lesion (flat condyloma or HPV effect) **NOT** considered pre-malignant.

VIN 2/3

High grade squamous intraepithelial lesion / usual type VIN

Differentiated type vulvar intraepithelial neoplasia

Let's Warm Up With a Quiz

A



B



C



A

SQUAMOUS CELL CARCINOMA

VIN

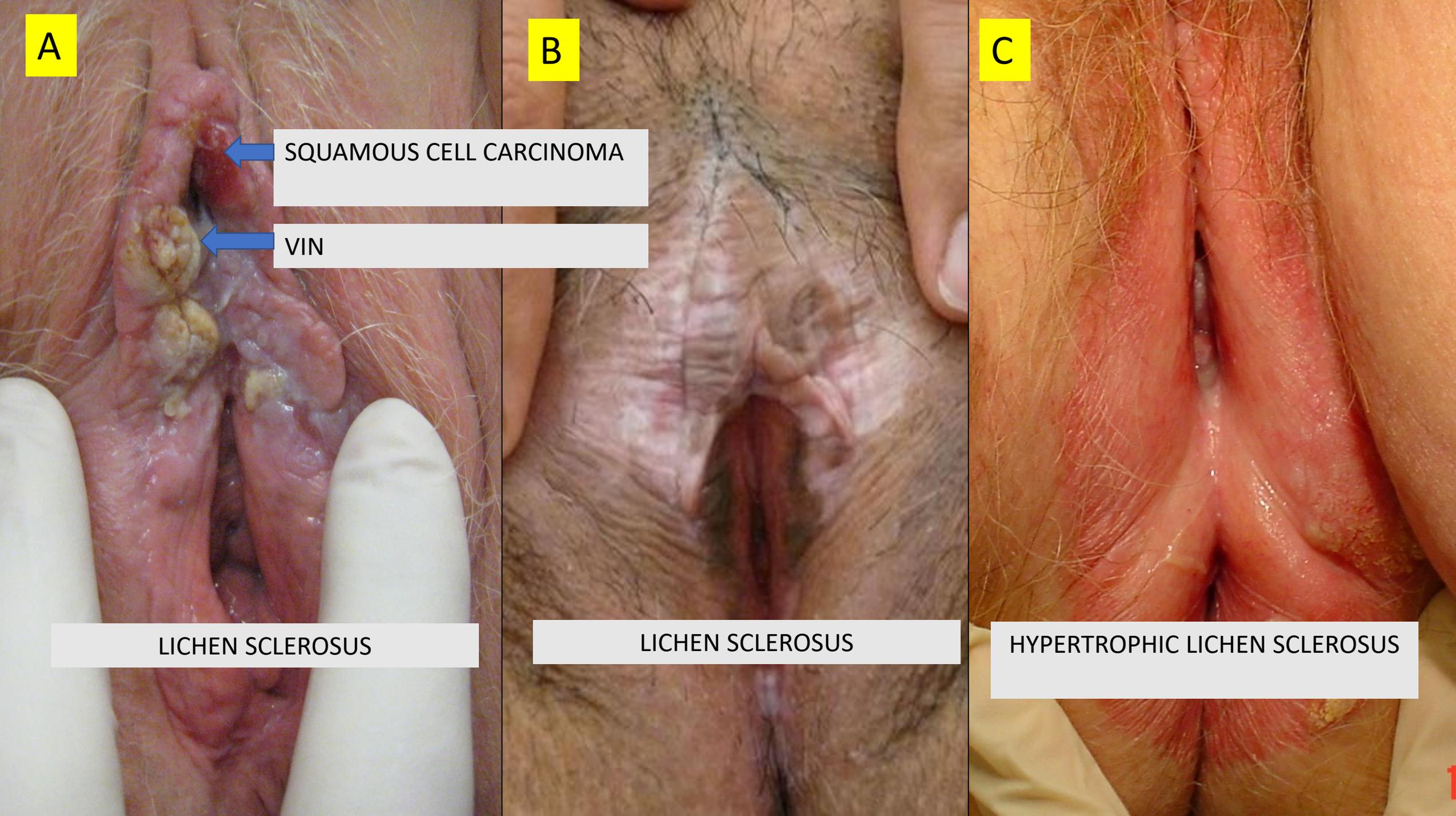
LICHEN SCLEROSUS

B

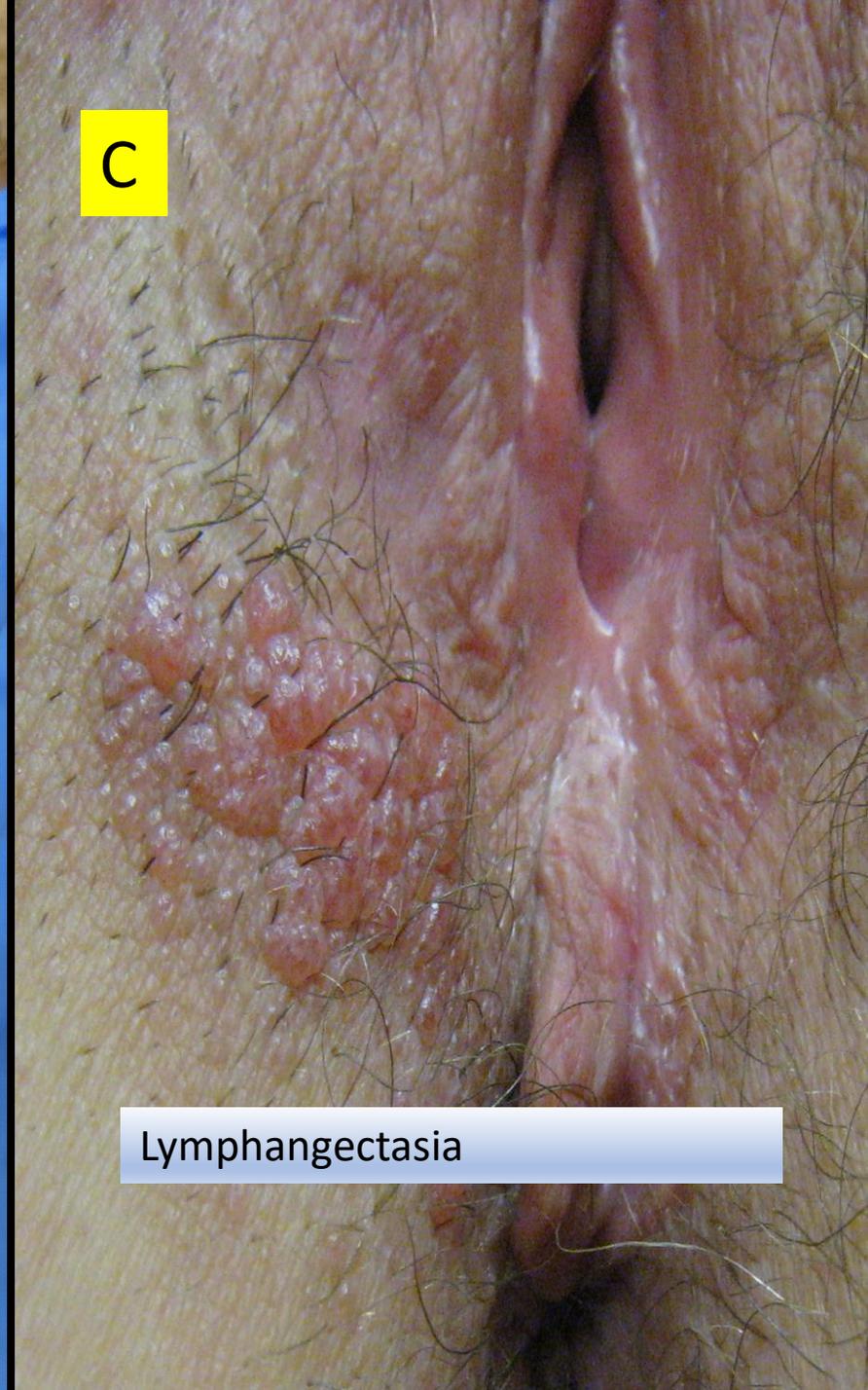
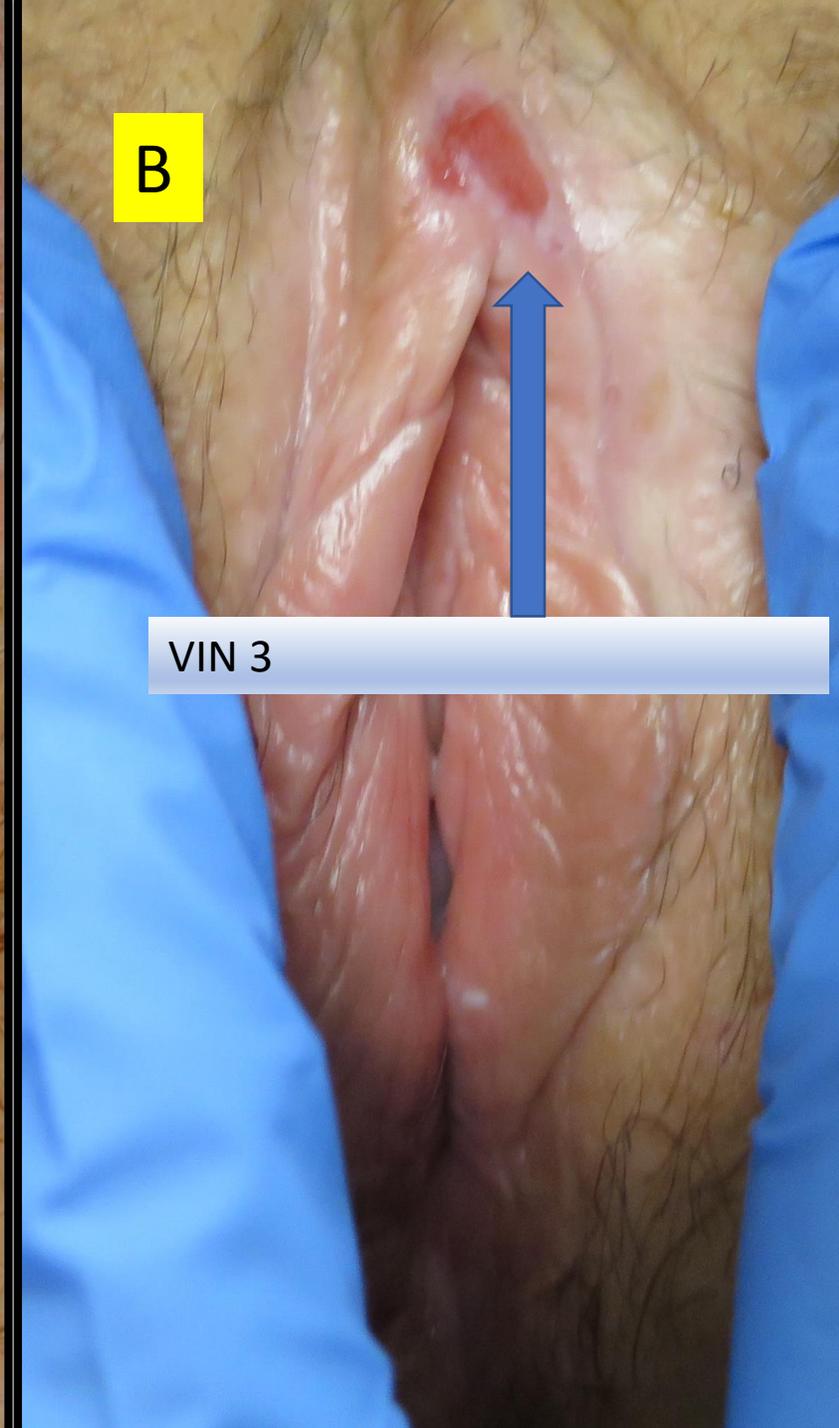
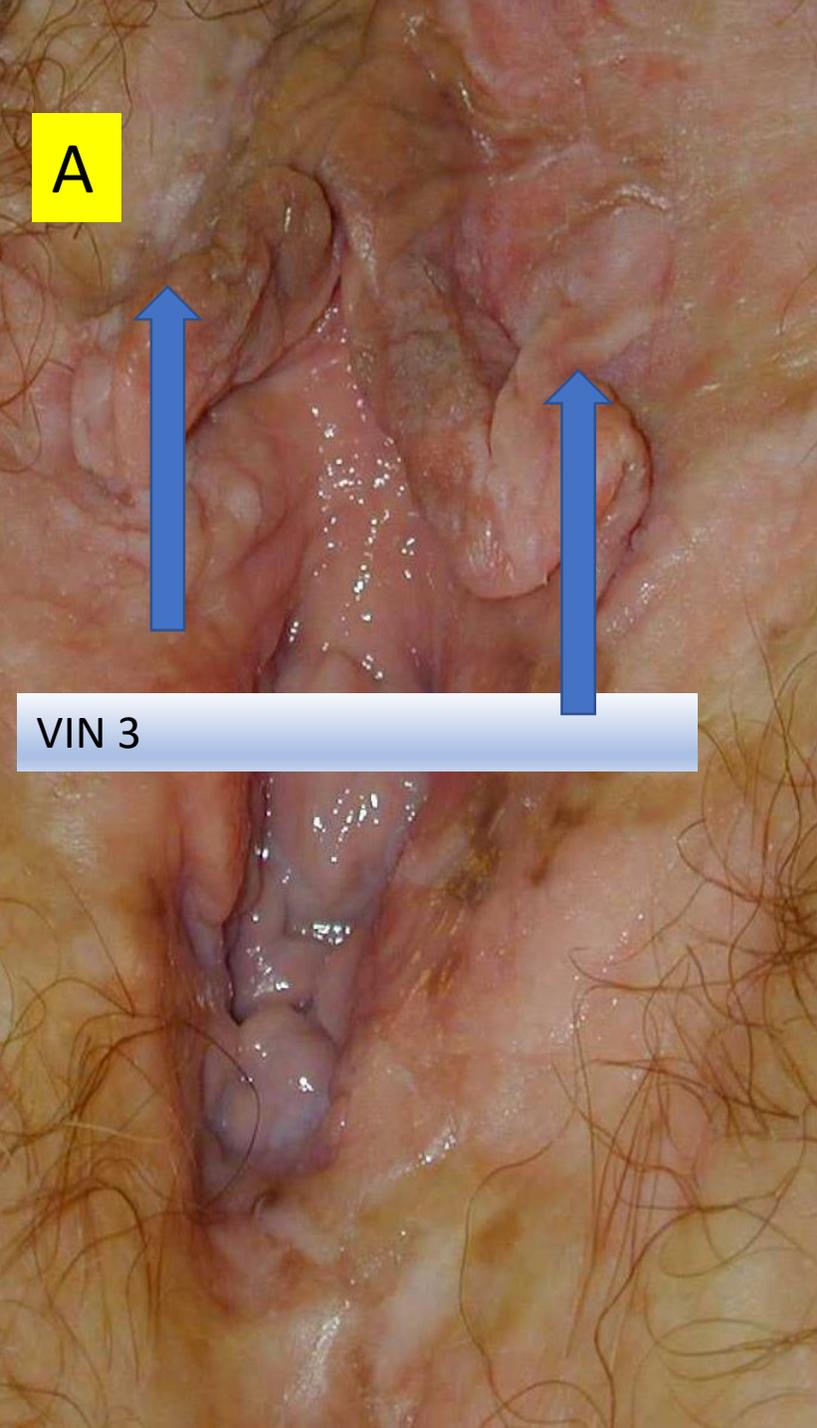
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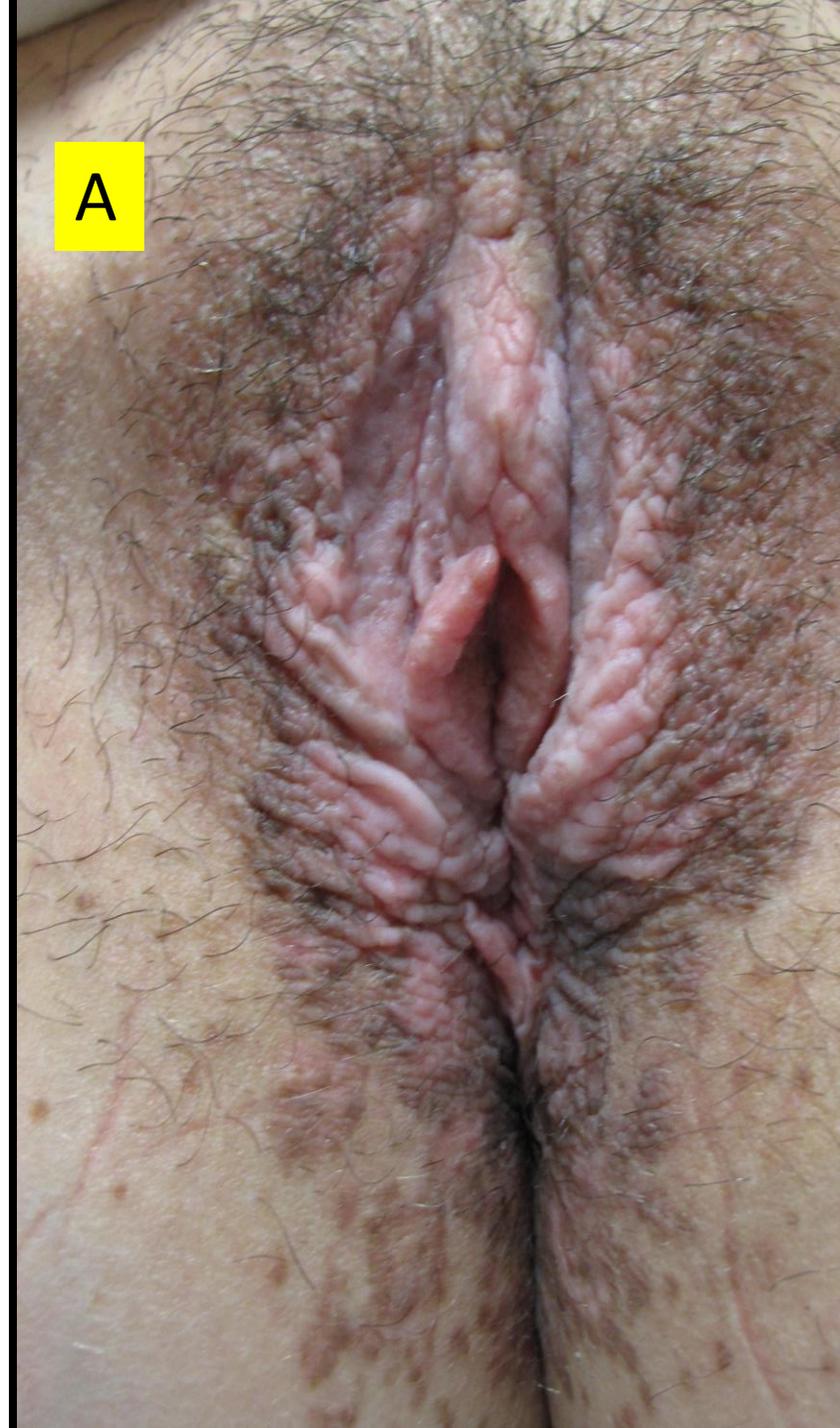
HYPERTROPHIC LICHEN SCLEROSUS







A



B



C



A



Usual type VIN

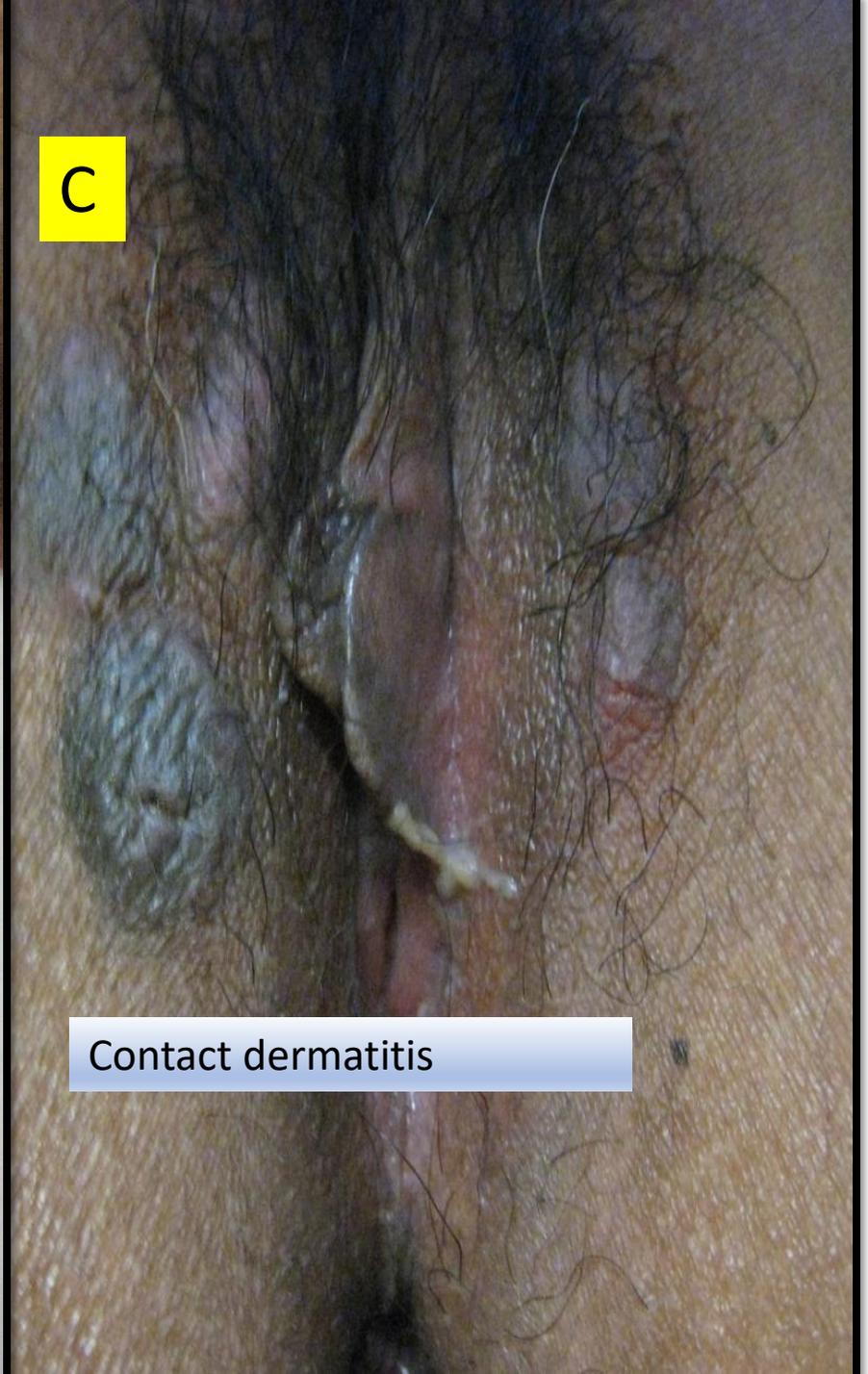
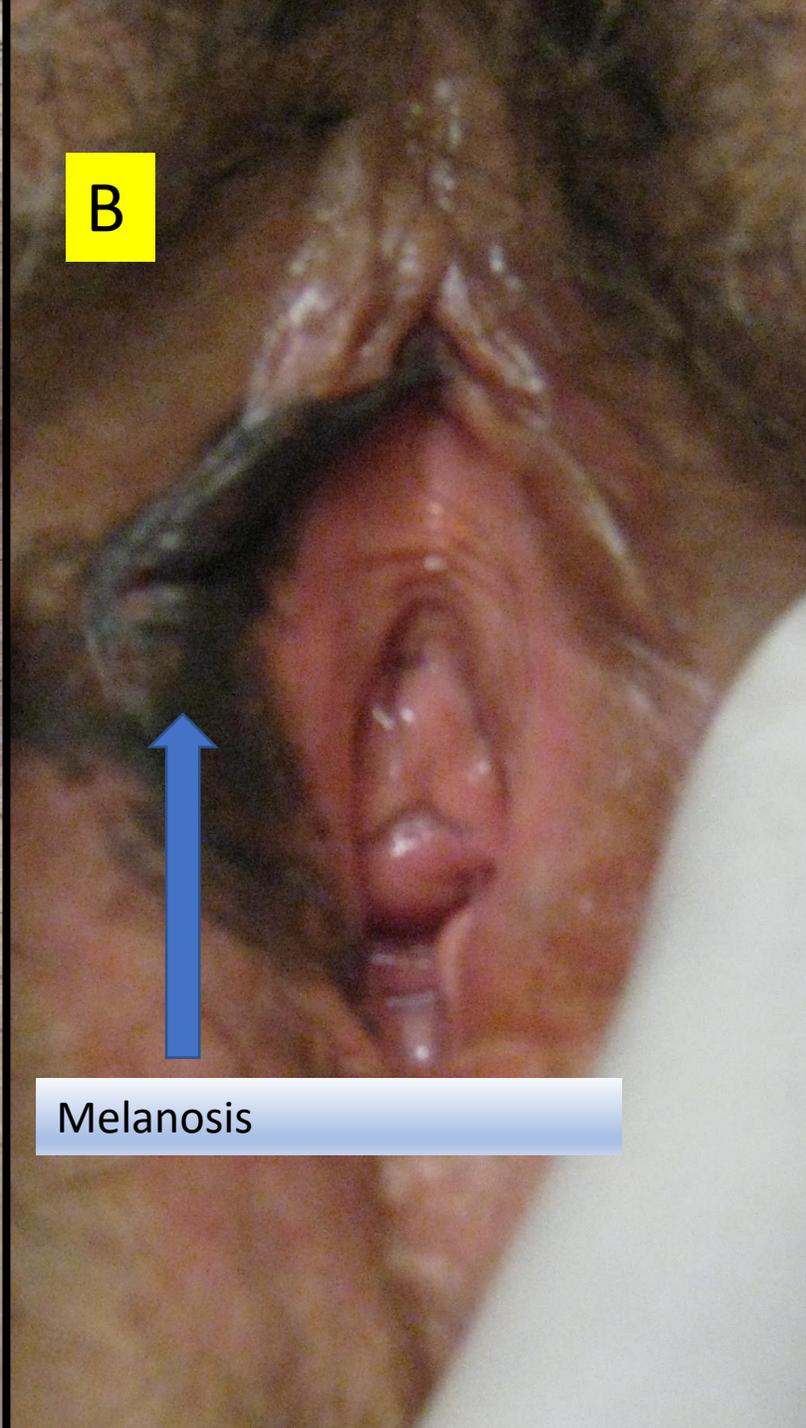
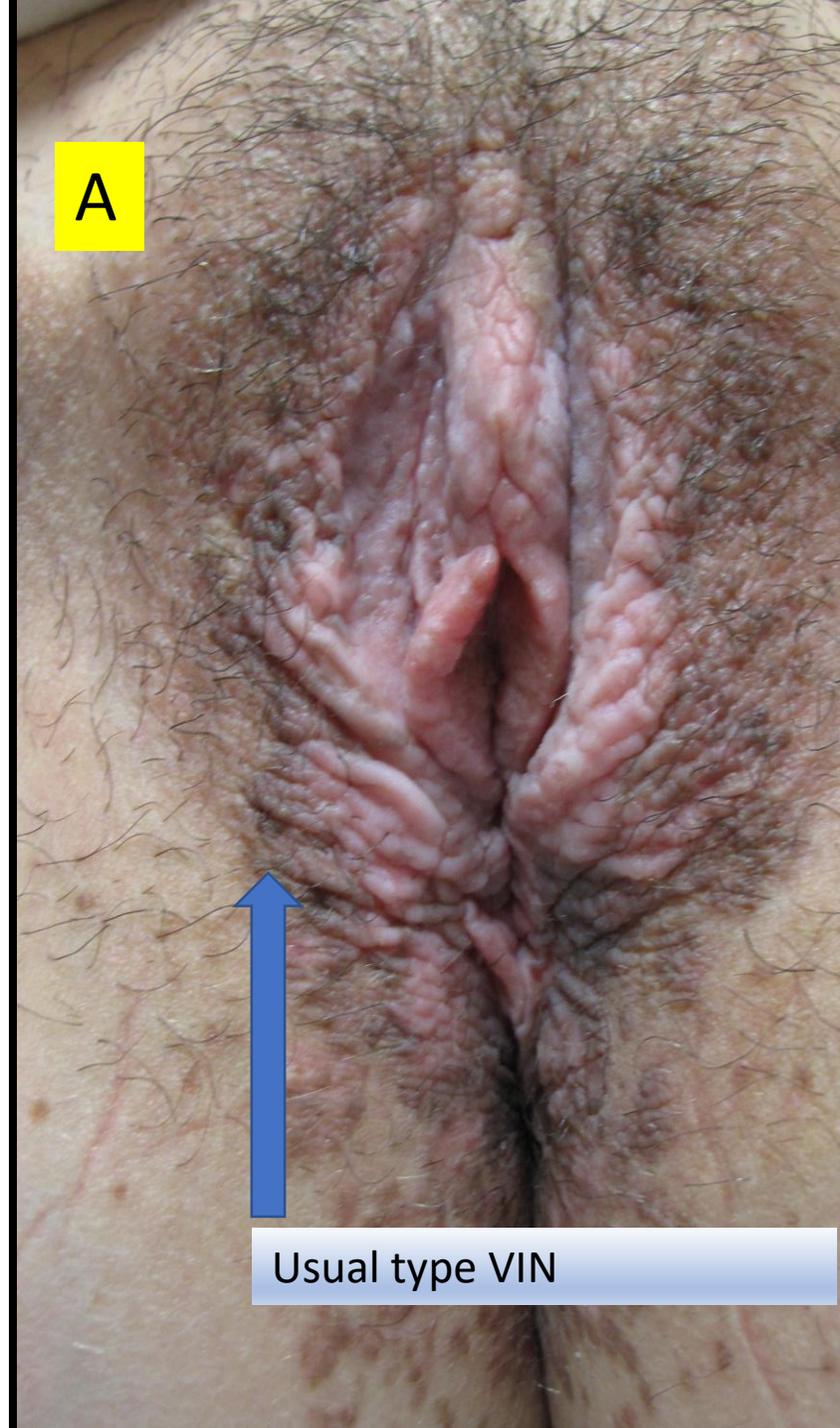
B



Melanosis

C

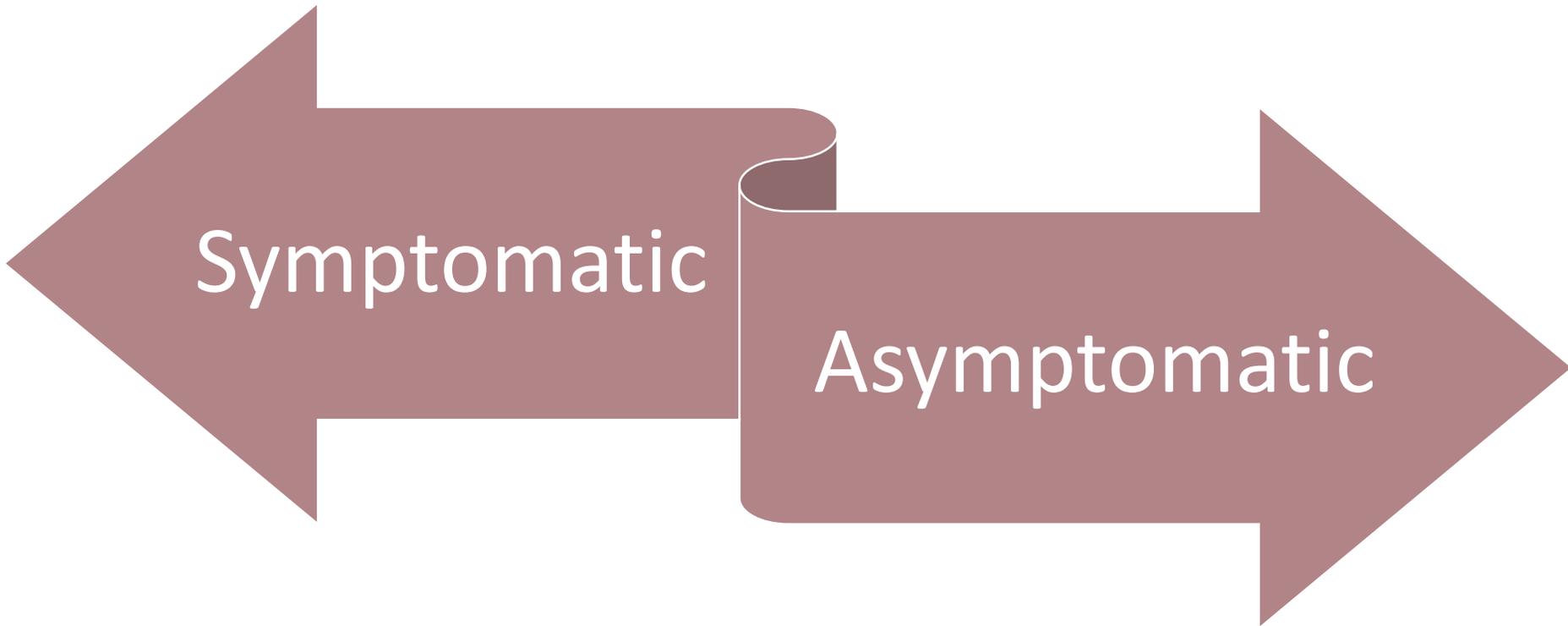
Contact dermatitis



VIN is the great imitator



VIN Lesions can be...



VIN LESIONS
CAN BE...

white

brown

pink

yellow

red

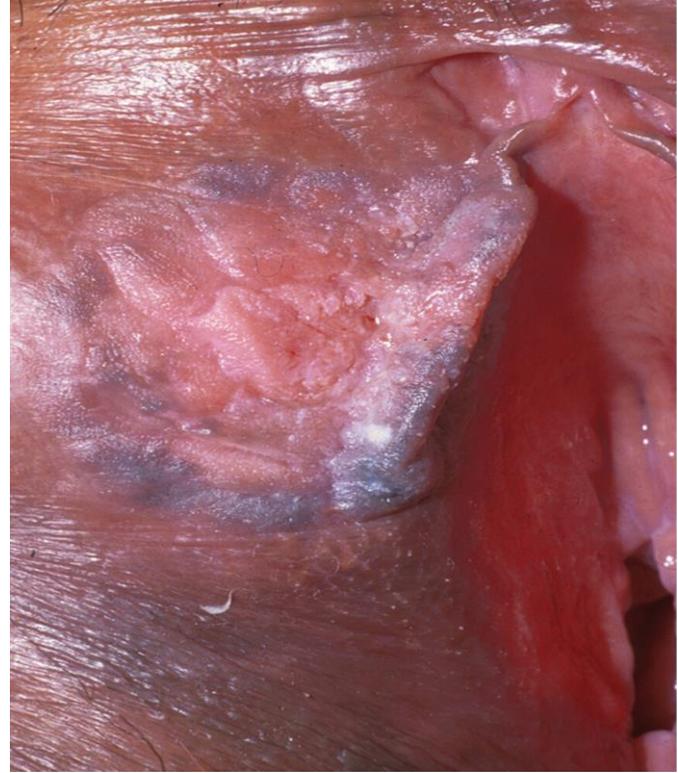
flesh

40 year old with
refractory warts



- 67 year old
- 2 year history of vulvar itch
- White firm condylmatous plaque
- Failed various treatments









**What Do I Do If I'm Worried
about VIN?**



Vulvar Pain Assessment



For individuals experiencing vulvar and/or sexual pain

[LEARN MORE](#)

Benign Vulvar Skin Conditions



For individuals with chronic vulvar symptoms and or asymptomatic vulvar conditions and or lesions.

[LEARN MORE](#)

VIN / Vulvar Cancer



For patients who have been diagnosed and treated for Vulvar Intra-Epithelial Neoplasia (VIN) or malignant lesions of the vulva.

[LEARN MORE](#)

Cancer Survivorship

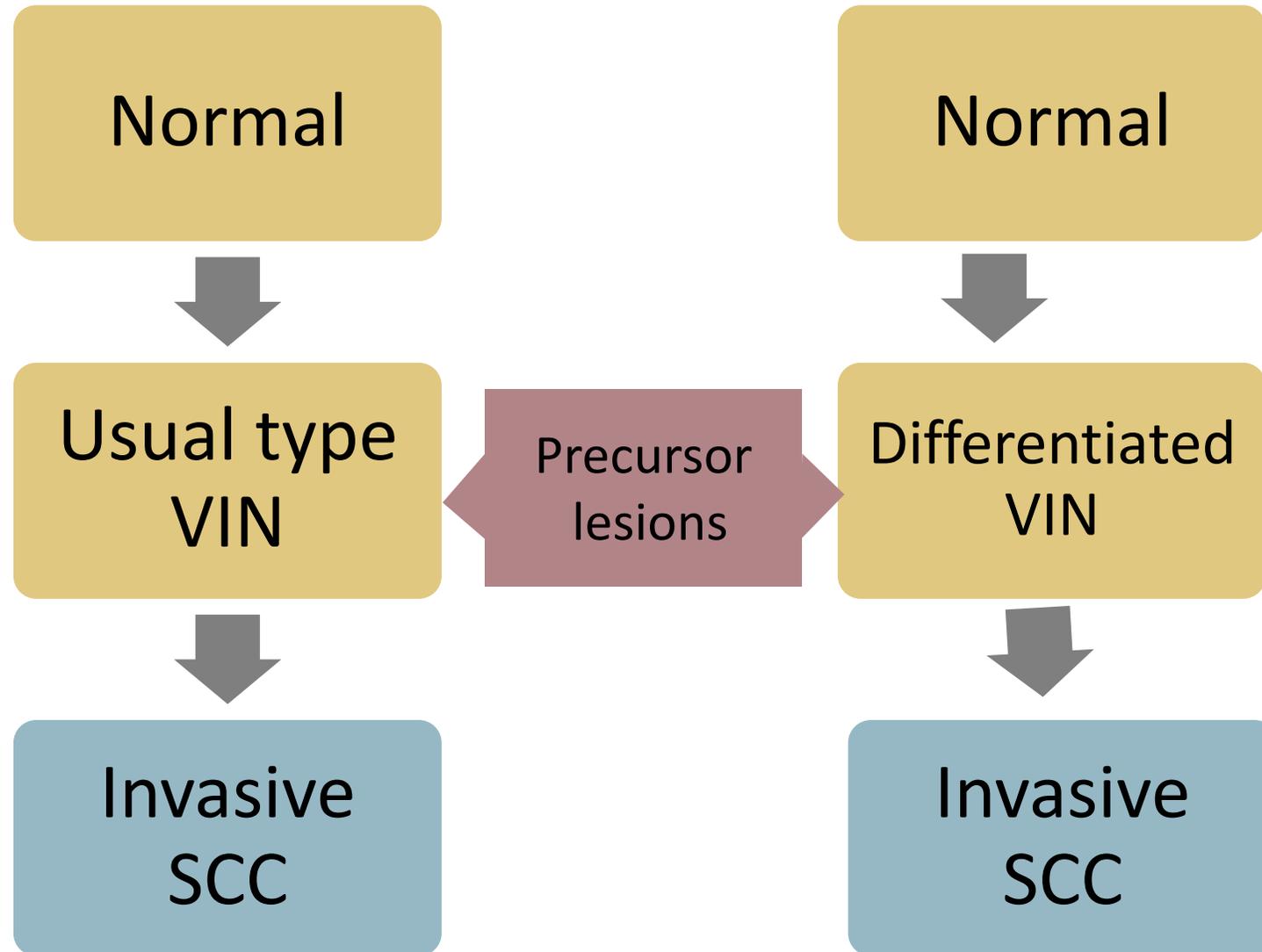


For cancer survivors who have sexual health concerns or require complex menopause management

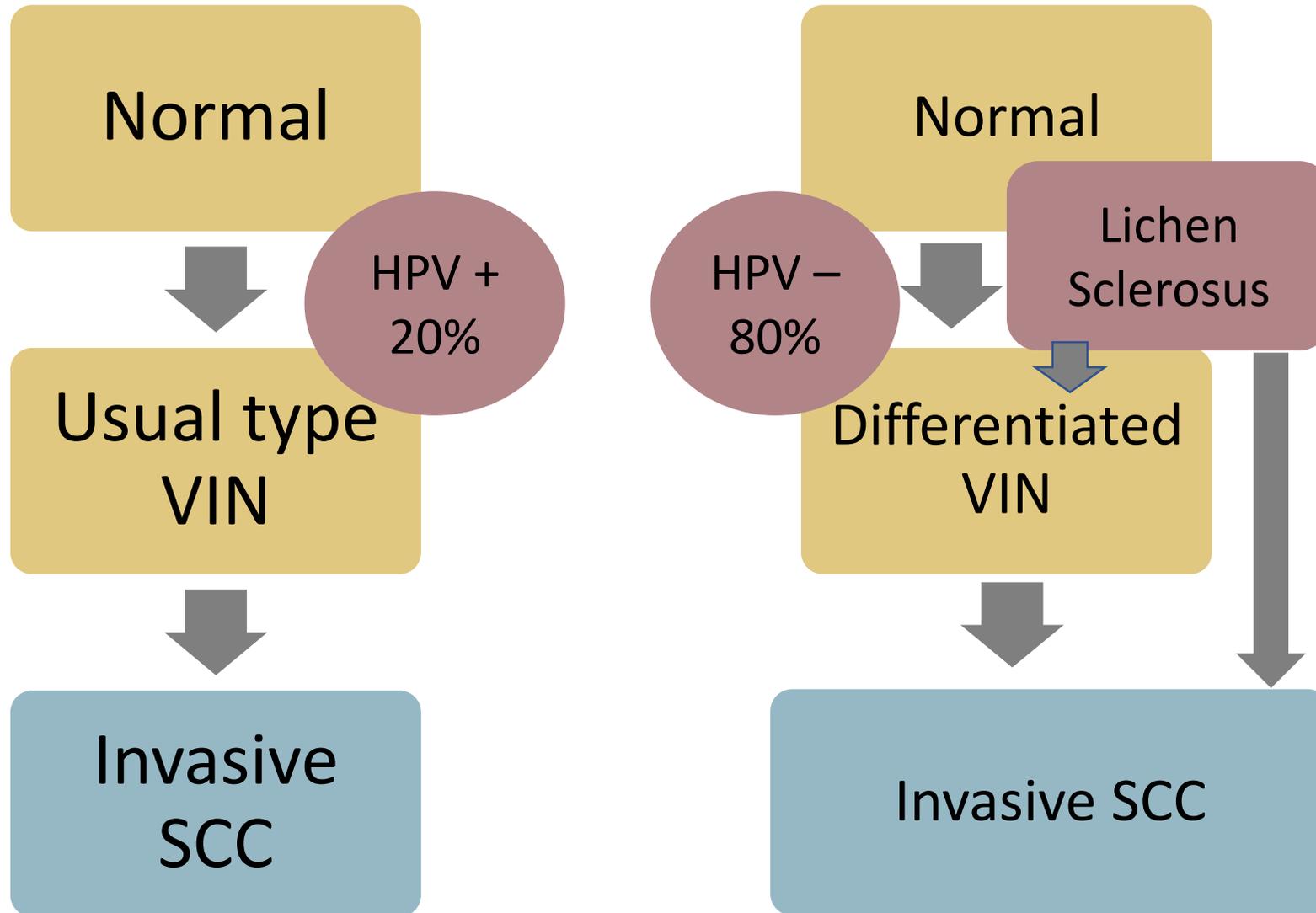
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How Can I Counsel Patients with VIN?

Pathways to Vulvar Cancer



Pathways to Vulvar Cancer



What is my risk of cancer?

Usual VIN

- Progression to SCC is 16% in untreated uVIN
- Progression is 3% in treated
- Spontaneous regression in 1%
- Longer time to progress to Cancer (50-72 months)

DVIN

- Higher malignant potential than usual VIN
- Up to 33% develop cancer
- Shorter time to progression to cancer (13-23 months)

How will this be treated?

Usual VIN

- Medical
- Surgical
- Laser
- Expectant mgmt

Differentiated VIN

- Surgical

Will the treatment cure me?

VIN can be a chronic disease

- Cancer risk is low
- High recurrence risk of VIN (20-50%)
- Risk factors for recurrence include: advanced age, immune compromised state, smoking
- Broad impact of disease

Consider psychosexual impact



Follow-up

Recurrence rates are 30-50% post treatment

Who?

- Treating physician

How often?

- Follow up every 3- 6 months for two years
- Annual to complete five years

What?

- Examination of the entire lower genital tract: vulva, perianal, vagina and cervix

Is there
anything I can
do to prevent
cancer?

Stop smoking

HPV Vaccine – prophylactic

Prevent subsequent HPV related
disease - no therapeutic vaccine

Adherence to steroid treatment for
chronic dermatoses

Take Home Points

- The morphological appearance of VIN is highly variable.
- Worry about PALPABLE irregular lesions.
- If VIN is in your differential diagnosis for a vulvar lesion → take a biopsy
- Manage expectations – VIN is commonly a chronic disease
- Decrease risk factors

Virtual Vulvovaginal Health Update

APRIL 27th & 28th, 2023

Program & Registration at UBC CPD



QUESTIONS??

