What you need to know about precancerous vulvar lesions

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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?
Normal → Vulvar Intraepithelial Neoplasia → Vulvar Cancer
## 2015 ISSVD Classification

<table>
<thead>
<tr>
<th>VIN 1</th>
<th>VIN 2/3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low grade squamous intraepithelial lesion (flat condyloma or HPV effect) <strong>NOT</strong> considered pre-malignant.</td>
<td>High grade squamous intraepithelial lesion / usual type VIN</td>
</tr>
<tr>
<td></td>
<td>Differentiated type vulvar intraepithelial neoplasia</td>
</tr>
</tbody>
</table>
Let’s Warm Up With a Quiz
SQUAMOUS CELL CARCINOMA

VIN

LICHEN SCLEROSUS

LICHEN SCLEROSUS

HYPERTROPHIC LICHEN SCLEROSUS
Lymphangectasia
Usual type VIN

Melanosis

Contact dermatitis
VIN is the great imitator
VIN Lesions can be...

Symptomatic

Asymptomatic
Vulva is not a good historian!
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 condylomatous plaque
• Failed various treatments
What Do I Do If I’m Worried about VIN?
How Can I Counsel Patients with VIN?
Pathways to Vulvar Cancer

- Normal
- Usual type VIN
  - Invasive SCC
- Differentiated VIN
  - Invasive SCC

Precursor lesions
Pathways to Vulvar Cancer

Normal → Usual type VIN → Invasive SCC

Normal → Differentiated VIN

Lichen Sclerosus → HPV + 20%

Lichen Sclerosus → HPV – 80%

Invasive SCC
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
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
• 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??