Introduction

Annually, 44,000 new cases of vulvar cancer are expected, and despite of a five year survival rate of 70% for early stage disease, this pathology still imposes a challenging approach especially in country where the early diagnosis is not always possible. Patients with advanced disease could have a benefit from multimodality approach to improve outcomes.

Objectives

To evaluate the toxicity in patients submitted to a new multimodality treatment for vulvar cancer (VC), combining sentinel lymphoscintigraphy, chemotherapy (CT), radiotherapy (RT), and surgery in a way as yet untested, presumably capable of reducing treatment morbidity and functional and aesthetic damage, as well as gaining locoregional control.

Patients and Methods

Patients from the Outpatient Clinic of Gynecological Oncology, Cancer Institute, São Paulo State (ICESP) with VC (early and advanced stages) were included in a prospective trial. All patients with tumors up to 4 cm in greatest diameter, uncompromised urethra or anus, and lymph nodes smaller than 15 mm in greatest diameter were considered early-stage. Any other cases were deemed advanced and underwent inguinal-femoral lymphadenectomy, then cisplatin once a week for 7 weeks concomitant to inguinal-pelvic RT. Surgery was performed 30-120 days after CTRT. We conducted a retrospective analysis to evaluate treatment toxicity associated to RT, using the common toxicity criteria.

Results

We conduct a retrospective analysis of the patients treated on the trial from 2011 to 2019. A total of 43 patients were included in the study and 25 were submitted to RT. Two patients were treated in a external hospital, two patients did not completed RT and three patients had insufficient information about toxicities, and were excluded from this analysis.

Pelvic Dose 45Gy
Boost Dose 50.4-66Gy
Conformational Radiotherapy (3DRT) 19* (21)
Intensity Modulated Radiotherapy (IMRT) 3* (21)

*One patient received a mixed mode (3DRT + IMRT)

No clinical significant acute gastrointestinal or genitourinary symptoms were reported. No symptomatic late toxicity was reported. Complete patologic response was achieved in 28% of the patients.

Conclusion

The multimodality strategy was feasible, security and efficient in the treatment of advanced vulvar carcinoma.