

Treatment and Follow Up for HSIL of the Vulva and Differentiated VIN

E.J. Mayeaux, Jr., M.D., DABFP, DABPM, FAAFP

Professor and Chairman

USC Department of Family and Preventive Medicine

Professor of Obstetrics and Gynecology

University of South Carolina School of Medicine

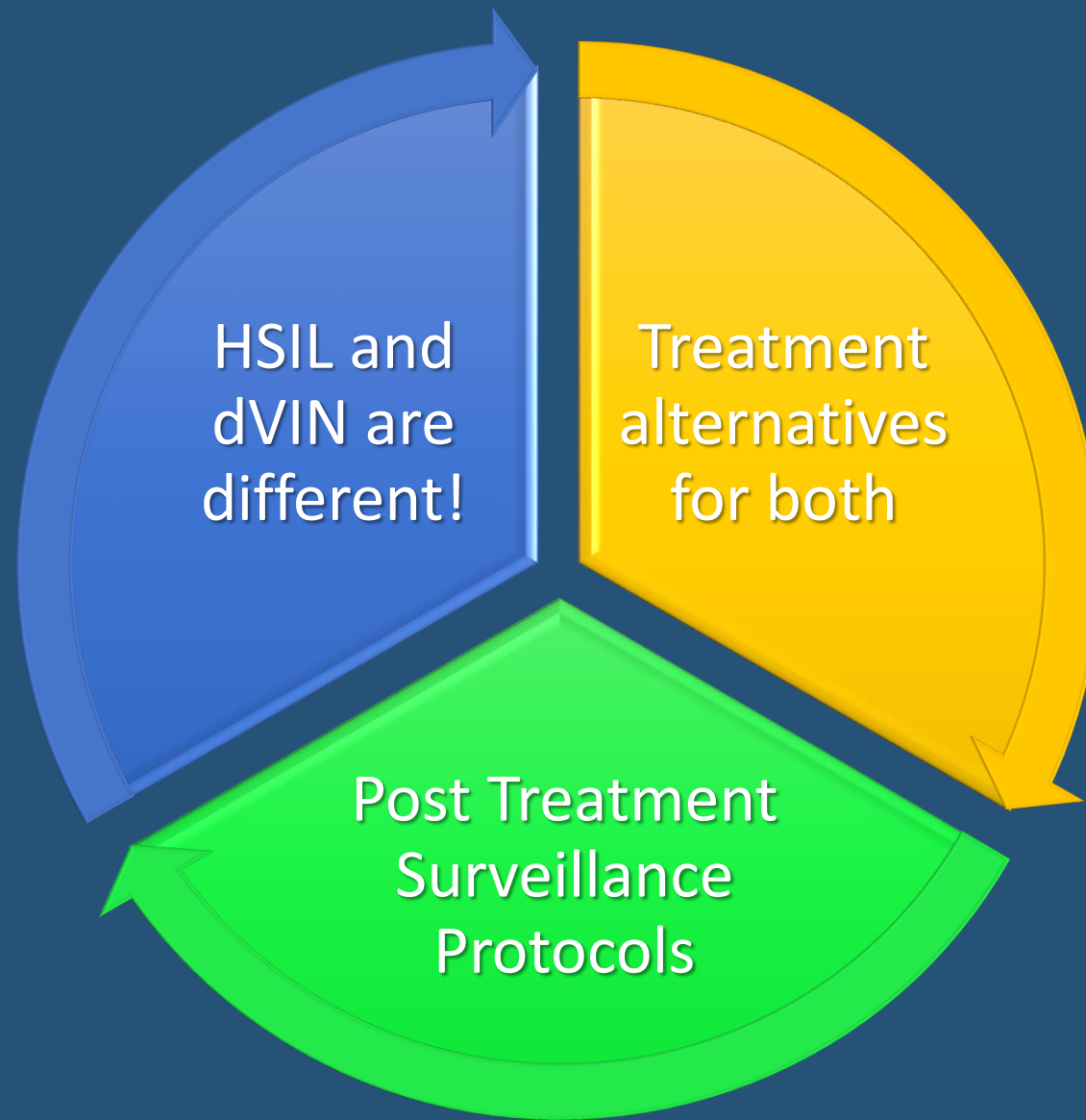
Columbia, SC

Nod to Cynthia Rasmussen, MD

Disclosures

- No financial relationships or conflict of interest to disclose
- We will discuss off-label use of topical imiquimod for HSIL

Objectives:



Evolving 2015 Terminology (now c/w LAST and WHO)

LSIL of the Vulva

- Vulvar LSIL, flat condyloma, or HPV effect

HSIL of the Vulva

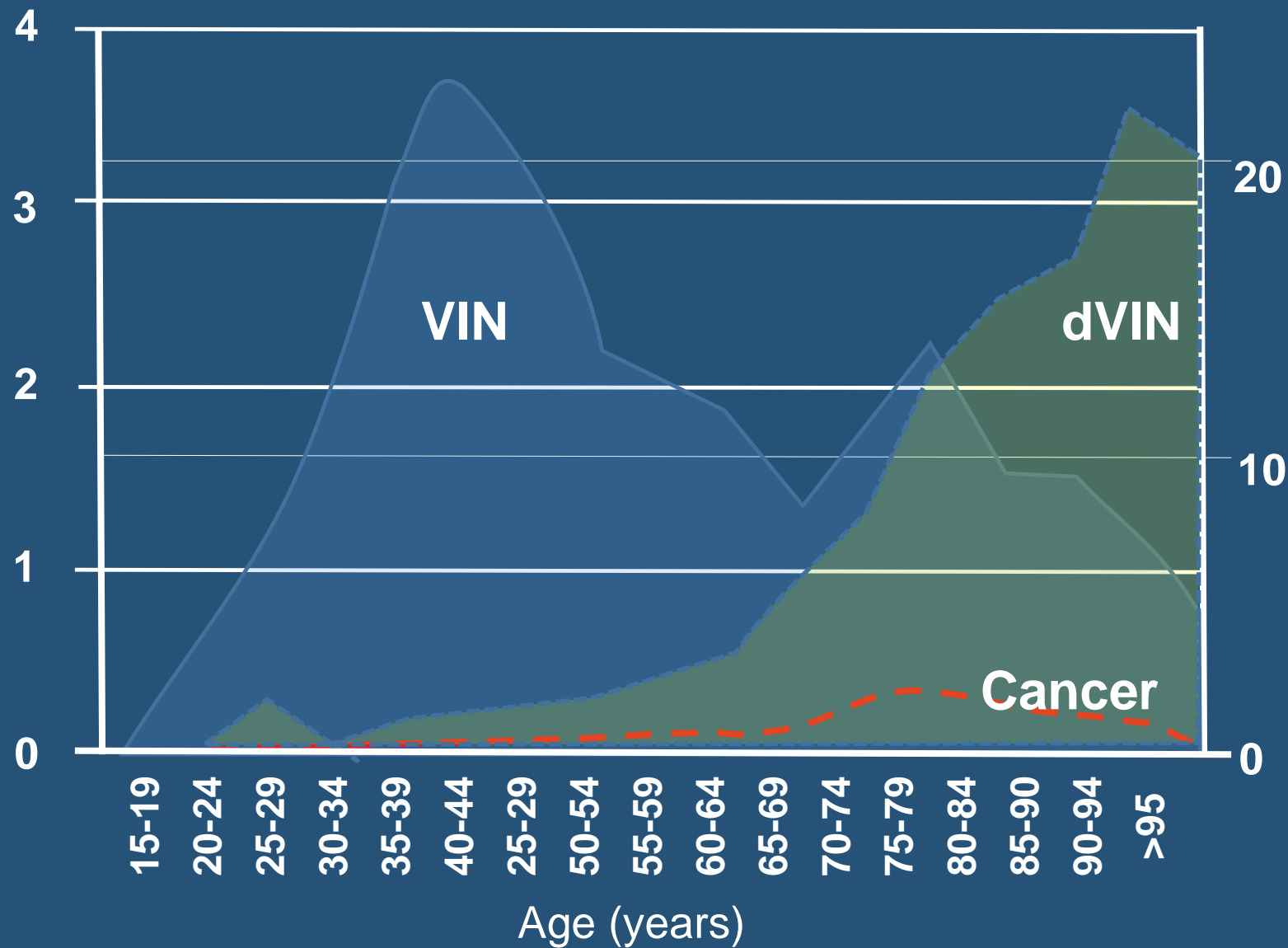
- Vulvar HSIL, VIN usual type (wart, basaloid, mixed)
- Associated with carcinogenic HPV types

Differentiated VIN

- Associated with vulvar dermatoses
- Not associated with HPV

Bornstein J, et al. J Lower Gen Tract Dis 2016;20:11-14.

VIN and dVIN Incidence /
100,000



SCC Incidence /
100,000

van de Nieuwenhof et al. Eur J CA 2009;851-56

HSIL and dVIN Oncogenesis

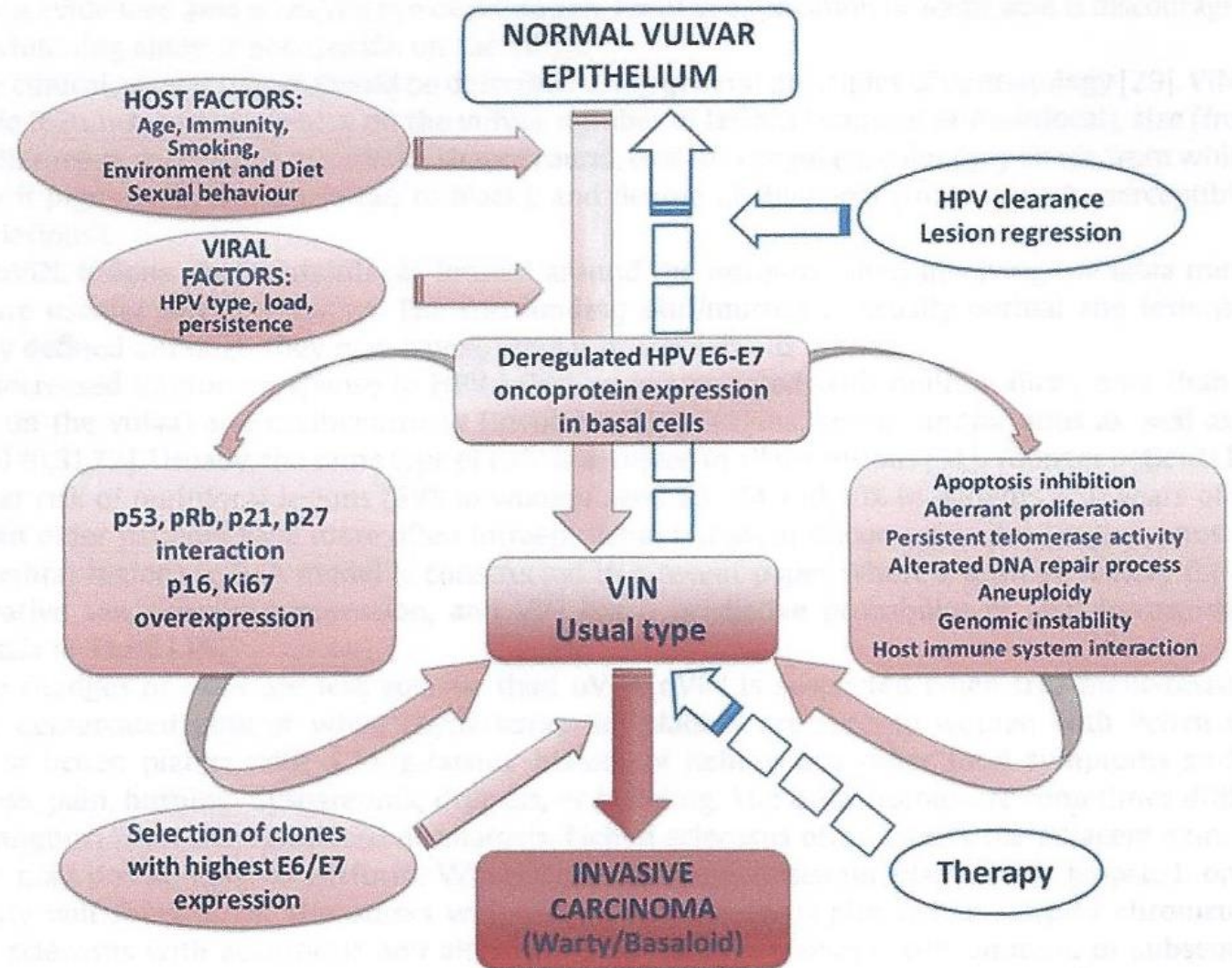
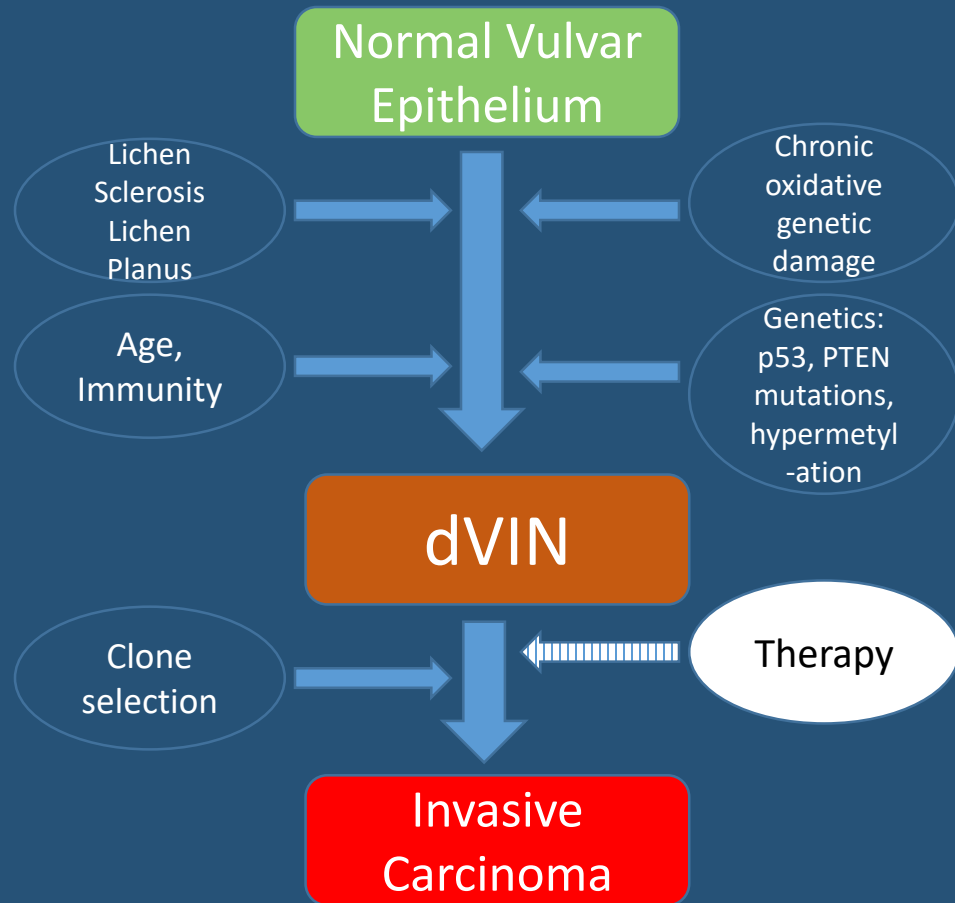


Fig. 1. Vulvar oncogenesis: Schematic representation of HPV-related pathway.

HSIL Clinical Behavior

Progression to VSSC

- Greater than 5%

Regression rate 1.2%

- < 35 years old or pregnant
- Within 10 months

Risk Factors for progression

- Immunosuppressed, smoking
- Advanced age, radiotherapy

Lifelong risk

- For recurrent HSIL
- For vulvar cancer

Other screening

- Pap with HPV annually

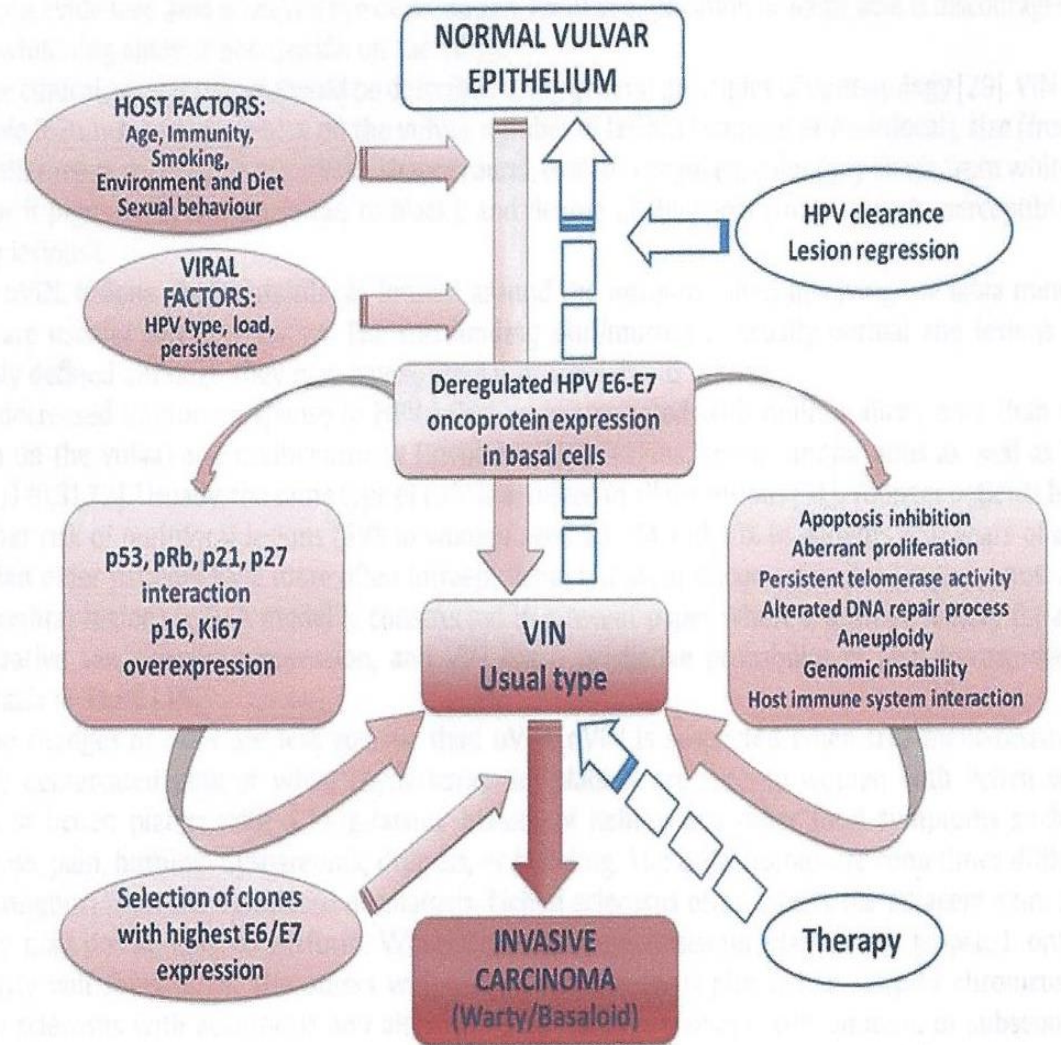
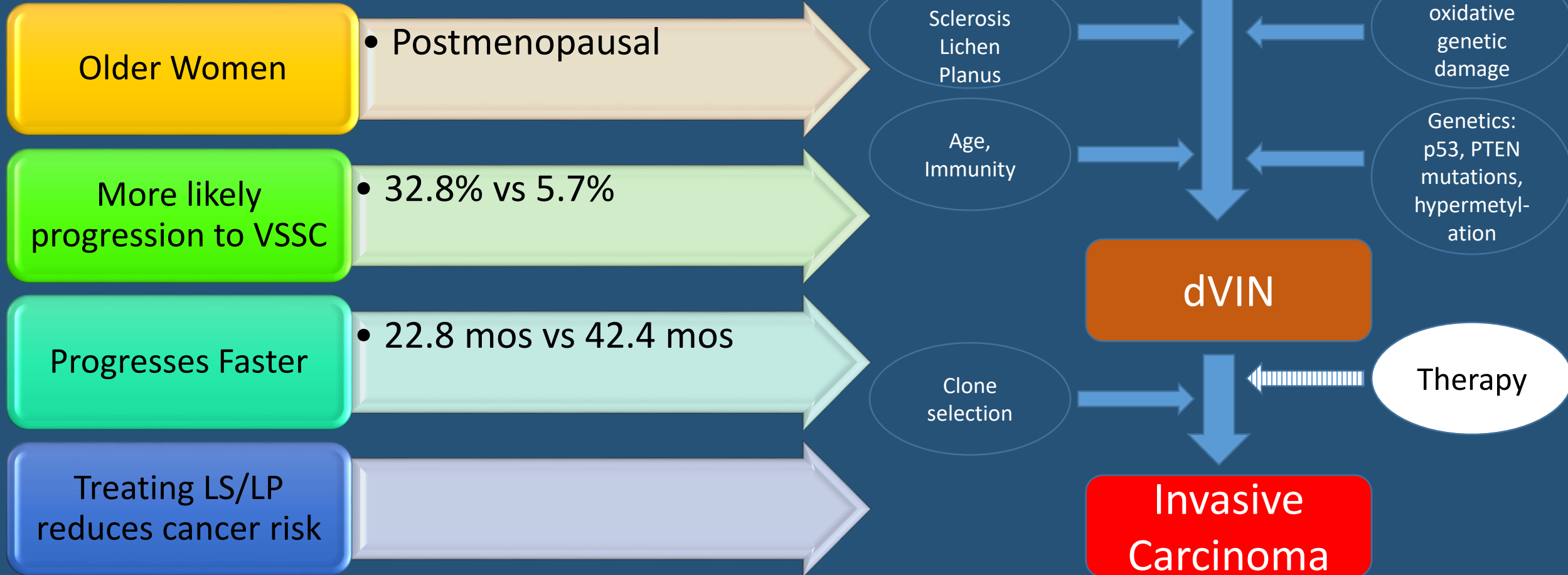


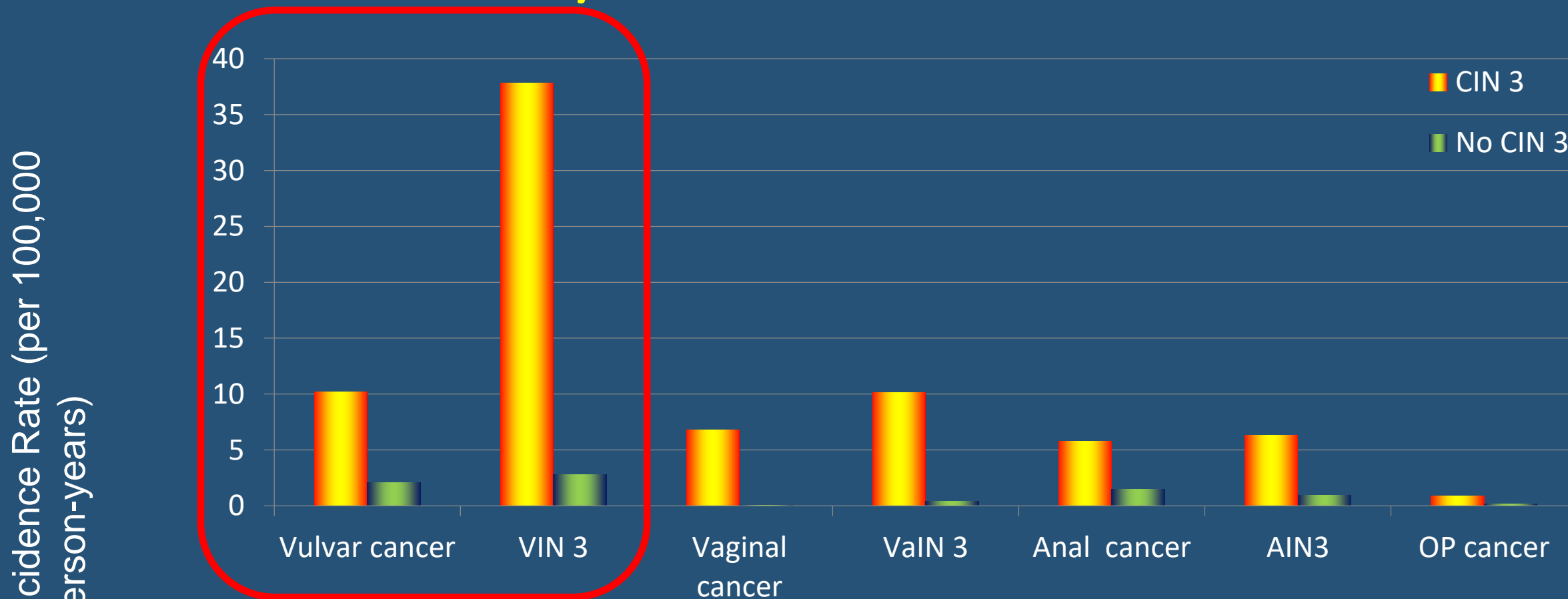
Fig. 1. Vulvar oncogenesis: Schematic representation of HPV-related pathway.

Differentiated VIN Clinical Behavior



Lee A, et al. JAMA Dermatol 2015;151:1061-7

Incidence Rate of Neoplasias in Women With and Without a History of CIN3



Ebisch RMF, et al. J Clin Oncol. 2017 May 25. Epub]



Visual
Inspection

Detection

Biopsy



Colposcopic Techniques

- 3% to 5% acetic acid
- Soak initially for 3-5 min.
- Use copious amounts
- Reapply often
- Avoid using in presence of breaks in epithelium or inflammation

Courtesy of Dr. E.J. Mayeaux, Jr.



White HSIL



Gray-Brown HSIL



Red HSIL

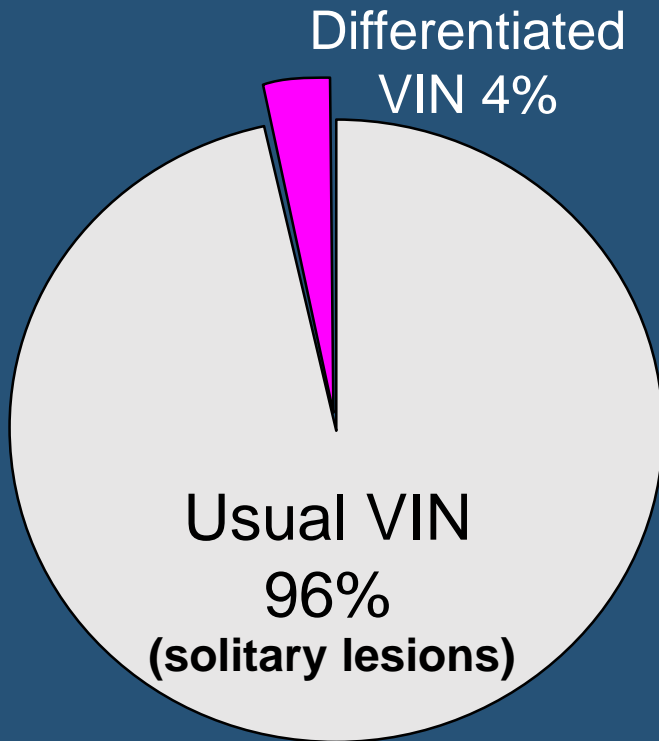


Courtesy of Hope Haefner, MD



Courtesy Dr. E.J. Mayeaux, Jr.

Vin Differentiated



Courtesy of Hope Haefner, MD

Differentiated VIN



Punch Biopsy



Courtesy Dr. E.J. Mayeaux, Jr.

- Anesthesia
 - 1% lidocaine (sodium bicarb)
 - 27-30 gauge needle to inject 1-3 cc's of anesthetic agent
 - Inject **intradermally**
- 3-5 mm Keyes punch
- Fine suture (3.0 or 4.0)
 - Hemostasis & ↓ pain
 - Monsel's/Silver nitrate slows healing

Cervical biopsy
instruments
that can also
be used for
vulvar biopsy

Baby Tischler



Courtesy Dr. E.J. Mayeaux, Jr.

ICD-10 and CPT Codes

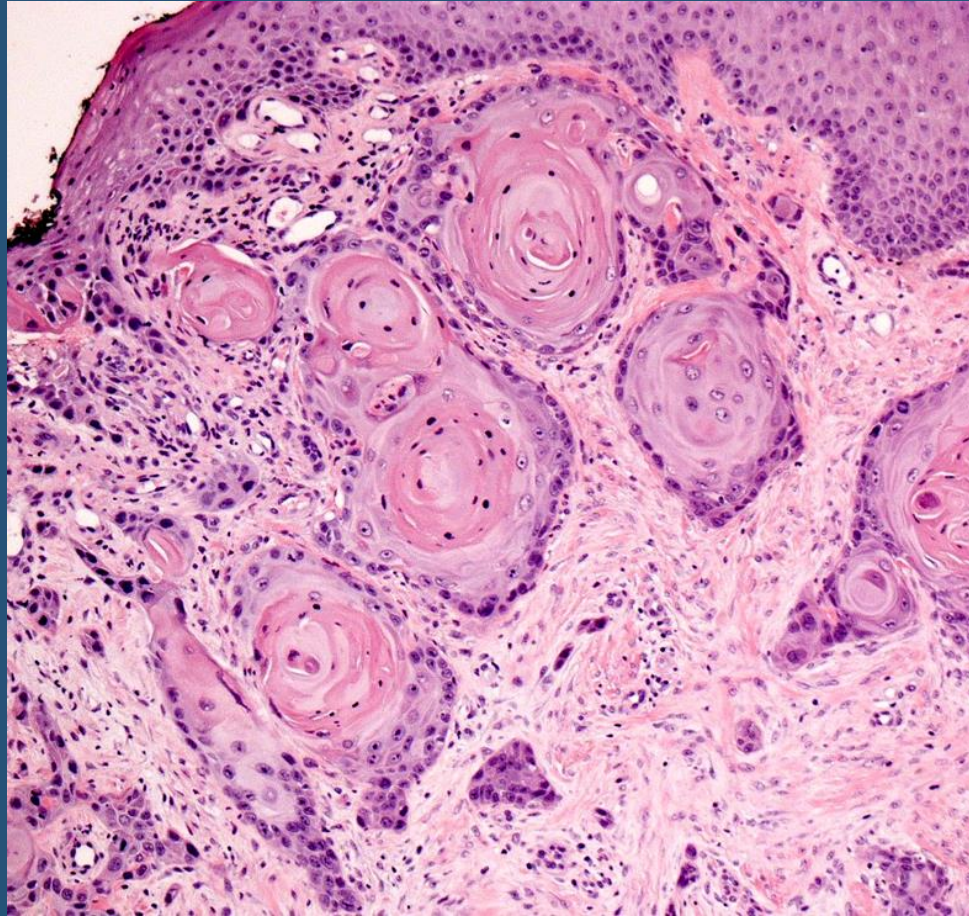
Code	Descriptor	
D39.8	Neoplasm of uncertain behavior of other specified female genital organs	CPT 56605 - Biopsy of vulva or perineum (separate procedure); 1 lesion
N90.0	Mild vulvar dysplasia (VIN1/LSIL)	
N90.1	Moderate vulvar dysplasia (VIN2/HSIL)	
D07.1	Carcinoma in situ of vulva (VIN3/HSIL)	
C51.-	Malignant neoplasm of vulva	CPT 56606 (biopsy of vulva or perineum; each separate additional lesion)
C51.0	Malignant neoplasm of labium majus	
C51.1	Malignant neoplasm of labium minus	
C51.2	Malignant neoplasm of clitoris	
C51.8	Malignant neoplasm of overlapping sites of vulva	
C51.9	Malignant neoplasm of vulva, unspecified	

Treatment for Differentiated VIN

**Wide Local
Excision**

**Medical
Therapies**

dVIN - Unexpected stromal invasion found 3.2-18.8% of the time



Chafe W, et al. Gynecol Oncol.
1988;31:154-65.

van Seters M, et al. Gynecol Oncol.
2005;97:645-51.

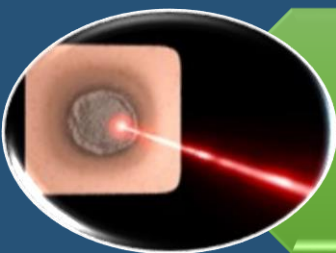
Treatment of HSIL: Surgical



Cold Knife (preferred)



LEEP with path specimen



Laser ablation (if no concern for invasion)

Ribeiro F, et al. J Low Genit Tract Dis. 2012 Jul;16(3):313-7.

Vulvar Excision



Courtesy Dr. E.J. Mayeaux, Jr.

Laser Treatment of HSIL



Courtesy Dr. Elsa Diaz, MD

Margins and Depth Vulvar HSIL

- Margins
- Depth
 - Hair bearing areas to 2.7 mm
 - Non-hair bearing = 0.1 to 1.9 mm (average = 0.5 +/- 0.2 mm)

Committee on Gynecologic Practice of American College Obstetricians and Gynecologists. ACOG Committee Opinion No. 509: Management of vulvar intraepithelial neoplasia. Obstet Gynecol. 2011 Nov;118(5):1192-4.

Medical Treatment for HSIL

Imiquimod 5%

- Two to three times weekly for 12-16 weeks
- Colpo every 4-6 weeks during treatment - Excision for failures
- Pain and erythema may limit use

Cidofovir 1%

- Response similar to Imiquimod in 2016 Cochrane review
- Hair bearing skin unresponsive. Tends to ulcerate

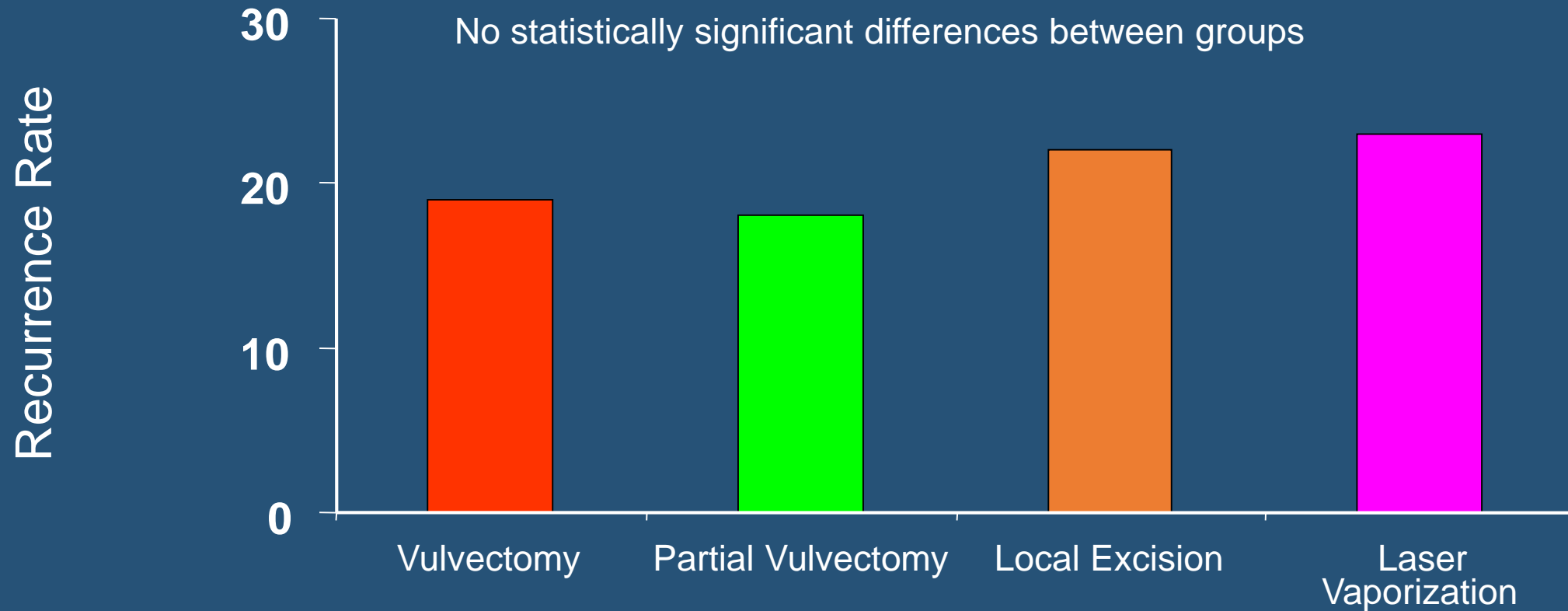
Photodynamic Therapy

- ALA sensitizer + light = cell death
- Quality of evidence “poor” in 2016 Cochrane review

Lawrie TA, et al. Cochrane Database of Systematic Reviews 2016, Issue 1. Art. No: CD011837.

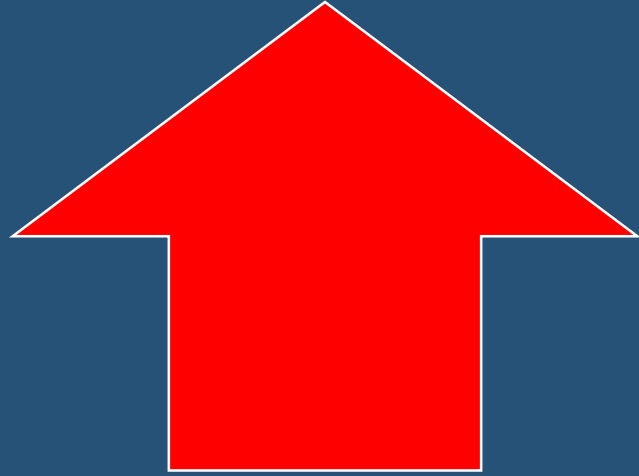
Recurr After Treatment

(mean follow-up 39 months)



Gynecologic Oncology. 2005; 97: 645-651

Risk of Recurrent Disease with HSIL and dVIN: 9%-50%



Positive Margins

Multiple lesions

Risk of cancer remains throughout lifetime



Surgical
treatment

Post-Treatment Surveillance Regimens

Follow at 6 and 12 months, then yearly thereafter

- ASCCP Committee Opinion # 675, October 2016

Follow Q 6 months X 5 years, then yearly

- Satmary W, et al. Gynecol Oncol (2017),
<https://doi.org/10.1016/j.ygyno.2017.10.029>

Follow Q 3 months for 2-3 years, then Q 6 months

- Best Practice and Research Clinical ObGyn 2014; 28: 1051-1062

Vaccinate for HPV

Treat Lichen Sclerosus
and Lichen Planus

Prevention

Smoking Cessation

Biopsy

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