

VAGINAL AND VULVAR CARCINOMAS

- Vaginal and Vulvar carcinomas are very rare and the majority of these cases are squamous cell cancers.
- They share the same risk factors as a human papillomavirus infection.

Treatment options include:

1) Surgery

2) Chemotherapy: based on

- Cisplatin 80 mg/m² IV over 1-hour infusion on day 1
- ± Vinorelbine 25 mg/m² IV on days 1 and 8
- Every 3 weeks for 6 maximal cycles in responders.

3) Radio-chemotherapy implementing:

- Cisplatin 4mg/m² per day continuous infusion on days 1-4 and
- 5FU 250 mg/m² per day continuous infusion on days 1-4.
- To be repeated weekly x 4 weeks plus
- Simultaneous radiation: 40-50Gy (2 Gy per fraction).

References

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- 2) Haie-Meder C, et al. SOR guidelines for concomitant chemoradiotherapy for patients with uterine cervical cancers: evidence update bulletin 2004. *Ann Oncol.* 2005;16(7):1100-8.
- 3) Tzioras S, et al. Effects of different chemotherapy regimens on survival for advanced cervical cancer: systematic review and meta-analysis. *Cancer Treat Rev.* 2007;33(1):24-38.
- 4) Monk BJ, et al. Phase II trial of bevacizumab in the treatment of persistent or recurrent squamous cell carcinoma of the cervix: a gynecologic oncology group study. *J Clin Oncol.* 2009;27(7):1069-1074.