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10

The prevention and management of treatment related morbidity
in vulval cancer

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Abstract

The traditional and the most common management of primary vulval cancer is radical surgery of the vulva and radical groin lymphadenectomy (unilateral or bilateral). Adjuvant radiotherapy is used in poor prognosis cases. Rare vulval cancers, locally advanced cancers and recurrent vulval cancers often are treated with a combination of surgery, radiation therapy and chemotherapy. The treatments, while often curative, are associated with considerable morbidity, which, until recently, has not been well publicized or quantified. Increasingly, younger patients are presenting with extensive and often multi-focal pre-invasive disease and with vulval cancer. Long-term post-treatment physical, sexual and psychological morbidity is of major concern. There is more onus on clinicians to provide less radical but equally curative treatment, while also reducing morbidity. There is also the need to provide treatment and treatment modification

based on supporting evidence. For a rare disease such as vulval cancer it is more difficult to generate data and to conduct trials on treatment modifications. Although surgical modifications have been made, the morbidity of radical surgery for vulval cancer is considerable. The prevention and management of treatment-related morbidity will continue to challenge the gynaecological oncology team.



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Keywords

vulval cancer; morbidity; prevention; treatment

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