High-dose density neoadjuvant chemotherapy before radical surgery in advanced vulvar cancer

T. Pichlík¹, L. Rob¹, H. Robová¹, M.J. Halaška¹, V. Drochýtek¹, M. Hruda¹, P. Škapa².

¹Third Faculty of Medicine, Charles University in Prague and Oncogynecology Center University Hospital Kralovske Vinohrady, Department of Obstetrics and Gynecology, Prague 10, Czech Republic.
²Second Faculty of Medicine, Charles University in Prague and Motol University Hospital, Department of Pathology and Molecular Medicine, Prague 5, Czech Republic.

Objective: Mortality is high in advanced vulvar cancer and treatment associate with several adverse events. Neoadjuvant chemotherapy (NAC) administered before surgery is successful in patients with bulky squamous cervical cancer. We used NAC in 10 women with advanced squamous cell vulvar cancer.

Material and Methods: Women with advanced vulvar cancer (bulky nodes and/or T3 tumors) were included in prospective study. Combination chemotherapy (cisplatin 75 mg/m² and ifosfamide 2g/m²) was given in 10-day intervals. Radical surgery was performed after chemotherapy.

Results: Ten women were included into study (six with bulky nodes, two with T3 tumors and two with combination of bulky nodes and T3 tumors). Hematological toxicity (grade 3-4) occurred in two patients after chemotherapy.

Radical vulvectomy with inguinofemoral lymphadenectomy was performed in nine patients, posterior exenteration in one. Response of more than 50% was found in eight patients (one complete); we did not observe any response in two patients. Six patients underwent adjuvant radiotherapy, two had adjuvant chemotherapy and two were not administered adjuvant treatment. Two patients had recurrence (both with no response to chemotherapy) and died of disease. Six patients are alive without evidence of disease and two died of internal disease without evidence of disease

Conclusion: Response rate for NAC in squamous cell vulvar cancer was 80% while the recurrence rate was only 20% in such an unfavorable group of patients. High-dose density NAC seems to be a viable option to neoadjuvant radiotherapy in advanced vulvar cancer with lower morbidity.

Table: Patient characteristics and outcomes

Patient No.	Age	TNM	Grade	Clinical response	LN	Surgery*	Adjuvant Therapy	Relapse	Status	OS in months
1	57	T1bN3M0	1	PR	Negative	Monoghan vulvectomy	RT		NED	110
2	47	T2N3M0	1	Progress locally LN negative	Negative	Anterior exenteration	0	Pelvic LN	DOD	25
3	56	T2N0M0	3	PR	Negative	Radical vulvectomy	CT		NED	100
4	69	T1bN3M0	2	PR	1/11 positive	Monoghan vulvectomy	RT		NED	93
5	57	T2N0M0	1	CR	Negative	Radical vulvectomy	CT		NED	48
6	75	T1bN3M0	2	PR	1/15 positive	Monoghan vulvectomy	RT		Stroke, died without disease	15
7	57	T2N3M0	1	PR	2/10 positive	Monoghan vulvectomy	RT		NED	70
8	57	T1BN3M0	1	None	3/9 positive	Monoghan vulvectomy	RT	Pelvic LN Lungs	DOD	89
9	59	T2N2M0	2	PR	2/7 positive	Radical vulvectomy	RT		NED	58
10	49	T2N3M0	1	PR	Negative	Monoghan vulvectomy	0		NED	33

*All patients underwent inguinofemoral lymphadenectomy

PR – partial response, CR - complete response, Monoghan vulvectomy – en bloc vulvectomy, LN – lymph node, NED – without disease, DOD – died of disease, OS – overall survival