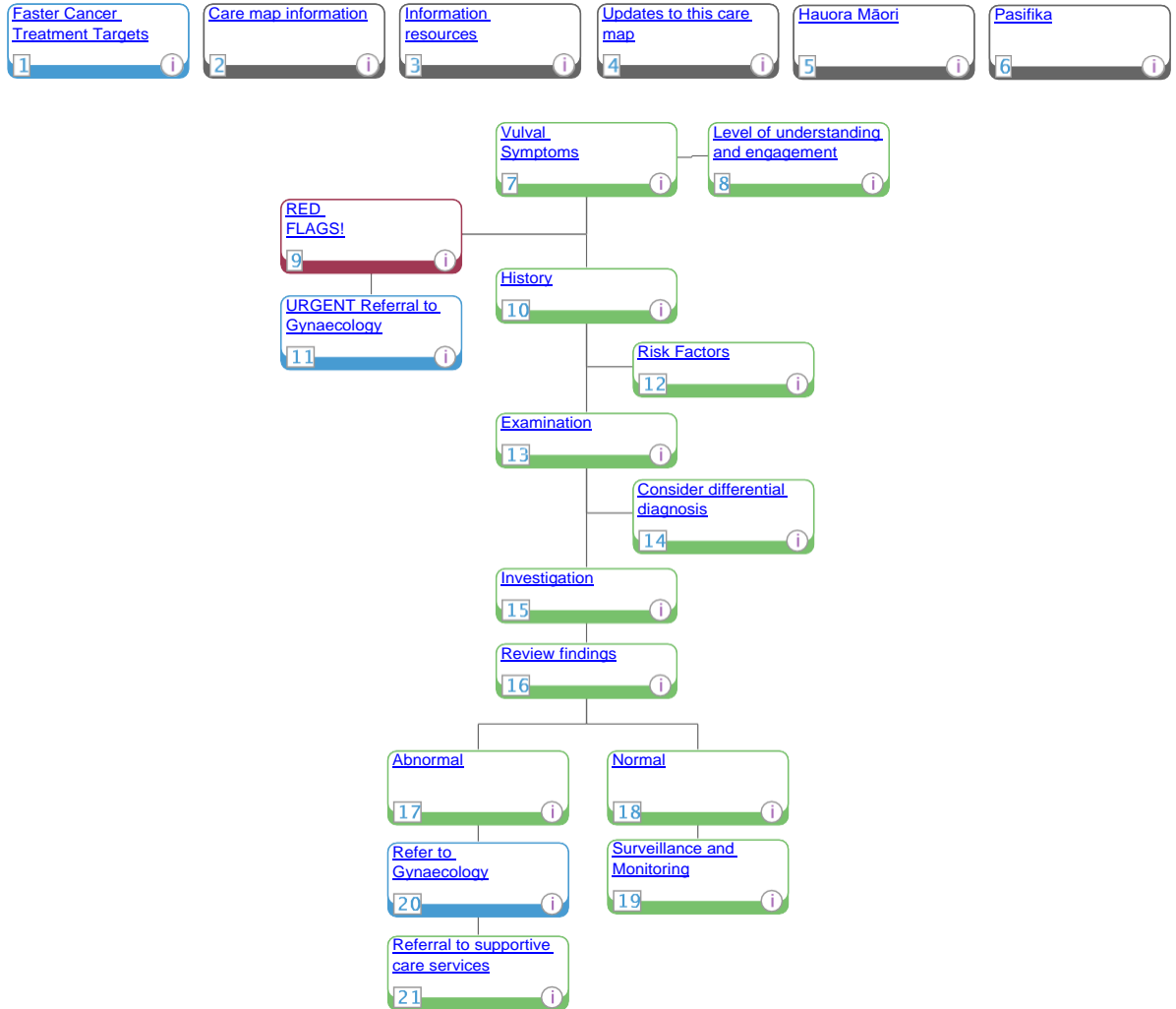


# Vulval Cancer Symptoms

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- i Information
- R Referral
- N National info
- L Local info
- Note Note
- Primary care Primary care
- Secondary care Secondary care
- Red flag Red flag
- Information Information



## 1. Faster Cancer Treatment Targets

### Faster Cancer Treatment:

- the Faster Cancer Treatment (FCT) health target builds on the significant improvements that have been made in the quality of cancer services over recent years. It provides a lens across the whole cancer pathway to ensure people have prompt access to excellent cancer services

### Targets:

- 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90 percent by June 2017

### Ministry of Health:

- [Ministry of Health High Suspicion of Cancer Definitions](#)
- [National Tumour Standards - Gynaecology](#)

## 2. Care map information

### In scope:

- investigation, diagnosis

### Out of scope:

- management in secondary care

## 3. Information resources

### Information resources for patients and carers:

- [The New Zealand Gynaecological Cancer Foundation](#)
- [Cancer Society \(NZ\)](#)
- Women's Cancer Center of New Zealand
- [Gynaecology Cancers - Information for all Women](#)

### Information resources for clinicians.

About vulval cancer:

- rare – accounts for about 5% of [1] gynecological malignancies
- increased incidence with age – most patients present aged > 65 years
- HPV associated in many cases
- 90% are squamous cell carcinomas
- others include basal cell carcinomas, adenocarcinomas, sarcomas, melanomas [1]
- [Cancer Society - Gynaecological Cancer Information](#)
- [Reducing cancer inequalities in Māori a priority](#)
- [Best practices when providing care to Māori patients and their whānau](#)

### Reference:

1. Royal College of Obstetricians and Gynaecologists. Guidelines for the Diagnosis and Management of Vulval Carcinoma. British Gynaecological Cancer Society 2014.

## 4. Updates to this care map

Date of publication: October 2017.

Review in 6 months post publication.

## 5. Hauora Māori

Māori are a diverse people and whilst there is no single Māori identity, it is vital practitioners offer culturally appropriate care when working with Māori Whānau. It is important for practitioners to have a baseline understanding of the issues surrounding Māori health.

This knowledge can be actualised by (not in any order of priority):

- acknowledging [Te Whare Tapa Whā \(Māori model of health\)](#) when working with Māori Whānau
- asking Māori clients if they would like their Whānau or significant others to be involved in assessment and treatment
- asking Māori clients about any particular cultural beliefs they or their Whānau have that might impact on assessment and treatment of the particular health issue ([Cultural issues](#))
- consider the importance of [whānaungatanga \(making meaningful connections\)](#) with their Māori client / Whānau
- knowledge of [Whānau Ora, Te Ara Whānau Ora and referring to Whānau Ora Navigators](#) where appropriate
- having a historical overview of legislation that has impacted on Māori well-being

**For further information:**

- [Hauora Māori](#)

## 6. Pasifika

[Pacific Cultural Guidelines \(Central PHO\) 6MB file](#)

**Our Pasifika community:**

- is a diverse and dynamic population:
  - more than 22 nations represented in New Zealand
  - each with their own unique culture, language, history, and health status
  - share many similarities which we have shared with you here in order to help you work with Pasifika patients more effectively

The main Pacific nations in New Zealand are:

- Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau and Tuvalu

Acknowledging [The FonoFale Model \(pasifika model of health\)](#) when working with Pasifika peoples and families.

Acknowledging general pacific guidelines when working with Pasifika peoples and families:

- [Cultural protocols and greetings](#)
- [Building relationships with your pasifika patients](#)
- [Involving family support, involving religion, during assessments and in the hospital](#)
- [Home visits](#)
- [Contact information](#)

**Pasifika Health Service**

The Pasifika Health Service is a service provided free of charge for:

- all Pasifika people living in Manawatu, Horowhenua, Tararua and Otaki who have long term conditions
  - all Pasifika mothers and children aged 0-5 years
- an appointment can be made by the patient, doctor or nurse
- the Pasifika Health Service contact details are:
  - Palmerston North Office - 06 354 9107
  - Horowhenua Office - 06 367 6433

**Additional resources:**

- Ala Mo'ui - [Pathways to Pacific Health and Wellbeing 2014-2018](#)
- Primary care for pacific people: [a pacific health systems approach](#)
- Tupu Ola Moui: [The Pacific Health Chart Book 2004](#)
- Pacific Health [resources](#)
- [Central PHO Pasifika Health Service](#)

## 7. Vulval Symptoms

**NB:** Māori and Pacific Island women have higher incidences of and mortality from endometrial and cervical cancers (Robson and Harris 2007; Harris et al 2012; McLeod et al 2011)

**Symptoms / signs:**

- itching, burning and soreness of the vulval
- a lump, swelling or wart-like growth:
  - new wart in post-menopausal patient
  - persistent wart despite treatment in pre-menopausal patients
- thickened, raised, red, white or dark
- patches on the skin of the vulval
- vulval pain
- vulval bleeding
- vulval sore/ulcer
- a mole on the vulval that changes shape or colour
- any new mole on the vulval

## 8. Level of understanding and engagement

**Apply health literacy principles:**

Is English their second language, ask what the patient understands:

- is an interpreter required?
  - call *Interpreter Services – Language Line* (Nationwide) 0800 656 656 Monday to Friday, 9am to 6pm, Saturday 9am to 2pm
- build on what the patient already knows
- translate medical terminology into lay language (do they have a support person)
- draw diagrams or write key phrases and messages down and give it to the patient to take with them
- provide educational material
- check the patient's understanding to confirm that they understand the key messages (or confirm with support person if required)
- encourage patient to bring trusted support people to future consultations
- consider other health literacy resources as appropriate:
  - Local community [Māori Health Services](#)
  - [Best practices when providing care to Māori patients and their whānau](#)

- Local community [Pasifika Health Services](#)
- [LETS PLAN](#) is a resource to help plan your next health care visit. It will help you understand more about your health and treatment for an illness or injury

#### **Barriers to effective care:**

Factors that could stop the patient from getting further tests or treatment can include:

- complexity of care pathway not knowing when or where to go next
- cost
- locality and geographical access to health and hospital services (travel)
- no Whānau / family support
- family obligations including dependents
- work responsibilities (can't take time off)

## 9. RED FLAGS!

#### **Red Flag Symptoms:**

- rapidly growing genital lump
- irregular or fungating vulval lesion
- irregular or non-healing vulval ulcer
- vulval lesion with associated groin lymphadenopathy

#### **Ministry of Health:**

- [Faster Cancer Treatment: High suspicion of cancer definitions April 2016](#)

## 10. History

Check patient history:

- previous vulval dermatosis/VIN
- prolonged skin conditions
- past gynae history
- past smear history
- any other relevant clinical information
- duration of symptoms
- history of an previous treatments trialled and effectiveness
- previous HPV infections

## 11. URGENT Referral to Gynaecology

Include relevant information:

- reason for referral
- expectation of referral
- history and co-morbidities
- current management and/or options already pursued
- examination findings
- investigation results
- current medication
- allergies and adverse drug reactions

- any other relevant clinical information

Please complete the **High Suspicion of Cancer referral form** in your patient management system.

A copy of the form can also be printed [here](#).

**NB:** Timely feedback (by way of a phone call and/or followed up with a written report) to the person being referred to specialist services will be appreciated.

## 12. Risk Factors

- vulval intra-epithelial neoplasia (VIN):
  - premalignant condition with 4% risk of becoming invasive cancer
  - diagnosed by biopsy
  - can develop:
    - spontaneously
    - as progression from lichen sclerosus
    - as progression from squamous cell hyperplasia
  - there are two types:
    - "Usual" or "Classical" VIN is associated with HPV and tends to affect younger women
    - "Differentiated" VIN tends to arise from chronic dermatological conditions e.g. lichen sclerosus and affects older women
- smoking
- HPV infection
- lichen sclerosus has a 4% chance of becoming invasive
- paget disease – adenocarcinoma in situ
- melanoma in situ
- immunodeficiency

**Note:** Risk increases with age.

## 13. Examination

- examine the patient, 75% of vulval cancer occurs on the labia
- look for:
  - altered pigmentation i.e. white, grey, red, or darkened skin
  - thickened skin, a raised lump or lesion, particularly if it is irregular, exophytic, or warty

## 14. Consider differential diagnosis

- behcet syndrome
- boil, sebaceous cyst, bartholins abcess, or urethral caruncle
- crohn disease
- dermatitis
- fungal infection
- herpes simplex
- lichen planus
- syphilis

## 15. Investigation

- consider punch biopsy prior to referral for lesions of uncertain diagnosis
- consider testing for ulcerative STI disease
  - herpes, syphilis etc

## 16. Review findings

Review findings:

## 17. Abnormal

Review findings:

- change in vulval skin in post-menopausal patient
- unexplained vulval lump, vulval bleeding, or ulceration
- persistent vulval itch despite treatment
- any testing for infections

## 18. Normal

- if all testing is normal and symptoms persist, consider referral to gynaecology.

## 19. Surveillance and Monitoring

- if testing is normal consider re-examination in 3-6 months

## 20. Refer to Gynaecology

Include relevant information:

- reason for referral
- expectation of referral
- history and co-morbidities
- current management and/or options already pursued
- examination findings
- investigation results
- current medication
- allergies and adverse drug reactions
- any other relevant clinical information

Please complete the **High Suspicion of Cancer referral form** in your patient management system.

A copy of the form can also be printed [here](#).

**NB:** Timely feedback (by way of a phone call and/or followed up with a written report) to the person being referred to specialist services will be appreciated.

## 21. Referral to supportive care services

### He Anga Whakaahuru - Supportive Care Framework [5]

Improving the quality of life for those with cancer, their family and whānau through support, rehabilitation and palliative care - the essential services required to meet a person's physical, social, cultural, emotional, nutritional, informational, psychological, spiritual and practical needs throughout their experience with cancer.

#### [Further information on the Standards and Competencies](#)

Support Services:

1. **Community Cancer Nurses** Community-based cancer support service is provided to:

- anyone with a possible, probable or definite diagnosis of cancer and are enrolled with a PHO and/or is a resident in the PHO area

Māori Community Cancer Coordinators - community-based Māori cancer support services:

- Te Wakahuia (Palmerston North, Manawatu) Phone: 06 3573400
- Best Care Whakapai Hauora (Palmerston North) 06 3536385 Ext 773
- Te Rānanga o Raukawa (Otaki, Horowhenua) Phone: 06 3688679
- Te Kete Hauora (Taranaki) Phone: 06 3746860
- [referral form](#)

2. **Pae Ora Māori Health Service:**

- kaupapa Māori community and hospital-based navigation service
- [referral form](#) and contact details

3. **MidCentral CNS Gynaecology Nurse:**

- 06 356 9169 Ext 9608

4. **Cancer Society:**

- for additional support services phone the cancer information nurses on the Cancer Information Helpline 0800 226 2374

5. **Central Region Cancer Services Directory:**

The directory provides a list of cancer support services available across MidCentral, Whanganui and Hawke's Bay including:

- ethnic and cultural
- accommodation
- disability support
- government health services
- medication
- legal advice

6. **Social Workers Oncology**

- We can support you and your family/whānau as you come to terms with your diagnosis and the impact it may have in your day-to-day life, now and in the future
- for [more information and contact details](#)

7. **Cancer Psychology Service (Massey): [Te Ara Whatumanawa](#).**

We work with people and their whānau/family at all stages of the cancer journey, from diagnosis to treatment and beyond.

- free service
- 06 3505180
- [referral form](#)

8. **Regional Cancer Treatment Service (RCTS):**

Cancer treatment services are provided to patients in Taranaki, Whanganui, Tarawhiti, Hawkes Bay and MidCentral District Health Boards by the Regional Cancer Treatment Service (RCTS):

- for more information go to [website](#)

Reference: He Anga Whakaahuru - Supportive Care Framework [5]



# Vulval Cancer Suspected

## Provenance Certificate

[Overview](#) | [Editorial methodology](#) | [References](#) | [Contributors](#) | [Disclaimers](#)

### Overview

This document describes the provenance of the Sub-region Districts (MidCentral, Whanganui and Hawke's Bay District Health Boards) Vulval Cancer Suspected Pathway.

The purpose of implementing cancer pathways in our Districts is to:

- Reduce barriers so that all people with cancer are able to access the same quality care within the same timeframes, irrespective of their ethnicity, gender, locality or socio-economic status
- Achieve the faster cancer treatment (FCT) health target – 85% of patient receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks by July 2016, increasing to 90% by June 2017
- Implement the national tumour standards of service provision, developed as part of the FCT programme, to support the delivery of standardised quality care for all people with cancer
- Improve equity along the cancer pathway
- Clarify expectations across providers
- Improve communications and follow up care for cancer patients

To cite this pathway, use the following format: Oncology/Oncology/Vulval Cancer Suspected

### Editorial methodology

This care map was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of medicine editorial methodology. It has been checked by individuals with front-line clinical experience (see Contributors section of this document).

Map of Medicine pathways are constantly updated in response to new evidence. Continuous evidence searching means that pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the pathways through the quarterly publication cycle.

### References

This care map has been developed according to the Map of Medicine editorial methodology. The content of this care map is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. This sub-region version of the evidence-based, practice-informed care map has been peer-reviewed by stakeholder groups and the CCP Programme Clinical Lead.

1. Canterbury Health Pathways
2. Faster Cancer Treatment, High Suspicion of Cancer Definitions 2016

### Contributors

MidCentral DHB's Collaborative Clinical Pathway editors and facilitators worked with clinical stakeholders such as front-line clinicians and pharmacists to gather practice-based knowledge for its care maps.

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**Disclaimers**

**Clinical Board Central PHO, MidCentral DHB**

It is not the function of the Clinical Board Central PHO, MidCentral DHB to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.