MINNESOTA ONCOLOGY

Gynecologic Cancers

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Disclosures

- No financial disclosures/COI

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Gynecologic Oncologist: What do we do?

- **The ONLY Surgeons that also Rx Chemo**
- Surgical and medical management of GYN malignancies
  - Endometrial, Ovarian, Cervical, Vulvar & Vaginal
- Complex Benign GYN surgical procedures
  - Endometriosis, Large ovarian cysts
- Assist with Cesarean Hysterectomy (L&D)
- Clinical trials
- End-of-life discussions/Palliative care

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Overview

- Preinvasive disease
- Cancer staging and Surgery:
  - Ovarian cancer
  - Endometrial cancer
  - Cervical cancer
  - Vulvar cancer
- Postoperative expectations/concerns
- Treatment in a Nutshell
- Side Effects

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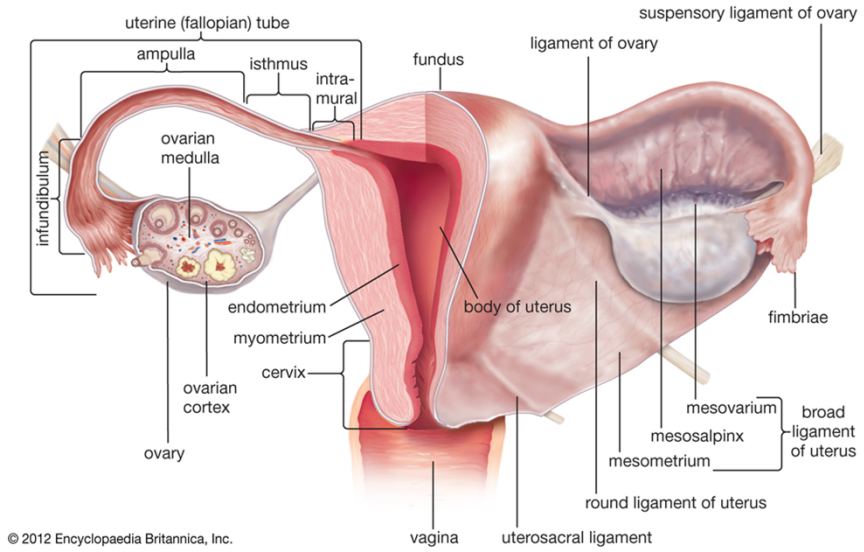
(Brief) Anatomy Review



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Preinvasive disease

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Cervical cancer screening

Age	Screening	Notes
>21	Cytology ONLY q3y	
30-65	Cytology + hrHPV "co-testing"" q5y (preferred) OR Cytology alone q3y	
>65	Discontinue screening	***if history of CIN2 or > continue 25 yrs**
Hysterectomy	No cervix? s Stop screening	***if history of CIN2 or > continue 25 yrs**

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Adenocarcinoma in situ (AIS)

- Mean age at diagnosis is 35–37 years
- Average interval between diagnosis AIS and early invasive cancer: at least 5 years
  - approximately 55% of AIS patients have coexisting squamous lesion
- **HPV-18** associated with 38–50% of AIS diagnoses and 50% of all invasive cancer diagnoses (squamous cell carcinoma plus adenocarcinoma)
- Excisional procedure: CKC vs. LEEP PLUS ENDOCERVICAL SAMPLING
- **NEGATIVE MARGINS:**
  - Simple hysterectomy is preferred with negative margins on CKC
  - Fertility sparing: CKC followed by q6 month cotesting, ECC for 3 years, then annual to complete 5 years.
    - Hysterectomy after done with childbearing
- **POSITIVE MARGINS:**
  - ater multiple excisional procedures, fertility-sparing management is not recommended
- **Recurrence risk of AIS is only 2.6% with negative margins, 19% with positive margins**
- **"Skip lesions"—foci of adenocarcinoma cells that are not contiguous**

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ENDOMETRIAL HYPERPLASIA

Simple Hyperplasia → **1%** risk of cancer

Progesterone

Complex hyperplasia→ **5%** risk of cancer

Progesterone

Simple hyperplasia + atypia → **10%** risk of cancer

Surgery, Progesterone

Complex hyperplasia + atypia → **30-45%** risk of cancer

Surgery, Progesterone

40% risk of occult carcinoma @ surgery

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Management of Vulvar Dysplasia (VIN)

Table 1. 2015 International Society for the Study of Vulvovaginal Disease Terminology of Vulvar Squamous Intraepithelial Lesions and 2004 Terminology ⇦

2015 Terminology	2004 Terminology
Low-grade squamous intraepithelial lesion of the vulva (vulvar LSIL, flat condyloma, or HPV effect)	Condyloma, HPV effect*
High-grade squamous intraepithelial lesion of the vulvar (vulvar HSIL, VIN usual type)	Usual-type VIN (subdivided): a. VIN, warty type b. VIN, basaloid type c. VIN, mixed (warty or basaloid) type
Differentiated type VIN	Differentiated type VIN

- dVIN → vulvar dermatoses (lichen sclerosus)
- uVIN → HPV
- Vulvar HSIL (uVIN) → **WLE** if cancer suspected, 1 cm margins, 3% risk of occult carcinoma
- **Laser ablation** → multifocal, difficult over hair-bearing areas, preservation of anatomy (clitoris)
- **Imiquimod 5%** (not recommended in immunosuppressed)
- WLE → lower risk of recurrence

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Surgery

- **Ovarian cancer**
  - Exploration, TAH, USO(BSO), Omentectomy, Washings, Peritoneal biopsies, Pelvic and para-aortic LND
- **Endometrial cancer**
  - TAH, BSO, SLND or full pelvic LND, +/-pelvic washings
- **Cervical cancer**
  - IA1: CKC or Simple hysterectomy (****CKC before you choose your hysterectomy for stromal invasion depth & LVSI)**
  - IA2-IB1: Radical hyst, pelvic LND (SLND)
  - >IIA: ChemoRT
- **Vulvar cancer**
  - Radical vulvectomy, groin SLNB or LND (bilateral v. ipsilateral)

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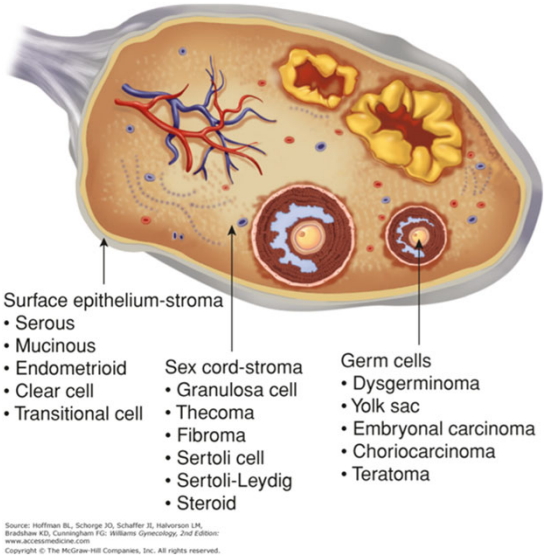
Ovarian Masses



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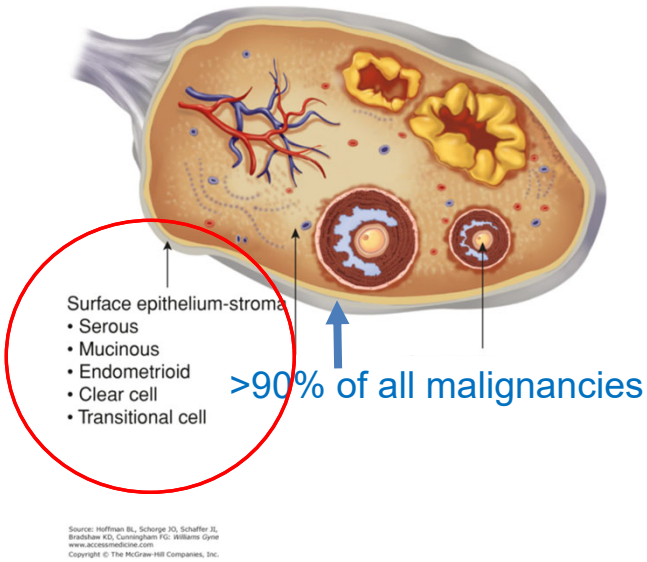
19,880 new cases ; >12,000 deaths in 2022;
1 in 78 lifetime risk



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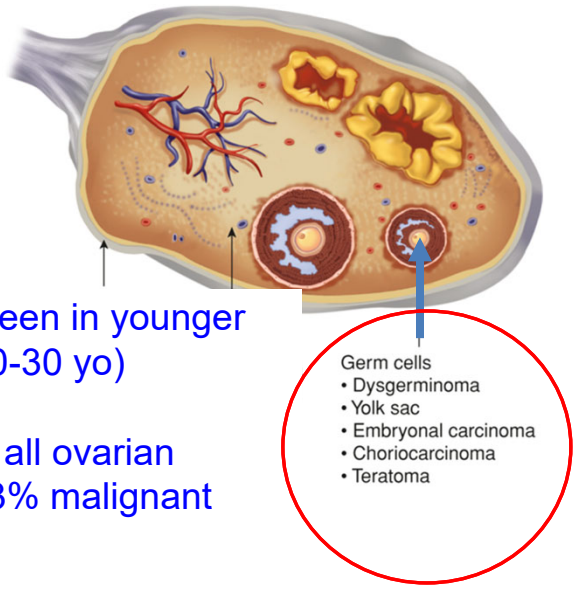

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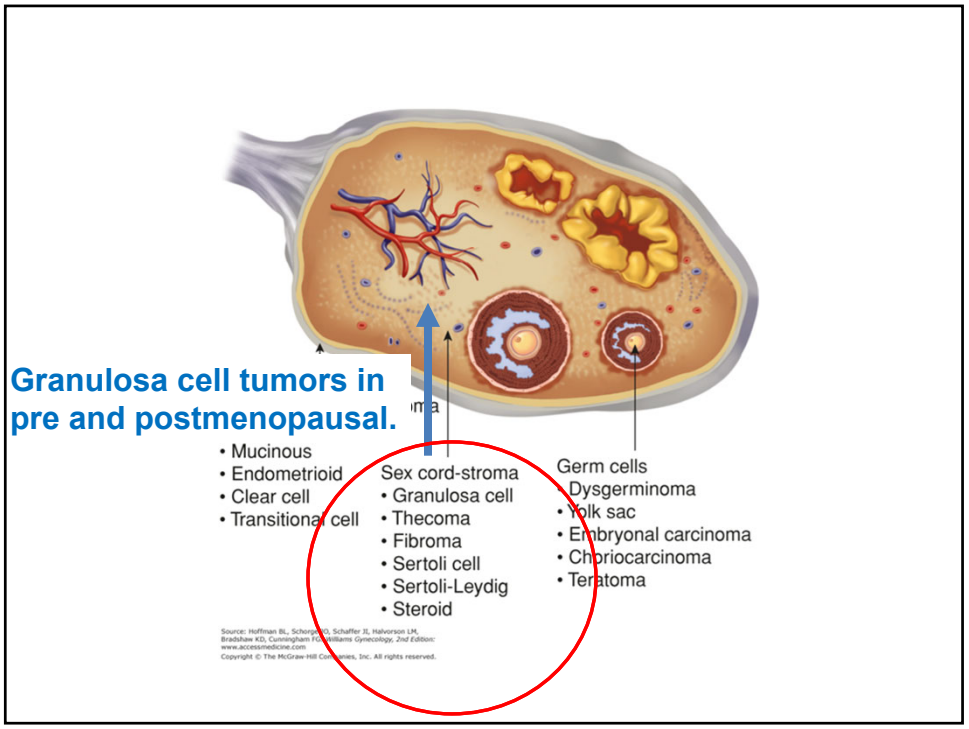

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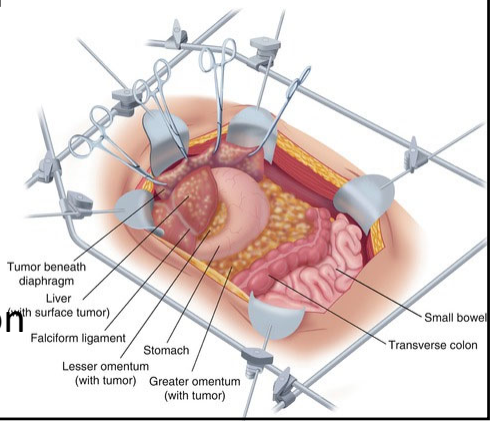
Ovarian cancer: "Debulking"

- Before chemotherapy OR after 3 cycles
- Bowel resection w/ or w/o anastomosis
  - Rectosigmoid resection
  - Colostomy
  - Diverting ileostomy
- Omentectomy
- Splenectomy
- Peritoneal "stripping"
- Diaphragmatic resection
- Periaortic & pelvic LND



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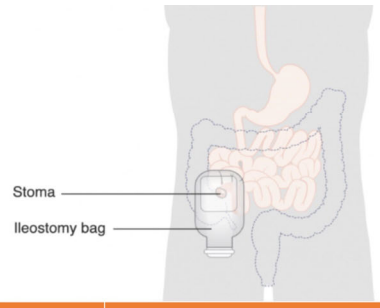

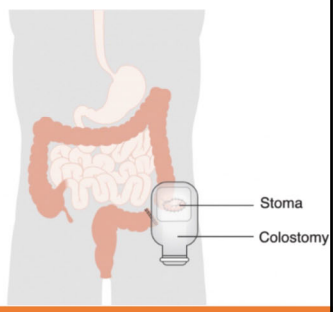

	Ileostomy	Colostomy
Site	Right lower quadrant	Left lower quadrant
Output	500-1300ml/day	200-700ml/day
Stool	Liquid / mushy	Semi-formed

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