

170 INTERINSTITUTE CONFERENCE

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Thai female 33 years old without underlying disease.

- Present with a genital sores and ulcers for 4 months.
- Itching and pain at the affected area.
- No bleeding and abnormal vaginal discharge.

Physical examination: Not palpable clavicular and groin lymph node

Pelvic examination: 2.5x1.5 cm hyperpigmented, indurative ulcerative lesion with ill-defined border located on upper both labia minora

Vulva ulcer biopsy report:

- Well-differentiated squamous cell carcinoma, keratinizing type.
- Tumor size: 0.7 cm in diameter. Tumor depth of invasion: 0.5 cm.
- No lymphovascular and perineural invasion. Margin is involved by carcinoma

MRI lower abdomen:

- 2.4 x 0.7 cm. in size of a focal enhancing mass in clitoritis of vulva part that is hyperintense SI on T2W, restrictive diffusion on DWI, early enhancement and hypoechoic enhancement on delayed scan. CA vulva is suggested.
- A significant left inguinal LN is 1.0 cm. short axis, lymphadenopathy is suggested.

S/P Radical Partial Vulvectomy & Bilateral Inguinofemoral LN Evaluation

Pathology report:

- **Squamous cell carcinoma, keratinizing, well to moderately-differentiated**
- Tumor size: 2.5 x 1.3 cm Depth of invasion: 2.1 cm
- Lymphovascular & Perineural invasion: Not identified
- Margins: Tumor involved by carcinoma
- **Deep margin: 0.3 cm** - Superior margin: 1.0 cm
- Inferior margin: 1.6 cm - Medial margin: 0.7 cm
- **Lateral margin: 1.5 cm**
- Right-Left: Superficial & Deep inguinal LN: **No metastatic carcinoma**
- Immunohistochemical stain - p16: focal, patchy stain (No abnormal expression)
Findings are consistent with Squamous cell Carcinoma, **HPV independent.**

Diagnosis: Invasive Vulvar Squamous Cell Carcinoma Stage IB with Close margin

Plan of treatment:

- Close follow-up with Gynecologic Oncologist q 3month intervals with PAP

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Guideline recommendation

- **NCCN 1.2026** - Close margin: -> 1–8 mm for formalin-fixed tissue
- Observation with regular close follow-up is reasonable.
- **ESGO 2023** - Radiotherapy may also be considered in setting of risk factors for local recurrence (close margins, lymphovascular or perineural invasion, large tumor size, and/or depth of invasion >5 mm)

Review clinical trial (2015-2025)

- Recent studies have questioned the traditional (8-mm) pathologic free margin and suggested that a smaller margin may be acceptable.

Study	Intervention	Local recurrent	Disease-Free Survival (DFS)	Overall Survival (OS)
Lenz, 2025 (JCM, 2025)	Compared recurrent, DFS, OS in 3 margin groups 1. 0.1-3 mm 2. >3 - <8 mm 3. ≥ 8 mm	Recurrent rate P = 0.28 31.5%, 42.1%, 26.3	5-yr DFS rate: P = 0.25 27.5, 26.6, 25.4 mo	5-yr OS rate: P = 0.87 NR, 47, 43 mo
FA Taran, 2023 (Cancers, 2023)	Compared recurrent, DFS, OS in 3 margin groups 1. 1-3 mm 2. > 3–8 mm 3. > 8 mm	Recurrent rate P = 0.431 31.0%, 36.2%, 23.1%	5-yr DFS rate: P = 0.30	5-yr OS rate: P = 1.0
M Arvas, 2018 (IJGC, 2023)	Compared recurrent rate in 3 margin groups 1. ≤ 2 mm 2. > 2 mm 3. ≥ 8 mm	Recurrent rate P = 0.008 50%, 19%, 19%	Local recurrence rate - Significantly higher in ≤2 mm - No significantly different between > 2 mm vs ≥ 8 mm	

Lenz C. Impact of Surgical Margin Distance on Oncologic Outcomes in Vulvar Squamous Cell Carcinoma. J Clin Med. 2025 Jun 8;14(12):4057.
Taran FA. Tumor-Free Resection Margin Distance in the Surgical Treatment of Node-Negative Squamous Cell Cancer of the Vulva Has No Impact on Survival. Cancers (Basel). 2023 Aug 15;15(16):4110.
M Arvas. The Role of Pathological Margin Distance and Prognostic Factors After Primary Surgery in Squamous Cell Carcinoma of the Vulva. International Journal of Gynecological Cancer, Volume 28, Issue 3, 623 - 63

- Recent studies have suggested no significant difference found in Local recurrence, Disease-Free Survival or Overall Survival from additional treatment in close margin.

Study	Intervention	Local recurrent	Note
EL Barlow, 2020 (Cancers, 2020)	Compared Recurrent rate - Untreated margins - Margins treated with Re-excision/RT	Local recurrent rate < 5 mm: 4.3 vs 40 % (P = 0.003) 5–7.9 mm: 8.3 vs 25.5 % (P 0.165)	Local recurrence rate - Significantly higher in < 5 mm (P = 0.003) - No significantly in 5 – 7.9 mm (P = 0.165)
LS Nooij, 2016 (EJOC, 2016)	Compared Recurrent rate - Untreated margins - Margins treated with additional treatment	Local recurrent rate 14% vs 7% (P = 0.766)	Local recurrence rate - No statistically significant difference between additional treatment and no treatment group

Barlow EL. The Prognostic Role of the Surgical Margins in Squamous Vulvar Cancer: A Retrospective Australian Study. Cancers (Basel). 2020 Nov 14;12(11):3375.
Nooij LS. Tumour-free margins in vulvar squamous cell carcinoma: Does distance really matter? Eur J Cancer. 2016 Sep;65:139-49.