



Body System: Reproductive-Female		
Session Topic: Vulvar Cancer		
Educational Format		Faculty Expertise Required
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. <u>Please describe your interest and plan for teaching a PBL on your proposal form.</u>
Professional Practice Gap	Learning Objective(s) that will close the gap and meet the need	Outcome Being Measured
<ul style="list-style-type: none"> • HPV vaccination rates continue to be sub-optimal for the prevention of vulvar cancer. • Patients do not often receive gynecologic cancer education materials aimed at promoting awareness. • Delaying biopsy of suspicious lesions of the vulva is the most common mistake made by clinicians • Knowledge gaps with regard to understanding and implement cancer survivorship guidelines, surveillance strategies, access to community and web-based resources, and strategies to improve communication and coordinate care with oncology, surgical, and other health care providers. • Knowledge gaps with regard to communication between specialists treating cancer patients and to coordinate care during follow-up visits. 	<ol style="list-style-type: none"> 1. Provide counseling and patient education resources for female patients to maximize HPV prevention, including HPV vaccination safety and efficacy. 2. Institute systems strategies that optimize the evaluation of suspicious lesions of the vulva for cancer. 3. Order appropriate laboratory and diagnostic tests to determine a diagnosis of vulvar cancer. 4. Develop collaborative care plans for treatment, as indicated by staging, coordinating care and follow-up as necessary. 	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.



<ul style="list-style-type: none"> • Knowledge gaps with regard to coordination of care on ongoing surveillance for cancer survivors. • The National Comprehensive Cancer Network (NCCN) has released guidelines for the first time on the treatment of squamous cell vulvar carcinoma. 		
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ACGME Core Competencies Addressed (select all that apply)

X	Medical Knowledge	Patient Care
X	Interpersonal and Communication Skills	Practice-Based Learning and Improvement
	Professionalism	Systems-Based Practice

Faculty Instructional Goals

Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
 - Visit <http://www.aafp.org/journals> for additional resources
 - Visit <http://familydoctor.org> for patient education and resources
- Provide strategies and resources to provide counseling and patient education resources for female patients to maximize HPV prevention, including HPV vaccination safety and efficacy, emphasizing physician-patient communication to optimize prevention.
- Provide recommendations for instituting systems strategies that optimize the evaluation of suspicious lesions of the vulva for cancer.
- Provide recommendations for ordering appropriate laboratory and diagnostic tests to determine a diagnosis of vulvar cancer.
- Provide strategies and resources to develop collaborative care plans for treatment, as indicated by staging, coordinating care and follow-up as necessary.
- Provide recommendations regarding guidelines for Medicare reimbursement.
- Provide recommendations to maximize office efficiency and guideline adherence to the diagnosis and management of vulvar cancer.
- Provide an overview of newly available treatments and tests, including efficacy, safety, contraindications, and cost/benefit relative to existing treatments.



Needs Assessment

Vulvar cancer is rare, with estimates of about 5,850 vulvar cancers diagnosed in 2014, and a mortality rate of approximately 1,030 deaths.^{1,2} However, the incidence of vulvar squamous cell carcinoma (VSCC) has been on the rise since the 1990's; and vulvar squamous cell carcinoma represents approximately 5% of all female genital cancers.³ A recent population-based study of incidence and survival trends of women with invasive vulvar cancer in the United States and Canada suggest that two and five year relative survival ratios decreased over time, and that incidence rates increased in both countries over the period of 1973-2010.⁴

While HPV vaccination is significant in the prevention of vulvar cancer, some studies suggest that women HPV-associated diseases often have a low level of understanding about HPV and the consequences of infection.⁵ Additionally, despite the overwhelming evidence of the safety and effectiveness of the human papillomavirus (HPV) vaccine, vaccination rates remain low. A collaborative letter developed and signed by the American Academy of Family Physicians (AAFP), American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), the Centers for Disease Control and Prevention (CDC), and the Immunization Action Coalition (IAC) urges physicians to strongly recommend the HPV vaccine.⁶ Patient education should also include information about other risk factors such as having HPV, cervical precancer or cervical cancer, smoking, chronic vulvar itching or burning, or having other conditions that weakens ones immune system (e.g. HIV).⁷⁻⁹ However, recent studies indicate that only 19.4% of primary care physicians report using consumer education materials (e.g. CDC, Familydoctor.org) about gynecologic cancer symptoms.¹⁰ FDA has approved Gardasil and Gardasil 9 for use in females ages 9 through 26 for the prevention of cervical as well as vulvar, vaginal and anal cancers, as well as genital warts. It is also approved for the prevention of genital warts and anal cancer in males ages 9 through 26.¹¹ Physicians should also be knowledgeable about FDA approved HPV screening tests (e.g. Roche cobas HPV Test), as well as appropriate Medicare billing codes.^{12,13}

Data from a recent American Academy of Family Physicians (AAFP) CME Needs Assessment Survey indicate that family physicians have gaps in the medical knowledge and skill necessary to provide optimal care and management with regard to vulvar cancer.¹⁴ More specifically, CME outcomes data from 2015 AAFP FMX (formerly Assembly) *Vulvar Cancer: Prevention, Diagnosis, and Treatment* sessions, suggest that physicians have knowledge and practice gaps with regard to evidence-based recommendations for biopsy; awareness of checking for vulvar lesions; treatment guidelines; understanding when to screen, based on risk; and effective counseling regarding risk reduction (i.e. HPV vaccination).¹⁵ Data from the literature review and the AAFP CME Needs Assessment Survey suggest that physicians may underdiagnose vulvar cancer, and may need to increase efforts toward prevention and early diagnosis.

Vulvar cancer often does not cause early symptoms, as such, any patient who reports or is found to have vulvar lesion (e.g. lichen sclerosus) should be thoroughly evaluated to rule out malignancy, and possible consideration for referral.^{7,16,17} While the AAFP does not provide evidence-based clinical practice guidelines related to vulvar cancer, nor does it officially endorse vulvar cancer related clinical guidelines from others, physicians may consider utilizing the Alberta Health Services, Cancer Care guidelines for evaluation, treatment, and management of



Squamous cell carcinoma of the vulva.¹⁸ Delaying biopsy of suspicious lesions of the vulva is the most common mistake made by clinicians.⁷ Therefore, physicians must be prepared to perform the biopsy and interpret the lab results appropriately, or refer to a gynecologist, depending on the physician's level of comfort. Primary care physicians should receive specific training regarding the integration of relevant clinical guidelines into practice. The National Comprehensive Cancer Network (NCCN) has recently released guidelines for vulvar cancer (squamous cell carcinoma) treatment.¹⁹ Physicians should also consider the applicability of the vulvar cancer treatment (PDQ[®]) guidelines from the National Cancer Institute (NCI).^{16,20}

With regard to the care of patients with vulvar cancer, physicians should consider the following evidence-based recommendations:²¹

- Treat chemotherapy-related nausea and vomiting with 5-hydroxytryptamine antagonists.
- Manage chemotherapy-related anemia with epoetin alfa.
- Recommend exercise to mitigate fatigue and improve functional status in patients undergoing chemotherapy and radiation therapy.
- Treat cancer-related fatigue with psychosocial intervention.
- Megestrol (Megace) improves weight gain and appetite in patients with cachexia caused by cancer.
- Massage and aromatherapy massage may enhance psychological well-being, including relief of anxiety, in patients with cancer.

Physicians can improve patient satisfaction with the referral process by using readily available strategies and tools such as, improving internal office communication, engaging patients in scheduling, facilitating the appointment, tracking referral results, analyzing data for improvement opportunities, and gathering patient feedback.^{22,23}

Finally, data from a recent AAFP CME Needs Assessment Survey indicates that family physicians have gaps in the medical knowledge and skill necessary to provide optimal cancer survivorship care.¹⁴ Therefore, physicians can improve their care of vulvar cancer survivors by integrating relevant evidence-based practices from the American Society of Clinical Oncology Survivorship Guidelines.²⁴

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- NCCN guidelines for vulvar cancer¹⁹
- National Cancer Institute: Vulvar Cancer Treatment (PDQ[®])^{16,20}
- AAFP Immunization Schedules²⁵
- AAFP Human Papillomavirus Vaccine⁶
- Human papillomavirus: clinical manifestations and prevention²⁶
- Alberta Provincial Gynecologic Oncology Team Guideline: Squamous cell carcinoma of the vulva¹⁸
- ACR Appropriateness Criteria[®] management of loco-regionally advanced squamous cell carcinoma of the vulva²⁷
- Primary Care of the Patient with Cancer²¹
- Engaging Patients in Collaborative Care Plans²⁸



- Adding health education specialists to your practice²⁹
- The benefits of using care coordinators in primary care: a case study³⁰
- Managing difficult encounters: understanding physician, patient, and situational factors³¹
- Encouraging patients to change unhealthy behaviors with motivational interviewing³²
- Communicating bad news to your patients³³
- Simple tools to increase patient satisfaction with the referral process²²
- Recent Updates to NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)³⁴
- Advancing survivorship care through the National Cancer Survivorship Resource Center: developing American Cancer Society guidelines for primary care providers³⁵
- American Cancer Society prostate cancer survivorship care guidelines³⁶
- NCCN Patient and Caregiver Resources³⁷
- American Society of Clinical Oncology: Survivorship Guidelines²⁴
- Nutrition and physical activity guidelines for cancer survivors³⁸
- Models of care for cancer survivorship³⁹
- FamilyDoctor.org. Vulvar Cancer | Overview (patient education)⁴⁰
- Cancer | After Cancer Treatment (patient education)⁴¹

References

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