



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.



2016 AAFP FMX Needs Assessment

<ul style="list-style-type: none"> Knowledge gaps with regard to coordination of care on ongoing surveillance for cancer survivors. 			
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			
<p>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.</p> <ul style="list-style-type: none"> 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 <u>References</u> section below are a good place to start <ul style="list-style-type: none"> 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. 			

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} 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 1973-2010.³ 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.⁴ 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.⁵ 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).⁶⁻⁸ 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.⁹

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.¹⁰ 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.^{6,11,12} 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.¹³ Delaying biopsy of suspicious lesions of the vulva is the most common mistake made by clinicians.⁶ 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.

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.^{14,15}

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.¹⁰ 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.¹⁶

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

- AAFP Immunization Schedules¹⁷
- AAFP Human Papillomavirus Vaccine⁵
- Human papillomavirus: clinical manifestations and prevention¹⁸



- Alberta Provincial Gynecologic Oncology Team Guideline: Squamous cell carcinoma of the vulva¹³
- ACR Appropriateness Criteria(R) management of locoregionally advanced squamous cell carcinoma of the vulva¹⁹
- Engaging Patients in Collaborative Care Plans²⁰
- Adding health education specialists to your practice²¹
- The benefits of using care coordinators in primary care: a case study²²
- Managing difficult encounters: understanding physician, patient, and situational factors²³
- Encouraging patients to change unhealthy behaviors with motivational interviewing²⁴
- Communicating bad news to your patients²⁵
- Simple tools to increase patient satisfaction with the referral process¹⁴
- Recent Updates to NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)²⁶
- Advancing survivorship care through the National Cancer Survivorship Resource Center: developing American Cancer Society guidelines for primary care providers²⁷
- American Cancer Society prostate cancer survivorship care guidelines²⁸
- NCCN Patient and Caregiver Resources²⁹
- American Society of Clinical Oncology: Survivorship Guidelines¹⁶
- Nutrition and physical activity guidelines for cancer survivors³⁰
- Models of care for cancer survivorship³¹
- FamilyDoctor.org. Vulvar Cancer | Overview (patient education)³²
- Cancer | After Cancer Treatment (patient education)³³

References

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