

Vulvar self-examination (VSE) stands as a critical practice for the early detection of various vulvar pathologies, including vulvar cancer. As primary healthcare providers, physicians, nurses, advanced practitioners and other professionals play a pivotal role in educating patients about the significance of VSE and guiding them through this essential process.

This guide aims to equip healthcare professionals with the necessary knowledge and tools to effectively instruct their patients on performing VSE.

Background:

Vulvar squamous cell carcinoma (VSCC) incidence has seen an increase among women aged <50–60 years, with an estimated +1.20% annual change from 1990 to 2012 in Italy ⁽¹⁾ and a stable incidence rate of approximately 2/100,000 ⁽²⁾ in Denmark, Finland, Norway, and Sweden.

Due to its rarity, no dedicated screening program is planned. However opportunistic vulvar inspection at the time of cervical screening would not only allow earlier identification of preinvasive and invasive vulvar neoplasia, but may also allow women with other vulval conditions such as lichen sclerosus to receive treatment and be referred to a vulval specialist in a timely manner, which may reduce the progression of these conditions to differentiated vulvar intraepithelial neoplasia (dVIN) and vulvar cancer.

A comprehensive understanding of normal vulvar anatomy is imperative for achieving early diagnosis. However, the lack of a clear definition of „normality“ in scientific literature ⁽³⁾ poses a significant challenge, compounded by the concerning lack of knowledge about the vulva among women, leading to suboptimal engagement in VSE ⁽⁴⁾. Consequently, diagnostic delays in VSCC are prevalent, resulting in the detection of more advanced disease stages ⁽⁵⁾, thereby impacting not only survival rates ⁽¹⁾ but also leading to extensive surgical interventions with consequential scarring and anatomical distortion ⁽⁶⁾.

Importance of early diagnosis of vulvar cancer:

Educating patients about VSE empowers them to take an active role in monitoring their health, facilitating the early detection of potential abnormalities, and enabling timely interventions and management.

Clinical presentations to monitor:

Several clinical conditions can manifest with symptoms affecting the vulvar region, warranting vigilant observation during VSE. Chronic inflammatory skin disorders like lichen sclerosus and lichen planus often present with symptoms such as itching, pain, changes in skin appearance, and alterations in vulvar anatomy ⁽⁸⁾. With proper recognition, these clinical conditions can be effectively managed through lifelong therapy with topical steroids, thereby reducing the risk of developing vulvar cancer ⁽⁹⁾. Consequently, the importance of educating patients about these conditions and teaching regular VSE for early detection and timely intervention.

Teaching VSE to patients:

- 1. Establish a supportive environment:** Create a comfortable and private setting conducive to discussing VSE with patients. Encourage open communication and address any concerns or questions they may have regarding the examination process.
- 2. Provide educational materials:** Offer written or visual resources that elucidate the significance of VSE, provide step-by-step instructions on its execution, and delineate what abnormalities to look for during examination, in particular if symptoms such as burning, itching, pain, discharge would appear in the future. ESGO, ISSVD, EFC and ECSVD provide on their website appropriate material.
- 3. Demonstrate the technique:** Utilize anatomical models or illustrations to visually demonstrate the proper technique for performing VSE. Emphasize the importance of thoroughness and consistency in conducting the examination.
- 4. Guide patients through practice:** Encourage patients to practice VSE providing space and privacy needed. Make sure that the patient comprehended the technique and feels confident in independently performing it.
- 5. Reinforce the importance of regular examination:** Stress the necessity of regular VSE, about once every three months, suggest and support taking photographs of abnormal findings and encourage patients to promptly report any changes or abnormalities for further evaluation.

In conclusion:

Educating patients about VSE constitutes a fundamental aspect of preventive healthcare, facilitating the early detection of vulvar pathologies, including cancer. By equipping patients with the requisite knowledge and skills to perform VSE, healthcare professionals empower them to actively engage in monitoring their health and seeking timely medical attention when warranted. Ongoing education and support from healthcare providers are crucial in ensuring patients grasp the significance of VSE and feel confident in incorporating it into their routine healthcare practices.

Remember, early detection saves lives.

References:

1. Mancini S, Bucchi L, Baldacchini F, et al. Incidence trends of vulvar squamous cell carcinoma in Italy from 1990 to 2015. *Gynecol Oncol*. 2020 Jun;157(3):656–63
2. Hemminki K, Kanerva A, Försti A et al. Cervical, vaginal and vulvar cancer incidence and survival trends in Denmark, Finland, Norway and Sweden with implications to treatment, *BMC Cancer* (2022) 22:456
3. Lykkebo AW, Drue HC, Lam JUH, et al. The Size of Labia Minora and Perception of Genital Appearance: A Cross-Sectional Study. *J Low Genit Tract Dis*. 2017 Jul;21(3):198–203
4. Preti M, Selk A, Stockdale C, et al. Knowledge of Vulvar Anatomy and Self-examination in a Sample of Italian Women. *J Low Genit Tract Dis*. 2021 Apr 1;25(2):166–71
5. Preti M, Bucchi L, et al. Four-decade trends in lymph node status of patients with vulvar squamous cell carcinoma in northern Italy. *Sci Rep*. 2021 Mar 11;11(1):5661.
6. Malandrone F, Bevilacqua F, Merola M, et al. The Impact of Vulvar Cancer on Psychosocial and Sexual Functioning: A Literature Review. *Cancers*. 2021 Dec 23;14(1):63
7. Vandborg MP, dePont Christensen R, Kragstrup J et al., Reasons for diagnostic delay in Gynecological Malignancies, *Int J Gynecol Cancer* 2011;21: 967-974
8. Bleeker MCG, Visser PJ, Overbeek LIH, Lichen Sclerosus: Incidence and risk of vulvar squamous cell carcinoma, *Cancer Epidemiol Biomarkers Prev*; 25(8) Aug 2016
9. Lee A, Bradford J, Fischer G, Long-Term Management of adult Vulvar Lichen Sclerosus a prospective cohort study of 507 women, *JAMA Dermatol* 2015;151(10):1061-1067