Oncology Clinical Pathways
Vulvar & Vaginal Cancer

November 2025 – V3.2025

VA Oncology Clinical Pathways
Public Access: https://www.cancer.va.gov/clinical-pathways.html
Internal Users: https://dvagov.sharepoint.com/sites/vhacp

Vulvar & Vaginal Cancer – Presumptive Conditions

VA automatically presumes that certain disabilities were caused by military service. This is because of the unique circumstances of a specific Veteran's military service. If a presumed condition is diagnosed in a Veteran within a certain group, they can be awarded disability compensation.

Gulf War and Post 9/11 Veterans

If the patient served on or after Sept. 11, 2001, in Afghanistan, Djibouti, Egypt, Jordan, Lebanon, Syria, Uzbekistan, or Yemen or if the patient served in the *Southwest Asia theater of operations, or Somalia, on or after Aug. 2, 1990, specific conditions include:

- Reproductive cancer of any type

* The Southwest Asia theater of operations refers to Iraq, Kuwait, Saudi Arabia, the neutral zone between Iraq and Saudi Arabia, Bahrain, Qatar, the United Arab Emirates, Oman, the Gulf of Aden, the Gulf of Oman, the Persian Gulf, the Arabian Sea, the Red Sea, and the airspace above these locations.

For more information, please visit U.S. Department of Veterans Affairs - Presumptive Disability Benefits (va.gov)

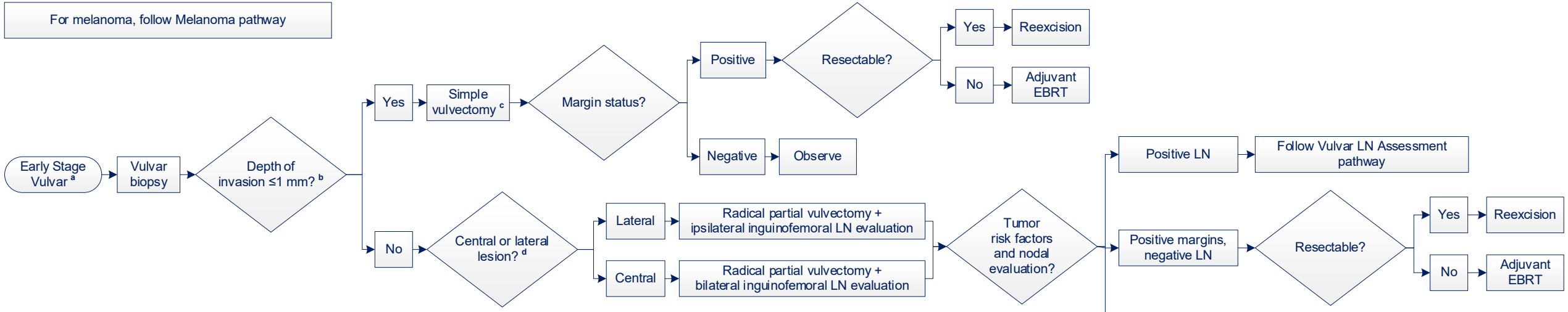
Vulvar & Vaginal Cancer – Vaginal

For melanoma, follow Melanoma pathway

Vaginal → Multidiscliplinary discussion

Clinical trial(s) and shared decision making always considered on pathway. For assistance in finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

Vulvar & Vaginal Cancer – Early Stage Vulvar



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[a] **Early Stage** this pathway applies to squamous cell and adenocarcinomas of the vulva and vagina; melanomas of the genital tract should be managed according to melanoma pathway

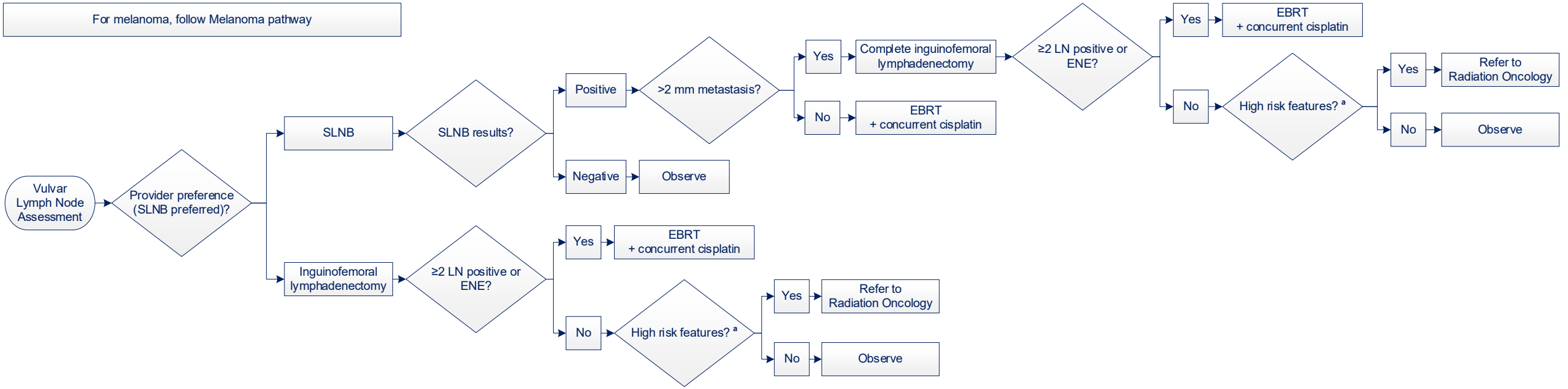
[b] **Depth of invasion** is measured from the basement membrane of the deepest adjacent dysplastic/noninvasive rete ridge to the deepest point of invasion

[c] **Simple vulvectomy** if final pathology reveals ≥1 mm invasion, additional surgery warranted

[d] **Lateral lesion** is defined by ≥2 cm from vulvar midline

EBRT external beam radiation therapy
LN lymph node

Vulvar & Vaginal Cancer – Vulvar Lymph Node Assessment



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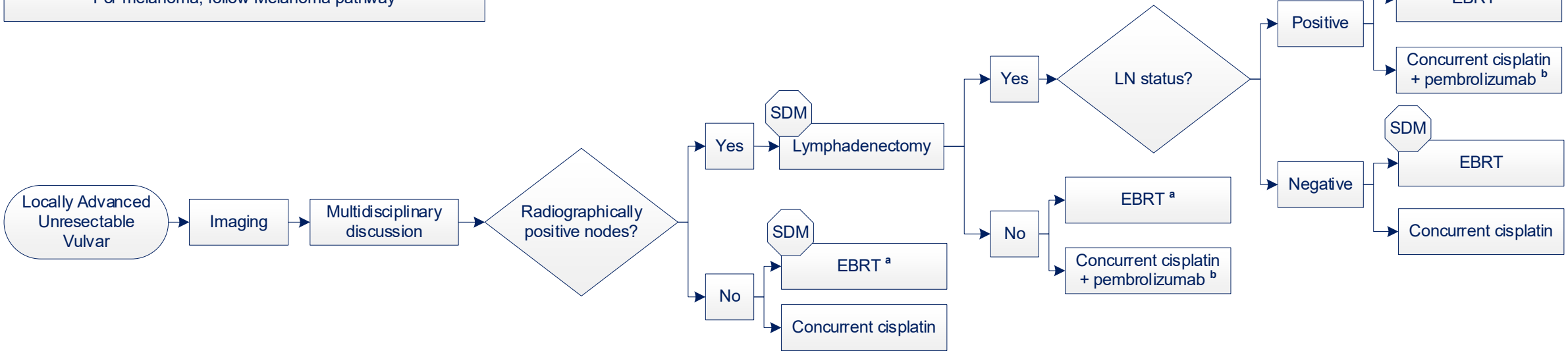
[a] **High risk features** larger primary tumor size, larger LN size, inadequate LN dissection, LN ratio >20%, presence of LVSI, or radiographically suspicious findings (can consider postop PET CT)

EBRT external beam radiation therapy
ENE extranodal extension
LN lymph node
LVSI lymphovascular space invasion
SLNB sentinel lymph node biopsy

Vulvar & Vaginal Cancer – Locally Advanced Unresectable Vulvar

For melanoma, follow Melanoma pathway



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[a] **EBRT** IMRT/VMAT should be used in these cases with use of IGRT (if want to be more prescriptive with "target should include the vulva with margin, inguinal nodes, bilateral external iliac, obturator and internal iliac nodal regions")

[b] **Candidate for pembrolizumab** if patient without active autoimmune disease, primary immune deficiency, concurrent immunosuppression (including prednisone equivalent > 10mg/day), or prior allogeneic HSCT/solid organ transplant

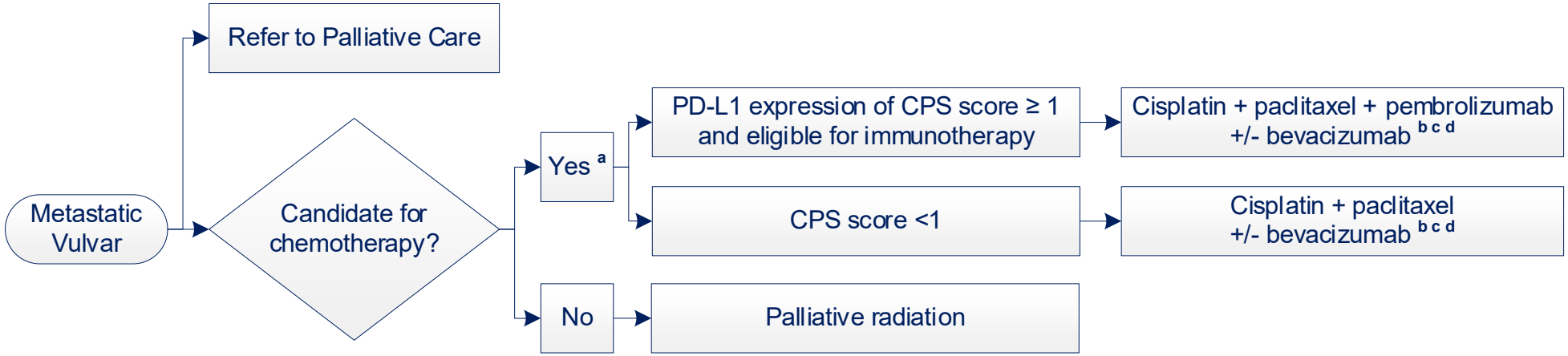
SDM Lymphadenectomy shared decision making is critical at the time of consideration due to toxicity of lymphadenectomy with adjuvant radiation therapy

SDM EBRT radiation treatment should be delivered to the primary tumor and radiation treatment of the inguinal nodes/lower pelvic LN should be discussed with patient taking into consideration if there is extensive vaginal, anorectal, or urethral involvement

EBRT external beam radiation therapy
FNA fine needle aspiration
IGRT image-guided radiation therapy
IMRT intensity-modulated radiation therapy
LN lymph node
VMAT volumetric-modulated arc therapy

Vulvar & Vaginal Cancer – Metastatic Vulvar

For melanoma, follow Melanoma pathway



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[a] **Yes** palliative patients can still get palliative radiation if they are getting systemic therapy based on symptoms and disease status

[b] **Immunotherapy** candidate for immunotherapy if patient without active autoimmune disease, primary immune deficiency, concurrent immunosuppression (including prednisone equivalent > 10mg/day), or prior allogeneic HSCT/solid organ transplant

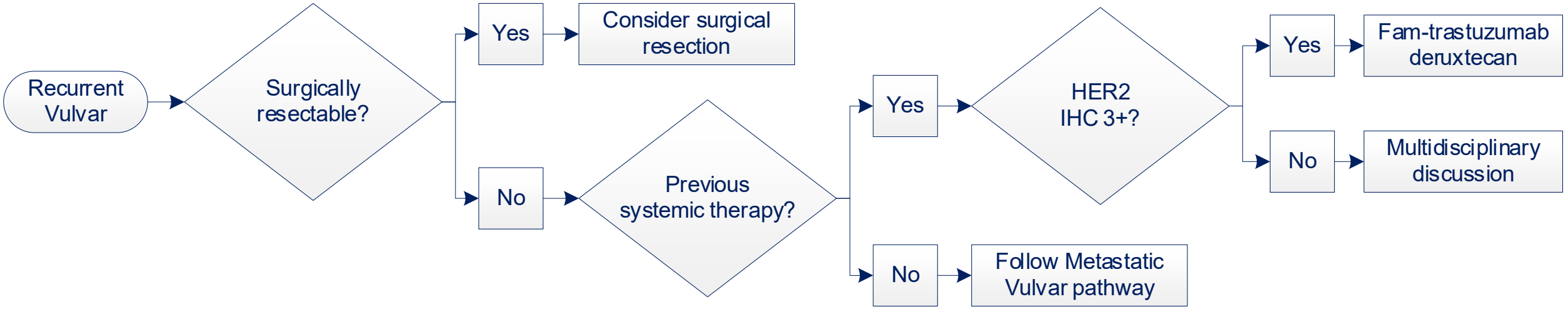
[c] **Candidate for bevacizumab** ECOG PS 0-1; due to anti-VEGF effects, patients with the following should not receive bevacizumab: non-healing wound/fracture, major surgery in prior 4 weeks, recent history of GI perforation or small bowel obstruction, or unstable cardiac condition (i.e., uncontrolled HTN, arterial thromboembolism)

[d] **Cisplatin** if ineligible for cisplatin, carboplatin may be substituted

CPS combined positive score

Vulvar & Vaginal Cancer – Recurrent Vulvar

For melanoma, follow Melanoma pathway



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Vulvar & Vaginal Cancer – Surveillance

Surveillance Stage I

	Year 1-2 [a]	Year 3-5 [b]	After Year 5 [c]
Exam including pelvic and symptom review	Every 3-6 months	Every 6 months	Annually if no recurrence
Imaging	CT C/A/P as clinically indicated		
Cervical, vaginal cuff, anal cytology screening	As clinically indicated to assess for other lower genital tract neoplasia		
HPV vaccination	In eligible patients		

Surveillance Stage II-III

	Year 1-2 [a]	Year 3-5 [a]	After Year 5 [c]
Exam including pelvic and symptom review	Every 3 months	Every 6 months	Annually if no recurrence
Imaging	CT C/A/P as clinically indicated		
Cervical, vaginal cuff, anal cytology screening	As clinically indicated to assess for other lower genital tract neoplasia		
HPV vaccination	In eligible patients		

Surveillance Stage IV

	Year 1-2 [a]	Year 3-5 [a]	After Year 5 [a]
Exam including pelvic and symptom review	Every 3 months	Every 6 months	Annually if no recurrence
Imaging	CT, MRI, or PET every 6-12 months [d]		As clinically indicated
Cervical, vaginal cuff, anal cytology screening	As clinically indicated to assess for other lower genital tract neoplasia		
HPV vaccination	In eligible patients		

For melanoma, follow Melanoma pathway

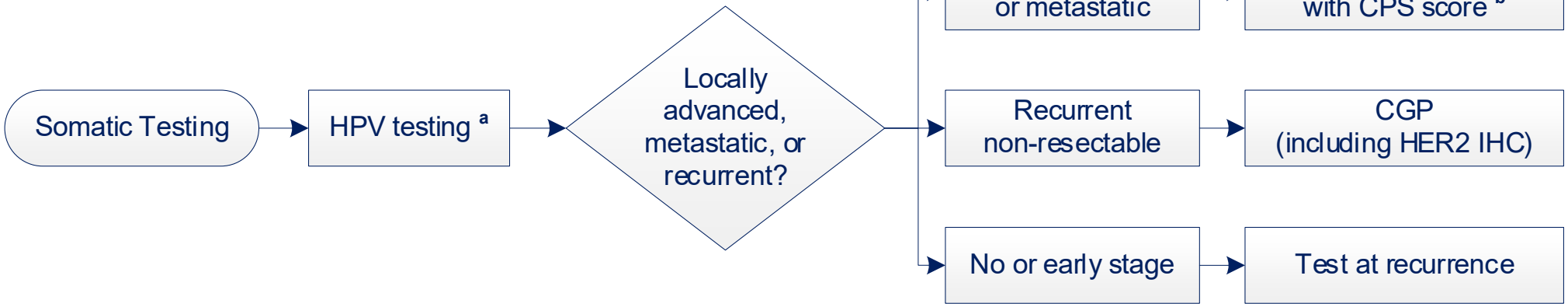
Clinical trial(s) and shared decision making always considered on pathway.
For assistance in finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

[a] **Surveillance** should be performed by Gyn Oncology
[b] **Surveillance** may be performed by General Gynecology or Gyn Oncology
[c] **Surveillance** may be performed by General Gynecology
[d] **Stage IV Imaging** if first surveillance PET CT is indeterminate, recommend repeating in 3 months

C/A/P chest/abdomen/pelvis

Vulvar & Vaginal Cancer – Molecular Testing

For melanoma, follow Melanoma pathway



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[a] **HPV** in situ hybridization (ISH) or molecular testing is preferred, but p16 may be acceptable if HPV testing is not available; if HPV negative, consider pathology review to rule out endometrial etiology

[b] **HER2** for IHC 2 or 3+

CGP comprehensive genomic profiling
CPS combined positive score

Molecular Testing Table

Eligibility	Test Category	Test Type	Recommended Vendors	NPOP Coverage	Specimen Type
Any Histology, Any Stage	ISH	HPV	Local VA	No	Tumor Tissue
Locally Advanced, Recurrent, or Metastatic	IHC	HER2	Local VA or locally contracted vendor	No	Tumor Tissue
	IHC	PD-L1 clone 22C3 with CPS	Local VA or locally contracted vendor	No	Tumor Tissue
	IHC	MLH1, MSH2, MSH6, PMS2	Local VA or locally contracted vendor	No	Tumor Tissue
	IHC	TP53	Local VA or locally contracted vendor	No	Tumor Tissue
Recurrent	PCR	Microsatellite instability (MSI) status by PCR (if CGP not performed)	Regional Testing Center (GLA)	Yes	Tumor Tissue, Blood
	Methylation Testing	MLH1 promoter hypermethylation testing (in the setting of loss of MLH1 or PMS2 expression by IHC) hypermethylation suggests somatic mutation. Unmethylated calls for Germline Lynch testing.	Local VA or locally contracted vendor	No	Tumor Tissue
	Somatic NGS	Comprehensive genomic profiling (CGP)	Tempus Foundation Medicine	Yes Yes	Tumor Tissue, Blood

Vulvar & Vaginal Cancer – References

Locally Advanced Unresectable Vulvar

Cisplatin and Radiation with Pembrolizumab

1. Yeku OO, Russo AL, Bregar A, et al. Primary results of a phase 2 study of cisplatin-sensitized radiation therapy and pembrolizumab for unresectable vulvar cancer. *J Clin Oncol*. 2025;43(suppl 16):5511. doi:10.1200/JCO.2025.43.16_suppl.5511