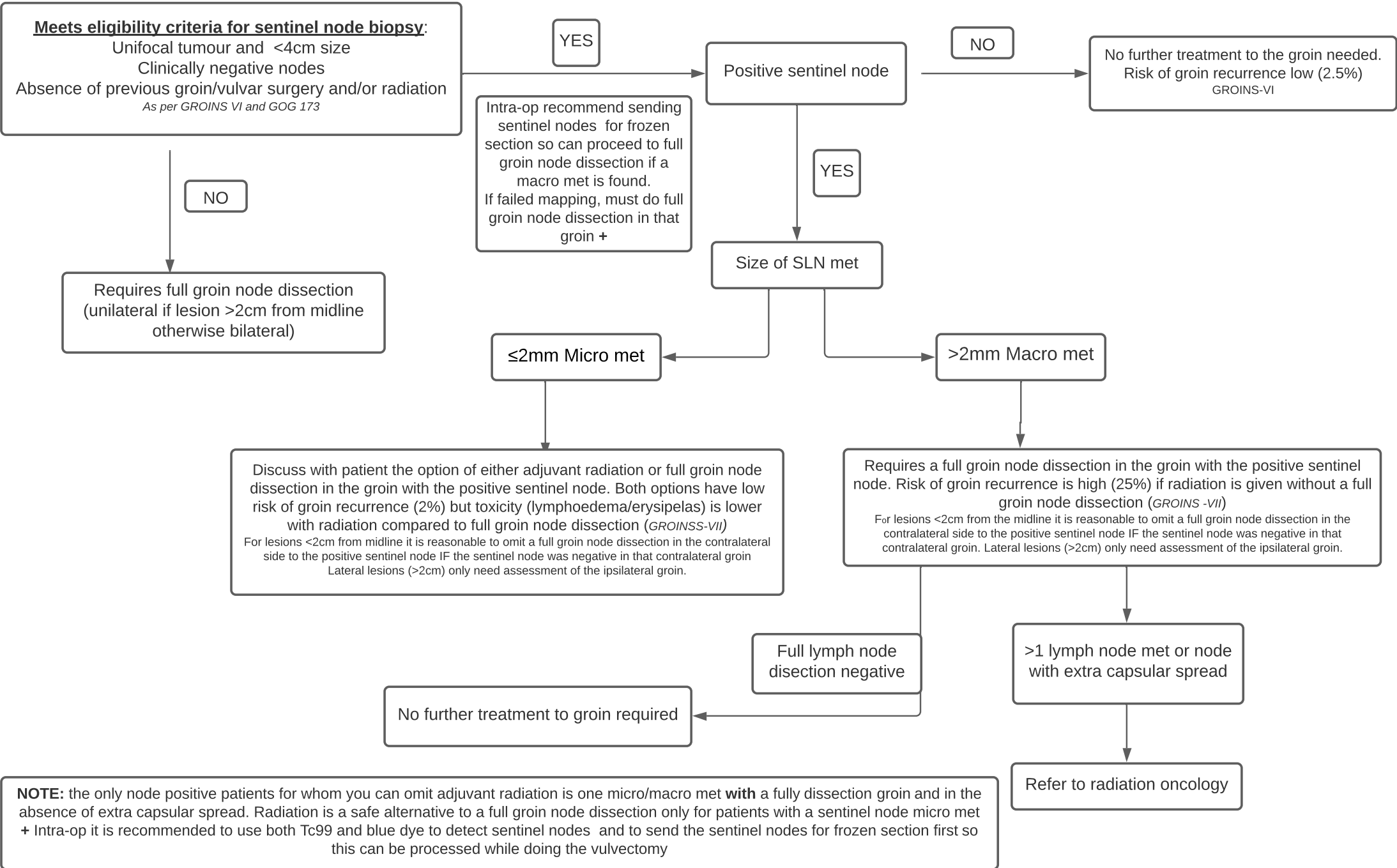


Management of the groins in SCC Vulva

Vulvar biopsy confirming SCC with depth of invasion >1mm
 Clinical exam of groins and vulva by gyne onc team (must include lesion size and distance from midline in cms)
 If clinically bulky nodes and/or locally advanced disease request PET-CT



NOTE: the only node positive patients for whom you can omit adjuvant radiation is one micro/macro met **with** a fully dissection groin and in the absence of extra capsular spread. Radiation is a safe alternative to a full groin node dissection only for patients with a sentinel node micro met + Intra-op it is recommended to use both Tc99 and blue dye to detect sentinel nodes and to send the sentinel nodes for frozen section first so this can be processed while doing the vulvectomy