

Simple method to prevent an intimate cancer in women with VLS

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Gayle

Fischer, a dermatologist and Jennifer Bradford, a gynaecologist, have found a way to keep an intimate female cancer at bay



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by [Jill Margo](#)

Two Sydney specialists appear to have found a way to prevent the development of an intimate cancer in women.

Their finding has been described as "very significant" and the first to show how this cancer can be kept at bay.

The cancer occurs in some 5 per cent of women who have a genital skin condition called vulval lichen sclerosis, VLS.

Like lichen on a rock, this condition consists of pale, uneven plaques and occurs on the skin around the genitals and anus.

Although it occurs across all ages, it is most common in post-menopausal women.

Over time it can permanently change the architecture of the vulva causing a dramatic alteration in the way the opening of the vagina looks and functions.

In the worst case it can cause squamous cell skin cancer.

One problem is that VLS is often mistaken for thrush or something else and appropriate treatment is delayed.

The main treatment is cortisone ointment. Until now it has usually been used for a period and then stopped when symptoms such as itch, discomfort or painful sex abate.

Lifelong cortisone

But working together, a dermatologist and a gynaecologist at Sydney's North Shore Private Hospital have shown that if cortisone treatment is continued lifelong, in varying strengths and tailored to the individual, damage is prevented and the cancer risk is minimised.

Gayle Fischer, an associate professor in dermatology at Sydney University and Jennifer Bradford, a conjoint senior lecturer in gynaecology at the University of Western Sydney, share a medical practice which focuses on vulvovaginal skin disease and disorders.

They say about 10 per cent of [women who visit a doctor with a vulval itch](#) will have VLS which is usually progressive and lifelong. It's thought to have autoimmune origins but this is yet to be proved. Back in 2008 they decided to give women sufficient cortisone to keep them normal and then requested that they stay on a maintenance dose.

This was against the prevailing view because of the fear that long term cortisone use can be harmful and thin out the skin.

They wanted to do study but knew it would be unethical to create a control group and then withhold cortisone from half the participants.

So they developed an alternative model. All 507 participants were treated and strongly advised to continue with their maintenance doses. As is usual, some complied diligently and some didn't.

They had their two groups: the compliers and the partial compliers.

Cancer abates

As the years rolled by, Bradford remembers a moment when she suddenly realised she wasn't seeing cancer. "I remember saying to Gayle 'I haven't seen any cancers yet. What do you think is going on?'"

Fischer hadn't seen any either.

Last year, with Andrew Lee from Sydney Medical School Northern, they published their results in the journal JAMA Dermatology.

They found long-term preventive cortisone reduced the risk of vulval carcinoma, relieved symptoms, improved function, and preserved vulvar architecture

But poor compliance with topical corticosteroid treatment predisposed patients to the development of vulvar cancer and scarring.

The women in their study ranged in age from 18 to 86 although most were in their mid-50s. The women were followed for an average of 4.7 years.

In the compliant group, no women developed cancer. In the partially compliant group, biopsies showed seven women had cancer.

Their results suggest individualised preventive topical cortisone can return the skin to normality in both colour and texture in compliant women. Only 3 per cent of compliant women were left with scarring.

Some 50 per cent of the partially compliant were left with scarring.

Adverse effects minimal

Contrary to their critics' expectations, adverse effects from cortisone were minimal.

An editorial in the journal said this study provided the first evidence in women of the association between this cancer and compliance.

Elizabeth Dawes-Higgs, a female genital dermatologist based in Sydney, described their finding as 'very significant'.

"It's an incredible finding for women because they have a means of preventing squamous cell carcinoma."

Catherine Drummond, a vulval dermatologist from Canberra, says no dermatologist would have doubts about the safety and efficacy of topical corticosteroids especially in the context of VLS and the potential prevention of cancer.

The drug must be titrated to normalise the colour and texture of vulval skin by an experienced doctor with review needed on a regular basis, initially frequently but with time, perhaps annually.

She says the commonest side effect of corticosteroids is dermatitis which quickly resolves with reduction in potency of the treatment. Thinning of the skin is very rare with appropriate use.

"No other types of treatment are as safe or effective," she says.

Misdiagnosed or left untreated, VLS can scar to the extent that the labia minora can shrink back, decreasing the size of the vaginal opening. In its most severe form, VLS forms crusts which are hard to the touch.

While the predominant symptom is itching and pain when there has been much scratching, there can also be blistering and small tears in the skin.

In some women the condition is silent and it is not unusual for it to be missed by a doctor performing a pap smear.

Read more: <http://www.afr.com/lifestyle/health/womens-health/simple-method-to-prevent-an-intimate-cancer-in-women-with-uls-20160411-go40xv#ixzz57TTyQlfr>

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