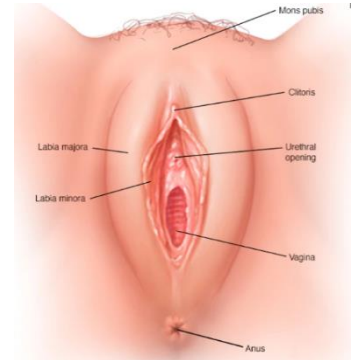


What is Vulvar Intraepithelial Neoplasia (VIN)? A Patient Guide

What is VIN?

Vulvar intraepithelial neoplasia (VIN) is a skin condition of the vulva. The vulva is the area between a woman's legs that includes the female external sex organs. Abnormal cells are contained within the top layer of skin that covers the vulva and, in some cases, can become cancer. Some doctors call it pre cancer, although many women with VIN will not develop cancer.



What are the classifications of VIN?

There are 3 types of VIN:

- low grade squamous intraepithelial lesion (LSIL)
- high grade squamous intraepithelial lesion (HSIL)
- differentiated VIN (dVIN)

You may also hear the terms VIN 1, VIN 2, or VIN 3. This is how VIN was classified in the past. The grades VIN 1, VIN 2, and VIN 3 refer to how deeply the abnormal cells go into the surface layer of the skin.

If the abnormal cells break through the basement membrane into the deeper tissue, it is classified as vulvar cancer.

- *LSIL* VIN 1 is now called low grade squamous intraepithelial lesion (LSIL). LSIL is generally a mild abnormality. It is usually caused by low risk types of the human papilloma virus (HPV). These low risk types can cause warts in this area. They are not cancerous and usually go away without treatment.

You may have regular follow up appointments to check that they are getting better.

- *HSIL* This is the most common type of VIN. Many women who have it have ongoing infections with high risk types of HPV. It occurs mainly in women aged 35 to 49 and is more common in women who smoke or have a weak immune system. VIN 2 and VIN 3 is now called high grade squamous intraepithelial lesion (HSIL).

You usually have treatment for high grade squamous intraepithelial lesion (HSIL). This is because there is a risk that the abnormal cells may develop into cancer over time. But the risk is low.

- *dVIN* This is an uncommon type of VIN and tends to develop in women between 50 and 60 years of age. It is rarely linked to HPV infection. It is commonly found in women who have a vulvar condition called lichen sclerosus. This is inflammation of the skin causing itchy, white patches.

Differentiated VIN has a higher risk of developing into a cancer than high grade squamous intraepithelial lesion (HSIL). So surgery is usually the best treatment for this type of VIN.

What are the symptoms of VIN?

The symptoms of VIN vary between women. Some have no symptoms. But some women have severe symptoms.

These may include

- itching
- pain
- changes to the vulvar skin
- discomfort or pain during sex

All these symptoms can be caused by other conditions, such as infection. If you have any of these symptoms, you should see your doctor

How is VIN diagnosed?

The doctor examines your vulva and they may be able to see areas of white, red or brown on the vulva. The only way to know for certain if it is VIN is to take a sample of tissue. This is called a biopsy. This might be on the same day as your appointment or booked for another day. Colposcopy can be done to the affected and surrounding area under a microscope. See “What is Colposcopy?” Handout.

How is VIN treated?

Your treatment depends on where the VIN is, your symptoms, and the risk of it developing into cancer. Your doctor may offer you

- no treatment, and follow you up closely
- treatment with a cream called imiquimod
- LASER treatment
- surgery

You usually have treatment for high grade squamous intraepithelial lesions (HSIL) and differentiated VIN (dVIN).

Close follow up For some women the risk of developing cancer is very low. So if you don't have any symptoms, you might decide not to have any treatment. Your doctors will monitor you closely. If your VIN does start to turn into cancer, the doctor may suggest you have surgery.

Imiquimod cream Research has shown that a cream called imiquimod works well in around half (50%) of women with high grade squamous intraepithelial lesions (HSIL). This cream works by stimulating the immune system. This means it uses the body's natural defences to kill the HPV. Doctors hope that if the cream destroys the HPV, the cells affected by VIN will go back to normal.

LASER vaporization This technique uses a special LASER device to vaporize the abnormal cells. No tissue is removed or cut out. This is only indicated in certain patients.

Removal (resection) procedures:

Wide Local Excision or Skinning Vulvectomy Your surgeon removes all the skin affected by VIN. Even if you have more than one area of VIN, this is usually possible. The operation is called a wide local excision. Sometimes you might have a combination of laser treatment and surgery.

What is the follow up for VIN?

You will have regular colposcopy check ups approximately every 6 months. But if all is well, they gradually become less frequent. You are monitored closely to check there are no signs that the VIN has come back. Follow up is usually for many years. This is because there is a risk that the VIN may return after treatment.

It is important to tell your doctor or nurse right away if you have any problems or concerns between your appointments. You don't have to wait until your next appointment.

Handout References: cancerresearchuk.org, mayoclinic.org