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Prognosis of isolated groin recurrence following sentinel lymph node biopsy in primary node-negative vulvar cancer

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Background

In early-stage vulvar cancer, sentinel lymph-node biopsy (SNB) is an accepted method for surgical staging of the groin lymph-nodes. However, the risk of groin recurrence is higher compared to full dissection of the groin. To weigh risks and benefits, sufficient data on prognosis after isolated groin recurrence following a negative SNB are missing.

Methods

This retrospective, multicenter AGO study included patients (pts) with primary node-negative vulvar cancer treated with local tumor resection and negative SNB only between 2010–2021, who later developed isolated groin recurrence. Data on tumor and treatment characteristics as well as outcome were collected.

Results

58 pts with isolated groin recurrence were analyzed. Initially, all pts received local tumor resection and negative SNB without further therapy. Median time to recurrence was 12.5 months; 82.7% recurrences occurred within two years after primary surgery. Clinical symptoms at diagnosis of recurrence were present in 33pts (56.9%), while 15 (36.2%) were asymptomatic and diagnosed during follow-up. One pt died from femoral vessel bleeding before treatment. Of 57 treated pts, 45 (78.9%) underwent inguinofemoral lymphadenectomy (ifLAE). Among them, 25 received additional radiotherapy and 20 received chemoradiation. Eleven pts (19%) did not undergo ifLAE due to comorbidities; 6 had radiotherapy, 4 received chemoradiation. Median follow-up after recurrence was 17 months (range 2–123). At last follow-up, 19 pts (32.7%) had died. 30 (51.7%) were alive with no disease; 4 (6.9%) had secondary recurrence; 4 (6.9%) pts were lost to follow-up. Estimated 18-months OS was 67.5%. Pts who received multimodal treatment with ifLAE followed by chemoradiation had the best outcome with 70% in complete remission at last follow-up compared to 44% of pts with ifLAE and radiotherapy and 45% with (chemo)radiation only.

Conclusions

The majority of groin recurrences following a negative SNB occurred within the first two years post-diagnosis. Although the prognosis appears to be improved compared to recurrence after prior full groin dissection, it is still impaired, with an 18-months OS of 67.5%. The combination of ifLAE and chemoradiation seems to provide the most favorable outcome.

Legal entity responsible for the study

L. Woelber.

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