63.3% of all women with a recurrence reported symptoms. Groin surgery was withheld in 13% of women with presumed stage IB-II.

Poorer RFS and OS was significantly associated with older age (HR 3.44; p<0.001 for RFS; HR 5.03; p<0.001 for OS), withheld groin surgery (withheld versus performed: HR 0.53; p=0.001 for RFS; HR 0.49; p=0.001 for OS) and advanced FIGO stage (HR 2.41; p<0.001 for RFS; HR 2.48; p<0.001 for OS).

Recurrences diagnosed in-between follow-up visitations were significantly larger (30 mm versus 18 mm, p=0.003) but after adjustment for age, type of recurrence and time since treatment not associated with worse survival.

Conclusions This population-based study confirms previous findings of predominantly local recurrences in vulvar cancer. Besides known prognostic factors as age and FIGO-stage, withheld groin surgery was associated with worse RFS and OS.

The value of regular follow-up remains undetermined.
with higher mortality and recurrence compared to CT±VBT and compared to CT+EBRT±VBT; but no significant difference from EBRT±VBT. Both, CT±VBT and CT+ EBRT±VBT, had significantly lower mortality and recurrence compared to EBRT±VBT. There was higher mortality associated with CT±VBT compared to CT+EBRT±VBT. Heterogeneity was minimal in all analyses; however, none of these comparisons were randomized and the estimates were imprecise due to the small number of events (figure 2).

Conclusion/Implications Adjuvant chemotherapy appears to be effective in controlling recurrences and reduce mortality in early stage UCS.