Introduction/Background
Usual type vulvar intraepithelial neoplasia (u-VIN) is a premalignant condition of the squamous epithelium of the vulva caused by persistent infection with high-risk human papillomavirus (HPV), and classified as high grade squamous intraepithelial lesion (HSIL). Surgery is the standard treatment, but recurrences occur in about 50% of patients. Imiquimod, a topical immune response modifier, has been shown to be effective, but has not been compared to surgery. The aim of this study was to compare the effectiveness and acceptance of primary imiquimod treatment with surgical treatment of HSIL/VIN.

Methodology
This was a multicentre randomised controlled trial of women with histologically confirmed HSIL/VIN II-III. Exclusion criteria were clinical suspicion of microinvasion, a history of current or past smoking, local symptoms. 40 (78%) presented with unifocal and 24 (22%) with multifocal disease. Treatment with imiquimod was self-administered and rural areas such as the northwest region of Cameroon. The tumour board members describe their experience with the iMDTB of Camfomedics. Each tumour board in Cameroon, the Mbingo Baptist Hospital. Additional diagnostics (such as hormone receptor status, HER2neu status) were available only in a minority of the cases. Pathology results were limited to microscopy for most cases. More than half of these patients were already in a late stage of their disease (advanced, metastatic or high risk).

Results
In 2019 during 12 meetings 95 tumour cases had been discussed. The majority of patients (75%) were female. 24% of all tumour cases were breast cancer followed by cervical cancer with 10%. Remarkably anorectal carcinomas and sarcomas occurred with a percentage of 7–8% each. Furthermore three women out of 72 suffered from high risk trophoblastic tumours.

Conclusion
The tumour board members describe their experience with the online conferences, data and documentation quality as satisfactory.