therapies was classified as strongly agree, agree, neither agree
nor disagree, disagree, strongly disagree. In those instances
where evidence is lacking or not definitive, expert opinion
was used to formulate recommendations.

Results Recommendations are made for using radiotherapy
focused on the indications of radiotherapy. Three clinical sce-
narios were defined: adjuvant treatment, locally advanced vul-
var cancer and recurrent disease. A high level of agreement
over 80% was reached. Adjuvant radiotherapy is recom-
mended for resected vulvar carcinoma with adverse risk fac-
tors, mainly positive margins and lymph nodes. For patients
with unresectable vulvar carcinoma EBRT with or without che-
motherapy should be considered. The approach to a recur-
rence of vulvar carcinoma must be individualized for each
patient in different clinical scenarios.

Conclusion In those aspects of vulvar cancer where evidence
is not definitive, expert panel consensus may help in clinical
decision-making.

Introduction/Background Extramammary Paget disease
(EMPD) is a rare entity, accounting for only 6% of all
Paget disease (PD). It is a neoplasm that frequently presents
in areas where apocrine glands are abundant, such as the
anogenital region and, less frequently, the axillae, with the
vulvar area being the most frequently involved location.
Surgery, with total excision, remains the treatment of
choice, although other therapeutic approaches such as radio-
therapy, photodynamic therapy, CO2 ablative laser therapy,
interferon alpha, topical 5-fluorouracil (5-FU) and topical
5% imiquimod have been used with variable success.
Regardless of the adopted therapy, the disease seems to fol-
low a chronic course with high relapsing rates, ranging
from 15 to 72%. Imiquimod, an immunomodulatory agent,
is the most commonly used off-label topical treatment of
EMPD, with varying response rates ranging from 50% to
100%. However, the indications to the use of imiquimod
remain unclear. We studied the Imiquimod cream to avoid
the serious anatomical, psychological and functional sequelae
of surgery in case of recurring EMPD.

Methodology In this study we describe three cases of recurrent
EMPD (after 4 years of follow-up), which had positive mar-
gins after undergoing primary surgery for PDV. A skin biopsy
confirmed the clinical suspect of a recurrent disease, in a non-
invasive form. Considering the lesions extent we decided to
use imiquimod cream three applications per week for 12
weeks.

Results As shown by the pictures below, in two out of three
patients we achieved the complete clinical response and the
third patient had an improvement of the symptoms, although
the lesion persisted. Some of the side effects of imiquimod
were erythema, pruritus, pain. All patients correctly completed
the treatment.

Conclusion Topical 5% imiquimod cream can be an effective
and safe alternative treatment for noninvasive recurrent Paget
disease, compared to the surgical excision.