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 scenarios were defined: adjuvant treatment, locally advanced vulvar cancer and recurrent disease. A high level of agreement over 80% was reached. Adjuvant radiotherapy is recommended for resected vulvar carcinoma with adverse risk factors, mainly positive margins and lymph nodes. For patients with unresectable vulvar carcinoma EBRT with or without chemotherapy should be considered. The approach to a recurrence 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.

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**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 radiotherapy, 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 follow 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 margins 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.