### Management of Vaginal Cancer

**Variant 1:** 52-year-old woman with remote hysterectomy for cervical dysplasia and 1- x 1.5- x 1 cm invasive SCC involving right vaginal fornix without paravaginal extension.

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<th>RRL</th>
<th>Panel Rating</th>
<th>Group Median Rating</th>
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**References**

**Study Quality**
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Dose (mSv): TBD TBD

- **High-dose-rate**: Usually appropriate
- **Low-dose-rate**: Usually appropriate
- **Interstitial implant**: May be appropriate
- **Vaginal cylinder**: Usually appropriate
- **EBRT and brachytherapy**: Usually appropriate
- **EBRT alone**: Usually not appropriate
- **Local excision and EBRT**: May be appropriate
- **Chemoradiotherapy (EBRT and brachytherapy)**: Usually appropriate
- **FDG-PET/CT whole body**: Usually appropriate
- **X-ray chest**: May be appropriate

References: TBD TBD

Study Quality: TBD TBD

Dose (mSv): TBD TBD

- **FDG-PET/CT whole body**: 10-30 mSv
- **X-ray chest**: <0.1 mSv, <0.03 mSv [ped]

Acknowledgments: TBD TBD
Variant 2: 68-year-old woman with FIGO stage II SCC of distal vagina, 3 x 3 x 4 cm in size involving suburethral area. No nodal involvement or distant disease by PET/CT.

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**Variant 3:**

65-year-old woman with FIGO stage III SCC of the vagina with full-length involvement and pelvic sidewall extension measuring 5 x 7 x 7 cm. PET/CT shows bulky primary disease and a 2- x 3 cm external iliac lymph node but no distant metastases.
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<tr>
<td>Treatment Description</td>
<td>Appropriateness</td>
<td>Study Quality</td>
</tr>
<tr>
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</tr>
<tr>
<td>Weekly paclitaxel</td>
<td>Usually not appropriate</td>
<td>3</td>
</tr>
<tr>
<td>L3/L4 (cover low para-aortics)</td>
<td>Usually appropriate</td>
<td>7</td>
</tr>
<tr>
<td>L4/L5 (or bifurcation of aorta)</td>
<td>Usually appropriate</td>
<td>7</td>
</tr>
<tr>
<td>L5/S1 (or bifurcation of common iliacs)</td>
<td>Usually not appropriate</td>
<td>3</td>
</tr>
<tr>
<td>L1/L2 (cover renal hilum)</td>
<td>Usually not appropriate</td>
<td>3</td>
</tr>
<tr>
<td>No boost</td>
<td>Usually not appropriate</td>
<td>TBD TBD</td>
</tr>
<tr>
<td>Pelvic sidewall boost to 54-60 Gy with midline block</td>
<td>May be appropriate</td>
<td>6</td>
</tr>
<tr>
<td>Conformal nodal boost to 60-66 Gy</td>
<td>Usually appropriate</td>
<td>7</td>
</tr>
<tr>
<td>IMRT nodal boost to 60-66 Gy</td>
<td>Usually appropriate</td>
<td>8</td>
</tr>
<tr>
<td>Conformal boost to vaginal CTV to 65-75 Gy</td>
<td>May be appropriate</td>
<td>5</td>
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</table>
### IMRT boost to vaginal CTV to 65-75 Gy

**Usually appropriate**

<table>
<thead>
<tr>
<th>Study Quality</th>
<th>References</th>
<th>n/a</th>
<th>0</th>
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</table>

### Interstitial brachytherapy to vaginal CTV to 70-85 Gy

**Usually appropriate**

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<tr>
<th>Study Quality</th>
<th>References</th>
<th>n/a</th>
<th>0</th>
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</table>

### Vaginal cylinder brachytherapy to 70-85 Gy

**Usually not appropriate**

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<th>References</th>
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</thead>
</table>

#### Variant 4:

85-year-old woman with FIGO stage IVB SCC of the vagina with pelvic sidewall fixation, pain, and vaginal bleeding. PET/CT shows FDG-avid lymphadenopathy in the pelvis, inguinal nodes, and mediastinum, as well as pulmonary metastases. Karnofsky performance status is 50.

### Palliative RT

**Usually appropriate**

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<th>Study Quality</th>
<th>References</th>
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### Palliative chemotherapy

**Usually not appropriate**

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<th>References</th>
<th>n/a</th>
<th>0</th>
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### Chemoradiotherapy

**Usually not appropriate**

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<th>Study Quality</th>
<th>References</th>
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### Palliative exenteration

**Usually not appropriate**

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<th>Study Quality</th>
<th>References</th>
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### Best supportive care with pain management

**May be appropriate**

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</thead>
<tbody>
<tr>
<td>Primary tumor volume with 2 cm margin</td>
<td>Usually appropriate</td>
<td>References</td>
<td>Study Quality</td>
<td></td>
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<tr>
<td>Pelvis only</td>
<td>May be appropriate</td>
<td>7</td>
<td>n/a</td>
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<tr>
<td>Pelvis and involved inguinal nodes</td>
<td>May be appropriate</td>
<td>5</td>
<td>n/a</td>
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<tr>
<td>Pelvis inguinal and para-aortic nodes</td>
<td>Usually not appropriate</td>
<td>6</td>
<td>n/a</td>
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<tr>
<td>10 Gy in single fraction</td>
<td>May be appropriate</td>
<td>3</td>
<td>n/a</td>
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<tr>
<td>3.7 Gy BID for 2 days q2 weeks to 44.4 Gy</td>
<td>Usually appropriate</td>
<td>7</td>
<td>n/a</td>
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<tr>
<td>30 Gy/10 fractions</td>
<td>Usually appropriate</td>
<td>TBD TBD</td>
<td>7</td>
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<tr>
<td>50 Gy in 25 fractions</td>
<td>Usually not appropriate</td>
<td>TBD TBD</td>
<td>3</td>
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</table>

References: TBD
Study Quality: TBD
Please refer to the supporting documentation for a more complete discussion of the concepts and their definitions below.

**Final Tabulations:** A histogram of the number of panel members who rated the recommendation as noted in the column heading (ie, 1, 2, 3, …etc.)

**Disagree:** The variation of the individual ratings from the median rating indicates panel disagreement on the final recommendation.

**References:** Lists the references associated with the recommendation.

**SQ:** Study Quality (1, 2, 3, 4, Good M or Inadequate M) of the references listed.

**RRL:** Information on the Relative Radiation Level (RRL) designations can be found.