

Imiquimod treatment and care following vulval/vaginal biopsies showing HPV associated VIN/VaIN

What is Imiquimod?

Imiquimod 5% cream (Aldara) is a topical cream known as an immune modifier, which means it stimulates the immune system to fight HPV infection and cause inflammation. This inflammation aids in clearance of HPV and remission of abnormal cells.

What are the reasons for doing this?

Your biopsies have shown changes that are abnormal and require the above treatment. These changes **are not** cancerous but are pre-cancerous and are known as VIN or VaIN (vulval or vaginal intraepithelial neoplasia). In a small number of patients they may develop into cancer over many years, if not treated.

Using Imiquimod cream to treat precancerous changes to the vulva for vagina is an unlicensed use, however research has shown imiquimod cream is effective for these conditions. One large study showed over 50% of women responded well to imiquimod treatment. This study was published in The Lancet and you can read it online on their site – search online for “Lancet VIN imiquimod”.

Are there any other treatment options?

In some cases surgical removal of lesion(s) in the form of an excisional treatment may be an option. This depends on certain criteria e.g. size of lesion, number of lesions and position of lesion(s). We can offer this in certain cases where suitable. All options will be fully discussed and you will have opportunity to ask questions. Your choice is important. With all treatment options, the aim is to remove the abnormal cells with minimal disruption to normal healthy tissue.

Treatment (how to apply):

1. First wash your hands thoroughly before and after application.
2. **If applying to vulval lesions:** Cut the sachet and squeeze enough Imiquimod cream to cover the lesion(s), this may not be the whole sachet. You may need to use a mirror to identify the lesion(s). If not enough to cover all lesion(s) use more from the same sachet. 1 sachet should be enough. Rub gently until it has vanished.
3. **If applying to vaginal lesions:** Cut the sachet and squeeze onto a tampon (if the tampon has an applicator, remove from applicator first) insert tampon using finger as per instructions on tampon packet. Alternatively suck the contents of the sachet up into a small plastic syringe. Put the syringe as far into your vagina as you can and then push the plunger all the way in. Then remove the syringe.
4. Start by using the cream once weekly for 2 weeks, twice weekly for 2 weeks, and then three times weekly if tolerated, for a minimum of 16 weeks but up to 4 months if a complete clinical response had not been achieved. Be guided by how severely you react. **You will experience soreness, redness and inflammation.** If three times a week is not manageable, twice weekly is adequate treatment.
5. Leave on the vulval lesions or leave tampon inserted for 6-10 hours. Ideally overnight is best.

6. **If vulval lesions** wash off in the morning with Dermol 500 or other non-perfumed emollient. **Do not use shower gel. Do not douche.**
7. Repeat the above processes for 16 weeks or dependent on what has been advised by your clinician.
8. If you have a severe reaction to Imiquimod cream, or are unable to tolerate treatment, stop using and contact the colposcopy/vulval team on the numbers below.
9. **DO NOT** have sex on the night you use the cream, even with a condom (Imiquimod weakens the latex in condoms). **DO NOT** ingest or allow it to come into contact with eyes. **DO NOT** share cream with anyone else.

Side Effects

Imiquimod takes time to be effective. The skin is usually worst in the 3rd week of application.

1. Within a week of application the skin tends to become red, swollen & sore.
2. The skin may crack, peel, blister or scab. These inflammatory responses are a good sign that the Imiquimod cream is working. Typically the more inflammation the better the outcome.
3. Rarely it may ulcerate and become infected (you may develop a temperature if this happens) please seek medical advice if this occurs.
4. If the skin becomes too sore, reduce the frequency of application of the cream, or stop for 1 week before reapplying.
5. Allergic reactions are rare. There is a small risk of scarring or hair loss.
6. Other side effects may include flu-like symptoms, feeling generally unwell, worsening of any pre-existing autoimmune conditions.

Tips to help

1. Paracetamol for pain relief
2. Use non-perfumed emollients liberally in between applications of Imiquimod cream.
3. Keep a tub of non-perfumed emollient in the fridge and apply cold emollient to irritated area in between application of Imiquimod cream
4. Maintain the usual care for vulval skin. For example, don't use soap or wash underwear in biological powder. Use cotton undergarments.

Following the Treatment

A review appointment may be arranged during and after treatment, to assess success of treatment and to discuss if any further follow up/management is needed.

If you need to visit your GP, inform them of your treatment. Stop using Imiquimod, if your reaction is severe and you are unable to tolerate it.

The Colposcopy/vulval Team: 07918474103
Coverdale Suite: 01423 554479

Patient Experience helpline 01423 555499 (Monday – Friday 9.30am – 4pm). E-mail: thepatientexperienceteam@hdfn.nhs.uk

If you require this information in an alternative language or format (such as Braille, audiotape or large print), please ask the staff who are looking after you.