

About Vaginal Cancer - A Quick Guide



Contents

This is a brief summary of the information on 'About vaginal cancer' from CancerHelp UK. You will find more detailed information on the website.

In this information there are sections on

- About the vagina
- Risks and causes of vaginal cancer
- Symptoms of vaginal cancer
- Screening for vaginal cancer
- Types of vaginal cancer
- Should I see a vaginal cancer specialist?
- Questions for your doctor

About the vagina

The vagina is the passage that leads from the cervix to the vulva. The cervix is at the bottom of the womb (uterus). The vulva is visible from outside the body. It forms the skin flaps around the entrance to the vagina.

The walls of the vagina are normally in a relaxed state. They touch each other and contain many folds. Mucus, secreted by small glands in the cervix, keeps the lining moist. The vagina stretches during childbirth to allow the baby to come out. The vagina is made up of tissue layers. These include

- The epithelial tissue layer - a thin layer of tissue made up of the squamous cells that line the vaginal walls
- The connective tissue layer – a layer underneath the epithelium, made of fibrous tissue with muscle, lymph vessels and nerves

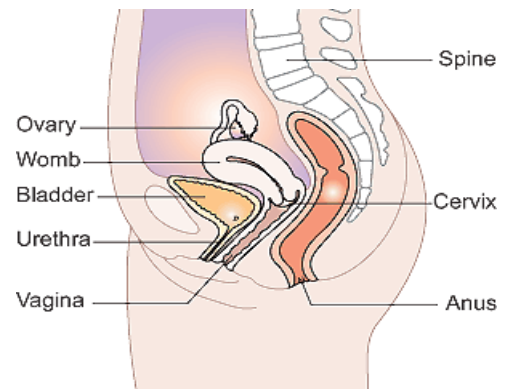


Diagram showing the position of the womb (side view)
© CancerHelp UK

The lymph nodes

Like all other parts of the body, there are lymph nodes around the vagina. These are also called lymph glands. They are small bean shaped glands that are part of the lymphatic system. They help to control infection by trapping and killing damaged cells, bacteria and viruses. The nearest lymph nodes are usually the first place that cancer cells reach when they break away



from a tumour. Your specialist may remove some of these lymph nodes during surgery.

Risks and causes of vaginal cancer

Vaginal cancer is rare in the UK. We don't know the exact causes of vaginal cancer. But researchers have identified several risk factors.

Age

More than 7 out of every 10 vaginal cancers (70%) are in women over 60.

Other medical conditions

You have an increased risk of vaginal cancer if you have had pre-cancerous changes in either the vagina (vaginal intraepithelial neoplasia - VAIN) or cervix (cervical intraepithelial neoplasia - CIN). These changes could become cancerous if not treated. Your vaginal cancer risk is also increased if you've had cervical cancer.

More than half of women with vaginal cancer and more than 8 out of 10 women who have had VAIN have had human papilloma virus infection (HPV). Women who have HIV or AIDS are more at risk of developing vaginal cancer.

Other factors

Other factors that may increase the risk of vaginal cancer are womb cancer treatment (especially radiotherapy), smoking and a drug called diethylstilbestrol (DES).

Symptoms of vaginal cancer

It is rare to have symptoms if you have very early stage vaginal cancer or the pre-cancerous changes called vaginal intraepithelial neoplasia (VAIN). Your doctor may pick up signs of VAIN or very early vaginal cancer during a routine cervical

smear. As with most cancers, this early stage disease is easy to treat successfully.

Although some early stage vaginal cancers may have symptoms, many do not until they are in the advanced stages. Possible symptoms include

- Bleeding between periods, after menopause or after sex.
- Vaginal discharge that smells or may be blood stained
- Pain during sexual intercourse
- A lump or growth in the vagina that you or your doctor can feel
- A vaginal itch that won't go away

As well as the above, the following symptoms are more likely with advanced cancer of the vagina

- Constipation
- Pain when passing urine
- Swelling in your legs (oedema)
- Pain in the pelvic area that won't go away

Screening for vaginal cancer

Screening means testing seemingly healthy people, who have no symptoms, for early stage cancer. Before they can screen for any type of cancer, doctors must have an accurate test to use. The test must be reliable in picking up cancers that are there. And it must not give a positive result in people who do not have cancer.

There is no screening programme for vaginal cancer as such. But when you have a cervical smear test, the doctor or nurse does a routine examination of your vagina at the same time. They can pick up pre-cancerous conditions such as vaginal intraepithelial neoplasia (VAIN) during this



examination. If you have treatment for VAIN, this prevents vaginal cancer from developing.

Some doctors recommend that you look at your own vagina regularly to check for any changes to the skin. Checks like this may help women to pick up vaginal cancer at an early stage. By using a mirror, you can look for areas that are red, irritated, white or darkly coloured. You should be able to see any growths, nodules, bumps or sores (ulcers). If you do notice any changes like this, you should see your doctor.

Types of vaginal cancer

The type of vaginal cancer depends on the type of cell that the cancer developed from. To decide this, a pathologist looks at a sample of cancer tissue (biopsy) under a microscope.

Squamous cell vaginal cancer

More than 8 out of 10 (80%) vaginal cancers are squamous cell cancers. This type of cancer usually grows slowly over many years. Before squamous cell cancer develops, there may be pre-cancerous changes to the cells. This is called vaginal intraepithelial neoplasia, or VAIN.

Verrucous carcinoma is a rare type of squamous cell vaginal cancer. It is a slow growing tumour that rarely spreads to other parts of the body.

Adenocarcinoma of the vagina

Around 1 in 10 vaginal cancers (10%) are adenocarcinomas. It is sometimes difficult for doctors to tell whether this type of cancer started in the vagina, or in a nearby organ and then spread. There are 4 main types of adenocarcinoma of the vagina.

You can find details of these on CancerHelp UK.

Other types of vaginal cancer

Other types of vaginal cancer are very rare. They include sarcomas of the vagina, melanomas of the vagina and small cell vaginal cancer.

Should I see a vaginal cancer specialist?

It can be very difficult for GPs to decide who may have a suspected cancer and who may have something much more minor. But there are particular symptoms that mean your GP should refer you to a specialist straight away. The National Institute for Health and Clinical Excellence (NICE) have produced guidelines for GPs to help them decide which patients need to see a specialist urgently.

What your GP should do first

The NICE guidelines say your GP should examine you internally if you have a change in your menstrual cycle, bleeding between your periods, bleeding after sex, an abnormal discharge or bleeding if you are past your menopause. Your GP should refer you to a specialist urgently if they see any area in your vagina that looks abnormal or suspicious of cancer. Your GP may also send you to a specialist if you have had

- One or more episodes of heavy bleeding from the vagina after the menopause and you are not taking hormone replacement therapy (HRT)
- Persistent or unexplained bleeding after stopping HRT for 6 weeks or more
- Repeated bleeding after sex for no apparent reason
- Repeated bleeding between periods for no apparent reason



If you are concerned that your GP is not taking your symptoms as seriously as you think he or she should, you could print this page and take it along to an appointment.

Questions for your doctor about vaginal cancer

- How will I know if I have cancer of the vagina?
- Am I more likely to get cancer of the vagina than anyone else?
- What increases my risk of cancer of the vagina?
- I used to smoke - does this mean I will get cancer of the vagina?
- How should I go about giving up smoking?
- Does HPV affect my risk of cancer of the vagina?
- Do they routinely check for vaginal cancer when I have my cervical smear?
- Can I be screened for cancer of the vagina?
- Are there different types of vaginal cancer?

More information

For more information about vaginal cancer, visit our website <http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in May 2010. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2010 Cancer Research UK Charity Number 1089464