

About Vulval Cancer - A Quick Guide



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

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The vulva

The term vulva means the external sex organs of a woman. The vulva is made up of two pairs of lips. The outer pair of lips is called the labia majora and the inner pair of lips is called the labia minora. Between these lips are two openings. One is the entrance to the vagina. The other is the urethra - the outlet for urine.

At the front of the vulva is the clitoris, which helps a woman reach a sexual climax. The opening to the back passage, the anus, is also close to the vulva, but is separate from it. The sheet of skin between the vagina and the anus is called the perineum.

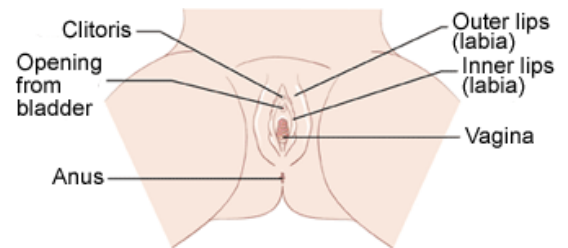


Diagram showing the anatomy of the vulva
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Cancer of the vulva

Vulval cancer can start on any part of the vulva. But the commonest sites are the inner edges of the outer lips and the inner lips. Less often, it may involve the clitoris, or two small glands each side of the vagina called the Bartholin's glands. It is also sometimes diagnosed in the perineum.

Vulval cancer does not form quickly. First, cells become abnormal. Then these abnormal cells may go on to develop into cancer. If you have abnormal cells present you may be told you have pre-cancerous changes. Your doctor may say you have VIN or 'vulval intraepithelial neoplasia'. This does not mean cancer – it is the stage before a cancer has developed. Some of these cell changes will go away without



treatment. Finding these abnormal cells early and having treatment (if necessary) can prevent vulval cancer.

Risks and causes of vulval cancer

Vulval cancer is a rare cancer in the UK. More than 3 out of 4 cases (75%) are diagnosed in women aged 65 or over.

Human papilloma virus (HPV)

Human papilloma virus (HPV) infection is thought to be responsible for about 4 out of every 10 vulval cancers (40%). HPV is passed from one person to another during sexual activity. Around 8 out of 10 people (80%) in the UK have the HPV virus at some time during their lifetime. There are many different types of HPV and some are more likely to lead to vulval cancer than others. Most women who have HPV infection don't go on to develop vulval cancer.

Vulval epithelial neoplasia (VIN)

VIN means there are precancerous changes in the skin cells of the vulva. If you have VIN, there is a risk that it may go on to develop into vulval cancer. Although most cases of VIN will not develop into cancer, it is not possible to tell which ones will and which ones won't. So everyone with this condition should have treatment, or at least close monitoring of their condition by a doctor. The most common symptom of VIN is a lasting itch that does not get better or go away.

Other factors

Other things that increase the risk of vulval cancer are a weakened immune system (from HIV or drugs that lower immunity), genital herpes infection, smoking, and some chronic skin conditions.

Symptoms of vulval cancer

Symptoms of vulval cancer can include

- A lasting itch
- Pain or soreness
- Thickened, raised, red, white or dark patches on the skin of the vulva
- An open sore or growth visible on the skin
- Burning pain when you pass urine
- Vaginal discharge or bleeding
- A mole on the vulva that changes shape or colour
- A lump or swelling in the vulva

All these symptoms can be caused by other conditions, such as infection. But if you have any of these symptoms, you should see your doctor. If you have an infection, it is important to get treatment. And if it should turn out to be something more serious, it is even more important to get treatment.

If you think you keep getting thrush, don't just keep treating yourself with over the counter creams, such as Canesten. It is worth going to the GP for a check up - just to make sure that thrush is the root cause of your discomfort. The itching could be a sign that you are developing VIN.

Screening for vulval cancer

Screening means testing people for early stages of a disease before they have any symptoms. Screening is usually only used for illnesses that affect large numbers of people.

There is no screening programme for vulval cancer. But when you have a cervical smear test, the nurse or doctor should routinely examine your vulva. They should be able to spot any signs that could indicate



abnormal cells are developing (VIN). Treating precancerous conditions like VIN will prevent many cases of vulval cancer.

Self examination

Some doctors recommend that you look at your own vulva regularly to look for any changes to the skin. Doing this may help you to pick up vulval cancer at an early stage, as well as other conditions that may need treatment.

You should do a self exam between periods. You will need to hold a mirror so that you can see the outside of your genitalia. Use the other hand to spread the labia. You will need to examine the whole area for anything that seems abnormal for you. Look for warts, sores and changes in skin colour - areas that are red, irritated, white or darkly coloured. Then feel each area for lumps under the surface.

If you do notice any changes, get them checked by your doctor, at a well woman clinic or at a sexual health clinic.

Types of vulval cancer

Your doctor will tell the type of vulval cancer you have by taking a biopsy.

Squamous cell carcinoma

This is by far the most common type of vulval cancer. About 9 out of 10 (90%) vulval cancers are squamous cell carcinomas. This type of cancer usually forms slowly over many years. Before squamous cell vulval cancer develops there may be precancerous changes to the cells that can last for several years.

Vulval melanoma

This is the second most common type of vulval cancer. But it is much less common

than the squamous cell type. Only about 4 out of every 100 (4%) vulval cancers diagnosed are melanoma. Melanomas develop from the skin cells that produce pigment and give the skin its colour.

Other types of vulval cancer

Other, rarer types of vulval cancer are adenocarcinoma, basal cell carcinoma, verrucous carcinoma and cancers called sarcomas that start in tissue such as muscle or fat under the skin.

Should I see a vulval 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 that will go away on its own. 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.

Vulval cancer is rare. Most cases are diagnosed in women over the age of 65. In 90 out of every 100 women diagnosed with vulval cancer their doctor will be able to see a lump or sore area on the vulva. The NICE guidelines say that your GP should refer you urgently to a specialist if you have

- An unexplained vulval lump or sore that looks suspicious of cancer
- Vulval bleeding from a sore or ulcer

If you go to the doctor with itching or pain, the guidelines say it is reasonable for your doctor to suggest some treatment and keep an eye on you to see if the symptoms go away. But your GP should actively follow your progress, and if your symptoms don't get better, then you will need to go and see a specialist. This may or may not be an



urgent referral, depending on how bad your symptoms are and on how concerned your doctor is about them.

Questions for your doctor about vulval cancer

- How would I know if I had cancer of the vulva?
- A member of my family has cancer of the vulva - am I at risk of getting it myself?
- Should I be screened?
- Will my smear tests pick up vulval cancer?
- Do you routinely examine the vulva when you do a smear test?
- What screening tests are available?
- Is there anything I can do to reduce my risk of cancer of the vulva?
- Should I examine myself for signs of cancer of the vulva?
- What should I do if I have itching or odd looking patches of skin in the vulval area?

More information

For more information about vulval 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 July 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.
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