

# Treating Vaginal Cancer - A Quick Guide



## Contents

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

In this information there are sections on

- The stages of cancer of the vagina
- Statistics and outlook
- Overview of vaginal cancer treatment
- Surgery
- Radiotherapy
- Chemotherapy
- Follow up for vaginal cancer
- Vaginal cancer research
- What to ask your doctor

## The stages of cancer of the vagina

The stage of a cancer tells the doctor how far it has spread. It is important because doctors often decide treatment according to stage. There are different ways of staging cancers. Most gynaecologists prefer to use the FIGO system which has 5 stages.

**Stage 0 or VAIN 3** - This is not vaginal cancer, but could turn into a cancer in some women. Stage 0 is also known as vaginal intraepithelial neoplasia grade 3 (VAIN 3) or carcinoma in situ (CIS). There

are abnormal cells in the inner lining of the vagina. But the cells are only in the lining and have not spread into the deeper layers of the vagina.

**Stage 1** - The cancer has started to grow into the wall of the vagina but has not spread further.

**Stage 2** - The cancer has begun to spread outside the vagina into the surrounding tissues. But it has not reached the walls of your pelvis.

**Stage 3** -The cancer has spread outside your vagina and reached the side walls of your pelvis. It may also affect nearby lymph nodes.

**Stage 4** - This stage is advanced vaginal cancer. The cancer has spread to other body organs outside the vagina.

Cancer that has come back after treatment is called recurrent cancer.

## Statistics and outlook for vaginal cancer

Outlook means your chances of getting better. Your doctor may call this your prognosis. With vaginal cancer, the likely



outcome depends on how advanced the cancer is when it is diagnosed (the stage).

On CancerHelp UK, we have quite detailed information about the likely outcome of different stages of vaginal cancer. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of CancerHelp UK. They are intended as a general guide only. For the more complete picture in your case, you'd have to speak to your own specialist.

### How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

### Overview of vaginal cancer treatment

The two main ways of treating cancer of the vagina are surgery and radiotherapy. You might also have chemotherapy alongside radiotherapy. You are not likely to have chemotherapy on its own for vaginal cancer, but your specialist may suggest it for particular situations.

Which treatment is best for you will depend on the type of vaginal cancer you have, the stage of your cancer, and your general health.

### Choosing your treatment

You may have a choice of the type of operation, or whether to have surgery or radiotherapy. You can discuss your

treatment options with your doctor. You may also want to get a second opinion before you have your treatment. It can be a good idea to seek the advice of more than one doctor experienced in treating this type of cancer. A second opinion can give you more information and help you feel more confident about the treatment plan that is being suggested to you. Most doctors are happy to refer you to another specialist for a second opinion if you would find this helpful.

## Treatment by vaginal cancer stage

### VAIN (Stage 0)

VAIN is graded as VAIN 1, 2, or 3. VAIN 1 does not usually need treatment, but you will have regular check ups. Treatments for VAIN 2 and 3 include laser treatment, surgery, creams or radiotherapy.

### Stage 1 vaginal cancer

Radiotherapy is the first treatment for many women with stage 1 vaginal cancers. You may have chemotherapy treatment alongside radiotherapy. If the cancer is on the upper part of your vagina then it is sometimes necessary to have surgery to remove the womb.

### Stage 2, 3 and 4a vaginal cancer

Stage 2, 3 and 4a cancer of the vagina are all treated in a similar way. Radiotherapy is the main treatment – both internal radiotherapy and external radiotherapy. In some cases you might have chemotherapy treatment alongside radiotherapy. You might be offered surgery if you have had previous radiotherapy treatment.

### Stage 4b vaginal cancer

Stage 4B means that the cancer has spread to another part of your body. This stage is



not likely to be curable. But radiotherapy can relieve symptoms such as pain, swelling or bleeding. Your specialist may also suggest chemotherapy to control symptoms.

If vaginal cancer comes back after treatment, further treatment will depend on whether you have had radiotherapy or surgery in the past.

### Which surgery for vaginal cancer

Surgery for vaginal intraepithelial neoplasia (stage 0) may be laser surgery. And for small vaginal cancers it may be removing a small area of tissue. But some of the operations are major surgery. The different types of vaginal cancer operations include

- Wide local excision, which takes out the cancer and some of the healthy tissue around it
- Surgery to remove part or all of your vagina, along with surrounding tissues (partial or radical vaginectomy)
- Surgery to remove your womb, cervix, the upper part of your vagina, lymph nodes and the surrounding tissues (radical hysterectomy)
- Surgery to remove your vagina, womb, bladder, rectum (back passage) and part of your bowel (pelvic exenteration)

Vaginal surgery can be one of the more difficult types of surgery to cope with emotionally and physically. The vagina is one of the most private parts of our bodies and plays a very big role in our sexual life. If your doctor has not fully explained these operations to you yet, reading about them here may come as a shock. It may help to get support from a family member, close friend, specialist nurse or one of the cancer support organisations.

### Having your operation for vaginal cancer

When you go into hospital, your surgeon, anaesthetist, physiotherapist and nurse will all come and talk to you. Your surgeon will explain what will happen during the surgery and what to expect afterwards. Ask as many questions as you need to. It may help to make a list of questions beforehand. You may have blood tests or X-rays.

### Immediately after your operation

Operations to remove a vaginal cancer (wide local excision), or to remove the vagina or nearby organs can be major surgery. After the operation you may have several different tubes in place. You will have a drip to give you fluids. You may have a tube in your nose to drain fluid from your stomach and stop you feeling sick. You may have drains coming out of any wounds, and a tube into your bladder (a catheter). You may also have a urostomy bag if you have had your bladder removed, or a colostomy bag if you have had part of your bowel removed.

You will almost certainly have pain for the first week or so. It is important to tell your doctor or nurse as soon as you feel any pain. They need your help to find the right type and dose of painkiller for you.

### Making progress

After removal of the vagina, or other pelvic organs you will need to rest for at least a month after you come out of hospital. During this time, you will not be able to do heavy lifting, carry heavy bags, or drive. Vaginal cancer surgery can have a big impact on your feelings and emotions. It is important to keep active, for example with regular exercise. You are likely to have times when you feel very down and this



natural. You can get support from your doctors and nurses, family and friends.

### Side effects of surgery for vaginal cancer

The side effects of surgery will depend on the type of operation you have had. Usually, the smaller the operation, the fewer the side effects.

#### Scarring

Scar tissue is less stretchy than healthy tissue. If scar tissue forms around the outside of your vagina, it may narrow the entrance. You may then find penetrative sex can be painful. You may be able to stretch the opening with vaginal dilators. These are cone shaped objects that you put into your vagina to stretch it.

#### Difficulty having an orgasm

Women who have had their lower vagina removed may have a reduction in sexual desire or pleasure and problems reaching orgasm. But this doesn't always happen. It depends on the exact position and size of the cancer.

#### Swelling

If the lymph nodes in the groin are removed, you may develop swelling between your legs or down your thighs. This is called lymphoedema. If you do notice any redness, pain or swelling, it is important to tell your doctor straight away. Lymphoedema is easiest to control if it is caught early.

#### Bladder or bowel problems

Some women who have surgery for vaginal cancer have problems afterwards with their bladder or bowel. How likely this is to happen depends on the type of surgery. Let

your doctor or specialist nurse know if you have any problems.

### Vaginal reconstruction

Vaginal reconstruction means creating a new or artificial vagina. You can have this operation after surgery to remove part or all of your vagina. One of the aims is to make vaginal sexual intercourse possible again. But this operation may not be suitable for all women. You can ask your doctor whether reconstruction will be possible in your case.

#### How a vaginal reconstruction is done

A plastic surgeon uses skin and muscle from other parts of your body to create a new vagina. The surgeon may use

- A skin graft from the side of your bottom
- Muscle and skin from your inner thighs
- Muscle tissue from your lower abdomen (this is called a TRAM flap)
- A piece of your bowel

#### Looking after a vaginal reconstruction

Once the area has healed, you will need to start a regular routine to keep the new vagina healthy. You may need to use a dilator to keep the vagina open. Your doctor or specialist nurse will give you a set of dilators if you need them.

It is very likely that getting used to a new vagina will make sexual relationships difficult at first. You may worry about whether you will be able to enjoy sex, or about your partner's reaction. But with time, and loving support from your partner, sexual intercourse will be possible. You will need



to use a lubricant whenever you have intercourse.

## What to ask your doctor about surgery for vaginal cancer

- Why do I need an operation?
- Which type of operation should I have and why?
- Will the operation cure my cancer?
- What are the risks and benefits of having this operation?
- What are the long term effects of this operation?
- Will I have pain after this operation?
- How long will I have a drip after surgery?
- When will I be able to start eating again?
- Will I be able to eat and drink normally after this operation?
- What are the possible complications of this type of operation?
- Will I need any other treatment as well as surgery?
- Is there any treatment I can have instead of surgery?
- What will happen if I don't have the operation?
- How long will it take me to get better?
- How can I help myself get over the operation?
- Can you explain the different ways of doing reconstruction and which one will be best for me?
- Will you refer me to a plastic surgeon experienced in skin grafting for vaginal reconstruction?
- What problems might I have with my reconstructed vagina?
- How will the size of my new vagina compare to my original vagina?

- Will my new vagina feel and function in the same way?
- Can you put me in touch with other women who have had a vaginal reconstruction?

## About radiotherapy for vaginal cancer

Radiotherapy uses high energy rays to kill cancer cells. Radiotherapy is the main treatment for many women with vaginal cancer. Most women with stage 2 or 3 vaginal cancers will have radiotherapy to try to cure their cancer.

You can have radiotherapy for vaginal cancer as external or internal radiotherapy. For external radiotherapy, you go to the hospital daily, usually for a few weeks, to lie under a radiotherapy machine. The treatment only takes a few minutes.

You can have internal radiotherapy in one of two ways. In interstitial therapy, radioactive wires or seeds are implanted into the cancer and left in place. Intracavitary radiotherapy means putting the radioactive source into the vagina. You may have this treatment at the end of a course of external radiotherapy. You may have to stay in hospital for a few days for internal radiotherapy. Or you may have it during a couple of outpatient appointments in the radiotherapy department.

## Radiotherapy and chemotherapy combined (chemoradiation)

For this treatment, you have radiotherapy as normal, but you have chemotherapy at the same time. Most often, this means an injection of a chemotherapy drug called cisplatin, once a week throughout your course of radiotherapy.



## Radiotherapy for symptoms of advanced cancer

Radiotherapy treatment can help to relieve symptoms in advanced cancer of the vagina. You may hear this called palliative radiotherapy. The treatment can shrink the cancer for a time. Radiotherapy also helps to relieve pain. You usually have this type of treatment as a short course, over a few days.

## Having radiotherapy for vaginal cancer

Many women have a course of external radiotherapy first and then internal radiotherapy treatment after that.

### External radiotherapy

You go to the hospital for treatment once a day, from Monday to Friday, with a break at weekends. The length of your course of treatment will depend on the type and size of your cancer and on the aim of the treatment. The treatment only takes a few minutes each time. It does not hurt. You will not be able to feel it at all. Having external radiotherapy does not make you radioactive.

### Internal radiotherapy

There are two ways that internal radiotherapy (brachytherapy) may be given for vaginal cancer. It can be from radioactive implants put into the cancer and surrounding tissues (interstitial radiotherapy). Or from radioactive sources placed inside the vagina (intracavitary radiotherapy).

Intracavitary radiotherapy is more commonly used in the UK. You can have this treatment as one long inpatient treatment, over 2 – 5 days. Or in 2 or

more short treatments, either as an out patient or with overnight stays in hospital.

## Side effects of radiotherapy for vaginal cancer

During your treatment course, and for a few weeks afterwards, you may have diarrhoea and may need to pass urine often. You may also have some pain or discomfort when you pass urine. These effects on the bladder are called radiation cystitis. You may also have skin soreness in the genital and groin area, or sickness. If you have diarrhoea or sickness, ask your doctor or nurse for medicine to help control it. If you have cystitis, try to drink plenty of fluids because this will help to reduce it.

Your skin is likely to become sore during your course of treatment. It may break down. It is very important to tell your nurse, radiographer or specialist if your skin gets sore. You may need steroid cream to put on. You should also have painkillers if you need them.

## Long term side effects

Long term side effects are effects that start months or years after treatment. Possible side effects include

- An early menopause, because your ovaries stop working. You can have hormone replacement therapy if this happens
- A narrower, drier and less stretchy vagina. You may be able to stretch your vagina with dilators
- Swelling in the legs, called lymphoedema
- Needing to pass urine more often
- Loose and frequent bowel movements



- Weakening of the bones in the pelvic area
- Loss of fertility in young women

### What to ask your doctor about radiotherapy for vaginal cancer

- Why are you recommending radiotherapy for me?
- Are there different types of radiotherapy?
- Which type will I be having?
- Are there any other types of treatment I could have?
- How will the treatment help me?
- What are the likely side effects?
- How long will they last?
- Is there anything I can do to help with side effects?
- Are there any long term or permanent effects?
- How often will I have to come to the hospital for treatment?
- Can I get help with fares to and from the hospital?
- Is there any transport available?
- Will I have to stay in hospital and if so, for how long?
- Is there a number I can ring if I am worried about anything when at home?

### About chemotherapy for vaginal cancer

Chemotherapy uses anti cancer (cytotoxic) drugs to destroy cancer cells. Doctors don't often use chemotherapy on its own for early stage vaginal cancer. You may have chemotherapy in combination with either surgery or radiotherapy. If it is combined with radiotherapy you usually have the chemotherapy one a week while you are having the radiotherapy.

A number of chemotherapy drugs can treat advanced stage vaginal cancer. You have these drugs as injections into a vein or through a drip (intravenous infusion). You usually have treatment once every 3 or 4 weeks. This makes up a cycle of chemotherapy. Most people have a course of about 6 treatments, or cycles.

### Which drugs might you have?

It is most common to have two or more chemotherapy drugs together to treat cancer. But if you are having a combination of radiotherapy and chemotherapy together, you may only have one drug (cisplatin). This page gives information about the various drugs used for vaginal cancer treatment.

### Side effects of chemotherapy for vaginal cancer

Drugs affect people in different ways. The side effects can vary from person to person. Some people have very few side effects. You may get some of the following effects

- A fall in the number of blood cells
- Feeling sick
- Diarrhoea
- Sore mouth and mouth ulcers
- Hair loss or thinning
- Feeling tired and run down

### What to ask your doctor about chemotherapy for vaginal cancer

- Why do you think I need to have chemotherapy?
- What will the chemotherapy do for me?
- How will the chemotherapy be given to me?
- Will I need general anaesthetic?



- What will the side effects be?
- How long will the treatment last?
- How often will I have to come to the hospital?
- Is it possible to get help with fares or transport to and from the hospital?
- Is there anything I will have to do at home (for example change the chemotherapy bags in a pump)?
- What if I cannot manage?
- Are there any long term effects of this treatment?
- Is there a clinical trial that is suitable for me?

### Follow up for vaginal cancer

Once your treatment is over, you will have regular check ups. You will probably have a physical examination at each appointment. Your doctor will ask how you are feeling and whether you have had any new symptoms, or are worried about anything. You may have blood tests or X-rays.

If you do have any new symptoms, your doctor may suggest you have a scan. Generally, if everything is going well, you won't have scans because they are unlikely to tell your doctor anything and it can be worrying while you wait for results. At first, your check ups will be every few weeks or months. If all is well, they gradually become less frequent. If you have any problems between appointments, you can contact your doctor or specialist nurse. You don't have to wait until your next appointment.

Many people find their check ups can bring back all the worry about their cancer. You may find it helpful to tell someone close to you how you feel. It is quite common nowadays for people to have counselling after cancer treatment.

To find out more about counselling, look in the coping with cancer section of CancerHelp UK.

### Vaginal cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

Researchers are looking into HPV vaccines and tests, combining chemotherapy and radiotherapy, treatment using light (photodynamic therapy), antiviral creams for precancerous cells, reconstructive surgery, and ways of supporting women with vaginal cancer.

### What to ask your doctor about treatment for vaginal cancer

- What stage is my cancer?
- What treatment do you recommend for me?
- What are the risks and benefits of this treatment?
- How long will I be in hospital for?
- What are the side effects of this treatment?
- How long will they last?
- What do you expect the treatment to achieve?
- Do I have any choice of treatments?
- What happens if the treatment doesn't work?



- What is the chance of the cancer coming back after I have been treated?
- Can I have a second opinion?
- Is there a clinical trial that is suitable for me?
- What follow up will I have after my treatment?

## Notes

### 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 cancer 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 February 2012. 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 2012. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).