

Vaginal Cancer

Information for people with cancer

This information should not be used to diagnose yourself or in place of a doctor's care.

Vaginal cancer starts in the vagina. It is very rare.

The vagina is also known as the birth canal. It is a 7-10 cm (3-4 inch) long muscular tube that connects the uterus with the vulva (outer genitals).

The vagina is usually in a collapsed position with the vaginal walls touching each other. There are folds on the vaginal wall which allow the vagina to open and expand during sexual intercourse and vaginal childbirth.

The vagina is lined with a thin layer of flat squamous or epithelial cells. Glands release mucus to keep the vaginal lining moist.

Vaginal cancer is also called vaginal carcinoma or carcinoma of the vagina.

Diagnosis and Staging

What are the signs and symptoms of vaginal cancer?

People with early stage vaginal cancer often do not have any symptoms.

As the cancer advances, some common symptoms are:

- Vaginal discharge (more than is normal for you).
- Spotting or bleeding between menstrual periods.
- Bladder discomfort or irritation.
- Vaginal lesion or lump.
- Pain in the pelvis, back or legs.

If you have any signs or symptoms that you are worried about, please talk to your family doctor or nurse practitioner.

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How is vaginal cancer diagnosed?

Tests that may help diagnose vaginal cancer include:

- **Pelvic exam:** a doctor or nurse practitioner feels your uterus, ovaries, cervix and vagina to look for anything unusual.
- **Colposcopy:** a specialist doctor uses a microscope called a colposcope to look for abnormal cells in your cervix and vagina. This test is used to confirm the diagnosis from a pelvic exam.
- **Barium enema:** a chalky liquid (barium) is used so that body parts show up better on imaging tests. This test will check if the cancer has spread to your rectum.
- **Biopsy:** a small amount of tissue is removed. A specialist (pathologist) will examine the tissue.
- **CT (computed tomography) scan of the pelvis and abdomen:** to see if the cancer has spread to other organs or tissues.
- **MRI (magnetic resonance imaging):** to see if the cancer has spread to other organs or tissues.
- **PET (positron emission tomography) scan:** to see if the cancer has spread to other organs or tissues.

For more information on tests used to diagnose cancer, see our Recommended Websites - Screening and Diagnosis section: bccancer.bc.ca/our-services/services/library/recommended-websites/screening-and-diagnosis-websites

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What are the types of vaginal cancer?

Squamous cell cancer

- Most common type. About 85% (85 out of 100) of vaginal cancers.
- Grow slowly.
- When normal cells begin to change in the surface layer of the vagina (epithelium) they are called pre-cancerous. This condition is called vaginal intraepithelial neoplasia (VAIN).

Adenocarcinoma

- Starts in the gland cells of the lining of the vagina.
- About 15% (15 out of 100) of vaginal cancers.
- **Clear cell adenocarcinoma:** Usually seen in young women who were exposed to the drug diethylstilbestrol (DES) while they were in the womb.

Melanoma

- Forms on the skin of the vagina. It usually affects the lower or outer part of the vagina.
- Rare.

Sarcomas

- Forms deep in the wall of the vagina, not on the surface.
- Rare.

Vaginal intraepithelial neoplasia (VAIN)

- This is not cancer. It is a precancerous condition.
- Can become cancer if not treated.

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What are the stages of vaginal cancer?

Staging describes the cancer. Staging is based on how much cancer is in the body, where it was first diagnosed, if the cancer has spread and where it has spread to.

The stage of the cancer can help your health care team plan your treatment. It can also tell them how your cancer might respond to treatment and the chance that your cancer may come back (recur).

Vaginal cancer staging:

- **Stage 0:** Carcinoma in situ or vaginal intraepithelial neoplasia (VAIN).
- **Stage 1:** Tumour is only in the wall of the vagina.
- **Stage 2:** Tumour has grown into the subvaginal tissue but not the pelvic wall.
- **Stage 3:** Tumour has grown into the pelvis wall and may have spread to nearby lymph nodes.
- **Stage 4:** The tumour has grown into the bladder, rectum or other tissues outside the pelvis or has spread to other parts of the body (distant metastasis) such as the lungs, liver or bone.

For more information on staging, see our About Cancer page:

bccancer.bc.ca/health-info/types-of-cancer/about-cancer

What are the grades of vaginal cancer?

The grade of the cancer describes how different the cancer cells look from normal cells and how fast the cancer cells are growing. A pathologist will give the cancer a grade after looking at the cells under a microscope.

Vaginal cancer can be grade 1, 2 or 3. The lower the number, the lower the grade.

Low grade: cells are abnormal but look a lot like normal cells. Low grade cancers usually grow slowly and are less likely to spread.

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High grade: cells are abnormal and do not look like normal cells. High grade cancers usually grow more quickly and are more likely to spread.

The grade of the cancer can help your health care team plan your treatment.

Treatment

What is the treatment for vaginal cancer?

Cancer treatment may be different for each person. It depends on your particular cancer. Your treatment may be different from what is listed here.

Vaginal Intraepithelial Neoplasia (VAIN)

- Main treatment is laser therapy, surgery and radiation therapy (high energy x-rays that kill or shrink cancer).
- If the lesion (growth) is only in one area of the vagina, it may be removed by laser or surgery. When surgery is done, a skin graft may be needed. This is when a piece of skin from a healthy part of your body is used to cover or fill a space in another part of your body.
- A vaginectomy is when a surgeon removes part or all of your vagina.

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- Treated with radiation therapy or surgery.
- For cancer in the entrance and lower half of the vagina:
 - Radical vulvectomy (surgeon removes your vulva) or vaginectomy (surgeon removes your vagina).
 - If cancer cannot be removed with surgery, radiation therapy may be used.

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- For cancer in the upper half of the vagina, combination of intracavitary radiation therapy (radioactive material is placed directly into the vagina) and external beam pelvic radiation therapy (a machine aims radiation at the pelvis).
- Sarcomas are treated with surgery if possible. Radiation therapy and systemic therapy (chemotherapy) may also be used.
- In advanced cancers, radiation therapy and systemic therapy may be used to help with symptoms.
- Your health care team may encourage you to take estrogen and progesterone replacement. If you do not have a uterus, there is no need for progesterone.

For more information about radiation therapy go to:

bccancer.bc.ca/our-services/treatments/radiation-therapy

For more information about systemic therapy go to:

[bccancer.bc.ca/our-services/treatments/systemic-therapy-\(chemotherapy\)](http://bccancer.bc.ca/our-services/treatments/systemic-therapy-(chemotherapy))

What is the follow-up after treatment?

- Follow-up testing and appointments are based on your type of cancer.
- Please talk to your health care team about what follow-up you need.
- Guidelines for follow-up after treatment are on our website:
www.bccancer.bc.ca/health-professionals/clinical-resources/cancer-management-manual/gynecology/vagina#Follow-up-Vagina
- These are guidelines written for your doctor, nurse practitioner or specialist. You can look at them to see what appointments and tests you might need after treatment.
- After treatment, you may return to the care of your family doctor or specialist for regular follow-up. If you do not have a family doctor, please talk to your BC Cancer health care team.

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- **Follow-up appointments**
 - For the first year after treatment, you should see your doctor or nurse practitioner every 3 months. For the next year, you should see them every 4 months.
 - After the first two years, you should see your doctor or nurse practitioner every 6 months for the next 3 years.
 - After 5 years, see your doctor or nurse practitioner once per year.
- The BC Cancer Life after Cancer page has information on issues that cancer survivors may face: bccancer.bc.ca/lifeaftercancer

More Information

What causes vaginal cancer and who gets it?

Vaginal cancer is very rare.

These are some of the risk factors for this cancer. Not all of these risk factors may cause this cancer, but they may help the cancer start growing.

- Being a woman over the age of 60 [see note below, Statistics]
- Having a human papillomavirus (HPV) infection.
- Radiation therapy for cervical cancer.
- Having cervical, vulvar or anal cancer.

Statistics

B.C.: www.bccancer.bc.ca/health-info/disease-system-statistics/statistics-by-cancer-type

Canada: www.cancer.ca/en/cancer-information/cancer-type/vaginal/statistics/?region=bc

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Note: Available statistics do not have information about the inclusion of transgender and gender diverse participants. It is unknown how these statistics apply to transgender and gender diverse people. Patients are advised to speak with their primary care provider or specialists about their individual considerations and recommendations.

Can I help prevent vaginal cancer?

Here are some things you can do to lower your risk of vaginal cancer:

- **Get regular sexual health screening:** Sexual health screening is important for people who are sexually active.
- **Practice safe sex:** Use a condom or barrier method every time you have vaginal, anal or oral sex.
- **Get vaccinated against HPV (human papillomavirus):** It is best to get the HPV vaccine before becoming sexually active. However, people who are already sexually active may still benefit from the vaccine. There is more information on the Immunize BC website: immunizebc.ca/diseases-vaccinations/hpv

Is there screening for vaginal cancer?

- Most cases of vaginal cancer are found through routine pelvic exams and Pap tests.
- Pap tests look for cervical cancer (cancer of the cervix). However, during a Pap test and pelvic exam, a doctor or nurse practitioner may find a problem with the vagina. It is important to get regular pelvic exams and Pap tests.
- For more information on Pap screening: www.bccancer.bc.ca/screening/cervix/get-screened/what-is-cervical-screening
- For information about what to expect during a Pap test and how to find a clinic, see Screening BC website: www.bccancer.bc.ca/screening/cervix



Provincial Health Services Authority

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Where can I find more information?

- If you have questions about vaginal cancer, please talk to your health care team.
- Our librarians can help you find the information you need. Visit our Library page: bccancer.bc.ca/our-services/services/library
- BC Cancer Library Recommended Vaginal Cancer Websites: bccancer.bc.ca/our-services/services/library/recommended-websites/types-of-cancer-websites
- Managing Your Symptoms: www.bccancer.bc.ca/health-info/coping-with-cancer/managing-symptoms-side-effects
- Emotional Support: www.bccancer.bc.ca/health-info/coping-with-cancer/emotional-support