

Information for people with cancer

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

Vulvar cancer starts in the vulva. It is very rare.

The vulva is in the groin area (area between your thighs). The vulva is the outer part of the genitals for people with a vagina.

The vulva is made up of skin and fatty tissue. It includes the opening of the vagina, the outer lips (labia majora), inner lips (labia minora) and the clitoris.

The inner and outer labia protect the vaginal opening. The clitoris is highly sensitive and gets swollen with blood during sexual stimulation.

Paget's disease of the vulva is also a form of vulvar cancer.

Diagnosis and Staging

What are the signs and symptoms of vulvar cancer?

People with early stage vulvar cancer may not have any symptoms.

Symptoms of vulvar cancer may include:

- Burning.
- Itching.
- Bleeding that is not related to menstruation (your period).
- Pain.
- Discharge.
- A lump or ulcer.
- Leukoplakia (white patches).

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

How is vulvar cancer diagnosed?

Tests that may help diagnose vulvar cancer include:

- Pelvic exam: a doctor or nurse practitioner examines your perineal area (area between your thighs).
- **Biopsy:** a small amount of tissue is removed. A specialist (pathologist) will examine the tissue to see if it is cancer.

For more information on tests used to diagnose cancer, see our Screening and Diagnosis pathfinder: bccancer.libguides.com/pathfinder-screening

What are the types of vulvar cancer?

The most common type of vulvar cancer is squamous cell carcinoma (cancer of the cells that are on the surface of the skin and the lining of internal organs).

Less common types include:

- Melanomas
- Adenocarcinomas of the Bartholin Gland
- Sarcomas
- Basal cell carcinomas
- Paget's disease of the vulva

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What are the stages of vulvar 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).

Vulvar cancer staging:

- **Stage 1:** Tumour is only in the vulva.
- Stage 2: Tumour has grown into structures next to the perineum (lower third of the urethra, lower third of the vagina, and/or the anus). No spread to nearby lymph nodes.
- **Stage 3:** Tumour may or may not have grown into structures next to the perineum but has spread to nearby lymph nodes.
- Stage 4: One or all of the following
 - Tumour has grown into the upper urethra, upper vagina, inner lining of the bladder or inner lining of the rectum.
 - Cancer has spread to nearby lymph nodes.
 - Cancer has spread other parts of the body, such as the lungs. This is called distant metastasis.

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 vulvar 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.

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Vulvar 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.

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 helps your health care team plan your treatment.

Treatment

What is the treatment for vulvar 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.

Surgery

Main treatment for vulvar cancer.

There are different surgical treatments depending on the stage and type of cancer.

- **Pre-cancerous cells** (tissue that may become cancer in the future) or in situ cancer (very early stage cancer where cells have not invaded nearby tissue).
 - Laser surgery: focuses a beam of light to kill the pre-cancer tissue.
- Basal cell carcinoma, Paget's disease and some in situ cancers
 - Wide local excision: the tumour and some healthy tissue around the tumour are removed.
 - o **Simple vulvectomy:** removal of the skin of the vulva.

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Early vulvar cancers

- Radical local excision: the tumour and a small area around the tumour are removed.
- Sentinel lymph node procedure: lymph nodes from the groin area are removed and checked for cancer. This may be recommended for cancers smaller than 3 cm (about 1 inch).

Advanced vulvar cancers

 Radical vulvectomy: the entire vulva is removed including the clitoris, surrounding tissues and, often, the nearby lymph nodes.

You may need others surgical procedures if your cancer has spread outside of your vulva.

Reconstructive surgery is an option in people who have very extensive surgery (a lot of tissue is removed).

It is still possible for younger people treated for vulvar cancer to become pregnant after surgery.

Radiation Therapy (uses high energy x-rays to kill or shrink cancer)

May be used as the main treatment in these situations:

- Tumours that cannot be removed with surgery.
- Tumour is close to the anus and removing it would result in a colostomy (an opening in the abdomen that allows poop to empty into a plastic pouch attached over the opening).
- Cancer has come back after treatment with surgery.
- Person with cancer cannot have surgery due to other health reasons.
- For more information about radiation therapy go to:
 bccancer.bc.ca/our-services/treatments/radiation-therapy

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Systemic Therapy (chemotherapy)

- May be used with radiation therapy.
- For more information about systemic therapy go to:
 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:
 <u>www.bccancer.bc.ca/health-professionals/clinical-resources/cancer-management-manual/gynecology/vulva#Follow-up-Vulva</u>
- 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.

Follow-up after surgery

In the first year after treatment, you should see your doctor or nurse practitioner every 4 months. For the next four years, you should see your doctor or nurse practitioner every 6 months. After the first 5 years, you only need to be seen once per year. At each appointment, you should have a pelvic exam and a Pap smear.

Follow-up after radiation therapy

You should see your doctor or nurse practitioner 1 month after treatment. Then, every 2 months for the first year. For the next four years, you should see your doctor or nurse practitioner every 6 months. After the first 5 years, you should have a follow-up appointment once per year. At each appointment, you should have a pelvic exam and a Pap smear.

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 The BC Cancer Life after Cancer page has information on issues that cancer survivors may face: <u>bccancer.bc.ca/lifeaftercancer</u>

More Information

What causes vulvar cancer and who gets it?

Vulvar 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 between the age of 60 and 80 years old [see note below, Statistics].
- Having a human papillomavirus (HPV) infection.
- Having a history of chronic vulvar pruritus (itching of the vulva). These people may also have a history of abnormal pap tests.
- Having lichen sclerosis, which is a condition that makes the vulva skin thin and itchy.

Statistics

Vulvar cancer is very rare. Separate B.C. statistics for this cancer are not available. Vulvar cancer numbers are included in "Genital Cancers."

- **B.C.:** <u>www.bccancer.bc.ca/health-info/disease-system-statistics/statistics-by-cancer-type</u>
- Canada: www.cancer.ca/en/cancer-information/cancer-inform

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.

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Can I help prevent vulvar cancer?

Here are some things you can do to lower your risk of vulvar 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 vulvar cancer?

People with a vulva should have a gynecologic exam once each year. A doctor or nurse practitioner will examine your vulva and check for lesions or changes in your skin.

Where can I find more information?

- If you have questions about vulvar 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 Vulvar Cancer pathfinder: bccancer.libguides.com/pathfinder-vulvar
- Managing Your Symptoms: http://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

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