

Vaginal cancer

Vaginal cancer is one of the rarest gynaecological cancers, accounting for around two per cent of cases. Women aged over 50 years are most commonly affected. The vagina is part of the female reproductive system. This muscular canal is around 7.5cm long and extends from the neck of the uterus (cervix) to the external genitals (vulva).

Generally, vaginal cancer tends to be a secondary cancer, which means cancer cells have migrated to the vagina from somewhere else in the body, such as the cervix or vulva. About 95 per cent of cancers that start in the vagina are squamous cell carcinomas, which means the cancer originated from the skin cells. Another group of women prone to vaginal cancers are those who were exposed to the drug diethylstilbestrol (DES) while in utero (in their mother's womb). This drug was prescribed to pregnant women between 1938 and 1971 in the mistaken belief that it helped prevent miscarriage.

Symptoms

Some vaginal cancers have no symptoms in their early stages, and only cause symptoms once they have invaded other parts of the body. They may be found through an abnormal pap smear. Some of the symptoms of vaginal cancer can include:

- Painless vaginal bleeding that's not associated with menstruation
- Bleeding after sexual intercourse
- Smelly vaginal discharge
- Pain when urinating or passing bowel motions
- Constant pelvic pain.

Risk factors

The risk factors for vaginal cancer include:

- Advancing age, because most women with vaginal cancer are aged over 50 years.
- Prior history of gynaecological cancer, such as cancer of the cervix or vulva.
- Previous treatment for dysplasia (abnormal cells on the cervix).
- Genital warts (human papillomaviral infection).
- Cigarette smoking, since women with vaginal cancer are at increased risk of lung cancer, which is strongly associated with tobacco use.
- Some research suggests that using a pessary to treat a prolapsed uterus may, over time, irritate the vagina.
- Prenatal exposure to the synthetic hormone diethylstilbestrol (DES). (This has not been prescribed since 1972.)
- Vaginal adenosis, which means cells that should be confined to the internal cervix lining (endocervix) are also found on the vaginal walls (almost all DES daughters have vaginal adenosis).

DES-related vaginal cancer

Between 1938 and 1971, the synthetic hormone diethylstilbestrol (DES) was commonly prescribed to pregnant women in the mistaken belief that it helped prevent miscarriage. We now know that DES exposure can cause health problems for both the women who took the drug and their children in later life. A 'DES daughter' can have changes to her reproductive system, including altered shape of the uterus and cervix. Most DES daughters have vaginal adenosis, which is a risk factor for clear-cell cancer (adenocarcinoma), the rare vaginal cancer associated with DES daughters. Unlike other cases of vaginal cancer, DES daughters who develop vaginal cancer are typically diagnosed at a young age, between 14 and 33 years.

Vaginal cancer can spread to other parts of the body

The vagina is well supplied with both blood and lymphatic vessels, which means that vaginal cancer cells can easily spread to nearby body parts such as the bladder and anus.

Diagnosis methods

Vaginal cancer is diagnosed using a number of tests including:

- Medical history
- Physical examination, including a pelvic examination using an instrument called a colposcope
- Biopsy of the affected tissue, which may need to be performed under anaesthetic.

Treatment options

Treatment depends on a number of different factors including the woman's general health, the size and stage of the cancer, and whether it has spread to other parts of her body. Options can include:

- **Surgery** - the vagina and surrounding tissues may need to be removed. The surgeons can create an artificial vagina using tissue from elsewhere in the body, such as the thigh, so that the patient can still have sexual intercourse. A radical hysterectomy may also be needed (the uterus, cervix, ovaries and fallopian tubes are removed, along with associated lymph nodes and the top-end of the vagina). If the cancer has spread to other pelvic organs, such as the bladder or rectum, surgery will be required to remove the diseased tissues or organs.
- **Radiation therapy** - the use of precisely targeted x-rays to kill cancer cells. If a younger woman who wants children needs to undergo this type of therapy, she can have an operation beforehand to move her ovaries out of the way of the x-rays.
- **Internal radiation therapy (brachytherapy)** - radioactive material is surgically implanted into the tumour or nearby.

Where to get help

- Your doctor
- Women's health clinic
- Family Planning Victoria Tel. (03) 9257 0100
- Cancer Council Victoria Tel. 131 120

Things to remember

- Vaginal cancer is one of the rarest gynaecological cancers.
- The most commonly affected groups are women aged over 50 years, and women who were exposed in utero to the drug diethylstilbestrol (DES).
- Treatment options include surgery, chemotherapy and radiation therapy.

This page has been produced in consultation with, and approved by:

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