

Vulvar cancer

Vulvar cancer is a type of cancer that affects the vulval region. It accounts for about three per cent of all gynaecological cancers and is most commonly diagnosed in older women aged around 70 years or over. However, an increasing number of women aged 35-45 are being diagnosed with this form of cancer.

The most common site for vulvar cancer is the labia majora, while just one in 10 cases originates in the clitoris. The vulva has lots of blood and lymphatic vessels, which means that vulval cancer cells can easily spread to nearby body parts such as the bladder, vagina and anus. Without treatment, the patient can suffer from severe infection and pain.

The vulva is a general term that describes the external female genitals. The vulva is made of three main parts: the labia majora (outer lips), the labia minora (smaller inner lips) and the clitoris.

Symptoms

In its early stages, vulvar cancer often has no symptoms. This is because the cancer is so tiny. The progression of symptoms can include:

- An unusual lump or bump can be felt somewhere on the vulva.
- The lump becomes itchy and painful.
- The lump progresses to an ulcerated sore that refuses to heal.
- The raw-looking sore can be white, red or pink. The sore gets bigger with time.
- There could be unusual bleeding or discharge from the vagina.
- The lymph glands in the groin may swell.
- Problems with bowel motions and passing urine may indicate the cancer has spread into these structures.
- Secondary cancers may cause a range of symptoms, such as aching bones.

Risk factors

Some of the risk factors for vulvar cancer include:

- Age - vulvar cancer usually occurs in postmenopausal women, but there appears to be an increasing number of young women diagnosed
- Other sexually transmitted infections
- Multiple sex partners
- Never having children (nulliparity)
- Chronic vulval itching (pruritis)
- Genital warts (human papillomaviral infection)
- Vulvar intraepithelial neoplasia (a pre-cancerous condition)
- Prior incidence of squamous cell cancer of the cervix
- Prior incidence of squamous cell cancer of the vagina.

The progression of vulvar cancer

Vulvar intraepithelial neoplasia (VIN) is a pre-cancerous condition of the vulva. It is uncommon but appears to have a high risk of becoming cancerous if untreated. Of those women who are treated, 5-10 per cent may still develop vulvar cancer. If cancer cells reach the pelvic lymph nodes, secondary cancers can spread to almost anywhere in the body.

Different types

Vulvar cancer is classified according to its cell of origin. This can include:

- **Squamous cell carcinoma** - originating in the skin cells. This type accounts for about 90 per cent of cases.

- **Melanoma** - originating in the pigment cells deeper in the skin. This type accounts for about five per cent of cases.
- **Adenocarcinoma** - originating from the Bartholin's glands, the structures that supply lubricant. This type accounts for less than one per cent of cases.
- **Sarcoma** - originating from fat cells. This type is quite rare.
- **Lymphoma** - originating from the immune cells. This type is quite rare.
- **Basal carcinoma** - a form of skin cancer. This type is quite rare.

Diagnosis methods

Vulvar cancer is diagnosed after:

- Taking a medical history.
- Doing a physical examination.
- Doing a colposcopy examination of the vulva, which makes the lesions of certain diseases (including VIN and vulvar cancer) more obvious.
- Taking a biopsy of the sore or lump using a scalpel (with local anaesthesia) or a punch biopsy (this instrument extracts a little core sample).
- Excising (removing some tissue) under general anaesthetic.

Treatment options

Treatment for vulvar cancer can include:

- **Vulvectomy** - the first line of treatment is to surgically remove the tumour. Depending on factors including the location, type, stage and severity of the cancer, surgery may include radical vulvectomy (removal of the vulva) with or without removal of the groin lymph nodes from one or both sides.
- **Radiation therapy** - the use of precisely targeted x-rays to kill cancer cells. This may be used as the primary treatment to avoid removal of the clitoris.
- **Chemotherapy** - the use of cancer-killing drugs, often in combination. Chemotherapy can be helpful to control secondary cancers because the whole body is treated. It may also be used with radiation to increase the effectiveness of the radiotherapy.

How to reduce the risk

It is possible to reduce your risk by avoiding known risk factors. The most significant risk reduction strategy is to protect yourself from sexually transmissible infections (STIs). This is because women with previous dysplasia or CIN (cervical intraepithelial neoplasia) of the cervix, genital warts and herpes are at increased risk of developing vulvar intraepithelial neoplasia (VIN). Which is the precursor of (comes before) vulvar cancer. Other risk reduction strategies include:

- Don't smoke cigarettes.
- Don't dismiss chronic vulval itching as a persistent thrush infection. Don't treat a vaginal itch with over-the-counter preparations - see your doctor for tests.
- Have regular gynaecological check-ups.
- If you think you may be at increased risk of vulvar cancer, ask your doctor to show you how to perform a self-examination.

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

- Vulvar cancer is a type of cancer that affects the vulval region.
- It is most commonly diagnosed in older women aged around 70 years or over.
- Symptoms include an ulcerous sore that refuses to heal and unusual bleeding or discharge from the vagina.

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

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