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## Vulvar cancer

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### Summary

- Vulvar cancer is a type of cancer that affects the vulvar region.
- It is most commonly diagnosed in older women aged around 70 years or over.
- The incidence of vulvar cancer in younger women between the age of 35 and 45 is increasing.
- Symptoms of vulvar cancer include an ulcer that refuses to heal and unusual bleeding or discharge from the vagina.

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

Vulvar cancer is a type of cancer that affects the vulvar 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 to 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 affect the clitoris. As the cancer grows it usually spreads to nearby body parts such as the bladder, vagina and anus. Without treatment, it can cause severe infection and pain.

### Symptoms of vulvar cancer

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 the bowel or bladder.
- In advanced cases secondary cancers may cause a range of symptoms, such as fatigue, loss of weight, aching bones.

### Risk factors for vulvar cancer

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 being diagnosed
- sexually transmitted infections
- multiple sex partners
- lichen sclerosus (a common skin condition that usually occurs around the vulva and anus).
- smoking
- never having children (nulliparity)
- chronic vulvar itching (pruritis)

- genital warts (human papilloma virus infection)
- vulval intraepithelial neoplasia (a pre-cancerous condition)
- prior history of squamous cell cancer of the cervix
- prior history of squamous cell cancer of the vagina.

### **Vulval intraepithelial neoplasia and vulvar cancer**

Vulval 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 to 10 per cent may still develop vulvar cancer.

### **Types of vulvar cancer**

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 (in the vulva it is not related to sun exposure)
- adenocarcinoma – originating from the Bartholin's glands, the structures that supply lubricant to the genitals. This type accounts for less than one per cent of cases
- sarcoma – originating from supporting 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 of vulvar cancer**

Some of the methods for diagnosing vulvar cancer include:

- taking a medical history
- a physical examination
- examination of the vulva with a colposcope (a small microscope), which makes it easier to see the lesions of certain diseases (including VIN and vulvar cancer)
- taking a biopsy of the sore or lump using a scalpel (with local anaesthesia), or performing a punch biopsy (this instrument extracts a little core sample)
- excising (removing) some tissue under general anaesthetic.

### **Treatment for vulvar cancer**

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. The clitoris may or may not need to be removed
- **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 with radiotherapy. Chemotherapy can be helpful in controlling secondary cancers because it treats the whole body. It may also be used with radiation to increase the effectiveness of radiotherapy.

### **When a cure for vulvar cancer isn't possible**

If vulvar cancer has been diagnosed in its later stages, the cancer may have spread to the point where a cure is no longer possible. Treatment then focuses on improving quality of life by relieving the symptoms. This is called **palliative treatment**.

### **Reducing the risk of vulvar cancer**

It is possible to reduce your risk of vulvar cancer by avoiding known risk factors.

The most significant risk reduction strategy is to avoid sexually transmissible infections (STIs). This is because some STIs (such as herpes and human papillomavirus, including genital warts) cause changes to the cells of the cervix. Women who have previously experienced changes to the cells of their cervix are at increased risk of developing VIN, which is the precursor of (comes before) vulvar cancer.

Other risk reduction strategies include:

- Don't smoke.
- Don't dismiss chronic vulvar 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 GP to show you how to perform a self-examination.

### Where to get help

- Your **GP (doctor)**
- Women's health clinic
- **Family Planning Victoria** Tel. **(03) 9257 0100** or **1800 013 952**
- **Cancer Council Victoria, Information and Support Service** Tel. **13 11 20**
- **Multilingual Cancer Information Line**, Victoria Tel. **13 14 50**
- **WeCan website** helps people affected by cancer find the information, resources and support services they may need following a diagnosis of cancer.

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

Royal Women's Hospital

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