

Vaginal Cancer

Understanding your Diagnosis



Simcoe Muskoka
Regional Cancer Program



Royal Victoria
Regional Health Centre

Cancer Care Ontario
Action Cancer Ontario

In this booklet you will learn about:

- Definition and types of vaginal cancer
- Risk factors and symptoms
- Diagnosing, staging and grading
- How vaginal cancer is treated
- Coping with vaginal cancer

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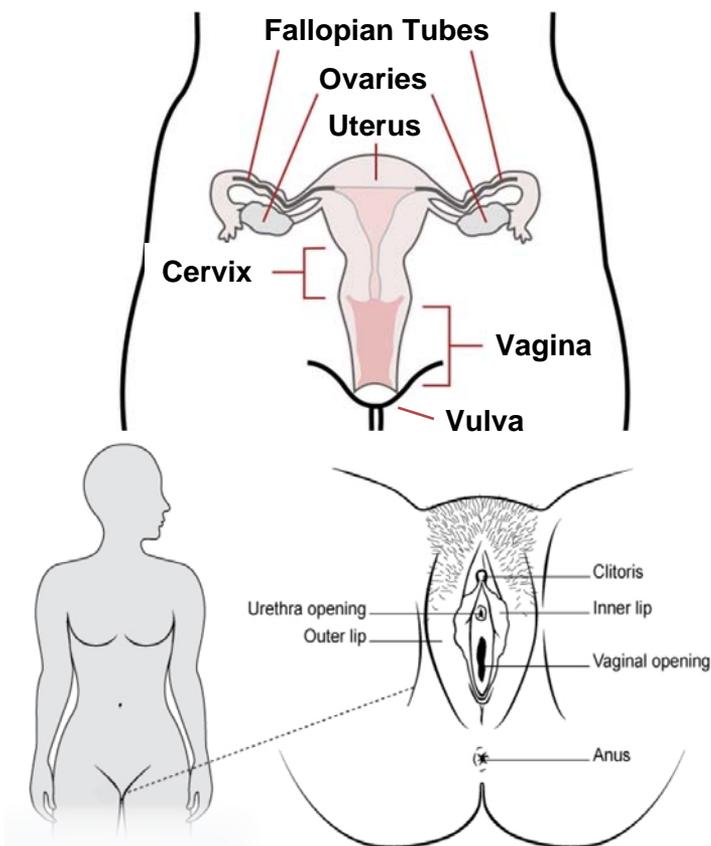
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What is vaginal cancer?

Vaginal cancer is the uncontrollable growth of cells in the vagina, forming a mass of cells called a tumour.

The vagina is a muscular tube that connects the cervix and the outer genitals. It acts as a passageway for menstruation, sexual intercourse, and childbirth, and is also known as the birth canal.

The cancer may start in the vagina, or spread from other regions of your body (such as reproductive organs) to the vagina.



Types of vaginal cancer

- **Squamous cell carcinoma** - cancer that begins in the squamous (skin) cells that line the vagina. Around 70% of vaginal cancers are of this type.
- **Adenocarcinoma** - cancer that begins in gland cells inside the vagina. Around 15% of vaginal cancers are of this type.
- **Melanoma** - cancer that begins in the pigment-producing cells that give skin its colour. Around 9% of vaginal cancers are of this type.
- Rare types of vaginal cancer include various **sarcomas** (cancer in connective tissue, deep in the vaginal wall), and others.

Symptoms of vaginal cancer

Women with vaginal cancer may have some of the symptoms below. However, sometimes women with vaginal cancer do not show any of these symptoms, or the symptoms are caused by other medical conditions.

- Abnormal vaginal bleeding (after intercourse, menopause, or between menstrual periods)
- Abnormal vaginal discharge
- A mass or lump that can be felt in the vagina
- Pain during intercourse
- Pain in the pelvis, back, or legs
- Bladder changes (pain during urination, blood in urine)
- Bowel changes (constipation, pain, blood in stool)

Risk factors for vaginal cancer

Vaginal cancer is most often caused by the **Human Papillomavirus (HPV)**. HPV is a virus usually passed through sexual activity.

The following factors also increase your risk:

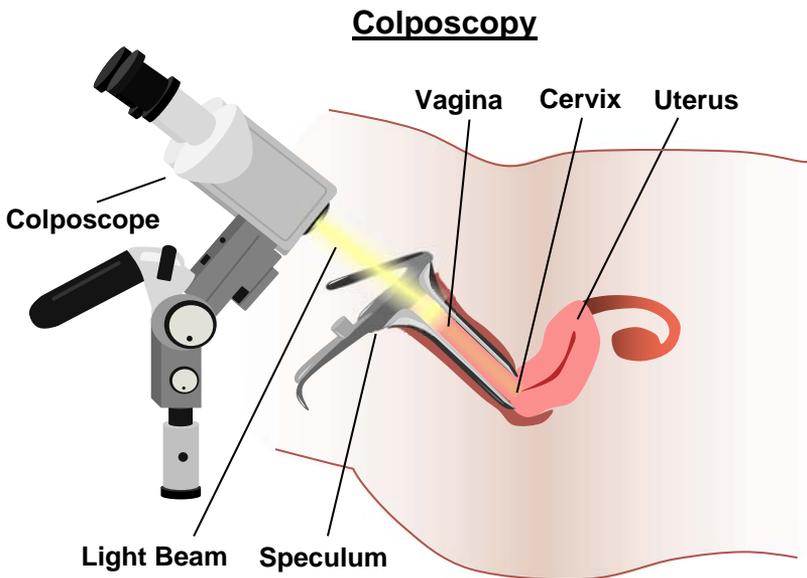
- **Smoking**
- **Diethylstilbestrol (DES)** exposure before birth. DES was a miscarriage prevention drug used in 1940-1971. It is linked to clear cell adenocarcinoma of the vagina.
- **Personal history** of genital precancerous conditions or cervical, vulvar, or anal cancer
- **Previous radiation therapy** to the pelvis (often to treat cervical cancer)
- **Immune system deficiency** (like HIV or immunosuppressive drugs) makes infection with HPV more likely



How is vaginal cancer diagnosed?

Your doctor may use the following methods to confirm if you have vaginal cancer:

- **Medical history and physical examination:** the doctor will ask about your symptoms and past medical problems, and examine you for signs of vaginal cancer.
- **Colposcopy:** the doctor uses a colposcope to examine the vagina and cervix under magnification.
- **Biopsy:** the doctor removes tissues or cells to test in a laboratory. A biopsy is the only way to prove you have vaginal cancer.



Staging and grading

Once you are diagnosed with vaginal cancer, your doctor will stage and grade your cancer. This is usually based on results of your surgery.

- **Stage** (I-IV) describes where your cancer is and if it has spread (metastasized) to other parts of the body.
- **Grade** (1-4) describes how the cancer cells look and behave, and how quickly the cancer may grow or spread.

Staging and grading helps your care team decide on treatment options and your prognosis (chance of recovery).

How is vaginal cancer treated?

Your treatment plan will depend on the stage, grade, location, and type of tumour, as well as your overall health. It is important to discuss your options with your healthcare team and understand possible side effects. Your care team may include your gynaecologic oncologist, medical oncologist, radiation oncologist, radiation therapists, pathologist, and nurses.



SURGERY

Surgery is sometimes used for treating vaginal cancer. Goal is to remove as much of the tumour as possible. Surgical options may include:

Excision: removal of the tumour and surrounding tissues. If the entire vagina and surrounding tissues are removed, this is called a **vaginectomy**. Vaginal reconstruction is possible.

Lymph node removal: the lymph nodes in the groin may need to be removed to determine if your cancer has spread.

Radical hysterectomy: removal of the uterus, ovaries, fallopian tubes, upper vagina and possibly lymph nodes.

SIDE EFFECTS OF SURGERY

Side effects vary from person to person and depend on the type of treatment and your overall health. The side effects listed in the tables may not be experienced by everyone, or you may have other side effects that are not listed.

| Possible side effects | Short-term | Long-term |
|--|------------|-----------|
| Complications with wound healing or infections | X | |
| Nerve damage: tingling, numbness, hot/cold areas | X | X |
| Skin changes to treatment area, changes in appearance | X | X |
| Sexual effects: less desire, pain or change in sensation during sex, no lubrication, problems reaching orgasm, loss of fertility | X | X |
| Loss of appetite and fatigue | X | |
| Lymphedema (swelling of limbs or groin caused by lymph node damage/removal) | X | X |

RADIATION THERAPY

Radiation therapy uses high-energy x-rays to kill cancer cells. A machine is used to give an exact dose of radiation to a specific area of your body.

Radiation therapy is usually combined with surgery and/or chemotherapy.



SIDE EFFECTS OF RADIATION

Side effects will vary from person to person and depend on the type, dose, and treatment regimen.

| Possible side effects | Short-term | Long-term |
|---|------------|-----------|
| Bowel effects: gas, cramps, frequent bowel movements, rectal bleeding | X | |
| Bowel obstruction (pain, bloating, inability to pass bowel movements) | X | X |
| Urination: pain or burning, blood in urine, slower stream, greater frequency/urgency | X | |
| Sore/inflamed anus, pre-existing hemorrhoids worsen | X | |
| Skin changes to treatment area | X | |
| Loss of appetite and fatigue | X | X |
| Scarring (may affect vaginal size, cause painful sex) | X | X |
| Sexual effects: dryness or discomfort in vagina/vulva, loss of pubic hair, pain during intercourse, menopause symptoms, loss of fertility | X | X |
| Lymphedema (swelling of limbs or groin caused by lymph node damage) | X | X |

CHEMOTHERAPY

Chemotherapy uses drugs to kill cancer cells. Chemotherapy is usually given through a vein in your arm or by mouth.

Chemotherapy may be used to treat advanced vaginal cancer, or can be combined with radiation therapy to shrink tumours before or after surgery.



SIDE EFFECTS OF CHEMOTHERAPY

Side effects will vary from person to person and depend on the type, dose, and treatment regimen of the drug(s) taken.

| Possible side effects | Short-term | Long-term |
|---|------------|-----------|
| Nausea and vomiting | X | |
| Thinning or loss of hair | X | |
| Mouth or vaginal sores, skin or eye changes | X | |
| Fluid retention causing swelling/bloating | X | |
| Diarrhea, constipation, or other bowel issues | X | |
| Sexual effects: less desire, changes in menstrual cycle, premature menopause, loss of fertility | X | X |
| Fatigue and/or flu-like symptoms | X | |
| Loss of appetite, changes in taste and smell, fatigue | X | |
| Low blood counts: higher risk of infections, bleeding, and bruising | X | |
| Organ damage, nerve damage, peripheral neuropathy, "chemo brain" | X | X |

Fertility and sexual health changes

Your cancer treatments may affect:

- Your fertility (your ability to have children)
- Your ability to have sexual intercourse
- Your feelings towards sex and sexuality

These effects may vary depending on your treatment.

Please talk to your care team or a social worker (see below) if you have any questions or concerns.



Talk to your doctor about fertility preservation options **BEFORE** starting your treatment

Follow-up care

Even after treatment is completed, it is important for you to go to regular follow-up visits to check if your cancer comes back (recurrence) or to deal with any treatment side effects.

Coping with vaginal cancer

Living with cancer can be difficult, not only physically but also emotionally and mentally. There are many community organizations that can help you (ask us about RVH's Cancer Care Services Directory).

The Simcoe Muskoka Regional Cancer Program also has support services, including social workers who can help you better cope with your illness and deal with financial, legal, sexual, and family concerns.



To book a social work appointment, contact:
Patient and Family Support
(705) 728-9090 ext. 43520

More information

Looking for more information? Speak to your Care Team or try these sources:

- **RVH Health Library** - Follow the blue line to the 2nd floor for trusted, current, accurate health information. Librarians are available to help you in-person.
- **Canadian Cancer Society** - Call the free information hotline at **1 (888) 939-3333** or visit www.cancer.ca.
- www.eyesonthep prize.org - A nonprofit organization that provides information and support for women with gynaecologic cancer.
- **Foundation for Women's Cancer** - A nonprofit organization with information about gynaecologic cancer prevention, detection, and treatment. Visit www.foundationforwomenscancer.org or call **1 (800) 444-4441**.



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