Vaginal Cancer and Its Common Symptoms

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Understanding the Different Vaginal Cancer Symptoms

The vagina is part of a woman's internal reproductive system, and is also known as the birth canal. It is a muscular tube that connects the cervix (neck of the womb) to the vulva (entrance to the vagina). Many people often think of the vagina as the external female sex organ but that is actually the vulva.

Vaginal cancer can be categorized as primary or secondary. Primary vaginal cancer is where the cancer originates in the vagina. Secondary vaginal cancer is where the cancer has spread to the vagina from other areas such as the cervix, womb, vulva, bladder or the bowel. Vaginal cancer is an extremely rare type of cancer, irrespective of where it originates.

There are several types of vaginal cancer with varying vaginal cancer symptoms. Squamous cell carcinoma is the most common type of vaginal cancer, accounting for almost 9 out of 10 cases and originates in the lining of the vagina. A further 1 in 10 cases originates in the glands and is known as adenocarcinoma. Much rarer forms of vaginal cancers include melanomas and sarcomas which account for a few in every 100.

Vaginal Cancer Symptoms

There are several symptoms of vaginal cancer. These may present as:

- Unusual bleeding that occurs in between menstrual periods, after menopause or after sex
- Painful sex
- Painful urination and bowel movements
- Unusual bloodstained or smelly discharge
- A persistent pain or lump in the vagina

Risk Factors for Vaginal Cancer

Age is a risk factor for vaginal cancer. It is extremely rare in women under 40 years of age, and more common in women over 70. It is estimated that around 1 in 1,100 women in the U.S. may develop this type of cancer.

All women should have regular pap smears and pelvic examinations to look out for abnormal cell changes that could develop into cancer. In America, it is recommended that they start having annual tests before they are 21 or when they become sexually active. These checks are vitally important in women over the age of 40. Detecting pre-cancer cells early can reduce the risks of it developing into cancer. Pre-cancerous cells are known as VAIN (vaginal intraepithelial neoplasia), and there are several levels of VAIN.

Woman who have had unprotected sex with several partners from a young age are at increased risk due to the Human Papilloma Virus (HPV). This is a sexually transmitted disease that could increase abnormal cells that later develop into squamous cell cancer. Using a condom will lower the risk of this and other sexually transmitted

diseases, but it does not always prevent it.

Women who have a low immune system and those who smoke and/or drink alcohol are more at risk of vaginal and cervical cancer.

If your mother or grandmother took the drug Diethylstilbestrol (DMS) during the first 16 weeks of their pregnancy, you may be at more of a risk of vaginal cancer. This drug is no longer used and was stopped in 1971.

Having treatment for cervical cancer increases the likelihood of vaginal cancer. It is unclear whether this is due to the treatment or the cancer itself.

Vaginal Cancer Diagnosis

If you notice any symptoms of vaginal cancer you should consult your doctor for further investigation. You will be asked about your symptoms and risk factors, along with your medical history. You will be given a pelvic examination and possibly a pap smear test or a biopsy.

You may then be referred to a gynecologist (a doctor who specializes in the female reproductive system) or an oncologist (a doctor who specializes in cancer care and treatment).

Depending on the results of the initial tests, you could then have one of several scans including a colposcopy, magnetic resonance imaging (MRI), computed tomography (CT), positron emission tomography (PET) and possibly a chest x-ray to determine that the cancer hasn’t spread.

Treatment Options for Vaginal Cancer

Treatment for vaginal cancers will depend on the size, type and stage of cancer.

Pre-cancers (VAIN) may be closely monitored over time to see if they clear themselves or worsen and therefore require treatment. They can then be treated with laser surgery or topical therapy. Topical therapy may be in the form of a chemotherapy type drug called Fluorouracil (5-FU) or a non-chemotherapy drug called Imiquimod cream. Both are applied directly to the area of the vagina affected over a period of weeks.

Radiation therapy is the most common treatment for invasive vaginal cancer. It could be in the form of external and/or internal radiation and may be used in conjunction with chemotherapy, depending on the severity of the cancer. External radiation therapy is similar to getting an x-ray and the cells are blasted with high energy rays or particles to kill or reduce the size of the cancer cells. Internal radiation is given via a cylinder-shaped vessel containing radiation that is inserted into the vagina and kills off the cells inside the vaginal canal.

Surgery could be needed and might include:

- The affected area of the vagina being removed
- Complete removal of the vagina which is called a vaginectomy
- Removal of the cervix known as a trachelectomy
- A hysterectomy which is the removal of the womb. This can also include the removal of the ovaries and fallopian tubes.
- Removal of the lymph nodes, called a lymphadenectomy

In some cases, all of some pelvic organs will be removed if the cancer has spread. This may include the bowel, bladder and uterus. Reconstructive surgery may be offered in this instance.

Following treatment and surgery, you will be monitored for some time to ensure that your body is healing and that no further cancer or complications have arisen. You should be offered advice for physical therapy and lifestyle changes. This may also be in the form of counselling for mental health support.