Vaginal and Vulvar Cancers



There are five main types of cancer that affect a woman's reproductive organs: cervical, ovarian, uterine, vaginal, and vulvar. As a group, they are referred to as gynecologic (GY-neh-kuh-LAH-jik) cancer. (A sixth type of gynecologic cancer is the very rare fallopian tube cancer.)

This fact sheet about vaginal and vulvar cancers is part of the Centers for Disease Control and Prevention's (CDC) *National Gynecologic Cancer Awareness Campaign*. The campaign helps women get the facts about gynecologic cancer, providing important "inside knowledge" about their bodies and health.

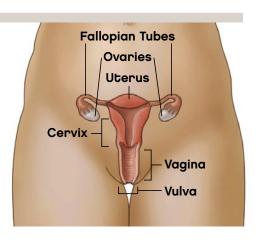


What are vaginal and vulvar cancers?

Cancer is a disease in which cells in the body grow out of control. Cancer is always named for the part of the body where it starts, even if it spreads to other body parts later.

When cancer starts in the vagina, it is called vaginal cancer. The vagina, also called the birth canal, is the hollow, tube-like channel between the bottom of the uterus and the outside of the body.

When cancer forms in the vulva, it is vulvar cancer. The vulva is the outer part of the female genital



organs. It has two folds of skin, called the labia. Vulvar cancer most often occurs on the inner edges of the labia.

When vaginal and vulvar cancers are found early, treatment is most effective.

Who gets vaginal and vulvar cancers?

Vaginal and vulvar cancers are very rare. While all women are at risk for these cancers, very few will get them. In 2004,* vaginal cancer accounted for only 1 to 2 percent of all gynecologic cancers.

Vulvar cancer accounts for approximately 5 percent of all gynecologic cancers. In 2004, 1,130 women in the United States were told that they had vaginal cancer and 3,631 women were told that they had vulvar cancer.

- * The most recent year for which statistics are currently available.
- [†] U.S. Cancer Statistics Working Group. United States Cancer Statistics: 2004 Incidence and Mortality. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2007.

Can the HPV vaccine prevent vaginal and vulvar cancers?

Many vaginal and vulvar cancers are caused by the human papillomavirus (HPV), a very common sexually transmitted infection.

There is a vaccine that protects against the HPV types that most often cause vaginal and vulvar cancers. It is given in a series of three shots. The vaccine is recommended for girls 11 and 12 years of age. The vaccine also can be given to females aged 13 through 26 who did not get any or all of the shots yet. (Note: The vaccine can be given to girls 9 or 10 years of age.)

If you or someone you love is in this age range, talk with a doctor about it.

Inside Knowledge is an initiative that supports the Gynecologic Cancer Education and Awareness Act of 2005, or Johanna's Law, which was unanimously passed by the U.S. House and Senate (109th Congress) in December of 2006, and signed into law by President George W. Bush on January 12, 2007.

What are the signs and symptoms of vaginal and vulvar cancers?

Early on, most vaginal cancers do not cause signs and symptoms. When vaginal cancer does cause symptoms, they may include bleeding that is unusual for you because of when it happens or how heavy it is. Symptoms may also include pain in your pelvis, the area below your stomach and in between your hip bones, especially when you pass urine or have sex.

Many women who have vulvar cancer have signs and symptoms. They may include:

- Itching of the vulva (mostly on the labia) that does not go away.
- Changes in the color of the skin of the vulva, so that it looks redder or whiter than is normal for you.
- Skin changes in the vulva, including what looks like a rash or warts.
- A sore on the vulva that does not go away.

Pay attention to your body, and know what is normal for you. If you have any of these symptoms for more than two weeks, talk to your doctor, nurse, or other health care professional right away. The symptom may be caused by something other than cancer, but the only way to know is to see your doctor.

What raises a woman's chance of getting vaginal or vulvar cancer?

There is no way to know for sure if you will get vaginal or vulvar cancer. Some women get these cancers without being at high risk. However, there are several factors that may increase the chance that you will get vaginal or vulvar cancer, including if you:

- Have HPV.
- Smoke.
- Have a condition that weakens your immune system (such as having HIV, the virus that can lead to AIDS), making it hard for your body to fight off health problems.
- Have had cervical precancer or cervical cancer.

If one or more of these things is true for you, it does not mean you will get vaginal or vulvar cancer. But you should speak with your doctor to see if he or she recommends more frequent exams.

How can I prevent vaginal and vulvar cancers?

There is no known way to prevent vaginal or vulvar cancer. But these things lower your chance of getting vaginal or vulvar cancer:

- If you are between the ages of 9 and 26, talk with your doctor about the HPV vaccine.
- If you smoke, stop.
- Take steps to reduce your risk of getting HPV or HIV.
 For instance, you may avoid sex or limit your number of sexual partners.

Are there tests that can find vaginal and vulvar cancers early?

You should visit your doctor regularly for a checkup. During your checkup, your doctor may perform a pelvic examination to look for signs of vaginal and vulvar cancer. When these cancers are found early, treatment is most effective.

What should I do if my doctor says I have vaginal or vulvar cancer?

If your doctor says that you have vaginal or vulvar cancer, ask to be referred to a gynecologic oncologist—a doctor who has been trained to treat cancers like these. This doctor will work with you to create a treatment plan.



Where can I find more information about vaginal and vulvar cancers?

Centers for Disease Control and Prevention: 1-800-CDC-INFO or www.cdc.gov/cancer

National Cancer Institute: 1-800-4-CANCER or www.cancer.gov

CDC Publication #99-9126, Revised July 2008



