Vaginal Cancer Early Detection, Diagnosis, and Staging

Know the signs and symptoms of vaginal cancer. Find out how vaginal cancer is tested for, diagnosed, and staged.

Detection and Diagnosis

Finding cancer early, when it's small and hasn't spread, often allows for more treatment options. Some early cancers may have signs and symptoms that can be noticed, but that's not always the case.

- Can Vaginal Cancer Be Found Early?
- Signs and Symptoms of Vaginal Cancer
- Tests for Vaginal Cancer

Stages and Outlook (Prognosis)

After cancer is diagnosed, staging provides important information about the amount of cancer in the body and the likely response to treatment.

- Vaginal Cancer Stages
- Survival Rates for Vaginal Cancer

Questions to Ask About Vaginal Cancer

Here are some questions you can ask your cancer care team to help you better understand your cancer diagnosis and treatment options.

- Questions to Ask Your Doctor About Vaginal Cancer

Can Vaginal Cancer Be Found Early?

Sometimes vaginal cancer can be found early, when it's small and hasn't spread. It can cause symptoms that lead women to seek medical attention. But many vaginal cancers don't cause symptoms until they've grown and spread.

Pre-cancerous areas of vaginal intraepithelial neoplasia (VAIN) don't usually cause any symptoms.

Still, routine ob-gyn exams and cervical cancer screening[1] can sometimes find cases of VAIN and early invasive vaginal cancer.

Hyperlinks

1. www.cancer.org/cancer/types/cervical-cancer/detection-diagnosis-staging/detection.html

References

Cao D, Wu D, Xu Y. Vaginal intraepithelial neoplasia in patients after total hysterectomy. *Curr Probl Cancer*. 2021 Jun;45(3):100687. doi:ents after total

Signs and Symptoms of Vaginal Cancer

When vaginal cancer is small and only in the cells lining the vagina, it might not cause symptoms. **Invasive vaginal cancer** tends to be bigger and has spread into nearby tissues, like deeper into the wall of the vagina. Most women with invasive vaginal cancer have one or more symptoms, such as:

- Abnormal vaginal bleeding (often after sex)

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Tests for Vaginal Cancer

If you have any of the signs or symptoms of vaginal cancer, you should see a doctor. A Pap test might be done for certain signs and symptoms. If it shows abnormal cells, or if a pelvic exam results are not normal, more tests will be needed. This may mean referral to a gynecologist (a doctor who specializes in problems of the female genital system).

- Medical history and physical exam
- Pap test
- Vaginal colposcopy (vaginoscopy)
- Vaginal biopsy
- Imaging tests
- Endoscopic tests

Medical history and physical exam

The first step is for the doctor to ask about your complete medical history and discuss your risk factors and symptoms with you. Then your doctor will physically examine you, which typically means a pelvic exam (also called a bimanual exam) and a speculum exam.

- For a pelvic exam, the doctor places two gloved, lubricated fingers of one hand inside the vagina, while the other hand presses on the abdomen to check for any abnormalities of the pelvic organs, such as the uterus and ovaries. The physician may also examine your groin area for enlarged lymph nodes at this time.
- For a speculum exam, the doctor gently inserts a device, called a speculum, inside the vagina to look inside for abnormal areas.

Any abnormal findings, such as a mass or ulcer may then be biopsied.

Pap test

During a Pap test, the doctor gently scrapes the outside of the cervix and vagina and takes a sample of cells for testing. During the test, you will usually feel some pressure

Imaging tests[2] use x-rays, magnetic fields, sound waves, or radioactive substances to create pictures of the inside of your body. Imaging tests may be done after a diagnosis of vaginal cancer to learn more about the cancer and see if it has spread.

Chest x-ray

A plain x-ray[3] of your chest may be done to see if the cancer has spread to your lungs.

Computed tomography (CT) scan

The computed tomography scan, most often called a CT or CAT scan,[4] is an x-ray test that makes detailed cross-sectional images of your insides. Instead of taking one picture, like a standard x-ray, a CT scanner takes many pictures as it rotates around you. A computer then combines these pictures into an image of a slice of your body. A CT scan can provide information about the size, shape, and position of a tumor, and can be helpful to see if the cancer has spread to other organs. It can also help find enlarged lymph nodes[5] that might have cancer cells. Sometimes, a special dye called a contrast medium is given before the scan to show better details in the image. This dye can be injected into a patient's vein or swallowed as a pill or liquid.

CT-guided needle biopsy: CT scans can also be used to guide a biopsy[6] needle into a suspected tumor. To do this, the patient lies on the CT scanning table, while a doctor moves a biopsy needle through the skin and toward the tumor. CT scans are repeated until the tip of the needle is inside the tumor. A small piece of the tumor is removed and looked at under a microscope. This isn't done to biopsy vaginal tumors, but it may be used to biopsy possible sites of cancer spread (metastases).

Magnetic resonance imaging (MRI) scan

Magnetic resonance imaging (MRI) scans[7] use radio waves and strong magnets instead of x-rays to make images of the inside of your body. The energy from the radio waves is absorbed by your body and then released in a specific pattern formed by the type of tissue and by certain diseases. A computer translates the pattern into a detailed image of parts of the body. Like a CT scanner, this produce cross-sectional slices of your body. An MRI can also produce slices that are parallel with the length of your body.

MRI images are particularly useful in examining pelvic tumors. To get the most detailed images of a vaginal tumor, you may be asked to insert a vaginal gel before the pelvic MRI. MRI images may show exact location and size of the vaginal tumor, as well as any enlarged lymph nodes in the groin. Sometimes a contrast medium is given before the scan to create a clearer picture. This contrast medium is different from the contrast

given during a CT scan.

Positron emission tomography (PET) scan

A positron emission tomography or PET scan[8] uses a mildly radioactive sugar that's put into your blood. The amount of radiation in the substance is too low to be harmful. Because cancer cells use sugar at a higher rate than normal cells, they absorb more of the radioactive sugar. The areas of radioactivity can be seen with a special camera. A PET scan combined with a CT scan is called a PET-CT scan. However, you may hear your doctor refer to this procedure just as a PET scan.

The picture is not finely detailed like a CT or MRI scan, but it provides helpful information about your whole body. PET scans are not often used in women with early vaginal cancer, but they may be helpful in finding areas of cancer spread in more advanced cancers.

Endoscopic tests

These _____

1. www.cancer.org/cancer/diagnosis-staging/tests/biopsy-and-cytology-tests.html

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Vaginal Cancer Stages

After a woman is diagnosed with vaginal cancer, doctors will try to figure out if it has spread, and if so, how far. This process is called **staging**. The stage of a cancer

	M0		It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
III	T1 to T3 N1 M0	III	The cancer can be any size and might be growing into the pelvic wall and/or has blocked the flow of urine (hydronephrosis), which is causing the kidneys to not work. (T1 to T3). It has also spread to nearby lymph nodes in the pelvis or groin (inguinal) area (N1) but not distant sites (M0).
	OR		
	T3 N0 M0	III	The cancer is growing into the pelvic wall and/or has blocked the flow of urine (hydronephrosis), which is causing the kidneys to not work. (T3). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
IVA	T4 Any N M0	IVA	The cancer is growing into the bladder or rectum or is growing out of the pelvis (T4). It might or might not have spread to lymph nodes in the pelvis or groin (inguinal area) (Any N). It has not spread to distant sites (M0).
IVB	Any T Any N M1	IVB	The cancer has spread to distant organs such as the lungs, liver, or bones. (M1). It can be any size and might or might not have grown into nearby structures or organs (Any T). It might or might not have spread to nearby lymph nodes (Any N).

The following additional categories are not listed in the table above:

- **TX:** Main tumor cannot be assessed due to lack of information.
- **T0:** No evidence of a primary tumor.
- **NX:** Regional lymph nodes cannot be assessed due to lack of information.

Hyperlinks

1. www.cancer.org/cancer/types/vaginal-cancer/treating.html
2. www.cancer.org/cancer/diagnosis-staging/lymph-nodes-and-cancer.html
3. www.cancer.org/cancer/diagnosis-staging/staging.html
4. www.cancer.org/cancer/types/melanoma-skin-cancer.html

References

American Joint Committee on Cancer. Vagina. In: *AJCC Cancer Staging Manual*. 8th ed. New York, NY: Springer; 2017:641-647.

Adams TS, Cuello MA. Cancer of the vagina. Int J Gynaecol Obstet. 2018 Oct;143 Suppl 2:14-21. doi: 10.1002/ijgo.12610. PMID: 30306589.

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Survival Rates for Vaginal Cancer

Survival rates can give you an idea of what percentage of people with the same type and stage of cancer are still alive a certain amount of time (usually 5 years) after they were diagnosed. They can't tell you how long you will live, but they may help give you a better understanding of how likely it is that your treatment will be successful.

Keep in mind that survival rates are estimates and are often based on previous outcomes of large numbers of people who had a specific cancer, but they can't predict what will happen in any particular person's case. These statistics can be

confusing and may lead you to have more questions. Ask your doctor how these Ator Ator

*SEER= Surveillance, Epidemiology, and End Results

Understanding the numbers

- **These numbers apply only to the stage of the cancer when it is first diagnosed.** They do not apply later on if the cancer grows, spreads, or comes back after treatment.
- **These numbers don't take everything into account.** Survival rates are grouped based on how far the cancer has spread, but your age, overall health, type of vaginal cancer[1], how well the cancer responds to treatment, and other factors can also affect your outlook.
- **People now being diagnosed with vaginal cancer may have a better outlook than these numbers show.** Treatments improve over time, and these numbers are based on people who were diagnosed and treated at least five years earlier.

Hyperlinks

1. www.cancer.org/cancer/types/vaginal-cancer/about/what-is-vaginal-cancer.html

References

SEER*Explorer: An interactive website for SEER cancer statistics [Internet]. Surveillance Research Program, National Cancer Institute; 2024 Apr 17. [updated: 2024 Jun 27; cited 2024 Aug 12]. Available from: https://seer.cancer.gov/statistics-

Questions to Ask Your Doctor About Vaginal Cancer

It’s important to have honest, open talks with your cancer care team. They want to answer all of your questions, no matter how minor you might think they are. Here are some of the questions you might want to ask:

When you're told you have vaginal cancer

- What kind of vaginal cancer[1] do I have?
- What’s the stage of the cancer? What does this mean to me?
- Will I need any other tests before we decide on treatment?
- Who will be part of my health care team, and what does each member do?
- If I'm concerned about the costs and insurance coverage for my diagnosis and treatment, who can help me?

When deciding on a treatment plan

- How many patients with vaginal cancer do you treat each year?
- What treatment choices[2] do I have?
- What do you recommend and why?
- What is the goal of the treatment?
- What are the chances my cancer can be cured with these treatment options?
- How quickly do I need to decide on treatment?
- Should I get a second opinion[3]?
- What should I do to be ready for treatment?
- How long will treatment last? What will it be like?
- Where will I get treatment?
- What risks and side effects can I expect from treatment, short-term and long-term?
- Will I be able to have children after treatment? Should I talk with a fertility specialist

before treatment begins?
- What are the chances my cancer will recur (come back) with the treatment plans we have discussed?
- Will treatment affect my daily activities?

During treatment

- What can I do to prevent or relieve side effects?
- How will we know if treatment is working?
- Are there limits on what I should do?
- Should I follow a special diet?
- If I have questions or problems, who should I call?
- How can I reach you on nights, holidays, or weekends?
- What follow-up tests will I need, and how often will they be needed?
- Will I be able to have sex after treatment?
- What support services are available to me? To my family?
- Can you suggest a mental health professional I can see if I start to feel overwhelmed, depressed, or distressed[4]?

After treatment

- When can I safely go back to work after treatment?
- Are there any limits on what I can do?
  What symptoms should I watch for?

How can I Tm p ka 64 weekends?

Doctor-Patient Relationship[6].

Hyperlinks

1. www.cancer.org/cancer/types/vaginal-cancer/about/what-is-vaginal-cancer.html
2. www.cancer.org/cancer/types/vaginal-cancer/treating.html
3. www.cancer.org/cancer/managing-cancer/finding-care/seeking-a-second-opinion.html
4. www.cancer.org/cancer/survivorship/coping.html
5. www.cancer.org/cancer/managing-cancer/making-treatment-decisions/clinical-trials.html
6. www.cancer.org/cancer/managing-cancer/finding-care/the-doctor-patient-relationship.html

References

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