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Vulvar Cancer Early Detection, Diagnosis, and Staging

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

Detection and Diagnosis

Finding cancer early -- when it's small and before it has 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 Vulvar Cancer Be Found Early?](#)
- [Signs and Symptoms of Vulvar Cancers and Pre-Cancers](#)
- [Tests for Vulvar Cancer](#)

Stages and Outlook (Prognosis)

After a cancer diagnosis, staging provides important information about the extent of cancer in the body and anticipated response to treatment.

- [Vulvar Cancer Stages](#)
- [Survival Rates for Vulvar Cancer](#)

Questions to Ask About Vulvar Cancer

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

Can Vulvar Cancer Be Found Early?

Signs and Symptoms of Vulvar Cancers

Vulvar intraepithelial neoplasia

Most women with vulvar intraepithelial neoplasia (VIN) have no symptoms at all. When a woman with VIN does have a symptom, it is most often itching that does not go away or get better. An area of VIN may look different from normal vulvar skin. It is often thicker and lighter than the normal skin around it. However, an area of VIN can also appear red, pink, or darker than the surrounding skin.

Because these changes are often caused by other conditions that are not pre-cancerous, some women don't realize that they might have a serious condition. Some try to treat the problem themselves with over-the-counter remedies. Sometimes doctors might not even recognize the condition at first.

Invasive squamous cell cancer of the vulva

- Pain
- Bleeding or discharge

Most vulvar melanomas are black or dark brown, but they can be white, pink, red, or other colors. They can be found throughout the vulva, but most are in the area around the clitoris or on the labia majora or minora.

Vulvar melanomas can sometimes start in a mole, so a change in a mole that has been present for years can also indicate melanoma. The **ABCDE** rule can be used to help tell a normal mole from one that could be melanoma.

Asymmetry: One-half of the mole does not match the other.

Border irregularity: The edges of the mole are ragged or notched.

Color: The color over the mole is not the same. There may be differing shades of tan, brown, or black and sometimes patches of red, blue, or white.

Diameter: The mole is wider than 6 mm (about 1/4 inch).

Evolving: The mole is changing in size, shape, or color.

The most important sign of melanoma is a change in size, shape, or color of a mole. Still, not all melanomas fit the ABCDE rule.

If you have a mole that has changed, ask your doctor to check it out.

Bartholin gland cancer

A distinct mass (lump) on either side of the opening to the vagina can be the sign of a Bartholin gland carcinoma. More often, however, a lump in this area is from a Bartholin gland cyst, which is much more common (and is not a cancer).

Paget disease

Soreness and a red, scaly area are symptoms of Paget disease of the vulva.

Hyperlinks

1. www.cancer.org/cancer/types/vulvar-cancer/references.html

References

[See all references for Vulvar Cancer](#)

Last Revised: January 16, 2018

Tests for Vulvar Cancer

- [Medical history and physical exam](#)
- [Biopsy](#)
- [Seeing a specialist](#)
- [Imaging tests](#)
- [Other tests to look for cancer](#)
- [Blood tests](#)

Medical history and physical exam

The first step is for the doctor to take your complete medical history to check for risk factors and symptoms. Then your doctor will physically examine you, including a pelvic exam. The doctor will feel your uterus, ovaries, cervix, and vagina for anything irregular. Your doctor will also look at your vagina and cervix (with a speculum) and may do a Pap test and an [HPV test](#)¹.

Biopsy

Certain [signs and symptoms](#) might strongly suggest [vulvar cancer](#)², but many of them can be caused by changes that aren't cancer. The only way to be sure cancer is present is for the doctor to do a [biopsy](#)³. To do this, a small piece of tissue from the changed area is removed and examined under a microscope. A pathologist (a doctor specially trained to diagnose diseases with laboratory tests) will look at the tissue sample with a

microscope to see if cancer or pre-cancer cells are present and, if so, what type it is.

The doctor might use a colposcope or a hand-held magnifying lens to select areas to biopsy. A colposcope is an instrument that stays outside the body and has magnifying lenses. It lets the doctor see the surface of the vulva closely and clearly. The vulva is treated with a dilute solution of acetic acid (like vinegar) that causes areas of vulvar intraepithelial neoplasia (VIN) and vulvar cancer to turn white. This makes them easier to see through the colposcope. Examining the vulva with magnification is called **vulvoscopy**.

Less often, the doctor might wipe the vulva with a dye (called toluidine blue) to find

Here are some of the tests that may be done:

know where (although they aren't useful for finding cancer spread in the brain). PET scans can be used instead of several different x-rays because they scan your whole body. Often, a machine that combines a PET scanner and a CT scanner (called a PET/CT) is used, which gives more information about areas of cancer and cancer spread.

Other tests to look for cancer

These tests aren't often used, but if the doctor suspects the cancer has spread to nearby organs, other tests may be used to look for it. These tests let the doctor directly look inside your body for signs of cancer. You may be given drugs to put you into a deep sleep (general anesthesia) while the test is done.

Cystoscopy

The doctor uses a lighted tube to check the inside lining of your bladder. Some advanced cases of vulvar cancer can spread to the bladder, so any suspicious areas noted during this exam are biopsied. This procedure also can be done using a local anesthetic, where the area is just numbed, but some patients may need general anesthesia.

Proctoscopy

This lets the doctor look at the inside of the rectum using a thin, lighted tube. Some advanced cases of vulvar cancer can spread to the rectum. Any suspicious areas are biopsied.

Examination of the pelvis while under anesthesia

Putting the patient into a deep sleep (under anesthesia) allows the doctor to do a more thorough exam that can better evaluate how much the cancer has spread to internal organs of the pelvis.

Blood tests

Your doctor might also order certain [blood tests](#)¹⁵ to help get an idea of your overall health and how well certain organs, like your liver and kidneys, are working.

Hyperlinks

1. www.cancer.org/cancer/risk-prevention/hpv/hpv-and-hpv-testing.html
 2. www.cancer.org/cancer/types/vulvar-cancer/about/what-is-vulvar-cancer.html
 3. www.cancer.org/cancer/diagnosis-staging/tests/biopsy-and-cytology-tests.html
 4. www.cancer.org/cancer/diagnosis-staging/tests/biopsy-and-cytology-tests.html
 5. www.cancer.org/cancer/types/vulvar-cancer/causes-risks-prevention/risk-factors.html
 6. www.cancer.org/cancer/diagnosis-staging/lymph-nodes-and-cancer.html
 7. www.cancer.org/cancer/diagnosis-staging/staging.html
 8. www.cancer.org/cancer/types/vulvar-cancer/treating.html
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Vulvar Cancer Stages

- [How is the stage determined?](#)

After a woman is diagnosed with vulvar 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 describes the amount of cancer in the body. It helps determine how serious the cancer is and how best to [treat](#)¹ it. Doctors also use a cancer's stage when talking about survival statistics.

Vulvar cancer stages range from stage I (1) through IV (4). As a rule, the lower the number, the less the cancer has spread. A higher number, such as stage IV, means cancer has spread more. Although each person's cancer experience is unique, cancers with similar stages tend to have a similar outlook and are often treated in much the same way.

How is the stage determined?

The 2 systems used for staging vulvar cancer, the **FIGO** (International Federation of Gynecology and Obstetrics) system and the **AJCC** (American Joint Committee on Cancer) **TNM** staging system are basically the same.

They both stage (classify) this cancer based on 3 pieces of information:

- The extent (size) of the **tumor (T)**: How large and deep has the cancer grown? Has the cancer reached nearby structures or organs like the bladder or rectum?
- The spread to nearby lymph **nodes (N)**: How many lymph nodes has the cancer spread to and has it grown outside of those lymph nodes?
- The spread (**metastasis**) to distant sites (**M**): Has the cancer spread to distant lymph nodes or distant organs?

Numbers or letters after T, N, and M provide more details about each of these factors. Higher numbers mean the cancer is more advanced. Once a person's T, N, and M categories have been determined, this information is combined in a process called **stage grouping** to assign an overall stage.



			lymph nodes with both areas of cancer spread less than 5 mm (N1). It has not spread to distant sites (M0).
IIIB	T1 or T2 N2a or N2b M0	IIIB	Cancer is in the vulva or perineum or both (T1) and may be growing into the n2 12 Tfus, lowin y

* The following additional categories are not listed on 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/vulvar-cancer/treating.html
2. www.cancer.org/cancer/diagnosis-staging/tests/biopsy-and-cytology-tests.html
3. www.cancer.org/cancer/diagnosis-staging/tests/imaging-tests/imaging-radiology-tests-for-cancer.html
4. www.cancer.org/cancer/diagnosis-staging/staging.html
5. www.cancer.org/cancer/types/melanoma-skin-cancer.html
6. www.cancer.org/cancer/types/vulvar-cancer/references.html

References

American Joint Committee on Cancer. Vulva. In: *AJCC Cancer Staging Manual*. 8th ed. New York, NY: Springer; 2017: 633-640.

[See all references for Vulvar Cancer](#)

Last Revised: January 16, 2018

Survival Rates for Vulvar Cancer

- [What is a 5-year relative survival rate?](#)
- [Where do these numbers come from?](#)

- [5-year relative survival rates for vulvar cancer](#)
- [Understanding the numbers](#)

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. Your doctor is familiar with your situation; ask how these numbers may apply to you.

What is a 5-year relative survival rate?

A **relative survival rate** compares women with the same type and stage of vulvar cancer to people in the overall population. For example, if the **5-year relative survival rate** for a specific stage of vulvar cancer is 90%, it means that women who have that cancer are, on average, about 90% as likely as women who don't have that cancer to live for at least 5 years after being diagnosed.

Where do these numbers come from?

The American Cancer Society relies on information from the SEER* database, maintained by the National Cancer Institute (NCI), to provide survival statistics for different types of cancer.

The SEER database tracks 5-year relative survival rates for vulvar cancer in the United States, based on how far the cancer has spread. The SEER database, however, does not group cancers by [AJCC TNM stages](#) (stage 1, stage 2, stage 3, etc.). Instead, it groups cancers into localized, regional, and distant stages:

- **Localized:** The cancer is only in the vulva, without spread to lymph nodes or nearby tissues. This includes stage I cancers.
- Regional:**

5-year relative survival rates for vulvar cancer

(Based on women diagnosed with vulvar cancer between 2008 and 2014.)

SEER Stage	5-Year Relative Survival Rate
Localized	86%
Regional	53%
Distant	19%
All SEER stages combined	71%

Understanding the numbers

- **Women now being diagnosed with vulvar 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.
- **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, how well the cancer responds to treatment, and other factors will also affect your outlook.

*SEER= Surveillance, Epidemiology, and End Results

Hyperlinks

1. seer.cancer.gov/csr/1975_2015/
2. www.cancer.org/cancer/types/vulvar-cancer/references.html

References

Noone AM, Howlader N, Krapcho M, Miller D, Brest A, Yu M, Ruhl J, Tatalovich Z,

Mariotto A, Lewis DR, Chen HS, Feuer EJ, Cronin KA (eds). SEER Cancer Statistics Review, 1975-2015, National Cancer Institute. Bethesda, -174.85v,ics

Questions to Ask Your Doctor About Vulvar Cancer

In addition to these sample questions, be sure to write down some questions of your own. For instance, you might want specific information about anticipated recovery times so that you can plan your work schedule. Or you may want to ask aboutsg Eticipated 6rv0 gabout

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