Vaginal Cancer Early Detection, Diagnosis, and Staging

Detection and Diagnosis

Catching cancer early often allows for more treatment options. Some early cancers may have signs and symptoms that can be noticed, but that is not always the case.

- Can Vaginal Cancer Be Found Early?
- Signs and Symptoms of Vaginal Cancer
- How Is Vaginal Cancer Diagnosed?

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.

- How Is Vaginal Cancer Staged?
- 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.

- What Should You Ask Your Doctor About Vaginal Cancer?

Can Vaginal Cancer Be Found Early?

Some cases of vaginal cancer can be found early. They may produce symptoms that cause patients to seek medical attention, but many vaginal cancers do not cause
symptoms until after they have reached an advanced stage. Pre-cancerous areas of vaginal intraepithelial neoplasia (VAIN) do not usually produce any symptoms. Still, well-woman exams and cervical cancer screening can sometimes find cases of VAIN and early invasive vaginal cancer.

- References

See all references for Vaginal Cancer

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Signs and Symptoms of Vaginal Cancer

More than 8 out of 10 women with invasive vaginal cancer have one or more symptoms, such as:

- Abnormal vaginal bleeding (often after intercourse)
- Abnormal vaginal discharge
- A mass that can be felt
- Pain during intercourse

Symptoms of advanced vaginal cancer may be painful urination, constipation, and continuous pain in the pelvis.

Having these symptoms does not always mean that you have cancer. In fact, these symptoms are more likely to be caused by something besides cancer, like an infection. The only way to know for sure what’s causing these problems is to see a health care professional. If you have any of these symptoms, discuss them with a doctor right away. Remember, the sooner the problem is correctly diagnosed, the sooner you can start treatment, and the more effective your treatment will be.

- References

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How Is Vaginal Cancer Diagnosed?

If a woman has any of the signs or symptoms of vaginal cancer, she should see a doctor. If the Pap test detects abnormal cells, or if the pelvic exam results are not normal, more tests will be needed. This may mean referral to a gynecologist (specialist in problems of the female genital system).

Medical history and physical exam

The first step is for the doctor to take a complete medical history to check for risk factors and symptoms. Then your doctor will physically examine you, including a pelvic exam and possibly a Pap test and a vaginal biopsy.

Colposcopy

If certain symptoms suggest cancer or if the Pap test shows abnormal cells, you will need to have a test called colposcopy. In this procedure you will lie on the exam table as you do for a pelvic exam. A speculum is placed in the vagina. The doctor will use the colposcope to examine the cervix and vagina. The colposcope stays outside the body and has magnifying lenses (like binoculars). When the doctor looks through the colposcope, he or she can see the vaginal walls and the surface of the cervix closely and clearly. Sometimes a weak solution of acetic acid (similar to vinegar) or iodine is applied to make any abnormal areas easier to see. Using a colposcope to look at the vagina is called vaginoscopy.

Colposcopy itself is no more painful than a speculum exam and can be done safely even if you are pregnant. If an abnormal area is seen on the cervix or vagina, a biopsy will be done. The biopsy can be slightly painful and may some cause pelvic cramping.

Biopsy

Certain signs and symptoms may strongly suggest vaginal cancer, but many of them can be caused by conditions that aren’t cancer. The only way to be certain that cancer is present is to do a biopsy. In this procedure, a small piece of tissue from the
suspicious area is removed. A doctor specializing in diagnosing diseases by laboratory tests (a pathologist) will look at the tissue sample under a microscope to see if cancer or a pre-cancerous condition is present and, if so, what type it is.

**Imaging tests**

**Chest x-ray**

If vaginal cancer is diagnosed, a plain x-ray of your chest may be done to see if your cancer has spread to your lungs. This is very unlikely unless your cancer is far advanced. This x-ray can be done in any outpatient setting.

**Computed tomography (CT)**

The computed tomography (CT) scan is an x-ray test that produces detailed cross-sectional images of your body. 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 that might have cancer cells.

A CT scanner has been described as a large donut, with a narrow table in the middle opening. You will need to lie still on the table while the scan is being done. CT scans take longer than regular x-rays, and you might feel a bit confined by the ring while the pictures are being taken.

Before the test, you may be asked to drink 1 to 2 pints of a liquid called *oral contrast*. This helps outline the intestine so that certain areas are not mistaken for tumors. You may also receive an IV line through which a different kind of contrast dye (IV contrast) is injected. This helps better outline structures such as blood vessels in your body.

The injection can cause some flushing (redness and warm feeling). A few people are allergic to the dye and get hives, or rarely, have more serious reactions like trouble breathing and low blood pressure. Be sure to tell the doctor if you have ever had a reaction to any contrast material used for x-rays.

**CT-guided needle biopsy:** CT scans can also be used to guide a biopsy needle precisely into a suspected tumor. For this procedure, the patient remains 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 needle is within the mass. A fine-needle biopsy sample or a core needle biopsy sample is removed and looked at under a microscope. This is not used to biopsy vaginal tumors, but it may be used to biopsy possible metastases.

**Magnetic resonance imaging (MRI)**

Magnetic resonance imaging (MRI) scans use radio waves and strong magnets instead of x-rays to make images of the body. The energy from the radio waves is absorbed by the 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 the body. An MRI can also produce slices that are parallel with the length of your body. As with a CT scan, a contrast material might be used, but it is not needed as often.

MRI scans are more uncomfortable than CT scans. They take longer – often up to an hour. You have to be placed inside tube-like equipment. This is confining and can upset people with claustrophobia (a fear of close spaces). If you have trouble with close spaces, let your doctor know before the MRI scan. Sometimes medicine can be given just before the scan to reduce anxiety. Another option is to use a special “open” MRI machine that is less confining and more comfortable for such people, the drawback being that the images from these machines are not as good. The machine also makes a buzzing or clanging noise that some people find disturbing. Some places will provide headphones with music to block this noise.

MRI images are particularly useful in examining pelvic tumors. They may show enlarged lymph nodes in the groin. They are also helpful in finding cancer that has spread to the brain or spinal cord. This rarely occurs in vaginal cancer.

**Positron emission tomography**

Positron emission tomography (PET) uses glucose (a form of sugar) that contains a low-level radioactive atom. Because cancer cells use glucose at a higher rate than normal cells, they absorb more of the radioactive sugar. The areas of radioactivity are detected with this test.

You will be injected with the special glucose, and then about an hour later you will be moved onto a table in the PET scanner. You lie on the table for about 30 minutes while a special camera creates a picture of areas of radioactivity in the body. The picture is not finely detailed like a CT or MRI scan, but it provides helpful information about your body.
This test can be helpful for spotting collections of cancer cells, and seeing if the cancer has spread to lymph nodes. PET scans are also useful when your doctor thinks the cancer has spread, but doesn’t 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.

PET scans are not often used in patients with early vaginal cancer, but they may be helpful in finding areas of cancer spread.

**Endoscopic tests**

These tests are not used often to evaluate women with vaginal cancer.

**Proctosigmoidoscopy**

Proctosigmoidoscopy is a procedure that looks at the rectum and part of the colon. It’s done to check for spread of vaginal cancer to the rectum or colon. In this procedure a slender, flexible, hollow, lighted tube is placed into the rectum. Any areas that look suspicious will be biopsied. This test may be somewhat uncomfortable, but it should not be painful. Proctosigmoidoscopy may be recommended for patients whose vaginal cancers are large and/or located in the part of the vagina next to the rectum and colon.

**Cystoscopy**

Cystoscopy is a procedure that looks at the inside of the bladder. It’s done to check for spread of vaginal cancer to the bladder. This procedure can be done in the doctor’s office or clinic. You may be given an intravenous drug to make you drowsy. A thin tube with a lens and light is inserted into the bladder through the urethra. If suspicious areas or growths are seen, a biopsy will be done. Cystoscopy may be recommended if a vaginal cancer is large and/or located in the front wall of the vagina, near the bladder.

- **References**
  
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How Is Vaginal Cancer Staged?

The FIGO/AJCC system for staging vaginal cancer

Staging is the process of finding out how far the cancer has spread. It’s very important because your treatment options and the outlook for your recovery and survival (prognosis) depend on the stage of your cancer.

Most vaginal cancers are staged using the FIGO (International Federation of Gynecology and Obstetrics) System of Staging combined with the American Joint Committee on Cancer (AJCC) TNM system. This system classifies the diseases in Stages 0 through IV depending on the extent of the tumor (T), whether the cancer has spread to lymph nodes (N) and whether it has spread to distant sites (M for metastasis). The system described here is the most recent AJCC system, which went into effect January 2010. Any differences between the AJCC system and the FIGO system are explained in the text.

Vaginal cancer is staged clinically, which means that staging doesn’t take into account what is found during surgery, even if more advanced cancer is found.

These systems are not used to stage vaginal melanoma, which is staged like melanoma of the skin. Information about melanoma staging can be found in Melanoma Skin Cancer.

**Tumor extent (T)**

**Tis:** Cancer cells are only in the most superficial layer of cells of the vagina without growth into the underlying tissues. This stage is also called carcinoma in situ (CIS) or vaginal intraepithelial neoplasia 3 (VAIN 3). It’s not included in the FIGO system.

**T1:** The cancer is only in the vagina.

**T2:** The cancer has grown through the vaginal wall, but not as far as the pelvic wall.

**T3:** The cancer is growing into the pelvic wall.
**T4:** The cancer is growing into the bladder or rectum or is growing out of the pelvis.

**Lymph node spread of cancer (N)**

**N0:** The cancer has not spread to lymph nodes

**N1:** The cancer has spread to lymph nodes in the pelvis or groin (inguinal region)

**Distant spread of cancer (M)**

**M0:** The cancer has not spread to distant sites

**M1:** The cancer has spread to distant sites.

**Stage grouping**

Once the T, N, and M categories have been assigned, this information is combined to assign an overall stage in a process called *stage grouping.* The stages identify tumors that have a similar outlook and are treated in a similar way.

**Stage 0 (Tis, N0, M0):** In this stage, cancer cells are only in the top layer of cells lining the vagina (the epithelium) and have not grown into the deeper layers of the vagina. Cancers of this stage cannot spread to other parts of the body. Stage 0 vaginal cancer is also called *carcinoma in situ (CIS)* or *vaginal intraepithelial neoplasia 3 (VAIN 3).* This stage is not included in the FIGO system.

**Stage I (T1, N0, M0):** The cancer has grown through the top layer of cells but it has not grown out of the vagina and into nearby structures (T1). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).

**Stage II (T2, N0, M0):** The cancer has spread to the connective tissues next to the vagina but has not spread to the wall of the pelvis or to other organs nearby (T2). (The pelvis is the internal cavity that contains the internal female reproductive organs, rectum, bladder, and parts of the large intestine.) It has not spread to nearby lymph nodes (N0) or to distant sites (M0).

**Stage III:** Either of the following:

**T3, any N, M0:** The cancer has spread to the wall of the pelvis (T3). It may (or may not) have spread to nearby lymph nodes (any N), but it has not spread to distant sites (M0).
**T1 or T2, N1, M0:** The cancer is in the vagina (T1) and it may have grown into the connective tissue nearby (T2). It has spread to lymph nodes nearby (N1), but has not spread to distant sites (M0).

**Stage IVA (T4, Any N, M0):** The cancer has grown out of the vagina to organs nearby (such as the bladder or rectum) (T4). It may or may not have spread to lymph nodes (any N). It has not spread to distant sites (M0).

**Stage IVB (Any T, Any N, M1):** Cancer has spread to distant organs such as the lungs (M1).

- **References**

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**Survival Rates for Vaginal Cancer**

The 5-year survival rate refers to the percentage of patients who live at least 5 years after their cancer is diagnosed. Of course, many people live much longer than 5 years (and many are cured).

Five-year disease-specific survival rates assume that some people will die of other causes and only count the deaths from the cancer itself. This is a more accurate way to describe the prognosis for patients with a particular type and stage of cancer.

In order to get 5-year survival rates, doctors have to look at people who were treated at least 5 years ago. Improvements in treatment since then may result in a more favorable outlook for people now being diagnosed with vaginal cancer.

Survival rates are often based on previous outcomes of large numbers of people who had the disease, but they cannot predict what will happen to any person specifically. Many other factors can affect a person’s outlook, such as their overall health, the
treatment they receive, and how well the cancer responds to treatment. Your doctor can tell you how the numbers below may apply to you, as he or she is familiar with the aspects of your situation.

The numbers below come from the National Cancer Institute’s SEER database, and are based on women with vaginal cancer (any type) who were diagnosed between 1990 and 2004.

**Survival rates for vaginal cancer, by stage**

<table>
<thead>
<tr>
<th>AJCC Stage</th>
<th>5-Year Disease Specific Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>• 84%</td>
</tr>
<tr>
<td>II</td>
<td>• 75%</td>
</tr>
<tr>
<td>III and IV</td>
<td>• 57%</td>
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</tbody>
</table>

Survival rates also vary based on the type of vaginal cancer. The following statistics for vaginal cancer come from the SEER database, and are based on women who were diagnosed with vaginal cancer between 1988 and 2001. These are relative survival rates. Relative survival rates compare the observed survival with that expected for people without vaginal cancer. This is another way to describe the prognosis for patients with a particular type and stage of cancer.

- For all cases of vaginal cancer combined, the relative 5-year survival is about 50%.
- For squamous cell carcinoma of the vagina, the relative 5-year survival is 54%.
- For adenocarcinoma of the vagina it is almost 60%.
- For vaginal melanoma, the 5-year relative survival is only 13%.

**References**

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**What Should You Ask Your Doctor About Vaginal Cancer?**

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

- What kind of vaginal cancer do I have?
- Has the cancer spread beyond my vagina?
- What’s the stage of the cancer? What does this mean to me?
- What treatment choices do I have? What do you recommend? Why?
- What risks and side effects can I expect from treatment?
- Will I be able to have children after treatment?
- What should I do to be ready for treatment?
- Should I follow a special diet?
- Based on what you’ve learned about my cancer, what’s my prognosis (chances of survival)?
- What are the chances my cancer will recur (come back) with the treatment plans we have discussed?
- How long will it take me to recover from treatment?
- Will I be able to have sex after treatment? What reconstructive surgery, if any, will I need?
- When can I go back to work after treatment?
- How many patients with vaginal cancer do you treat each year?
- Should I get a second opinion?

You will no doubt have other questions about your own situation. Write your questions down so that you remember to ask them during each visit with your cancer care team. Keep in mind, too, that doctors are not the only ones who can provide you with information. Other health care professionals, such as nurses and social workers, may be able to answer your questions.

- **References**

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