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Vaginal Cancer Early Detection, Diagnosis, and Staging

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](#)
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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 well-woman exams](#)¹ and [cervical cancer screening](#)² can sometimes find cases of VAIN and early invasive vaginal cancer.

Hyperlinks

1. www.cancer.org/healthy/find-cancer-early/womens-health.html
2. www.cancer.org/cancer/cervical-cancer/detection-diagnosis-staging/detection.html

References

American Society of Clinical Oncology. Vaginal Cancer: Risk Factors and Prevention. 08/2017. Accessed at www.cancer.net/cancer-types/vaginal-cancer/risk-factors-and-prevention on March 7, 2018.

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Signs and Symptoms of Vaginal Cancer

When vaginal cancer is small and only in the cells lining the vagina, it may 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)
- Abnormal vaginal discharge

- A mass or lump in the vagina that can be felt
- Pain during sex

Advanced vaginal cancer has spread beyond the vagina to nearby structures and [lymph nodes](#)¹. Symptoms of advanced vaginal cancer may be:

- Painful urination
- Constipation
- Pain in the pelvis or low in the belly
- Back pain
- Swelling in the legs

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 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 better the treatment will work.

Hyperlinks

1. www.cancer.org/cancer/cancer-basics/lymph-nodes-and-cancer.html

References

American Society of Clinical Oncology. Vaginal Cancer: Symptoms and Signs. 08/2017. Accessed at www.cancer.net/cancer-types/vaginal-cancer/symptoms-and-signs on March 7, 2018.

National Cancer Institute. Vaginal Cancer Treatment (PDQ®)—Patient Version. October 13, 2017. Accessed at www.cancer.gov/types/vaginal/patient/vaginal-treatment-pdq on March 7, 2018.

Society of Gynecologic Oncology. Vaginal Cancer Symptoms. Accessed at www.sgo.org/patients-caregivers-survivors/caregivers/vaginal-cancer-symptoms/ on March 7, 2018.

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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

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

Colposcopy

If certain symptoms suggest cancer or if a Pap test is done and shows abnormal cells, you will need a test called *colposcopy*. In this procedure you lie on the exam table and a speculum is placed in your vagina to keep it open -- just like a pelvic exam. The doctor will use a 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 (much like vinegar) or iodine is used 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 regular pelvic exam and can be done safely even if you're 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 other problems. The only way to be certain that it's cancer is to do a

[biopsy](#)¹. In this procedure, a small piece of tissue from the suspicious area is removed. A doctor specializing in diagnosing diseases with lab tests (a pathologist) will then 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

[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.

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. They may show enlarged [lymph nodes](#)⁸ in the groin. They are also helpful in finding cancer that has spread to the brain or spinal cord. (This rarely happens with vaginal cancer.)

Positron emission tomography (PET) scan

A [positron emission tomography or PET scan](#)⁹ uses a mildly radioactive sugar that's put into your blood. 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.

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 [endoscopy procedures](#)¹⁰ are not used often for women with vaginal cancer, but they may be needed in certain cases.

Proctosigmoidoscopy

This test may be done if the vaginal cancer is large and/or in the part of the vagina next to the rectum and colon. Proctosigmoidoscopy looks at the rectum and part of the colon. It's done to check for spread of vaginal cancer to these organs. In this procedure a thin, flexible, lighted tube is put into the rectum. The doctor can look closely and the inside of the rectum and the last part of the colon to look for cancer spread. Any areas that look suspicious will be biopsied. This test may be somewhat uncomfortable, but it should not be painful.

Cystoscopy

Cystoscopy may be recommended if a vaginal cancer is large and/or is in the front wall of the vagina, near the bladder. This procedure allows the doctor to look at the inside of the bladder. It's done to check for spread of vaginal cancer to the bladder. It can be done in the doctor's office or clinic. You might be given an intravenous (IV) drug to make you drowsy. A thin tube with a lens and light is put into the bladder through the

urethra. If suspicious areas or growths are seen, a biopsy will be done.

Hyperlinks

1. www.cancer.org/treatment/understanding-your-diagnosis/tests/testing-biopsy-and-cytology-specimens-for-cancer.html
2. www.cancer.org/treatment/understanding-your-diagnosis/tests.html
3. www.cancer.org/treatment/understanding-your-diagnosis/tests/x-rays-and-other-radiographic-tests.html
4. www.cancer.org/treatment/understanding-your-diagnosis/tests/ct-scan-for-cancer.html
5. www.cancer.org/cancer/cancer-basics/lymph-nodes-and-cancer.html
6. www.cancer.org/treatment/understanding-your-diagnosis/tests/testing-biopsy-and-cytology-specimens-for-cancer/biopsy-types.html
7. www.cancer.org/treatment/understanding-your-diagnosis/tests/mri-for-cancer.html
8. www.cancer.org/cancer/cancer-basics/lymph-nodes-and-cancer.html
9. www.cancer.org/treatment/understanding-your-diagnosis/tests/nuclear-medicine-scans-for-cancer.html
10. www.cancer.org/treatment/understanding-your-diagnosis/tests/endoscopy.html

References

American Society of Clinical Oncology. Vaginal Cancer: Diagnosis. 08/2017. Accessed at www.cancer.net/cancer-types/vaginal-cancer/diagnosis on March 8, 2018.

National Cancer Institute. Vaginal Cancer Treatment (PDQ®)—Patient Version. October 13, 2017. Accessed at www.cancer.gov/types/vaginal/patient/vaginal-treatment-pdq on March 8, 2018.

Society of Gynecologic Oncology. Vaginal Cancer. What tests might your gynecologic oncologist perform to determine treatment? Accessed at www.sgo.org/patients-caregivers-survivors/patients/vaginal-cancer-what-tests-might-your-gynecologic-oncologist-perform/ on March 8, 2018.

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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 describes how much cancer is 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.

Vaginal 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 vaginal 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 use 3 key pieces of information to stage (classify) this cancer :

- The extent (size) of the **tumor (T)**: How large is the cancer and has it grown into the vaginal wall? Has the cancer reached nearby structures like the wall of the pelvis? (The pelvis is the internal cavity that contains the internal female reproductive organs, rectum, bladder, and parts of the large intestine.)
- The spread to nearby lymph **nodes (N)**: Has the cancer spread to the [lymph nodes](#)² in the pelvis or groin (inguinal) area?
- 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.

The staging system in the table primarily uses the **clinical stage**. This is based on the results of a physical exam, biopsy, and [imaging tests](#) done before surgery. **Surgical staging** is determined by examining tissue removed during an operation. For more on

this, see [Cancer Staging](#)³.

The system described below is the most recent AJCC system, effective as of January 2018.

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](#)⁴.

Vaginal cancer staging can be complex, so ask your doctor to explain it to you in a way you understand.

AJCC Stage	Stage grouping	FIGO Stage	Stage description*
IA	T1a N0 M0	I	The cancer is only in the vagina and is no larger than 2 cm (4/5 inch) (T1a). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
IB	T1b N0 M0	I	The cancer is only in the vagina and is larger than 2.0 cm (4/5 inch) (T1b). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
IIA	T2a N0 M0	II	The cancer has grown through the vaginal wall, but not as far as the pelvic wall and is no larger than 2.0 cm (4/5 inch) (T2a). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
IIB	T2b N0 M0	II	The cancer has grown through the vaginal wall, but not as far as the pelvic wall and is larger than 2.0 cm (4/5 inch) (T2b). It has not spread to nearby lymph nodes (N0) or to distant sites (M0).
III	T1 to T3 N1	III	The cancer can be any size and might be growing into the pelvic wall, and/or is growing into the lower 1/3 of the vagina, and/or has blocked the flow of urine (hydronephrosis) which is causing the kidneys to not work. (T1 to T3).

	M0		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 is growing into the lower 1/3 of the vagina, 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/vaginal-cancer/treating.html
2. www.cancer.org/cancer/cancer-basics/lymph-nodes-and-cancer.html
3. www.cancer.org/treatment/understanding-your-diagnosis/staging.html
4. www.cancer.org/cancer/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.

See all references for Vaginal Cancer (www.cancer.org/cancer/vaginal-cancer/references.html)

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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. Talk with your doctor about how these numbers may apply to you, as he or she is familiar with your situation.

What is a 5-year relative survival rate?

A **relative survival rate** compares women with the same type and stage of vaginal cancer to women in the overall population. For example, if the **5-year relative survival rate** for a specific stage of vaginal cancer is 80%, it means that people who have that cancer are, on average, about 80% as likely as people 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 vaginal cancer in the United States, based on how far the cancer has spread. The SEER database, however, does not group cancers by [FIGO or AJCC TNM stages](#) (stage 1, stage 2, stage 3, etc.).

Instead, it groups cancers into localized, regional, and distant stages:

- **Localized:** The cancer is limited to the vaginal wall.
- **Regional:** The cancer has spread through the vaginal wall to nearby structures or lymph nodes.
- **Distant:** The cancer has spread to distant parts of the body such as the lungs, liver or bones.

5-year relative survival rates for vaginal cancer

(Based on women diagnosed with vaginal cancer between 2009 and 2015.)

SEER Stage	5-Year Relative Survival Rate
Localized	67%
Regional	52%
Distant	19%
All SEER stages combined	47%

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.

*SEER= Surveillance, Epidemiology, and End Results

Hyperlinks

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

References

Howlader N, Noone AM, Krapcho M, et al (eds). SEER Cancer Statistics Review, 1975-2016, National Cancer Institute, Bethesda, MD, https://seer.cancer.gov/csr/1975_2016/, based on November 2018 SEER data submission, posted to the SEER website, April 2019.

See all references for Vaginal Cancer (www.cancer.org/cancer/vaginal-cancer/references.html)

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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:

- What [kind of vaginal cancer](#)¹ 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](#)² 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](#)³?
- Are there any [clinical trials](#)⁴ I should think about?

You will no doubt have other questions, too. Write them down so that you remember to ask them. Keep in mind, too, that doctors aren't 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.

Hyperlinks

1. www.cancer.org/cancer/vaginal-cancer/about/what-is-vaginal-cancer.html
2. www.cancer.org/cancer/vaginal-cancer/treating.html
3. www.cancer.org/treatment/finding-and-paying-for-treatment/choosing-your-treatment-team/seeking-a-second-opinion.html
4. www.cancer.org/treatment/treatments-and-side-effects/clinical-trials.html

References

See all references for Vaginal Cancer (www.cancer.org/cancer/vaginal-cancer/references.html)

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