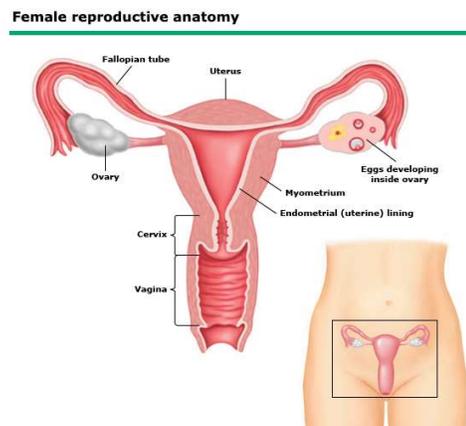
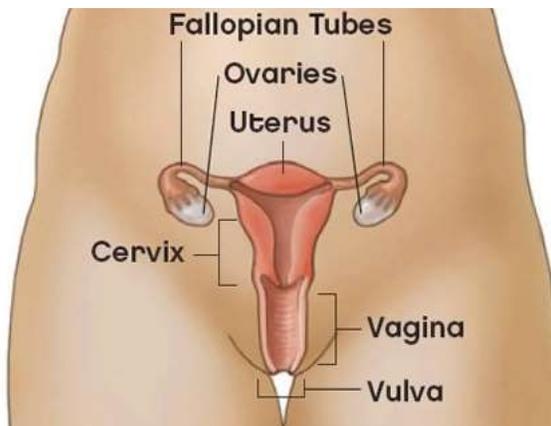


Vaginal Cancer

The vagina is an elastic, muscular canal with a flexible lining that provides lubrication and sensation. The vaginal canal connects the uterus and cervix to the outside world as the cervix protrudes into the vagina. During childbirth the baby passes through the vagina, also known as the birth canal. The vaginal canal also allows for menstruation and intercourse.



HPV (Human papillomavirus) is the most common sexually transmitted infection and the most common cause of vaginal cancer. Having a history of cervical/vaginal dysplasia is associated with an increased risk for vaginal cancer. Vaginal cancer can occur before or after a hysterectomy. This is why having vaginal pap smears after a hysterectomy is even more important if you have a history of HPV.³

Risk Factors:

- ▷ History of HPV
- ▷ History of vaginal dysplasia
- ▷ History of cervical or vulvar dysplasia
- ▷ History of cervical or vulvar cancer
- ▷ High number of sexual partners
- ▷ Unprotected sexual activity
- ▷ Chronic illnesses/ having a weakened immune system
- ▷ Smoking or tobacco use
- ▷ Poor health maintenance including lack of routine pap smears/ pelvic exams¹

Early stage vaginal cancer generally produces no symptoms.

Signs and symptoms of more advanced vaginal cancer include:

- ▷ Abnormal vaginal bleeding after intercourse
- ▷ Abnormal bleeding between periods or after menopause
- ▷ Abnormal vaginal discharge
- ▷ A lump / mass or different texture of the vagina
- ▷ Painful sex
- ▷ Pelvic pain⁴

Vaginal cancer is usually preventable with routine pelvic exams and pap smears, HPV screening and the HPV vaccine.

This is why close monitoring with pap smears and routine pelvic exams, even after a hysterectomy, is important. A pap smear is a test to sample cells on the surface of the cervix and can be done on the vagina as well to screen for vaginal dysplasia/Vaginal cancer. HPV testing can be done at the same time¹

Although a pap smear can identify vaginal dysplasia, further tests are often required. If you have had an abnormal pap or exam findings a treatment / monitoring plan will be individualized and determined by your physician.

Diagnosis:

- ▷ A biopsy is the definitive test to confirm the present of vaginal cancer. This can be done with a colposcopy which is a magnified exam of the vagina and may be done to detect abnormal tissue to biopsy. Sometimes this is not needed and a biopsy can be performed on routine exam. The tissue samples are then sent to pathology for diagnosis.
- ▷ Imaging tests take pictures inside the body to see if there is a tumor. They can also show if and how far the cancer has spread beyond the vagina. This may include an ultrasound, CT scan, PET scan or MRI.⁵

Treatment options for vaginal cancer will be individualized and based on physical exam pathology results and imaging. Treatment may include:

- ▷ Topical therapy with Aldara (Imiquimod) which works by boosting the body's immune response to the area of abnormal tissue
- ▷ CO2 laser - uses high intensity energy from a light beam to destroy abnormal areas of the vagina.
- ▷ In more advanced cases, surgical intervention, radiation and/or chemotherapy may be necessary.²

Ways you can reduce your risk of developing vaginal cancer:

- ▷ Obtain routine health screenings including well women exams and pap smears.
- ▷ Don't smoke.
- ▷ Practice safe sexual practices by limiting partners and using condoms.³
- ▷ Get the HPV vaccine – This vaccine is available for all boys and girls aged 9 and 26 and is approved by the FDA & CDC for adults aged 27-45.⁶
 - ▷ The HPV vaccine is not recommended for everyone older than 27 and is most effective when given at a young age, before exposure to HPV.⁷
 - ▷ However, older individuals at risk for acquiring a new HPV infection in the future with new partners, might benefit from vaccination.⁸

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