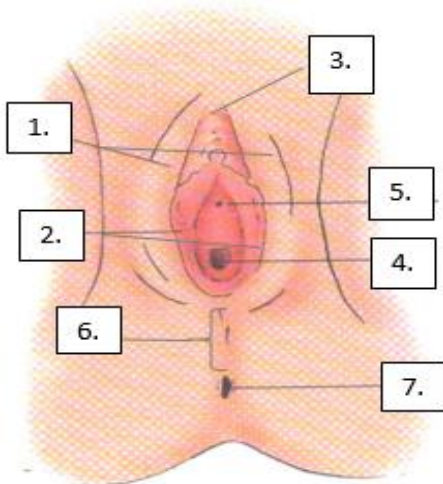


## Information on vulvar cancer

The female sexual organs include the ovaries, uterus, fallopian tubes, vagina, and the external genitalia (the vulva). Vulvar cancer is rare, and accounts for approximately 3 to 5 % of all gynecological cancers. In Finland, this affects **about 80 women per year**. Majority of the patients affected are over 65 years of age.

Vulvar cancer is most commonly located in the labia majora, but it is known to affect the labia minora, the clitoris and the skin around the perineum.



Vulva consist of the external female sex organs. These include

1. labia majora
2. labia minora
3. clitoris

In addition, the following structures are located around the vulva:

4. opening of the vagina
5. urethra
6. perineum
7. anus

Because vulvar cancer originates in the skin, the biopsy results may show same cancer types that affect other areas of the skin. The most common type of cancer is squamous cell cancer.

## Symptoms and diagnosis

Symptoms of vulvar cancer include prolonged itching, burning, vaginal discharge, bloody discharge, burning sensation when urinating, or vulvar ulcer. The diagnosis is confirmed with a biopsy, which is done under local anesthesia. Often, a microscopic examination of the vulva, known as [colposcopy](#), is carried out as well.

## Further examinations

When vulvar cancer is confirmed, imaging is carried out to determine if and where the cancer has spread. Often, a sentinel lymph node mapping procedure is carried out before surgical treatment. This procedure uses contrast dye technology and radioactive tracing. A sentinel lymph node is the first lymph node where the lymph flows from the tumor. The sentinel lymph node mapping is based on the fact that, if no disease is detected in the sentinel lymph node, the lymph nodes beyond it are also healthy. In this case, extensive removal of lymph nodes during the surgery is not necessary.

Vulvar cancer is classified into three grades (grade 1 to 3) based on the differentiation found in the microscopic tissue sample findings, as well as into four stages (Stage I to IV) depending on how much it has spread.

## Treatment

Vulvar cancer **treatment is surgery**, which can be **followed up by radiotherapy or chemotherapy**, or a combination of the two, known as **chemoradiotherapy**. Chemotherapy drugs are medications which are used to destroy cancer cells, and the goal of radiotherapy is to shrink the tumor and decrease the risk of recurrence.

Usually, in case of small tumors, removing the abnormal growth and pelvic lymph nodes is sufficient. If the cancer has progressed, a more extensive surgery is needed, and often additional post-surgery chemoradiotherapy is required.

In case of very large tumors or tumors that are located in places where surgery is difficult, the treatment can be started with chemotherapy, after which the possibility of surgery is assessed again. If the tumor is inoperable, further treatment usually continues with radiotherapy.

## Follow-up care

**Follow-ups continue at the Gynecology Outpatient Clinic** after the treatments have ended. Follow-up appointments include a pelvic examination, and often a microscopic examination of the vulva. If necessary, biopsies are taken.

After treatment **follow-up period lasts for three years**, after which you can contact the hospital responsible for your care for two years in cancer-related matters. The follow-up care can also be carried out in a regional hospital or central hospital.

The staff is happy to answer any questions you have, and your support persons are also welcome to join you for your follow-up appointments.

**Find out more information on cancer and cancer treatments:**

- Our web pages at [Tyks.fi/en](https://tyks.fi/en), Medical care, Cancer, Gynecological cancers
- Finnish Cancer Society web pages at <http://www.allaboutcancer.fi/>
- The Health village web pages at [Naistalo.fi](https://naistalo.fi) and [Syöpätalo.fi](https://syopatalo.fi) (only available in Finnish and Swedish)