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Vaginal Cancer - Treatment Options [1]

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ON THIS PAGE: You will learn about the different ways doctors use to treat women with this type of cancer. To see other pages, use the menu on the side of your screen.

This section outlines treatments that are the standard of care (the best proven treatments available) for this specific type of cancer. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study to test a new approach to treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Clinical trials may test such approaches as a new drug, a new combination of standard treatments, or new doses of current therapies. Your doctor can help you review all treatment options. For more information, see the Clinical Trials [3] and Latest Research [4] sections.

Treatment overview

In cancer care, different types of doctors often work together to create a patient?s overall treatment plan that combines different types of treatments. This is called a multidisciplinary team [5].

Descriptions of the most common treatment options for vaginal cancer are listed below. Treatment options and recommendations depend on several factors, including the type and stage of cancer, possible side effects, and the patient?s preferences and overall health. Your care plan may also include treatment for symptoms and side effects, an important part of cancer care. Take time to learn about all of your treatment options and be sure to ask questions about things that are unclear. Also, talk about the goals of each treatment with your doctor and what you can expect while receiving the treatment. Vaginal cancer is most often treated with one or a combination of treatments: surgery, radiation therapy, and/or chemotherapy. Learn more about making treatment decisions [6].

Women with vaginal cancer may have concerns about if or how their treatment may affect their sexual function and fertility (ability to have children) [7], and these topics should be discussed with the health care team before treatment begins.

Surgery

Surgery is the primary treatment for vaginal cancer. A surgical oncologist is a doctor who specializes in treating cancer using surgery. Surgery is the removal of the tumor and surrounding tissue during an operation. The type of surgery used depends on the stage of the cancer and other factors. Surgical options for vaginal cancer include:

Laser surgery. Laser surgery is the use of a focused beam of light that burns the cancer off the skin. It can be used to remove precancerous cells or a tumor. Additional tissue surrounding the tumor (called a margin) also may be removed to be certain that all cancer has been destroyed.

Excision. This is the surgical removal of the tumor and some of the surrounding healthy tissue. Vaginal repair using skin from other parts of the woman's body may be necessary.

Vaginectomy. This is the removal of the vagina, which may include the pelvic lymph nodes. Often, a reconstructive surgeon can create a new vagina with grafts of tissue from other parts of the woman?s body. The woman will be able to have sexual intercourse, but she will need to use a lubrication aid.

Radical hysterectomy. If the cancer has spread to other parts of the woman?s reproductive system, the uterus, ovaries, and fallopian tubes, as well as lymph nodes may be removed.

Learn more about cancer surgery [8].

Coping with vaginal surgery

Many women experience a range of feelings after vaginal surgery, such as loss, sadness, or anxiety. Some women may feel that they have lost their identity as women. Others have questions about whether sexual intercourse can continue after surgery.

Before surgery, it is important to ask the surgeon about the procedure, the possible side effects, and when sexual intercourse can resume. Women should talk with their doctors about finding additional information or support in coping with this surgery. Learn more about coping with gynecologic surgery [9] and emotional and physical concerns [10].

Radiation therapy

Radiation therapy is the use of high-energy x-rays or other particles to destroy cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. Radiation therapy may be used alone or after surgery. The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time.

When radiation treatment is given using implants, it is called internal radiation therapy or brachytherapy. One method is intracavity radiation therapy, in which tiny tubes of a radioactive substance are placed in the vagina for one to two days. The woman must stay in bed during this time. Another method is interstitial radiation therapy, in which radioactive material is injected directly into the tumor.

Side effects depend on the dose used, the area targeted, and the type of radiation therapy (internal or external). General side effects from radiation therapy may include fatigue, mild skin reactions, upset stomach, and loose bowel movements. Most of these side effects go away soon after treatment is finished. Specific side effects may include the narrowing of the vagina, damage to healthy vaginal tissue, and irritation of the intestines. The vagina may shorten and narrow so much that sexual intercourse is not possible. To prevent this, the vagina may need to be stretched with a plastic tube called a vaginal dilator several times a week.

Learn more about radiation therapy [11]. For more information about radiation therapy for gynecologic cancers, see the American Society for Therapeutic Radiology and Oncology's pamphlet, Radiation Therapy for Gynecologic Cancers [12].

Chemotherapy

Chemotherapy is the use of drugs to destroy cancer cells, usually by stopping the cancer cells? ability to grow and divide. Chemotherapy is given by a medical oncologist, a doctor who specializes in treating cancer with medication. A chemotherapy regimen (schedule) usually consists of a specific number of cycles given over a set period of time. The goal of chemotherapy can be to destroy cancer remaining after surgery, slow tumor growth, or reduce side effects. A patient may receive one drug at a time or combinations of different drugs at the same time.

Systemic chemotherapy is delivered through the bloodstream to reach cancer cells throughout the body. Although chemotherapy can be given orally (by mouth), most drugs are given intravenously (IV) for vaginal cancer. IV chemotherapy is either injected directly into a vein or through a catheter [13], a thin tube temporarily put into a large vein to make injections easier. Intravaginal chemotherapy (drugs that are put directly into the vagina) may be used to treat early-stage vaginal cancer.

The side effects of chemotherapy depend on the individual and the dose used, but can include fatigue, risk of infection, nausea and vomiting, hair loss, loss of appetite, and diarrhea. These side effects usually go away once treatment is finished. Other potential side effects include the inability to become pregnant and symptoms of premature menopause. Learn more about sexual and reproductive health concerns [7].

Learn more about chemotherapy [14] and preparing for treatment [15]. The medications used to treat cancer are continually being evaluated. Talking with your doctor is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using searchable drug databases [16].

Getting care for symptoms and side effects

Cancer and its treatment often cause side effects. In addition to treatment to slow, stop, or eliminate the cancer, an important part of cancer care is relieving a person?s symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with his or her physical, emotional, and social needs.

Palliative care can help a person at any stage of illness. People often receive treatment for the cancer and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, and radiation therapy. Talk with your doctor about the goals of each treatment in the treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and supportive care options. And during and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it is addressed as quickly as possible. Learn more about palliative care [17].

Treatment options by stage

Stage 0

- Surgery to remove all or part of the vagina
- Internal radiation therapy
- Laser surgery
- Intravaginal chemotherapy

Stage I (squamous carcinoma)

- Internal radiation therapy with/without external-beam radiation therapy
- Removal of the tumor with possible radiation therapy
- Removal of the vagina with/without lymph nodes

Stage I (adenocarcinoma)

- Radical hysterectomy with the removal of the lymph nodes and possible radiation therapy
- Internal radiation therapy with/without external-beam radiation therapy
- Removal of the tumor and lymph nodes followed by internal radiation therapy

Stage II

- Combined internal radiation therapy and external-beam radiation therapy
- Surgery, followed by possible radiation therapy

Stage III

- Combined internal radiation therapy and external-beam radiation therapy
- Surgery, followed by possible radiation therapy

Stage IVA

- Combined internal radiation therapy and external-beam radiation therapy
- Surgery, followed by possible radiation therapy

Stage IVB

- Radiation therapy
- Chemotherapy

Metastatic vaginal cancer

If cancer has spread to another location in the body, it is called metastatic cancer. Patients with this diagnosis are encouraged to talk with doctors who are experienced in treating this stage of cancer, because there can be different opinions about the best treatment plan. Learn more about seeking a second opinion [18] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include clinical trials [3].

Stage IV vaginal cancer is the most advanced stage of the disease. At this stage, the cancer has spread beyond the vagina to the bladder, rectum, lymph nodes of the pelvis, or other organs, such as the bones or lungs. The symptoms of advanced vaginal cancer can include:

- Unusual vaginal bleeding
- Abnormal vaginal discharge
- Difficulty or pain when urinating
- Pain during sexual intercourse
- Pain in the pelvic area
- Pain in the back or legs
- Nausea and vomiting
- Abnormal bowel function

Women with vaginal cancer that has spread to the bladder and rectum may receive internal radiation therapy and external-beam radiation therapy, and/or surgery. Supportive care will also be important to help relieve symptoms and side effects.

If the woman's bladder is removed (called a cystectomy), a small piece of intestine will be attached to the abdominal wall, allowing her to periodically drain urine by placing a slim, hollow tube into a surgically created opening. A plastic bag worn at the front of the stomach can be used for continual draining.

If the rectum or part of the colon is removed, a woman with vaginal cancer many need to have a colostomy. This is a surgical opening, or stoma, through which the colon is connected to the abdominal surface to provide a pathway for waste to exit the body; such waste is collected in a pouch worn by the patient. Learn more about colostomies [19].

For most patients, a diagnosis of metastatic cancer is very stressful and, at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a support group.

Remission and the chance of recurrence

A remission is when cancer cannot be detected in the body and there are no symptoms. This may also be called ?no evidence of disease? or NED.

A remission can be temporary or permanent. This uncertainty leads to many survivors feeling worried or anxious that the cancer will come back. While many remissions are permanent, it?s important to talk with your doctor about the possibility of the cancer returning. Understanding the risk of recurrence and the treatment options may help you feel more prepared if the cancer does return. Learn more about coping with the fear of recurrence [20].

If the cancer does return after the original treatment, it is called recurrent cancer. It may come back in the same place (called a local recurrence), nearby (regional recurrence), or in another place (distant recurrence).

When this occurs, a cycle of testing will begin again to learn as much as possible about the recurrence, including whether the cancer?s stage has changed. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the therapies described above such as surgery, chemotherapy, and radiation therapy but they may be used in a different combination or given at a different pace. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer. Surgery may be performed to remove the cervix, uterus, lower colon, rectum, and/or bladder, depending on where the recurrence began and the type of surgery previously performed. Radiation therapy and/or chemotherapy may also be used for treatment.

People with recurrent cancer often experience emotions such as disbelief or fear. Patients are encouraged to talk with their health care team about these feelings and ask about support services to help them cope. Learn more about dealing with cancer recurrence [21].

If treatment fails

Recovery from cancer is not always possible. If treatment is not successful, the disease may be called advanced or terminal cancer.

This diagnosis is stressful, and this is difficult to discuss for many people. However, it is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Patients who have advanced cancer and who are expected to live less than six months may want to consider a type of palliative care called hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life. You and your family are encouraged to think about where you would be most comfortable: at home, in the hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families. Learn more about advanced cancer care planning [22].

After the death of a loved one, many people need support to help cope with the loss. Learn more about grief and loss [23].

The next section helps explain clinical trials, which are research studies. Use the menu on the side of your screen to select About Clinical Trials, or you can select another section, to continue reading this guide.

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