

[Home](#) > [Types of Cancer](#) > [Vulvar Cancer](#) > Vulvar Cancer - Treatment

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## **Vulvar Cancer - Treatment [1]**

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**ON THIS PAGE:** You will learn about the different ways doctors use to treat people 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 known 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 [About 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]. Cancer care teams also include a variety of other health care professionals, including physician assistants, oncology nurses, social workers, pharmacists, counselors, dietitians, and others.

Treatment options and recommendations for vulvar cancer depend on several factors, including:

- The type and stage of disease

- Possible side effects
- Preferences of patient
- Overall health of patient

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.

## **Treatment overview for VIN**

As explained in the [Overview](#) [6], VIN is a pre-cancerous condition. VIN is usually treated by simple surgical removal of the disease. The treatment plan may include laser surgery, photodynamic therapy, and/or medication(s) applied to the vulva area. Depending on the extent of VIN, sometimes surgical removal of the vulva is recommended. See below for more information on each of these treatment options.

## **Treatment overview for vulvar cancer**

The main treatment for vulvar cancer is surgery. Radiation therapy and chemotherapy may be used if the cancer cannot be entirely removed with surgery, if the cancer is high-risk for recurrence, and/or if the lymph nodes are involved with cancer. If the tumor has spread to the point that removal is not possible, sometimes the patient's treatment starts radiation therapy, with or without chemotherapy. Surgical removal of the vulva is sometimes considered after this treatment if the entire tumor does not go away with these treatments. Learn more about [making treatment decisions](#) [7].

Women with vulvar cancer may have concerns about if and how these treatments may affect their [sexual function and fertility](#) [8] (ability to have children), and these topics should be discussed with the health care team before treatment begins.

Descriptions of each of the most common treatment options are listed below.

## **Surgery**

Surgery is the removal of the tumor and some surrounding healthy tissue during an operation. A surgical oncologist is a doctor who specializes in treating cancer using surgery. Learn more about the [basics of cancer surgery](#) [9]. Due to the location and sensitivity of vulvar tissue, the type of surgery is carefully considered. Surgical options for vulvar 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 treat precancerous conditions, but cannot be used to treat an invasive tumor.
- **Excision.** This is the removal of the tumor and some of the surrounding healthy tissue, called a margin. If the procedure is extensive, this may be called a partial vulvectomy (see below).
- **Vulvectomy.** This is the removal of part or all of the vulva. In a skinning vulvectomy, only the top layer of skin is removed. A simple vulvectomy is the removal of the entire vulva. A radical vulvectomy is the removal of part or all of the vulva and deep tissue, including the clitoris.

## Coping with vulvar surgery

Many women experience a range of feelings after vulvar 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 talk with 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 [sexual health and cancer treatment in women](#) [8].

## 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 before surgery to shrink the size of the tumor or after surgery to destroy any remaining cancer cells.

The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. When radiation treatment is given using implants, it is called internal radiation therapy or brachytherapy. A radiation therapy regimen (schedule) usually consists of a specific number of treatments given over a set period of time. Learn more about [the basics of radiation therapy](#) [10].

General side effects from radiation therapy may include fatigue, mild skin reactions, upset stomach and loose bowel movements, damage to healthy vaginal tissue, or narrowing of the vagina. Most of these side effects go away soon after treatment is finished. However, 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.

For more information about radiation therapy for gynecologic cancer, see the American Society

for Therapeutic Radiology and Oncology's pamphlet, [Radiation Therapy for Gynecologic Cancers](#) [11].

## **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.

Systemic chemotherapy gets into the bloodstream to reach cancer cells throughout the body. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in a pill or capsule that is swallowed.

A chemotherapy regimen (schedule) usually consists of a specific number of cycles given over a set period of time. A patient may receive one drug at a time or combinations of different drugs at the same time.

The side effects of chemotherapy depend on the individual and the dose used, but they can include fatigue, risk of infection, nausea and vomiting, hair loss, loss of appetite, or diarrhea. These side effects usually go away once treatment is finished.

For vulvar cancer, chemotherapy with cisplatin is sometimes given weekly intravenously, if the patient is to also receive radiation therapy. Whether this drug is used depends on factors including overall health, kidney function measured by laboratory tests, and other medical factors. If the cancer has returned and spread, drugs that are used in other squamous cell cancers, such as in treating cervical cancer are sometimes considered.

Learn more about [the basics of chemotherapy](#) [12] and [preparing for treatment](#) [13]. 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](#) [14].

## **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 is any treatment that focuses on reducing symptoms, improving quality of life, and supporting patients and their families. Any person, regardless of age or type and stage of cancer, may receive palliative care. It works best when palliative care is started as early as needed in the cancer treatment process.

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, emotional support and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as chemotherapy, surgery, or 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 palliative 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 can be addressed as quickly as possible.

Learn more about [palliative care](#) [15].

## **Metastatic vulvar 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 getting a [second opinion](#) [16] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include [clinical trials](#) [3].

Your health care team may recommend a treatment plan that includes a combination of the treatments discussed above. Palliative care will also be important to help relieve symptoms and side effects.

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 having “no evidence of disease” or NED.

A remission may be temporary or permanent. This uncertainty causes many people to worry 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 your 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](#) [17].

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. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the treatments 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.

Whichever treatment plan you choose, palliative care will be important for relieving symptoms and side effects.

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](#) [18].

## **If treatment fails**

Recovery from cancer is not always possible. If the cancer cannot be cured or controlled, the disease may be called advanced or terminal.

This diagnosis is stressful, and advanced cancer 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](#) [19].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about [grief and loss](#) [20].

*The [next section in this guide is About Clinical Trials](#) [3] and it offers more information about research studies that are focused on finding better ways to care for people with cancer. Or, use the menu on the side of your screen to choose another section to continue reading this guide.*

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## Links

- [1] <http://www.cancer.net/cancer-types/vulvar-cancer/treatment-options>
- [2] <http://www.cancer.net/about-us>
- [3] <http://www.cancer.net/node/19720>
- [4] <http://www.cancer.net/node/19723>
- [5] <http://www.cancer.net/node/25356>
- [6] <http://www.cancer.net/node/19713>
- [7] <http://www.cancer.net/node/24582>
- [8] <http://www.cancer.net/node/25240>
- [9] <http://www.cancer.net/node/30689>
- [10] <http://www.cancer.net/node/30687>
- [11] <http://www.rtanswers.org/treatmentinformation/cancertypes/gynecologic/index.aspx>
- [12] <http://www.cancer.net/node/30673>
- [13] <http://www.cancer.net/node/29076>
- [14] <http://www.cancer.net/node/25369>
- [15] <http://www.cancer.net/node/22948>
- [16] <http://www.cancer.net/node/25355>
- [17] <http://www.cancer.net/node/25241>
- [18] <http://www.cancer.net/node/25042>
- [19] <http://www.cancer.net/node/25113>
- [20] <http://www.cancer.net/node/25111>