



Lancashire and  
South Cumbria  
Integrated Care Board

Cancer  
Alliance

## Gynaecology CRG (Lancs & South Cumbria)

### Vaginal Cancer Guidelines

\*\* VALID ON DATE OF PRINTING ONLY - all guidelines available on the Strategic Clinical Network website : [GMLSC SCN](#)

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## VAGINAL CARCINOMA

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- ❑ The cervix must be normal to diagnose primary vaginal cancer
- ❑ Biopsy from vagina is essential to determine the nature of a vaginal lesion.
- ❑ Persistent high grade abnormal vault cytology requires histological confirmation of severity of disease
- ❑ Consider EUA and PET scanning

### FIGO STAGING OF VAGINAL CANCER

- ❑ Stage 0      Carcinoma in situ - VAINIII
- ❑ Stage I      Disease limited to vaginal wall
- ❑ Stage II      Disease in sub-vaginal tissue but not extending to pelvic side wall
- ❑ Stage III    Disease extending to pelvic sidewall
- ❑ Stage IV
  - IVA Spread to adjacent organs
  - IVB Spread to distant organs

### MANAGEMENT

#### *VAIN III*

**Laser Ablation, Local excision (upper vaginectomy + / - hysterectomy), brachytherapy**

#### *Stage I disease*

For stage I lesions

In early lesions (< 0.5mm thick) of the upper one-third of the vagina, radical vaginectomy and pelvic lymphadenectomy can be performed. Surgery is not indicated in any other circumstances in vaginal disease

#### *Stage I and above*

All stages of disease (chemo) radiotherapy is effective

Early upper vaginal disease, brachytherapy alone, more extensive or lower vaginal disease brachytherapy and external beam radiotherapy

If hysterectomy has been performed, consideration of mobilisation of bowel off vaginal vault with omental carpet prior to RXT.

## F O L L O W - U P

No evidence that vault or vulval smears aid the detection of recurrent disease after any primary disease.

Follow up should be at the local hospital and consist of a clinical history and examination. The schedule and nature of follow up should be determined for each individual as defined in the L&SCCN Gynaecology NSSG Follow up Guidelines.

Patients with evidence of recurrence should be discussed at the Specialist MDT.