

Understanding

cancer of the vulva

A booklet to help
you understand
the diagnosis and
treatment of cancer
of the vulva.



Cancer Support Services

The generosity of Queenslanders makes this service possible. Visit www.cancerqld.org.au

We are an independent, community-based charity and are not government funded

For information and support contact our Helpline on 13 11 20,
Monday to Friday 8am to 8pm



*understanding***Contents**

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The Cancer Council Queensland is a not-for-profit, non-government organisation that provides information and support free of charge for people with cancer, their families and friends throughout Queensland. These services are made possible through the generous donations of Queenslanders and we thank them for their continued support. If you would like to know more about the information and support services provided by The Cancer Council Queensland, call our **Helpline** on **13 11 20** (toll free).

Personal information

Name _____

Doctor's name _____

Contact phone number _____

After hours _____

Hospital _____

Hospital contact person _____

After hours phone number _____

My next appointment is _____

My care at home _____

Introduction

This booklet has been prepared to help you understand more about vulval cancer (cancer of the vulva).

Many women feel understandably shocked and upset when they are told that they have or may have vulval cancer. This booklet is intended to help you understand the diagnosis and treatment of vulval cancer. It also includes information about available support services.

We cannot advise you about the best treatment for you. You need to discuss this with your doctors. However, we hope this information will answer some of your questions and help you think about questions you want to ask your doctors.

If you find this booklet helpful, you may like to pass it on to your family and friends, who may also find it useful.

This booklet does not need to be read from cover to cover, but can be read in sections according to your needs or interest. The words in bold are explained in the glossary.

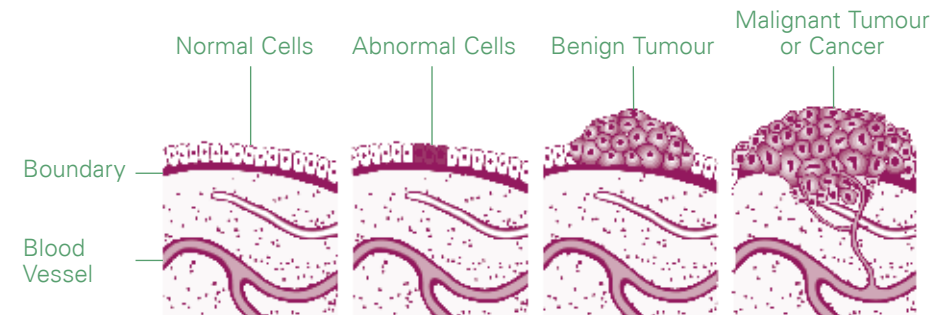
What is cancer?

Cancer is a disease of the body's cells. Our bodies are constantly making new cells to enable us to grow, to replace worn-out cells, or to heal damaged cells after an injury. Normally the cells grow and multiply in an orderly way and their growth is controlled by specific genes. All cancers are caused by damage to these genes.

This damage usually happens during our lifetime, although a small number of people inherit a damaged gene from a parent when they are born. Damaged genes can cause cells to behave abnormally and they divide more rapidly and develop haphazardly. This abnormal cell growth may lead to the development of a lump, which is called a tumour.

Tumours can be **benign** (not cancerous) or **malignant** (cancerous). Benign tumours do not spread outside their normal boundary to other parts of the body. A malignant tumour is made up of cancer cells.

The beginnings of cancer



Some benign tumours are precancerous and may progress to cancer if left untreated. Other benign tumours do not develop into cancer.

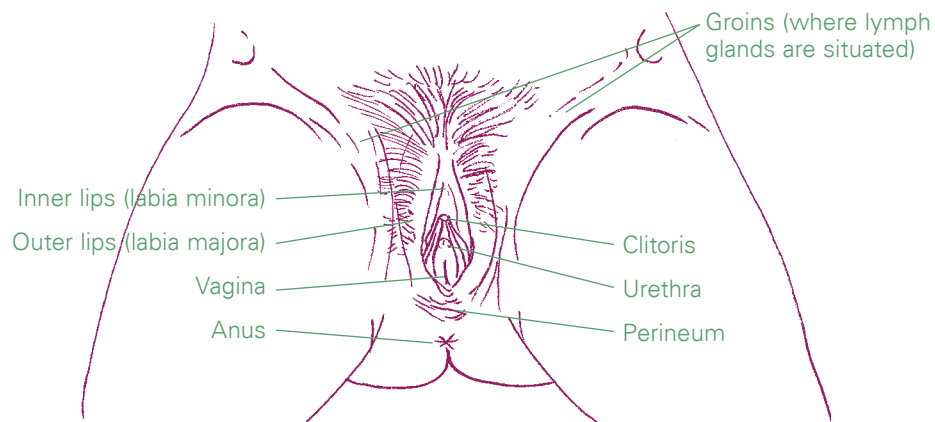
How cancer spreads

When it first develops, a malignant tumour may be confined to its original site, a cancer in situ (or carcinoma in situ). If these cells are not treated they may spread beyond their normal boundaries and into surrounding tissues (invasive cancer). Cells may also break away from the original (primary) cancer and spread to other organs of the body via the bloodstream or the lymphatic system. When these cells reach a new site they may go on dividing and form a new tumour often referred to as a 'secondary' or 'metastasis.'

The vulva

The vulva refers to the external sexual organs – the area of a woman's body at the base of her trunk, between her legs. The vulva consists of two outer lips (the labia majora) which are covered in pubic hair and surround two inner lips (the labia minora) which are thin and delicate. At the front of the vulva is the clitoris (a part of the body that is sensitive to touch and helps a woman reach a sexual climax or orgasm). Just behind the clitoris is the urethra (the thin tube through which a woman passes urine) and just behind this is the vagina (birth canal). The anus (opening to the back passage) is close to, but separate from the vulva. All these are visible from the outside.

In the groins (the skin creases at the top of each leg) are glands called lymph glands. These are connected by very fine lymph vessels to other lymph glands all over the body to make up the lymphatic system.



What causes cancer of the vulva?

Cancer of the vulva is an uncommon cancer. It usually affects women between the ages of 50 and 75 years, but its occurrence in younger women 35 to 40 years is increasing.

The cause of cancer of the vulva is unknown. There are probably a number of factors that may cause changes in the way the cells grow. One such factor is infection with specific types of the wart virus known as human papilloma virus (HPV), which may lead to changes in the skin of the vulva called Vulval Intraepithelial Neoplasia (VIN). There is some evidence that cigarette smoking may be linked to cancer of the vulva.

Vulval Intraepithelial Neoplasia (VIN)

The cell changes present with vulval intraepithelial neoplasia are graded according to the degree of abnormality as VIN 1, VIN 2 and VIN 3. Cell changes classed as VIN 3 display the greatest degree of abnormality, and in some women may develop into cancer of the vulva if left untreated. The majority of women infected with HPV will not develop cancer of the vulva or cervix.

Cancer of the vulva, like other cancers, is not infectious and cannot be passed on to other people.

What are the symptoms?

Changes to the skin of the vulva such as redness, ulceration or irritation and itching may be symptoms of cancer of the vulva. These are also symptoms of other conditions unrelated to cancer, however, if you notice any of these it would be advisable to see a doctor.

Occasionally the cancer is detected while a woman is washing herself, or during sex when she or her partner may notice a lump on her labia.

Sometimes pain in the vulva may also be a symptom of cancer, but usually early cancer of the vulva is completely painless.

Cancer of the vulva can take many years to develop as it is usually a slow-growing tumour. However, it is important to see your doctor if you do notice any of the above symptoms as it is easier to treat a cancer early.

How is the diagnosis made?

Usually you begin by seeing a general practitioner who will examine you and arrange for you to have any further tests or necessary x-rays. Your GP will need to refer you to a specialist for further diagnosis and treatment.

The specialist doctor (the gynaecologist) will take your full medical history before doing a physical examination. This will include an examination of your vulva and an internal examination to check your vagina and cervix, possibly using a colposcope. A colposcope is like a small microscope with a bright light that can magnify areas so the cells can be seen more clearly. In order to examine the vagina and cervix, an instrument called a speculum will be gently inserted into the vagina to keep the vaginal walls open. As part of this examination, a Pap Smear may also be performed. These examinations may be slightly uncomfortable and embarrassing, but they are usually over in a few minutes.

Biopsy

A definite diagnosis about whether or not there is cancer can usually only be made based on the results of a biopsy.

This is a minor procedure where a small amount of tissue is taken from the vulva so that the cells can be examined under a microscope. Local anaesthetic is usually all that is required, but if necessary it can be performed under a general anaesthetic.

If the biopsy shows that you have cancer of the vulva, tests will be done to show the area of tissue affected and to check if the cancer has spread to other parts of the body. This is called staging. Further tests may include radiological imaging such as chest x ray and CT scan of the abdomen and pelvis. Further blood tests and possibly an electrocardiogram (ECG) will be performed prior to undergoing treatment.

This will help the doctors to work out which treatment is best for you.

Stage 0 or carcinoma in situ – This is very early cancer. The cancer is found in the vulva only and is only in the surface of the skin.

Stage 1 – Cancer is found only in the vulva and/or the area of tissue between the anus and the vagina (perineum). The tumour is two centimetres or less in size.

Stage 2 – Cancer is found in the vulva and/or the area of tissue between the anus and the vagina (perineum), and the tumour is larger than two centimetres.

Stage 3 – Cancer is found in the vulva and/or perineum and has spread to nearby tissues such as the lower part of the urethra (the tube through which urine passes), the vagina, the anus and/or has spread to nearby lymph nodes in the groin, on one side of the body only.

Stage 4A – Cancer has spread to any of the following: Upper urethra, lining of the bladder or bowel, pelvic bone, or has spread to groin lymph nodes on both sides of the body.

Stage 4B – The cancer has spread to the pelvic lymph nodes and has metastasised.

Recurrent – Recurrent disease means the cancer has come back after it has been treated. It may recur in the vulva or in another place.

How is cancer of the vulva treated?

Surgery

The recommended treatment will depend largely on the stage of the disease, as well as factors such as your age, general health and your preferences. The treatment you receive is individually designed for you and may be different from the treatment other women receive.

You may have a lot of questions to ask your doctor at this stage. Making a list can help you remember them. A list of possible questions is included near the back of this booklet.

You might want to obtain a second opinion, as you may feel this will help you to understand your treatment options and help you come to a decision about treatment.

Surgery and radiation therapy are commonly used treatments. Chemotherapy may sometimes also be used. More than one form of treatment may be recommended and the type of treatment will vary depending on the style and site of the cancer.

The type of surgery recommended will depend on the area of skin involved, the size of the tumour and whether the cancer has spread to the lymph nodes or nearby organs.

Wide local excision: If the cancer affects only a small area and does not involve deep tissues, the tumour and a small surrounding margin of healthy tissue skin around it are cut out.

Skinning vulvectomy: When the cancer affects a wide area of skin, but has not spread into the deeper tissue. It may be necessary to remove the skin covering part or all of the vulva, but the tissue underneath is left intact.

Vulvectomy: If the cancer has spread to deeper tissue, an operation in which part, or all of the vulva is removed, may be necessary. This may include removal of the inner or outer labia, or the labia on one side only (partial vulvectomy). If possible, only a limited amount of skin is removed with the cancer, so it is often possible to stitch the remaining skin neatly together. In some instances where more extensive areas of skin are removed, a skin flap from the thigh may be used to cover the wound.

Radical vulvectomy: If the cancer has spread beyond the vulva, it may be necessary to remove part of the urethra as well as the vulva and sometimes the clitoris, depending on where the cancer is located, as well as the lymph nodes from both groins.

Lymph node dissection: If the cancer invades to a depth of more than one millimetre, the lymph nodes will need to be examined.

In this surgical procedure some lymph nodes near the site of the cancer are removed and examined to see if they contain cancer cells. Lymph nodes in the groin area may be the first place to which vulval cancer can spread. Whether or not the nodes in the groin on one or both sides need to be removed will depend on the stage of your cancer. If removal is necessary, the nodes are usually removed through a separate cut in each groin.

When you arrive on the ward you may be feeling anxious about the surgery and being in hospital. Asking questions about the planned surgery, what to expect afterwards and hospital routines may help you feel less worried.

Preparation

Before the operation a nurse may need to clip your pubic hair to help keep the area clean after the operation.

After your operation

Your care and how quickly you recover after the operation will depend on the type of surgery you have. If the cancer is very small and only a minimum amount of skin is removed, then the wound will usually heal quickly. If your lymph glands are removed and particularly if you need more major surgery, then healing and recovery will take longer.

When you return to the ward you will have a drip in your arm, which gives you fluids through a fine tube inserted into a vein. The drip will be removed when you are drinking normally, usually after one or two days.

You will probably have a catheter (a tube to drain urine from your bladder) put in while under the anaesthetic, which will be removed after a few days. If your lymph nodes have been removed you will have a tube (drain) going into the groin to drain away any fluid that may collect there.

Pain relief

The vulva is a sensitive area and it is normal to experience pain following surgery. There are several different types of effective painkillers available, which can be given regularly to ensure any pain you have is well controlled.

Let the nursing staff know if the medication you are given is not keeping the pain under control so that the dose can be adjusted as necessary.

Dressings

The vulval wound may have a dressing that will be changed regularly to keep the area clean. Alternatively, the area may be left uncovered and kept clean by gentle bathing or showering.

Groin wounds will have a dressing and tape securing the drain tube.

When you go home

When you go home take things gently for a while. You may feel physically and emotionally exhausted so try to have plenty of rest.

Your recovery time will depend on the type of surgery you have had. Before you go home talk to the medical or nursing staff about what you can do and what you should avoid for a while.

Some women have problems sitting after surgery of the vulva. The skin in the vulval and groin areas may feel tight which can be very uncomfortable.

Helpful hints – while wounds are healing

- Rinse your vulval area after passing urine by pouring a jug of warm water over while you are sitting on the toilet.
- Avoid tight clothing and any lotions and powders in the area of the operation.
- Limit your physical activity until the skin has healed – if the surgery has been extensive you may need to limit the amount of walking you do.
- Avoid constipation – drink plenty of fluids, include fruit and vegetables in your diet, and you may also need to take something to help soften the stools.
- Ensure you have plenty of rest.

Radiation therapy is the use of x-ray waves to destroy cancer cells. Radiation therapy may be advised if you are not well enough for a major operation. Radiation therapy may be recommended after surgery to try and prevent cancer from coming back if cancer cells were found in the lymph nodes, or if it was not possible to leave behind a border of cancer-free tissue in the area from which the tumour was removed.

External radiation therapy

In external radiation therapy, x-ray waves from a large machine called a linear accelerator are directed at the part of the body needing treatment. For women with vulval cancer, this is the pelvic area.

Radiation therapy is usually given as an outpatient, five days a week for four to six weeks. The actual treatment takes two to three minutes each time. Like a normal x-ray, radiation therapy does not cause pain or discomfort as it is being given.

In some cases, radiation therapy may be given with low dose chemotherapy. This has been found to make the cancer more sensitive to the radiotherapy. Chemotherapy is given intravenously on a weekly basis while having radiotherapy.

Side-effects of radiation therapy

Most of the side-effects of radiotherapy are temporary and will go away in the weeks following treatment. Temporary side-effects include tiredness, depression, diarrhoea, discomfort or burning when passing urine.

Skin in the surrounding area is likely to look and feel sunburned and can be painful. These effects are likely to become more severe towards the end of treatment. Talk to the doctor or nurse who will advise you on how best to care for your skin. Follow their recommendations regarding which creams or lotions to apply.

Bladder and bowel problems

Treatment in the pelvic area may also affect the bowel and bladder. Diarrhoea is a common side-effect which can be controlled with medicine. You may also experience bladder symptoms, such as feeling the need to pass urine more often than usual and when you do, it may cause a burning sensation or be painful.

Menopause and fertility

If you have not already been through menopause, radiation therapy may affect your ovaries, causing them to stop producing female hormones and lead to premature menopause. You may experience symptoms including hot flushes, night sweats and vaginal dryness. Talk to your doctor regarding how to manage any menopausal symptoms you are experiencing. Following menopause you will no longer have menstrual periods and will be unable to become pregnant.

Lymphoedema

If the lymph nodes have been removed from your groin or you have had radiotherapy to this part of your body, you are at an increased risk of developing lymphoedema.

The lymph nodes normally help the movement of lymph fluid through the lymph vessels. Removal of these nodes can block the flow of lymph fluid causing it to collect in the tissues under your skin, leading to swelling of the leg. Lymphoedema can develop months or years after treatment. You may wish to speak to a nurse or physiotherapist who specialises in lymphoedema management to find out about the range of things you can do to minimise the risk of lymphoedema.

For more detailed information about lymphoedema and treatment options, contact The Cancer Council Helpline on 13 11 20 (toll free), 8am to 8pm, Monday to Friday.

Chemotherapy is the treatment of cancer using anti-cancer drugs. The aim is to kill the cancer cells while doing the least possible damage to normal cells. The drugs work by stopping the cancer cells from growing and reproducing.

Chemotherapy drugs are sometimes given by mouth, or more usually intravenously (by injection into a vein). As mentioned previously, chemotherapy may be given along with radiation therapy to increase the effect of radiation therapy.

Early stage vulval cancer may be treated with a chemotherapy cream containing a drug called Fluorouracil (5-FU).

Side-effects of chemotherapy

The side-effects of chemotherapy vary according to the particular drugs used. They may include feeling sick, vomiting, tiredness and some thinning or loss of hair from your body and head. These side-effects are temporary and measures can be taken to prevent or reduce them.

Women who are pre-menopausal may find that chemotherapy causes only a temporary suspension of menstruation, whereas for others, periods cease permanently causing premature menopause. As the impact on ovulation and menstruation is unpredictable, it is recommended that contraception be continued during treatment and for some time after treatment is completed in order to avoid pregnancy. It may be useful to talk to your doctor before deciding when contraception can safely be discontinued. Symptoms of menopause include hot flushes, night sweats and vaginal dryness.

If the cancer has spread and it is not possible to cure it, then your doctor will discuss various treatments for specific problems caused by the cancer.

Palliative treatment is treatment that relieves or soothes pain and other symptoms of illness. Palliative care is available for all people who experience pain and distress associated with cancer, whatever their stage of cancer treatment. It is a particularly important type of treatment for people with advanced cancer who cannot be cured, but can be helped to live without undue pain and distress.

Palliative care includes pain relief using painkilling drugs and other measures. Pain is usually well controlled with oral medication. If pain is particularly severe or difficult to control, then pain-relieving medication may be given by injection.

General practitioners, specialists and specialist palliative care teams all play important roles in palliative treatment for people with advanced cancer.

For further information, contact **The Cancer Council Helpline** on **13 11 20** (toll free), 8am to 8pm, Monday to Friday.

Making decisions about treatment

Sometimes it is difficult to make decisions about what is the right treatment for you. You may feel that everything is happening so fast and you do not have time to think things through. Some people find that waiting for test results and for treatment to begin is very difficult.

While some women feel they are overwhelmed with information, others may feel that they don't have enough. You need to make sure you understand enough about your illness, the treatment and its side-effects to make your own decisions. Don't be hurried into making decisions. Waiting a few extra days will not make a difference to the success of your treatment.

If you are offered a choice of treatments, you will need to weigh the advantages and disadvantages of each treatment. If only one type of treatment is recommended, ask your doctor to explain why other treatment choices are not advised.

Talking with doctors

You may want to see your doctor a few times before making a final decision on treatment. It is often difficult to take everything in and you may need to ask the same questions more than once. Before you see the doctor it may help to write down your questions.

At the end of this booklet there is a list of questions that may assist you. Taking notes during the consultation with the doctor can also help. Many people like to have a family member or friend go with them to take part in the discussion, take notes or simply listen. Some people find it is helpful to tape-record the discussion.

You may want to ask for a second opinion from another specialist. This is understandable and may be a valuable part of your decision-making process. Your doctor can refer you to another specialist and you can ask for your records to be sent to them.

Sexuality

The vulva is normally associated with very intimate and private areas of our lives. You may feel shocked and upset by the idea of having surgery or radiotherapy to this part of your body.

Everyone expresses their sexuality in their own way. The issues discussed below are concerns that have been raised by women in the past, but may not be relevant to you. You may find it helpful to discuss your own specific concerns with your doctor, a nurse or someone you feel comfortable with.

The diagnosis and treatment of vulval cancer may significantly affect how you feel about yourself and your relationships. You may find changes in the appearance of the vulva difficult to accept, and you may be concerned about how this will impact on a current or future sexual relationship with a partner. If you currently have a partner, anxiety about resuming sexual activity may mean that you distance yourself from your partner, avoiding all physical contact. Although you may want the closeness and intimacy of hugging and cuddling you may be reluctant to reach out to your partner, concerned that any approach may be misinterpreted as a desire for sexual activity. This may leave you feeling alone at a time when you need support. If you can, share your feelings with your partner. Try and be as honest as you can about what you want and don't want.

If you wish to resume sexual intercourse, it may suit you to proceed slowly while you find out how you feel most comfortable. You may prefer a position where you have more control and there is less pressure to your pelvic area.

Following radiation therapy or surgery, the vagina may have become tighter or shorter and you may also experience vaginal dryness. Both these problems can cause difficulty and discomfort with sexual intercourse. There are different lubricants available from supermarkets and pharmacies that help with dryness.

If you have had surgery involving removal of the clitoris or tissue surrounding the clitoris, you may be anxious about how you will respond sexually and worried that you will not be able to have orgasms. You may experience changes in your sexual arousal and response that are difficult to accept. It may take time for you to explore different ways of being touched and caressed that give you pleasure. It may take time for you to feel comfortable and confident about your body. You may not be used to talking about your sexual relationship with a partner, perhaps because you've never needed to do so before. You may feel you don't know how to start and what to say. If your partner is feeling the same way you may both end up avoiding the issue and each other, which may lead to greater misunderstanding.

It is normal to be anxious about resuming or initiating a sexual relationship. You may recover physically within a few months, but emotionally it may take much longer. These are normal feelings, but you may find counselling helpful. As with all major challenges, some relationships suffer under the strain. You and your partner may both need to seek separate support.

Issues for partners

Partners are often afraid about the impact of treatment on the woman herself and also on their relationship. You may be concerned that having sex after the treatment will hurt her and cause injury so you may avoid expressing sexual and intimate feelings. This may leave you both feeling rejected or unsupported, so try talking to your partner about how you both feel and what you both want from your relationship at this time.

The Cancer Council Queensland's booklet 'A guide for the partners of women with gynaecological cancer' may be useful. Call **The Cancer Council Helpline** on **13 11 20** (toll free), 8am to 8pm, Monday to Friday.

Practical and financial help

A diagnosis of cancer may cause practical and financial difficulties in your life. There is some support available to assist you with these concerns. As a first point of call, make contact with a social worker or welfare worker at the treatment facility you are visiting. As an alternative, contact **The Cancer Council Helpline** on **13 11 20** to find out about other services that may be of assistance to you.

Relaxation techniques

Some women find relaxation or meditation techniques helpful. These techniques can help to reduce feelings of anxiety or stress and generally increase your sense of well-being and capacity to cope. You can obtain a free Relaxation booklet, audiotape or CD from The Cancer Council Queensland, by calling **The Cancer Council Helpline** on **13 11 20**.

Cancer support groups

Cancer support groups offer mutual support and information to people affected by cancer. It can help to talk with others who have gone through a similar experience. Support groups can also offer many practical suggestions and ways of coping.

For further information contact **The Cancer Council Helpline** on **13 11 20** (toll free), 8am to 8pm, Monday to Friday.

Our Helpline is a service of The Cancer Council Queensland. The Cancer Council Helpline is a telephone information and support service for people affected by cancer. It is a confidential service where you can talk about your concerns and needs with specially trained staff.

The staff can also send you written information and put you in touch with appropriate services in your own area.

Our Helpline can refer you to The Cancer Council Queensland's Cancer Counselling Service which is a free and confidential cancer counselling service that is available to all people in Queensland who would like help coping with cancer, either by telephone or face-to-face in Brisbane.

The Cancer Council Helpline can be contacted on **13 11 20** (toll free) from anywhere in the state.



You may find the following checklist helpful when thinking about the questions you want to ask your doctor about cancer and treatment.

1. What type of cancer do I have?
2. How extensive is my cancer?
3. What treatment do you advise for my cancer and why?
4. Are there other treatment choices for me? If not, why not?
5. What are the risks and possible side-effects of each treatment?
6. Will I have to stay in hospital or will I be treated as an outpatient?
7. How long will the treatment take?
8. How much will it cost?
9. Will I have a lot of pain with the operation? What will be done about this?
10. If I need further treatment, what will it be like and when will it begin?
11. Will the treatment effect my sexual relationships?
12. How frequent will my checkups be and what will they involve?
13. Are there any problems I should watch out for?
14. I would like to have a second opinion. Can you refer me to someone else?

If there are answers you do not understand, feel comfortable to say "can you explain that again" or "I am not sure what you mean by ..."

Glossary

Most of the words listed here are used in this booklet, others are words you are likely to hear used by doctors and other health professionals who will be working with you.

anaesthetic - A drug given to stop a person feeling pain. A 'local' anaesthetic numbs part of the body, a 'general' anaesthetic causes temporary loss of consciousness.

benign - Not cancerous. Benign cells are not able to spread like cancer cells.

biopsy - The removal of a small sample of tissue from the body for examination under a microscope to help diagnose a disease.

carcinoma in situ - Cancer that involves only the cells in which it began and has not spread to nearby tissues.

catheter - A flexible tube inserted into a narrow opening so that fluids can be introduced or removed.

cells - The 'building blocks' of the body. A human is made of millions of cells which are adapted for different functions. Cells are usually able to reproduce themselves exactly unless they are abnormal or damaged, as are cancer cells.

cervix - The lower part of the uterus which extends into the vagina.

chemotherapy - The use of special (cytotoxic) drugs to treat cancer by killing cancer cells or slowing their growth.

colposcopy - The examination of the vagina and cervix with a magnifying instrument called a colposcope to check these tissues for abnormality.

computerised tomography (CT) scan - The technique for constructing pictures from cross sections of the body by x-raying the part of the body to be examined from many different angles.

genes - The tiny factors that govern the way the body's cells grow and behave. Each person has a set of many thousands of genes inherited from both parents. These genes are found in every cell of the body.

gynaecological oncologist - A doctor who specialises in treating women diagnosed with cancer of the reproductive organs.

hysterectomy - The removal of a woman's uterus by surgery.

intravenous - Into a vein. An intravenous drip gives drugs directly into a vein.

lymphadenectomy - Removal of the lymph nodes from a particular part of the body.

lymph nodes - Also called lymph glands. Small, bean shaped structures which form part of the lymphatic system. Lymph is the fluid that flows through this system and carries cells that help to fight disease and infection. The lymph nodes filter the lymph to remove bacteria and other harmful agents such as cancer cells.

lymph vessels - Part of the lymphatic system. The lymphatic system is part of the immune system which protects the body against 'invaders' like bacteria and parasites. The lymphatic system is a network of small lymph nodes connected by very thin lymph vessels which branch into every part of the body.

lymphoedema - Swelling of a part of the body, usually the legs or arms. Caused by the blockage or removal of the lymph nodes causing fluid (lymph) to accumulate.

malignant - Cancerous. Malignant cells can spread (metastasis) and can eventually cause death if they cannot be treated.

menopause - The natural cessation of a woman's periods or menstruation. This is the main event marking a woman's transition from when having children is possible to the post-reproductive years. Usually occurs between the ages of 45 and 55 years.

metastases - Also known as 'secondaries'. Tumours or masses of cells that develop when cancer cells break away from the original (primary) cancer and are carried by the lymphatic and blood systems to other parts of the body.

prognosis - An assessment of the course and likely outcome of a person's disease.

radiation therapy - The use of radiation to kill cancer cells. Radiation can be directed at a tumour from outside the body, or a radioactive source may be implanted into a tumour and the surrounding tissue.

tumour - An abnormal growth of tissue on or in the body.

Further information and contacts

The Cancer Council Queensland has produced a video/ dvd on 'Understanding gynaecological cancer.' In this production women who have had cancer of the vulva talk about their experiences and how they coped. The DVD also features further information about cancer and coping with cancer. Call **The Cancer Council Helpline** on **13 11 20** (toll free), 8am to 8pm, Monday to Friday for more information.

The booklets listed below are also available free of charge from The Cancer Council Queensland.

Understanding radiation therapy

A booklet explaining what radiotherapy is and what it does.

Understanding chemotherapy

A booklet explaining what chemotherapy is and what it does.

Understanding emotions

A booklet explaining the process of coping with and adjusting to a cancer diagnosis.

A guide for the partners of women with gynaecological cancer - how to help

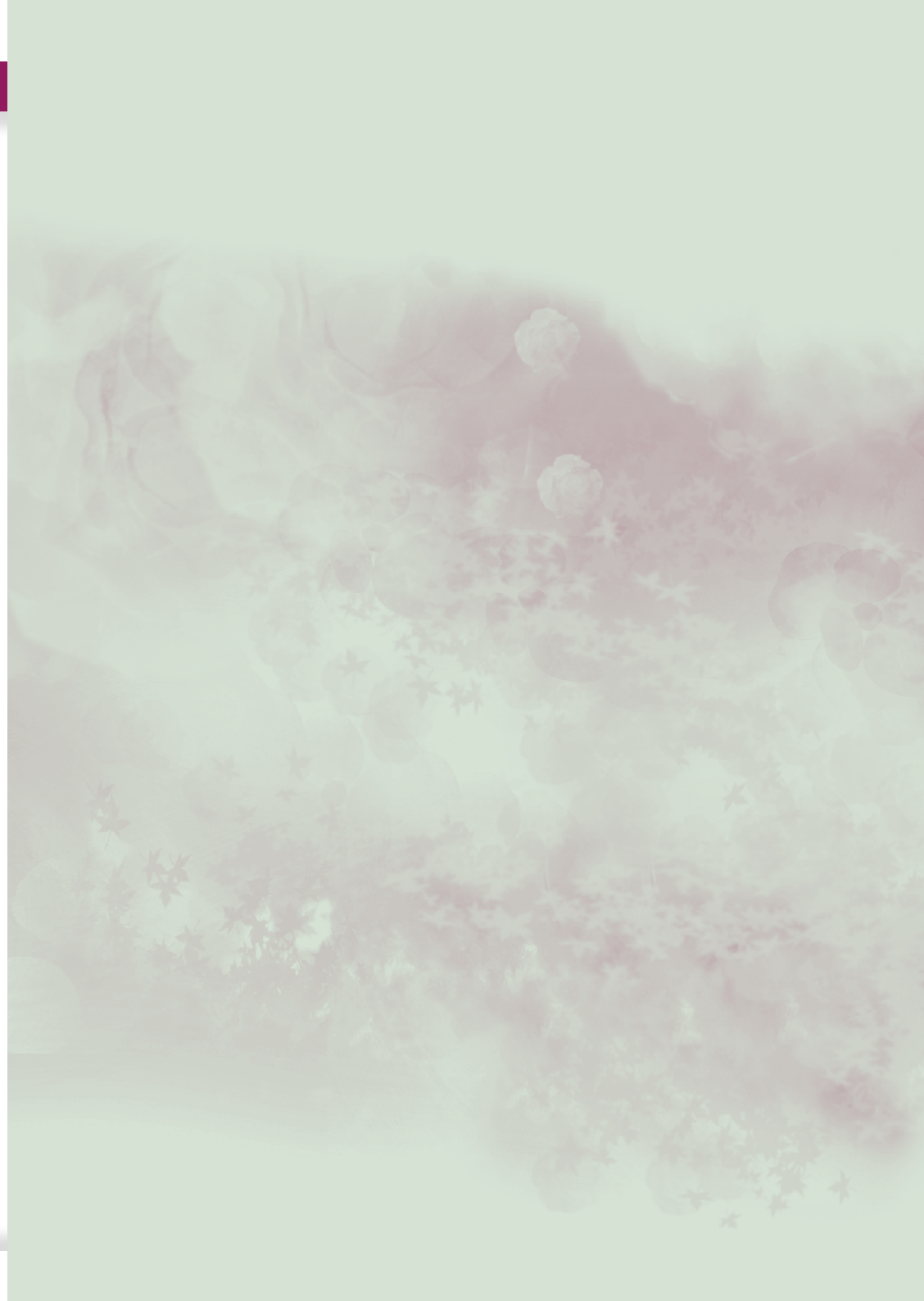
Relaxation booklet, audiotape or CD

Techniques to help to reduce feelings of anxiety or stress.

The Gynaecological Cancer Society assists with information and support for women affected by cancer. You can contact them on (07) 3878 4790 or (07) 3636 8490 or by visiting their website at www.gcsau.org.

The Gynaecological Cancer Society also operates an Emotional Support Help-line for patients, carers and close family members on 1800 700 288 (free call).

It can be useful to jot down any other points you may want to discuss with your doctor.



More information

For more information about your cancer and its treatment contact your treating health professional or your nearest office of The Cancer Council Queensland.

You can also contact the **The Cancer Council Helpline** toll free on **13 11 20**, Monday to Friday from 8am to 8pm.



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Cairns

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Bungalow Qld 4870
Ph: (07) 4031 1555

Townsville

24 Warburton Street
North Ward Qld 4810
Ph: (07) 4721 1644

Rockhampton

43 Upper Dawson Road
Rockhampton Qld 4700
Ph: (07) 4927 7088

Sunshine Coast

Shop 4, Credit Union Australia Plaza
Corner Maroochydore Road and Baden Powell Street
Maroochydore Qld 4558
Ph: (07) 5443 6300

Gold Coast

Corner Short Street and Marine Parade
Southport Qld 4215
Ph: (07) 5591 1500

Toowoomba

137 Herries Street
Toowoomba Qld 4350
Ph: (07) 4638 4799