

和您一起，戰勝癌症

Winning Against Cancer

女性生殖器官癌

Cancers of Female
Reproductive Organs



養和醫院
綜合腫瘤科中心

Comprehensive Oncology Centre
Hong Kong Sanatorium & Hospital

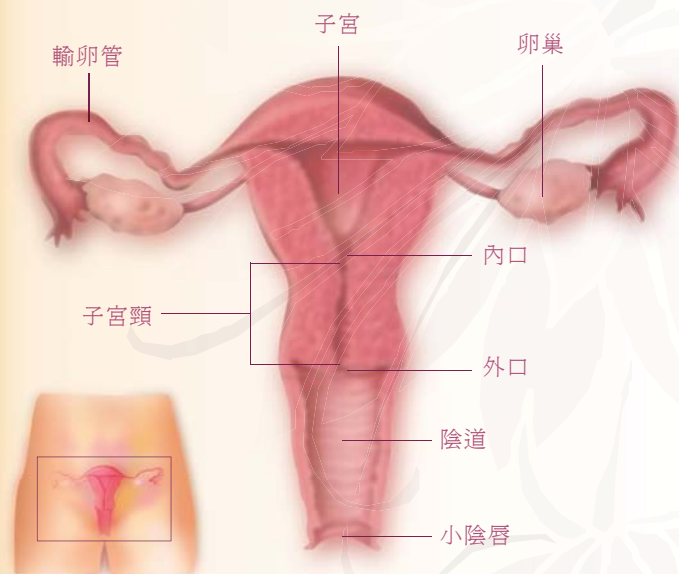
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女性生殖器官

子宮位於骨盆內，是女性孕育胎兒的器官，而子宮頸則位於子宮的下半部。

卵巢負責製造卵子，當卵子離開卵巢後，可能會受精；受精卵將會著床於子宮內膜，繼續發育成為胎兒。



子宮癌(子宮內膜癌)

超過95%的子宮癌是由子宮內膜的惡性病變引起。這種癌症稱為子宮內膜癌。另一種子宮癌則起源於子宮的肌肉及支撐組織，稱為子宮肉瘤。除另有所指外，下文將集中介紹子宮內膜癌。

子宮癌概況

子宮癌(子宮內膜癌)於香港女性十大常見癌症中位居第八。在二零零三年，本港有383宗子宮癌新症，平均每十萬名婦女就有10.9人患病。女性證實患上子宮癌的普遍年齡一般介乎四十五至五十四歲。

病因及高危因素

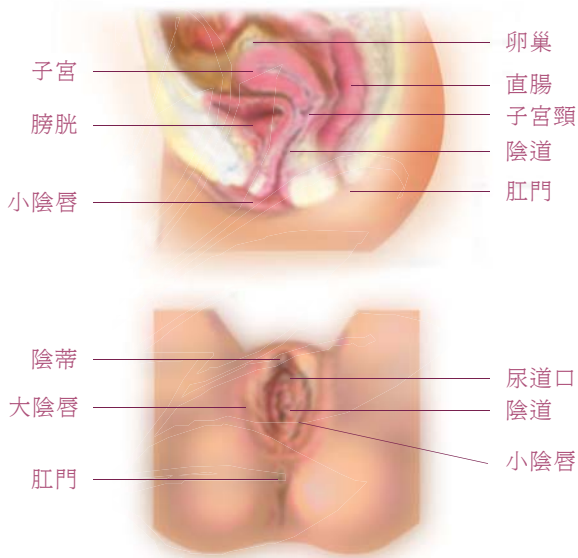
初經早(十二歲前)、停經遲、不育、從未生育、肥胖、高血壓、某些卵巢疾病、糖尿病、乳癌、卵巢癌，以及長期接受雌激素補充治療以紓緩更年期症狀，均會增加女性患子宮癌的風險。倘若曾有家族成員患上結腸癌和子宮癌，女性患子宮癌的風險亦會增加。

長期服用治療乳癌用的激素藥物他莫昔(Tamoxifen)，亦可能會稍增患子宮癌的風險，然而使用他莫昔芬治療乳癌的效益遠比其風險高。

常見症狀

症狀包括陰道有不正常的出血現象/不正常的分泌物或停經後出血。

外陰即女性的外生殖器，由陰唇、陰蒂、尿道口及陰道口所組成。



即使上述症狀可能是由其他原因所致，如發現以上任何一種症狀，亦應諮詢醫生意見。

醫生如何診斷？

醫生會為懷疑患子宮癌的人士進行初步的身體檢查和盆腔檢查。如須進一步確定您是否患癌，醫生會進行子宮內膜活檢或擴張刮除術，抽取子宮內膜組織的樣本，交由病理醫生利用顯微鏡檢查，或利用子宮鏡檢視您的子宮內部。

如何治療子宮癌？

以下療法可單獨使用，也可合併使用，視乎病情而定：

- ※ **外科手術**：子宮癌的主要治療方法是子宮切除術。為徹底清除癌細胞，醫生多數會將卵巢和輸卵管一併切除。兩側骨盆腔的淋巴結亦可能按需要而切除。
- ※ **放射治療**：一般在手術前或後施行，形式可以是體外放射治療，或將一個已密封的放射物質放入陰道，進行體內放射治療。
- ※ **激素治療**：可能在特殊情況下，以孕酮素治療子宮癌。
- ※ **化療**：或作輔助性治療。

醫生會按照病人的病情，決定最適合的治療方法。

預防子宮癌

健康的飲食及生活習慣或有助預防癌症，故此日常應多吃新鮮蔬果，少吃脂肪含量高的食物，並多做運動，切勿吸煙。

長期服用口服避孕藥能減低患子宮癌的風險，並且在停止用藥後最少十年內，仍能維持保護子宮內膜的功效。女性應與醫生討論，並衡量用藥的利弊。

控制肥胖及糖尿病，亦可能有助減低患子宮癌的風險。

子宮頸癌

子宮頸癌概況

子宮頸癌於香港女性十大常見癌症中位居第五。在二零零三年，本港有408宗子宮頸癌新症，平均每十萬名婦女就有11.6人患病。女性證實患上子宮頸癌的普遍年齡一般介乎四十至四十九歲。

病因及高危因素

子宮頸癌的主要高危因素是感染人類乳頭狀瘤病毒(HPV)。迄今發現有超過一百多種HPV，其中與子宮頸癌有關的，稱為高危類型病毒(如HPV 16、HPV 18、HPV 31、HPV 33、HPV 35、HPV 45、HPV 51、HPV 52 和 HPV 56)。

女性若很年輕便開始有性生活、有多位性伴侶、與有多位性伴侶的人士發生性關係，或免疫系統有問題，會較容易感染HPV。吸煙、不健康的飲食習慣及家族有子宮頸癌的記錄，亦會增加患子宮頸癌的風險。

研究發現，長期以服用口服避孕藥代替使用安全套，亦可能會增加患子宮頸癌的風險。女性應與醫生討論，並衡量用藥的利弊。

常見症狀

在子宮頸癌形成之前，子宮頸細胞會出現鱗狀上皮內瘤樣病變，但這些早期的病變並沒有任何

症狀。當癌細胞已入侵周圍的組織，有可能會導致陰道不正常出血，例如每次月經之間或停經後出血。此外，性交後出血亦可能是子宮頸癌的症狀。

即使上述症狀可能是由其他原因所致，如發現以上任何一種症狀，亦應諮詢醫生意見。

醫生如何診斷？

定期接受子宮頸抹片檢查，能夠驗出子宮頸細胞的異常轉變。如子宮頸抹片檢查的結果不正常，便需要接受陰道鏡檢查及進行子宮頸活組織檢驗，以作診斷。

如何治療子宮頸癌？

以下療法可單獨使用，也可合併使用，視乎病情而定：

- ※ **外科手術**：正常的手術程序包括根治性子宮切除手術及兩側骨盆腔的淋巴結切除手術。
- ※ **放射治療**：適用於不同階段的子宮頸癌，一般採取體外放射治療的形式。
- ※ **化療**：可於切除子宮頸癌的手術前或後施行。

醫生會按照病人的病情，決定最適合的治療方法。

預防子宮頸癌

子宮頸癌是可以預防的。健康的飲食及生活習慣有助預防癌症，故此日常應多吃新鮮蔬果，少吃脂肪含量高的食物並多做運動，切勿吸煙。而子宮頸癌與很年輕便開始有性生活及有多位性伴侶亦有關係。

子宮頸癌普查

在子宮頸癌形成之前，子宮頸內會有鱗狀上皮內瘤樣病變。如不加以處理，這些病變可能會在五至十年間演變為子宮頸癌。由於鱗狀上皮內瘤樣病變並無任何症狀，唯有子宮頸抹片檢查能夠找出這些異常細胞。

曾有性經驗的婦女，應每年接受一次子宮頸抹片檢查，以便有效地偵測早期變異的細胞，及早作出診斷及治療，達到預防子宮頸癌的目的。本院的婦女健康及產科部提供子宮頸抹片檢查及人類乳頭狀瘤病毒基因普查，歡迎查詢。

子宮頸癌疫苗

近七成的子宮頸癌個案，都是由HPV 16及HPV 18引起。最近，醫學界已成功研發疫苗，能夠預防HPV 16及HPV 18所導致的子宮頸癌。此疫苗已獲美國食品及藥物管理局批准使用。

卵巢癌

卵巢癌概況

卵巢癌於香港女性十大常見癌症中位居第六。二零零三年本港有399宗卵巢癌新症，平均每十萬名婦女就有11.4人患病。女性證實患上卵巢癌的普遍年齡一般介乎四十至四十九歲。

病因及高危因素

卵巢癌主要影響已停經的婦女。初經早(十二歲前)、停經遲(五十歲後)、從未生育或在三十歲後才首次懷孕，均可能會增加患卵巢癌的風險。

如母親、姊妹或女兒曾患卵巢癌、乳癌或結腸直腸癌，亦會增加患卵巢癌的風險。若這些直系親屬在五十五歲前患上卵巢癌，您患卵巢癌的風險更可能會顯著增加，而且親屬患病的年紀愈輕，風險愈大。如有家人因乳癌基因BRCA1及BRCA2出現突變而患上癌症，您患卵巢癌的風險亦會顯著增加。

常見症狀

大部份卵巢癌患者並無任何症狀，但小部份患者則會經常感到腹脹、腹部腫塊、腹部不適、便秘、腹痛及有急迫性尿意，而且程況會日趨嚴重。其他症狀包括陰道出血、陰道疼痛及腳腫等。

即使上述症狀可能是由其他原因所致，如發現以上任何一種症狀，亦應諮詢醫生意見。

醫生如何診斷？

醫生會為懷疑患卵巢癌的人士進行超聲波檢查、電腦掃描及磁力共振掃描。如要確定癌症是否擴散，則需進行鋇劑灌腸造影檢查、正電子掃描及肺部X光檢查。

如何治療卵巢癌？

以下療法可單獨使用，也可合併使用，視乎病情而定：

- ※ **外科手術**：卵巢癌的患者通常需要接受手術，切除子宮、卵巢及輸卵管。醫生亦會切除患者盆腔及腹部的淋巴結，測試癌症有否擴散。如患者的癌症屬於早期，並希望日後能夠生育，醫生會視乎病情只切除受癌症影響的卵巢。若癌症已擴散到腹部其他器官，醫生會盡可能切除所有癌腫。腸內腹膜切除術乃按卵巢癌的標準手術分期進行。
- ※ **放射治療**：形式可以是體外放射治療，或可能使用放射物質，進行近距離放射治療。
- ※ **化療**：一般作為手術的輔助治療，利用抗癌藥物消滅癌細胞。藥物可以口服、靜脈注射及腹膜內注射的形式施行。

醫生會按照病人的病情，決定最適合的治療方法。

預防卵巢癌

健康的飲食及生活習慣有助預防癌症，因此日常應多吃新鮮蔬果，少吃脂肪含量高的食物，並多做運動，切勿吸煙。

研究發現，服用口服避孕藥達三年或以上，能將患卵巢癌的風險減低30%至50%。在生育後接受輸卵管結紮手術，亦證實能將患卵巢癌的風險減低達67%，而子宮切除術同樣能減低患病的風險。

如家人曾患卵巢癌或BRCA基因突變所致的乳癌，可考慮接受本中心的癌症基因分析服務。該服務能讓您知道自己及家人患卵巢癌的風險是否較高，從而採取適當的預防措施。

外陰癌

外陰癌概況

外陰癌是一種較為罕見的癌症，佔婦產科腫瘤個案的5%。女性證實患上外陰癌的普遍年齡一般約為七十歲。

病因及高危因素

外陰癌主要影響年紀較大的女性。接近85%的患者為五十歲以上，但亦有15%的患者年齡在四十歲以下。

年輕女性所患的外陰癌，相信是與感染高危類型的人類乳頭狀瘤病毒(HPV)有關，如HPV 16、HPV 18及HPV 31等。這些病毒會導致外陰部位出現鱗狀上皮內瘤樣病變，繼而有機會演變成癌症。由於HPV可以經由性接觸傳染，很年輕便開始有性生活、有多位性伴侶及與有多位性伴侶的人士發生性行為，都會增加感染HPV的機會。

年長女性所患的外陰癌則與硬化性和萎縮性苔蘚有關。這種病症會令外陰的皮膚變得非常薄及痕癢。此外，吸煙、患子宮頸癌和感染愛滋病毒亦會增加患外陰癌的風險。

常見症狀

外陰癌的常見症狀包括外陰持續痕癢、出現腫塊、疼痛、灼熱、排尿時疼痛、出血、陰道分泌異常，或外陰的痣出現左右不對稱、邊緣參差不齊、顏色不均勻、直徑大於六毫米等現象。

即使上述症狀可能是由其他原因所致，如發現以上任何一種症狀，亦應諮詢醫生意見。

醫生如何診斷？

醫生會為懷疑患外陰癌的人士進行身體檢查，包括盆腔檢查或取出腫塊組織作活組織檢查，以作診斷。

如何治療外陰癌？

以下療法可單獨使用，也可合併使用，視乎病情而定：

- ※ **外科手術**：醫生會切除癌腫及附近的健康組織，或切除整個或部分外陰。鑑於外陰癌多數會擴散至腹股溝的淋巴結，醫生可能會將這些淋巴結一併切除。
- ※ **放射治療**：體外放射治療能消滅外陰的癌細胞。對於較晚期的外陰癌，醫生可能會同時施行放射治療及化療，將癌腫縮小，然後透過手術將之切除。
- ※ **化療**：利用抗癌藥物消滅癌細胞，藥物可以口服或靜脈注射的形式施行。對於較晚期的外陰癌，化療可與放射治療合用。

醫生會按照病人的病情，決定最適合的治療方法。

預防外陰癌

培養健康的飲食及生活習慣，多吃新鮮蔬果，少吃脂肪含量高的食物，並多做運動，切勿吸煙。

外陰癌與感染高危類型的人類乳頭狀瘤病毒 (HPV) 有關。最近，醫學界成功研發疫苗，能夠預防 HPV 16 及 HPV 18 所導致的子宮頸癌，可望於將來預防外陰癌及其他與 HPV 有關的癌症。

及早治理外陰鱗狀上皮內瘤樣病變，有助預防外陰癌。醫生在進行子宮頸抹片檢查及盆腔檢查時，會同時檢查外陰。定期接受這兩項檢查，有助及早發現外陰的異常狀況。

綜合腫瘤科中心的全面護理

綜合腫瘤科中心提供癌症普查、診斷及治療的一站式專業服務，並為患者及其家屬提供支援及輔導。

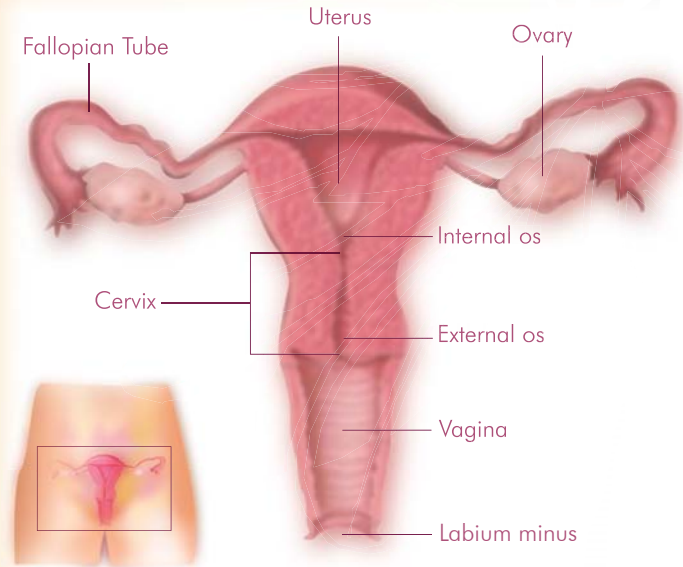
我們更與香港大學合作，推動持續醫學教育及發展，以求達到治療癌症的最佳效果。

愈早驗出癌症，愈能有效治療。如您懷疑自己或身邊的人患上癌症，請莫遲疑，馬上聯絡我們安排檢查及診治。

Female Reproductive Organs

The uterus is located in the female pelvis and is responsible for protecting and nourishing the fetus prior to birth. The cervix is the lower half of the uterus.

The ovaries produce eggs that travel through the fallopian tubes. Once the egg has left the ovary, it can be fertilized and implant itself in the lining of the uterus, where it will develop into a fetus.



UTERINE (ENDOMETRIAL) CANCER

More than 95% of uterine cancer starts from the endometrium, the inner lining of the uterus. This type of cancer is known as endometrial cancer. Another type of uterine cancer is uterine sarcoma which starts from muscles and supporting tissues of the uterus. This chapter will focus on endometrial cancer unless otherwise specified.

How common is uterine cancer?

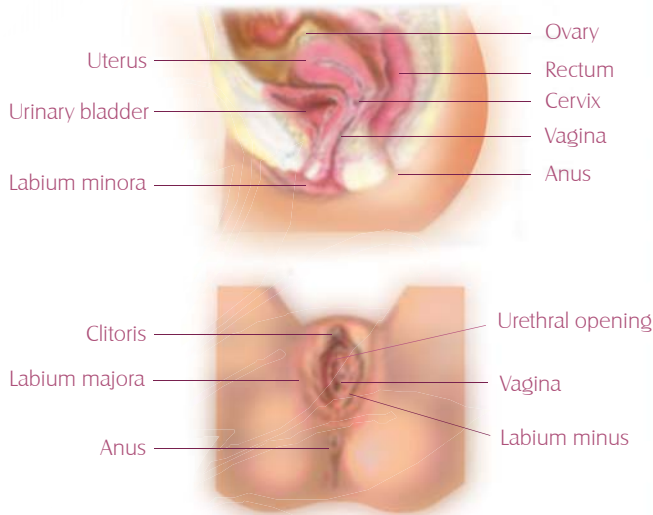
Uterine cancer (endometrial cancers) is the 8th most common cancers among women in Hong Kong. There were 383 new cases in 2003, affecting 10.9 women out of every 100,000. The commonest age at which women are diagnosed with uterine cancer is between 45 and 54 years old.

What are the causes and risk factors?

A woman's risk of developing uterine cancer may increase if she started menstruation early (before the age of 12) or her menopause late in life. Infertility, having had no pregnancy, obesity, high blood pressure, certain ovarian diseases, diabetes, breast cancer, ovarian cancer and long-term use of estrogen replacement therapy (ERT) to relieve menopausal symptoms may also increase the risk of having uterine cancer. A family history of colorectal and uterine cancers is another risk factor for uterine cancer.

Long-term use of tamoxifen (a hormone therapy for breast cancer) may slightly increase the risk of

The vulva is the external female genitalia, including the labia, clitoris, and the urethral and vaginal openings.



developing uterine cancer, but the benefit of taking tamoxifen to treat breast cancer far outweighs the risk.

What are the common symptoms?

Unusual vaginal bleeding/discharge, or post-menopausal bleeding may be symptoms of uterine cancer.

Although these symptoms may also be caused by other conditions, it is very important that you have them checked by a doctor.

How does the doctor make the diagnosis?

If uterine cancer is suspected, the doctor will first perform a general physical and pelvic examination. To confirm the diagnosis, endometrial biopsy or Dilatation and Curettage (D&C) will be performed in which the doctor obtains tissue samples of your uterine lining and sends them to a pathologist for examination under a microscope. He/she may also use a piece of instrument called hysteroscope to look at the inside of your uterus.

How is uterine cancer treated?

The following types of treatment may be given alone or together, depending on the patient's condition:

- ※ **Surgery** is the mainstay of treatment for uterine cancer. The uterus is removed usually together with the ovaries and fallopian tubes to ensure that no cancer cells remain in the body. Bilateral pelvic nodal dissection may be required.

- ※ **Radiotherapy** is usually given before or after surgery either in the form of external beam radiotherapy or brachytherapy, in which a radioactive material encased in an applicator, is implanted into the vagina.

- ※ **Hormone therapy** in the form of progesterone-like drugs may be given to treat uterine cancer in special circumstances.

- ※ **Chemotherapy** may be given as an adjuvant treatment.

Doctors will plan the most appropriate treatment according to the patient's condition.

How can uterine cancer be prevented?

Cancer may be prevented by adopting a healthy diet and lifestyle – eat more fresh fruits and vegetables, cut down on high-fat food, exercise regularly and do not smoke.

Long-term use of oral contraceptives can reduce uterine cancer risk, and this protection continues for at least 10 years after a woman stops taking the drugs. Women should discuss with their doctors whether the benefit of using these drugs outweighs the potential risk.

Controlling obesity and diabetes may also help reduce the risk of uterine cancer.

CERVICAL CANCER

How common is cervical cancer?

Cervical cancer is the 5th most common cancer among women in Hong Kong. There were 408 new cases in 2003, affecting 11.6 women out of every 100,000. The commonest age at which women are diagnosed with cervical cancer is between 40 and 49 years old.

What are the causes and risk factors?

The most important risk factor for cervical cancer is infection by the Human Papillomavirus (HPV). There are more than 100 types of HPV, among which only a few high-risk genotypes (e.g. HPV 16, HPV 18, HPV 31, HPV 33, HPV 35, HPV 45, HPV 51, HPV 52 and HPV 56) are associated with the development of cervical cancer.

Becoming sexually active at a young age, having multiple sexual partners, having sex with someone who has many sexual partners and an impaired immunity put women at an increased risk of HPV infection. Smoking also increases the risks of cervical cancer.

Studies have found that using oral contraceptives instead of condoms may increase the risk of cervical cancer in the long term. Women should discuss with their doctors whether the benefit of using these drugs outweighs the potential risk.

What are the common symptoms?

Cervical cancer develops from abnormal changes in the cells of the cervix known as cervical

intraepithelial neoplasia (CIN), but these early changes do not cause any symptoms. When the cancer cells have invaded nearby tissues, women may notice abnormal vaginal bleeding such as bleeding in between periods or after menopause. Postcoital bleeding may be a symptom of cervical cancer.

Although these symptoms may also be caused by other conditions, it is very important that you have them checked by a doctor.

How does the doctor make the diagnosis?

Abnormal changes in the cells of the cervix can be detected by regular cervical screening (Pap smear). If the result of cervical screening is abnormal, colposcopy and cervical biopsy will be performed for diagnosis.

How is cervical cancer treated?

The following types of treatment may be given alone or together, depending on the patient's condition:

- ※ **Surgical treatment** The standard treatment is radical hysterectomy and bilateral pelvic nodal dissection.
- ※ **Radiotherapy** is useful for all stages of cervical cancer. External beam pelvic irradiation is most commonly employed.
- ※ **Chemotherapy** can be given before or after surgical removal of cervical cancer.

Doctors will plan the most appropriate treatment according to the patient's condition.

How can cervical cancer be prevented?

Cervical Cancer is preventable. It may be prevented by adopting a healthy diet and lifestyle – eat more fresh fruits and vegetables, cut down on high-fat food, exercise regularly and do not smoke. It is worth noting that cervical cancer is associated with becoming sexually active at a young age and having multiple sexual partners.

Cervical Screening (Pap Smear)

In the precancerous stage of cervical cancer, abnormal cell changes found in the cervix are known as cervical intraepithelial neoplasia (CIN). Without treatment, CIN may develop into cancer in 5 to 10 years' time. Since there are no symptoms associated with CIN, such abnormal cell changes can only be detected by cervical screening (Pap smear).

Women with sexual experience should have cervical screening every year to detect and treat early abnormal cell changes in the cervix in order to prevent cervical cancer. Cervical screening and HPV DNA screening services are available at the Department of Women's Health & Obstetrics of the Hospital. Please contact us for details.

Cervical Cancer Vaccine

A vaccine which offers protection against cervical cancer caused by HPV 16 and HPV 18, which account for approximately 70% of the total number of cases, has recently been approved by the US Food and Drug Administration.

OVARIAN CANCER

How common is ovarian cancer?

Ovarian cancer is the 6th most common cancer among women in Hong Kong. There were 399 new cases in 2003, affecting 11.4 women out of every 100,000. The commonest age at which women are diagnosed with ovarian cancer is between 40 and 49 years old.

What are the causes and risk factors?

Most ovarian cancers develop after menopause. Your risk of ovarian cancer may increase if your menstruation begins at an early age (before age 12), menopause occurs after age 50, you have no children or have your first child after age 30.

Your ovarian cancer risk is increased if your mother, sister or daughter has/had ovarian cancer, breast cancer or colorectal cancer. Your risk may be even higher if these relatives develop ovarian cancer before the age of 55. The younger your relative was when she develops ovarian cancer, the higher is your risk. A family history of breast cancer caused by mutation of the breast cancer gene BRCA1 and BRCA2 also significantly increases your risk of having ovarian cancer.

What are the common symptoms?

While most patients show no symptoms, others may have abdominal distension, abdominal mass, abdominal discomfort, abdominal bloating, constipation, or abdominal pain and urinary urgency. These symptoms tend to become more severe with time. Other symptoms include vaginal bleeding, pain, leg swelling.

Although these symptoms may also be caused by other conditions, it is very important that you have them checked by a doctor.

How does the doctor make the diagnosis?

The doctor will arrange ultrasound scan, CT scan and MRI scan for patients who are suspected to have ovarian cancer. Barium enema, PET scan and chest X-ray will be performed if the doctor needs to confirm whether cancer has spread to other organs.

How is ovarian cancer treated?

The following types of treatment may be given alone or together, depending on the patient's condition:

- ※ **Surgical treatment** is usually indicated for patients with ovarian cancer to remove the uterus, ovaries and fallopian tubes. Lymph nodes in the pelvis and abdomen are also removed to test for any spread of cancer out of the ovaries. Sometimes, in women with early ovarian cancer who wish to have children in future, only the affected ovary may be removed. If cancer has spread throughout the abdomen, the tumours will be removed as much as possible although not all of them can be removed. Intracolic omentectomy is done for standard surgical staging of ovarian cancer.

- ※ **Radiotherapy** can be given either in the form of external beam radiotherapy or brachytherapy, in which a radioactive material may be applied.

- ※ **Chemotherapy** is the use of cytotoxic drugs to destroy cancer cells. The drugs can be taken orally or through intravenous infusion and intraperitoneal injection. Chemotherapy is usually used as an adjunct to surgery.

Doctors will plan the most appropriate treatment according to the patient's condition.

How can ovarian cancer be prevented?

Cancer can be prevented by adopting a healthy diet and lifestyle – eat more fresh fruits and vegetables, cut down on high-fat food, exercise regularly and do not smoke.

Women who used oral contraceptives for 3 years or more have a 30% to 50% lower risk of developing ovarian cancer. Tubal ligation – a surgical procedure to tie the fallopian tubes – is another strategy effective for preventing ovarian cancer. When performed after childbearing, tubal ligation has shown to reduce a woman's risk of ovarian cancer by 67%. Surgical removal of the uterus can also reduce ovarian cancer risk.

Genetic testing can be considered if you have a family history of ovarian cancer or breast cancer due to BRCA mutation. The test, available at our Centre, can predict whether you and your family members are at an increased risk of having ovarian cancer and help you decide on the preventive actions to be taken.

VULVAR CANCER

How common is vulvar cancer?

Vulvar cancer is relatively rare. It accounts for 5% of the total incidence of gynaecological cancer. The commonest age at which women are diagnosed with vulvar cancer is usually around 70 years old.

What are the causes and risk factors?

Vulvar cancer mainly affects older women. Almost 80% of women with vulvar cancer are over 50 years of age. However, 15% of the patients are younger than 40.

In younger women, vulvar cancer is believed to be related to infection of high-risk Human Papillomavirus (HPV) such as HPV 16, HPV 18 and HPV 31. These viruses cause vulvar intraepithelial neoplasia (VIN) which may eventually progress to cancer. As HPV is transmitted by sexual contact, becoming sexually active at a young age, having multiple sexual partners and having sex with someone who have many sexual partners may increase the risk of HPV infection.

Vulvar cancer in older women is often related to lichen sclerosus, a condition causing the vulvar skin to become very thin and itchy. Smoking, cervical cancer and HIV infection also increase the risk of vulvar cancer.

What are the common symptoms?

Vulvar cancer commonly presents as persistent itching, vulvar mass, pain, burning, painful

urination, bleeding and abnormal discharge. A mole on the vulvar skin which is asymmetrical has an irregular border or uneven color or is wider than 6 mm in diameter may also be a sign of vulvar cancer.

Although these symptoms may also be caused by other conditions, it is very important that you have them checked by a doctor.

How does the doctor make the diagnosis?

The doctor will perform physical examination, including a pelvic exam. A biopsy of the mass may be performed to confirm the diagnosis.

How is vulvar cancer treated?

The following types of treatment may be given alone or together, depending on the patient's condition:

- ※ **Surgical treatment** for vulvar cancer involves removal of the tumour and surrounding healthy tissues, or part of or the entire vulva. As vulvar cancer often spreads to lymph nodes in the groin, these may also be removed as well.
- ※ **Radiotherapy** is given either in the form of external beam irradiation to destroy vulva cancer cells; or it may be used concurrently with chemotherapy to treat more advanced vulvar cancer to shrink the tumour so that it can be removed surgically.

- ※ **Chemotherapy** is the use of cytotoxic drugs to destroy cancer cells. The drugs can be taken orally, given through intravenous injection or used along with radiotherapy to treat more advanced vulvar cancer.

Doctors will plan the most appropriate treatment according to the patient's condition.

How can vulvar cancer be prevented?

Adopting a healthy diet and lifestyle – eat more fresh fruits and vegetables, cut down on high-fat food, exercise regularly and do not smoke.

Vulvar cancer is associated with infection by high-risk Human Papillomavirus (HPV). A new vaccine has been developed to prevent cervical cancer caused by HPV 16 and HPV 18. This vaccine may help prevent vulvar cancer and other cancers related to HPV.

Prompt treatment of vulvar intraepithelial neoplasia (VIN) can prevent vulvar cancer. As examination of the vulvar is routinely done during taking of Pap smear and pelvic examination, having these check-ups regularly can help detecting vulvar abnormalities early.

HOW DOES COC HELP?

The Comprehensive Oncology Centre provides one-stop services for the screening, diagnosis and multi-disciplinary treatment of cancer, together with support and counselling for our patients and their families.

We collaborate with the University of Hong Kong in continuous medical education and development to ensure the provision of the best management to our cancer patients.

The prognosis of cancer treatment is promising if detected early. If you suspect yourself or anyone you know to have cancer, please contact us for consultation and further examinations.

