

Precancer in the Vagina



What is precancer?

Precancer means cells have changes in them that could become cancer. Vaginal cancer often starts with precancer changes in the cells lining the inside of the vagina. These changes may take place slowly, over many years. If not treated, over time, these changes can turn into cancer and spread deeper into the vaginal wall.

Understanding vaginal intraepithelial neoplasia (VAIN)

Precancer changes in the vagina are called vaginal intraepithelial neoplasia (VAIN). The precancer cells are only in the inner lining layer of the vagina, the inner surface layer. Sometimes they go away on their own. But sometimes these changes turn into invasive vaginal cancer.

People with VAIN may need to be checked often. Pap tests and maybe colposcopy (see next section) may be done every few months. Or treatment may be done to remove or destroy the precancer cells.

VAIN is graded as 1 to 3. The number depends on how deep it goes into the lining of the vagina. VAIN 1 is slow growing and may go away on its own. The most advanced grade is VAIN 3. It's also called carcinoma in situ, or stage 0 vaginal cancer.

Diagnosing VAIN

VAIN can be found with a colposcopy and biopsy. A colposcopy is done by using a lighted, magnifying scope to look closely at the inside surface of the cervix and vagina. The scope is outside your body. If any changed cells are seen during this close look, the healthcare provider may remove some of them (a sample) to see if they are VAIN, cancer cells, or something else. This is called a biopsy.

If your healthcare provider finds VAIN with colposcopy and biopsy, it may be treated right away.

Treatment choices for VAIN

The type of treatment depends on things like:

- How large the area is
- If there are many areas of VAIN (multifocal), or it's in just one spot
- Where the VAIN is in the vagina

One of these treatments may be suggested:

- **Laser therapy.** This uses a narrow beam of high-energy light to destroy or remove the abnormal cells. This procedure is often done in a hospital while medicines are used to make you sleep and not feel pain (anesthesia). You likely won't need to stay overnight in the hospital. It's common to have cramping after the procedure. You may have some vaginal bleeding that should go away after a few weeks.
- **Topical chemotherapy.** Your healthcare provider may advise using chemotherapy (chemo) right on the lining of your vagina. The chemo comes as a cream that's put into the vagina. It kills the precancer cells in the lining. The medicine most often used is fluorouracil, also called 5-FU. Treatments are often done once a week for 10 to 12 weeks. Or they may be done every night for a week or 2. You may notice irritation to your vagina or vulva. It's very important to let your healthcare provider know if you have pain, burning, or stinging while on this treatment.
- **Other types of treatment.** Your healthcare provider may suggest other types of treatment based on the grade of VAIN and your own needs. A topical medicine called imiquimod can be put in your vagina once

a week for 3 to 8 weeks. Partial vaginectomy is surgery to remove the affected part of your vagina. Less often, internal radiation therapy might be an option.

After your treatment

Ask your healthcare provider how often you'll need follow-up exams or tests. For instance, you may need to have Pap tests more often. Or you may need colposcopy on a regular basis.

Working with your healthcare provider

Your healthcare provider will work with you to make a treatment plan for VAIN. It may take time to choose the best plan. Ask your provider how much time you can take to explore your choices. You may want to get a second opinion from another provider before deciding on treatment. You may also want to talk with your family and friends.

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