

Less is more for staging vaginal cancer

Criteria for predicting the survival of women with vaginal cancer has been established by physician specialists trained in treating gynecologic cancers in the United States and around the world. The current 5-year overall survival is approximately 74% and 54% for stage I and II disease, respectively. This present study proposed using a large population-based cancer registry (Surveillance, Epidemiology and End Results [SEER]) that is sponsored by the National Cancer Institute to statistically evaluate if the tumor size of women with these early stages of vaginal cancer can further refine the existing staging guidelines to better predict the survival of this group of patients.

This review of the SEER database yielded 293 patients with stage I and 236 with stage II vaginal cancer. The 5-year survival for patients with stage I vaginal cancers with tumor size of 2 cm or less was 79% versus 66% for those with tumors larger than 2cm. The 5-year survival for patients with stage II vaginal cancers with tumor size of 2 cm or less was 81% versus 51% for those with tumors more than 2 cm. Further statistical analysis demonstrated that the risk of dying was twice as much for patients with the bigger tumors more than 2 cm for both stage I and II vaginal cancers.

Thus, there was a statistically significant finding that those women with tumors 2 cm or less had a better overall survival than patients whose tumors were more than 2 cm for both stage I and II disease. These results are being recommended to those medical organizations within the United States and throughout the rest of the world to consider adopting tumor size in staging patients with stage I and II vaginal cancers. Over time, the use of tumor size may become a prime factor for selecting better treatment options to ultimately improve the survival of future patients with these early stage vaginal cancers.

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Publication

[Prognostic impact of clinical tumor size on overall survival for subclassifying stages I and II vaginal cancer: A SEER analysis.](#)

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