

PODCAST TRANSCRIPT · SEASON 4 · EPISODE 23

Why didn't anyone tell me this?

Understanding vulval and vaginal cancers

With Dr Stacey Bryan

First released 30 September 2026 · [Listen to this episode online](#)**JOYCE HARPER** 00:21

In this final podcast in the mini series about gynaecological cancers, I had the real privilege of speaking to Dr. Stacey Bryan about understanding vulval and vaginal cancer. Stacey is a consultant gynaecologist and gynaecological cancer surgeon at Imperial College Healthcare NHS Trust. She specialises in complex, benign and cancer surgery, colposcopy and acute diagnostic services, and much, much more. And she is the lead for the Vulval Cancers and Imperial College London.

During this podcast, she explained really eloquently the issues, symptoms, treatments, etc., for vulva and vaginal cancers. And one of the most important messages is we should all be looking at our vulva at least once a month, especially over the age of 60, and checking for any differences in that because it could be vulval cancer, even though these are two very rare cancers. And we also thought that it's really important if we've got a partner, for our partner to listen to this podcast and to be aware of the possible changes that might happen. They may well be looking at your vulva and feeling your vagina more than you do yourself. So it'd be really great if they could be on board and be aware of any changes. So I learned something recording this podcast and I hope you all will. And with all the gynaecological cancers, it's so important for us to be really aware of the symptoms and do not feel embarrassed about going to get checked as soon as possible.

JOYCE HARPER 02:00

Welcome, Stacey.

STACEY BRYAN 02:03

Hello!

JOYCE HARPER 02:04

So I always start by asking about my guest's career. So what led you to a career in gynaecological cancer?

STACEY BRYAN 02:12

Yeah, first you can say thank you for inviting me on to have a little chat. So what left me to a career in gynaecological cancers? So in my general obstetrics and gynaecology training, I actually was quite scared of oncology. And it was something that I didn't think I'd ever see myself in. But then as a registrar, I was placed with the gynaecology team. And that it was actually a really great experience. I got to do so much operating. I just liked the complexity of the cases, but also the multidisciplinary nature of the teams and the individualization of care. I just, yeah, I kind of just fell into it and realized that actually this is what I actually like to do. So it's interesting. A lot of people do ask me, but it was never what I thought I'd go into medicine to do.

JOYCE HARPER 03:08

Excellent. Well, I'm so glad you've been doing some absolutely brilliant work. Now we're going to discuss the last two gynaecological cancers in the gynecancer series, and we're going to talk about vulval and vaginal cancer. Now I have done some podcasts last year to explain the anatomy of the vulva and vagina, because one of the biggest problems is people don't get the words right. It's amazing that you are now. So can you just refresh us so that we...do understand what is the vulva and what is the vagina.

STACEY BRYAN 03:39

Yeah, no, of course. So the vulva, when we talk about the vulva, we talk about the external female genitalia. So what we see from the outside. And the vulva is made up of two parts, so to speak. So we've got the labia majora, which tends to be the outer lips is another word that we can use for it of the vulva, which tends to have hair bearing areas. And then you've got the labia minora, which sits, which are much thinner and sits inside the labia majora and the two make up the vulva. So it's the outward appearance of the female genitalia. When we think about the vagina, the vagina is like a muscular tube that connects the outer part to the internal female organ. So it's from what you see when you part the labia or the vulva, the inner muscular tube that goes right up to the cervix. So that's the difference between the two. One is outer, one is inner.

JOYCE HARPER 04:39

I think that's so important because if we haven't got the right words, it might be hard to describe to your health professional what's wrong or even understand what's wrong. We have to understand what,

STACEY BRYAN 04:48

Exactly.

JOYCE HARPER 04:50

obviously there's a range with normal and I mean vulva and vagina will be different, but it's important to understand those words. So we're going to discuss two cancers, but let's start with the vulva. So what is cancer of the vulva?

STACEY BRYAN 05:04

So cancer in general is where you have replication of normal cells within the body, which are uncontrollably dividing and growing, and any cell is capable of undergoing of cancer, basically. So cancer of the vulva is when you have these replications of the cells on the labia, as just described, and it may be the outer labia, tends to majority be the outer labia, but you can have that cancer then spreading onto the inner labia and sometimes even into the vagina as well. But I know we'll go on and speak about that in a bit. So that's what cancer of the vulva is.

JOYCE HARPER 05:40

So how would it show in a woman, what would be the symptoms? she, well you tell me, I'm not gonna suggest anything. What would be the symptoms that she would look for?

STACEY BRYAN 05:50

So the main most common symptom is itching. And when we talk about itching is persistent itching, soreness of the vulva. There may even be an ulcer on the vulva, so ulceration. You may find that when you're passing urine, when the urine hits the vulva or the sore area, it becomes intensely painful. Any pigmentation, which is new.

So that could be a dark pigment to the vulva or it could be an extra light pigment, which is different to the skin on the vulva. So that may be some of the symptoms and of course some bleeding, particularly bleeding if one has gone through the menopause, i.e. they've not had any periods for a year. And then they start to have some bleeding, you know, particularly contact bleeding, if you notice some blood in the underwear.

These are some of the signs that point to, you know, it needs to be checked out essentially. The other thing that I would say is because vulval cancer can unfortunately spread to the lymph nodes in the groin. Some people do present with some masses or feeling some nodes in the groin as well. that tends to be at a later stage, but it's also something to look out for.

JOYCE HARPER 07:03

So is it important for women to check their vulva? To have a mirror? Yeah, and look at it, yeah.

STACEY BRYAN 07:07

Definitely. Yes, definitely.

And I mean, I do a vulva clinic and I do advocate to all my patients at least once a month to check the vulva. Just get a mirror after you've had a shower, have a look, know what's normal. Even if there's none that you've not had any of those symptoms, at least you know what is normal so that if anything does arise, can quickly spot it and quickly go and see a GP and get advice about it. I know...

The Eva Pill for example are really good at champion this and they actually have a campaign called Check Your Volver and you can sign up to be reminded to Check Your Volver every month. So I think it's very, very important just to know what your normal is so you know what an abnormal will then become.

JOYCE HARPER 07:56

Because I would have always thought that with both cancers, you think of lumps. So you think, I've got a lump or a breast lump or a lump here or a lump there. But just to confirm that cancer of the vulva, it doesn't mean you're going to get lumps on your vulva.

STACEY BRYAN 08:12

Not necessarily. mean, yes, commonly that would be the case, but ulcerations, are kind of little little sores is the best way that I can say it. It may not necessarily be a lump, but it's a sore or as I say, a change in the pigmentation because there are different types of vulval cancers. One of them being melanoma. So very similarly to what you hear about as melanoma on the skin. So a dark mole would be something that you'd, a new dark mole would be something that you'd want to be aware of and may look into with your GP if you were to find that. So yeah, very important to have a look.

JOYCE HARPER 08:52

So any of the symptoms that you've said, if a woman's experiencing any of them, should she absolutely go and see her GP?

STACEY BRYAN 08:59

I would say so. it doesn't necessarily mean it's cancer, which is great if it's not. But there are certain conditions that can predispose to vulval cancers. And if it's picked up early enough, if it's treated, if it's managed early enough, then it can prevent cancer from developing. So again, yes, even though, you know, any kind of symptoms, may not be cancer, majority of the time it isn't, but just have it checked out because it could be something that needs to be kept an eye on.

JOYCE HARPER 09:32

Thank you. That's our first really, really important message. I must admit that

STACEY BRYAN 09:36

Yeah.

JOYCE HARPER 09:37

I haven't checked my vulva for a long time. So this is going to be my first big take home message that I've got to do this.

STACEY BRYAN 09:43

Yes. Yes.

JOYCE HARPER 09:45

Before we go into a little bit more about treatment and et cetera, what age does this affect women? Is this something that every woman should do of any age or is it certain ages we should be much more on this?

STACEY BRYAN 09:58

Yeah, I mean, it tends to be those over the age of 60, 65, that's the most prevalent in. However, I would say any woman should check because I have seen patients who are quite young or younger than this age group, 30s, 40s, that unfortunately have had vulva cancer. But yes, the prevalence tends to be in those, it's more common in those over the age of 60, but everyone should check.

Again, some of the conditions that can on the vulva can be present for many, many years actually, before you know, anything does become a cancer. So again, if you're checking your vulva, even at a younger age, if there is a pre, pre invasive condition, or if there's a condition, something we call lichen sklerosis, which is like an inflammatory condition of the skin of the vulva that over a number of years, if left unchecked, untreated, can predispose to cancer. Not everyone does, but it can predispose. So if you have symptoms like itching, soreness, burning at night, which may be a symptom of glycansclerosis, that can happen in younger people, then it's important that you're having the right checks, you're having the right treatment, which tends to be some steroid treatment, steroid cream, just to keep the flares down and therefore reduce the chance of it then developing into a vulva cancer.

JOYCE HARPER 11:26

Can I just ask a bit more about the pigmentation? Is

STACEY BRYAN 11:29

Peace.

JOYCE HARPER 11:30

it normally just isolated or can it be the whole vulval area and the whole genital area?

STACEY BRYAN 11:36

No, so the thing with vulva cancers and even the pre-invasive disease is that it can be in different areas, what we call multifocal or even multizonal. So you may have spots across the whole of the vulva in different areas. It may be one widespread region or it may be in different multiple areas. Often connected is that you can have lesions or lumps or bumps or pigmentation around the back passage as well, so around the anus. So again, because all these things are very much connected, you can have these spots in different areas. So again, very important to just check the whole vulva as a whole.

JOYCE HARPER 12:19

I want to go and check it now. I'll have to wait. I'll have to wait. have to wait.

STACEY BRYAN 12:21

Hehehehehe

JOYCE HARPER 12:28

So, I'm in the age group as well. I'm 63. I'm really, I'm

STACEY BRYAN 12:32

Sure.

JOYCE HARPER 12:33

on it. And I think the other important thing is, as you said, do it every month and then you can see if there's changes. Because that's the important thing.

STACEY BRYAN 12:38

Yes. Yes.

JOYCE HARPER 12:41

You've got to know what's normal for you and then see if there's changes. Yeah.

STACEY BRYAN 12:43

Yes, exactly. Exactly, exactly, exactly.

JOYCE HARPER 12:48

Now Women do feel embarrassed about going to their doctor, anything in that region, but we mustn't ignore this, we must go and see our GP if we're worried. And should the GP

STACEY BRYAN 12:58

guests.

JOYCE HARPER 12:59

examine you?

STACEY BRYAN 13:01

Yes, yes, yes, yes, absolutely. I think, you know, definitely any concerns, any worries, go to see the GP. Ideally, we would want the GP to examine because of course, if there is any suspicious lesion, this can then be referred on to a gynaecology specialist clinic who can have a greater look and potentially, you know, do some biopsies. So this is taking a small pinch of tissue just to, you know, rule out anything sinister or even unfortunately making a diagnosis because this is how we would make a diagnosis by taking a pinch of tissue. And the earlier that we do that or the earlier that that is done, the better in terms of the outcomes. yeah, absolutely. See the GP, any symptoms. Ideally the GP should have a look. If you're worried, for example, maybe, know, because sometimes, you know, sometimes the GP will say, okay, just keep an eye on it, which is fair. Just keep an eye on things. If it hasn't gone away, come back. Or if you're worried that actually no, it's changed in the time that you've seen the GP for waiting to go to be seen again. Definitely just go back in, maybe see somebody else. But I think it's important to get it checked out.

JOYCE HARPER 14:16

Yeah. And so you mentioned they, if they suspect something or GP will send you for the test, have the biopsy. And then what would happen

STACEY BRYAN 14:24

Yes.

JOYCE HARPER 14:25

if they find it's cancerous, what are the treatments?

STACEY BRYAN 14:30

Yeah. So if we find out it's cancerous after having a biopsy, we then would do investigations, further investigations in the form of scans and what that scan will be, and it could be MRI CT scan, could be a combination of both. And what that does is just to make sure that there's nothing deeper, nothing going deeper into the layers of the skin than what we can actually see. Because obviously when we look on the outside, we're just seeing what's on the outside.

So we want to make sure it's not going deeply, what we call deeply invasive or deeper into the skin itself. So often then when you see a specialist, you'll be referred on for scans. And then we discuss the scans and the biopsy in our multidisciplinary team meeting, which is a group of specialists who will talk through everything, provide individualised care and depending on the size, depending on the results of the scan, ensuring that there isn't any... so it hasn't spread anywhere else. Ideally, what we want to do is remove that lesion, that lump, that bump, but with what we call clear margin. So we want to make sure that all the tissue around the cancer, even some normal healthy tissue is removed so that we've got, we know that we've definitely removed as much as the cancer as possible. So ideally we would do surgery. Now, surgery would be many different types. It may be if it's just one area on the vulva,

We call it what we call a wide local excision exactly as I've described. It's not just the tumor, but the tissue around it to make sure we've got the margins. It may be if there is a much bigger area that we do what we call a hemivulvectomy. So it's taking away one part of the vulva or one side of the vulva and sort of putting things back together, reconstructing or it may be what we call a radical vulvectomy or total vulvectomy where we take away the whole vulva. And what I mean by that is the labia, majora, menora. In some cases, there is lots of the clitoris as well. Again, it just depends on where the lesion is. Oftentimes with that, depending on how deeply the tumour goes into the skin and into the adjacent muscle or layers. As I said, there is a chance, unfortunately, that it can spread to the lymph nodes. So we also do some sampling of the lymph nodes. It would be two incisions in the groin and the lymph nodes are taken away. And that would be our kind of complete surgery for vulval cancer. For those where we think it's a bit too advanced or has become more advanced with their rose metastasis.

Then the other options tend to be radiotherapy. So that's the beams which go onto the actual fold of the plant to shrink the tumor or even treat the tumor. Or, and or in combination with chemotherapy as well. Often these are used as the standalone treatment. Sometimes it may be that you shrink things enough and do a procedure, but majority of the times it is used as a standalone. So you either go down the route of surgery, or radiotherapy or radiotherapy with chemotherapy.

JOYCE HARPER 17:46

And obviously there's different stages depending on how early or late it's caught, but generally how successful are the treatments overall?

STACEY BRYAN 17:56

So again, exactly as you say, if it's caught at an early stage, very successful. If it's at a later stage, then unfortunately, yes, we do see that it's one of the cancers where the prognosis is not so good. It does depend on the type of cancer as well. We say overall about 58%, 50%, 58 % of women will be alive at 10 years. But again, that's looking at all of the stages. So yes, the earlier the stage, stage one, just the lesion taken away, I've followed up a few of my patients for 10 years and they're alive and well, they've not had a recurrence, they're absolutely fine. Unfortunately, if you have the tumors that are quite large, they have spread to the groin perhaps, then those are more likely to come back. So it's not necessarily that you're not alive at the five, 10 years, but it's more likely that a tumor will come back during that follow-up time.

JOYCE HARPER 18:57

And how common is cancer, the vulva?

STACEY BRYAN 19:01

It's so in relative to the other types of cancers, it's very uncommon. So when we think about the other gynaecological cancers, ovarian cancer, cervix cancer, womb cancer, it's more rare compared to those. But there's about 1,400 women per year that are diagnosed with vulva cancers. So it's uncommon, but it's, you know, it's starting, I think, because of more of awareness. We're starting to see a slight rise in there.

JOYCE HARPER 19:34

I think I've already told you that there were, for womb cancer, she did womb cancer and she said that she's seeing an increase because of obesity increase in women. Are there any risk factors for vulva, vulva cancer that we should be aware of?

STACEY BRYAN 19:50

Yeah, yeah, no, sure. So with vulva cancer, the main one is HPV. So where we hear of HPV particularly connected to cervical cancer, there is also a connection with vulva cancer. Now the connection is not as strong as cervical cancer. We say about 40 % of vulva cancers are related to HPV. So HPV infections, hopefully with the vaccine, we will see that that starts to decrease that 40 % number, of course, the rest are related to non-HPV aspects. So HPV infection is one of them, untreated. Smoking is another one, because what smoking does is reduce your immune system and the body's ability to fight off things like HPV or infections or inflammatory conditions. It could make inflammatory conditions worse. And therefore the skin has more of propensity to undergo changes. As I said in the beginning, cancer is when the cells rapidly divide or uncontrollably divide. So when the immune system is not working quite as well as it should do, such as with smokers or those who are immunocompromised, by that I mean those who have conditions where their immune system is not working very well, or maybe they've had some sort of organ transplant and they're under medications, which means it's suppressed their immune system or people with HIV, those sorts of people who have these immune suppression, these can slightly increase your risk of developing vulva cancers.

JOYCE HARPER 21:27

Okay, that's overall pretty encouraging if we check our vulva. We need to check our vulva. Okay, first thing everyone needs to do, actually, if they're listening to this

STACEY BRYAN 21:32

Mm hmm. Yes, exactly. Exactly. Yeah.

JOYCE HARPER 21:38

podcast, they should put it on hold and go and do it now. And then as you say,

STACEY BRYAN 21:41

Exactly. Exactly.

JOYCE HARPER 21:44

in their diary once a month, first day of the month

STACEY BRYAN 21:47

Yeah.

JOYCE HARPER 21:47

maybe, go and check your vulva. Okay, that is something I'm...

STACEY BRYAN 21:50

Go and check your robot, absolutely.

JOYCE HARPER 21:52

I always knew that I should, but you've explained so brilliantly

STACEY BRYAN 21:55

Mm-hmm.

JOYCE HARPER 21:56

and clearly why this is so important. So thank you for that really major, major message. Okay, let's

STACEY BRYAN 21:59

Yeah. No problem.

JOYCE HARPER 22:03

move on to the vagina. So what's cancer of the vagina?

STACEY BRYAN 22:05

Yeah So as you mentioned, say cancer is of the vagina. The vagina is the muscular tube now. So we're talking about the internal organs. So cancer of the vagina is similarly any lump, lesion, uncontrolled, undivided cells, and rapidly dividing cells within the vagina itself. Vaginal cancer is very, very rare. It's even rarer than the vulva cancers. And it is very rare to have a primary vaginal cancer. It's often in relation to a previous cancer or treatment to a previous cancer. So for example, if you've had cervical cancer that then spreads to the vagina or vulval cancer that spreads to the vagina or unfortunately people who've had radiotherapy for cervical cancer, there can be changes within the vagina which means that you're more prone to developing a cancer inside the vagina itself. But it's very, very rare.

But yeah, it is a phenomenon that is known about as well. And I'm not surprised that not many people have heard of it as well.

JOYCE HARPER 23:12

Yeah, so I mean, the only way that most women would know would be checking themselves, but that's pretty

STACEY BRYAN 23:19

Yes. Yeah.

JOYCE HARPER 23:21

difficult to do, probably something that most women don't do.

STACEY BRYAN 23:23

That is more difficult, exactly, because it's the internal structure that is more difficult to do. So in that situation, it's being in tune with the symptoms again, and they're very similar symptoms to vulval cancer. So bleeding, the main one, abnormal discharge too. So it's not necessarily just, you know, red, fresh red bleeding, could be brown discharge. It could be copious amounts of discharge. So your normal discharge that we all have If there's a change and you suddenly have an increase in the amount of discharge, that may be something to flag it up. And really internal itching, internal soreness, internal burning. Again, not all the time these symptoms are vaginal cancer, but these are some of the symptoms that if you were to have that need to be checked out.

JOYCE HARPER 24:12

just think so many women have these symptoms all the time and they just ignore them. the big, another big message from what you're saying is please don't ignore them. Please go and see your health professional. Yeah. And get, get checked

STACEY BRYAN 24:23

Exactly. Exactly.

JOYCE HARPER 24:25

and get sorted out. So the age, the age most commonly affected with vaginal cancer, you're going to say 60 again, aren't you?

STACEY BRYAN 24:34

This one's slightly odd. It's more over 75s, but again, because of the risk factors that I spoke about before, previous cervix cancer, previous vulva cancers, et cetera, it's something that everyone should just be aware of, certainly, and just report. But yes, with vaginal cancer, it tends to be over the age of 70.

JOYCE HARPER 24:55

Yeah, okay. That makes me feel better. I've got a few years. And so how would that be diagnosed? If you went to your doctor and they suspected this, how would you talk about biopsy in the vulva? How would they do this in

STACEY BRYAN 25:06

Yeah. Yes.

JOYCE HARPER 25:09

the vagina?

STACEY BRYAN 25:11

Yeah. So again, because it's an internal organ or internal structure, this time the examination would be an internal examination. So oftentimes it's using a speculum. So the device that's used for the smear tests essentially. And nowadays we have the clear speculum so you can see what the vagina looks like. And it's a careful examination of inside the vagina having to look directly to see if there are any, as I said, pigmentation, moulds, because you can get pigmentation and moulds inside the vagina as well, which may suggest a melanoma of the vagina. So pigmentation, moulds, lumps, bumps, ulcers, anything that looks sore, that's another kind of, I guess, a red flag or...

a high index of suspicion that something is going on. And then yes, at that time, a biopsy can be taken of any lesion and then sent off to make a diagnosis.

JOYCE HARPER 26:14

Yeah, and if it's found that you do have cancer of the vagina, what are the treatments?

STACEY BRYAN 26:21

So again, just depending on where, how big, how far is it associated with anything else? Has there been previous radiotherapy now? Because vaginal cancer often tends to be something that obviously is not known about, it may potentially be diagnosed quite late because you're not necessarily number one coming forward with symptoms, number two may not be examined in such a way.

Oftentimes the lesions may be a bit bigger and these patients we would offer radiotherapy rather than surgery. There are some instances where yes, we can do surgery again if it's a small lesion, if it's easily accessible and the surgery again, with the, as per the vulva surgery, you want to remove all of the tumor but also some healthy tissue around it to make sure that you've got the margins.

So it does involve kind of, we call it a vaginectomy in that instance and reconstruction. As you can imagine, this can cause a lot of narrowing of the vagina. It can cause a lot of soreness in the vagina. It can be quite uncomfortable. So again, it just depends on the area. You know, you've got deeper structures that are nearby, which may be injured. So it

depends on where exactly your lesion is, how big it is, how deep it is but the more common treatment would be radiotherapy in this situation. With melanomas, even of the vulva actually, there are newer treatments called immunotherapy. these are treatments and drugs that alter the immune system to help to, I guess, control the cancer, fight the cancer. There are newer medications which can help. But as I said, the mainstay would be radiotherapy.

JOYCE HARPER 28:06

Yeah. And are there, actually, let's look at the success, first of all. Is this, I know it's really rare, but how successful, and we're looking at people who are much older. So I think it's probably hard to get

STACEY BRYAN 28:20

Yeah.

JOYCE HARPER 28:21

reliable data on this, what's, yeah. Do we know anything about the outcome?

STACEY BRYAN 28:23

Exactly, exactly, exactly. No, as you say, it's very rare. Again, the same thing if it's called early, it's much more successful than if it's later. Later, it can be quite miserable, quite difficult to treat, more likely to recur. So it does depend on sort of the stage basically.

JOYCE HARPER 28:44

Yeah. And risk factors, are they similar to with vulval cancer?

STACEY BRYAN 28:50

Yeah, so very similar. think HPV is another big one. And again, I guess proximity to the cervix. This has a higher kind of HPV has a higher risk factor with vaginal compared to vulva, less so than cervical still. But again, because we know HPV lives within the genital tract in terms of the vagina close to the cervix, then it would make sense and why, and this time we quote about sort of 60 to 70 % of vaginal cancers would be HPV related. So yeah, so those would be, again, all of the similar risk factors for that.

JOYCE HARPER 29:34

That's really, really clear. Thank you so much. Now, a few questions concerning both the cancers. So obviously with the surgery or even with the chemo and radio, would these treatments have any effect for both of these cancers on a woman's sex life?

STACEY BRYAN 29:53

yes, yes, most definitely. So with the vulva cancers, even if we talk about the vulva cancers and the surgery, even with vaginal actually, you can imagine I spoke about, depending on the size of the lesion, excising a large area, doing what we call a hemivulvectomy or partial vulvectomy or even removing the whole vulva. Now, with any surgery, the healing needs to occur healing leads to scar tissue. And scar tissue can cause all sorts of issues in itself. It can cause some pain. It's not as stretchy or supple as the vulva and the vagina naturally are. So it can cause some pain, pain during intercourse, for example. It can heal in certain different ways. And there is a lot of, there is a big thing around kind of the psychosocial, psychosexual aspects of treatment for vulva and vaginal cancers because your vulva no longer looks like what you're used to it being like. It no longer feels like what you're used to it being like. Because of soreness, dryness, change in the anatomy, this figuring surgery, which it often is, and I do counsel my patients that it is this figuring surgery as much as we try and match things as far as possible.

There's difficulty having intimacy with partners, for example, they could be pain during intercourse. They could be a little bit of bleeding because as I said, the scar tissue is not as supple or flexible or stretchy as it was before. So there may be some bleeding. So all of these are really big factors. Likewise with the radiotherapy can be quite drying and

does damage sort of the glands within the vagina, which reduces mucus and lubricates the vagina.

So again, definitely it's a really big thing in terms of the effects, the treatment effects of these, on the treatment of sorry, vulva and vaginal cancers. Another thing that I've seen recently is the way that a lady had a vulva lesion removed at the top of the vulva. And the way it's healed means that the way in which the urethra, which is where you pass urine, it's pulled to one side and one of the symptoms that she's had is that the urine is leaking down one side, sometimes trickling down her legs. So, know, yes, they are really big kind of side effects and long-term issues that women have to live with following treatment.

JOYCE HARPER 32:35

But, but, but, it's obviously better to be treated than not be treated. Yeah, yeah.

STACEY BRYAN 32:40

Absolutely, absolutely, absolutely, absolutely. And again, we are aware of these things. So as surgeons, when we go in into surgery, of course, we say we talk about these risks, but we do try as far as possible to restore anatomy to as close to as possible and certainly function as well. If we do feel that a surgery is going to be quite big, we often involve our plastic surgeons and they help to form what we call flaps whether that's local flaps, taking some tissue from the inner thighs, for example. And I've seen some really good results, know, results after surgery, after reconstruction with the plastic surgeons, which almost looks normal, certainly restoring the function as well. So yes, there are those risks and there is a whole, you know, psychosexual element around treatments, but there are things that we know about as surgeons and things that we can do that we can help to...kind of keep or preserve or restore function as much as we can.

JOYCE HARPER 33:44

Thank you for that reassurance. also for both of these cancers, what about screening? So you've mentioned HPV, the vaccine, but with cervical cancer, we have the great success story of the screening for that, which

STACEY BRYAN 33:58

Yes, yes.

JOYCE HARPER 33:59

hasn't come with the others. is there any,

STACEY BRYAN 34:02

Yes.

JOYCE HARPER 34:03

and so it's not, we don't have anything, do we, for these cancers? Is there anything that we think might happen in the future? Any research?

STACEY BRYAN 34:09

We don't, unfortunately we don't. It really does rely on the symptoms and any concerns that you have, any persistent symptoms, in particular in the amount of how small you think it is, i.e. itching and burning is a common one. And you may think, you know, it's nothing, but if it's persisted, and I have seen women that's persisted for years even.

JOYCE HARPER 34:31

No.

STACEY BRYAN 34:32

that's something to go and sort of look into. know, I know. It's something to look into because there is no screening for it, screening program for it. One thing that I guess is a bonus to the cervical screening program is that you have someone actually looking at the time of doing your smear. You have a specular, someone's looking inside. And again, I've had referrals where someone has gone for a smear and maybe... a lesion or lump is found inside the vagina and that's how they've been referred and how it's been found. So there's the benefit of that. But then when you're outside of the screening program, over the age of 65, I've mentioned a lot of this is over the age of 65, who is looking, who is checking, none of those checks are happening and we don't have a screening program for vulva and vaginal cancer. So it really does rely on symptoms.

JOYCE HARPER 35:24

And if you have a partner, I think we're really good for them to hear this podcast. And so that they,

STACEY BRYAN 35:30

Definitely.

JOYCE HARPER 35:31

they're probably looking at it more than you are, hopefully.

STACEY BRYAN 35:34

Yeah, exactly. No, exactly. Yeah, I've... Yeah, no, I've also

JOYCE HARPER 35:37

they're probably, they might be feeling it more, yeah, more than you are. So let them listen to this.

STACEY BRYAN 35:42

had that. Yeah, I've also had that. I've also had women come to me and say when my partner said they saw something and that's why, you know, I went to my GP and they referred me in. So absolutely get partners involved as well so that they are also aware because they, like you say, look at it more than you necessarily do, so they will know if there's been any changes.

JOYCE HARPER 36:05

Yeah, I think that's an excellent piece of advice, thank you. And

STACEY BRYAN 36:08

Mm-hmm.

JOYCE HARPER 36:09

I've asked everyone about social media. I do a lot of talks about social media. Social media and women's health is a bit of a mess at the moment. I

STACEY BRYAN 36:17

It's so so

JOYCE HARPER 36:18

don't know if you've, have you seen or heard any myths or misconceptions that your patients have picked up anywhere, but

STACEY BRYAN 36:26

Yeah.

JOYCE HARPER 36:27

maybe on social media?

STACEY BRYAN 36:29

Not so much from social media. I think I've had a patient come in or a couple of patients feel ashamed or stigmatized because they were made to feel possibly even in some situations told that they haven't cleaned properly or haven't cleaned enough. And that's why maybe these things have developed. They've not looked after their vulva, you know. So there is that stigma that I've heard within certain communities and things like that, where it's an unclean thing to have any lesion or lump on the vulva and therefore not wanting to report it. But I mean, social media wise, I guess it's what algorithm you're shown, what algorithm you follow. Because I actually, I don't know if I'm allowed to say it, but I actually follow a page on Instagram called vulval cancer awareness and it's run by someone who's a patient advocate.

And she has really good information and there's a lot of engagement. And people are really, again, commonly what I hear is, I've never heard, I didn't even know you could get cancer of the vulva vagina. So a lot of people are commenting and quite happy to have those resources. So what I tend to see is people are talking about things more, certainly in the algorithms that I've got and the things that I've

JOYCE HARPER 37:44

Yeah.

STACEY BRYAN 37:45

seen. People are just talking about it more and just sharing more information and, Of course, younger people, we still have to think about our older population who may not want to, it's still pretty much a taboo to talk about anything that's happening down there, so to speak. But from what I see, people are talking about it more actually.

JOYCE HARPER 38:08

Yeah, that's such great information that people are talking about and there's not misinformation. I'm very happy that you

STACEY BRYAN 38:16

Hmm.

JOYCE HARPER 38:16

mentioned that, is it an Instagram account? Yeah, yeah,

STACEY BRYAN 38:20

It is, yeah, yeah.

JOYCE HARPER 38:22

please, please. If anyone wants to follow, I'm really happy. If it's something you recommend, then absolutely for sure.

STACEY BRYAN 38:28

Mm-hmm.

JOYCE HARPER 38:28

And as you really mentioned, the Eve Appeal, so on all the show notes for these podcasts,

STACEY BRYAN 38:32

Yes.

JOYCE HARPER 38:33

I put the link, the Eve Appeal is fabulous and does great work.

STACEY BRYAN 38:35

Yes, absolutely.

JOYCE HARPER 38:38

great information and lots of images and things, which I think is really, really good. Yeah, really, really good.

STACEY BRYAN 38:41

Exactly. Exactly. Exactly. There's loads of information on the Eve Appeal website. As you said, really clear diagrams and the information out there, easy to follow. And as I said, they have the once a month check your vulva service where you'll get a text message. So yeah, exactly. These are absolutely the right places to have a look for more information.

JOYCE HARPER 39:05

Wow, Stacey, I always loved doing these podcasts and I always learned something, but I've learned especially a lot with you and you've explained everything

STACEY BRYAN 39:12

Yeah.

JOYCE HARPER 39:13

so clearly. It's absolutely brilliant, brilliant explanation of this. Final few questions. So what would be your, if you were in a lift with a woman for a minute between floors, what

STACEY BRYAN 39:27

Yeah.

JOYCE HARPER 39:28

would be the most important things you'd say about these two cancers?

STACEY BRYAN 39:33

I would simply say check your vulva. Honestly,

JOYCE HARPER 39:35

Yeah. Yeah.

STACEY BRYAN 39:36

check your vulva, get to know what your normal is and report any symptoms, no matter how trivial they may be. You're not bothering anyone. It may not be cancer. Hopefully, thankfully it's not. Majority of time it is not. But if there are any skin changes, pre-invasive changes that are picked up early, we can even prevent cancer from developing in the first place.

JOYCE HARPER 40:03

Yeah, that's really great news. my goodness, I love ending on a really positive

STACEY BRYAN 40:08

Okay.

JOYCE HARPER 40:08

note, but I always end my podcast, Stacey, with asking all my guests a few totally

STACEY BRYAN 40:13

Yeah.

JOYCE HARPER 40:14

unrelated questions. And we have

STACEY BRYAN 40:16

Sure.

JOYCE HARPER 40:17

some great responses. So Stacey,

STACEY BRYAN 40:20

huh.

JOYCE HARPER 40:21

what makes you happy and where is your happy place?

STACEY BRYAN 40:27

What makes me happy? Travelling makes me happy. I've been to very, very nice places across the world and I don't think I can pick one particular happy place. But what I do enjoy is the actual journey. I love a plane journey. I love being up in the clouds. I think it's because you just disconnect. I know nowadays you can get wifi and things, but I tried not to connect to any wifi. I just disconnect. There's nothing, not being bothered by anything. I'm just there myself in the chair above the clouds, just looking above the sky. And that's where I feel most at peace basically.

JOYCE HARPER 41:10

Well, Adeola told us that she flies planes. So she, she needs to take you up. She needs to take you up. she has. you've been up with her. my God.

STACEY BRYAN 41:14

She does, she does indeed. she has, she has, don't worry, I've been up there. Yes, yes, yes.

I have been

JOYCE HARPER 41:25

Was it amazing?

STACEY BRYAN 41:27

up. It was fantastic, absolutely fantastic.

JOYCE HARPER 41:31

I love that, Stacey.

I love that. Just two brilliant clinicians up in the air having a wonderful time. That's so important. love

STACEY BRYAN 41:37

Absolutely, it's fantastic.

JOYCE HARPER 41:42

it. That makes my heart sing, really, really. My very last question, which is a little bit deeper, but I've asked literally hundreds of people this,

STACEY BRYAN 41:44

Mm-hmm.

JOYCE HARPER 41:49

and I just think it's really important for younger people. What advice would you

STACEY BRYAN 41:52

Yes.

JOYCE HARPER 41:53

give your younger self?

Yeah

STACEY BRYAN 42:00

I would say, I would say there's there's no rush in terms of just enjoy. I mean, it's the cliché follow your dreams, but but follow the dreams. Yes. But don't feel, follow your own path and enjoy your path and your own journey. Stop, pause, be present because I know it's quite easy to be distracted. We're connected to so many things these days, but just try and enjoy and pause and be present in whatever you do whilst you're following your path and whilst you're going along your journey.

JOYCE HARPER 42:38

Beautiful, beautiful advice. I must say the

STACEY BRYAN 42:40

You

JOYCE HARPER 42:41

four of you, the four gynae oncologists that I've had on have been absolutely amazing and so passionate about your work on helping women. It's really

STACEY BRYAN 42:50

Yeah. Yeah.

JOYCE HARPER 42:51

commendable to all of you and thank you so much, Lacey. We were having a little chat before and you said, you've had a very long surgery list today and blah, blah, blah. You know,

STACEY BRYAN 42:59

Yeah.

JOYCE HARPER 43:01

we're all really, really thankful of the brilliant work you're all doing and keep it up and hopefully will save many more women's lives with your brilliant help. So

STACEY BRYAN 43:11

Yes.

JOYCE HARPER 43:11

thank you so much, Stacey.

STACEY BRYAN 43:14

Thank you very much. Thank you for having me on.

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