3.18 Vulva

Table 3.18.1
Overview of key epidemiological parameters for Germany, ICD-10 C51

Incidence	2015	2016	Prediction for 2020
	Women	Women	Women
Incident cases	3,410	3,330	4,000
Crude incidence rate[1]	8.2	8.0	10.0
Age-standardised incidence rate[1,2]	4.7	4.5	5.5
Median age at diagnosis	72	73	

Mortality	2015	2016	2017
	Women	Women	Women
Deaths	940	937	943
Crude mortality rate[1]	2.3	2.2	2.3
Age-standardised mortality rate[1,2]	1.0	0.9	1.0
Median age at death	80	80	80

Prevalence and survival rates	5 years	10 years
	Women	Women
Prevalence	12,200	20,100
Absolute survival rate (2015–2016)[3]	61 (51–70)	47 (30–55)
Relative survival rate (2015–2016)[3]	71 (60–80)	66 (44–79)

1 per 100,000 persons 2 age-standardised (old European Standard) 3 in percentages (lowest and highest value of the included German federal states)

▶ Additional information under www.krebsdaten.de/cancer-sites

Epidemiology

Incidence of malignant vulvar tumours in Germany continued to increase substantially until the beginning of the current decade. This trend was accompanied by a slightly increasing mortality rate. These rates have now stabilised. Around 3,330 women were diagnosed with a malignant neoplasm of the vulva in 2016, and 943 women died from the condition in 2017. The greatest increase in incidence occurred among women under the age of 70 years. However, since 2010, this trend has also levelled off. The greatest burden of illness affects women over the age of 70 years, with the median age at diagnosis being 73. The relative 5-year survival rate for women with a malignant tumour of the vulva is 71%. The majority of diagnoses with valid cancer staging data occur at an early stage (stage I, limited to the vulva or perineum) and account for about 60% of cases.

In Germany, Saarland has had the highest rate of malignant neoplasms of the vulva and cervix for several years. With largely comparable death rates, incidence in Germany is higher than in neighbouring countries; however, comparable incidence and mortality data are not available from all countries.

Risk factors, early detection and prevention

Around 90% of vulvar carcinomas are squamous cell carcinomas that can be divided into non-keratinising and keratinising forms. The latter account for between 50% and 80% of squamous cell carcinomas of the vulva.

Non-keratinising carcinomas and their precursors often arise in conjunction with a chronic human papillomavirus infection (especially HPV 16). These cases mostly affect younger women. In contrast, keratinising vulvar carcinomas and their precursors particularly occur in older women, independent of a concurrent HPV infection. The main risk factors are autoimmune processes, such as lichen sclerosus. Smoking and long-term immunosuppression such as after an organ transplant or due to HIV, also increase the risk of vulvar cancer. HIV also promotes an HPV infection and thus increases the risk of developing vulvar cancer. Further risk factors include HPV-induced cancers of the genitals and anus, such as cervical and anal carcinomas, their associated precursors, and Paget's disease of the vulva.

No targeted screening programme is currently in place in Germany for cancer of the vulva or its precursors. As such, the vulva should be completely examined during gynaecological cancer screening. HPV vaccination is viewed as a possible means of preventing vulvar cancer.

Figure 3.18.1a
Age-standardised incidence and mortality rates, ICD-10 C51, Germany 1999–2016/2017, projection (incidence) through 2020
per 100,000 (old European Standard)

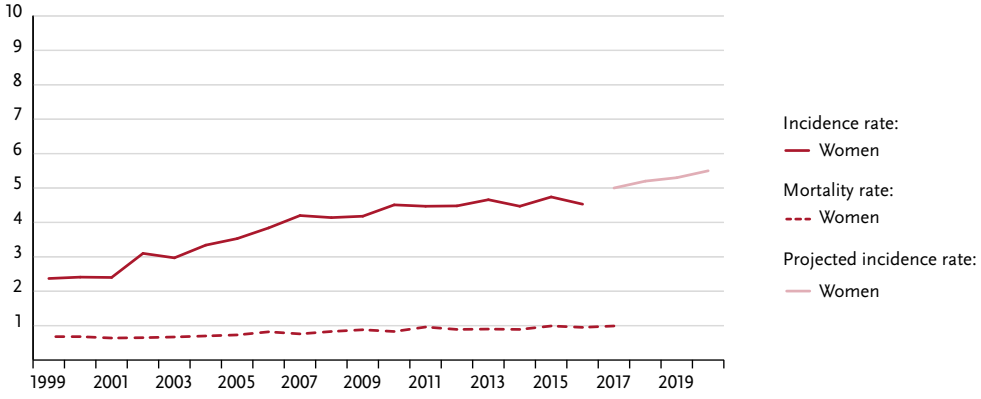


Figure 3.18.1b
Absolute numbers of incident cases and deaths, ICD-10 C51, Germany 1999–2016/2017, projection (incidence) through 2020

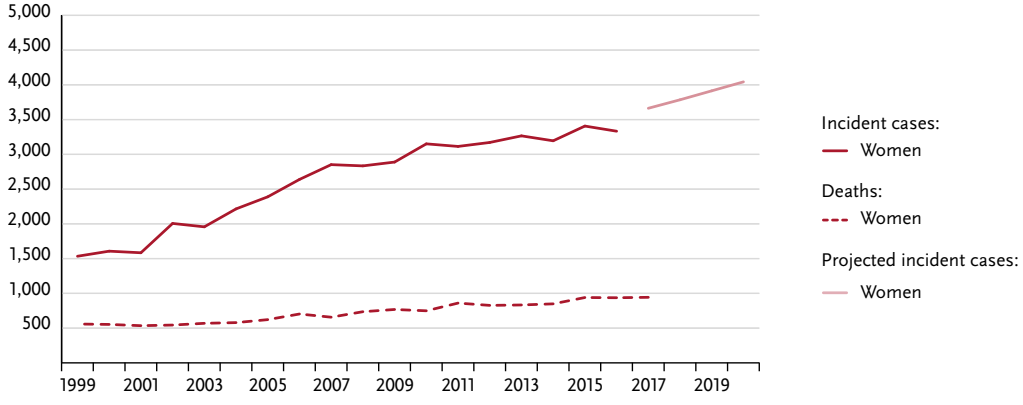


Figure 3.18.2
Age-specific incidence rates, ICD-10 C51, Germany 2015–2016
per 100,000

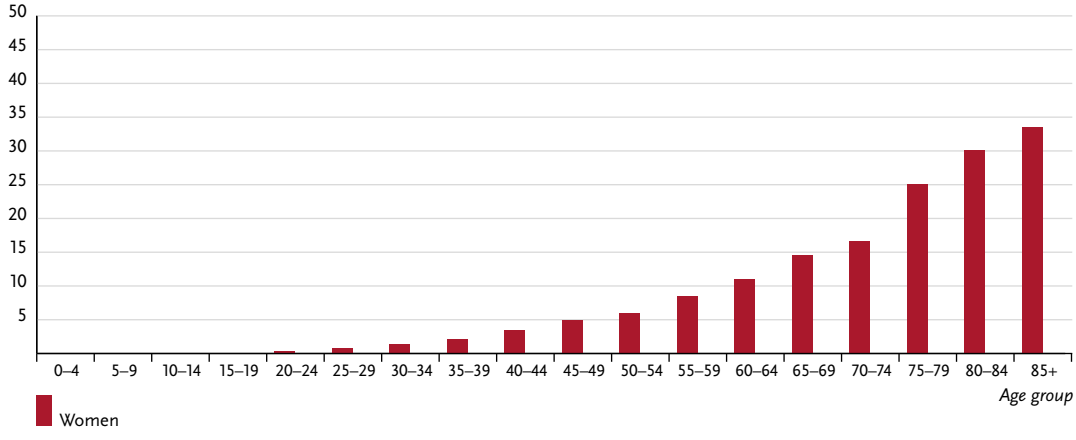


Table 3.18.2
Cancer incidence and mortality risks in Germany by age, ICD-10 C51, database 2016

	Risk of developing cancer				Mortality risk			
Women aged	**in the next ten years**		**ever**		**in the next ten years**		**ever**	
35 years	< 0.1 %	(1 in 3,600)	0.6 %	(1 in 160)	< 0.1 %	(1 in 35,500)	0.2 %	(1 in 520)
45 years	0.1 %	(1 in 1,900)	0.6 %	(1 in 170)	< 0.1 %	(1 in 21,600)	0.2 %	(1 in 520)
55 years	0.1 %	(1 in 1,200)	0.5 %	(1 in 180)	< 0.1 %	(1 in 6,500)	0.2 %	(1 in 520)
65 years	0.2 %	(1 in 640)	0.5 %	(1 in 210)	< 0.1 %	(1 in 3,400)	0.2 %	(1 in 540)
75 years	0.2 %	(1 in 430)	0.4 %	(1 in 270)	0.1 %	(1 in 1,100)	0.2 %	(1 in 560)
Lifetime risk			0.6 %	(1 in 160)			0.2 %	(1 in 520)

Figure 3.18.3
Distribution of UICC-stages at first diagnosis, ICD-10 C51, Germany 2015–2016
(top: all cases; bottom: only valid reports)

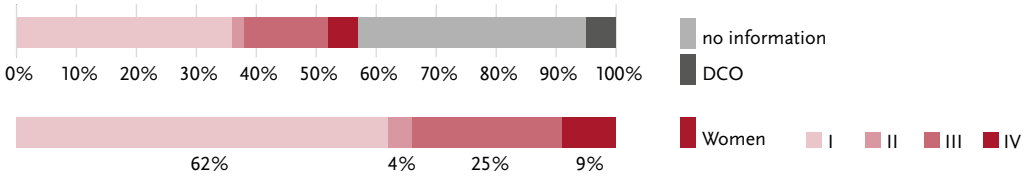


Figure 3.18.4
Absolute and relative survival rates up to 10 years after first diagnosis, ICD-10 C51, Germany 2015–2016

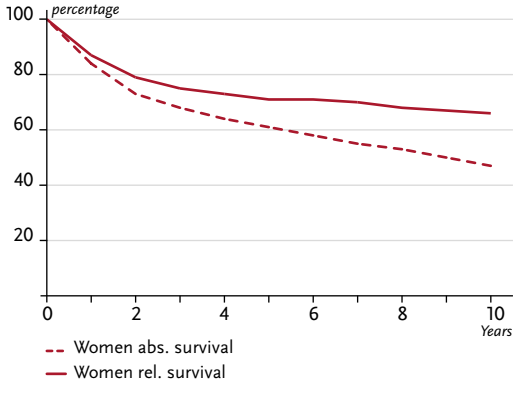


Figure 3.18.5
Relative 5-year survival by UICC-stage, ICD-10 C51, Germany 2015–2016

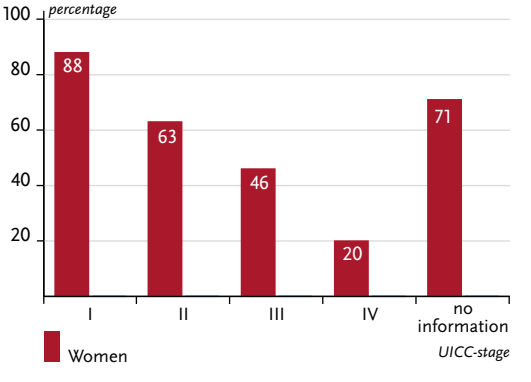


Figure 3.18.6
Age-standardised incidence and mortality rates in German federal states, ICD-10 C51, 2015–2016, (Incidence in Bremen for 2014 and 2016, incidence in eastern Germany for 2014 to 2015)
per 100,000 (old European Standard)

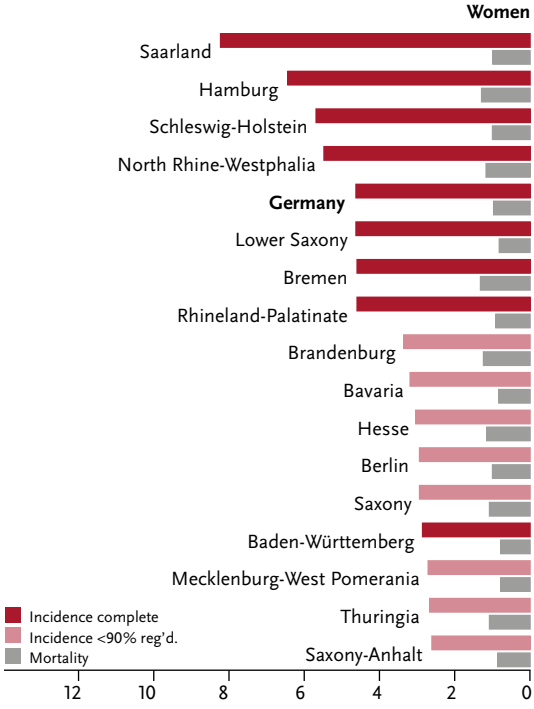
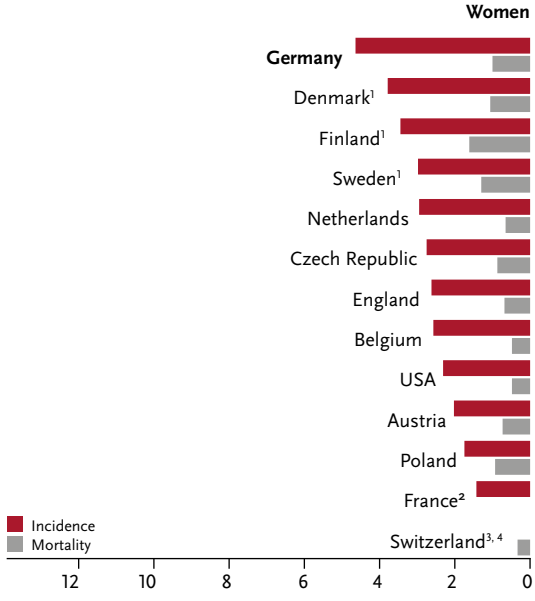


Figure 3.18.7
International comparison of age-standardised incidence and mortality rates, ICD-10 C51, 2015–2016 or latest available year (details and sources, see appendix)
per 100,000 (old European Standard)



[1] Data including C52, C57.7, C57.8 and C57.9
[2] No data for mortality
[3] No data for incidence
[4] Mortality only for 2015