

3.18 Vulva

Table 3-18.1
Overview of key epidemiological parameters for Germany, ICD-10 C51

Incidence	2019	2020	
	Women	Women	
Incident cases	3,310	3,090	
Crude incidence rate ¹	7.9	7.3	
Age-standardised incidence rate ^{1,2}	4.4	4.0	
Median age at diagnosis	73	73	
Mortality	2019	2020	2021
	Women	Women	Women
Deaths	1,016	973	1,014
Crude mortality rate ¹	2.4	2.3	2.4
Age-standardised mortality rate ^{1,2}	1.0	0.9	1.0
Median age at death	81	81	82
Prevalence and survival rates	5 years	10 years	25 years
	Women	Women	Women
Prevalence	11,700	19,800	27,500
Absolute survival rate (2019–2020) ³	59 (51–66)	46 (37–55)	
Relative survival rate (2019–2020) ³	70 (60–76)	64 (57–74)	

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

Epidemiology

Until around 2010, a significant increase in the number of new cases and a slight increase in mortality rates from malignant vulvar tumours were observed in Germany. Since then, the rates have stabilised at a high level. HPV vaccination should reduce the incidence. However, as the disease mainly occurs at an older age, no effects on the incidence of vulvar carcinoma can be expected at the present time, as only very few cases occur in young women who have already benefited from the HPV vaccination.

In 2019/2020, about 3,100 to 3,300 women were diagnosed with a malignant neoplasm of the vulva each year, and 1,014 women died from this disease in 2021. The greatest burden of disease (incidence) is in women above the age of 70, with a median age at diagnosis of 73. The relative 5-year survival rate after diagnosis of a malignant vulvar tumour is 70%. Among tumours with valid stage information, diagnoses of tumours at small extent (stage I, limited to the vulva/perineum) are the most common (about seven out of ten valid cases). For a large proportion of cases (42%), however, no stage could be assigned.

The highest incidence rates of malignant neoplasms of the vulva are found in Saarland, Schleswig-Holstein, North Rhine-Westphalia and Hamburg. Mortality and incidence rates in Germany are higher than in neighbouring countries (comparative figures are not available everywhere).

Risk factors, early detection and prevention

Vulvar carcinomas are mostly squamous cell carcinomas (about 90%) that can be divided into non-keratinising and keratinising forms. The latter account for 50 to 80% of squamous cell carcinomas of the vulva.

Non-keratinising vulvar carcinomas and their precursors are often caused by a chronic infection with human papillomaviruses (especially HPV 16). Younger women are usually affected. Keratinising vulvar carcinomas and their precursors develop independently of HPV, especially in older women. The main risk factors are autoimmune skin diseases such as lichen sclerosus. Smoking and long-term immunosuppression, e.g. after organ transplantation or HIV infection, also increase the risk of vulvar carcinoma. This promotes HPV infection and can therefore increase the risk of vulvar cancer. HPV-triggered cancers in the genital and anus, such as cervical cancer and anal carcinomas, their associated precursors, or Paget's disease of the vulva are further risk factors.

No targeted cancer screening programme is currently in place in Germany for vulvar cancer and its precursors. The entire vulva should always be examined as part of cervical cancer screening. HPV vaccination is considered a possible preventative measure.

Figure 3.18.1a
 Age-standardised incidence and mortality rates, ICD-10 C51, Germany 1999 – 2020/2021
 per 100,000 (old European Standard)

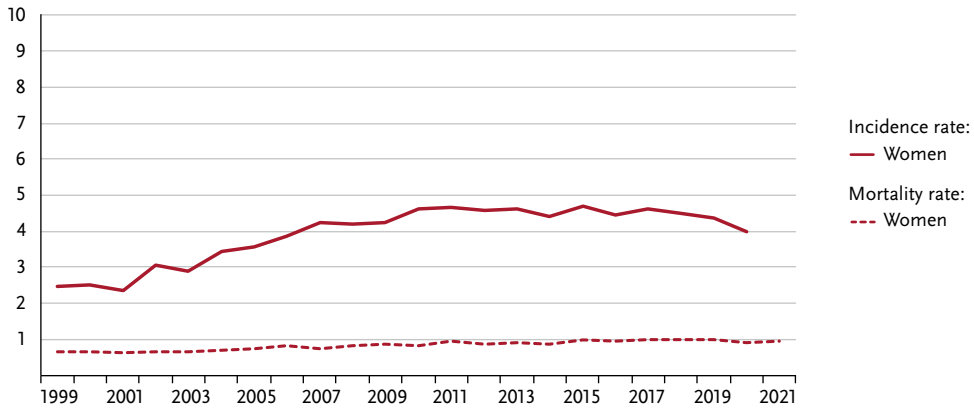


Figure 3.18.1b
 Absolute numbers of incident cases and deaths, ICD-10 C51, Germany 1999 – 2020/2021

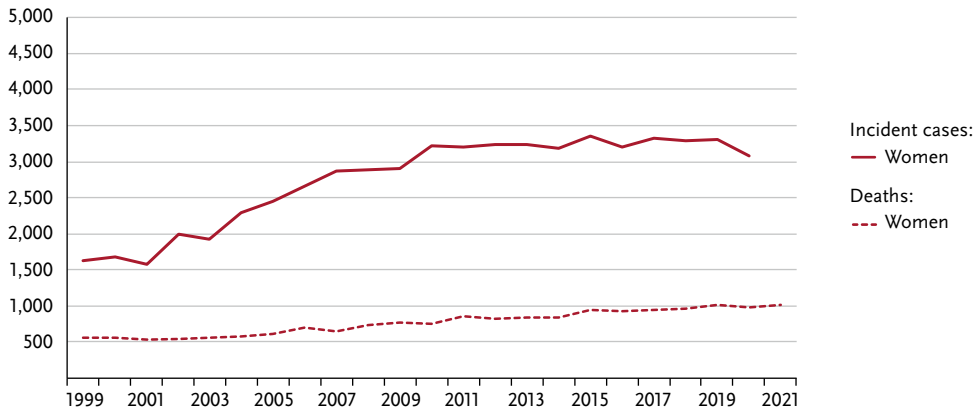


Figure 3.18.2
 Age-specific incidence rates, ICD-10 C51, Germany 2019 – 2020
 per 100,000

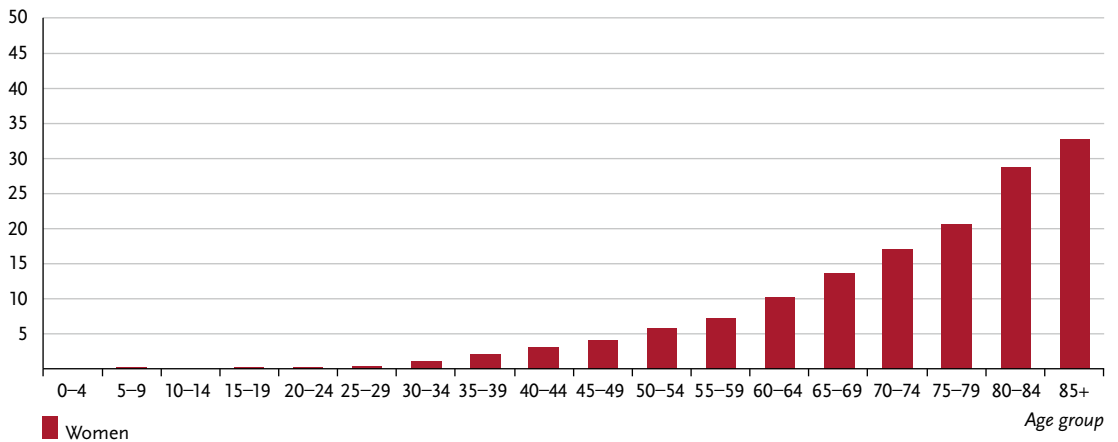


Table 3.18.2
Cancer incidence and mortality risks in Germany by age, ICD-10 C51, database 2019

Women aged	Risk of developing cancer		Mortality risk	
	in the next 10 years	ever	in the next 10 years	ever
35 years	< 0.1 % (1 in 3,600)	0.6 % (1 in 160)	< 0.1 % (1 in 48,300)	0.2 % (1 in 490)
45 years	0.1 % (1 in 1,900)	0.6 % (1 in 170)	< 0.1 % (1 in 19,600)	0.2 % (1 in 490)
55 years	0.1 % (1 in 1,100)	0.5 % (1 in 180)	< 0.1 % (1 in 6,500)	0.2 % (1 in 500)
65 years	0.1 % (1 in 670)	0.5 % (1 in 200)	< 0.1 % (1 in 3,200)	0.2 % (1 in 500)
75 years	0.2 % (1 in 460)	0.4 % (1 in 260)	0.1 % (1 in 1,200)	0.2 % (1 in 530)
Lifetime risk		0.6 % (1 in 160)		0.2 % (1 in 500)

Figure 3.18.3
Distribution of UICC stages at diagnosis, ICD-10 C51, Germany 2019 – 2020
(top: incl. missing data and DCO cases; bottom: valid values only)

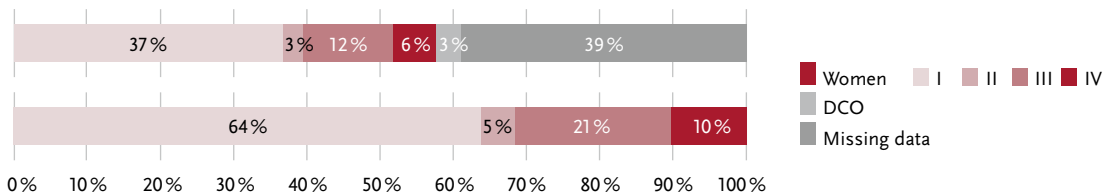


Figure 3.18.4
Absolute and relative survival rates up to 10 years after diagnosis, ICD-10 C51, Germany 2019 – 2020

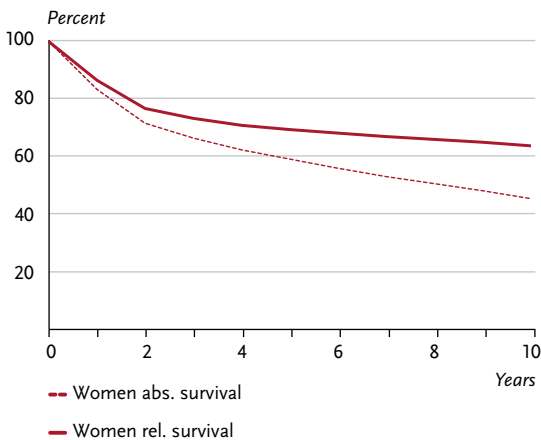


Figure 3.18.5
Relative 5-year survival by UICC stage (7th and 8th edition TNM), ICD-10 C51, Germany 2019 – 2020

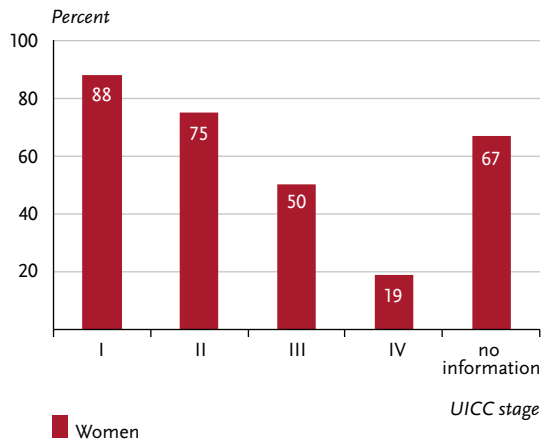


Figure 3.18.6

Age-standardised incidence and mortality rates in German federal states, ICD-10 C51, 2019 – 2020
per 100,000 (old European Standard)

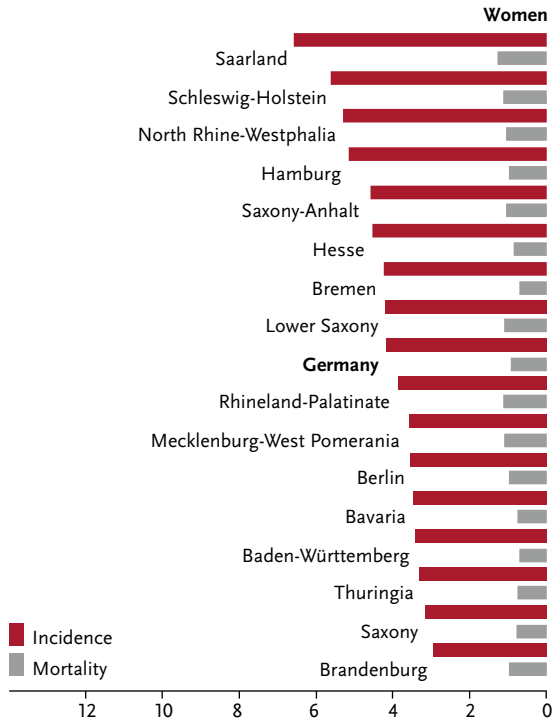


Figure 3.18.7

International comparison of age-standardised incidence and mortality rates,
ICD-10 C51, 2019 – 2020 or latest available year (details and sources, see appendix)
per 100,000 (old European Standard)

