


Penile Cancer

Information for patients and carers

Urology Directorate



If you would like this document in another language or format, or if you require the services of an interpreter, contact us on  0845 155 5000 ext 72501

Contents

1. What is Penile Cancer?	4
2. What are the signs and symptoms of penile cancer?	4
3. How is it diagnosed?	5
4. What other tests may I need to have?	5
5. What happens if the cancer does spread?	6
6. What does staging and grading of the cancer mean?	6
7. What treatment options are available?	7
8. What types of surgery are available?	8
9. Asking for your consent	8
10. What are the risks of having a general anaesthetic?	8
11. What alternatives are there to surgery?	10
12. Aftercare	12
13. Feelings	12
14. Sex after penile cancer	12
15. Where can I get more information?	13
16. Key Worker Contact details	14
Space for your notes	15

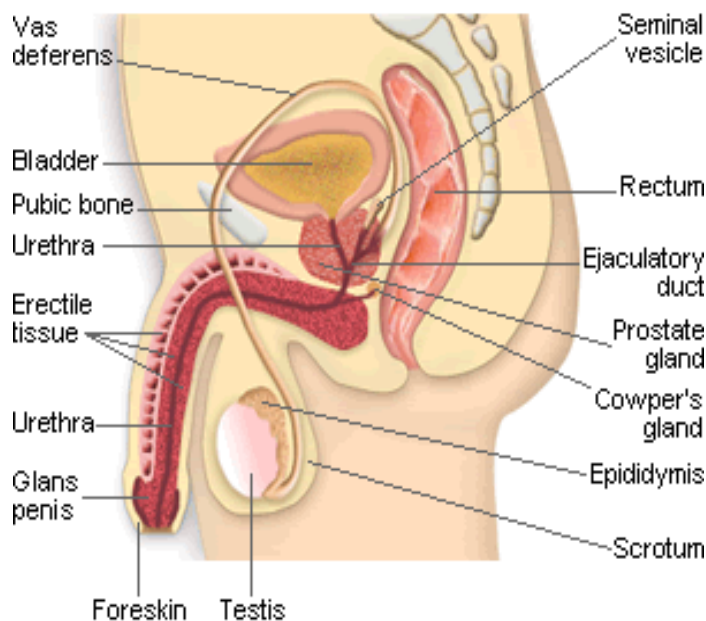
1 What is penile cancer?

Cancer of the penis is rare. Approximately 400 men are diagnosed with it in the UK each year. It is most often diagnosed in men over the age of 50 although younger men are also at risk.

The exact cause of cancer of the penis is unknown. It is much less common in men who have had all or part of their foreskin removed (been circumcised) soon after birth. This is because men who have not been circumcised may find it more difficult to pull back the foreskin enough to clean thoroughly underneath. The human papilloma virus (HPV) that causes penile warts also increases the risk of cancer of the penis, as does smoking.

Some skin conditions that affect the penis can go on to develop into cancer if they are left untreated. These often cause white patches, red scaly patches, or red moist patches of the skin on the penis.

Cancer of the penis is not infectious and cannot be passed on to your partner or others. It is not caused by an inherited faulty gene and so other members of your family do not have an increased risk of developing it.



The penis and surrounding structures

2. What are the signs and symptoms of penile cancer?

The first signs of a penile cancer are often a change in colour of the skin and skin thickening. Later symptoms include a growth or sore on the penis, especially on the glans (head of the penis) or foreskin, but also sometimes on the shaft of the penis. There may be a discharge or bleeding. Most penile cancers are painless.

Sometimes the cancers appear as flat growths that are bluish-brown in colour, or as a red rash, or small crusty bumps. Often the cancers are only visible when the foreskin is pulled back.

These symptoms may occur with conditions other than cancer. Like most cancers, cancer of the penis is easiest to treat if it is diagnosed early.

3. How is it diagnosed ?

The doctor will examine the whole of the penis and your groin to feel for any swellings. To make a firm diagnosis, the doctor will take a sample of tissue (a biopsy) from any sore or abnormal areas on the penis. This will be done under an anaesthetic (local or general) and the procedure should be relatively painless. The biopsies will be examined under a microscope.

4. What other tests may I need to have?

You will need further tests to check whether or not the cancer has spread.

Cancer can spread in the body, either in the bloodstream or through the lymphatic system. The lymphatic system is part of the body's defence against infection and disease. It is made up of a network of lymph glands which are also known as lymph nodes. These glands are linked by fine ducts which contain lymph fluid. If the cancer has spread to the lymph nodes in your groin they may be enlarged.

The results of these tests will help the doctor to decide on the best type of treatment for you.

CT (computerised tomography) scan A CT scan is a specialised type of x-ray. A series of pictures is taken and fed into a computer to build up a detailed picture of the inside of the body. The scan can show whether or not the cancer has spread to other parts of the body. It is painless and takes 10–30 minutes.

MRI (magnetic resonance imaging) scan. A MRI scan is a specialised type of x-ray. A series of pictures is taken and fed into a computer to build up a detailed picture of the inside of the penis. You may be given an injection of 'caverject', a drug given into the penis to induce an erection. The scan can show whether or not the cancer has spread to other parts of the body. It is painless and takes 10–30 minutes.

Lymph node biopsy If you have any enlarged lymph nodes in the groin, your doctor may put a needle into the node to get a sample of cells (biopsy). This is to see whether or not the enlargement is due to cancer. Enlarged lymph nodes can also be due to infection, and not cancer.

5. What happens if the cancer does spread?

Once the cancer cells get into the lymphatic system they may travel to other areas of the body - the lungs, for instance - and start growing there. These cancers are called **secondary cancers** or **metastases**.

6. What does staging and grading of the cancer mean?

Staging

The stage of a cancer is a term used to describe its size and whether or not it has spread beyond its original site in the body. Knowing the particular type and the stage of the cancer helps the doctors to decide on the best treatment for you.

TNM Staging system for penile cancer (T = tumour, N = nodes, M = metastases)

Tx	Primary tumour cannot be assessed
To	No evidence of primary tumour
Tis	Carcinoma in situ (flat superficial tumour)
Ta	Non invasive verrucous(cauliflower like superficial tumour) type carcinoma
T1	Tumour invades sub-epithelial connective tissue (i.e. below the surface layer of skin cells)
T2	Tumour invades corpus cavernosum and spongiosum (i.e the erectile tissue)
T3	Tumour invades urethra (water pipe) or prostate (gland surrounding the water pipe)
T4	Tumour invades other adjacent structures

Some doctors may describe your stage of cancer as:

Early disease The cancer only affects the foreskin or the surface of the head of the penis (glans).

Intermediate disease The cancer has spread below the surface of the skin into the shaft of the penis and/or tiny amounts of cancer cells can be found in one of the lymph nodes in the groin (microscopic disease).

Advanced disease The cancer is found in one or several enlarged lymph nodes in the groin and/or has spread to other parts of the body.

If your cancer comes back after initial treatment, this is known as recurrent cancer.

Grading

Grading refers to the appearance of the cancer cells under the microscope and gives an idea of how quickly the cancer may develop. Low-grade means that the cancer cells look very like normal cells; they are usually slow-growing and are less likely to spread. In high-grade tumours, the cells look very abnormal, are likely to grow more quickly, and are more likely to spread.

As with all cancers the outcome will depend on how advanced it is when diagnosed. For men at the earliest stage (penile carcinoma in situ) over 9 out of 10 will be alive at 5 years. There is some research to show that 9 out of 10 with no lymph involvement will also be alive at 5 years while those with spread to lymph but not to other parts of the body have a 60% (6 out of 10) chance of living for at least 5 years. If cancer spreads further than the lymph nodes in the groin then the outlook is unfortunately poor – only 1 in 5 men will live for at least 5 years after their cancer is diagnosed.

7. What treatment options are there?

The treatment of penis cancer may involve surgery, radiotherapy, chemotherapy or all three treatments. The type of treatment depends on a number of things, including the position and size of the cancer, its grade, whether or not it has spread and your general health. Surgery is the main treatment. Surgical techniques have advanced recently, and it is usually possible to preserve the penis and to reconstruct it surgically.

Before you agree to any treatment, your doctor will talk to you about the possible side effects and how to deal with them.

8. What types of surgery are available?

If the cancer is small or only a surface cancer and has not spread then it can usually be treated by removing only the affected area and a small area around it. The cancer can be removed with conventional surgery, using laser or by freezing (cryotherapy). Cryotherapy is carried out with a cold probe, which freezes and kills the cancer cells.

If the cancer is affecting only the foreskin, it may be possible to treat it by the surgical removal of the foreskin (circumcision) alone.

All the above treatments can usually be carried out as a day case. They may be done under local or general anaesthetic, depending on individual circumstances.

Wide local excision If the cancer has spread over a wider area then this will require a wide local excision. This means removing the cancer with a border of healthy tissue around it to reduce the risk of the cancer coming back in the

future. The operation is done under general anaesthetic and will involve a short stay in hospital.

Surgery to preserve the penis and reconstruction For larger cancers of the head of the penis, the bulbous part (the glans) will be removed. It is possible to give back a normal appearance by using skin from somewhere else in the body (skin graft). This is called a glansectomy. The foreskin and tip of penis are removed and replaced by a skin graft from the thigh. This gives an excellent cosmetic and functional result.

You will need to stay in hospital for about five days and have the wound dressed regularly for up to a fortnight.

Removing the penis (penectomy) This may be advised if the cancer is large and is covering a large area of the penis. Amputation may be partial (where only part of the penis is removed) or total (removal of the whole penis). This depends on the position of the tumour. If the tumour extends to near the base of the penis then total amputation may be the only option. This operation is now much less common, as doctors can usually preserve the penis.

Reconstructive surgery If there are no signs that the cancer has spread it may be possible to have a penis reconstructed after amputation.

This will require more surgery and will be done at a later stage once you have recovered from the amputation and once the doctors are sure that there is no cancer spread. The techniques that may be used include taking a flap of skin and muscle from the arm and using this to make a new penis. Sometimes, it is also possible for surgeons to reconnect some of the nerves in order to provide sensation.

Removal of lymph glands The surgeon may also remove a small number of lymph nodes from your groin to find out if the cancer has spread. If the nodes in your groin are obviously enlarged you will usually have all the glands in your groin removed (radical groin dissection). However there is a higher risk of developing lymphoedema the more lymph nodes are removed. This results in the lymphatic fluid accumulating in the soft tissues (for example in the legs, scrotum or abdomen) instead of being carried back into the central circulation. This results in swelling, a feeling of tightness and sometimes redness and pain in the effected area.

Sentinel Lymph node biopsy. This surgery is less invasive than radical lymph node dissection. It can be done if the lymph nodes cannot be felt on examination by your doctor.

A sentinel lymph node is the very first node that is reached by lymph fluid from the site of a penile cancer and so it is the first lymph node to which cancer (if present) is likely to spread from the primary site of malignancy.

When cancer spreads, the malignant cells may appear first in the sentinel node before spreading to other lymph nodes which are more distant.

Sentinel lymph node dissection is carried out to find and remove the sentinel lymph node. The idea behind this surgery is to remove and analyze the one node that is most likely to have malignant cells in it instead of removing ten or more lymph nodes and investigate all of them for cancer from the primary tumour.

9. Asking for your consent

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead, by law we must ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. Staff will explain all the risks, benefits and alternatives again before they ask you to sign a consent form. If you are unsure about any aspect of your proposed treatment, please do not hesitate to speak with a senior member of your urology team again.

10. What are the risks of the general anaesthetic?

There are a number of issues that affect the chances of suffering complications, including: age, weight, lifestyle issues and your general state of health. Your anaesthetist and/or your surgeon can give further details. The information below on risks is provided by the Royal College of Anaesthetists:

- **Very common (1 in 10) and common (1 in 100) side effects**
 - Feeling sick and vomiting after surgery
 - Sore throat
 - Dizziness, blurred vision
 - Headache
 - Itching
 - Aches, pains and backache
 - Pain during injection of drugs
 - Bruising and soreness
 - Confusion or memory loss
- **Uncommon side effects and complications (1 in 1000)**
 - Chest infection
 - Bladder problems
 - Muscle pains
 - Slow breathing (depressed respiration)
 - Damage to teeth, lips or tongue
 - An existing medical condition getting worse
 - Awareness (becoming conscious during your operation)
- **Rare (1 in 10,000) or very rare (1 in 100,000 or less) complications**

- Damage to the eyes
- Serious allergy to drugs
- Nerve damage
- Death
- Equipment failure

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of four or five complications together. There are probably about five deaths for every million anaesthetics in the UK.

11. What alternatives are there to surgery?

Radiotherapy

Radiotherapy treats cancer using high-energy rays to destroy cancer cells, while doing as little harm as possible to healthy cells. Radiotherapy is occasionally used instead of surgery. This may be when someone is not well enough to have an operation or doesn't want to have surgery. It may also be used to treat affected lymph nodes in the groin instead of surgery or after surgery to help reduce the risk of the cancer spreading. It may also be given to treat symptoms, such as pain, if the cancer has spread to other parts of the body, like the bones.

Radiotherapy can be given externally (from outside the penis) or internally when radioactive material is placed into the penis near the cancer. External radiotherapy is normally given as a series of short daily treatments in the hospital's radiotherapy department. High energy x-rays are directed at the area of the cancer by using a machine. The number of treatments will depend on the type and size of the cancer, but the whole course of treatment for early cancer will usually last up to six weeks. Your doctor will discuss the treatment and possible side effects with you.

External radiotherapy is not painful, but you do have to lie still for a few minutes while your treatment is being given. The treatment will not make you radioactive and it is perfectly safe for you to be with other people, including children, after your treatment.

Internal radiotherapy involves having wires inserted into the penis while you are under anesthetic. While the wires are in you will be radioactive and you will need to be in a room on your own. Treatment may take up to seven days and is not advisable for children or pregnant women to be close to you. Once treatment is finished the wires are removed and it would be safe to go home as all the radio activity will be gone.

Side effects of radiotherapy

There are sometimes side effects from radiotherapy treatment to the penis. Towards the end of your treatment, the skin on your penis can become sore and may break down. Long-term, radiotherapy can cause thickening and stiffening of healthy tissues (fibrosis). In some men, this can result in narrowing of the tube that carries urine through the penis (the urethra) and so can cause difficulty in passing urine. If narrowing of the urethra does develop, it can usually be relieved by an operation to stretch (dilate) the area. This is done by passing a tube into the urethra and is performed under a general anaesthetic.

Chemotherapy

Chemotherapy is the use of anti-cancer (cytotoxic) drugs to destroy cancer cells. It can be one drug or several drugs used together. It is not commonly used in the initial treatment of penile cancer. Small early stage cancers on the foreskin or end of the penis may be treated with chemotherapy cream. This cream only destroys the cancer cells near the surface of the skin so is not used to treat deeper cancers. Chemotherapy may also be given as tablets, or by injection, into a vein for more advanced cancer. It may be given along with surgery or radiotherapy (or both).

Side effects of chemotherapy

Side effects are more severe and more common with chemotherapy given by injection or into a vein. Many of these side effects can be controlled with drugs and almost all are only short-term and will gradually disappear once the treatment has stopped.

Different chemotherapy drugs cause different side effects. Everyone is different and will react to chemotherapy treatment in a different way. Some people may have very few side effects while others will have a lot.

If prescribed topical chemotherapy cream the skin may become sore, red and inflamed. Other creams and pain killers may also be prescribed to reduce any pain and inflammation. These side effects should wear off within a couple of weeks after stopping treatment.

If having chemotherapy as injection or into a vein, the main areas of your body that may be affected are those where normal cells which rapidly divide and grow, such as the lining of your mouth, the digestive system, your skin, hair and bone marrow (the spongy material that fills the bones and produces new blood cells).

Common side effects of Chemotherapy may include:

- Lowered resistance to infection

- Bruising or bleeding – the production of platelets which make blood clot can drop causing bruising or bleeding
- Anaemia
- Nausea and vomiting – anti sickness drugs can help this
- Sore mouth – may cause small ulcers
- Poor appetite
- Hair loss – hair should grow back within 3 – 6 months of finishing treatment
- Your doctor or nurse specialist will be able to tell you what side effects may be caused by your chemotherapy treatment. Although the side effects of chemotherapy can be unpleasant, they need to be weighed against the benefits of the treatment. It is important to tell your doctor or chemotherapy nurse if the treatment is making you feel unwell. You may be able to have medicines to help you, or changes can be made to your treatment to lessen any side effects.

12. After care

After your treatment is completed, you will have regular check-ups and possibly scans or x-rays. These will probably continue for several years. If you have any problems, or notice any new symptoms between these times, let your doctor know as soon as possible.

13. Feelings

Being diagnosed with penile cancer means you may have many different emotions including anger, resentment, guilt, anxiety and fear. These are all normal reactions, and are part of the process many people go through in trying to come to terms with their illness.

Everyone has their own way of coping with difficult situations. Some people find it helpful to talk to friends or family, while others prefer to seek help from people outside their situation. Some people prefer to keep their feelings to themselves. There is no right or wrong way to cope, but help is there if you need it. You may wish to contact the cancer support services provided by Macmillian cancer support about counselling in your area.

14. Sex after penile cancer

You may worry that you will never be able to have sex again. However, most treatment for penile cancer will not affect your ability to have sex. But, some men who have had part of their penis removed, and those who have had the

whole penis removed, will find that their sex life is affected. This can be very distressing and may take time to come to terms with.

It can help to talk to your partner about how you are feeling, and about the changes in your relationship. This can be very difficult and you may need to get help from a specialist nurse or counsellor. They can help you, and your partner, to deal with these changes. Your GP, hospital doctor, nurse specialist or a cancer support services nurse such as those provided by Macmillan cancer care can usually put you in touch with a counsellor or specialist nurse.

15. Where can I get more information?

UCLH Macmillan Cancer Information Centre

Location: Ground Floor Rosenheim Building, 25 Grafton Way

Tel: 020 7380 6817 email: cancerinfo@uclh.nhs.uk

The Centre provides good quality, comprehensive and appropriate cancer information for anyone affected by cancer. It is staffed by a Macmillan information specialist, supported by cancer nurses and trained volunteers. The service supports patients, their family & friends

Macmillan Cancer Support web site: www.macmillan.org.uk.

Macmillan Cancer Care: **freephone helpline on 0808 800 1234** (Mon–Fri 9am–8pm). The helpline number is also free from these mobile phone networks: 3, O2, Orange, T-Mobile, Virgin, Vodafone when calls are made from the UK

CancerBACKUP

3 Bath Place, Rivington Street, London, EC2A 3JR
Tel: 0808 800 1234 Web: www.cancerbackup.org.uk
Provides information and support to anyone affected by cancer.

Cancer Research UK

Their website www.cancerhelp.org.uk provides facts about cancer including treatment choices.

RNID typetalk

email: helpline@rnid-typetalk.org.uk **Text phone:** 18001 0808 800 1234

Orchid – fighting male cancer - www.orchid-cancer.org.uk

NHS Direct

www.nhsdirect.nhs.uk

☎ 0845 46 47

Other support groups

See <http://www.patient.co.uk> for a list of self help and support groups for cancer patients

References

This text is based on information supplied by CancerBackup and Macmillian Cancer Support, Orchid, a charity dealing with male cancers and Cancer Research UK.

UCL Hospitals cannot accept responsibility for information provided by other organisations.

16. Key Worker Contact details

For more information you can contact the Clinical Nurse Practitioner as follows:

Clare Akers

Andrology CNP

Urology Directorate
Ground Floor Central

250 Euston Road

London

NW1 2PG

Email: clare.akers@uclh.nhs.uk

Mobile: 07852 219921

Website: www.uclh.nhs.uk

University College Hospital

235 Euston Road

London

NW1 2BU

Switchboard:

0845 155 5000 or 020 3456 7890

Space for your notes:

Publication date: April 2010
Date last reviewed: Jun 2011
Date next review due: Jun 2013
Leaflet code: UCLH/S&C/S/UROL/PENILECANCER/2

© University College London Hospitals NHS Foundation Trust