

## Cancer of the penis

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The Royal Berkshire Hospital has become the specialist centre for the Thames Valley area and has links to the University College London Hospital. This leaflet gives you some information about penile cancer and its treatment.

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This leaflet covers the following topics:

- What is penile cancer?
- What are the signs and symptoms of penile cancer?
- How is it diagnosed?
- What other tests may I need to have?
- What happens if the cancer does spread?
- What does staging and grading of the cancer mean?
- What treatment options are available?
- Radiotherapy
- Chemotherapy
- Aftercare
- Feelings
- Sex after penile cancer
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### What is penile cancer?

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

The exact cause of penile cancer is unknown. It is much less common in men who have had all or part of their foreskin removed. The Human Papilloma Virus (HPV) that causes penile warts also increases the risk of cancer of the penis. 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 on the penis.

It is not thought to be caused by a faulty gene and so other members of your family do not have an increased risk of developing it.

### What are the signs and symptoms?

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

These appearances may occur with other conditions other than cancer. Like most cancers, cancer of the penis is easiest to treat if it is found at an early stage.

### 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. These biopsies will then be examined under a microscope.

### What other tests might I have?

Some further tests may be needed to find out whether the cancer has spread.

Penile cancer generally spreads to the local area 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 gland, often known as nodes that are linked by a network of fine tubes containing lymph fluid. The nodes on your groin may be enlarged if your cancer has spread.

The results of these tests may help the doctor decide what the best treatment for you is.

#### CT (Computerised Tomography) scan:

This is a specialist X-ray that builds a detailed picture of the inside of your body. The scan can show whether the cancer has spread to other parts of the body. It is painless and can take between 10-30 minutes.

#### MRI (Magnetic Resonance Imaging) scan:

This is a specialist type of x-ray. A series of pictures are taken to build up a detailed picture of the inside of your penis. You may be given a drug that is injected into the penis to produce an erection. This scan can also show whether the cancer has spread locally within the penis. The scan takes 10-30 minutes and apart from the injection which is a little uncomfortable, is painless. It can be a little claustrophobic and rather noisy.

#### Lymph node biopsy:

Your doctor may put a needle into the lymph nodes of the groin to get a sample to see if the cancer has spread outside of the penis. He will use an ultrasound probe to see the lymph nodes. This takes about 15 minutes and can be slightly uncomfortable.

### What happens if the cancer has spread?

Once the cancer gets into the lymphatic system they may travel to other areas of the body and start growing there. These cancers are called secondary cancers or metastases.

### What does staging and grading of the cancer mean?

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 stage of the cancer helps the doctors decide on the best treatment for you.

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

Tx	Primary tumour cannot be assessed
T0	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 the corpus cavernosum and /or spongiosum (i.e. the erectile bodies)
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.

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).

Advance disease: The cancer is found in one or more lymph nodes in the groin and /or has spread to other parts of the body.

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

Grading refers to the appearance of the cancer cells under the microscope and gives us an idea about how quickly the cancer might develop.

Low grade (Grade 1): means the cells look very much like normal cells. They are usually slow growing and are less likely to spread.

Intermediate grade (Grade 2).

High grade (Grade 3): means the cells look very abnormal and these are likely to spread more quickly and are more likely to spread.

## What treatments are available?

There are three basic treatment options and your consultant will discuss these with you.

- Surgery
- Radiotherapy
- Chemotherapy

The type of treatment offered to you will depend on the position of the tumour, its grade, whether it has spread and your general health.

Surgical techniques have advanced recently and it is often possible to preserve the penis and 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.

## Types of surgery

Wide Local Excision (WLE): If the cancer is small or only a surface cancer or only affecting the foreskin it can usually be treated by either removing the affected area and a small area around it or by removing the foreskin alone.

Glansectomy: For cancers involving the glans (head of the penis) this area can be removed whilst preserving the erectile bodies. It is possible to give back a near normal appearance by using skin from somewhere else on the body (usually the leg) to use as a skin graft. This gives acceptable cosmetic appearances and excellent functional results in forms of passing urine and the ability to have sexual intercourse.

Penectomy (removal of the penis): This may be advised if the cancer is large and covering a large area of the penis. Amputation may be partial (where only part of the penis is removed) or total (the whole penis is removed) this depends on where the cancer is positioned on the penis. If the tumour extends to 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.

These treatments can frequently be carried out as a day case.

## Reconstructive surgery

If there is no signs that the cancer has spread it may be possible to have a penile reconstruction after amputation.

This will require more surgery and will be done at a later stage once you have recovered from the amputation and the doctors are sure there is no spread. A flap of skin and muscle from the arm may be used in the procedure.

## Removal of the lymph nodes

Sentinel nodes dissection: This surgery is less invasive than the radical node dissection. This can be done if the doctor cannot feel any nodes in the groin. A sentinel node is the very first node that is reached by lymph fluid from the site of a penile cancer. This means

that it is the first lymph node that penile cancer is likely to spread to before spreading to other nodes. When cancer spreads the malignant cells may appear first in the sentinel node before spreading to other nodes that are more distant. This sentinel node will then be analysed to see if it contains cancer. If it does you may need to proceed to the more invasive node dissection.

Radical node dissection: If the nodes in your groin are obviously enlarged you will have all the glands in your groin removed. The lymphatic fluid may have difficulty in draining from your legs if you have all these nodes removed. This may result in some swelling, a feeling of tightness and sometimes redness and pain in the leg, penile area and scrotum.

### Radiotherapy

Radiotherapy treats cancer using high energy rays to destroy cancer cells whilst doing as little harm as possible to healthy cells. Radiotherapy can be used if you are not able to have surgery. It may also be used to treat affected lymph nodes in the groin or to treat other parts of the body if the cancer has spread.

External beam radiotherapy is not painful. High energy rays are directed at the area using a machine. The number of treatments will vary depending on the type and grade of cancer however the course may last up to four to six weeks. The course will not make you radioactive and it is safe for you to be with other people after your treatment.

Any side effects will be discussed with you before the treatment.

### Chemotherapy

Chemotherapy is the use of anti-cancer (cytotoxic) drugs to destroy cancer cells. It can be one or several drugs 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 cancer cells near the surface of the skin so is not suitable for deeper cancers. It may be given alone or with surgery, radiotherapy or both.

### Aftercare

After any treatment you will have regular checkups including scans. This will probably continue for several years. If you have any problems or notice any new symptoms it is important that you let your doctor know immediately.

### 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.

## Sex after penile cancer

You may worry that you will never be able to have sex again. However, most treatments for penile cancer will not affect your ability to have sex. Some men who have had all or part of their penis removed will find their sex life is affected. This can be distressing and may take some time to come to terms with.

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 there is help if you need it. You may wish to contact the cancer services provided by Macmillan Cancer Support about counselling in your area.

It can help to talk to your partner about how you are feeling and about the changes in your relationship. This can be difficult and you can get help from a specialist nurse or counsellor. They can help you and your partner deal with the changes. Your GP, hospital doctor, nurse specialist or cancer support services can put you in touch with a counsellor.

## Where can I get more information?

### Cancer Nurse Specialist (Key Worker details):

For more information and advice you can contact the Nurse Specialist Team on 0118 322 7905 (there is an answer machine so leave a message and we will get back to you).

Tessa Martin Betty Birose	Sammi Kaur-Gill Ana Reis	Louise Hultquist Support Worker
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### Macmillan Cancer Information Centre:

Berkshire Cancer Centre, Royal Berkshire Hospital

Tel: 0118 322 8700

E-mail: [cancerinfo@royalberkshire.nhs.uk](mailto:cancerinfo@royalberkshire.nhs.uk)

This centre provides good quality, comprehensive and appropriate cancer information for anyone by cancer. It is staffed by a Macmillan information specialist and trained volunteers. The service supports patients, their families and friends.

Macmillan Cancer Support website; [www.macmillan.org.uk](http://www.macmillan.org.uk)

Macmillan Cancerline; 0808 808 2020

Cancer Research UK website; [www.cancerhelp.org.uk](http://www.cancerhelp.org.uk)

Provides facts and information about cancer and treatment options

Orchid Website: [www.orchid-cancer.org.uk](http://www.orchid-cancer.org.uk)

NHS Website: [www.nhs.uk](http://www.nhs.uk)

NHS 111

[www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

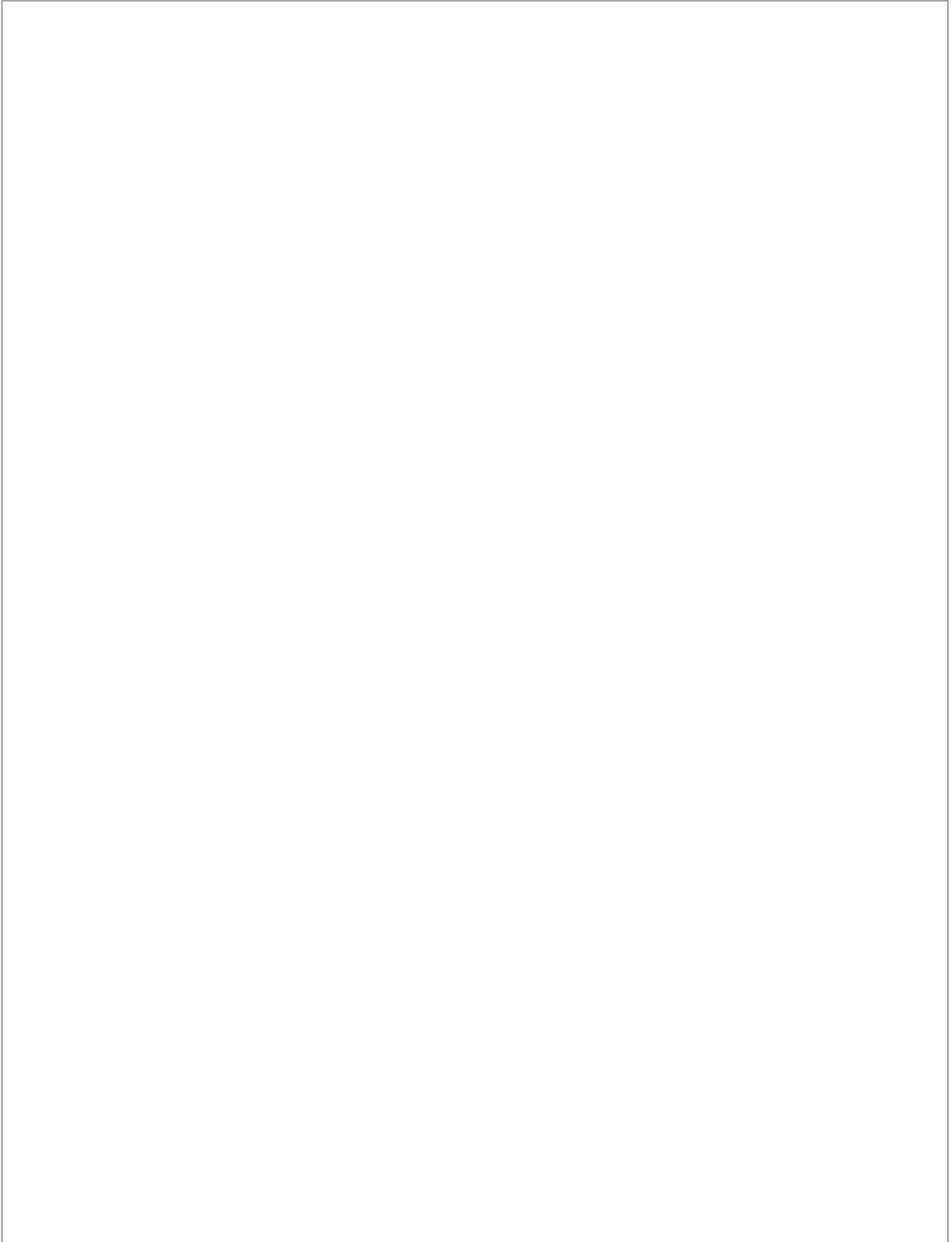
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Notes

Please use this page to make any notes or write down any questions you may have.

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