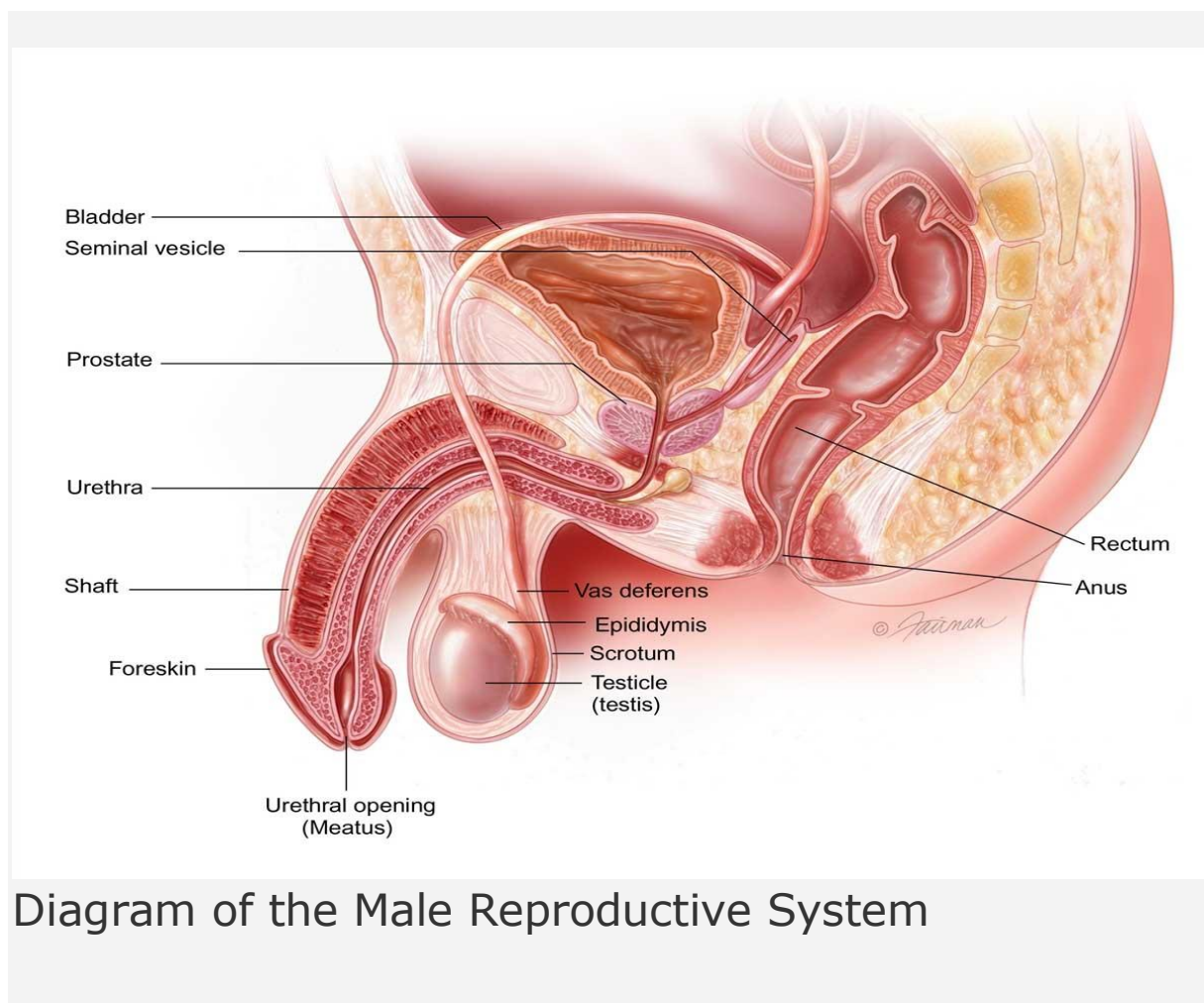


## Penile Cancer

- Partial penectomy
- Total Penectomy
- Lymph node Dissection

## How does the Penis Normally work?

The main roles of the penis are to carry urine out of the body and sperm into the woman's vagina. There are 3 tubes inside the penis. One is called the urethra. It's hollow and carries urine from the bladder through the penis to the outside. The other 2 tubes are called the corpora cavernosa. These are soft, spongy tubes that fill with blood to make the penis stiff during an erection. The 3 tubes are wrapped together by a very tough fibrous sheath called the tunica albuginea. During sex, the stiffness of the penis makes it hard enough to push into the woman's vagina. Then the urethra acts as a channel to carry semen into the vagina.



# Symptoms

The earlier penile cancer is found, the better. If it's found early, there is a good chance for successful treatment and a cure. If diagnosis is delayed, the disease can get worse. Treatment for more advanced cancer may be less successful and more disfiguring.

Since you see and touch your penis when you urinate, you can help spot the disease early. Men who aren't circumcised are at greater risk for penile cancer. But every man should be on the lookout for penile lesions.

You should see your health care provider if you notice any of these on the foreskin, or the shaft or head of your penis:

- An area of skin becoming thicker and/or changing color
- A lump on the penis
- An ulcer (sore) that might bleed
- A reddish, velvety rash
- Small, crusty bumps
- Flat, bluish-brown growths
- Smelly discharge (fluid) under the foreskin
- Swelling

Most of these signs may be from a bacterial or fungal infection, or even an allergic reaction. All of these will respond to antibacterial or antifungal ointments and creams. But growths that return or sores that don't heal must be thought of as cancer until it's proven they're not.

Penile cancer is often, unfortunately, ignored until it is advanced. Patients are reluctant or embarrassed to talk about their genitals. Or, they may be afraid of treatment or surgery on the penis. If you notice any of these signs, it's important to have them checked by a health care provider as soon as you can.

# Causes

Penile tumors are thought to be caused by body fluids that get trapped in the foreskin. If they aren't washed away on a routine basis, they can have cancer-causing effects. Older men and smokers are more likely to get penile cancer. Conditions like AIDS can lead to penile cancer.

Another possible cause may be the human papilloma virus (HPV). HPV is a virus passed through sex. Antibodies to HPV-16 have been found in many patients with penile cancer. HPV is known to play a role in cervical cancer as well. For more information please review our Sexually Transmitted Disease article.

Men who keep clean with good genital hygiene and who are circumcised are much less likely to get penile cancer.

## Diagnosis

Penile cancer is diagnosed with a biopsy. This is when a small sample of tissue is removed from the penis and looked at under a microscope. If the cells look like cancer cells, they will be “staged.” The TNM staging system is the system most often used. T stands for the main (primary) *tumor* (how far it has grown within the penis or nearby organs). N stands for spread to nearby lymph *nodes* (bean-sized groups of immune system cells). M is for *metastasis* (spread) to other organs.

The cells are also given a “grade”. This is a measure of how abnormal the cells look. The grade is often a number, from 1 to 4. The higher the number, the more abnormal the cells look. Higher-grade cancers tend to grow and spread more quickly than lower-grade cancers.

If your doctor believes that cancer has spread to nearby lymph nodes, other tests will be done. A lymph node biopsy will help determine the cancer’s stage and grade. If cancer is thought to spread to other parts of the body, imaging tests (such as a CT scan, or MRI) will be done.

If tests suggest cancer, prompt care and regular follow-up will be very important.

## Treatment

If penile cancer is found early, it can be treated with success and low risk. If the tumor is on top of the skin, it may be treated with a skin cream. This cream has few side effects. External beam radiation is also a therapy for small lesions.

If the lesion is larger, but still about the size of a pea, a small local excision ( partial penectomy) may be done. This is a type of surgery where layers of abnormal tissue are shaved off until normal tissue is reached. With both of these methods, the penis should still look normal and work as usual. But careful follow-up is vital to check for early recurrence. With small lesions,

it's not likely that cancer has spread to the lymph nodes. For this reason, it's often not necessary to remove the lymph nodes.

With larger lesions, more tissue needs to be removed. Your surgeon will also consider taking out or draining lymph nodes in the groin. A mix of surgery, radiation, and chemotherapy may be needed. In cases where the cancer is more advanced, the whole penis may need to be removed.

Early detection is very important. It not only ensures better results, but there are more treatment options.

## After Treatment

After treatment your doctors will want to watch you closely. During follow-up visits, your doctor will look for new signs of cancer and help you manage treatment side effects. Almost any cancer treatment has side effects. Some may last a short time, others may last the rest of your life.

Your post-treatment experience depends mostly on the stage of cancer when it was found. Curing the cancer is almost certain when lesions are found early. As the tumor becomes more advanced, cure is less certain. If later-stage cancer is found, treatment may cause surgical side effects that are difficult to deal with. Talk to your health care team about any problems you notice, and any questions or concerns you have.

## More Information

### Frequently Asked Questions

Is penile cancer contagious? Can I pass it on to others?

Until recently, penile cancer was mostly thought to be caused by chemical irritation. For this reason, there was no worry about transmitting it. But recent data have linked the HPV to both penile and cervical cancers. There seem to be more cases of these cancers in the spouses of people with this sexually transmitted disease. Thus, while penile cancer isn't transmissible, if you or your partner has HPV, you should wear a condom during sex. You should also be aware of any lesions. Women should have cervical examinations often. It's important to eliminate or minimize the infection. It's also important to talk with your urologist about HPV's link to penile cancer.

Does an operation on the penis mean that I won't be able to stand to empty my bladder?

If your cancer is found early, the surgery needed shouldn't affect your ability to stand when you urinate. The surgeries needed for more advanced cancer may cause you to have to sit when you urinate.

Will the treatment affect my ability to have sex?

Early detection and minimal surgeries shouldn't interfere with normal sex. More extensive procedures might, though.

Should all male children be circumcised soon after birth to prevent penile tumors?

This question is a matter of much debate. Studies point to a lower incidence of urinary tract infections and penile cancer in men who've been circumcised. Parents should discuss the risks and benefits of circumcision with their child's doctor.

If a male has not been circumcised soon after birth, will later circumcision as a teen or young adult protect him from penile cancer?

Circumcision soon after birth is the best protection from getting penile cancer later. A procedure done in young adults doesn't have nearly the same protective effect.

For example, penile cancer is very rare in Jewish males, for whom circumcision at birth is the accepted ritual. Penile cancer is more common in Muslim males, for whom the accepted ritual is circumcision at puberty. Overall, it isn't as common as in men who haven't been circumcised.