

# Treating Penile Cancer - A Quick Guide



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This is a brief summary of the information on 'Treating penile cancer' from CancerHelp UK. You will find more detailed information on the website.

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## Staging penile cancer

The stage of a cancer indicates how far it has grown or spread. Staging is important because it helps the doctor recommend the most appropriate treatment for you.

## The TNM and number staging systems

There are different ways of staging cancers. The two main ways are the TNM system and the number system.

TNM stands for **T**umour, **N**ode, **M**etastasis'. The T describes the size of the tumour. The N tells you if there are any cancer cells in the lymph nodes and the M tells you if the cancer has spread to other parts of body away from the penis. The doctor gives each a number. So a small cancer that hasn't spread is T1, N0, M0. A cancer that is larger and has spread is T3, N1, M1.

Occasionally doctors use the number staging system. This system divides the stages into 4 main groups, 1 to 4. Stage 1 is an early cancer that hasn't spread elsewhere. Stage 2 means that the cancer is larger but hasn't spread. Stage 3 is when there are cancer cells in the lymph nodes and stage 4 means that there are cancer cells in the lymph nodes and the cancer may have spread to other parts of the body.

## What is grade?

The grade of a cancer measures how similar cancer cells look to normal cells under a microscope. In general, the more they look like normal cells, the lower the grade. A low grade cancer is likely to behave less aggressively than a high grade cancer.



## Penile cancer statistics and prognosis

Outlook means your chances of getting better. Your doctor may call this your prognosis. With penile cancer, the likely outcome depends on how advanced the cancer is when it is diagnosed (the stage). The grade may also be a factor.

On CancerHelp UK, we have quite detailed information about the likely outcome of different stages of penile cancer. The statistics we use are taken from a variety of sources, including the opinions and experience of the experts who check every section of CancerHelp UK. They are intended as a general guide only. For the more complete picture in your case, you'd have to speak to your own specialist.

### How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. The statistics cannot tell you about the different treatments people may have had, or how that treatment may have affected their prognosis. There are many individual factors that will affect your treatment and your outlook.

### Which treatment for cancer of the penis?

The National Institute for Health and Clinical Excellence (NICE) recommends that anyone with penile cancer is referred to specialist team. Because penile cancer is rare, the specialist may not be at your nearest hospital. When planning your treatment your specialist will take into account the type and size of the cancer, your general health, your age, and the stage and grade of your cancer.

## Treating carcinoma in situ (CIS)

This is the earliest stage of penile cancer when the cancer cells are contained within the tissue that lines the penis, and have not spread anywhere else. These are really pre-cancerous cell changes. Treatments for CIS aim to keep the penis looking and working normally. You might have creams or minor surgery.

### Treatments for penile cancer

For penile cancer that is not in the very earliest stage, you may have surgery, radiotherapy or chemotherapy. You may need just one of these treatments or a combination of treatments. Surgery is usually the main treatment.

### Types of surgery for penile cancer

Which operation you will have depends on where in the cancer is, the type and size of the cancer, and whether it has spread. Your doctor will talk to you about the best type of surgery for your cancer.

- **Circumcision.** Circumcision is the removal of the foreskin. If the cancer only affects the foreskin, this may be the only treatment that you will need
- **Laser surgery and cryotherapy.** Doctors use these treatments for carcinoma in situ. For laser surgery the surgeon uses a powerful beam of light that acts like a knife. Cryotherapy uses liquid nitrogen to freeze and kill the cancer cells
- **Wide local excision.** This is when the cancer is removed along with a border of healthy tissue around it
- **Removing the head of the penis (glansectomy).** After this operation your surgeon will do a skin graft to reconstruct the head of your penis.



Your penis will look like a circumcised penis. You will be able to pass urine normally, and most men who were sexually active before the operation remain so afterwards

- **Removal of the penis (penectomy).** If your cancer is large you may need to have either part, or all, of your penis removed (partial or total penectomy). A total penectomy is only done if your cancer is deep into your penis, or is at the base of the penis. It may be possible to reconstruct the penis afterwards
- **Removal of the lymph nodes.** Your surgeon may also remove lymph nodes from your groin

## Having penile cancer surgery

### Before your operation

You will need tests such as blood tests, a chest X-ray, an ECG and lung function tests to make sure you are fit enough to make a good recovery from your surgery. When you go into hospital for your operation, your surgeon, anaesthetist, physiotherapist and nurse will all come and talk to you. Your surgeon will explain what is going to happen during the surgery and what to expect when you come round from the anaesthetic. Ask as many questions as you need to. It may help to make a list of questions before you go into hospital.

### Immediately after your operation

If you have had extensive surgery, such as a glansctomy or penectomy operation, you are likely to have several different tubes in place afterwards. These might include a drip into your arm, a fine drainage tube from your wound, and a tube into your bladder (catheter) to drain urine. You will have a dressing on your wound.

You are usually able to eat and drink again as soon as you feel like it. If you have had a skin graft you will need to be on bed rest for around 4 days after the operation. A physiotherapist will teach you breathing and leg exercises to help prevent blood clots and infections.

It is important to tell the nurse or doctor as soon as possible if you have any pain. With your help, they will find the right type and dose of painkiller for you. When you can go home depends on the type of operation you've had.

## What to ask your doctor about penile cancer surgery

- Why are you recommending surgery?
- Which type of surgery will I have?
- How long will I be in hospital?
- What painkillers will I need?
- How will I pass urine afterwards?
- How soon can I eat and drink after my operation?
- How should I care for my wound?
- When will my stitches come out?
- Will you remove lymph nodes from my groin?
- Is it possible to have reconstructive surgery?
- Where will I have reconstructive surgery?
- Are there any long term side effects?
- Is there a number I can phone if I am worried about anything when I am at home?
- Will I be able to get an erection and have sex after the surgery?
- When can I have sexual intercourse?



## About radiotherapy for penile cancer

Radiotherapy uses high energy waves to kill cancer cells. You usually have radiotherapy for penile cancer externally (from the outside of your body). But you can also have it internally— this is when radioactive material is placed inside the body, next to the tumour.

### When is radiotherapy used?

Surgery is the main treatment for penile cancer but you may have radiotherapy

- Instead of surgery if you can't, or really don't want to, have an operation
- Instead of surgery to lymph nodes in the groin or after surgery if there is a risk some cancer cells have been left in the groin
- To treat the lymph nodes in the pelvis if there is a high risk of the cancer coming back
- To relieve symptoms

For penile cancer, you usually have radiotherapy and chemotherapy together (combination therapy).

### Radiotherapy to relieve symptoms

You may have radiotherapy to relieve the symptoms of advanced penile cancer. This is also called palliative radiotherapy. You usually have a short course of daily treatment, over a few days.

The 'radiotherapy' section of CancerHelp UK tells you more about radiotherapy.

### Having radiotherapy for penile cancer

You have radiotherapy in the hospital radiotherapy department. If you are having

external radiotherapy you are usually treated once a day from Monday to Friday, with a rest over the weekend. You will have radiotherapy for between 4 and 6 weeks. Each treatment lasts a few minutes. You cannot feel it. External radiotherapy does not make you radioactive.

### Planning your treatment

Radiotherapy treatment is carefully planned. On your first visit, you lie under a large machine called a simulator. This takes normal X-rays. The doctor uses it to work out exactly where to give the treatment. Marks are made on your skin to help the radiographer line up the radiotherapy machine when you have your daily treatment.

### Internal radiotherapy

This is also called brachytherapy. It involves either placing a radioactive mould over your penis, or placing radioactive wires into your penis under anaesthetic.

You will need to stay in hospital and be in a room on your own if you have brachytherapy. Treatment can last for up to 7 days. Children and pregnant women won't be able to go into your room because both the mould and the wires release some radioactivity. When you finish your treatment, the wires are removed under either local or general anaesthetic. After the wires are out, all the radioactivity is gone, so you will be able to go home.

### Side effects of radiotherapy for penile cancer

Short term side effects from radiotherapy usually begin during your treatment course and carry on for a week or two after treatment has finished. The possible side



effects are tiredness, sore skin and swelling in the treatment area.

Radiotherapy can cause long term side effects in some people. They come on between a few months and a couple of years after your course of treatment. The possible long term side effects are

- **Difficulty in passing urine** - After radiotherapy you can get narrowing of the urethra, making passing urine difficult. Tell your doctor or nurse if you start to have problems passing urine. You may need surgery to widen the urethra
- **Reduced blood supply** - Radiotherapy can sometimes damage the blood supply to the treated area. Tell your doctor if you notice any changes in the colour of your skin where you had treatment
- **Difficulty in getting an erection** - Most men are able to have sex after they've recovered from radiotherapy. But if you develop any thickening of the skin, or a reduced blood supply to the penis, getting an erection might be more difficult. Tell your doctor if you are having any problems
- **Swelling of your legs and abdomen** - Some men develop swelling in their legs and in the lower part of their body after radiotherapy to the lymph nodes in the groin and pelvis. This swelling is called lymphoedema. If you do notice any redness, pain or swelling, it is important to tell your doctor about this straight away. Lymphoedema is easiest to control if it is caught early

## What to ask your doctor about radiotherapy for penile cancer

- Why are you recommending radiotherapy?
- Are there different types of radiotherapy?
- Which type of radiotherapy am I having?
- How many days of treatment will I have?
- How long will each session last?
- Can I get help with fares to the hospital?
- Will I need to stay in hospital, if so how long?
- Is it safe to have visitors?
- Are there any side effects?
- How long will side effects last?
- Is there anything that will help the side effects?
- How should I wash and care for my skin?
- Is there a number I can phone if I am worried about anything when I am at home?
- Are there any long term side effects?
- Will I be able to get an erection and have intercourse after radiotherapy?
- When will I be able to have sexual intercourse again?

## Chemotherapy for penile cancer

Chemotherapy uses anti cancer drugs to kill cancer cells. For penile cancer you might have either chemotherapy cream, or chemotherapy into a vein.

### Chemotherapy cream

Chemotherapy cream only destroys the cancer cells in the area of skin treated. If you have a small, early stage cancer on the



foreskin or end of your penis, your doctor might prescribe a chemotherapy cream to apply to the cancerous area. The cream only kills cancer cells near the surface of the skin, so is not used to treat deeper cancers.

### Chemotherapy into a vein

You might have this type of treatment if your cancer has spread from the penis to other parts of your body. Chemotherapy is often given with radiotherapy.

### Side effects

The side effects you might get depend on the type of chemotherapy you have. Generally, the treatment may cause tiredness, sickness, sore mouth, an increased chance of picking up an infection and hair loss.

CancerHelp UK lists the chemotherapy drugs most often used for penile cancer, and has links to information about their particular side effects.

### Follow up for penile cancer

After your treatment is finished, you will have regular check ups. Your doctor will examine you at each appointment and ask how you are feeling, if you have had symptoms, and if you are worried about anything.

You may occasionally have tests such as a CT scan, a chest X-ray or an ultrasound scan of the lymph nodes in your groin.

### How often you might have check ups

At first, your check ups will be every few weeks or months. They will gradually become less often. If you are worried, or have a new symptom between appointments, you should tell your doctor

as soon as possible. You don't have to wait until your next appointment.

### Worrying about your appointments

Many people worry about going for their check ups. If you are well and getting on with your life it can bring back all the worry about your cancer. You may find it helpful to tell someone close to you about how you are feeling.

It is quite common nowadays for people to have counselling after cancer treatment. To find out more about counselling, look in the 'coping with cancer' section of CancerHelp UK.

### Penile cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

Researchers are looking into human papilloma virus (HPV), sentinel lymph node biopsy, skin graft surgery, light therapy (PDT) for early penile cancer and chemotherapy.

### What to ask your doctor about penile cancer treatment

- What stage of cancer do I have?
- What treatment do I need?
- Is there a choice of treatments?
- Will this cure my cancer?



- Are there any side effects of these treatments?
- Are there any long term side effects?
- Will I have to stay in hospital?
- How long will I have to stay in hospital?
- Is there transport available?
- Who can I talk to if I have a problem?
- How often will I have to come for follow up appointments?
- Will I have any tests at these appointments?
- Is there any research going on?

## Notes

### More information

For more information about penile cancer, visit our website  
<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on **0808 800 4040** 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in November 2010. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2010. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).