

## ORCHID

Formed in June 1996 by cancer patient Colin Osborne, Orchid exists to save men's lives from testicular, prostate and penile cancers through pioneering research and promoting awareness.

Orchid produces a range of awareness material, including an award winning DVD resource pack, to improve education about cancers that are unique to men, and understanding about how they are treated.

If you would like to know more about Orchid, male cancers, or how you could help, please contact us:

## ORCHID

St Bartholomew's Hospital

London EC1A 7BE

T: 020 7601 7176 F: 020 7600 1155

info@orchid-cancer.org.uk

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

ORCHID   
FIGHTING MALE CANCER

Printing donated by:

Inspirational print management  
= Charterhouse

[www.charterhouse.tv](http://www.charterhouse.tv)

Tel: 01707 262222

ORCHID  
website designed and sponsored by:



ANYTIME AFTER NINE

[www.anytimeafter9.com](http://www.anytimeafter9.com)

Tel: 0161 877 4499



Fundraising  
Standards Board

Orchid is a member of the  
Fundraising Standards Board

ORCHID   
FIGHTING MALE CANCER

## ORCHID

ST BARTHOLOMEW'S HOSPITAL, LONDON EC1A 7BE

T: 020 7601 7176 F: 020 7600 1155

info@orchid-cancer.org.uk

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

Registered in England with the Charity Commission No. 1080540. Company No. 3963360

Mar 08

# INFORMATION ON PENILE CANCER



ORCHID   
FIGHTING MALE CANCER

## CANCER OF THE PENIS

Cancer of the penis is very rare in the Western world; it is most often diagnosed in men over the age of 60 years. There are about 400 cases in the UK every year. It is usually a slow growing cancer and if caught early before further spread the chances of survival are high. Cancer can develop anywhere in the penis but the most common places are under the foreskin and on the head (the glans).

## CAUSES AND PREVENTION

The exact cause of cancer of the penis is not known. It is thought it could be related to general hygiene and is much less common in men who have been circumcised. This is because men who have not been circumcised may find it more difficult to pull back the foreskin enough to clean thoroughly underneath. Infection with a type of virus that causes penile warts (human papilloma virus) also increases the risk of cancer of the penis. Practising safe sex is thought to reduce the risk. Skin diseases that are associated with cancer of the penis include Lichen Planus, Lichen Sclerosus (also known as Balanitis xerotica obliterans) and the frankly pre-cancerous conditions Bowen's Disease and Erythroplasia of Queyrat (collectively called "Carcinoma-in-Situ"). Your risk of developing cancer of the penis is greater if you smoke. As with all cancers a healthy balanced diet and regular exercise (30 minutes a day) may be preventative.

## WHAT TO LOOK OUT FOR

It is important as with any cancer to get to know what feels normal and watch out for any changes that don't go away:

- A painless lump or ulcer on the penis that doesn't heal
- Unusual foul smelling discharge
- Bleeding
- A red rash under the foreskin
- Flat growths of bluish brown colour
- Difficulty in drawing back the foreskin (phimosis)
- Unexplained change in colour of the skin
- Swollen lymph nodes in your groin area

Advanced cancer of the penis could lead to fatigue, stomach pains, aching bones and weight loss. Any of the above symptoms could be the cause of a number of other conditions, requiring their own treatment plan so still need to be checked out.

## WHAT TO DO IF YOU ARE WORRIED

Like most cancers, cancer of the penis is easiest to treat if it is diagnosed early, so if you have any worries it is best to go to your doctor straight away. You should not let your natural embarrassment get in the way. This visit could save your life.

Your doctor will inspect the penis, then as with all cancers, if he is worried he will refer you to a specialist who will take a sample (biopsy) of the abnormal area. The specimen will be examined under a microscope to identify whether or not it is cancerous. The results are normally available within one to two days. If the biopsy confirms that it is cancer, further tests may be carried out to discover whether the cancer has spread. These tests could include the removal of a gland or glands from the groin (called a "lymph node biopsy"), a CT scan (like a three-dimensional X-ray of the whole body), an MRI scan (similar to a CT scan), Ultrasound or a chest x-ray.

The extent to which the cancer has spread is divided into a number of stages which are important to determine the treatment right for you and your prognosis:

Stage	Cancer spread
1	Cancer is found only on the surface of the penis
2	Cancer has spread deeper into the penis tissue
3	Cancer has spread to the lymph nodes of the groin
4	Cancer has spread to other parts of the body

## WHAT ARE MY TREATMENT OPTIONS

Much progress has been made in the last few years on using less invasive treatment methods. Treatments used for cancer of the penis include surgery, radiotherapy and occasionally chemotherapy.

### SURGERY

- **Simple excision** - small, surface cancers (stage 1) that have not spread are treated by removing only the affected area by conventional surgery, laser or cryotherapy (freezes and kills the cancer). If the cancer is confined to the foreskin, circumcision alone may be all that is needed. These operations are considered simple procedures and may be possible to perform under local anaesthetic as an outpatient.

- **Wide local excision** - is necessary where the cancer has spread to deeper tissue (stage 2 and above). This means removing

the cancer along with some healthy tissue around it, reducing the risk of the cancer returning. The operation is done under general anaesthetic and will require a short stay in hospital.

- **Penectomy** (surgical removal of part or all of the penis). It is the most effective procedure to treat cancer of the penis that has penetrated deep inside the penis (stage 2 and above). Partial penectomy removes only the end of the penis. If the cancerous tissue is near the base of the penis then total amputation may be the only option. This is only used in extreme cases and in this case the surgeon will create a new opening for the urethra so urination can still be controlled. Full reconstructive surgery may be an option.

- **Lymphadenectomy** (surgical removal of lymph nodes).

## RADIOTHERAPY

- **External** - High energy x-rays are directed from a machine at the area of the cancer to kill it. It is normally administered as a series of short daily treatments that could last up to six weeks depending on the size and spread of the tumour.

- **Brachytherapy** – involves planting dozens of tiny radioactive seeds delivering a high dose of radiation to tissues in the immediate area of the tumour; therefore minimising the damage to healthy tissues. They stop being radioactive after several weeks, then remain permanently and harmlessly in place. This procedure can be done under local anaesthetic.

## CHEMOTHERAPY

- Is the use of anti-cancer (cytotoxic) drugs circulating in the blood to destroy cancer cells, but also damaging some normal cells.

- It is rarely used for cancer of the penis, in the early stages, but it is the main way of treating it when it has spread throughout the body.

## WILL I BE CLEAR AFTER MY TREATMENT

You will have regular check ups, scans and x-rays for several years to be sure the cancer has not returned. If you notice any abnormal changes or new symptoms in between these check ups, you must let your doctor know as soon as possible. As mentioned previously, if caught early there is a high chance of survival after treatment.

The need for practical and emotional support will, of course be individual and may depend on the treatment you receive and any side effects such as your ability to have an erection and to pass urine normally. Talking to nurses, doctors or your specialist is advised to answer any questions and ease fear and confusion.