



Penile Cancer: What I need to know

Acknowledgements

We would like to thank everyone who contributed their advice and suggestions to develop this guide.

Contents

Introduction.....	2
What is the function of my penis?.....	2
What is penile cancer?	4
What signs and symptoms should I look out for?	5
What risk factors might I have for penile cancer?.....	6
What happens when I get my penis checked?	9
What tests might I need?	10
Further tests?	11
What tests will I need to check my lymph nodes?	12
Penile cancer staging	13
What treatments for penile cancer might I be offered?	16
What is Lymphoedema?.....	20
What follow up will I need?.....	22
How will I pass urine after my treatment?.....	23
Can people with penile cancer have sex?.....	27
Are my feelings normal?	28
Survivorship supports.....	31
What other supports are available?	34
10 tips to reduce your cancer risk.....	36
Useful contact details.....	42
Questions to ask my doctor or nurse.....	43

Introduction

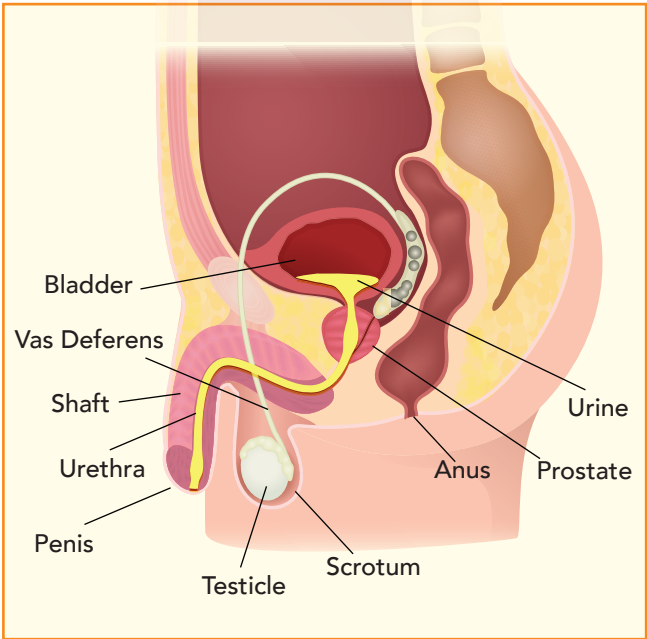
This is a guide for anyone who thinks that they may have penile cancer.

This booklet is for information only. Please contact your doctor or healthcare team for more information and advice.

What is the function of my penis?

The penis is an organ used for urination and sexual intercourse. It is located above the scrotum. The shaft of the penis surrounds the urethra. The urethra is the tube that carries urine from the bladder out of the body. The penis is connected to the pubic bone. The foreskin (if present) covers the head of the penis.

Figure 1: Diagram of male urinary system and penis



What is penile cancer?

Penile cancer is a rare type of cancer. It occurs on the skin of the penis or within the penis. It's not common and usually only affects men over the age of 50 but can affect younger men. Approximately 60 men are diagnosed with penile cancer in Ireland every year.

A diagnosis of penile cancer can be challenging for you and your family. Few people have heard about it, and most men do not talk about it.

What signs and symptoms should I look out for?

- A growth or sore that doesn't heal within 4 weeks – it can look like a wart or blister
- Bleeding from your penis or from under the foreskin
- A foul-smelling discharge under the foreskin (not ejaculation)
- Swelling that makes it difficult to draw back the foreskin (phimosis)
- A change in the colour of the skin or foreskin to a blueish / brown colour
- A rash or small crusty bumps on the penis
- Growths on the penis that are bluish-brown
- Lumps under the skin in the groin area

What risk factors might I have for penile cancer?

Age:

- The risk of penile cancer increases with age – it is most common in men over 50

Phimosis:

- Phimosis refers to a tight foreskin that does not “pull back”
- This can lead to the build-up of secretions, which can cause infection and inflammation
- Sometimes, this can cause the development of penile cancers - this is very rare
- Gently wash your penis each day. Carefully pull back and clean underneath the foreskin (if you're not circumcised), as well as the tip of your penis (the glans) — you only need to use water. It is fine to use gentle soap, but using too much could irritate your penis. Don't scrub this sensitive area. Regular cleaning of the penis and foreskin is important

Human papillomavirus (HPV):

- This is a common virus
- Most people who have been sexually active, have been exposed to HPV
- In most cases the infection will clear itself without treatment
- In rare cases it can become chronic and cause penile cancer

Immunosuppression:

- Men with suppressed or compromised immune systems are at an increased risk of penile cancer due to their weakened immune system
- Men with HIV infection have a weakened immune system

Smoking:

- Smoking increases your risk of getting penile cancer

Previous exposure to radiation therapy:

- Patients who have had pelvic radiotherapy have an increased risk of developing penile cancer

If you have worries about changes in your penis, you should get your penis checked by your local doctor.

If your doctor is concerned, they may refer you to a specialist. Sometimes if there is suspicion of penile cancer, you may be referred to a penile cancer specialist.

An appointment will be made for you in the Outpatient Clinic.

What happens when I get my penis checked?

- Your doctor will ask you questions about your health and social situation
- Your doctor will examine your penis and check the area at the top of your legs (groin) for any swelling



- The doctor will ask you questions about your symptoms and how long you have had them
- You can bring someone with you to this visit
- Your doctor will discuss the results with you

What tests might I need?

- The first test is usually a biopsy
- The biopsy will take place in the hospital
- It is usually done by a specialist doctor called a Urologist
- You are given an anaesthetic, so it should not be painful
- Your doctor will explain the test fully with you
- Your doctor may also want to do further tests to get more information
- The biopsy of your penis will be sent to the laboratory. This will show what type of cells are present and if there is penile cancer

Further tests?

- An Ultrasound scan is used to look at the lymph nodes in the groin
- A CT (computerised tomography) scan takes a series of x-rays which create detailed images of the inside of your body
- An MRI (Magnetic Resonance Isotope) scan uses magnetism to build up a detailed picture of areas of your body
- A PET (Positron Emission Tomography) scan produces detailed 3-dimensional images of the inside of your body

What tests will I need to check my lymph nodes?

- One of the first places penile cancer can spread to is the lymph nodes in the groin (area at the top of the legs)
- If the cancer has spread to the lymph nodes, the groin will have a hard lump or bump present
- Your doctor may then arrange for you to have tests to check the lymph nodes
- These tests may include an ultrasound scan and/or taking a sample of tissue to test. (lymph node biopsy)
- A lymph node biopsy is the removal of lymph node tissue for examination under a microscope
- The lymph nodes are small glands that make white blood cells (lymphocytes), which fight infection. Lymph nodes may trap the germs that are causing an infection

Penile cancer staging

Penile cancer staging

If tests show you have cancer, it helps to know at what stage it is. This will help decide on treatment. We tell you about the stages below under three letters - T, N and L. We then talk about grade. Your Clinical Nurse Specialist will explain more.

T - Stands for tumour

This can be given a value of 1 - 4.

Staging of penile cancer

- **Tis:** The cancer has not invaded below the superficial (surface) layer of skin. It has not spread to lymph nodes or distant parts of the body
- **Ta:** Wart-like growth that is superficial and has not spread to any other areas
- **T1a:** A low-grade cancer has grown just below the superficial layer of skin. It has not spread to lymph nodes or other parts of the body
- **T1b:** Higher grade cancer that has affected surrounding tissue and blood vessels but is still superficial

- **T2:** The cancer has grown into the head of the penis (the glans penis / corpus spongiosum)
- **T3:** The cancer has grown into the shaft structure of the penis (the corpora cavernosa / erectile bodies of the penis)
- **T4:** The cancer has grown into nearby tissues

N - Stands for lymph nodes

- **N0:** Lymph nodes do not contain cancer cells
- **N1:** There are one or two lymph nodes in the groin which have been affected
- **N2:** There are multiple lymph nodes on one or both sides of the groin which have been affected
- **N3:** Lymph nodes in the pelvis have been affected or lymph nodes in the groin that have been severely affected

M - Stands for metastases

Metastases describes the extent to which cancer has spread to other areas or areas in the body.

- **M0:** There is no evidence that cancer has spread to other organs

- **M1:** The cancer has spread to other areas of the body.

Stage grouping

Once the T, N, and M categories have been assigned, this information is combined to assign an overall stage from 0 to 4

Cancer Grades

A grade (G) of cancer can be given to determine how potentially aggressive the cancerous cells are. This works by identifying how abnormal the cancerous cells look compared to normal healthy cells:

- **G1:** Describes cells that look more like normal tissue cells
- **G2:** The cells are somewhat different from normal cells
- **G3:** Describes tumour cells that look very much like each other, but don't look very much like normal cells
- **G4:** The tumour cells barely look like normal cells

What treatment for penile cancer might I be offered?

These treatments may be used alone or together to treat cancer.

Topical creams:

- Chemotherapy and immunotherapy can be used to treat early forms of penile cancer

Immunotherapy:

- Immunotherapy is a type of cancer treatment that helps your immune system fight cancer. The immune system helps your body fight infections and other diseases. It is made up of white blood cells and organs and tissues of the lymph system. Immunotherapy is a type of biological therapy

Chemotherapy:

- Chemotherapy is the use of anti-cancer (cytotoxic) drugs to treat or control cancer cells
- It is usually given into your vein (intravenously)
- It can also be given before or after surgery

Surgery

Circumcision

- If the cancer is only affecting the foreskin, it can be treated with the removal of the foreskin*

Wide local excision

- If the cancer has spread over a wider area of the penis. The cancer is removed with a border of healthy tissue around it

Glans resurfacing

- If your penile cancer has been identified early, skin may be removed from the head of the penis
- A skin graft may be applied to the head of the penis

Glansectomy

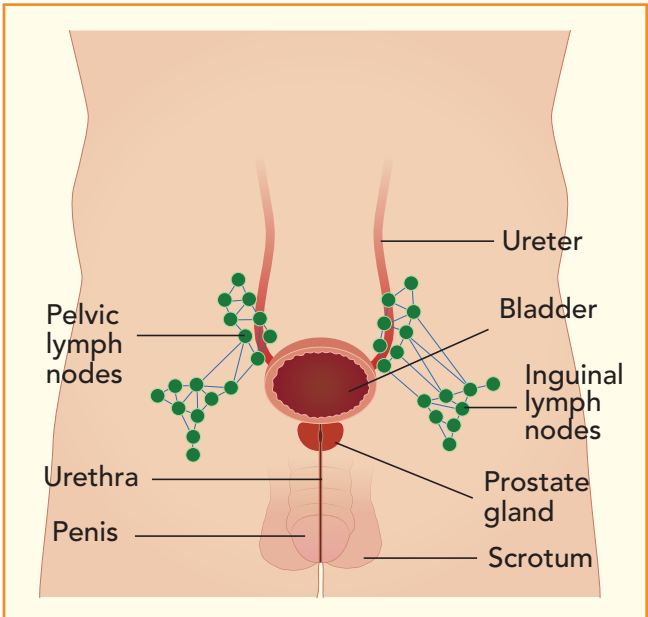
- Larger cancers on the head of the penis will be removed
- Skin from somewhere else on the body (usually thigh) may be used to make the head of the penis appear more cosmetically pleasing.

- **Penectomy** - this is the removal of the penis. The removal may be partial (where only part of the penis is removed) or total (removal of the whole penis). If the tumour extends to near the base of the penis, total removal may be the only option. In these cases the urethra (water/urine pipe) may be re-sited beside the anus
- **Reconstructive surgery** may be possible at a later stage once the doctors are sure there is no cancer spread
- **Radical groin dissection** - if the cancer has spread to the lymph nodes in the groin, your doctor will recommend that you have all your lymph node glands in the groin removed. This is called radical groin dissection

Radiotherapy

- Radiotherapy treats cancer using high-energy X-rays to destroy cancer cells
- It also may be given to treat symptoms or if the cancer has spread to other parts of the body

Figure 2: Lymphatic drainage system



What is Lymphoedema?

- Lymphoedema (pronounced lim-fo-dee-ma) is when too much fluid builds up in your body
- It is caused by your lymphatic system not working properly
- Your lymphatic system can be damaged if your lymph nodes have been removed or affected by radiation during treatment for cancer
- It can occur in your arm, leg, head, neck, abdomen or genital area
- If lymphoedema is detected early, it is easier to manage and may be reversed
- After penile cancer treatment, lymphoedema can occur in your legs, thighs, penis, scrotum and groins
- Your skin may be thickened and swollen
- To reduce your risk of lymphoedema, try to maintain a healthy weight, keep active and look after your skin
- Your medical team will give you advice

Helpful websites include:

Lymphoedema Ireland www.lymphoedema.ie

Manual Lymph Drainage Ireland (MLD Ireland)
www.mldireland.com

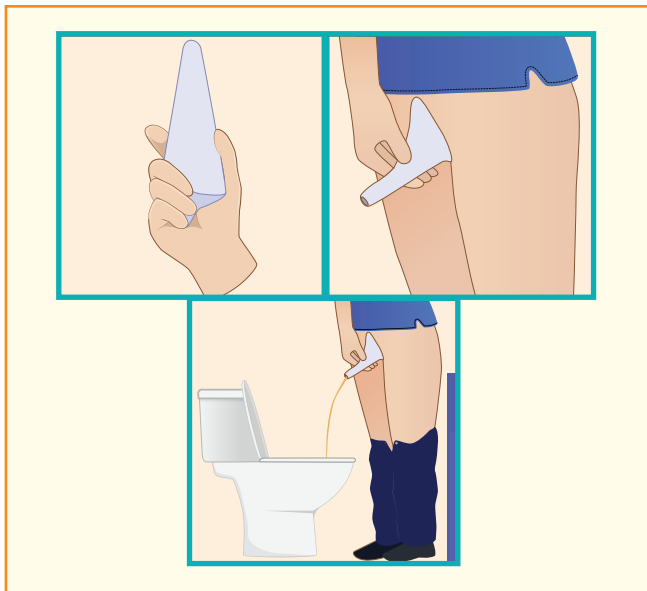
What follow up will I need?

- Once you have finished your treatment you will be reviewed on a regular basis in the outpatient clinic
- It is a good idea to bring someone with you to the your appointment if possible
- We monitor your progress and treatment
- Your follow-up can vary and may include further investigations
- Self-surveillance/ self-examination is very important
- It is important if you notice concerning changes in your penis to contact your healthcare team
- It is important if you notice new lumps in your groin to contact your healthcare team

How will I pass urine after my treatment?

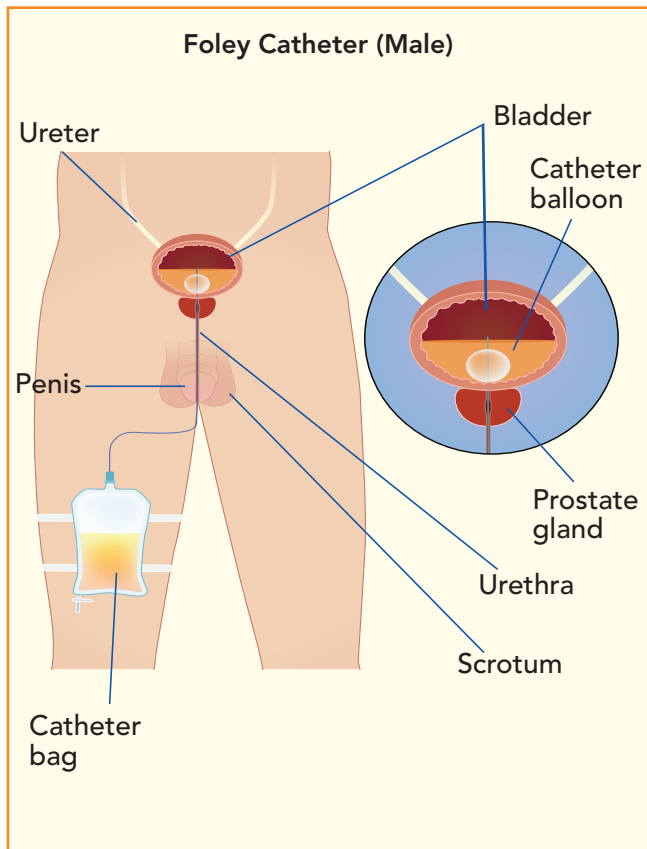
- Surgery may cause swelling to your penis
- This may put pressure on the urethra (urine pipe) and cause the urinary stream to spray
- It will usually settle in time and your symptoms should improve as the body heals
- There are several types of disposable urinary funnels available if needed.
(See diagram on next page)
- Examples of these can be found on the internet from popular shopping websites
- After some surgeries, some people may need to sit down on the toilet to pass urine

Figure 3: How to use a urinary funnel



- Some types of surgery for penile cancer will require a catheter (urinary drainage tube) to be inserted
- This will need to remain in place for several days or weeks

Figure 4: Urinary Catheter



How can I look after my Catheter?

- Use a strap/tape to secure the bag
- Clean around the penis or perineum
- Avoid any toiletries which may cause skin irritation and delay the healing process.
- Drink 2 - 3 litres of fluid daily
- Wash hands before and after handling the catheter

Video Link:

[http://www.beaumont.
ie/kidneycentre-aboutus-
urology-urinarycatheter](http://www.beaumont.ie/kidneycentre-aboutus-urology-urinarycatheter)



Can people with penile cancer have sex?

- One of the most difficult issues after surgery is the effect on the appearance and function of the penis
- Depending on your cancer stage and treatment, a full return to sexual activity is possible
- Your doctor and nurse will explain this further with you
- You may worry that they will not be able to fulfil your partner's sexual needs
- It is useful to talk to your partner and explore other ways of enjoying intimacy and sexuality
- You will still have sensitive areas in your body that will help you have similar sensations and sexual arousal
- You may find talking to your partner difficult, and counselling is available and may help

- There are a number of specialist counsellors (psychosexual counsellors) who can often help in this situation

Are my feelings normal?

- It is normal if you feel overwhelmed when you have a cancer
- You may feel many different emotions, but this does not mean you are not coping with your diagnosis
- Reactions differ from one person to another - there is no right or wrong way to feel
- These emotions are part of the process that many people go through in trying to come to terms with their illness
- Partners family members and friends often experience similar feelings and may need support and guidance

Psycho-Oncology Supports

A cancer diagnosis always comes as a shock, and it takes time to adjust. This is completely normal, and you need to give yourself time to process what it means for you.

One of the biggest challenges is living with the uncertainty that cancer causes in your life. This is to be expected. Give yourself time, seek support from trusted sources and do not be afraid to ask for help.

If you find yourself struggling with the impact of the diagnosis on your life, these are some of the signs to watch out for:

- Persistent low mood with loss of interest
- Feelings of isolation and loneliness
- Concerns about body image and loss of intimacy
- Frequent feelings of strong emotions such as anger, frustration, guilt, grief and uncertainty

If you experience any of these effects for an increased length of time, it is a good idea to seek help. If you are still in treatment, please

talk to your Clinical Nurse Specialist (CNS) or treating consultant, about a referral to the Psycho-Oncology team in the cancer centre you are attending.

You can also chat to your GP or check your local community cancer support centre for support and services that can help.

Survivorship Supports

The Alliance of Community Cancer Support Centres & Services

There are lots of wonderful community cancer support centres and national services around Ireland that provide psychological support and survivorship services. See if there is one close to you by using the link below, or ask your healthcare team about support services local to you. hse.ie/thealliance

LACES

The LACES programme (Life and Cancer – Enhancing Survivorship) is for adult patients who have finished treatment or who are on maintenance therapy and living with advanced cancer. The LACES workshop can help you to adjust, live well, and feel your best, physically and emotionally. Workshops are delivered online and face to face in some hospitals. To join a workshop, email: patienteducation@irishcancer.ie

If you wish to view the modules online, go to: hse.ie/LACES

Cancer Thriving and Surviving Programme (CTS) Programme

- This group programme is free and is run over 6 weeks and offers patients a chance to learn skills that help them to manage their health and wellbeing when moving on from their cancer treatment
- More information on the programme and where it is running is available at: hse.ie/CTS

CLIMB® Programme

- The CLIMB programme (Childrens Lives Include Moments of Bravery) is for children aged 6 to 12 who are experiencing the impact of a parent's cancer diagnosis
- The programme is free and is run over 6 weeks. It aims to build upon the child's strengths and increase their ability to cope with stress associated with their parent's illness
- More information on the programme and where it is running is available at: hse.ie/CLIMB

Physical Activity

- Being physically active is safe and helpful before, during and after your cancer treatment. Being physically active can help improve your physical and mental wellbeing, improve your overall quality of life and help you manage the side effects of treatment
- For further reliable information visit www.cancerrehabilitation.ie.

What other supports are available?

- Irish Cancer Society:
www.irishcancersociety.ie
- Rarer Cancers Forum:
www.rare-cancer.org/forum
- Arc Cancer Support Centre: 65 Eccles Street, Dublin 7. T: 01 215 0250.
www.Arccancersupport.ie
- Gary Kelly Cancer Support Centre, George Street, Drogheda, Co. Louth. T: 041 980 5100
www.gkcancersupport.com
- Cuan, Knappogue House, Tullymongan, Cavan. T: 086 455 6632
www.cuancancercavan.ie/
- Canteen - provides support to young people and families impacted by cancer.
<https://www.canteen.ie/>

- Macmillan:
<https://www.macmillan.org.uk/cancer-information-and-support/penile-cancer>
- Orchid:
www.orchid-cancer.org.uk
- Citizen's information:
www.citizensinformation.ie
- YouCan Ireland:
YouCan is a nationwide support service for young adults in their 20s, 30s and 40s who have been affected by cancer
www.youcanireland.com

10 tips to reduce your cancer risk

There are lots of things you can do to improve your health.

1

**Don't smoke**

The best form of defence is not to start smoking. If you do smoke quitting reduces your cancer risk. For help quitting, visit www.quit.ie or call 1800 201 203.

2

**Be physically active**

Doing any amount of physical activity benefits health.

3

**Eat a healthy balanced diet**

Eating a healthy balanced diet can help you maintain a healthy body weight and reduce your cancer risk. For more information visit www.gov.ie/healthyireland

4

**Reduce alcohol intake**

Try to cut down your alcohol intake, or avoid alcohol completely. Visit www.askaboutalcohol.ie

5

**Keep weight within a healthy range**

Eating a healthy balanced diet, being physically active, getting enough sleep and taking care of your mental health can all help to maintain a healthy body weight.

Support options are available to people who are overweight or who are very overweight (obese). Ask your GP for information.

6

**Be SunSmart**

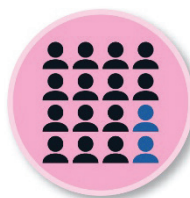
Slip on clothing. Put on sunscreen using factor 30+ for adults.

Slap on a wide-brimmed hat.

Seek shade and slide on sunglasses.

Visit www.hse.ie/SunSmart

7

**Get screened**

Consider taking part in the screening programme for:

- bowel cancer (people aged 59-69 years).

Visit www.bowelscreen.ie

8

**Know about radon gas**

Find out if radon levels are high in your area and what to do about them if they are. Visit

www.radon.ie

9

**Follow workplace health and safety instructions**

Some workplaces involve exposure to cancer-causing substances such as asbestos and formaldehyde.

Always follow health and safety instructions.

10



National Cancer
Control Programme

More information is available at www.hse.ie/cancerprevention

If you would like copies of this guide, contact Health promotion (contact details below).

Email: info@cancercontrol.ie

Visit: www.healthpromotion.ie

Useful contact details

Details	Name	Phone Number:
Clinical Nurse Specialist (CNS)		
Urologist		
Medical Oncologist		
Radiation Oncologist		
Medical Social Worker		
Lymphoedema Specialist		
Urology Ward		
Family Doctor (GP)		
Public Health Nurse		

Questions to ask my doctor or nurse

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If you wish to order printed resources, please visit www.healthpromotion.ie and choose 'cancer' on the drop down menu.

National Cancer Control Programme
King's Inns House
200 Parnell Street
Dublin 1
DO1 A3Y8

info@cancercontrol.ie
www.hse.ie/cancer

© National Cancer Control Programme

Produced by: HSE NCCP

Print Date: November 2024

Review Date: November 2026

Product Code: HCC01731

NCCP Artwork Control Number: NCCP-COM-099

