



Treating Penile Cancer

If you've been diagnosed with penile cancer, your treatment team will discuss your options with you. It's important to weigh the benefits of each treatment option against the possible risks and side effects.

How is penile cancer treated?

Surgery is the main treatment for most men with penile cancers, but sometimes radiation therapy may be used, either instead of or in addition to surgery. Other local treatments might also be used for early-stage tumors. Chemotherapy may be given for some larger tumors or if the cancer has spread.

- [Surgery for Penile Cancer](#)
- [Radiation Therapy for Penile Cancer](#)
- [Local Treatments \(Other than Surgery\) for Penile Cancer](#)
- [Chemotherapy for Penile Cancer](#)

Common treatment approaches

The goal of your cancer care team is to treat the cancer while limiting the treatment's effects on how your penis looks and works.

If the cancer can't be cured, the goal may be to remove or destroy as much of the cancer as possible and prevent the tumor from growing, spreading, or returning for as long as possible. Sometimes treatment is aimed at relieving symptoms, such as pain or bleeding, even if you might not be cured.

- [Treatment of Penile Cancer, by Stage](#)

Who treats penile cancer?

Based on your treatment options, you might have different types of doctors on your treatment team. These doctors could include:

- A **urologist**: a surgeon who specializes in diseases of the male genitals and urinary tract
- A **radiation oncologist**: a doctor who uses radiation to treat cancer
- A **medical oncologist**: a doctor who uses chemotherapy and other medicines to treat cancer

Many other specialists might be part of your treatment team, too, including other doctors, physician assistants (PAs), nurse practitioners (NPs), nurses, psychologists, social workers, rehabilitation specialists, and other health professionals.

- [Health Professionals Associated With Cancer Care¹](#)

Making treatment decisions

It's important to discuss all treatment options, including their goals and possible side effects, with your doctors to help make the decision that best fits your needs. You may feel that you need to make a decision quickly, but it's important to give yourself time to absorb the information you have learned. Ask your cancer care team questions.

If time permits, it is often a good idea to seek a second opinion. A second opinion can give you more information and help you feel more confident about the treatment plan you choose.

- [Questions To Ask About Penile Cancer²](#)
- [Seeking a Second Opinion³](#)

Thinking about taking part in a clinical trial

Clinical trials are carefully controlled research studies that are done to get a closer look at promising new treatments or procedures. Clinical trials are one way to get state-of-the-art cancer treatment. In some cases they may be the only way to get access to newer treatments. They are also the best way for doctors to learn better methods to treat cancer. Still, they're not right for everyone.

If you would like to learn more about clinical trials that might be right for you, start by asking your doctor if your clinic or hospital conducts clinical trials.

- [Clinical Trials](#)⁴

Considering complementary and alternative methods

You may hear about alternative or complementary methods that your doctor hasn't mentioned to treat your cancer or relieve symptoms. These methods can include vitamins, herbs, and special diets, or other methods such as acupuncture or massage, to name a few.

Complementary methods refer to treatments that are used along with your regular medical care. Alternative treatments are used instead of a doctor's medical treatment. Although some of these methods might be helpful in relieving symptoms or helping you feel better, many have not been proven to work. Some might even be harmful.

Be sure to talk to your cancer care team about any method you are thinking about using. They can help you learn what is known (or not known) about the method, which can help you make an informed decision.

- [Complementary and Alternative Medicine](#)⁵

Help getting through cancer treatment

Your cancer care team will be your first source of information and support, but there are other resources for help when you need it. Hospital- or clinic-based support services are an important part of your care. These might include nursing or social work services, financial aid, nutritional advice, rehab, or spiritual help.

The American Cancer Society also has programs and services – including rides to treatment, lodging, and more – to help you get through treatment. Call our National Cancer Information Center at 1-800-227-2345 and speak with one of our trained specialists.

- [Find Support Programs and Services in Your Area](#)⁶

Choosing to stop treatment or choosing no treatment at all

For some people, when treatments have been tried and are no longer controlling the cancer, it could be time to weigh the benefits and risks of continuing to try new treatments. Whether or not you continue treatment, there are still things you can do to help maintain or improve your quality of life.

Some people, especially if the cancer is advanced, might not want to be treated at all. There are many reasons you might decide not to get cancer treatment, but it's important to talk to your doctors and you make that decision. Remember that even if you choose not to treat the cancer, you can still get supportive care to help with pain or other symptoms.

- [If Cancer Treatments Stop Working](#)⁷
- [Palliative or Supportive Care](#)⁸

The treatment information given here is not official policy of the American Cancer Society and is not intended as medical advice to replace the expertise and judgment of your cancer care team. It is intended to help you and your family make informed decisions, together with your doctor. Your doctor may have reasons for suggesting a treatment plan different from these general treatment options. Don't hesitate to ask him or her questions about your treatment options.

Surgery for Penile Cancer

Surgery is the most common treatment for all stages of penile cancer. If the cancer is found when it's small and hasn't spread, the tumor can often be treated without having to remove part of the penis. If the cancer is found at a more advanced stage, part of or all of the penis might have to be removed with the tumor. Your cancer care team will talk with you about the treatment options that give you the best chance of curing the cancer while saving as much of your penis as possible.

Men with tumors that have grown deep within the penis (stage T2 or higher) usually need to have some nearby lymph nodes in the groin taken out to check for cancer spread. Instead of removing all of the groin lymph nodes to look for cancer, some doctors prefer to do a sentinel lymph node biopsy, which is covered later in this section.

Many different kinds of surgery are used to treat penile cancers. Penile-sparing techniques are used as often as possible. These include local treatments and limited surgeries, to save as much of the penis as possible to preserve sexual function, the way the penis looks, and the ability to urinate while standing up.

Circumcision

If the cancer is only on the foreskin, circumcision can often cure the cancer. This operation removes the foreskin and some nearby skin.

Circumcision is also done before [radiation therapy](#) to the penis. Radiation can cause swelling and tightening of the foreskin, which can lead to other problems.

Simple excision

In **simple excision** surgery, the tumor is cut out, along with some nearby normal skin. If the tumor is small, the remaining skin can then be stitched back together. This is the same as an excisional biopsy.

In a **wide local excision**, the tumor is removed along with a large amount of normal tissue around it (called wide margins). Removing this healthy tissue makes it less likely that any cancer cells are left behind. If there's not enough skin left to cover the area, a skin graft may be taken from another part of the body and used over the area.

Mohs surgery (microscopically controlled surgery)

This may be an option instead of wide local excision in select cases. Using the Mohs technique, the surgeon removes a layer of the skin that the tumor may have invaded and then checks the sample under a microscope right away. If it contains cancer, another layer is removed and examined. This process is repeated until the skin sample doesn't have cancer cells in it.

This process is slow, but it means that more normal tissue near the tumor can be saved. This means the penis looks and works better after surgery. This is a highly specialized technique that should only be done by doctors who have been trained in this specific type of surgery. It can be used for carcinoma in situ (CIS), where the cancer is in only the top layers of the skin, and for some early-stage cancers that haven't grown deeply into the penis.

Glansectomy

If the tumor is small and only on the glans (the tip of the penis), part or all of it may be removed. Skin grafts may be used rebuild the glans after surgery.

Partial or total penectomy

This operation removes part or all of the penis. It's the most common and best known way to treat penile cancer that has grown deeply inside the penis. The goal is to remove all of the cancer. To do this the surgeon needs to remove some of the normal looking penis as well. The surgeon will try to leave as much of the shaft as possible.

The operation is called a **partial penectomy** if only the end of the penis is removed (and some shaft remains).

If not enough of the shaft can be saved for the man to urinate standing up without dribbling (at least 2 to 3 cm) , a **total penectomy** will be done. This means the entire penis is removed, including the roots that extend into the pelvis. The surgeon creates a new opening for urine to drain from the perineum, which is the area between the scrotum (sac for the testicles) and the anus. This is called a **perineal urethrostomy**. Urination can still be controlled because the sphincter muscle (the “on-off” valve) in the urethra is left behind, but the man will have to sit to urinate.

For very advanced tumors, sometimes the penis is removed along with the scrotum (and testicles). This operation is called **emasculation**. Since this operation removes the testicles, which are the body's main source of the male hormone testosterone, men who have this procedure must take testosterone supplements for the rest of their lives.

Any of these operations can affect a man's self-image, as well as his ability to have sex. For more on this, see [Living as a Penile Cancer Survivor](#).¹

Lymph node surgery

Men with cancer that has grown deep within the penis (stage T2 or higher) usually need to have some nearby lymph nodes in the groin removed so they can be checked for cancer spread.

Sentinel lymph node biopsy (SLNB)

This operation can sometimes help the surgeon see if the groin lymph nodes contain cancer without having to remove all of them. It's most often done when lymph nodes are not enlarged but there's a chance that the cancer reached them. See [Types of Biopsies²Used to Look for Cancer³](#) for details on how SLNB is done.

The surgeon finds the first lymph node that drains the tumor (called the **sentinel node**) and removes it. If the cancer has spread outside the penis, this lymph node is the one the cancer is most likely to go to first. If the sentinel node contains cancer, a more extensive operation, known as a **lymph node dissection** or **inguinal**

lymphadenectomy, is done (see below). If the sentinel node does not have cancer cells, the surgeon doesn't have to remove any more lymph nodes.

Using this approach, fewer patients need to have many lymph nodes removed. The more lymph nodes that are removed, the higher the risk of side effects such as [lymphedema](#)⁴ and problems with wound healing. (Side effects are covered below.)

Not all doctors agree on how useful this type of operation is for penile cancer. Early studies showed that SLNB was helpful in finding those men whose cancer had spread to their lymph nodes, but later studies did not show that it was very accurate, and some men with lymph node spread could be missed if the SLNB was used.

If your doctor is considering a SLNB, it might be useful to find out how many he/she has done. Experience is very important to the success of this procedure.

Inguinal lymphadenectomy (groin lymph node dissection)

Many men with penile cancer have swollen groin lymph nodes when they're first diagnosed. These lymph nodes need to be removed if they contain cancer cells, but sometimes, the swelling is from infection or inflammation, not cancer. If the problem might be infection, doctors may give a course of antibiotics. If the swelling goes away, it was likely caused by infection or inflammation. If it doesn't go away, an inguinal lymphadenectomy is done to remove the lymph nodes. Higher stage and grade cancers are more likely to have spread to the lymph nodes.

If the lymph nodes are big enough to feel, most experts recommend a biopsy to check them for cancer cells in higher stage and grade cancers. Antibiotics might also be used just in case there is an infection.

This operation may also be done if cancer is found during a SLNB (see above).

In this procedure, the surgeon makes an incision about 4 inches long in your groin and carefully takes out the lymph nodes. This is a serious surgery because important muscles, nerves, and blood vessels run through the groin and the nodes can be deep inside the body. The nodes are then sent to a lab, where they're checked with a microscope to see if they have cancer cells in them.

Pelvic lymph node surgery

If cancer is found in 2 or more inguinal (groin) lymph nodes, pelvic lymph nodes will also be removed and checked. This may be done at the same time the groin nodes are

removed, or later as a separate surgery.

This surgery is done through an incision (cut) in the lower belly. The risk of lymphedema goes up if these nodes are also removed.

Side effects of lymph node surgery

The groin lymph nodes help fluid drain out of the legs and back into the bloodstream. Removing many lymph nodes in an area can lead to problems with fluid drainage and cause abnormal swelling. This condition is called lymphedema. In the past, this was a common problem after treatment because the lymph nodes from groin areas on both sides were removed to check for cancer spread. Now fewer lymph nodes are usually removed, which lowers the chance that lymphedema will occur. Still, lymphedema can occur even when only one lymph node or the lymph nodes from only one part of the groin are removed. For more on this, see [Lymphedema](#).⁵

Other side effects, such as problems with wound healing, infection, blood clots, and skin breakdown (necrosis) can occur after lymph node surgery .

Hyperlinks

1. www.cancer.org/cancer/penile-cancer/after-treatment/follow-up.html
2. www.cancer.org/treatment/understanding-your-diagnosis/tests/testing-biopsy-and-cytology-specimens-for-cancer/biopsy-types.html
3. www.cancer.org/treatment/understanding-your-diagnosis/tests/testing-biopsy-and-cytology-specimens-for-cancer/biopsy-types.html
4. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/lymphedema.html
5. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/lymphedema.html

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Radiation Therapy for Penile Cancer

Radiation therapy uses high-energy rays or particles to destroy cancer cells. It can be used to treat penile cancer in these ways:

- It can be used to treat some smaller penile cancers instead of surgery.
- If the cancer has spread to many lymph nodes, radiation may be used after surgery to remove the lymph nodes to try to reduce the risk the cancer will come back.
- It can be used when surgery isn't an option.
- Radiation can be used for advanced cancer to try to slow the growth of the cancer or to relieve symptoms it causes.
- It can be given along with chemo before surgery to help shrink the tumor and make

it easier to remove with less damage to the penis.

- Men at high risk of cancer coming back in nearby lymph nodes might get radiation to those nodes to help lower this risk. (Not all experts agree that this works.)

For uncircumcised men who are going to get radiation to the penis, the foreskin is removed first. They're circumcised because radiation can cause swelling and tightening of the foreskin, which could lead to other problems.

There are 2 main ways to get radiation therapy for penile cancer: external beam and brachytherapy.

External beam radiation therapy

The most common way to get radiation therapy is from carefully focused beams of radiation aimed at the tumor from a machine. The treatment is a lot like getting an x-ray, but the radiation is much stronger. The treatments don't hurt. Each one lasts only a few minutes, but the set-up time – getting you into place for treatment – usually takes longer. Treatments are usually given 5 days a week for 6 weeks or so.

A wax or plastic block or mold may be used to hold the penis in the exact same position for each treatment. Shields may be used to protect the groin and testicles.

Brachytherapy

For brachytherapy, a radioactive source is placed into or next to the penile tumor. The radiation travels only a short distance, so nearby healthy tissues don't get much radiation. The patient stays in the hospital, often on bed rest, for this type of treatment. A soft tube, called a Foley catheter, is put through the penis and into the bladder to drain out urine while brachytherapy is done. There are 2 ways to get brachytherapy for penile cancer.

Interstitial radiation

In this method, hollow needles are first put into the penis in the operating room. Pre-drilled plastic templates lock onto both ends of the needles to hold them in place. The needles are kept in for several days. Tiny pellets of radioactive materials are put into the needles to treat the tumor. The pellets can be left in the needles for different lengths of time. They may be put in many times a day to release radiation. After the treatment is over, all the pellets are taken out and the needles are removed.

Plesiobrachytherapy

This type of brachytherapy puts the radiation source close to (but not into) the tumor. In this method, a plastic cylinder is fitted around the penis. Then another cylinder holding the radiation source is placed on top of the first cylinder. Another way to do this is to make a sponge-like mold of the penis and put the radioactive material into hollowed-out spaces in the mold. Treatment is usually given for several days in a row.

This treatment can only work for tumors near the surface of the penis. It's not often used in the US.

Possible side effects of radiation therapy

The main drawback of radiation therapy is that it can destroy or damage nearby healthy tissue along with the cancer cells. The skin in the treated area often becomes red and sensitive. There may be patches of skin that are oozing and tender. For some, the skin may even peel. For a while, you may feel a burning sensation when you urinate. The area may also swell for a time.

Patients treated with brachytherapy will find their side effects tend to be worst about 3 weeks into treatment and last after treatment is finished. It can take up to 12 weeks to heal.

If external beam radiation is used, the side effects tend to slowly start during treatment and then get better over time after radiation is stopped. Most go away over a couple of months.

Over time, men treated with radiation may notice the skin of the penis has become darker or less elastic. They may be able to see tiny web-like blood vessels (called telangiectasia).

Good hygiene and skin care are key to keeping the area from getting infected.

Some less common but more serious side effects can include:

- Some of the skin or tissue at the end of the penis might die (called **necrosis**).
- The urethra (the tiny tube that carries urine out of the penis) might become narrow from scar tissue (called **stenosis**), leading to problems urinating.
- An abnormal opening (fistula) might form between the urethra and skin, which could result in urine leaking out through the opening.

Radiation to the shaft of the penis might affect a man's ability to have erections. But in cases where the tumor has not grown beyond the glans, radiation is directed only at the tip of the penis, so erections should not be affected.

In many cases, the function and appearance of the penis slowly goes back to normal in the months and years after radiation therapy.

Other possible side effects of radiation to the pelvic area and groin lymph nodes include tiredness, nausea, or diarrhea.

For more information, see [Radiation Therapy](#)¹.

Hyperlinks

1. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/radiation.html

References

See all references for Penile Cancer (www.cancer.org/cancer/penile-cancer/references.html)

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Local Treatments (Other than Surgery) for Penile Cancer

Some very early-stage, low-grade penile cancers, especially carcinoma in situ (CIS, where the cancer is only in the top layers of the skin) can be treated with techniques other than surgery. These include radiation therapy (described in Radiation Therapy for Penile Cancer), laser ablation, cryotherapy, and putting drugs right on the skin of penis to kill the cancer cells (called **topical therapy**). These treatments may be called **penile sparing** techniques. Of all the treatments available, they tend to cause the least damage to the penis. But again, they can only treat small cancers that haven't spread

deeply into the penis or to other parts of the body.

Laser ablation

The doctor uses a beam of laser light to destroy (ablate) cancer cells. This can be useful for squamous cell carcinoma in situ (CIS) and for very thin or shallow basal cell carcinomas. It also may be used for men who refuse surgery.

Drugs are used so the patient sleeps and doesn't feel pain while laser treatment is done. It leaves a shallow wound that heals over a few months, just like any other skin wound. Careful follow-up is needed to check healing and watch for signs that the cancer has come back. Laser treatment can be repeated if the cancer comes back.

Cryosurgery

While not used as often as laser ablation, cryosurgery works much the same way, but uses liquid nitrogen to freeze and kill the cancer cells. It may also be called **cryoablation** or **cryotherapy**. It's useful for some verrucous penile cancers and carcinoma in situ (CIS) of the glans.

Drugs are used to numb the skin of the penis for this treatment. Treatment is often repeated a couple of times in the same office visit. After the dead area of skin thaws, it will swell, blister and crust over. The wound may drain fluid for a while and take a couple months to heal. It can leave a pale scar.

Topical treatments

Topical chemotherapy

Topical chemotherapy means that a cancer-killing drug is put right on the skin instead of taken as a pill or injected into a vein. The drug used most often to treat penile cancer this way is 5-fluorouracil (5-FU). It's a cream that's put on at home twice a day for several weeks.

When put right on the skin, 5-FU kills cancer cells in the top layers of skin, but it can't reach cancer cells that have grown deeply into the skin or spread to other organs. For this reason, treatment with 5-FU is mostly used for pre-cancers or carcinoma in situ (CIS).

Because the chemo doesn't spread throughout the body, the side effects often seen

with [systemic chemotherapy](#) do not happen with topical chemotherapy. Still, treatment with 5-FU cream makes the treated skin red and very sensitive for a few weeks. Other topical medicines or creams can help relieve this.

Careful follow-up is needed to watch for signs that the cancer has [come back](#)¹.

Imiquimod

Imiquimod is a drug that's sometimes used as a cream to treat CIS of the penis. It causes the immune system to react to the cancer and destroy it. It's put on the skin about 3 to 7 times a week for many weeks, but schedules can vary. It can irritate the skin, which can be severe in some people, but can be treated. It can also cause flu-like symptoms, but this isn't common.

Photodynamic therapy (PDT)

PDT is not widely used for penile cancer, but may be an option in some cases. This treatment uses special drugs and laser light to treat cancer near the surface of the penis. See [Photodynamic Therapy](#)² for details on how this treatment works.

Hyperlinks

1. www.cancer.org/treatment/survivorship-during-and-after-treatment/understanding-recurrence.html
2. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/photodynamic-therapy.html

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Chemotherapy for Penile Cancer

Chemotherapy (chemo) is the use of drugs to treat cancer. Two types of chemotherapy can be used in treating penile cancer:

- Topical
- Systemic

Topical chemotherapy is described in [Local Treatments \(Other than Surgery\) for Penile Cancer](#).

Systemic chemotherapy

Systemic chemo uses cancer-killing drugs that are injected into a vein or given by mouth. These drugs go through the bloodstream and reach cancer cells throughout the body. This treatment is most often used for penile cancers that have spread to lymph nodes or distant organs. Chemo might also be used to shrink tumors before surgery to make them easier to remove. It's being studied to see if giving it after surgery (called **adjuvant** chemotherapy) will help keep the cancer from [coming back](#)¹ and improve survival.

Doctors give chemo in cycles, with each cycle of treatment followed by a rest period to give the body time to recover. Chemo cycles generally last about 3 to 4 weeks. Some of

the drugs used to treat penile cancer include:

- Cisplatin
- Fluorouracil (5-FU)
- Paclitaxel (Taxol[®])
- Ifosfamide (Ifex[®])
- Mitomycin C
- Capecitabine (Xeloda[®])

Often, 2 or more of these drugs are used together to treat penile cancer that has spread to lymph nodes or other organs. Some common combinations include:

- Cisplatin plus 5-FU
- TIP: paclitaxel (Taxol), ifosfamide, and cisplatin ("platinum")

Possible side effects of chemotherapy

Chemo drugs attack cells that are dividing quickly, which is why they work against cancer cells. But other cells in the body, such as those in the bone marrow (where new blood cells are made), the lining of the mouth and intestines, and the hair follicles, divide quickly, too. These cells can also be affected by chemo, which can lead to some side effects.

The [side effects](#)² of chemo depend on the type and dose of the drugs and how long they are used. Common side effects can include:

- Hair loss
- Mouth sores
- Loss of appetite
- Nausea and vomiting
- Diarrhea or constipation
- Increased chance of infections (from low white blood cell counts)
- Easy bruising or bleeding (from low blood platelet counts)
- Fatigue (from low red blood cell counts)

These side effects usually go away over time after treatment ends. There are often ways to lessen chemo side effects. For instance, you can get medicine to help prevent or reduce nausea and vomiting.

Some of the drugs used to treat penile cancer can have other side effects.

- Cisplatin and paclitaxel can cause [nerve damage](#)³ (neuropathy), which can lead to numbness and tingling in the hands and feet.
- Cisplatin can also cause kidney damage (nephropathy). Doctors give a lot of intravenous (IV) fluid with cisplatin to help prevent this.
- 5-fluorouracil (5-FU) and capecitabine can cause sores in the mouth (mucositis) that can make it hard to eat. These drugs can also cause diarrhea.
- Ifosfamide can damage the lining of the bladder (hemorrhagic cystitis). A drug called **mesna** is often given with ifosfamide to help keep this from happening.

Be sure to ask your doctor or nurse about ways to help reduce side effects, and let them know when you do have side effects so they can be managed.

For more details, see [Chemotherapy](#)⁴.

Hyperlinks

1. www.cancer.org/treatment/survivorship-during-and-after-treatment/understanding-recurrence.html
2. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects.html
3. www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/peripheral-neuropathy.html
4. www.cancer.org/treatment/treatments-and-side-effects/treatment-types/chemotherapy.html

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Treatment of Penile Cancer, by Stage

The treatment options for penile cancer are based mainly on the [stage](#)¹ (extent) and grade of the cancer, but other factors can also be important. Here are the most common treatment options based on the stage of the cancer.

Stage 0

Stage 0 includes 2 types of tumors: carcinoma in situ (CIS) and verrucous carcinoma. Both of these tumors are only in the top layers of skin. There are some different treatment options.

Patients with CIS that's only on the foreskin can often be treated with circumcision. If the tumor is in the glans and doesn't affect other tissues, it might be treated with a type of local therapy (laser ablation, topical 5-FU or imiquimod, or cryotherapy). Other options might include some type of surgery, such as glansectomy, Mohs surgery, or wide local excision.

Verrucous carcinoma can often be treated with laser therapy, Mohs surgery, wide excision, or cryotherapy. Only rarely will a partial penectomy be needed.

Stage I

These tumors have grown below the skin of the penis but not into deeper layers.

Options for treatment may include circumcision (for tumors confined to the foreskin) or a more extensive [surgery](#) (Mohs surgery, wide excision, glansectomy, or removal of part of the penis). Radiation therapy or laser ablation in a clinical trial may also be an option.

Stage II

Stage II penile cancer includes tumors that have grown deep into the tissues of the penis (such as the corpus spongiosum or cavernosum) or the urethra, but have not spread to nearby lymph nodes.

These cancers are usually treated with a [partial or total penectomy](#), with or without surgery to remove the lymph nodes. A less common approach is to use radiation as the first treatment followed by surgery. Radiation may also be used as the main treatment in men who can't have surgery because of other health problems.

Some doctors recommend checking groin lymph nodes for cancer, even if they're not enlarged. This may be done with a [sentinel lymph node biopsy](#) or with a more extensive lymph node dissection. If the lymph nodes show cancer spread, then the cancer is not really a stage II. It's a stage III or IV (and is treated as such).

Stage III

Stage III penile cancers have reached nearby lymph nodes in the groin. The main tumor may have grown into the deeper tissues of the penis (the corpus spongiosum or corpus cavernosum) or urethra, but has not grown into nearby structures like the bladder or prostate.

Stage III cancers are treated with a partial or total penectomy. In some cases, chemotherapy (chemo) or chemo plus radiation may be used first to shrink the tumor so that it's easier to remove with surgery.

An inguinal lymphadenectomy is also needed to remove lymph nodes in the groin. Radiation therapy to the groin may be used, too, either after surgery or instead of surgery in some cases. If lymph nodes are very large, chemo (with or without radiation) might be used as well.

These cancers can be hard to cure, so men may want to consider taking part in [clinical trials](#)² of new treatments.

Stage IV

Stage IV penile cancer includes different groups of more advanced cancers.

In some stage IV cancers, the main tumor has grown into nearby tissues, like the prostate, bladder, scrotum, or abdominal (belly) wall. Treatment includes surgery, which is often a total penectomy. If the tumor is in the scrotum or parts of the abdominal wall, the testicles and/or the scrotum may also need to be removed. A new opening can be made in the abdomen or the perineum (space between the scrotum and anus) to allow urine to pass out of the body.

If the tumor has grown into the prostate or bladder, these may need to be removed, too. Chemo (sometimes with radiation) may be given before surgery to try to shrink the tumor and make it easier to remove. The inguinal (groin) lymph nodes on both sides will be removed as well. This area may also be treated with radiation after surgery (unless it was given before surgery).

Stage IV also includes cancers that have spread more extensively in the lymph nodes, such as cancer in groin lymph nodes that has grown through the nodes and into nearby tissues or cancer that has spread to lymph nodes inside the pelvis. These cancers are treated with surgery to remove the main tumor in the penis, such as total penectomy.

The lymph nodes in both groin areas are also removed. The lymph nodes inside the pelvis will be removed if they're thought to contain cancer spread (if they are enlarged, for example). After the lymph nodes are removed, those areas may be treated with radiation to try to kill any cancer cells that may have left behind. Chemo might be part of this treatment, too.

Penile cancer that has spread to distant organs and tissues is also stage IV. These cancers can't be removed or destroyed completely with surgery and radiation. Treatment is aimed at keeping the cancer in check and preventing or relieving symptoms as much as possible. Choices to treat the penile tumor usually include wide local excision, penectomy, or radiation therapy.

Surgery or radiation therapy (sometimes along with chemo) may also be considered to treat nearby lymph nodes. Radiation may be used to treat cancer that has spread to the bones or to the brain or spinal cord.

Chemo is often used to treat cancer that has spread to other areas, like the lungs or liver.

Stage IV cancers are very hard to cure, so men may want to think about taking part in

[clinical trials](#)³ of new treatments.

Recurrent cancer

The treatment of cancer that [comes back](#)⁴ after treatment (recurrent cancer) depends on where the cancer comes back (recurs) and which treatments were used before. If penectomy was not done before, a recurrent penile cancer may be treated with surgical removal of part or all of the penis. Radiation therapy may also be an option. Surgery, radiation therapy, and/or chemotherapy may be options for some cancers that recur in the lymph nodes. Chemo may also be helpful in treating penile cancers that come back in other parts of the body.

These tumors can be hard to treat, so men may want to think about taking part in a clinical trial of a newer treatment.

Hyperlinks

1. www.cancer.org/cancer/penile-cancer/detection-diagnosis-staging/staging.html
2. www.cancer.org/treatment/treatments-and-side-effects/clinical-trials.html
3. www.cancer.org/treatment/treatments-and-side-effects/clinical-trials.html
4. www.cancer.org/treatment/survivorship-during-and-after-treatment/understanding-recurrence.html

References

See all references for Penile Cancer (www.cancer.org/cancer/penile-cancer/references.html)

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