About Penile Cancer

Overview and Types

If you have been diagnosed with penile cancer or worried about it, you likely have a lot of questions. Learning some basics is a good place to start.

- What Is Penile Cancer?

Research and Statistics

See the latest estimates for new cases of penile cancer and deaths in the US and what research is currently being done.

- Key Statistics for Penile Cancer
- What’s New in Penile Cancer Research and Treatment?

What Is Penile Cancer?

Penile cancer develops in or on the penis. Cancer starts when cells begin to grow out of control. Cells in nearly any part of the body can become cancer, and can spread to other areas in the body. To learn more about how cancers start and spread, see What Is Cancer?

To understand penile cancer, it helps to know about the normal structure and function of the penis.

About the penis

The penis is the external male sexual organ, as well as part of the urinary system. It has several types of body tissues, including skin, nerves, smooth muscle, and blood
vessels.

The main part of the penis is known as the *shaft*, and the head of the penis is called the *glans*. At birth, the glans is covered by a piece of skin called the *foreskin*, or prepuce. The foreskin is often removed in infant boys in an operation called a *circumcision*.

Inside the penis are 3 chambers that contain a soft, spongy network of blood vessels. Two of these cylinder-shaped chambers, known as the *corpora cavernosa*, are on either side of the upper part of the penis. The third chamber is below them and is known as the *corpus spongiosum*. This chamber widens at its end to form the glans. The corpus spongiosum surrounds the *urethra*, a thin tube that starts at the bladder and runs through the penis. Urine and semen travel through the urethra and leave the body through an opening in the glans of the penis, called the *meatus*. 
When a man gets an erection, nerves signal his body to store blood in the vessels inside the corpora cavernosa. As the blood fills the chambers, the spongy tissue expands, causing the penis to elongate and stiffen. During ejaculation, semen (which contains sperm cells and fluids) enters the urethra and passes out of the body through the meatus. After ejaculation, the blood flows back into the body, and the penis becomes soft again.

**Benign conditions of the penis**

Sometimes, growths can develop on the penis that are abnormal but are not cancers (they are benign). These lesions can look like warts or irritated patches of skin. Like penile cancer, they are most often found on the glans or on the foreskin, but they can
also occur along the shaft of the penis.

**Condylomas (genital warts)**

These growths tend to look like tiny cauliflowers. Some are so small that they can only be seen with a magnifying lens. Others may be as large as an inch or more across. Condylomas are caused by infection with some types of human papilloma virus (HPV).

**Bowenoid papulosis**

This condition is also linked to infection with HPV and tends to occur in younger, sexually active men. It is seen as small, red or brown spots or patches on the shaft of the penis. These often look like genital warts, but when looked at under a microscope, dysplastic (abnormal) cells are seen in the surface layer of the penile skin.

Bowenoid papulosis can also be mistaken for an early-stage cancer called carcinoma in situ (CIS), also known as Bowen disease (described below). Usually Bowenoid papulosis doesn’t cause any problems, and it can even go away on its own after a few months. But if it doesn’t go away and is not treated, rarely it can progress to Bowen disease.

**Cancers of the penis**

Each type of tissue in the penis contains several types of cells. Different types of penile cancer can develop from these cells. The differences are important because they determine the seriousness of the cancer and the type of treatment needed.

Almost all penile cancers start in skin cells of the penis.

**Squamous cell carcinoma**

About 95% of penile cancers develop from flat skin cells called squamous cells. Squamous cell carcinoma (also known as squamous cell cancer) can develop anywhere on the penis. Most of these cancers occur on the foreskin (in men who have not been circumcised) or on the glans. These tumors tend to grow slowly. If they are found at an early stage, they can usually be cured.

**Verrucous carcinoma:** This is an uncommon form of squamous cell cancer that can occur in the skin in many areas. A verrucous carcinoma growing on the penis is also
known as *Buschke-Lowenstein tumor*. This cancer looks a lot like a large genital wart. Verrucous carcinomas tend to grow slowly but can sometimes get very large. They can grow deep into surrounding tissue, but they rarely spread to other parts of the body.

**Carcinoma in situ (CIS):** This is the earliest stage of squamous cell cancer of the penis. In this stage the cancer cells are found only in the top layers of skin. They have not yet grown into the deeper tissues of the penis. Depending on the location of a CIS of the penis, doctors may use other names for the disease. CIS of the glans is sometimes called *erythroplasia of Queyrat*. CIS on the shaft of the penis (or other parts of the genitals) is called *Bowen disease*.

**Melanoma**

Melanoma is a type of skin cancer that starts in melanocytes, the cells that make the brownish color in the skin that helps protect it from the sun. These cancers tend to grow and spread quickly and are more dangerous than the more common types of skin cancer. Melanomas are most often found in sun-exposed skin, but rarely they occur in other areas like the penis. Only a very small portion of penile cancers are melanomas. For more information about melanoma and its treatment, see [Melanoma Skin Cancer](#).

**Basal cell carcinoma**

Basal cell carcinoma (also known as *basal cell cancer*) is another type of skin cancer that can develop on the penis. It makes up only a small portion of penile cancers. This type of cancer is slow-growing and rarely spreads to other parts of the body.

**Adenocarcinoma (Paget disease of the penis)**

This very rare type of penile cancer can develop from sweat glands in the skin of the penis. It can be very hard to tell apart from carcinoma in situ (CIS) of the penis.

**Sarcoma**

A small number of penile cancers are *sarcomas*. These cancers develop from blood vessels, smooth muscle, or other connective tissue cells of the penis. For more about this type of cancer, see [Soft Tissue Sarcoma](#).

- References

  [See all references for Penile Cancer](#)
Key Statistics for Penile Cancer

The American Cancer Society estimates for penile cancer in the United States for 2018 are:

- About 2,320 new cases of penile cancer diagnosed
- About 380 deaths from penile cancer

For statistics related to survival, see Survival Rates for Penile Cancer.

Penile cancer is rare in North America and Europe. It is diagnosed in less than 1 man in 100,000 each year and accounts for less than 1% of cancers in men in the United States. Penile cancer is, however, much more common in some parts of Asia, Africa, and South America.

Visit the American Cancer Society’s Cancer Statistics Center for more key statistics.

References

See all references for Penile Cancer


What’s New in Penile Cancer Research and Treatment?

Penile cancer is an uncommon disease in this country, so it is hard to study. For
example, it is hard to get large numbers of men to enroll in clinical trials to test newer forms of treatment, simply because there are fewer men with this type of cancer.

**Preventing penile cancer**

Vaccines that protect against infection with types of HPV linked to certain cancers have been developed. One of these, Gardasil, is now approved for use in young men to help prevent genital warts and anal cancer. While it has not yet been studied, the hope is that the vaccine may eventually help prevent other cancers linked to HPV in men, including penile cancers.

**Treating penile cancer**

Doctors are looking for better ways to preserve as much of the penis as possible in treating early-stage cancers. For example, in some cases, laser therapy can cure or control the disease and preserve the appearance and function of the penis. Research is being done to identify the best type of laser to use in these early tumors.

Scientists are working to find the best ways to use radiation. This may mean combining radiation with chemotherapy to avoid surgical removal of the penis, whenever possible.

Doctors are also looking at using different chemotherapy drugs to treat penile cancer, such as irinotecan (Camptosar) and vinflunine.

Scientists are learning much more about how certain genes called **oncogenes** and **tumor suppressor genes** control cell growth and how changes in these genes cause normal cells to become cancerous. Learning more about these abnormal genes in penile cancer might also help guide use of targeted therapies. **Targeted therapy** is a term used for drugs that target certain cell changes and signals that are needed for a cancer to develop and keep growing. Targeted therapies might sometimes work when standard chemo drugs don’t, and they tend to have different (and often less severe) side effects than most standard chemo drugs.

For example, some drugs such as cetuximab (Erbitux) and dacomitinib target a cell protein called **EGFR**. Squamous cell cancers (which includes most penile cancers) sometimes have too much of this protein, so these drugs might be helpful against them.

But it’s not yet clear how useful these or other targeted drugs might be against penile cancer. Early results suggest some benefit, but more research is needed.

- References
Penile Cancer Causes, Risk Factors, and Prevention

Risk Factors

A risk factor is anything that affects your chance of getting a disease such as cancer. Learn more about the risk factors for penile cancer.

- What Are the Risk Factors for Penile Cancer?
- Do We Know What Causes Penile Cancer?

Prevention

There is no way to completely prevent penile cancer. But there are things you can do that might lower your risk. Learn more.

- Can Penile Cancer Be Prevented?

What Are the Risk Factors for Penile Cancer?

A risk factor is anything that affects your chance of getting a disease such as cancer. Different cancers have different risk factors. Some cancer risk factors, like smoking, can be changed. Others, like a person's age or family history, can't be changed.

But having a risk factor, or even several, does not mean that you will get the disease. On the other hand, some men who develop penile cancer have no known risk factors.

Scientists have found certain risk factors that make a man more likely to develop penile cancer.
Human papillomavirus (HPV) infection

Human papillomavirus (HPV) is a group of more than 150 related viruses. They are called papillomaviruses because some of them cause growths called papillomas, which are more commonly called warts. Different HPV types cause different types of warts in various parts of the body. Certain HPV types can infect the genital organs and the anal area, causing raised, bumpy warts called condyloma acuminata (or just condylomas).

Other HPV types have been linked with certain cancers. For example, infection with some types of HPV appears to be an important risk factor for penile cancer. HPV is found in about half of all penile cancers.

HPV is passed from one person to another during skin-to-skin contact with an infected area of the body. HPV can be spread during sexual activity – including vaginal, anal, and oral – but sex doesn’t have to occur for the infection to spread. All that is needed is skin-to-skin contact with an area of the body infected with HPV. Infection with HPV can also spread from one part of the body to another. For example, infection may start in the penis and then spread to the anus.

HPV infection is common. Some research has suggested that about half of all men have a genital HPV infection at any point in time. In most men, the body clears the infection on its own. In some, however, the infection does not go away and becomes chronic. Chronic infection, especially with certain HPV types, can eventually cause some types of cancer, including penile cancer. Men who are not circumcised may be more likely to get and stay infected with HPV.

For more on HPV, see HPV and Cancer.

Not being circumcised

Circumcision removes all (or part) of the foreskin. This procedure is most often done in infants but it can be done later in life. Men who were circumcised as children may have a lower chance of getting penile cancer than those who were not, but the same protective effect is not seen if the foreskin is removed as an adult. Some studies even suggested a higher risk of penile cancer in men who were circumcised as adults.

The reason for the lower risk in circumcised men is not entirely clear, but it may be related to other known risk factors. For example, men who are circumcised can’t develop the condition called phimosis, and don’t accumulate material known as smegma (see next section). Men with smegma or phimosis have an increased risk of
penile cancer. The later a man is circumcised, the more likely it is that one of these conditions will occur first.

In weighing the risks and benefits of circumcision, doctors consider the fact that penile cancer is very uncommon in the United States, even among uncircumcised men. Although the American Academy of Pediatrics has stated that the health benefits of circumcision in newborn males outweigh the risks, it also states these benefits are not great enough to recommend that all newborns be routinely circumcised.

In the end, decisions about circumcision are highly personal and often depend more on social and religious factors than on medical evidence.

**Phimosis and smegma**

Uncircumcised men with certain conditions are at higher risk for penile cancer.

**Phimosis**

In men who are not circumcised, the foreskin can sometimes become tight and difficult to retract. This condition is known as *phimosis*. Penile cancer is more common in men with phimosis. The reason for this is not clear, but it might be related to the buildup of smegma.

**Smegma**

Sometimes secretions can build up underneath an intact foreskin. If the area under the foreskin isn’t cleaned well, these secretions build up enough to become a thick, sometimes smelly substance called *smegma*. Smegma is more common in men with phimosis, but can occur in anyone with a foreskin, if the foreskin is not retracted regularly to clean the head of the penis.

In the past some experts were concerned that smegma might contain compounds that can cause cancer. Most experts now believe that smegma itself probably doesn’t cause penile cancer, but it can irritate and inflame the penis, which can increase the risk of cancer. It may also make it harder to see very early cancers.

**Smoking**

Men who smoke are more likely to develop penile cancer. Smokers who have HPV
infections have an even higher risk. Smoking exposes your body to many cancer-causing chemicals. These harmful substances are inhaled into the lungs, where they are absorbed into the blood. They can travel in the bloodstream throughout the body to cause cancer in many different areas. Researchers believe that these substances damage genes in cells of the penis, which can lead to penile cancer.

UV light treatment of psoriasis

Men who have a skin disease called psoriasis are sometimes treated with drugs called psoralens, followed by exposing the body to an ultraviolet A (UVA) light source. This is known as PUVA therapy. Men who have had this treatment have been found to have a higher rate of penile cancer. Because of this risk, men being treated with PUVA now have their genitals covered during treatment.

Age

The risk of penile cancer goes up with age. The average age of a man when diagnosed is 68, and about 4 out of 5 penile cancers are diagnosed in men over age 55.

AIDS

Men with AIDS have a higher risk of penile cancer. This higher risk seems to be related to their weakened immune system, which is a result of this disease. But it might also be linked to other risk factors that men with HIV (the virus that causes AIDS) are more likely to have. For example, men with HIV are more likely to smoke and to be infected with HPV.

- References
  See all references for Penile Cancer

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Do We Know What Causes Penile
Cancer?

The exact cause of most penile cancers is not known. However, scientists have found that the disease is linked with a number of other conditions (described in What Are the Risk Factors for Penile Cancer?). Research is now being done to learn more about how these risk factors might cause cells of the penis to become cancerous.

For example, research has shown that normal cells regulate themselves by making substances called tumor suppressor gene products to keep them from growing too fast and becoming cancers. Two proteins (E6 and E7) made by high-risk types of human papillomavirus (HPV) can block the function of tumor suppressor gene products in cells, which may make them more likely to become cancerous.

Smoking creates cancer-causing chemicals that spread throughout the body and can damage the DNA inside cells of the penis. DNA is the chemical in our cells that makes up our genes. (Genes control how our cells grow and divide.) DNA damage affecting genes that control cell growth can contribute to the development of cancer.

- References

See all references for Penile Cancer

Can Penile Cancer Be Prevented?

The large variations in penile cancer rates throughout the world strongly suggest that many penile cancers can be prevented. The best way to reduce the risk of penile cancer is to avoid known risk factors whenever possible. (See What Are the Risk Factors for Penile Cancer?) But some men with penile cancer have no known avoidable risk factors, so it’s not possible to prevent this disease completely.

In the past, circumcision (removing the foreskin on the penis) has been suggested as a way to lower penile cancer risk. This was based on studies that reported much lower penile cancer rates among circumcised men than among uncircumcised men. But in
some studies, the protective effect of circumcision was no longer seen after factors like smegma and phimosis were taken into account.

In the United States, the risk of penile cancer is low even among uncircumcised men. Men who wish to lower their risk of penile cancer can do so in other ways, such as by avoiding human papillomavirus (HPV) and human immunodeficiency virus (HIV) infection and by not smoking. Men who aren’t circumcised can also lower their risk of penile cancer by practicing good genital hygiene. Although infant circumcision can lower the risk of penile cancer, based on the low risk of this cancer in the US, it would take over 900 circumcisions to prevent one case of penile cancer in this country.

**Genital hygiene**

Perhaps the most important factor in preventing penile cancer in uncircumcised men is good genital hygiene. Uncircumcised men need to pull back (retract) the foreskin and clean the entire penis. If the foreskin is constricted and difficult to retract (a condition called phimosis), a doctor may be able to prescribe a cream or ointment that can make it easier to do so. If this doesn’t work the doctor may cut the skin of the foreskin in a procedure called a dorsal slit to make retraction easier.

**HPV infection**

The main factors influencing the risk of genital HPV infection in men are circumcision and the number of sexual partners. Men who are circumcised may have a lower chance of becoming and staying infected with HPV. The reasons for this are unclear. It may be that after circumcision the skin on the glans (tip of the penis) goes through changes that make it more resistant to HPV infection. Another theory is that the surface of the foreskin (which is removed by circumcision) is more easily infected by HPV. Still, circumcision does not protect completely against HPV infection. Men who are circumcised can still get HPV and pass it on to their partners.

If you are sexually active, limiting the number of sex partners and avoiding sex with people who have had many other sex partners can help lower your risk of exposure to HPV. But again, HPV is very common, so having sex with even one other person can put you at risk.

Condoms may provide some protection against HPV, but they don’t prevent infection completely. Men who use condoms regularly may be less likely to be infected with HPV and pass it on to their female partners. Condoms can’t protect completely because they don’t cover every possible HPV-infected area of the body, such as the skin to skin contact on the genital or anal area. Still, condoms do provide some protection against
HPV, and they also protect against HIV and some other sexually transmitted infections.

A man can have an HPV infection for years without any symptoms, so the absence of visible warts can’t be used to tell if someone has HPV. Even when someone doesn’t have warts (or any other symptom), he (or she) can still be infected with HPV and pass the virus to somebody else.

**HPV vaccines**

Vaccines can help protect against certain HPV infections. All of them protect against infection with HPV subtypes 16 and 18. Some can also protect against infections with other HPV subtypes, including some types that cause anal and genital warts. All of the vaccines available in the US are approved for use in females and males.

Although we know that these vaccines can help protect against infection with HPV, so far, they have not been studied to see if they lower the risk of penile cancer.

HPV vaccines work best if given before a person starts having sex (and is exposed to HPV). Giving the vaccine when they are young helps ensure that the person getting the vaccine has not yet been exposed to HPV and so is more likely to benefit.

The Advisory Committee on Immunization Practices (ACIP), part of the US Centers for Disease Control and Prevention (CDC), recommends that either of the Gardasil vaccines be given routinely to males aged 11 or 12 years. HPV vaccination is also recommended for females 13 to 26 years old and for males 13 to 21 years old who have not started the vaccines, or who have started but not completed the series. Males aged 22 through 26 years may also be vaccinated. The vaccine is not recommended for older females and males because it’s more likely they would have already been infected with HPV at some point.

The hope is that HPV vaccines may eventually help reduce the risk of all cancers linked to HPV, including penile cancers.

For more on vaccines against HPV, see [HPV Vaccines](#).

**Not smoking**

Smoking also increases penile cancer risk, so not smoking might lower that risk. [Quitting smoking](#) or never starting in the first place is a good way to reduce your risk of many diseases, including penile cancer.
Penile Cancer Early Detection, Diagnosis, and Staging

Detection and Diagnosis

Catching cancer early often allows for more treatment options. Some early cancers may have signs and symptoms that can be noticed, but that is not always the case.

- Can Penile Cancer Be Found Early?
- Signs and Symptoms of Penile Cancer
- How Is Penile Cancer Diagnosed?

Stages of Penile Cancer

After a cancer diagnosis, staging provides important information about the extent of cancer in the body and anticipated response to treatment.

- Penile Cancer Stages

Outlook (Prognosis)

Doctors often use survival rates as a standard way of discussing a person's outlook (prognosis). These numbers can't tell you how long you will live, but they might help you better understand your prognosis. Some people want to know the survival statistics for people in similar situations, while others might not find the numbers helpful, or might even not want to know them.

- Survival Rates for Penile Cancer

Questions to Ask About Penile Cancer

Here are some questions you can ask your cancer care team to help you better
understand your cancer diagnosis and treatment options.

- **What Should You Ask Your Doctor About Penile Cancer?**

## Can Penile Cancer Be Found Early?

There are no widely recommended screening tests for penile cancer, but many penile cancers can be found early.

Almost all penile cancers start in the skin, so they are often noticed early in the course of the disease. Cancers that start under the foreskin may not be seen as quickly, especially if a man has phimosis (constriction of the foreskin). Some penile cancers may cause symptoms that could also be caused by a disease other than cancer.

Even if a man sees or feels something abnormal, he may not recognize it as something that needs medical attention right away. You should see a doctor if you find a new growth or other abnormality of your penis, even if it is not painful. Things like warts, blisters, sores, ulcers, white patches, or other abnormal areas need to be looked at by a doctor. Most are not cancer, but they may be caused by an infection or some other condition that needs to be treated.

Unfortunately, some men avoid going to the doctor for lesions (abnormalities) on their penis. Many men with penile lesions put off seeking treatment for a year or more after they first notice the problem.

If a cancer is found early, it can often be removed with little or no damage to the penis. But if it is not diagnosed until later, part of or all of the penis may need to be removed to treat the cancer. It is also more likely to require other, more invasive treatments, and may even be life threatening.

- **References**

[See all references for Penile Cancer](#)

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Signs and Symptoms of Penile Cancer

The signs and symptoms below don’t always mean a man has penile cancer. In fact, many of them are more likely to be caused by other conditions. Still, if you have any of these signs or symptoms, see your doctor right away so the cause can be found and treated, if needed. The sooner a diagnosis is made, the sooner you can start treatment and the more effective it is likely to be.

Skin changes

Most often, the first sign of penile cancer is a change in the skin of the penis. This is most likely to be on the glans (tip) of the penis or on the foreskin (in uncircumcised men), but it can also be on the shaft. Possible signs of penile cancer include:

- 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

Sores or lumps from penile cancer are not usually painful, but they can be in some cases. You should see a doctor if you find any kind of new growth or other abnormality on your penis, even if it is not painful.

Swelling

Swelling at the end of the penis, especially when the foreskin is constricted, is another possible sign of penile cancer.

Lumps under the skin in the groin area

If the cancer spreads from the penis, it most often travels first to lymph nodes in the groin. This can make those lymph nodes swell. Lymph nodes are collections of immune system cells. Normally, they are bean-sized and can barely be felt at all. If they are swollen, the lymph nodes may be felt as lumps under the skin.

But swollen lymph nodes don’t always mean that cancer has spread there. More
commonly, lymph nodes swell in response to an infection. The skin in and around a penile cancer can often become infected, which might cause the nearby lymph nodes to swell, even if the cancer hasn’t reached them.

- References
  See all references for Penile Cancer

How Is Penile Cancer Diagnosed?

If you have possible symptoms of penile cancer you should go to a doctor, who will examine you and might order some tests.

Medical history and physical exam

Your doctor will need to take a complete medical history to get details about your symptoms and any possible risk factors you have.

Your doctor will also look at your genital area carefully for possible signs of penile cancer or other health problems. Penile lesions usually affect the skin on the penis, so a doctor often can find cancers and other abnormalities by looking closely at the penis. The doctor may look at and feel the lymph nodes in the groin area as well to see if they are swollen.

If symptoms and/or the results of the exam suggest you might have penile cancer, you will need other tests. These might include a biopsy and imaging tests.

Biopsy

A biopsy is needed to diagnose penile cancer. In this procedure, a small piece of tissue from the abnormal area is removed and sent to a lab, where it is looked at under a microscope to see if it contains cancer cells. The results are usually available in a few
days, but may take longer in some cases.

The type of biopsy used depends on the nature of the abnormality.

**Incisional biopsy**

For an incisional biopsy only a part of the abnormal area is removed. This type of biopsy is often done for lesions that are larger, are ulcerated (the top layer of skin is missing or the lesion appears as a sore), or that appear to grow deeply into the penis.

These biopsies are usually done with local anesthesia (numbing medicine) in a doctor’s office, clinic, or outpatient surgical center.

**Excisional biopsy**

In an excisional biopsy, the entire lesion is removed. This type of biopsy is more often used if the abnormal area is small, such as a nodule (lump) or plaque (raised, flat area). If the abnormal area is only on the foreskin, your doctor might recommend circumcision (removal of the foreskin) as a form of excisional biopsy.

These biopsies are usually done in a hospital or outpatient surgical center. Local anesthesia (numbing medicine) or general anesthesia (where you are asleep) may be used.

**Lymph node biopsy**

If the cancer has invaded deep within the penis, nearby lymph nodes usually will need to be checked for cancer spread. This is done to help determine the stage (extent) of the cancer after the diagnosis. These lymph nodes can be checked either with fine needle aspiration or with surgery to remove them.

**Fine needle aspiration (FNA):** For this type of biopsy, the doctor places a thin, hollow needle directly into the lymph node and withdraws cells and a few drops of fluid. Local anesthesia may be injected into the skin over the node to numb the area.

If the enlarged lymph node is deep inside your body and the doctor can’t feel it, imaging methods such as ultrasound or CT scans can be used to guide the needle into the node.

This type of biopsy is often done to see if enlarged lymph nodes contain cancer. It is not
used to sample lesions on the penis itself. This procedure can be done in a doctor’s office or clinic.

**Surgical biopsy:** In some cases, the lymph nodes are not checked with FNA, but instead through surgery to remove one or more lymph nodes. These surgical lymph node biopsies, which include sentinel lymph node biopsy and lymphadenectomy, are described in *Surgery for Penile Cancer*.

To learn more about biopsies, see *Testing Biopsy and Cytology Specimens for Cancer*.

**Imaging tests**

Imaging tests use x-rays, magnetic fields, or sound waves to create pictures of the inside of your body. If the doctor thinks the cancer is advanced or has spread, then one or more of these tests may be ordered to help determine the stage of the cancer.

**Computed tomography (CT)**

The CT scan uses x-rays to make detailed cross-sectional images of your body. Instead of taking one picture, like a standard x-ray, a CT scanner takes many pictures as it rotates around you. A computer then combines these pictures into images of slices of part of your body.

A CT scanner has been described as a large donut, with a narrow table that slides in and out of the middle opening. You will need to lie still on the table while the scan is being done. CT scans take longer than regular x-rays, and you might feel a bit confined by the ring while the pictures are being taken.

Before the test, you may be asked to drink 1 to 2 pints of a liquid called *oral contrast* and/or get an intravenous (IV) injection of a contrast dye that helps better outline abnormal areas in the body. The injection can cause some flushing (redness and warm feeling). A few people are allergic to the dye and get hives or, rarely, more serious reactions like trouble breathing and low blood pressure. Medicine can be given to help prevent and treat allergic reactions. Be sure to tell the doctor if you have any allergies (especially to iodine or shellfish) or if you have ever had a reaction to any contrast material used for x-rays.

**CT-guided needle biopsy:** CT scans can be used to guide a biopsy needle into an enlarged lymph node or other area of possible cancer spread. For this procedure, you remain on the CT scanning table while a doctor moves a biopsy needle through the skin
and toward the mass. CT scans are repeated until the needle is within the mass. A biopsy sample is then removed and sent to be looked at under a microscope.

**Magnetic resonance imaging (MRI)**

Like CT scans, MRI scans provide detailed images of soft tissues in the body. But MRI scans use radio waves and strong magnets instead of x-rays to create the images. A contrast material might be injected just as with CT scans, but this is used less often.

When MRI scans are used to look at penile tumors, the pictures are better if the penis is erect. The doctor can inject a substance called *prostaglandin* into the penis to make it erect.

MRI scans take longer than CT scans – often up to an hour – and are a little more uncomfortable. You may have to lie on a table that slides inside a narrow tube, which can upset people with a fear of enclosed spaces. Special, more open MRI machines can sometimes help with this if needed, but the drawback is that the images may not be as clear. The MRI machine makes buzzing and clicking noises that you may find disturbing. Some places will provide earplugs to help block this noise out. MRIs are not safe for people with pacemakers or certain implants containing metals that are strongly attracted to magnets.

**Ultrasound**

This test uses sound waves to make pictures of internal organs or masses. It can be useful for determining how deeply the cancer has penetrated into the penis. It can also show enlarged lymph nodes in the groin.

For this test, a small microphone-like instrument called a *transducer* gives off sound waves and picks up the echoes as they bounce off body tissues. The echoes are converted by a computer into an image on a computer screen.

This test is painless and does not expose you to radiation. For most ultrasound exams, the skin is first lubricated with gel. Then a technician moves the transducer over the skin above the part of your body being examined.

- REFERENCES

  [See all references for Penile Cancer](#)

Last Medical Review: March 30, 2015 Last Revised: February 9, 2016
Penile Cancer Stages

After someone is diagnosed with penile cancer, doctors will try to figure out if it has spread, and if so, how far. This process is called staging. The stage of a cancer describes how much cancer is in the body. It helps determine how serious the cancer is and how best to treat it. Doctors also use a cancer’s stage when talking about survival statistics.

The earliest stage of penile cancer is stage 0, in which the cancer hasn’t invaded beyond the top layer of skin. The other stages range from I (1) through IV (4). Some stages also use capital letters (A, B, etc.). As a rule, the lower the number, the less the cancer has spread. A higher number, such as stage IV, means cancer has spread more. Although each person’s cancer experience is unique, cancers with similar stages tend to have a similar outlook and are often treated in much the same way.

How is the stage determined?

The staging system most often used for penile cancer is the American Joint Committee on Cancer (AJCC) TNM system, which is based on 3 key pieces of information:

- The extent of the main tumor (T): How far has the cancer grown into the penis, and has it reached nearby structures or organs?
- The spread to nearby lymph nodes (N): Has the cancer spread to nearby lymph nodes (in the groin and pelvic area)? If so, how many are affected?
- The spread (metastasis) to distant sites (M): Has the cancer spread to distant parts of the body? (The most common sites of spread are distant lymph nodes or organs such as the lung, liver, or bones.)

Numbers or letters after T, N, and M provide more details about each of these factors. Higher numbers mean the cancer is more advanced.

Another factor that can affect the stage of some cancers is the grade of the cancer cells. This is a measure of how abnormal the cancer cells look under a microscope. The grade is often expressed as a number, from 1 to 3. The higher the number, the more abnormal the cells look. Higher-grade cancers tend to grow and spread more quickly than lower-grade cancers.
Once the T, N, and M categories (and grade) of the cancer have been determined, this information is combined in a process called stage grouping to assign an overall stage. For more information, see Cancer Staging.

The system described below is the most recent AJCC system, effective January 2018. It is used for squamous cell carcinoma of the penis, which is by far the most common type of penile cancer. Other types of cancer starting on the penis, such as melanomas and sarcomas, are much less common and are staged with different systems.

Penile cancer is typically given a clinical stage based on the results of a physical exam, biopsy, and any imaging tests that might have been done (as described in How Is Penile Cancer Diagnosed?). If surgery has been used to check nearby lymph nodes for cancer, the pathologic stage (also called the surgical stage) can be determined. The pathologic stage is typically more accurate, and is what is used in the table below.

Penile cancer staging can be complex, so ask your doctor to explain it to you in a way you understand.

### Stages of penile cancer

<table>
<thead>
<tr>
<th>AJCC stage</th>
<th>Stage grouping</th>
<th>Stage description*</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 (0is or 0a)</td>
<td>Tis or Ta N0 M0</td>
<td>The tumor is only in the top layer of the skin and has not grown any deeper (Tis or Ta). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).</td>
</tr>
<tr>
<td>I</td>
<td>T1a N0 M0</td>
<td>The tumor has grown into tissue just below the top layer of skin. It has not grown into nearby blood vessels, lymph vessels, or nerves, and it is not high grade (grade 3) (T1a). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).</td>
</tr>
<tr>
<td>IIA</td>
<td>T1b N0 M0</td>
<td>The tumor has grown into tissue just below the top layer of skin. It has grown into nearby blood vessels, lymph vessels, or nerves, and/or it is high grade (grade 3) (T1b). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).</td>
</tr>
<tr>
<td>OR</td>
<td>T2 N0 M0</td>
<td>The cancer has grown into the corpus spongiosum (an internal chamber that runs along the bottom and into the head of the penis). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).</td>
</tr>
<tr>
<td>Stage</td>
<td>T</td>
<td>N</td>
</tr>
<tr>
<td>-------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>IIB</td>
<td>T3</td>
<td>N0</td>
</tr>
<tr>
<td>IIIA</td>
<td>T1-T3</td>
<td>N1</td>
</tr>
<tr>
<td>IIIB</td>
<td>T1-T3</td>
<td>N2</td>
</tr>
<tr>
<td>IV</td>
<td>T4</td>
<td>Any N</td>
</tr>
</tbody>
</table>

OR

<table>
<thead>
<tr>
<th>Stage</th>
<th>T</th>
<th>N</th>
<th>M</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV</td>
<td>Any T</td>
<td>N3</td>
<td>M0</td>
<td>The tumor might or might not have grown into deeper layers of the penis or nearby structures (any T). The cancer has spread to nearby lymph nodes in the pelvis, or it has grown outside of a lymph node and into the surrounding tissue (N3). The cancer has not spread to distant parts of the body (M0).</td>
</tr>
</tbody>
</table>

OR

<table>
<thead>
<tr>
<th>Stage</th>
<th>T</th>
<th>N</th>
<th>M</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any T</td>
<td>Any N</td>
<td>M1</td>
<td>The tumor might or might not have grown into deeper layers of the penis or nearby structures (any T). The cancer might or might not have spread to nearby lymph nodes (any N). The cancer has spread to distant parts of the body (M1).</td>
<td></td>
</tr>
</tbody>
</table>

* The following additional categories are not listed on the table above:

  - **TX**: Main tumor cannot be assessed due to lack of information.
• T0: No evidence of a primary tumor. The N categories are described in the table above, except for:
  • NX: Regional lymph nodes cannot be assessed due to lack of information.

• References

Survival Rates for Penile Cancer

Survival rates are a way for doctors and patients to get a general idea of the outlook for people with a certain type and stage of cancer. Some people want to know the statistics for people in their situation, while others may not find them helpful, or may even not want to know them. If you decide that you don’t want to know them, stop reading here.

When discussing cancer survival statistics, doctors often use a number called the 5-year survival rate. The 5-year survival rate is the percentage of patients who live at least 5 years after their cancer is diagnosed. Of course, many of these patients live much longer than 5 years.

Relative survival rates compare the survival of people with the cancer to the survival for similar people without the cancer. Since some people will die of causes other than cancer, this is a better way to see the impact of cancer on survival.

To get 5-year survival rates, doctors have to look at men who were treated at least 5 years ago. Improvements in treatment since then may result in a better outlook for men now being diagnosed with penile cancer.

Survival rates are typically based on previous outcomes of large numbers of people who had the disease, but they can’t predict what will happen in any man’s case. Many other factors may affect a man's outlook, such as their age and general health, and how well the cancer responds to treatment. Your doctor knows your situation best and can tell
you how the numbers below might apply to you.

The rates below are based on the stage of the cancer when it is first diagnosed. When looking at survival rates, it’s important to understand that the stage of a cancer does not change over time, even if the cancer progresses. A cancer that comes back or spreads is still referred to by the stage it was given when it was first found and diagnosed, but more information is added to explain the current extent of the cancer. (And of course, the treatment plan is adjusted based on the change in cancer status.)

Because penile cancer is not common, it is hard to find accurate survival rates based on the TNM stage of the cancer. The numbers below come from the National Cancer Institute’s SEER database, looking at more than 1,000 men diagnosed with penile cancer between 1988 and 2001.

- For cancers that are still confined to the penis (like stage I and II cancers), the 5-year relative survival rate is around 85%.
- If the cancer has spread to nearby tissues or lymph nodes (like stage III and some stage IV cancers), the 5-year relative survival rate is around 59%.
- If the cancer has spread to distant parts of the body, the 5-year relative survival rate is about 11%.

References

See all references for Penile Cancer

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What Should You Ask Your Doctor About Penile Cancer?

It’s important to have honest, open discussions with your cancer care team. You should ask any question, no matter how small it might seem. Here are some questions you might want to ask:

- What kind of penile cancer do I have?
How deep has the cancer grown into the penis? Has it spread to lymph nodes or other organs?
What is the stage of my cancer and what does that mean?
Do I need more tests before we can decide on treatment?
Do I need to see any other types of doctors?
How much experience do you have treating this type of cancer?
What are my treatment choices?
What do you recommend and why?
How quickly do we need to decide on treatment?
What should I do to be ready for treatment?
How long will treatment last? What will it be like? Where will it be done?
Will I need surgery on my groin lymph nodes?
How long will it take me to recover from treatment?
When can I go back to my regular activities after treatment?
What are the risks or side effects to the treatments you suggest?
Will treatment affect my ability to urinate, have sex, or to have children?
What are the chances that my cancer will come back after treatment? What would we do if that happens?
What type of follow-up will I need after treatment?

Along with these sample questions, be sure to write down some of your own. For instance, you may want to ask about getting a second opinion or about clinical trials for which you may qualify.

Keep in mind that doctors aren’t the only ones who can give you information. Other health care professionals, such as nurses and social workers, may have the answers to some of your questions. You can find out more in The Doctor-Patient Relationship.

- References
See all references for Penile Cancer

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Treating Penile Cancer

Making treatment decisions

After the cancer is found and staged, your cancer care team will discuss treatment options with you. You should take time and think about all of your choices. In choosing a treatment plan, some factors to consider include:

- The type and stage of your cancer
- Your overall physical health
- Your personal preferences about treatments and their side effects

The main types of treatments used to treat penile cancers are:

- Surgery
- Local therapy (other than surgery) for some very early penile cancers
- Radiation therapy
- Chemotherapy

Surgery is the main treatment for most 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.

Depending on the type and stage of your cancer and your treatment options, you might have different types of doctors on your treatment team, including:

- 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 as well, including other...
doctors, physician assistants (PAs), nurse practitioners (NPs), nurses, psychologists, social workers, rehabilitation specialists, and other health professionals. See Health Professionals Associated With Cancer Care for more on this. The goal of your cancer care team is to treat the cancer while limiting the treatment’s effects on the function and appearance of the penis. If the cancer can’t be cured, the goal may be to remove or destroy as much of the cancer as possible and to 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.

It’s important to discuss all of your treatment options, including their goals and possible side effects, with your doctors to help make the decision that best fits your needs. It’s also very important to ask questions if there is anything you’re not sure about. You can find some good questions to ask in What Should You Ask Your Doctor About Penile Cancer?

If time permits, it’s 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.

**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 are 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. See Clinical Trials to learn more.

**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 dangerous.

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. See Complementary and Alternative Medicine to learn more.

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.

For information about some of the most common treatment approaches based on the extent of the disease, see Treatment of Penile Cancers, by Stage.

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 early, 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 team will discuss with you the treatment options that give you the best chance of curing your cancer while preserving as much of the penis as possible.

Men with cancers that have grown deep within the penis (stage T2 or higher) usually need to have some nearby lymph nodes in the groin removed as well 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 discussed later in this section.

Several different kinds of surgery are used to treat penile cancers.

**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 to remove the foreskin before radiation therapy to the penis. Radiation can cause swelling and constriction of the foreskin, which could lead to other problems.

**Simple excision**

In this operation, the tumor is cut out with a surgical knife, along with some surrounding 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 cancer 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 not enough skin remains to cover the area, a skin graft may be taken from another part of the body and placed over the area.

**Mohs surgery (microscopically controlled surgery)**

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 samples are found to be free of cancer cells.

This process is slow, but it means that more normal tissue near the tumor can be saved. This creates a better appearance and function after surgery. This is a highly specialized technique that should be used only 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 have not grown deeply into the penis.
Partial or total penectomy

This operation removes part or all of the penis. It is the most common and most effective way to treat a 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 upright without dribbling, a *total penectomy* will be done. This operation removes the entire penis, 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 known as a *perineal urethrostomy*. Urination can still be controlled because the sphincter (the “on-off” valve) in the urethra is left behind, but the man will have to sit down to urinate.

For advanced tumors, sometimes the penis is removed along with the scrotum (and testicles). This operation is called *emasculatio*n. 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 sexual intercourse. For more information, see [What Happens After Treatment for Penile Cancer?](#)

Surgery to remove lymph nodes

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 area removed to check 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 is most often done when lymph nodes are not enlarged but there is a chance that the cancer reached them.

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.

To find the sentinel lymph node, a radioactive tracer is injected into the region around the tumor the day before surgery. A radiation detection device is used to determine whether the lymphatic vessels around the cancer drain into the left groin or right groin. This tells the doctor which side is likely to have cancer if it has spread. On the day of surgery, a blue dye is injected into the region of the tumor.

The lymphatic vessels will carry the dye and radioactive material to the sentinel node. The surgeon finds this node during the operation either by seeing the blue dye or with a radiation detector and removes it.

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 (swelling in the groin and legs caused by the buildup of fluid) and problems with wound healing.

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. Discuss the procedure with your doctor.

Inguinal lymphadenectomy (groin lymph node dissection): Many men with penile cancer have swollen groin lymph nodes when they are first diagnosed. These lymph nodes need to be removed if they contain cancer cells, but about half of the time, the swelling is from infection or inflammation, not from cancer. If the lymph nodes are swollen, doctors routinely give a course of antibiotics and wait 4 to 6 weeks after the main penile tumor is removed. If the swelling goes away, it was likely caused by infection or inflammation. If it doesn’t go away over time, then a second operation, called an inguinal lymphadenectomy, is done to remove the lymph nodes.

This operation may also be done if cancer is found during a SLNB.

In this procedure, the surgeon makes an incision about 4 inches long in your groin and carefully removes the lymph nodes. This must be done with care because important muscles, nerves, and blood vessels run through this area. The nodes are then sent to a
lab, where a pathologist looks at them under a microscope to see if they have cancer.

**Side effects of lymph node surgery:** The groin lymph nodes normally help excess 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, causing 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 groin area are removed. For more on this, see [Lymphedema](#).

Other side effects can occur after lymph node surgery, and can include problems with wound healing, infection, and skin breakdown (necrosis). These are not common.

- **References**
  See all references for Penile Cancer

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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 in different situations for penile cancer:

- It can be used to treat some early-stage penile cancers instead of surgery.
- If the cancer has reached several lymph nodes, radiation may be used along with the surgical removal of lymph nodes to try to reduce the risk the cancer will come back.
- Radiation can be used for advanced cancer to try to slow the growth of the cancer or to relieve symptoms it causes.

For uncircumcised men who are going to get radiation to the penis, the foreskin is removed first. This is because radiation can cause swelling and constriction of the foreskin, which could lead to other problems.
There are 2 main ways to get radiation therapy.

**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 much like getting an x-ray, but the radiation is much stronger. The procedure itself is painless. Each treatment lasts only a few minutes, but the setup time – getting you into place for treatment – usually takes longer. Treatments are usually given 5 days a week for 6 weeks or so.

**Brachytherapy**

For brachytherapy, a radioactive source is placed into or right next to the penile tumor. The radiation travels only a short distance, so nearby healthy tissues don’t get much radiation. This type of treatment is done while you are in the hospital. There are 2 ways to get brachytherapy for penile cancer.

**Interstitial radiation:** In this method, hollow needles are first placed into the penis in the operating room. Then tiny pellets of radioactive materials are put into the needles to treat the tumor. The pellets are kept in place for several days while they release radiation. After the treatment is over, 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 placed around the penis, and then another cylinder with a 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.

**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 can become 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 worse 1 to 2 weeks after the treatment is finished. If external beam radiation is used, the side effects tend to occur during treatment and then improve after radiation is stopped. Most
symptoms 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. Tiny web-like blood vessels (called telangiectasia) may be visible.

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 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 the ability to achieve erections should not be affected.

In many cases, the function and appearance of the penis gradually return to normal in the months and years after radiation therapy.

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

For more information, see Radiation Therapy.

References

See all references for Penile Cancer

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Local Treatments (Other than Surgery) for Penile Cancer

Some very early 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.
Examples include radiation therapy (described in Radiation Therapy for Penile Cancer), laser ablation, cryotherapy, and applying drugs directly to the skin of penis (called topical therapy).

**Laser ablation**

In this approach, 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.

**Cryosurgery**

For this approach, the doctor uses liquid nitrogen to freeze and kill the cancer cells. This is useful for some verrucous penile cancers and carcinoma in situ (CIS) of the glans.

This 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 have fluid draining from it for a while and take a month or two to heal. It can leave a scar.

**Topical chemotherapy**

Topical chemotherapy means that an anti-cancer medicine is put directly onto the skin instead of being taken as a pill or injected into a vein. The drug used most often to treat penile cancer topically is 5-fluorouracil (5-FU), which is applied daily as a cream for several weeks.

When put directly on the skin, 5-FU reaches cancer cells in the top layers of skin, but it cannot reach cancer cells that have grown deeply into the skin or spread to other organs. For this reason, treatment with 5-FU generally is used only for pre-cancerous conditions or carcinoma in situ (CIS).

Because the drug does not spread throughout the body, the side effects that often occur with systemic chemotherapy do not occur with topical chemotherapy. Treatment with 5-FU cream makes the treated skin red and very sensitive for a few weeks. Using other topical medicines or creams can help relieve this.

**Imiquimod**

Imiquimod is a drug that is sometimes used as a cream to treat CIS of the penis. It causes the immune system to react to the skin lesion and destroy it. It is typically
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 chemotherapy (described in Local Treatments (Other than Surgery) for Penile Cancer)
- Systemic chemotherapy

**Systemic chemotherapy**

Systemic chemo uses anti-cancer drugs that are injected into a vein or given by mouth. These drugs go through the bloodstream and reach cancer cells in all areas of the body. This treatment is useful for cancers that have spread to lymph nodes or distant organs. Chemo can also be used to shrink cancers before surgery to make them easier to remove. It is also being studied to see if giving it after surgery (called adjuvant chemotherapy) will keep the cancer from coming back 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:** 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 chemotherapy, which can lead to some side effects.

The side effects 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 after treatment is finished. There are often ways to lessen chemo side effects. For example, 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 (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 (called hemorrhagic cystitis). A drug called mesna is often given with ifosfamide to prevent this problem.
Treatment Options for Penile Cancer, by Stage

The treatment options for penile cancer are based mainly on the stage (extent) of the cancer, although other factors can also be important. This section sums up 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, but they have some different treatment options.

Patients with CIS that is only in the foreskin can often be treated with circumcision. If the tumor is in the glans and does not affect other tissues, it may be possible to treat it with some type of local therapy (such as laser ablation, topical 5-FU or imiquimod, or cryotherapy). Other options might include some type of surgery, such as Mohs surgery or wide excision. Radiation therapy might also be a possible option. Partial penectomy (removal of part of the penis) is usually not needed.

Verrucous carcinoma can often be treated with laser therapy, Mohs surgery, wide excision, or cryotherapy. Only rarely will a partial penectomy be needed. Radiation is not used for this type of tumor, because it can make it more likely to spread.
**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, or removal of part of the penis [partial penectomy]), or radiation therapy. Laser ablation 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 radiation therapy. A less common approach is to use radiation therapy as the first treatment with surgery remaining as an option if the cancer is not destroyed completely by the radiation. 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 are 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 is 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 a few cases, chemotherapy (chemo) or chemo plus radiation may be used first to shrink the tumor so that it can be removed more easily with surgery.

These cancers require an inguinal lymphadenectomy to remove lymph nodes in the groin. Radiation therapy to the groin may be used as well, either after surgery or instead of surgery in selected cases. If lymph nodes are very large, chemotherapy (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 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 wall. Treatment typically 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 urination. If the tumor has grown into the prostate or bladder, these may need to be removed as well. Chemo (sometimes with radiation) may be given before surgery (called neoadjuvant treatment) 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 surrounding tissue or cancer spread to lymph nodes inside the pelvis. These cancers are treated with surgery to remove the main tumor in the penis, such as penectomy. The lymph nodes in both groin areas are also removed. The lymph nodes inside the pelvis will also be removed if they are thought to contain cancer spread (if they are enlarged, for example). After the lymph nodes are removed, those areas are often treated with radiation to try to kill any cancer cells that may have left behind. Chemotherapy might be part of this treatment as well.

Penile cancer that has spread to distant organs and tissues is also considered 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 to the best extent possible. Choices to treat the penile tumor usually include wide local excision, penectomy, or radiation therapy. Surgery or radiation therapy (sometimes along with chemotherapy) may also be considered to treat nearby lymph nodes. Radiation may also be used to treat areas of cancer spread in the bones or in the brain or spinal cord.

Chemo is often used to treat cancer that has spread to other areas, like the lungs or liver. Studies are under way to determine the value of chemotherapy combined with surgery or radiation therapy.
Stage IV cancers are very hard to cure, so men may want to think about taking part in clinical trials of new treatments.

Recurrent cancer

The treatment of cancer that comes back after treatment (recurrent cancer) depends on where the cancer recurs and what 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 also 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.

- References
  See all references for Penile Cancer

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After Penile Cancer Treatment

Living as a Cancer Survivor

For many people, cancer treatment often raises questions about next steps as a survivor.

- What Happens After Treatment for Penile Cancer?
- Lifestyle Changes After Having Penile Cancer
- How Might Having Penile Cancer Affect Your Emotional Health?

Cancer Concerns After Treatment

Treatment may remove or destroy the cancer, but it is very common to have questions about cancer coming back or treatment no longer working.

- Long-Term Side Effects of Penile Cancer Treatment
- Seeing a New Doctor After Treatment for Penile Cancer
- If Treatment for Penile Cancer Stops Working

What Happens After Treatment for Penile Cancer?

For many men with penile cancer, treatment can remove or destroy the cancer. Completing treatment can be both stressful and exciting. You may be relieved to finish treatment, but find it hard not to worry about the cancer coming back. (When cancer comes back after treatment, it is called a recurrence.) This is a very common concern in people who have had cancer.

It may take a while before your fears lessen. But it may help to know that many cancer survivors have learned to accept this uncertainty and are living full lives. For more
For other men, the cancer may never go away completely. These men may get regular treatments with chemotherapy, radiation therapy, or other therapies to try to help keep the cancer under control and help relieve symptoms from it. Learning to live with cancer that does not go away can be difficult and very stressful. It has its own type of uncertainty. Read Managing Cancer as a Chronic Condition for more about this.

Follow-up care

If you have completed treatment, your doctors will still want to watch you closely. It's very important to go to all of your follow-up appointments. During these visits, your doctors will ask about any problems you are having and may do exams and lab tests or imaging tests (such as CT scans) to look for signs of cancer or treatment side effects. Almost any cancer treatment can have side effects. Some may last for a few weeks to months, but others can last the rest of your life. This is the time for you to talk to your cancer care team about any changes or problems you notice and any questions or concerns you have.

After your treatment is finished, you will probably need to still see your cancer doctor for many years. Doctor visits and exams will be more frequent at first (typically every few months), but the time between visits can often get longer over time. Ask what kind of follow-up schedule you can expect.

It's also very important to keep your health insurance. Tests and doctor visits cost a lot, and even though no one wants to think of their cancer coming back, this could happen.

Should your cancer come back, further treatment will depend on where the cancer is, what treatments you've had before, and your health. For more on dealing with a recurrence, see Coping With Cancer Recurrence.

- References
  See all references for Penile Cancer

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Long-Term Side Effects of Penile Cancer Treatment

Penile cancer and its treatment can sometimes lead to long-term side effects.

Effects on urination

Most men can still control the start and stop of urine flow after surgery. They are still continent. But if the surgery removes part of the penis (partial penectomy) or the entire penis (total penectomy), how a man urinates can be affected. In some cases, a partial penectomy leaves enough of the penis to allow relatively normal urination. But men who have had a total penectomy often must sit to urinate.

Effects on sexuality

If cancer of the penis is diagnosed early, treatments other than penectomy can often be used. Conservative techniques such as circumcision, local therapy other than surgery (laser ablation, topical chemotherapy), or Mohs surgery may have little effect on sexual pleasure and intercourse once you have fully recovered.

Removing all or part of the penis can have a huge effect on a man’s self-image and ability to have sexual intercourse. You and your sexual partner may wish to consider counseling to help understand the impact of treatment for penile cancer and to explore other approaches to sexual satisfaction.

Satisfying intercourse is possible for many, but not all men after partial penectomy. The remaining shaft of the penis can still become erect with arousal. It usually gains enough length to achieve penetration. Although the most sensitive area of the penis (the glans, or “head”) is gone, a man can still reach orgasm and ejaculate normally. His partner should also still be able to enjoy intercourse and often reach orgasm.

Normal intercourse is not possible after total penectomy. Some men give up sex after the surgery. Since cancer of the penis is most common in elderly men, some are already unable to have intercourse because of other health problems. If a man is willing to put some effort into his sex life, however, pleasure is possible after total penectomy. He can learn to reach orgasm when sensitive areas such as the scrotum, skin behind the scrotum, and the area surrounding the surgical scars are caressed. Having a sexual fantasy or looking at erotic pictures or stories can also increase excitement.
A man can help his partner reach orgasm by caressing the genitals, by oral sex, or by stimulation with a sexual aid such as a vibrator. The activity some couples enjoy after total penectomy can give hope to those coping with fewer changes in their sex lives.

After total penectomy, surgical reconstruction of the penis might be possible in some cases. If you are interested in this, ask your doctor if this might be an option for you.

Removing all or part of the penis can also have a devastating effect on a man’s self-image. Some men might feel stressed or depressed, or might not feel “whole” after the operation. These are valid and understandable feelings, but they can often be helped with counseling or talking with others. For more on this, see How Might Having Penile Cancer Affect Your Emotional Health?

For more information on sexuality after cancer, see Sexuality for the Man with Cancer.

**Lymphedema**

The lymph nodes in the groin area normally help excess fluid drain out of the lower part of the body and back into the bloodstream. If the groin lymph nodes are removed or treated with radiation, it can sometimes lead to problems with fluid drainage in the legs or scrotum, causing abnormal swelling. This condition is called *lymphedema*.

This problem was more common in the past because more lymph nodes were removed to see if the cancer had spread. Now fewer lymph nodes are usually removed, which lowers the risk of lymphedema. But lymphedema can still occur even with less treatment. For more on this, see Lymphedema.

- References

See all references for Penile Cancer

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**Seeing a New Doctor After Treatment for Penile Cancer**
At some point after your treatment, you may be seeing a new doctor who doesn’t know anything about your medical history. It’s important to be able to give your new doctor the details of your diagnosis and treatment. Gathering these details soon after treatment may be easier than trying to get them at some point in the future. Make sure you have this information handy (and always keep copies for yourself):

- A copy of your pathology report(s) from any biopsies or surgeries
- Copies of imaging tests (such as x-rays or CT or MRI scans), which can usually be stored digitally (on a DVD, etc.)
- If you had surgery, a copy of your operative report(s)
- If you stayed in the hospital, a copy of the discharge summary that the doctor wrote when you were sent home
- If you had radiation therapy, a copy of the treatment summary
- If you had chemotherapy or other medicines, a list of your drugs, drug doses, and when you took them
- The names and contact information of the doctors who treated your cancer

References

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Lifestyle Changes After Having Penile Cancer

You can't change the fact that you have had cancer. What you can change is how you live the rest of your life – making choices to help you stay healthy and feel as well as you can. This can be a time to look at your life in new ways. Maybe you are thinking about how to improve your health over the long term. Some people even start during cancer treatment.

Making healthier choices
For many people, a diagnosis of cancer helps them focus on their health in ways they may not have thought much about in the past. Are there things you could do that might make you healthier? Maybe you could try to eat better or get more exercise. Maybe you could cut down on alcohol, or give up tobacco. Even things like keeping your stress level under control may help. Now is a good time to think about making changes that can have positive effects for the rest of your life. You will feel better and you will also be healthier.

You can start by working on those things that worry you most. Get help with those that are harder for you. For instance, if you are thinking about quitting smoking and need help, call the American Cancer Society for information and support.

**Eating better**

Eating right can be hard for anyone, but it can get even tougher during and after cancer treatment. Treatment may change your sense of taste. Nausea can be a problem. You may not feel like eating and lose weight when you don't want to. Or you may have gained weight that you can't seem to lose. All of these things can be very frustrating.

If treatment causes weight changes or eating or taste problems, do the best you can and keep in mind that these problems usually get better over time. You might find it helps to eat small meals every 2 to 3 hours until you feel better. You might also want to ask your cancer team about seeing a dietitian, an expert in nutrition who can give you ideas on how to deal with these treatment side effects.

One of the best things you can do after cancer treatment is to start healthy eating habits. You may be surprised at the long-term benefits of some simple changes, like increasing the variety of healthy foods you eat. Getting to and staying at a healthy weight, eating a healthy diet, and limiting your alcohol intake may lower your risk for a number of types of cancer, as well as having many other health benefits.

**Rest, fatigue, and exercise**

Extreme tiredness, called fatigue, is very common in people treated for cancer. This is not a normal tiredness, but a bone-weary exhaustion that often doesn’t get better with rest. For some people, fatigue lasts a long time after treatment, and can make it hard for them to be active and do other things they want to do. But exercise can help reduce fatigue. Studies have shown that patients who follow an exercise program tailored to their personal needs feel better physically and emotionally and can cope better, too.

If you were sick and not very active during treatment, it’s normal for your fitness,
endurance, and muscle strength to decline. Any physical activity plan should fit your situation. If you haven’t been active in a few years, you will have to start slowly, maybe just by taking short walks.

Talk with your health care team before starting anything. Get their opinion about your exercise plans. Then, try to find an exercise buddy so you're not doing it alone. Having family or friends involved when starting a new activity program can give you that extra boost of support to keep you going when the push just isn’t there.

If you are very tired, you will need to learn to balance activity with rest. It's OK to rest when you need to. Sometimes it's really hard for people to allow themselves to rest when they are used to working all day or taking care of a household, but this is not the time to push yourself too hard. Listen to your body and rest when you need to. (For more on dealing with fatigue, see Fatigue in People With Cancer and Anemia in People With Cancer.)

Keep in mind exercise can improve your physical and emotional health.

- It improves your cardiovascular (heart and circulation) fitness.
- Along with a good diet, it can help you get to and stay at a healthy weight.
- It makes your muscles stronger.
- It reduces fatigue and helps you have more energy.
- It can help lower anxiety and depression.
- It can make you feel happier.
- It helps you feel better about yourself.

Getting regular physical activity also plays a role in helping to lower the risk of some cancers, as well as having other health benefits.

**Can I lower my risk of the cancer progressing or coming back?**

Most people want to know if there are lifestyle changes they can make to reduce their risk of cancer growing or coming back. Unfortunately, for most cancers there isn’t much solid evidence to guide people. This doesn’t mean that nothing will help — it's just that for the most part this is an area that hasn’t been well studied. Most studies have looked at lifestyle changes as ways of preventing cancer in the first place, not slowing it down or preventing it from coming back.

At this time, not enough is known about penile cancer to say for sure if there are things you can do that will be helpful. Adopting healthy behaviors such as not smoking, eating well, and staying at a healthy weight might help, but no one knows for sure. However, we do know that these types of changes can have positive effects on your health that
can extend beyond your risk of cancer.

So far, no dietary supplements have been shown to clearly help lower the risk of penile cancer progressing or coming back. Again, this doesn’t mean that none will help, but it’s important to know that none have been proven to do so.

- References

See all references for Penile Cancer

How Might Having Penile Cancer Affect Your Emotional Health?

For any man, dealing with cancer of the penis can be a frightening prospect. Partially or completely removing the penis is often the most effective way to cure penile cancer, but for many men this cure seems worse than the disease.

It’s natural for a man facing treatment for penile cancer to be distressed (or even depressed) and to have feelings of grief or despair. You might want to ask your health care team for a referral to a counselor, who can help you sort through your feelings and adjust to your new body.

When treatment ends, you may find yourself overcome with many different emotions. This happens to a lot of people. You may find yourself thinking about death and dying. Or maybe you're more aware of the effect the cancer has on your family, friends, and career. You may take a new look at your relationships with those around you. Unexpected issues may also cause concern. For instance, you might be stressed by financial concerns resulting from your treatment. You might also see your health care team less often and have more time on your hands. These changes can make some people anxious.

Almost everyone who has been through cancer can benefit from getting some type of support. You need people you can turn to for strength and comfort. Support can come in
many forms: family, friends, cancer support groups, religious or spiritual groups, online support communities, or one-on-one counselors. What’s best for you depends on your situation and personality. Some people feel safe in peer-support groups or education groups. Others would rather talk in an informal setting, such as church. Others may feel more at ease talking one-on-one with a trusted friend or counselor. Whatever your source of strength or comfort, make sure you have a place to go with your concerns.

The cancer journey can feel very lonely. It’s not necessary or good for you to try to deal with everything on your own. And your friends and family may feel shut out if you don’t include them. Let them in, and let in anyone else who you feel may help. If you aren’t sure who can help, call your American Cancer Society at 1-800-227-2345 and we can put you in touch with a group or resource that may work for you. You can also learn more Distress in People With Cancer or in the Coping With Cancer section of our website.

- References
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If Treatment for Penile Cancer Stops Working

If penile cancer keeps growing or comes back after one kind of treatment, it’s possible that another treatment plan might still cure the cancer, or at least keep it under control enough to help you live longer and feel better. Clinical trials also might offer chances to try newer treatments that could be helpful. But when a person has tried many different treatments and the cancer is still growing, even newer treatments might no longer be helpful. If this happens, it’s important to weigh the possible limited benefits of a new treatment against the possible downsides, including treatment side effects. Everyone has their own way of looking at this.

This is likely to be the hardest part of your battle with cancer – when you have been through many treatments and nothing’s working anymore. Your doctor might offer you
new options, but at some point you may need to consider that treatment is not likely to improve your health or change your outcome or survival.

If you want to continue to get treatment for as long as you can, you need to think about the odds of treatment having any benefit and how this compares to the possible risks and side effects. Your doctor can estimate how likely it is the cancer will respond to treatment you’re considering. For instance, the doctor may say that more treatment might have about a 1 in 100 chance of working. Some people are still tempted to try this. But it’s important to have realistic expectations if you do choose this plan.

**Palliative care**

No matter what you decide to do, it’s important that you feel as good as you can. Make sure you are asking for and getting treatment for any symptoms you might have, such as nausea or pain. This type of treatment is called [palliative care](#).

Palliative care helps relieve symptoms, but it’s not expected to cure the disease. It can be given along with cancer treatment, or can even be cancer treatment. The difference is its purpose – the main goal of palliative care is to improve the quality of your life, or help you feel as good as you can for as long as you can. Sometimes this means using drugs to help with symptoms like pain or nausea. Sometimes, though, the treatments used to control your symptoms are the same as those used to treat cancer. For instance, radiation might be used to help relieve pain caused by a large tumor. Or chemo might be used to help shrink a tumor and keep it from blocking the bowels. But this is not the same as treatment to try to cure the cancer.

**Hospice care**

At some point, you may benefit from hospice care. This is special care that treats the person rather than the disease; it focuses on quality rather than length of life. Most of the time, it is given at home. Your cancer may be causing problems that need to be managed, and hospice focuses on your comfort. You should know that while getting hospice care often means the end of treatments such as chemo and radiation, it doesn’t mean you can’t have treatment for the problems caused by your cancer or other health conditions. In hospice the focus of your care is on living life as fully as possible and feeling as well as you can at this difficult time. You can learn more in [Hospice Care](#).

Staying hopeful is important, too. Your hope for a cure may not be as bright, but there is still hope for good times with family and friends, times that are filled with happiness and meaning. Pausing at this time in your cancer treatment gives you a chance to refocus on the most important things in your life. Now is the time to do some things you’ve
always wanted to do and to stop doing the things you no longer want to do. Though the cancer may be beyond your control, there are still choices you can make.

You can learn more about the changes that occur when curative treatment stops working, and about planning ahead for yourself and your family, in Nearing the End of Life and Advance Directives.

- References
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