

Penile Cancer - Treatment Options [1]

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ON THIS PAGE: You will learn about the different ways doctors use to treat men with this type of cancer. To see other pages, use the menu on the side of your screen.

This section outlines treatments that are the standard of care (the best proven treatments available) for this specific type of cancer. When making treatment plan decisions, patients are also encouraged to consider clinical trials as an option. A clinical trial is a research study to test a new approach to treatment to evaluate whether it is safe, effective, and possibly better than the standard treatment. Clinical trials may test such approaches as a new drug, a new combination of standard treatments, or new doses of current therapies. Your doctor can help you review all treatment options. For more information, visit the [Clinical Trials](#) [3] and [Latest Research](#) [4] sections.

Treatment overview

In cancer care, different types of doctors often work together to create a patient's overall treatment plan that combines different types of treatments. This is called a [multidisciplinary team](#) [5]. For penile cancer, this team often includes a surgeon, a doctor called a urologist who specializes in urinary tract problems, a medical oncologist, and a radiation oncologist.

Descriptions of these common treatment options are listed below. Treatment options and recommendations depend on several factors, including the type and stage of cancer, possible side effects, and the patient's preferences and overall health. Your care plan may also include treatment for symptoms and side effects, an important part of cancer care. The most common treatment options for penile cancer include surgery, radiation therapy, and chemotherapy. Laser therapy is also used for some early-stage cancers.

Men with penile cancer may have concerns about if and how their treatment could affect their [sexual function and fertility](#) [6], and these topics should be discussed with their doctor before treatment begins. Sometimes, more than one treatment option is available.

Take time to learn about all of your treatment options and be sure to ask questions about things that are unclear. Also, talk about the goals of each treatment with your doctor and what you can expect while receiving the treatment. Learn more about [making treatment decisions](#) [7].

Surgery

Surgery usually involves the removal of the tumor and some of the surrounding healthy tissue, called a margin, during an operation. A surgical oncologist is a doctor who specializes in treating cancer using surgery. The surgical oncologists who treat penile cancer are usually urologists who have special training in cancer surgery. The various types of surgery are performed while a patient receives local or general anesthesia [8], depending on the patient's preference and the doctor's recommendations. Local anesthesia is injected in the area where the surgery is being done. General anesthesia makes a person unconscious and blocks any pain during surgery, leaving little or no awareness or memory of the procedure. The types of surgery that may be used for penile cancer are described below.

Mohs surgery. This technique is used to remove the cancer that can be seen on the surface of the penis, in addition to a small amount of normal tissue around the edge to make sure that no cancer is left behind. During the procedure, each small piece of tissue is examined under a microscope until all of the cancer is removed. This is most often used for small tumors that are only on the surface of the penis.

Cryosurgery. Cryosurgery, also called cryotherapy or cryoablation, uses liquid nitrogen to freeze and kill cells. The skin will later blister and peel. This procedure will sometimes leave a pale scar. More than one freezing may be needed.

Circumcision. Circumcision (see Risk Factors [9]) is generally used if the cancer is only on the foreskin.

Penectomy. The surgical removal of part or all of the penis is the most common and effective procedure to treat penile cancer that has grown inside of the penis. A partial penectomy is usually performed when the cancerous tissue and a 2 cm margin of healthy tissue can be removed while leaving enough length of the penis for the patient to urinate naturally. When this is not possible, a total penectomy is performed, which is the removal of the entire penis. The surgeon will tunnel the urinary tract underneath the scrotum, requiring the patient to urinate in a sitting position.

Lymph node dissection. Removal of the lymph nodes in the groin and/or pelvis is often performed to find out the stage (see Diagnosis [10]) or to treat penile cancer. Removing the lymph nodes when the cancer has spread to the lymph nodes but not anywhere else can get rid of the cancer. However, when the lymph nodes in both the groin and the pelvis are removed on the same side of the body, there is often severe swelling called lymphedema [11] in the leg on that side of the body. This can cause discomfort and infections that often come back. When making such a treatment decision, you and your doctor should carefully weigh the benefits of removing any cancer that may have spread to lymph nodes with the risk of side effects from the surgery.

Overall, the possible side effects of surgery depend on the stage of disease and the type of procedure, among other factors. Talk with your surgeon beforehand about the possible side effects and your recovery period.

Learn more about [cancer surgery](#) [12].

Laser therapy

Laser therapy is the use of a very powerful beam of light to kill cancer cells. Laser therapy may be an option for some men with early-stage penile cancer, specifically men with Tis and small T1 squamous cell carcinoma of the penis, and for men with small T2 tumors who do not wish to have surgery (see [Stages](#) [13] section for more information). A disadvantage of laser therapy is that it can be difficult for the doctor to determine how far the cancer has spread.

Radiation therapy

Radiation therapy is the use of high-energy x-rays or other particles to destroy cancer cells. A doctor who specializes in giving radiation therapy to treat cancer is called a radiation oncologist. The most common type of radiation treatment is called external-beam radiation therapy, which is radiation given from a machine outside the body. When radiation treatment is given using implants, it is called internal radiation therapy or brachytherapy. A radiation therapy regimen, or schedule, usually consists of a specific number of treatments given over a set period of time. For penile cancer, radiation therapy can be focused on the tumor in the penis and/or directed at the lymph nodes in the groin and sometimes the pelvis to kill any cancer cells that have spread there.

Side effects from radiation therapy may include fatigue, mild skin reactions, upset stomach, and loose bowel movements. In addition, radiation therapy can increase the risk of developing other cancers in the future. If radiation therapy is focused on the groin, there is a risk of [lymphedema](#) [11] in the leg(s) because of damage to the lymphatic channels that drain fluid from the legs. Most side effects go away soon after treatment is finished, although lymphedema can be an ongoing condition.

Learn more about [radiation therapy](#) [14].

Chemotherapy

Chemotherapy is the use of drugs to destroy cancer cells, usually by stopping the cancer cells' ability to grow and divide. Chemotherapy is given by a medical oncologist, a doctor who specializes in treating cancer with medication.

Systemic chemotherapy is delivered through the bloodstream to reach cancer cells throughout the body. Common ways to give chemotherapy include an intravenous (IV) tube placed into a vein using a needle or in a pill or capsule that is swallowed (orally). Chemotherapy can also be given as a cream that is placed directly on the skin. A patient may receive one drug at a time or combinations of different drugs at the same time. A chemotherapy regimen, or schedule, usually consists of a specific number of cycles of treatment given over a set period of time. For example, a treatment cycle may last three weeks and the treatment plan may be made up of four cycles, which is 12 weeks (four 3-week cycles) from the beginning to the end of the treatment plan.

Chemotherapy may be given before surgery when the doctor is concerned that the tumor in the penis may be too large to be completely removed with surgery or has spread to the regional

lymph nodes. Then, chemotherapy may be used to shrink a tumor so it can be completely removed. Penile cancer that cannot be removed with surgery is sometimes treated with a combination of chemotherapy and radiation therapy. If the cancer has not spread beyond the pelvis, chemotherapy and/or radiation therapy may be given to destroy enough of the cancer to make surgery possible. Chemotherapy is also used for penile cancer that has spread to other parts of the body (see Metastatic penile cancer, below).

Common drugs for penile cancer include:

- Bleomycin (Blenoxane)
- Cisplatin (Platinol)
- Docetaxel (Docefrez, Taxotere)
- Gemcitabine (Gemzar)
- Ifosfamide (Ifex)
- Methotrexate (multiple brand names)
- Paclitaxel (Abraxane, Taxol)

It should be noted that not all of these drugs are readily available for people with penile cancer, and they may only be available as part of a [clinical trial](#) [3]. Because penile cancer is uncommon, there is not as much published information on chemotherapy for penile cancer as for many other cancers. There is no clear evidence that chemotherapy for penile cancer helps men live longer or improves their quality of life. Therefore, the decision to use chemotherapy for penile cancer is not simple. When chemotherapy is used, there is general agreement among cancer specialists that drug combinations that include cisplatin and involve two or three drugs work better than a single drug, but this has not been proven in clinical trials.

The side effects of chemotherapy depend on the individual and the dose used, but they can include fatigue, risk of infection, nausea and vomiting, mouth sores, hair loss, loss of appetite, and diarrhea. These side effects usually go away once treatment is finished. Chemotherapy may also increase the risk of cardiovascular disease and of other cancers in the future.

Learn more about [chemotherapy](#) [15] and [preparing for treatment](#) [16]. The medications used to treat cancer are continually being evaluated. Talking with your doctor is often the best way to learn about the medications prescribed for you, their purpose, and their potential side effects or interactions with other medications. Learn more about your prescriptions by using [searchable drug databases](#) [17].

Getting care for symptoms and side effects

Cancer and its treatment often cause side effects. In addition to treatment to slow, stop, or eliminate the cancer, an important part of cancer care is relieving a person's symptoms and side effects. This approach is called palliative or supportive care, and it includes supporting the patient with his or her physical, emotional, and social needs.

Palliative care can help a person at any stage of illness. People often receive treatment for the cancer and treatment to ease side effects at the same time. In fact, patients who receive both often have less severe symptoms, better quality of life, and report they are more satisfied with treatment.

Palliative treatments vary widely and often include medication, nutritional changes, relaxation techniques, and other therapies. You may also receive palliative treatments similar to those meant to eliminate the cancer, such as surgery, radiation therapy, and chemotherapy. Talk with your doctor about the goals of each treatment in your treatment plan.

Before treatment begins, talk with your health care team about the possible side effects of your specific treatment plan and supportive care options. And during and after treatment, be sure to tell your doctor or another health care team member if you are experiencing a problem so it is addressed as quickly as possible. Learn more about [palliative care](#) [18].

Metastatic penile cancer

If cancer has spread to another location in the body, it is called metastatic cancer. Metastatic penile cancer is generally incurable, but there are treatments that can help relieve symptoms to make a man more comfortable and lengthen his life. Men with this diagnosis are encouraged to talk with doctors who are experienced in treating this stage of cancer, because there can be different opinions about the best treatment plan. Learn more about seeking a [second opinion](#) [19] before starting treatment, so you are comfortable with the treatment plan chosen. This discussion may include [clinical trials](#) [3].

Your health care team may recommend a treatment plan that includes a combination of the treatments discussed above. Chemotherapy for penile cancer that has spread to other parts of the body is used to shrink the cancer and prevent it from growing or spreading for as long as possible. Supportive care will also be important to help relieve symptoms and side effects.

For most men, a diagnosis of metastatic cancer is very stressful and, at times, difficult to bear. Patients and their families are encouraged to talk about the way they are feeling with doctors, nurses, social workers, or other members of the health care team. It may also be helpful to talk with other patients, including through a support group.

Remission and the chance of recurrence

A remission is when cancer cannot be detected in the body and there are no symptoms. This may also be called "no evidence of disease" or NED.

A remission can be temporary or permanent. This uncertainty leads to many survivors feeling worried or anxious that the cancer will come back. While many remissions are permanent, it's important to talk with your doctor about the possibility of the cancer returning. Understanding the risk of recurrence and the treatment options may help you feel more prepared if the cancer does return. Learn more about [coping with the fear of recurrence](#) [20].

If the cancer does return after the original treatment, it is called recurrent cancer. It may come

back in the same place, called a local recurrence, nearby, called a regional recurrence, or in another place, called a distant recurrence. The risk of recurrence depends on several factors, including the type of penile cancer and how much the cancer has grown and spread.

When this occurs, a cycle of testing will begin again to learn as much as possible about the recurrence, including whether the cancer's stage and grade have changed. After testing is done, you and your doctor will talk about your treatment options. Often the treatment plan will include the therapies described above such as surgery, radiation therapy, and chemotherapy, but they may be used in a different combination or given at a different pace. Your doctor may also suggest clinical trials that are studying new ways to treat this type of recurrent cancer.

People with recurrent cancer often experience emotions such as despair, disbelief or fear. Patients are encouraged to talk with their health care team about these feelings and ask about support services to help them cope. Learn more about [dealing with cancer recurrence](#) [21].

If treatment fails

Recovery from cancer is not always possible. If the cancer is metastatic or if treatment is not successful, the disease may be called advanced or terminal cancer.

This diagnosis is stressful, and this is difficult to discuss for most people. It is important to have open and honest conversations with your doctor and health care team to express your feelings, preferences, and concerns so that they can provide care that is consistent with your wishes. The health care team is there to help, and many team members have special skills, experience, and knowledge to support patients and their families. Making sure a person is physically comfortable and free from pain is extremely important.

Patients who have advanced cancer and who are expected to live less than six months may want to consider hospice care. Hospice care is designed to provide the best possible quality of life for people who are near the end of life by addressing both physical discomfort and emotional distress. You and your family are encouraged to think about where you would be most comfortable: at home, in the hospital, or in a hospice environment. Nursing care and special equipment can make staying at home a workable alternative for many families. Learn more about [advanced cancer care planning](#) [22].

After the death of a loved one, many people need support to help them cope with the loss. Learn more about [grief and loss](#) [23].

The next section helps explain clinical trials, which are research studies. Use the menu on the side of your screen to select About Clinical Trials, or you can select another section, to continue reading this guide.

Links:

[1] <http://www.cancer.net/cancer-types/penile-cancer/treatment-options>

[2] <http://www.cancer.net/about-us>

[3] <http://www.cancer.net/node/19529>

[4] <http://www.cancer.net/node/19532>

[5] <http://www.cancer.net/node/25356>

- [6] <http://www.cancer.net/node/25240>
- [7] <http://www.cancer.net/node/24582>
- [8] <http://www.cancer.net/node/24375>
- [9] <http://www.cancer.net/node/19524>
- [10] <http://www.cancer.net/node/19526>
- [11] <http://www.cancer.net/node/25250>
- [12] <http://www.cancer.net/node/24720>
- [13] <http://www.cancer.net/node/19527>
- [14] <http://www.cancer.net/node/24728>
- [15] <http://www.cancer.net/node/24723>
- [16] <http://www.cancer.net/node/24473>
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- [18] <http://www.cancer.net/node/25282>
- [19] <http://www.cancer.net/node/25355>
- [20] <http://www.cancer.net/node/25241>
- [21] <http://www.cancer.net/node/25042>
- [22] <http://www.cancer.net/node/25113>
- [23] <http://www.cancer.net/node/25111>