

# Peniscarcinoom

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verpleegkundig specialist



# Disclosure

(potentiële) belangenverstremgeling	Zie hieronder
Voor bijeenkomst mogelijk relevante relaties met bedrijven	Bedrijfsnamen
<ul style="list-style-type: none"><li>• Sponsoring of onderzoeksgeld</li><li>• Honorarium of andere (financiële) vergoeding</li><li>• Aandeelhouder</li><li>• Andere relatie, namelijk ...</li></ul>	<ul style="list-style-type: none"><li>•</li><li>• Recordati, Ipsen</li><li>•</li><li>•</li></ul>

# PENIS CARCINOOM

# EAU-ASCO Collaborative Guidelines on Penile Cancer

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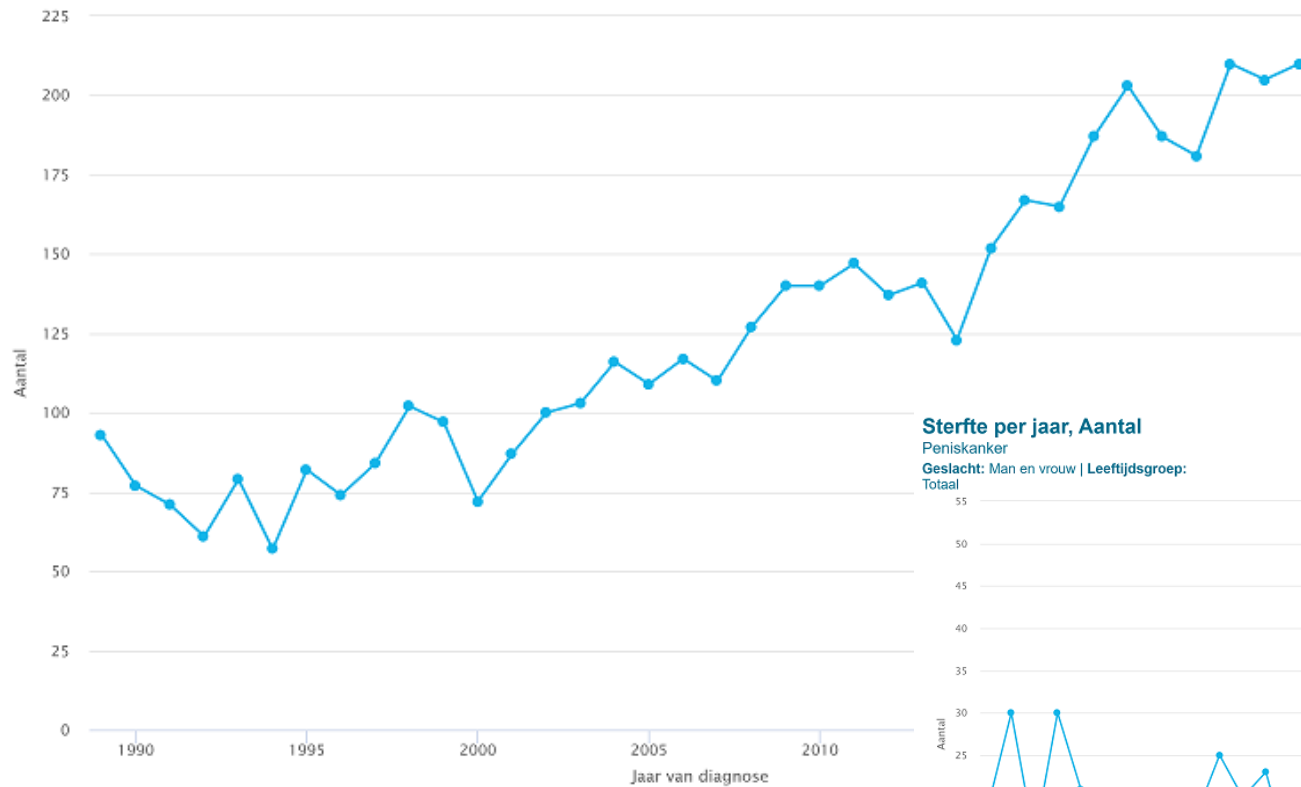
# Incidentie en sterfte

## Incidentie per jaar, Aantal

Peniskanker

Geslacht: Man en vrouw | Leeftijdsgroep: Totaal | Regio: Nederland | Stadium:

Totaal



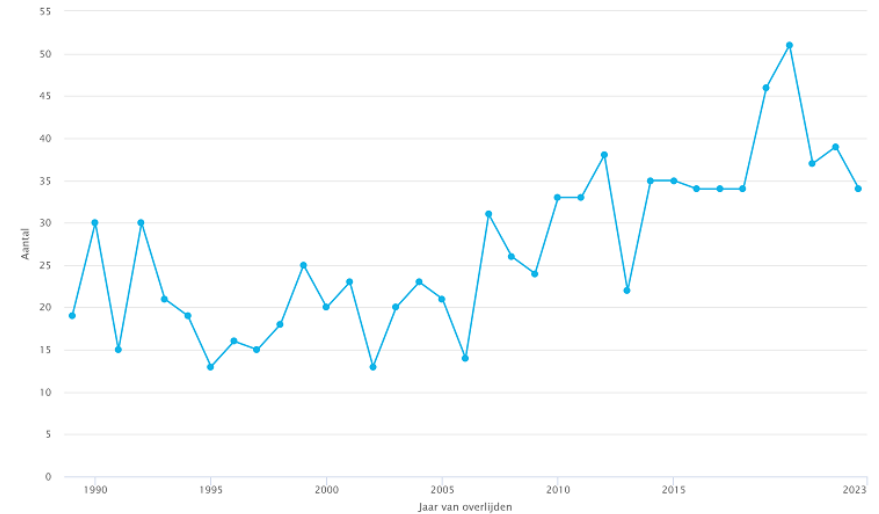
2024, 2023: Deze cijfers betreffen voorlopige gegevens.

## Sterfte per jaar, Aantal

Peniskanker

Geslacht: Man en vrouw | Leeftijdsgroep:

Totaal



# Etiologie peniscarcinoom

In de regel ontstaat het peniscarcinoom op de eikel en/of onder de voorhuid

# Etiologie

- HPV (HPV-16): *circa 30-50% vd invasieve peniscarcinomen is HPV gerelateerd*
- Phimosi: 25-75% hebben phimosi (OR 11-16 vs. geen phimosi)
- Slechte hygiëne (laag economische status)
- Chronische inflammatie (*45% in PeCa pt vs. 8% control*)
- Lichen Sclerosus
- Ultraviolet A phototherapie
- Roken (*5x meer risico vs. niet rokers*)
- Promiscuïteit / multiple partners
- Immuuncompromitteerden

“HPV is de prijs die we betalen voor seksuele contacten”

“laagrisico” HPV → goedaardige wratten, condylomen  
“hoogrisico” HPV 16-18 → kanker





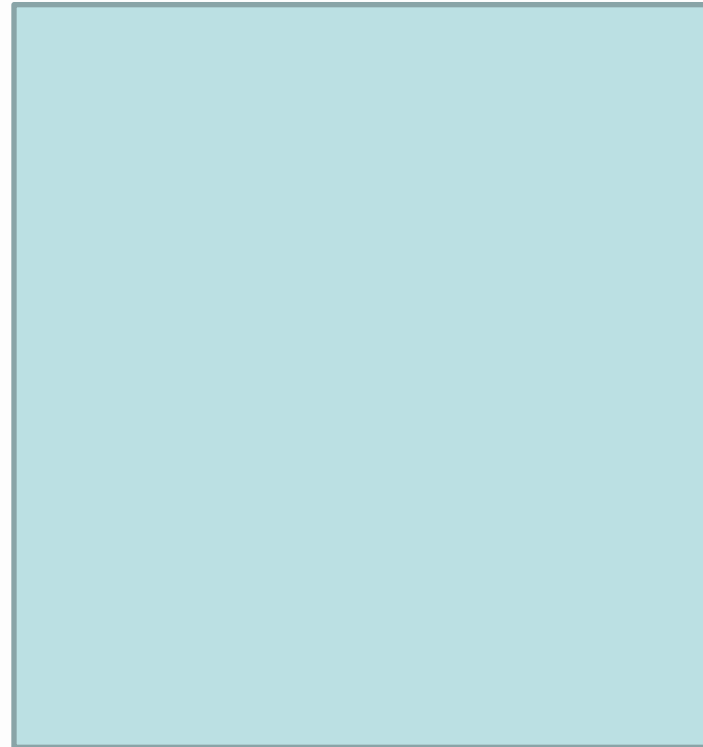
[Laat peniskanker geen rol meer spelen](#)

# Behandeling peniscarcinoom

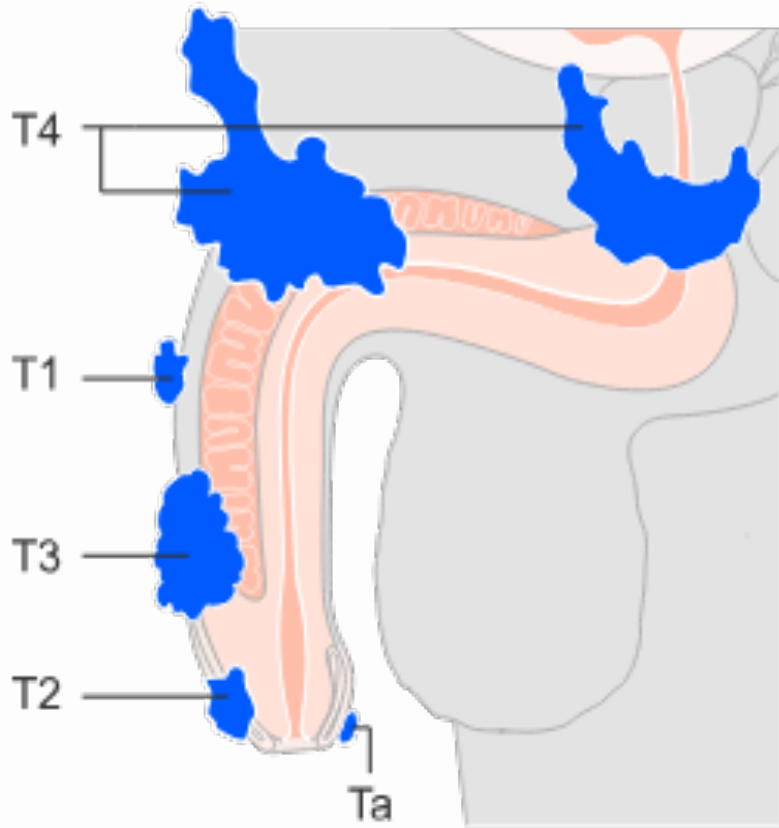
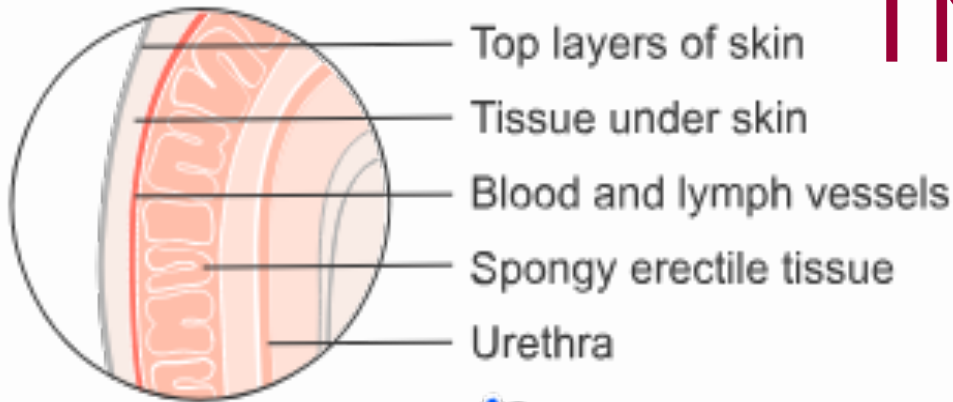
1. Adequate lokale (bij voorkeur penissparende) behandeling
  - Evolutie van penisamputaties naar penissparende modaliteiten
2. Vroege detectie en behandeling van kliermetastasen
  - Voorkomen van uitgroeien van kleine kliermetastasen naar grotere

# Presentatie

- Glans 48%
  - Preputium 21%
  - Glans + preputium 9%
  - Corona 6%
  - Schacht <2%
- 
- **25-50% >1 jaar patient delay**

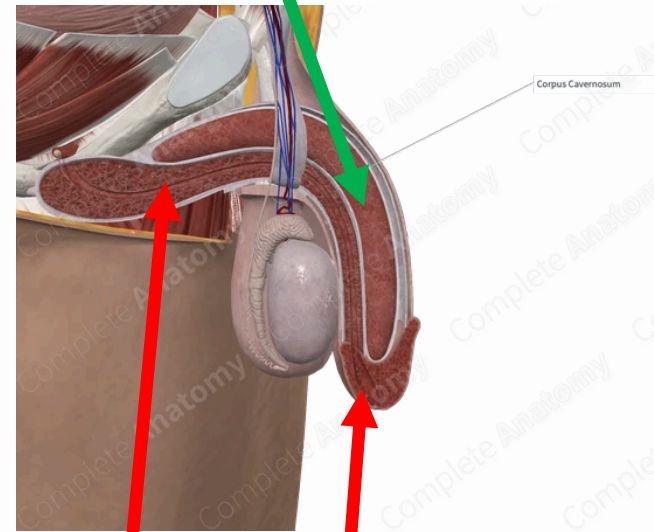


# TNM



Cancer Research UK

Corpus Cavernosum



Corpus Spongiosum

**Table 4.1: UICC/AJCC 8th and 9th editions TNM clinical and pathological classification of penile cancer [96, 106]**

*\*Including verrucous carcinoma.*

T – Primary tumour	
TX	Primary tumour cannot be assessed
T0	No evidence of primary tumour
Tis	Carcinoma <i>in situ</i> (penile intraepithelial neoplasia – PeIN)
Ta	Non-invasive verrucous carcinoma*
T1	Tumour invades subepithelial connective tissue
	T1a Tumour invades subepithelial connective tissue without lymphovascular invasion or perineural invasion and is not poorly differentiated
	T1b Tumour invades subepithelial connective tissue with lymphovascular invasion or perineural invasion or is poorly differentiated
T2	Tumour invades corpus spongiosum with or without invasion of the urethra
T3	Tumour invades corpus cavernosum with or without invasion of the urethra
T4	Tumour invades other adjacent structures

# NM G

## N – Regional lymph nodes

cNX	Regional lymph nodes cannot be assessed
cN0	No palpable or visibly enlarged inguinal lymph nodes
cN1	Palpable mobile unilateral inguinal lymph node
cN2	Palpable mobile multiple or bilateral inguinal lymph nodes
cN3	Fixed inguinal nodal mass or pelvic lymphadenopathy, unilateral or bilateral

## M – Distant metastasis

cM0	No distant metastasis
cM1	Distant metastasis

## G – Histopathological grading

GX	Grade of differentiation cannot be assessed
G1	Well differentiated
G2	Moderately differentiated
G3	Poorly differentiated
G4	Undifferentiated

# pN1-2-3

- pN1 Pathologische klier unilateraal
- pN2 Meer dan 2 unilateraal of bilateraal
- pN3 Bekken klieren unilateraal of bilateraal of extra nodale extentie (ENE) regionale klieren

Belangrijk voor vervolgbehandeling en OS

# Diagnostiek primaire tumor: *Lichamelijk Onderzoek / Biopt*

Recommendations	Strength rating
<b>Primary tumour</b>	
Perform a detailed physical examination of the penis and external genitalia, recording morphology, size and location of the penile lesion, including extent and invasion of penile	Strong
Obtain a pre-treatment biopsy of the primary lesion when malignancy is not clinically obvious, or when non-surgical treatment of the primary lesion is planned (e.g., topical agents, laser, radiotherapy).	Strong

## Advies AVL:

- Lichamelijk onderzoek: cT, cN status

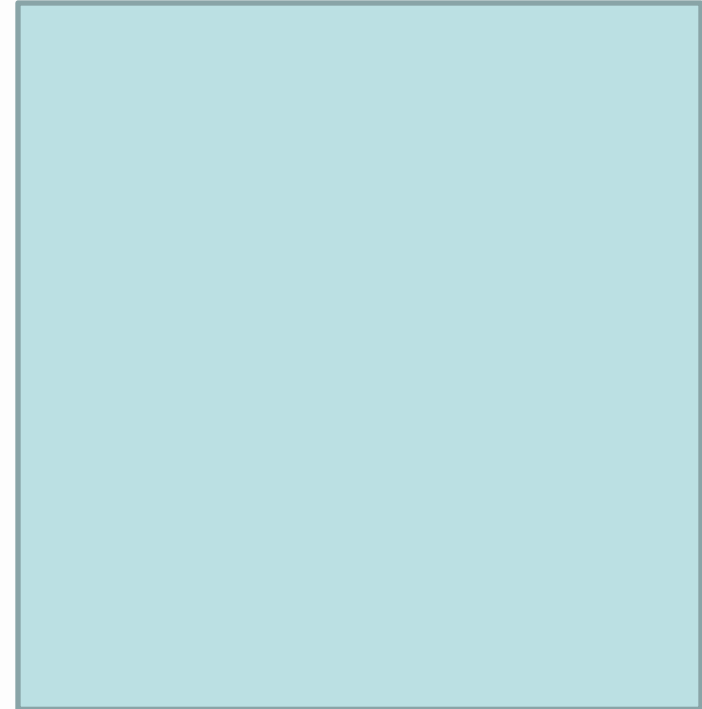
## Biopt:

- Bij twijfel aan diagnose (stans 3mm)
- Om PeIN te bevestigen voor start topicale/laser therapie
- NB: Bij PA aanvraag: subtype, gradering, LVI, PNI, HPV

# Behandeling primaire tumor: *PeIN*

## Topicale therapie (creme):

- Imiquimod / Efudix 5-FU
- In combinatie met circumcisie beter (CR tot 73%)
- voordeel: zelf aan te brengen, mogelijk lang effect
- nadeel: 12wk, 3x oer week in de nacht, recidiefkans, irritatie/blaren
- Vaseline smeren



# Guideline update: PeIN Treatment

- First line: Topical treatment (after circumcision)
  - **Imiquimod (Aldara): activation of immune cells via toll-like receptor 7**
    - *3 times per week for 12 weeks*
  - **5-fluorouracil (Efudix): inhibition of thymidylate synthase**
    - *12-hours every 48 hours during a 4 to 6 week treatment course*

# Lokale behandeling = chirurgie

- Afhankelijk van de grootte van de tumor en de locatie op de penis
  - Belangrijk: behoud van (staande) mictie en continentie
1. Penissparend: bv. laserbehandeling, circumcisie, lokale tumor verwijdering
  2. Partiële amputatie
  3. Totale amputatie

# Penissparende behandeling



# Penissparende behandeling



# Glans penis verwijdering met huidtransplantaat



# Partiële penisamputatie



# Totale penisamputatie



# “Patient delay” en QoL na penisbehandeling

- Weinig over bekend
- in recente retrospectieve studie (46 pt):
- 98% kon eerste symptomen herinneren
- 37% vertraging > 6mnd met 1<sup>e</sup> artscontact  
→ m.n. alleenstaanden
- “Logische verklaringen” voor delay lijken onbekendheid met ziekte, angst en schaamte  
→ Reden tot onderzoek

# Kwaliteit van leven

- Verandering in gevoel man te zijn
- Verdere weinig verandering in zelfbewustzijn, sexualiteit en sociale structuur

Although partial penectomy and lymphadenectomy were significantly associated with more postoperative pain, no differences were observed in other HRQoL domains. Sexual function was severely affected in patients treated with partial penectomy.

(Weinig studies  
kleine groepen  
kwalitatief)

(Sosnowski R, 2018 Sex Health.)

(Suarez-Ibarrola R et al (2018) Health-Related Quality of Life and Sexual Function in Patients Treated for Penile Cancer. Urol Int.)

# Kwaliteit van leven

- Impact op functie mbt urineren
- Seksueel dysfunctioneren
- Impact op mannelijkheid



(Paterson C., 2020, What are the unmet supportive care needs of men affected by penile cancer? A systematic review of the empirical evidence, EJON)

## **Improving Quality of Life and Psychosocial Health for Penile Cancer Survivors: A Narrative Review**

[Von Marie Torres Irizarry](#)<sup>1</sup>, [Irasema Concepcion Paster](#)<sup>2,\*</sup>, [Vanessa Ogbuji](#)<sup>2</sup>, [D'Andre Marquez Gomez](#)<sup>2</sup>, [Kyle McCormick](#)<sup>2</sup>, [Juan Chipollini](#)<sup>2</sup>

Disease's psychological impact is multifaceted:

1. distress of the diagnosis itself,
2. the consequences of various treatments,
3. fear of potential disease progression/recurrence.

Timely diagnosis and access to treatment are crucial for addressing the disease effectively.

- Importance of organ-sparing treatments in mitigating negative impact on patients' QoL and sexual function.
- Maintaining the integrity of the external genitals in sexual identity.

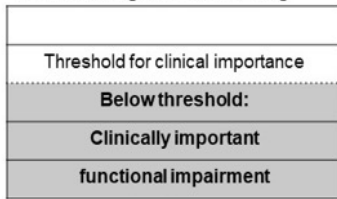
Patients' voices, as expressed in surveys and support groups, highlight the importance of addressing their concerns in the provision of care.

Table 1.1: Unmet needs of penile cancer patients

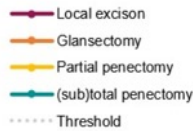
Emotional needs	Relationship needs	Medical needs
Loss of masculinity	Impact on relationship with partner	Lack of advice on how to cope
Shock/disbelief	Sexual	Lymphoedema
Depression/sadness	Performance anxiety/cannot satisfy partner	Lack of information on what to expect after surgery
Fear	Concerns on how to tell family	Sit down to urinate/cleanliness of toilets
Anxiety	Relationships damaged or lost	Lack of rehabilitation/supportive care
Embarrassment/stigma	Avoiding meeting friends/new relationships	Missed/incorrect diagnosis

(Paterson C., 2020, What are the unmet supportive care needs of men affected by penile cancer? A systematic review of the empirical evidence, EJON)

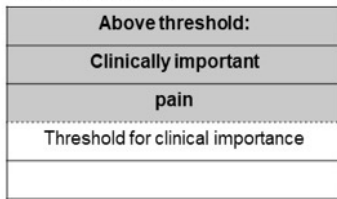
**A Chart area legend- functioning**



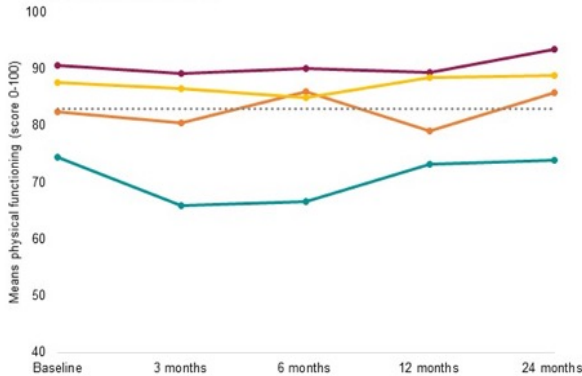
**Group legend**



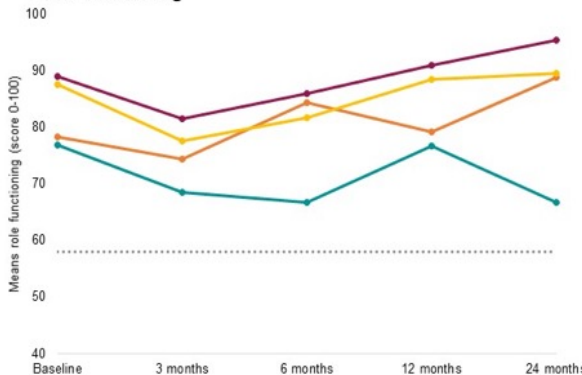
**Chart area legend - pain**



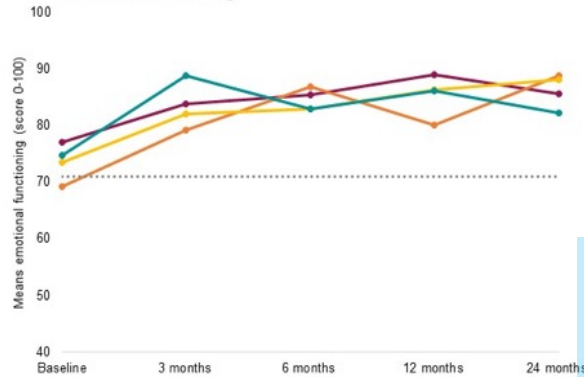
**Physical functioning**



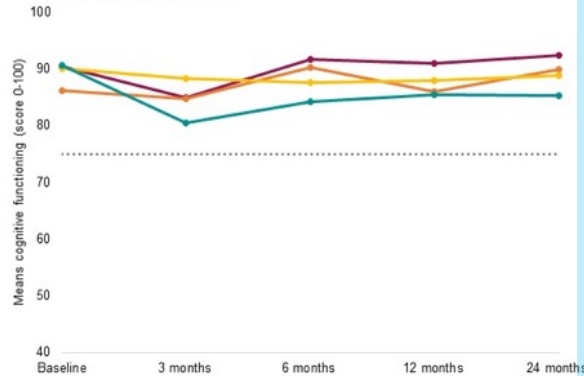
**Role functioning**



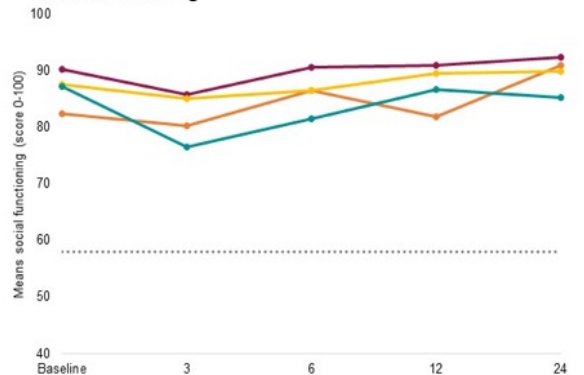
**Emotional functioning**



**Cognitive functioning**

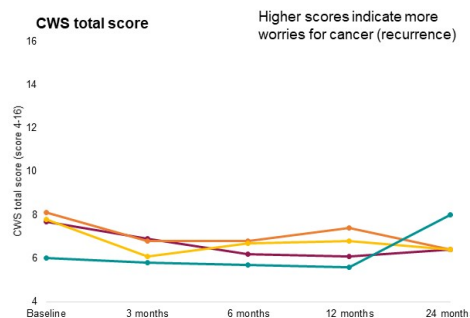
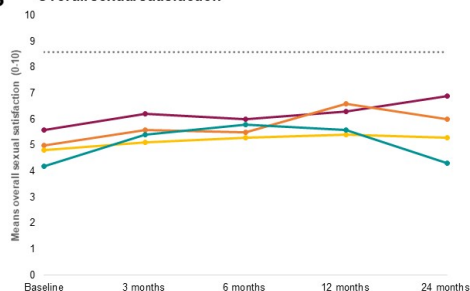


**Social functioning**



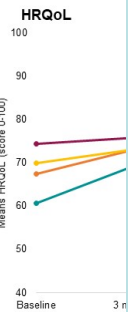
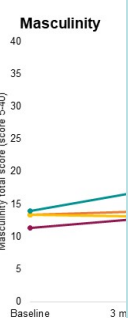
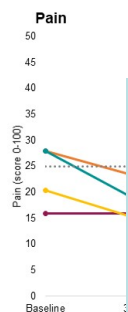
-Lokale excisie  
**WLE**  
 -Glansectomie  
 -Partiele  
 amputatie  
 -(Sub)Totale  
 amputatie

## B Overall sexual satisfaction



## C Number of patients with completed questionnaire by time point

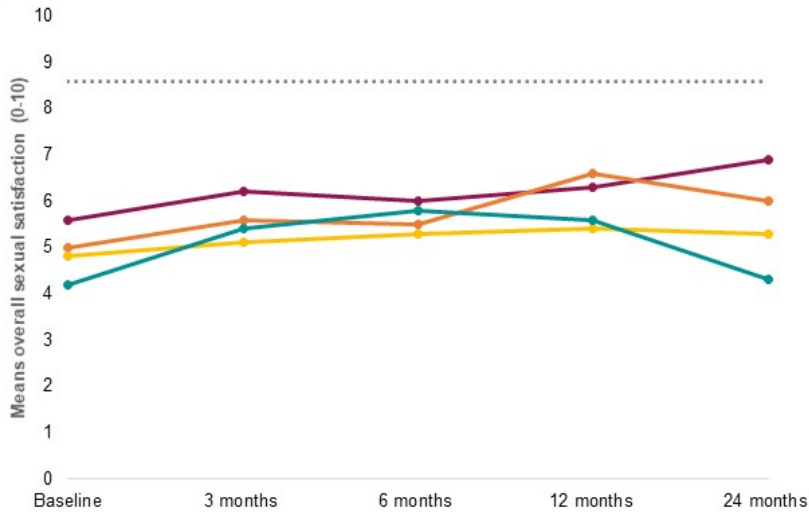
	Baseline N = 242	3 months N = 174	6 months N = 206	12 months N = 161	24 months N = 93
<b>EORTC QLQ C30</b>					
• Physical	240	169	201	155	88
• Role	241	172	201	158	91
• Emotional	241	173	205	158	89
• Cognitive	237	173	205	157	90
• Social	241	172	205	157	90
• Pain	240	173	206	157	91
<b>IIIEF-15</b>					
• Overall satisfaction	183	120	151	110	70
<b>MSES</b>	232	169	189	148	86
<b>CWS</b>	230	171	193	151	84



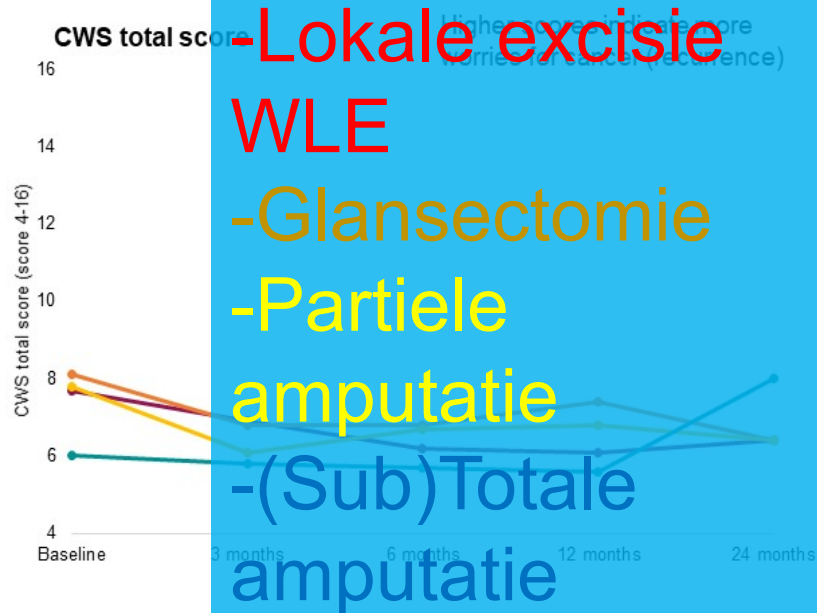
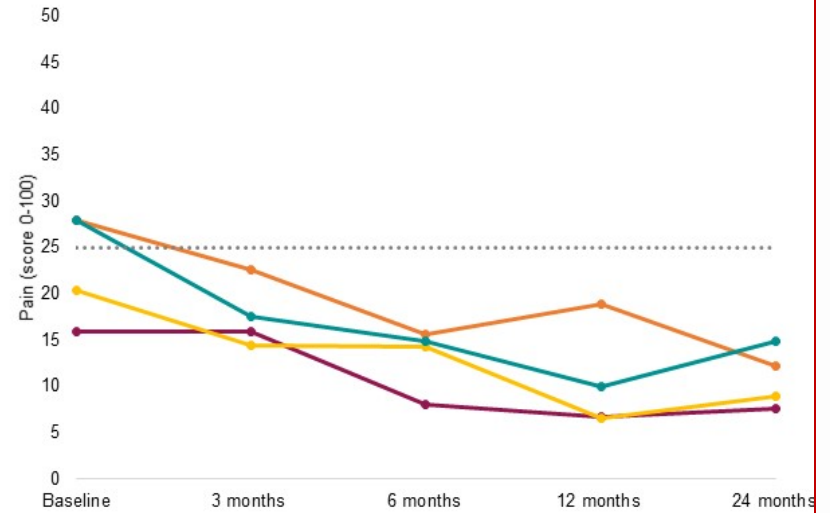
## Conclusion

- The study showed, against expectations, an improvement in HRQoL after surgical treatment for PeCa, especially after organ-sparing procedures such as glansectomy.
- It is important to consider sexual satisfaction, self-esteem and concerns about cancer in perioperative care, as they affect QOL.

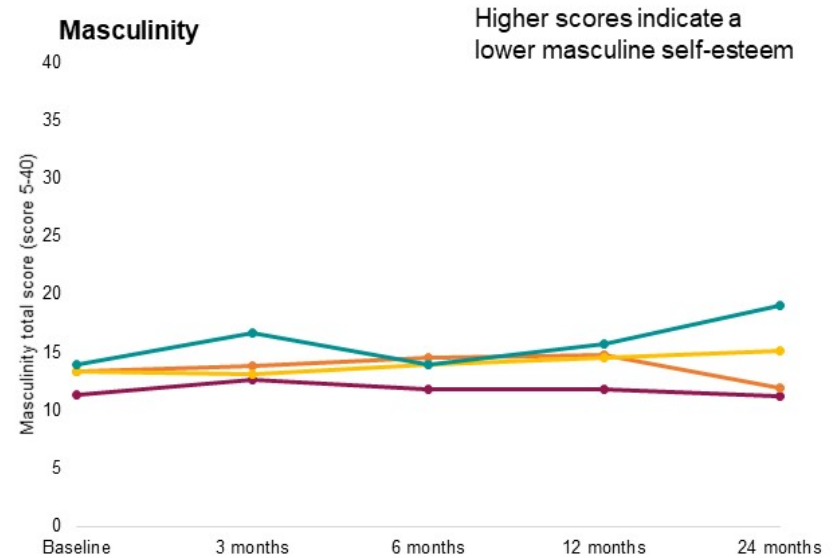
## B Overall sexual satisfaction



## Pain



## Masculinity



## C Number of patients with completed questionnaire by time point

Baseline 3 months 6 months 12 months 24 months

## HRQoL

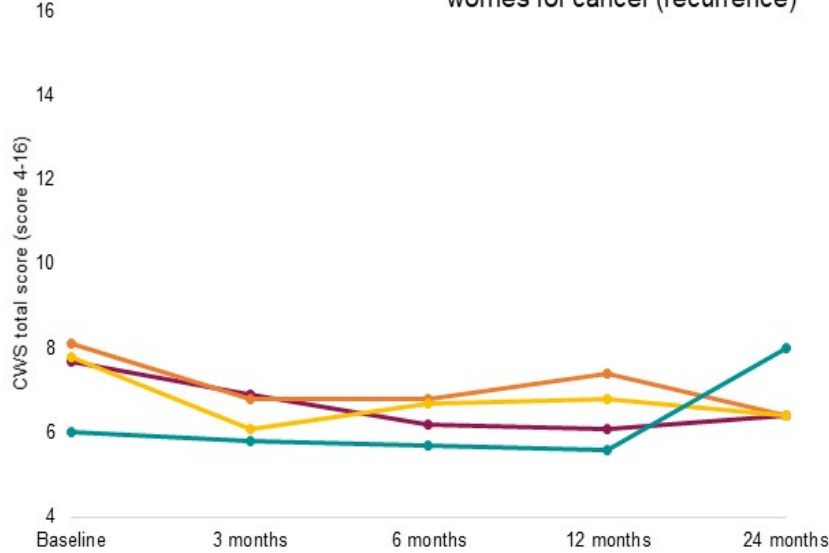
100

Higher scores indicate a better HRQoL



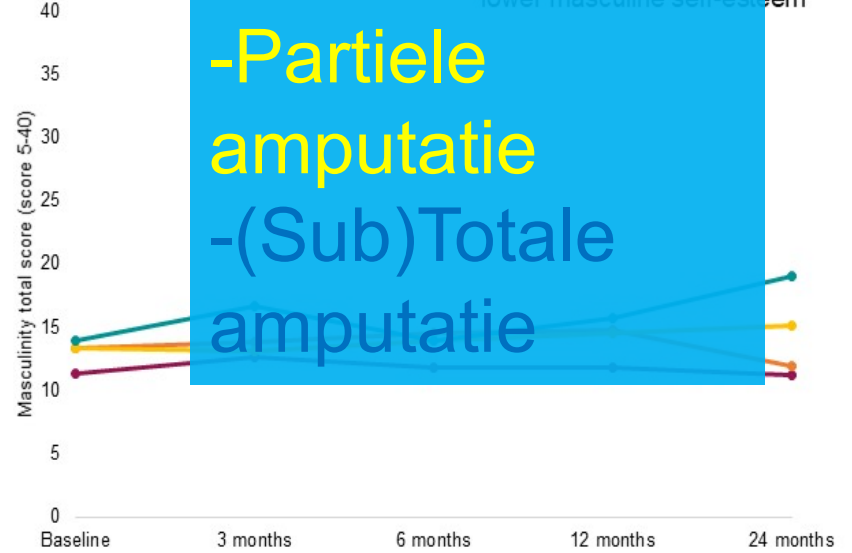
**CWS total score**

Higher scores indicate more worries for cancer (recurrence)



**Masculinity**

Higher scores indicate a lower masculine self-esteem

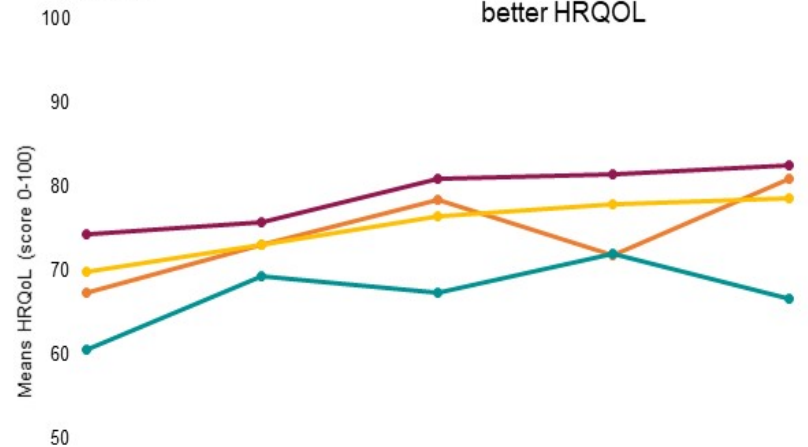


-Lokale excisie  
WLE  
-Glansectomie  
-Partiele amputatie  
-(Sub)Totale amputatie

**C** Number of patients with completed questionnaire by time point

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**HRQoL** Higher scores indicate a better HRQoL



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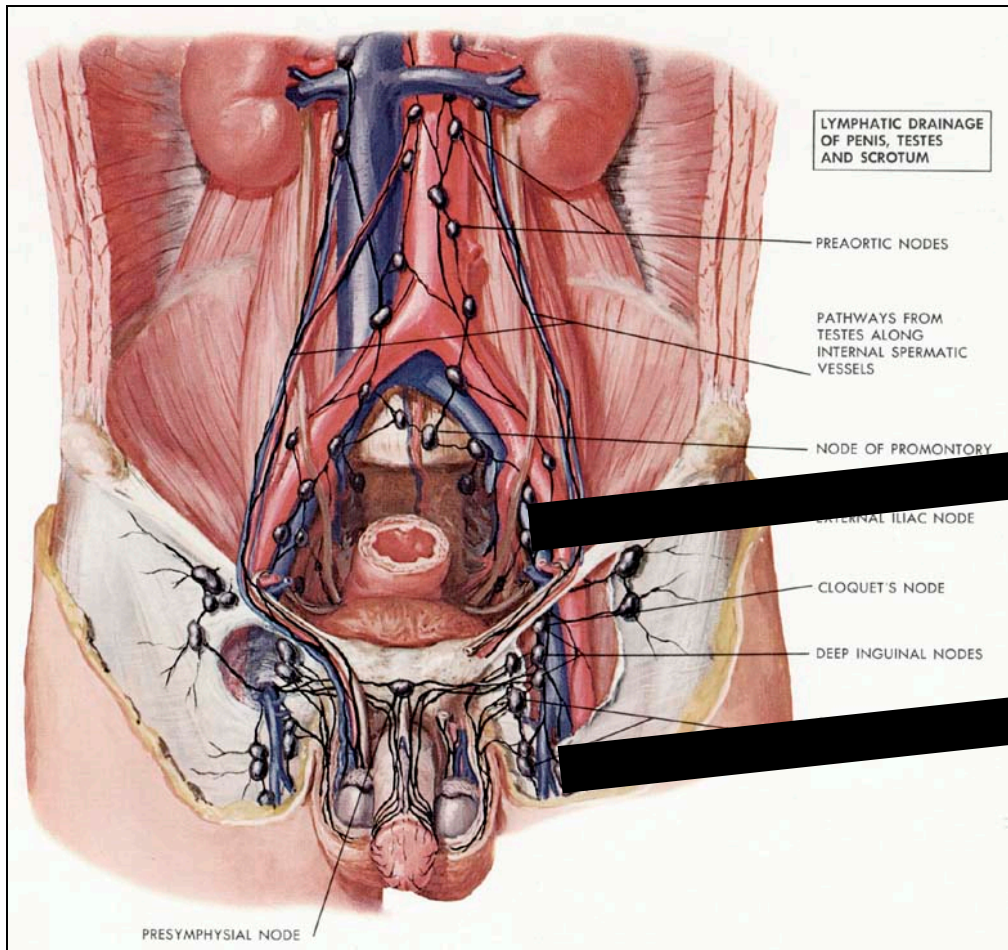
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# Behandeling lymfeklieren



2<sup>e</sup> drainerende klieren

1<sup>e</sup> drainerende klieren

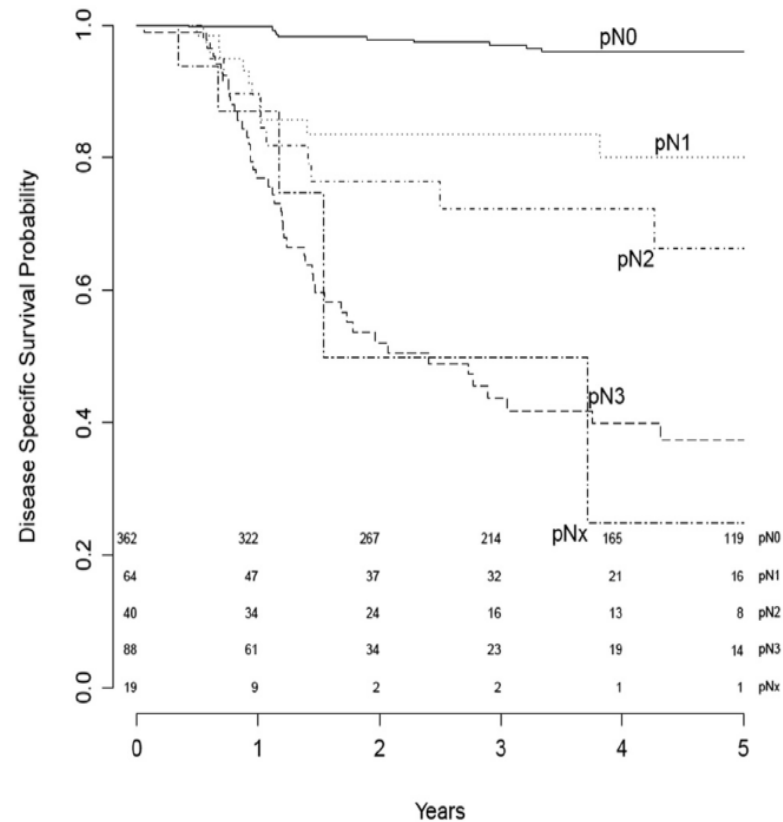
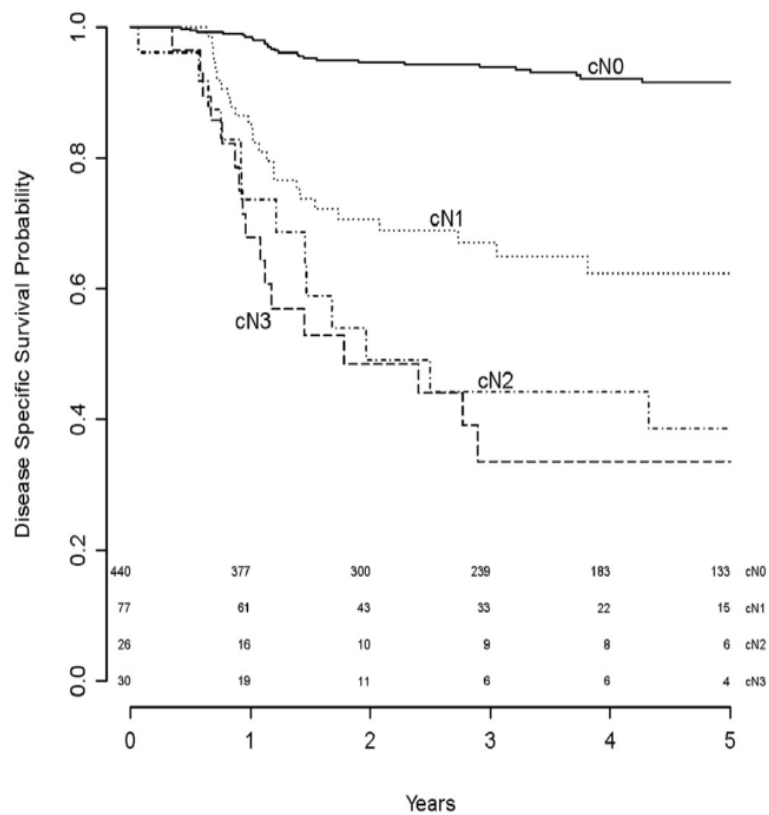
# Behandeling lymfeklieren

2 mogelijkheden:

1. Geen lymfeklieren palpabel (cN0)  
→ ca. 20% heeft kliermetastasen
2. Palpabele lymfeklieren (cN+)  
→ ca 50-70% heeft kliermetastasen

→ Verschil in beleid cN0 en cN+ patiënt

# Overleving: N-status is belangrijkste prognostische factor



## Overleving: TNM

Stage	5yr Survival
Localized (T1, T2, N0 M0)	81% - >90%
Lymph node metastases (N1 / N2 / N3)	75% / 60% / 35%
Recurrent lymph node metastases	16%
Distant metastases (M1)	0% - 11%

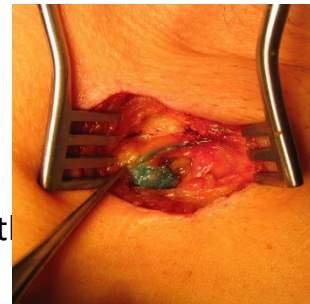
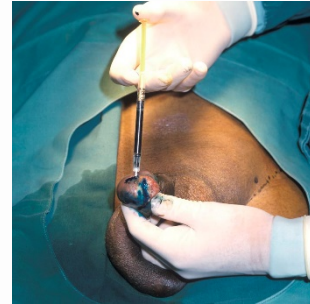
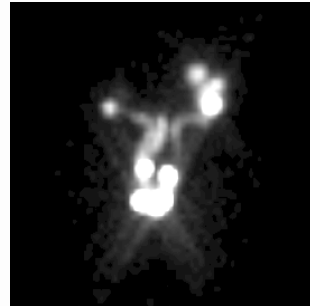
### Take home:

- N-status belangrijkste prognostische factor
- Recidieven doen het slechter (vooral N-recurrence)
- M1 = infauste prognose
- Vroege diagnose van klieren dus van cruciaal belang
- Meer onderzoek nodig voor advanced stages

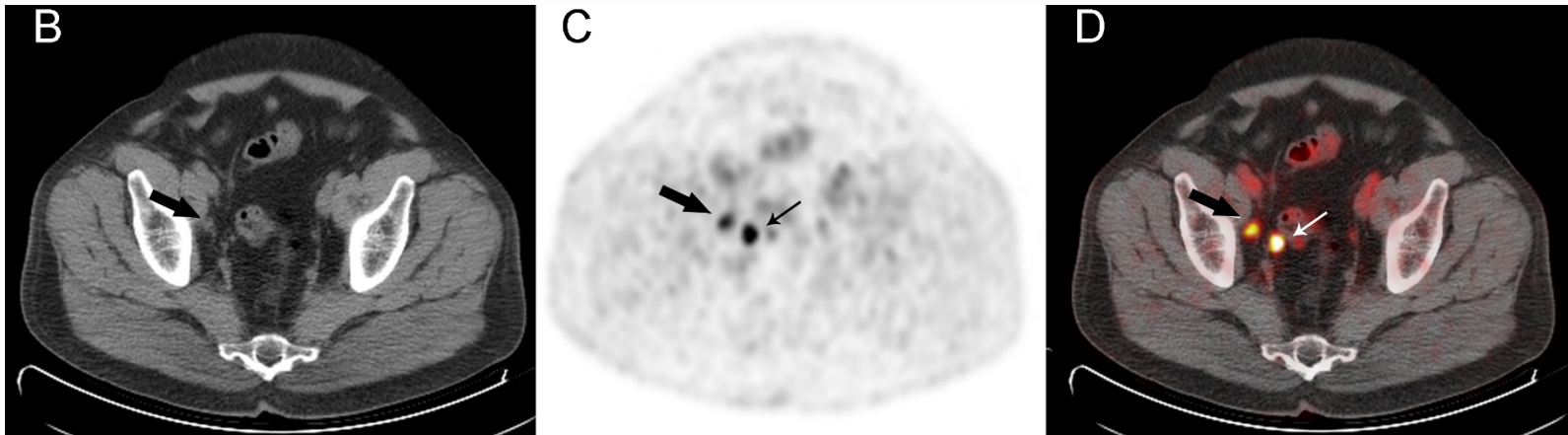
*Reden voor centralisatie*

# Dynamic sentinel node biopsy

1. Preoperatief lymphoscintigrafie met een radioactieve marker ( $^{99m}\text{Tc}$ -nanocolloid)
2. Kort voor de operatie: injectie van blauwe stof
3. Operatie: ~ 4 cm. incisie in de lies  
De sentinelnode wordt gevonden mbv de gamma-probe en blauwe speurstof
4. Histologisch onderzoek wordt gedaan met serie snijden en immunohistochemische kleuringen
5. Liesklierdissectie indien SN tumor-positief



# Voorbeeld 1: PET-CT in cN+ patiënt



FDG opnemende klieren rechter bekken verdacht voor lymfeklier metastasen

# Behandeling lymfeklieren

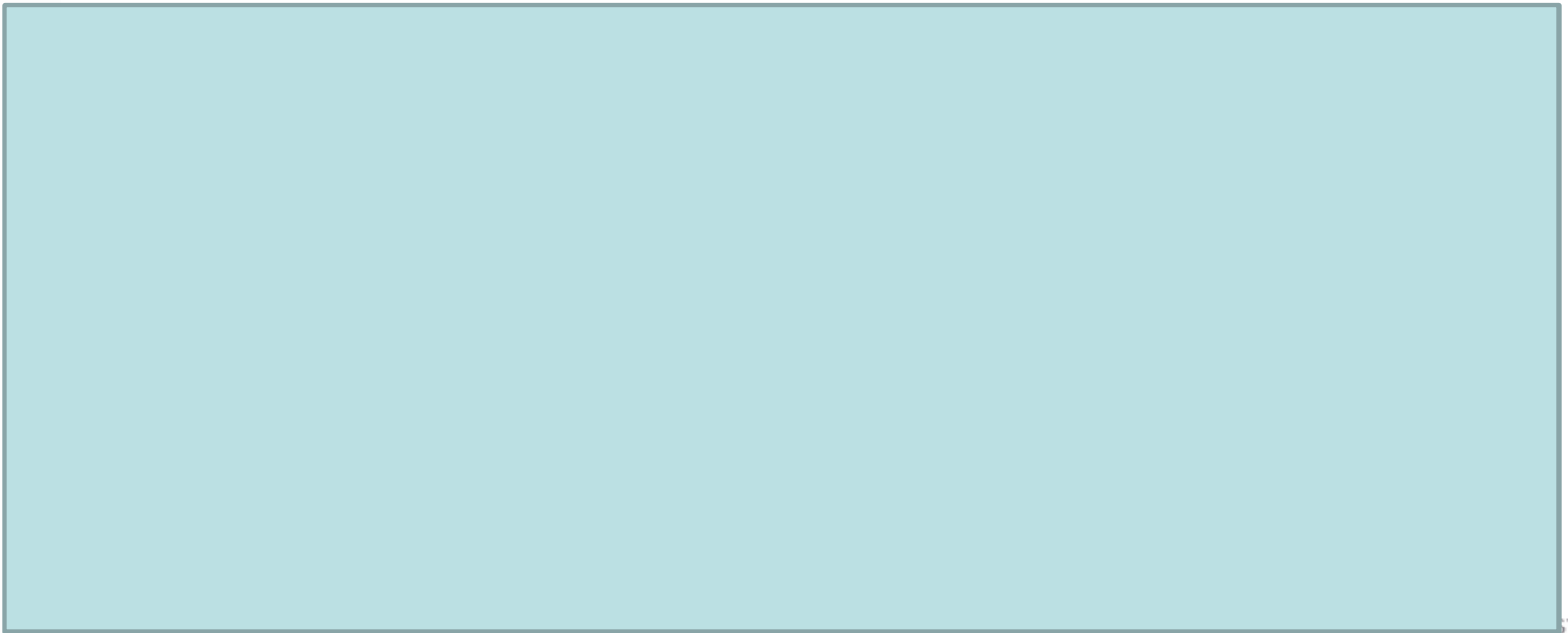
- Liesklierdissectie: verwijderen van alle lymfeklieren in de lies door middel van een operatie
- Uitstekende behandeling van patiënten met kleine lieskliermetastasen
- Dus → in alle patiënten?
  - Geen voordeel in verwijderen van normale klieren
  - Duidelijke nadelen → complicaties in 35-70%

# Complicatie na liesklierdissectie



# Complicatie na liesklierdissectie

- Dehiscentie / huidnecrose: 50%



# Complicatie na liesklierdissectie

- Lymfoedeem: 50%, serieus: 10%



# Behandeling complicaties na liesklierdissectie

- Lokale wondbehandeling
  - Vochtige gazen
  - Alginaat
  - Chirurgische necrotectomie
  - VAC therapie
  
- Lymfedrainage behandeling
  - Compressie kousen
  - Fysiotherapie

# Behandeling lymfeklieren

- Ivm complicaties niet in *alle* patiënten
- Doel van optimale behandeling:

Selectie van patiënten met kliermetastasen op het vroegst mogelijke moment die baat hebben bij liesklierdissectie

Voorkomen van onnodige liesklierdissecties.

# Casus 4



# Patient V. 22214079



# Patient P. 22442832



e,



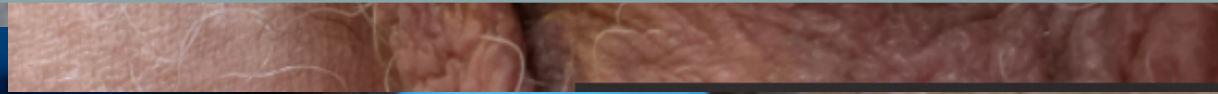
# Patient P. 22442832



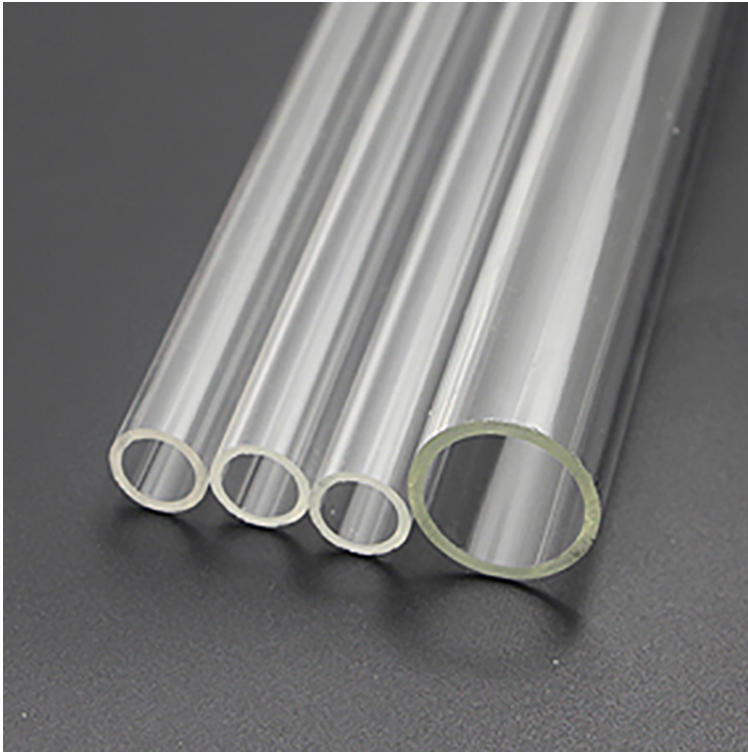
e,



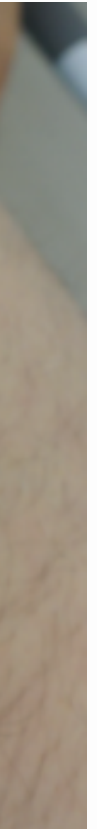
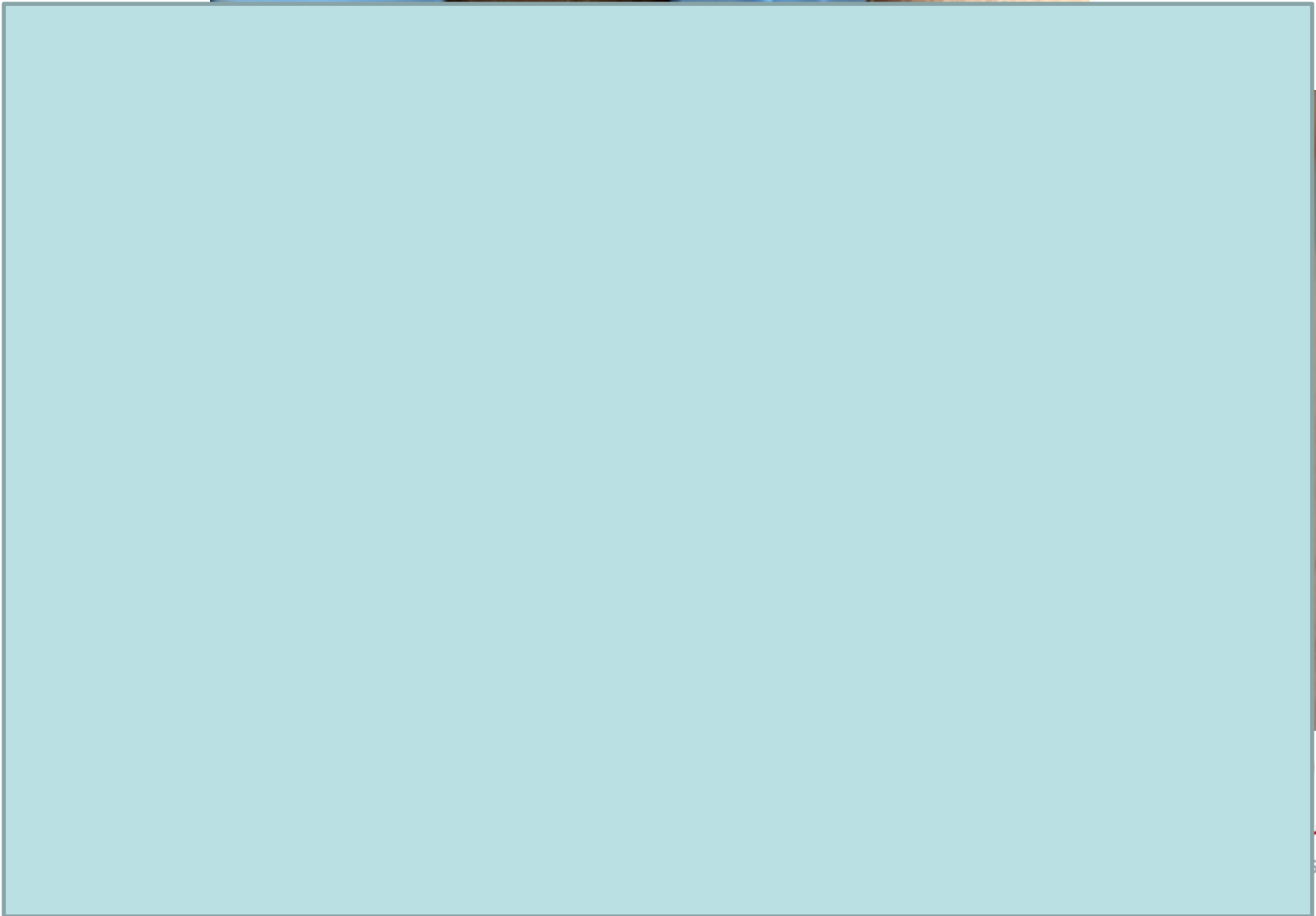
# Patient L. 22605074



# Mictie en voorkomen sproeien



# Patient van T 22428305



# Casus 1

- 2016-01 verdenking tumor glans- balanitis
- 2016-05 Circumcisie pT1NxG3 R1  
plaveiselcelCA
- 2016-07 sn procedure en biopt glans

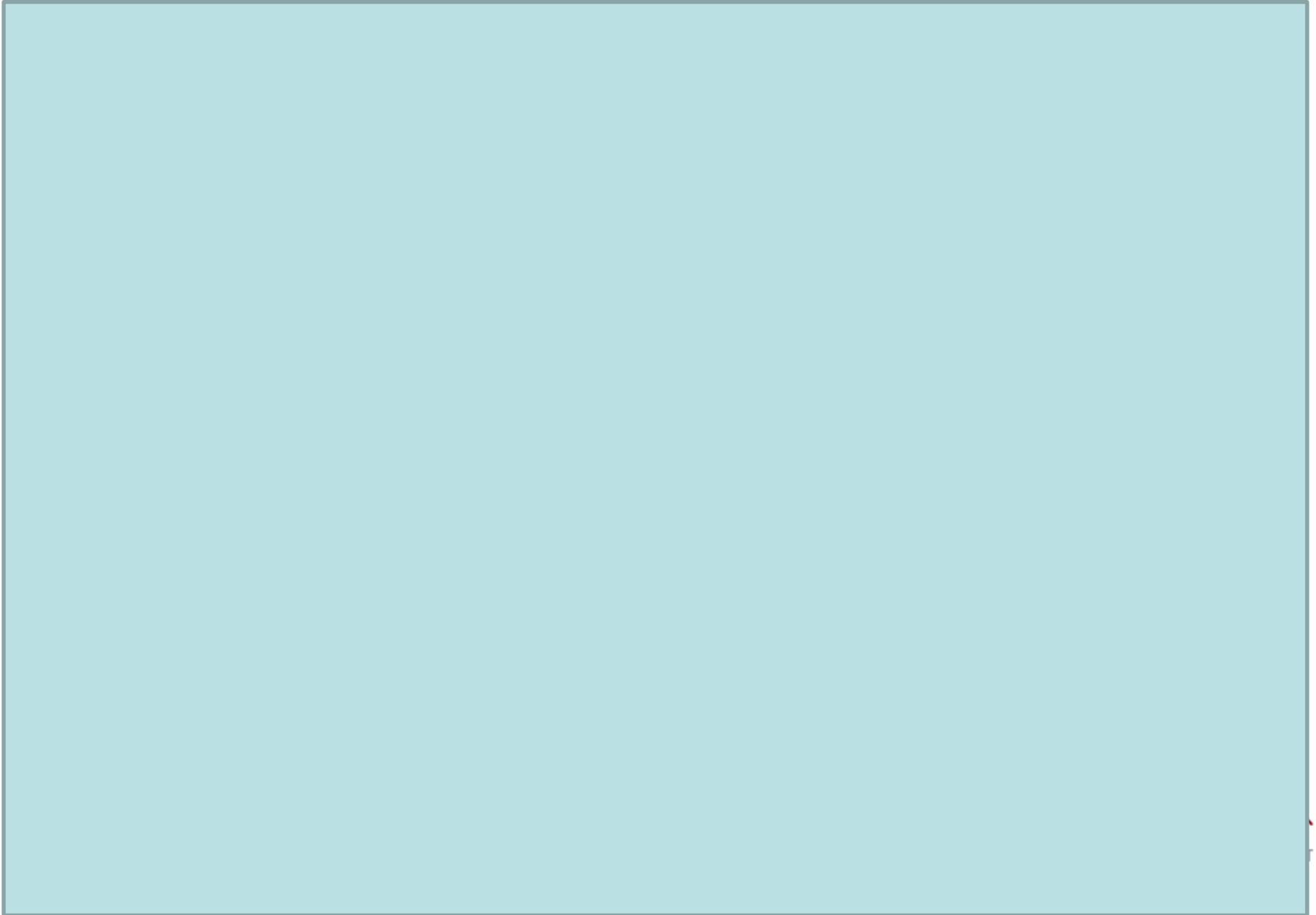
# Casus 1 vervolg

- 2016-07 sn negatief, bioptie glans postief
- 2016-09 Re-excisie en laser glans
- 2017-03 verdenking recidief glans  
bioptie:granulatie weefsel
  
- Meatus wat nauw mictie gaat nog wel
- Pijn aan glans-vaseline

# Casus 2



Patient pT2sNo HPV+ 83jaar



# Conclusie



# Peniscarcinoom

Erik van Muilekom  
verpleegkundig specialist

