Cancer of the penis is rare. With early detection, the chances of complete recovery from penile cancer are very good. Most people are cured.

**Signs and symptoms**
Penile cancer usually arises under the foreskin, which covers the end of the penis in men who have not been circumcised. Typical signs are:

- a red, velvety patch
- a raw area which may have a smelly discharge
- a wart-like growth
- swollen lymph nodes (grape-sized hard nodules under the skin crease at the top of the leg). This is a less common symptom.

**Who is at risk?**
- Men who cannot (or do not) wash under their foreskins regularly. Many sufferers from penile cancer have a scarred foreskin which cannot be retracted for washing. Uncircumcised men should wash daily under the foreskin to help prevent penile cancer.
- Men with viral infections of the genitals such as some specific types of the wart virus.
- Men over 40 (penile cancer is rare in the under-40s).
- Very few circumcised men develop penile cancer.
Penile cancer

Where to go for help
A delay in seeking medical advice would allow a penile cancer to become more advanced. If you have any of the symptoms of penile cancer, or notice anything unusual about your penis, don’t delay. Go to either:

- your own GP; or
- your local NHS sexual health (GUM) clinic. You can find details of your nearest NHS sexual health clinic in the phone book under genito-urinary medicine (GUM), sexually transmitted diseases (STD) or venereal diseases (VD). Or phone your local hospital and ask for the ‘special’ or GUM clinic. You will get free, confidential advice and treatment. You can go to any clinic anywhere in the country – you don’t have to go to a local one – and you don’t have to be referred by your GP. (Non-NHS sexual health clinics may not always offer the full range of services which are available at NHS sexual health clinics.) If penile cancer is suspected you will be referred to the hospital urology department which deals with non-infectious disease of the genitals.

Diagnosis and treatment

- After examination by a doctor, a biopsy (the surgical removal of a small piece of the affected area under anaesthetic) may be required if penile cancer is suspected.
- If a biopsy shows penile cancer, other investigations may also be required, such as ultrasound, a body scan, and a needle biopsy of the lymph nodes.
- The type of treatment you need should be discussed with you by a cancer team involving both a surgeon and a clinical oncologist (who provides radiotherapy). This is because both surgery and radiotherapy are likely to be required.

The treatment for biopsy-proved penile cancer varies according to how far the cancer has spread. It may include:

- Circumcision, which will be needed in most cases.
- Eradication of the cancer by radiotherapy or surgery. Surgery involves amputation of part or all of the shaft of the penis. Radiotherapy has the same success rate as surgery but avoids any loss to the penis; so is preferable.

- If there is cancer in the lymph nodes, this can be treated by surgery and/or radiotherapy.

What happens afterwards?

- Treatment for penile cancers smaller than a pea does not usually have any after-effects on passing urine or your sex life.
- Treatment involving removal of part of the penis can result in difficulty in urinating whilst standing up and in maintaining an erection.
- Support before and after treatment will be provided by the cancer team. This will help you to decide which treatment you will have and to adjust to the after-effects of the treatment.

This factsheet is one of a series which give information on the following range of infections and diseases: bacterial vaginosis, chlamydia, cystitis, genital herpes, genital warts, gonorrhea, hepatitis (A, B and C), non-specific urethritis, penile cancer, pelvic inflammatory disease (PID), prostate cancer, pubic lice, scabies, syphilis, testicular cancer, thrush and trichomonas vaginalis.

Free copies of any of these factsheets are available from GP surgeries, NHS sexual health (GUM) clinics, or your local health promotion unit (in the phone book under your local Health Authority).