

The Multidisciplinary Approach in Penile Cancer's Global Effects

Evelyn Lee*

Department of Andrology, University of Washington, Seattle, USA

ABOUT THE STUDY

The major goal of local penile cancer treatment in recent years has been to remove the original tumor. The guidelines on penile cancer now contain a clear recommendation for preserving the target organ and recommending that a histological examination be done to confirm the presence of penile cancer before each surgical procedure due to the significant psycho-oncological effects of treating the primary tumor. Reconstructive plastic surgery should also be taken into account for more advanced tumors. The stage, local extent, and size of the main tumor should be taken into consideration while treating it. Human Papillomavirus (HPV) is sexually transmitted infection in the world, responsible for nearly all cervix carcinomas as well as oropharyngeal, penile, vulva, vaginal, and anal cancers. Despite the fact that HPV was implicated in a variety of paraneoplastic and cancerous tumors in men [1].

Human Papillomavirus (HPV) disease is a well-known driver of penile cancer, and the molecular mechanisms that cause it are complex. HPV is responsible for up to 50% of penile carcinomas. The involvement of HPV in penile cancer has the potential to enhance prevention, treatment, and follow-up strategies, immune response modifiers, such as toll-like receptor agonists, are being used topically for penile intraepithelial neoplasia, while immunotherapy inhibitors are currently being studied for use in penile cancer [2].

Staging based on the American Joint Committee on Cancer (AJCC) Tumour (T), Node (N), and Metastasis (M) schema is typically the most crucial prognostic factor for any tumour type. Despite being a rare tumour, this staging has rapidly evolved in the last two formats of the AJCC carcinoma Staging manuals. These changes and updates are largely based on advances in our understanding of the complex disease of the penis, the role of histological variables in disease biology, and the findings of large multicentric studies.

The scientific data that led to these adjustments are also examined. The few concerns about the current staging framework and future perspectives and a road map, with global efforts, also can analyse the staging models [3,4]. Squamous cell

carcinoma, of which there are numerous subtypes, accounts for 85% of situations of penile cancer. Penile cancer is frequently associated with chronic preputial inflammation caused by phimosis or lichen sclerosus. Circumcision reduces the risk of developing penile cancer. The current therapeutic standard is sufficiently instrument surgery with safety factors of no greater than a few millimetres, since a local recurrence, if it occurs, can still be allowed to treat locally with curative intent. Local radiation therapy can be used in the early stages. Lymphogenic metastasis requires a radical lymphadenectomy as well as adjuvant chemotherapy. Due to the high percentage of lymphogenic micrometastasis, clients with clinically unexceptional inguinal lymph nodes require invasive lymph node staging.

CONCLUSION

During in the coronavirus disease 2020 (COVID-19) pandemic, a major concern for sick people with penile cancer is how the imposed safety precautions will affect their treatment strategies. Due to the growth and progression of iliac lymph node metastases, delays in the detection and treatment onset may have an effect on the extent of the lesion as well as cancer-specific survival. The majority of penile tumors are of epithelial tissue origin and thus treatable and curable with radiation. Despite the trend forward into penile sparing techniques, radiation is still an under-utilized and frequently overlooked option.

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Correspondence to: Evelyn Lee, Department of Andrology, University of Washington, Seattle, USA, E-mail: evelynl32@edu.net

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