Penile Cancer: Studies on Prognostic Factors

av

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Akademisk avhandling

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Abstract


In the first study, human papillomavirus (HPV) prevalence, distribution and association to histopathological variables was assessed in 216 penile tumours. HPV was found in 83% of the cases, and 76% were positive for HPV 16 and/or 18. HPV status was not significantly associated with pathological tumour stage, grade or lymph node status.

In the second study, assessing 700 patients, an increased risk of local recurrences was observed after organ-preserving treatment compared to amputation (28% vs 5%). Patients staged pN+, and those in whom staging was omitted (pNX) had an increased risk of regional recurrences compared to pN0 patients (19%, 9%, and 2%, respectively). The 5-year cancer specific survival was 92% after a local recurrence and 33% after a regional recurrence.

In the third study, dynamic sentinel node biopsy was used to assess lymph node status in 58 cN0 patients. Eleven groins harboured a positive sentinel node. During a median follow up of 21 months, two false negative results were encountered, producing a false-negative rate of 15%. Complications occurred in 10% of the groins.

In the fourth study, 1678 Swedish men with penile squamous cell carcinoma were assessed. The mean age-adjusted incidence was 2.1/100,000 men. Most tumours were pTis (34%), pT2 (19%), or pT1 (18%), and most graded tumours were G2 (44%). In Tis-T1 disease 71% underwent organ-preserving treatment, in cN0 and ≥pT1G2 disease 50% underwent lymph node staging, and in cN+ disease 74% underwent lymph node dissection. Ten percent were pN+. The overall 5-year relative survival was 82%. Patients aged ≥40 years, those with pT2-3 stage, G2-3 grade, and cN1-3 and pN1-3 stages had significantly poorer survival.

Keywords: Human papillomavirus, Incidence, Penile cancer, Prognostic factors, Recurrences, Sentinel node, Survival.

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