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What the new NICE guidelines would mean for the early diagnosis of carcinoma of the penis

Women have overcome the embarrassing factors when talking about intimate cancers, in favour of the high levels of awareness and many support networks now associated with them.

Breast cancer and cervical cancer are two such cancers, which are now openly discussed amongst the public and in the media, and have significant charity backing and provisions for patients and their families. Sadly, men and some male-specific cancers are lagging behind. Whilst prostate cancer, and to a lesser extent testicular cancer, have increasing levels of awareness, there is one male cancer which remains taboo, penile cancer. Whilst some may say that the levels of awareness reflect the incidence rates, I believe that awareness is key for patient outcome, particularly with penile cancer, which is one of the last unspoken cancers.

If the NHS follows up on the NICE guidance released in June 2015 to help early diagnosis of cancer, this could be a major breakthrough for the early diagnosis of carcinoma of the penis, but with one major caveat. Men must be more willing to talk about the signs and symptoms, and present themselves earlier, if the new

symptoms-based approach to diagnosis is to be most effective.

Why are the new guidelines so important for penile cancer?

NICE has stated [1] that 5,000 lives in England alone could be saved if the NHS follows up on its new guidelines for early diagnosis of cancer, targeting patients who present at primary care level with symptoms that seem to be non-specific. It has listed guidelines for 37 cancers, including penile cancer, recommending appropriate treatments and considering cancer as a possible cause of the symptoms earlier on in diagnosis.

Whilst this is a positive step for all of the 37 cancers listed in the guidelines, this is particularly encouraging for penile cancer patients due to common misdiagnosis of the disease. According to recent findings [2], cases of penile cancer have soared by 20% in the past 30 years, one reason being frequent misdiagnosis of an STI. A review of referrals to the penile cancer clinic at Clatterbridge has shown that hold-ups in diagnosis can be due to referrals to dermatology or plastic surgery. These factors, along with the embarrassment factor and lack of awareness amongst men, lead to an average delay in presentation of

symptoms of about six months. Anything that can be done amongst GPs to reduce this delay could drastically improve outcomes for patients.

Research shows that there are more challenges than most when presenting with penile cancer symptoms

In 2009, studies were carried out into public awareness of cancer in Britain [3] that could provide a baseline for government policy initiatives regarding campaigns on cancer awareness and early diagnosis. Some of the findings show why penile cancer awareness and presentation is starting from such a low starting-point.

First, it was recognised that men were more likely to delay presenting with symptoms than women, but awareness of risk factors was also a cause for concern. Recognition of HPV infection as a risk factor of cancer was the lowest recalled in both surveys used to compile the report. In the study, unprompted recall of HPV as a risk factor was as low as 1%, whilst prompted recognition was 26%, the lowest of all the presented risk factors.

HPV is a common infection passed by sexual contact, of which there over

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100 types. For most people, the virus is harmless and will vanish without treatment, but men with HPV have an increased risk of developing cancer of the penis. Studies found that approximately 47% of men with penile cancer showed evidence of HPV infection [4]. Circumcision seems to reduce the risk of HPV infection of the penis.

HPV vaccine could be a possible solution, but this is not being considered for adolescent boys until 2017 according to a recent ruling by the Joint Committee of Vaccination and Immunisation (JCVI), which has since outraged GPs. Giving boys the same vaccination as girls now receive for cervical cancer could be another preventive measure for penile cancer. However, at present, male HPV vaccination solely for the purpose of preventing penile cancer cannot be recommended due to a lack of clear data that shows its benefit. In terms of cost efficacy, male vaccination solely for the prevention of penile cancer would be untenable, given the rarity of the disease.

Clinical trials for penile cancer

Along with other centres in the UK, The Clatterbridge Cancer Centre is currently taking part in two multi-centre clinical trials for penile cancer. VinCaP is currently investigating the chemotherapy drug, vinflunne, for cancer that has spread beyond the penis to other parts of the body. The second, soon to open at Clatterbridge, is JAVA-P, which is investigating the chemotherapy drug, cabazitaxel, in relapsed or locally advanced cancer of the penis.

Conclusion

The new NICE guidelines recommend a suspected cancer pathway referral (for an appointment within two weeks) when an

STI has been ruled out or treatment has been completed, or for any unexplained or persistent symptoms affecting the foreskin or glans.

It is hoped that these guidelines, if pursued, will uncover earlier cases of penile cancer, with swift diagnosis being key to treatment. But men will first need to overcome the embarrassment associated with penile cancer if the available help is to be most effective.

About penile cancer

Penile cancer is a relatively rare form of the disease. In the UK, around 550 men are diagnosed with it every year, mostly in the over 60's age-group. Despite it being much less common than prostate or testicular cancer, its incidence is increasing, for unknown reasons; however one reason could be down to changing sexual practises and involvement of the same HPV virus that relates to cervical cancer in women.

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ESMO launches Women for Oncology Award

The European Society for Medical Oncology (ESMO) has launched the ESMO Women for Oncology Award to recognise an ESMO member who has significantly contributed to supporting the career development of women in oncology. Every year this important accolade will acknowledge someone who has actively worked to sensitise organisations to perceive the female oncology workforce as a valuable resource.

ESMO President Rolf A Stahel announced the new award at ESMO 2014: "The ESMO Executive Board has decided to promote women for leadership in a new way and I am very proud to announce for next year [2015] the launch of the ESMO Women for Oncology Award, aimed to recognise contributors who support the development of women in oncology."

All ESMO W4O activities are led by the newly established ESMO Women for Oncology Task Force, chaired by Solange Peters, ESMO Executive Board member: "ESMO Women for Oncology is a dynamic network of women oncology professionals, united by common challenges and common objectives: pursue a successful scientific professional career and be placed to be part of the leaders of tomorrow, by sharing experiences, collaborate on

new projects and exchanging ideas."

The W4O Award will be presented for the first time this year during the ESMO Women for Oncology Session on 27 September 2015 during ECC 2015 [1]. It will be bestowed on Enriqueta Felip (pictured right), a medical oncologist who kick-started awareness of the dearth of women oncologists in leadership roles. Dr Felip collected information about the lack of women leaders to give a lecture at ASCO 2013 on the challenges and keys to success for women in academic oncology, which triggered the at that time ESMO President Martine Piccart to create the ESMO Women for Oncology initiative.

"I feel this is not an award specifically for me but for all women professionals working day to day in oncology," said Felip. "I have been fortunate in having the opportunity to work on several ESMO initiatives in which I have always felt I was a relevant part of the team. This award is a way to highlight the importance of the role of women in academic oncology."

[1] The first ESMO Women for Oncology Award will be presented to Enriqueta Felip during the ESMO Women for Oncology Session on Sunday, 27 September 2015, 13:00-14:30, Stolz 2, during ECC2015.

