

CANCER OF THE PENIS IN INDIA

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Amongst all malignant neoplasms in the male, cancer in the genital organs (penis, testis, and prostate) varies from 2 to 20 per cent (*Fig. One*). As a demographic comparison, one may note the low occurrence rate of cancers of the penis and testis and the relatively high frequency of cancer of the prostate in the Scandinavian countries and the U.S.A. Cancer in the male genitals in Japan is rare, and the disease occurs evenly at the three sites. In India, Ceylon, and China, although cancer as a whole is less frequent, the porportion of cancer of the penis is quite high. Information is not available regarding cancer of the prostate and testis in China and of the testis in Ceylon. The life expectancy in India is still a little over 45 years (Indian census, 1961); thus cancer of the prostate, a disease of the older age group, will naturally be infrequent.

Owing to the paucity of vital statistics, it is not possible to state the exact incidence of cancer of the penis in India. The outpatients' register of the Tata Memorial Hospital in Bombay indicates that 1,055 cases of cancer of the penis were recorded during a period of 22 years March 1941 through Frebruary, 1963; 922 cases from the total had positive histologic evidence of cancer. They were all squamous-cell carcinomas which occasionally showed variations in the differentiation of cells. Carcinoma of the penis thus accounts for 2.8 per cent of all malignant neoplasms in the male. Information gathered from other hospitals in the country shows a much higher per-

centage of this disease in the South of India, whereas in the North it is fairly infrequent.

In Bombay the distribution of penile cancers in the religious groups or communities was as follows:

Hindus	858 cases
Muslims	12 cases
Indian Christians	33 cases
Parsees	19 cases
Total	922 cases

Circumcision performed very early in life seems

CARCINOMA OF THE PENIS AMONG ALL CANCERS IN MALES

TATA MEMORIAL HOSPITAL, BOMBAY
MARCH 1941 - FEBRUARY 1963
(922 CASES)

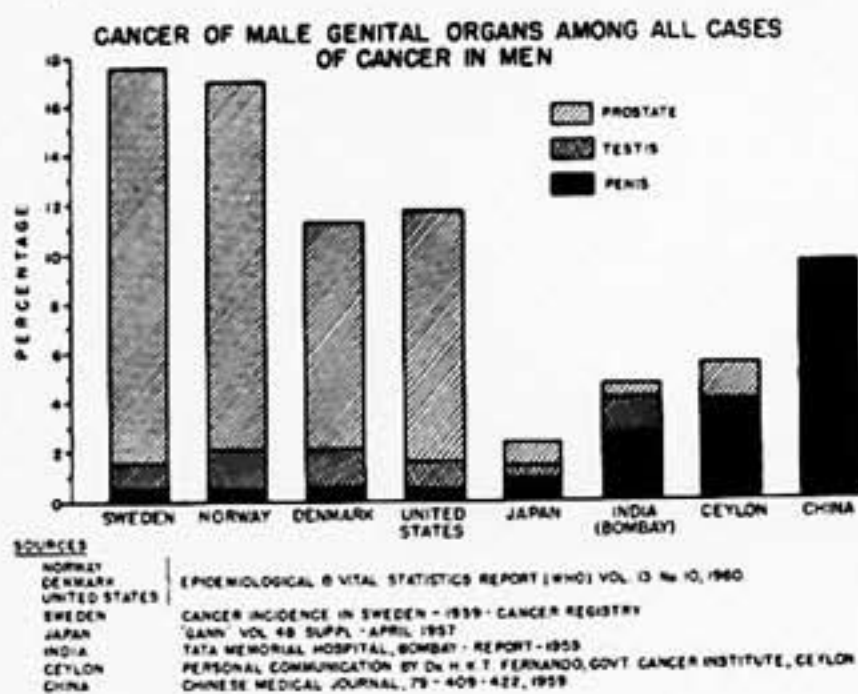


Fig. I

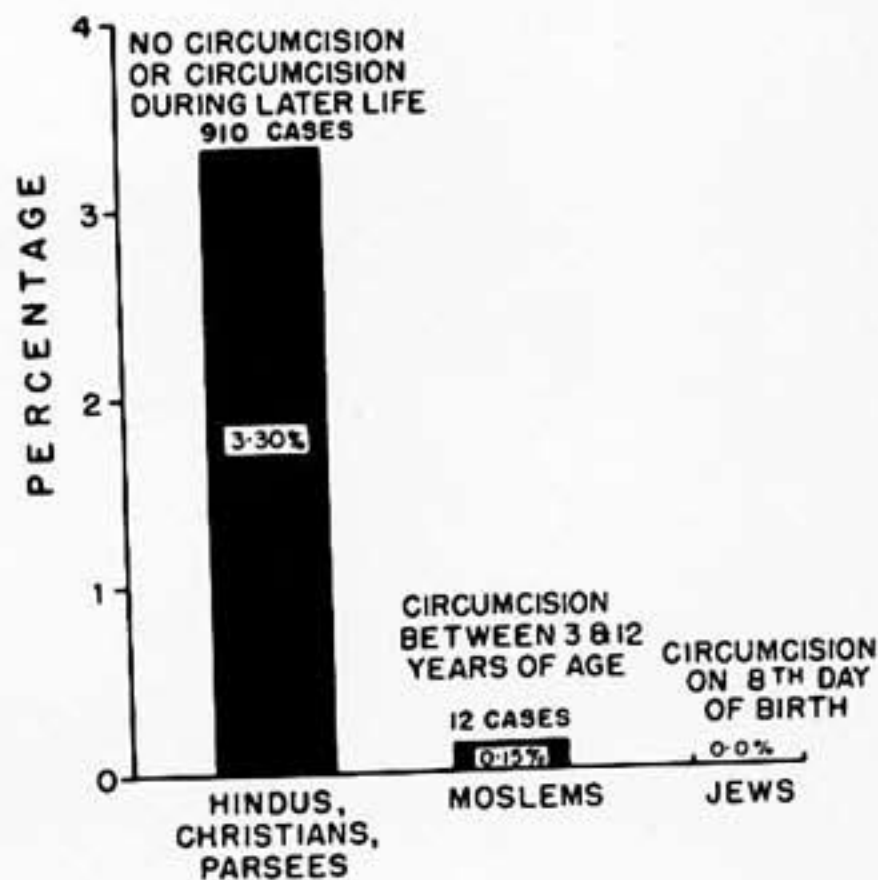


Fig. II

Table 1
 END RESULTS OF TREATED CASES OF CANCER OF THE PENIS

March, 1941 - June, 1958

Total number of cases - 414

<i>Mode of treatment</i>	<i>Total number</i>	<i>Alive for 5 years</i>	<i>Dead within 5 years</i>	<i>Lost to follow-up</i>
Partial amputation of penis - no treatment to inguinal nodes	201	107 52%	46 22%	51 26%
Partial amputation of penis and dissection of inguinal nodes	26	3 11%	19 73%	4 16%
Partial amputation of penis and radiation to inguinal nodes	43	4 9%	31 72%	8 19%
Radiotherapy to penis - no treatment to inguinal nodes	35	16 46%	7 20%	12 34%
Total amputation of penis - no treatment to inguinal nodes	81	33 41%	25 30%	23 29%
Total amputation of penis and dissection of inguinal nodes	13	3	9	1
Total amputation of penis and radiation to inguinal nodes	12	2	8	2
Total	414	168 41%	145 35%	101 24%

to protect an individual against subsequent occurrence of cancer of the penis, a point well illustrated by the cases observed at the Tata Memorial Hospital (*Fig. Two*). Twenty-five per cent of the patients were under the age of 30 years—the youngest was a lad of 14 years (*Fig. Three*). Syphilis, as judged from a positive serological test, was associated with penile cancer in 10 per cent of the cases. A definite history of phimosis was recorded in 26 per cent of the patients. At the time of initial examination, almost 75 per cent of the patients had palpable inguinal

nodes which were clinically believed to contain metastatic cancer, but at the completion of treatment to the primary lesion, almost 50 per cent of these nodes proved to be infective in nature—a point worth noting whilst planning the treatment.

If it is assumed that “the untraced cases” follow the same pattern or survival as “the traced cases”, and taking into consideration the different age groups and the modes of therapy, then an adjusted crude survival rate would be:

Partial amputation of penis -)
 no treatment to inguinal nodes)
 For all nodes of therapy
 together

Survival 5 years 70%
 Dead within 5 years 30%
 Survival 5 years 54%
 Dead within 5 years 46%

RESUMEN

El autor presenta una revisión de la incidencia del cáncer de pene en distintos países: Suecia, Noruega, Dinamarca, Estados Unidos, Japón, India (Bombay), Ceylan y China, datos tomados del reporte de la Unión Mundial de la Salud, Volumen 13 No. 10, 1960, y desde luego señala que los países que tienen una mayor incidencia de este tipo de cáncer son: India, (Bombay), Ceylán y China.

Durante un período de 22 años, de marzo de 1941 a febrero de 1963 se recibieron en el Hospital Tata Memorial de Bombay 1,055 casos de cáncer de pene,

de los cuales 922 tuvieron una comprobación histológica, todos fueron carcinomas espinocelulares.

El carcinoma de pene hasta hoy tiene un 2.8% entre todas las neoplasias malignas del hombre, y según la información recogida en otros Hospitales del país muestran un mayor porcentaje de incidencia en el Sur de la India, mientras que en el Norte tiene menor incidencia.

El autor presenta también la incidencia de cáncer de pene en Bombay tomando en cuenta cuatro distintas religiones. Y señala que la circuncisión practicada tempranamente parece proteger al individuo contra la aparición del cáncer de pene. Entre los casos

estudiantes únicamente se señala 26% con antecedentes de fimosis, y señala también que en el examen inicial de los pacientes un 75% de ellos tenían ganglios inguinales palpables, de los cuales el 50% correspondieron a infección.

El autor presenta un resumen de resultados finales en 414 casos en el tiempo comprendido del mes de marzo de 1911 al mes de junio de 1953, señalando

tipo de tratamiento, sobre vida por 5 años, muertes dentro de 5 años y porcentajes de casos perdidos, dando para terminar cifras totales de sobrevida por 5 años y muertes durante los 5 años cuando se practicó amputación parcial del pene y ningún tratamiento a los ganglios inguinales, y cuando se hizo tratamiento conjunto de la lesión del pene y de los ganglios inguinales.