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Penile Cancer Early Detection, Diagnosis, and Staging

Know the signs and symptoms of penile cancer. Find out how penile cancer is tested for, diagnosed, and staged.

Detection and Diagnosis

Finding cancer early, when it's small and before it has spread, often allows for more treatment options. Some early cancers may have signs and symptoms that can be noticed, but that's not always the case.

- [Can Penile Cancer Be Found Early?](#)
- [Signs and Symptoms of Penile Cancer](#)
- [Tests for Penile Cancer](#)

Stages of Penile Cancer

After a cancer diagnosis, staging provides important information about the extent of cancer in the body and the likely response to treatment.

- [Penile Cancer Stages](#)

Outlook (Prognosis)

Doctors often use survival rates as a standard way of discussing a person's outlook (prognosis). These numbers can't tell you how long you will live, but they might help you better understand your prognosis. Some people want to know the survival statistics for people in similar situations, while others might not find the numbers helpful, or might

even not want to know them.

- [Survival Rates for Penile Cancer](#)

Questions to Ask About Penile Cancer

Here are some questions you can ask your cancer care team to help you better understand your cancer diagnosis and treatment options.

- [Questions To Ask About Penile Cancer](#)

Can Penile Cancer Be Found Early?

There are no widely recommended screening tests for penile cancer, but many penile cancers can be found early, when they're small and before they have spread to other parts of the body.

Almost all penile cancers start in the skin, so they're often noticed early. Cancers that start under the foreskin may not be seen as quickly, especially if a man has phimosis (constriction of the foreskin). Some penile cancers cause [symptoms](#) that could also be caused by a disease other than cancer.

Even if a man sees or feels something abnormal, he may not recognize it as something that needs medical attention right away. You should see a doctor if you find a new redness, growth, or other change in your penis, even if it's not painful. Things like warts, blisters, sores, ulcers, white patches, or other abnormal areas need to be checked by a doctor. Most are not cancer, but they may be caused by an infection or some other condition that needs to be treated.

Some men avoid going to the doctor for lesions (changes) on their penis. In fact, many put off seeking treatment for a year or more after they first notice the problem. Don't let embarrassment or fear keep you from having these changes checked. Most penile cancers are easy to treat in the early stages.

If a cancer is found early, it can often be removed with little or no damage to the penis. But if it's not diagnosed until later, part of or all of the penis may need to be removed to

1. www.cancer.org/cancer/types/penile-cancer/references.html

References

[See all references for Penile Cancer](#)

Douglawi A, Masterson TA. Updates on the epidemiology and risk factors for penile cancer. *Transl Androl Urol.* 2017;6(5):785-790.

National Cancer Institute. Penile Cancer Treatment (PDQ®)—Patient Version. May 4, 2018. Accessed at www.cancer.gov/types/penile/patient/penile-treatment-pdq on May 25, 2018.

StatPearls. Engelsjerd JS, LaGrange CA. Cancer, Penile. Accessed at [www-ncbi-nlm-nih-gov.proxy.library.emory.edu/books/NBK499930/](http://www.ncbi-nlm-nih-gov.proxy.library.emory.edu/books/NBK499930/) on May 25, 2018.

Last Revised: June 25, 2018

Signs and Symptoms of Penile Cancer

- [Skin changes](#)
- [Swelling](#)
- [Lumps under the skin in the groin area](#)

The signs and symptoms below don't always mean a man has penile cancer. In fact, many are more likely to be caused by other conditions. Still, if you have any of them, see a doctor right away so their cause can be found and treated, if needed. The sooner a diagnosis is made, the sooner you can start treatment and the better it is likely to work.

Skin changes

The first sign of penile cancer is most often a change in the skin of the penis. This is most likely to be on the glans (tip) of the penis or on the foreskin (in uncircumcised men), but it can also be on the shaft. These changes may include:

- An area of skin becoming thicker
- Changes in the skin color
- A lump
- An ulcer (sore) that might bleed
- A reddish, velvety rash under the foreskin
- Small, crusty bumps
- Flat, bluish-brown growths
- Smelly discharge (fluid) or bleeding under the foreskin

Sores or lumps from penile cancer usually don't hurt, but they might. You should see a doctor if you notice any of these changes (Changes in the skin of the penis)

But swollen lymph nodes don't always mean that cancer has spread there. More commonly, lymph nodes swell in response to an infection. The skin in and around a penile cancer can often become infected, which might cause the nearby lymph nodes to swell, even if the cancer hasn't reached them.

Hyperlinks

1. www.cancer.org/cancer/diagnosis-staging/lymph-nodes-and-cancer.html
2. www.cancer.org/cancer/types/penile-cancer/references.html

References

[See all references for Penile Cancer](#)

American Society of Clinical Oncology. Penile Cancer: Symptoms and Signs. 8/2017. Accessed at www.cancer.net/cancer-types/penile-cancer/symptoms-and-signs on May 27, 2018.

Cancer Research UK. Symptoms of penile cancer. 4/2016. Accessed at www.cancerresearchuk.org/about-cancer/penile-cancer/symptoms on May 27, 2018.

National Comprehensive Cancer Network, Clinical Practice Guidelines in Oncology (NCCN Guidelines®), Penile Cancer, Version 2.2018 -- March 26, 2018. Accessed at www.nccn.org/professionals/physician_gls/pdf/penile.pdf on May 27, 2018.

Tests for Penile Cancer

Medical history and physical exam

The doctor will talk to you about your medical history and the details of your symptoms, like when they started and if they've changed. You'll also discuss any possible risk factors you have.

The doctor will also look at your genital area carefully for possible signs of penile cancer or other health problems. Penile lesions (sores) usually affect the skin on the penis, so a doctor often can find cancers and other problems by looking closely at the penis. The doctor may look at and feel the [lymph nodes](#)¹ in your groin to see if they are swollen.

If symptoms and/or the exam suggest you might have penile cancer, other [tests](#)² will be needed. These might include a biopsy and imaging tests.

Biopsy

A biopsy is the only sure way to know if a change is penile cancer. To do this, a small piece of tissue is taken from the changed area and sent to a lab. There, it's looked at with a microscope to see if it contains cancer cells. The results are usually available in a few days, but may take longer in some cases. There are many ways a biopsy can be done:

Incisional biopsy

For an incisional biopsy only a part of the changed area is removed. This type of biopsy is often done for lesions that are big, ulcerated (the top layer of skin is missing or the lesion appears as a sore), or that appear to grow deeply into the penis.

These biopsies are usually done with local anesthesia (numbing medicine) in a doctor's office, clinic, or outpatient surgical center.

Excisional biopsy

In an excisional biopsy, the entire lesion is removed. This type of biopsy is most often used if the lesion is small, such as a nodule (lump) or plaque (raised, flat area).

These biopsies are usually done in a hospital or outpatient surgical center. Local anesthesia (numbing medicine) or general anesthesia (where you are asleep) may be used.

Lymph node biopsy

If the cancer has spread deep within the penis, nearby lymph nodes usually will need to be checked for cancer spread. This is done to help find the [stage \(extent\) of the cancer](#) after the diagnosis. These lymph nodes can be checked either with fine needle aspiration or by doing surgery to remove them.

Fine needle aspiration (FNA): To do this type of biopsy, the doctor puts a thin, hollow needle right into the lymph node and uses a syringe to pull out cells and a few drops of fluid. Local anesthesia may be put into the skin over the node to numb the area first.

If the enlarged lymph node is deep inside your body and the doctor can't feel it, imaging methods such as ultrasound or CT scans can be used to guide the needle into the node.

This type of biopsy is often done to see if enlarged lymph nodes contain cancer. It's not

mass. CT scans are repeated until the needle is inside the mass. A biopsy sample is then removed and sent to be checked under a microscope.

Magnetic resonance imaging (MRI)

Like CT scans, MRIs show detailed images of soft tissues in the body. But MRI scans use radio waves and strong magnets instead of x-rays.

MRI pictures are better if the penis is erect. The doctor might inject a hormone-like substance called **prostaglandin** into the penis to make it erect.

Ultrasound

Ultrasound uses sound waves to make pictures of internal organs or masses. It can be useful to find out how deeply the cancer has spread into the penis. It can also help find enlarged lymph nodes in the groin.

This test is painless and does not expose you to radiation. For most ultrasound exams, the skin is first lubricated with gel. Then a technician moves the transducer over the skin of the penis.

Chest x-ray

An x-ray might be done to see if the cancer has spread to the lungs.

Hyperlinks

American Society of Clinical Oncology. Penile Cancer: Diagnosis. 8/2017. Accessed at www.cancer.net/cancer-types/penile-cancer/diagnosis on May 27, 2018.

National Comprehensive Cancer Network, Clinical Practice Guidelines in Oncology (NCCN Guidelines®), Penile Cancer, Version 2.2018 -- March 26, 2018. Accessed at www.nccn.org/professionals/physician_gls/pdf/penile.pdf on May 27, 2018.

StatPearls. Engelsjerd JS, LaGrange CA. Cancer, Penile. Accessed at [www-ncbi-nlm-nih-gov.proxy.library.emory.edu/books/NBK499930/](http://www.ncbi.nlm.nih-gov.proxy.library.emory.edu/books/NBK499930/) on May 27, 2018.

Last Revised: June 25, 2018

Penile Cancer Stages

- The spread to nearby lymph **nodes (N)**: Has the cancer spread to nearby lymph nodes (in the groin and pelvic area)? If so, how many are affected?
- The spread (**metastasis**) to distant sites (**M**): Has the cancer spread to distant parts of the body? (The most common sites of spread are distant lymph nodes or organs like the lung, liver, or bones.)

Numbers or letters after T, N, and M provide more details about each of these factors. Higher numbers mean the cancer is more advanced.

Another factor that can affect the stage of some cancers is the **grade** of the cancer cells. This is a measure of how different the cancer cells look from normal cells. The grade is often noted with a number, from 1 to 3. The higher the number, the more abnormal the cells look. Higher-grade cancers tend to grow and spread faster than lower-grade cancers.

Once the T, N, and M categories (and grade) of the cancer have been determined, this information is combined in a process called **stage grouping** to assign an overall stage. For more on this, see [Cancer Staging](#)².

The system described below is the most recent AJCC system, effective January 2018. It's used for [squamous cell carcinoma of the penis](#)³, which is by far the most common type of penile cancer. Other types of cancer starting on the penis, such as [melanomas](#)⁴ and [sarcomas](#)⁵, are much less common and are staged with different systems.

Penile cancer is typically given a **clinical stage** based on the results of a physical exam, biopsy, and any imaging tests that might have been done. If surgery has been used to check nearby lymph nodes for cancer, the **pathologic stage** (also called the surgical stage) can be determined. The pathologic stage is typically more accurate, and is what's used in the table below.

Penile cancer staging can be complex, so ask your doctor to explain your stage to you in a way you understand.

Stages of penile cancer

AJCC stage	Stage grouping	Stage description*
0 (0is or 0a)	Tis or Ta N0 M0	Also called carcinoma in situ or CIS. The tumor is only in the top layer of the skin and has not grown any deeper (Tis or Ta).

		The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
I	T1a N0 M0	The tumor has grown into tissue just below the top layer of skin. It hasn't grown into nearby blood vessels, lymph vessels, or nerves, and it's not high grade (grade 3) (T1a). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
IIA	T1b N0 M0	The tumor has grown into tissue just below the top layer of skin. It has grown into nearby blood vessels, lymph vessels, or nerves, and/or it's high grade (grade 3) (T1b). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
	OR	
	T2 N0 M0	The cancer has grown into the corpus spongiosum (an internal chamber that runs along the bottom and into the head of the penis). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
IIB	T3 N0 M0	The cancer has grown into the corpus cavernosum (either of 2 internal chambers that run along the top of the shaft of the penis). The cancer has not spread to nearby lymph nodes (N0) or to distant parts of the body (M0).
IIIA	T1-T3 N1 M0	The tumor has grown into tissue below the top layer of skin and may have grown into the corpus spongiosum and/or the corpus cavernosum (T1 to T3). The cancer has spread to 1 or 2 nearby inguinal (groin) lymph nodes on the same side of the body (N1). It has not spread to distant parts of the body (M0).
IIIB	T1-T3 N2 M0	The tumor has grown into tissue below the top layer of skin and may have grown into the corpus spongiosum and/or the corpus cavernosum (T1 to T3).

		The cancer has spread to 3 or more nearby inguinal (groin) lymph nodes on the same side of the body, or to inguinal lymph nodes on both sides of the body (N2). It has not spread to distant parts of the body (M0).
IV	T4 Any N M0	The tumor has grown into nearby structures such as the scrotum, prostate, or pubic bone (T4). The cancer might or might not have spread to nearby lymph nodes (any N). It has not spread to distant parts of the body (M0).
	OR	
	Any T N3 M0	The tumor might or might not have grown into deeper layers of the penis or nearby structures (any T). The cancer has spread to nearby lymph nodes in the pelvis, or it has grown outside of a lymph node and into the surrounding tissue (N3). The cancer has not spread to distant parts of the body (M0).
	OR	
	Any T Any N M1	The tumor might or might not have grown into deeper layers of the penis or nearby structures (any T). The cancer might or might not have spread to nearby lymph nodes (any N). The cancer has spread to distant parts of the body (M1).

* The following additional categories are not listed on the table above:

- TX: Main tumor cannot be assessed due to lack of information.
- T0: No evidence of a primary tumor. The N categories are described in the table above, except for:
- NX: Regional lymph nodes cannot be assessed due to lack of information.

Hyperlinks

years after being diagnosed.

Where do these numbers come from?

The American Cancer Society relies on information from the Surveillance, Epidemiology, and End Results (SEER) database, maintained by the National Cancer Institute (NCI), to provide survival statistics for different types of cancer.

The SEER database tracks 5-year relative survival rates for penile cancer in the United States, based on how far the cancer has spread. The SEER database, however, does not group cancers by [AJCC TNM stages](#) (stage 1, stage 2, stage 3, etc.). Instead, it groups cancers into localized, regional, and distant stages:

- **Localized:** The cancer is confined to the penis.
- **Regional:** The cancer has spread outside of the penis to nearby structures or nearby lymph nodes.
- **Distant:** The cancer has spread to distant parts of the body such as the lungs, liver or bones.

5-year relative survival rates for penile cancer

(These numbers are based on men diagnosed with penile cancer between 2012 and 2018.)

SEER* Stage	5-Year Relative Survival Rate
Localized	79%
Regional	51%
Distant	9%
All SEER stages combined	65%

*SEER= Surveillance, Epidemiology, and End Results

Understanding the numbers

- **These numbers apply only to the stage of the cancer when it is first diagnosed.** They do not apply later on if the cancer grows, spreads, or comes back after treatment.

- **These numbers don't take everything into account.** Survival rates are grouped based on how far the cancer has spread, but your age, overall health, how well the cancer responds to treatment, and other factors can also affect your outlook.
- **Men now being diagnosed with penile cancer may have a better outlook than these numbers show.** Treatments improve over time, and these numbers are based on men who were diagnosed and treated at least five years earlier.

Hyperlinks

1. www.cancer.org/cancer/types/penile-cancer/references.html

References

SEER*Explorer: An interactive website for SEER cancer statistics [Internet]. Surveillance Research Program, National Cancer Institute. Accessed at <https://seer.cancer.gov/explorer/> on February 23, 2023.

[See all references for Penile Cancer](#)

Last Revised: March 1, 2023

Questions To Ask About Penile Cancer

It's important to have honest, open discussions with your cancer care team. You should ask any question, no matter how small it might seem. Here are some you might want to ask:

- What kind of penile cancer do I have?
- How deep has the cancer grown into my penis? Has it spread to lymph nodes or other organs?
- What is the [stage](#) of my cancer and what does that mean?
- Do I need more [tests](#) before we can decide on treatment?

- Do I need to see any other types of doctors?
 - How much experience do you have treating this type of cancer?
 - What are my [treatment choices](#)¹?
 - What do you recommend and why?
 - What's the goal of treatment? To cure the cancer? Keep it under control?
 - How quickly do we need to decide on treatment?
 - What should I do to be ready for treatment?
 - How long will treatment last? What will it be like? Where will it be done?
 - Will treatment change how my penis looks or the size of my penis?
 - Will treatment affect how I urinate?
 - Will I be able to have sex or have children after treatment?
 - Will I need surgery on my groin lymph nodes?
 - Will my insurance cover treatment? How much will I have to pay?
 - How long will it take me to recover from treatment?
 - When can I go back to my regular activities after treatment?
 - What are the risks or side effects to the treatments you suggest?
- What are the chances that my cancer will [come back](#)² after treatment? What would w_____over from treatment?

[trials.html](#)

6. www.cancer.org/cancer/managing-cancer/finding-care/the-doctor-patient-relationship.html
7. www.cancer.org/cancer/types/penile-cancer/references.html

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[See all references for Penile Cancer](#)

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Last Revised: June 25, 2018

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