

Functional Sequelae of Clinical Interventions in Penile Cancer Patients

Jiang Shan*

Department of Urology, Peking University First Hospital, Beijing, China

Introduction

Penile cancer, though rare in developed nations, remains a significant health burden in many low- and middle-income countries. Treatment strategies typically center on eradicating malignant tissue through surgical interventions such as partial or total penectomy, often followed by lymphadenectomy and adjuvant therapies depending on staging. While these interventions can be curative, they frequently result in substantial physical and psychosocial consequences. As survival rates for penile cancer improve, greater attention is being paid to the long-term functional sequelae, particularly those impacting sexual health, urinary function, body image and quality of life. These outcomes are not merely side effects but central elements influencing the overall recovery and well-being of patients. Clinical decisions ranging from the extent of excision to reconstructive options and postoperative rehabilitation play a crucial role in determining the degree of functional impairment or preservation [1].

Description

The primary clinical interventions for penile cancer vary in invasiveness and are tailored to tumor size, location and stage. Local excision or glanssectomy is preferred for early-stage lesions, preserving more penile tissue and function. However, advanced cases may necessitate partial or total penectomy, which significantly impairs sexual and urinary capabilities. Penectomy, particularly total removal, results in the permanent loss of erectile and penetrative functions, which has profound psychosocial effects. Studies reveal that up to 70% of patients experience a loss of sexual desire or performance post-treatment. In cases where lymph node dissection is performed, patients may also face lower-limb lymphedema and restricted mobility. Reconstructive urology, including phalloplasty or urethral realignment, can help mitigate some of these issues, though access to such procedures remains limited in many healthcare systems. Moreover, psychological interventions, such as counseling or sex therapy, are seldom integrated into oncological care despite their proven benefits in addressing sexual dysfunction and body image disturbances.

Postoperative functional sequelae are not limited to physical impairments but extend to emotional distress and social withdrawal. Patients frequently report altered self-identity, feelings of emasculation and marital difficulties due to diminished sexual performance. This distress can be intensified when physicians fail to adequately prepare patients for these outcomes. A significant disparity exists between physicians' assessments of post-treatment quality of life and the lived experiences of patients. For example, one study showed that while urologists rated functional outcomes as satisfactory, patients reported a substantial decline in satisfaction related to their intimate relationships and

overall body image. This disconnect underscores the necessity of shared decision-making and long-term follow-up that incorporates patient-reported outcomes. Multidisciplinary collaboration combining oncology, reconstructive surgery, nursing and psychosocial support is essential for holistic care. Tools like decision aids, validated quality-of-life questionnaires and preoperative counseling sessions are increasingly advocated to empower patients and guide them through complex treatment pathways [2].

Conclusion

The functional sequelae of clinical interventions in penile cancer patients present multifaceted challenges that extend beyond the immediate goal of oncologic control. While survival remains paramount, it is increasingly clear that functional outcomes, particularly those related to sexual and urinary function, are vital to patient satisfaction and quality of life. Thoughtful clinical decision-making, access to reconstructive options and integration of psychosocial support can significantly enhance long-term outcomes. A patient-centered, multidisciplinary approach is essential to align treatment efficacy with the preservation of dignity, functionality and emotional well-being.

Acknowledgement

None.

Conflict of Interest

None.

References

- Opjordsmoen, S., H. Waehre, N. Aass and S. D. Fossa. "Sexuality in patients treated for penile cancer: Patients' experience and doctors' judgement." *Br J Urol* 73 (1994): 554-560.
- Narayana, A. S., L. E. Olney, S. A. Loening and G. W. Weimar, et al. "Carcinoma of the penis. Analysis of 219 cases." *Cancer* 49 (1982): 2185-2191.

*Address for Correspondence: Jiang Shan, Department of Urology, Peking University First Hospital, Beijing, China; E-mail: jiangshan@pkuhf.edu.cn

Copyright: © 2025 Shan J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 01 March, 2025, Manuscript No. jcst-25-168225; Editor assigned: 03 March, 2025, PreQC No. P-168225; Reviewed: 15 March, 2025, QC No. Q-168225; Revised: 21 March, 2025, Manuscript No. R-168225; Published: 29 March, 2025, DOI: 10.37421/1948-5956.2025.17.697

How to cite this article: Shan, Jiang. "Functional Sequelae of Clinical Interventions in Penile Cancer Patients." *J Cancer Sci Ther* 17 (2025): 697.