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Penile Cancer

Treatment-Seeking, Aspects of Sexual Activity and Life Satisfaction in Men with Laser-Treated Penile Carcinoma

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Abstract

Objectives: The aims were to assess the initial symptoms of penile carcinoma and patients' time frame in treatment seeking, and to describe the effect of laser treatment on sexual activity and life satisfaction.

Patients and methods: A retrospective face-to-face structured interview study of patients laser treated for localised penile carcinoma at the department of Urology in Örebro, Sweden, during 1986 to 2000. Sixty-seven was treated and 58 of them (mean age, 63 yr; range, 34–90) were alive at the time of this study. Forty-six (79%) agreed to participate.

Results: Ninety-six percent of the patients recalled their first symptom of penile carcinoma. Superficial ulceration and fissures were the most common symptoms (39%). Thirty-seven percent delayed seeking treatment for more than 6 mo.

The patients had a greater lifetime number of sexual partners and a greater lifetime prevalence of STIs than a Swedish representative comparator population.

Some aspects of sexual life, such as manual stimulation/caressing and fellatio, decreased markedly after laser treatment.

Patient satisfaction with life as a whole was approximately the same as that of the general population.

Conclusions: Patients delayed seeking treatment for a considerable period, despite awareness of the first local symptoms. Men with laser-treated localised penile carcinoma resume their sexual activities to a large extent after the treatment. Except for satisfaction with somatic health, similar—or even higher—proportions of patients than comparators are satisfied with life as a whole and with other domains of life including satisfaction with sexual life.

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1. Introduction

The incidence of penile carcinoma in Sweden is 1.5–2 per 100,000 men per year. It mainly occurs in elderly men; mean age at diagnosis in Sweden is 67 yr [1].

The gold standard therapy has for decades been partial or total penectomy. This treatment is often followed by major side-effects that impact on sexual function and quality of life [2]. Since organ-sparing laser techniques were introduced in the 1980s, the results on localised disease have been promising, with excellent preservation of the penis as well as local disease control that are equivalent with conventional treatments [3–9].

The rarity of the disease makes it difficult to perform randomised trials, and we know little about the psychosexual factors involved in patients' perception of the first symptoms and about the time frame in treatment seeking. Studies exploring patient's psychosexual distress and quality-of-life issues generally include small samples with different treatment modalities [2,10,11].

We have previously shown that 65% of those who had been sexually active before laser treatment resumed their sexual activities with small reductions in sexual function and satisfaction [12].

The primary objectives of this study were to assess the initial clinical symptoms of penile carcinoma, assess the time between initial symptoms and treatment seeking, and describe the effect of laser treatment of penile carcinoma on sexual activity and life satisfaction.

2. Methods

The study cohort has been previously described in detail [12] and consisted of a consecutive series of 67 patients referred to the Department of Urology, Örebro University Hospital, Örebro, Sweden, for laser-treatment of penile carcinoma from 1986 to 2000. Fifty-eight of these were alive when this retrospective study was initiated; 46 (79%) of them agreed to participate. Twelve declined to participate; they did not differ significantly from those who participated with regards to age, tumour stage, tumour grade, or cosmetic results (as evaluated by the surgeon). The patients were from the catchment area of the University Hospital or were referred from other regions. The latter had received in many cases primary treatment by local excision at their home hospital.

All patients in this study had Tis–T2, N0, M0 tumours of high or intermediate grade of differentiation (Table 1) and a diameter less than 3 cm, a size considered suitable for laser treatment. These are selected patients whom the recent EAU guidelines recommend for a conservative strategy with regular follow-up [13]. All tumours were restaged and graded according to the International Union Against Cancer TNM

Table 1 – Characteristics in 46 patients laser treated for penile carcinoma

Number of patients	46	34
Age at interview (yr), range (median)	34–90 (63.5)	34–74 (58)
Time between treatment and interview (yr)	Number	Number
<2	15	12
3–5	20	12
6–10	7	6
11–15	4	4
Marital status		
Married	34	28
Single with steady partner	2	2
Single	10	4
Tumour stage		
Ca in situ	13	11
T1	14	9
T2	19	14
Tumour grade		
Ca in situ	16	13
G1	16	9
G2	12	11
G3	2	1
Lymph node dissection	16	14
Chemotherapy	1	1
Radiation treatment	1	1
Relapse	8	7
Ca, carcinoma.		
For comparison, patients aged 34–74 yr are shown separately.		

classification (UICC 2002). The patients were considered to be free of tumour at the time of the interview [3].

We used face-to-face interviews to address clinical symptoms and to determine the time that passed between the first symptom and treatment seeking. The interviews also addressed sexual activity and life satisfaction after the treatment. The interviews were conducted by the same interviewer (E.S., not involved in the patients' clinical care) and took place at a median of 3 yr (mean, 4.5 yr; range, 6 mo–15 yr) after laser treatment. Each interview lasted approximately 1 h.

The questionnaire included 53 items. The main domains of the questionnaire were initial symptoms and treatment seeking, sexual function/dysfunction, and sexual activity. Life satisfaction was explored by using the checklist LiSat-11 [14].

An ad hoc comparator population of all 935 men aged 34–74 yr (mean, 50; SD; 11) who had participated in a cross-sectional, nationally representative investigation of sexual life and life satisfaction in Swedes aged 18–74 yr, was chosen for the LiSat-11 items. The same data was used to determine the lifetime prevalence of sexually transmitted infections (STIs) and the number of lifetime sexual partners [15,16]. The variables extracted during the interview are presented in the following sections.

2.1. Initial symptoms and treatment seeking

An open question addressed initial symptoms. The answers were categorized into subgroups (erythema/fissures, superficial ulceration, induration, pain, and symptoms of infection).

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