

EDITORIAL COMMENT

Re: Penile cancer: an analysis of socioeconomic factors at a southeastern tertiary referral center

The authors are to be congratulated in tackling the relationship between socioeconomic factors and penile cancer. Several of the risk factors are already established such as lack of circumcision, smoking and HPV exposure. Alcohol consumption has been controversial, but is related to other squamous cell cancers. One hypothesis is that cirrhosis contributes to reduced resistance to carcinogens. Recognizing alcohol dependence is important for perioperative management and may impact on suitability for chemotherapy.

The size of the study may account for differences reaching statistical significance, however several trends are clear. Lack of insurance was associated with late presentation, nodal involvement at presentation. Forty five percent of patients were lost to follow up, which compares poorly with European studies, however lack of insurance did not predict for this. Also of interest is while 16% of the state residents lack insurance, only 4% of urology patients attending the institution was uninsured. Thus the most glaring comparison is between patients with penile cancer and other urology patients.

These type of studies are important as they heighten clinicians to seek out risk factors for poorer outcome and non-compliance with follow up. Cancer preventative strategies are informed by such data. Perhaps the first example of prevention of occupational acquired cancer was by the chimney sweeps' guild in Denmark, as reported in the 19th century. Their insistence on daily bathing significantly reduced the incidence of scrotal cancer among chimney sweeps when compared to nations where this was not practiced. Prevention of penile cancer is controversial. Various strategies include routine neonatal circumcision, vaccination against HPV, barrier contraception or improving hygiene.¹ The lead-time between such approaches and eventual benefit is likely to be decades. Furthermore the relative rarity of this condition in North America mitigates against such projects. It may well fall to emerging economies where the incidence of penile cancer is higher to promote such strategies.

References

1. Minhas S, Manseck A, Watya S, Hegarty PK. Penile cancer - prevention and premalignant conditions. *Urology* 2010;76(2 Suppl 1):S24-S35.

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