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CARCINOMA OF THE PENIS IN THE WEST INDIES: A TRINIDAD STUDY.

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Abstract. In the period 1975-1983 40 cases of histologically proven penile cancers were observed. Although penile cancer is relatively common in the Indians of India and the negro population of our Caribbean neighbour Jamaica, this study shows that it is quite infrequent among both the Indians and negroes living in Trinidad. This is due probably to better socioeconomic conditions in our population.

Key words: penis carcinoma; frequency; Trinidad

Introduction

Carcinoma of the penis, a relatively common malignancy, varies in incidence in different countries but is commonest in Zimbabwe and Brazil [1,2]. Penile cancer is relatively common in the predominantly negro population of our Caribbean neighbour Jamaica and also in the Indian population of Madras [3-4]. We were somewhat surprised therefore at our clinical impression that penile cancer is quite uncommon in Trinidad where our population is predominantly negro (43%) and Indian (41%). This paper reports our investigation of the incidence and pattern of penile cancer in Trinidad.

Materials and methods

Records of all patients with penile cancer registered at the Port-Of-Spain General Hospital, Trinidad, during a 9-year period (January 1975 to December 1983) were reviewed. Relevant details were obtained from the patient's charts while histological material, available for all cases, was re-examined.

Results

There were 40 cases of histologically confirmed penile cancers. The patient's ages ranged from 32 to 75 years with a mean of 59 years (*table 1*). Of the 40 patients, 21 were negro, 11 Indian and 8 of mixed racial origin. These patients belonged to the lower socioeconomic class and none were circumcised in childhood.

Incidence. The estimated population from which these patients were drawn, was 340,000 males. The crude annual incidence of penile cancer was 1.3 per 100,000 males and this represented 3% of cancers among the male population. The age standardised incidence rate of penile cancer in Trinidad is 1.9 per 100,000 males per annum.

Clinical features. The usual presenting features were ulceration, induration and

Table 1. Age distribution, clinical staging and histologic grade of cancer of the penis

Age group	No. of cases	Clinical staging				Histologic grade		
		I	II	III	IV	I	II	III
30-34	1	1	-	-	-	1	-	-
35-39	1	1	-	-	-	1	-	-
40-44	2	-	1	1	-	1	1	-
45-49	5	4	1	-	-	4	1	-
50-54	3	1	2	-	-	2	-	1
55-59	6	5	1	-	-	2	3	1
60-64	10	5	3	2	-	3	5	2
65-69	3	1	2	-	-	2	-	1
70-74	5	2	3	-	-	-	4	1
75-79	4	1	3	-	-	2	-	2
Total	40	21	16	3	-	18	14	8

papillary growth on the penis. The duration of symptoms ranged from 1 to 32 months with a mean of 12 months.

Clinical staging. A uniform and readily reproducible staging system is lacking for carcinoma of the penis. Based on the clinical data and histological evaluation, all cases were retrospectively analysed according to Jackson's staging criteria [5]; see *table 1*. Most of the patients (37) were stage I and II, 3 were stage III, while none were stage IV.

Treatment. All patients had a diagnostic biopsy before treatment. Thirty had partial amputation of the penis, one total penectomy and nine were treated by circumcision only due to cancer confined to the prepuce. Three patients with stage III disease also had groin dissection for lymphnode metastases. All patients had local radiation in addition to surgery. Because many patients defaulted, accurate follow-up data is not available.

Pathology. Thirty eight patients had squamous cell carcinoma with varying degrees of differentiation; one was baso-squamous and one was verrucous carcinoma.

Discussion

Penile cancer is indeed uncommon in the Trinidad negro and Indian, relative to the Jamaican negro and Madras Indian where it occurs more frequently [3,4]. This is somewhat surprising since the ancestral origin of the Jamaican and Trinidad negro is similar while the Trinidad Indian is, at most, 140 years removed from India.

The clinical presentation and site of penile cancer in our patients are not different from the reported series. Carcinoma of the penis commonly occurs between 40 and 70 years of age with a mean of about 58 years [6].

It is well known that the incidence of penile cancer varies markedly with hygienic standards and with cultural and religious practices in different countries [7]. Data from large series reveal that penile cancer is more frequent when circumcision is delayed until puberty [6,7]; circumcision has been well established as a prophylactic

measure. Racial predilection, venereal disease, occupation and trauma are no longer considered to play a primary role in the development of penile cancer. The majority of our population enjoy a good standard of living and this may be responsible for the infrequent occurrence of penile cancer relative to Jamaica and Madras where socio-economic conditions are generally poorer.

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References

1. Higginson, J, Muir CS. Epidemiology of cancer. In: Cancer Medicine. Eds. Holland, JF, Frei III E, 2nd Edition. Philadelphia, Lea & Febiger 1982; p315.
2. Waterhouse J, Muir C, Shanmugaratnam K, Powell J. Cancer incidence in five continents. Vol. 4, IARC 1982.
3. Persaud V. Cancer incidence in Jamaica – An 18-year analysis. *West Indian Med J* 1976; 25: 201–15.
4. Rangabashyam N, Gnanaprakasam D, Meyyappan P, Vijayalakshami SR, Thiruvandanam BS. Carcinoma of the penis – Review of 214 cases. *J Royal Coll Surg Edin* 1981; 26: 104–9.
5. Jackson SM. The treatment of carcinoma of the penis. *Br J Surg* 1966; 53: 33–5.
6. Johnson DE, Fuerst DE, Ayala AG. Carcinoma of penis – experience with 153 cases. *Urology* 1973; 1: 404–8.
7. Riveros M, LeBron RF. Geographical pathology of carcinoma of the penis. *Cancer* 1963; 16: 798–811.
8. Gruzsel EO, Georgountzos C, Uson AC, Malico MM, Veenema RJ. Penile cancer. *Urology* 1973; 1: 569–78.