Dr. Arthur L. Burnett: surgical treatment for penile cancer

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The 2016 Huaxia Medical Forum—Genitourinary Tumor & The 2016 Great wall International Translational Andrology and Urology Forum (GUT-HMF 2016 & GITAU 2016) was held at the Tianjin Convention Center in Tianjin, China from April 15–17, 2016. We are honored to invite Dr. Arthur L. Burnett for an interview after his speech on "Penile Preserving and Reconstructive Surgery".

Arthur L. Burnett (*Figure 1*), MD, Professor of Department of Urology at Johns Hopkins University School of Medicine, where he is also Director of the Basic Science Laboratory in Neuro-urology. Currently, Dr. Burnett holds professional appointments at the Johns Hopkins Hospital including Director of the Male Consultation Clinic and clinician-scientist at the James Buchanan Brady Urological Institute. Dr. Burnett is recognized for being a world-authority in the science and medicine of male erectile dysfunction. He contributed original discoveries of the nitric oxide biochemical mechanisms in erectile tissue that paved the way for the clinical development of oral medications to treat erectile dysfunction such as Viagra. He has also pioneered work to develop therapies to protect penile nerve function required for improved erectile function recovery after radical prostatectomy.

Figure 1 Dr. Arthur L. Burnett.

TAU: What is the initial management of penile trauma?

Dr. Burnett: Penile trauma injury can occur with various kinds of activities including sexual activity and depending on the injury, we try to restore the normal anatomy for the man to restore normal function. So the initial management of penile trauma is evaluation (extent of the injury that needs to be reconstructed) and then we go about carrying out reconstruction. This is usually a surgical management problem, not usually managed conservatively if there really is major structural damage of the penis itself. Some sorts of minor injury can be managed non-surgically but if it is really damaged, where there is a structural damage or where there is a fracture of the penis or injury in such a way that requires surgery to fix that, then we have to bring that patient to the operating room to carry out that surgery.

TAU: What do you think about the medical therapy, radiation therapy and chemotherapy for penile cancer?

Dr. Burnett: Penile cancer is the most challenging cancer that we deal with in urology. Of course all the cancers are challenging, but penile cancer is rare and understanding of the best options is somewhat challenging. We want to do our best to preserve the man's genitalia, so many ideas about medical therapy; radiation therapy and chemotherapy have been introduced. We have to understand how effective they are to really control the disease, because penile cancer is very lethal and can claim a man's life. So I think these therapies are still evolving, some of the radiation therapy is very limited for the main type of penile cancer called squamous cell carcinoma, and chemotherapy may have to evolve where the disease starts to spread in the body. But the mainstay of the therapy, particularly for early-stage disease, is surgery.

TAU: Is surgical treatment the best option for penile cancer?

Dr. Burnett: I think the mainstay treatment of penile cancer is still surgery. If it's early stage, it is a matter of local removal of the tumor and we can reconstruct to give that man the best-looking penis surgery to make it look normal

as much as possible. Someone who may have more advanced disease may have to go on some additional therapies too. We are still progressing in this field to consider advanced chemotherapies for its spreading in the body, but the mainstay is surgery.

TAU: Any limitation on new surgical procedures for penile cancer?

Dr. Burnett: It is important to know that when we are talking about new ways of preserving the penis and reconstructing it, it should only be for patients that we define very well to have the earliest stage of disease. If it is progressive and it is deeply involved into the penile flesh, then the surgery may not be preserving as much and you still have to remove much of the penis in order to really control the cancer. The other thing to know is that for these earlier stage diseases, although we can preserve much of the penis, the patients need to understand that there could be a potential of re-occurrence. They need to understand the risks and they need to prepare to have follow-up visits to be monitored. If there is anything that looks suspicious for a recurrence, they need to be treated again.

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Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

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