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Presentation, Management, and Preliminary Outcomes of Penile Cancer in a Latin American Referral Cohort

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Background | Why This Cohort Matters

Penile cancer is rare in high-income settings, but disease burden is substantially higher in parts of South America, Africa and Southeast Asia, where it may account for 1–2% of male malignancies. Despite this geographic burden, these populations remain underrepresented in penile cancer research and clinical trials.

Real-world data from specialized Latin American referral centers may therefore help characterize presentation, treatment patterns and outcomes in an underrepresented population.

OBJECTIVE: to characterize clinical presentation, primary and nodal management, recurrence patterns, and exploratory survival outcomes in a long-term Argentine referral-center cohort.

Methods

Retrospective, single-center observational cohort (n=71). Variable-specific available-case denominators were used; missing data were not imputed. Categorical variables were reported as n/N (%). Stage–recurrence association was explored using Fisher's exact test. Exploratory OS was estimated using the Kaplan–Meier method.

RESULTS

Study Population · Table 1

TOTAL COHORT
71 patients

DIAGNOSIS PERIOD
May 2001–Oct 2019

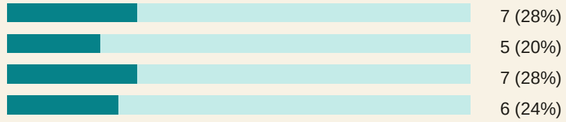
AGE
<40 12.7% · 40–65 62.0% · >65 25.4%

SQUAMOUS HISTOLOGY
67/70 (95.7%)

PALPABLE INGUINAL NODES
44/70 (62.9%)

STAGING DATA
T n=42 · N n=39 · M n=35
Documented stage group n=25

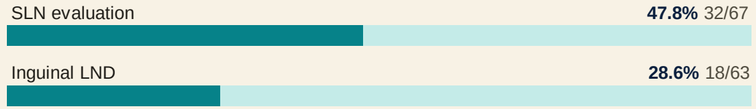
DOCUMENTED STAGE GROUP · n=25



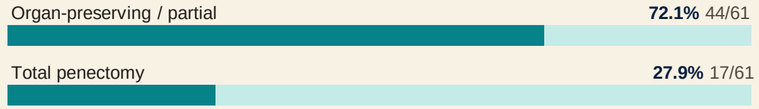
Stage group as documented in source records.

Presentation & Management

NODAL STAGING / MANAGEMENT

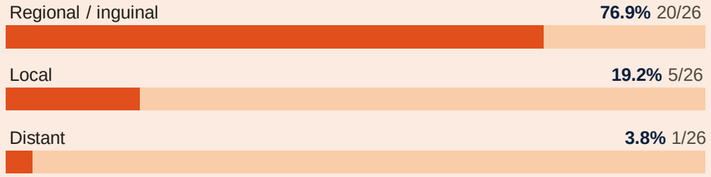


PRIMARY SURGERY · n=61 CLASSIFIABLE



RECURRENCE PATTERN

Recurrence status available: 55/71
Documented recurrence: 26/55 (47.3%)



Recurrence by Documented Stage

Complete-case exploratory, n=22

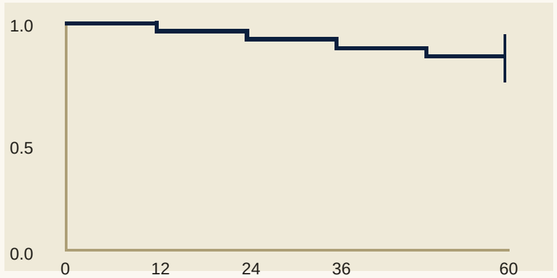
FISHER'S EXACT $p = 0.024$

No imputation; association, not causal.

EXPLORATORY OVERALL SURVIVAL

7 deaths

OS-analyzable cohort: n=61 with valid diagnosis and follow-up dates



82.9% 5-y OS · 95% CI 65.3–92.0 · median OS not reached

At risk 0/12/24/36/60mo: 61 / 40 / 29 / 24 / 22 · median follow-up 21.0mo (IQR 9.2–96.3)

Exploratory OS. Seven deaths were documented; exact dates of death were available for four patients. For the remaining three, the last documented clinical encounter was used as the operational event date.

QUESTIONS THIS COHORT RAISES

1. Can standardized referral, staging and nodal pathways improve outcome capture and regional disease control?

2. Which clinical, pathological and biological factors identify patients at greatest risk of regional recurrence?

3. Can a multicenter network across underrepresented regions generate standardized clinical, pathological, outcome and translational data for this rare tumor?

FUTURE DIRECTION · Multicenter Collaborative Network (international, not yet existing)

1. Clinical–pathological phenotyping
2. HPV / p16 biology
3. Immune / predictive profiling
4. Molecular characterization & biobanking

Goal: identify determinants of regional recurrence and clinically actionable biological subsets for future therapeutic research.

CONCLUSION

High nodal burden, predominantly regional recurrence, and the exploratory stage–recurrence signal support standardized nodal assessment and prospective data capture in this underrepresented population.

REFERENCES ·Parnham A, et al. Eur Urol. 2026;90:60–71. · Bandini M, et al. Nat Rev Urol. 2022;19:231–239. · Chavarriaga J, et al. Urology. 2021;156:199–204. · Pecoraro A, et al. Eur Urol Focus. 2024;10:57–65.