PENILE NEOPLASM AND MEN’S HEALTH CARE

ABSTRACT

Objective: Investigating men’s knowledge on penile neoplasm. Method: quantitative study carried out in 12 Family Health units in Cajazeiras, Paraíba, Brazil, and its population totaled 100 participants. Data were collected by means of a semi-structured questionnaire in October and November 2013, after approval of the research project by the Research Ethics Committee, Protocol n. 230.193. Results: regarding knowledge on penile cancer, 51% said malignant tumor, 28% indicated lesions in the organ, 14% pointed out changes in the organ, and 7% referred to curable disease. Concerning symptoms, 50% related them to reddish wound, 20% to whitish spots, 20% to smelly secretion, and 10% to bubo in groin. As for treatment, 50% related it to the urologist, and 3% to surgery. Conclusions: we found out the need for public awareness campaigns aimed at this audience, because lack of information compromises the early diagnosis of penile neoplasm.

RESUMO

Objetivo: investigar o conhecimento dos homens sobre a neoplasia peniana. Método: estudo quantitativo realizado em 12 unidades de Saúde da Família de Cajazeiras (PB) e sua população totalizou 100 participantes. Os dados foram coletados por meio de questionário semiestruturado em outubro e novembro de 2013, após aprovação do projeto de pesquisa pelo Comitê de Ética em Pesquisa, Protocolo n. 230.193. Resultados: em relação ao conhecimento sobre câncer de pênis, 51% disseram tumor maligno, 28% indicaram lesões no órgão, 14% apontaram alteração no órgão e 7% referiram doença curável. Sobre os sintomas, 50% os relacionaram a ferida avermelhada, 20% a manchas esbranquiçadas, 20% a secreção com mau cheiro e 10% a íngua na virilha. Quanto ao tratamento, 50% relacionaram a quimioterapia, 30% a medicamentos, 12% a radioterapia e 8% a amputação. Além disso, 50% indicaram higiene pessoal como medida preventiva, 34% apontaram uso de camisinha, 13% referiram visita ao urologista e 3% citaram cirurgia de fímose. Conclusões: constatou-se a necessidade de campanhas de esclarecimento dirigidas a esse público, pois a falta informação compromete a emergência precoce da neoplasia peniana.

RESUMEN

Objetivo: investigar el conocimiento de los hombres acerca de la neoplasia de pene. Método: estudio cuantitativo llevado a cabo en 12 unidades de Salud de la Familia en Cajazeiras, Paraíba, Brasil, y su población ascendió a 100 participantes. Los datos fueron recogidos por medio de un cuestionario semiestrucuturado en octubre y noviembre de 2013, después de la aprobación del proyecto de investigación por el Comité de Ética de la Investigación, el Protocolo n. 230.193. Resultados: con relación al conocimiento acerca del cáncer de pene, 51% dijeron tumores malignos, 28% indicaron lesiones en el órgano, 14% apuntaron cambio en el órgano y 7% refirieron enfermedad curable. Acerca de los síntomas, 50% los relacionaron a herida rojiza, el 20% a manchas blanquecinas, el 20% a secreción con mal olor, y el 10% a gonorio en la ingle. En cuanto al tratamiento, 50% lo relacionaron a la quimioterapia, el 30% a medicamentos, 12% a radioterapia y 8% a amputación. Además, 50% indicaron higiene personal como medida preventiva, 34% apuntaron uso del condón, 13% refirieron visita al urólogo y 3% citaron cirugía de fímbula. Conclusión: se constató la necesidad de campañas de sensibilización dirigidas a ese público, pues la falta de información compromete el diagnóstico precoz de la neoplasia de pene.

Descriptors: Neoplasias de los Genitales Masculinos; Salud del Hombre; Prevención Primaria; Atención Primaria a la Salud.
Penile neoplasm is a rare disease, more common in developing countries. India has the world’s highest incidence, reaching 3.22 cases per 100 thousand inhabitants. This kind of cancer accounts for 0.4% of malignant tumors among men, in the USA, and for 2.1% in Brazil, where it is more prevalent in the North and Northeast regions. It is regarded as one of the oldest neoplasms and represents less than 1% of malignant cancers among men.1,2

This neoplasm is caused by lack of proper personal hygiene, whose main factor is the existence of phimosis. It is associated with low socioeconomic status, lack of information about the need for intimate hygiene, and lack of circumcision. Another problem is population’s unawareness of the occurrence of this cancer.3

Although its etiology is unknown, a study shows the association between human papillomavirus (HPV) and squamous cell carcinoma of the penis. HPV is observed in 30% of cases of penile cancer and it is sexually transmitted. The risk factors are also associated with smoking, high number of sexual partners, sexually transmitted infections having major association with HPV, as well as with repeated penile abrasions.4

This is a disease whose early detection and prevention aid in treatment. So, the importance of intensifying prevention campaigns is indicated, taking into account that health education is the guiding tool to search for men’s behavioral change, which can be implemented by means of lectures, focus groups, and workshops, in order to clarify possible doubts, such as: convey general knowledge about bad hygiene habits and the carcinogenic effect of phimosis, as well as that of HPV infection.5

According to the social imaginary, man is regarded as a strong, virile, invulnerable being, something which further complicates his search for health care services, since falling ill refers to the idea of weakness and fragility. Fear of finding himself sick and also the feeling of shame to expose the body to examination, among other factors, lead men to usually seek emergency services only when they cannot stand the physical discomfort caused by the pathology anymore.5,6

Prevention campaigns are of fundamental importance, because they help diagnosing penile cancer in its early stages, reducing the incidence and severity of disease, promoting greater chances of cure and increasing survival. These educational actions help clarifying some factors, such as exposure to risks, symptoms, diagnoses, etc., that show the actual importance of health to the well-being and quality of life of every citizen.7

Therefore, given these assumptions, the aim of this study was answering to this question << “What do men know about the risk factors for developing penile cancer? >>

OBJECTIVE

- Investigating men’s knowledge on penile neoplasm.

METHOD

This is a field, descriptive, exploratory study, with a quantitative approach, carried out in 12 Family Health units (FHUs) in the urban zone of the town of Cajazeiras, Paraíba, Brazil.

The population consisted of all men duly enrolled. Thus, we resorted to a random selection to define the sample, using these inclusion criteria: being over 18 years old, being present at the time of collecting data, and being enrolled in the FHU. Applying these criteria, 100 participants were selected.

Data were collected by means of a semi-structured questionnaire in October and November 2013.

The study obtained a favorable opinion from the Research Ethics Committee of Faculdade Santa Maria (FSM), under the Protocol 230,193, in line with Resolution 466/12, from the National Health Council.

RESULTS

Men aged from 18 to 80 years participated in the study. As for educational status, 32 (32%) individuals completed High School. Regarding professional practice, 28 (28%) worked in general services, 15 (15%) were retired, and 14 (14%) were public officials. In terms of monthly income, 55 (55%) respondents had an income between R$ 0.00 and R$ 1,000.00, 16 (16%) had an income between R$ 2,000.00 and R$ 4,000.00.

About knowledge on penile cancer, 51 (51%) said malignant tumor, followed by 28 (28%) who indicated lesions in the organ, 14 (14%) pointed out change in organ, and 7 (7%) referred to curable disease.

It is worth highlighting the importance to know the definitions and correlations that permeate the puzzle constituted by the term “cancer”. People name as cancer the set of pathologies characterized by a disordered cell growth that affects tissues and organs. In this degenerative disease, this abnormal cell growth originates the tumor, which can be
benign or malignant. In a malignant tumor, there is the possibility of altered cell migration to other areas of the body (metastasis). The benign tumor, usually, poses no risk to the body, because it is restricted to the affected tissue, but a benign tumor can become malignant.3

Penile cancer is an uncommon malignant tumor that generally develops from 40/50 years of age. Having lesions in the genital organ may characterize several diseases, especially those sexually transmitted; some factors with a physical, chemical, and biological nature can be characterized as predisposing to various types of cancer, but not as a final name or diagnosis of a neoplastic disease.

The clinical examination and biopsy are key elements to diagnose a malignant tumor in the penis. The earlier it is performed, the better the response to treatment. The problem is that, due to unawareness or embarrassment, many men are slow to seek medical care and notice some change in the penis, failing to treat a disease that can be cured.

Asked about the symptoms of penile cancer, 50 (50%) of answers related them to reddish wound, 20 (20%) to whitish spots, 20 (20%) to smelly secretion, and 10 (10%) to bubo in groin. We found out a satisfactory understanding with regard to signs and symptoms of the pathology, since most participants recognized the item “reddish wound”, typical of this disease.

Penile cancer is an uncommon disease in developed countries, since it corresponds to not more than 0.4% of cancers affecting men. A few years ago, a particular attention started being paid to the detection of lesions with a potential to be infected by HPV among the male population.4 Especially in regions where the incidence of penile cancer is higher in Brazil, such as in the North and Northeast, and taking into account that HPV is the sexually transmitted viral infection that affects the sexually active population the most.

The importance of an adequate population knowledge with regard to prevention and early detection refers to the practice of investments in information on proper hygienic habits and promotion of self-examination as a preventive measure.10

The most common symptom is the emergence of a reddish wound, which does not heal, or a small nodule on the glans, foreskin, or shaft of the penis. Initially, these lesions can involve no pain, something which delays the diagnosis. Other symptoms are whitish spots or loss of pigmentation in the glans, presence of smelly smegma, and swollen inguinal ganglia in groin. Live red plates may be regarded as premalignant lesions that are going to progress to penile cancer, if not properly diagnosed and treated.

Regarding the ways of treating penile cancer known by respondents, it is observed that 50 (50%) of participants related treatment to chemotherapy, 30 (30%) to medicines, 12 (12%) to radiotherapy, and 8 (8%) pointed out amputation. Such data evidence an effective understanding on the main treatment tools in face of this theme, since the vast majority of the sample referred to the correct clinical manifestations.

Cancer, in its early stage, can be surgically controlled and cured, when surgical treatment is indicated for the case. Surgery was the first treatment that significantly changed the course of neoplastic disease and, even today, it is among the main methods used, still very important in the therapeutic arsenal against malignant tumors. It may be performed for diagnostic, preventive, curative, or palliative purposes.

The treatment of penile cancer may rely on surgery, radiotherapy, and chemotherapy, depending on the tumor extent. In a large part of cases, people choose surgery for local control of the disease, early diagnosis can prevent penile amputation, something which sharply reduces the emergence of physical, sexual, and psychological sequelae on the individual.11

Radiation therapy as a treatment aims to achieve a favorable therapeutic index, leading malignant cells to lose their clonogenicity and, at the same time, preserving the normal tissues. The corpuscular, electromagnetic, teletherapy, and brachytherapy radiation are the most common types of this kind of treatment. In turn, antineoplastic chemotherapy consists in using chemical substances, alone or combined. The application of antineoplastic agents in cancer treatment is based on the concept of cell kinetics, which includes cell life cycle, cell cycle time, growth fraction, and tumor mass size.12

Through these data, we observed that a portion of participants did not have a correct knowledge on the forms of treatment, as a percentage of 30.5% of respondents said that only medication could treat penile cancer. From this perspective, we emphasize the need to focus even more the public policy aimed at men’s health, since broadening our understanding on the socio-demographic
profile of the population most affected by this disease, as well as men’s emotional reactions when faced with the diagnosis of penile cancer and the need for surgical treatment, have encouraged thinking through the theme.

When asked about the preventive measures of male genital cancer, 50 (50%) mentioned personal hygiene 34 (34%) condom use, 13 (13%) visit to the urologist, and 3 (3%) phimosis surgery. Based on the results of this sample, the preventive measures including genital hygiene, aiming at early diagnosis and reduction of injuries, were essentially understood by the individuals, a fact evidenced by the predominance in numbers when implementing this practice.

Preventive actions currently observed can prevent around 60% of cancer types, a fact demanding health policies aimed at the community. Thus, the work of interdisciplinary health teams proves to have great value, as it can contribute to diagnosis, favor treatment adherence, and ease reactions to it, promote improvements in quality of life and, for the patient with no therapeutic possibility, facilitate the process of acceptance of death.13

The direct relationship between the incidence of penile cancer and circumcision during childhood was evidenced in a study that evaluated 811 patients for 31 years. Circumcision has shown to be a protective factor and a practice that should be encouraged among populations at risk. Furthermore, proper hygiene is regarded as an additional factor to prevent penile cancer. The association of circumcision and hygiene of the organ could dramatically reduce the incidence of disease.14

In another epidemiological study, conducted in the state of Pará, 346 patients from the countryside were analyzed, whose age group affected (65%) ranged between 40 and 69 years. Among the common factors were lack of circumcision and poor hygiene habits. Thus, it is suggested that circumcision during childhood, as well as improved genital hygiene habits, can be effective means of disease prevention. However, it is noteworthy that the protective effect of circumcision is recognized for localized and invasive penile cancer, but not for carcinoma in situ. It is widely known to focus that circumcision can result in psychological problems for the patient.11

Whereas the practice of circumcision during childhood combined with information on notions of intimate hygiene and the importance of self-examination are recognized as important measures to prevent penile cancer, the findings of this study significantly expose the participants’ knowledge level, reinforcing the relevance of reflections on the theme, and the need for public policies aimed at men’s health, something which could help preventing this important public health problem.

Concerning the number of times that respondents sought the FHUs to evaluate health over his life, 73 (73%) of participants reported none, 17 (17%) 1 time, 6 (6%) 2 times, and 4 (4%) 3 times.

An issue pointed out by men for not searching for health care services is connected to the position of provider. We cannot deny that among male concerns the labor activity is highlighted, above all among people with a low social status, something which reinforces the role historically assigned to man to be the family’s breadwinner. Although this may constitute, in many cases, an important barrier, we must stress that a large part of women, from all socioeconomic categories, today, is included into the workforce, the labor market, and this is not a reason to stop seeking health care services.15

Although the concept of masculinity has been currently refuted and it has lost its original rigor in the dynamics of the cultural process, the still prevalent conception of hegemonic masculinity is the structural axis to do not seek health care services, as shown by data from this study. The contribution by the interdisciplinary health team, both within the hospital environment and in the primary health care network, as a source of importance recognized through the finding that the requirement of a comprehensive health care, of providing an attentive and specialized listening to the emotional demand of a patient. Such practices must cover prevention and education actions, as well as psychological interventions, meeting the needs of the patient and those of the institution itself.16

We emphasize that understanding the sociocultural and institutional barriers, educational status, and age are important for the strategic proposition of measures that can promote men’s access to primary health care services, in order to safeguard the prevention and promotion as needed and crucial axes of intervention.

We found out that educational status and age could explain the number of visits to the USF to evaluate the type of problem-solving question in this research.

The result showed that educational status has a positive and significant correlation (r =
as relevant women’s education in relation to preventive actions for penile cancer, since women play a key role in men’s health care. Furthermore, such information must be provided in a clear and direct way, so that people at any age or education level is able to absorb and used it.

The factors age and educational status can directly influence on the information obtained. Regarding those who received information about male genital cancer, their education level and age, we obtained as a result a significant difference in average schooling ($p = 0.05$), whereas those who reported receiving some type of information about neoplasm had higher schooling (difference of 0.91). As for age, younger men, i.e. with lower average age, reported they had already received information about penile cancer, with a difference in average of 1.78 years and $p = 0.69$.

### FINAL REMARKS

The growing number of studies on men’s health in recent years is related to the need to better understand the unique health-illness process of men, as well as their relation to health care services, especially primary health care services, seeking to understand the various causes for high rates of morbidity and mortality within the male universe.

Among the morbidities that affect men the most, penile neoplasm stands out, a growing concern that is regarded as one of the issues to be addressed with regard to men’s health, due to the symptoms involved in its clinical presentation, as well as its repercussion in men’s life.

This study allowed us to check men’s knowledge on penile neoplasm, whether they know the proper treatment and adopt a preventive action that helps not developing this type of neoplasm.

Most of the population referred to chemotherapy as a treatment way, showing good knowledge on the pathology concerned, something which can also be noticed when checking the preventive measures that men use; the majority of this population reported being adept of good hygiene, thus demonstrating a need for adopting preventive measures to reduce further health problems.

The results may guide the construction of a new reality for men’s health, an area that requires investment in health education and improved accessibility. The knowledge generated by this research proves to be useful to provide the population with contextualized explanations, demonstrating the importance of proper hygiene and self-examination habits as preventive measures.

It is worth remembering that the question referred to penile neoplasm, a possible hypothesis is that public policies aimed at informing men about penile cancer have been producing an effect on the number of visits of these younger men. This hypothesis could motivate the development of further researches to respond to the finding.

Parallel to the search for this care in the USFs, we also evaluated whether men received information from professionals about penile cancer, 80 (80%) of participants reported not receiving and 20 (20%) said yes.

The representation of penis, organ which is used to differentiate between sexes during childhood, and fear of seeing this organ as threatened also may favor this reluctance to seek expert help immediately after the onset of symptoms, a period within which options for a more conservative treatment and the chances of cure are higher, indicating the importance of clear symptoms of infection.\(^8\)

Thus, penile cancer constitutes a public health problem in the developed world and also in developing nations. In Brazil, the distribution of different types of cancer suggests an ongoing epidemiological transition. Therefore, the importance of investment in health prevention and education in a more effective way is noteworthy, those addressing this issue, and this may be considered of great value to inform the population about the importance of proper hygiene and self-examination habits as preventive measures.

Additionally, it is recommended that encouraging measures are developed so that the male population looks for information in health care services. Because, in the clinical practice, it is noticed that the number of men seeking the health care center is lower than the number of women. There is a need for preparing public information campaigns aimed at the male audience.

Misinformation leads women to take, on an exclusive basis, the responsibility for the couple’s sexual health prevention, a fact that, several times, hinders an early diagnosis of male cancer. In this sense, it is also regarded as relevant women’s education in relation to preventive actions for penile cancer, since women play a key role in men’s health care.
and benefits of prevention and early diagnosis of penile cancer, to reduce the incidence and severity of this disease and also to provide greater chances of cure and increased survival.

As for knowledge amplitude, we notice the evidence that a large percentage of men have never received information about the pathology discussed in this paper, a matter of concern when we recognize that misinformation generates vulnerability, as men do not prepare themselves for self-care. In this sense, investments in strategic actions that emphasize health education become crucial.

Despite the above, this study has some limitations, however, they do not hinder the use of its findings; so, we highlight that our objectives were achieved.

Finally, we recommend that encouraging resources are developed so that the male population looks for information in health care services, such as public awareness campaigns aimed at this audience. Disinformation impairs early diagnosis of penile cancer and, as a consequence, a proper treatment and the benefits arising from it.

REFERENCES


