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Abstract:

Objective: To present long-term adjuvant radiotherapy outcomes of pN3 squamous cell carcinoma of the penis from two UK centres.

Patients and Method: A retrospective audit of all pN3 SCCp patients deemed suitable for adjuvant therapy by a specialist multidisciplinary meeting (sMDM) at St George's and Leeds Hospitals who completed adjuvant radiotherapy.

Primary outcomes were recurrence-free survival (RFS), cancer specific survival (CSS) and overall survival (OS). Secondary outcomes were time to adjuvant treatment, frequency of in field recurrence, site and side of recurrence, dose and schedule of radiotherapy.

Results: 146 patients were included: 121 completed radiotherapy, 4 did not complete and 21 did not start. Median age was 59 years (IQR 54 - 70). 5-year RFS was 51%, CSS 51% and OS 44%. Adjuvant radiotherapy was started at a median 75 days (IQR 48 - 106 days). 45Gy in 20 fractions was most commonly used. 55 of the 125 who started adjuvant treatment relapsed. Of these, 30 were in an inguinal nodal station and 26 (21%) of these were in a radiation field. 18 of 55 (32.7 %) in visceral sites only and 7 of 55 (12.7 %) in both nodal (non-irradiated sites) and visceral sites. Doses of less than 50Gy were used more commonly before 2013 and higher doses over 50Gy after 2013.

Conclusions: Application of a standard radiotherapy protocol within a centralised supra-network setting has achieved survival outcomes that would appear better than those previously documented for either radiotherapy or chemotherapy in a solely pN3 cohort. The addition of adjuvant chemotherapy may improve these outcomes further. This data suggests that adjuvant radiotherapy has a role to play in the management of men with pN3 SCCp.

Keywords: Squamous cell carcinoma of the penis, Extracapsular nodal extension, Lymph node, Adjuvant radiotherapy.