

PENILE CANCER
GLANS RESURFACING
FOR PENILE CIS

The best approach to managing carcinoma *in situ* (CIS) of the glans is currently unclear. These premalignant lesions are considered amenable to penis-preserving therapies, and a number of minimally invasive interventions, such as topical chemotherapy, laser ablation therapy and cryotherapy, have been proposed for use in this setting. However, high recurrence rates (up to 30%) and the need for repeat treatments suggest that these interventions may not be optimal.

Glans resurfacing is a reconstructive surgical technique that has been adapted as a treatment for glanular CIS, yielding good oncologic and cosmetic outcomes. Most studies have only evaluated this procedure as a secondary treatment in patients who fail to respond to minimally invasive techniques. In a new study by Shabbir and colleagues, total (TGR) and partial (PGR) glans resurfacing have shown promising outcomes as primary treatments for glanular CIS.

25 patients with biopsy-proven CIS underwent either TGR ($n=10$) or PGR ($n=15$; defined as resurfacing of <50% of the glans). After surgery, 20% of 10 patients in the TGR group and 67% of 15 patients in the PGR group had positive surgical margins, with further surgery (either glansectomy or additional glans resurfacing) required in one patient in the TGR group and six patients in the PGR group. CIS recurred in only one patient in the TGR group, and no patient experienced disease progression. Cosmetic outcomes were satisfactory for both the surgeon and the patient in 24 of 25 cases.

The authors conclude that glans resurfacing is a safe and effective primary treatment for CIS of the glans. Despite the relatively high rate of positive surgical margins and the need for further surgery, the risk of recurrence or progression remains very low.

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Original article Shabbir, M. *et al.* Glans resurfacing for the treatment of carcinoma *in situ* of the penis: surgical technique and outcomes. *Eur. Urol.* doi:10.1016/j.eururo.2010.09.039