Major tumor regression after paclitaxel and carboplatin polychemotherapy in a patient with advanced penile cancer

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Penile cancer is rare in Western countries. High-risk patients are considered for prophylactic inguinal lymphadenectomy. For advanced disease, a triplet drug regimen consisting of bleomycin, methotrexate, and cisplatin is the most active combination tested so far. A 62-year-old man with penile cancer underwent partial penile amputation but presented 10 months later with inguinal nodal metastasis. He received three cycles of paclitaxel/carboplatin with marked clinical and radiologic (computed tomography and positron emission tomography) tumor regression. Later, complete resection of the inguinal nodal metastasis was performed. The paclitaxel/carboplatin combination has potential activity in penile cancer. Positron emission tomography may be used for screening of nodal metastases.