



PENILE INTRA-EPITHELIAL NEOPLASIA (PeIN)

Information about your procedure from
The British Association of Urological Surgeons (BAUS)

You have been given this leaflet because you have suspected or confirmed penile intra-epithelial neoplasia (PeIN). The aim of this leaflet is to provide you with detailed information about the condition.

We have consulted specialist surgeons during its preparation, so that it represents best practice in UK urology. You should use it in addition to any advice already given to you.

To view this leaflet online, scan the QR code (right) or type the shortened URL below it into your browser.



<https://bit.ly/3XKyMRG>

KEY POINTS

- Prostatic intra-epithelial neoplasia (PeIN) is a pre-cancerous change in the skin of your penis, usually on the penile head (glans)
- If left untreated it can progress into invasive cancer
- Treatment of PeIN is aimed at preserving the appearance and function of your penis, and may be in the form of creams, laser treatment or surgery

What is prostate intra-epithelial neoplasia (PeIN)?

PeIN means that there are abnormal cells or growths in the surface skin of your penis. These can look like ulcers, warts or just abnormal, discoloured patches of skin. However, if they are not treated, they can become cancerous and spread into nearby normal tissue.

Your GP may have examined you and referred you to a urologist for further investigations of the abnormal area of skin on your penis.

Alternatively, may have seen either a dermatologist (a doctor who specialises in skin conditions) or a sexual health specialist, and they may already have taken a biopsy sample of your abnormal patch of penile skin.

This will have been examined under a microscope to check for abnormal cells. If PeIN or cancer has been seen, or if your doctor is concerned that cancer cells may be present, you will be referred to a specialist urologist.

What are the treatment options?

The aim of treatment is to preserve the appearance of your penis and its function. Your doctor will discuss which treatment is the most appropriate for you and will give you further information as required. Treatment options are outlined below:

- **Creams** - your doctor may prescribe a cream to treat the affected area; this could be a chemotherapy cream such as fluorouracil (5FU) or a cream such as imiquimod that activates your immune system
- **CO2 laser** - you may be offered laser therapy to the affected area
- **Surgery** - if the area is small, a [penile biopsy](#) can be used to remove the affected area. If the area is large, or has not responded to other treatments, we may recommend more extensive surgery such as [glans resurfacing](#)
- **Circumcision** - this is often recommended because the foreskin is a risk factor for developing penile cancer; removal of the foreskin makes it easier for you to apply creams and examine the head of your penis regularly

What should I do with this information?

Thank you for taking the trouble to read this information. Please let your urologist (or specialist nurse) know if you would like to have a copy for your own records. If you wish, the medical or nursing staff can also arrange to file a copy in your hospital notes.

What sources have we used to prepare this leaflet?

This leaflet uses information from consensus panels and other evidence-based sources including:

- the [Department of Health \(England\)](#);
- the [Cochrane Collaboration](#); and
- the [National Institute for Health and Care Excellence \(NICE\)](#).

It also follows style guidelines from:

- the [Royal National Institute for Blind People \(RNIB\)](#);
- the [Information Standard](#);
- the [Patient Information Forum](#); and

- the [Plain English Campaign](#).

DISCLAIMER

Whilst we have made every effort to give accurate information, there may still be errors or omissions in this leaflet. BAUS cannot accept responsibility for any loss from action taken (or not taken) as a result of this information.

PLEASE NOTE: the staff at BAUS are not medically trained, and are unable to answer questions about the information provided in this leaflet. If you have any questions, you should contact your Urologist, Specialist Nurse or GP in the first instance.