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# Acceptance of illness and satisfaction with the life of the patient after penectomy

## Abstract

Penile cancer is a rare malignant neoplasm, occurring mainly in men in their sixties and seventies. The consequences of treatment often include a severely disturbed perception of one's body image, lowered self-esteem and difficulties in daily functioning, which can result in reduced satisfaction with further life. This study aimed to assess the life satisfaction and level of acceptance of illness of a 42-year-old patient after penectomy in the course of cancer. The following tools were applied in the study: the authors' own questionnaire, the Acceptance of Illness Scale (AIS) and the Satisfaction With Life Scale (SWLS). The patient surveyed scored 38 out of 40 on the AIS scale, indicating that he accepted his illness, while on the SWLS scale, he scored the maximum number of points indicating a high overall sense of satisfaction with life. The patient did not report any difficulties in terms of daily functioning resulting from the diagnosed disease and the treatment administered.

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**Keywords:** penile cancer, daily functioning, acceptance of illness, satisfaction with life

## Introduction

Penile cancer in about 95% of cases is squamous cell carcinoma, which can affect the glans or the inner layer of the foreskin. Its defining features are invasive growth and quick metastasis to lymph nodes [1]. It is a rare malignant tumour, more common in developing countries than in developed ones [2]. In 2020,

the number of people suffering from penile cancer worldwide was 36 068 (0.92 cases/100 000 people) [3]. In Poland, in 2020 penile cancer was diagnosed in 273 men, which gave the standardized incidence rate of 0.8 cases/100 000 people [4]. The incidence of penile cancer increases with age, with a peak in the sixth decade of life, but it does occur in younger men — the average age at diagnosis is 55 [5]. Longer,

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that is 5-year survival is contingent on early diagnosis and is more than 86% in patients without lymph node metastases [6], which is why early detection of the disease and its confirmation by biopsy, as well as the assessment of the tumour grade, are so important as they prevent delays in starting treatment. The first symptoms are usually noticed by the patient himself as they are visible changes in the appearance of the glans or foreskin, with no painful symptoms [1].

The development of penile cancer in about one-third of cases is related to Human Papillomavirus (HPV) infection. Other risk factors for the disease include poor socioeconomic conditions, improper genital hygiene habits, smoking, phimosis and inflammatory lesions of the intimate area which may be related to impetigo [1, 2].

Surgical methods and chemotherapy are the most relevant in the treatment of penile cancer [3]. Regardless of the method used, it often leads to serious consequences, including disturbances in the patient's body image and functioning [1]. For patients who, due to cancer, have undergone mutilating treatment in the intimate area and are aware of an unsuccessful prognosis, both acceptance of the disease and the sense of satisfaction with life become crucial. Surprisingly, however, many of the respondents report high levels of life satisfaction despite radical and life-degrading therapeutic procedures [7]. The purpose of the study was to assess the life satisfaction and level of acceptance of illness of a 42-year-old patient after penectomy in the course of cancer. The following tools were used in the study: the authors' own questionnaire, the Acceptance of Illness Scale (AIS) and the Satisfaction With Life Scale (SWLS).

The Acceptance of Illness Scale (AIS), by B. J. Felton, T. A. Revenson and G. A. Hinrichsen, adapted to Polish conditions by Z. Juczyński, assesses the degree of acceptance of illness. The greater the acceptance of the illness, the better the adaptation and lower psychological discomfort. The scale consists of 8 statements that describe the consequences of illness. A low score is synonymous with a lack of acceptance and adaptation to the disease, as well as a strong sense of psychological discomfort. A high score signifies acceptance of one's condition, manifested by the absence of negative emotions related to the disease [8].

The Satisfaction with Life Scale (SWLS), by E. Diener, R. A. Emmons, R. J. Larson, and S. Griffin, adapted to Polish conditions by Z. Juczyński, assesses the overall index of feeling satisfied with life. The higher the score, the greater the sense of satisfaction with life. The numerical score should be referred to the sten scale. Scores ranging between 1 and 4 sten are low, 5–6 are average, and 7–10 are high [8].

The study was conducted between November 2019 and April 2023, during three patient encounters. The patient was undergoing palliative chemotherapy at the start of the study.

## Case description

A man aged 42 after penile amputation surgery performed on September 13, 2019, due to advanced cancer of this organ. The patient was diagnosed with cancer in April 2017. The alarming symptom which made the patient see the doctor was penile thickening. A specimen was taken for histopathological examination, which led to the diagnosis of squamous cell carcinoma of the glans area. Partial resection of the glans was performed along with posthioplasty. In July 2017 a recurrence was observed. The detected lesion of the glans and penile shaft was removed in August 2017. No cancer cells were found in the intraoperatively taken specimen and the patient was discharged home without complications. In June 2018, the patient underwent laparoscopic partial removal of bilateral inguinal lymph nodes — the procedure was prophylactic, as no symptoms of cancer had been detected. Despite recommendations, the patient did not attend follow-up examinations between June 2018 and July 2019, the reason being his wife's pregnancy and complications during her pregnancy.

At the beginning of July 2019, the patient came to see the doctor complaining of pain in the genital area, at which time locoregional recurrence was diagnosed. As a result, penile penectomy with bilateral superficial and deep lymphadenectomy was performed in September 2019. After the surgery, prophylactic antibiotic therapy was implemented and compression stockings were used. During the surgery, the patient's urethra was transplanted into the perineal area. After the amputation, the patient was referred for psychological consultation; during the interview, the psychologist noted the man's lowered mood. The patient made contact with other people and had an insight into his health situation. He received emotional support from his family (mainly his wife). Although the patient was not active professionally, he had other non-health goals that significantly reduced his emotional tension, motivated his treatment and strengthened his hope for recovery, as he wanted to see his one-year-old daughter.

In October 2019, a clinical recurrence in the left groin scar as well as suspected metastasis to the iliac lymph nodes were observed. A CT scan of the abdomen and pelvis minor showed a tissue structure in the left inguinal area measuring 61 mm × 28 mm × 34 mm.

**Table 1. Detailed protocol of chemotherapy administered to the patient**

Cycle of chemotherapy	Date	Drugs administered	Side effects and associated symptoms
1 <sup>st</sup> cycle	4 Nov 2019	Cisplatin 84 mg, Paclitaxel 167 mg	Chemotherapy was well tolerated by the patient
	18 Nov 2019	Cisplatin 84 mg, Paclitaxel 167 mg	Chemotherapy was well tolerated by the patient
2 <sup>nd</sup> cycle	25 Nov 2019	Cisplatin 84 mg, Paclitaxel 167 mg	Chemotherapy was well tolerated by the patient
	9 Dec 2019	Cisplatin 84 mg, Paclitaxel 167 mg	Chemotherapy was well tolerated by the patient
3 <sup>rd</sup> cycle	16 Dec 2019	Cisplatin 84 mg, Paclitaxel 167 mg	Constipation and loss of appetite
	30 Dec 2019	The patient did not receive chemotherapy due to an insufficient red blood cell count	
	10 Jan 2020	Cisplatin 84 mg, Paclitaxel 167 mg	Nausea, vomiting and weakness of the organism

The patient was qualified for palliative chemotherapy. The first cycle of chemotherapy began on November 4, 2019. Table 1 provides information on the chemotherapy administered to the patient and the side effects of the treatment protocol used.

### Acceptance of illness

The patient scored 38 out of possible 40 points on the AIS scale, which means the acceptance of his condition. Only in the statement "I think people staying with me are often embarrassed because of my illness" did the patient mark a lower score. This is indicated by the fact that the disease concerned intimate areas of his life, which the patient did not always want to talk about with others. From an interview with the patient, it appeared that his answers to questions asked by members of his extended family and related to his illness made his relatives slightly embarrassed. Nevertheless, the patient did not feel any mental discomfort caused by his illness. He claimed that he felt fulfilled and that the disease was no limitation for him.

### Satisfaction with life

On the SWLS scale, the patient scored the maximum number of points, reaching the sten of 10, which means that he had a high overall index of feeling satisfied with his life. The respondent was satisfied with his life and if he could live it again — he would hardly change anything in it. In most aspects, he considered his life to be excellent, and despite his intense history of cancer treatment, he felt that he had achieved all the important goals in life.

During the study performed in April 2023, a follow-up of the patient's current status was obtained. Since the palliative chemotherapy was discontinued, the patient has not experienced a recurrence. The patient is currently under constant follow-up with an oncologist, with follow-up CT examinations four times a year.

## Discussion

As indicated by numerous studies, penile cancer treatment has a negative impact on the quality of life, worsens social interactions and negatively affects patients' sexual functioning, and thus their self-esteem. Due to the treatment and its consequences, some patients experience strong negative emotions (especially anxiety and sadness) and even exhibit symptoms of post-traumatic stress disorder, or depression with suicidal thoughts [9–13]. In addition, the men surveyed claimed to have experienced physical and sexual changes as a result of surgical treatment, which affected their relationships, sex life and even sense of identity. Moreover, patients who underwent radical surgical treatment had inadequate knowledge of how to function after the surgery and how to cope with the changes they experienced, especially in terms of satisfying sexual and physiological needs, for example, urination. The respondents also emphasized the lack of sufficient support, both from professionals and their significant others [12–14], which undoubtedly had an adverse effect on coping with the negative effects of the disease and, subsequently, on the quality of life, closely related to the concept of satisfaction. Accordingly, a study was undertaken to assess satisfaction with life and acceptance of illness in a young, 42-year-old patient after penile amputation in the course of cancer.

Satisfaction with life is a multidimensional and subjective concept, which is how it should be considered. It consists, among other things, of acceptance of oneself and one's life situation, the life goals one has, the preferred and presented value system, the sense of having control over one's environment, autonomy and meaningfulness in life, positive relationships with others, or attention to personal development [15]. In this sense, life satisfaction becomes synonymous with a sense of fulfilment and happiness, an important element of which is health [16, 17].

Difficult moments in life, which certainly include cancer, cause a change in the evaluation of many aspects of life, including those that make up the sense of satisfaction with it. This makes it all the more important to assess both the level of life satisfaction of cancer patients and the factors that can positively influence their emotional state, helping them to cope with the crisis.

Authors of numerous studies have proven that a higher sense of life satisfaction among cancer patients is influenced by having social support, especially a supportive partner [7, 18, 19]. In addition, some researchers claim that people who have undergone genital mutilation have a higher life satisfaction index immediately after the procedure, however, it decreases over time [20]. This was exactly the situation of the patient examined in the study. He received emotional support from those close to him, especially from his wife. In addition, he underwent radical surgery shortly before the present study was conducted. These factors may account for the high level of satisfaction with life that the patient reported. However, the degree to which the surgery mutilates the patient is not insignificant for the level of sense of satisfaction with life — more mutilating surgical treatment, according to some authors, implies a lower sense of satisfaction with life [20]. Given these reports, the results obtained by the researchers in this study seem particularly surprising.

Indeed, in the case presented here, the patient underwent total penile amputation with bilateral superficial and deep lymphadenectomy with simultaneous transplantation of the urethra into the perineal area. At the time of the study, the patient was in the course of palliative chemotherapy. According to the authors of the study, the high level of life satisfaction, apart from previously mentioned factors, may also have been influenced by the fact that the patient under study had important non-health goals. On the one hand, they significantly reduced the level of negative emotions accompanying the disease, and on the other hand, they promoted a high level of acceptance of his condition, as proven by the patient's scores on the AIS scale. Similar findings were presented by Kapela et al. [21] based on a study conducted in a group of 92 colorectal cancer patients treated with chemotherapy, they observed that the higher the acceptance of illness, the higher the intensity of fighting spirit and positive reevaluation strategies and, consequently, the higher the level of satisfaction with life.

## Conclusions

1. Since the diagnosis, the patient has undergone numerous surgical procedures, eventually under-

going a penectomy with transplantation of the urethra to the perineal area.

2. Due to the failure of surgical treatment, the patient was qualified for palliative chemotherapy.
3. The patient reported a high level of acceptance of illness and a high overall index of satisfaction with life.
4. Despite a difficult health condition, the patient felt a fulfilled person and did not feel constrained by the disease.

## Article information and declarations

No identifiable information about this patient is published in the manuscript.

### Conflict of interest

All authors declare no conflict of interest.

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