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## BACKGROUND

Penile cancer exhibits a higher prevalence in less developed regions and is linked to factors such as phimosis, inadequate hygiene, and, predominantly, smoking. Diagnosis relies on a comprehensive assessment of medical history, physical examination, and biopsy, with penile amputation serving as the gold standard treatment. Despite potential psychological impacts, this intervention proves to be curative and plays a crucial role in preventing further progression.

## OBJECTIVE

To assess the contemporary scenario of penile amputation procedures in oncology conducted across the five regions of Brazil over a span of 15 years.

## METHODS

A systematic literature review was carried out on the EMBASE and PubMed databases. Concurrently, we conducted an observational, descriptive, and cross-sectional data collection of penile amputation in oncology and total penile amputation in oncology procedures, utilizing the DATASUS database, spanning a fifteen-year period from January 2009 to December 2023.

## RESULTS

During the analyzed period, 8,803 penile amputations were performed in oncology in Brazil, representing a total expenditure of R\$9,540,485.64. The year 2019 witnessed the highest number of hospitalizations (691), while 2023 recorded the highest financial outlay (R\$880,236.45). Of the total procedures, approximately 76% were elective, and around 24% were urgent, all considered to be of high complexity.

The Southeast region had the highest number of procedures during the analyzed period, with 40.06% of the admissions, followed by the Northeast with 28.64%, the South with 16.86%, the North with 8.59%, and lastly, the Midwest region with 5.81% of the hospitalizations. The overall mortality rate over the 15 years studied was 0.45%, with 2008 having the highest mortality rate (3.23%), while 2011 had the lowest rate (0.23%). The mortality rate for elective procedures was 0.3%, while urgent procedures showed a mortality rate of 0.96%. The region with the highest mortality rate for the procedure was the North, with a rate of 0.92%. The overall average length of hospital stay in Brazil during the analyzed period was 4.0 days.

## CONCLUSION

The analysis reveals a mortality rate for urgent procedures that is over three times higher than that for elective procedures. Consequently, an early surgical approach in cases of penile cancer emerges as the optimal strategy to diminish the necessity for urgent procedures and, thereby, reduce the overall mortality rate.

## REFERENCES

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