**METHODS**

Records of all histologically confirmed cases who received radiotherapy to the inguinal/pelvic nodes as adjuvant treatment post-lymphadenectomy or as high dose palliation for extensive/fixed nodes or extensive local tumour were retrospectively reviewed and analysed.

It is the practice at our centre to offer those with N2 disease and above radiotherapy with or without concurrent weekly cisplatin based chemotherapy following surgery.

Patients were followed up at 3 monthly intervals with regular CT scans for the first two years and 6 monthly thereafter. Primary outcome was overall survival while loco-regional relapse free survival was the secondary end-point of interest. All statistical analysis were carried out using STATA.

**RESULTS**

A total of 71 patients received radiotherapy either as adjuvant 50(70.4%) or high dose palliative radiotherapy 21(29.6%). Median age at diagnosis was 59 years (32-82 years) while median follow-up in survivors was 56 months (12 to 178 months). Median radiotherapy dose was 45Gray in 25 fractions.

Over the 15-year study period and irrespective of the year of diagnosis, 31 (43.7%) had evidence of a relapse, 34(47.9%) died while 37(52.1%) were either lost to follow up or alive at the end of the study period. Patients who had adjuvant RT and those without ECS had better overall and relapse free survival. Margin status had non-significant effect on survival.

A total of 10 (14.1%) received concurrent chemo-radiation. 5(50%) had evidence of loco-regional relapse. 4(40%) were alive by the end of the study period.

**CONCLUSIONS**

Adjuvant radiotherapy appears to have a role post-lymphadenectomy; there is insufficient evidence to make definite conclusions regarding the use of additional chemotherapy due to the small patient numbers in this cohort. The InPACT study (International Penile Advanced Cancer Trial NCT02305654) has recently opened and will investigate the optimal sequencing of surgery, chemo-radiotherapy and chemotherapy in men with inguinal node positive penile cancer.