Survivorship – Penile Cancer

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care.

ELIGIBILITY

- Penile cancer T1N0 or T2N0, and NED 3 or more years after completion of treatment
- Penile cancer T3, T4, or any T with N greater than 0 and NED 5 or more years after completion of treatment

CONCURRENT COMPONENTS OF VISIT

Patient without penile amputation and/or no lymphadenectomy:
- Penile and inguinal exam:
  - Every 6 months through year 5, then
  - Annually until year 10, then
  - After 10 years, no formal follow-up recommended other than self-examination.
- CBC with differential, CMP, and LDH annually as clinically indicated
- If obesity precludes a thorough inguinal exam, obtain CT of pelvis with each visit through year 5, or as clinically indicated

Patient with partial or total penectomy with or without lymphadenectomy:
- Penile stump or remnant exam:
  - Every 6 months through year 5, then
  - Annually until year 10, then
  - After 10 years, no formal follow-up recommended other than self-examination.
- CBC with differential, CMP, and LDH annually as clinically indicated
- If obesity precludes a thorough inguinal exam, obtain CT of pelvis with each visit through year 5, or as clinically indicated

MONITORING FOR LATE EFFECTS

PSYCHOSOCIAL FUNCTIONING

RISK REDUCTION/EARLY DETECTION

SURVEILLANCE

DISPOSITION

- New primary or recurrent disease?
  - Yes
    - Return to primary treating physician
  - No
    - Continue survivorship monitoring

NED = no evidence of disease
CMP = complete metabolic panel
LDH = lactate dehydrogenase

See Page 2

Department of Clinical Effectiveness V8
Approved by the Executive Committee of the Medical Staff on 02/15/2022
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**MONITORING FOR LATE EFFECTS**

- Urinary incontinence
- Lymphedema
- Sexual health

**RISK REDUCTION/EARLY DETECTION**

- Patient education, counseling, and screening:
  - Lifestyle risk assessment
  - Cancer screening
  - HPV vaccination as clinically indicated (see HPV Vaccination algorithm)
  - Screening for Hepatitis B and C as clinically indicated (see Hepatitis Screening and Management – HBV algorithm)
  - Consider cardiovascular risk reduction
  - Vaccinations as appropriate

**PSYCHOSOCIAL FUNCTIONING**

- Assess for:
  - Distress management (see Distress Screening and Psychosocial Management algorithm)
  - Body image
  - Financial stressors
  - Social support

**DISPOSITION**

Refer or consult as indicated

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NED = no evidence of disease

1 See Physical Activity, Nutrition, and Tobacco Cessation algorithms; ongoing reassessment of lifestyle risks should be a part of routine clinical practice

2 Includes colorectal, liver, lung, pancreatic, prostate, and skin cancer screening

3 Consider use of Vanderbilt’s ABCDE’s approach to cardiovascular health

4 Based on Centers for Disease Control and Prevention (CDC) guidelines
SUGGESTED READINGS


DEVELOPMENT CREDITS

This survivorship algorithm is based majority expert opinion of the Genitourinary Survivorship workgroup at The University of Texas MD Anderson Cancer Center. It was developed using a multidisciplinary approach that included input from the following:

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