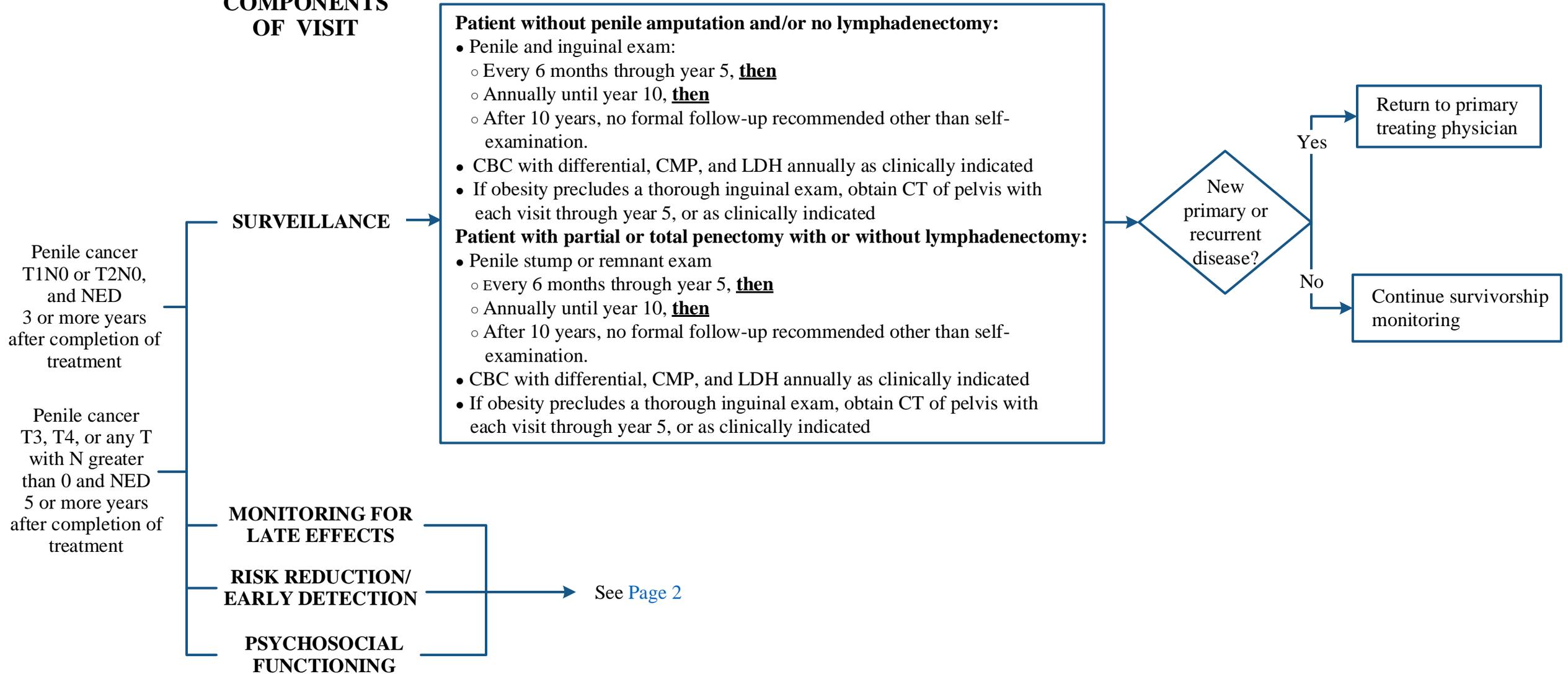


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional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

ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



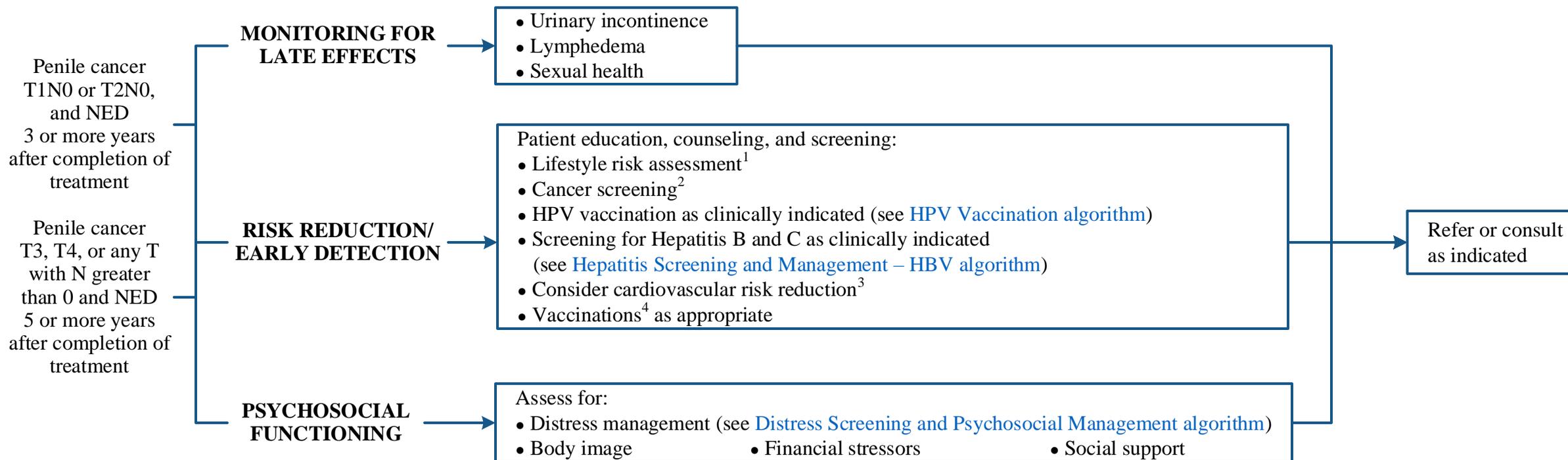
NED = no evidence of disease
 CMP = complete metabolic panel
 LDH = lactate dehydrogenase

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ELIGIBILITY

CONCURRENT COMPONENTS OF VISIT

DISPOSITION



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](#)

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SUGGESTED READINGS

- Centers for Disease Control and Prevention. (2021). *Recommended adult immunization schedule for ages 19 years or older, United States, 2021*. Retrieved from <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>
- Hakenberg, O. W., Comperat, E., Minhas, S., Necchi, A., Protzel, C., & Watkin, N. (2020). *EAU guidelines on penile cancer*. Retrieved from <https://uroweb.org/wp-content/uploads/EAU-Pocket-Guidelines-on-Penile-Cancer-2020.pdf>
- Lynch D. F., and Pettaway C. A. (2007). Tumors of the penis. In A. J. Wein, L. R. Kavoussi, A. C. Novick, A. W. Partin, & C. A. Peters (Eds.), *Campbell-Walsh urology, 9th edition review* (pp. 178-193). Philadelphia, PA:Saunders/Elsevier
- National Comprehensive Cancer Network. (2021). *Penile Cancer* (NCCN Guideline Version 2.2021). Retrieved from https://www.nccn.org/professionals/physician_gls/pdf/penile.pdf
- Pettaway, C. A., & Pagliaro, L. C. (2021). Carcinoma of the penis: Surgical and medical treatment. In S. Shah (Ed.), *UpToDate*. Retrieved October 19, 2021, from https://www.uptodate.com/contents/carcinoma-of-the-penis-surgical-and-medical-treatment?topicRef=3002&source=related_link
- Solsona, E., Algaba, F., Horenblas, S., Pizzocaro, G., & Windahl, T. (2004). EAU guidelines on penile cancer. *European Urology*, 46(1), 1-8. doi:10.1016/j.eururo.2004.03.007
- Vanderbilt Cardio-Oncology Program. (2017). *Know your ABCDE's*. Retrieved from <http://www.cardioonc.org/2017/08/29/know-your-abcs/>

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DEVELOPMENT CREDITS

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