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. After 10 years, no formal follow-up recommended other than self-examination.
- Patient with partial or total penectomy with lymphadenectomy: penile stump or remnant exam annually through year 5. After year 5, no formal follow-up required other than patient self-examination.
- Laboratory tests as clinically indicated
- If obesity precludes a thorough inguinal exam, obtain CT of pelvis with each visit through year 5, or as clinically indicated

**SURVEILLANCE**

- Urinary incontinence
- Lymphedema
- Sexual health

**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 and HCV Algorithm)
  - Consider cardiovascular risk reduction
  - Vaccinations as appropriate

**PSYCHOSOCIAL FUNCTIONING**

- Distress management (see Distress Screening and Psychosocial Management Algorithm)
- Body image
- Financial stressors
- Social support

**DISPOSITION**

- New primary or recurrent disease?
  - Yes → Refer or consult as indicated
  - No → Continue survivorship monitoring

- Return to primary treating physician
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SUGGESTED READINGS


Lynch, D. F. (2013). Carcinoma of the penis: Diagnosis, treatment, and prognosis. *Up To Date, Basow, DS (Ed), UpToDate, Waltham, MA.*


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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