Survivorship – Penile Cancer

Disclaimers: 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

SURVEILLANCE

- 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

MONITORING FOR LATE EFFECTS

- Urinary incontinence
- Lymphedema
- Sexual health

RISK REDUCTION/EARLY DETECTION

- Patient education, counseling, and screening:
  - Lifestyle risk assessment 1
  - Cancer screening 2
  - 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 3
  - Vaccinations 4 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
    - Return to primary treating physician
  - No
    - Continue survivorship monitoring

1 NED = no evidence of disease

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

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

4 Consider use of Vanderbilt's ABCDE's approach to cardiovascular health

5 Based on Centers for Disease Control and Prevention (CDC) guidelines

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Approved by the Executive Committee of the Medical Staff on 04/24/2018
SUGGESTED READINGS


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


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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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