

**COVID-19 strategy for the interim management of penile cancer****Prepared by the BAUS Section of Andrology**

This document has been produced to outline two contingency plans for how penile cancer service provision may need to deviate from the internationally accepted standard of care, during the current COVID-19 pandemic. Step one reflects response to reduced service provision whereas step two reflects response to severely reduced service provision. It is recognised that individual hospital circumstances will differ and not all measures will be required in every unit.

**DIAGNOSTICS****2WW Referrals**

<b>Existing EAU guidelines</b>	<b>Current provision</b>	<b>Step 1 (reduced service provision)</b>	<b>Step 2 (severely reduced provision)</b>
<b>Suspected penile cancer</b>	2WW clinic	2WW clinic	2WW clinic
	Local staging with clinical examination plus MRI and or US	Clinical staging if restricted access to imaging	Clinical staging if restricted access to imaging
	Regional staging with CT or US	Regional staging with CT or US	Clinical staging if restricted access to imaging
<b>Suspected in situ disease</b>	Urgent clinic	Urgent clinic	Telephone consult with emailed photograph

**MDT**

Clear documentation of clinical stage and grade

Clear documentation of treatment plan

Document if MDT treatment plan has been modified in response to COVID 19

**TREATMENT**

**Primary Penile cancer / PeIN**

<b>Existing EAU guidelines</b>	<b>Current provision</b>	<b>Step 1 (reduced service provision)</b>	<b>Step 2 (severely reduced provision)</b>
<b>New penile cancer</b>	Local resection according to size and location tumour	Local resection according to size and location tumour	Local resection according to size and location tumour
<b>New In situ disease</b>	Topical chemotherapy or localise surgical therapy	Topical chemotherapy	Topical chemotherapy

**Inguinal nodes**

<b>Existing EAU guidelines</b>	<b>Current provision</b>	<b>Step 1 (reduced service provision)</b>	<b>Step 2 (severely reduced provision)</b>
<b>Palpable mobile inguinal nodes</b>	Inguinal node dissection	Inguinal node dissection	Inguinal node dissection
<b>Impalpable nodes Tis, Ta, T1G1 disease</b>	Surveillance	Surveillance	Surveillance
<b>Impalpable disease &gt; T1G2 disease</b>	Sentinel node biopsy	Sentinel node biopsy for G3 disease in absence significant co-morbidity  Radiological surveillance for G2 disease or for men with significant co-morbidity	Radiological surveillance

**FOLLOW-UP**

Telephone follow-up: bloods/scans as dictated by symptoms, otherwise defer.

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