

# Moffitt Cancer Center expert standardizing guidelines for penile cancer treatment

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Penile cancer is rare, with an average of 1,200 new cases per year in the United States, but it can be debilitating and lethal. Without evidenced-based treatment approaches, outcomes have varied widely. Philippe E. Spiess, M.D., an associate member in the Department of Genitourinary Oncology at Moffitt Cancer Center, presented new National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology to standardize care for penile cancer in an article that appeared in the July issue of the *Journal of the National Comprehensive Cancer Network*.

"We wanted to clarify controversies associated with penile cancer," said Spiess. "The new protocol, created with input from experts from around the world, is intended to establish a foundation to standardize and optimize the care of patients with this potentially lethal cancer."

The debate involves radical versus non-[radical surgery](#). Radical surgery, which involves partial or total removal of the penis, is often performed regardless of the stage of cancer, said Spiess. However, by employing new biopsy techniques and combination therapies, radical surgery is not always necessary.

"Having standardized guidelines for treatment will likely impact patient treatment by encouraging less radical surgeries, extending survival time and providing better quality of life," said Spiess.

The new guidelines offer a number of treatment options for various

grades of penile cancer. Suggested treatments range from local excision to laser or [radiation therapy](#) and radiochemotherapy. Radical surgery remains the standard in managing invasive penile cancer, said Spiess. However, less invasive options that may improve quality of life are being considered based on the stage and grade of the tumor.

There is not much literature available about surveillance for men with penile cancer. But Spiess suggests patients treated with primary lesions be examined every three months for the first two years. Those who have had penile-preserving surgery should be followed up more stringently.

Spiess concluded that physicians should be cautious and not jump to surgery right away as [penile cancer](#) patients are at high risk for subsequent cancer progression.

**More information:** [www.jnccn.org/content/11/5S/659.full.pdf](http://www.jnccn.org/content/11/5S/659.full.pdf)

Provided by H. Lee Moffitt Cancer Center & Research Institute

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