

The Management of Penile Cancer

Pathway of Care

Publication date	September 2016
Expected review date	September 2022
Version number	6.0
Version status	FINAL

Contents

Contents.....	2
Guidelines for Patients Diagnosed and Treated by Kent & Medway Cancer Collaborative (KMCC)	3
1.0 Purpose of this document	3
2.0 Scope	3
3.0 General Principles	4
4.0 Overview of Penile Cancer Pathway	5
5.0 Agreed Referral Criteria	6
6.0 Local Urology Clinic	6
7.0 Referral Governance.....	6
8.0 Data Collection	6
8.1 Data items for collection.....	7
8.2 Process	7
8.3 Other Data Items.....	8
9.0 The management of Penile Cancer – St. Georges guidance.....	8
10.0 Pathology	8
11.0 Imaging.....	8
12.0 Oncology Provision.....	9
13.0 Follow up protocols.....	9
14.0 Supportive & Palliative Care	9
15.0 Clinical Trials	10
16.0 Children & Young People	10
17.0 Personnel & Contact Information	11
17.1 Dartford & Gravesham NHS Trust	11
17.1.1 Darent Valley Hospital - Dartford	11
17.2 East Kent Hospitals University NHS Foundation Trust	11
17.2.1 Kent & Canterbury Hospital - Canterbury.....	11
17.3 Maidstone & Tunbridge Wells NHS Trust.....	11
17.3.1 Maidstone Hospital - Maidstone.....	11
17.3.2 Tunbridge Wells	11
17.4 Medway Hospital	11
17.5 St. George’s Healthcare NHS Trust	12
17.5.1 St. George’s Hospital - Tooting, London	12
20.0 Glossary	13
21.0 Document Administration.....	14

Guidelines for Patients Diagnosed and Treated by Kent & Medway Cancer Collaborative (KMCC)

Penile Cancer – Staging and Treatment

Notes:

The 2016 Pathway of Care updates reflect a new approach to guidance designed to ensure all aspects of clinical guidance are maintained up to date:

- *The Tumour Site Specific Group (TSSG) is responsible for agreeing all of the guidance*
- *The overall management details are largely reflected in the updated flow charts*
- *Oncology treatments are now located in a new document “Oncology Treatment for Urological Cancers” developed by the standing Non-Surgical Oncology Sub Group of the Urology TSSG (The NOG)*
- *Information on Multidisciplinary Team (MDT) “functioning” is now confined to the MDT Operational Policies based on the TSSG agreed “High Level Operational Policy” which is located on the KMCC website: <http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/urology-tssg/>*

1.0 Purpose of this document

To describe the process for ensuring that all Penile Cancer cases diagnosed within the Kent & Medway Cancer Collaborative region are managed by the East and West Kent & Medway Urology Specialist Teams and the St. George’s (Tooting) Supranetwork MDT, achieving a coordinated seamless patient pathway in accordance with the best possible evidence based practice and to facilitate advancement in the specialty in the field of penile cancer management.

2.0 Scope

This Standard Operating Procedure (SOP) applies to all cases and suspected cases of penile cancer within the Kent & Medway Cancer Collaborative region. The Kent & Medway Cancer Collaborative penile cancer specification of delivery of care requires all Trusts within the region to adopt an agreed policy for the delivery of care. The policy relates to the expected pathway of care / treatment regimes for patients diagnosed with penile cancer.

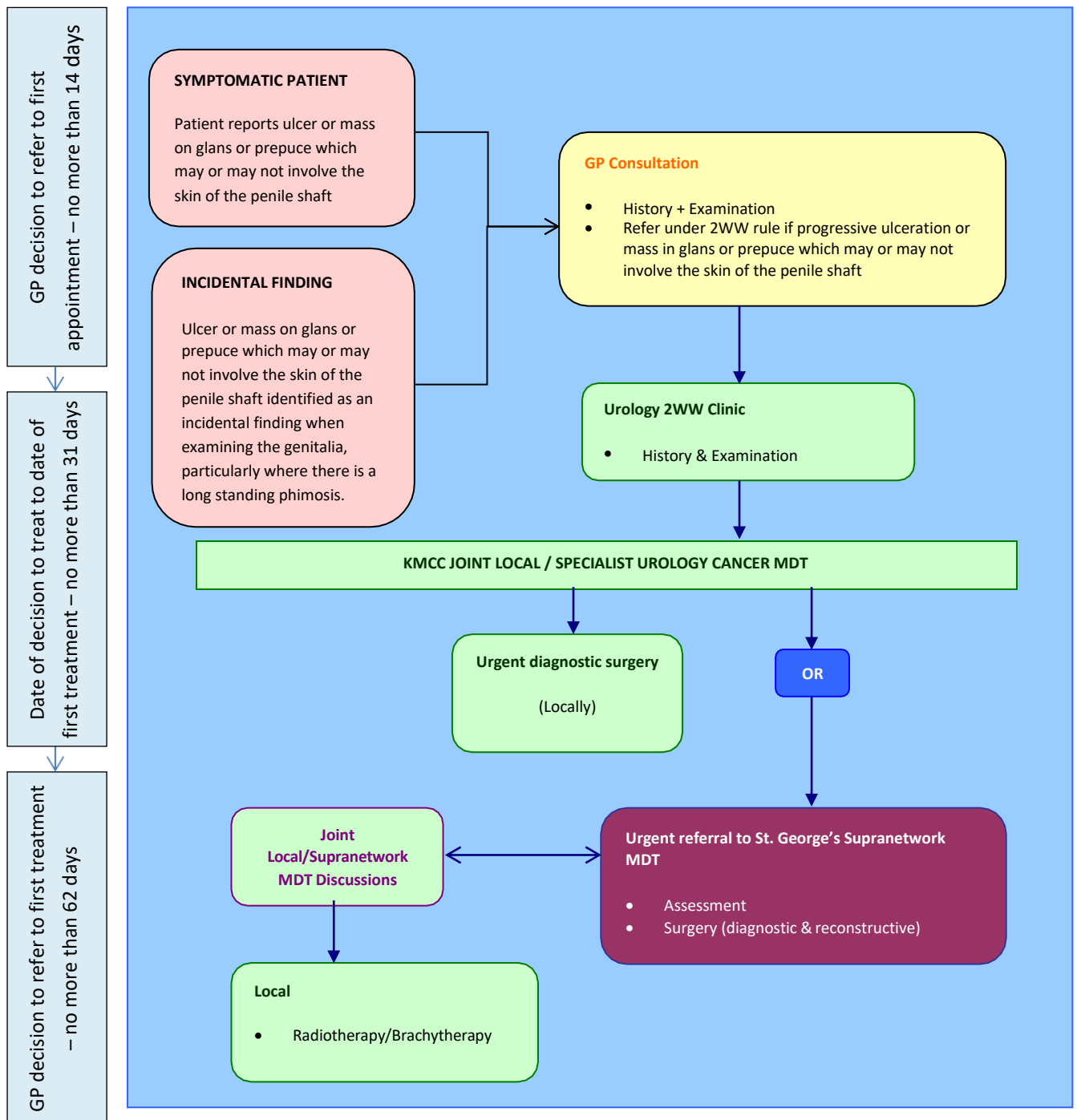
The policy covers the following:

- Access
- Initial Assessment
- Investigations
- Urological oncology multidisciplinary meeting
- Surgical and non-surgical treatment.
- Recurrent disease
- Follow up

3.0 General Principles

- Both KMCC Urology Teams will function both Local & Specialist Levels and the flow charts outlining the care pathways reflect this “duplex” approach to care
- Patients with symptoms or signs of penile cancer should be referred under the Two Week Wait (2WW) rule:
 - Primary care clinicians should be concerned about patients complaining of progressive ulceration or a mass in the glans or prepuce (the skin of the penile shaft may or may not be involved)
- Lumps within the corpora cavernosa can indicate Peyronie’s disease; this does NOT warrant an urgent referral; however if the GP is uncertain about the origin of the “lumps” it would be wise to refer under the 2WW rule
- Any KMCC Secondary Care NHS Urology service or clinic must be provided or lead by a clinician who:
 - Is a member of the KMCC
 - Is a member of a recognised KMCC Urology Multidisciplinary Team (MDT) and attends Multidisciplinary Team Meetings (MDMs) at least to levels (2/3rd) specified in the Quality Measures
 - Is a member of the KMCC Urology TSSG and attends at least 75% of Urology TSSG meetings in any 2 year period
- If a penile cancer is diagnosed, the majority of patients should be referred immediately to the St. Georges Supranetwork MDT; if however the patient’s performance status is poor and simple amputation is the only realistic therapeutic option, this procedure may be undertaken by the local team. This must always be a full local MDT decision and be recorded appropriately
- Regardless of where any surgery is undertaken, all patients with penile cancer will be discussed with the St. Georges MDT
- Regardless of where patients with penile cancer undergo surgery, radiotherapy/brachytherapy will be undertaken in KMCC if it is appropriate for them to undergo any of these forms of therapy. (Radiotherapy and chemotherapy may be given in East Kent or at Kent Oncology Centre; Brachytherapy will always be given at Kent Oncology Centre)
- Patients will be offered a Key Worker and should expect to receive clinical and supportive care of the highest standards at all stages along the Pathway of Care (PoC)
- All patients should be considered for entry into an approved clinical trial
- Where patients fall into the Children’s & Young Peoples age group (please see section 16.0) an appropriate referral will be made

4.0 Overview of Penile Cancer Pathway



5.0 Agreed Referral Criteria

Patients with symptoms or signs of penile cancer should be referred urgently under the 2-week rule.

Signs and symptoms include progressive ulceration or a mass in the glans or prepuce, but can involve the skin of the penile shaft.

(Lumps within the corpora cavernosa can indicate Peyronie's disease, which do NOT require urgent referral).

Note:

The TSSG agreed Urological 2WW Referral proforma can be located on the [KMCC Website](http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/urology-tssg/):

<http://kmcc.nhs.uk/tumour-sites/tumour-site-specific-information/urology-tssg/>

6.0 Local Urology Clinic

Patients with penile cancer may be offered:

1. Diagnostic surgery at the local hospital and then urgent referral to the Supranetwork MDT, or
2. Referred directly (and urgently) to the Supranetwork team

7.0 Referral Governance

1. The team making the referral to the Supranetwork MDT is responsible for ensuring that appropriate notes, imaging and pathological slides are sent to the Supranetwork MDT. Local MDTs are expected to have written policies outlining how this works and who the key contacts are:
2. The Supranetwork team is responsible for:
 - a. Returning notes, imaging and pathological slides
 - b. Communicating with the referring MDT (with a copy to the GP) in a timely manner to outline:
 - MDM decisions
 - Treatment discussions and decisions held with the patient
 - Outcome of surgery
 - Discharge summary
 - c. Communicating with the KMCC Specialist MDT

8.0 Data Collection

All decisions on patients with Penile Cancer discussed by the MDM will be recorded by the team. The MDM will be responsible for validating data, especially data required for cancer registration purposes.

The MDT (local or specialist or Supranetwork) responsible for a particular element/episode of care along the patient pathway of care **is** the MDT responsible for the collection and validation of the data items associated with that element/episode. It is the responsibility of individual MDT lead clinicians

and MDT co-ordinators to ensure that robust mechanisms for data collection and validation are in place.

8.1 Data items for collection

Whilst MDTs are at liberty to collect more data items than those listed below (and should be striving to collect all of the “green” KMCC data items), there is an expectation that they will collect ALL of the following 7 data items:

1. *NHS Number*
2. *ICD-10 disease site code*
3. *SnoMed histology code*
4. *Staging (TNM and/or FIGO and/or Duke’s and/or appropriate “other”)*
5. *Co-morbidity:*
 - *Dementia/Cerebrovascular disease*
 - *Cardiovascular disease*
 - *COPD/Asthma*
 - *Liver failure/cirrhosis*
 - *Diabetes*
 - *Mental illness*
 - *Other malignancy*
6. *First definitive treatment modality*
 - *Radiotherapy*
 - *Brachytherapy*
 - *Chemotherapy*
 - *Hormone therapy (Tamoxifen does not count if other treatment modalities are planned)*
 - *Surgery (for skin cancer this includes diagnostic/therapeutic excision – if complete)*
 - *Active surveillance*
 - *No active treatment*
 - *Specialist Palliative Care*
7. *30 day post-operative death*
 - *Cause*

And if available:

8. *(Date of death)*
 - *Cancer related*
 - *Treatment related*
 - *Other*

8.2 Process

1. *Wherever possible data should be collected on InfoFlex*
2. *Completeness and quality of data should be reviewed at least annually (but preferably six monthly) by:*
 - *MDTs at their compulsory annual operational policy meeting*
 - *TSSGs (to which the Thames Cancer Registry will be invited and asked to provide reports on data quality and completeness from their perspective)*

8.3 Other Data Items

By the end of 2009 MDTs should have agreed strategies to collect (as a minimum) the “green” data items in each of the TSSG agreed disease site specific data sets. “Green” data items reflect the data items set out in the National Contract. Good practice dictates that in addition to, and by the end of 2010, MDTs should be collecting the “red” data items of the TSSG agreed disease site specific data sets. (*“Blue” data items should only be collected in the event of specifically agreed TSSG and /or MDT agreed audits.*)

Where teams wish to collect additional data they should use data items defined, coded and agreed by the TSSG.

9.0 The management of Penile Cancer – St. Georges guidance

St Georges is part of the London Cancer Alliance. Full details of the pathway are available on the London Cancer Alliance Website. Please see guidelines and link below:



lcaurologicalcancerguidelines_october-201

<http://www.londoncanceralliance.nhs.uk/information-for-healthcare-professionals/pathway-groups/urology/>

10.0 Pathology

Pathology samples will be processed and reported in accordance with the guidelines set out in the Kent and Medway Cancer Collaborative Pathology Guidance.

Note:

The full details of the KMCC Pathology Guidelines are located on the KMCC Website:

<http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/pathology-group/>

11.0 Imaging

Imaging for urological cancers is set out in the Kent and Medway Cancer Collaborative Imaging Guidance.

Note:

The full details of the KMCC Imaging Guidelines “Imaging for Cancer” are located on the KMCC Website:

<http://kmcc.nhs.uk/tumour-sites/sub-groups-or-cross-cutting-groups/diagnostics-group/>

12.0 Oncology Provision

Please refer to the St. George's Guidance. St Georges is part of the London Cancer Alliance. Full details of the pathway are available on the London Cancer Alliance Website. Please see guidelines and link below:



lcaurologicalcancer
guidelines_october-201

<http://www.londoncanceralliance.nhs.uk/information-for-healthcare-professionals/pathway-groups/urology/>

13.0 Follow up protocols

Please refer to the St. George's Guidance. St Georges is part of the London Cancer Alliance. Full details of the pathway are available on the London Cancer Alliance Website, please see guidelines and link below:



lcaurologicalcancer
guidelines_october-201

<http://www.londoncanceralliance.nhs.uk/information-for-healthcare-professionals/pathway-groups/urology/>

14.0 Supportive & Palliative Care

Patients who have inoperable/recurrent/relapsed testicular cancer should be referred to the specialist supportive & palliative team. The prime aim of the treatment is to alleviate symptoms.

Open and frank discussions with patients should take place with patients at all stages of their journey so that patients are not confused about their prognosis or have unrealistic expectations of any of the forms of treatment offered to them.

Relatives and carers will need to be appropriately supported and given appropriate information. However, in accordance with the recommendations set out in Various Improving Outcomes Guidance (IOG), relatives and carers should not be given information different to that given to the patient.

Palliative care provision should be made for all patients:

- Hospital teams, including the Clinical Nurse Specialists for urology cancer patients
- Primary Health Care Team would provide for palliative care at home
- General Practitioner should be informed within 24 hours of the diagnosis, treatment plan and medication

The management of symptoms, psychological, social and spiritual issues, and the communication of the diagnosis, and any associated problems, should be within the domain of all health care professionals.

Referral to specialist palliative care services should be considered when these issues have not been resolved and in particular for patients with:

- Complex symptom management issues, which are difficult to manage
- Difficulties in adjusting to the diagnosis or disease progression
- Psychological and family issues – such as communication problems within the family
- Spiritual issues – such as the challenging of belief system/faith/cultural values as a result of the cancer

Consideration of specialist palliative care or support should be given throughout the patient pathway, particularly:

- At the Multidisciplinary Team Meeting
- When no active treatment is considered
- After active treatment
- At relapse
- In the terminal stages

15.0 Clinical Trials

Wherever appropriate patients should be considered for entry into clinical trials. MDTs should record whether or not patients are eligible for clinical trial entry; in the event of patients being eligible but who are not entered into clinical trials, the team should also record the reason for this decision.

16.0 Children & Young People

Children and Young People (CYP) with Urological Cancers will be treated in accordance with principles set out in the CYP IOG.

All children and Young People up to the age of 18 must be referred to the CYP Principle Treatment Centre which for KMCC is based at the Royal Marsden Hospital.

All Young People between 16 and 24 years of age must be offered a referral to the CYP Treatment Centre.

Referral to a CYP Principle Treatment Centre does not necessarily mean that treatment will be undertaken at that centre; shared care management protocols may allow some treatments to be undertaken locally.

17.0 Personnel & Contact Information

17.1 Dartford & Gravesham NHS Trust

17.1.1 Darent Valley Hospital - Dartford

1. Sanjeev Madaan	(t) 01322 428 613	sanjeev.madaan@nhs.net
2. Diane Pearce	(t) 01322 428 527	diane.pearce@nhs.uk
3. Seshadri Sriprasad	(t) 01322 428 780	seshadri.sriprasad@nhs.net
4. Fay Fawke	(t) 01322 428 527	fay.fawke@nhs.net
5. Angela Elliott	(t) 01322 428 527	angela.elliott@nhs.net
6. Nicola Lancaster	(t) 01322 428614	n.lancaster@nhs.net
7. Eleanor Ray	(t) 01322 428620	eleanorray1@nhs.net
8. Anjum Faqar	(t) 01322 428623	faqar.anjum@nhs.net
9. Joseph Nariculam	(t) 01322 428460	josephnariculam@nhs.net
10. Alan Cossons	(t) 01322 428614	alan.cossons@nhs.net
11. Uro-oncology CNS joint email is		dqn-tr.urology-oncologynurses@nhs.net

17.2 East Kent Hospitals University NHS Foundation Trust

17.2.1 Kent & Canterbury Hospital - Canterbury

1. Nitin Shrotri	(t) 01227 7224285	nshrotri@nhs.net
2. Rajesh Krishnan	(t) 01227 7224362	rkrishnan@nhs.net
3. Ed Streeter	(t) 01227 7224241	edward.streeter@nhs.net
4. Ben Eddy	(t) 01227 766877	beneddy@nhs.net
5. Milan Thomas	(t) 01227 766877	milan.thomas@nhs.net
6. Natasha Mithal	(t) 01227 766877 x 74986	natasha.mithal@nhs.net
7. Rajesh Krishnan	(t) 01227 766877 x 74501	rkrishnan1@nhs.net
8. Iain Morrison	(t) 01227 766877 x 74343	iain.morrison5@nhs.net
9. Ben Hearnden	(t) 01227 766877 x 73108	benjamin.hearnden@nhs.net

17.3 Maidstone & Tunbridge Wells NHS Trust

17.3.1 Maidstone Hospital - Maidstone

1. Henry Taylor	(t) 01622 225288	henry.taylor@nhs.net
2. Mark Cynk	(t) 01622 224810	mark.cynk@nhs.net
3. Yvonne Lines	(t) 01622 224997	yvonne.lines@nhs.net

17.4 Medway Hospital

1. Vicky James	(t) 01634 830 000 x 8918	vicky.james@medway.nhs.uk
2. Howard Marsh	(t) 01634 830 000 x 5778	howard.marsh@medway.nhs.uk
3. Shikohe Masood	(t) 01634 830 000 x 3871	shikohe.masood@medway.nhs.uk
4. Matin Sheriff	(t) 01634 825 084	matin.sheriff@nhs.net
5. Suzanne Bodkin	(t) 01634 825 062	suzanne.bodkin@medway.nhs.uk

17.5 St. George's Healthcare NHS Trust

17.5.1 St. George's Hospital - Tooting, London

- | | | |
|--------------------|-------------------|--|
| 1. Nick Watkin | (t) 020 8725 2856 | nick.watkin@nhs.uk |
| 2. Chris Backhouse | (t) 020 8725 0393 | chris.backhouse@stgeorges.nhs.uk |
| 3. Ben Ayres | (t) 020 8725 2856 | benjamin.ayres@nhs.net |
| 4. Lesley Self | (t) 020 8725 2856 | lesley.self@stgeorges.nhs.uk |

20.0 Glossary

Acronyms in common usage throughout KMCC documentation

CAT	Clinical Advisory Team
CCAG	Cross Cutting Advisory Group
CYP	Children & Young People (in relation to the IOG)
DCCG	Diagnostic Cross Cutting Group
DOG	Disease Orientated Group (NSSG/TSSG/TWG)
DVH	Darent Valley Hospital
EK	East Kent
EKHUFT	East Kent Hospitals University Foundation Trust
EAU	European Association of Urology
HOP	High Level Operational Policy
IOSC	Improving Outcomes: A Strategy for Cancer
K&C	Kent & Canterbury Hospital, Canterbury, (EKHUFT)
KMCC	Kent & Medway Cancer Collaborative
KMCRN	Kent & Medway Cancer Research Network
MFT	Medway Foundation Trust
MTW	Maidstone & Tunbridge Wells NHS Trust
NCIN	National Cancer Intelligence Network
NOG	Non-Surgical Oncology Group (Permanent oncologist sub group of the TSSGs with a specific responsibility for chemo/rad pathways and advice to the TSSG, KMCC and geographical locations on new drugs)
O&Q Group	Operational & Quality Group (KMCC interface with Trust Cancer Lead Clinicians, Lead Nurses and Lead Managers to oversee the implementation of TSSG agreed policies and which has delegated authority from the KMCC CEO Board to carry out this function)
PoC	Pathway of Care
Provider Board	KMCC CEO Cancer Board (Trust CEOs and Core KMCC Team chaired by EK CEO)
QEQM	Queen Elizabeth the Queen Mother Hospital, Margate (EKHUFT)
QoL	Quality of life
RAT	Research and Trial Group (Permanent sub-group of the TSSGs with a specific responsibility for taking forward the clinical trials agenda)
TSSG	Tumour Site Specific Group
QVH	Queen Victoria Foundation Trust Hospital East Grinstead
WHH	William Harvey Hospital, Ashford (EKHUFT)
WK	West Kent

21.0 Document Administration

Document Title	The Management of Penile Cancer – Pathway of Care
Principle author(s)	H.Evans/Edward Streeter
Current version number	6.0
Current status	FINAL
Original publication date	April 2006
Expected review date by	September 2022

Enquiries:	
[1] Sanjeev Madaan	01322 428612 sanjeev.madaan@nhs.net
[2] Annette Wiltshire	07972774003 annette.wiltshire@nhs.net

Revision History			
Date of revision	New Version Number	Nature of Revision	Confirmation of Accuracy by:
March 2006	0.1	Final Draft of guidelines	A.Jackson
April 2006	1.0	Published agreed updated	A.Jackson
Feb 2009	1.1	Review draft, changes to CYP, data collection, contacts, general time related updated	A.Jackson
March 2009	2.0	Published review update	DOG
Apr 2009	3.0	Published	DOG
December 2014	3.1	Updates to document format/KMCC information completed by N.Aluwalia	N.Aluwalia
June 2015	3.2	Clinical content requires update by the TSSG	N.Aluwalia
May 2016	4.0	Updated to include incidental finding in the pathway diagram	H.Evans
June 2016	4.1	Timeline Added. Requested info re name changes for each Trust and the info required regarding St Georges	N.Aluwalia
August 2016	4.2	Changes added, TSSG circulation for further comments	N.Aluwalia
September 2016	4.3	Document emailed for ratification by O&Q group	N.Aluwalia
September 2016	5.0	Final ratified version, minor grammatical amendments completed	N. Aluwalia
August 2019	5.1	Draft version amendments/updates to Personal & Contact information & Document Administration.	A. Wiltshire
January 2020	6.0	Updates to document information completed by A. Wiltshire	A. Wiltshire