

**Recommendations from the EAU Penile Cancer Guidelines applicable during the COVID-19 pandemic**

<b>Diagnosis</b>				
<b>Priority category</b>	<b>Low Priority</b>	<b>Intermediate Priority</b>	<b>High priority</b>	<b>Emergency</b>
Definition	Clinical harm (progression, metastasis) very unlikely if postponed 6 months	Clinical harm (progression, metastasis) possible if postponed 3 months but unlikely	Clinical harm (progression, metastasis, ) and (cancer related) deaths likely if postponed > 6 weeks	Life-threatening situation or opioid-dependent pain
Level of evidence	3	1	1	3
<b>COVID-recommendation</b>	<b>Defer by 6 months</b>	<b>Diagnose before end of 3 months</b>	<b>Diagnose within &lt; 6 weeks</b>	<b>Diagnose within &lt; 24 h</b>
	Glans or penile shaft biopsies which appear clinically Tis cN0.	Glans or penile shaft biopsies if indicated for ≤ cT1 lesions without inguinal nodes (cN0)	Distant staging with CT if inguinal nodes appear clinically positive	Not applicable.
<b>Treatment</b>				
<b>Priority category</b>	<b>Low Priority</b>	<b>Intermediate Priority</b>	<b>High priority</b>	<b>Emergency</b>
Definition	Clinical harm (progression, metastasis) very unlikely if postponed 6 months	Clinical harm (progression, metastasis) possible if postponed 3-4 months but unlikely	Clinical harm (progression, metastasis, and (cancer related) deaths likely if postponed > 6 weeks	Life-threatening situation or opioid-dependent pain
Level of evidence	1	3	3	3
<b>COVID-recommendation</b>	<b>Defer by 6 months</b>	<b>Treat before end of 3 months</b>	<b>Treat within &lt; 6 weeks</b>	<b>Treat within &lt; 24 h</b>
	<ul style="list-style-type: none"> <li>• Adjuvant chemotherapy recommended in pN2/3 inguinal disease</li> <li>• Chemotherapy for distant metastatic disease. Consider best supportive care and</li> </ul>	Tis: <ul style="list-style-type: none"> <li>• Topical therapies (5FU/imiquimod) or ablative therapies or glans resurfacing, alternatively consider surveillance</li> </ul>	≥ T1G3cN0: <ul style="list-style-type: none"> <li>• Wide local excision (WLE)/Glansectomy +/- reconstruction</li> </ul> If cT3: <ul style="list-style-type: none"> <li>• Partial/total penectomy</li> </ul>	<ul style="list-style-type: none"> <li>• Best supportive care</li> <li>• Transfusion if needed</li> <li>• Relief of lower urinary tract obstruction</li> </ul>

	palliation instead	<p>T1 G1 cN0:</p> <ul style="list-style-type: none"> <li>• Circumcision/WLE</li> <li>• Ablative therapies</li> <li>• Glans resurfacing</li> </ul> <p>T1 G2 cN0:</p> <ul style="list-style-type: none"> <li>• T1 lesions – Circumcision/WLE</li> <li>• Ablative therapies</li> <li>• Glans resurfacing</li> </ul> <p>+</p> <p>Dynamic sentinel lymph node biopsy (DSNB)/modified iLND</p> <p>T4 disease or cN3:</p> <ul style="list-style-type: none"> <li>• Neo-adjuvant chemotherapy and surgery in responders or palliative deep X-ray therapy*</li> </ul>	<p>+</p> <ul style="list-style-type: none"> <li>• DSNB/iLND but could be deferred for 3 months according to capacity</li> </ul> <p>If cN1-2:</p> <ul style="list-style-type: none"> <li>• Radical inguinal lymphadenectomy</li> <li>• Ipsilateral pelvic dissection if pN2/pN3 in ipsilateral inguinal basin</li> </ul>	<p>Metastatic disease:</p> <ul style="list-style-type: none"> <li>• Excruciating pain</li> <li>• Spinal compression</li> </ul>
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\*Consider that this therapy might be palliative which may need downgrading to low priority in extremely constraint circumstances.

#### Follow-up

Priority category	Low Priority	Intermediate Priority	High priority	Emergency
Definition	Clinical harm (progression, metastasis, loss of renal function) very unlikely if postponed 6 months	Clinical harm (progression, metastasis, loss of renal function) possible if postponed 3-4 months but unlikely	Clinical harm (progression, metastasis, anaemia related complications) and (cancer related) deaths very likely if postponed > 6 weeks	Life-threatening situation or opioid-dependent pain
Level of evidence	3	3	3	3
COVID-recommendation	Defer by 6 months	Defer by 3 months	Follow-up within < 6 weeks	Follow-up within < 24 h

	For low risk (node negative) disease, remote review/self-examination is recommended for the duration of the outbreak	For high risk (node positive), perform cross sectional imaging every 3 months		Not applicable
<b>Abbreviations</b>				
<i>DSNB = dynamic sentinel lymph node biopsy; 5-FU = 5-fluorouracil; iLND = inguinal lymphadenectomy; WLE = wide local excision.</i>				