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Penile Cancer

Diagnosis and Treatment

Second Edition

 Humana Press

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Preface

This second edition of our book *Penile Cancer: Diagnosis and Treatment* as part of the book series *Current Clinical Urology* by the Springer® Publishing Group expands on the topics mentioned in our first edition and successfully integrates some meaningful advances that have been made across these areas. In an attempt to broaden the scope of knowledge on the diverse clinical facets of penile cancer management, we have added some additional chapters to areas where there is very little in terms of reference material but similarly holds great clinical value such as the management of pelvic lymph nodes for which there has been meaningful recent peer-reviewed literature guiding patient management and what is the specific role of radiotherapy in penile cancer written by leading world expert on the subject Dr. Juanita Crook.

There is no question that the implementation of national treatment guidelines by the National Comprehensive Cancer Network® (NCCN) has greatly enhanced the consistency and standardization of the diagnostic and stage-specific approach to penile cancer. These guidelines however only provide a framework as to how such patients should be cared for but developing a reference textbook which embodies the knowledge and clinical experience of world experts on the subject is far more empowering in providing the healthcare provider with not only appreciating how best a patient should be treated but similarly what is the underlying tumor biology at play and appreciate why a given approach may be best suited in a given clinical scenario. Clearly, this work embodies the cumulative clinical experience and knowledge of some of the world leaders on these given topics such that patient outcomes can be guided by the best currently available data and treatment standards. We owe it to our patients and similarly to ourselves to push the envelope and integrate the most contemporary diagnostic and therapeutic discoveries within our armamentarium. Failure to do so is violating the values and principles that our medical mentors created and imparted upon us. Lastly, I would like to dedicate this work to all of our unfortunate patients who have been abruptly faced with such a life-altering and potentially lethal diagnosis, not only accepting the cruel reality of what they presently face but actively pursuing therapeutic choices with nothing short of heroism. You truly are the source of inspiration we continually look up to as the benchmark of the boundless potential of humanity.

Tampa, FL

Philippe E. Spiess

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Abbreviations

5-FU	5-Fluorouracil
BMP	Bleomycin, methotrexate, and cisplatin
BXO	Balanitis xerotica obliterans
CIS	Carcinoma in situ
cN+	Clinically node positive
cN0	Clinically node negative
CO ₂	Carbon dioxide
COX-2	Cyclooxygenase-2
CR	Complete response
CRP	C-reactive protein
CRUK	Cancer Research UK
CSS	Cancer-specific survival
CTV	Clinical target volume
DFS	Disease-free survival
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSNB	Dynamic sentinel node biopsy
DSS	Disease-specific survival
DUS	Doppler ultrasound
DVT/PE	Deep vein thrombosis/pulmonary embolism
EAU	European Association of Urology
EGFR	Epidermal growth factor receptor
ENE	Extranodal extension
EORTC	European Organization for Research and Treatment of Cancer
FDG	Fluorodeoxyglucose
FNAC	Fine needle aspiration cytology
GFR	Glomerular filtration rate
GHQ	General Health Questionnaire
GOG	Gynecologic Oncology Group
HADS	Hospital Anxiety and Depression Score
HPV	Human papilloma virus
HR	Hazard ratio
ICG	Indocyanine green
ILND	Inguinal lymph node dissection
InFACT	International Penile Advanced Cancer Trial

IQ	Imiquimod
IQR	Interquartile range
IRCI	International Rare Cancers Initiative
LCR	Long control region
LDR	Low-dose rate
LN	Lymph node
LND	Lymph node dissection
LVI	Lymphovascular invasion
MMP	Matrix metalloproteinase
MMS	Mohs micrographic surgery
MR	Magnetic resonance
MRI	Magnetic resonance imaging
NCCN	National Comprehensive Cancer Network
NCI	National Cancer Institute
NCI-MATCH	NCI-Molecular Analysis for Therapy Choice
Nd:YAG	Neodymium:yttrium aluminum garnet
NIRF	Near-infrared fluorescence
OR	Odds ratio
OS	Overall survival
PCNA	Proliferating cell nuclear antigen
pCR	Pathologic complete response
PEIN	Penile intraepithelial neoplasia
PET	Positron emission tomography
PET-CT	Positron emission tomography-computed tomography
PGE2	Prostaglandin E2
PGR	Partial glans resurfacing
PLND	Pelvic lymph node dissection
PR	Partial response
pRB	Retinoblastoma protein
PSS	Penile-sparing surgery
QOL	Quality of life
RR	Relative risk
SCC	Squamous cell carcinoma
SCC-Ag	SCC antigen
SEER	Surveillance, Epidemiology, and End Results
SLN	Sentinel lymph nodes
SPECT	Single photon emission computed tomography
SWOG	Southwest Oncology Group
TGR	Total glans resurfacing
TIP	Paclitaxel (Taxol®), ifosfamide, cisplatin
TNM	Tumor node metastasis
TPF	Docetaxel, cisplatin, and 5-fluorouracil
TTP	Time to progression
VBM	Vincristine, bleomycin, and methotrexate

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