

Treating Testicular Cancer - A Quick Guide



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This is a brief summary of the information on 'Treating testicular cancer' from CancerHelp UK. You will find more detailed information on the website.

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Testicular cancer stages

The stage of a cancer tells the doctor how far the cancer has spread. It is important because treatment is often decided according to the stage of a cancer. It is possible to cure testicular cancer at all stages, even if it has spread.

The staging systems

There are different ways of staging cancers. The two main ways are the TNM system and number systems. 'TNM' stands for Tumour, Node, Metastasis.

This system describes

- The size of the main tumour (T)
- Whether the cancer has spread to the lymph nodes (N)
- Whether the cancer has spread to a different part of the body (metastasis, M)

There is another level to TNM staging for testicular cancer, called S stage. This relates to the levels of testicular cancer proteins (markers) in the blood.

Under the number staging system, testicular cancer is numbered from stage 1 to stage 3. Stage 1 is the earliest stage and stage 3 is the most advanced stage of testicular cancer. Many doctors in the UK divide testicular cancer into just 2 groups when deciding on treatment. Stage 1 is localised testicular cancer. If the cancer has spread beyond the testicle or if there are raised markers after surgery (stage 1 S1 to 3) the cancer is considered metastatic.

Testicular cancer statistics and outlook

Outlook means your chances of getting better. Your doctor may call this your prognosis. The outlook for testicular cancer is one of the best for all cancers. Most men



are cured. And some men are cured even after the cancer has spread. There are different types of testicular cancer and their prognosis statistics are slightly different. As with other types of cancer, your chances of recovery also vary depending on the stage of your cancer.

On CancerHelp UK, we have quite detailed information about the likely outcome of different stages and types of testicular cancer. The statistics are intended as a general guide only. For the more complete picture in your case, you'd have to speak to your own specialist.

How reliable are cancer statistics?

No statistics can tell you what will happen to you. Your cancer is unique. The same type of cancer can grow at different rates in different people. There are many individual factors that will affect your treatment and your prognosis.

Types of treatment for testicular cancer

Surgery, chemotherapy and radiotherapy are all used to treat cancer of the testicles. You may have just one treatment or a combination. The doctor plans your treatment by taking into account the type of testicular cancer, and whether it has spread beyond the testicle. Most men are completely cured, even if the disease has spread.

Treatment by stage

All testicular cancers are treated with removal of the affected testicle.

Stage 1

Stage 1 cancer may just be treated with removal of your testicle (orchidectomy). If

you have a seminoma, you may also be given radiotherapy or chemotherapy.

Stage 2

Stage 2A seminomas may be treated with radiotherapy or chemotherapy. Larger stage 2B and 2C seminomas are more likely to be treated with chemotherapy. Stage 2 non-seminomas (teratomas) are usually treated with chemotherapy.

Stage 3

Stage 3 testicular cancers are all treated with chemotherapy. Some lymph nodes may be removed surgically, and sometimes treated with radiotherapy as well.

Testicular cancer that comes back

If your cancer comes back after you have been first treated, you will probably be given more chemotherapy. Even cancers that come back can often be cured.

Which surgery for testicular cancer?

Removing a testicle

You will almost certainly have had an operation to have your testicle removed in order to diagnose your cancer. This operation is called an orchidectomy or orchiectomy. The testicle can be replaced with a false one, called a prosthesis. This will mean that your scrotum appears normal after your operation.

Your ability to have an erection and your fertility will not be affected as long as only one testicle is removed. Having cancer in both testicles is rare. If you do have both testicles removed, you will no longer be able to father children. You will need hormone replacement.



Surgery to remove lymph nodes

If you still have enlarged lymph nodes in your chest or abdomen after your radiotherapy or chemotherapy, you may have an operation to have them removed.

Removing lymph nodes with keyhole surgery

'Keyhole surgery' can be used to remove abdominal lymph nodes after testicular cancer. This has to be done by a surgeon who is experienced in the technique. You need to understand all the risks and benefits before you agree to keyhole surgery.

Removing lung tumours

Sometimes specialists will suggest surgery to remove secondary testicular cancer that is growing in the lungs.

Having your testicular cancer operation

Before your operation, your surgeon and anaesthetist will explain exactly what they are going to do. You will be taught breathing and leg exercises to help prevent chest infection and blood clots after surgery. Your groin, chest or abdomen may be shaved, depending on the operation you are having.

After the operation you will probably have a drip to give you liquids, tubes called drains to stop fluid collecting around the operation site, and a catheter to drain your bladder. You will regular painkillers.

As soon as you are eating and drinking, your drip can come down. The drainage tubes will be taken out over the next few days. As long as you are recovering well, you should then be able to go home.

Give yourself time. If you feel your recovery is taking longer than it should, you may want to talk to your GP about finding a counsellor or support group. Talking about how you are feeling can help you to feel better.

Testicular cancer surgery side effects

If you have one testicle removed, there are no lasting side effects. The other testicle makes up for the missing one by making more testosterone and sperm. You can have a false testicle put in place of the one that is removed during the operation, so you will look the same afterwards.

If you have both testicles removed, you will be infertile. You may be able to bank sperm before your surgery so that you can still father children. You will not produce any testosterone, so will need hormone replacement therapy to maintain your sex drive and be able to get an erection.

Surgery to remove lymph glands at the back of your abdomen can damage nerves that control the release of sperm from your penis (ejaculation). Sperm will then go backwards into the bladder, instead of forwards out of your penis. You can still get an erection and have an orgasm. But the orgasm will be dry because you will not produce any semen and you will be infertile. It is sometimes possible to do an operation called a 'nerve sparing' lymph node dissection, which reduces this risk

What to ask your doctor about testicular cancer surgery

- Why do I need surgery?
- Will the surgery affect my sex life?



- Will the surgery affect my ability to father a child?
- Will I have to stay in hospital?
- How long will I be in hospital?
- What are the possible side effects of the surgery?
- Will I have any pain?
- Can I have a prosthesis (fake testicle) put in?
- Is the prosthesis available on the NHS?
- Are there any possible complications?
- How long will I be off work?

About testicular cancer radiotherapy

Radiotherapy treats cancer using high energy rays. Men with seminoma may have radiotherapy to either prevent the disease coming back after surgery, or treat disease that has spread to the lymph glands at the back of the abdomen.

The area that is treated is usually a strip down the middle of your abdomen. Radiotherapy is a very successful treatment for seminoma. Almost all men with this type of cancer are completely cured.

Radiotherapy is given in the hospital radiotherapy department. The course is usually in short sessions each weekday from Monday to Friday. The course normally lasts from two to three weeks. You cannot feel anything when you have the treatment. To make sure you get the most benefit from your radiotherapy it is carefully planned. You may need a CT scan as part of this planning.

Radiotherapy does have side effects. These are nearly always temporary – they go away within a few weeks of finishing your treatment.

Testicular cancer radiotherapy side effects

Radiotherapy causes tiredness and sometimes skin reddening in the area being treated. Tiredness will come on during your course of treatment. It will continue for a week or so after your treatment has finished and then gradually get better. Skin may become red and sore, a bit like mild sunburn. But this is uncommon. Other radiotherapy side effects vary depending on the part of the body being treated.

Most men with testicular cancer having radiotherapy will have their abdomen treated. This can cause sickness and diarrhoea. These side effects are usually mild. You may not have them at all.

Sickness

Sickness can be treated with tablets. If you feel sick, tell your radiotherapist, radiographer or radiotherapy nurse. You should also tell them if you still have sickness, despite the tablets. You can try another type of anti sickness tablet.

Diarrhoea

Diarrhoea can also be helped with medicine to slow down your bowel. You can help by eating a low fibre diet. Most radiotherapy departments will be able to give you leaflets to help you with this. If you are having frequent diarrhoea, it is important to drink plenty.



What to ask your doctor about testicular cancer radiotherapy

- Why do I need radiotherapy?
- Are there any alternatives to radiotherapy treatment?
- What are the side effects likely to be?
- Who will help me cope with side effects?
- Are any of the side effects preventable?
- How can I help prevent side effects?
- Will changing my diet help?
- How should I look after my skin during treatment?
- Are there any permanent side effects from this treatment?
- How long will the course of treatment take?
- How is the treatment given?
- How long will it take me to get over the treatment?
- How long will I need to be off work?
- Can I get help with fares to and from the hospital?
- Can I get transport to and from the hospital?

About chemotherapy for testicular cancer

Chemotherapy uses anti cancer or 'cytotoxic' drugs to destroy cancer cells. You may have chemotherapy to help prevent the cancer coming back after surgery, or to treat any cancer that has spread.

How is chemotherapy given?

You will usually have treatment with several different drugs. They are normally given by injection into a vein, or through a drip. This means spending some time in hospital. The drugs are usually given over a few days. Then you rest for a couple of weeks before

the treatment is repeated. Each round of treatment is called a cycle.

For early testicular cancer, you may have only one or two cycles. But if your cancer has spread, you may need 3 or 4 cycles or even more. There is more about the chemotherapy drugs used for testicular cancer on CancerHelp UK.

High dose treatment

You may be offered 'high dose' treatment. This means that such high doses of chemotherapy are used that your bone marrow cells are damaged. To correct this, you are given your own blood stem cells back through a drip after your chemotherapy. Your blood stem cells are collected before the chemotherapy. This type of treatment is sometimes called 'stem cell rescue' or 'stem cell transplant'.

Testicular cancer chemotherapy side effects

Chemotherapy for testicular cancer always has some side effects. You may not have all the side effects listed here. Different people are affected in different ways.

All chemotherapy increases your risk of infection as it lowers your white blood cell count. If you get a temperature, or other signs of infection such as a cough, you should contact your hospital doctor straight away. You may need antibiotics.

Men with testicular cancer are often treated with a combination of drugs called BEP.

Treatment with BEP may cause

- Sickness
- Hair loss



- Low blood cell count
- A flu-like reaction, with fever and chills
- Changes in your skin and nails (including dark lines on the skin which later fade)
- Mouth sores
- Changes in hearing
- Taste changes
- Pins and needles in fingers and toes

Possible permanent side effects

Most people do not have permanent side effects. But some may have side effects that do not disappear completely. Occasionally permanent side effects include infertility, lung changes, hearing changes, numbness or tingling in fingers and toes.

What to ask your doctor about testicular cancer chemotherapy

- Why do I need chemotherapy?
- Are there alternative treatments to chemotherapy?
- Which drugs will I have?
- How is the treatment given?
- Will I have to stay in hospital?
- What are the side effects?
- Can I do anything to help prevent side effects?
- Who can help me cope with side effects?
- Who can I contact if I am worried about side effects?
- What should I do if I get an infection?
- How long will I have chemotherapy for?
- How many courses of chemotherapy will I need?
- How long will I have to be off work?
- How can you tell if the chemotherapy is working?
- How long will it take me to get over the treatment?

Follow up for testicular cancer

After your treatment, your doctor will want you to have regular check ups. These may include blood tests, scans and X-rays.

You will have blood tests regularly for several years to check that your cancer has not returned. For the first year they may be every month, but will become less frequent in time. You may have regular chest X-rays because testicular cancer can spread to the lungs.

How long you carry on seeing the specialist will vary depending on your stage of cancer. With stage 1 testicular cancer, you may only need follow up for 5 years. If your cancer had spread you may see the doctor for 10 years. If you notice any new symptoms between check ups, let your doctor know. You don't have to wait for your next appointment.

Many people find their check ups can bring all the worry about their cancer back. You may find it helpful to talk about how you are feeling. It is quite common nowadays for people to have counselling after cancer treatment. Ask your doctor or nurse if you are interested.

If your testicular cancer comes back

Sometimes testicular cancer comes back after you have finished your treatment. This is called a relapse. If cancer is going to come back, this is most likely to happen within 2 years.

The cancer can still be cured. Most men who have relapsed testicular cancer have chemotherapy. You may have surgery if the



cancer comes back in the lymph nodes in your abdomen (tummy).

If you had chemotherapy before, you may have high dose chemotherapy. This destroys your bone marrow. So you will have bone marrow or stem cells taken out and frozen before you start the treatment. You have these cells back after your chemotherapy. This is called a bone marrow or stem cell rescue, or transplant.

If you have seminoma that comes back, you may have radiotherapy. You may have radiotherapy after surgery for teratoma that comes back.

Testicular cancer research

All treatments must be fully researched before they can be adopted as standard treatment for everyone. This is so that we can be sure they work better than the treatments we already use. And so we know that they are safe.

First of all, treatments are developed and tested in laboratories. Only after we know that they are likely to be safe to test are they tested in people, in clinical trials.

Researchers are looking into genes and testicular cancer, ways of treating particular types of testicular cancer, CT scans after treatment, quality of life for men with testicular cancer and treatment if testicular cancer comes back.

What to ask your doctor about testicular cancer treatment

- What stage is my testicular cancer?
- How likely is it to be cured?
- Can it still be cured if it comes back after I am treated?
- Are there any treatment choices?
- How will you know if the treatment has worked?
- Am I likely to be able to father children after my treatment?
- Will the treatment affect my sex life?
- Should I have sperm banking before my treatment starts?
- Are there any clinical trials for testicular cancer treatment?
- How will you know if the cancer comes back?
- For how long will I need to come back for tests after my treatment has finished?



Notes

More information

For more information about testicular cancer, visit our website
<http://cancerhelp.cancerresearchuk.org>

You will find a wide range of detailed, up to date information for people affected by cancer, including a clinical trials database that you can search for cancer trials in the UK. You can view or print the information in a larger size if you need to.

For answers to your questions about cancer call our Cancer Information Nurses on
0808 800 4040 9am till 5pm Monday to Friday

Adapted from Cancer Research UK's Patient Information Website CancerHelp UK in July 2011. CancerHelp UK is not designed to provide medical advice or professional services and is intended to be for educational use only. The information provided through CancerHelp UK and our nurse team is not a substitute for professional care and should not be used for diagnosing or treating a health problem or disease. If you have, or suspect you may have, a health problem you should consult your doctor. © Cancer Research UK 2011. Cancer Research UK is a registered charity in England and Wales (1089464) and in Scotland (SC041666).