Irish Cancer Society

Understanding

Testicular Cancer

Caring for people with cancer

Understanding

Testicular cancer

This booklet has been written to help you understand more about testicular cancer. It has been prepared and checked by surgeons, cancer doctors, nurses, radiation therapists and patients. The information in this booklet is an agreed view on this cancer, its diagnosis and treatment and how it may affect you.

If you are a patient, your doctor or nurse may go through the booklet with you and mark sections that are important for you. You can also make a note below of the contact names and information you may need.

	Name	Telephone
Specialist nurse		
Family doctor (GP)		
Medical social worker		
Surgeon/urologist		
Medical oncologist		
Radiation oncologist		
Radiation therapist		
Emergency number		
Hospital records number (MRN)		

This booklet has been produced by the Irish Cancer Society to meet the need for improved communication, information and support for cancer patients and their families throughout diagnosis and treatment. We would like to thank all those patients, families and professionals whose support and advice made this publication possible. We would particularly like to acknowledge the contribution of the many consultants, nurses and other healthcare professionals who so kindly gave up their time and expertise to contribute to previous editions of this booklet.

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The following sources were used in the publication of this booklet:

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Published in Ireland by the Irish Cancer Society.

Next revision: 2021

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Quick facts

Can my cancer be treated?

Page 20

Yes. Testicular cancer can be treated and, in most cases, cured.

What kind of treatment will I have?

Page 20

Most men with testicular cancer will have the affected testicle removed. Often you will have surgery straight away – maybe only a day or two after first going to hospital. Most men won't need any other treatment. For certain types of testicular cancer or if the cancer has spread you may also have chemotherapy, further surgery or radiotherapy.

Are there side-effects from treatment?

Page 25

If you have surgery, your scrotum will feel different, as the testicle inside will no longer be there. You can have a false testicle put in so that it looks and feels more normal. Other treatments like chemotherapy and radiotherapy can cause side-effects, but they usually go away soon after treatment has ended.

Will treatment affect my sex life?

Page 46

Most treatments for testicular cancer shouldn't affect your sex life too much. You should still be able to father a child after surgery if you have one healthy testicle. Some other treatments may have an effect on your fertility. See pages 46-50.

Clinical trials

Page 43

Clinical trials are when cancer patients get a new type of treatment to see if it works better than existing treatments. Ask your consultant if there are any trials suitable for you.

We're here for you

Page 72

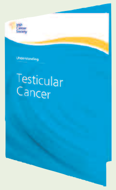
If you or your family have any questions or worries, want to know where to get support, or if you just need to talk, you can talk to one of our cancer nurses.

Ways to get in touch

- Call our Cancer Nurseline on 1800 200 700
- Drop in to a Daffodil Centre
- Email us: cancernurseline@irishcancer.ie

See page 72 for more about our services.

Reading this booklet



This booklet has been written to help you understand more about testicular cancer.

Remember you don't need to know everything about testicular cancer straight away. Read a section that you're interested in. Then read another section when you want to know more.

If there's something you don't understand or you have any questions, discuss it with your doctor or nurse. You can also call our Cancer Nurseline on 1800 200 700 or email the nurses at cancernurseline@irishcancer.ie.

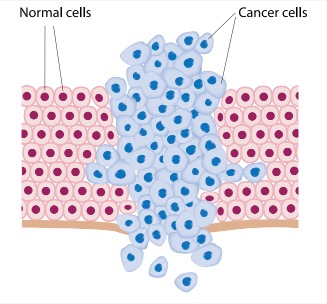
You can also talk to a cancer nurse at a Daffodil Centre. See page 72 for more about Daffodil Centres. You can email daffodilcentreinfo@irishcancer.ie to find your local Daffodil Centre.

>>> Talk to your doctor for advice about your treatment and care. The best choice for you will depend on your particular cancer and your individual circumstances.

About testicular cancer

What is cancer?

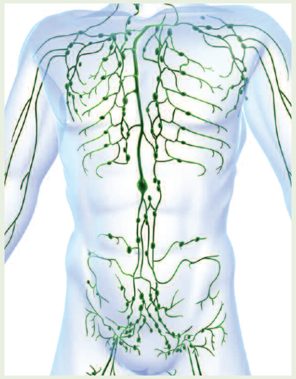
Cancer is a word used to describe a group of diseases, not just one. There are more than 200 different types of cancer. Each is named after the organ or type of cell in which the cancer first grows. For example, prostate cancer starts in cells in the prostate gland, breast cancer starts in cells in the breast.



All cancers are a disease of the body's cells, which are the building blocks of your body. Normally, cells grow and divide in a controlled way and replace old cells to keep the body healthy. With cancer, the abnormal cells grow without control. Groups of abnormal cells can form a growth or tumour.

Tumours can be either benign or malignant. Benign tumours are not cancerous and do not spread to other parts of your body. Malignant tumours are cancerous and can spread to other parts of your body. This happens when a cell or group of cells breaks away and is carried by your bloodstream or lymph vessels to other tissues and organs in your body, where they can form a secondary tumour. This is called metastasis or 'secondaries'.

What is the lymphatic system?

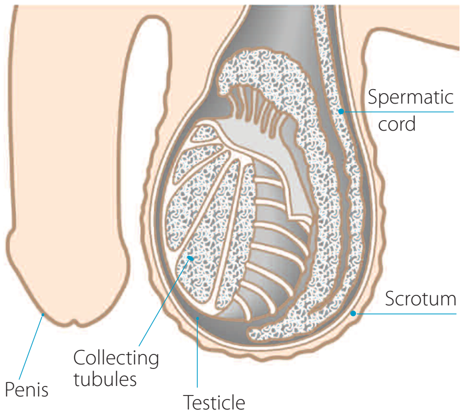


The lymphatic system is made up of groups of lymph nodes throughout the body. Lymph nodes are found mainly in the neck, armpit, groin and tummy. Lymph nodes are connected by a network of lymph vessels. These lymph vessels are tiny tubes, which usually lie just under the skin. The lymph vessels transport lymph fluid, which carries extra fluid and waste from body tissues. Sometimes cancer cells spread into lymph nodes or start in the lymph nodes themselves. If this happens the lymph nodes become swollen.

To sum up

- Cancer is a disease of the cells of your body.
- With cancer, the cells do not behave as normal. They keep on growing even when there is no need.
- If a tumour is malignant, cells can break away and be carried by your bloodstream or lymph vessels somewhere else. This is called a metastasis or secondary tumour.

What are the testicles?



The testicles (also known as the testes) are two small, egg-shaped organs found below your penis in a pouch of skin called the scrotum. They are part of the male reproductive system. Once you reach the age of puberty the testicles make sperm. The testicles lie outside your body because they need to be at a lower temperature than the body to make sperm. Sperm is needed to fertilise the female egg after sex, which will grow into a baby. The testes also make the hormone testosterone. This hormone is responsible for male qualities such as a deep voice, facial hair and strong muscles. It also gives you a sex drive and the ability to have an erection.

What is testicular cancer?

Testicular cancer is when normal cells in the testicles change and grow into cancer. They often begin in the germ cells of the testicles, which are the cells that make sperm. The cancer can affect how the testicles work normally. Sometimes testicular cancer cells spread to lymph nodes at the back of the abdomen, the chest or neck.

What are the types of testicular cancer?

There are different types of testicular cancer. Once the cancer cells are looked at under the microscope your doctor will be able to tell you which type you have. This will help your doctor to decide which type of treatment and after care you need.

Germ cell tumours

Most testicular cancers are germ cell tumours. Germ cells are cells that make sperm. There are two types of germ cell tumours: seminomas and non-seminomas.

- **Seminomas:** These usually develop between the ages of 30 and 50. They tend to grow slowly and respond very well to treatment. Men with seminoma are at lower risk of cancer having spread at the time of diagnosis.
- **Non-seminomas:** These tend to develop earlier in life than seminomas. They peak in men age 20-35. They include teratomas, embryonal cancers and mixed germ-cell tumours. They tend to grow and spread faster. Men with non-seminoma tumours are more likely to need additional treatment after surgery (see page 28 for information on treatment after surgery). They are still highly curable in most cases, even if they have spread.

How common is testicular cancer?

Testicular cancer is quite a rare cancer. It usually affects young or middle-aged men. It is the most common cancer in young men aged between 15 and 34 years. Each year about 170 men are diagnosed in Ireland. Testicular cancer is very treatable and is nearly always curable.

What increases my risk of testicular cancer?

The exact cause of testicular cancer is unknown, but some things that increase the risk of testicular cancer are:

- **Undescended testicle:** Testicular cancer is more common in men who were born with a testicle that did not come down into the scrotum before they were born. Having an operation to fix this helps to reduce the risk again.
- **Previous history of testicular cancer:** You are slightly more at risk of getting testicular cancer in your other testicle if you have had testicular cancer.
- **Family history of testicular cancer:** You are more at risk if your father or brother had the disease. Only about 1-2% of testicular cancers are thought to be related to family history.
- **Fertility problems:** If you have fertility problems, you have a slightly increased risk of testicular cancer. A vasectomy does not increase your risk of developing testicular cancer.
- **Ethnic group:** If you are white skinned you have a higher chance of getting testicular cancer than African-Caribbean or Asian men.

There is no evidence that injury to your testicle causes cancer. It may be that the knock helps people notice testicular cancer because they become more aware of their testicle and notice changes when feeling the injured testicle. Testicular cancer is not infectious and cannot be passed on to other people.

To sum up

- Testicular cancer is not a common cancer.
- Most testicular cancers are germ cell tumours.
- Germ cells tumours can be either seminoma or non-seminoma.
- The cause of testicular cancer is unknown. An undescended testicle and a history of testicular cancer increase your risk.

Diagnosis and tests

What happens after diagnosis?

Removing the testicle (orchidectomy)

If testicular cancer is suspected your testicle will usually be removed. When the lump has been removed it is examined under a microscope to confirm the diagnosis. It is not usually possible to diagnose testicular cancer by taking a tissue sample (biopsy) without removing the testicle. This is because there's a danger that if only a sample is taken it may cause the disease to spread or recur. It's safest just to remove the whole testicle. The operation to remove the testicle is called an orchidectomy. See page 26 for more details.

> ‘It happened so fast – I'd had my surgery before the news had even sunk in’

CT scan

This is a special type of X-ray that gives a detailed picture of the tissues inside your body. A CT scan of your chest, abdomen and pelvis will be done to check if there are any enlarged lymph nodes which may be a sign that your cancer has spread. This may be done before or just after an operation to remove the affected testicle.

The scan itself is painless. Your doctor or nurse will tell you how to prepare for the scan. You may be asked not to eat or drink for a few hours beforehand. You may also be given a special drink to help show up parts of your body on the scan. This can make you feel hot all over for a few minutes. The test is usually done as an outpatient, so you shouldn't need to stay in hospital.

Waiting for test results

It usually takes about a week for all the test results to come back. Naturally, this can be an anxious time for you. It may help to talk things over with the specialist nurse or with a relative or close friend. You can also call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre to speak to a cancer nurse.

To sum up

- Usually you will have your testicle removed if testicular cancer is suspected or diagnosed.
- The testicle will be tested for cancer once it is removed.
- A CT scan can help to show if the cancer has spread.

Being diagnosed with testicular cancer

Even though testicular cancer can usually be cured, hearing that you have cancer can still be a huge shock. You may be feeling:

- **Upset** and overwhelmed by your emotions
- **Confused** by all the information being given to you
- **Worried** about what will happen next
- **Scared** about the future

Everyone reacts differently to a cancer diagnosis. However you feel, you are not alone. There are many people who can help and support you at this time.

If you need to talk to someone, or if you want more information or advice:

- Ask to speak to the cancer liaison nurse or medical social worker at the hospital. They can help you and your family to cope with your feelings and advise you about practical matters
- Talk to one of our cancer nurses in confidence – visit a Daffodil Centre or call our Cancer Nurseline on 1800 200 700. You can email the nurses at cancernurseline@irishcancer.ie

- Speak to an Irish Cancer Society survivor support volunteer who has had a cancer diagnosis and really knows what you are going through. Our cancer nurses can put you in touch with a volunteer.
- Talk to other people going through the same thing. Join our online community at **www.cancer.ie/community**

We hope this booklet will help you too. It has information on what to expect when you have been diagnosed with cancer. It also has tips on how to cope – practically, emotionally and financially. More helpful information is available on our website **www.cancer.ie**

Telling people about your diagnosis

It can be hard to tell other people the news that you have been diagnosed with cancer.

You may want to talk about your diagnosis, or you may prefer not to tell people straight away. Talking can help you to get support from friends and family. On the other hand, you may find it hard to cope with other people's reactions when they hear the news. For example, they may fuss over you or be upset.

Call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre if you would like to talk things over with a cancer nurse. You can also ask for a copy of our booklet *Who Can Ever Understand?* This booklet can help you find ways to talk about your cancer and to ask for the help and support you need.

What are the stages of testicular cancer?

Staging means finding out if the cancer has spread to other parts of your body, such as your lymph nodes or lungs. Staging is very important as it allows your doctor to decide the best treatment for you. See page 8 for more information on lymph nodes.

There are different ways to describe testicular cancer stages. The main way to stage testicular cancer is the Stage 1, 2 or 3 system. There is no stage 4 with testicular cancer. Some doctors may use other systems, such as the TNM system.

The stage 1, 2 or 3 system

Stage 1 (I): This means the tumour is found only in the testicle. It has not spread and no lymph nodes are involved. Tumour markers (blood tests) are normal or only slightly raised. Stage 1s means markers are raised after surgery.

Stage 2 (II): Here the cancer has spread outside the testes to the lymph nodes in the abdomen (tummy). The size of the nodes can vary:

— **Stage 2a** nodes are less than 2cm

— **Stage 2b** nodes are 2-5cm

— **Stage 2c** nodes are larger than 5cm.

Stage 3 (III): Here the cancer has spread to other organs such as lungs, liver, bone and brain. This is known as metastasis.

— **Stage 3a** means the cancer has spread to distant lymph nodes or to your lungs. Your blood marker level may be normal (S0) or slightly raised (S1).

— **Stage 3b** means the cancer has spread to nearby lymph nodes or lungs and you have a moderately high marker level (S2).

— **Stage 3c** can mean that you have a very high tumour markers (S3), or that your cancer has spread to another organ, such as the liver or brain.

To sum up

- There are three stages of testicular cancer. Treatment will vary depending on the stage and type of the cancer.

Asking about your prognosis

Your prognosis is information about how your disease is likely to progress, including average survival times for your type of cancer (life expectancy). Many people with cancer have questions about their prognosis.

It's not always easy for doctors to answer a question about life expectancy, as the answer is based on a 'typical' experience. In reality, experiences can vary a lot from person to person. What happens to you might be quite different from what the doctor expects.

Should I ask about my prognosis?

If your prognosis is better than expected, you may feel more hopeful about your illness and your future. You may feel more in control by having as much information as possible. Or you may not want to know about your prognosis. You may prefer not to think about the future too much or you may worry how you will cope if you get bad news.

If you decide you want information on your prognosis:

- **Think carefully about how you will cope with the information** before asking for your prognosis.
- **Get information on prognosis from your doctor.** He or she knows your individual circumstances. Your doctor can also support you in understanding the information and answer any questions you have.
- **Be careful with online information.** It may be hard to understand or even incorrect. Also, it might not really apply to your situation or to your particular cancer type. Ask your doctor or specialist nurse for advice and recommended websites.
- **Accept that you will need some time to think about what you have been told.** You may forget some things or there may be things you didn’t understand. You may need to talk to your doctor again after you have thought about everything.
- **Get emotional support if you need it.** If you feel upset or anxious about your prognosis you can get support from friends, family or your hospital team. You can also call our Cancer Nurseline on 1800 200 700, visit a Daffodil Centre or email cancernurseline@irishcancer.ie. Our cancer nurses can give you support, information and advice. They can also tell you about free counselling and other services that can help you.

Treating testicular cancer

How is testicular cancer treated?

The cure rate for testicular cancer is very high. Actual figures depend on the stage and type of your cancer. Your doctor can talk to you in more detail about this if you want to. Even when testicular cancer has spread to other parts of the body (metastasised) it can still be cured.

Surgery

Almost all men with testicular cancer have surgery to remove the affected testicle. This operation is known as an orchidectomy. See page 26 for more on testicular cancer surgery.

Treatment may happen very quickly

Very often everything moves very quickly if testicular cancer is suspected or diagnosed – you may have surgery to remove your testicle only a day or two after first going to hospital, sometimes before you get the results of your tests. It can be hard to take in what is happening and you may need some time afterwards to recover from the shock. If you need to talk to someone, call our Cancer Nurseline to talk to a cancer nurse or to be put in contact with a Survivor Support volunteer who has had testicular cancer.

Treatment after orchidectomy

After orchidectomy your doctor will decide if you need any further treatment. In general, the type of treatment you receive after orchidectomy will depend on:

- The stage of your cancer (see page 16)
- The type of testicular cancer: seminoma or non-seminoma
- If the cancer has spread or not
- Your general state of health

Treatment for seminoma after orchidectomy

Active surveillance, chemotherapy and rarely radiotherapy can be used to treat seminomas after orchidectomy.

Treatment for non-seminoma after orchidectomy

Active surveillance, further surgery or chemotherapy can be used to treat non-seminomas after orchidectomy.

Active surveillance

Active surveillance means having no active treatment but being carefully monitored to spot any changes to your health.

See pages 28-29 for more about treatment after orchidectomy.

Deciding on treatment

Multidisciplinary team

A multidisciplinary team (MDT) is a team of specialists involved in caring for your type of cancer. For example, a urologic surgeon, specialist nurse, radiologist, pathologist (doctor who examines cells to diagnose cancer and advise on treatment) and oncologist (cancer doctor). The team will meet to discuss your test results and your suggested treatment plan.

You may be anxious about your treatment. You may still be in shock from the diagnosis and forget what you have been told. Do not be afraid to ask your doctor or nurse for more information. They will discuss your treatment options with you. You might like to ask some of the questions on page 78. You can use page 79 to write down your questions and the answers you receive.

Some patients like to get a second opinion from another cancer specialist. If you feel this would help, discuss it with your doctor.

Accepting treatment

You have the right to find out what a treatment option means for you, and the right to accept or refuse it. If you want to refuse treatment, let your doctor or nurse know your concerns first. It may help to talk to your GP as well. The important thing is that you are fully aware of the benefits and risks.

> Have some questions ready about the treatment and how it may affect you physically, emotionally, socially.

Giving consent for treatment

Before you start any treatment, your doctor will explain the aims of the treatment to you. You should be asked to sign a consent form saying that you understand what the treatment is for and that you give permission for treatment to be given. Before treatment, you should have been given full information about:

- What the treatment is for
- The type and amount of treatment you will have
- The benefits and risks of the treatment
- Any other treatments that may be available

If you are confused about the information given to you, let your doctor or nurse know straight away. They can explain it to you again. Some treatments can be hard to understand and may need to be explained more than once. You can still change your mind after you have started treatment. Talk to your doctor or nurse if you have any worries about your treatment plan.

Specialist cancer centres

You may be transferred to a specialist cancer centre in a different hospital from the one where you received your diagnosis, depending on your treatment plan.

Who will be involved in my care?

Some of the following health professionals may be involved in your care at the hospital.

Urologist A surgeon who specialises in diseases of the male reproductive system and urinary system.

Medical oncologist A doctor who specialises in treating cancer patients using chemotherapy and other drugs.

Radiation oncologist A doctor who specialises in treating cancer patients using radiotherapy.

Oncology liaison nurse/ clinical nurse specialist A specially trained nurse. She or he gives information and reassurance to patients and their families from diagnosis and throughout treatment.

Radiation therapist A radiotherapist who specialises in giving radiotherapy and advice to cancer patients.

Medical social worker A person specially trained to help you and your family with social issues and practical needs. They are skilled in giving counselling and emotional support to children and families at times of loss and change. They can give advice on benefits, entitlements and services available to you when you go home.

Psychologist A specialist who can talk to you and your family about emotional and personal matters and can help you make decisions.

Counsellor A person specially trained to give you emotional support and advice when you find it difficult to come to terms with your illness.

Types of treatment

Surgery

Surgery to remove the testicle is called orchidectomy. It is normal to have your testicle removed to confirm that you have testicular cancer, and to identify what type of cancer it is. It is not recommended to check a lump which is suspected of being cancerous by removing cells (a biopsy) because of the risk of spreading testicular cancer cells.

Almost everybody with testicular cancer needs to have an operation to remove the testicle. Usually the operation is done as quickly as possible after you have seen a urologist, often within a week. Very occasionally men have chemotherapy before surgery. If this applies to you, your doctor will explain everything to you.

The operation is usually done under a general anaesthetic. The surgeon makes a cut in your groin and removes the whole testicle and its cord from the scrotum, through the groin. Afterwards your scrotum will feel smaller and empty on one side.

False testicle (prosthesis)

You can have a false testicle (prosthesis) put into your scrotum. These are silicone implants that can be inflated with salt water (saline). They come in various sizes. They look natural and can help you to feel more confident about your appearance.

Your surgeon will talk to you about having an implant before the operation to remove your own testicle. You can have the prosthesis put in during this operation, or you can have the procedure at a later date if you're not ready to make a decision straight away.

After the implant is put in place, the neck of the scrotum is closed with stitches to stop the implant from moving out of position. A false testicle can feel firmer than your normal testicle. It also doesn't react to temperature like a normal one and will stay the same size.

Prostheses are safe, but they can sometimes cause minor problems in the longer term. For example:

- The implant moving out of its original position.
- Scar tissue forming around the implant. This can cause a thick fibrous growth of tissue which can sometimes cause discomfort or make you worry that cancer has returned.
- The implant bursting due to vigorous activities such as contact sport, cycling or physical contact, including sexual intercourse. This is rare.

If you have any worries about your implant, let your medical team know.

After the operation

- Once you have recovered from your anaesthetic you can move around and eat and drink normally.
- Usually you will have a dressing over the wound, which can be removed after a day or so. You may get some pain for up to a week or so afterwards. Your doctor will prescribe painkillers for you.
- There is often some swelling or bruising of the scrotum for a while.
- It is best to avoid heavy lifting and vigorous exercise or sport for a few weeks after the operation.
- Usually you can go home 1-2 days after the operation. On the day you go home, you will usually be given a date to come back for a check-up. You may also need to go back to hospital or to your GP or public health nurse to have your stitches or clips removed.
- Most men will be able to go back to work after a couple of weeks. Talk to your doctor first if your work involves heavy lifting.
- It is normal to have blood tests to check your tumour markers again after your surgery. This may be done before you leave the hospital or you may have them checked at a later date.

Sex after orchidectomy

Having only one testicle shouldn't affect your sex life unless your remaining testicle does not produce enough testosterone. See pages 46-50 for more on sex and fertility.

Men with a single testicle

If you have only one testicle because of previous cancer, an undescended testicle or injury it may be possible to remove only the affected part of your testicle. Your doctor will talk to you in more detail if this applies to you.

To sum up

- Surgery is the main treatment for testicular cancer.
- You may get some pain, swelling or bruising after surgery.
- You should still be able to carry on your normal sex life after surgery to remove one testicle.

Further treatment after orchidectomy

You may have chemotherapy or radiotherapy:

- To prevent the cancer from coming back after surgery
- To treat any cancer that has spread outside the testicle
- To treat cancer that has come back after surgery
- To treat testicular cancer that comes back at a later date

Some testicular cancers have a higher risk of coming back (recurrence) than others. Your doctor and healthcare team (MDT) will decide if you need further treatment.

Deciding on further treatment

Your doctor may ask you to make a decision about whether you want to have active surveillance (monitoring your condition) or further treatment. Sometimes people find it hard to make a decision like this. Make sure that you have enough information about the different options, what's involved and the possible side-effects, so that you can decide on the best choice for you.

Remember to ask questions about anything you don’t understand or feel worried about. It may help to discuss the benefits and disadvantages of each option with your doctor, nurse specialist or with our Cancer Nurseline or Daffodil Centre nurses.

It often helps to make a list of questions and to take a relative or close friend with you.

Treatment for seminoma after orchidectomy

Active surveillance, chemotherapy and radiotherapy can be used in the treatment of seminomas after orchidectomy.

Active surveillance: If you have early stage seminoma your doctor may decide to watch you closely. Blood tests, X-rays and scans will be done regularly. This means that you may avoid the need for chemotherapy or radiotherapy. If there are any changes in your condition you may be given chemotherapy or radiotherapy at a later date. See page 30 for more about surveillance.

Chemotherapy: Chemotherapy can be given after surgery depending on the stage of the disease. See page 32 for more details on chemotherapy.

Radiotherapy: Radiotherapy can be given after surgery, but this is rare. See page 40 for more details on radiotherapy.

Treatment for non-seminoma after orchidectomy

Active surveillance, further surgery or chemotherapy can be used to treat non-seminomas after orchidectomy.

Active surveillance: Most patients with stage 1 non-seminona will have active surveillance — regular blood tests, X-rays and scans to monitor your condition. This means that you may avoid the need for chemotherapy or further surgery. If there are any changes in your condition, you can have treatment.

Surgery: Surgery to remove the lymph nodes at the back of your abdomen (tummy) may be needed. This is known as retro peritoneal lymph node dissection or RPLND. See page 37 for more details on RPLND.

Chemotherapy: If your cancer has spread to other parts of your body or you are thought to have a high risk of the cancer coming back (recurrence) your doctor may recommend chemotherapy.

If you have stage 1 non-seminoma but have risk factors for recurrence you may have just 1 or 2 cycles of chemotherapy. If your cancer has spread outside of the testicle you may need to have more cycles of treatment. Your doctor will explain to you how much treatment you need. See page 32 for more details on chemotherapy.

To sum up

- The main treatment for testicular cancer is surgery.
- You may have further treatment after surgery or you may be suitable for active surveillance, where your condition is monitored closely.
- A team of specialists (MDT) will advise you about which treatment is best for you.

Having active surveillance

Active surveillance means holding off treatment and instead monitoring your condition closely. You will go to hospital for physical examinations, bloods tests, CT scans and X-rays on a regular basis (every 2-6 months) for a number of years after your surgery and/or chemotherapy.

You can start treatment with chemotherapy, radiotherapy or more surgery as soon as you need it, but you may not need treatment for many years, if at all.

Surveillance means you can avoid or delay having treatment like chemotherapy or radiotherapy. This way you can avoid treatment side-effects that can affect your quality of life.

Remember your surveillance appointments

- It is very important to go to all your appointments so that any changes are spotted early.
- Note the date and time of your appointments on a calendar or set a reminder on your phone.
- If you cannot make your appointment, call the urology or medical oncology clinic to reschedule. Tell your consultant if you are planning to travel or live abroad. They will be happy to put you in contact with someone there who can continue your follow-up.

Questions to ask about active surveillance

- What tests will I have?
- How often will I need to have tests?
- What changes in my tests mean I will be advised to start treatment?
- What treatments could I have if my cancer grows?
- Can I start treatment if I change my mind?

What are the benefits of surveillance?

- No treatment-related side-effects, for example, sexual side-effects or hair loss from chemotherapy
- Does not interfere with your everyday life
- You can avoid unnecessary treatment – you may never need treatment

What are the drawbacks of surveillance?

- You may feel anxious or worried about your cancer changing
- Repeat tests and investigations are needed, which can be stressful
- The cancer may grow more quickly than expected
- The tests are usually good at picking up changes, but there’s a slight chance that changes in your cancer may not be picked up

If you feel anxious ...

During the surveillance, you may feel anxious or worry about your cancer changing. This can be worse at times leading up to scans and follow up appointments. If surveillance makes you feel very anxious it may not be the best choice for you. Or you may need extra support to help you manage your feelings. Support groups, counselling and complementary therapies like mindfulness or massage may all help you. Read more about getting emotional support on page 61.

If you change your mind after starting surveillance you can talk to your doctor about starting treatment.

Chemotherapy

Chemotherapy is a treatment that uses drugs to kill cancer cells. If your cancer has spread to other parts of your body or if there is a high risk of your cancer coming back, your doctor may recommend chemotherapy for you.

How often will I have chemotherapy?

Chemotherapy is often given in cycles with a rest period between treatments. This rest period allows your body time to recover from the side-effects of treatment. The number of cycles can vary, depending on your cancer type and how well it is responding to treatment.

For early testicular cancer, you may have only 1 or 2 cycles. If your cancer has spread, you may need 3 or 4 cycles or even more. You may have to visit the hospital for 3–6 months for treatment.

How is chemotherapy given?

Chemotherapy may be given directly into a vein as an injection and/or through an intravenous infusion (drip). Usually you will have to stay in the hospital for a few days during your treatment. It may also be given in tablet form.

What kinds of drugs are used?

There are several chemotherapy drugs used to treat testicular cancer. They can be used on their own or in combination with each other. Your doctor or nurse will discuss your treatment with you.

Hints & Tips – Understanding your drug treatment

It's important that you understand the medicine you have been given. Don't be afraid to ask your doctor or specialist nurse for more information about any drugs you are taking, what they are for and any possible side-effects. They may be able to give you a printed sheet to take home with you.

If you have any questions or need any more information, you can speak to our cancer nurses by visiting a Daffodil Centre or by calling our Cancer Nurseline on 1800 200 700.

Remember…

When you're having treatment it can help to plan ahead. Try and involve your friends and family. Let them know what is happening so that they can help with any arrangements that need to be made while you are having treatment such as school, work, childcare etc.

What are the side-effects of chemotherapy?

The side-effects of chemotherapy vary from person to person and depend on the drugs used and the amount of chemotherapy given.

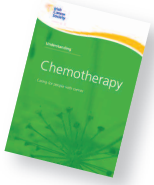
Most side-effects can be helped by medication. Usually the side-effects go away when the treatment ends or soon after. Side-effects may include:

- **Fatigue:** Fatigue is where you feel tired and weak and rest does not seem to help. For more information see page 50.
- **Nausea and vomiting:** Chemotherapy can cause nausea (feeling sick) and vomiting (being sick). There are treatments that work well to prevent nausea and vomiting.
- **Infection:** Chemotherapy drugs make you more likely to get infections. You will be asked to watch out for signs of infection at all times. These signs include feeling shivery and unwell, having a high or low temperature, having a cough, or pain passing urine.
- **Anaemia:** Chemotherapy can cause the bone marrow to make fewer red blood cells. Having fewer red blood cells is called anaemia. Anaemia can make you feel tired and breathless. Regular blood tests to measure your red cell count will be done during treatment.
- **Bleeding and bruising:** Chemotherapy can stop your bone marrow from making enough platelets. With fewer platelets you may bleed or bruise very easily. Tell your doctor if you have any bruising or bleeding that you can't explain, such as nosebleeds or bleeding gums.
- **Mouth and throat problems:** Chemotherapy can cause mouth and throat problems including a dry mouth, ulcers and gum infections. There are many mouthwashes and medications to help, which your doctor can prescribe for you.

- **Hair loss (alopecia):** Some chemotherapy drugs can cause hair loss from all over your body. How much hair falls out depends on the drug given, the dose and your own reaction to it. Before treatment your doctor and nurse will tell you if you are likely to have any hair loss.
- **Constipation and diarrhoea:** Chemotherapy can cause constipation (not having a bowel movement often enough) and diarrhoea (frequent loose or watery bowel movements).
- **Skin and nail changes:** Skin may become dry, flaky and itchy. Nails may become dark, yellow or brittle.
- **Peripheral neuropathy:** Some drugs can affect your nerve endings. They may cause numbness or a tingling or burning sensation in your hands and feet. This is known as peripheral neuropathy. Tell your oncology nurse or doctor if you have these symptoms. Peripheral neuropathy normally gets better after you have finished your chemotherapy, but if ignored, it could become a permanent side-effect.
- **Changes in kidney function:** Some drugs can irritate or damage kidney cells. Talk to your doctor if you have decreased urination, swelling of the hands or feet (oedema) or headaches, as these can be a sign of kidney damage.
- **Lung changes and shortness of breath:** In rare cases, inflammation of the lungs can happen. Your doctors will check your lungs before, during and after treatment. If you're short of breath or notice a change in your breathing, tell your doctor as soon as possible. If you are a scuba diver, talk to your doctor about risks associated with bleomycin treatment. If you need an anaesthetic after bleomycin, tell the anaesthetist that you have had this treatment.
- **Fertility:** For more information on fertility and chemotherapy, see page 49.
- **Contraception:** You should use a barrier method of contraception while you're having chemotherapy and for some months afterwards, as the drugs may affect an unborn baby. Talk to your doctor about how long you need to use condoms for.

- **Hearing changes:** The drug cisplatin can cause ringing in your ears (tinnitus). You may not be able to hear some high-pitched sounds as well. You will have a hearing test before and during treatment to check your hearing. Let your doctor know if you have any problems with your hearing.
- **Later side-effects:** There is an increased risk of developing high cholesterol, diabetes and heart problems after having chemotherapy as a young adult, so it's a good idea to follow a healthy lifestyle. See page 55 for more. Many years after chemotherapy there is a very slightly increased risk of developing a second cancer. For more information, talk to your doctor.

For more information on the side-effects of chemotherapy or a copy of the booklet *Understanding Chemotherapy*, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.



>>> **If you have any symptoms that are troubling you or you feel unwell, tell your doctor or nurse straight away. There are treatments to help with most side-effects.**

After chemotherapy

Side-effects: You may continue to feel tired or have other side-effects for a few months or more after your chemotherapy treatment has ended, depending on the amount and type of chemotherapy you have.

Let your doctor know if you continue to have side-effects for a long time after your treatment has ended.

Going back to work: You may not be able to go straight back to work or school immediately after treatment. Stay in regular touch with your GP, medical oncologist and your employer / school to help you decide about when it’s best for you to go back. Some people go back on a phased basis, starting off on reduced hours and increasing back to full time when they feel ready.

Get support: Ask for help with practical issues from friends and family. Your local cancer support centre can also help you during this time.

For parents: teenagers and chemotherapy

There are some things to keep in mind if your son is having chemotherapy.

- Most teenagers can go to school in between courses of chemotherapy. Let the principal and teachers know about your son’s chemotherapy treatment. Ask them to alert you when there are any infections in your son’s class. This can include chickenpox, shingles or measles. Being exposed to these viruses can make your son very ill while he's on treatment.
- Try not to let your son get overtired. It may help to avoid games and PE during treatment.
- It might be hard for your son to go back to school as he might be embarrassed about hair loss if he has had chemotherapy. Encourage him express his feelings.
- Let your child keep in touch with his friends and keep life as normal as possible.
- If there is a problem, talk to the doctor and teachers about it.
- Reassurance and / or counselling can help resolve any issues. Free counselling is available through our affiliated cancer support centres for those with cancer and their families. Brothers and sisters of cancer patients can use these services too.

If your son would like to talk to other teenagers who have had treatment for cancer, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre for details of support groups, online forums and websites for young people with cancer.

To sum up

- Chemotherapy is a treatment using drugs to cure or control testicular cancer.
- Chemotherapy can be given in tablet form, directly into a vein as an injection or through an infusion (drip).
- The side-effects vary from person to person and depend on the drugs used.
- Most side-effects are well controlled with medication.

Lymph node surgery – RPLND

For around one third of men who have cancer that has spread to lymph nodes these nodes may not shrink back to normal size after chemotherapy.

It is often difficult to tell on a CT scan why they are enlarged:

- It may be due to a collection of dead cells in the glands, known as necrotic tissue.
- It may be because the nodes contain cells that may turn cancerous in the future
- It may be due to cancer cells that remain.

The only way to know for sure why the glands have not shrunk back down is to take them out and send them to be looked at under a microscope.

For this reason your doctor may advise you that you need to have an operation to remove these lymph nodes. This operation is called a retro peritoneal lymph node dissection or RPLND. RPLND removes the lymph nodes at the back of the tummy (abdomen).

Sometimes RPLND surgery may be performed without chemotherapy. You may have a special type of X-ray called a PET scan before an RPLND. This may be able to show if any remaining cancer cells are present. However, your surgeon may need to operate again to remove these tissues to know for sure why they are still enlarged.

An RPLND operation may need to be carried out by a different surgeon to the one who performed your orchidectomy. This is because it is specialised major surgery and is only performed by a small number of surgeons in Ireland.

All operations have a risk of complications such as bleeding and infection. In RPLND there is a risk of needing to have your kidney removed or you may need a graft to main blood vessels in your abdomen (tummy area). Before your operation, your doctor will discuss these possible complications with you.

You will need to have a general anaesthetic for this operation. It is a long operation, usually lasting a number of hours. It involves a cut from the top of your tummy (abdomen) down to below your belly button to allow the surgeon to remove the lymph nodes that are behind your organs. These nodes lie between your kidneys and the main blood vessels in your abdomen (tummy area).

How do I prepare for an RPLND operation?

Tests: To make sure you are fit for surgery, some extra tests will be done. These could include a chest X-ray, heart test (ECG), lung function tests, blood pressure and more blood tests.

Deep breathing exercises: A physiotherapist will show you how to do deep breathing exercises. These will help to prevent you getting a chest infection or blood clots after surgery. Your nurse will arrange for you to have a pair of elastic stockings as well. These are to prevent you getting blood clots in your legs after surgery.

Bowel preparation: You will be given advice on how to clear out your bowels fully. You may have to drink a special solution or take clear fluids only. This is so that your surgeon can move your bowel out of the way during the operation to make access to the lymph nodes easier.

Night before surgery: You will not be allowed to eat anything from 12 midnight. You will get an injection to prevent blood clots forming in your legs.

Morning of surgery: You will continue to fast (not eat). Before you go to theatre, you may get a tablet to make you feel sleepy and more relaxed.

After the operation

You may stay in an intensive care or high dependency unit (HDU), sometimes called PACU (post-anaesthesia care unit) where the staff will keep you under close observation for a day or two. After surgery you will have a wound, and drips will be attached to your body. These are normal in an operation like this.

Wound: The wound will be along your tummy. The line of stitches will go from below your breastbone to your pubic bone. Stitches or staples are usually removed 7 to 10 days after your surgery.

Drip: A drip will be put into a vein in your neck or your arm to give fluids into your bloodstream. This will be removed once you can drink again.

Painkillers: You may have a thin tube in your back to relieve pain. This is called an epidural. You may have a pump which you can use to give yourself painkillers. Your doctors and nurses will explain which type of painkiller you will have and will help to ease any pain or discomfort you have.

Bowel motions: The surgery will slow down your bowels for a short time. It can take from 3-10 days after an RPLND for your bowel to start moving again. Your doctors will check this with you after the operation. As a result, it may take a day or two before you can eat and drink more normally. At first, you will be able to take sips of water. Gradually the amount of fluids will be increased and you can begin to take light meals.

Exercising: You must move your legs while in bed and do deep breathing exercises regularly.

Recovery from RPLND

After the operation it may be 7–10 days before you and your doctor feel you are ready to go home. How long you need to stay in hospital will depend on how quickly you recover. For example, if your bowels are slow to move afterwards you may need to stay a little longer. It can take a couple of months before you are fully recovered and ready to return to normal activity after this operation.

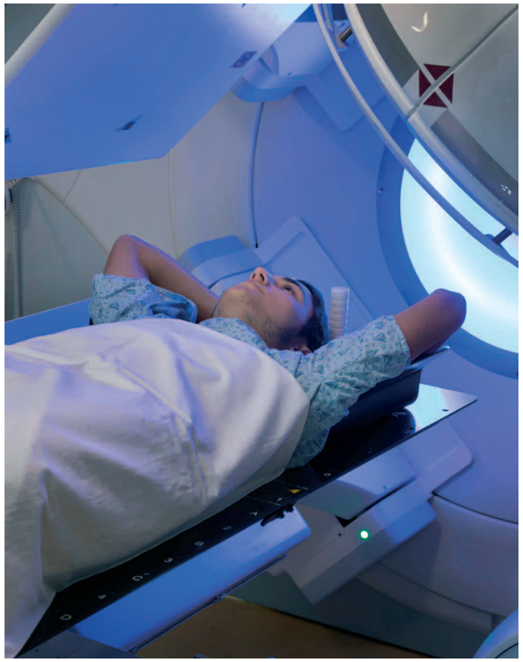
Sex and fertility after RPLND

RPLND surgery does not affect erections or the sensation of orgasm. But removing nerves during surgery may mean that you have ‘dry orgasm’ (anejaculation). This means that when you climax no liquid comes out of your penis. Instead when you ejaculate your semen goes into your bladder and passes out with your urine. This will affect your fertility.

Your surgeon may be able to do an operation that spares the nerves near the lymph nodes to reduce the risk of this happening. You will also be given the chance to save your sperm beforehand and freeze it for later use. See pages 48-49 for more details on fertility and sperm-banking.

> Always talk — if you are ever worried about anything just ask. Everyone is there to help you.

Radiotherapy



Radiotherapy uses high-energy rays to kill cancer cells. The rays come from a machine called a linear accelerator. The aim of radiotherapy is to destroy cancer cells with as little damage as possible to normal cells.

Radiotherapy is sometimes used in seminomas as they are very sensitive to radiation. Non-seminoma testicular cancer usually responds better to other types of treatment. Radiotherapy may be given to lymph nodes in the abdomen (tummy) known as retroperitoneal nodes to help prevent testicular cancer spread or to treat cancer that has already spread.

Planning your radiotherapy treatment

Radiotherapy must be carefully planned so that the highest dose is given to the tumour area and as little as possible to the nearby cells.

You will go to hospital for a planning CT scan before your treatment (also called simulation). This is to pinpoint the area to be treated and decide on the position you will be in when you have your treatment. Usually you'll have an injection of a dye before the scan to show up areas to be avoided by the radiation beam.

After the scan, your skin will be marked with tiny tattoo dots, so that the machine can be lined up with these guide marks when you actually have your treatment.

Talk to the radiation therapists if you have any worries or concerns during treatment planning.

Having radiotherapy treatment

During treatment you will first be positioned carefully on a treatment table. Then the machine will move around you so that you receive the precise treatment at different angles.

The treatment normally takes only a few minutes and is painless. Most people receive radiotherapy as outpatients, travelling to the radiotherapy unit each weekday, with a rest at weekends.

>>> External radiotherapy does not make you radioactive. It is safe for you to mix with family and friends.

How much radiotherapy do I need?

How much radiotherapy you have will depend on the type and stage of your cancer. Radiotherapy treatment for seminoma usually lasts 2-3 weeks. You will need to go to hospital for treatment every day during the week, with a rest at weekends.

Will I get any side-effects?

Radiotherapy side-effects tend to affect the area of the body being treated. With testicular cancer treatment, the most common side-effects are:

Feeling sick or getting sick: Radiation to the tummy (abdomen) may make you feel a bit sick. If you are troubled by nausea or sickness, talk to your nurse or radiation therapist.

Skin changes: The skin in the treated area may become red and sore during treatment. It may start to look like sunburn. A special cream can be used to treat this problem. Only use creams that your nurse or radiation therapist recommends.

Tiredness: Tiredness or fatigue can build up over the course of your treatment. You may feel tired because of the treatment itself or if you have to travel long distances for treatment.

It is common for tiredness to continue for some time after treatment finishes so don't worry if this happens to you. See page 50 for more about fatigue.

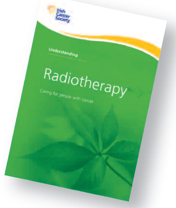
Diarrhoea: You might get some diarrhoea during treatment. Usually this can be controlled with medicines. Changing your diet may help too. Let your nurse or radiation therapist know if you have diarrhoea.

Sex and fertility: Radiation to your lymph nodes does not normally affect sexual function but it may affect your fertility. For information on your sex life and fertility see pages 46-50.

How severe these side-effects are will vary from person to person, depending on the amount of treatment received. Most side-effects develop during or shortly after your treatment and get better within a few weeks. Late side-effects may develop some time after treatment. Some side-effects are long-term or may even be permanent.

If you feel unwell or have any other side-effects or symptom — during or at any time after treatment — tell your doctor, nurse or radiation therapist.

If you would like more information on radiotherapy and its side-effects, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre for a copy of the free booklet *Understanding Radiotherapy*.



To sum up

- Radiotherapy is a treatment using high-energy rays.
- Radiotherapy is painless and only takes a few minutes.
- Side-effects of radiotherapy depend on the area being treated and the amount given.

Clinical trials

Clinical trials are research studies that try to find new or better ways of treating or diagnosing cancer.

Patients with cancer are sometimes asked to take part in a clinical trial. This means that instead of the standard treatment you get a new trial drug. Or you may be given existing treatments used in different ways. For example, giving a different dose of a drug or using two treatments together.

Drugs that are used in a clinical trial have been carefully tested to make sure they are safe to use in a clinical trial.

Trials often investigate very specific features of a particular cancer or treatment, so you may not be suitable for a trial, even if it is researching your particular cancer. Your doctor can advise you about this.

More information

It's best to talk to your doctor if you're interested in taking part in a clinical trial. For more information, you can read our factsheet *Cancer and Clinical Trials*. It's available to read or download on our website, **www.cancer.ie**. You can also get a free copy by calling our Cancer Nurseline on 1800 200 700 or by dropping into a Daffodil Centre.

You can see a list of current cancer trials at **www.cancertrials.ie**.

Managing side-effects and symptoms

Will treatment affect my sex life?

It is natural for you to be worried about your sex life – men often ask about this.

Sex after surgery to remove the testicle (orchidectomy)

After an operation to remove one testicle, most men will still be able to have an erection and orgasm and continue their normal sex life. Do tell your urologist if you have any problems.

Low testosterone and your sex life

If you have had both testicles removed or your remaining testicle doesn’t produce enough of the male hormone testosterone, it may affect your ability to get an erection and reduce your sex drive. It can also cause tiredness, low mood and problems such as thinning of the bones (osteoporosis).

Let your doctor know if you’re having these or other symptoms. You can have a blood test to check your testosterone level. If your testosterone level is low, your doctor can prescribe testosterone replacement therapy. This will help with problems such as a low sex drive and feeling constantly tired. It can be given as a gel, an injection into a muscle, an implant, or a patch that is stuck on the skin. Your doctor can give you more information about testosterone replacement therapy.

Sex after surgery to the lymph nodes (RPLND)

RPLND sometimes damages nearby nerves. Some men get a dry orgasm if this happens. This means that when you climax no liquid comes out of your penis (anejaculation). This will also affect your fertility (see page 48).

Sex after chemotherapy or radiotherapy

Chemotherapy or radiotherapy to your lymph nodes will not affect your ability to have sex, although you may feel too tired for it. It is not known if chemotherapy drugs pass into semen, so to protect your partner you should use a condom during chemotherapy and for some time afterwards. Talk to your doctor about how long you need to use condoms after chemotherapy.

Sexuality and emotions

During your diagnosis and treatment, you may experience a range of emotions that can leave you confused and tired. As a result, it can be hard to relax and you may lose your sex drive. This is not uncommon – many men feel this way during and after treatment for testicular cancer.

It may take a while to adjust to your diagnosis and the loss of your testicle. Having a false (prosthetic) testicle can help. See page 26 for more information. It can take time to get used to the look and feel of your false testicle but it will gradually happen.

There is no set time for you to be ready to have sex again. It varies from person to person. Once you return to your usual routine, your interest in sex should return.

Even if you do not feel like having sex, you can still enjoy a close and loving relationship with your partner.

You may find that talking about your feelings may ease any worries you have. If you find it hard to express your feelings to your partner or a close friend, talk to your doctor or nurse. He or she can refer you for specialist counselling or sex therapy. This can help you and your partner deal with a change in your sexual relationship and find ways of being close again.

Some people worry that cancer can be passed on to a partner during sex. This isn't true. It is quite safe for you to have sex again with your partner.

If you’re single

If you’re single you may find it daunting starting a new relationship. You may feel self-conscious if you have a scar or if your body has changed. You may worry about telling your partner that you've had testicular cancer. There are no rules about this. Every couple is different, but it is a good idea to think ahead about what you might want to say. It might be that you need a sense of trust and friendship with your partner before you tell them. Talk to someone you trust about these issues if they affect you.

Asking for advice

If you have any questions about how treatment may affect your sex life, you can ask your doctor or nurse. Your doctor and nurse are well used to taking about these matters, so there's no need to feel embarrassed. You can also call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can discuss any worries you might have with a cancer nurse in confidence. Or email the nurses at cancernurseline@irishcancer.ie

Will treatment affect my fertility?

Some treatments can affect your ability to father a child (your fertility). Ask your doctor about this before treatment starts.

Even if you're not thinking about having children at the moment, it's a good idea to keep your options open for the future. For example, you may be able to store your sperm before treatment starts.

Many men go on to father healthy children after they have had treatment for cancer.

Fertility after surgery to remove the testicle (orchidectomy)

Orchidectomy should have no effect on your ability to father a child (fertility) if you have a normal testicle on the other side. Your doctor will discuss fertility with you if your other testicle is small or your sperm count is low. If you have had one testicle removed and you need to have the second one removed you will be infertile and your doctor will discuss testosterone replacement with you.

Fertility after RPLND

RPLND can reduce fertility for some men. Your doctor will talk to you about the need to store sperm before this operation because of the risk of 'dry' ejaculation. This means the semen you produce does not come out of your penis when you climax.

If you have a dry ejaculation you won't be able to father a child naturally. If you want to start a family and have not stored sperm before surgery, it may be possible to collect sperm from your urine or directly from your testicle. Your doctor will explain this and talk to you about your options.

Chemotherapy and fertility

Chemotherapy is known to affect sperm production and so can affect your fertility. This can happen in the short term or be permanent. For this reason, it is best to store sperm before treatment starts (see 'Sperm banking' below). Sperm counts generally return to normal within 2 to 3 years. Many men go on to father healthy babies after treatment. Before treatment begins, your doctor will talk to you about this in more detail. It is not known if chemotherapy drugs can pass into sperm so it is not safe to try for a baby during treatment or for some months afterwards. You should talk to your doctor about how long you need to use condoms after chemotherapy.

Radiotherapy and fertility

Radiotherapy for testicular cancer is usually given to lymph nodes. Radiotherapy to the nodes in your groin significantly reduces fertility. Talk to your doctor about your fertility concerns before treatment starts, if this is important to you.

You shouldn't assume you are infertile after radiotherapy, so you should still use an effective method of contraception during radiotherapy treatment and for a time afterwards. Ask your doctor about this.

Sperm banking

Sperm tests will be done before treatment. If your sperm count is within normal limits, it may be possible to collect and freeze sperm before treatment begins. This can then be used at a later date for artificial insemination or other assisted reproduction techniques such as IVF. Your doctor can explain these techniques to you.

How is sperm banking done?

You may be asked to give a single semen sample, or occasionally several samples to try to ensure a good number of quality sperm is frozen for future use. Sometimes there is a break for a couple of days between samples to ensure a good number of sperm is retrieved. The sperm is then frozen. Using stored sperm is not always successful, as the freezing and thawing process can affect its quality.

Not everyone is suitable for sperm banking. In this case, it may be possible to extract sperm from testicular tissue using a technique called testicular sperm extraction (TESE). Your consultant can give you more information about this.

Sperm banking can be done at Rotunda IVF at the Rotunda Hospital in Dublin and in some other fertility clinics. Do not worry that collecting the sperm will delay the start of treatment. It is usually done while other tests are being carried out and you are waiting for results.

Dealing with infertility

Dealing with infertility may not be easy. You might not have thought about it before. It can bring feelings of sadness, anger and loss of identity. You may also feel embarrassed talking about such a personal matter. It can help to talk through your concerns with someone who is a good listener. Do ask your doctor or nurse for advice on ways to cope. Your doctor can refer you to a specialist for counselling if you feel it would help.

How can I cope with fatigue?

Fatigue means feeling extremely tired. Fatigue is a very common symptom of cancer.

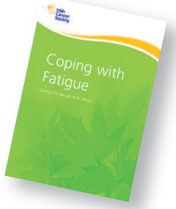
Fatigue when you have cancer can be caused by many things, including:

- The cancer itself
- Tests and treatments for cancer
- Not eating well
- Low levels of red blood cells (due to the cancer or its treatment)
- Dealing with difficult emotions and feeling anxious or depressed
- Not sleeping well
- Symptoms like pain, breathlessness or fluid retention

Usually fatigue improves once treatment is over, but it can carry on for some people. Tell your doctor or nurse if fatigue is affecting you, so that they can help you.

Finding out what is causing your fatigue makes it easier to treat. For example, if you have a low red blood cell count a transfusion can make you feel better. If you are not eating well a dietitian may be able to give you some advice to help you.

A helpful booklet called *Coping with Fatigue* is available from the Irish Cancer Society. Call our Cancer Nurseline 1800 200 700 or visit a Daffodil Centre for a free copy. You can also download it from our website **www.cancer.ie**



Tips & Hints – fatigue

- If you are too tired to go to school, college or work at times, talk to your teachers or boss about how they can help you to create a routine that you can manage.
- Go out with your friends and carry on with sports and other activities if you feel like it – there's no reason why you can't. Just be careful to avoid crowded places when you're at more risk of getting an infection if you have had chemotherapy. You can talk to your nurse about this.
- Let your friends know that you might have to cancel plans at short notice if you're not up to it.
- Ask your friends to keep in touch through text, email or social media so you don't feel you're losing touch.
- Try to make time to rest if you need it. If you are going somewhere special, have a rest before you go out.
- Try to do some exercise – ask your doctor for advice about the best exercise for you.
- Ask for help at work or at home, especially with cooking, housework or childcare.
- Try to eat well and drink plenty of fluids.
- Try to avoid stress. Talk to friends and family about any worries you have and take time to enjoy yourself.
- If you are not sleeping well, try relaxation techniques and avoid stimulants like caffeine and alcohol before bedtime.
- Try complementary therapies like meditation, acupuncture or massage.

Cancer and complementary therapies

Complementary therapies are treatments and activities that you can have along with your standard medical treatment to try and feel better.

Complementary therapies can’t treat or cure cancer, but some people say that complementary therapies help them to feel more relaxed and better able to cope with their cancer and the side-effects of treatment.

It’s very important to talk to your doctor if you’re thinking of using complementary therapies. Some can interfere with your treatment or be harmful to you, even if you have used them safely before your cancer diagnosis.

What’s the difference between complementary and alternative therapies?

Complementary therapies are used **together with** standard medical treatment.

Alternative therapies are used **instead of** standard medical care.

Modern medical treatments are very effective at curing cancer and keeping it under control. An unproven alternative could harm your health, or you might miss out on a treatment that could really help you.

More information

To find out more about complementary therapies, you can talk to one of our cancer nurses — call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also ask for a free copy of our booklet *Understanding cancer and complementary therapies*, or download it from our website **www.cancer.ie**

Cancer and Complementary Therapies

After treatment

What follow-up do I need?

No matter what type of treatment you get, you will still need to go back to hospital for regular check-ups. This is known as follow-up. At first these visits to the specialist will be quite frequent, sometimes every 3 or 4 months for the first 2 years. If testicular cancer comes back it is more common for it to do so within the first two years.

After 2 years you will be seen less frequently, dropping back to once a year in time.

Your doctor will let you know how often he or she would like to see you. The check-up may involve having a physical exam, blood tests, X-rays and CT scans. At these visits, your doctor will check for signs of testicular cancer that may have come back. Your doctor can also keep track of any ongoing side-effects that you may have. If you are between check-ups and have a symptom or problem worrying you, let your doctor know.

You might worry about the cancer coming back. This can be worse at times leading up to scans and follow up appointments. It can help to share your concerns so people know how you are feeling. Partners can also get anxious, so it can help to talk to them about it. If you or your partner feel you might need help coping, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. It can be a good idea to keep a record of your treatment. This can come in useful if you need to see a new doctor later in life when they might not have full access to your medical records. For details of helpful services and support groups, see pages 72–74, contact our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.

Life after cancer

You can return to normal activity as soon you feel able after your cancer treatment. Finishing treatment can be both stressful and exciting at the same time. It can take some time for the tiredness to wear off after cancer treatment. This is quite common so do not worry if you do not get over your treatment as quickly as you thought you might.

Staying healthy after treatment

Many people want to make positive changes to their lives after their treatment has ended.

Having a healthy lifestyle is important as it can help you to:

- Feel better
- Heal and recover faster
- Cope better with the side-effects of treatment
- Keep up your energy and strength

A healthy lifestyle includes:

- Exercising
- Eating healthy foods
- Staying at a healthy weight
- Not smoking
- Protecting yourself from the sun

If you want more information or advice, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also go to our website **www.cancer.ie** for tips and publications on healthy living.

Checking your testicles

It's important to continue to check your remaining testicle for any changes after your treatment.

How to check yourself

The best time to check yourself is after a warm bath or shower when the skin of your scrotum is relaxed.

1. Hold your scrotum in your hands
2. Use the fingers and thumbs of both hands to examine your testicle
3. Gently feel for any change in size or weight
4. Your testicle should be smooth, with no lumps or swellings. It is normal to feel a soft tube at the top and back of the testicle. This is the sperm-collecting tube known as the epididymis.

If you notice any changes, let your GP or consultant know.

Feelings after treatment

Being told your treatment has been successful is wonderful news. But it can take some time to adjust to life after cancer treatment. It isn't unusual to feel quite low and lost after your treatment has ended, especially during the first few months.

Feelings you may have include:

Fear of cancer coming back and worrying about every small symptom

Loneliness without the company and support of your medical team and fellow patients

Stress at having to deal with things that may have been on hold during your treatment, such as your finances, going back to work and family issues.

Isolation or guilt if your family and friends expect you to get back to normal before you are ready

Anxiety and self-doubt about sexual and romantic relationships

Anger at what has happened and the effect on you and your loved ones

Depression or sadness

There is more about how to cope with these feelings and adjusting to life after cancer on our website **www.cancer.ie/coping/life-after-cancer-treatment**

You can also call our Cancer Nurseline or visit a Daffodil Centre to talk to a cancer nurse in confidence. See page 61 for other ways to get support.

What if the cancer comes back?

When cancer has come back after it has been treated it is known as a recurrence or relapse. The risk of testicular cancer coming back depends on the type and stage of your testicular cancer. If a relapse is going to happen it is most likely to occur in the first two years after treatment. Unlike many cancers, even when testicular cancer does come back, it can still be cured.

Where in the body can testicular cancer come back?

Men who have had testicular cancer are at a slightly higher risk of getting cancer in the other testicle. For this reason it is a good idea to get into the habit of checking your remaining testicle on a regular basis. See page 55. Testicular cancer can also come back in other parts of the body such as lymph nodes or your lungs. This is why the CT scan is an important part of your follow-up.

What treatment can I have if the cancer comes back?

Chemotherapy: If you have already had chemotherapy your doctor may choose different drugs to give you if you have a relapse. Rarely men need high-dose chemotherapy with a stem cell transplant.

High-dose chemotherapy and stem cell support: This is rare, but may be used for men whose cancer did not respond to first line chemotherapy. It allows you to have much higher doses of chemotherapy than usual to try to destroy any remaining testicular cancer cells. Stem cells are found in the bone marrow. They make all the blood cells in your body. When very high doses of chemotherapy are given your bone marrow is affected by treatment. For this reason, some stem cells are removed before high-dose chemotherapy treatment and replaced afterwards.

Your doctors will talk to you in detail if you need this treatment. For copies of our booklet *Understanding Autologous Stem Cell Transplants* call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.

Surgery for recurrent testicular cancer: If the lymph nodes in your abdomen are affected by recurrent cancer, surgery to remove the lymph nodes may be performed. This operation is known as RPLND. See page 37 for more information on this operation.

Help and support for recurrent testicular cancer

Finding out that cancer has come back after treatment can be a very difficult time. Shock, disbelief, anxiety, fear, anger, grief, and a sense of loss of control are common emotions. All these feelings are normal responses to this difficult experience. Some people find this diagnosis more upsetting than the first one. It's a good idea to seek professional help to deal with these feelings. Free counselling is available at our affiliated cancer support centres. See **www.cancer.ie** for a list of centres.

It is important to remember that cure can still be reached even in this situation. For help and support at this time call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre and talk to one of our cancer nurses.

Coping and emotions

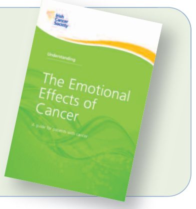
How can I cope with my feelings?

There are many reactions when you hear you have cancer. Reactions differ from person to person. There is no right or wrong way to feel and there is no set time to have one particular emotion or not.

Common reactions include:

- Shock and disbelief
- Fear and uncertainty
- Loss of control
- Sorrow and sadness
- Denial
- Anger
- Resentment
- Blame and guilt
- Withdrawal and isolation

A helpful booklet that discusses in detail how you may be feeling is called *Understanding the Emotional Effects of Cancer*. Call our Cancer Nurseline on **1800 200 700** or visit a Daffodil Centre for a free copy.



Anxiety and depression

Sometimes a cancer diagnosis can cause anxiety and depression. If you feel that your low moods are getting the better of you or you are finding it hard to cope, it's important to get help. It's not a sign of failure to ask for help or to feel unable to cope on your own. Try to talk with someone you know who is a good listener or tell your GP. Medical social workers can also offer support to you and your family.

If you are finding it difficult to get over a period of depression, your doctor may suggest a treatment. Often a short course of antidepressants can work well. Professional counselling can also be very helpful.

Counselling

Sometimes it can be hard to talk to the people closest to you if you are feeling very distressed or finding it hard to cope. You may worry about upsetting or worrying your friends or family. A trained counsellor who is not involved in your situation can help you to express your feelings, worries and fears and make sense of them. Counselling can also give you emotional support, help you make decisions and learn ways to cope better.

Counselling is available free of charge at some local cancer support centres. To find out more about counselling call our Cancer Nurseline on Freephone 1800 200 700 or visit a Daffodil Centre. Or email the nurses at cancernurseline@irishcancer.ie

A list of counsellors funded by the Irish Cancer Society is available at **www.cancer.ie**

Ways to get emotional support

Find out about cancer support services in your area: There are lots of local cancer support services that provide a range of helpful services like counselling, complementary therapies, exercise programmes and other activities. They can also give you practical advice and support. See page 74 for more about cancer support services.

Ask about psycho-oncology services at the hospital: Hospital psycho-oncology services give cancer patients emotional and psychological support to help them cope. Your doctor, specialist nurse or medical social worker can refer you to psycho-oncology support services.

Join a support or educational group: Many people find it very reassuring to talk to other people who are in a similar situation and facing the same challenges. Many cancer support centres have activities and groups where you can meet other people affected by cancer.

Get one-to-one support: The Irish Cancer Society can put you in touch with a trained Survivor Support volunteer who has been through a cancer diagnosis and who can give you emotional and practical support.

Get online support: There are special websites called online communities where people with cancer can write questions, share stories, and give and receive advice and support. Visit **www.cancer.ie/community** to join the Irish Cancer Society online community.

Talk things through: It can be a great weight off your mind to share your feelings and concerns. You could talk to a friend or family member if you feel comfortable doing so. You could also speak to the medical social worker at the hospital or to one of our cancer nurses.

Seek spiritual support: For some people spiritual and religious beliefs can bring comfort and hope. Practices such as prayer or meditation may help you to focus on what has value and meaning in your life.

If you need more information or help with finding support, call our Cancer Nurseline on 1800 200 700 or drop into a Daffodil Centre.

Learning to cope

Everyone experiences cancer in a different way. And how each person copes with cancer varies too. There is no right or wrong way to cope with cancer, only your way.

It can take some time to come to terms with your emotions after a cancer diagnosis. Coping with the physical effects of treatment can also add to the burden of dealing with cancer.

While it's true that some treatments can have some unpleasant side-effects, most people are able to adjust to life during treatment.

How can I help myself?

Here is a list of things to help make you feel more involved and more in control of your illness:

Use your support network: Don't be afraid to ask for help from those who want to support you or to use the support services available. Telling people what you need and how they can help means you will get the right amount of support to suit you.

Involve your family and close friends: Ask someone close to you to come with you when you are visiting the doctor and be open about how you're feeling. If you're feeling alone, you can also talk to one of our cancer nurses by calling our Cancer Nurseline or visiting a Daffodil Centre.

Gather information about your cancer and treatment: Knowing what to expect can help to relieve anxiety and stress for some people.

Get some exercise: Exercise improve your mood and energy levels. Talk to your doctor or nurse about which activity will suit you best.

Try relaxation and stress management techniques: Therapies like meditation or yoga may help you to cope with stress. Some cancer support centres provide groups to help you learn these techniques.

Try complementary therapies: Complementary therapies are treatments that are given in addition to your standard hospital treatment. They may help to relieve side-effects and help you to feel better emotionally. See page xx for more

Accept change in your life: Accept that you may not be able to carry on exactly as before. Give yourself time to adjust to your new routine.

Know that there will be ups and downs: Sometimes people feel they have to be brave or positive all the time, but it's normal to have bad days. Get help if you are finding it hard to cope.

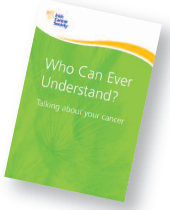
Keep busy: Try to keep busy and make plans for the things you would like to do. This can mean taking trips, visiting loved ones or doing certain activities.

Try to cope day by day: Don't think about the future too much. Concentrate on the present and getting through each day of tests or treatment. That way, you may find it easier to cope with your illness.

Express yourself: Keep a diary or journal if you need to express yourself without holding back. It can help you to make sense of what you are going through.

You and your family

Every family deals with cancer in its own way. You may feel that you don't want your illness to upset family life, feel guilty that you can't join in as much as before, or that you're letting down your parents, partner or possibly children of your own. You may also worry about the emotional impact your illness will have on your loved ones. Our booklet *Who Can Ever Understand?* can help to you find ways to talk about your cancer and to ask for the help and support you need.



If you or your family members need more support or advice, get in touch with one of our cancer nurses. Call us on 1800 200 700 or visit a Daffodil Centre.

If you have children

It's best that you or your partner tell your children about your cancer diagnosis. How you discuss your cancer and treatment with them will depend on their age and character. A useful booklet called *Talking to Children about Cancer. A Guide for Parents* gives practical advice for talking to children about cancer, with specific advice for different age groups. It also has information on supporting children and teenagers and helping them to deal with their emotions.

The booklet is available free of charge from Daffodil Centres or by calling the Cancer Nurseline. It's also available on our website **www.cancer.ie**.

Advice for carers

Caring for someone with cancer

Finding out someone you love has cancer and trying to care for them can be difficult. You may not be sure about how best to support the person with cancer, both practically and emotionally. You might also be struggling to manage your own feelings and responsibilities.

Learn about cancer

Learn more about testicular cancer, any possible side-effects and the emotional effects it can cause. This will help you to understand how you can support the person who has cancer. Visit our website **www.cancer.ie** or call our Cancer Nurseline for free copies of our publications.

Share worries

If you are feeling anxious or overwhelmed, try and share your worries with someone else. Call our Cancer Nurseline on 1800 200 700 or drop into a Daffodil Centre if you want to chat to a cancer nurse in confidence. Stay in touch with your own friends and get out when you can, even if you don't always feel like it.

Try counselling

You might find it helpful to talk to a counsellor. Free one-to-one counselling is available to friends and family members at our affiliated cancer support centres. Talk to your GP or see page 60.

Support for you

Our cancer nurses are there to support you as a carer. Call our Cancer Nurseline on 1800 200 700, visit a Daffodil Centre or email cancernurseline@irishcancer.ie for confidential support, advice and information. You could also ask for a copy of our booklet, *Caring for Someone with Cancer,* or download it from our website **www.cancer.ie**

> 'Don't bottle things up. Express it.'

How to talk to someone with cancer

When someone close to you has cancer it can be hard to know what to say. You may find it difficult to talk about their cancer. Or you may be afraid of saying the wrong thing. Often what people with cancer want most is someone to listen to them.

If you want advice on how to support a friend or loved one with cancer, call our Cancer Nurseline on 1800 200 700. Ask for a copy of our booklet *Lost for Words – How to talk to someone with cancer*. The booklet gives advice on talking to someone with cancer. It also has tips to help you to feel more confident about supporting your friend or relative. You can also pick up a copy of the booklet at any Daffodil Centre, or download it at **www.cancer.ie**

Support resources

Coping with the financial impact of cancer

A diagnosis of cancer often means that you will have extra expenses, like car parking during hospital visits, medication, travel, heating and childcare costs. If you can't work or you are unemployed, this may cause even more stress. It may be harder for you to deal with cancer if you are worried about money.

Medical expenses

Medical expenses that you might have to pay include:

- Visits to your family doctor (GP)
- Visits to hospital
- Overnight stays in hospital
- Medicines
- Appliances, like wigs

How much you pay towards your medical expenses depends on whether or not you qualify for a medical card and what type of health insurance you have, if any.

If you have a medical card, you will probably have very little to pay for hospital and GP (family doctor) care or your medication.

Medical cards are usually for people on low incomes, but sometimes a card can be given even if your income is above the limit. For example, if you have a large amount of medical expenses. This is known as a discretionary medical card.

An emergency medical card may be issued if you are terminally ill and in palliative care, irrespective of your income.

If you do not have a medical card you will have to pay some of the cost of your care and medication. If you are over 70 years old, you can get a free GP visit card.

If you have health insurance the insurance company will pay some of the costs, but the amount will depend on your insurance plan. It's important to contact your insurance company before starting treatment.

Benefits and allowances

There are benefits available from the Department of Social Protection that can help people who are ill and their family. For example, Illness Benefit, Disability Allowance, Invalidity Pension, Carer's Allowance, Carer's Benefit, Carer's Leave.

If you want more information on benefits and allowances, contact:

- The medical social worker in the hospital you are attending
- Citizens Information – Tel: 0761 074 000
- Department of Social Protection (DSP) – Tel: 1890 662 244 or ask to speak to a DSP representative at your local health centre or DSP office.

Always have your PPS number to hand when you are asking about entitlements and benefits. It's also a good idea to photocopy completed forms before posting them.

If you have financial difficulties

If you are getting into debt or you are in debt, the Money Advice and Budgeting Service (MABS) can help you. MABS can look at your situation, work out your budget, help you to deal with your debts and manage your payments. The service is free and confidential. Call the MABS Helpline 0761 07 2000 for information.

If you are finding it hard to cope financially, contact your medical social worker in the hospital or your local health centre for advice. The Irish Cancer Society can also give some help towards travel costs in certain cases. See page 73 for more details of our Volunteer Driver Service and the Travel2Care fund.

You can also call our Cancer Nurseline 1800 200 700 or visit a Daffodil Centre and the nurse will suggest ways to help you manage.

More information

For more information go to **www.cancer.ie/publications** and check out our booklet, *Managing the Financial Impact of Cancer – A Guide for Patients and their Families*.
This explains:


The Financial Impact of Cancer

- Medical costs and help available
- Benefits and allowances that you or your family may qualify for
- Travel services
- Ways to cope with the cost of cancer

The booklet also has lots of other information to help you manage the cost of cancer. For example, disability and mobility supports, help for people in financial difficulty, help for carers and living at home and nursing home supports.

Irish Cancer Society services

Our **Cancer Support Department** provides a range of cancer support services for people with cancer, at home and in hospital, including:

- Cancer Nurseline
- Daffodil Centres
- Survivor Support
- Support in your area
- Patient travel and financial support services
- Night nursing
- Publications and website information

- Our **Cancer Nurseline Freephone 1800 200 700**. Call our Cancer Nurseline and speak to one of our cancer nurses for confidential advice, support and information. You can also email us on cancernurseline@irishcancer.ie or visit our Online Community at **www.cancer.ie**

  For the deaf community, our Cancer Nurseline is using the Sign Language Interpreting Service (SLIS) using IRIS. Contact IRIS by text 087 980 6996 or email: remote@slis.ie
- Our **Daffodil Centres.** Visit our Daffodil Centres, located in thirteen hospitals nationwide. The centres are staffed by cancer nurses and trained volunteers who provide confidential advice, support and information to anyone concerned about or affected by cancer.

- Our **Survivor Support**. Speak to someone who has been through a cancer diagnosis. Our trained volunteers are available to provide emotional and practical support to anyone going through or finished with their treatment.
- **Support in your area.** We work with cancer support groups and centres across the country to ensure cancer patients have access to confidential support including counselling. See page 74 for more information.
- **Patient travel and financial support services.** We provide practical and financial support for patients in need, travelling to and from their cancer appointments. There are two services available through the Society:
  - **Travel2Care** is a limited fund, made available by the National Cancer Control Programme, for patients who are having difficulty getting to and from their treatments while attending one of the national centres of excellence or their approved satellite centres.
  - **Irish Cancer Society Volunteer Driver Service** is for patients undergoing chemotherapy treatments who are having difficulty getting to and from their local appointments in our partner hospitals.

  To access either of these services please contact your hospital healthcare professional.
- **Irish Cancer Society Night Nursing.** We provide end-of-life care for cancer patients in their own home. We offer up to 10 nights of care for each patient. Our service allows patients to remain at home for the last days of their lives surrounded by their families and loved ones. This is the only service of its kind in the Republic, providing palliative nursing care at night to cancer patients.
- Our **publications and website information.** We provide information on a range of topics including cancer types, treatments and side-effects, coping with cancer, children and cancer, and financial concerns. Visit our website **www.cancer.ie** or call our Cancer Nurseline for a free copy of our publications.

If you would like more information on any of our services, call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre.

Local cancer support services

The Irish Cancer Society works with cancer support services all over Ireland. They have a range of services for cancer patients and their families, during and after treatment, many of which are free. For example:

- **Professional counselling** The Irish Cancer Society funds up to 8 sessions of free, one-to-one counselling in many affiliated support services
- **Support groups**, often led by professionals like social workers, counsellors, psychologists or cancer nurses
- **Special exercise programmes**, like the Irish Cancer Society's *Strides for Life* walking group programme
- **Stress management and relaxation techniques**, such as mindfulness and meditation
- **Complementary therapies** like massage, reflexology and acupuncture
- **Specialist services** such as prosthesis or wig-fitting and manual lymph drainage
- **Mind and body sessions**, for example, yoga and tai chi
- **Expressive therapies** such as creative writing and art
- **Free Irish Cancer Society publications** and other high-quality, trustworthy information on a range of topics

Cancer support services usually have a drop-in service where you can call in for a cup of tea and find out what's available.

You can call our Cancer Nurseline on Freephone 1800 200 700 to find your nearest cancer support centre. Or see our online directory at **http://www.cancer.ie/support/support-in-your-area/directory**

Helpful books

The Irish Cancer Society has a wide range of information on reducing your risk of cancer, different types of cancer, treatments, and coping. For free copies call the Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also download or order the booklets on our website: **www.cancer.ie**.

You may find the following helpful:

Treatment and side-effects

Understanding Chemotherapy

Understanding Radiotherapy

Understanding Cancer and Complementary Therapies

Diet and Cancer

Coping with Fatigue

Coping and emotions

Understanding the Emotional Effects of Cancer

Lost for Words: How to Talk to Someone with Cancer

Who Can Ever Understand? Taking About Your Cancer

Caring for Someone with Cancer

Talking to Children about Cancer: A Guide for Parents

A Time to Care: Caring for Someone Seriously Ill at Home

What does that word mean?

Abdomen	The part of your body that lies between your chest and hips. Sometimes known as the belly or tummy.
Anti-emetic	A tablet, injection or suppository to stop you feeling sick or vomiting.
Benign	Not cancer.
Biopsy	When a small amount of tissue is taken from your body to find out if cancer cells are present.
Cells	The building blocks that make up your body. They are tiny and can only be seen under a microscope.
Chemotherapy	Treatment using drugs that cure or control cancer.
Dry orgasm	No (or very little) fluid (semen) comes out of the penis when orgasm happens.
Fatigue	Severe tiredness.
Germ cells	Cells that produce sperm in men (and eggs in women). They are nothing to do with germs that cause infections.
Lymph nodes	Small glands scattered along vessels of your lymphatic system. They may become enlarged due to infection or cancer cells.
Malignant	Cancer. A tumour that spreads.
Medical oncologist	A doctor who specialises in treating cancer patients using chemotherapy and other drugs.
Metastasis	The spread of cancer from one part of your body to other tissues and organs.
Nausea	Feeling sick or wanting to be sick.
Necrotic tissue	A collection of dead cells.
Non seminoma	A type of testicular cancer which has more than one type of cell in it. It may have some seminoma cells and some teratoma cells for example.
Oncology	The study of cancer.
Orchidectomy	Removing a testicle by surgery.
Prognosis	The expected outcome of a disease.
Radiation oncologist	A doctor who specialises in treating cancer patients using radiotherapy.
Radiotherapy	The treatment of cancer using high-energy X-rays.
Retrograde ejaculation	Semen goes into the bladder rather than out through the penis during orgasm.
Retro-peritoneal	A space in the abdomen, towards the back where some lymph glands are present.
Seminoma	A type of testicular cancer identified by the way it looks under the microscope, also known as pure seminoma.
Staging	Tests that measure the size and extent of cancer.
Testosterone	A hormone produced by the testicles which is responsible for male characteristics.
Tumour marker	A chemical in your blood that may be a sign that cancer is present.
Urologist	A surgeon who specialises in diseases of the male reproductive system and urinary system. He or she can remove a tumour from this area of the body.

Questions to ask your doctor

Here is a list of questions you may want to ask. There is also some space for you to write down your own questions if you like. Never be shy about asking questions. It is always better to ask than to worry.

- What is testicular cancer?
- How long will it take to get the test results?
- What type of testicular cancer do I have?
- What stage is my cancer at?
- What treatment do I need?
- Are there other treatment options? Why is this one best for me?
- How successful is this treatment for my cancer?
- Would I be suitable for a clinical trial?
- How long will my treatment take?
- What side-effects or after-effects will I have?
- What can be done about side-effects?
- Is there anything I can do to help myself during treatment?
- How soon can I have sex after treatment?
- Will I be able to have children?
- Do I need to use contraception during my treatment?
- How often will I need check-ups?
- Why do I need to attend for regular blood tests?
- What if the cancer comes back?

Your own questions

1

Answer

2

Answer

3

Answer

4

Answer

5

Answer

6

Answer

Join the Irish Cancer Society team

If you want to make a difference to people affected by cancer, join our team!

Support people affected by cancer

Reaching out directly to people with cancer is one of the most rewarding ways to help:

- Help people needing lifts to hospital by becoming a volunteer driver
- Give one-on-one support to someone newly diagnosed with cancer as part of our Survivor Support programme
- Give information and support to people concerned about or affected by cancer at one of our hospital-based Daffodil Centres

Share your experiences

Use your voice to bring reassurance to cancer patients and their families, help people to connect with our services or inspire them to get involved as a volunteer:

- Share your cancer story
- Tell people about our services
- Describe what it’s like to organise or take part in a fundraising event

Raise money

All our services are funded by the public’s generosity:

- Donate direct
- Take part in one of our fundraising events or challenges
- Organise your own event

Contact our Cancer Nurseline on Freephone 1800 200 700 if you want to get involved!

Did you like this booklet?

We would love to hear your comments or suggestions. Please email reviewers@irishcancer.ie

More information and support

If you would like more information or someone to talk to, now or at any time in the future, please call our Cancer Nurseline on 1800 200 700.

Irish Cancer Society
43/45 Northumberland Road, Dublin 4

T: 01 231 0500
E: info@irishcancer.ie
W: www.cancer.ie

Cancer Nurseline Freephone 1800 200 700
Email: cancernurseline@irishcancer.ie

Find us on Facebook
Follow us on Twitter: @IrishCancerSoc

The National Cancer Charity

Irish
Cancer
Society