

Testicular Cancer Information



Follow-Up Care Plan

► PART 2 OF 3

Information and resources
for testicular cancer patients
in Manitoba after completion
of treatment.

Moving *Forward*
after Testicular Cancer



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Introduction

Moving Forward after Testicular Cancer

This booklet is a Part 2 (of 3) of the Follow-Up Care Plan package. It provides testicular cancer specific information about follow-up care, the best course of action on the side effects you might be experiencing and post treatment programs you might be interested in.

Part 1 - the Personalized Follow-Up Care Plan and Treatment Summary outlines your personal follow up schedule (including necessary tests and appointments, what symptoms to watch for, and a summary of the treatments you received to treat your cancer). If you misplace your Part 1, please call your oncologist's office. A new copy can be provided to you.

Part 3 - the General Moving Forward After Cancer Treatment booklet is a general resource focused on wellness and health promotion, reducing future risk, and resources and supports available in Manitoba after being treated for any type of cancer.

Moving Forward after Cancer Treatment



Follow-Up Care Plan

>PART 3 OF 3



Information and resources for
cancer patients in Manitoba
after completion of treatment.



Moving Forward
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Understanding Your Diagnosis and Treatment of Testicular Cancer

Structures

Important Structures and Terms:

Ductus Deferens/Vas Deferens: the duct that conveys sperm from the testicle to the urethra.

Ejaculatory Duct: junction of the duct from the seminal vesicle with the vas deferens. A duct through which semen is ejaculated.

Germ cells: cells that are involved in the making of sperm. These are found lining the seminiferous tubules.

Lymph nodes: a part of the body's immune system where white blood cells (lymphocytes) destroy harmful substances that may have led to infection or disease. Retroperitoneal lymph nodes are located at the back of the abdomen and fight off infections from the male reproductive system.

Lymphatic vessel: thin tubes that carry lymphocytes.

Seminal Vesicle: each of a pair of glands that open into the vas deferens near its junction with the urethra and secrete many of the components of semen.

Spermatic Cord: a bundle of nerves, ducts, and blood vessels connecting the testicles to the abdominal cavity.

Stroma Cells: cells within the testicles which help to make and transport sperm. They are also responsible for making male sex hormones, such as testosterone.

Testis: male reproductive glands that produces sperm and secretes testosterone.

Testosterone: assists in the function and development of the reproductive organs. It also provides men with a deep voice, body and facial hair, bigger muscles and body size, and sex drive.

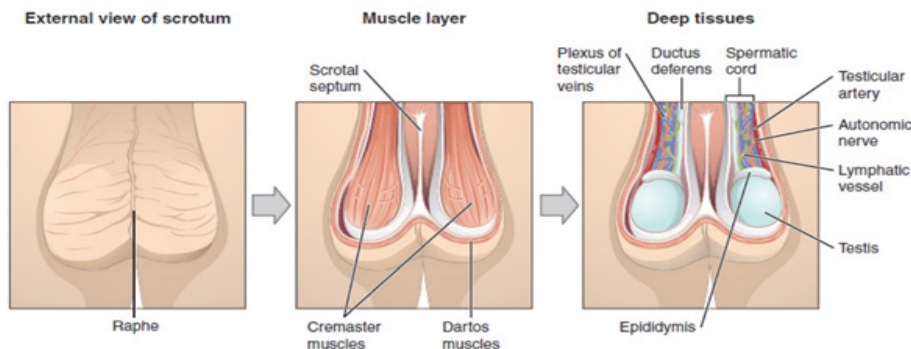


Image: Structures of the Scrotum and Testes.

Source: BCcampus (2018) Anatomy and Physiology, Chapter 27.1 Anatomy and Physiology of the Male Reproductive System. OpenStax P. 187

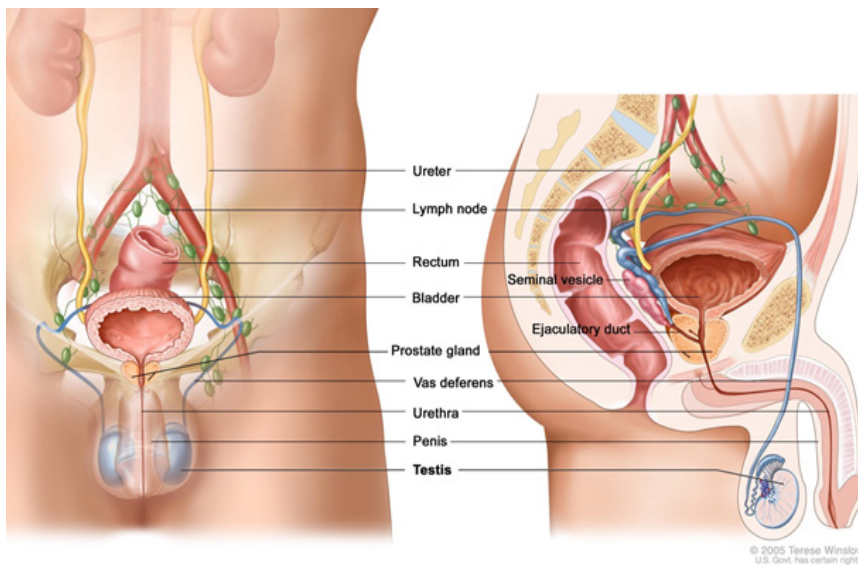


Image: Male reproductive anatomy and urinary systems, showing the testicles, ejaculatory duct, lymph nodes, and other structures.

Source: PDQ® Adult Treatment Editorial Board. (2018) PDQ Testicular Cancer Treatment. Bethesda, MD: National Cancer Institute. [PMID: 26389286]

Testicular Cancer Diagnosis

Diagnosis for testicular cancer involves the identification of cancer by means of a medical examination, signs, symptoms, laboratory tests, and diagnostic imaging tests. Tumour marker levels are often taken as a part of the diagnostic process. Tumour markers are substances that are made by cancer cells or by normal cells in response to cancer. Elevated levels of tumour markers, may be related to cancer on non-cancer health issues. Testicular cancer tumour markers are human chorionic gonadotropin (HCG) and alpha-fetoprotein (AFP), lactic acid dehydrogenase (LDH). Cancer staging is later confirmed after surgeries have taken place.

Understanding Your Diagnosis and Treatment of Testicular Cancer

Testicular Cancer Stages and Types

CancerCare Manitoba follows the globally accepted cancer staging system called TNM staging. This system includes diagnosing cancer stages based on 4 different categories. Based on these categories, cancer stages can be diagnosed and treatment can be planned. Generally, a lower number in each category is related to a better prognosis.

The 4 categories are:

- Primary Tumour (pT) – site and size of the tumour. Category Ranks: pT0, pTis, pT1, pT2, pT3, pT4
- Regional Lymph Nodes (N) – if/where the lymph nodes are involved. Category Ranks: N0, N1, N2, N3
- Metastasis (M) – whether cancer has spread to other sites and where the other sites are.
Category Ranks: M0, M1, M1a, M1b
- Serum markers (S) – levels of tumour markers. Category ranks: S0, S1, S2, S3

Based on these categories, testicular cancer is diagnosed into a stage. Stages range from 0-III. Intratubular germ cell neoplasia is an abnormal change to the testicle that occurs before cells develop into invasive tumours. These are stage 0 testicular cancers. With higher stages relate to more advanced cancer, and spread (metastasis of cancer). Metastasis is a second tumour formed from cells from the original (primary) site. This is found in another part of the body. Stage 2 and 3 testicular cancers may have metastasis.

A testicular cancer tumour will also be of a certain type. Types of testicular tumours include:

- Seminoma: A type of germ cell tumour. These are slower growing than non-seminomas.
- Non-Seminoma: Another type of germ cell tumour. There are 4 main types of non-seminomas, which are identified and named based on what the cancer cells look like when examined under a microscope.

Testicular Cancer Treatments

The first step in treating testicular cancer is often radical inguinal orchiectomy. Orchiectomy is a surgery to remove the testicle and spermatic cord. Staging and diagnosis of testicular cancer is confirmed based on this surgery.

Depending on the staging that is confirmed with the orchiectomy, other treatments may also be necessary. If no other treatments are necessary you will be monitored by your medical team for signs and symptoms of cancer returning, also known as surveillance.

Other treatments that you may require depending on your cancer diagnosis and staging may include:

Retroperitoneal lymph node dissection (RPLND): a surgery to remove lymph nodes that are found at the back of the abdomen. This surgery may be done at the same time as the orchiectomy or at a later time.

Radiation (therapy): use of gamma rays or high-energy x-rays to damage or destroy cancer cells. This is used to treat testicular cancer after the orchiectomy. In testicular cancer, the radiation therapy is focused on the lymph nodes in the abdomen and pelvis region.

Chemotherapy: medications with cancer-fighting abilities to treat cancer. Chemotherapy medications are sometimes referred to as anticancer agents. Some examples of common testicular cancer chemotherapies are:

- BEP: bleomycin, etoposide and cisplatin. BEP is the main chemotherapy combination for testicular cancer.
- EP: etoposide and cisplatin.
- VIP: etoposide phosphate, ifosfamide and cisplatin.

Are You Worried About Your Testicular Cancer Returning?

What to Watch For:

You may be relieved that your treatment is finished, but find it hard not to worry about your cancer coming back. (When cancer comes back after treatment, it is called recurrence). This is a very common concern for people who have had cancer.

If testicular cancer does return, it is usually within the first two years after diagnosis. This is why the follow-up testing you read about in Part 1 - Your Personalized Follow Up Care Plan and Treatment Summary is more frequent in the first two years. After two years, the chance of the cancer returning drops steadily year after year. Part of follow up is regular monitoring to ensure disease recurrence is detected early.

After treatment, your doctors will still want to monitor you closely. It is very important to attend all of your follow-up appointments. During these visits, your doctors will ask about any problems you may have, examine you, and may order lab tests or imaging tests to look for signs of cancer or treatment side effects.

If testicular cancer returns, it is usually in the form of cancer cells that have spread to the lungs or lymph nodes, occasionally a new cancer can occur in the remaining testicle. This is why the recommended follow-up includes tests of the testicle, chest, pelvis and abdomen. It is likely to treat the cancer successfully. If your cancer returns after you have returned to care with your primary care provider, they will refer you back to CancerCare Manitoba for consultation with an oncologist.

Be Alert to The Following Signs:

Many of these signs and symptoms are a regular part of life, therefore while it is important to have them followed-up by a primary care provider. You should also have a piece of mind knowing that they are often not related to recurrence.

Please notify your primary care provider if you notice any of these changes in your health **as soon as possible** as they may indicate a recurrence:

- new lumps or swelling in the remaining testicle

Notify your primary care provider team if these **symptoms last more than one week:**

- Lump on your neck, armpit or groin
- Swelling in your groin, bone, abdomen, head and neck
- Unexplained or new pain that is persistent or worsening
- Back pain
- Vomiting that lasts more than a few days
- Shortness of breath or trouble breathing
- Cough or coughing up blood
- Nausea (feeling sick to the stomach)
- Loss of appetite
- Weight loss without trying
- Large change in energy level or ability to be active
- Enlargement of breast (chest area) tissue
- Difficulty urinating or blood in bowel movements

Having testicular cancer, puts you at a higher risk for other cancers later on in life. Be sure to discuss these risks with your primary care provider, complete available cancer screening tests and be aware of cancer signs and symptoms.

In addition, your brothers and sons are at higher risk of getting testicular cancer. Encourage these family members to complete their monthly self-examinations and inform their family doctors of your diagnosis.

Work Collaboratively With Your Primary Care Provider?

It is important to have a family physician or nurse practitioner (primary care provider) who can support your health needs including and beyond your cancer. This primary care provider will assist you in achieving good health over a lifetime.

To find a family doctor use: Family Doctor Finder.

Phone: 204-786-7111 / Toll-free: 1-866-690-8260 *code 702*

Register Online: www.manitoba.ca/familydoctorfinder

Potential Side Effects After Testicular Cancer and Treatment

The unexpected effects of cancer are not always physical problems. There are also emotional and psychological impacts of cancer and treatment.

You may (or may not) experience some of the following effects after treatment for testicular cancer. You may experience other symptoms not listed below, as everyone's experience is unique. Some of these problems may start immediately while some may take months or even years before they appear.

Improvement or resolution may take time and you may need to work with your health care team to try various strategies, medications, and therapies. Some side effects will improve on their own, while others may go on for a significant period.

If any of these effects are a problem or are stopping you from doing your usual activities, talk about them with your **health care provider**.

Detailed resource and contact information can be found in the "Testicular Cancer Support and Resources" section of this book.

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
Metabolic Syndrome and/or Cardiovascular(heart) Disease	<ul style="list-style-type: none"> • Maintain a healthy lifestyle and normal body weight to assist in the management and prevention of this problem. Be physically active • Try to quit smoking if you smoke • Manage stress by being physically active, meditation, yoga or other activities that help improve your mental and emotional wellbeing 	<ul style="list-style-type: none"> • Your primary care provider can measure: blood pressure, blood sugar levels, waist circumference, and cholesterol levels • They can measure your levels overtime and assist in monitoring changes with this problem • Your primary care provider may also prescribe you medications to reduce these levels • Talk to your primary care provider about being referred to a dietician. A dietician may be of help to improve your diet and nutrition
Intimacy and sexuality (Relationship intimacy and sexuality, including body image and sexual activity)	<ul style="list-style-type: none"> • Communicate openly with your partner about what you are thinking and feeling • Spend time touching and talking (sexuality is about connection and not just about sex) • Be patient and kind with yourself and your partner as you recover 	<ul style="list-style-type: none"> • Contact CancerCare Manitoba's sexuality counsellor directly at 204-787-4495 or • Call CancerCare Manitoba's Patient and Family Support Services to see a psychosocial counsellor at 204-787-2109 or 1-866-561-1026 extension 2109
Inability to father a child Treatment for cancer can affect your ability to have a baby in the future. This can be upsetting and most people need support and information Retrograde ejaculation (ejaculating into your bladder) may also affect your ability to have children	<ul style="list-style-type: none"> • Communication with your partner is very important • Be patient and don't panic. Sperm counts usually increase overtime after your surgery • Wait 6-12 months post-chemotherapy before trying to father a child 	<ul style="list-style-type: none"> • Talk to your primary care provider about a referral to the Heartland Fertility Clinic, 204-779-8888. You can also contact them directly, however they do need details of your cancer history and treatment. • Make an appointment with CancerCare Manitoba's fertility counsellor at 204-787-4495

* CancerCare Manitoba offers this list as information and does not endorse any particular product or service.

Potential Side Effects After Testicular Cancer and Treatment

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Sexual Problems</p> <ul style="list-style-type: none"> • Problems with erections • Problems with ejaculation such as retrograde ejaculation 	<ul style="list-style-type: none"> • Maintain healthy lifestyle such as good nutrition and exercise and avoiding alcohol which may cause or contribute to erectile dysfunction • Kegel exercises may help to improve blood circulation and strengthen muscles used for intercourse. To do this, simply contract the muscle that controls urination (add urination to the glossary), and attempt to hold each contraction for at least 10 seconds, and then release. Do these exercises at least three to five times a day, with 5 or 10 contractions at each time • Communicate openly with your partner; explore feelings and thoughts that is affecting sexual problems such as feeling of less attractiveness and loss of interest on sex. Be honest with your partner. You may let your partner know what works best for you. You may also do some experimenting, as certain situations might help with sexual desires. If fatigue, you may ask your partner to take on the active role 	<ul style="list-style-type: none"> • Talk to your primary care provider and/or ask for a referral to see a psychosocial counsellor that may help with psychological and emotional concerns affecting sexual functions • Contact CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109
<p>Hypogonadism/Low testosterone</p>	<ul style="list-style-type: none"> • Reduce stress • Maintain a healthy body weight • Exercise 	<ul style="list-style-type: none"> • Talk to your oncologist or primary care provider about whether or not it is appropriate for you to have testosterone replacement therapy
<p>Osteoporosis and bone loss</p> <p>Can happen if you have low testosterone over a long period of time</p>	<ul style="list-style-type: none"> • Try to eat calcium rich foods such as fortified orange juice, kefir, fortified soy beverages, yogurt, cheese, milk, beans, tofu, nuts, green leafy vegetables, and fish with bones (e.g. canned salmon, sardines, etc.) • Try to quit smoking if you smoke • Stay active and participate in regular exercise 	<ul style="list-style-type: none"> • Talk to your primary care provider about a referral for a bone density scan and ask if you should take a vitamin D or calcium supplement

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Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
<p>Depression</p> <ul style="list-style-type: none"> • Feeling sad, irritable, or hopeless • Loss of appetite • Trouble sleeping • Mood swings <p>Depression is common after treatment for cancer, since many people fear the cancer will return. Many people have difficulty coping with the diagnosis of cancer and/or treatment. If these feelings persist, seek help</p>	<ul style="list-style-type: none"> • Getting adequate sleep, activity, and social interaction can be helpful. Ironically, the same things you don't feel like doing when you are down are actually the things that help manage a depressed mood • Practice mind body activities, such as breathing techniques, restorative yoga, meditation, guided imagery, soothing music, and mindfulness • Join support groups and peer counselling networks • Exercise as you are able 	<ul style="list-style-type: none"> • Talk to your primary care provider about how you are feeling • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109 • If you have any thoughts about harming yourself or anyone else, call the crisis line at 204-786-8686, call 911, or go to the Crisis Response Centre immediately (817 Bannatyne Ave. Open 24/7)
<p>Fatigue (feeling constantly tired)</p>	<ul style="list-style-type: none"> • Exercise - be physically active if you can • Rest when you feel tired and nap during the day if you need to • Examine your sleeping environment and make improvements where able • Try eating five to six small meals a day instead of three large ones (this helps your body to stay energized throughout the day) • Drink lots of fluids • Practice mind/body activities, such as breathing techniques, restorative yoga, guided imagery, soothing music, and mindfulness 	<ul style="list-style-type: none"> • Talk to your primary care provider and/or ask for a referral to an occupational therapist, physical therapist, or athletic therapist • Contact CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109 • Consider being referred to a naturopath to discuss alternative treatments
<p>Anxiety - feeling worried and unable to relax</p> <p>It is very common to experience increased anxiety during and after treatment as you cope with many life changes, decisions, and challenges</p>	<ul style="list-style-type: none"> • Learn what triggers your anxiety and what helps you relax • Seek support from your family, friends, spiritual or religious groups, support groups, and counsellors • Practice mind body activities, such as breathing techniques, restorative yoga, meditation, guided imagery, soothing music, and mindfulness 	<ul style="list-style-type: none"> • Talk to your primary care provider about how you are feeling • Call CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109

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Potential Side Effects After Testicular Cancer and Treatment

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
Skin changes due to radiation or surgery	<ul style="list-style-type: none"> • Use a gentle/unscented soap (Dove) • Use unscented lotions on the area of treatment two to three times a day • When bathing, use a clean washcloth and don't scrub the area. (Pat the skin dry) • Wear loose clothing and natural fabrics • Refer to the Managing Skin Changes After Treatment section in Part 3 	<ul style="list-style-type: none"> • Talk to your primary care provider
Loss of muscle strength and/or weight gain Trouble with daily activities, exercising, and/or unwanted weight gain	<ul style="list-style-type: none"> • Follow the Canada Food Guide for healthy eating recommendations • Keep a food diary • Participate in regular activity, such as walking, yoga, or pilates • Start with ten minutes twice a day and work your way up to your new goal! 	<ul style="list-style-type: none"> • Talk to your primary care provider about being active and/ or ask for a referral to a registered dietitian in your community. • Ask for a referral to an occupational therapist, physical therapist, or athletic therapist if further support is needed. • Look for an exercise facility in your community.
Memory and concentration problems (also known as brain fog or chemo brain)	<ul style="list-style-type: none"> • Use a day timer to track appointments and medications • Create lists as reminders of outstanding tasks • Place items (such as car keys, cell phones, planners) in the same place • Allow extra time to accomplish personal and work related activities • "Exercise" the brain through activities like Sudoku or memory games 	<ul style="list-style-type: none"> • Talk to your primary care provider and/or ask for a referral to an occupational therapist • Contact CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109
Sleep disturbances <ul style="list-style-type: none"> • Difficulty falling asleep, staying asleep, or early rising from sleep 	<ul style="list-style-type: none"> • Ensure your sleep environment is a healthy one • Refer to the "Sleep Hygiene" section in Part 3 - Moving Forward After Cancer Treatment • Avoid napping • Avoid heavy, spicy, or sugary foods 4-6 hours before bedtime • Avoid alcohol 4-6 hours before bedtime 	<ul style="list-style-type: none"> • Talk to your primary care provider, who may prescribe sleeping medication. • Contact CancerCare Manitoba's Patient and Family Support Services at 204-787-2109 or 1-866-561-1026 extension 2109
Unplanned weight loss - losing weight without trying	<ul style="list-style-type: none"> • Eat small frequent meals that are high in protein • Keep a food diary 	<ul style="list-style-type: none"> • Talk to your primary care provider • Contact CancerCare Manitoba's Dietitian team at 204-787-2109 or 1-866-561-1026 extension 2109

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Short and Long-term Side Effects of Chemotherapy

Problem or Effect	What You Can Do At Home	Who Can Help You with the Problem
Hearing problems (ringing in the ears or difficulty hearing high pitches)	<ul style="list-style-type: none"> • Keep hydrated • Protect your ears from loud noises • Avoid alcohol, smoking, caffeine • Avoid or reduce stress • Manage fatigue • If with dizziness, avoid sudden movement, take your time in changing positions such as from sitting to standing • Have your family, friends and others to speak loudly but not shouting 	<ul style="list-style-type: none"> • Have your hearing tested at a recognized hearing center
Nephrotoxicity/Renal/Kidney problems	<ul style="list-style-type: none"> • Drink plenty of fluids • Take electrolytes supplement if your electrolytes are low such as with low potassium, low magnesium and low calcium • Adding high potassium-rich foods to the diet may help such as banana, orange, cantaloupe, spinach, broccoli; magnesium-rich foods such as nuts, legumes, tofu, bananas, green leafy vegetables; calcium -rich foods such as dairy, almonds, beans, and lentils 	<ul style="list-style-type: none"> • Talk to your primary care provider and/or ask for a referral to a nephrologist or urologist
Lung problems (difficulty breathing or catching your breath, as well as other lung problems)	<ul style="list-style-type: none"> • Manage activities and rest when you feel tired or need to catch your breath • Try to quit smoking if you smoke 	<ul style="list-style-type: none"> • Talk to your primary care provider and/or ask for a referral to a respirologist • Contact CancerCare Manitoba's Quit Smoking Program at 204-787-1202 or 1-888-775-9899
Peripheral neuropathy (tingling, numbness, or pain in the hands or feet)	<ul style="list-style-type: none"> • Use care and caution when trimming finger and toe nails • Use creams or lotions that have been recommended by your oncologist or nurse • Maintain activity and exercise regularly, however use caution so you can avoid injury • Avoid exposure of your hands and feet to cold. Wear gloves and socks. <p>Exercise safety at home, such as:</p> <ul style="list-style-type: none"> • Avoid walking barefoot • Keep all rooms, hallways and stairwells well-lit • Remove tripping and slipping hazards 	<ul style="list-style-type: none"> • Talk to your primary care provider as there are several medications that can help manage the symptoms of nerve damage • CancerCare Manitoba Pain & Symptom clinics (physician or nurse referral needed) • Ask your primary care provider for a referral to occupational therapist to help with handrails, handgrips or grab bars and canes • Consider asking your oncologist for a referral to alternative or complementary medicine such as massage therapist, acupuncture and relaxation techniques

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Emotional and Psychological Impact of Cancer and Treatment

My family and friends think I should be “over it” by now, but I’m not. Is this normal?

People in your life often do not know what to expect once treatment is over. They just want you to be well but this may take much longer than others expect. It will likely take time for you, your family, and your friends to figure things out. Give yourself permission to ask for help. Try your best to be honest with people about how you are feeling, and what you need. Don’t forget to be patient and kind to yourself.

I have noticed some of my relationships have changed. What can I do?

Once treatment is over, it is common to find that some relationships may have deepened while others are less close. You may feel hurt or disappointed in some people, and pleasantly surprised by others. Consider letting others know how you feel, or perhaps it is enough to know they did the best they could.

What can I do to stay connected to those around me?

Once treatment is over, it is common that people feel alone. You may feel alone when interactions with the health care providers who were actively involved in providing your treatments are no longer necessary. Or when your family and friends become less involved in taking you to treatments, caring for you or your family. This is common. Look for ways to stay connected with your family and friends. Make a plan to stay connected to those who are important to you.

People often ask me about my cancer. How do I explain my cancer?

There is no right way or time to tell those around you that you have had cancer. Whether it is someone you have just met or someone you have known for a long time. It may also be difficult for you to explain your cancer when you are starting a new relationship. You may use the approach that feels right for you. Such as explaining the facts, definitions or sharing your experiences and your cancer journey. You could also share as much or little information as you feel comfortable with or redirect people to other resources for more details about your cancer, such as this booklet or the other resources listed at the end of the booklet.

I am having difficulty accepting how my body looks and feels – how can I get through this and feel better about it?

You may be upset about how your body looks and feels after treatment. Some men feel less masculine, or experience changes in sensation in areas affected by their cancer. It can take time and a lot of reassurance from the man’s partner for him to accept his changed body. Men also tend to judge themselves harshly and hold themselves to a high standard (often influenced by media messages). While loving words from his partner can help, it is the man who needs to come to a place of acceptance, and this can take a long time. It may take time and patience to become accustomed to the changes and to regain comfort with your body. It is also important to take good care of yourself and engage in activities that make you feel good, such as exercise, massage, a hobby or activity that interests you. Slowly become more familiar with your “new” body by looking at it directly or in a mirror, touching it, and learning what feels “normal”.

Sexuality after Cancer Treatment

I feel like less of a man after the surgery – what can I do to feel like I used to about myself?

Removal of the testicle(s) may be difficult for some men. Removal of the testicle(s) and additional scarring may affect your body image and cause worry or feelings of embarrassment. This feeling is normal after having testicular cancer surgery. You may feel self-conscious when your genitals may be viewed around other men or your sexual partner. However, many men find that there are only short periods of time when they may be exposed, for example in a dressing room, and during those times, others usually do not notice any differences. It is important to become comfortable with yourself and your body, to appreciate yourself and who you are beyond your cancer diagnosis and treatment.

Most sexual partners do not have any preference as to whether or not their partners have two testicles. A supportive partner will understand what you have gone through and will support you whether or not you have two testicles.

You may wish to consider speaking to your healthcare provider about the options for a prosthetic testicle or being connected with testicular cancer support groups.

It's also important to talk to your health care providers about how you are feeling. Sometimes these feelings are related to depression. Depression is common among cancer survivors, and can be treated. If you think you may be depressed, talk to your family physician or call CancerCare Manitoba Patient and Family Support Services for an appointment with one of the counselors at 204-787-2109 or 1-866-561-1026.

I have no desire to be sexual anymore – is this normal and when will it get better?

There are a number of reasons why sexual desire may decrease during/after cancer treatment. It is very common and normal – and it may get better – but why wait and wait? Make an appointment to see a sexuality counsellor and get some help!

How can I get my interest in sexuality back?

You may feel like your body is less attractive, or you may have less sensitivity to arousal. Sometimes people feel less physically “connected” to their body after having many health care providers examine them so often. Or your partner may be worried about hurting you. Start with lots of closeness and make a “date” to become sexually intimate. Ensure you talk about your needs and concerns with your partner. Connecting emotionally and physically with your partner is an important part of creating a closer relationship and may lead to improved interest in sexuality.

I find that sexual touching of my genitals is unpleasant – why is this happening and is there anything I can do to make the pain go away?

This may be happening for all sorts of reasons including hormonal changes, anxiety, side effects of treatments, etc. Finding help for this depends on the reason for the “unpleasant” feeling. You may experience some issues with sexual function such as erectile dysfunction or ejaculation, this is not due to the removal of your testicle, but may be due to the psychological effects of your cancer treatment. Your sexual function should improve over time.

Seeing a sexuality counsellor can help. A sexuality counsellor can be seen with or without your partner, if you experience problems or concerns with body image, sexuality or sexual functioning. You can contact the counsellor by phone at 204-787-4495 or toll-free at 1-866-561-1026

Patient and Family Support Services

Professional support is available to patients and families free of charge and without a referral, even after being discharged from the cancer clinic. Counselling is available in person, by phone, or by video conference through MBTelehealth.

Patient and Family Support Services

Patient and Family Counselling

Cancer affects the physical body, as well as the emotional, social, and spiritual needs of the person with cancer and their family or loved ones.

- Many women and their loved ones have found it helpful to talk to a professional counsellor.
- The counsellors at CancerCare Manitoba have experience, training, and knowledge to help you and your family cope with cancer and its treatments. They often meet patients for the first time after treatment is done because these feelings and emotions are so common.
- A counsellor can meet with you alone, or include your family. Family and loved ones are also welcome to meet on their own.
- **Call 204-787-2019 or toll-free at 1-866-561-1026 to request an appointment.**

Fertility & Prosthetics

Fertility

Men who have one testicle removed may have lower fertility. However, most men are able to reproduce naturally. Your oncologist may have discussed sperm banking with you prior to your treatment for testicular cancer. Information as to whether or not you chose to bank your sperm will be provided to your primary health care provider through the transitions treatment summary.

After completing treatment, your oncologist can get a semen analysis done to check on fertility for no extra cost. However, it may take a few years for your semen quality to increase. Be patient with your semen levels and do not panic if they are not as high in the period right after your surgery and treatment. Discuss family planning with your partner and health care providers after your treatments are completed.

CancerCare Manitoba has a fertility counselor who can talk with you about your options. Call 204 787 4495 or ask your oncology team member to refer you.



The cost of fertility treatments and preservation can be quite costly high. Most services provided in Manitoba are through the Heartland Fertility Clinic, further information about the cost of fertility treatments can be found on their website. Fertility tax credit information can be found on the Government of Manitoba website at: https://www.gov.mb.ca/finance/tao/fttc_faq.html

Prosthetics

Prosthetics for men with testicular cancer patients can be inserted at the time of the original surgery or at a later date. Consult with your surgeon to determine the best time to insert a prosthetic. There are a number of things to consider when deciding whether or not you are interested in having a prosthetic testicle.

Prosthetic testicles do not function like natural testicles; they are simply used for cosmetic reasons. A testicular prosthesis has a similar appearance to a normal testicle. Although some patients have mentioned that it can be harder than the other testicle. To be sure, you may ask to hold the prosthetic testicle before making a decision. The prosthetic testicle will be sized to your other testicle.

The surgery and recovery is fairly short and you can usually go home from surgery on the same day.

Possible side effects and complications from the surgery include:

- infection
- swelling of the scrotum
- pain or discomfort
- hematoma (A collection or pool of blood outside a blood vessel)
- scarring
- shifting of the prosthesis
- extrusion (when the prosthesis pushes through the skin)
- rupture or leaking of the prosthesis
- hardening of the prosthesis

Additional surgery may be needed at a later date to adjust or replace the prosthesis. Additional surgery may also be used to remove the prosthetic testicle, if you no longer wish to have it.

Diet and Exercise Following Testicular Cancer

Diet

There are no specific diet recommendations for those who have been diagnosed and treated for testicular cancer. For recommendations and information about maintaining a healthy body weight and eating well, please refer to **Part 3 - Moving Forward after Cancer Treatment booklet and the Canada Food Guide.**

If you have any diet related questions please call dial-a-dietician at 1-877-830-2892 or set-up an appointment with a CancerCare Manitoba dietician.

Exercise and Physical Activity

Being physically active after treatment for testicular cancer is important whether you are getting back to activities you enjoy or starting a new healthy lifestyle plan. Though it is limited, research on exercise and testicular cancers has observed improved quality of life and less fatigue, peripheral neuropathy, depression, anxiety and sleep dysfunction with Canadian Public Health exercise recommendations. For more recommendations, information and tips on how to get started with exercise and activity see the **Part 3 - Moving Forward After Cancer Treatment booklet. Always check with your primary care provider before starting an exercise plan.**

Testicular Cancer Support & Resources



Websites – Cancer Information: The Internet is a great source of information, but it is also full of misinformation. These websites are ones you can rely on to provide you with accurate information about Testicular cancer concerns:

Canadian Cancer Society	www.cancer.ca/en/cancer-information/cancer-type/testicular/testicular-cancer/?region=mb
Canadian Cancer Society - Cancer Connection	www.Cancerconnection.ca
BC Cancer	www.bccancer.bc.ca/health-info/types-of-cancer/mens-cancer/testes
Testicular Cancer Canada	www.testicularcancer.ngo
Movember Foundation	www.ca.movember.com/?home
One Ball	www.oneball.ca
Testicular Cancer Foundation (American)	www.testicularcancer.org/
Testicular Cancer Society (American)	www.testicularcancersociety.org/
International Testicular Cancer Foundation (American)	www.itcf.org/
A Ballsy Sense of Tumor Blog (American)	www.aballsysenseoftumor.com
American Cancer Society	www.cancer.org/cancer/testicular-cancer.html
Cancer Net (American)	https://www.cancer.net/cancer-types/testicular-cancer
Medline Plus (American)	www.medlineplus.gov/testicularcancer.html
National Cancer Institute (American)	www.cancer.gov/types/testicular
The Testicular Cancer Resource Center (American)	www.thetcrc.org/
Livestrong	www.livestrong.org/
Health Talk (England)	www.healthtalk.org/peoples-experiences/cancer/testicular-cancer/topics

Other general cancer resource information can be found in the **Part 3 - Moving Forward After Cancer Treatment booklet**.

Glossary

Anxiety: a state of being uneasy, apprehensive, or worried about what may happen; concern about a possible future event.

Chemotherapy: medications with cancer-fighting abilities to treat cancer. Chemotherapy medications are sometimes referred to as anticancer agents.

Depression: a common condition that affects your mood, resulting in feelings of sadness, hopelessness, inadequacy, worry, and dejection. Depression can affect your appetite, your motivation to perform daily activities, and your relationships.

Diagnosis: identification of a disease by means of a medical examination, signs, symptoms, laboratory tests and radiological findings.

Dietitian: licensed professional with specialized training in human nutrition who advises individuals on healthy eating.

Ductus Deferens/Vas Deferens: the duct that conveys sperm from the testicle to the urethra.

Ejaculatory Duct: junction of the duct from the seminal vesicle with the vas deferens. A duct through which semen is ejaculated.

Fatigue: physical or mental exhaustion; weariness.

Germ cells: cells that are involved in the making of sperm. These are found lining the seminiferous tubules.

Hypogonadism: diminished hormonal or reproductive functioning in the testes.

Hypertension: high blood pressure.

Lymph nodes: a part of the body's immune system where white blood cells (Lymphocytes) destroy harmful substances that may have led to infection or disease. Retroperitoneal lymph nodes are located at the back of the abdomen and fight off infections from the male reproductive system.

Lymphatic vessel: thin tubes that carry lymphocytes.

Medical Oncologist: physician who specializes in the diagnosis and treatment of cancer with drugs.

Metabolic Syndrome: is a cluster of conditions such as increased blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels that occur together, increasing your risk of heart disease, stroke and diabetes.

Nephrotoxicity: Renal or Kidney problems that are caused by treatment

Nephrologist: healthcare professional who specializes in problems with the kidneys

Occupational Therapist: a specialist in the treatment of physical or mental illness that works to improve a person's ability to perform daily activities.

Psychosocial Clinician: a person with specialized training to talk with you and help you to regain social, emotional, and spiritual health. They specialize in assisting you with the quality of life aspects of cancer.

Radiation (therapy): use of gamma rays or high-energy x-rays to damage or destroy cancer cells.

Radiation Oncologist: physician who specializes in diagnosis and treatment of cancer and other diseases through the use of radiation therapy.

Recurrence: the return of cancer after a period of time when the person was considered cancer-free (remission).

Remission: a period of time during a serious illness when there are few or no signs or symptoms of the illness.

Respirologist: a specialist in the treatment of breathing

Seminal Vesicle: each of a pair of glands that open into the vas deferens near its junction with the urethra and secrete many of the components of semen.

Glossary

Side Effects: non-intended symptoms caused by medicine or treatment, such as nausea, rash, anxiety, or constipation.

Symptom: a sign or indication of a particular disease or disorder.

Spermatic Cord: a bundle of nerves, ducts, and blood vessels connecting the testicles to the abdominal cavity.

Stroma Cells: cells within the testicles which help to make and transport sperm. They are also responsible for making male sex hormones, such as testosterone.

Testis: male reproductive glands that produces sperm and secretes testosterone.

Testosterone: assists in the function and development of the reproductive organs. It also provides men with a deep voice, body and facial hair, bigger muscles and body size, and sex drive.

Vitamins: any of a group of substances that are found naturally in many foods; vitamins are necessary in small quantities for good health and normal development and functioning

Urologist: a specialist in the treatment urine and genital health and disease.



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