

Urology department

Information on stage 1 testicular seminoma

Testicular cancer is rare, but it is the most common cancer to affect men between the ages of 20 to 35 years. There are two main types of testicular cancer:

- seminoma
- non-seminomatous germ cell tumours (also known as teratoma)

This is based on the types of cells that make up the tumour. Around 1 in 10 men have both types of cell present in the cancer and this is called a 'mixed' type. The treatment depends on the type and stage of the cancer. The vast majority of men with testicular cancer are cured with treatment even if it has spread.

This leaflet explains the options for men diagnosed with seminoma of the testis.

Staging tests

Several tests will provide important information to help your doctor decide on the best treatment options to offer you following surgery:

- Histology
- CT scan (with or without a chest X-ray)
- Blood tests (tumour markers)

Histology - a doctor called a histopathologist examines the specimen removed at your operation under the microscope to see what types of cells are present. This determines the type of testicular cancer.

CT scan - a CT scan of the abdomen and pelvis is carried out to look for any signs that the disease has spread outside the testicle. Sometimes, you may also have a chest X-ray or CT scan of the chest. You may have these scans at your local hospital or at The Christie.

Blood tests (tumour markers) - testicular cancer can sometimes produce substances that can be measured by a blood test. The three main markers are:

- AFP (alpha fetoprotein)
- BHCG (beta human chorionic gonadotrophin)
- LDH (lactate dehydrogenase)

AFP and BHCG can be produced by testicular cancer cells when they are growing. LDH is less specific, and can be produced by other normal cells as well as testicular cancer cells. These markers are measured before the testicle is removed, and are then rechecked after you have recovered from the operation to see if they decrease to normal levels. If they do not return to normal, or rise again in the future, you may need further tests and treatment. The blood test will be repeated at your first visit to the oncologist, and monitored at each following visit. An oncologist is a doctor specialising in cancer treatment.



The multi-disciplinary team meeting (MDT)

Once all the above information is collected, the MDT will discuss your case. This is a team of experts (surgeons, radiologists, histopathologists, oncologists and specialist nurses) who will review all the information and decide on the best options of treatment. Your doctor or nurse specialist will discuss this with you at an outpatient appointment.

Treatment options for men with stage 1 seminoma

Stage I means that the cancer is confined to the testicle and your blood test and scan results show there is no evidence of spread. However, despite the scans and blood tests it is still possible that microscopic cancer cells may have spread and may not have been picked up on these tests. The risk of the cancer coming back is about 1 out of 5 men.

There are three treatment options:

- chemotherapy
- surveillance (active monitoring)
- occasionally radiotherapy will be offered

Chemotherapy and radiotherapy may reduce fertility, that is, the ability to father children. Men with testicular cancer may already have reduced fertility due to lower sperm counts. For these reasons, we recommend sperm storage for future use. Before semen collection can be carried out, you must be tested for viruses (Hepatitis B, Hepatitis C and HIV). We will refer you to St Mary's Hospital for collection and storage of the sperm.

It is not advisable to father a child during treatment and for one year after having any chemotherapy or radiotherapy because of a small chance of birth defects. You should use effective contraception during your treatment and for a year afterwards. You can discuss this with your doctor or specialist nurse.

Consent to treatment

Once you have had sufficient information about your options and have made up your mind about which treatment you want, we will ask you to sign a consent form for that treatment. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. You may withdraw your consent at any time before or during treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

Chemotherapy

Chemotherapy is a general term meaning drugs which kill cancer cells, or stop or slow their growth. The chemotherapy drug used for men with seminoma is called carboplatin. Studies have shown that a single treatment with carboplatin is as effective as radiotherapy in preventing relapse. But as this is a newer treatment, the longer term results are not yet known. Your doctor will discuss this with you. You will have a kidney test before the treatment, as this is how the dose of the drug is calculated.

During chemotherapy, you will have a cannula (a small tube) inserted into a vein on the back of your hand. A drip is attached. The chemotherapy drug goes into the bloodstream. The drip lasts for up to 2 hours. You will have a single treatment.

Benefits of chemotherapy

The benefits are to reduce the risk of the cancer coming back.

Side effects of chemotherapy

These may include: tiredness, lethargy, hair thinning, sore mouth, nausea, vomiting, upset bowels, as well as risk of anaemia, infection and bruising.

It is not advisable to father a child for one year after having any chemotherapy because of a small chance of birth defects. You should therefore use effective contraception during your treatment and for a year afterwards. You can discuss this with your doctor or specialist nurse.

Following chemotherapy we would advise 1 to 2 weeks off work to recover from the treatment

There is a Christie information sheet on carboplatin which explains more about the treatment.

Surveillance

About 4 out of 5 men with stage 1 seminoma who have had surgery (and no other additional treatment) will have no recurrence of the cancer. They are cured by the operation. An alternative to radiotherapy or chemotherapy following surgery is to be monitored closely and only have treatment if the cancer does come back. If you choose this option, you be followed up very closely. This involves physical examinations, blood tests, chest X-rays and CT scans over several years.

Benefits of surveillance

The benefits are that there are no potential side effects that are associated with chemotherapy or radiotherapy treatment.

Risks of surveillance

There is a higher chance for the disease to come back than if you had additional treatment with either chemotherapy or radiotherapy, although this is still low risk. This may cause more anxiety.

Blood test results are not usually available on the same day, however, if you would like to know the results please phone Cath Pettersen, Urology CNS, on **0161 918 7328** on the Monday or Tuesday of the following week. Surveillance is only appropriate for men who are motivated to participate with this for many years. Some men find this process very stressful and inconvenient. You will also be seen in clinic for 10 years before being discharged. If the disease does come back, the doctor will discuss treatment options with you.

Radiotherapy

This is a form of cancer treatment using high energy X-rays to kill the cancer cells and reduce the risk of the cancer coming back to less than 1 out of 25 (4%). The area treated is the para-aortic region (lymph nodes at the back of the abdomen). These are the lymph nodes which drain the testicles and are where any residual cancer cells are most likely to be.

The treatment involves coming for 8 treatments on weekdays only. The treatment takes approximately 10 to 15 minutes and is completely painless.

Benefits of radiotherapy

The benefits are to reduce the risk of the cancer coming back.

Side effects of radiotherapy

The immediate side effects may include: tiredness, pinkness of the skin in the area being treated, nausea and vomiting, discomfort and diarrhoea. These side effects are usually only temporary and should improve within a few weeks following treatment. Anti-sickness medication is usually given.

Long term side effects are infrequent. There is a small risk of reduced fertility, so we recommend sperm preservation before you start the radiotherapy. Radiation treatment can carry a very small risk of developing a future cancer in the years to come. Your doctor will discuss this with you.

Comparison of chemotherapy, surveillance or radiotherapy has shown that the final outcome (number of men cured) appears to be the same whichever of the treatment options you have. The differences are mainly in the side effects and the number of hospital visits you have.

Follow-up

Whichever treatment option you chose, you will have regular visits to see how you are getting on including physical examinations, blood tests for tumour markers and sometimes chest X-rays. These tests and examinations are to check for any signs of cancer recurrence at each visit.

- If you have chemotherapy, we will see you:
every 3 months in the first year,
every 4 months in the second year,
every 6 months in the third year,
and then annually for 5 years to 10 years.

As long as all remains well, you will be discharged at 5 years - 10 years. You will have routine CT scans at 1 year, 2 years and 3 years.

- If you choose active surveillance, you will have CT scans every 6 months for the first 2 years then yearly for every 2 years to 5 years. You will be seen in clinic on a regular basis to 10 years, and then discharged.

Student training

The Christie is a training hospital for postgraduate and undergraduate trainees so you may meet male and female students in all areas of the hospital. We train doctors, nurses, radiographers and other therapists in the treatment and care of cancer patients.

Placements at The Christie are an important part of student training, so by allowing them to assist in your care you will be making a valuable contribution to student education.

Students are always supervised by fully qualified staff. However, you have the right to decide if students can take part in your care. If you prefer them not to, please tell the doctor, nurse, radiographer or other therapist in charge as soon as possible. You have a right to do this and your treatment will not be affected in any way.

Contacts

Via your consultant's secretary:

Dr Leahy - **0161 446 8384**

Dr Logue - **0161 446 3355**

Dr Welch - **0161 446 3833**

Dr Wylie - **0161 446 3341**

Nurse specialist:

Cath Pettersen - **0161 918 7328**

Jane Booker - **0161 446 8018**

For queries about appointments:

Your consultants secretary via switchboard - **0161 446 3000**

For queries out of hours:

Ring The Christie Hotline **0161 446 3658**

Further information

Macmillan Cancer Support

This is a cancer information and support service. Calls are answered by specially trained cancer nurses who can give you information on all aspects of cancer and its treatment. They also publish booklets which are free to patients, family members and carers. You can download a copy or get a copy by ringing the freephone number **0808 808 0000**.

www.macmillan.org.uk

www.macmillan.org.uk/Cancerinformation/Cancertypes/Testes/Testicularcancer.aspx

Cancer Research UK

Phone **0808 800 4040**. Cancer information is available in 170 languages via an interpreter.

The cancer information centre

The Christie at Withington is located in the Oak Road entrance (department 3). Open Monday to Friday. Opening times can vary, so please ring to check before making a special journey. Tel **0161 446 8100**.

The Christie at Oldham - **0161 918 7745**

The Christie at Salford - **0161 918 7804**

Maggie's Centres

The centres provides a full programme of practical and emotional support, including psychological support, benefits advice, nutrition and head care workshops, relaxation and stress management.

Maggie's Manchester

Contact Maggie's on **0161 641 4848** or email manchester@maggiescentres.org

Maggie's Oldham

Contact Maggie's on **0161 989 0550** or email oldham@maggiescentres.org

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence. If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.

Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week

