MACMILLAN CANCER SUPPORT

Understanding testicular cancer

"I went to the hospital and I expected them to tell me I needed some antibiotics. Instead, they told me they'd found a tumour. I thought it was a mistake."

Roger, diagnosed with testicular cancer

About this booklet

This booklet is about testicular cancer. It is for anyone who has been diagnosed with testicular cancer. There is also information for carers, family members and friends.

The booklet explains:

- what testicular cancer is
- the different treatments and possible side effects
- ways to cope with a diagnosis of testicular cancer.

It also has information about how to get advice and support about feelings, relationships, work and money. We hope it helps you deal with some of the questions or feelings you may have.

We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

How to use this booklet

This booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

At the end of the booklet, there are details of other organisations that can help.

There is also space to write down questions and notes for your doctor or nurse.

Quotes

In this booklet, we have included quotes from people who have had testicular cancer, which you may find helpful. Some are from our Online Community.

The others are from people who have chosen to share their story with us. This includes Roger, who is on the cover of this booklet.

To share your experience, visit macmillan.org.uk/shareyourstory

For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on 0808 808 00 00, 7 days a week, 8am to 8pm, or visit macmillan.org.uk

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

We have some information in different languages and formats, including audio, easy read, Braille, large print, interactive PDFs and translations. To order these, visit macmillan.org.uk/otherformats or call 0808 808 00 00.

Contents

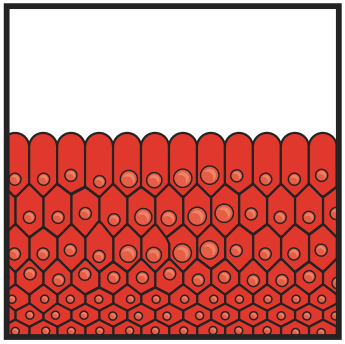
About testicular cancer

What is cancer?

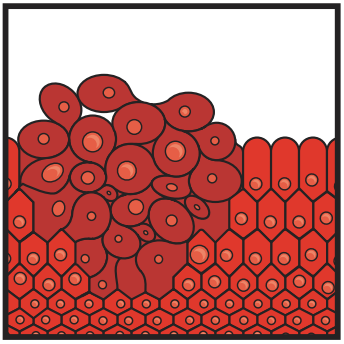
Cells are tiny building blocks that make up the body's organs and tissues. Cells receive signals from the body, telling them when to grow and when to divide to make new cells. This is how our bodies grow and heal. These cells can become old, damaged or no longer needed. When this happens, the cell gets a signal from the body to stop working and die.

Sometimes these signals can go wrong, and the cell becomes abnormal. The abnormal cell may keep dividing to make more and more abnormal cells. These can form a lump, called a tumour.

Abnormal cells forming a tumour



Normal cells



Cells forming a tumour

Not all tumours are cancer. Doctors can tell if a tumour is cancer by taking a small sample of cells from it. This is called a biopsy. The doctors examine the sample under a microscope to look for cancer cells.

A tumour that is not cancer (a benign tumour) may grow, but it cannot spread to anywhere else in the body. It usually only causes problems if it grows and presses on nearby organs.

A tumour that is cancer (a malignant tumour) can grow into nearby tissue.

Sometimes cancer cells spread from where the cancer started (the primary site) to other parts of the body. They can travel around the body in the blood or through lymph fluid which is part of the lymphatic system. When these cancer cells reach another part of the body, they may grow and form another tumour. This is called a secondary cancer or a metastasis.

Testicular cancer

Testicular cancer is cancer that starts in one of the testicles.

Each year in the UK, almost 2,400 men are diagnosed with testicular cancer. This type of cancer can affect anyone who has testicles, including men, transgender (trans) women and people assigned male at birth. It is most likely to happen between the ages of 25 and 40.

Testicular cancer is usually curable. Like other cancers, it is not infectious. You cannot pass it on to other people.

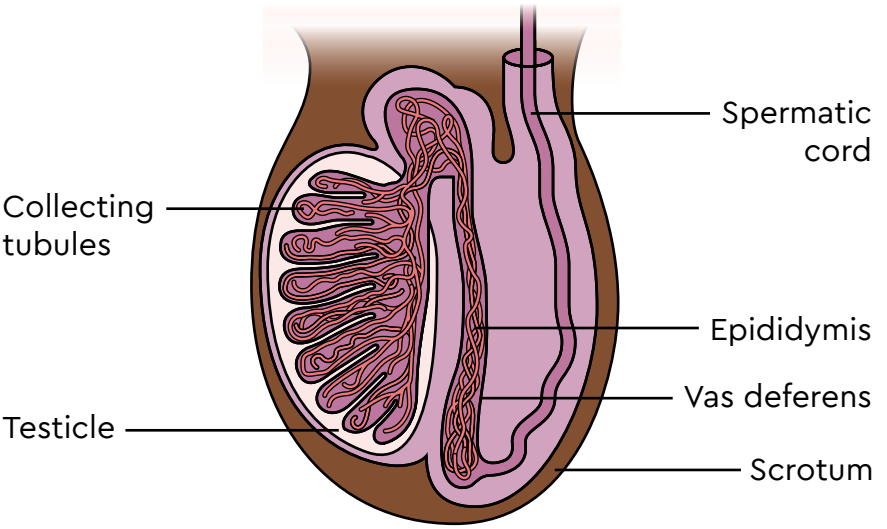
The testicles

The testicles are part of the male reproductive system. They make sperm. Sperm fertilises a female egg to make a baby during conception.

The testicles are 2 oval-shaped organs behind and below the penis. They sit inside the scrotum. The scrotum is the pouch of skin behind the penis. Testicles are also called the testes.

When sperm are made, they travel from the collecting tubules inside the testicle to a coiled tube called the epididymis. The epididymis feels like a soft swelling at the back of the testicle. Sperm mature and are stored in the epididymis.

The structure of the testicle



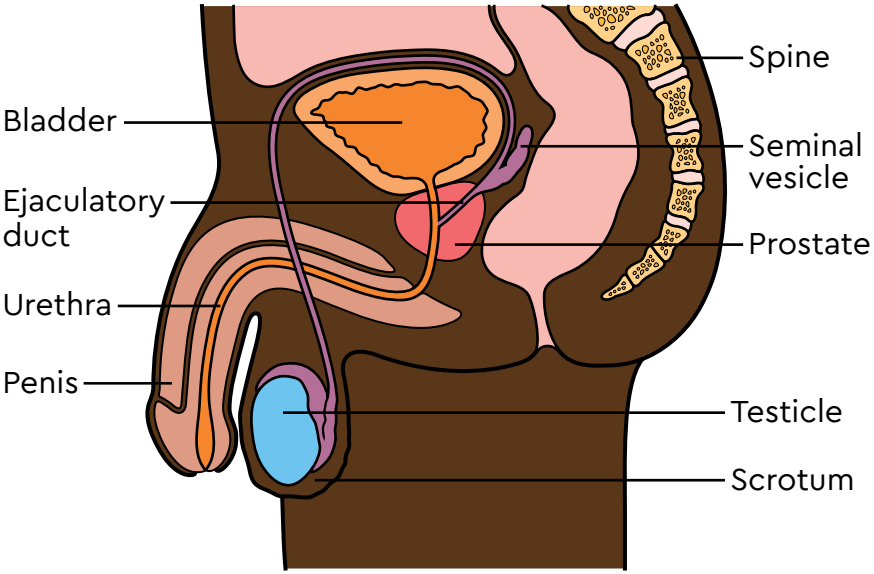
During orgasm and ejaculation, the sperm are forced out of the body through the penis.

They move from the epididymis into a wider tube called the vas deferens. This is part of the spermatic cord. It joins a shorter tube, called the ejaculatory duct.

The ejaculatory duct connects to the urethra. This is the tube which carries urine (pee) from the bladder to the end of the penis.

Before the sperm leave the body, they mix with fluid from the prostate and the seminal vesicles. These are glands that sit just under the bladder. The ejaculated fluid and sperm are called semen.

The male reproductive system



The testicles also make the hormone testosterone. Hormones are chemical messengers that help control different functions in our bodies.

Testosterone helps control:

- your sex drive (libido)
- getting an erection
- having a deep voice
- facial and body hair
- muscle development.

The lymphatic system

Testicular cancer is usually only found in the testicle. Sometimes, cancer cells can spread from the testicles to nearby lymph nodes. Lymph nodes are part of the lymphatic system.

The lymphatic system helps protect us from infection and disease. It also drains lymph fluid from the tissues of the body, before returning it to the blood. The lymphatic system is made of fine tubes called lymphatic vessels. These lymphatic vessels connect to groups of lymph nodes throughout the body.

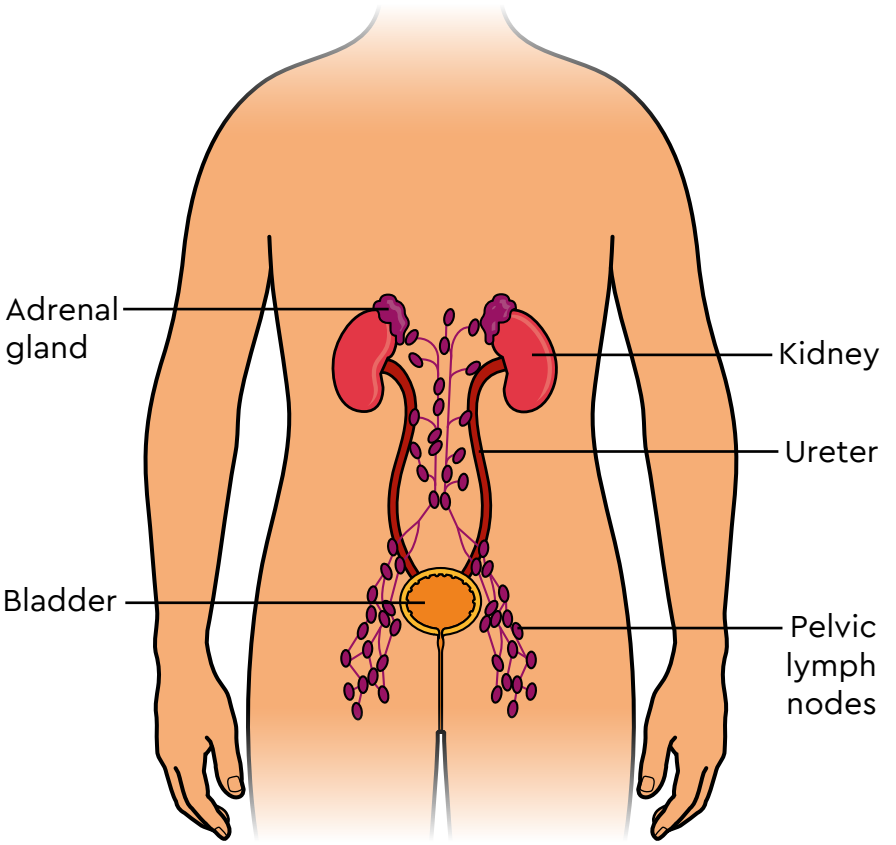
Lymph nodes are sometimes called lymph glands. They filter bacteria (germs) and disease from the lymph fluid. When you have an infection, lymph nodes often swell to fight it.

The retroperitoneal lymph nodes

Sometimes, cancer cells from the testicles can spread to the lymph nodes at the back of your tummy (abdomen). These are called the retroperitoneal lymph nodes. They are behind your bowel and in front of your spine. You may have a CT scan or MRI scan to check whether any of these nodes are larger than normal.

We have more information about tests and scans on our website. Visit macmillan.org.uk/tests-scans

The retroperitoneal and pelvic lymph nodes



Types of testicular cancer

There are different types of testicular cancer. It is important to know the type of testicular cancer you have so doctors can plan your treatment.

Germ cell tumours

Most testicular cancers develop from germ cells in the testicles. They are also called germ cell tumours (GCTs). Germ cells in the testicles produce sperm.

There are 2 main types of testicular germ cell cancer:

Seminomas

About 55 to 60 in every 100 cases (55 to 60%) of testicular cancers are seminomas.

Non-seminomas

About 40 to 45 in every 100 cases (40 to 45%) of testicular cancers are non-seminomas.

Non-seminomas can be made up of one single cell type or a mixture of different cell types. They include:

- teratoma
- embryonal tumours
- yolk sac tumours
- choriocarcinomas.

What is a mixed cell tumour?

Sometimes, testicular cancers are a combination of non-seminomas and seminomas. This is called a mixed germ cell tumour cancer.

Rarer types

Other types of germ cell tumours can be testicular cancer, such as spermatocytic tumours. These usually develop in older age.

Sometimes, the cancer found in the testicle is not a germ cell tumour, but another type of cancer. These include rare types of cancer called Leydig cell tumours and Sertoli cell tumours. Another rare type of testicular cancer is a type of non-Hodgkin lymphoma.

We have more information in our booklet Understanding non-Hodgkin lymphoma.

You can also find out more about these rarer types of testicular cancer and their treatment by contacting our cancer support specialists.

Call the Macmillan Support Line free on 0808 808 00 00, 7 days a week, 8am to 8pm.

Tumour markers

Some testicular cancers produce proteins called tumour markers. These can be measured in the blood.

Most non-seminomas and some seminomas have raised levels of tumour markers. But not everyone with testicular cancer has raised markers.

Tumour markers can be used to:

- help diagnose testicular cancer
- monitor you after surgery
- check how you are responding to treatment
- check that the cancer has not come back.

There are 3 main tumour markers:

- alpha-fetoprotein (AFP)
- human chorionic gonadotrophin (hCG)
- lactic dehydrogenase (LDH).

You have blood tests to measure tumour markers before surgery to remove the testicle. You have them measured again about 1 to 2 weeks after surgery. Even if you do not have raised levels of tumour markers before your surgery, you still have them checked after surgery. They will also be checked as part of your follow-up after treatment. You will have regular blood tests to check the levels of your tumour markers.

Tumour markers may fall quickly. This can be a sign it is unlikely that any cancer cells were left behind after surgery. This helps the doctors plan your treatment.

Staging

The stage of a cancer is a term used to describe:

- its size
- whether it has spread from where it started.

For testicular cancer, staging also includes levels of tumour markers.

Knowing the stage helps doctors decide the best treatment for you. Your cancer doctor or specialist nurse can tell you more about the stage of your cancer.

The most commonly used staging systems for testicular cancers are the TNM and number staging systems.

TNM staging system

T is for tumour, N is for nodes and M is for metastasis.

- T describes the size of the tumour. It is numbered between 0 and 4 depending on the size and extent of the tumour.
- N describes whether the cancer has spread to the lymph nodes.
- M describes whether the cancer has spread to another part of the body. This is called metastatic or secondary cancer.

Serum tumour markers

The levels of serum tumour markers are also included as part of the staging for testicular cancer:

- S0 means tumour marker levels are within normal limits.
- S1 means tumour markers are slightly raised.
- S2 means tumour markers are moderately raised.
- S3 means tumour markers are very high.

Number staging system

Your cancer doctor can give you more information about the stage of your cancer.

Stage 1

Stage 1 cancers are divided into 3 groups. This will depend on whether tumour markers are normal (or return to normal) or rise after surgery.

- Stage 1A – the tumour has not spread outside the testicle, and the tumour markers are within normal limits.
- Stage 1B – the tumour has spread outside the testicles to nearby structures. For example, it has spread to the scrotum. It has not spread to any lymph nodes or any distant organs. Tumour markers are within normal limits.
- Stage 1S – tumour markers are raised after surgery to remove the testicle.

Stage 2

The cancer has spread to local lymph nodes in the tummy (abdomen) called the retroperitoneal lymph nodes. Tumour markers for stage 2 cancer will be within normal limits (S0) or slightly raised (S1).

Stage 2 cancers may have spread to nearby structures such as the scrotum but not to other organs.

Stage 2 cancers are divided into different groups depending on the size and number of nearby lymph nodes affected:

- Stage 2A – this is when the cancer has spread to 5 or fewer lymph nodes and is 2cm or less in size.
- Stage 2B – this is when the cancer has spread to a lymph node and is between 2cm and 5cm in size. Or the cancer has spread to more than 5 lymph nodes but is less than 5cm in size. Or the cancer has grown outside of the lymph node.
- Stage 2C – this is when the cancer has spread to local lymph nodes and is larger than 5cm.

Stage 3

The cancer has spread to distant lymph nodes, for example in the chest, armpit or neck. Retroperitoneal lymph nodes may also be affected.

Stage 3 cancers are divided into different groups:

- Stage 3A – this is when the tumour markers are within normal limits (S0) or slightly raised (S1) and the cancer has spread to distant lymph nodes or the lungs.
- Stage 3B – this is when the tumour markers are moderately raised (S2) and the cancer has spread to local lymph nodes or distant lymph nodes or the lungs.
- Stage 3C – this is when the tumour markers are very high (S3) and the cancer has spread to local lymph nodes or distant lymph nodes or the lungs. Or the tumour markers can be within normal limits to very high (S0 to S3) and the cancer has spread to another organ, for example the liver.

Planning your treatment

Finding out you have testicular cancer

Being diagnosed with testicular cancer can cause many different emotions. There is no right or wrong way to feel. You may have been worrying about having testicular cancer for a while. Or your diagnosis might have been unexpected.

This information is written for people who have already been diagnosed with testicular cancer.

We have more information about possible causes, risk factors and symptoms of testicular cancer at macmillan.org.uk/testicular-cancer

Testicular cancer is usually diagnosed after having an ultrasound scan of the testicle. If the ultrasound scan shows that it is likely to be cancer the next step is usually to have the testicle removed. This is called an orchidectomy.

This surgery is also part of the treatment for testicular cancer. You may have other tests such blood tests, CT scan or MRI scan to help plan any further treatment.

We have more information about tests and scans on our website. Visit macmillan.org.uk/tests-scans

You may be worried about telling people and about what treatment options you will have. You might choose to spend some time learning more about the cancer, or you may prefer to wait until your appointment with your cancer doctor. Do what feels right for you.

If you need support, you can contact our cancer support specialists on 0808 808 00 00. They will be able to talk to you about what has happened and any worries you have.

> **"I was feeling some sensitivity in my testicles."**
>
> Roger

How your treatment is planned

After your orchidectomy and other test results, you and your doctor will talk about your treatment. They will talk to you about where you will have the treatments. You may have to travel for treatment as your local hospital may not offer the specialised care you need. Your doctor usually meets with other specialists to get their opinions too.

Multidisciplinary team (MDT) meeting

A team of specialists meet to talk about the best treatment for you. They are called a multidisciplinary team (MDT).

The MDT look at national treatment guidelines or the latest evidence for the type of cancer you have. If you have any treatment preferences, your doctor will tell them about this.

The MDT will usually include the following professionals:

- Surgeon (urologist) – a doctor who does operations (surgery) to treat problems with the kidneys, bladder and male reproductive system.
- Oncologist – a doctor who treats people who have cancer.
- Specialist urology nurse – a nurse who gives you information and support.
- Radiologist – a doctor who looks at scans and x-rays to diagnose problems.
- Pathologist – a doctor who looks at cells or body tissue under a microscope to diagnose cancer.

Depending on the type of cancer you have, the MDT may also include:

- a physiotherapist – someone who gives advice about exercise and mobility
- a dietitian – someone who gives information and advice about food and food supplements
- an occupational therapist (OT) – someone who gives information, support and aids to help people with tasks such as washing and dressing
- a counsellor – someone who is trained to listen to people's problems and help them find ways to cope
- a psychologist – someone who gives advice about managing feelings and behaviours.
- doctors and nurses who are experts in symptom control.

Making treatment decisions

You and your doctor can decide together on the best treatment plan for you. Your doctor is an expert in the best treatments. But you know your preferences and what is important to you. You can decide how involved you want to be in your treatment plan.

Sometimes doctors need to review a treatment plan. This may be when more information about the cancer becomes available – for example, when the doctor knows the results of surgery to remove the cancer. It may mean making more decisions with your doctor.

We have more information in our booklet Making treatment decisions.

Giving your permission (consent)

Doctors need your permission (consent) before you have any treatment. They will give you all the information you need to make your decision. We explain this in our section on talking about your treatment plan.

You can give consent in writing when you sign a form that your doctor gives you, agreeing to a treatment. Or it can be a spoken (verbal) agreement with your doctor. Your doctor records your consent in your patient notes.

You may decide not to have treatment even when your doctor advises you to have it. If you refuse treatment, your decision must be respected. But your doctor needs to make sure you have all the information you need to make your decision. You need to understand all your treatment options and what will happen if you do not have the treatment. Always talk to your doctor about any concerns you have, so they can give you the best advice.

Second opinion

A second opinion is an opinion from a different doctor about your treatment. If you think you want a second opinion, talk to your specialist doctor or GP first. Tell them your concerns or ask them to explain anything you do not understand. This might help reassure you.

If you still want a second opinion, you can ask your cancer doctor or GP to arrange it. They are usually happy to do this. You may have to travel to another hospital to get a second opinion. Getting a second opinion could delay your treatment. Check with your doctor if this delay could be harmful to you.

If the doctor you visit for the second opinion gives you the same advice, this can reassure you. Sometimes they give you other treatment options to think about.

We have more information about getting a second opinion on our website.
Visit macmillan.org.uk/second-opinion

Treatment overview

The 3 main treatments for testicular cancer are:

- surgery
- chemotherapy
- radiotherapy.

Treatment options depend on:

- the stage of the cancer
- the type of testicular cancer
- the risk of it coming back – if testicular cancer comes back, it can usually be treated successfully.

Treating stage 1 testicular cancer

Stage 1 testicular cancer is cancer that is only in the testicle or may have spread to nearby structures such as the scrotum. Your cancer doctor will recommend treatment based on your risk and will explain why they have suggested this treatment.

Surgery

Surgery to remove the testicle may be the only treatment needed. This is called an orchidectomy.

Surveillance

If you have a stage 1 testicular cancer your doctor may suggest you have surveillance (monitoring) after surgery. This is if there is a low risk of the cancer coming back.

Surveillance means attending a clinic for regular check-ups. You usually need to have regular clinic appointments for several years.

It is important you attend these check-ups for regular blood tests and scans. This allows the doctor to check if the cancer has come back. The earlier it is caught, the easier it is to treat.

Adjuvant treatment

Your doctor may offer you chemotherapy treatment after surgery if there is a higher risk of the cancer coming back. This is called adjuvant treatment. You have it to reduce the risk of the cancer coming back.

Your doctors will decide whether you will benefit from adjuvant treatment based on:

- the size of the tumour
- how it looks under a microscope
- the tumour marker levels, if present
- if it has spread to nearby blood vessels.

If you have stage 1 seminoma, you will have one dose of adjuvant chemotherapy. This is with a drug called carboplatin.

If you have a stage 1 non-seminoma, adjuvant treatment usually involves the chemotherapy drugs bleomycin, etoposide and cisplatin. This combination of chemotherapy drugs is also called BEP chemotherapy. You usually have one session of treatment.

Treating stages 2 to 3 testicular cancer

Treatment will depend on the type and the stage of the cancer. Your doctors will talk to you about the treatment they feel is best for you.

If the cancer has spread outside your testicle, you will be offered chemotherapy after your orchidectomy. Radiotherapy may be offered but this is rare.

You may be offered chemotherapy before having surgery to remove the testicle if:

- testicular cancer has spread to other areas in the body
- tumour markers are high.

This aims to reduce the size of the tumour before the surgery or any other treatment.

Seminoma stage 2 or 3

If you have a seminoma that has spread or is in the lymph nodes, your doctor may offer you 3 or 4 cycles of chemotherapy. You may have radiotherapy to the lymph nodes at the back of the tummy (abdomen) and chemotherapy treatment. If you are not able to have chemotherapy, you may have radiotherapy on its own. Your doctor will talk to you about the treatment they think is best.

Non-seminoma stage 2 or 3

If you have a non-seminoma that has spread or is in the lymph nodes, you may need 3 or 4 cycles of chemotherapy. You may need more intensive chemotherapy. This will depend on:

- the stage of cancer
- certain risk factors
- how you respond to the standard chemotherapy.

If you have chemotherapy, you may also need surgery to remove the retroperitoneal lymph nodes. This is called a retroperitoneal lymph node dissection (RPLND). You may need this if the lymph nodes are still enlarged after chemotherapy treatment.

> **"During treatment the most important things were resting, sleeping and being around the people I love."**
>
> Juan, diagnosed with testicular cancer

Making decisions about advanced cancer

Rarely, very advanced testicular cancer may not respond well to treatment. Or it may continue to come back even with treatment. If this happens, you can have treatment to help control the cancer and improve symptoms.

Occasionally, the treatment may not control the cancer or improve symptoms. This means you would have side effects without the benefit of treatment. In this case, you may decide not to continue the treatment.

Making decisions about treatment can be difficult. You may need to talk about it with your doctor and family or friends. If you choose not to have treatment for the cancer, you can still have treatment to control any symptoms.

We have more information in our booklet and audiobook Coping with advanced cancer.

Fertility preservation

Treatment for testicular cancer may affect your ability to make someone pregnant (your fertility). Even if the chances of treatment affecting your fertility are low, your doctor usually advises you to store sperm. This is called fertility preservation.

Storing or freezing sperm means you can use it to help start a pregnancy in the future.

You can usually store sperm before having an orchidectomy. If this is not possible, it is important to store it before you have any further treatment.

Your doctor or nurse will give you information about storing sperm. You can talk to them about fertility at any time before, during or after cancer treatment. They may refer you to a fertility clinic for more information and support.

We have more information about cancer treatment and fertility in our booklet Cancer and fertility.

Clinical trials – research

Clinical trials are a type of medical research involving people. They are important because they show which treatments are most effective and safe. This helps healthcare teams plan the best treatment for the people they care for.

Trials may test how effective a new treatment is compared to the current treatment used. Or they may get information about the safety and side effects of treatments.

Some trials help answer questions about treatments we already use. They may test whether combining treatments is more effective. Or they may research different ways to give a treatment so it works better or causes fewer side effects.

Clinical trials also research other areas of cancer care. These include diagnosis and managing side effects or symptoms.

We have more information about cancer clinical trials on our website. Visit macmillan.org.uk/clinical-trials

Taking part in a clinical trial

Your cancer doctor or specialist nurse may talk to you about taking part in a clinical trial. Or you could ask them if there are any trials suitable for you.

Joining a trial is always your decision. If you join and then change your mind, you can leave at any time. You do not have to give a reason. Your healthcare team will support you whatever you decide. You will always have the standard treatment for the type and stage of cancer you have.

Not all hospitals have the expertise or resources to take part in certain trials. This means for some trials you may have to travel to a different hospital.

A research nurse or doctor will give you information about the trial. You can ask them any questions you have. It is important to understand what is involved before you agree (consent) to take part. They will explain the possible benefits and any possible risks of the trial.

Clinical trials are designed with safety measures to keep any risks to you as low as possible.

Some trials involve collecting samples of your blood or from a biopsy. This often happens as a standard part of your treatment. But your research nurse or doctor will explain if they need to take extra samples for the trial.

Your samples can only be stored and used for research if you give your permission. Your name is removed from the samples before they are used. This means you cannot be identified.

Giving blood and tumour samples

During your diagnosis and treatment doctors often take blood samples. They may also take a small piece of tissue or a sample of cells. These tissue samples are called biopsies. The samples can be looked at under a microscope. Your cancer doctor may ask your permission to store and use these blood or tissue samples for cancer research. This will only happen after they have done all the tests you need.

Your samples can only be stored for research if you give your consent. Your cancer doctor can answer any questions you have.

Your name is removed from the samples before they are stored. This means you cannot be identified.

The samples may be used to:

- find out more about the causes of certain cancers
- develop new cancer drugs or treatments.

This type of research takes a long time. The results may not be available for many years.

Your data and the cancer registry

When you are diagnosed with cancer, some information about you, your diagnosis and your treatment is collected in a cancer registry.

The information is used to help understand cancer in the UK better. This is important for planning and improving health and care services. It can be used to ensure that people living with cancer get the best possible care and support.

Hospitals automatically send information to the cancer registry. There are strict rules about how the information is stored, accessed and used. Information about health is sensitive, so by law it has to be kept under the highest levels of security.

If you have any questions, talk to your doctor or nurse. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out.

Surgery

"A Macmillan nurse came to my bedside when I was in hospital. I couldn't think straight, but she was there helping me at that time."

Roger

Surgery

Surgery is often part of your treatment for testicular cancer. You will usually have surgery to remove the testicle. This is called an orchidectomy.

You may also have a larger operation to remove some lymph nodes behind the abdomen (tummy). This is called a retroperitoneal lymph node dissection (RPLND). You may need this if there is a risk that the cancer has started to spread to these lymph nodes.

Sometimes, surgery is used to treat cancer that has spread to other parts of the body such as the lungs, brain or liver. Your cancer doctor or specialist nurse can give you more information about this if needed.

Before your surgery

Before your surgery, you will meet a member of the surgical team and a specialist nurse. This may be at a pre-operative assessment clinic before you go to hospital for your surgery.
You may also meet the doctor who will give you your anaesthetic. They are called an anaesthetist.

During the pre-operative assessment, the specialist nurse will ask questions about your medical history. They will ask you about any prescribed medicines you take. Before your appointment, it might be helpful to write down the details of your prescribed medicines, including when you take them and the dose. Or take them with you to show the nurse. They will also ask if you take any other medicines or supplements.

It is important to tell them if you have had bleomycin chemotherapy as a previous cancer treatment.

Make sure you talk about any concerns you have about the surgery. If you need help when you go home after surgery, tell your hospital team as soon as possible. For example, you may be a carer for someone else or live alone. This gives your team time to make arrangements to help you.

You will have tests before surgery, such as:

- a chest x-ray
- blood tests
- a urine test
- an ECG (a recording of your heart).

Once you have all the information about the surgery and you have asked any questions, you will be asked to sign a consent form. This means you agree to having the surgery.

You usually go to hospital on the day of the surgery. You will be able to ask your surgical team any other questions when you meet them.

Smoking

If you smoke, try to stop or smoke less before your surgery. This will help reduce your risk of chest problems, such as a chest infection. It will also help your surgical wound to heal. Your GP can give you advice. You can also usually self-refer to a local stop-smoking service. The NHS has a lot of information and support to help you stop smoking.

We also have more information about stopping smoking online. Visit macmillan.org.uk/stop-smoking

Fertility preservation

Before you have surgery, you will be asked if you want to store your sperm. This is called fertility preservation). Your doctor or nurse will give you information about this. You can talk to them about fertility at any time before, during or after cancer treatment. They may refer you to a fertility clinic for more information and support.

If you are not asked about this and would like more information, speak with your doctor or nurse.

We have more information about fertility preservation and how treatment may affect your fertility in our booklet Cancer and fertility.

Removing the testicle (orchidectomy)

Surgery to remove a testicle is called an orchidectomy or a radical orchidectomy. This is usually the first treatment for testicular cancer. It also gives your doctor more information about the type and stage of the cancer. This may be the only treatment you will need if:

- the cancer has not spread outside the testicle
- there is low risk of recurrence (the cancer coming back).

Your cancer doctor and specialist nurse will explain why you need an orchidectomy and talk through any concerns you may have.

You may be worried about having this surgery and how it may affect your:

- body image
- sex life
- fertility.

The surgery

You usually have the surgery under a general anaesthetic. This means you will not be awake for surgery. You may have it done under a local anaesthetic but this is rare. Your anaesthetist and surgeon will discuss this with you.

The surgeon will make a cut (incision) into the groin on the affected side. They will then push the testicle up from the scrotum.
They remove the testicle and part of the spermatic cord through the incision.

Testicular implant or prosthesis

During the operation, the surgeon can put an artificial testicle into your scrotum. This is called a testicular implant or prosthesis. It is designed to look and feel like the removed testicle. If you are unsure about whether you want a testicular implant at the time of your operation, you can have it put in later. Your doctor will give you more information about having an artificial testicle.

After the surgery

Your healthcare team will encourage you to get up and start walking around as soon as possible. As soon as you feel well enough you will be able to eat and drink. When your doctor has checked you and you are feeling well, you can usually go home. This is usually the same day that you have the surgery. You will need someone to take you home and stay with you for the first 24 hours.

Care of your wound

You may have some pain, bruising and swelling around the scar for about 2 weeks. Taking regular painkillers will help this. The hospital will give you a scrotal support garment. Or you may be advised to wear supportive underwear for about 2 weeks after your surgery. Wearing loose trousers may also help with any discomfort.

You may have numbness around the area, but this usually gets better over time. But, for some people, there may be areas of numbness that never completely go away.

You usually have dissolving stitches. They can take a few weeks to dissolve. If you have non-dissolving stitches, a nurse will remove them 5 to 10 days after your operation.

Driving and returning to work

Your doctor will advise that you should only start driving when you feel comfortable to. You should also be confident that you can do an emergency stop. Your specialist nurse can give you more information about this. When you do start to drive, check with your insurance company to make sure that you are covered to drive after having an orchidectomy.

If you have any concerns about driving after an orchidectomy, contact the Driver and Vehicle Licensing Agency (DVLA) if you live in England, Scotland or Wales. Visit gov.uk/contact-the-dvla or call **0300 790 6806**.

If you live in Northern Ireland, contact the Driver and Vehicle Agency (DVA). Visit nidirect.gov.uk or call **0300 200 7861**.

Your doctor or specialist nurse will also advise you not to do any heavy lifting for the first few weeks after your operation. The amount of time you need to take off work will depend on the type of work you do. Your specialist doctor can advise you more on this.

Sex

It is usually okay to have sex once the wound has healed. But you may not feel like having sex for a while after your surgery. This may happen if you are in some discomfort and feel anxious. You may be concerned about your sex life after the testicle has been removed. Any negative feelings will usually get better gradually.

If difficult feelings or problems with your sex life continue, talk to your doctor or specialist nurse. There are also organisations that might be able to help.

Retroperitoneal lymph node dissection (RPLND)

Retroperitoneal lymph nodes are the nodes at the back of your abdomen (tummy). Sometimes these nodes need to be removed as part of your treatment. This is called a retroperitoneal lymph node dissection (RPLND).

You may have a RPLND:

- after chemotherapy, if scans show there may still be cancer cells in the lymph nodes
- for a stage 2A non seminoma if your tumour markers are not raised
- if you are unable to have chemotherapy or surveillance for an early stage testicular cancer.

Removing the lymph nodes shows whether the cancer has spread and removes any lymph nodes that might be affected.

Types of RPLND

RPLND is only done by experienced surgeons in specialist centres. Your surgeon and specialist nurse will explain the surgery to you and what type of RPLND you will have. They will talk to you about possible complications and side effects.

Open RPLND

An open RPLND is done under a general anaesthetic. The surgeon makes a long cut from the top of your abdomen (near your breastbone) to below your belly button. As the lymph nodes are in front of the spine, your surgeon will move your bowel and other organs to reach them.

Keyhole surgery for RPLND

Sometimes, surgeons can do the operation using keyhole surgery. For example, this may be an option if you have not had any chemotherapy. You will have several small cuts rather than one longer cut. This is sometimes called laparoscopic or robotic retroperitoneal lymph node dissection. Keyhole surgery is very specialised, and only experienced surgeons can do it. Only a few hospitals can offer this type of surgery. Your cancer doctor or specialist nurse can tell you if this is an option for you.

Sometimes during surgery, the lymph nodes are found attached to a nearby organ, such as a kidney. If the surgeon cannot separate the lymph nodes from the kidney, they may need to remove both. But this is very rare. Your surgeon will talk to you before the surgery about this.

Possible complications of RPLND surgery

This will depend on the type of operation you have.
Possible complications after surgery include:

- a wound infection
- bleeding in the surgical area
- a chest infection
- developing a blood clot

Another possible complication after surgery is chylous ascites.
This is when a fluid called chyle leaks from the lymphatic vessels into your abdomen (tummy). it can make you unwell. Your surgeon will talk to you if you need treatment for this.

The nurses will monitor you for these complications. Let them know straight away if you have:

- any bleeding, or feel unwell
- a cough or feeling short of breath
- discharge from your wound
- swelling and redness in a limb – if you have black or brown skin, it may become darker
- a swollen abdomen.

After your surgery

You may be in a high-dependency or intensive care unit after you have your surgery. You are then moved to a ward.

You will have:

- fluids given into a vein by an infusion (drip) until you can eat and drink normally
- a tube called a catheter going into your bladder, which is attached to a bag to collect urine (pee)
- a tube from your wound, to collect fluid and help the wound to heal.

You will only need the tubes for a short time. They will usually be removed before you go home.

You will be encouraged to start moving about as soon as possible. This helps to reduce chest infections or your risk of developing blood clots.

You will also wear support stockings called TED stockings. These help to prevent blood clots developing in your legs. A physiotherapist or specialist nurse may give you gentle leg and breathing exercises to do.

If you have pain, let your nurse or doctor know. You will take painkillers regularly to control any pain. If you still have pain, you can take a different painkiller or a higher dose.

Effects on fertility

A possible side effect of this operation is dry ejaculation. This is because the surgery can affect the nerves that control the release of sperm. Before the operation, your surgeon will explain the likelihood of this happening. This will depend on the type of surgery you have. You may be unable to ejaculate. Or you may still be able to ejaculate, but your semen will go into your bladder instead. This is known as retrograde ejaculation or dry climax. The semen will then leave your body when you next pass urine (pee).

If you cannot ejaculate in the usual way, you will not be able to get someone pregnant without fertility treatment. But you should still be able to get an erection and have an orgasm.

Going home

How long you need to be in hospital depends on:

- if you have had open or keyhole surgery
- how quickly you recover
- whether you have any complications.

You may go home the day after keyhole surgery. If you have had open surgery, you may stay in hospital for about a week. If needed, a district nurse can change your wound dressings at home.

You usually have dissolvable stitches, which do not need to be removed. If you have had open surgery, you will have a long wound. This will be red and swollen at first. If you have black or brown skin, it may be darker. The wound will leave a long scar as it heals. This will gradually fade. If you have had keyhole surgery, you will have several smaller wounds. These will heal in time.

You may take a few months to fully recover from your operation. Your doctor will advise when you can:

- lift heavy objects, such as bags of shopping
- drive
- return to work
- have sex.

Surgery to other parts of the body

Occasionally, testicular cancer may spread to other parts of the body such as the lungs, brain or liver. If further surgery is needed, it is done in a specialist unit. If you need this type of operation, your doctor will explain more about it.

We have more information on our booklet and audiobook Coping with advanced cancer.

"I had an operation called a retroperitoneal lymph node dissection. I was scared but I was on the same ward as another patient called Kieran and we helped each other through it."

Juan, diagnosed with testicular cancer


BD
CareFusion
GP

Other treatments

Surveillance (monitoring)

Surveillance (monitoring) means ongoing check-ups and tests to check for signs of cancer. You might have this after surgery for early testicular cancer.

What does surveillance involve?

Your specialist doctor will tell you what kind of monitoring you will have. It usually involves:

- tumour marker checks and blood tests
- chest x-rays
- CT or MRI scans
- a physical examination of your body – this includes checking the other testicle.

Your doctor will ask you how you have been feeling, and about any new or ongoing symptoms. You can also discuss any emotional or sexual difficulties.

How long does surveillance last?

You usually need regular clinic appointments for several years. Your doctor or nurse can talk to you about your follow-up plan. As time passes, the risk of the cancer coming back reduces. That means your appointments and tests will happen less often.

It is important to go to your surveillance appointments. If your address changes, make sure the hospital knows your new address.

It is also important to tell your doctor if you get any new symptoms or feel unwell between appointments. You can arrange an earlier clinic appointment if you need to. Some appointments can happen by telephone in the first instance. The sooner cancer is diagnosed, the easier it is to treat.

Chemotherapy

Your doctor may suggest having chemotherapy treatment. Chemotherapy uses anti-cancer (cytotoxic) drugs to destroy cancer cells. Cytotoxic means toxic to cells. The chemotherapy drugs travel around the bloodstream, destroying possible cancer cells anywhere in the body.

You may have chemotherapy:

- after surgery, to reduce the risk of testicular cancer coming back – this is called adjuvant chemotherapy
- to treat testicular cancer that has spread outside the testicle, or come back after an orchidectomy
- to treat testicular cancer that has come back after initial chemotherapy.

Chemotherapy drugs used

Some of the chemotherapy drugs used to treat testicular cancer are:

- bleomycin
- etoposide
- cisplatin
- carboplatin.

You may have bleomycin, etoposide and cisplatin together. This combination is called BEP. Your cancer doctor will talk to you about what chemotherapy drugs you will have.

We have more information about chemotherapy drugs online. Visit macmillan.org.uk/treatments-and-drugs

Having chemotherapy

You have chemotherapy in a chemotherapy day unit or during a stay in hospital. The drugs are usually given into a vein (intravenously).

You may have them through a:

- cannula – a short, thin tube the nurse puts into a vein in your arm or hand
- central line – a fine tube that goes under the skin of your chest and into a vein close by
- PICC line – a fine tube that is put into a vein in your arm and goes up into a vein in your chest.

You have chemotherapy in cycles of treatment.

We have more information in our booklet and audiobook Understanding chemotherapy.

Adjuvant chemotherapy

You may have adjuvant chemotherapy to reduce the risk of testicular cancer coming back.

- If you have a stage 1 non-seminoma, you may have one cycle of BEP.
- If you have a stage 1 seminoma, you may have a single treatment with carboplatin.

If the cancer has spread or comes back during surveillance

The chemotherapy drugs you have will depend on the stage of the cancer at diagnosis and any previous treatment.
You may have 3 or 4 cycles of BEP if the testicular cancer has:

- spread outside the testicle
- come back during surveillance.

A cycle of BEP usually takes 21 days (3 weeks).

Sometimes, you will not have bleomycin with this treatment.
You may have 3 or 4 cycles of etoposide and cisplatin (EP) instead.
Your cancer doctor will explain which is the best chemotherapy combination for you and how many treatments you may have.

Intensive chemotherapy

If BEP treatment does not work, or the cancer comes back, you will usually have more intensive chemotherapy. Depending on the stage of the cancer, you may have intensive chemotherapy straight away.

Some drug combinations are:

- PEI (cisplatin, etoposide, ifosfamide), this drug combination is also called VIP
- TIP (paclitaxel, ifosfamide, cisplatin)
- VeIP (vinblastine, ifosfamide, cisplatin)
- GIP (gemcitabine, ifosfamide, cisplatin).

High-dose chemotherapy with stem cell support

Occasionally, high-dose chemotherapy with stem cell support may be used for testicular cancer. You may have this as part of a clinical trial.

Stem cells produce blood cells. The high-dose treatment destroys stem cells in the bone marrow, as well as the cancer cells. Because of this, doctors remove some stem cells before treatment. These are then stored to give back to you after treatment.

We have more information about this treatment and its possible side effects on our website. Visit macmillan.org.uk/stem-cell

Sex and fertility

If you have chemotherapy, there are things you need to think about before having sex. Your fertility may also be affected.

Sex

If you have sex in the first few days of having chemotherapy, you need to use a condom. This is to protect your partner from any chemotherapy that may be in your semen.

Cancer cannot be passed on to your partner and sex will not make the cancer worse.

Fertility

Some cancer drugs can affect whether you can start a pregnancy. Your doctor will talk to you about this before treatment starts. They may advise you to preserve your fertility before you start any treatment.

Contraception

Although treatment may affect your fertility, it is not always possible to know when this will happen. Your doctor will advise you not to start a pregnancy during treatment. This is because the chemotherapy drugs can temporarily damage your sperm, and possibly harm a developing baby.

It is usually best to use a barrier method of contraception, such as a condom, while you are having treatment.

It is also important to continue using effective contraception for about 12 to 18 months after chemotherapy. This allows time for your sperm to recover from any damage that treatment may have caused. You can talk to your doctor or nurse about this.

Side effects of chemotherapy

The side effects you get will depend on which chemotherapy drug you are having. We explain some of most common side effects here. You may get some of the side effects we mention, but you are very unlikely to get all of them. You may get other side effects we do not mention.

We have more information about the side effects of individual drugs on our website. Visit macmillan.org.uk/treatments-and-drugs

Some side effects are mild and can be treated easily. Your doctor, nurse or pharmacist may give you drugs to help control them.

Many side effects stop or gradually get better when chemotherapy is over. You may have some of the following side effects.

Risk of infection

Chemotherapy can reduce the number of white blood cells in your blood. These cells fight infection. If your white blood cell count is low, you may be more likely to get an infection. A low white blood cell count is called neutropenia.

An infection can be very serious when the number of white blood cells is low. It is important to get any infection treated as soon as possible. If you have any of the following symptoms, contact the hospital straight away on the 24-hour number:

- a temperature above 37.5°C
- a temperature below 36°C
- you feel unwell, even with a normal temperature
- you have symptoms of an infection.

Symptoms of an infection include:

- feeling shivery and shaking
- a sore throat
- a cough
- breathlessness
- diarrhoea
- needing to pass urine (pee) often, or discomfort when you pass urine.

It is important to follow any specific advice your cancer treatment team gives you.

Your white blood cell count will usually return to normal before your next treatment. You will have a blood test before having more treatment. If your white blood cell count is low, your doctor may delay your treatment for a short time, until your cell count increases.

Bruising and bleeding

Chemotherapy can reduce the number of platelets in your blood. Platelets are cells that help the blood to clot. If the number of platelets is low, you may bruise or bleed easily. You may have:

- nosebleeds
- bleeding gums
- blood in your urine (pee) or stools (poo)
- tiny red, brown or purple spots that may look like a rash – these spots can be harder to notice if you have black or brown skin.

If you have any unexplained bruising or bleeding, contact the hospital straight away on the 24-hour number. You may need a drip to give you extra platelets. This is called a platelet transfusion.

Anaemia (low number of red blood cells)

Chemotherapy can reduce the number of red blood cells in your blood. Red blood cells carry oxygen around the body. If the number of red blood cells is low, this is called anaemia. You may feel:

- very low in energy
- breathless
- dizzy and light-headed.

If you have these symptoms, contact the hospital straight away on the 24-hour number. You may need treatment for anaemia. If you are very anaemic, you may need a drip to give you extra red blood cells. This is called a blood transfusion.

Feeling sick

Your doctor, nurse or pharmacist will prescribe anti-sickness drugs to help prevent or control sickness. Take the drugs exactly as they tell you to, even if you do not feel sick. It is easier to prevent sickness than to treat it after it has started.

If you feel sick, take small sips of fluid often and eat small amounts regularly. It is important to drink enough fluids. If you continue to feel sick, or if you are sick (vomit) 1 to 2 times in 24 hours, contact the hospital on the 24-hour number as soon as possible. They will give you advice. They may change your anti-sickness treatment. Let them know if you still feel sick.

Feeling tired (fatigue)

Feeling tired is a common side effect of chemotherapy. It is often worse towards the end of treatment and for some weeks after it ends. Try to pace yourself and plan your day so you have time to rest. Gentle exercise, like short walks, can help you feel less tired.

If you feel sleepy, do not drive or use machinery.

We have more information in our booklet and audiobook Coping with fatigue (tiredness).

Sore mouth and throat

Chemotherapy may cause a sore mouth and throat. You may also get mouth ulcers. This can make you more likely to get a mouth or throat infection. Use a soft toothbrush to clean your teeth or dentures in the morning, at night and after meals.

Contact the hospital straight away on the 24-hour number, if:

- a sore mouth or throat affects how much you can drink or eat
- your mouth, tongue, throat or lips have any blisters, ulcers or white patches.

They can give you advice, and mouthwash or medicines to help with the pain or to treat any infection. Follow their advice and make sure you:

- drink plenty of fluids
- avoid alcohol and tobacco
- avoid food or drinks that irritate your mouth and throat.

Loss of appetite

Chemotherapy can affect your appetite. Do not worry if you do not eat much for 1 or 2 days. But if your appetite does not come back after a few days, or if you are losing weight, tell your doctor, nurse or pharmacist. They can give you advice. They may give you food or drink supplements. Or they may suggest changes to your diet or eating habits to help.

Hair loss

Carboplatin does not usually cause hair loss. Your hair may get thinner. With other chemotherapy drugs, your hair will get thinner. Or you may lose all the hair from your head. You may also lose your eyelashes and eyebrows, and other body hair. Hair loss usually starts after your first or second treatment.

There are different ways to cover up hair loss. Your nurse will give you more information about this.

Remember to protect your skin from the sun. Use suncream with a sun protection factor (SPF) of at least 30 on your scalp. Or cover up with a hat or scarf.

Hair loss is almost always temporary. Your hair will usually grow back after treatment ends.

We have more information in our booklet and audiobook Coping with hair loss.

We also have information online. Visit macmillan.org.uk/hair-loss

Effects on the kidneys

Cisplatin can affect how the kidneys work. You will have blood tests before and during treatment to check how well your kidneys are working.

Before and after each treatment, your nurse will give you extra fluids through a drip. This is to protect your kidneys.

Drinking fluids also helps protect your kidneys. The advice is usually to try to drink at least 2 litres (3½ pints) of fluid each day. But follow any advice from your doctor, nurse or pharmacist about how much is right for you.

Contact the hospital on the 24-hour number if you are:

- not able to drink as much as you have been asked to – for example, if you feel sick (nausea)
- sick (vomit) or have diarrhoea
- passing less urine or peeing less often than usual.

Effects on the lungs

Chemotherapy can cause changes to the lungs. You may have tests to check your lungs before and during treatment.

Contact the hospital straight away on the 24-hour number if you develop:

- a cough that does not go away
- wheezing
- breathlessness.

You should also tell them if any existing breathing problems get worse.

Smoking increases your risk of lung problems. If you smoke, ask your doctor, nurse or pharmacist for advice about stopping.

After treatment with bleomycin, breathing in high doses of oxygen can cause lung problems. If you need to have a general anaesthetic or oxygen therapy for any reason, always tell the doctor that you have had bleomycin. Some people choose to wear a medical alert identifier.

You should not scuba dive for 1 year after treatment with bleomycin. After this, you should have tests to check whether scuba diving is safe for you. Your cancer doctor can give you more information about this.

Hearing changes

Cisplatin may cause hearing changes, including hearing loss. You may have ringing in the ears. This is called tinnitus. You may also become unable to hear some high-pitched sounds.

Hearing changes may get better after this treatment ends. But this does not always happen. If you notice any changes in your hearing, tell your doctor, nurse or pharmacist.

Numbness or tingling in the hands or feet

Cisplatin affects the nerves, which can cause numbness, tingling or pain in your hands or feet. This is called peripheral neuropathy. You may find it hard to do fiddly tasks such as fasten buttons or tying shoelaces.

Tell your doctor if you have these symptoms. They sometimes need to lower the dose of the drug. The symptoms usually improve slowly after treatment finishes. But for some people, they continue and are a long-term side effect of treatment. Talk to your cancer doctor if you are worried about this.

Blood clot risk

Cancer and some cancer treatments can increase the risk of a blood clot. Contact the hospital straight away on the 24-hour number if you have any of these symptoms during or after treatment:

- throbbing pain or swelling in a leg or arm
- reddening of the skin in the area – if you have black or brown skin, this can be harder to notice, but the skin might become darker
- suddenly feeling breathless or coughing.

Always call 999 if you have:

- chest pain
- difficulty breathing.

A blood clot is serious, but it can be treated with drugs called anticoagulants. These thin the blood. Your doctor, nurse or pharmacist can give you more information about preventing and treating blood clots.

Having radiotherapy

Radiotherapy

Radiotherapy is a treatment that uses high-energy rays to destroy cancer cells, while doing as little harm as possible to normal cells.

You may have radiotherapy to treat a seminoma that has spread to the lymph nodes at the back of the tummy (abdomen). These are called the retroperitoneal lymph nodes. Radiotherapy aims to reduce the small risk of the cancer returning in this area of the body.

If you are unable to have chemotherapy, you may have radiotherapy to treat testicular cancer.

Fertility

Radiotherapy may have a temporary effect on your ability to make someone pregnant. Your doctor may advise you to think about storing sperm before treatment starts.

Contraception

There is no evidence that radiotherapy has any effect on children you may have (conceive) after treatment. Radiotherapy may have a temporary effect on the sperm.

You should use contraception during treatment and for about 12 to 18 months after treatment. This allows time for your sperm to recover from any damage treatment may have caused. Your doctor can give you more information about this. We also have more information about having children after treatment.

Planning your radiotherapy treatment

You will have a hospital appointment to plan your treatment. You will usually have a CT scan of the area to be treated. Some people may have an MRI or a PET scan. During the scan, you need to lie in the position that you will be in for all your radiotherapy treatments.

Your radiotherapy team use information from this scan to plan:

- the dose of radiotherapy
- the area to be treated.

You may have some small, permanent markings made on your skin. The marks are about the size of a pinpoint. They are made in the same way as a tattoo. The marks help the radiographer make sure you are in the correct position for each session of radiotherapy.

These marks will only be made with your permission. If you are worried about them or already have a tattoo in the treatment area, tell your radiographer. They can discuss this with you.

Having radiotherapy for testicular cancer

You usually have radiotherapy treatment as an outpatient in the hospital radiotherapy department. You have it as a series of short daily treatment sessions. The sessions usually happen between Monday to Friday, with a rest at the weekend. Each session takes 10 to 15 minutes. Your cancer doctor will talk to you about your treatment plan and any possible side effects.

You will usually start radiotherapy within 21 days (3 weeks) of having a single dose of the chemotherapy drug carboplatin.

A course of radiotherapy for testicular cancer may last about 14 to 21 days (2 to 3 weeks). The person who operates the machine is called a therapeutic radiographer. They give you information and support during your treatment.

Radiotherapy does not make you radioactive. It is safe for you to be with other people, including children, throughout your treatment.

Treatment sessions

At the beginning of each session, the radiographers will make sure you are in the correct position and you are as comfortable as possible. They will tell you how long your treatment will take. When everything is ready, they leave the room and the treatment starts. The treatment itself is not painful.

The radiographers can see and hear you from outside the room. There is usually an intercom, so you can talk to them if you need to during your treatment.

Side effects of radiotherapy

Radiotherapy to your abdomen (tummy) can cause side effects. But these can usually be controlled with medicines. Your therapeutic radiographer will tell you more about what to expect.

These side effects usually get better gradually once your course of treatment has finished. Sometimes you may develop side effects after radiotherapy. These are called late effects. Some people develop long term side effects of radiotherapy.

It is important to let your doctor, nurse or therapeutic radiographer know if you are having any problems with side effects. Most side effects are mild, and you can have medicines to treat them.

Feeling sick (nausea)

Radiotherapy to the abdomen (tummy) area may make you feel sick (nausea). Your healthcare team can prescribe anti-sickness medicine to prevent this or stop you from feeling sick. Let them know if the tablets are not working for you. There are other medicines they can prescribe.

Tiredness

Radiotherapy often makes people feel tired. Tiredness (fatigue) may get worse as treatment goes on. If you are having radiotherapy alongside other treatments, such as surgery or chemotherapy, you may feel more tired. But there are things you can do to help, such as:

- get plenty of rest
- do some gentle exercise, such as going for short walks
- eat a healthy diet and drink plenty of fluids
- ask for help with everyday tasks, if you have friends or family members who can support you.

After treatment finishes, you may continue to feel tired for weeks or months. If it does not get better, tell your cancer doctor or specialist nurse.

We have more information in our booklet and audiobook Coping with fatigue (tiredness).

Diarrhoea

Radiotherapy may cause diarrhoea. Let your cancer doctor know if you have diarrhoea as your healthcare team can prescribe medicines to control this. It is important to drink plenty of fluids. Try to eat fewer high fibre foods, such as fruit, vegetables, beans, pulses and wholewheat cereals.

We have more information in our booklet and audiobook Eating problems and cancer.

Skin reactions

The skin in the area that is treated may:

- redden
- darken
- feel sore or itchy.

Your radiographer or specialist nurse will give you advice on taking care of your skin. If your skin becomes sore or itchy or changes colour, tell them straight away. They can give you advice and treatments if needed.

Skin reactions should get better within 4 to 6 weeks after treatment has finished.

During your treatment, you are usually advised to:

- wear loose-fitting clothes made from natural fibres, such as cotton
- wash your skin gently with soap and water and gently pat it dry
- avoid rubbing the skin
- avoid very hot things, for example heat pads
- avoid cooling pads but these may be helpful in some situations so speak to your team about using these first
- avoid wet shaving
- avoid hair-removing creams or products, including wax and laser treatment
- follow your radiotherapy team's advice about using moisturisers and deodorants
- protect the treated area from the sun.

We have more information about radiotherapy in our booklets Understanding radiotherapy and Understanding pelvic radiotherapy.

You can order our booklets and audiobooks for free. Visit orders.macmillan.org.uk or call 0808 808 00 00.

After your treatment

Follow-up

You will have regular check-ups at the hospital after your treatment finishes. How often you go to the hospital will depend on the type and stage of testicular cancer. Your cancer team will explain what to expect at these appointments.

At your appointment your doctor will examine you and check your remaining testicle. They will arrange any tests you need.

These may include:

- regular chest x-rays
- tumour marker blood tests
- occasional CT or ultrasound scans.

Sometimes you may have other scans such as an MRI or PET scan.

It is important to go to your follow-up appointments. You can talk to your cancer team about any side effects or worries you have. And, if the cancer comes back, it is found quickly and can be treated. If you cannot go to an appointment, make another one as soon as possible.

How to check your testicle

It is important that you check your remaining testicle every month. This helps you to get to know what feels normal for you. A normal testicle should feel smooth and firm, but not hard.

It can be easier to check during, or right after, a warm bath or shower when the scrotal skin is relaxed. Hold your scrotum in the palm of your hand. Use your fingers and thumb to check the testicle. You should feel for lumps, swellings or anything unusual.

The epididymis is behind the top of the testicle. It feels like a soft swelling at the back of the testicle. It is common to get harmless cysts or benign lumps in the epididymis. The treatment for these can vary. It is always important to get these checked by a doctor.

If you have new symptoms between your appointments, contact your hospital doctor, nurse or GP.

It is rare to develop a new cancer in the other testicle, but having already had testicular cancer can increase the risk of this happening.

Fertility

If you are diagnosed with testicular cancer, you may have questions about the cancer, its treatment and your ability to make someone pregnant. This is called your fertility.

It can feel overwhelming to think about your fertility when you are diagnosed with cancer. It is important to know your options so you can make an informed decision. You can talk to your cancer doctor or specialist nurse at any time about fertility, but it is important to think about it before you start any treatment. You may be referred to a fertility clinic for more information and support.

If you are transgender or non-binary, you may have thought about fertility before you were diagnosed with cancer. You may have specific questions about your fertility options. Your cancer team can give you more information or refer you to a fertility clinic for more support.

Effects of treatment on fertility

Treatment for testicular cancer may not affect your fertility. But even if the chances of treatment affecting your fertility are low, your doctor usually advises you to store sperm. This is called fertility preservation. You usually do this before having an orchidectomy. If this is not possible, it is important to do it before you have any further treatment.

Surgery

Orchidectomy

Removing one testicle usually does not affect your fertility, if the other testicle is healthy.

The healthy testicle will usually produce enough testosterone and sperm, unless it is very small.

Removing the retroperitoneal lymph nodes (RPLND)

A common side effect of this operation is dry ejaculation. This is because the lymph nodes are close to the nerves that control ejaculation. You may still be able to ejaculate, but your semen will go into your bladder instead. This is known as retrograde ejaculation or dry climax. The semen will then leave your body harmlessly when you next pass urine (pee). Or you may be unable to ejaculate.

Sometimes, surgeons can adapt the surgery to use nerve-sparing techniques to try and protect the nerves.

You should still be able to get an erection and have an orgasm. But you will usually need fertility treatment to start a pregnancy.

Chemotherapy

Chemotherapy for testicular cancer may cause infertility. This means you may be unable to start a pregnancy. Your cancer doctor will talk to you about storing sperm before your treatment if you have not already done so.

High-dose chemotherapy with stem cell support has a higher risk of causing infertility, which may be permanent.

How quickly the sperm count recovers after chemotherapy can vary. It can depend on:

- your sperm count before having chemotherapy
- the type and amount of chemotherapy you have.

Your sperm count usually starts to return about 18 months to 2 years after treatment. But it can take longer. You can ask your cancer doctor or GP to arrange for a sample of sperm to be tested.

Radiotherapy

Radiotherapy may have a temporary effect on the sperm. You should use contraception to prevent starting a pregnancy during treatment and for about 12 to 18 months after treatment. This allows time for your sperm to recover from any damage treatment may have caused.

Radiotherapy to the lymph nodes in the tummy does not usually cause infertility. But a small dose of radiation may reach the remaining testicle. This may affect your sperm for a short time.

Your doctor might still suggest you store sperm.

Storing sperm

Even if the risk of your fertility being affected is low, your doctor will usually advise you to store sperm. You usually store sperm before you have an orchidectomy. But if this is not possible, it is important to store sperm before you have any further treatment. This is because treatment could damage your sperm.

Your right to fertility preservation is the same:

- whether or not you are in a relationship
- whatever your sexual orientation
- whatever your gender identity

Storing or freezing sperm means you can use it in the future to help you try to start a pregnancy.

It is important to talk to your cancer doctor or specialist nurse before you have treatment. This will help you to make an informed decision about storing sperm.

Sperm banking is a safe technique that has been used for many years. It involves freezing your sperm. If you want to start a pregnancy later in life, your sperm may be used with fertility treatments.

You may be asked to give a sample of sperm to check your sperm levels before surgery. If there is no sperm in the sample you give, it may be possible to take a sample from your testicle during surgery. This is called surgical sperm extraction (SSE). There are also other sperm collection techniques.

Sometimes treatment needs to start straight away, and there is no time to take sperm samples. If your doctor feels your treatment needs to start straight away, they will talk to you about this. You may still be able to store sperm at a later stage.

If you are taking gender affirming hormones this may affect your ability to store sperm. Speak to your cancer doctor or specialist nurse who can give you more information.

Surgical sperm extraction (SSE)

You can still store sperm if you:

- are not producing enough sperm
- started treatment before being able to give enough samples.

Doctors can collect sperm by taking a small sample of tissue or fluid from the testicle using a thin needle. Or they make a small cut in the scrotum. This can be done at the same time as surgery for testicular cancer.

The fluid or tissue is checked for sperm in the laboratory. The sperm is then removed and stored for future use. Your doctor or nurse at the fertility clinic can give you more information.

We have more information on our website. Visit macmillan.org.uk/fertility-preservation

Urinary sperm retrieval

Specialists can sometimes collect sperm from your urine (pee). They will do this if you are unable to store sperm before your surgery and you have retrograde ejaculation.

They will give you a drink that makes your urine less harmful to your sperm. You will be asked to pee and then masturbate. After you ejaculate, you will have to pee again. The sperm is quickly collected from the urine, prepared and stored for future use.

Having children after treatment

There is no evidence that cancer treatments can harm children you have (conceive) after treatment. It is usually possible to start a pregnancy after you have recovered from treatment for testicular cancer.

But doctors usually advise to continue using contraception for about 12 to 18 months after radiotherapy and chemotherapy, to avoid starting a pregnancy. This allows your sperm time to recover from any damage caused by the treatment.

If you are planning to start a pregnancy, you can talk to your cancer doctor or nurse about having your sperm count and quality checked. Your GP can also advise you on this.

If your fertility does not return after cancer treatment you can speak to your doctor. They may suggest that you use your stored sperm to start a pregnancy. You can use the stored sperm for fertility treatments to help start a pregnancy.

We have more information about cancer treatment and fertility in our booklet Cancer and fertility.

Sex

Treatments used for testicular cancer do not usually affect your ability to have sex. But if you have any problems with sexual wellbeing after your treatment there may be advice, support or treatments that can help.

You may worry that you can pass cancer cells to your partner during sex. Cancer is not infectious, so it is safe for you to have sex.

It can help to talk to someone if you have worries about sex. If you have a partner, it can help to talk openly to them about any concerns you are having. You might find that you understand each other better by having an open and honest conversation.

If you are single, you may have concerns about starting a new relationship or having sex with someone new. If you meet someone, you may want to give yourself time to feel comfortable in the relationship before talking about any concerns you may have.

Talk to your doctor or nurse about any sexual difficulties you have. You may feel embarrassed, but they have experience of speaking to others who have had similar problems. Many hospitals also have specialist nurses who can offer support. Some hospitals have counsellors who can help people with sexual difficulties. They are called sex and relationship therapists.

Sometimes it helps to talk to someone who is going through the same thing. You can find support in the Macmillan online community. Visit macmillan.org.uk/community

You can also ask your healthcare team about this. Get the contact details for sex and relationship support organisations.

If you are LGBTQ+

The side effects of cancer treatment are usually the same whatever your sexual orientation or gender identity. But if you are LGBTQ+, you may have specific questions about cancer treatment and your sex life. And some side effects may be more of an issue depending on the type of sex you have.

OUTpatients has information for LGBTQ+ people about sex with and beyond cancer.

Sex drive

A diagnosis of testicular cancer can cause many feelings. This may affect your sex drive (libido) for a time.

Treatment side effects may also mean you have a lower sex drive. If you have a partner, let them know how you feel. It can take time to recover physically and emotionally.

If you have a low sex drive, this will usually improve as your feelings get easier to cope with and you recover from treatment. If you are having sexual difficulties, there is support available.

You can also contact support organisations such as Orchid and the College of Sexual and Relationship Therapists.

We have more information about cancer, sex and side effects for anyone before, during or after cancer treatment in our booklet and audiobook Cancer and your sex life.

Testosterone replacement therapy

Removing one testicle does not usually affect your sex drive. The remaining testicle should make enough testosterone on its own.

Sometimes the remaining testicle does not produce enough testosterone. Or, rarely, both testicles are removed because of cancer.

A lack of testosterone can:

- affect your ability to get an erection
- reduce your sex drive
- cause tiredness, low mood, and problems such as thinning of the bones (osteoporosis).

Tell your doctor if you are having these or any other symptoms. They can measure your testosterone level with a blood test. If it is low, your doctor may be able to prescribe testosterone replacement therapy to improve your symptoms.

You can have it as:

- a gel
- an injection into a muscle
- an implant
- a patch that you stick to the skin.

Your doctor can give you more information about testosterone replacement therapy.

Body image

Body image is the picture in our mind of how our body looks and works. It is how we think and feel about our bodies and how we believe others see us.

Testicular cancer treatments can change your body and appearance. There are ways to help you manage your body changes and to help improve your confidence. You may also choose to have a testicular implant or prothesis put into your scrotum during surgery. Or you can decide to do this later. This may help with body image.

Talk to your healthcare team if body image is an issue for you. They can give you support and tell you about other sources of help.

We have more information in our booklet and audiobook Body image and cancer.

You can order our booklets and audiobooks for free. Visit orders.macmillan.org.uk or call 0808 808 00 00.

Long term or late effects of treatment

After treatment for testicular cancer, there may be a risk you have side effects that:

- do not get better after treatment – these are called long term side effects
- only start months or years later – these are called late effects.

You may not have any of these effects at all. Or they may range from mild to severe.

Tell your doctor or nurse if you have any late or long term effects. They will monitor you and arrange any tests if needed.

Changes in sensation in your hands and feet

After chemotherapy for testicular cancer, you may get pins and needles or numbness in your hands and feet. Or you may develop cold hands and pale fingers. This is called Raynaud's syndrome. It is triggered by the cold, so keeping your hands and feet warm can help.

Chemotherapy may also cause changes in the nerves of the hands and feet. This is called peripheral neuropathy and it can be temporary but is sometimes permanent. If you have this, you may have numbness, tingling or pain in your hands or feet.

Hearing changes

The chemotherapy drug cisplatin can sometimes cause hearing problems, particularly with high-pitched sounds. Hearing changes usually get better after treatment ends. But some can be permanent. Tell your doctor if you notice any changes in your hearing. You may have a hearing test before you start treatment.

Heart and lung problems

Some chemotherapy drugs may increase your risk of developing heart or lung problems.

Radiotherapy to the lymph nodes at the back of the abdomen (retroperitoneal lymph nodes) may also increase the risk of developing heart problems. Some people will have regular follow-up appointments to check their heart after cancer treatment.

Things that can help to keep your heart and lungs healthy include:

- doing regular exercise
- eating healthily
- keeping to a healthy weight
- stopping smoking.

It is important to get any new symptom checked by your doctor. Sometimes the symptoms of heart and lung problems are similar to the symptoms of other conditions.

We have more information in our booklet Heart health and cancer treatment.

Urgent symptoms

Contact your cancer team straight away if you have any of these symptoms during or after treatment:

- breathlessness
- dizziness
- changes to your heartbeat (palpitations)
- swollen feet and ankles
- a cough that does not go away
- wheezing.

Other conditions can cause these symptoms, but it is important to get them checked by a doctor.

Always call 999 if you have:

- chest pain, pressure, heaviness, tightness or squeezing across the chest
- difficulty breathing.

After bleomycin

After treatment with the chemotherapy drug bleomycin, breathing in high doses of oxygen can cause lung problems. If you need to have a general anaesthetic or oxygen therapy for any reason, always tell the doctor that you have had bleomycin. Some people choose to wear a medical alert identifier.

You should not scuba dive for one year after treatment with bleomycin. After this, you should have tests to check whether scuba diving is safe for you. Your cancer doctor can give you more information about this.

Risk of developing another cancer

Research shows that people who have radiotherapy or chemotherapy for testicular cancer have an increased risk of developing another cancer later. This does not mean that they will definitely develop another cancer. The benefits of having treatment will usually far outweigh this risk. Your cancer doctor or nurse can give you more information about this.

After treatment

Recovering from cancer and its treatment can take time. You may still have side effects, such as tiredness, and be coping with the emotional effects for a while after treatment.

But in time, you may find you slowly start to focus more on the day-to-day things you did before your diagnosis. Getting back to your usual interests can be positive steps.

Living well

You may be thinking about changing your lifestyle and want to learn more about being healthy. Or you may already have a healthy lifestyle and now want to make the most of your health.

There are things you can do to help improve your long-term health and well-being. Living a healthy lifestyle and making positive health choices can:

- help your body recover after treatment
- reduce the risk of other illnesses and some cancers
- help give back a sense of control of your situation.

Some hospitals have cancer information centres where staff can talk to you about well-being. There may also be groups in your local area.

Think about any treatment side effects when planning changes to your diet and exercise. Try not to do too much, too soon.

Stop smoking

If you smoke, try to stop. Smoking increases your risk of lung problems. Stopping has many health benefits and reduces your risk of other diseases, such as heart disease and strokes.

The NHS has information and support to help you give up smoking. Check the NHS website for the country where you live.
We have more information online. Visit macmillan.org.uk/stop-smoking

Stick to sensible drinking guidelines

If you drink alcohol, the current guidelines are:

- do not regularly drink more than 14 units of alcohol in a week
- spread the amount you drink in a week over 3 or more days
- try to have several alcohol-free days every week.

There is more information about alcohol and drinking guidelines at drinkaware.co.uk.

Keep to a healthy weight

Keeping to a healthy weight reduces the risk of cancer, heart and kidney problems and illnesses such as diabetes. Your GP can tell you what your ideal weight is.

If you feel you need to lose weight, ask your GP for advice.
Some hospital teams can refer you to local services. If you have lost weight during treatment, your GP or a dietitian can give you advice about gaining weight.

Here are some tips to help you keep to a healthy weight.

Eat a healthy diet

Eating well helps you keep your strength, gives you more energy and improves your well-being. A well-balanced diet includes:

- plenty of fresh fruit and vegetables
- less red or processed meats
- more chicken, fish, beans and pulses
- carbohydrates
- less sugary food and drinks.

Depending on what treatment you have had you may have been advised to change your diet. Follow any advice you have been given by a dietitian or specialist nurse.

We have more information in our booklet and audiobook Healthy eating and cancer.

Be active

Keeping active helps you:

- maintain a healthy weight
- reduce stress and tiredness
- reduce the risk of other health conditions.

Some hospitals can refer you to local exercise or fitness groups, for all abilities.

We have more information in our booklet Physical activity and cancer.

If testicular cancer comes back

A small number of testicular cancers come back. If it does come back, finding it early means there is still a high chance of curing it.

This is possible even if the cancer has spread to other parts of the body. Treatment will depend on the type of testicular cancer, the areas affected and previous treatment.

Talking to someone or sharing your experience

Talking about your feelings can help reduce stress, anxiety and isolation. There are lots of different ways to communicate, and they can all help people feel less alone.

Self-help or support groups offer you a chance to talk to other people who may be in a similar situation as you. Joining a group can be helpful for some people. Not everyone finds it easy to talk in a group, so it might not be for you.

Try going along to the group before you decide if you want to take part. Some hospitals have cancer information centres that provide support or can tell you where to find more support.

Online support

Many people get support on the internet. There are online support groups, social networking sites, forums, chat rooms and blogs for people affected by testicular cancer. You can use these to ask questions and share your experience. Your doctor or nurse can tell you if your hospital runs any face-to-face or online courses. You can ask your nurse for advice if you are unsure which sites might be useful.

Our online community is a social networking site where you can talk to people in our chat rooms, blog about your journey, make friends and join support groups. Visit macmillan.org.uk/community

Specialist help

It is common to still have difficult feelings after treatment is over. But most people find these get better as they recover. Some people may be able to deal with them. Others may find it harder to cope. Try to let your family and friends know how you are feeling so they can support you. Talking about your feelings is not always easy.

Some people find it easier to talk to someone who is not directly involved with their illness. You can ask your doctor, specialist nurse or GP to refer you to a specialist doctor or counsellor who can help.

Our cancer support specialists on freephone 0808 808 00 00 can tell you more about counselling and let you know about services in your area.

"Some of my male friends think it is a sign of weakness to ask for help. But I do not know what I would have done without Macmillan's support."

Pete, diagnosed with testicular cancer

Your feelings and relationships

“I felt helpless during chemo and after my surgery. I worried about my testosterone levels for a long time, wondering if they had dropped and how that would affect my life. ”

Pete, diagnosed with testicular cancer

Your feelings

It is common to have many different feelings when you are told you have cancer. You may feel shocked, scared, depressed, guilty or angry. This can be difficult to cope with. Partners, family and friends may also have some of the same feelings.

We have more information about emotions on our website and in our booklet and audiobook How are you feeling? The emotional effects of cancer.

Your healthcare team will usually give you support. But you may feel you need more help. Talk to your cancer doctor, GP or specialist nurse. They can refer you to a specialist doctor, psychologist or counsellor who can help.

You can also call the Macmillan Support Line on 0808 808 00 00 and talk to one of our cancer support specialists.

Talking to family, friends or other people affected by cancer may help. For more information or for help finding local support groups, visit macmillan.org.uk/supportgroups Or talk to other people on our Online Community at macmillan.org.uk/community

There are other ways we can help you.

Relationships

Cancer and its treatment are stressful and may affect your relationships. Your experience of cancer may strengthen your relationships with people close to you. Or it may put a strain on relationships. Any problems usually improve over time, especially if you talk openly with each other.

We have more information about relationships online and in our booklets and audiobooks Talking about cancer and Cancer and relationships: support for partners, families and friends.

If you are a family member or friend

If you know someone with cancer, you might find it hard to talk about the cancer or your feelings. You can support the person with cancer by listening and talking with them.

We have more information about supporting someone on our website and in our booklet and audiobook Talking with someone who has cancer.

If you are looking after a family member or friend with cancer, you may be a carer. We have more information and practical tips for carers on our website and in our booklet and audiobook Looking after someone with cancer.

Talking to children and teenagers

Deciding what to tell children or teenagers about cancer is difficult. It can be hard to know what to tell them, and you may be worried about upsetting them. It may be best to start by giving them small amounts of information and then tell them more when they are ready.
Use simple, straightforward language to explain what is happening. You can encourage them to talk to someone they trust, who can support them. They may also find support online.

We have more information in our booklet and audiobook Talking to children and teenagers when an adult has cancer.

You can order our booklets and audiobooks for free.
Visit orders.macmillan.org.uk or call 0808 808 00 00.

Work and financial support

Help with money and benefits

When you are affected by cancer, you may need help with extra costs. Or you may need support with money if you have to stop working. We have more information online about Statutory Sick Pay and benefits you may be entitled to.

Benefits are payments from the government to people who need help with money. You can find out more about benefits and apply for them online. Go to:

- gov.uk if you live in England, Scotland or Wales
- socialsecurity.gov.scot if you live in Scotland
- nidirect.gov.uk if you live in Northern Ireland.

The benefits system and other types of financial support can be hard to understand. Macmillan has expert money advisers who can talk to you about your money worries, provide information about benefits and recommend other useful organisations that can help.

You can speak to them by calling the Macmillan Support Line on 0808 808 00 00. Please note the opening times may vary by service.

You can also get information about benefits and other types of financial help from Citizens Advice if you live in England, Scotland or Wales, or Advice NI if you live in Northern Ireland.

Our booklet and audiobook Help with the cost of cancer has lots more information.

Insurance

If you have, or have had, cancer, you may find it hard to get certain types of insurance. We have information about insurance on our website. Visit macmillan.org.uk/insurance-cancer

We have more information about travel insurance in our booklet and audiobook Travel and cancer.

Our Online Community forum on Travel insurance may also be helpful.

Work

You may not know how cancer will affect your work, now or in the future.

It is a good idea to talk to your manager or human resources (HR) department soon after you are diagnosed. This will help them to support you better.

Some people stop working during cancer treatment and for a while after, until they feel ready to go back. Others carry on working, sometimes with reduced hours or other changes to their job.

Your cancer doctor, GP or specialist nurse can help you decide whether you should stop working, and when and if you should go back to work.

Our booklets Work and cancer, Working while caring for someone with cancer and Self-employment and cancer have more information that may be helpful.

You can find out about your employment rights in our booklet Your rights at work when you are affected by cancer.

We also more information online at macmillan.org.uk/work

You can order our booklets and audiobooks for free.
Visit orders.macmillan.org.uk or call 0808 808 00 00.

Further information

About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

Our information has the PIF Tick quality mark for trusted health information. This means our information has been through a professional and strong production process.

Order what you need

You may want to order more booklets or leaflets like this one. Visit orders.macmillan.org.uk or call us on 0808 808 00 00.

We have booklets about different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer treatment and information for carers, family and friends.

Online information

All our information is also available online at macmillan.org.uk/information-and-support You can also find videos featuring stories from people affected by cancer, and information from health and social care professionals.

Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- interactive PDFs
- large print
- translations.

Find out more at macmillan.org.uk/otherformats

If you would like us to produce information in a different format for you, email us at at **informationproductionteam@macmillan.org.uk** or call us on 0808 808 00 00.

The language we use

We want everyone affected by cancer to feel our information is written for them.

We want our information to be as clear as possible. To do this, we try to:

- use plain English
- explain medical words
- use short sentences
- use illustrations to explain text
- structure the information clearly
- make sure important points are clear.

We use gender-inclusive language and talk to our readers as 'you' so that everyone feels included. Where clinically necessary we use the terms 'men' and 'women' or 'male' and 'female'. For example, we do so when talking about parts of the body or mentioning statistics or research about who is affected.

To find out more about how we produce our information. Visit macmillan.org.uk/ourinfo

Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we are here to support you.

Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

Macmillan Support Line

Our support line is made up of specialist teams who can help you with:

- emotional and practical support if you or someone you know has been diagnosed with cancer
- clinical information from our specialist nurses about things like diagnosis and treatments
- welfare rights advice, for information about benefits and general money worries.

To contact any of our teams, call the Macmillan Support Line for free on 0808 808 00 00. Or visit macmillan.org.uk/support-line to chat online and find the options and opening times.

Our trained cancer information advisers can listen and signpost you to further support.

Our cancer information nurse specialists can talk you through information about your diagnosis and treatment. They can help you understand what to expect from your diagnosis and provide information to help you manage symptoms and side effects.

If you are deaf or hard of hearing, call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

You can also email us, or use the Macmillan Chat Service via our website. You can use the chat service to ask our advisers about anything that is worrying you. Tell them what you would like to talk about so they can direct your chat to the right person. Click on the 'Chat to us' button, which appears on pages across the website. Or go to macmillan.org.uk/talktous

If you would like to talk to someone in a language other than English, we also offer an interpreter service for our Macmillan Support Line. Call 0808 808 00 00 and say, in English, the language you want to use. Or send us a web chat message saying you would like an interpreter. Let us know the language you need and we'll arrange for an interpreter to contact you.

Macmillan Information and Support Centres

Our Information and Support Centres are based in hospitals, libraries and mobile centres. Visit one to get the information you need and speak with someone face to face. If you would like a private chat, most centres have a room where you can speak with someone confidentially.

Find your nearest centre at macmillan.org.uk/informationcentres or call us on 0808 808 00 00.

Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you have been affected in this way, we can help. Please note the opening times may vary by service.

Financial advice

Our expert money advisers on the Macmillan Support Line can help you deal with money worries and recommend other useful organisations that can help.

Help accessing benefits

You can speak to our money advisers for more information. Call us free on 0808 808 00 00. Visit macmillan.org.uk/financialsupport for more information about benefits.

Help with work and cancer

Whether you are an employee, a carer, an employer or are self-employed, we can provide information to help you manage cancer at work. Visit macmillan.org.uk/work

Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That is why we help bring people together in their communities and online.

Support groups

Whether you are someone living with cancer or a carer, family member or friend, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting macmillan.org.uk/selfhelpandsupport

Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at macmillan.org.uk/community

You can also use our Ask an Expert service on the Online Community. You can ask a money adviser, cancer information nurse or an information and support adviser any questions you have.

Macmillan healthcare professionals

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

Other useful organisations

There are lots of other organisations that can give you information or support. Details correct at time of printing.

Testicular cancer support organisations

Baggy Trousers UK

www.baggytrousersuk.org
Provides support to those who have been directly affected by testicular cancer via telephone, email, social media and peer support.

Orchid

Tel **0203 745 7310**
www.orchid-cancer.org.uk
Microsite for testicular cancer: www.yourprivates.org.uk
National Male Cancer Helpline **0808 802 0010**
Funds research into men's cancers, their diagnosis, prevention and treatment. Offers free information leaflets and fact sheets and runs an enquiry service supported by Orchid male cancer information nurses.

Robin Cancer Trust

www.therobincancertrust.org/testicular-cancer
Working to educate and raise awareness of germ cell testicular and ovarian cancers. Provides free materials and resources.

It's in the bag

Tel **0117 325 9686**
www.itsinthebag.org.uk
Run by testicular cancer survivors with support from specialist NHS staff based at the Bristol Haematology and Oncology Centre. Raises awareness and provides peer support.

It's on the ball – testicular cancer charity

www.itsontheball.org
Provides a buddy system and support to families affected by testicular cancer in East Anglia.

Sex and relationship support

College of Sexual and Relationship Therapists (COSRT)

Tel **020 8106 9635**
www.cosrt.org.uk
Provides information about sexual well-being, including having therapy and finding a therapist. Has a list of professional therapists on the website.

Relate

Tel **0300 100 1234**
www.relate.org.uk
Offers advice, relationship counselling, sex therapy, workshops, mediation, consultations and support – face to face, by phone and through the website.

General cancer support organisations

Cancer Black Care

Tel **0734 047 1970**
www.cancerblackcare.org.uk
Provides support for all those living with and affected by cancer, with an emphasis on Black people and people of colour.

Cancer Focus Northern Ireland

Helpline **0800 783 3339**
www.cancerfocusni.org
Offers a variety of services to people affected by cancer in Northern Ireland.

Cancer Research UK

Helpline **0808 800 4040**
www.cancerresearchuk.org
A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

Macmillan Cancer Voices

www.macmillan.org.uk/cancervoices
A UK-wide network that enables people who have or have had cancer, and those close to them such as family and carers, to speak out about their experience of cancer.

Maggie's

Tel **0300 123 1801**
www.maggies.org
Has a network of centres in many locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

Penny Brohn UK

Helpline **0303 300 0118**
www.pennybrohn.org.uk
Offers physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

Shine Cancer Support

Tel **0780 447 9413**
www.shinecancersupport.org
Supports adults aged under 50 who have had a cancer diagnosis. Provides peer support and offers a range of activities, including lunches, drinks evenings, getaways, workshops, online networking and mentoring.

Tenovus

Helpline **0808 808 1010**
www.tenovuscancercare.org.uk
Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

General health information

Drinkaware

www.drinkaware.co.uk
Provides independent alcohol advice, information and tools to help people make better choices about their drinking. Also has a web chat, for anyone concerned about their own drinking, or someone else's.

Health and Social Care in Northern Ireland

www.northerntrust.hscni.net
Provides information about health and social care services in Northern Ireland.

NHS.UK

www.nhs.uk
The UK's biggest health information website. Has service information for England.

NHS 111 Wales

111.wales.nhs.uk
NHS health information site for Wales.

NHS Inform

Helpline **0800 22 44 88**
www.nhsinform.scot
NHS health information site for Scotland.

Patient UK

www.patient.info
Provides people in the UK with information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health-related and illness-related websites.

Stop smoking services

NHS Smokefree Helpline (England)

Tel **0300 123 1044**
www.nhs.uk/better-health/quit-smoking
Offers information, advice and support to people who want to stop smoking or have already stopped and do not want to start again.

Quit Your Way (Scotland)

Tel **0800 84 84 84**
www.nhsinform.scot/quit-your-way-scotland
Scotland's national stop smoking support service. Offers advice and information about how to stop smoking. You can also chat online to an adviser.

Help Me Quit (Wales)

Tel **0808 278 6119**
Text 'HMQ' to **80818**
www.helpmequit.wales
Offers information, advice and support on stopping smoking in English and Welsh.

Stop Smoking NI (Northern Ireland)

www.stopsmokingni.info
Has information and advice about stopping smoking. Also links to other support organisations for people in Northern Ireland who want to give up smoking.

Counselling

British Association for Counselling and Psychotherapy (BACP)

Tel **0145 588 3300**
www.bacp.co.uk
Promotes awareness of counselling and signposts people to appropriate services across the UK. You can also search for a qualified counsellor on the therapist directory page.

UK Council for Psychotherapy (UKCP)

Tel **0207 014 9955**
www.psychotherapy.org.uk
Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

Emotional and mental health support

Anxiety UK

www.anxietyuk.org.uk
Provides help, information and support for people with anxiety, stress and anxiety-based depression.

Aware NI

Tel **028 9035 7820** (Belfast) or **028 7126 0602** (Derry/Londonderry)
www.aware-ni.org
Has 23 support groups across Northern Ireland run by trained volunteers, for people with depression and bipolar disorder, and their carers.

Breathing Space

Tel **0800 838 587**
www.breathingspace.scot
A free, confidential phone-based and web-based service for people in Scotland experiencing low mood, depression or anxiety.

Inspire

Tel **0808 189 0036**
www.inspirewellbeing.org
A network of emotional, psychological and social wellbeing support services throughout Northern Ireland.

Life after Cancer

www.life-aftercancer.co.uk
Runs support groups for people who have finished cancer treatment, to increase their physical, mental, emotional and social wellbeing.

Lifeline

Tel **0808 808 8000**
Textphone **18001 0808 808 8000**
www.lifelinehelpline.info
Crisis response service for people in distress or despair in Northern Ireland.

Mental Health Foundation

www.mentalhealth.org.uk/explore-mental-health/podcasts
Provides free wellbeing podcasts through its website. These include relaxation and mindfulness exercises.

Mind

Helpline **0300 123 3393**
www.mind.org.uk
Provides information, advice and support to anyone with a mental health problem through its helpline and website.

Rethink Mental Illness

Tel **0808 801 0525**
www.rethink.org
Provides mental health advice and information through its advice line and on the website.

Samaritans

Helpline **116 123**
Email jo@samaritans.org
www.samaritans.org
Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

Financial support or legal advice and information

Advice NI

Helpline **0800 915 4604**
adviceni.net
Provides advice on a variety of issues including financial, legal, housing and employment issues.

Citizens Advice

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use its online webchat or find details for your local office by contacting:

England

Helpline **0800 144 8848**
www.citizensadvice.org.uk

Scotland

Helpline **0800 028 1456**
www.cas.org.uk

Wales

Helpline **0800 702 2020**
www.citizensadvice.org.uk/wales
www.gov.uk
Has information about social security benefits and public services in England, Scotland and Wales.

GOV.UK

www.gov.uk
Has information about social security benefits and public services in England, Scotland and Wales.

Law Centres Network

www.lawcentres.org.uk
Local law centres provide advice and legal assistance. They specialise in social welfare issues including disability and discrimination.

Local councils (England, Scotland and Wales)

Your local council may have a welfare rights unit that can help you with benefits. You can also contact your local council to claim Housing Benefit and Council Tax Reduction, education benefits, and for help from social services (the Social Work department in Scotland). You should be able to find your local council's contact details online by visiting:

England

www.gov.uk/find-local-council

Scotland

www.cosla.gov.uk/councils

Wales

https://gov.wales/find-your-local-authority

Macmillan Benefits Advice Service (Northern Ireland)

Tel **0300 1233 233**

Money Advice Scotland

www.moneyadvicescotland.org.uk
Use the website to find qualified financial advisers in Scotland.

NI Direct

www.nidirect.gov.uk
Has information about benefits and public services in Northern Ireland.

NI Direct Make the Call

Make the Call helpline **0800 232 1271**
Text ADVICE to **0798 440 5248**
www.nidirect.gov.uk/make-the-call
Service to check if you or someone you care for may be entitled to extra benefits.

Northern Ireland Housing Executive

Tel **0344 892 0902**
www.nihe.gov.uk
Offers help to people living in socially rented, privately rented and owner-occupied accommodation.

StepChange Debt Charity

Tel **0800 138 1111**
www.stepchange.org
Provides free debt advice through phone, email, the website and online through live chats with advisers.

Unbiased.co.uk

www.unbiased.co.uk
You can search the website for qualified advisers in the UK who can give expert advice about finances, mortgages, accounting or legal issues.

Equipment and advice on living with a disability

British Red Cross

Tel **0344 871 11 11**
www.redcross.org.uk
Offers a range of health and social care services across the UK, such as care in the home, a medical equipment loan service and a transport service.

Disability Rights UK

Tel **0330 995 0400** (not an advice line)
www.disabilityrightsuk.org
Provides information on social security benefits and disability rights in the UK. Has a number of helplines for specific support, including information on going back to work, direct payments, human rights issues, and advice for Disabled students.

Living Made Easy

www.livingmadeeasy.org.uk
Provides free, impartial advice and information about all types of disability equipment and mobility products.

Motability Scheme

Tel **0300 456 4566**
www.motability.co.uk
The scheme enables Disabled people to exchange mobility allowances they have as part of benefits (including the enhanced rate mobility component of Personal Independence Payment) to lease a new car, scooter or powered wheelchair.

Scope

Helpline **0808 800 3333**
Textphone Use Type Talk by dialling **18001** from a textphone followed by **0808 800 3333**.
www.scope.org.uk
Offers advice and information on living with disability. Also supports an independent, UK-wide network of local Disability Information and Advice Line services (DIALs) run by and for Disabled people.

Support for young people

Young Lives vs Cancer

Tel **0300 330 0803**
www.younglivesvscancer.org.uk
Provides clinical, practical, financial and emotional support to children with cancer and their families in the UK.

Teenage Cancer Trust

Tel **0207 612 0370**
www.teenagecancertrust.org
A UK-wide charity devoted to improving the lives of teenagers and young adults with cancer. Runs a support network for young people with cancer, their friends and families.

Youth Access

www.youthaccess.org.uk
A UK-wide organisation providing counselling and information for young people. Find your local service by visiting youthaccess.org.uk/find-your-local-service

Support for older people

Age UK

Helpline **0800 678 1602**
www.ageuk.org.uk
Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

Support for LGBTQ+ people

LGBT Foundation

Tel **0345 330 3030**
www.lgbt.foundation
Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

OUTpatients

www.outpatients.org.uk
A safe space for anybody who identifies as part of the queer spectrum and has had an experience with any kind of cancer at any stage. Also produces resources about LGBT cancer experiences. OUTpatients runs a peer support group with Maggie's Barts.

TranzWiki

www.gires.org.uk/tranzwiki
A comprehensive directory of non-commercial groups and organisations supporting or assisting trans and gender-diverse individuals, their families and friends across the UK.

Support for carers

Carers Trust

Tel **0300 772 9600**
www.carers.org
Provides support, information, advice and services for people caring at home for a family member or friend. You can find details for UK offices and search for local support on the website.

Carers UK

Helpline **0808 808 7777**
www.carersuk.org
Offers information and support to carers across the UK. Has an online forum and can put people in contact with local support groups for carers.

Support with sight loss

Royal National Institute of Blind People (RNIB)

Helpline **0303 123 9999**
www.rnib.org.uk
Offers support and advice to blind and partially sighted people in the UK.

Support with hearing loss

Royal National Institute for Deaf People (RNID)

Helpline **0808 808 0123**
Textphone call **18001** followed by **0808 808 0123**
SMS **07360 268 988**
www.rnid.org.uk
Offers support and practical advice to people in the UK with hearing loss and tinnitus.

Cancer registries

The cancer registry is a national database that collects information on cancer diagnoses and treatment. This information helps the NHS and other organisations plan and improve health and care services. There is a cancer registry in each country in the UK. They are run by the following organisations:

England – National Disease Registration Service (NDRS)

digital.nhs.uk/ndrs/patients

Scotland – Public Health Scotland (PHS)

publichealthscotland.scot/population-health/conditions-and-diseases/cancer/scottish-cancer-registry-and-intelligence-service-scris/overview

Wales – Welsh Cancer Intelligence and Surveillance Unit (WCISU)

Tel **0292 010 4278**
publichealthwales.nhs.wales/services-and-teams/welsh-cancer-intelligence-and-surveillance-unit-wcisu/

Northern Ireland – Northern Ireland Cancer Registry (NICR)

Tel **0289 097 6028**
www.qub.ac.uk/research-centres/nicr/

Your notes and questions

Your notes and questions

Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date, but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by Senior Medical Editor Dr Ursula McGovern, Consultant Medical Oncologist.

With thanks to: Charlotte Etheridge, Macmillan Urology Nurse Specialist; Sammie-Jo Hickson, Germ Cell Cancer Clinical Nurse Specialist; Dr Jahangeer M Malik, Consultant Clinical Oncologist; Mr Erik Mayer, Consultant Surgeon and Clinical Reader; Sadie Molloy, Macmillan Andrology Nurse Specialist; Mr Vinod Nargund, Consultant Urological Surgeon; Dr Carla Perna, Consultant Clinical Oncologist; Professor Isabel Syndikus, Clinical Oncologist; Dr JP Wylie, Consultant Clinical Oncologist.

Thanks also to the people affected by cancer who reviewed this edition, and those who shared their stories.

We welcome feedback on our information. If you have any, please contact **informationproductionteam@macmillan.org.uk**

Sources

Below is a sample of the sources used in our testicular cancer information. If you would like more information about the sources we use, please contact us at **informationproductionteam@macmillan.org.uk**

European Association of Urology (EAU) Guidelines on Testicular Cancer. 2024. Available from EAU Guidelines on Testicular Cancer – Uroweb [accessed March 2025].

European Society for Medical Oncology (ESMO). Testicular seminoma and non-seminoma: ESMO-EURACAN Clinical Practice Guideline for diagnosis, treatment and follow-up. 2022. Available from ESMO Clinical Practice Guideline: Testicular Cancer | ESMO [accessed March 2025].

Can you do something to help?

We hope this booklet has been useful to you. It is just one of our many publications that are available free to anyone affected by cancer. They are produced by our cancer information specialists who, along with our nurses, money advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we are here to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.

5 ways you can help someone with cancer

1. **Share your cancer experience**
   Support people living with cancer by telling your story, online, in the media or face to face.

2. **Campaign for change**
   We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

3. **Help someone in your community**
   A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

4. **Raise money**
   Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

5. **Give money**
   Big or small, every penny helps.
   To make a one-off donation see over.

Please fill in your personal details

Mr/Mrs/Miss/Other

Name

Surname

Address

Postcode

Phone

Email

Please accept my gift of £
(Please delete as appropriate)

I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support
OR debit my:
Visa / MasterCard / CAF Charity Card / Switch / Maestro

Card number

Valid from

Expiry date

Issue no

Security number

Signature

Date / /

Do not let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

☐ I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box. ☐

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.

If you would rather donate online go to macmillan.org.uk/donate

Registered with FUNDRAISING REGULATOR

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Freepost RUCY-XGCA-XTHU, Macmillan Cancer Support, PO Box 791, York House, York YO1 0NJ

MACMILLAN CANCER SUPPORT

This booklet is about testicular cancer. It is for anyone who has been diagnosed with testicular cancer. There is also information for carers, family members and friends.

The booklet explains the treatments for testicular cancer. It also has information about after treatment, feelings, practical issues and money.

At Macmillan we know cancer can disrupt your whole life. We'll do whatever it takes to help everyone living with cancer in the UK get the support they need right now, and transform cancer care for the future.

For information, support or just someone to talk to, call 0808 808 00 00 or visit macmillan.org.uk

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using Relay UK on **18001 0808 808 00 00**, or use the Relay UK app.

Need information in different languages or formats? We produce information in audio, interactive PDFs, easy read, Braille, large print and translations. To order these, visit macmillan.org.uk/otherformats or call our support line.

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